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# Medicaid Advisory Committee

January 28, 2015

General Services Building  
Salem, Oregon

The logo for the Oregon Health Authority is centered within a light blue, curved banner. It features the word "Oregon" in a smaller, orange, serif font positioned above the "H" of the word "Health". The word "Health" is written in a large, dark blue, serif font. Below "Health", the word "Authority" is written in a smaller, orange, serif font, with a thin blue horizontal line extending from the left side of the "H" in "Health" to the start of "Authority".

Oregon  
Health  
Authority

<b>Time</b>	<b>Item</b>	<b>Presenter</b>
<b>9:00</b>	Opening Remarks	Co-Chairs
<b>9:05</b>	Approval of Minutes – December 2014	Committee
<b>9:15</b>	Oregon Health Plan Enrollment and Redeterminations Update	Linda Hammond, OHA
<b>9:35</b>	Oregon Health Authority – Update on the Oregon Health Plan (OHP) and Coordinated Care Organizations (CCOs)	Rhonda Busek, OHA
<b>9:45</b>	Oregon Health Plan, Section 1115 Quarterly Report	Janna Starr, OHA
<b>10:05</b>	2015 Legislative Session Preview	Brian Nieubuert, OHA
<b>10:30</b>	BREAK	
<b>10:45</b>	Health Information Technology	Susan Otter, OHA
<b>11:15</b>	Children's Health Insurance Program in the ACA Coverage Landscape – Finalize and Adopt SB 1526 Memo to OHA	Co-Chairs; staff
<b>11:50</b>	Public Comment or Testimony	Co-Chairs
<b>11:55</b>	Closing comments	Co-Chairs; staff
<b>12:00</b>	Adjourn	Co-Chairs; staff

# Oregon Health Plan Enrollment and Redeterminations Update

Linda Hammond, Interim Chief Operating Officer, OHA

# **OHA Update on Coordinated Care Organizations (CCOs) and the Oregon Health Plan (OHP)**

Rhonda Busek  
Interim Director, Medical Assistance Programs, OHA

# Oregon Health Plan, Section 1115 Quarterly Report

Janna Starr, Medical Assistance Programs, OHA

# 2015 Legislative Session Preview

Brian Nieuburt, Legislative Coordinator for Health Care  
Programs, OHA

**BREAK**

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# Electronic Health Information Presentation to Medicaid Advisory Committee

Susan Otter, Director of Health  
Information Technology, OHA

January 28, 2015



# Overview of Today's Update

- Useful Definitions
- Vision and Goals of Health IT-Optimized Care
- Current Health IT Environment
- Highlights of State-Level Health IT Services

# Health Information Technology

What does **Health IT** refer to?

- Technology that stores, retrieves, or shares health information and data
  - Hardware (computers, smart devices)
  - Software (computer programs, apps)
- Examples:
  - An electronic health record (EHR)
  - Data registry for clinical information (e.g., immunization registry)

# Other Useful Definitions

- **Health Information Exchange (HIE)** – the electronic transfer of health information between two or more health IT systems
  - Sometimes HIE can also refer to an organization that provides this service
- **Interoperability** – the ability of different health IT systems to communicate and exchange data between them, and make use of that data

# Vision of an “HIT-optimized” health care system

The vision for the State is a transformed health system where statewide HIT/HIE efforts ensures that all Oregonians have access to “HIT-optimized” health care.

