

# HEALTH INFORMATION EXCHANGE IN OKLAHOMA

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HIE Office Hours – December 10, 2025



# AGENDA

- Overview of Healthcare in Oklahoma
- OHCA's Commitment to Statewide Health Information Exchange (HIE)
- MyHealth Access Network, Oklahoma's State Designated Entity for HIE
- Additional Value Capabilities
- OKSHINE Programs and Incentives
- HIE Progress & Next Steps
- Discussion & Questions

# OVERVIEW OF HEALTHCARE IN OKLAHOMA

**Why Change is Needed**

# OKLAHOMA'S HEALTHCARE CRISIS: WHY CHANGE IS NEEDED

- Ranks 47th in overall healthcare quality, among the worst in the U.S.
  - Oklahoma ranks **near the bottom in key healthcare outcomes**—high hospital readmissions, poor chronic disease management, and preventable ER visits
- **10th highest healthcare costs in the nation**, yet outcomes remain poor
  - **Providers struggle** with fragmented data, leading to **duplicate tests, medication errors, and delayed diagnoses**
- Uncoordinated care leads to inefficiencies and higher costs
  - **Disconnected, expensive, and inefficient care**
  - **Lack of Preventive Care** → Without proactive notifications, patients miss screenings and early interventions
- **Higher mortality** despite average cancer rates
  - Oklahomans are 20% more likely to die from cancer than the national average, not because of higher cancer rates, but **due to delayed diagnosis and fragmented treatment**

Oklahoma | 47

State Health Department Website: [oklahoma.gov/health](http://oklahoma.gov/health)

## Summary

### Strengths

- Low prevalence of excessive drinking
- High per capita public health funding
- High supply of mental health providers

### Challenges

- High prevalence of non-medical drug use
- High economic hardship index score
- High prevalence of physical inactivity

## Highlights

### Asthma

28%▲

from 9.6% to 12.3% of adults between 2017 and 2022.

### Uninsured

18%▼

from 14.3% to 11.7% of the population between 2019 and 2022.

### Premature Death

17%▲

from 10,873 to 12,764 years lost before age 75 per 100,000 population between 2020 and 2021.

