

State of Oregon



Oregon Health Authority

REQUEST FOR INFORMATION (RFI)

RFI NUMBER #: OHA-1038-16

Date of Issue: December 13, 2016

Closing: December 30, 2016 at 12:00pm

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1.1 INTRODUCTION and BACKGROUND:

Under the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, approved February 27, 2009, (Pub. L. No. 111-5, §§ 13001-424,123 Stat. 226), Oregon is eligible to receive Federal Financial Participation (FFP) funds for specific health information technology (HIT) and health information exchange (HIE) initiatives. The purpose of this Request for Information (RFI) is to solicit information from organizations operating an active HIE in Oregon. This RFI is for information gathering purposes in order to assist with criteria which may be used in possible future procurements related to this program. The questions in section 2.1 should be answered to the extent possible. Responding to this RFI is not a requirement for any future funding opportunities. There is no guarantee, however, that any of the information provided in response to the RFI will be used for any potential future contracts with awarded participants. The Oregon Health Authority (OHA) is examining the option of releasing a Request for Application (RFA) at a later date. (Note that the contractual vehicle is under consideration, and a decision has not been finalized.)

The state of Oregon is developing a program to provide an undetermined level of assistance to HIE entities to support onboarding efforts. The HIE Onboarding Program will help providers meet multiple Meaningful Use (MU) Objectives and will promote the exchange of health care information among Oregon providers. This program relates to the guidance provided by CMS in the State Medicaid Directors' letter 16-003 on February 29, 2016 (<https://www.medicaid.gov/federal-policy-guidance/downloads/SMD16003.pdf>) and will assist with covering HIE entities' costs associated with connecting providers to HIEs. OHA seeks to gather information

from potential HIE entities in order to inform the contractual vehicle which would allow qualified entities to receive funding under the statewide HIE Onboarding Program.

The fundamental principles of Oregon's HIE Onboarding Program are:

- Support meaningful (*trusted, relevant, actionable, and timely*) health information exchange that patients and providers value and participate in actively
 - Require participants to contribute as well as consume information where possible
 - Incent participation, as HIE requires a critical level to be successful
 - Encourage patient-centered information exchange and care for Oregonians
- Support state and Medicaid objectives related to:
 - Coordinated Care model and Coordinated Health Partnerships as described in the 1115 Medicaid Demonstration Waiver Renewal application
 - Metrics and data use for metrics and alternative payment models
 - High value state data sets and reporting
 - Critical partners that are most likely to face barriers
- Align with the HIT Oversight Council's (HITOC) HIE strategic plan and vision
 - Leverage existing state and external resources and infrastructure to the extent possible
 - Avoid developing new technology
 - Inter- and intra-state exchange based on a network of networks model
 - Assess periodically to confirm priorities and adjust to changes in the environment

The HIE Onboarding Program's objectives and goals are to:

- Accelerate HIE and fill gaps for critical Medicaid providers' ability to coordinate care through connecting to HIE entities.
- Incentivize cross-organizational exchange by supporting Oregon's HIE entities that make up its network of networks by funding onboarding for critical Medicaid providers.
- Establish and formalize the Oregon HIE network of networks by ensuring HIE entities in Oregon are able to support HITOC's HIE objectives and OHA's Medicaid objectives by setting criteria that entities would need to meet to be eligible for funding.

1.2 Generally this RFI seeks information on (see specifics in section 2.1):

- Responder Data
- General HIE Information
- Costing Considerations
- HIE Onboarding
- HIE Inventory
- HIE Services & Meaningful Use
- OHA Considerations & HIE Feedback

1.3 DEFINITION OF TERMS: *For the purposes of this RFI, the following definitions will be used.*

“**Closing**” means the date and time on or before Submittals must be received at the location identified on the cover page of this RFI to be considered.

“**HIE**” means Health information Exchange

“**OHA**” means Oregon Health Authority

“**RFI**” means request for information.

“**State**” means the state of Oregon.

1.4 SINGLE POINT OF CONTACT: All questions or protests about any component of this RFI, including the technical requirements, contractual requirements, and the procurement process must be directed to the Single Point of Contact identified on the cover page of this RFI.

1.5 SCHEDULE OF EVENTS AND CRITICAL DATES: The following are the critical dates for this project. Please be advised that these dates are subject to change as deemed by OHA.

NO	ACTIVITY	DATE/TIME
1	Posting of RFI	December 13, 2016
2	Deadline for questions	December 21, 2016 5:00pm PST
3	Deadline for RFI Submittals	December 30, 2016 12:00pm PST

1.6 SUBMITTAL DEADLINE: The RFI must be submitted before the Closing Date and Time. OHA reserves the right to extend Closing when it is in the best interest of the OHA.

2.0 SUBMITTAL FORMAT: All documents and information must be submitted in electronic format.

Submit one (1) response to this RFI; **section 2.1.** See supplemental Tables 1-4 for more information.

