



**New Mexico
Coalition for Healthcare Information Leadership**

New Mexico HIPAA Conference, September 22, 23, 2001

Session Results

Session Name: MCO Panel Discussion: HIPAA Impact on Contracts, Provider Manuals & Transaction Submission Process

Session Number: 251P

TOPIC	DISCUSSION	SUGGESTED ACTION
1. Standardization of information & privacy and security	<ul style="list-style-type: none"> • High costs up front. Short term headaches. Long term cost savings. • The Health Plans will pick up the cost of implementing this process, not the individual health providers. • Health care is underfunded. This will lower administrative costs and increase funding for actual health care. • Opportunity to save \$14 - \$250 billion to nation in the long run using electronic claims. • Assumption: Health Providers will take 1 of 2 approaches to gather and implement information – paper or electronic clearinghouse. 	<ul style="list-style-type: none"> • Health providers should begin to learn and become familiar with electronic mode of transferring information. • Claims will be processed more quickly. Processing fees and lab costs will decrease. • The NM Medical Society will promote electronic method of submitting claims.
2. Should those who submit electronic claims be reimbursed at a higher rate?	<ul style="list-style-type: none"> • Providing such an incentive may motivate other health providers to transition into electronic submissions. 	<ul style="list-style-type: none"> • The audience resoundingly agreed that electronic submissions should be rewarded.
3. Educating health providers, office managers, large and small providers, and others about transitioning into HIPAA requirements.	<ul style="list-style-type: none"> • 60-67% of physicians are ready to transition into HIPAA. • How will other physicians be educated? • Not all physicians have access to computers. • What will be done to assess that the electronic clearinghouse is being utilized correctly? • Many physicians will wait until the very last minute to begin implementing HIPAA. 	<ul style="list-style-type: none"> • NM Medical Society will provide training and education • Audience suggested that seminars and other means be offered for physicians, office managers, and others who have a need to know. • Training should be done in urban and rural settings, and designed for different levels of professionals. • Teach new processes rather than use old ways to make fit into a new system. • NM Health Policy Commission will be

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		<p>offering HIPAA Awareness Program, a traveling road show to educate health workers around the state. This is part of NM CHILI's initiative.</p> <ul style="list-style-type: none"> • Training and education will require much collaboration and coordination amongst various entities.
<p>4. Physicians may be procrastinating, or in denial, regarding upcoming HIPAA standards.</p>	<ul style="list-style-type: none"> • There are different levels of data collection to accommodate physicians to fulfill the HIPAA requirements, including palm pilots, and peg boards. • Health Extranet is supported by hospital health providers. 	<p>Physicians should be advised to at least begin preparing their offices for the upcoming HIPAA standards.</p>
<p>5. Physician offices may not have the capacity to begin transitioning into HIPAA.</p>	<ul style="list-style-type: none"> • Software applications are available on the Internet to facilitate linkage to programs that will help hospital and health providers. • Offices will need to have access to the Internet, and have a dedicated line. • 70% of all claims are processed between 4 Payors. 	<ul style="list-style-type: none"> • NM Medical Society will take a lead to help health providers get Internet access and ease navigating from one payer site to the next. • Possibly use HealthLink as a resource for linking information.
<p>6. How will providers find out about changes in Medicaid, submitting claims, rules, etc.? How can the NM Medical Society facilitate that?</p>	<ul style="list-style-type: none"> • There is no coordinated way to find out what each Plan is doing. • There will be a problem getting consistent information across plans and providers and users. 	<ul style="list-style-type: none"> • All payors should work together to get information out. • NM Medical Society can work with providers and payors to facilitate information sharing. • The CHILI website can be used as a resource.
<p>7. Disaster recovery, strategy for e-commerce, & electronic medical records.</p>	<ul style="list-style-type: none"> • There is no standardization or template for disaster recovery. • HIPAA does not have forecast to have medical records entered into electronic format. • By 2003, all patient records must be recorded in preparation of a disaster. 	<ul style="list-style-type: none"> • Backup data regularly. • HIPAA and CHILI are looking into a standardized template for disaster recovery. • There is a national discussion/debate regarding having electronic medical records.

Additional questions:

People who signed up on the CHILI interest form wanted to know how they would be contacted to begin participating in future task groups.

Will CHILI become a non-profit agency, with staff available to coordinate all the work that needs to be done?

How will accountability and commitment to this process be measured? How can it keep going on a voluntary basis?

Submitted by Letty Rutledge
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