
FAQ

1. What is the HIE Onboarding Program?

The Health Information Exchange (HIE) Onboarding Program is designed to support care coordination by advancing the exchange of information across Oregon's Medicaid provider network. Priority Medicaid providers include behavioral health, oral health, critical physical health and others. The Program leverages 90 percent federal funding to support the initial costs of connecting (onboarding) priority Medicaid providers to community-based HIEs. Later phases of the program may include the onboarding of long-term services and supports, social services, as well as other providers. OHA has contracted with Reliance eHealth Collaborative (Reliance) for this program. The Program will run through September 2021.

Important definitions for this Program:

Health Information Exchange: For purposes of this Program, we have defined HIE in two different ways:

- **When HIE is discussed as a VERB**, we define HIE as the electronic movement of clinical health-related information among disparate organizations and health information systems. This exchange of health information reduces the need for patients and providers to provide information multiple times when they go to a different clinic or specialist, wait for records to be faxed, or carry records by hand. Referrals, coordination of care, and transitions of care are faster and more accurate.
- **When HIE is discussed as a NOUN**, we define HIE as, an organization that oversees and governs the exchange of health-related information among disparate organizations. HIE organizations facilitate the secure access and exchange of health information, allowing providers, hospitals, health plans or CCOs, and other participants to electronically share patient information.

A community-based HIE is an HIE organization that has a connection to the community in which it is working. The value of a community-based HIE is that it collects and shares patient health information across providers and health care organizations in a particular community to facilitate care coordination.

2. How does the HIE Onboarding Program work?

Reliance will onboard priority Medicaid physical, behavioral, and oral health providers, according to a work plan developed in consultation with Medicaid partners. CCOs will be involved in determining whether providers in their region participate in the Program and provide input on annual work plan development. To participate in the Program, CCOs must have a data, funding, or governance relationship with Reliance.

Providers who participate may receive financial support from OHA to offset or partially offset their administrative onboarding costs and may be eligible for additional financial support from the HIE. OHA will pay Reliance to support the initial costs of new connections to the HIE.

While the current contractor is Reliance, OHA reserves the right to re-open the RFP to potentially add additional community-based HIEs to the Program.

3. Who can participate in the HIE Onboarding Program?

The Program is voluntary and includes CCO participation and provider/clinic participation. The Program can help providers who, in the past, may have been unable to connect to an HIE due to financial or other barriers, as well as providers who have previously been ineligible to receive federal financial support for health information technology.

To be eligible to participate in the HIE Onboarding Program, providers/clinics must:

- Meet the definition of a Priority Medicaid Provider
- Actively serve Medicaid patients
- Be in a region where the CCO(s) in that region have chosen to participate in the HIE Onboarding Program. To participate, CCOs must provide data or funding to the contracted HIE (Reliance) or participate in the governance of Reliance. In some cases, CCOs may have made a business decision to exchange health information in other ways.
- Be included on the regional workplan for the HIE Onboarding Program. Reliance must work with CCOs to develop regional work plans, which includes a prioritized list of clinics that meet the HIE Onboarding Program criteria for participation.
- Tribal clinics are an exception to the CCO regional rule – they can elect to participate in the Program (and be added to a regional work plan), regardless of whether the CCO in their region is a participant.

If your organization is interested, contact your CCO to see if they are participating, or contact Reliance () for more information.

4. What is the definition of Priority Medicaid Providers for participation in the HIE Onboarding Program?

The first phase of the Program will focus on supporting integrated care: behavioral health, oral health, and physical health (see below). This also includes Major Trading Partners such as hospitals, labs, etc. Later phases of the program are possible, and program phases can run concurrently.

