2021 Updated HIT Roadmap

Guidance Document & Template

December 12, 2020

Contents

Guidance Document

Purpose & Background

Per the CCO 2.0 Contract, CCOs are required to maintain an Oregon Health Authority (OHA) approved Health Information Technology (HIT) Roadmap. As described in the HIT Questionnaire (RFA Attachment 9), the HIT Roadmap must describe how the CCO currently uses HIT to achieve desired outcomes and support contracted providers, as well as outline the CCO's plans for the following areas throughout the course of the five-year contract:

- Support for Electronic Health Record (EHR) adoption for physical, behavioral, and oral health providers
- Support for Health Information Exchange (HIE) for Care Coordination and Hospital Event Notifications for physical, behavioral, and oral health providers, and CCO use of Hospital Event Notifications
- Health IT for Value-Based Payment (VBP) and Population Health Management

For Contract Year One, CCOs' responses to the HIT Questionnaire formed the basis of their draft HIT Roadmap. For Contract Years Two through Five, CCOs are required to submit an annual Updated HIT Roadmap to OHA reporting the progress made on the HIT Roadmap from the previous Contract Year, as well as any new information, activities, milestones, and timelines which were not included in the HIT Roadmap for the previous Contract Year. OHA expects CCOs to use their approved 2019 HIT Roadmap as a foundation/starting point when completing their 2020 Updated HIT Roadmap.

Overview of Process

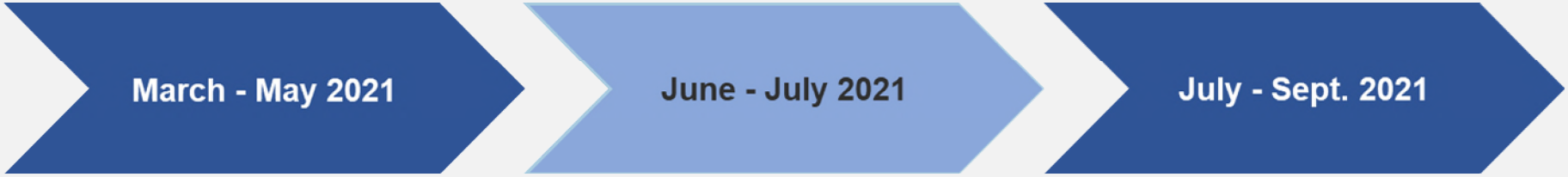
The Updated HIT Roadmap shall be submitted to OHA for review and approval on or before **March 15** of Contract Years Two through Five. CCOs will use the Updated HIT Roadmap Template for Contract Years Two through Five reporting, rather than resubmit the original HIT Roadmap submitted with the CCO 2.0 application. Please submit the completed Updated HIT Roadmap to Jessi Wilson at CCO.HealthIT@dhsoha.state.or.us.

Similar to Contract Year One, OHA will review each CCO's Updated HIT Roadmap and will send a written approval or a request for additional information and discussion. If immediate approval is not received, the CCO will need to participate in an Updated HIT Roadmap Work Plan to achieve an approved Updated HIT Roadmap for Contract Year Two. The aim of the Work Plan will be for CCOs to

1. Communicate with OHA to better understand how to achieve an approved Updated HIT Roadmap for Contract Year Two
2. Revise Updated HIT Roadmap and resubmit to OHA for review and approval

Additional information about the Updated HIT Roadmap Work Plan will be provided to any CCO that does not receive an immediate Updated HIT Roadmap approval from OHA. Please refer to the timeline below for an outline of steps and action items related to the Updated HIT Roadmap submission and review process.

Updated HIT Roadmap Timeline



	Updated HIT Roadmap Submission and Review	CCO/OHA Communication and Collaboration	CCO HIT Response Resubmission to OHA for Review
Activities	List of activities	List of activities	List of activities
	CCOs submit completed Updated HIT Roadmap Templates to OHA by **3/15/21**.	If approved, no further action required of CCOs on Updated HIT Roadmap for Contract Year 2.	CCO submits revised Updated HIT Roadmap to OHA for review by **7/30/21**.
	OHA reviews Updated HIT Roadmaps.	If not approved, CCO contacts OHA by **6/11/21** to schedule the Updated HIT Roadmap Work Plan meeting.	OHA reviews CCO's resubmitted Updated HIT Roadmap.
	OHA sends Updated HIT Roadmap result letter to CCO by **5/31/21**.	Collaborative meeting(s) occur between CCO and OHA by **7/02/21**.	OHA sends second Updated HIT Roadmap Review result letter to CCO by **9/10/21**.

OHA anticipates that all 15 CCOs will have an approved Updated HIT Roadmap by **10/1/21**.

Updated HIT Roadmap Approval Criteria

The table below contains high-level criteria outlining OHA's expectations for responses to the required Updated HIT Roadmap questions. Please review the table to better understand the content that must be addressed in each required response. Please note, approval criteria for Updated HIT Roadmap optional questions are not included in this table because optional questions are for informational purposes only and do not impact the approval of an Updated HIT Roadmap. Additionally, the table below does not include the full version of each question, only an abbreviated version. Please refer to the Updated HIT Template for the complete question when crafting your responses.

Updated HIT Roadmap Section	**Question(s) – Abbreviated *Please see template for complete question.**	**Approval Criteria**
1. HIT Partnership	CCO attestation to the four areas of HIT Partnership.	CCO meets the following requirements: • Active, signed HIT Commons MOU and adheres to the terms • Paid the annual HIT Commons assessments subject to the payment terms of the HIT Commons MOU • Served, if elected on the HIT Commons governance board or one of its committees • Participated in OHA's HITAG at least once during the previous Contract Year
2. Support for EHR Adoption	**a.** 2020 Progress supporting EHR adoption for contracted physical, oral, and behavioral health providers? **b.** 2021 – 2024 Plans for supporting EHR adoption for contracted physical, oral, and behavioral health providers?	Sufficient detail and clarity to establish that activities are meaningful and credible. • Description of progress includes o Strategies used to support EHR adoption and address barriers to adoption among contracted physical, oral, and behavioral health providers in 2020 o Specific accomplishments and successes for 2020 related to EHR adoption • Description of plans includes o The number of organizations (by provider type) for which no EHR information is available (e.g., 10 physical health, 22 oral health, and 14 behavioral health organizations) o Additional strategies for 2021 – 2024 to support increased rates of EHR adoption and address barriers to adoption among the three provider types o Specific activities and milestones for 2021 – 2024 representative of the CCO's understanding of different EHR needs for different provider types
3. Support for HIE – Care Coordination	**a.** 2020 Progress supporting access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers?	Sufficient detail and clarity to establish that activities are meaningful and credible. • Description of progress includes o Specific HIE tools supported or made available in 2020 o Strategies used to support HIE for Care Coordination access for contracted physical, oral, and behavioral health providers in 2020 o Specific accomplishments and successes for 2020 related to HIE for Care Coordination access

Updated HIT Roadmap Section	Question(s) – Abbreviated *Please see template for complete question.	Approval Criteria
3. Support for HIE – Care Coordination	**b.** 2021 – 2024 Plans for supporting access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers?	• Description of plans includes o The number of organizations (by provider type) that have not adopted an HIE for care coordination tool (e.g., 18 physical health, 12 oral health, and 22 behavioral health organizations) o Additional HIE tools supported or made available o Additional strategies for 2021 – 2024 to support increased rates of access to HIE for Care Coordination among the three provider types o Specific activities and milestones for 2021 – 2024 representative of the CCO's understanding of different HIE needs for different provider types
4. Support for HIE – Hospital Event Notifications	**1. a.** 2020 Progress ensuring timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers? **1. b.** 2021 – 2024 Plans for ensuring timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers?	Sufficient detail and clarity to establish that activities are meaningful and credible. • Description of progress includes o Current tool CCO is providing and making available/planning to make available to providers for Hospital Event Notifications o Strategies used to support access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health in 2020 o Specific accomplishments and successes for 2020 related to Hospital Event Notification access • Description of plans includes o The number of organizations (by provider type) that have not adopted an HIE for Hospital Event Notifications tool (e.g., 18 physical health, 12 oral health, and 22 behavioral health organizations) o Additional tool CCO planning to make available to providers for Hospital Event Notifications o Additional strategies for 2021 – 2024 to support increased rates of access to timely Hospital Event Notifications for the three provider types o Specific activities and milestones for 2021 – 2024 representative of the CCO's understanding of different Hospital Event Notification needs for different provider types
4. Support for HIE – Hospital Event Notifications	**2. a.** 2020 Progress using timely Hospital Event Notifications **within** your organization? **2. b**. 2021 – 2024 Plans using timely Hospital Event Notifications within your organization?	Sufficient detail and clarity to establish that activities are meaningful and credible. • Description of progress includes o Current tool CCO is using within their organization for Hospital Event Notifications o Strategies used for timely Hospital Event Notifications within CCO's organization for 2020 o Specific accomplishments and successes for 2020 related to CCO's use of Hospital Event Notifications • Description of plans includes o Additional tool CCO is planning to use for Hospital Event Notifications o Additional strategies for 2021– 2024 to use timely Hospital Event Notifications within the CCO o Specific activities and milestones for 2021 – 2024

Updated HIT Roadmap Section	Question(s) – Abbreviated *Please see template for complete question.	Approval Criteria
6. Health IT for VBP and Population Health Management *a. HIT Tools and Workforce*	HIT capabilities for the purposes of supporting VBP and population management?	Sufficient detail and clarity to establish that activities are meaningful and credible. • Description of capabilities includes o HIT Tools used for VBP and population management ▪ HIT tool(s) to manage data and assess performance ▪ Analytics tool(s) and types of reports generated routinely o Clear details around CCO staffing model for VBP and population management analytics
6. Health IT for VBP and Population Health Management *b. HIT to Administer VBP Arrangements*	2021 – 2024 Plans and 2020 Progress around using HIT to administer VBP arrangements?	Sufficient detail and clarity to establish that activities are meaningful and credible. • Description includes o Clear strategies for 2021 – 2024 for using HIT to administer VBP arrangements, including a description of the CCO's plan to scale VBP arrangements over the course of the Contract and spread VBP arrangements to different care settings and enhance or change HIT. o Specific activities and milestones related to using HIT to administer VBP arrangements o Progress in 2020 using HIT for administering VBP arrangements
6. Health IT for VBP and Population Health Management *c. Support for Providers with VBP*	2021 – 2024 Plans and 2020 Progress around using HIT to support Providers so they can effectively participate in VBP arrangements?	Sufficient detail and clarity to establish that activities are meaningful and credible. • Description includes o Clear strategies for 2021 – 2024 for using HIT to support Providers so they can effectively participate in VBP arrangements and support Providers with: ▪ timely information on measures used in VBP arrangements ▪ accurate and consistent information on patient attribution ▪ information to identify patients who needed intervention, including risk stratification data and Member characteristics o Specific activities and milestones for 2021 – 2024 related to supporting Providers in VBP arrangements o Specific HIT tools used to deliver information o The percentage of Providers with VBP arrangements at the start of the year who had access to the above data o Progress in 2020 related to this work

