



UHA's Health Information Technology (HIT) Bonus program.

UHA's Background

Since 2006, Umpqua Health Alliance (UHA) has provided an electronic health records (EHR) subsidy to providers who have utilized the Centricity platform. In 2019, UHA subsidized about \$2.2m of the Centricity Platform. Recently, it was determined to wind down the operations of Centricity and move providers to eClinicalWorks (eCW) or another EHR vendor, who will provide the direct hosting and managing of the actual EHR. This change will provide cost savings to UHA EHR subsidy programs. These savings provide the opportunity to reconfigure the subsidy program.

UHA will reinvest the previous EHR subsidy to a broader Health Information Technology (HIT) Bonus program. This will provide additional monies to all providers to encourage innovation and collaboration. The HIT Bonus program is offered by UHA on an annual basis and it's available to all network providers. As part of its HIT Roadmap, UHA is committed to providing financial incentives for providers that meet the following criteria:

1. EHR Adoption and Use – provider must use a certified EHR system for patient treatment operations and clinical documentation.
2. Health Information Exchange (HIE) Adoption and Use – provider must connect to Reliance eHealth Collaborative (aka Reliance HIE)
3. Provide clinical/EHR data to UHA for value-based payments (VBPs) infrastructure based on certain technical specifications provided by UHA.
4. Participate in Hospital Event Notification programs (aka Collective Medical).
5. See at least 15 UHA patients within a calendar year.
6. Contracted and in good standing with UHA.

Health Information Exchange (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. Reliance Health Collaborative is the vendor that is providing the connectivity and clinical data exchange between different EHR vendors. The State of Oregon is offering additional financial incentives for those who qualify and are deemed to be "priority Medicaid providers". Priority Medicaid providers include behavioral health, oral health, critical physical health, and others. The Program leverages 90 percent of 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.

Hospital Event Notifications (aka Collective Medical)

Collective Medical® helps care teams collaborate to support their most vulnerable patients—those whose needs cannot be met in any single care setting. Collective operates the largest real-time care collaboration network in the United States. Using unique technology, Collective unifies a patient’s entire care team—including hospitals, primary and specialty care, post-acute care, behavioral health providers, community service organizations, and health plans—to collaborate together for the better patient outcomes.

Collective delivers real-time notifications with insights at the point of care not just to ED physicians, but to the patient’s entire care team. Provider offices get notifications for patients with patterns of high utilization or complex needs as soon as they register—notifications are also sent to other members of the patient’s care team, so they can intervene and redirect patients to more appropriate settings for care to avoid misuse of emergency room services.

Frequently Asked Questions (FAQ)

1. What are the requirements to be eligible for UHA’s HIT Bonus program?

Qualifying Criteria:

- a) Contracted and in good standing with UHA.
- b) See at least 15 UHA members within a calendar year.
- c) Utilize a certified EHR.
- d) Connected to Reliance eHealth Collaboration (Preferred HIE).
- e) Provide clinical/EHR data feeds to UHA for its VBP infrastructure.
- f) Utilize Collective Medical platform (Hospital Event Notification).

2. How much does my practice qualify for?

Payouts will occur annually, and upon verification the group has met the qualifying criteria listed above.

- a) Primary Care: \$5,000 per provider, up to \$100,000 per group.
- b) Specialist: \$5,000 per provider, up to \$100,000 per group.
- c) Mental Health: \$5,000 per provider, up to \$100,000 per group.
- d) Substance Use Disorder: \$5,000 per provider, up to \$100,000 per group.
- e) Hospital System: \$100,000 per hospital system.
- f) Dental: \$100,000 per Dental Care Organization.

3. What is the deadline for meeting the requirements to receive the HIT Bonus Payment in 2020?

Your practice must show evidence that the eligibility requirements noted above are met on or before December 31st, 2020 in order to receive the HIT bonus payment for 2020.

4. What defines a provider that is eligible for the \$5,000?

The HIT Bonus Payment is paid for each licensed physician (including psychiatrist) or independent mid-level provider (including physician assistant, nurse practitioner) or mental health provider (psychologist, LCSW, LPC, LMFT, QMHP).

5. Can our practice enroll in the HIT program now if we agree to report and share clinical data by the end of the year (December, 2020)?

UHA will issue the HIT Bonus Agreement, and an amendment will be attached to your current contract to incorporate the HIT Bonus program. Funds will not be released until there is evidence that all requirements have been met under the HIT bonus agreement.

6. How does UHA determine if our practice/providers are meeting the requirements of the HIT bonus program?

Providers will keep accurate records and provide monthly reports to UHA demonstrating whether each qualifying individual provider is following the criteria set forth in the HIT Bonus Agreement. The reports will be in a form and format requested by UHA and will include a certification by Provider as to the accuracy of the data. In its discretion, UHA will have the right to audit the data, and the Provider will provide UHA with access to all records necessary to determine the accuracy of the Provider's reports.

7. Is it expected our practice is to make use of these information-sharing platforms for only our UHA patients, or for their entire census?

UHA's HIT Bonus program is designed and intended for providers serving UHA members. UHA encourages providers to make an independent decision on how they use each platform for their entire census. It is important to note that the required patient information-sharing platforms are an added benefit that would be beneficial to your entire census.

