Community Information Exchange to Support Oregon's 1115 Medicaid Waiver

Overview

Oregon's 2022-2027 [1115 Medicaid waiver](#) (waiver) requires using closed loop referrals to support the delivery of [health-related social needs (HRSN)](#) services, including housing, nutrition and climate-related supports, and outreach and engagement. Community information exchange (CIE) supports this waiver requirement and helps efficiently connect people with the services and resources they need, which helps eliminate health inequities.

- **Community information exchange (CIE) landscape:** CIE is available in Oregon's 36 counties and is sponsored by all 16 coordinated care organizations (CCOs), health systems, and health plans. There are two different vendors in the Oregon landscape, Connect Oregon (powered by Unite Us) and findhelp (known in Klamath County as Healthy Klamath Connect).

- **Phased-in CIE approach:** Requirements for CCOs' and HRSN Service Providers' use of CIE for closed loop referrals will be phased in during implementation of the waiver. In 2024-2025 CIE is not required and other methods may be used. CIE requirements may begin in 2026-2027 with an exceptions process for HRSN Service Providers who are unable to participate. Oregon Health Plan (OHP) members can always opt out of CIE.

- **Support for HRSN Service Providers:** OHA plans to coordinate support for the Nine Federally Recognized Tribes of Oregon and partners that will become HRSN Service Providers, including community-based organizations (CBOs) and county programs. Support with adopting and using CIE may take place through [Community Capacity Building Funds](#), technical assistance, outreach, feedback, and communities of practice.

- **OHA's CIE contracting:** OHA plans to procure CIE for [OHP Open Card](#) (also known as fee-for-service) to meet the closed loop referral requirements for HRSN services and for OHA and Oregon Department of Human Services (ODHS) staff who need access to support the waiver. This helps avoid creating inequities in access to services for OHP Open Card compared to CCO members. OHA does not plan to disrupt the current CIE environment or CIE contracts of CCOs or organizations serving Medicaid members.

- **Governance:** OHA plans to work with partners to identify CIE governance readiness and needs using neutral consultants during three phases. First a readiness assessment, then bring partners together, and if agreed, establish neutral statewide governance.

- **Community engagement:** As plans continue to develop OHA asks for input from Tribes, community, CBOs, OHP members, HRSN Service Providers, CCOs, and other partners. OHA is committed to giving public updates as CIE and closed loop referral activities continue to develop and are used to support implementation of the waiver.

Definitions

CIE is a network of collaborative partners using technology for the exchange of information to connect people to the services and supports they need. Functions must include closed loop referrals, a shared resource directory, and consent to the use of technology by the person being connected to services.

Closed loop referral is the process of exchanging information among organizations to make referrals and communicate about the status of referrals and services for a person being connected to services.

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Role of CIE and Closed Loop Referrals

In CIE, a person seeking support is referred to services. Their needs and consent to share their information are documented in CIE. The organization helping them can search for appropriate resources in CIE and send a referral to another organization. The receiving organization indicates if they can provide the services, and later indicates if services were delivered, and the referring organization sees what happened with the referral, thereby "closing the loop."
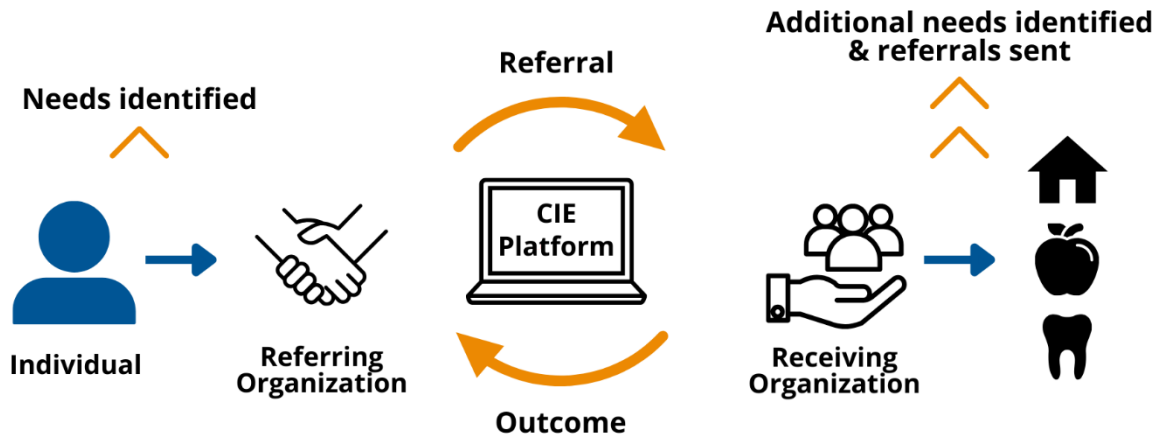
Closed loop referrals can be done using CIE to help efficiently connect OHP members to HRSN services that meet their needs. Using CIE to make closed loop referrals for HRSN services benefits individuals and providers by:

