

Health Information Exchange Onboarding Program Guidance



Vision for the Health Information Exchange Onboarding Program

The Missouri Health Information Exchange (HIE) Onboarding Program, known as the Onboarding Program, is an extension of the Promoting Interoperability (PI) Program, focused on Eligible Professionals (EP) and Eligible Hospitals (EH) who have received at least one PI incentive payment, who use 2015 Certified Electronic Health Record Technology (CEHRT), and who are not fully connected to at least one HIN. Links to information about Missouri's four HINs are available at: <https://dss.mo.gov/mhd/hie-onboarding/>

The Onboarding Program's goals are to:

- Maximize the value of state and federal investment in the PI Program by leveraging CEHRT to promote health care quality and exchange of electronic health information.
 - Participation in the Onboarding Program will help EPs meet three Meaningful Use Stage 3 objectives:
 - Clinical Decision Support
 - Health Information Exchange
 - Public Health and Clinical Data Registry Reporting
- Improve individual health outcomes and the public health by increasing care coordination and streamlining transitions of care.
- Ensure electronic health information follows patients when and where it is needed.
- Minimize burden to healthcare service providers by subsidizing onboarding to their preferred HIN.
- Maximize data sharing within the HIN ecosystem by increasing the number of EPs and EHs who participate in HIE and improving the quality of HIE actions, such as by ensuring Onboarding Program participants have the capacity to perform bi-directional query-based exchange and share Admit, Discharge, Transfer (ADT) messages.

By improving the quality and increasing the quantity of healthcare data exchange performed by Missouri HINs, the Onboarding Program will support the needs of the following four essential partners in health information exchange:

- State agencies and their partners require access to timely, accurate data for decision-making, care management, and to support Medicaid transformation by the administration of value-based payment strategies and other cost-effective programs that improve quality of care and patient health outcomes.
- Healthcare service providers share electronic health information (EHI) to improve quality, safety, and efficiency for their patients such as through the implementation of value-based payment models. A healthy HIN ecosystem ensures low burden to healthcare service providers who share EHI by minimizing barriers in technology and data use.
- Ensure EHI follows patients when and where it is needed while maintaining privacy and security; patients take an active role in the control and use of their EHI.

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- Ultimately, the goal is to use EHI within a healthy HIN ecosystem by facilitating interoperability and data sharing in order to reduce costs, improve public health, and reduce healthcare disparities.

Onboarding Program Eligibility

Based on the guidance of Missouri leadership, the HIE Onboarding Program will be available for Eligible Professionals (EP) and Eligible Hospitals (EH) who have received at least one Promoting Interoperability Program incentive payment. This ensures that applicants serve Medicaid participants and have taken steps to become meaningful users of health information technology.

Qualifying EPs and EHs must have 2015 CEHRT installed to ensure they have technical capabilities necessary to participate in the Onboarding Program. This also aligns with Missouri's Onboarding Program goal to assist EPs meet PI requirements related to HIE; Stage 3 PI requires 2015 CEHRT.

Additionally, EPs and EHs that are considered "fully connected" to one or more HINs are not eligible for the Onboarding Program. Therefore, the MHD has established that an EP or EH is eligible if it has no current participation agreement with any Missouri HIN. The EP or EH may be eligible if it has a participation agreement with one or more HINs that is limited in scope. An EP or EH that is under contract with one or more HINs will be eligible for the Onboarding Program if its HIN connection meets **all three** of the following:

1. No outbound clinical data to at least one HIN.
2. No inbound clinical data to at least one HIN with any of the following functions:
 - a. Data is consumed into EHR.
 - b. Data is viewed through a web portal.
 - c. Data is viewed embedded in electronic medical record, but is not ingested into EHR.
3. No ADT interface that sends ADTs to at least one HIN.

A specific list of PI program EPs and EHs that have received at least one payment has been generated and distributed to Missouri's four HINs. They have each reported whether they have current participation agreements with each EP and EH on the list. Further, they have outlined the functionality of each HIE connection. The result is a preliminary list of EPs and EHs who may qualify for the Onboarding Program.

