

2022

CCO HIT Data Reporting Requirements

GUIDANCE DOCUMENTATION FOR 2023 REPORTING

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Section 1: Executive Summary

This document provides guidance to coordinated care organizations (CCOs) for the following required annual HIT data reporting for their contracted organizations, as stipulated in the CCO 2.0 RFA Attachment 9 and reiterated in the CCO contract, Exhibit J, Section 2:

- Rates of electronic health record (EHR) adoption among contracted physical, behavioral, and oral health organizations
- Rates of health information exchange (HIE) use for care coordination among contracted physical, behavioral, and oral health organizations
- Rates of access to and use of hospital event notifications among contracted physical, behavioral, and oral health organizations
- EHR product and HIT tool(s) in use by each contracted physical, behavioral, and oral health organization

CCOs are expected to use these rates to inform their strategies to support EHR and HIE adoption and use, as well as set targets for increasing that use. Each year, CCOs will report the strategies, progress, and targets to OHA in their Updated HIT Roadmap. OHA expects to use CCO rates to inform technical assistance and strategic planning. OHA will not establish statewide benchmark/thresholds for HIT access, adoption, and use in Year 3.

New for 2023 Reporting

- OHA expects CCOs to collect EHR information for their contracted physical, behavioral, and oral organizations via already existing CCO processes (e.g., contracting, credentialing, etc).
- CCOs will incorporate their HIT Data Collection Plan into their Updated Roadmap submission; it will no longer be a separate 'deliverable'.
- CCOs will have ownership of the HIT Data Reporting Files, updating the list of required organizations and HIT information at least annually for submission with their annual Updated HIT Roadmap.
- Optional: OHA has added a measure of the members assigned to primary care with an EHR.

OHA expects CCOs to continue calculating and tracking completeness of EHR data collected, identify clear data collection methods, and set targets for increasing data collection completeness for Year 3 (2022). HIE tool adoption information will continue being collected by OHA directly from vendors and made available to each CCO for their contracted provider organizations.

The Year 3 (2022) HIT Data Report will be due on March 15, 2023. The timeline for each phase of Year 3 reporting is set out in [Section 2](#).

1.1 Background

The requirement to report HIT data was set out in the CCO 2.0 RFA Attachment 9 and is reiterated in the CCO contract, Exhibit J, Section 2. In their responses to the CCO 2.0 RFA Attachment 9, CCOs submitted initial plans for collecting data on EHR and HIE use and setting targets for increased use by their contracted physical, behavioral, and oral health organizations. CCOs also submitted a description of the assistance they would like from OHA in collecting and reporting on data, and setting targets for increased HIT access, adoption, and use. OHA used the CCO-submitted information to inform this Guidance document and has collected additional CCO input since. In addition, OHA plans to offer CCOs technical assistance or office hours to support CCO HIT data reporting activities and deliverables.

OHA expects CCO data collection and reporting to contribute to multiple benefits:

- CCOs collect more complete HIT information for all their contracted organizations
- CCOs increase their awareness of the HIT landscape, including gaps/needs, among their contracted organizations
- CCOs improve their ability to target HIT support to meet their providers' HIT needs
- An increase in HIT needed to support the coordinated care model
- OHA improves its ability to assess Updated HIT Roadmaps and consider strategies or technical assistance, reinforcing the benefits listed above
- OHA's Health IT Oversight Council (HITOC) can better monitor Oregon's HIT landscape
- OHA/HITOC are better informed about the progress being made to increase HIT access and use among CCOs' contracted providers

1.2 Overview of Year 3 CCO HIT Data Reporting Process and Due Dates

The **Year 3 CCO HIT Data Report** will be due to OHA on 3/15/2023 and will include the following components:

- A. Year 3 Final CCO HIT Data File**
- B. 2022 EHR Data Completeness and Adoption Rates** (Table 1 in [Appendix A](#))
- C. 2022 HIE Adoption Rates** (Table 2 in [Appendix A](#))
- D. (Optional) 2022 Rate of CCO Members Assigned to Primary Care Using an EHR**

During 2022, OHA expects CCOs to collect EHR information for their contracted physical, oral, and behavioral health organizations via already-existing processes. The **Year 3 Final CCO HIT Data File** will be used to calculate the Year 3 (2022) baseline EHR rates which CCOs will use to identify Year 4 (2023) targets and inform their revised HIT Roadmaps. These deliverables are all described, in detail, below.