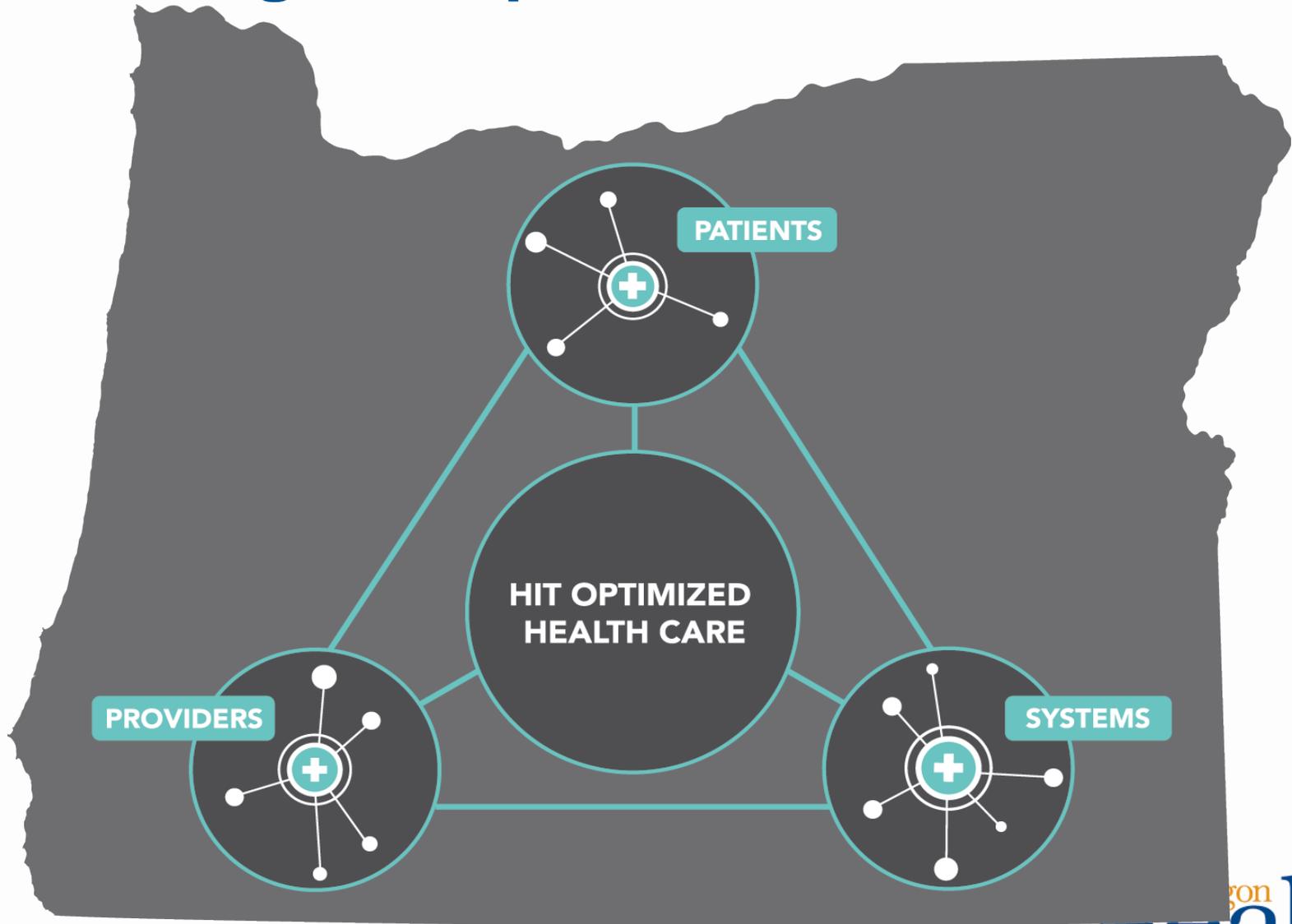
Oregon HIT Business Plan Framework (2013-2017):

[http://healthit.oregon.gov/Initiatives/Documents/HIT\\_Final\\_BusinessPlanFramework\\_2014-05-30.pdf](http://healthit.oregon.gov/Initiatives/Documents/HIT_Final_BusinessPlanFramework_2014-05-30.pdf)

# Goals for HIT-optimized health care:

- Providers have access to meaningful, timely, relevant and actionable patient information at the point of care.
  - Information is about the whole person – including physical, behavioral, social and other needs
- Systems (Health plans, CCOs, health systems and providers) have the ability to effectively and efficiently use aggregated clinical data for
  - quality improvement,
  - population management and
  - to incentivize value and outcomes.
- Individuals, and their families, have access to their clinical information and are able to use it as a tool to improve their health and engage with their providers.