Updated HIT Roadmap Template

***Please complete and submit to OHA at CCO.HealthIT@dhsoha.state.or.us by March 15, 2021.**

CCO: Trillium Community Health Plan (Lane, partial Douglas and Linn)
Date: 3/8/2021

Instructions

Please complete all of the required questions included in the following Updated HIT Roadmap Template. Topics and specific questions where responses are not required are labeled as optional. The layout of the template includes questions across the following seven topics:

1. HIT Partnership
2. Support for EHR Adoption
3. Support for HIE – Care Coordination
4. Support for HIE – Hospital Event Notifications
5. Health IT and Social Determinants of Health and Health Equity (optional section)
6. Health IT for VBP and Population Health Management
7. Other HIT Questions (optional section)

Each topic includes the following:

- Narrative sections to describe your 2020 progress, accomplishments/successes, and barriers
- Narrative sections to describe your 2021 – 2024 plans, strategies, and related activities and milestones. For the activities and milestones, you may structure the response using bullet points or tables to help clarify the sequence and timing of planned activities and milestones. These can be listed along with the narrative; it is not required that you to attach a second document outlining their planned activities and milestones as was required for Contract Year One. However, you may attach your own documents in place of filling in the activities and milestones sections of the template (as long as the attached document clearly describes activities and milestones and specifies the corresponding Contract Year).

Responses should be concise and specific to how your efforts support the relevant HIT area. OHA is interested in hearing about your progress, successes, and plans for supporting providers with HIT, as well as any challenges/barriers experienced, and how OHA may be helpful. CCOs are expected to support physical, behavioral, and oral health providers with HIT. That said, CCOs' Updated HIT Roadmaps and plans should be informed by OHA-provided HIT data. Updated HIT Roadmaps should be strategic, and activities may focus on supporting specific provider types or specific use cases. OHA expects Updated HIT Roadmaps will include specific activities and milestones to demonstrate the steps CCOs expect to take. OHA also understands that the HIT environment evolves and changes, and that plans from one year may change to the next. For the purposes of the Updated HIT Roadmap responses, the following definitions should be considered when completing responses.

Strategy: CCO's approach and plan to achieve outcomes and support providers

Activities: Incremental, tangible actions CCO will take as part of the overall strategy

Milestones: Significant outcomes of activities or other major developments in CCO's overall strategy, with indication of when the outcome or development will occur (e.g. Q1 2022).

Note: Not all activities may warrant a corresponding milestone. For activities without a milestone, at a minimum, please indicate the planned timing.

A note about the template:

This template has been created to help clarify the information OHA is seeking in CCOs' Updated HIT Roadmaps. The following questions are based on the CCO Contract and HIT Questionnaire (RFA Attachment 9); however, in order to help reduce redundancies in CCO reporting to OHA and target key CCO HIT information, certain questions from the HIT Questionnaire have not been included in the Updated HIT Roadmap template. Additionally, at the end of this document, examples have been provided to help clarify OHA's expectations for reporting progress and plans. For questions about the Updated HIT Roadmap template, please contact Jessi Wilson at CCO.HealthIT@dhsoha.state.or.us

1. HIT Partnership

Please attest to the following items.

a.	☒ Yes ☐ No	Active, signed HIT Commons MOU and adheres to the terms.
b.	☒ Yes ☐ No	Paid the annual HIT Commons assessments subject to the payment terms of the HIT Commons MOU.
c.	☐ Yes ☐ No ☒ N/A	Served, if elected, on the HIT Commons governance board or one of its committees. *(Select N/A if CCO does not have a representative on the board or one of its committees)*
d.	☒ Yes ☐ No	Participated in OHA's HITAG, at least once during the previous Contract year.

2. Support for EHR Adoption

a. 2020 Progress

Please describe your progress supporting EHR adoption and addressing barriers to adoption among contracted physical, oral, and behavioral health providers. In your response, please describe

1. The strategies you used to support EHR adoption and address barriers to adoption among contracted physical, oral, and behavioral health providers in 2020.
2. Accomplishments and successes related to your strategies

Note: If your progress pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Progress Across Provider Types* section and make a note in each provider type section to see the *Progress Across Provider Types* section.

i. Progress Across Provider Types

We've increased the rates of EHR adoption by:
1.) Incentivized providers' reporting of performance on EHR CCO metrics. Our CCO metrics methodology requires providers to submit quarterly reports, as well as the state required yearly report in order to be eligible for incentives on the EHR metrics. We assist providers in creating the reports and complete a quality assurance review to verify the accuracy of EHR data. Trillium was able to increase EHR adoption usage with three network providers.

2.) Incentivized participation in the PCPCH program through our CCO metrics incentive program, thereby requiring increased EHR adoption. Trillium's incentive methodology increased participation in 2020, four (4) groups increased their PCPCH tier from 3 to 4 star and two (2) provider groups increased from 4 to 5 star. In addition to this incentive, Trillium has a meaningful PMPM payment to recognize providers meeting the tier 4 and 5 EHR requirements.

3.) Connected providers to OHA technical assistance and consulting programs to increase reporting expertise. 100% of our provider facing Quality staff are trained to assist providers in contacting OHA technical assistance. There is outreach to providers during monthly and quarterly quality collaborative meetings. We also distribute this information in routine email communications.

4.) Worked with provider groups to help them refine their reporting for more accuracy and consistency.

5.) Increased data sharing with providers through our Hot-Spotter Report (Hot-Spotter), a regularly updated report of all members with risk scores, total cost of care, as well as other data elements related to behavioral health (BH) and Social Determinants of Health and Health Equity (SDOH-HE) reducing duplicative services.

ii. Additional Progress Specific to Physical Health Providers

iii. Additional Progress Specific to Oral Health Providers

So far, our incentives have been primarily focused on physical health providers. In reviewing the data, it appears there is a 12% adoption rate for our oral health providers. As a result, we are including oral health providers in our strategy moving forward.

iv. Additional Progress Specific to Behavioral Health Providers

While the CCO metrics are focused on incentivizing and gathering information and reports from physical health providers, we include the following provision in all of our provider contracts:

"40. Health Information Technology.

Subcontractor shall (a) be registered with a statewide or local Direct-enabled Health Information Service Provider, or (b) be a member of an existing Health Information Organization with the ability for providers on any electronic health record system (or with no electronic health record system) to be able to share electronic information with any other provider within the Contractor's network. (OHP Contract Exhibit B Part 4, Section 7; and Exhibit J, Section 1)."

v. Please describe any barriers that inhibited your progress.

With Covid 19, devastating wild fires and social unrest, we focused on patients over paperwork and did not burden our providers with additional surveys or paperwork. We delayed our Provider Network Assessment, which includes questions about EHR adoption and utilization until 2021, which limited our capacity to fully assess the connectivity capability of providers and their EHR investments. Since the CCO metrics are focused on incentivizing and gathering information and reports from physical health providers, it is often hard to get other providers to adopt EHRs.

b. 2021 - 2024 Plans

Please describe your plans for supporting EHR adoption among contracted physical, oral, and behavioral health providers. In your response, please include

1. The number of physical, oral, and behavioral health organizations without EHR information using the Data Completeness Table in the OHA-provided CCO HIT Data File (e.g., Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations lack EHR information). CCOs are expected to use this information to inform their strategies.
2. Additional strategies you will use to support increased rates of EHR adoption and address barriers to adoption among contracted physical, oral, and behavioral health providers beyond 2020.
3. Associated activities and milestones related to each strategy.

Notes:

- Strategies described in the *2020 Progress* section that remain in your plans for 2021 – 2024 **do not need to be included** in this section unless there is new information around how you are implementing/supporting the strategy.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.
- If a strategy and related activities and milestones pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Strategies Across Provider Types* section and make a note in each provider type section to see the *Strategies Across Provider Types* section.

i. Additional Strategies Across Provider Types, Including Activities & Milestones

The table below summarize EHR Adoption, HIE for care coordination, and hospital event notification information for all contracted

Service Type	Number of organizations (denominator)	EHR adoption		HIE for care coordination excluding Collective Platform*		Hospital event notifications (i.e., Collective Platform*)		HIE for care coordination including Collective Platform*		No EHR Adoption		No HIE Adoption	
		Org count	Rate	Org count	Rate	Org count	Rate	Org count	Rate	Org count	Rate	Org count	Rate
Physical	163	64	39%	24	15%	26	16%	40	25%	99	61%	123	75%
Behavioral	183	73	40%	10	5%	30	16%	33	18%	110	60%	150	82%
Oral	304	37	12%	9	3%	12	4%	13	4%	267	88%	291	96%

* The Collective Platform is formerly known as PreManage

1. Collecting Data: Trillium is in the process of performing a provider network assessment, which surveys providers of all specialties about which EHR they use, whether the EHR system meets meaningful use, and whether they are able to share patient health information electronically with other providers outside of their organization. Monitoring e-prescribing data from our PBM allows us to identify prescribers using traditional paper or fax prescriptions and identifies providers who may benefit from upgraded systems or education.
2. Incentivizing Providers: Trillium will continue incentivize reporting on EHR measures to support EHR adoption and this method will be included in any new VBP contracts.
3. Provider Engagement: Providers receive EHR information during provider orientation or may request EHR information through Provider Relations via phone, fax, email, portal or website at any time. Outreach to providers will be based on results of our provider network assessment. Provider engagement teams will be mobilized and prepared to support providers in advancing either EHR adoption or increasing meaningful use of EHR systems.
4. Meaningful Use: To date, our data collection efforts on providers' EHR adoption have demonstrated high adoption rates among PH providers in our Lane County Service Area. (Our provider network assessment launched in early February 2021 will give us EHR information from our partners in all of our service areas.) Through this process previously, we found that the biggest barrier to increased use of EHR technology was identifying meaningful use cases. We have taken that feedback to go beyond adoption incentives and increase our focus on new use cases for both EHR use and HIE connectivity. Our provider data collection, incentivizing programs and provider engagement efforts and tools will be continuously refined to respond to provider pain points and identified barriers to adoption.

