

## **Attachment 9 — Health Information Technology**

The information requested in this questionnaire should be provided in narrative form, answering specific questions in each section and providing enough information for the OHA to evaluate the response.

**Page limit for this Health Information Technology Questionnaire is 36 pages, items that are excluded from the page limit will be noted in that requirement.**

### **Introduction**

As CCOs set out to deliver coordinated care that meets the Triple Aim, having the right health information technology (HIT) is crucial. This attachment is intended to gather information from Applicants on their HIT capabilities and plans for HIT to meet OHA’s requirements. The responses included in this questionnaire will be used for both the RFA and for compliance and monitoring as follows:

**RFA HIT Questionnaire:** Responses will be used to evaluate whether Applicants meet minimum criteria as part of the RFA evaluation. In particular, Applicants will:

- Attest that they have or will have certain HIT capabilities as described in this document.
- Provide supporting detail about how they meet, or plan to meet each requirement, as well as projected plans for HIT activities related to the requirement, including milestones throughout the course of the 5 year contract. Supporting detail should include milestones and timelines for these activities. Please note: OHA will review supporting detail for completeness and applicability to the component, and will reject attestations that are not supported by complete, applicable detail. For example, a response in component 2 that does not address Behavioral Health Providers will not be considered complete.
- Certify or attest that they will meet monitoring and reporting requirements.

**Draft HIT Roadmap:** For Successful Applicants, responses will form the basis of a CCO’s draft “HIT Roadmap”. The draft HIT Roadmap will be subject to further OHA review during Readiness Review (see RFA, Section 5.6), which may include an interview and/or demonstration to show the CCO meets expectations and that future plans are credible. OHA may request further detail and negotiate milestones and targets, leading to an approved HIT Roadmap by December 31, 2019.

- Due to the critical nature of HIT to support CCO obligations, failure to complete an approved HIT Roadmap may delay completion of Readiness Review.

**Contract, Monitoring and Reporting - Approved HIT Roadmap:** CCOs will be required to maintain an approved HIT Roadmap, comply with the provisions of their Roadmap, provide an annual HIT Roadmap Update, and participate in an annual interview, including:

- An annual attestation that the CCO made progress on their roadmap, and provide supporting information on progress made, including any changes to the HIT Roadmap.
- Discuss the CCO’s annual HIT Roadmap update.

Discussion of the HIT Roadmap update also be part of the annual VBP interview in addition to the annual HIT Roadmap interview. Each annual HIT Roadmap update must be approved by OHA.

Due to the critical nature of HIT to support CCO obligations, CCOs must continue to make progress on their HIT roadmaps to remain in good standing with OHA. OHA may offer technical assistance and reserves the right to require Corrective Action or other consequences including remedies authorized under the Contract (see Appendix B, Sample Contract, Exhibit D, Section 9).

### **Other HIT-related deliverables under the Contract:**

- Annual attestation and reporting on progress on activities in the HIT Roadmap.

- Annual reporting on EHR adoption and HIE access and use information for CCO’s physical, behavioral, and oral health Providers. Information will be reported to OHA in the form of:  
Performance Expectations (see Appendix B, Sample Contract, Exhibit M) including:
  - proportion of contracted physical, behavioral and oral health Providers who have adopted EHRs (including those with any EHR, Certified EHR, and 2015 Certified EHR);
  - proportion of contracted physical, behavioral and oral health Providers who have access to HIE and proportion using HIE for Care Coordination; and
  - proportion of contracted physical, behavioral and oral health Providers’ who have access to, and proportion using, Hospital event notification; and
  - EHR product and HIE tool(s) in use by each contracted Provider, in a format agreed to by OHA and the CCO during the draft HIT Roadmap review process.
- Signed HIT Commons Memorandum of Understanding (MOU) and annual payment of HIT Commons assessments
- Transformation Quality Strategy (TQS) – OHA encourages CCOs to reflect the HIT components of the transformation and quality initiatives in their TQS work plan and reporting (see Appendix B, Sample Contract, Exhibit B). HIT components will not be stand-alone requirements for TQS, but OHA would like to understand where HIT plays an important role in the transformation and quality work underway.

OHA’s requirements are not intended to cause a proliferation of HIT systems. CCOs should have a good understanding of the HIT in place in their communities – with their network Providers and Hospitals – and incorporate Community partners in their HIT efforts. CCOs are encouraged to collaborate and leverage regional or statewide initiatives, where appropriate, as part of their HIT strategies. Further, OHA is supporting statewide HIT efforts that CCOs should consider leveraging. OHA can provide technical assistance related to HIT available to CCOs.