	Overall Rank	State Rank	State Value	U.S. Value
<b>Measures</b>				
<b>Social &amp; Economic Factors</b>	44	-0.639		
Community and Family Safety	34	8.6	7.7	
Homicide (Deaths per 100,000 population)	34	5.2	3.9	
Occupational Injuries (Deaths per 100,000 workers)	34	5.2	3.9	
Public Health Funding (Dollars per person)	15	\$222	\$183	
Economic Resources	42	76	—	
Economic Hardship Index (Index from 1-100)	42	76	—	
Food Insecurity (% of households)	45	14.3%	11.2%	
Income Inequality (BD 20 Ratio)	33	4.81	4.92	
Education	44	24.0%	32.7%	
Fourth Grade Reading Proficiency (% of public school students)	44	24.0%	32.7%	
High School Completion (% of adults ages 25+)	37	89.6%	89.6%	
Social Support and Engagement	41	18.7%	14.2%	
Adverse Childhood Experiences (% of children ages 0-17)	41	18.7%	14.2%	
High-Speed Internet (% of households)	44	91.0%	92.9%	
Residential Segregation - Black/White (Index from 0-100)	15	59	—	
Volunteerism (% of population ages 16+)	30	23.6%	23.2%	
Voter Participation (% of U.S. citizens ages 18+)	47	52.7%	59.5%	
Physical Environment	49	-0.340		
Air and Water Quality	40	8.7	8.6	
Air Pollution (Micrograms of fine particles per cubic meter)	40	8.7	8.6	
Drinking Water Violations (Average number of violations per community water system)	50	5.2	2.7	
Climate and Health	32	68.0%	72.7%	
Water Fluoridation (% of population served)	32	68.0%	72.7%	
Housing and Transit	36	0	—	
Climate Policies (Number of four policies)	36	0	—	
Climate Risk (% of population)*	45	72.6%	75.5%	
Renewable Energy (% of total electricity generated)*	10	46.0%	20.5%	
Transportation	21	13.5%	16.5%	
Housing With Lead Risk (% of housing stock)	19	13.5%	16.7%	
Severe Housing Problems (% of occupied housing units)	19	13.5%	16.7%	
Transportation Health Risk (% of population)*	15	12.4%	24.0%	
Clinical Care	48	-1.109		
Access to Care	47	14.7%	10.1%	
Avoided Care Due to Cost (% of adults)	47	14.7%	10.1%	
Dental Care Providers (Number per 100,000 population)	33	58.2	64.6	
Medical Health Providers (Number per 100,000 population)	12	430.3	324.9	
Primary Care Providers (Number per 100,000 population)	43	205.6	232.0	
Uninsured (% of population)	48	71.7%	8.0%	
Preventive Clinical Services	45	65.9%	70.7%	
Childhood Immunizations (% of children by age 24 months)	45	65.9%	70.7%	
Colonctal Cancer Screening (% of adults ages 45-70)	44	25.8%	61.8%	
Dental Visit (% of adults)	45	58.0%	65.0%	
Flu Vaccination (% of adults)	38	41.2%	45.6%	
HPV Vaccination (% of adolescents ages 13-17)	49	65.2%	62.6%	
Quality of Care	39	81.0%	83.8%	
Dedicated Health Care Provider (% of adults)	39	81.0%	83.8%	
Preventable Hospitalizations (Discharges per 100,000 Medicare beneficiaries ages 18+)	40	3,051	2,681	
Behaviors	47	-1.040		
Nutrition and Physical Activity	48	15.0%	23.0%	
Exercise (% of adults)	48	15.0%	23.0%	
Fruit and Vegetable Consumption (% of adults)	49	3.8%	7.4%	
Physical Inactivity (% of adults)	47	29.5%	23.8%	
Sexual Health	35	59.5	49.5	
Chlamydia (Cases per 100,000 population)	35	59.5	49.5	
High-Risk HIV Behaviors (% of adults)	30	5.9%	5.7%	
Teen Births (Births per 1000 females ages 15-19)	47	241	13.9	
Sleep Health	34	35.5%	35.5%	
Insufficient Sleep (% of adults)	34	35.5%	35.5%	
Tobacco Use	39	15.0%	14.0%	
Smoking (% of adults)	39	15.0%	14.0%	
Health Outcomes	41	-0.435		
Behavioral Health	15	24.9	32.1	
Drug Deaths (Deaths per 100,000 population)*	15	24.9	32.1	
Excessive Drinking (% of adults)	4	14.4%	18.4%	
Frequent Mental Distress (% of adults)	44	38.0%	15.9%	
Non-medical Drug Use (% of adults)	38	16.2%	15.9%	
Mortality	42	12,764	9,476	
Premature Death (Years lost before age 75 per 100,000 population)	42	12,764	9,476	
Premature Death: Race/Depravity (Ratio)	11	1.3	1.6	
Physical Health	42	14.2%	12.4%	
Frequent Physical Distress (% of adults)	30	8.8%	8.5%	
Low Birth Weight (% of live births)	34	2.0	2.1	
Low Birth Weight: Race/Depravity (Ratio)	41	14.0%	11.2%	
Multiple Chronic Conditions (% of adults)	48	40.0%	33.0%	
Overall	47	-0.709		

\*Additional measure (not included in overall rank) for measure definition, source details and methodology, visit [www.americashealthrankings.org](http://www.americashealthrankings.org)

— Data not available, missing or suppressed

# WHY CARE COORDINATION IS FAILING OKLAHOMANS

- **Confusion & Gaps in Care** → Many Oklahomans don't understand their healthcare eligibility, leading to missed benefits and delayed treatment
- **Lack of Preventive Care** → Without proactive notifications, patients miss critical screenings and early interventions
- **Medication Safety Risks** → Adverse Drug Events (ADEs) harm 20,000+ Oklahomans annually, often due to incomplete medication histories available to providers on care team
- **Higher Mortality Despite Average Cancer Rates** → Oklahomans are 20% more likely to die from cancer than the national average, not because of higher cancer rates, but due to delayed diagnosis and fragmented treatment
- **Ranking 47th in U.S. Healthcare** → systemic change is needed