# Envisioning HIT Optimized Health Care





# “Meaningful Use”

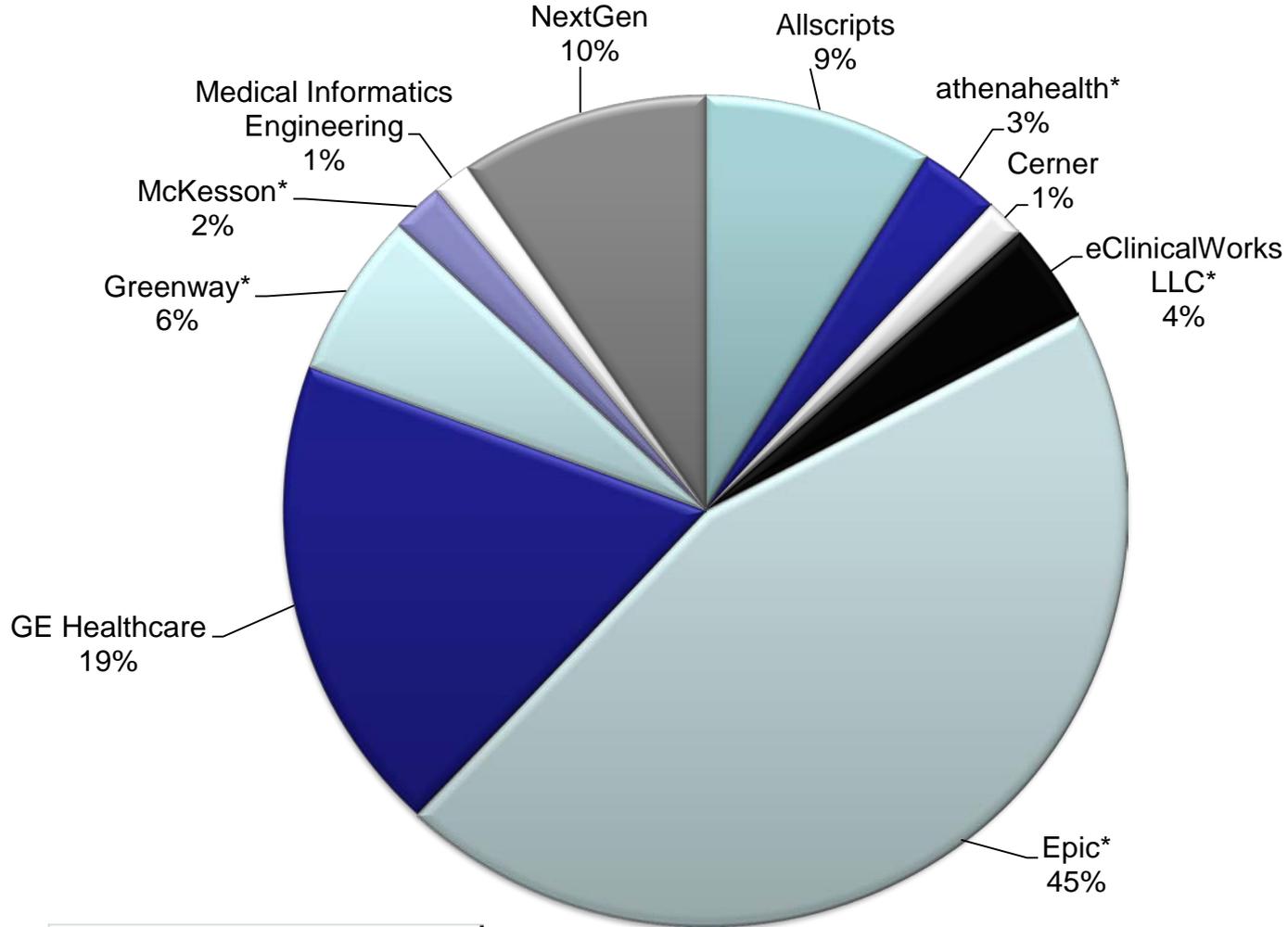
- Under HITECH, eligible providers and hospitals can qualify for Medicare and Medicaid incentive payments when they adopt certified EHR technology and use it to achieve specified objectives.
- Two regulations define “meaningful use”:
  - Incentive Program for Electronic Health Records
    - Issued by CMS
    - Requirements for what eligible providers must do (objectives and measures) to get incentives
  - Certification Criteria for Electronic Health Records
    - Set by the Office of the National Coordinator for HIT (ONC)
    - Standards for the EHR technology