Milestones and Activities:
1. 50% of provider EHR/EDR information collected - 6/30/2021
2. 90% of provider EHR/EDR information collected - 12/31/2021
3. Preliminary analysis of provider EHR/EDR to identify those that could use technical assistance - 3/31/2022
4. Outreach and connection to technical assistance – 12/31/2022

ii. Additional Strategies Specific to Physical Health Providers, Including Activities & Milestones

Our strategy continues to focus on quality metrics, PCPCH tiering, and value based payments.

iii. Additional Strategies Specific to Oral Health Providers, Including Activities & Milestones

Trillium will:
1. Update agreements with DCOs to allocate quality payments to increase EHR adoption rates.

2. Identify how many dental providers in DCOs network are utilizing EHRs and validate EHR adoption rates.
3. Ensure DCOs are connected with OHA technical support.
4. Expand joint oversight committee meetings to identify EHR barriers, adoption strategies and quality metrics collaboration.

Trillium will work with our partner DCOs to address the current EHR and HIE adoption rates and to develop strategies to encourage increased adoption. First steps will include (1) working with the DCOs to start collecting information from the dental providers via annual provider surveys in order to understand what the utilization rate is within the specific DCO networks as well as specifics including name of platform used, certification data, etc. and (2) providing education to the DCO dental networks about EHR and HIEs. For example, while some dental clinics do not utilize the system, our partner DCOs utilize Premanage at the Plan level and receive notifications when any of the Trillium members visit the ER and follow up to schedule them for care accordingly.

Because limited resources and increased costs are known barriers to increased EHR and HIE adoption, Trillium will partner and collaborate with the DCOs to identify, develop, and encourage the use of incentive measures in oral health provider agreements so that providers that implement/utilize an EHR have an opportunity to earn additional monies. This topic will be incorporated on an ongoing basis in Trillium's quarterly Joint Operating Committees (JOCs) with the DCOs.

iv. Additional Strategies Specific to Behavioral Health Providers, Including Activities & Milestones

Trillium will:

1. Identify Behavioral Health Providers utilizing EHRs and validate EHR adoption rates.
2. Ensure BH Providers are connected with OHA technical support.
3. Expand quarterly quality meetings to identify EHR barriers, adoption strategies and quality metrics collaboration.
4. Partner with CCBHC

Optional Question

How can OHA support your efforts in supporting your contracted providers with EHR adoption?

Trillium will provide funds that providers could apply for to subsidize the costs of implementing or upgrading their EHR/EDR.

3. Support for HIE – Care Coordination

a. 2020 Progress

Please describe your progress supporting increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers. In your response, please include

1. Specific HIE tools you supported or made available in 2020
2. The strategies you used to support increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers in 2020
3. Accomplishments and successes related to your strategies

Note: If your progress pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Progress Across Provider Types* section and make a note in each provider type section to see the *Progress Across Provider Types* section.

i. Progress Across Provider Types

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* The Collective Platform is formerly known as PreManage

This section pertains to all provider types:

Trillium works in close collaboration with providers to support their efforts in providing whole person health. This includes helping providers to assess their data, identify/stratify risk and decrease duplication in outreach and ongoing support. Trillium sends our PCP practices a monthly, assigned member report; which stratifies the member's Physical, Dental and Behavioral health care. This report, called the 'Population Health Tool' provides a comprehensive overview of each member assigned to their practice, and includes; risk profiling, Social Determinants of Health factors, and primary, secondary and tertiary medical drivers that may impact members' overall care. These reports are also shared with members' Oral and Behavioral health providers to best support coalescence around the same member data sets.

Trillium offers robust provider and community portals to facilitate information sharingfor assessments, request for services, authorized services and other factors relevant to supporting whole person care. The Provider Portal is a secure web-based platform that identifies members enrolled in clinical programs accessible by health plan staff, vendors, and providers. The provider has the ability to view and filter members with specific care gaps, case management, disease management, emergency department events, and special needs. In addition, it identifies the members' need for Language Access Services (LAS) for Limited-English-Proficiency, Deaf, and/or Hard-of-Hearing members so an interpreter can be provided. Providers can view and submit authorization requests and claims through the website and the secured messaging feature allows a Provider to communicate with the health plan without having to pick up the telephone. Information included through the Provider Portal includes, but is not limited to:

Performance Analytics Platform: Trillium offers a suite of tools designed to contribute to both the health of our members and the success of our providers. These tools are comprised of three applications: Patient Analytics, Interpreta and Provider Analytics. Together, these analytic tools will address the clinical and financial components of the care delivered to our members and are designed to provide providers with timely and actionable clinical, cost, and utilization data to improve care management of our members, as well as improve provider performance against contracted incentives. Use of these tools enables providers to improve clinical outcomes for patients with the most critical care needs, while also achieving success in their contracted incentives.

Patient (Member) Analytics is a PHM tool designed to support providers in the delivery of timely, efficient, and evidence-based care to our members. Claims data is used to create a detailed profile of each member with the ability to organize members by quality measures and disease conditions. The Patient (Member) Analytics tool allows providers to view key data elements including:

- High Prior Care Opportunities
- Patient Risk Scores
- Inpatient Probability Scores
- Inpatient Stays
- Emergency Room Visits

Within the Patient (Member) Analytics tool, providers have easy access to check a member's eligibility, review their claims, access their patient list, and view comprehensive reports of care opportunities at member and population level. Claims-based patient histories from across the continuum of care including disease registries to support condition-specific member outreach are available in exportable formats to support chart records and reports.

Interpreta is a tool that enables Trillium care managers, providers, and other clinical staff to access daily gaps in care, claims data, and a *care calendar* from a singular platform to use daily actionable insights to improve quality and minimize costs. In addition, Interpreta provides NCQA HEDIS® measures in prospective mode for populations at the individual member level. The Interpreta portal provides the capability for health care providers to leverage data in real time to meet clinical, business, and regulatory needs and includes:

- Population drill-down performance view for all members, practices, and organizations.
- HEDIS analytics, information on provider and member gaps closed, gaps open and when due or past due, at the member, practice, and population level.
- Care gap alerts deliver clinical reasoning, HEDIS reasoning, and all clinical evidence (e.g. relevant data and source) for reconciling gap closure using a single-source.
- Single member or practitioner drill-down functionality with member-specific summary and clinical details.

Provider Analytics is a cost and utilization tool designed to support providers who participate in a value-based program that identifies provider performance opportunities and assists with PHM initiatives. Provider Analytics prioritizes measures based on providers' performance to help identify where to focus clinical efforts in order to optimize Pay for Performance (P4P) payouts. Provider Analytics includes a variety of dashboards and reports covering:

- Engagement Analysis
- Readmission by Disease State
- Cost & Utilization: categorization and trending of services by disease category
- Quality: identification and trending of quality performance and gaps in care
- Pharmacy: comparison and trending of generic vs brand cost and utilization
- ER Visits: cost and trending of ER utilization and identification of potentially preventable visits
- Value-based Contracting: quarterly reports that include performance summaries and identifies number of members needed to meet care gap targets and potential dollars to earn

Community partners have similar portal access aimed at the holistic sharing of information. In 2020, a use case with Lane County Head Start was initiated. As a result, we excecuted a data sharing agreement to support the HeadStart office in providing coordination of care while avoiding duplicating both party's intense efforts in caring for our vulnerable youth population.

Throughout 2019 and 2020, Trillium developed a robust community resource tool, called T-REX. This platform runs on the AuntBertha platform and provides free resources available to members specific to member's zip code/region. This easy to use tool is updated with the most accurate information and has the capability to support referrals from and with community partners.Communication regarding where to access this resource is addressed in the member and provider handbooks, on our website, is reinforced via our social media platforms and was communicated via several targeted outreach campaigns.

Trillium works in close collaboration with Collective Medical and our provider partners to build out robust use of EDIE and event notification. Additionally, we actively use reporting, live alerts, care plan data, tags/reports and cohorts within our community to support care coordination for our members. We work in collaboration with a Lane County community collaborative to support shared visioning of this work, share best practices, enhanceuse cases and explore enhancements that would better serve our providers and members. In 2020, we were able to successfully integrate COVID notifications, as well as homeless/unhoused flags onto the Lane county platform.

Trillium has worked hard to facilitate telehealth transitions within our community throughout 2020. This has been especially important in light of the COVID-19 limitations that have impacted our communities. Trillium supports access for members to receive TeleHealth services through a Teledoc partnership, but has also supported local area clinics with access to telehealth tools for members. This includes providing tablets, smartphones and increasing allowed minutes available to members to best support access to care.

Trillium coordinated with the OHA and CCO teams to enhance data sharing under the scope of transitions of care. This includes transfer of data for prior authorizations, care plans and other relevant data in the efforts to

seamlessly transition members from FFS or other CCO's to their new plan without interruptions in current treatment modalities and to avoid duplication of services.

Trillium collaborated with several clinics to coordinate value based payment models, new contracting efforts (Model 1) and opportunities to share data and improve outcomes. In one clinic, an example of this collaboration has focused on the complex members and their subsequent categorization by identification of three or more complex conditions, behavioral health diagnoses or oral health concerns.

ii. Additional Progress Specific to Physical Health Providers

Population Health Tool
Portal Access
Transitions of Care
Telehealth
Contracting/VBP efforts
Novillus
Collective Medical

iii. Additional Progress Specific to Oral Health Providers

Population Health Tool
Portal Access
Transitions of Care
Collective Medical

Trillium funded two (2) oral health integration projects. Oregon Integrated Health was implemented in 2019 and Orchid Health went live in 2020. Both projects integrated the primary clinics' EHR systems with the DCO's EHR systems in order to connect physical, BH, and oral health records electronically. This helped fully integrate the information from all three areas of a patient's health. In addition, Trillium funded a pilot with Simple Screens in 2019/20 to place electronic tablets in health care organization that allows patient screening information to be shared by multiple physical, oral health and BH organizations. The startup company's solution was uniquely positioned to benefit dental clinics and captured depression, alcohol, and drug related issues in dental screenings. Having this information integrated and available will benefit other physical, BH and social work providers involved in the patient's care.

iv. Additional Progress Specific to Behavioral Health Providers

Population Health Tool
Portal Access
Transitions of Care
Telehealth
Contracting/VBP efforts
Collective Medical

v. Please describe any barriers that inhibited your progress.