#### **A. HIT Partnership**

The HIT Commons is a shared public/private partnership designed to accelerate and advance HIT adoption and use across the state by coordinating, standardizing, governing, and supporting statewide HIT efforts. It is an independent body co-sponsored by OHA and the Oregon Health Leadership Council. The HIT Commons is meant to leverage and build on the success of collaborative HIT efforts to date, in particular the Emergency Department Information Exchange (EDIE) governance model. For more information, see HIT Commons website: <http://www.orhealthleadershipcouncil.org/hit-commons/>.

Contractors will be expected to participate in the HIT Commons beginning 2020, including all of the following: maintaining an active, signed HIT Commons MOU (see 2020 HIT Commons MOU) and adhering to its terms, paying annual HIT Commons assessments (see <http://www.orhealthleadershipcouncil.org/wp-content/uploads/2018/12/2019-HIT-Commons-Assessments.pdf>), and serving, if elected, on the HIT Commons Governance Board or one of its subcommittees.

OHA’s HIT Advisory Group (HITAG) meets at least once a quarter and is an opportunity for CCOs to come together and share HIT best practices and advise OHA on its HIT efforts. All CCOs are invited to appoint a representative to HITAG. All CCOs will be required to send a representative to attend an annual HITAG meeting, regardless of whether that CCO has chosen to appoint a regular representative to HITAG. See the HITAG website for more information, including charter and current membership: <https://www.oregon.gov/oha/HPA/OHIT/Pages/HITAG.aspx>. Contractors will be required to participate in HITAG at least once annually.

**1. Informational Question (recommended page limit 1 page)**

- a. What challenges or obstacles does Applicant expect to encounter in signing the 2020 HIT Commons MOU and fulfilling its terms?

**B. Support for EHR Adoption**

Electronic Health Records (EHRs) are foundational to continued healthcare transformation allowing Providers to better participate in Care Coordination, contribute clinical data for population health efforts, and engage in Value-Based Payment arrangements. The new CCO Contracts will build on current CCOs' success in increasing EHR adoption rates for physical health Providers by increasing attention to EHR adoption by behavioral and oral health Providers. OHA does not require Providers to use any particular EHR product. Choosing an EHR product is a business decision for the Provider.

OHA expects CCO activities to lead to overall improvements in rates of EHR adoption. CCOs will set their own targets, choose where to focus their efforts, and decide how best to remove barriers to EHR adoption based on the needs in their communities. OHA expects that CCOs will set targets keeping in mind their Provider Networks. CCOs with more dispersed Provider Networks that may include many smaller Providers (who may face greater barriers to EHR adoption) may set more modest targets.

Please refer to the following link for information on related state programs:

- Medicaid EHR Incentive Program: <https://www.oregon.gov/oha/HPA/OHIT/Pages/Programs.aspx>

**1. Evaluation Questions (recommended page limit 5 pages)**

For each evaluation question, include information on Applicant's current operations, what Applicant intends to arrange by the Contract Effective Date, and Applicant's future plans. When answering the evaluation questions, please include in a narrative as well as a roadmap that includes activities, milestones and timelines.

- a. How will Applicant support increased rates of EHR adoption among contracted physical health Providers?
- b. How will Applicant support increased rates of EHR adoption among contracted Behavioral Health Providers ?
- c. How will Applicant support increased rates of EHR adoption among contracted oral health Providers?
- d. What barriers does Applicant expect that physical health Providers will have to overcome to adopt EHRs? How do you plan to help address these barriers?
- e. What barriers does Applicant expect that Behavioral Health Providers will have to overcome to adopt EHRs? How do you plan to help address these barriers?
- f. What barriers does Applicant expect that oral health Providers will have to overcome to adopt EHRs? How do you plan to help address these barriers?

**2. Informational Questions (recommended page limit 2 pages)**

- a. What assistance you would like from OHA in collecting and reporting EHR use and setting targets for increased use?
- b. Please describe your initial plans for collecting data on EHR use, and setting targets for increased use by contracted physical health Providers. Include data sources or data collection methods.
- c. Please describe your initial plans for collecting data on EHR use, and setting targets for increased use by contracted Behavioral Health Providers. Include data sources or data collection methods.

- d. Please describe your initial plans for collecting data on EHR use, and setting targets for increased use by contracted oral health Providers. Include data sources or data collection methods.

### C. Support for Health Information Exchange (HIE)

In this document, HIE refers to the activity of sharing health information electronically (not a specific HIE tool or organization). Tools for health information exchange (HIE), are foundational to continued healthcare transformation, allowing Providers to better participate in Care Coordination, contribute clinical data for population health efforts, and engage in Value-Based Payment arrangements. The new CCO Contracts will build on current CCOs' success in increasing HIE access for physical health Providers by increasing attention to HIT access by behavioral and oral health Providers. OHA does not require Providers to use any particular HIE option or tool. Choosing an HIE option or tool is a business decision for the Provider.