# EHR Adoption and Meaningful Use in Oregon

- Oregon providers have been early adopters of EHR technology
- Currently, Oregon is in the top tier of states for providers receiving EHR incentive payments, with
  - more than \$300 million in federal funds coming to:
  - nearly all Oregon hospitals and
  - nearly 6,000 Oregon providers
- However, more than 100 different EHRs are in use in Oregon

# EHR Vendor Systems purchased by Oregon Eligible Professionals (top 10)

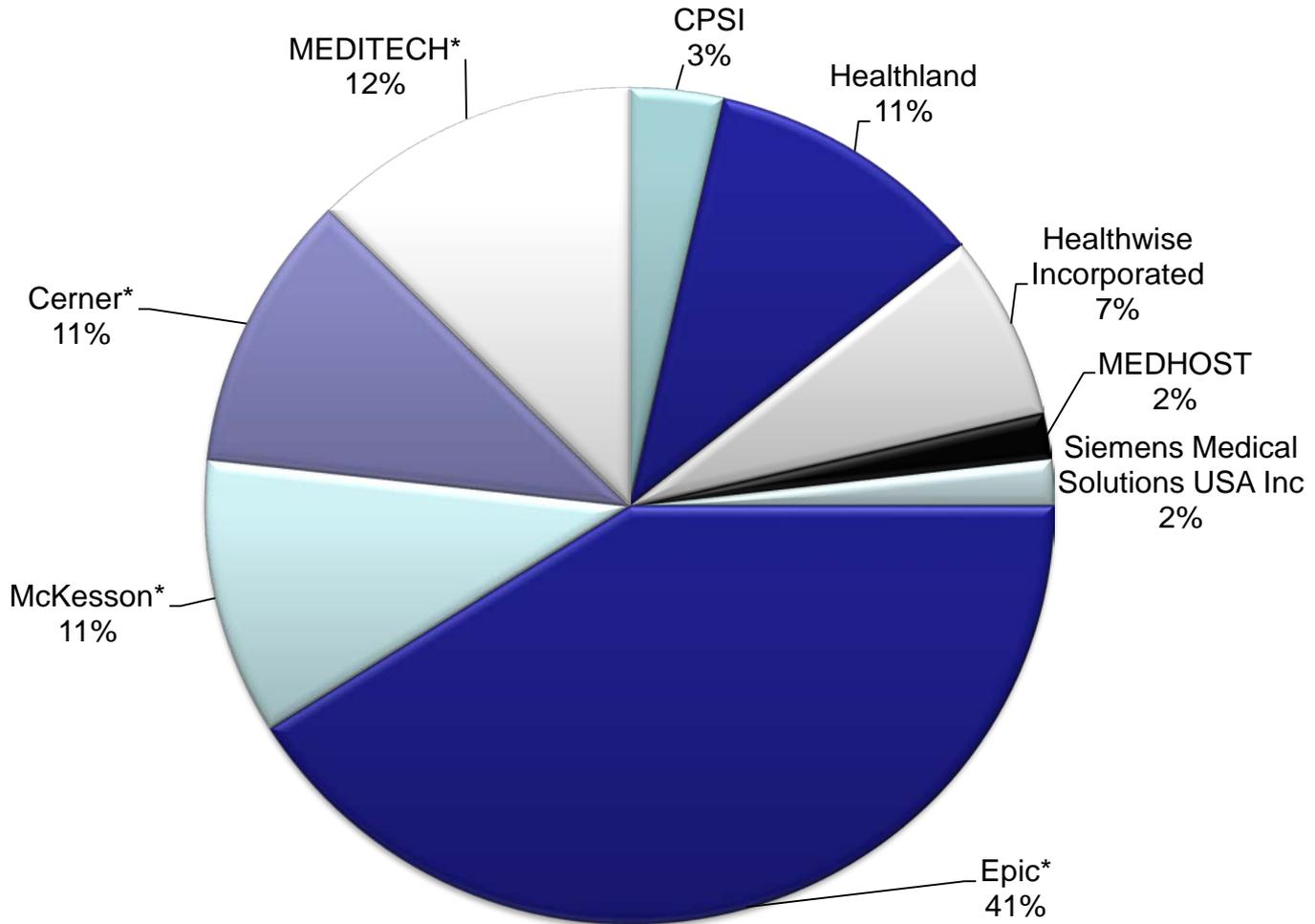
N=4,912 out of 6,007 total



\* Denotes vendor also has 2014 CEHRT version in use

Count of unique providers that received a payment in either the Medicare or Medicaid EHR Incentive Programs from 2011 – August 2014.

## EHR Vendor Systems in use by Oregon Hospitals (56 out of 59 total hospitals)



\* Denotes vendor also has 2014  
CEHRT version in use

Count of unique hospitals, that received a payment in either the Medicare or Medicaid EHR Incentive Programs from 2011 – Aug 2014

# Health Information Exchange in Oregon

- Several community HIEs:
  - Jefferson HIE – Southern Oregon and Columbia River Gorge region
  - Central Oregon HIE – Central Oregon
  - Coos Bay, Corvallis, others in development
- Social services coordination/integration
  - Community Connected Network in Jackson County: database and system for coordinating and integrating information related to social services assessment and delivery in Jackson County
- Epic Care Everywhere
  - Functionality for viewing among participating Epic users
- Pushing information via Direct secure messaging within EHRs is beginning
  - CareAccord, Oregon's statewide HIE