- 42 CFR- limitations on Behavioral Health information sharing
- COVID-19
- Variety of EHR/EMR systems- limiting integration into different systems

b. 2021 - 2024 Plans

Please describe your plans for supporting increased access to HIE for Care Coordination for contracted physical, oral, and behavioral health providers. In your response, please include

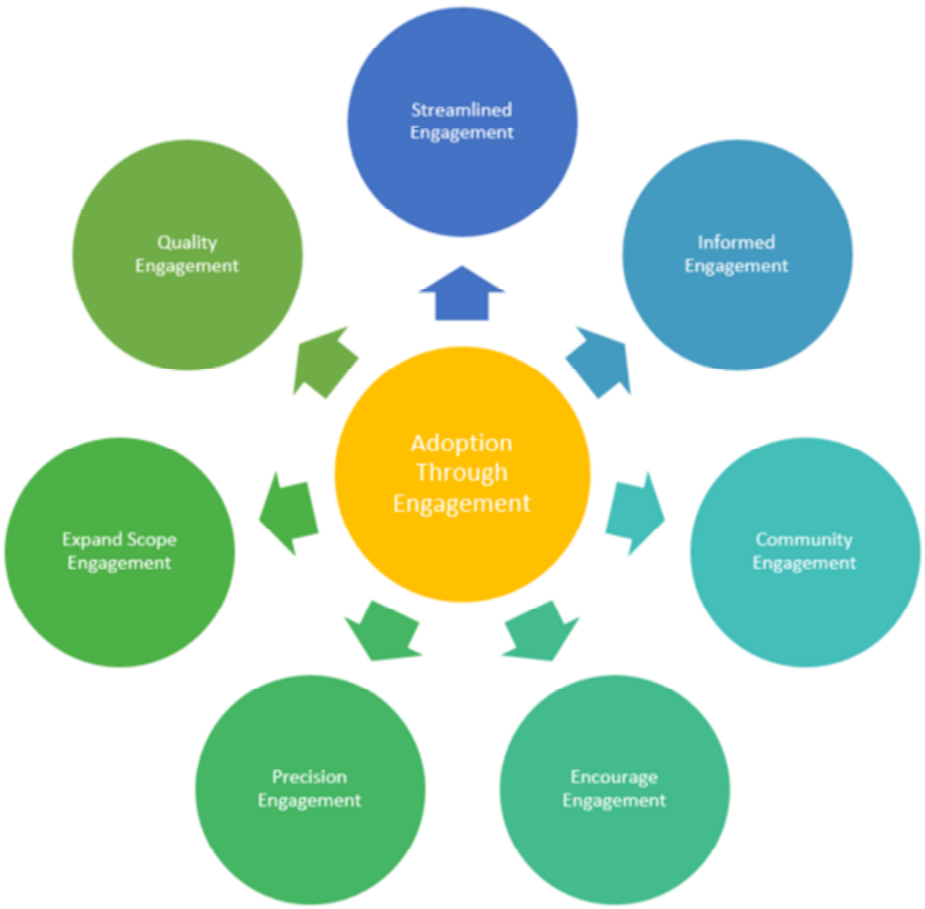
1. The number of physical, oral, and behavioral health organizations that have not currently adopted an HIE for Care Coordination tool using the Data Completeness Table in the OHA-provided CCO HIT Data File (e.g., Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations have not adopted an HIE for Care Coordination tool). CCOs are expected to use this information to inform their strategies
2. Any additional HIE tools you plan to support or make available.
3. Additional strategies you will use to support increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers beyond 2020.
4. Associated activities and milestones related to each strategy.

Notes:

- Strategies and HIE tools described in the *2020 Progress* section that remain in your plans for 2021 – 2024 **do not need to be included** in this section unless there is new information around how you are implementing/supporting the strategy and/or HIE tool.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.
- If a strategy and related activities and milestones pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Strategies Across Provider Types* section and make a note in each provider type section to see the *Strategies Across Provider Types* section.

i. Additional Strategies Across Provider Types, Including Activities & Milestones

Trilium has determined that in order to enhance HIE adoption our strategy will be one that is adoption through engagement. This 7 part strategy focuses our engagement in order to ensure that our engagement efforts are streamlined, informed, community focused, encouraging, precise, quality and that we continue to expand our internal and then external HIE-CC scope as appropriate.



HIE for Care Coordination Adoption Strategy	Tactics: Q4 2021 – Q2 2022
Streamlined Engagement Align HIE-CC strategy with HIE - Event Notification and EHR adoption activities and outreach	• Align HIE-CC adoption strategies and tactics with HIE – Event Notification and EHR engagement plans while incorporating new data
Informed Engagement Obtain and evaluate data on provider HIE - CC usage and barriers to adoption	• Analyze HIT survey results for provider networks to target for HIE-CC adoption or other areas in our roadmap to combine engagement efforts. • Analyze Provider Portal usage for HIE engagement levels • Seek engagement data from CMT of provider network usage • Evaluate all data to determine additional needs specific to barriers or HIE - CC • Revise Roadmap and activities based upon results of survey and analysis
Community Engagement Build community around HIE usage with initial focus on CMT	• Connect with community partners to resume meeting on high utilizers and CMT usage
Encourage Engagement Share HIE - CC value propositions and successful use cases to aid communication and provider adoption, including efficiencies that can be created (provider portal)	• Work with provider network and community partners at CMT usage meetings to identify actualized benefits and community tested value propositions • Engage with Centene to adopt in our Oregon Market the ability for some authorizations to complete a Medical Necessity Review when submitting through a Provider Portal to encourage adoption and utilization
Precision Engagement Work with Provider Network Management to meet with providers that have not adopted HIE	• Utilize the data from the survey, portal usage and other sources to determine providers to contact with messaging specific to applicable value proposition and use cases
Expand Scope of Engagement Evaluate additional HIE vendors for adoption and how to bring additional providers along when doing so	• Meet with Unite Us to evaluate adoption. • If we adopt Unit Us, develop strategy to engage additional providers in the Unite Us network
Quality Engagement Seek feedback to improve each level of engagement around HIE-CC communication, adoption, usage and support	• Develop and send out a survey or through provider network direct communication to evaluate our engagement methods • Develop an engagement improvement plan related to HIE adoption

ii. Additional Strategies Specific to Physical Health Providers, Including Activities & Milestones
Strategy pertains to all
iii. Additional Strategies Specific to Oral Health Providers, Including Activities & Milestones
Strategy pertains to all
iv. Additional Strategies Specific to Behavioral Health Providers, Including Activities & Milestones
Strategy pertains to all

Optional Question

How can OHA support your efforts in HIE for Care Coordination?
• Seek opportunities to share across the CCO space, to leverage systemic change rather than piecemeal interventions.

- Supporting collaborative efforts amongst CCO and OHA to support Interoperability regulatory changes for the landscape in totality.

4. Support for HIE – Hospital Event Notifications

a. 2020 Progress

1. Please describe your progress supporting increased access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers in 2020. In your response, please include
    a. A description of the tool that you are providing and making available to your providers for Hospital Event Notification
    b. The strategies you used to support increased access to timely Hospital Event Notifications among contracted physical, oral, and behavioral health providers in 2020
    c. Accomplishments and successes related to your strategies

Notes:

- If your progress pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Progress Across Provider Types* section and make a note in each provider type section to see the *Progress Across Provider Types* section.
- If you participated in the 2020 HIT Commons interviews regarding the use of the Collective Platform, feel free to use that information in this section

i. Progress Across Provider Types

Trillium has been working with Collective Medical Technologies (CMT) since 2018 to allow ADT (admissions, discharges, and transfer) information to flow into our systems. In 2019, ED hospital event notifications were added.

In 2020, the UM (utilization management) department engaged with our provider network management team to increase the provider visibility of existing ADT workflows within the plan and sought engagement on how better to incorporate the needs of providers into our processes (i.e., submission of authorizations and admission notifications, see the 278N EDI submission potential discussed below).

ii. Additional Progress Specific to Physical Health Providers

Collective Medical Technologies (CMT) contracts with hospitals to allow their ADT (admissions, discharges, and transfer) data to flow to CMT. Since 2018, Trillium and contracted hospital systems share access to Collective Medical Technologies (CMT) for inpatient admissions. Trillium receives notification of hospital admission for CMT linked hospitals at the time of member admit. The transaction from the hospital electronically automatically loads a shell authorization into our Utilization Management (UM) system, TruCare. A task is created and assigned to work queue notifying staff of inpatient event. Discharge notifications are received via the CMT system and a member specific task is generated that notifies Trillium UM and Case Management (CM) of facility name, discharge date and time, disposition, authorization number and risk score. Timely discharge notifications assist Trillium in planning for the member's successful transition to a lower level of care. In 2019, Trillium introduced ED hospital event notifications. When a member is admitted to ED, a task is automatically sent to our system, TruCare. This allows Trillium to identify those who may be overusing the ED and could benefit from outreach and linkage to a provider or urgent care center.

Automated notification via ADTsupports timely follow up care after discharge to reduce the risk for a hospital readmission and provides admission data in lieu of authorization data for financial forecasts.
In 2020, Trillium met with two large provider groups requesting notification of admission to Trillium via 278N EDI transactions. Trillium UM and the Trillium provider network management team sought support from our Centene corporate IT partners to develop a solution for 278N EDI notifications. This was introduced to provider groups in late 2020 with ongoing work continuing in 2021.

iii. Additional Progress Specific to Oral Health Providers

Trillium's contracted DCOs use Collective Medical Technologies, as described above, for ADT and have established member cohort reporting to monitor for dental admits, ED Disparity Measures, and dental ED Discharges to quickly identify members who are visiting the ED for dental related issues and, as appropriate, provide outreach to coordinate or redirect care for those members.

iv. Additional Progress Specific to Behavioral Health Providers

Trillium's delegated BH vendors and contracted BH providers have access to Collective Medical Technologies and have access to ADT to monitor for IP and ED BH related admits to support care coordination and transition.

v. Please describe any barriers that inhibited your progress.

No noted barriers.

2. Please describe how you used timely Hospital Event Notifications <u>within your organization</u>. In your response, please include
    a. The HIE tools you are using
    b. The strategies you used in 2020
    c. Accomplishments or successes related to your strategies

a. Collective Medical Technologies (CMT)
b. In 2020, Trillium used the HIE notifications to: 1. Receive real time admission notifications via ADT; provided admission data in lieu of authorization data for financial forecasts. 2. Timely discharge notification via ADT; triggered timely follow up care by case management following discharge- subsequently reducing readmission risk3. Physical Health (PH) and Behavioral Health (BH) integration via timely notification through the CMT system.
c. ED notifications are used by our PH/BH care coordination team to highlight members with complex conditions, members with frequent ED readmissions and members with Serious and Persistent Mental Illness (SPMI). Allows for timely identification, outreach and coordination of services for our most complex members.

b. 2021 – 2024 Plans

1. Please describe your plans for ensuring increased access to timely Hospital Event Notifications for contracted physical, oral, and behavioral health providers. In your response, please include
    a. The number of physical, oral, and behavioral health organizations that do not currently have access to HIE for hospital event notification using the Data Completeness Table in the OHA-provided CCO HIT Data File (e.g. Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations do not have access to HIE for hospital event notifications). CCOs are expected to use this information to inform their plans.
    b. Any additional HIE tools you are planning to make available to your providers for Hospital Event Notifications
    c. Additional strategies you will use to support increased access to timely Hospital Event Notifications among contracted physical, oral, and behavioral health providers beyond 2020.
    d. Associated activities and milestones related to each strategy.