**Uncoordinated Care = Poor Health Outcomes**

# OHCA'S COMMITMENT TO STATEWIDE HIE

**The Creation of OKSHINE**

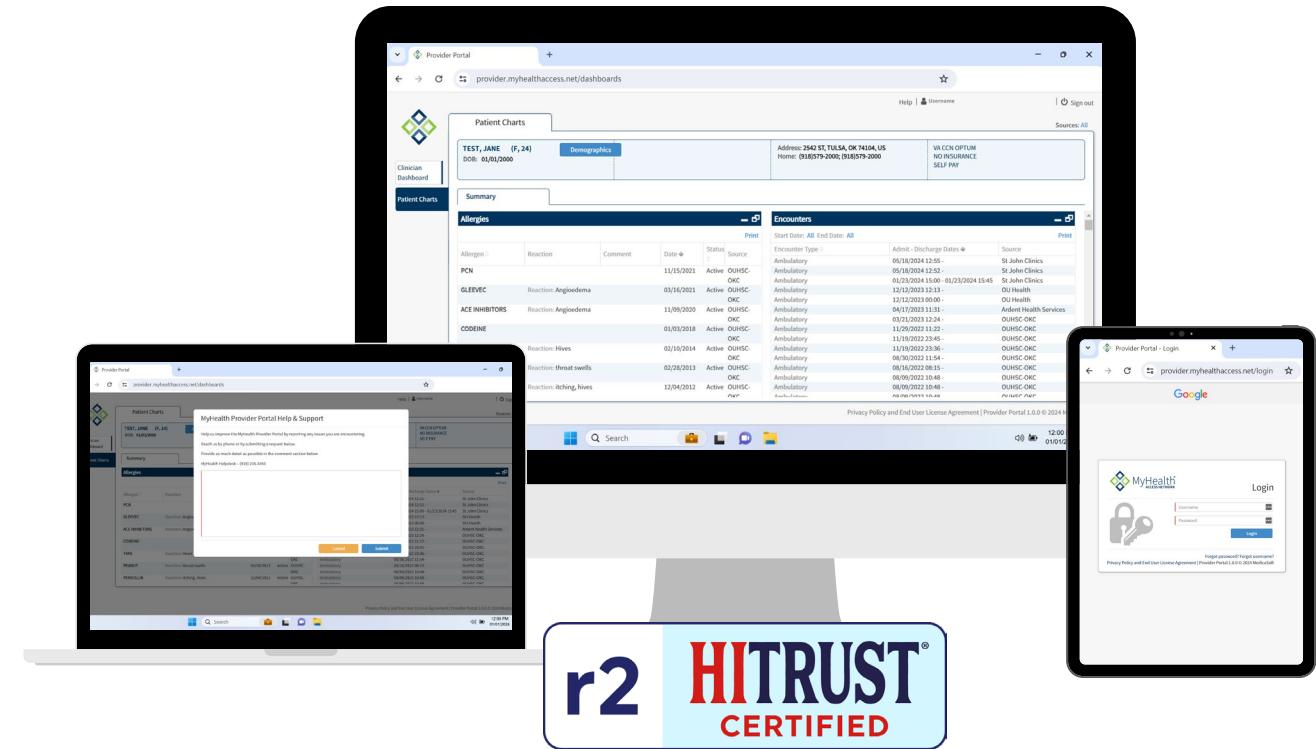


# WHAT IS HEALTH INFORMATION EXCHANGE?

A Health Information Exchange (HIE) is a **secure system** that allows electronic sharing of a patient's health information among different healthcare providers involved in their care.