Section 2: HIT Data Reporting Process

The CCO HIT Data Reporting process has two required components: (1) HIT Data Collection and (2) HIT Data Reporting. OHA plans to support CCOs with both components. The Year 3 (2022) reporting process has four phases that include both required components:

- Phase 1: Finalize Guidance
- Phase 2: HIT Data Collection Planning
- Phase 3: HIT Data Collection
- Phase 4: HIT Data Reporting

Further detail about each phase/stage follows on the next page.

CCO HIT Data Reporting Timeline

Phase 1 and 2: Jan - April 2022	Phase 3: May - Dec 2022	Phase 4: Jan - Mar 2023
Finalize Guidance, CCO HIT Data Collection Planning	CCO HIT Data Collection	HIT Data Reporting
List of activities	List of activities	List of activities
1/31/2022: OHA sends CCOs HIT Data Reporting Files, 2021 HIT Survey Mini-Reports, and Draft Year 3 Guidance document	CCOs collect EHR information via already existing processes as described in their Updated HIT Roadmaps	3/15/2022: Updated HIT Roadmap due with HIT data collection plans, CCO Year 3 HIT Data Reporting File and Report due (see Section 2.4)
3/10/2022 HITAG Meeting: Review Data Reporting Guidance, share data collection ideas/plans/successes	12/1/2022: OHA provides CCOs with HIE adoption data for contracted organizations	
4/28/2022 Updated HIT Roadmap due with HIT data collection plans, CCO Year 2 HIT Data Reporting File and Report due (see Section 2.4)		

2.1 Phase 1: Finalize Year 2 Guidance

OHA is sending the draft Year 3 HIT Data Reporting Guidance to CCOs on January 31, 2022. OHA will review this document at the March 10th HITAG meeting and solicit CCO input on the revised data reporting process, including:

- The amount and type of OHA support needed
- The time needed to accomplish the required steps in the process
- Foreseen data reporting challenges
- Suggestions for mitigating expected challenges

This will provide OHA and CCOs an opportunity to discuss the required HIT measures, including what data are expected to be tracked for each measure. (This information is included in this draft Guidance.)

In spring of 2022, OHA will revise the Data Reporting Guidance, if needed. OHA will continue streamlining the Data Reporting process and consolidate requirements with HIT Roadmap submission, when possible.

2.2 Phase 2: CCO HIT Data Collection Planning

OHA is sending each CCO an HIT Data Reporting File on January 31, 2022. This file includes a list of all the CCOs' contracted physical, behavioral, and oral health organizations (per CCO-submitted DSN table). These are the organizations for which CCOs are responsible for (1) collecting and tracking HIT data, and (2) increasing HIT adoption and use rates.¹

In the CCO HIT Data Reporting Files, OHA has provided available HIT information, including 2021 survey data, to limit the duplication of data collection efforts. CCOs are expected to use the information for CCO HIT reporting and to inform their Updated HIT Roadmaps.

¹ DRAFT: CCO contracted organizations required for reporting include all physical, oral, and behavioral organizations in the CCO region that have a contractual relationship with the CCO.

Below is a list of the required HIT measures, including what data are expected to be tracked/included for each measure.

Measure	Data to be collected and tracked in Year 1
EHR adoption	EHR vendor name, product name, and CEHRT year (if applicable)
HIE for care coordination (not including hospital event notifications)	Whether onboarded with the following tools/services: <ul style="list-style-type: none"> Regional HIE <ul style="list-style-type: none"> Reliance eHealth Collaborative Query-based network <ul style="list-style-type: none"> Epic Care Everywhere Carequality CommonWell eHealth Exchange Arcadia Other tool (please specify)
Hospital event notifications	Whether contracted entity has onboarded to the Collective Platform (fka EDie/PreManage) or name of HIE tool via which contracted entity is receiving notifications*
Adoption across all HIE tools (for care coordination and hospital event notifications)	Whether onboarded in the HIE for care coordination and/or hospital even notification tools/services
Community Information Exchange	<ul style="list-style-type: none"> Connect Oregon (Unite Us) Findhelp (Aunt Bertha) Activate Care Other

* OHA expects the contracted entity has direct access to/use of the HIE tool for hospital event notifications, and is not limited to receiving the information via the CCO.

OHA will not be conducting an HIT survey in 2022. OHA will continue collecting HIE tool adoption information directly from vendors and provide it to each CCO for their contracted provider organizations by 12/1/2022. **OHA expects CCOs to collect EHR information for their contracted physical, behavioral, and oral organizations via already existing processes.**

CCOs are expected to incorporate their HIT Data Collection Plan into their Updated HIT Roadmap submission; it will no longer be a separate ‘deliverable’. In the CCO Updated HT Roadmap, please clearly describe how CCO plans to collect EHR information for contracted organizations missing EHR information.