# CCO Investments in HIT/HIE

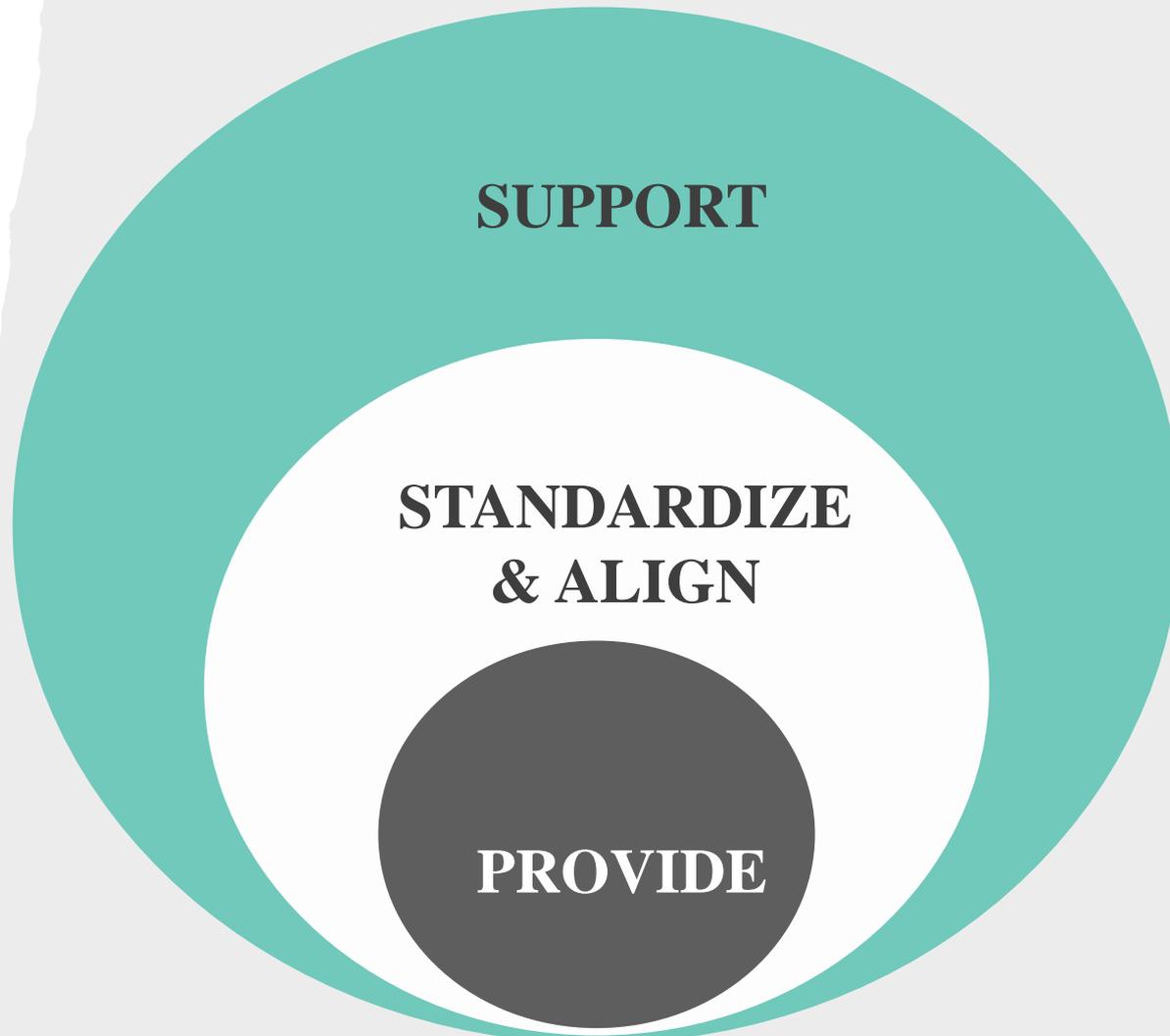
Health Information Exchange	<ul style="list-style-type: none"><li>• Share clinical information with care team;</li><li>• Provide community health record of patient health care – often includes ambulatory, hospital, labs, pathology and radiology results.</li><li>• May facilitate referrals and other communication</li></ul>
Case Management and Care Coordination	<ul style="list-style-type: none"><li>• Assessments; care plans; alerts/reports for important events</li><li>• Set goals and interventions, assign to care teams, support transitions of care, and identify barriers</li></ul>
Population Management, Metrics Tracking, Data Analytics	<ul style="list-style-type: none"><li>• Assign risk scores and identify populations to target for complex case management and disease management</li><li>• Track metrics progress; generate dashboards and patient lists for providers to follow up</li></ul>
Other Investments	<ul style="list-style-type: none"><li>• Telehealth</li><li>• Hosting EHRs via affiliated IPAs</li></ul>

# HIT/HIE exists in Oregon, but gaps remain

Many providers, plans, and patients do not have the HIT/HIE tools available to support a transformed health care system, including new expectations for care coordination, accountability, quality improvement, and new models of payment.

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# The Role of the State in Health IT



Community and  
Organizational  
HIT/HIE Efforts



# Statewide Hospital Notifications

- ▶ Hospital notifications systems (2015)
  - ▶ Provide real-time alerts to providers and the care team when their patient has a hospital event (emergency department, inpatient, discharge)
  - ▶ Subscribers can only access information for their patients—CCOs, health plans, providers, HIEs, etc.
- ▶ Emergency Department Information Exchange (EDIE)
  - ▶ Identify frequent users of emergency department care
  - ▶ Provide ED care history, treatment plans for frequent ED users
  - ▶ All 59 Oregon hospitals will implement EDIE in 2014
  - ▶ <http://www.orhealthleadershipcouncil.org/our-current-initiatives/emergency-department-information-exchange-edie>

