

Summary of Public Meeting Comments re: Electronic Transmission of Electronic Medical Reports and Records – September 4, 2015

Sherry Wilson – Jopari Solutions, Inc.

1. Please see Sherry's presentation posted separately

Gene Nardi – Kaiser Permanente

1. Doctor fill out template – electronic data transmission
 - a. Intermediate system with edits
 - i. Fail edits
 1. Manually correct
 - ii. Pass edits
 1. Transmit as structured data
2. Issue – no business partner accepts structured data
 - a. Is available to partner who are not electronic or utilize system – data is available in PDF
3. RFA is electronic
 - a. PR2 is electronic?
 - i. UR
 - b. Greatest challenge is business partners
 - i. Been doing EDI since 1991
 - ii. Learning curve is challenge
 1. Worked closely with doctors in developing form
 - c. Regulation
 - i. Make it general and make sure there are hand shakes
 1. Hand shake acknowledgement
 - d. Forms electronic
 - i. Intermediate system for forms
 1. Database
 2. Extracted out of EMR
 - e. Reluctance of business partner
 - i. IT project ramp up
 1. Funding
 - f. Kaiser uses Health Connect software (based on Epic)
 1. Need to standards to communicate effectively

Diane Przepiorski – COA - California Orthopaedic Association

1. Many providers do not have technology level needed to use EDI
2. Focus on PDF – pretty standard
 - a. Any office can access PDF
 - b. DWC needs to be flexible with doctors
 1. Claims wants paper
 2. Expensive to go to electronic
 - c. DWC – identify pathways for doctor to send in data and then convert to database
 - d. Problem is sending in bill and attachment – must come together
 - i. Can send in format but may not match up to all documents
3. First step – get something electronic – DFR
4. Too much to do multiple documents electronically at one time
 - a. Just do first step of making one document electronic
5. Workers Comp different from Medicare? - Attachments
 - a. Medicare little or no attachments
 - i. Data in various systems
 1. Challenge to send data as package
 2. Less of productivity as moves toward electronic
 - b. Medicare without attachments
 - i. Issues with fraud
 - ii. Medicare not requesting attachments
 1. In fee schedule and recognition

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Greg Webber - Med Legal LLC

1. Consider Electronic readiness of injured worker
 - a. Maintain visibility of data to injured worker

John Duncan – US Health Works

1. US Health Works has proprietary system for electronic medical records
 - a. Recommendation is to take one step at a time
2. Issues with going electronic
 - a. Compatibility
 - b. Secured data
3. At US Health Works Physicians fill out data electronically
 - a. 99% of billing is done electronically
4. Stored as a data base at US Health
 - a. Investment in creating data
 - b. Training with physicians on learning curve to development of electronic data
5. Full transparency is goal
6. Up to a point all doctors work towards a case management approach
7. UR
 - a. Using EDI
 - i. Real time data is available
 - ii. Public policy aspect – able to see trends and analyze data

Sherry Wilson – Jopari Solutions, Inc.

1. Clearinghouses needed to enable data transmission
2. DWC challenges:
 - a. There must be a good business reason
 - b. Has to work within provider's current business structure
 - c. Aligning with standards - Must be same standards as for CMS (national standards)
 - d. Less than 2% use RFA electronically
 - e. Across business line need agreements - UR is a different system

Vendors – Lisa Ann Forsythe – Government Relations at Aetna

1. Silos between billing and UR
 - a. Data lost between entities
 - i. Frictional cost and delays for all parties without integration

Adam Duhan - Re-Docs

1. Centralized medical storage system, summarizes and sorts medical records
 - a. Everything in one place
 - i. Access by doctors
 1. Useful for UR and IMR

Greg Webber – Med Legal

Processes 10,000 documents per month – most are paper

Jay Garrard – GSG Associates

1. Can do everything electronically
 - a. Practical issues
 - i. Policies and procedures are not in place for consistency (such as naming protocols)
 - ii. Difficulty integrating different systems

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2. One database everyone could access would work, but big picture, long way down the road
3. Priorities
 - a. How make determinations faster
 - b. What can we do in short term
 - i. Interface with Maximus
 1. Currently paper
 - a. No reason could not send everything electronically from a UR perspective
 2. Give IMR application electronically
 3. Use Move-it for medical records
 - c. What is sent to IMR
 - i. Just IMR application information
 1. Data integrity big issue
 2. NOARFIs can be sent via Move-It – only a small percentage of claims administrators are using Move-It

Lou Shields - IMR

1. Maximus working on pilot program re electronic IMR application
 - a. Data integrity
 - i. Ability to communicate back and forth
 1. EDI
 - a. Do baby steps
 - b. Electronic notice of assignment
 - c. Repository for storing medical records
 - b. Maximus ready for next steps

Greg Webber - Med Legal LLC

1. Very complex ecosystem
 - a. Need to start simple
 - i. DFR
 - ii. Electronic IMR
 - b. Put in electronically for just basics
 - i. Pick a small piece and make progress
 - c. Biggest bang for buck
 - i. Everyone wins
 - d. Establish frameworks and standards you will be working in before making first step