- Connecting people efficiently with the services and resources they need to improve their overall health and well-being.
- Allowing easier information sharing and coordination across organizations, which helps avoid a person needing to repeat their story.
- Providing data for more efficient and accurate reporting that can be used to identify resource gaps and inform policy decisions.
- Allowing users of the same CIE platform who share a "client" to see information such as social needs screenings, referrals, and services. There are exceptions for specially protected types of services (e.g., 42 CFR Part 2, domestic violence).

Oregon CIE landscape

CIE is available in all 36 counties in Oregon and is sponsored by CCOs, health systems, and health plans. Tribes, tribal clinics and organizations, CBOs, clinics, local public health authorities, and others, who may become HRSN Service Providers, participate in these efforts. There are two different vendors in the Oregon landscape, Connect Oregon (powered by Unite Us) and findhelp. Fifteen of Oregon's CCOs have adopted Connect Oregon, while one CCO has adopted findhelp (known in Klamath County as Healthy Klamath Connect).

Many partners can participate for free, such as CBOs and some county programs. However, CBOs have reported they need more support to help with challenges adopting CIE. Additionally, Connect Oregon and findhelp are not connected which can present challenges for data sharing and adoption.

CIE and Oregon's 1115 Medicaid Waiver

A key goal of the waiver is to address health equity by supporting eligible OHP members' HRSN starting in 2024. Oregon's HRSN services include housing support, nutrition support, climate-related needs, and outreach and engagement. The Centers for Medicare & Medicaid Services (CMS) has certain requirements in the waiver, including:

- Conducting closed loop referrals for HRSN services based on screening for social needs.
- Using technology to communicate the status of a referral (accepted/denied and delivered/not delivered).
- Tracking OHP members' HRSN service participation, screening, and receipt of referrals and social services.

CIE and delivering HRSN services

The main CIE goal for the waiver is to connect OHP members to HRSN Service Providers. Members will always have the option to opt out of CIE technology.

CIE can support the delivery of HRSN services in multiple ways, including the following:

- Document relevant information about an OHP member to aid in referring them for services, including their contact information and consent to have their information used in CIE.
- Screen OHP members to determine their social needs and specific HRSN with built in standard or custom screening tools or by attaching screening documents to a referral.
- Send requests for HRSN service approval to care coordinators.
- Approve an OHP member as eligible for HRSN services.
- Search for services and refer an OHP member to an HRSN Service Provider who accepts or rejects the referral.
- Indicate and view the status of referrals and service delivery.
- Invoice through CIE for HRSN services. Payments are made outside of CIE systems.
- View data and reports.

Phased-in approach to use of CIE for HRSN

OHA has developed a phased-in approach to CIE for closed loop referral requirements for HRSN as not all HRSN Service Providers are ready to use CIE. OHA understands using technology like CIE for HRSN closed loop referrals takes time and should happen during the 2024-2027 waiver demonstration period. This will allow time to provide the support necessary for those that want to participate. The proposed plan is:

- **2024-2025**: CIE is not a required method for making a closed loop referral, and other methods may be used. CCOs and OHA will engage Tribes and organizations participating in HRSN to assess and incentivize CIE use rather than making it a requirement.

- **2026-2027**: CIE requirements may begin with an exceptions process for HRSN Service Providers who are unable to participate in CIE. OHA expects that most referrals for HRSN services will be sent through CIE to HRSN Service Providers. A CCO performance measurement specific to CIE is also anticipated.

