

8. Kentucky Health Information Exchange (KHIE) and Electronic Health Records (Section 17 Kentucky Health Information Exchange, Section 18 Electronic Health Records)

a. Describe strategies and incentives the Vendor will implement to encourage provider adoption and use of electronic health records that result in improvements in the quality of care for Enrollees and cost of health care services.

UnitedHealthcare is an industry leader in the use and promotion of health care information technology (HIT) including the use of electronic health records (EHRs) to improve quality and the cost of health care services. To promote electronic connectivity and integrated coordinated care among providers that improves the quality of care for enrollees, we will implement the following strategies and tools in Kentucky to encourage providers to adopt and use EHRs:

- **Deploy our next generation CommunityCare platform that supports new HIT technology:** *CommunityCare* is our electronic integrated care management platform that includes a shared person-centered care plan and important data. This data includes gaps in care with alerts, ED and inpatient admissions and discharges, medical health, behavioral health and pharmacy utilization, referrals; Health Risk and Enrollee Needs Assessments, messaging functionality for multidisciplinary care teams (MCTs), and health-related resource needs. Providers — including PCPs, specialists and behavioral health providers — use this platform to enable MCT collaboration in real time. Providers can:

 - Share clinical summaries, historical claims data, referrals, progress notes and registry data, including pharmacy data
 - Use secure messaging
 - Benefit from timely engagement with enrollees in care transitions using admission, discharge or transfer (ADT) notifications.
 - Exchange documents via Consolidated-Clinical Document Architectures (C-CDAs)
 - Communicate timely with enrollees via an integrated enrollee and caregiver portal and mobile tool
 - Collaborate across MCT members
- **Expand Link Capabilities:** *Link* is our cloud-based, real-time provider portal and the cornerstone of our goal to provide a single provider HIT platform. Through *Link*, we bring together multiple websites and both administrative and clinical applications to simplify transactions. *CommunityCare* is accessible from the *Link* portal, which simplifies access for providers both clinically and administratively. With access to the *Link* dashboard 24 hours a day, seven days a week, providers can conduct business conveniently.
- **Gaps in Care Reporting:** We help to reduce duplication of effort by giving MCTs access to a single repository for enrollee contact information, condition list, medications, service dates and outcomes, history, provider visits, diagnoses, issues, progress notes and case conference notes, lab results, gaps in care and medication adherence.
- **Automated ADTs:** Nationwide, we connect to 24 HIEs and 58 direct submitting health systems (covering hundreds of hospitals) for ADT transactions. We are actively pursuing a connection to both state and regional HIEs (including KHIE). Through our data acquisition capabilities, we procure clinical data in structured and non-structured data formats with our contracted provider groups.



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- Encourage use of E-prescribing:** To monitor the HIT capabilities of our provider network, we will conduct an annual survey to capture the number of providers with member e-portals and e-prescribing capabilities, and will measure Meaningful Use. In addition, we developed our own solution for e-prescribing and e-prior authorization called *PreCheck MyScript*, which we provide free to providers who adopt it. *PreCheck MyScript* is aligned to industry standard and regulatory requirements for opioid alerts and management.

UnitedHealthcare has innovative solutions that integrate directly into health system EHRs in real time and on the back end, exchange data seamlessly (e.g., eligibility enrollment data, gaps in care, enrollee charts and prescription data).

These HIT solutions enable providers to have a fuller and more direct line of sight into their patient's current and recent health and wellness status, other



Figure 2. Point of Care Assist™. Our innovative tool integrates health records from multiple sources into one platform, giving providers a comprehensive and real-time view into their patient's health care needs.

providers delivering care to their patient, use of services and outcomes reports. Armed with this broader view, providers can improve enrollee health outcomes and quality of care while also helping to control total cost of care, improving enrollee satisfaction, and better manage their practice due to improved interoperability. Examples of our innovative HIT solutions in place today that reduce administrative burden, which we will deploy in the Commonwealth include:

