

Questions and Responses from June 6, 2017 Informational Webinar on the HIE Onboarding Program

This is not a transcript of the recording. Questions and answers have been revised for clarity and brevity. If you would like to hear a recording of the webinar, please go to <https://www.oregon.gov/oha/OHIT/Pages/HIE-onboarding.aspx>. As stated in the webinar, statements made at the webinar and in this document are not binding upon OHA. Prospective proposers are cautioned that the official RFP, when released, may vary, and after released will change only by written addenda issued by OHA.

Q: Who will be responsible for oversight of the HIEs as it relates to privacy, security and regulatory/statutory compliance?

A: Part of the qualification process in the RFP will be demonstrating robust privacy and security practices. Specific requirements for contracted entities will be governed by the contracts. It is very important to OHA to make sure privacy and security and regulatory and statutory compliance are in effect so that health information exchange is trusted and reliable.

Q: What advantages are seen in putting energy into regional HIEs instead of focusing solely on the national HIE, Carequality?

A: Carequality is an exciting national effort and we have a number of Oregon entities participating. It is available for those who use specific EHR vendors who have become “implementers” of Carequality, including many of the large EHR vendors with footprints in Oregon, including one of the larger behavioral health EHR vendors. Having an EHR that is an implementer is a prerequisite for participating in Carequality and so we have significant gaps in terms of providers in Oregon that are not using an EHR that is an implementer for Carequality. So, while we want to promote participation in Carequality for Oregon given footprint and value, we see significant value in supporting community-based HIEs that offer complementary services and help fill gaps that are not currently served. Further, the current Carequality implementation focuses on query-based document exchange, particularly Continuity of Care Document (CCD) exchange. While that is a very high value use, it does not address all high-priority use cases (for instance, complex care coordination, sharing data needed for alternative payment models, alerts/event notifications, and referrals).

Q: When you are talking about "Priority" Medicaid Providers, are those determined by type of provider, i.e. Primary Care, Behavioral Health? Are Specialists considered Priority?

A: Our current vision for the program does not specifically call out specialists – our priority provider types in Phase I includes behavioral health, oral health and priority physical health providers, and then “major trading partners” (see slide 32 for full list). We are interested to understand to what extent specialists and health systems play a

foundational role as major trading partners in terms of adding value to a health information exchange. We'd love further input on this and our priority provider types.

Q: Will this effort be tied to the Office of the National Coordinator's (ONC) interoperability efforts on the national level?

A: Yes. All of our work is aligned with the interoperability efforts of ONC. One example of that is our support of ONC's efforts around practices that may lead to data blocking. The planned network of networks will have a strong focus on that issue. Supporting community-based HIEs aligns well with ONC's efforts.

Q: If community HIEs are required to provide support (financial and in kind), who will pay the tab not just up front but on an ongoing basis? One of the problems many HIEs have faced nationally is sustainability.

A: We are very focused on sustainability. We will be seeking HIEs that have plans in place for sustainability, because this HIE Onboarding Program funding is only to support onboarding costs. We'll be asking for information on sustainability in the RFP. There are multiple models for HIE sustainability.

We would appreciate hearing feedback on the issue of requirement that HIEs provide support for provider-side costs. Also, please note that HIEs would not be required to provide both in-kind support and financial support—it would be one or the other (whether that be covering provider fees for participating in the HIE or covering their costs otherwise). Essentially, we are bringing the Medicaid dollars to the table to support onboarding and want to understand how the HIE is supporting the provider-side costs in some way.

Q: Do we know how much funding is likely to be available in Oregon? Can you mention the initial state match for the current and next biennium?

A: We are not releasing that figure at this time. We will include a not-to-exceed amount in the RFP. We have identified the initial state match for the approved federal funding as part of our base budget and are interested in any additional match we are able to garner out of the budget process.

Q: How will the Program relate to housing?

A: As we think about HIE and care coordination and we're focused on connecting behavioral health, physical health, oral health, and long term services and supports, we also realize there are entities that support other needs, like supported housing and corrections. We are looking at how the HIE Onboarding Program can support social services providers as priority providers in subsequent phases. In Phase 1 of the program, we will build value with physical, behavioral, oral providers and major trading partners. We would be interested in additional feedback on this.

Q: Is there a federal requirement that dictates which providers are part of the initial phase vs. future phases? Or does OHA determine that?

A: The requirements for the 90% federal funding available are very broad—it can support the costs of onboarding any Medicaid provider to an HIE or other interoperable system where that HIE or system also supports a provider that is eligible for the Medicaid EHR Incentive Program and helps that provider meet Meaningful Use requirements. The federal State Medicaid Directors letter for this funding opportunity mentions many types of Medicaid providers including behavioral health, long term services and supports, corrections and others. OHA has identified specific priority provider types and welcomes feedback on that issue.