HINs may encounter EPs and EHs on the list that appear to be marked as "ineligible" in error. MHD will perform additional research to address these situations. Ideally, these conversations should occur before the entity has signed a Letter of Intent, in order to avoid negative sentiments among EPs and EHs.

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Table 1. PI Program Participating Entities by Type and HIN Affiliation

| | Not Fully Connected - Eligible for Onboarding Program | Fully Connected to One HIN - Ineligible for Onboarding Program | Fully Connected to Two HINs - Ineligible for Onboarding Program | Total |
|--------------|---|--|---|--------------|
| EP | 1,690 | 2,289 | 379 | 4,358 |
| EH | 40 | 59 | 8 | 107 |
| Total | 2,856 | 1,490 | 125 | 4,465 |

Missouri Onboarding Program Overarching Goal

MHD’s overarching goal for the Onboarding Program is improve the percentage of EPs and EHs that participate in HIE. Table 1 shows the numbers of EPs and EHs that currently participate in HIE with one or more HINs.

- For EPs, the goal is to increase the percentage of EPs that are fully connected to at least one HIN from 61% to 85%. This would entail bringing on a minimum of 1,000 out of the 1,690 EPs that are eligible for the Onboarding Program.
- For hospitals, the goal is for all 38 EHs that are eligible for the program to participate, bringing the percentage of Medicaid PI Program EHs that participate in HIE from 65% to 100%.

Onboarding Program Services

In order to ensure sustainability of HIE connections subsidized using Medicaid 90/10 funds, the MHD is requiring its HINs to provide the following services to EPs and EHs that participate in the HIE Onboarding Program. Please note that in Missouri, many healthcare service providers have direct connections to DHSS for public health reporting; therefore, this item is not required but it must be offered.

1. Bi-directional query-based exchange between HIN and Onboarding Program participating entity
2. ADT interface and the Onboarding Program participating entity is required to send ADTs.
 - a. MHD recommends that EPs and EHs receive and use ADTs but this is not required.
3. Care management alerts sent from HINs to the providers based on real-time health information.
4. HIN must offer services needed to support public health reporting; many Missouri providers have direct connections to the Missouri Department of Health and Senior Services and may decline this offer. Public health reporting, as specified by the Public Health and Clinical Data Registry Reporting objective within the Interoperability Program, includes:
 - a. Immunization registry reporting.
 - b. Syndromic surveillance reporting.
 - c. Electronic case reporting.
 - d. Public health registry reporting.

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- e. Clinical data registry reporting.

Onboarding Program Funding Use

In accordance with SMD Letter #11-004 and SMD Letter #10-016, no Onboarding Program funds may be used to upgrade any CEHRT in order to allow it to participate in HIE. Funds may be used for activities in three categories:

1. First year EHR to HIN interface implementation and licensing fee.
2. HIN initial connection fee.
3. First year HIN subscription fees.

The Onboarding Program is designed to be implemented by contracted HINs. The HINs will be responsible for recruiting, onboarding, and training EP groups and EHs for the program. They will also be required to collect data from participating EP Groups and EHs and report those measures to MHD in order to receive payouts for completing different phases. MHD has encouraged the HINs to consider the staff time and effort that gathering and reporting this information will entail as part of their individual Onboarding Program budget.

Onboarding Program Deliverables and Measures

The MHD has developed specific deliverables and measures for the different phases of the Onboarding Program, which are outlined in the Onboarding Program Matrix, Appendix 1. Reporting requirements are designed to signify different phases of the Onboarding Program. With the exception of the "Letter of Intent," all deliverables when submitted correctly and in proper order can be provided along with an invoice for payment of a set payout percentage of total funds allocated for the entity being reported.

HINs are required to ensure that interface development is as efficient and streamlined as possible. EPs may participate in the PI Program individually or in groups. However, MHD requires the HINs to explore whether EPs on the eligibility list are under common ownership or management and share an EHR system or vendor. MHD also requires the HINs to recruit hospitals as health systems if the following definition is met: one or more hospitals and at least one professional practice that are under joint ownership or management and use a common EHR system or hub.