Direct deliver (FedEx, UPS, etc.) or deliver: one (1) original signed package, or one electronic copy (in MS Word, Excel, etc., preferably not in .pdf) on a CD or USB Drive or e-mail all documents to the Single Point of Contact identified on the cover page of this RFI.

2.1 RFI FORM: The RFI requests the following information:

2.1.a. Responder Data

Please provide the following information.

HIE Organization Name:	
Address:	
City:	
State:	
Zip Code:	
Authorized Point of Contact:	
Signature:	
Date:	
Phone:	
Fax:	
Email:	

2.1.b. General HIE Information:

Please provide the following information to the extent possible. No fields are mandatory, but the information is appreciated. Please use the format most convenient for you.

1. Number of years operational
2. Current footprint in Oregon.
 - a. Counties served
 - b. Number of organizations served in each county
 - c. Describe any plans to expand to other geographic areas in Oregon or surrounding states.
3. Please describe your governance model
 - a. Do you have a board and what is the composition of the board?
 - b. How do you ensure that the providers/organizations that you serve are represented?
 - c. How do you ensure patients are represented?
 - d. Are the board’s decisions final or is the board advisory?
 - e. What are your subcommittees, if any?
4. Please briefly describe your sustainability plan. Who finances your HIE activities, including in-kind contributions?
5. Please describe your roadmap over the next 5 years. If possible, lay it out in yearly increments to include targeted provider types/groups, HIE services, and connectivity.

2.1.c. Costing Considerations:

The reimbursement methodology that Oregon implements will play a key part in driving the onboarding strategies. In order for OHA to more accurately predict the funding needed to support HIE onboarding activities, we need to better understand the costs incurred by these activities.

Please provide the following information to the extent possible. No fields are mandatory, but the information is appreciated. *This information can either be provided in Table 1, or in another format more convenient for you.*

1. What does it cost to onboard a provider and keep the provider participating for a year?
 - a. Please specify whether the cost is per provider, per clinic, per hospital, or other grouping.
 - b. Do onboarding costs vary depending on size of clinic/hospital? Are the costs variable based on the type of organization, or solely based on the size?
 - c. Does the HIE reimburse any part of the provider's cost? If so, please break out the costs so it is clear which costs are provider costs (like provider-side EHR interface modification costs) and which are HIE costs.
2. If known, provide the interface cost(s) for each EHR that you currently connect to.
3. OHA is trying to understand if certain EHRs are less costly to connect to your HIE (both provider-side and HIE-side costs). Please answer the following:
 - a. Can you connect to certain EHRs with no additional interface costs? Which ones? What types of providers/clinics/hospitals would be covered by those EHRs? Is the cost savings on the HIE side, the provider side, or both?
 - b. Are there EHRs with a lower average interface cost? Which ones? What types of providers/clinics/hospitals would be covered by those EHRs? Is the cost savings on the HIE side, the provider side, or both?
4. Do you support provider-side costs related to the HIE connection when the provider switches EHR vendors, or changes/upgrades? Please explain.

2.1.d. HIE Onboarding:

Please provide the following information to the extent possible. No fields are mandatory, but the information is appreciated. *Please use the format most convenient for you.*

1. Describe the onboarding process for providers to connect to your HIE.
2. Describe how onboarding is sustained after the initial connection and how long, in your experience, you must support providers to ensure they will utilize the HIE on an ongoing basis.
3. Describe your metrics of success for onboarding organizations (e.g., milestones, type of connection, data received, etc.). For example, # of referrals, # of messages sent, etc.

2.1.e. HIE Inventory:

Please provide the following information, to the extent possible. No fields are mandatory, but the information is appreciated. *Please use the format most convenient for you.*

1. What HIE services do you offer, and what standard(s) do you use for each?
2. Provide information on all organizations/entities that are currently connected to the HIE, including:

- a. Name of organization
 - b. Type of organization (e.g., clinic, hospital, health system, PCPCHs, FQHCs, RHC, Acute Hospitals, primary care providers, long term care facilities, skilled nursing facilities, social services providers, home health providers, community based providers, payers, radiology, lab, public health departments, EMS, mental/behavioral health providers, inpatient substance abuse providers, outpatient substance abuse providers, specialists, etc.)
 - c. HIE connection type for each organization (e.g., portal access, integrated into EHR, etc.).
 - d. The EHR each organization uses to connect, if any. If there are multiple HIE connections for any organization, please list separately each connection type, as well as the EHR used for that HIE connection (if any).
3. Please list any organizations that you are planning to onboard in the near future, and provide all of the information requested in 2.1.e (2) above, if known.
 4. What information is each organization currently contributing (e.g., CCD, results, orders, discharge summaries, ADTs, prescribed medications, medication allergies, immunizations, care plans, other text reports, encounter data, health care claims, health plan eligibility)?
 5. Do organizations have access to the HIE only if they contribute data? Or do some have access even if they do not contribute data?
 6. Is the HIE planning to connect to the State's Provider Directory?
 7. Is the HIE receiving data from Oregon's Emergency Department Information Exchange (EDIE) and/or connected to PreManage? If not, do you have plans to receive data and/or connect and what is the planned date?
 8. Does the HIE plan to report to OHA's clinical quality metrics registry?
 9. Does the HIE report to Oregon's public health registries?
 - a. If so, which public health registries are you reporting to?
 - b. If so, what percentage of your providers take advantage of this capability?
 - c. If not, do you have plans to connect and what is the planned date of connection?
 10. Does the HIE currently connect to or consider it a future priority to connect to culturally-specific organizations, programs, etc. (e.g., Asian-American, tribes, etc.)? If so, please list the name of each organization, program, etc. and whether the connection is active or a future priority.
 11. Please provide a description of your practices that ensure facilitated flow of information to prevent data blocking.