The network is a digital hub where doctors, nurses, care coordinators, pharmacists, mental health professionals, and other authorized healthcare professionals can access a patient's medical history in real-time.

Patient records are accessed within the network according to HIPAA and other relevant state and federal laws.



# CREATION OF OKSHINE

- **OKSHINE** was created in May 2021 to ensure every Oklahoma provider has access to a secure, statewide HIE (**SB 574**)
- Office of the State Coordinator for HIE was created in May 2022 (**SB 1369**)
- MyHealth received state designation in 2022
- Connection Fee Assistance Program Launched in late 2023
  - Provided \$21 million to connect Oklahoma providers (**SB 32X**)
- SoonerSelect Provider Incentive Program Launched in April of 2024
  - 15-month funding pool of \$134,330,110

# LEGISLATION

## SB 574 (May 2021)

- Created the **Oklahoma State Health Information Network Exchange (OKSHINE)**.

## SB 1369 (May 2022)

- Created the **Office of the State Coordinator** for Health Information Exchange.
- **Designated** that a health information exchange organization be named **state-designated entity for health information exchange (operations) be named** and overseen by the Coordinator.
- Defined the Health Information Exchange **Organization** as one **governed by its stakeholders**.
- Patient-specific protected health **information shall only be disclosed in compliance with relevant state or federal privacy laws**
- **Provided for Tort protection** for providers who use or do not use HIE data
- Data ownership remains in the property of the source providing.
- Declared a mandate that “**all providers shall**” participate in the statewide HIE **by July 1, 2023**.
- Coordinator may grant **exemptions**

## SB 32X

- **Provided \$21 Million for one-time connection fees** to the HIE for Oklahoma providers

## SB 1337

- Provides for **managed care entities** and providers to **submit data to the HIE**

## HB 3556

- Changed Language to “**all providers may**” participate in the statewide – Final Rules Reflect Choice

# HIE VISION

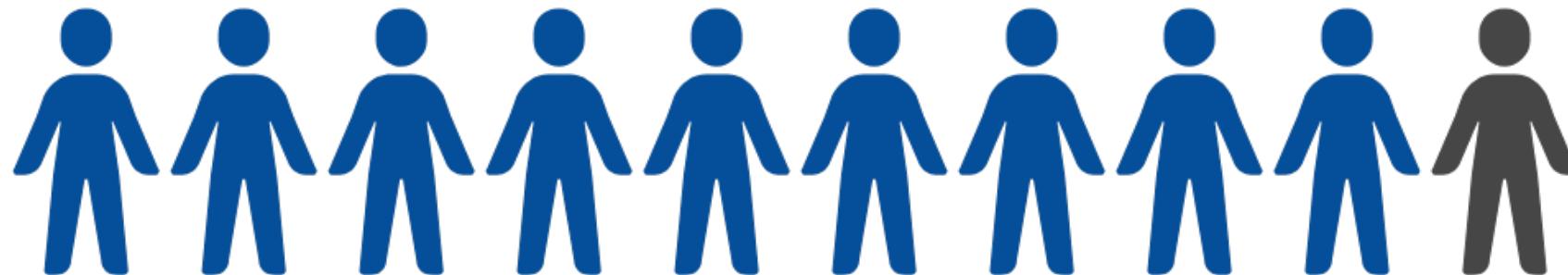
*“Our vision is for all Oklahomans to have a portable health record that can be easily accessed securely and used in care coordination between health care providers across the state to enable healthier Oklahomans.”*

# HOW HIE IMPROVES HEALTHCARE

- Reduce **health care costs** associated with redundant testing, hospital readmissions, and emergency department visits.
- **Improve care coordination** during transitions between health care settings, reduce adverse drug events and missed preventive care.
- Provide Clinical data to **improve outcomes and support Healthier Oklahomans**.
- Providers **save time** with instant access to patient histories vs. waiting weeks for faxes.

