

**New Mexico Telehealth Commission
Meeting Minutes
April 25, 2008
New Heart Clinic, Albuquerque, NM**

Commissioners Present: Dale Alverson, Lowell Gordon, Robert Mayer, Danie Picraux, Jeannette Velarde, Maggie Gunter, Leo Baca, Richard Lueker, Craig Wingate, Liz Stefanics, Jane Breen Pierce, Stephen Easley, Bill Dunbar

Commissioners Absent: Lynne Anker-Unnever, Mark Duran, Paul Ehrlich, Dwayne Jordan, John Tiernan, Tomas Torres, Ben Ray Lujan, Jim Holloway, Roy Soto, Stephen Vaughn, Steven Adelsheim, Tony Davis.

Commission Staff Present: Karen Gonzales, Deborah Gallegos, Margo Gomez

Stakeholders Present: Terry Boulanger, Arturo Gonzales, Patricia Montoya, Deborah Hall

Welcome and Introductions: Chairman Bob Mayer outlined the agenda for the day and introduced the presenters.

Business Items:

| Topic | Discussion | Action/Person Responsible |
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| Approval of Agenda | Those present accepted the agenda. | |
| Telehealth and Health Information Technology updates | <p>NHIN Grant : National Health Information Network Grant to demonstrate health information exchange under use cases. First test is scheduled for September, 2008. New Mexico Health Information Collaborative will demonstrate health information exchange technology for Commission on May 13, 2008.</p> <p>Regional Health Information Organization and HPC is conducting a survey on network services. Have received 500 responses from physicians concerning whether or not they utilize Electronic Health Records to date. Report will be out in June.</p> | Maggie Gunter |
| | <p>FCC Grant: Federal Communications Commission The FCC had 81 proposals, 69 will be funded at their full budget request, including New Mexico's. Funds go directly to the service providers, not to the University. The grant will be spread out over 3 years. Project pays for infrastructure build out, network design and maintenance – does not pay for program support or equipment. Some initial money will be used to develop RFP for network design services. UNM Health Science Center has allocated funding to hire a FTE project manager.</p> <p>To view project information on line go to Portal.swtag.org.</p> | Dr. Dale Alverson |

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| | <p>Electronic Medical Records (in Public Health Division) All Public Health Offices will be connected to electronic medical records by end of this fiscal year. So far 33 offices are up. Southern New Mexico remains to be completed. To date, over 62,000 procedures have been logged. Issues that have come up so far: staff reluctance to change, staff scheduling, and cultural issues. Problematic issues seem to dissipate after 4 weeks of use. Software is capable of scheduling, billing, and contains an electronic medical record.</p> <p>There was a meeting with Secretary Leavitt, HHS, and CMS in hopes of promoting incentive program to provide approximately \$58,000 over 5 years to 100 physicians who use electronic medical records. The criteria are rural physicians who already use EMR. There will be a control group of another 100 physicians who do not receive incentive.</p> <p>In order to take full advantage of electronic medical records, physicians must have broadband access. Commissioner Baca offered to provide assistance to rural clinics who need a broadband connection.</p> <p>Legislative Update: Three existing DOH programs received expansion dollars: Reach, Envision and Suicide Prevention. In addition, DOH received funds to start a home health monitoring pilot.</p> <p>The FCC has a program that will subsidize rural healthcare providers for broadband services. Once they are connected they can renew request each year to keep broadband services. DOH will assist providers with the initial application.</p> <p>Commissioner Picraux suggested reexamining and rewriting the privacy bill. There were several problems with language of first bill, and she also suggested having a different representative carry the bill.</p> | Bob Mayer |
| <p>Telehealth measures</p> | <p>Review of Telehealth Measures The New Mexico Department of Health collects results for a total of seven telehealth measures. The results are required for our quarterly performance reports and for use in the Governor’s Performance and accountability Contract. They are accountable for all the telehealth sites and the number of patient encounters. The main concern for the DPP is the difference in numbers from FY 07 to FY 08. The DPP wants to get together with the people from the telehealth programs to discuss collecting the data and come up with the definition of each measure. This way every group is collecting the same information and the numbers are more consistent. Arturo Gonzales has agreed to host a meeting with DPP and a member from each telehealth program. ENVISION, REACH, ECHO, Corrections, CFTH, CRCBH, and Sangre de Cristo Community Health Partnership to develop clearer definitions of the measures.</p> <p>Bob Mayer will get a list of names to Sam Howarth to move forward with this meeting.</p> | <p>Division of Policy and Performance: Sam Howarth</p> |
| <p>Barriers and incentives for EMR adoption</p> | <p>Randy Marshall, New Mexico Medical Society and Pat Montoya, NMMRA The Medical Society represents 2800 physician throughout the state. In the latter ‘90’s providers had problem with receivables. They were using paper system and many needed to collect on debt that was 180 days over due. EMRs promised quicker turn around time.</p> | <p>Randy Marshall Pat Montoya</p> |