Notes:

- Strategies and HIE tools described in the *2020 Progress* section that remain in your plans for 2021 – 2024 **do not need to be included** in this section unless there is new information around how you are implementing/supporting the strategy and/or HIE tool.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.
- If a strategy and related activities and milestones pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Strategies Across Provider Types* section and make a note in each provider type section to see the *Strategies Across Provider Types* section.

i. Additional Strategies Across Provider Types, Including Activities & Milestones

Overall strategy:

- Look at authorization data to confirm HIE use by all contracted providers
- Work with Provider Network Management to meet with facilities that are outliers
- Work with IT to enhance member eligibility verification
- Add new vendor partners

Phase I 2021

- Request and review annual reporting on the percent Hospital Event Notification rate
- Confirm all contracted hospitals are contracted with CMT. Work with Provider Network Management if there are outliers. Address their barriers to HIE adoption.
- IT enhancements for member eligibility verification
- Additional vendor partnerships: Patient Ping, Secure Exchange Solutions, Audacious
- Review feasibility of communicating admissions via 278N process
- Gain access to Covid-19 positive data from EDIE at the health plan level

Phase II 2021-2022

- IT integration work with TruCare Cloud. Integration with TruCare Cloud will incentivize providers to increase portal use and to leverage shared EHR components through offering real time, provider led criteria reviews with the intention of providing real time authorizations.
- Transition all ADT transactions to TruCare Cloud
- Add new health plans and vendor partners

ii. Additional Strategies Specific to Physical Health Providers, Including Activities & Milestones

Strategy pertains to all.

iii. Additional Strategies Specific to Oral Health Providers, Including Activities & Milestones

Strategy pertains to all.

iv. Additional Strategies Specific to Behavioral Health Providers, Including Activities & Milestones

Strategy pertains to all.

2. Please describe your strategies for using timely Hospital Event Notifications <u>within your organization</u> beyond 2020. In your response, please describe
    a. Additional HIE tools you plan on using
    b. Additional strategies you will use
    c. Activities and milestones related to your strategies

a. Review feasibility of communicating admissions via 278N process
b. Gain access to Covid-19 positive data from EDIE at the health plan.
c. IT enhancements for member eligibility verification. IT integration work with TruCare Cloud. Transition all ADT transactions to TruCare Cloud.
d. Milestones:

- 2Q21 - request reporting regarding percent Hospital Event Notification rate.
- 3Q21 - confirm all contracted hospitals are part of CMT. If there are contracted hospitals that are not contracted with CMT, UM leadership will reach out to Provider Network Management (PNM) to encourage the hospital to contract with CMT.
- Utilize the EDIE notification system in new ways, to provide support to our members. Example, Covid-19 positive data currently flowing to the ED department. This or other critical data could flow to the health plan.
- First quarter of each year, 2022 – 2024, UM confirm number of contracted hospitals are part of CMT. If there are contracted hospitals not contracted with CMT, UM will follow up with PNM.
- First quarter of each year, 2022 – 2024, UM leadership to request reporting regarding percent Hospital Event Notification rate and work with PNM on any outliers.

Optional Question

How can OHA support your efforts in HIE related to hospital event notifications?

5. Health IT and Social Determinants of Health and Health Equity (Optional)

This section is optional, however OHA would encourage CCOs to share their efforts here. Please describe how you are using HIT and plan to use HIT to support addressing social determinants of health (SDOH) and health equity (HE), including Community Information Exchange (CIE) or other tools.

i. Overall Strategy in Supporting SDOH & HE with HIT

Trillium's strategies:

- Make screenings more consistent
- Electronically capture screening results in clinics and share with other providers and the CCO

Address SDOH needs identified in screenings by referring members to resources

ii. Tools for Addressing SDOH, including identifying social supports and making referrals, such as CIE

SIMPLE SCREENS

At the end of 2020, Trillium launched Simple Screens, an online software that captures and shares commonly performed screenings, in two primary care clinics covering 30% of our membership. In addition to SBIRT and PHQ-9, it captures SDOH screenings and demographics data, and puts the data into a cloud that can be accessed by other providers. This not only allows providers to screen less often, utilizing screenings performed by others, it notifies them when the patient has a gap that needs to be addressed. It also is accessible to us as the CCO, allowing us to better inform care coordination.

T-REX

In 2019, Trillium launched the Trillium Resource Exchange, or T-REX, an online search and referral system to individuals to find and access no- or low-cost resources. In 2020, we expanded the number of organizations and resources in T-REX, and in 2021, Trillium will integrate the referral of members to SDOH resources via T-REX into our Community Health Workers' workflow. We will also link the T-REX system (Aunt Bertha) into our care coordination software, TruCare.

iii. What plans, if any, do you have for collecting and aggregating data on SDOH/HE that may come from sources other than claims, such as data reported by members, by community-based organizations, or from providers' EHRs? Can you match other sources of demographic and SDOH/HE-related data with claims data?

Trillium receives information on screening results from Simple Screens and loads into our Enterprise Data Warehouse (EDW), linking to the Medicaid member ID. In 2021, we plan to integrate the screening results into our Population Health Tool, which lists every member, their demographics, claims utilization, top three health issues, prospective risks scores, care coordination information, primary care provider, Dental Care Organization, and last mental health provider. This is then shared with the member's primary care provider, Dental Care Organization, and last mental health provider on a monthly basis, as well as with Trillium Care Coordination, to assist with identifying members who need care coordination services.

iv. Please describe any barriers or challenges you faced using HIT to support SDOH/HE.

One of our challenges with T-REX is Aunt Bertha's main competitor bribing Community Based Organizations with non-competitive grants in exchange for exclusive use of the competitor's CIE. Another barrier for T-REX was that several Community Based Organizations closed temporarily due to COVID, so people looking for resources were not able to access services in a time of greatest need.

COVID also posed a barrier to the initial idea behind Simple Screens, which originally was to use tablets in provider offices to do screenings. Instead, we had to pivot to creating an online module that members could complete using cell phones or computers.

Optional Question

How can OHA support your efforts using HIT to support SDOH/HE?

6. Health IT for VBP and Population Health Management

a. HIT Tools and Workforce

Describe your HIT capabilities for the purposes of supporting value-based payment (VBP) and population management. In your response, include information about the following items:

1. Tools: Please identify the HIT tools you use for VBP and population management including:
    a. HIT tool(s) to manage data and assess performance
    b. Analytics tool(s) and types of reports you generate routinely
2. Workforce: Please describe your staffing model for VBP and population management analytics, including in-house, contractors or a combination, who can write and run reports and help other staff understand the data.

i. HIT Tools for VBP and Population Management

1) Name all system used to maintain VBP contracts.
    a) Palantir Foundry platform
    b) Palantir Foundry platform produces via Provider Portal: Daily Inpatient Census and Discharge Report; Monthly Member Roster (current membership); Monthly Utilization Report (rolling 12 months); Monthly Financial Statements (contract year & rolling 12 months); Monthly Detail Support Files (claims, revenue & membership); Monthly Surplus Eligibility Report.
    c) SQL and Python support the Foundry platform
    d) Foundry pulls data from the EDW and financial systems and aggregates data for the internal teams to consume
    e) The reporting is pushed to the provider via our provider in an Excel format, our Model 1 team will be supporting the providers.

ii. Workforce for VBP and Population Management Analytics

2) Our contractors work side by side with corporate staff to complete Model 1 (Centene national model) contracts. There is also a support staff of 5 individuals located in St. Louis to support all Model 1 contracts:

- Vice President, Strategic Provider Partnerships
- Director, Payment Innovation / OR Team Lead
- Manager, Provider Performance / Data Integrity Support
- Financial Analyst
- Claim Analyst

b. HIT to Administer VBP Arrangements: 2021 – 2024 Plans and 2020 Progress

Describe your plans for using HIT to administer VBP arrangements (for example, to calculate metrics and make payments consistent with its VBP models). In your response, please include

1. Strategies for using HIT to administer VBP arrangements, including how you will ensure you have the necessary HIT as you scale your VBP arrangements rapidly over the course of the Contract and spread

VBP to different care settings each strategy. Additionally, include plans for enhancing or changing HIT if enhancements or changes are needed to administer VBP arrangements for the remainder of the Contract.
2. Specific activities and milestones related to using HIT to administer VBP arrangements

Additionally, describe
1. Progress you made in 2020 using HIT for administering VBP arrangements, including any accomplishments and successes.
2. Challenges related to using HIT to administer VBP arrangements

Note: If preferred, you may submit a separate document detailing each strategy's activities and milestones.

i. Strategies for administering VBP arrangements, including activities and milestones

We created our VBP business plan around many factors including the expectations set in our CCO 2.0 contract and will be leveraging systems and reporting that is in place today to support VBP models.

We will continue to leverage our existing HIT resources for our VBP agreements (Model 1) and enhance reporting features based on comments and feedback from providers. Currently the Foundry platform pulls data from the EDW with SQL and Python supporting in the background, the output and reports are available to our provider through our online portal and will be in the Excel format. We will continue to leverage all our current processes outlined in question 2 and will enhance as needed based on feedback from our providers and any OHA requirements.

Trillium implemented a new VBP program in 2021 named Model 1, it concentrates on giving physicians more control while reducing barriers to providing better patient care. Current Model 1 agreements were designed for fully integrated primary care clinics (including Behavioral Health & Dental). Reimbursement for the primary care provider is a blend of capitation and fee for service to support monthly cash flow. It provides a financial incentive for high quality outcomes while ensuring necessary care is not withheld. Preventative services are emphasized with a focus on the reduction of avoidable healthcare costs.

Model 1 is a risk arrangement, inclusive of downside risk and surplus opportunity based on individual targets [redacted] Monthly care management meetings are scheduled with the providers to discuss opportunities to enhance care including care coordination. Model 1 is aligned with Lane Category 4 requirements with a blend of capitation and fee-for service, upside and downside risk inclusive of quality performance.

[redacted]The risk share percentage and targets are customized [redacted] the provider's population and historic trends. Reconciliations occur quarterly with a final full reconciliation to close out each year.