>90%

of Oklahomans have records in more than one  
health care system



# FRAGMENTATION BY HEALTH SYSTEM

HEALTH SYSTEM A

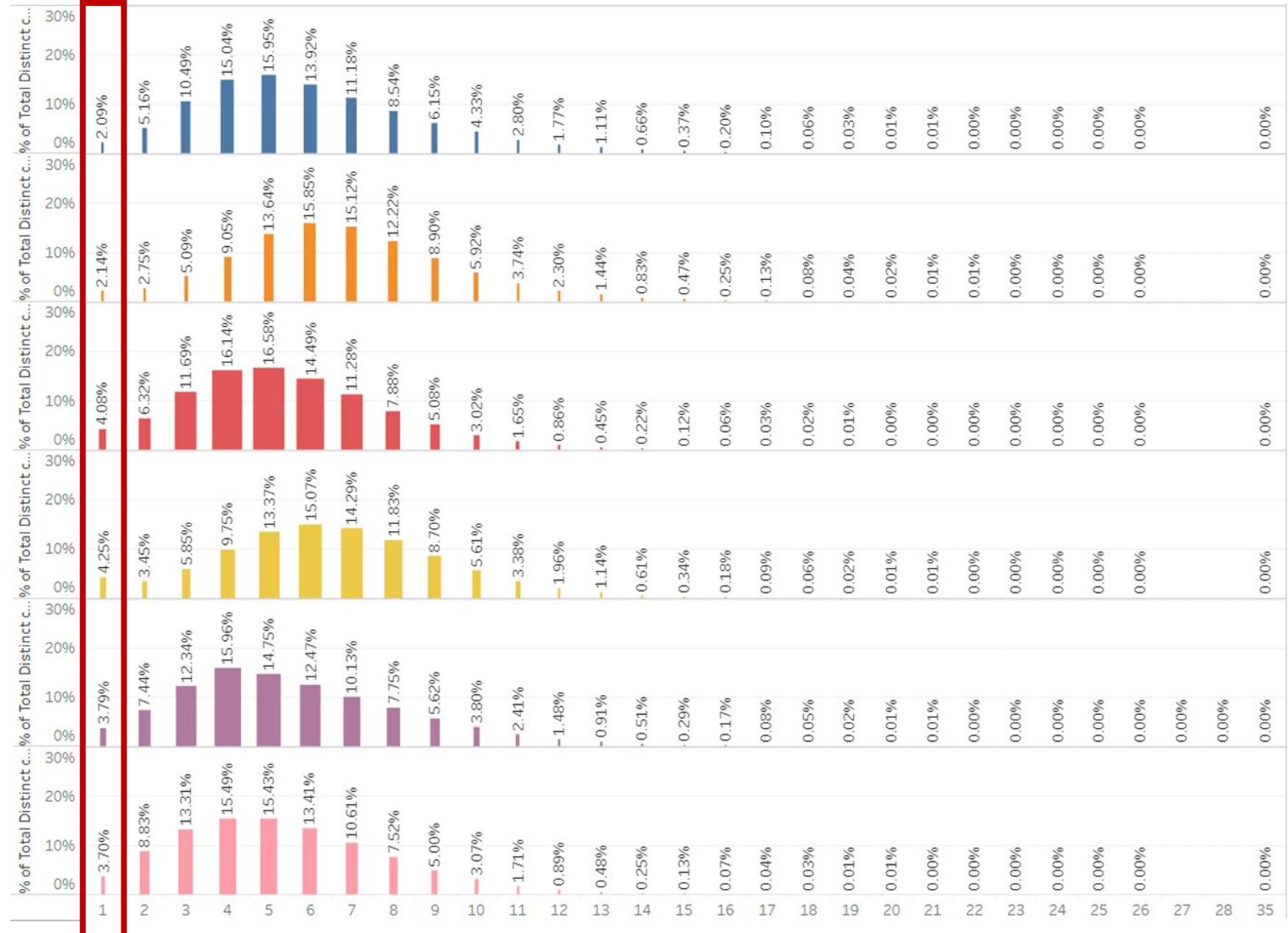