Phase 1 Priority Medicaid Providers

- **Behavioral health:** Community Mental Health Programs, Certified Community Behavioral Health Centers, Behavioral Health Homes, Assertive Community Treatment teams, mobile crisis teams, and other state-licensed behavioral health organizations
- **Oral health:** Clinics and providers serving Medicaid members, including those contracted with managed care entities and those serving fee for service (i.e., open card) populations
- **Critical physical health:** Medicaid providers who participate in: Patient-Centered Primary Care Homes, Federally Qualified Health Centers (FQHC), Rural Health Centers, Comprehensive Primary Care Plus, tribal health, equity-focused/culturally specific clinics, and county corrections health
- **Major Trading Partners** Major Trading Partners include hospitals, health systems, multi-specialty clinics, and commercial laboratories and radiology centers, especially those that affect the value of HIE for smaller and rural/frontier providers

FAQ

Later Phases of the Program are likely to include:

- Long term services and supports
- Social services and other organizations whose work focuses on the social determinants of health

5. What are the requirements for CCO participation?

The Program will be available only in regions where coordinated care organizations (CCOs) decide to participate in the HIE Onboarding Program. CCO participation means that the CCO provides data or funding to Reliance or participates in the governance of Reliance (such as representation on Reliance Board or other governance committees). Reliance must work with CCOs to develop regional work plans, which include a prioritized list of clinics that meet the HIE Onboarding Program criteria for participation.

Tribal clinics are an exception – they may elect to participate in the HIE Onboarding Program (and be placed on a regional work plan), whether or not the CCOs in their region are participating.

6. What are the regions identified for the HIE Onboarding Program?

Currently, HIE Onboarding Program regions are listed below. OHA reserves the option to revise these regions starting in 2020, due to new contracts with CCOs that may change coverage areas.

Region #	Region Name	Counties	CCO
1	Central Oregon	Crook, Deschutes, and Jefferson	Pacific Source – Central Oregon
2	Hood River/The Dalles	Hood River and Wasco	Pacific Source – Columbia Gorge
3	Eastern Oregon	Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, and Wheeler	Eastern Oregon Coordinated Care Organization
4	Eugene/ Springfield	Lane	Trillium Community Health Plan
5	Northern Coast	Clatsop, Columbia, and Tillamook	Columbia Pacific Coordinated Care Organization
6	Portland Metro	Clackamas, Multnomah, Washington	Health Share of Oregon
7	Albany/Corvallis	Benton, Linn, and Lincoln	Intercommunity Health Network
8	Salem	Marion and Polk	Willamette Valley Community Health
9	Southern Coast	Coos and Curry	Western Oregon Advanced Health LLC AllCare Health Plan
10	Roseburg	Douglas	Umpqua Health Alliance
11	Southern Oregon	Jackson, Josephine, and Klamath	AllCare Health Plan Cascade Health Alliance Jackson Care Connect Primary Health of Josephine County
12	Yamhill	Yamhill	Yamhill Community Care Organization

7. Is the HIE Onboarding Program available in my region? Which CCOs are currently participating in the Program?

You can find a current list of participating CCOs by Region [here](#). In situations where there is more than one CCO operating in a region, and the CCOs do not all choose to participate in the HIE Onboarding Program, OHA has the authority to decide whether the region will participate in the Program.

8. What if the CCO in my region is not participating? Can I still participate?

The Program will be available only in regions where coordinated care organizations (CCOs) decide to participate in the HIE Onboarding Program. CCO participation means that the CCO provides data or funding to Reliance or participates in the governance of Reliance (such as representation on Reliance Board or other governance committees). In some cases, CCOs may have made a business decision to exchange health information in other ways. It is important that CCOs and their contracted providers communicate about the best ways to facilitate health information exchange within their community.

Tribal clinics are an exception – they may elect to participate in the HIE Onboarding Program whether or not the CCOs in their region are participating.

9. Can Tribal clinics participate in the HIE Onboarding Program?

Yes, Tribal clinics are a priority type of clinic for this Program. They do not need to meet the requirement related to CCO participation in their region – Tribal clinics may elect to participate in the HIE Onboarding Program whether or not the CCOs in their region are participating. To inquire further about participation, please contact Reliance at HIEOnboarding@RelianceHIE.org

10. What do providers/clinics receive if they participate in the HIE Onboarding Program? What are the costs to providers?