- Point of Care Assist™:** UnitedHealthcare's EMR Point-of-Care Solutions (patent pending) combines our technology known as EMR integrated services. It integrates directly with several EHR vendors including vendors who specialize in small and rural areas and will introduce health systems that have not yet adopted use of EHRs to our vendors. While UnitedHealthcare is not a party to agreements between physician groups and EHR vendors, these vendors can bring our real-time data to the physicians. This integration allows providers to take immediate advantage of things such as providing real-time patient eligibility and enrollment at the point of appointment scheduling, enabling real-time chart exchange at time of encounter, and reducing or eliminating chart requests and real-time gaps in care information. These solutions enable clinicians to increase quality outcomes for enrollees, enable the physician to take complexity out of the enrollee's care, reduce provider hassle factors and drive unnecessary cost out of the health care system.
- PreCheck MyScript:** This system tool allows e-prescribers to see in real-time whether a medication will quickly process, requires authorization, or alternative drugs available immediately, facilitating needed care. We exchange enrollee health information with pharmacies to facilitate real-time and retroactive drug utilization review (DUR) to enhance care coordination and safe prescribing. Our real-time DUR point-of-sale programs continuously monitor medication fills, often prescribed by different clinicians, for potential interactions and risks. Combined with retrospective DUR, our data collection process assesses these risks, triggering alerts to pharmacies and prescribers.
- Integrated Health Record (IHR):** The centerpiece of the IHR is the Patient Summary, which acts as an enrollee information dashboard, bringing together in a single view the patient's health history, which saves time and reduces the need for the doctor or enrollees to repeat care history. The IHR is designed to help provider proactively

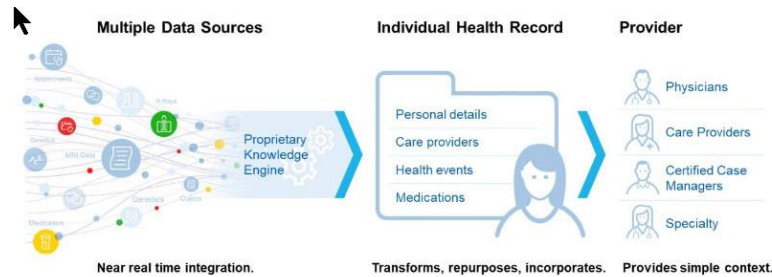


Figure 3. Integrated Health Record (IHR). Our tool enables providers to view their patient’s IHR, which contains up-to-the-minute data.

manage care before the patient’s health status deteriorates and requires intense care management and costly interventions.

In addition to these strategies, we incentivize providers to adopt and use EHR through our value-based payment programs. For example, our primary care

incentive model, PCPi, focuses on closing care gaps and improving quality outcomes around health priorities identified by DMS, such as tobacco use (Regions 4, 7 and 8), diabetes prevalence (Regions 7 and 8) and adult obesity (Regions 7 and 8). The PCPi structure allows us to customize incentivized HEDIS improvement metrics (e.g., integrated measures for behavioral health or vision) that require the greatest focus in a particular population or state. Participating providers receive fee-for-service reimbursement plus the opportunity to earn incentives for closing care gaps.

We have learned from our providers that timely access to data and payouts that are more frequent promotes successful engagement and effective utilization of EHR to encourage Meaningful Use, including, but not limited to: e-prescribing, coordination of care and clinical decision support. These value-based programs are detailed in our response provided in the Quality Health Outcomes section (Question 9.J).

Incentives used to Encourage Provider use of EHRs to Improve Care Quality

In every state, provider experience with EHR spans from early adopters to providers who operate on paper. We flex our strategies based upon the provider’s experience and comfort level with technology. With mature early adopters, such as Accountable Care Organizations (ACOs), our clinical and EHR teams assist to integrate them with our innovative HIT solutions as described earlier. We work with ACOs and high-performing groups through value-based arrangements to maximize enrollee health outcomes while eliminating unnecessary cost from the health care system and provide them with tools they need to help meet their value-based goals.

The crux of our approach to encourage provider use of EHRs is aimed at rewarding providers for health outcomes more so than use of the latest technology. Our logic is borne from our finding that the vast majority of providers already use some form of HIE, a clear indication that providers support — even prefer — using HIE and EHRs to deliver better care to their patients. Because so many providers already use some form of HIE, we find they are open to learning more about how to harness the data and transform it into effectively caring for their patients. Our clinical practice consultants, who are RNs also known as provider quality engagement-consultants, work directly with providers to help them realize the benefits and connections between using HIE and EHR and how it leads to better care quality for enrollees and improves total cost of care.