CCOs must work to increase the number of physical, behavioral, and oral health Providers with access to HIE that supports Care Coordination. This could include exchanging care summaries, electronic Referrals, and other sharing that supports Care Coordination. Supporting the exchange of clinical information between physical, behavioral, and oral health is fundamental to the coordinated care model but can be challenging, especially given restrictions around sharing substance use treatment data. CCOs may elect to focus on supporting HIE for specific use cases or users, such as electronic Referrals, or shared care plans for high-need patients. CCO support for access to HIE for Care Coordination could include such things as: providing a rubric to help Providers assess their HIE needs and select HIE tools, providing TA to Providers in selecting HIE tools, hosting a collaborative to bring Providers together to talk about their experiences with HIE tools, providing financial incentives for adoption of HIE tools, or paying for subscriptions to HIE tools.

In addition, CCOs must ensure their contracted Providers have access to timely Hospital event notifications. Hospital event notifications are electronic messages that notify a Provider or CCO that their patient or Member has been admitted to, discharged from, or transferred within a Hospital or Emergency Department. Unlike claims data, admit, discharge, and transfer data can be made available in near-real time. "Timeliness" refers to near-real time availability. CCOs must also use Hospital event notification tool(s) to inform their own Care Coordination and population health management activities. CCOs have the option to use, and provide Providers access to, Hospital event notifications via the subscription to the statewide EDIE/PreManage tool, or any other tool or resource that ensures contracted Providers have access to timely Hospital event notifications.

OHA expects CCO activities to lead to overall improvements in HIE access and, ultimately, HIE use. CCOs will set their own targets, choose where to focus their efforts, and decide how best to remove barriers to HIE access and use based on the needs in their communities. OHA expects that CCOs will set targets keeping in mind their Provider Networks. CCOs with more dispersed Provider Networks that may include many smaller Providers (who may face greater barriers to HIE access) may set more modest targets.

Please refer to the following links for information on related state programs:

- EDIE/PreManage: <http://www.orhealthleadershipcouncil.org/edie/>,  
<https://www.oregon.gov/oha/HPA/OHIT/Pages/Programs.aspx>
- HIE Onboarding Program: <https://www.oregon.gov/oha/HPA/OHIT/Pages/HIE-onboarding.aspx>

#### 1. Evaluation Questions (recommended page limit 8 pages)

For each evaluation question, include information on Applicant's current operations, what Applicant intends to arrange by the Contract Effective Date, and Applicant's future plans. When

answering the evaluation questions, please include a narrative as well as a roadmap that includes activities, milestones and timelines.

- a. How will Applicant support increased access to HIE for Care Coordination among contracted physical health Providers? Please describe your strategy, including any focus on use cases or types of Providers, any HIE tool(s) or HIE methods included, and the actions you plan to take.
- b. How will Applicant support increased access to HIE for Care Coordination among contracted Behavioral Health Providers? Please describe your strategy, including any focus on use cases or types of Providers, any HIE tool(s) or HIE methods included, and the actions you plan to take.
- c. How will Applicant support increased access to HIE for Care Coordination among contracted oral health Providers? Please describe your strategy, including any focus on use cases or types of Providers, any HIE tool(s) or HIE methods included, and the actions you plan to take.
- d. How will Applicant ensure access to timely Hospital event notifications for contracted physical health Providers? Please describe your strategy, including any focus on use cases or types of Providers, which HIE tool(s), and the actions you plan to take.
- e. How will Applicant ensure access to timely Hospital event notifications for contracted Behavioral Health Providers? Please describe your strategy, including any focus on use cases or types of Providers, which HIE tool(s), and the actions you plan to take.
- f. How will Applicant ensure access to timely Hospital event notifications for contracted oral health Providers? Please describe your strategy, including any focus on use cases or types of Providers, which HIE tool(s), and the actions you plan to take.
- g. How will Applicant access and use timely Hospital event notifications within your organization? Please describe your strategy, including any focus areas and methods for use, which HIE tool(s), and any actions you plan.

## **2. Informational Questions (recommended page limit 2 pages)**

- a. What assistance you would like from OHA in collecting and reporting on HIE use and setting targets for increased use?
- b. Please describe your initial plans for collecting data on HIE use, and setting targets for increased use by contracted physical health Providers. Include data sources or data collection methods.
- c. Please describe your initial plans for collecting data on HIE use, and setting targets for increased use by contracted Behavioral Health Providers. Include data sources or data collection methods.
- d. Please describe your initial plans for collecting data on HIE use, and setting targets for increased use by contracted oral health Providers. Include data sources or data collection methods.