Services/costs: The HIE Onboarding Program supports providers onboarding to Reliance eHealth Collaborative, including no cost for the following Reliance services. Ongoing costs for these services are not covered by the HIE Onboarding Program – they are typically covered by Reliance sponsoring entities such as CCOs, health plans, and hospitals:

- Community Health Record
 - Web Based Portal Access
 - Single Sign-On Access
 - Cross State Data Access through [Patient-Centered Data Home](#) and [eHealth Exchange](#)
- Clinical Data Exchange
 - ADT/CCD Contribution to the HIE
 - ADT/CCD Delivery to EHR
 - Clinical Data Exchange is dependent on EHR capability to consume CCD.
 - Lab Orders via EHR
 - Results Delivery to EHR
- Direct Secure Messaging
 - Web-Based Mailbox Access
 - HISP Services

FAQ

- Population Health Analytics
 - [Standard Quality Metric Reports](#)
- Event and Clinical Alerts & Notifications
- Support Services
 - Workflow integration
 - Help Desk Support
 - Upgrades
 - Interface monitoring (if applicable)

Some additional services may have costs for providers/clinics, such as:

- Direct Secure Messaging
 - Direct Messaging custom Domain such as myclinic.jjedirect.com
 - HISP (XDR) Submission of Transitions of Care Records
- Reliance eReferral application
- Population Health Analytics
 - Custom Population Health Report Design

Please contact [Reliance at HIEOnboarding@RelianceHIE.org](mailto:HIEOnboarding@RelianceHIE.org) for the latest services/costs. OHA requires Reliance to provide notice of any changes to cost structures.

Participation terms: The Program is voluntary. Providers/clinics can elect to participate and can elect to end participation at their discretion.

Onboarding support:

Participants can expect to work with Reliance staff in three phases:

- Agreement review and signing
- Technical onboarding
- Training and post onboarding support

Provider/clinic payment (administrative offset):

In some circumstances for certain providers, an administrative offset will be passed directly through from Reliance to the organization to help alleviate some of the costs for initially connecting to Reliance. The administrative offset is a payment amount from OHA passed through Reliance to certain providers receiving services. It is meant to offset the administration costs associated with onboarding. These costs may include legal fees for review of agreements, costs for technology interfaces, clinic staff time spent, etc. The administrative offset is a lump sum payment spread across three milestones. Not all types of provider organizations will receive an offset. You can learn more about administrative offset amounts and which provider types are eligible for offsets [here](#).

11. How do I sign up for the HIE Onboarding Program?

Reliance must work with CCOs to develop regional work plans, which include a prioritized list of clinics that meet the HIE Onboarding Program criteria for participation. If your organization is interested,

contact [Reliance](#) at HIEOnboarding@RelianceHIE.org or your CCO directly, for more information. You can find a current list of participating CCOs [here](#).

Tribal clinics are an exception – they may elect to participate in the HIE Onboarding Program whether or not the CCOs in their region are participating. To inquire further about participation, please contact [Reliance](#) at HIEOnboarding@RelianceHIE.org.

12. Which organizations are already participating in Reliance?

See the Reliance [website](#) for a current list of participants.

13. How is the HIE Onboarding Program funded?

The Program is funded by the Centers for Medicare & Medicaid Services (CMS) with 90 percent federal funds under the Health Information Technology for Economic and Clinical Health (HITECH) Act, which is available through 2021. State funds make up the remaining 10 percent, with approved funding for the 2017-19 and 2019-21 biennia.

As of [February 2016](#), HITECH funds may be used to support HIE onboarding (connecting) of providers and hospitals eligible for federal electronic health record (EHR) incentive payments (“eligible providers”) and those Medicaid providers who are not eligible providers (including behavioral health, long term care, corrections, etc.).

Onboarding must connect the new Medicaid provider to an eligible provider and help that eligible provider meet federal “meaningful use” requirements. The new Medicaid provider being onboarded does not need an EHR to participate; for example, connections through Reliance’s web portal to the Community Health Record will also be available.

14. How was the HIE Onboarding Program developed?

The Program was developed after extensive engagement with a variety of stakeholders, including OHA stakeholder groups, like the Health Information Technology (HIT) Oversight Council, the HIT Advisory Group (with Medicaid Coordinated Care Organization representatives), and the HIT/HIE Community and Organizational Panel.