8. What is the difference between Electronic Medical Record (EMR) and Electronic Health Record (EHR)?

<u>EHR (Electronic Health Record)</u>	<u>EMR (Electronic Medical Record)</u>
>A digital record of health information	>A digital version of a chart
> Streamlined sharing of updated, real-time information	>Not designed to be shared outside the individual practice
> Allows a patient's medical information to move with them	>Patient record does not easily travel outside the practice
>Access to tools that providers can use for decision making	> Mainly used by providers for diagnosis and treatment

EHRs makes health information instantly accessible to authorized providers across practices and health organizations.

9. Are practices required to use eClinicalWorks (eCW) EHR?

eCW is the preferred EHR however, practices are not required to utilize eClinicalWorks. The Qualifying Individual Provider must have adopted and be continuously using a certified electronic health record that meets the standards established by the Office of the National Coordinator for Health Information Technology Health IT Certification Program. Please visit the link below for more information:

<https://www.healthit.gov/topic/certification-ehrs/about-onc-health-it-certification-program>

10. Are practices required to pay for their own use of eCW or chosen EHR and is there subsidy intended to help them pay for that use?

Our goal is to provide a comprehensive incentive program that is intended to assist with the implementation of a certified EHR and additional health information technologies. There is not a specific subsidy intended to specifically offset the cost of utilizing eCW or your chosen certified EHR. UHA's HIT bonus can be used to help offset the costs of implementing your certified EHR. Cost varies depending on what EHR is used and there are many variables at play for what the financial impact may be to your practice. We encourage you to work with your vendor to establish specific costs associated with your practice.

11. Must practice also make use of Collective Medical Technology (CMT), will UHA provide subsidy for the use of this program.

CMT is required under the HIT Bonus agreement and necessary for hospital event notification. Clinics will send a patient panel file to CMT so, that members can be properly attributed.

UHA will (a) act as Liaison between CMT and the clinic (b) cover the subscription and provide assistance to help you get the most out of the CMT platform. Please let us know when you are ready, and we can help facilitate your connection to Collective Medical Technology (CMT).

12. What are Hospital Event Notifications?

Hospital notifications are focused on identifying individuals who visit the emergency room frequently and who may face access barriers to primary care. CMT sends notifications when a member has visited the emergency department (admission, discharge and transfer). These notifications let providers know where a patient was previously treated, when and encourages care coordination to address the patient's follow-up care. Hospital event notifications are hosted by CMT.

13. Patients move from one PCP to another all the time, sometimes without being reassigned. What is the mechanism for updating patient file with Collective Medical with current patients, how often is it done, who does it and does the information continue to come from the PCP, or is it also supplied by UHA?

The patient panel file should be submitted to Collective Medical (CMT) on a monthly basis at a minimum. Each clinic needs to work with their own EHR vendor on the mechanism for

generating the patient panel file and submitting it to CMT. This can be a manual or an automated process, depending on EHR vendor capabilities.

14. What are the approved methods for submitting clinical/EHR data to UHA for value-based payments (VBPs) infrastructure?

Clinical/EHR data must be submitted per UHA technical specifications (i.e. pipe delimited flat file).

15. What is the specific clinical/EHR data that is required to be submitted and is the data specific to a provider type (i.e. specialist, primary care, dental, behavioral health)?

The required data elements are outlined in the UHA technical specifications document and can be provided on request. It includes things like patient demographics, CPT codes, ICD codes, depression screenings, alcohol and drug abuse screenings, diet counseling, etc. The data is not specific to a provider type.

16. What HIE is being implemented and how does my practice get connected.

The Qualifying Individual Provider must enroll with Reliance eHealth Collaborative <https://reliancehie.org/> and be continuously using the health information exchange to share data and coordinate care of UHA Members on a regular basis.

Reliance does not charge clinics for the Reliance side of the interface provided that they agree to implement the full Reliance interface, including summary of care exchange. Each EHR vendor is a little different with regard to their interface cost and process for achieving connectivity. Please consult with your EHR vendor to see if there are any additional associated fees for connecting to Reliance.

Reliance (HIE) will onboard priority Medicaid physical, behavioral, and oral health providers, according to a work plan developed in consultation with Medicaid partners. Providers who participate may receive financial support from the HIE, as well as financial support from OHA to offset or partially offset their administrative onboarding costs.

If you have any questions, please contact Reliance for assistance.

Reliance:

Help Desk

Email: HelpDesk@RelianceHIE.org

Direct: (855) 290-5443

17. Reliance offers many services, what services are required and what services are optional under UHA's HIT Bonus?

Providers are required to enroll in Reliance Community Health Record for the HIE requirement. Please visit this link <http://reliancehie.org/community-health-record/> for more information on this program.

18. What is HISP/Direct Secure Messaging?

Direct Secure Messaging is a way to exchange health care data via an internet-based tool with national encryption standards. Direct Messaging was developed as a standards-based means for health care providers to communicate electronically while ensuring the security of Protected Health Information. It functions as an encrypted email system for health care data.

Direct is a national encryption standard for securely exchanging clinical healthcare data via the Internet. It is also known as the Direct Project, Direct Exchange and Direct Secure Messaging. It specifies the secure, scalable and standards-based method for the exchange of Protected Health Information (PHI).

Reliance offers HISP through their vendor Health Catalyst for providers who do not have direct secure messaging (DSM) through their EHR. Most EHR's now offer DSM built into the application. Reliance's HISP service includes a Direct-mail address which is usually in a first.last@domain.net format. They have a separate web portal to login to the mailbox to manage the messages.

19. Our practice is interested in executing the HIT bonus agreement, who/how do we request to execute that in our contract?

Please submit your requests to the UHNProviderServices@UmpquaHealth.com email and our contracting representative will reach out with the next steps.