A Reporting Suite is available to the providers via Trillium's provider portal (actionable reporting designed to change behavior and drive results):

- Inpatient Census & Discharge Report (Daily Refresh) – Inpatient and discharge details by member, providers are able to use this report to review members currently in an inpatient status and for transition planning for members being discharged.

- Member / Roster Current Membership (Monthly Refresh) – Roster of all members currently assigned to the provider, the data is used to confirm if membership is correct and identify members that need outreach. Providers are able to see which members have established care and are receiving routine care and members who have not established care. This report can be cross-referenced with the utilization report and determine if members who have not established care with their PCP are receiving care from other providers. If a member is seeing a different PCP we work with the member and provider to get the member reassigned if necessary. Providers are able to reach out to members who have not established care for appointments and address opportunities for quality metrics.

- Utilization Report Rolling 12 months (Monthly Refresh) – Claim data for members assigned to the providers for all services the member is receiving, the data is used to identify members with high utilization and assess what services the members are receiving and opportunities for primary care

providers to address frequent ER utilization. The providers are able to monitor the referrals for their members through the data and identify members that may benefit from interventions. They can easily see all the specialties their members are utilizing and drill down on specific members as needed.

- Financial Statements Current Contract Year & 12 Month Rolling (Monthly Refresh) – Report provides insight to the overall performance of the risk arrangement and any surplus or deficit results. The accompanying detailed claim data and membership data is used to identify drivers for the results.

- Detail Support Files Claims, Revenue and Membership (Monthly Refresh) – Detailed claim data used to identify outliers, trends, global initiatives and interventions for specific members.

- Surplus Eligibility Report (Monthly Refresh) – Refresh of financials

Milestones:

2019 thru 2020 – Trillium implemented Total Cost of Care (TCoC) agreements during 2019 and 2020; TCoC includes capitation and or fee service reimbursement along with upside and downside risk and may include quality performance it aligns with LAN Category 3 / 4. Monthly reports are sent to providers including, a member roster, claim data and a financial summary indicating any deficit and or surpluses. Implementation meetings were held with providers to review the data available and how the data could be used to identify members that may benefit from interventions and care coordination. Trillium is working towards transitioning providers participating in Total Cost of Care agreements to the Model 1 program. Model 1 is an enhanced version of TCoC and includes a more robust data / analytics support team along with a specific quality performance fund. The target is to have all TCoC providers transitioned to Model 1 during 2022 and completed in 2023.

2020 - The Model 1 agreements were negotiated with providers during 2020 and effective January 2021. Existing TCoC agreements continued with provider discussions for transitioning to Model 1.

Q1 2021 - Monthly Model 1 care management meetings implemented. Member Roster data available and initiatives were discussed with providers regarding member engagement.

Q2 2021 - All Model 1 reports available to providers via Trillium's provider portal. Monthly meetings include reviewing the utilization data and financial reports. Collaboration with providers to implement initiatives to improve performance and address barriers the providers are experiencing.

Q2 2021 – Care management meetings with providers resulted in initiatives to outreach to members for Well Child Visits, completed analysis to identify members with high ER utilization to facilitate discussions for interventions and provided analytic support to the providers to assess their referral patterns and identify services that could be offered by their medical home versus other providers.

Barriers:

1. Member engagement continues to be a consistent barrier. The Model 1 data and Novillus quality gap reporting enables the providers to identify members who have not established care and or need to close care gaps. The barrier is obtaining the current and correct contact information for the members. Trillium partners with providers to assist with member outreach and facilitates discussions to develop initiatives for improved member engagement.

2.The second biggest barrier is related to provider staffing resources. Providers are facing difficulties with maintaining sufficient staff to operate their clinics. Trillium is collaborating with providers to address the lack of health care workers on a community wide basis and leveraging committee discussions such as the Clinical Advisory Committee to develop possible solutions.

Trillium utilizes the Novillus platform to share data with providers regarding member's quality metric progress. Providers are able to access a roster of their members and any outstanding gaps in reaching the quality metrics.

The providers use a combination of the gap reports and Model 1 data to work with members on meeting quality metrics and other interventions such as over utilization of the ER. Trillium collaborates with providers on initiatives and member engagement.

Trillium recognizes the importance of HIT for successful implementation of VBP arrangements therefore dedicated analytic resources to support VBP arrangements. Trillium's VBP analytic team is part of our payment innovation team and includes a Vice President, Director, Manager and team of analysts. The VBP analytic team participates in contract negotiations and the monthly care coordination meetings. Trillium's VBP analytic approach is dynamic and enhanced based on discussions with providers during the monthly care coordination meetings. The analytic support for providers will evolve with each new VBP model based on the foundation of the model and the providers involved with the arrangements.

ii. Progress in 2020 in using HIT for administering VBP arrangements, as well as any accomplishments and successes.

Trillium was able to leverage our existing process for quality metric incentives, HIT used to support quality metric performance is Teradata and SAS, performance is available to providers on a monthly basis through our vendor Novillus's online interface, the Novillus portal has reports available in Excel, PDF, CSV and PNG options. Annually the quality metric payout detail and performance is prepared by our analytic team and is shared with providers using Excel documents. The Excel documents are sent via secure email and available for download through our secure SFTP site.

Trillium contracts with providers for Total Cost of Care agreements and these agreements include monthly reporting to providers inclusive of: financial settlement (enrollment, member months, net premium, financial targets, surplus or deficit), Member Roster, Member Utilization Report, Member Utilization Dashboard. The reports are delivered to the provider via a secure SFTP with an email notification. The reports are in an Excel and PDF format. The data to support the reports is pulled from the EDW with SQL and translated to Excel.

Our new Model 1 VBP agreements will be leveraging data from our EDW using SQL, Python and Foundry offering the reports below, the reports will be available to providers through our provider portal and the output will be in an Excel format. In negotiating the VBP agreements we utilize an interactive Excel model that allows the provider to enter assumptions to assess the potential surplus and risks. The model is user friendly and displays the results for the different scenarios related to quality and financial metrics.

v. Please describe any challenges you face related to using HIT to administer VBP arrangements.

We did not experience any barriers from an HIT perspective however, we did encounter challenges with providers willing to contract for VBP agreements. This was primarily due to provider concerns with financial implications from COVID and market instability.

c. Support for Providers with VBP: 2021 – 2024 Plans and 2020 Progress

Please describe your plans for using HIT to support Providers in the following areas (i. – iv.) so they can effectively participate in VBP arrangements. In your response, please include

1. Strategies for using HIT to support Providers so they can effectively participate in VBP arrangements
2. Activities and milestones related to using HIT to support Providers so they can effectively participate in VBP arrangements
3. If used, specific HIT tools used to deliver information

Additionally, please describe

1. The percentage of Providers with VBP arrangements at the start of the year who had access to the following data
    a. timely information on measures used in VBP arrangements
    b. accurate and consistent information on patient attribution
    c. information to identify patients who needed intervention, including risk stratification data and Member characteristics
2. Progress in 2020 related to this work, including accomplishments and successes
3. Challenges related to this work

Note: If preferred, you may submit a separate document detailing each strategy's activities and milestones.

i. How you provide Providers with VBP arrangements with timely (e.g. at least quarterly) information on measures used in the VBP arrangements applicable to the contracted Providers.

HIT used to support quality metric performance is Teradata and SAS, performance is available to providers on a monthly basis through our vendor Novillus's online interface, and the Novillus portal has reports available in Excel, PDF, CSV and PNG options. Annually the quality metric payout detail and performance is prepared by our analytic team and is shared with providers using Excel documents. The Excel documents are sent via secure email and available for download through our secure SFTP site.

ii. How you provide Providers with VBP arrangements with accurate and consistent information on patient attribution.

We provide a monthly Member Roster report to all of our VBP contract provider partners. They will be able to see all activity from month to month. We have staff on standby to answer attribution questions.

iii. How you use data for population management – to identify specific patients who need intervention, including data on risk stratification and Member characteristics that can inform the targeting of interventions to improve outcomes.

Monthly Detail Support Files (including information on: claims, revenue & membership) are provided to all contracted VBP providers. Once thoroughly reviewed and gaps are identified, providers are able to focus on gap resolution, intervene as appropriate and improve outcomes.

Trillium created a report named the 'Population Health Tool' that provides a comprehensive overview of each member assigned to their practice, such as, but not limited to; risk profiling, Social Determinants of Health factors, primary, secondary and tertiary medical drivers impacting members overall care. This report is shared with providers monthly to assist with identifying members who may need intervention to improve outcomes. This report complements additional VBP reporting for Model 1 and TCoC. Providers are able to review member's prospective risk, behavioral health risk and current risk scores. This data can be cross-referenced with the VBP utilization reporting to identify services the member are receiving or not receiving that may improve outcomes. The Novillus quality metric gap reporting identifies gaps in care the providers may focus on to improve performance and increase the quality of care members are receiving.

iv. How you share data for population management with Providers with VBP arrangements – so providers can take action with respect to specific patients who need intervention, including data on risk stratification and Member characteristics that can inform the targeting of interventions to improve outcomes.

We electronically provide monthly Detail Support Files, including information on claims, revenue & membership, to all of our contracted VBP providers. We work with each provider to establish 1) how files are distributed 2) cadence of distribution and 3) available options for education, training and inquiries. We have a dedicated team available to assist.

v. Please identify the percentage of Providers (e.g., clinics or groups) with VBP arrangements at the start of the year who had access to these above data. If not all providers with VBP had access to this information, please describe why not.

Total number of clinics/groups with VBP arrangement at start of the year: 1 for 2020; 3 for 2021
Total number and proportion of those clinics/groups with access to:

a) Performance metrics (at least quarterly): 1 for 2020; 3 for 2021
b) Patient attribution data: 1 for 2020; 3 for 2021
c) Actionable member-level data: 1 for 2020; 3 for 2021

If not all providers with VBP had access to this information, please describe why not: All providers have/had access to the Novillus portal and are able to monitor their quality performance.

Trillium's VBP arrangements:

Total Cost of Care 2020 – 2021: 4 agreements and 100% of providers have access to the TCoC monthly reporting inclusive of member roster, member claim data and financial reports. 100% of providers had access to Novillus quality metric data, in 2020 and 2021. Population Health Tool was available to 13% of the providers in 2020 and implementation for the remaining 87% is on target for Q4 2021. The delay for the 87% is related to the lag in utilization data available for membership assigned to providers located in Trillium's new service area (Tri-County).