Q: Is there more than one HIE in Oregon?

A: Yes, there are multiple HIE entities and HIE-related efforts in Oregon.

Q: Could funding be applied to an HIE-to-HIE onboarding effort?

A: Yes, the 90/10 federal match is available to support onboarding in a couple of different ways. We are initially focusing on onboarding priority Medicaid providers to community-based HIEs. But this funding could also allow support for onboarding of data sources or other connections to support interoperable health information exchange and our concept of network of networks in the future. We're holding in reserve the ability to support HIE contracted entities under this RFP to onboard those HIEs to our network of networks components. We want to maximize the value of this investment and are thinking about opportunities for the future.

Q: What will the HIE selection process [for providers selecting an HIE to participate in] look like? Will clinics be given a list that they can select from?

A: The selection process will be described in the RFP, but we are open to input on what that should look like. There may be multiple HIEs that receive contracts, and we will be supporting one community-based HIE per region, with the exception of potentially supporting specialty-based HIEs in a given region. We are interested in feedback on how we can help providers understand what is available to them, how we can communicate clearly about what community-based HIE is, what the benefits and opportunities are, and how to access HIE through this HIE Onboarding Program.

Q: How confident are you that you will get qualified responses—specifically, ones that have a sustainable financial model?

A: We are very hopeful that we will get qualified responses. We are sharing information about the program early so that potential responders can provide feedback if they see roadblocks. We have also done landscape analysis and assessed HIE Onboarding programs in other states, and reviewed the criteria with other stakeholders to get feedback about whether this program can help us achieve our goals and bring funding

to communities that are supporting health information exchange.

Q: It seems that EHR vendors will likely be the most significant receivers of these funds. Are there some limits on the vendor per provider connection or any efforts underway that ensure connection efforts occur at a fair price? There seems to be quite a bit of variation at times in these proposals.

A: Our HIE Onboarding Program will be supporting the HIEs and not the provider's EHR vendor costs. The EHR vendors will receive none of the funds from the HIE Onboarding Program. The HIE entities will be receiving the funds. OHA would like to understand opportunities where one EHR vendor may receive multiple connections to an HIE entity due to the providers being onboarded. We would be interested in feedback on what role OHA or the HIE entity can play in working toward efficiencies with EHR vendors in these situations.

Q: Would oral health be a specialty HIE, by definition?

A: Community-based HIE criteria will be available in the RFP once released.

Q: What about interstate connections? Does someone from Idaho, for instance, have to connect to all of the various HIEs?

Q: Who is responsible for the interstate connections?

A: This speaks to the network of networks approach. We have many different HIE networks happening now and we need a rational way to connect these networks. More information will be available in our HIT Oversight Council strategic plan and other communication going forward. We've received excellent input on not setting up state-specific components that would be barriers in cross-state exchange, for example. We will look at the significant role that community-based HIEs will play in the network of networks within Oregon and how it will connect to other states.

Q: Will there be a template available for filling out the RFP?

A: The RFP will be announced and posted via the state of Oregon's procurement system, ORPIN. <http://orpin.oregon.gov/open.dll/welcome>. You will need to sign up for an account to access the RFP, when posted.

We want to ensure low burden for proposers and that OHA is only asking for what is necessary. If there are particular templates or best practices that you have seen used, please send them to Kristin Bork at kristin.m.bork@state.or.us by June 9, 2017.

Q: If you are an HIE that is currently pursuing and connecting community partners, and if you were selected through the RFP process, will the funds be available for connections that are currently in process but have yet to be completed?

A: Information on funding related to connections in process will be available in the RFP once released.

Q: What does HIT mean?

A: Health Information Technology.

Q: Will the CCOs be notified about the program?

A: Yes. All CCOs were invited to participate today, and we have discussed this program with the CCOs through our CCO HIT Advisory Group and other meetings and they will continue to be engaged.

Q: [This question came in as we were closing the webinar, and was not read or addressed during the webinar] My HIE is statewide. Will I have to do a separate RFP for each region or can I do one for all regions?

A: OHA will request one response per HIE entity, not per region. The RFP will be announced and posted via the state of Oregon's procurement system, ORPIN. <http://orpin.oregon.gov/open.dll/welcome>. Instructions will be outlined in the RFP. You will need to sign up for an account to access the RFP, when posted.

Q: I missed part of the webinar. Was it recorded? Can I listen to it again?

A: The webinar was recorded and once posted will be available at our website <https://www.oregon.gov/oha/OHIT/Pages/HIE-onboarding.aspx>

Q: How would you like us to communicate input and questions by June 9?

Q: If I have more questions, is there someone I can talk to?

A: Please send your input and questions to Kristin Bork at kristin.m.bork@state.or.us. We plan on posting questions and answers on our website <https://www.oregon.gov/oha/OHIT/Pages/HIE-onboarding.aspx>