2.3 Phase 3: HIT Data Collection

In Phase 3, CCO will implement their data collection approach and collect additional EHR data across their contracted organizations. This information will be added to the CCO HIT Data Reporting File due March 15, 2023.

During the Data Collection period, OHA will provide support in the form of technical assistance/office hours to answer questions, discuss challenges, and assist the CCO in meeting the required deadlines. OHA may offer additional opportunities, such as webinars or other support, if appropriate.

Phase 4: HIT Data Reporting

OHA will continue collecting HIE tool adoption information directly from vendors and provide it to each CCO for their contracted organizations in a revised Year 2 HIT Data Reporting file by 12/1/2022.

CCO is expected to add any CCO-collected HIT data to the Year 2 (2021) HIT Data Reporting File and submit their **Year 3 CCO HIT Data Reporting File** to OHA with CCO Updated HIT Roadmap by 3/15/2023.

In addition, CCO is expected to review the organizations included on the **Required for Reporting** tab in the HIT Data Reporting File and revise as needed (i.e., adding organizations CCO contracts with that are missing or removing organizations CCO no longer contracts with), creating a **Year 3 Final CCO HIT Data Reporting File**.

CCO will use the **Year 3 CCO HIT Data Reporting File** for their Year 3 HIT Data Reporting; that is, to calculate and submit their **EHR Adoption: 2022 Data Completeness and Adoption Rates** and **HIE Adoption: 2022 Rates** (see Tables 1 and 2 in [Appendix A](#)). Both the **Year 3 Final CCO HIT Data Reporting File** including the 2022 EHR and HIE Adoption Tables are due to OHA by **3/15/2022**.

CCO is expected to use the EHR and HIE adoption rates for each service type to inform their HIT Roadmaps as well as their Year 4 (2023) Data Collection Plans. See Tables 1 and 2 in [Appendix A](#) for a HIT Data Reporting Templates.

OHA expects CCO will use HIT adoption rates to inform their HIT Roadmaps. For example, if CCO reports 75% EHR adoption rates for physical health contracted providers, 50% for behavioral health, and 30% for oral health, OHA expects CCO will analyze which organizations have not yet adopted an EHR (e.g., examine organization size, specialty) and include in their HIT Roadmaps a plan describing how they will support EHR adoption for these specific types of organizations.

HIT Targets

OHA will not establish statewide benchmark/thresholds for HIT adoption or use in Year 3. OHA is not requiring CCOs establish EHR data completeness or HIE adoption targets for Year 3.

CCO Deliverables Due to OHA by 3/15/2022

CCO will submit to OHA their **HIT Data Report** including the following (see Appendix A):

- A. Year 3 Final CCO HIT Data File**
- B. 2022 EHR Data Completeness and Adoption Rates** (Table 1 in [Appendix A](#))
- C. 2022 HIE Adoption Rates** (Table 2 in [Appendix A](#))
- D. (Optional) 2022 Rate of CCO Members Assigned to Primary Care Using an EHR**

Section 3: Future Years

3.1 Future Information Completeness Reporting

CCO is expected to continue HIT data collection for all their contracted organizations, in collaboration with OHA. The process and deadlines for Year 4 and 5 data collection, though expected to follow the Year 3 (2022) Guidance, will be informed by and potentially revised in response to Year 3 successes and challenges. CCO is expected to report on an increasing number of their contracted organizations each year (e.g., 45% of their physical health organizations in Year 1, 60% in Year 2, 70% in Year 3, etc.), until information has been gathered for all HIT measures across all organizations.

3.2 Future HIT Measures Reporting

CCO will report on HIT Measures for Years 4 and 5 using the same template as Year 3 (see Table 3 in [Appendix B](#)). In response to CCO efforts described in their Roadmap, OHA expects that adoption, and use rates across CCO contracted organizations will increase over time. OHA will assess apparent impact of CCO efforts and provide a forum for sharing of best practices across CCOs.

Section 4: Communication

All CCOs have identified a primary (and additional) data reporting point(s) of contact . OHA will communicate with the point(s) of contact regarding the HIT data reporting process, documents, events, resources, key dates/deadlines, etc. If at any time CCO would like to change the list of contacts, please email the changes to CCO.HealthIT@dhsoha.state.or.us.