# How Do State-Level Health IT Services Benefit Patients?

- The Emergency Department Information Exchange and hospital notifications to providers:
  - Ensures providers can better coordinate after hospital visits and be informed right away when their patients go to the ER
  - Ensures that emergency department providers know the critical information for patients with complex issues and high ED utilization
- Health information exchange and provider directory:
  - Ensure providers can share patient information electronically with the members of a patient's care team, including behavioral health
  - Ensure providers are prepared with the right information about a patient at the time of care
  - Ensure providers can easily make referrals to specialists and coordinate your care

# Primary care homes and HIT are for everyone



- Electronic health records allow for the secure exchange of information
- Simplify the process of administration
- Empower patients

“The team working with my doctor knows about me. This saves me a lot of time... The patient doesn’t have to be the resource. They talk to each other. They leave notes for each other in my electronic medical record. I don’t have to coordinate them.”

- *Bryant Campbell, patient Providence Medical Group North  
Portland Family and Community Medicine*

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For more information on Oregon's HIT/HIE developments,  
please visit us at <http://healthit.oregon.gov>

CareAccord, Oregon's state HIE:  
[www.careaccord.org](http://www.careaccord.org)

Susan Otter, Director of Health Information Technology  
[Susan.Otter@state.or.us](mailto:Susan.Otter@state.or.us)



# CHIP in the ACA Coverage Landscape

# Overview

- Review draft SB 1526 memo
- Includes:
  - MAC's review of program design considerations for CHIP premium assistance in Oregon
  - Discusses and identifies benefits and challenges to CHIP premium assistance



# Senate Bill 1526 and MAC

- Senate Bill 1526 (2014) charges OHA with examining the feasibility of using Children's Health Insurance Program (CHIP) federal matching funds to subsidize commercial insurance for children in families with incomes between 200-300% FPL.
- OHA must report findings and any recommendations to the legislature by March 2015.
- Committee to explore the potential impact to individual CHIP members and their families in terms of access and continuity of care, benefits, affordability and whole family coverage.
- Committee prepare and submit a memo to OHA.

# SB 1526: MAC Timeline

## September

- Overview of CHIP and premium assistance; federal parameters and Oregon's experience

## October

- Former Office of Private Health Partnership staff

## December

- Program design and implementation considerations; benefits and challenges

## January

- Review and discuss draft considerations memo for OHA; co-chairs and staff finalize memo



# CHIP and Premium Assistance

- Premium assistance programs allow states to use public funds through Medicaid and CHIP to subsidize private coverage
- Premium assistance programs must:
  - Provide wraparound coverage to fill in gaps in benefits between a private plan and required Medicaid or CHIP benefits
  - Pay any consumer out-of-pocket costs that exceed Medicaid or CHIP levels
  - Ensure the program is cost effective to the state
- Partnership between the government, commercial markets, health systems, employers and consumers to provide health care for beneficiaries



# Snapshot of Oregon's CHIP

- **Technically, separate CHIP program;** seamless for children and families
- **Enhanced FMAP:** 74.84% in FY 2015
- **Waiting Period (period of uninsurance):** None
- **Five-Year Waiting Period for Lawfully Residing Children:** Oregon has removed this requirement
- **Benefits:** OHP Plus (full Medicaid w/EPSDT coverage per Prioritized List), with specified enhanced dental and vision coverage
- **Cost-sharing:** No premiums and copays; 5% aggregate cap on cost-sharing as a percent of family income.
- **Delivery System:** Coordinated Care Organizations (CCOs), also fee-for-service (FFS), Fully Capitated Health Plan (FCHP), or Indian Health Services (IHS)
- **Continuous eligibility for 12 months:** Oregon allows children to retain coverage for 12 months, regardless of whether their family income changes during that time period

# Public Comment or Testimony