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Support for HRSN Service Providers

Throughout 2024-2027, CCOs and OHA will provide support and incentives to HRSN Service Providers to help them adopt and use CIE such as grants, technical assistance, outreach, feedback, and learning opportunities. OHA plans to coordinate with CCOs to support HRSN Service Providers so that efforts are complementary.

Grants will be in the form of [Community Capacity Building Funds (CCBF)](#). CCBF will be available to HRSN Service Providers and organizations that will become HRSN providers to support their participation in the Medicaid delivery system and their ability to deliver HRSN services to eligible OHP members. CCBF can be used for a range of technology needs including those that support CIE. CCBF funds for technology can be used to support onboarding and training for systems such as CIE. These funds may also be used for the following CIE-related activities: procuring information technology (IT) infrastructure and data platforms necessary for HRSN referrals, authorizations, service delivery, billing, monitoring, and reporting. CCOs will administer the majority of CCBF, and organizations interested in applying should reach out to the CCO(s) operating in their service area.

Regardless of supports that may be provided, some HRSN Service Providers may need exceptions for participating in CIE under the waiver.

OHA's CIE contracting

OHA plans to procure CIE to support OHP Open Card to meet the closed loop referral requirements under the waiver. The purpose is to allow OHA staff, ODHS staff, and Open Card contractors to connect OHP Open Card members to HRSN services through CIE. This creates parity for OHP Open Card members and avoids creating inequities in access to services compared to CCO members.

Oregon's Department of Administrative Services (DAS) posted a Special Procurement with the intention to contract with findhelp and Unite Us. Under these contracts, OHA intends to use these two vendors to meet the waiver requirements for OHP Open Card.

OHA does not plan to disrupt the current CIE environment or CIE contracts of CCOs or organizations serving Medicaid members. CCOs have invested in CIE over time and OHA expects CCOs to use these tools to support HRSN services.

HRSN services data and CIE

CIE data will be critical for understanding new HRSN and other social services, as well as how services are impacting populations that are more likely to face inequities. CIE data analysis and reporting are critical to demonstrating how programs can move Oregon toward the 2030 goal of eliminating health inequities. Effective reporting on HRSN will help:

- Understand people's needs and services available statewide.
- OHA, partners, and community identify and understand program impact and progress as well as gaps and opportunities to improve.
- Hold OHA and contractors accountable to equitable, person-centered HRSN services.
- Meet federal reporting requirements.

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OHA plans to create a contractual monitoring measure related to CIE that will focus on incentivizing equity and meeting OHP members' needs. OHA will align with other CCO metrics reporting, where appropriate, to avoid overburdening CCOs, OHP Open Card contractors, HRSN Service Providers, and other partners.

OHA plans to work with communities impacted by CIE in planning for CIE data analysis, interpretation, and reporting.

Future CIE Work: Exploring Governance

The [HB 4150 (2022) Report](#) to the legislature and [Health IT Strategic Plan 2024-2028](#) include recommendations for neutral, statewide CIE governance that is not vendor led. OHA heard from CBOs and other partners that the needs of communities and CBOs should drive discussions and decisions around CIE. OHA agrees that CBO and community voices are crucial to the success of CIE in advancing health equity. OHA is working with a neutral consultant to assess community and partner readiness for a CIE governance process. Depending on the results of that assessment, OHA will then support a neutral convener to bring partners together and explore governance scope and plans. If agreed upon from this process, OHA will support, participate in, and join other partners in establishing neutral statewide governance.

Next Steps

OHA will update this brief as plans continue to develop and more information is known.

Public Input and Questions

OHA welcomes input from Tribes, communities, CBOs, county programs, OHP members, HRSN Service Providers, CCOs, and other partners. OHA is committed to providing public updates as CIE and closed loop referral activities continue to develop and are used to support the implementation of the 1115 Medicaid waiver. Contact CIE.info@odhsoha.oregon.gov for input and questions.

You can get this document in other languages, large print, braille, or a format you prefer. Contact CIE.info@odhsoha.oregon.gov.

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