Model 1 2021: 3 agreements and 100% of the providers had access to member roster data starting in Q1 2021 and 100% had access to the full reporting suite including Utilization Report, Inpatient Census & Discharge Report, Detail Support Files (claim and membership detail) in Q2 2021. 100% of providers had access to Novillus quality metric data starting in 2020. Population Health Tool was available to 42% of the providers in 2020 and implementation for the remaining 58% is on target for Q4 2021. The delay for 58% of the providers primarily is related to the lag in utilization data available for a new clinic and expanded reporting for additional providers.

Other VBP 2021: 2 contracts and 100% of providers have access to the Population Health Tool and Novillus quality metric data.

vi. Please describe your progress in 2020 with this work, as well as any accomplishments or successes.

During 2020 Trillium developed a new VBP model (Model 1) and successfully negotiated agreements with primary care groups servicing 38.8% Trillium's membership. The new Model 1 includes downside and upside risk, quality performance, with a blend of capitation and fee for service compensation. We created an interactive Excel financial model to assist in negotiations with providers, we received positive feedback from the providers on the tool and it was very helpful for the providers to understand the financial impact and easily enter assumptions to assess opportunities and risks. In addition to developing the Model 1 framework, a reporting suite was created for the providers to utilize for successfully administering the VBP agreements. The reporting suite is available via our Provider Portal in the financial reporting section. We worked with our providers to ensure they were able to access the Provider Portal and connect with the reporting suite. Our provider engagement team is available for any technical issues or questions with accessing the portal. The reporting suite for actionable reporting/data to change behavior and drive results includes:

- Daily refresh of inpatient census & discharge report
- Monthly refresh of member roster using current membership
- Monthly refresh of utilization report rolling 12 months
- Monthly refresh of financial statements contract year, 12 month rolling
- Monthly refresh of detail support files, claims, revenue and membership
- Monthly refresh of surplus eligibility report

vii. Please describe any challenges you face related to this work.

We did not face any challenges from an HIT perspective however some negotiations were challenging due to provider concerns with uncertainties related to Covid-19.

Optional Questions

a. Describe how you educate and train providers on how to use the HIT tools and VBP-related data (e.g., performance metrics, patient attribution, member characteristics) they will receive from the CCOs.

We offer sample reporting and as many meetings/calls as necessary to answer all questions to ensure our provider partners are comfortable with our VBP model. We have staff on standby to assist with additional training on any portion of the VBP once a contract is executed. We have dedicated points of contact for each contract as well as a library of resources (suite of reports and contacts) available to our VBP provider partners.

b. How can OHA support your efforts related to data/HIT and VBP?

With the differing provider practice sophistication levels, some practices are more open to others regarding VBP. Anything OHA can do to help show the value of VBP would be appreciated.

7. Other HIT Questions (Optional)

The following questions are optional to answer. They are intended to help us assess how we can better support the work you are reporting on.

a. How can OHA support your efforts in accomplishing your HIT Roadmap goals?
b. How have your organization's HIT strategies changed or otherwise been impacted by COVID-19? What can OHA do to better support you?

Appendix

Example Response: Support for HIE – Care Coordination

The examples below are meant to help CCOs understand the level of detail and type of content OHA is looking for in responses detailing 2020 progress and 2021 – 2024 plans. The examples are based on submitted 2019 CCO HIT Roadmaps and include specific tools and/or strategies. OHA edited original submissions for the sake of providing a concise example, but CCOs may wish to provide more context or detail in some cases. Please note, these examples are not exhaustive. Through these examples, OHA is not endorsing specific products or tools, but merely highlighting the level of specificity for meaningful and credible content and providing clarity on how the responses may be formatted. Even though the examples are specific to HIE for care coordination, the level of detail and format should be modeled in other topic responses as well.

Definitions: For the purposes of the Updated HIT Roadmap responses, the following definitions should be considered when completing responses.

Strategy: CCO's approach and plan to achieve outcomes and support providers.

Activities: Incremental, tangible actions CCO will take as part of the overall strategy.

Milestones: Significant outcomes of activities or other major developments in CCO's overall strategy, with indication of when the outcome or development will occur (e.g. Q1 2022).

Note: Not all activities may warrant a corresponding milestone. For activities without a milestone, at a minimum, please indicate the planned timing.

a. 2020 Progress

In your response, please describe 1. Specific HIE tools you supported or made available in 2020 2. The strategies you used to support increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers in 2020 3. Accomplishments and successes related to your strategies **Note:** If your progress pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Progress Across Provider Types* section and make a note in each provider type section to see the *Progress Across Provider Types* section.
i. Progress Across Provider Types

In 2020, our CCO and clinic partners leveraged a wide variety of health information exchange tools and other HIT platforms that support care coordination. Below is a list of platforms currently supported by our CCO and in use by us and our network.

Collective Platform (FKA PreManage) - Our CCO has been a leader in the implementation and spread of the Collective Platform in our region. The tool supports care coordination among providers and between providers and our CCO, through real-time event communication as well as a shared care plan. The shared use of the Collective Platform between primary care, EDs and CMHPs is intended to bring attention and coordinated intervention to those members who present in emergency service and hospital settings.

Epic's Care Everywhere - The majority of contracted physical health providers in our service area are on Epic, including the hospital systems, FQHCs, rural health clinics and our school-based health centers. This allows providers in our community to communicate directly through Epic or through "look in" functionality through Epic's Care Everywhere, which provides clinical data for providers who use Epic and other affiliated electronic health systems.

EDIE - All hospitals in our service area have adopted EDIE. In addition, the HIT Commons has been working to bring PDMP information to Emergency Departments through integration of the Oregon PDMP registry with the EDIE platform.

CCO Provider Portal - Our CCO provider portal supports referrals among primary care and DCO's.

Care Coordination Platform - Our CCO has implemented a robust Care Coordination Platform that delivers a care plan to the provider portal so the provider is aware of what is happening for the member.

Telehealth - Our CCO supports telemedicine in the behavioral health setting to access adult and child psychiatry support and coordinate care with providers outside of our service area.

Secure Messaging - Our CCO Care Team communicates/coordinates with providers using Secure messaging through their email and directly from our Care Coordination platform.

Our 2020 progress centered around the following strategies our CCO implemented. The 2020 accomplishments and successes related to our strategies are listed below each strategy.

Strategy 1: Develop and implement a 5-Year HIT plan
In partnership with the Clinical Advisory Panel, our CCO developed the a 5-Year HIT plan that includes the following components that will help guide our strategies for the duration of the Contract:

- Identifying HIT/HIE priorities
- Educating providers and provider staff on existing HIE capabilities and benefits
- Developing a regional workplan called for by the HIE Onboarding Program to identify priority Medicaid providers that would benefit from participation.
- Identifying opportunities in care transition
- Increasing and streamlined referral automated workflows
- Optimizing the use of the HIEs functionality
- Promoting interoperability of HIEs to simplify end-user environment
- Monitoring mechanisms to ensure continued improvement in HIE utilization and resulting patient care coordination

Strategy 2: Support and expand existing technology solutions that provide timely patient information to providers and care coordinators

- Our CCO helped remove barriers to adoption for some of our providers by paying for Collective licenses and partnering with the vendor to help our clinics design workflows that leverage the tool.
- We coordinated with the emergency department Medical Directors at the hospitals to develop best practice standards for Care Recommendations and workflows to enhance cross-system care coordination. To further support successful adoption and use of Collective, we covered the costs for provider partners to attend statewide collaboratives to share with their peers and learn about best practices.

- Referrals to our CCO's care team come from providers and from our CCO's triage coordinator, who utilizes targeted cohorts in Collective to identify members who would benefit from a collaborative, multi-disciplinary care plan and subsequent outreach and wraparound services in an effort to prevent future inappropriate costly emergency department visits and inpatient stays.
- As a CCO we monitored the volume of care recommendations developed by each organization and offered technical assistance to each system in order to tailor the support to meet their specific needs, from workflow development to IT support to advance their adoption of the tool.
- Our CCO supported adoption of PDMP/EDIE integration among our hospitals; to date, one hospital is actively using this tool.

Strategy 3: Enhance coordination between physical, behavioral, oral and SDOH organizations

- Expanded functionality of closed loop referrals via CCO Provider Portal
- Researched and implemented a tool to capture and share SDOH (e.g., Unite Us, Bertha, Clara)
- Expanded use of CCO Care Coordination Platform to create an electronic mechanism for tri-directional referrals in which providers from physical, behavioral, or oral health can request service navigation and care coordination services from our care coordination team.
- Expanded use of the Collective Platform for care coordination

Strategy 4: Support new solutions to exchange information between EHRs and other organizations

- Engaged with Reliance to ensure CCO providers had the opportunity to participate in the OHA HIE Onboarding Program
- Encouraged our provider partners to participate in OHA's HIE Onboarding Program.
- Evaluated tools that promote national standards for sharing information among different EHRs (e.g, Carequality, CommonWell, etc.)
- Supported electronic data exchange between EHRs and OHA and CCO
- Actively participated in state multi-payer data aggregation activities
- Researched bulk electronic communication between EHRs, CCO, and OHA. We improved our capability to both ingest and produce data sets for clinical and community partners. We have started producing and distributing claims data sets on a clinic-by-clinic basis to assist partners to better understand their patients' utilization, risk profiles and referral patterns and use the information inform their patient-specific outreach and care coordination activities.
- Met virtually with HIE vendors operating in our service area and gained insight into:
    - Current level of adoption
    - Practices discussing or planning implementations
    - Practices that implemented, but are underutilizing the available technology
    - Future features and functions in development and timeline for availability
    - How CCO will be informed about advances in HIE utilization
    - How CCO can increase HIE utilization

Strategy 5: Engage with state committees/entities

To ensure we stay abreast of and inform OHA's HIT priorities, members of our team actively engaged in several state workgroups, including:

- Clinical Quality Metrics Registry, Subject Matter Expert Workgroup – helps define rules and technical assistance for providers to electronically submit data to CQMR in 2020.
- Oregon Health Leadership Council - EDIE Steering Committee
- HIT Commons Workgroup
- Metrics & Scoring Committee
- Health Information Technology Advisory Group

ii. Additional Progress Specific to Physical Health Providers

Strategy 6: Provide workflow TA

- Provided technical assistance to physical health providers and their teams to integrate Provider Portal workflow into their clinic's care coordination processes.

iii. Additional Progress Specific to Oral Health Providers

Our dental partners continue to work directly with their contracted providers to identify opportunities to engage in HIE and share information across the continuum of health care providers.

All of our CCO's delegated dental plan partners have implemented and receive notifications via Collective for their members going to the emergency department for non-traumatic dental issues. They have also implemented a care coordination process whereby each member who goes to emergency department for dental issues receives outreach, care coordination, and support in scheduling a visit. Our CCO is working with dental care partners to increase the percentage of members completing a dental visit within 30 days of an emergency department visit for non-traumatic dental issues.