OHA also formed a short-term advisory group of stakeholders across the state to inform program development. OHA met individually with stakeholders from corrections, long-term services and supports, behavioral health, social services, frontier providers, supported housing, and others. OHA interviewed eight states with similar programs about best practices. Finally, OHA received helpful input through a request for information open to organizations operating an HIE in Oregon.

15. How does the HIE Onboarding Program ensure the privacy and security of patient health information?

OHA required Reliance to demonstrate robust privacy and security practices in order to qualify for this funding (in the RFP) and maintains strict contractual requirements in alignment with industry standards.

For more information about Reliance’s privacy and security practices, please contact [Reliance](#) at HIEOnboarding@RelianceHIE.org

16. Is it mandatory for providers to participate in the HIE Onboarding Program?

No. It is not mandatory for providers, organizations, or CCOs to participate in the program. Participation is a business decision for providers to make, carefully considering their information sharing needs, resources, workflow changes, and other factors.

17. How long will the HIE Onboarding Program run?

The HIE Onboarding Program launched in January 2019 and is anticipated to run until September 30, 2021, which is when federal match funding for this program ends. All onboarding activities are expected to be finished by that date.

18. Does the HIE Onboarding Program create or designate a statewide HIE?

No. OHA is not implementing an HIE with this Program. The HIE Onboarding Program is a funding program only—and only to support the initial HIE costs associated with onboarding to an existing community-based HIE. There are many HIE efforts in Oregon that serve important purposes. OHA was able to leverage significant federal funding to support community-based HIEs and sought qualified HIE contractors through an open, competitive procurement process.

19. How does the HIE Onboarding Program compare to other HIE efforts available in Oregon or nationally?

In Oregon, there are many options for sharing health information electronically – often focused on different needs.

- Some electronic health records (EHRs) have health information exchange capabilities that allow users to share some kinds of data with others who use the same EHR, such as Epic’s [CareEverywhere](#).
- There are also nationwide networks, such as [Carequality](#) or [Commonwell Health Alliance](#), that are available to users of EHRs made by certain vendors. Other nationwide networks are available to certain types of organizations regardless of their EHR vendor, like [eHealth Exchange](#). Most nationwide efforts, like Carequality, Commonwell Health Alliance, eHealth Exchange, are frameworks for query-based document exchange. They can help you request and retrieve critical information about a patient from another institution or practice. For example, you can get information summarizing an encounter or event. Depending on the network, you may need to know the institution where the patient was seen or the general geographic area in which the patient was seen. So, for example, one of these nationwide networks might be your path of choice if you need the discharge summary for a patient’s recent hospitalization at a known institution.

Many of the large EHR vendors with footprints in Oregon participate in Carequality, including

one of the larger behavioral health EHR vendors, and therefore may make this functionality available.

- Oregon has invested in the [Emergency Department Information Exchange](#) and its companion tool, [PreManage \(Collective Platform\)](#), which focus on statewide hospital event notifications. This service sends alerts to providers notifying them of healthcare events of which they might otherwise not be aware.
- Finally, there are community-based HIE organizations who centralize and support the exchange of information regardless of what EHR a provider uses. Like EHR-based health information exchange and nationwide networks, community-based HIE can provide access to encounter summaries. However, they can also provide alerts on health events, deliver test results or consultation notes, provide tools for electronic orders, automate public health reporting, provide access to claims data, and make available an analysis of the health of a provider's patient population. Importantly, community-based HIEs can provide access, in one location, to a consolidated community-wide health record for an individual, rather than a collection of individual documents from multiple sources.

The Oregon legislature has tasked Oregon's [HIT Oversight Council \(HITOC\)](#) with setting Oregon's strategic plan for statewide exchange. In Oregon's [Strategic Plan for HIT](#), HITOC envisions that providers, hospitals, health systems, coordinated care organizations (CCOs), health insurance companies, and other users will connect to a variety of health information exchange tools and networks. Each organization will choose the tools that work best for them and their community. When possible, health information exchange tools and networks will connect or coordinate so information moves seamlessly between the tools and networks. The state will provide a few key statewide resources to help users share information. For more information on Oregon's statewide HIE strategy, [see Statewide HIE 101](#).

Updated July 2019