Pre-Adoption: Letter of Intent

- Purpose: Letter of Intent will "lock-in" one HIN to one entity (EP, EP Group, or EH), determine EP or EH category and establish basic prerequisites for participation in the Onboarding Program.
- Requirements: A letter of intent must be provided to MHD from each entity participating in the Onboarding Program. A sample Letter of Intent is available at <https://dss.mo.gov/mhd/hie-onboarding/files/letter-of-intent-template.docx>. The HIN may adapt or create a form to act as a Letter of Intent, however, the commitment must come from the entity and include the following elements:
 - Letter must be signed and dated because the program will be organized on a first come-first served basis.
 - Commitment to participate in Onboarding Program and name of HIN selected.

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- Commitment to assist with HIE onboarding, including outreach to EHR vendors who may need to assist.
- Commitment to provide all necessary attestations and reports needed for MHD to evaluate HIN performance and payment.
- Entity indicates which category their size/category (see Fee Schedule, Table 2).
- Entity has or will have 2015 CEHRT installed and in use when “connection” phase begins.
- Entity requests HIN’s support to complete public health reporting to DHSS.
- Entity requests HIN share ADTs with the EP/EH for care coordination and outreach.
- Deliverable allows HIN to proceed to next steps with this entity - no payout for this item.
- Additional guidance for Letters of Intent is available in the Letter of Intent Assistance document at <https://dss.mo.gov/mhd/hie-onboarding/>.

Pre-Adoption: Signed Participation Agreement

- Purpose: A signed participation agreement that meets minimum requirements will ensure entities commit to Onboarding Program expectations and will allow the HIN to move forward to the Connection phase.
- Requirement: Each HIN should submit a Participation Agreement that will be used for all Onboarding Program participating entities. The Participation Agreement may contain all of the HIN’s preferred language but the entity must include a commitment to do each of the following:
 - Maintain connection and share data for at least three years from the date the agreement is signed.
 - Meet all deliverables listed on the Onboarding Program Matrix.
 - Collect and report all data necessary for the HINs to report measures listed in the Onboarding Program Matrix.
 - Meet project timelines with the understanding that funding ends September 30, 2021.
- Requirement: The HIN must provide an Excel spreadsheet that lists all entities that signed a Participation Agreement, the date of the signature, and a column stating that the agreement matches the version approved by MHD for the Onboarding Program. Additionally, the EP or EH category, dollar amount of fee associated with that EP or EH category, and a breakdown that shows dollar amount of the payout for completing the pre-adoption phase (25%).
- In most cases, the HIN will submit one Excel spreadsheet for all EP/EH agreements along with their invoice. The fee total on the spreadsheet must match the invoice for payment of 25% of the total fees for the entities that are receiving services.

Connection

- Purpose: By attesting to the connections and interfaces that are implemented and operational, the HIN is establishing that it is ready for the next phase of HIE.
- Requirement: The HIN must attest to MHD that all of its interfaces are implemented and operational. This must include a description of the interfaces, which are required to include a bi-directional query-based exchange and ADT interface through which the EP group or EH sends ADTs to the HIN.
- Requirement: The HIN must attest if one or both of the following optional interfaces has been implemented and is operational: upon EP/EH request, an interface to support public health reporting to DHSS and/or transmission of ADTs to the EP/EH from the HIN.

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- In most cases, the HIN will submit one Excel spreadsheet that documents and attest to the various connections completed. The fee total on the spreadsheet must match the invoice for the payment of 50% of the total fees for the entities that are receiving the services.