Our CCO has invested in tools to support enhanced communication between our primary care, oral health and other providers. We have created a dental request within the provider portal that allows primary care providers to submit a request for dental navigation and coordination by our dental care coordinators.

In 2020, our CCO implemented the following strategies specific to oral health providers and achieved the listed accomplishments/successes:

Strategy 7: Explore oral health HIE

- We worked with CCOs, DCOs and HIE vendors to examine existing dental health information exchange.
- We explored strategies to expand and connect to other HIEs and platforms (e.g., Reliance, Epic).
- We identified the types of information that will be useful to exchange. Our assessment focused on data needed to fuel workflows, the abilities of Electronic Dental Records (EDRs) to hold and display that data, and the HIE methods supported by vendor systems.

Strategy 8: Pursue improvement of the dental request referral process

- We evaluated the efficacy of the dental request referral process by cross-walking claims data with those members who had a request through the portal to follow up with members and analyze "connection" success rates
- We encouraged further utilization of the one-way electronic referrals to DCO portals for improved care coordination

iv. Progress Specific to Behavioral Health Providers

We understand how health information sharing is critical to ensuring effective care management across physical health and behavioral health and to supporting behavioral health integration efforts. The behavioral health organizations within CCO vary in their capacity to develop the necessary infrastructure and workflows to support health information exchange.

In 2020, our CCO implemented the following strategies specific to behavioral health providers and achieved the listed accomplishments/successes:

Strategy 9: Assess the state of behavioral health HIE

- Assessed behavioral health provider interest and determined best way to support their engagement with the OHA HIE Onboarding Program
- Identified HIE elements that need to be modified, eliminated or added due to special behavioral health requirements

Strategy 1: Develop and implement a 5-year plan

- Included elements specific to behavioral health providers
- Identified a group to focus specifically on behavioral health workflows and privacy issues
- Ensured behavioral health providers were a priority in the HIE Onboarding Program, including small providers' use of HIE portals
- Evaluated the Reliance Consent Module and other HIE workflows

Strategy 6: Provide workflow TA

- CCO staff continued to provide workflow redesign support to further adoption and use of Collective Platform, specifically related to increasing the number of members who have care plans generated after presenting at emergency department and being flagged by Collective.
- Provided technical assistance to physical health providers and their teams to integrate Provider Portal workflow into their clinic's care coordination processes.

v. Please describe any barriers that inhibited your progress.

Our initial plans for developing a technical assistance strategy to support and expand existing technology solutions that provide timely patient information to providers and care coordinators were unable to be fully realized due to the COVID-19 pandemic. The original strategy had included conducting site visits to providers identified in initial physical, oral, and behavioral health use cases in order to better understand their current systems and workflows around HIE for Care Coordination; however, we were unable to complete any onsite walk-throughs. While we did meet with some providers virtually, we were unable to meet with all providers we identified during initial use cases. Our plan is to continue our virtual meetings in 2021.

Also, due to COVID, OHA postponed HIT Data Collection efforts until 2021.

b. 2021 - 2024 Plans

In your response, please include

1. The number of physical, oral, and behavioral health organizations that have not currently adopted an HIE for Care Coordination tool using the Data Completeness Table in the OHA-provided CCO HIT Data File (e.g., Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations have not adopted an HIE for Care Coordination tool). CCOs are expected to use this information to inform their strategies
2. Any additional HIE tools you plan to support or make available.
3. Additional strategies you will use to support increased access to HIE for Care Coordination among contracted physical, oral, and behavioral health providers beyond 2020.
4. Associated activities and milestones related to each strategy.

Notes:

- Strategies and HIE tools described in the *2020 Progress* section that remain in your plans for 2021 – 2024 **do not need to be included** in this section unless there is new information around how you are implementing/supporting the strategy and/or HIE tool.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.
- If a strategy and related activities and milestones pertains to all provider types, it is not necessary to rewrite it in each provider type section; please clarify this in your *Strategies Across Provider Types* section and make a note in each provider type section to see the *Strategies Across Provider Types* section.

i. Strategies Across Provider Types, Including Activities & Milestones

Using the Data Completeness Table in the OHA-provided HIT Data File, we can see that (including the Collective Platform) 347 physical health, 51 oral health, and 58 behavioral health contracted organizations have not adopted a known HIE tool. We will use this information to develop our 2021-2024 HIE for care coordination strategies.

We will continue to use and support all HIT/HIE tools listed in the *2020 Progress* section and continue to build upon all the strategies we previously described. Additionally, we will monitor national and local HIT/HIE initiatives to stay apprised of any developments in HIE tools or opportunities.

For 2021 – 2024, our CCO will implement and support the following strategies across providers types:

Strategy 2: Support and expand existing technology solutions that provide timely patient information to providers and care coordinators

Activities	Milestones and/or Contract Year
Evaluate opportunities to extend telemedicine technology for members, including mobile applications that support member's ability to communicate with their care team via mobile technology.	2021: Identify mobile applications to support
Evaluate, design and develop HIE interoperability solutions with Reliance.	Q1-Q3 2021

If approved, deploy, monitor, and optimize Reliance referral module for our CCO Care Coordinators	2022 – 2024
Explore ways to reduce implementation costs, such as subsidizing purchase and maintenance costs for providers and providing technical assistance and training in appropriate use of application.	2022 - 2024: Realize cost reduction

Strategy 3: Enhance coordination between physical, behavioral, oral and SDOH organizations

Activities	Milestones and/or Contract Year
Explore the ability to transition to a closed loop referral mechanism from our care coordination platform. In our next phase of development, we will create the functionality to allow our oral health or behavioral health providers to request care coordination and navigation support.	2021
In conjunction with State efforts, evaluate mechanisms to incorporate SDOH service providers into referral and care coordination workflows.	Q3 2021
Support a closed loop referral process to create a tri-directional navigation and referral system that can support or augment future and more robust HIE development and implementation.	2022 – 2024: Closed-loop referral process achieved
Focus on solutions for incorporating SDOH service providers into care coordination and referral workflows.	2022 – 2024
Develop robust systems for the integration of claims and EHR data in order to share insights about members to improve outcomes. This exchange will add patient detail which may not be present in either system alone.	2022 – 2024

Strategy 10: Understand HIE technology adoption and use among network physical, behavioral, and oral health providers

We will pursue data collection via an online Health IT survey (in conjunction with OHA's Office of Health IT) that will be distributed to contracted organizations currently using as well as not using HIE technology to determine

- Real and perceived barriers to adoption
- Modules, features, and functions that would increase value to Providers
- Technical barriers to adoption
- Financial barriers to adoption (technology costs and labor costs)
- Opportunities and hopes for HIE technology utilization

The results of the survey will provide us with the necessary information to modify our plan to appropriately support different providers types with care coordination needs.

Activities	Milestones and/or Contract Year
Coordinate with OHA staff on the development and distribution of an online HIT survey	Q1-Q2 2021: HIT information collected from providers currently using/not using HIE technology
Analyze results and explore opportunities for further support and develop workplan	Q3-Q4 2021: Identification of future strategies for supporting providers with HIE for care coordination
Meet with HIE vendors operating in our service area	Q3 2021: Identification of available solutions/tools
Compare quality and performance metrics of providers utilizing HIE technology to those providers that have not adopted HIE technology. Use this analysis to determine the value of HIE adoption efforts.	2022 - 2024: Value of HIE technology illuminated

ii. Strategies Specific to Physical Health Providers, Including Activities & Milestones

See *Across Provider Types* section.

iii. Strategies Specific to Oral Health Providers, Including Activities & Milestones

Based on the results of the 2021 survey/data collection, CCO will determine if the barriers to HIE adoption for oral health providers differ significantly from those of the physical health providers. If so, CCO will develop a separate HIE adoption strategy.

Strategy 2: Support and expand existing technology solutions that provide timely patient information to providers and care coordinators

Our CCO will encourage further utilization of the one-way electronic referrals to DCO portals for improved care coordination.

Activities	Milestones and/or Contract Year
Promote further use of EDIE for emergency department and urgent care event notifications for oral health related diagnosis	2021
Explore expansion of current pilots within DCOs using the Collective Platform for high risk oral health conditions and/or members	2021
Expand existing electronic dental referral process with physical and oral health providers	2021
Support efforts identified in years 1 and 2 to further health information exchange between oral health and others	2022 – 2024
We will continue to expand explore ways to improve electronic communication between oral health and other types of providers through our provider portal (e.g., support bi- or tri-directional communication by allowing any kind of provider to request services and care coordination from any other health discipline. This tri-directional ability will alleviate some of the system complexity from the various provider groups to assure a provider friendly mechanism to connect a patient to care.)	2022 – 2024
Work with the DCOs to integrate closed-loop electronic referrals and/or preauthorization's within their providers' EDR workflows	2022 – 2024

Strategy 5: Engage with state committees/entities

Activities	Milestones
Continue to engage with State entities to ensure our CCO efforts align with oral health-specific initiatives	2021
Work with OHA and HIT Commons, explore ways to integrate PDMP information into HIE tools/services and downstream to Electronic Dental Record systems	Q2 2021: Begin collaboration with HIT Commons

iv. Strategies Specific to Behavioral Health Providers, Including Activities & Milestones

Based on the results of the 2021 survey/data collection, CCO will determine if the barriers to HIE adoption for behavioral health providers differ significantly from those of the physical health providers. If so, CCO will develop a separate HIE adoption strategy.

Strategy 2: Support and expand existing technology solutions that provide timely patient information to providers and care coordinators

Activities	Milestones and/or Contract Year
Implement Behavioral Health Consent Module, as appropriate	2021
Focus on solutions for connecting behavioral health Providers to SDOH service providers for care coordination.	2022 – 2024
Support data sharing and exchange through data aggregation, reporting and distribution tools	2022 - 2024
Adapt for behavioral health providers as necessary, implement the elements identified in the physical health plan.	2022 – 2024

Strategy 5: Engage with state committees/entities

Activities	Milestones and/or Contract Year
Continue to engage with State entities to ensure CCO efforts align with behavioral health-specific initiatives	2021
Work with the HIT Commons to evaluate expanded use of EDIE to inpatient behavioral health facilities	Q2 2021: Begin collaboration with HIT Commons

Strategy 11: Establish an HIE workgroup specifically for behavioral health workflows

Activities	Milestones and/or Contract Year
Identify subject matter experts, establish group charter and goals	Q1 2021: First meeting
Develop workplan with priority use cases	Q2 2021: Identify use cases for initial workflow improvement
Continue to utilize workgroup for evolving behavioral health HIE workflow needs	2022 - 2024