## **D. Health IT For VBP and Population Health Management**

CCOs will scale their VBP arrangements rapidly over the course of 5 years and will spread VBP arrangements to different care settings. CCOs will rely on HIT to support these arrangements including administering payments under VBP arrangements, supporting Providers with data needed to manage their VBP arrangements, and managing population health effectively through insight into Member characteristics, utilization and risk. OHA expects that CCOs will have the HIT needed to support

increased expectations for VBP arrangements as well as support for population health management. OHA will support CCOs' use of risk adjustment models that consider social and medical complexity within their VBP arrangements and plans to provide CCOs with technical assistance and collaborative learning opportunities.

**1. Informational Questions: (recommended page limit 3 pages)**

- a. If Applicant will need technical assistance or guidance from OHA on HIT for VBP, please describe what is needed and when.
- b. What plans do you have for collecting and aggregate data on SDOH&HE, that may be self-reported or come from providers rather than be found in claims? Can you match demographic and SDOH&HE-related data with claims data?
- c. What are some key insights for population management that you can currently produce from your data and analysis?

**2. Evaluation Questions (recommended page limit 15 pages)**

- a. Describe how Applicant will use HIT to administer VBP arrangements (for example, to calculate metrics and make payments consistent with its VBP models). Include in your description how Applicant will implement HIT to administer its initial VBP arrangements and how Applicant will ensure that it has the necessary HIT as it scales its VBP arrangements rapidly over the course of 5 years and spreads VBP arrangements to different care settings. Include in your description, plans for enhancing or changing HIT if enhancements or changes are needed to administer VBP arrangements over the 5-year contract, including activities, milestones, and timelines.
- b. Describe how Applicant will support contracted Providers with VBP arrangements with actionable data, attribution, and information on performance. Include in your description, plans for start of Year 1 as well as plans over the 5 year contract, including activities, milestones, and timelines. Include an explanation of how, by the start of Year 1, the Applicant will provide contracted Providers with VBP arrangements with each of the following:
  - (1) Timely (e.g., at least quarterly) information on measures used in the VBP arrangement(s) applicable to the Providers;
  - (2) Accurate and consistent information on patient attribution; and
  - (3) Identification of specific patients who need intervention through the year, so the Providers can take action before the year end.
- c. Describe other ways the Applicant plans to provide actionable data to your Provider Network. Include information on what you currently do, what you plan to do by the start of the Contract (Jan. 1, 2020), and what you intend to do in the future. Please include a narrative as well as a roadmap that includes activities, milestones and timelines.
- d. Describe how you will help educate and train Providers on how to use the HIT tools and data that they will receive from the CCOs.
- e. Describe the Applicant's plans for use of HIT for population health management, including supporting Providers with VBP arrangements. Include in the response any plans for start of Year 1 as well as plans over the 5-year contract, including activities, milestones, and timelines. Describe how Applicant will do the following:
  - (1) Use HIT to risk stratify and identify and report upon Member characteristics, including but not limited to past diagnoses and services, that can inform the

targeting of interventions to improve outcomes? Please include the tools and data sources that will be used (e.g., claims), and how often Applicant will re-stratify the population.

- f.** What are your plans to provide risk stratification and Member characteristics to your contracted Providers with VBP arrangements for the population(s) included in those arrangement(s)?
- g.** Please describe any other ways that the Applicant will gather information on, and measure population health status and outcomes (e.g., claims, clinical metrics, etc.). Describe Applicant’s HIT capabilities for the purposes of supporting VBP and population management. Again, please provide plans for start of Year 1 as well as plans over the 5-year contract, including activities, milestones, and timelines. Include information about the following items:
- (1) Data sources: What data sources do you draw on – for example, if you incorporate clinical quality metrics, what data do you collect and how? How often do you update the data? How are new data sources added? How do you address data quality?
  - (2) Data storage: Where do you store data (e.g., enterprise data warehouse)?
  - (3) Tools:
    - (a) What HIT tool(s) do you use to manage the data and assess performance?
    - (b) What analytics tool(s) do you use? What types of reports do you generate routinely (e.g., daily, weekly, monthly, quarterly)?
  - (4) Workforce: Do you have staff (in-house, contractors or a combination) who can write and run reports and who can help other staff understand the data? What is your staffing model, including contracted staffing?
  - (5) Dissemination: After reports are run, how do you disseminate analysis to Providers or Care Coordinators in your network? How do you disseminate analysis within your organization?
  - (6) Effectiveness: How will you monitor progress on your roadmap and the effectiveness of the HIT supports implemented or to be implemented?
  - (7) Addressing challenges: What challenges do you anticipate related to HIT to support VBP arrangements with contracted Providers, including provider-side challenges? How do you plan to mitigate these challenges? Do you have any planned projects or IT upgrades or transitions that would affect your ability to have the appropriate HIT for VBP?

**E. Reference Documents**

- 2020 HIT Commons MOU