

**HIE Onboarding Program
Draft Program Overview (June 2017)**

Program Overview

The Health Information Exchange (HIE) Onboarding program will help connect key Medicaid providers to community-based HIEs that provide meaningful HIE opportunities and play a vital role for Medicaid in their communities.

Health information exchange is critical to health system transformation. HIEs facilitate the secure access and exchange of health information, allowing providers, patients, and other participants to electronically share patient information. This reduces the need for patients and providers to provide information again 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.

How it works

The Oregon Health Authority (OHA) may contract with one or more community-based HIEs. HIEs will onboard priority Medicaid providers (defined by the program), according to a work plan developed in consultation with Medicaid partners. CCOs will be involved in determining which geographic region an HIE serves under this program. OHA will provide milestone-based payments to HIEs to support the one-time costs of new connections to the HIE.

Specific Providers to be Onboarded

The first phase of the program will focus on supporting integrated care: behavioral health, oral health, and physical health (see table below). Phase 1 will also include Major Trading Partners. Onboarding Major Trading Partners early will help create the value proposition for other Priority Medicaid Providers.

Phase I Priority Medicaid Providers	
Provider Type	Specific Providers Covered
Behavioral health	Community Mental Health Programs, Certified Community Behavioral Health Centers, Behavioral Health Homes, Assertive Community Treatment teams, and mobile crisis teams
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) (incl. FQHCs using alternative payment models), Rural Health Centers, Comprehensive Primary Care Plus, tribal health, equity-focused/culturally specific clinics, and county corrections health
Major trading partners	Major trading partners, including those at interstate borders, and especially those that affect the value of HIE for smaller and rural/frontier providers

The roadmap for later phases includes long term services and supports, social services, and other critical Medicaid providers as priorities.

Timeline

The 90 percent federal funding and the 10 percent state match funding for the 2017-19 biennium have been approved. The draft request for proposals (RFP) is with the Centers for Medicare & Medicaid Services (CMS) awaiting approval as of June 2017. OHA estimates that the program will be implemented in early 2018 and run through 2021.

Background

The program will be funded by through the Centers for Medicare & Medicaid Services (CMS) with 90 percent federal funds and 10 percent state funds under the Health Information Technology for Economic and Clinical Health (HITECH) Act, which is available through 2021. 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 meaningful use. The new Medicaid provider being onboarded need not have an EHR to participate; connections through an HIE’s web portal will also be available.

Stakeholder Input

The program was developed after extensive engagement with a wide variety of internal and external stakeholders. This included 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 composed of stakeholders across the state. 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 information through a request for information open to organizations operating an HIE in Oregon.

To get the latest information about the program, please visit our website at (<http://www.oregon.gov/oha/HPA/OHIT/Pages/HIE-Onboarding-Program.aspx>).

If you have questions, please contact Kristin Bork (kristin.m.bork@state.or.us) at OHA’s Office of Health IT.