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| | <p>But for small practices there are many barriers to EMR adoption, one being the cost.</p> <p>A cooperative project, HealthXnet, encouraged timely reimbursement from Medicaid by facilitating electronic billing.</p> <p>NMMRA estimates about 500 physicians use EMRs. The cost of EMR is a barrier for physicians to transition to EMR. Patients have the greatest benefit while the physicians bear the greater cost.</p> <p>AMA found 79% of physicians wanted a tax credit to give them an incentive to switch to EMR. Credits could be used against tax liability or their licensing fee.</p> <p>NMMRA is currently supporting providers with technical assistance and half of the cost of license to acquire an EMR.</p> <p>On May 2-3 there is a forum being held with NM First. This forum is gathering people that work in the medical field and how they can recruit more medical professionals to the state. Registration is \$125.00</p> | |
| LUNCH BREAK | | |
| <p>Planning for electronic billing and medical records</p> | <p>Fundamental billing and claiming – What is involved in how a bill turns into a claim, and how that claim gets paid for.</p> <p>Bob introduced Ruth Blea with a BPO (Benefit Provider Organization)</p> | <p>Bob Mayer</p> |
| <p>Introduction to billing and claiming</p> | <p>Handouts were given: Health Insurance Claim form, Sample of EDI claim flow, overview of HIPAA regulations for transactions and Code Sets, and EDI 101</p> <p>Ruth Blea explained a plan to encourage the billing and claiming process through standardization and uniform coding of records. She also discussed the privacy act (HIPAA). HIPAA and CNS standardized codes helped communication between all parties. It led to the first steps in electronic transmissions.</p> <p>Now all providers must have their NPI- national provider identifier. Medicaid will not submit payment for any bill received by provider who does not have their NPI. Many rural doctors are submitting their claims in long hand and are not set up with HIPAA compliant software so they can start submitting their claims electronically. With special software, all claims can be sent to a clearinghouse. Claims can be submitted a few days after the date of service, and some systems will turn the claim around in approximately 14 days.</p> <p>Some of the barriers providers have are not having the proper equipment such as computers, coding books and the cost of it all. An idea to overcome these barriers is to invest in computers and train providers on how to use the equipment and software.</p> | <p>Ruth Blea</p> |
| <p>Workplan Development</p> | <p>The Commission needs to come up with a plan to encourage providers to use electronic billing and claiming. Recommended having a subcommittee work on the plan that will go back to the Governor and the Legislature. Suggestion was to try with a tax incentive, identify models from elsewhere, develop business case for switch, and find opportunities to educate providers.</p> <p>Begin by identifying who is not using electronic billing. There was a survey done last year by NM Chili to identify the people who were filing on paper. Liz Stefanics offered to set up a conference call with her staff, Stephen Easley, Danice Picraux and Maggie Gunter who will utilize that list to look at a business case for electronic</p> | <p>All</p> |

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| | billing and claiming. | |
| Agenda for May 13 | <p>Next meeting is May 13, 2008 at the CNM Workforce Training Center.</p> <p>June meeting is scheduled for 6/16/08 at CNM Workforce Training Center.</p> <p>FY 09 meeting agenda: Dates were suggested and discussed the third Thursday of every month would be the date the commission will try and meet on starting in July. 7/17, 8/21, 9/18, 10/16, 11/20, 12/18, 1/15, 2/19, 3/19, 4/16, 5/21, and 6/18</p> | |
| Meeting adjourned at 3:35 pm | | |