

2023

CCO HIT Data Reporting Requirements

GUIDANCE DOCUMENTATION FOR 2023 REPORTING

Released 12/16/2022



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Section 1: Executive Summary

This document provides guidance to Oregon’s 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:

- EHR product and HIT tool(s) in use by each contracted physical, behavioral, and oral health organization
- 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

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 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, or use in Year 4.

2023 HIT Data Report is due March 15, 2023. OHA is sending each CCO an HIT Data Reporting File on December 16, 2022. This file includes a list of all the CCOs’ contracted physical, behavioral, and oral health organizations (based on CCO-submitted DSN tables for Q3 2022). These are the organizations for which CCOs are responsible for (1) collecting and tracking HIT data, and (2) increasing HIT adoption and use rates. In the CCO HIT Data Reporting Files, OHA has provided available HIT information 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.

Reminders for 2023 Reporting

- OHA expects CCOs to continue collecting EHR information for their contracted physical, behavioral, and oral organizations via already existing CCO processes (e.g., contracting, credentialing, etc.).
- CCOs have ownership of the HIT Data Reporting Files. CCOs are expected to update the list of *Required* organizations and HIT information at least annually for submission with their annual HIT Roadmap.
- Optional: CCO’s are encouraged to update the members assigned to primary care within the Data Reporting File. This allows CCOs and OHA to track the percentage of their members receiving primary care from a provider who uses 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 4 (2023). OHA will continue to collect HIE tool adoption information directly from vendors and make that data available to each CCO for their contracted provider organizations.

Section 2: HIT Data Reporting Overview

2.1 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:

- CCO has more complete HIT information for all their contracted organizations
- CCO has increase their awareness of the HIT landscape, including gaps/needs, among their contracted organizations
- CCO improves its ability to target HIT support to meet their providers' HIT needs
- Increased HIT needed to support the coordinated care model
- OHA improves its ability to assess 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

2.2 Year 4 (2023) CCO HIT Data Reporting Expectations

The **2023 CCO HIT Data Report** is due to OHA on **3/15/2023** and includes the following components:

- A. 2023 CCO HIT Data Reporting 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 (Table 3 in [Appendix A](#))

During 2023, OHA expects CCOs to continue collecting EHR information for their contracted physical, oral, and behavioral health organizations via already-existing processes.

The *2023 HIT Data Reporting File* will be used to calculate the 2022 EHR data completeness rates which CCO will use to identify Year 4 (2023) targets and inform their revised HIT Roadmaps. These deliverables are all described, in detail, below.

CCO HIT Data Reporting Timeline

Dec 2022 - Mar 2023	April - Dec 2023	Jan - Mar 2024
OHA Data Distribution/ CCO HIT Data Reporting	CCO HIT Data Collection/ OHA Data Distribution	CCO HIT Data Reporting
List of activities	List of activities	List of activities
12/16/2023: OHA provides CCOs with: (1) available HIT information via Data Reporting Files and (2) 2023 HIT Data Reporting Guidance document	CCOs collect EHR information via already existing processes as described in CCO HIT Roadmap	3/15/2024: 2024 HIT Roadmap and 2024 HIT Data Reporting File due
1/20/2023: HITAG Meeting: Review 2022 HIT Roadmap Summaries, share HIT strategy successes/best practices	12/15/2023: OHA provides CCOs with: (1) available HIT information via Data Reporting Files and (2) 2024 HIT Data Reporting Guidance document	
3/15/2023: 2023 HIT Roadmap and 2023 HIT Data Reporting File due		

Section 3: HIT Data Reporting Process

The CCO HIT Data Reporting process has two phases, further detailed below:

Phase A: 2023 HIT Data Reporting (on 2022 data)

Phase B: HIT Data Collection (of 2023 data)

3.1 Phase A: HIT Data Reporting Submission

OHA will continue collaborating with CCOs on data collection and reporting. That is, OHA will continue collecting HIE tool adoption information directly from vendors and provide it to each CCO (for their contracted organizations). This, and any additional HIT information made available to OHA, will be provided to CCO via HIT Data Reporting file on 12/16/2022.

OHA provides available HIT information to limit the duplication of data collection efforts. CCOs are expected to use the information for CCO HIT data reporting and to inform their HIT Roadmaps.

Note: OHA will also update the *Reporting Tables* prior to HIT Data Reporting File distribution.

The HIT Data Reporting File consists of all the CCOs' contracted physical, behavioral, and oral health organizations (per CCO-submitted DSN table for Q3 2022). These are the organizations for which CCOs are responsible for (1) collecting and tracking HIT data, and (2) increasing HIT adoption and use rates.

CCO is expected to:

- Add any previously unreported CCO-collected HIT data to the HIT Data Reporting File.
- Review the organizations included on the *Required for Reporting* tab in the HIT Data Reporting File and revise as needed (i.e., adding CCO-contracted organizations that are missing or removing organizations no longer contracted with CCO).
- Use the *2023 HIT Data Reporting File* for their 2023 HIT Data Reporting; that is, to calculate and submit their EHR adoption data completeness and HIE adoption rates (see *Reporting Tables* in the Data Reporting File; see Tables 1 and 2 in [Appendix A](#)).
- Confirm accuracy of the Reporting Tables.
- Submit CCO **2023 HIT Data Reporting File** to OHA with their 2023 HIT Roadmap by 3/15/2023.

CCO is expected to use the EHR data completeness rates and HIE adoption rates for each service type to inform their HIT Roadmaps including their data collection activities. In addition, OHA expects CCO will use HIT adoption rates to inform their HIT Roadmaps. For example, if CCO reports 75% HIE 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 HIE tool (e.g., examine organization size, specialty) and include in their HIT Roadmaps a plan describing how they will support HIE adoption for these specific types of organizations.

OHA will not establish statewide benchmark/thresholds for HIT adoption or use for Year 4. Also, OHA is not requiring CCOs establish HIE adoption targets for Year 4.

CCO Deliverables Due to OHA by 3/15/2023

CCO will submit to OHA their **2023 HIT Data Report** including the following (see Appendix A):

- A. 2023 CCO HIT Data Reporting 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** (Table 3 in [Appendix A](#))

3.2 Phase B: HIT Data Collection

In Phase B, CCO will pursue data collection across their contracted organizations throughout 2023, in preparation for 2024 data reporting.

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.

OHA will not conduct an HIT survey in 2023. OHA will continue collecting HIE tool adoption information directly from vendors and provide it to each CCO for their contracted provider organizations by

12/15/2023. OHA expects CCOs to collect EHR information for their contracted physical, behavioral, and oral organizations via already existing processes.

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
EHR adoption	EHR vendor name, product name, and, if applicable, certification edition (i.e., 2011, 2014, 2015, or 2015 CURES update)
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) • 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.

Section 4: Future Years

4.1 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 5 data collection, though expected to follow the Year 4 (2023) Guidance, will be informed by and potentially revised in response to Year 4 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.

4.2 Future HIT Measures Reporting

CCO will report on HIT Measures for Year 5 using the same template as Year 4 (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 5: 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

2023 CCO HIT Data Report is due to OHA with the 2023 CCO HIT Roadmap by 3/15/2023

A. 2023 CCO HIT Data Reporting File

CCO submits their **2023 CCO HIT Data reporting File** with data collected throughout 2022, including all OHA-provided and CCO-collected data.

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

CCO submits completed **2022 EHR Data Completeness and Adoption Rates** with 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.**

- 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 **2022 HIE Adoption Rates** with 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.**

- 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) Table 3: 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 December 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