For providers advancing on the EHR learning curve, our clinical practice consultants and provider relations teams help them to increase Meaningful Use of data and to move toward further integration. For example, with our innovative EHR solution described previously, Point of Care Assist™, we can obtain enrollee information in real time and share it securely with authorized members of the enrollee’s MCT.

For the few providers who operate on paper, those using EHR as “read only,” or those not ready to use EHR in a more advanced electronic records-sharing environment, we use a softer approach with our provider portal technology, *Link*. Our network management, quality and clinical teams work with providers on connecting their revenue cycle to outcomes so they can derive value from adopting more advanced EHR solutions. As they progress, we will use our value-based programs to incentivize and to demonstrate the positive effect data sharing has on enrollee quality of care and health outcomes. We support these providers with supplemental data in the interim. Additionally, we offer new solutions to providers, including metrics to help them see the benefits of using HIT tools. For example, we have an initiative in development to help enable providers to achieve Meaningful Use metrics, including, and not limited to, the ability to send electronic referrals, scheduling requests with direct messaging, sharing information on high frequency users and suspect condition information.

b. Describe strategies for requiring participants to establish connectivity to the Kentucky Health Information Exchange (KHIE) for a minimum of:

i. Providers: applicable public health reporting

ii. Hospitals: applicable public health reporting and Admit Discharge Transfer (ADT's).

As an early adopter of HIT, UnitedHealthcare actively participates in supporting, promoting and expanding HIT capabilities within each state's unique HIE ecosystem, including promoting provider adoption and use of EHR to manage patient care. These initiatives are part of an enterprise wide initiative to enable the fullest possible adoption of EHRs, which are critical to enhanced quality, safety and cost-effective delivery of care. UnitedHealthcare supports the Commonwealth's objectives for KHIE. We will comply with the requirements in Attachment C – Draft Medicaid Managed Care Contract, Section 17.0 Office of Health Data and Analytics and Section 18.0 Electronic Health Records, including ensuring providers who contract with us sign participation agreements with KHIE within 1 month of contract signing, and working with hospitals to submit ADTs to the KHIE. For providers who do not have an EHR, we will confirm they sign up for secured direct messaging. In addition, we will submit a monthly report on all activity as required in the draft Medicaid Managed Care Contract.

Promoting Interoperability with KHIE

Matching the provider's degree of readiness is the key to promoting interoperability of KHIE and helping them move along the continuum from basic transactional look-up capabilities on our provider portal, to becoming an active participant in KHIE initiatives. We encourage providers to use HIT through a range of adoption solutions that create a provider “best fit”— from basic capabilities to more advanced capabilities.

In Kentucky, UnitedHealthcare will deploy the following strategies to promote interoperability with the KHIE, including, and not limited to, applicable health reporting:

- Build upon our Medicaid Regulatory Appendix that is attached to all provider contracts for our Kentucky Medicaid providers that denotes the requirement for providers to electronically notify and report public health diseases and conditions to the Kentucky Department for Public Health through the KHIE
- Create provider educational tools regarding the KHIE connection requirement via our website (*UHCprovider.com*), newsletter and in our interactions with providers, so they can appreciate the benefits of KHIE. As described by Andrew Bledsoe, KHIE will “enable health care providers to access valuable health information such as bi-directional immunizations communication, alert and event notification, a customized provider portal and eKasper Integration (PDMP).”

- Reinforce the EHR incentive available through the Commonwealth for EHR adoption for those providers who had started participating in the program no later than calendar year 2016
- Inform providers of the assistance available from local Regional Extension Centers (RECs) and KHIE outreach coordinators. The RECs are trusted advisors for primary care; they help providers face challenges to achieve Meaningful Use and build upon those criteria to support quality improvement and transform health care. Kentucky has two RECs: Kentucky REC and Kentucky Northeast Regional Health Information Organization.

Assisting Hospitals in Establishing Required Connectivity with KHIE

UnitedHealthcare has extensive experience across the nation using information — transmitted securely and electronically — to facilitate care coordination. As an early adopter of electronic data exchange for care coordination in several of our Medicaid states, we began exchanging ADT files with hospitals more than a decade ago. Based upon our ongoing meetings with Cabinet for Health and Family Services KHIE leaders, we understand that 95% of hospitals already submit data to the KHIE. For those hospitals that are not connected, our strategy is to meet with them to understand their barriers and reinforce the importance of KHIE participation so that they can be a part of improving health outcomes in Kentucky. Additionally, as we have done in other states, we are exploring options of providing grants or “in kind” technical assistance to assist providers in connecting to KHIE.