Appendix A: CCO HIT Data Report

Year 3 CCO HIT Data Report is due to OHA with the Updated CCO HIT Roadmaps by 3/15/2023

A. Year 3 Final CCO HIT Data File

CCO submits their **Year 3 Final CCO HIT Data File** with all Year 3 (2022) collected data, including all OHA-survey and CCO-collected data.

B. Table 1: 2022 EHR Data Completeness and Adoption Rates

CCO submits completed Table 1: **2022 EHR Data Completeness and Adoption Rates** with Year 3 (2022) rates for each category of EHR adoption by service/organization type. OHA will provide CCO with an Excel template to use for reporting. **CCO will be expected to submit numerator, denominator, and rates for each measure.**

- Year 3 (2022) data completeness and adoption rates are to be calculated as a percentage (by type):
 - ❖ numerator = # of organizations for which CCO has the required HIT data
 - ❖ denominator = total # of contracted organizations

2022 EHR Data Completeness and Adoption Rates														
Measure	Physical Health		Behavioral Health		Oral Health		PCPCH		FQHC		Incentive Measures Reporting		RHC	
	Org count	Rate	Org count	Rate	Org count	Rate	Org count	Rate	Org count	Rate	Org count	Rate	Org count	Rate
Denominator (total # of orgs)	#		#		#		#		#		#		#	
Has EHR, vendor known	#	#%	#	#%	#	#%	#	#%	#	#%	#	#%	#	#%
Has EHR, vendor unknown	#	#%	#	#%	#	#%	#	#%	#	#%	#	#%	#	#%
No EHR	#	#%	#	#%	#	#%	#	#%	#	#%	#	#%	#	#%
EHR status unknown	#	#%	#	#%	#	#%	#	#%	#	#%	#	#%	#	#%

C. Table 2: 2022 HIE Adoption Rates

CCO submits completed Table 2: **2022 HIE Adoption Rates** with Year 3 (2022) rates for each HIE measure by service type. OHA will provide CCO with an Excel template to use for reporting. **CCO will be expected to submit numerator, denominator, and rates for each measure.**

- Year 3 (2022) adoption rates are to be calculated as a percentage:
 - ❖ numerator = # of organizations who have adopted/access to the health information technology
 - ❖ denominator = total # of organizations for which the CCO has collected the information

2022 HIE Adoption Rates														
Measure	Physical Health		Behavioral Health		Oral Health		PCPCH		FQHC		Incentive Measures Reporting		RHC	
	Org count	Rate	Org count	Rate	Org count	Rate	Org count	Rate	Org count	Rate	Org count	Rate	Org count	Rate
Denominator (total # of orgs)	#		#		#		#		#		#		#	
HIE for care coordination excluding Collective	#	#%	#	#%	#	#%	#	#%	#	#%	#	#%	#	#%
Hospital event notifications (Collective)	#	#%	#	#%	#	#%	#	#%	#	#%	#	#%	#	#%
HIE for care coordination including Collective	#	#%	#	#%	#	#%	#	#%	#	#%	#	#%	#	#%
Community Information Exchange	#	#%	#	#%	#	#%	#	#%	#	#%	#	#%	#	#%

D. (Optional) 2022 Rate of CCO Members Assigned to Primary Care Using an EHR

OHA encourages CCO to submit the rate of CCO members assigned to primary care organizations using an EHR, such as organizations participating in Incentive Metrics Reporting and/or additional PCPCHs, FQHCs, and RHCs that have implemented an EHR. OHA has included a calculation of this rate in the CCO HIT Data Reporting Files.

The current information included in the calculation is incomplete and outdated (i.e., total members assigned to CCO is from Aug 2021 and the only included members assigned to primary care are based on organizations identified as participating in Incentive Measures Reporting in 2020).

OHA has added a couple of columns to the 'Required for Reporting' tab so that CCO can easily update the members assigned to primary care in the '# CCO members assigned to PCP' column and the rate on the '% Members at PCP Orgs with EHR' tab will automatically recalculate. Please be sure to update the 'Total CCO members' value as needed. Below is the table included in the '% Members at PCP Orgs with EHR' tab.

Members at PCP orgs with EHR (numerator)	Total CCO members (denominator)	Rate
###	#####	##%

Steps required to update the above table in the '% Members at PCP Orgs with EHR' tab in the CCO HIT Data Reporting File

1. Revise values in the '# CCO members assigned to PCP' column in the 'Required for Reporting' tab
2. Update the 'Total CCO members' value, as needed

Email questions about this guidance to CCO.HealthIT@dhsosha.state.or.us