

IBHIS Contract Providers Transition Team Meeting
March 21, 2007
Summary of Questions & Answers

1. Q: What are the qualifications for a board member? Are providers and vendors allowed to be on the Advisory Board?

A: We do not foresee vendors on the advisory board. The Advisory Board needs to be Contract Provider driven. The purpose of the Advisory Board is for Contract Provider's to advise and inform DMH of opportunities and obstacles encountered. Advisory Board will be a group that speaks for all the Contract Provider's. We are sure that there will be a lot of interaction between Contract Provider's and their particular vendors during the process and its likely vendors will provide input for the EDI transaction process. Ultimately, the selected person from a contract provider's organization would be the contact person to communicate with DMH and serve on the advisory board.

2. Q: How can we get the DMH contact information?

A: We will get that information to everyone. Currently Karen Bollow is the lead contact person for DMH-CIOB. There is an email for the CPTT project CPTT@lacdmh.org. Please use the CPTT email address for all communication with the CPTT. Karen can be contacted directly at 213-251-6414 or email kbollow@lacdmh.org.

3. Q: How many of the providers are in scope? And out of scope?

A: We do not have the what we consider accurate numbers at this time, but we will get the numbers for you.

4. Q: How about the COS providers that have access to integrated system; are they considered within or outside of the scope?

A: Since COS billing is not done through a HIPAA defined transaction, it is considered out of the scope for now. We will, however, address COS before IBHIS goes into production use.

5. Q: When can we get some guidance on performance measures and will performance outcomes for MHP be required of all contract providers?

A: MHP contractors will have performance measures built into their contracts. Even if you are not an MHP contractor, you can anticipate that eventually the State will require outcomes measures similar to the

MHSA data set from all contractors. They have been explicit on that subject, but have not given a date. The County is also moving towards performance-based contracting. Outcome measures are a key element of performance-based contracting.

6. Q: Should we wait for the Advisory Board to give directions?

A: Given the time remaining to accomplish the transition to EDI, no, don't wait. Do what you can do with the information you have. There is nothing to prevent you from assessing your automation needs, finding out who the available vendors are, or thinking through your agency's position on participating in a consortium to get a better price. If you get started now, you will be participating in the CPTT or the CPTT Advisory Board from a more informed position and be able to bring more specific questions to the group for consideration.

7. Q: How will the information from the Advisory Board flow back to us non- ACHSA members and other contract providers?

A: We will set up an e-mail distribution list based on the sign-in sheets for the March 21, 2007 meeting and other provider contacts that we have already. We will also be setting up a web page very shortly that will include an Issues List database application that will allow you to see current status of issues brought to the CPTT.

8. Q: Can you explain the certification process for EDI?

A: First let's clarify. There is not a generic EDI certification process. Each transaction you exchange with DMH will need to be certified. The process will be very similar across transactions of course. The X.12 837 transaction certification process will likely be the most complicated, at least until the State releases the guidelines for the shared clinical record. If you are able to complete certification for this transaction the other transactions should be fairly easy to set up. Please visit the EDI Work Group Web Site at <http://dmh.lacounty.info/EDI/> for more information on the current EDI certification process.

9. Q: In terms of the certification process will it be mandatory to be certified in order to have a contract with DMH?

A: It will be mandatory in future DMH contracts to submit data to DMH electronically via EDI. There will be no provision for direct data entry (DDE) into the IBHIS. Each of your EDI transactions will need to be certified before it can be submitted to the production environment.

10. Q: Is there a reason why we should use XML, HL7, X12?

A: HL7 is a national standard for health-related transactions, particularly for administrative and clinical information exchange. State DMH has been talking about HL7 as a key to its MHSAs data exchange strategy for the past two years. HL7 version 3.0, which we expect the State to specify in its MHSAs IT Plan Guidelines, uses XML as the underlying language for describing HL7 health related transactions.

Extensible Markup Language (XML) is a simplified subset of Standard Generalized Markup Language (SGML). Its primary purpose is to facilitate the sharing of data across different information systems, particularly systems connected via the Internet. XML has been specified by State DMH as the vehicle for submitting outcomes measures information to the State under MHSAs.

X.12 is the standard for the HIPAA transactions and is required by Federal law.

None of these standards are driven by LA County DMH. They are all either State or Federal government requirements. HL7, in addition, is very much a health care industry standard.

11. Q: Are we expecting all of the transactions to be ready by 2009 and will all transactions be ready for testing at the same time?

A: At this point we anticipate starting with the HL7 Admission-Discharge-Transfer-Registration (ADTR) transaction, the X.12 837 health care claim transaction, and the X.12 835 remittance advice transaction. We anticipate the IBHIS being able to handle a broader range of transactions even at the beginning of production use, but we need to put considerable thought into a practical transition plan. At this point the thinking is to get the three transactions identified above in place as quickly as possible beginning January 2009 and then phase in the additional transactions, such as those related to clinical information and outcomes measures information, as quickly as possible once we have claims flowing reliably.

12. Q: What will be the direct and indirect cost for contract providers?

A: We don't know. There are so many variables that can influence cost, such as:

- Size of the provider
- Scope of the automation they select
- Whether the system is purchased as an individual legal entity or part of a consortium of legal entities with similar needs, or

purchased as a service provided by an application services provider

13. Q: What is the next step for an IT person to determine or work on becoming EDI ready?

A: Have your IT people begin by contacting Charlie Diaz or Dee Eng at DMH-CIOB EDI support unit. Their contact information is on the EDI Work Group website at <http://dmh.lacounty.info/EDI/>

14. Q: The timeline for DMH IBHIS project is set but this date is not a mandatory date for Contract Provider's to have an EHR system in place by the state or federal mandates.

A: DMH cannot mandate that you adopt an EHR system. We can and are mandating that contractors will exchange data with us electronically beginning no later than January 2009. As a practical matter, the scope of what the State is mandating under MHSa will be very difficult to deliver without an EHR.

There is also very little doubt that the entire healthcare industry is moving towards a standards-based electronic health record. There is, under our MHSa effort related to the IBHIS, an opportunity to make this transition now with some help and guidance. We cannot predict what resources may be available in the future.

15. Q: Will the Advisory Board provide information for other IT issues involved with the IBHIS project like digital signatures, interfaces.....

A: Yes, Advisory Board will be a great place for all this type of information.

16. Q: Please clarify types of transactions to be prepared for?

A: See question 11 above. More detail will be available after the IBHIS RFP is released at the end of April 2007.