UnitedHealthcare IT tools and platforms will connect to KHIE and other HIE Qualified Organizations, as applicable in Kentucky, to promote and facilitate their use. Once connected with KHIE, we will work to receive real time hospital ADT and ER registration notifications and in the future, discharge summaries from certain facilities to support medication reconciliation and discharge planning. During a later phase of HIE implementation, we will work to receive ambulatory lab data.

c. Provide a description of initiatives and incentives to encourage adoption of electronic health records and information exchange.

We have implemented multiple innovations to encourage provider adoption of EHR and other HIT. Matching the provider’s degree of readiness for HIT to an appropriate technology solution is key to helping them move along the continuum from basic transactional/look-up capabilities on our provider portal, *Link*, to becoming an active participant in HIE initiatives. We encourage providers to use EHR through a continuum of adoption solutions that create a provider “best fit” — from basic transactional HIT solutions to more advanced capabilities. The EHR use is required of providers who wish to take full advantage of our provider incentive programs, which means that we not only promote EHRs as tools, but also directly link enhanced payment models to EHR Meaningful Use.

We also will continue promoting EHR and e-prescribing with our Kentucky provider engagement and education activities — such as town halls, newsletters, Provider Information Expos and *UHCprovider.com* — and expand our outreach strategies (e.g., our e-prescribing benefits letter campaign) on EHR topics. UnitedHealthcare will comply with Section 18.0 and any data requests from DMS related to verifying that a provider meets the requirements to receive EHR incentive payments.

We engage our business associates on several levels, and we seek opportunities to work more closely with them. We have already taken many actions to promote HIT, and we offer options that are direct solutions. The following represent our current initiatives, upcoming plans, and

available services — all of which can serve providers who are beginning to use technology and those who are ready to enhance current use of HIT:

- **Intermediate Electronic Transactional Solutions:** Some providers cannot accept a full EHR system at first. Our portal and low-cost software offers ease-of-entry to HIT, leading to greater levels of adoption. We offer integrated solutions with easy-to-use and effective tools that automate administrative tasks while enhancing patient care tends to increase later adoption and elevate practice operations to meet Meaningful Use requirements.
- **Regional Extension Center Participation:** We participate in many Offices of the National Coordinator Regional Extension Center boards across the country, including Kentucky, which encourage and promote EHR adoption and Meaningful Use certification. This provides us the opportunity to interact with other HIT leaders and further encourage provider adoption by promoting other options.
- **CommunityCare:** Our next generation web-based platform, *CommunityCare*, will support Meaningful Use workflows. Providers can use this platform to share clinical summaries; send/receive secure messaging; benefit from timely engagement with enrollees; share ADT information of provider facilities and HIE; exchange C-CDAs; communicate with enrollees via an integrated portal and mobile tools; and collaborate across actual and virtual MCTs.
- **E-prescribing:** Another way we will bring HIT solutions to Kentucky is through our *PreCheck MyScript* e-prescribing solution and our recognition of providers who e-prescribe. Beyond e-prescribing, we actively exchange the Medicaid preferred drug list with *PreCheck MyScript* to monitor prescribing practices and medication adherence. Another innovative prescribing enhancement is Script Connect, which combines our e-prescribing platform with an automated real-time prior authorization platform.

Once a provider has adopted the use of EHR into their practice, the next step is to further engage in KHIE — exchanging data to support clinical decision-making regionally. This is growing among health providers because the need for HIE is clear and the benefits are significant. In addition to contractually requiring providers to sign a Participation Agreement with the KHIE within one month of contract signing, UnitedHealthcare will encourage providers to adopt advanced use of EHRs through education and training, including, and not limited to, face-to-face meetings, educational materials and webinars. For providers identified by the Commonwealth who have received incentive payments, we will engage with them to work on KHIE and EMR integrations including *PreCheck MyScript*, Point of Care Assist and EMR All Access. We also will explore value-based payment programs with these providers to help promote and support Meaningful Use.