**HB 4212 Phase I Health Care Provider REALD Compliance Plan**

For providers that are unable to comply with HB 4212, sections 40-43, reporting requirements by the timeline outlined in rule 333-018-0011, REALD Compliance Plans must be submitted. The Compliance Plans are intended to describe how providers within an organization are working to come into compliance with HB 4212 requirements to collect and report REALD data to OHA. Submit plans to Belle Shepherd ([BELLE.SHEPHERD@dhsoha.state.or.us](mailto:BELLE.SHEPHERD@dhsoha.state.or.us)) not later than 12/31/2020.

Once submitted, OHA will review the plan and may ask for additional information or clarification. OHA will approve plans that provide sufficient detail to demonstrate a good faith effort to come into compliance in a timely manner.

Please note: OHA will use its enforcement discretion and not take any formal enforcement action against an individual health care provider or facility in Phase I who is required to comply with REALD collection and reporting requirements (such as referring a health care provider to a licensing agency or board), so long as the health care provider or facility:

* Submitted a Compliance Plan no later than 12/31/2020,
* Is submitting some REALD information to OHA (see below) and
* Is fully in compliance by the agreed-upon date in the approved REALD Compliance Plan. Any adjustments needed to the plan are subject to re-approval by OHA.

REALD Submission:

* For providers at FQHCs or those employed within a health system, this includes making a good faith effort to submit REALD information for a majority of their COVID-19 cases. OHA expects providers to submit REALD data for as many of their COVID cases as possible while they work to come in compliance, in accordance with their REALD Compliance Plan.
* At a minimum, hospitals must ensure that REALD information is collected and reported for all COVID-19 hospitalizations. For the purposes of this expectation, OHA will review hospitalization data by hospital facility (not individual hospital providers) and the REALD information submitted must include complete responses (allowing for declined, unknown and missing data due to incapacity).

For questions, please contact: Belle Shepherd ([BELLE.SHEPHERD@dhsoha.state.or.us](mailto:BELLE.SHEPHERD@dhsoha.state.or.us)).

**REALD Compliance Plan Template**

**Organization Information:**

* Organization Name:
* EHR Vendor (current and any planned transitions in 2021):
* Health care provider category: (hospital, provider in health system, provider in FQHC)

**Contact information:**

Please provide contact information for the main point of contact for your organization’s REALD Compliance Plan. You may add additional key contacts as well. OHA will use this contact information for communication regarding your Compliance Plan.

* Name:
* Title:
* Address:
* City, State ZIP:
* Phone number:
* Email address:

**Current Status of REALD:**

* Estimate of current % of COVID-19 patient encounters for which REALD is being reported to OHA. For providers at FQHC or those employed within a health system, please be specific about the portion of COVID cases you project you are reporting.
* How is REALD information currently being collected from patients?
* How is REALD information currently being provided to OHA?
* Optional: Estimate of volume of REALD data to be collected (in one month)
  + COVID Tests
  + COVID Hospitalizations, Deaths
  + COVID Multisystem Inflammatory Syndrome in Children (MIS-C)
* Any other information you’d like to share?

**REALD Plan:**

* Detailed plan for collecting REALD information from patients, depending on setting, include start date and completion date. Please include
  + Your EHR implementation project plan,
  + Plans related to training, and
  + Indicate your planned workflows (e.g., registration, MyChart, rooming) for collecting REALD, as well as
  + your anticipated go live dates or any proposed phasing of REALD implementation.
* Detailed plan for reporting REALD information to OHA (including whether/when you plan to report via CSV file), start date and completion date:
* Note: OHA will be asking for monthly progress towards implementing the REALD plan.

**Optional: Other Information**

* What information or technical assistance would be most helpful to receive from OHA to assist you in coming into compliance with the HB 4212 requirements?
* If OHA hosted an online patient survey, would you be interested in using it? If so, would your organization be willing to participate in advising OHA on development or testing of a survey?
* Would your organization prefer to report REALD via Electronic Lab Reporting if such a mechanism was available? Would your organization prefer to report REALD via Electronic Case Reporting if such a mechanism was available?
* Any other information you’d like to share?