2.1.f. HIE Services & Meaningful Use:

Please describe the current HIE services you offer and the Meaningful Use objectives/measures those efforts support. Please also describe onboarding services you plan to offer in the future. To be eligible for funding, entities must connect Medicaid providers to Eligible Providers to help Eligible Providers meet at least one Meaningful Use Objective under Modified Stage 2 or Stage 3.

Please provide the information requested below to the extent possible. No fields are mandatory, but the information is appreciated. *This information can either be provided in Table 2, or another format more convenient for you.*

Please tell us how the HIE services you provide meet Meaningful Use (see information on Meaningful Use in Tables 3 and 4). Please indicate with services are current and which are planned. See below for examples of HIE services.

1. Direct Secure Messaging (DSM)
2. Portal access to a Community Health Record
3. EHR Integration
4. Results delivery to EHR
 - Federated integration to a Community Health Record
 - Integration as HISP to EHR Direct Secure Messaging
 - Query-based access to the HIE from the EHR
 - DSM – EHR connected
 - Query – EHR connected
 - HL7 to CDR – EHR connected
 - HL7 to ELR – EHR connected
5. Public Health Registries/Reporting
6. E-prescribing
7. Personal Health Record or Patient Portal
8. Provider Portal
9. Referrals
10. CPOE
11. Longitudinal patient record
12. Alerts
13. Quality Measures
14. Analytics/Population Health

2.1.g. OHA Considerations & HIE Feedback:

OHA is considering the following straw model as the basis for the HIE Onboarding Program. OHA would like your insights as you review the components, including:

1. Will this help to increase and enhance health information exchange in the state of Oregon?
2. Are the parameters of the program restrictive or facilitative for achieving the stated goals of the HIE Onboarding Program?
3. If implemented as outlined below, what, if any, do you see as the unintended consequences of this program?
4. Is there anything not mentioned in the RFI and straw model that OHA should consider?
5. Is there anything else you would like to tell OHA?

Straw Model:

Draft Programmatic Parameters & Assumptions

1. Program will be implemented over a 5 year period (ending 2021 when the HITECH funding ends)
2. Funding will be available for each year as OHA has the required 10% match in budget and is approved by CMS for federal 90% match; the amount may vary per year
3. Scale of total program depends on funding
4. Priorities will be used to match program to available funds
5. Program will have multiple phases with different priorities
6. Program may provide funding at different levels based on complexity

Draft Priorities

- Facilitate coordinated care across physical and non-physical health is primary
- Incentivize broad geographic coverage; regional participation by provider type

- Availability of trading partners already engaged in HIE
- Incentivize the onboarding of organizations that cover larger number of Medicaid lives
- Ensure that there is active participation by providers who can supply critical information for supporting Medicaid lives within the HIE

Consider that organizations are at different levels of HIT readiness on a scale, categories of approaches and payment may include:

- Category A: Organizations that are currently prepared to onboard immediately. Funding will focus on accelerating onboarding of these organizations.
- Category B: Organizations that require additional assistance in the onboarding process and sustaining exchange activities, including providers who face barriers. Funding will recognize the higher cost and greater resources needed for onboarding of these organizations.

End of requested data. Thank you for your time and effort in assisting the state of Oregon in this important endeavor. Although the State appreciates your involvement with this RFI, this is not a mandatory RFI and will not be connected to any future procurements.

3.0 REQUESTS FOR CLARIFICATIONS/QUESTIONS: All inquiries, whether relating to the RFI process, administration, deadline, the intent, or technical aspects of the services must be submitted, in writing, to the Single Point of Contact identified on the cover page of this RFI (mail, fax or email are acceptable) at any time. Telephone questions will be considered.

3.1 CONFIDENTIAL OR PROPRIETARY INFORMATION: Responses to this RFI are subject to release as public information unless the response or specific information contained therein is identified as exempt from public disclosure. Responder is advised to consult with legal counsel regarding disclosure issues.

If a Responder to the RFI believes that any portion of a RFI contains any information that is considered a trade secret under ORS Chapter 192.501(2), or otherwise is exempt from disclosure under the Oregon Public Records Law, ORS 192.410 through 192.505, each page containing such information must include the following:

“This data is exempt from disclosure under the Oregon Public Records Law pursuant to ORS 192, and is not to be disclosed except in accordance with the Oregon Public Records Law, ORS 192.410 through 192.505.”