Exchange: Outbound and Inbound

- Purpose: By collecting attestations from each Onboarding Program participating entity and collecting or generating required data points, the MHD will be able to demonstrate a measurable improvement in HIE capacity resulting from the Onboarding Program. Deliverables are divided into outbound exchange for data sent from EP/EH to the HIN and inbound for data sent from the HIN to the EP/EH. These items all assist the EPs and EHS with meeting PI Program requirements.
- For all of the following, the HIN will collect each of the following attestations from participating EP/EHs and will report on specific measures collected via the EP/EH or through data maintained by the HIN itself.
 - Requirement: EP/EH attests to whether or not it requested and received HIN support for transmission of public health data to DHSS. If so, the EP/EH must report the type of public health data being reported (e.g., syndromic surveillance, immunizations, etc.).
 - Requirement: EP/EH attests to the number and type of ADT messages sent to the HIN in the last 60 days.
 - Requirement: EP/EH attests to the number of patient query responses in the form of an electronic summary of care report sent to the HIN in the last 60 days.
 - Requirement: EP/EH attests to the number of new patients whose EHR was populated with inbound clinical data in the form of an electronic summary of care report in the last 60 days.
 - Requirement: EP/EH attests to the number of new patients receiving clinical reconciliation for each of the following in the last 60 days:
 - Medication
 - Medication Allergy
 - Current Problem List
 - Requirement: EP/EH attests to whether or not it elected to receive ADTs/alerts from the HIN; if so, EP/EH reports number and type of ADT messages/alerts received from HIN in the last 60 days.

In most cases, the HIN will submit one Excel spreadsheet that documents and attests to the various outbound and inbound data exchange deliverables completed. The fee total on the spreadsheet must match the invoice for the payment of 25% of the total fees for the entities that are receiving the services.

A timeline for the project is included in Table 3. As of February 2020, the Request for Proposals that will establish the contract with qualified vendors has not been released. HINs should use caution when investing time and resources into the Onboarding Program until a contract is in place; however, the compressed timeline available for the project may necessitate the investment of some effort in the interim. MO HealthNet must pay all invoices by September 30, 2021.

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Table 2. Onboarding Program Fee Schedule

| Missouri Onboarding Program Fee Schedule | |
|---|------------------------|
| EP Practice Size by Number of Professionals* | Funds Available |
| 1 to 5 Professionals | \$20,000 |
| 6 to 10 Professionals | \$22,500 |
| 11 to 25 Professionals | \$25,000 |
| 26 to 40 Professionals | \$30,000 |
| 41 and more Professionals | \$35,000 |
| EH Size by Number of Beds** | Funds Available |
| Up to 25 Beds | \$75,000 |
| 26 to 100 Beds | \$100,000 |
| 101 to 299 Beds | \$200,000 |
| 300 Beds and Greater and Health Systems*** | \$300,000 |
| *Prescribing Providers | |
| **Licensed Beds | |
| ***Health Systems are defined as one or more hospitals with a combined total of at least 250 licensed beds and at least one professional practice that are under joint ownership or management and use a common EHR vendor. | |

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Table 3. Timeline for HIE Onboarding Program

| Phase | Activity | Estimated Start Date | Estimated Finish Date |
|---|---|----------------------|-----------------------|
| HIN Preparation for Onboarding Program | Modify Participation Agreement to match MHD requirements. | 11/15/2019 | 3/1/2020 |
| | Develop Letter of Intent based on MHD requirements and suggested template. | 11/15/2019 | 3/1/2020 |
| | Recruitment and outreach to EP/EH for Onboarding Program. | 11/15/2019 | 3/1/2020 |
| Pre-Adoption | Obtain signed and dated Letter of Intent with each EP/EH/health system. | 1/1/2020 | 5/31/2020 |
| | Obtain signed and dated Participation Agreement with each EP/EH/health system. | 1/1/2020 | 5/31/2020 |
| | Pay Pre-Adoption Phase invoices. | 4/1/2020 | 5/31/2020 |
| Connection | Develop and implement bi-directional query-based exchange and ADT interface. | 1/1/2020 | 4/30/2021 |
| | Develop interfaces needed for public health reporting if requested by EP/EH. | 1/1/2020 | 4/30/2021 |
| | Pay Connection Phase Invoices. | 4/1/2021 | 5/31/2021 |
| Exchange | Latest possible reporting period for exchange deliverables - numbers reported in last 60 calendar days. | 5/1/2021 | 6/30/2021 |
| | Collect and report exchange deliverable data and submit final invoices. | 7/1/2019 | 8/15/2021 |
| | Final invoices paid. | 8/15/2021 | 9/30/2021 |

Note: No invoices can be paid until a contract is awarded. Therefore, investment of time and resources by the Health Information Networks until the contract is awarded is done at some risk, but may be necessary in order to operate within the compressed timeline for the project. All invoices must be paid by MO HealthNet by no later than 9/30/2021.