HEALTH SYSTEM B

HEALTH SYSTEM C

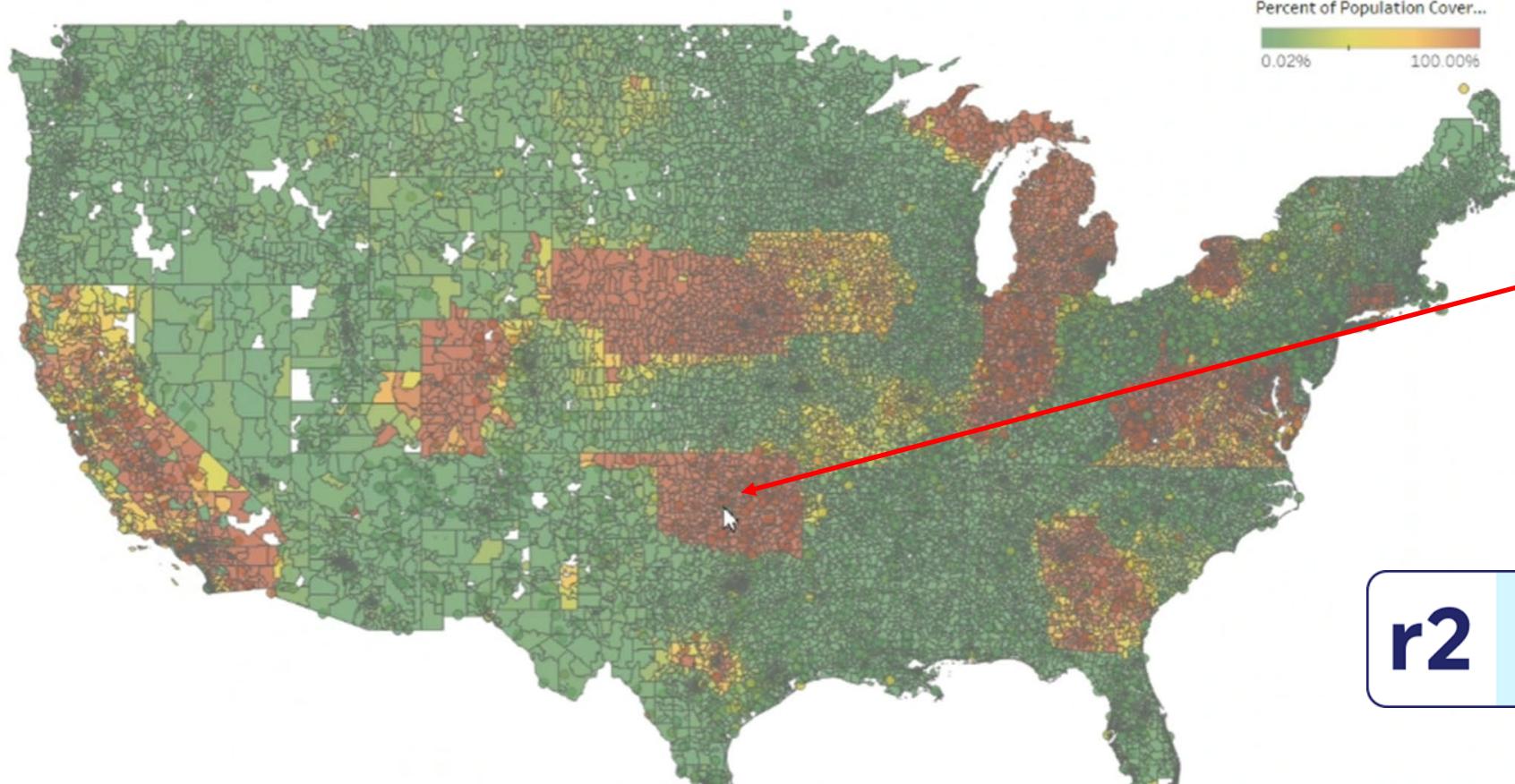
HEALTH SYSTEM D

HEALTH SYSTEM E

HEALTH SYSTEM F



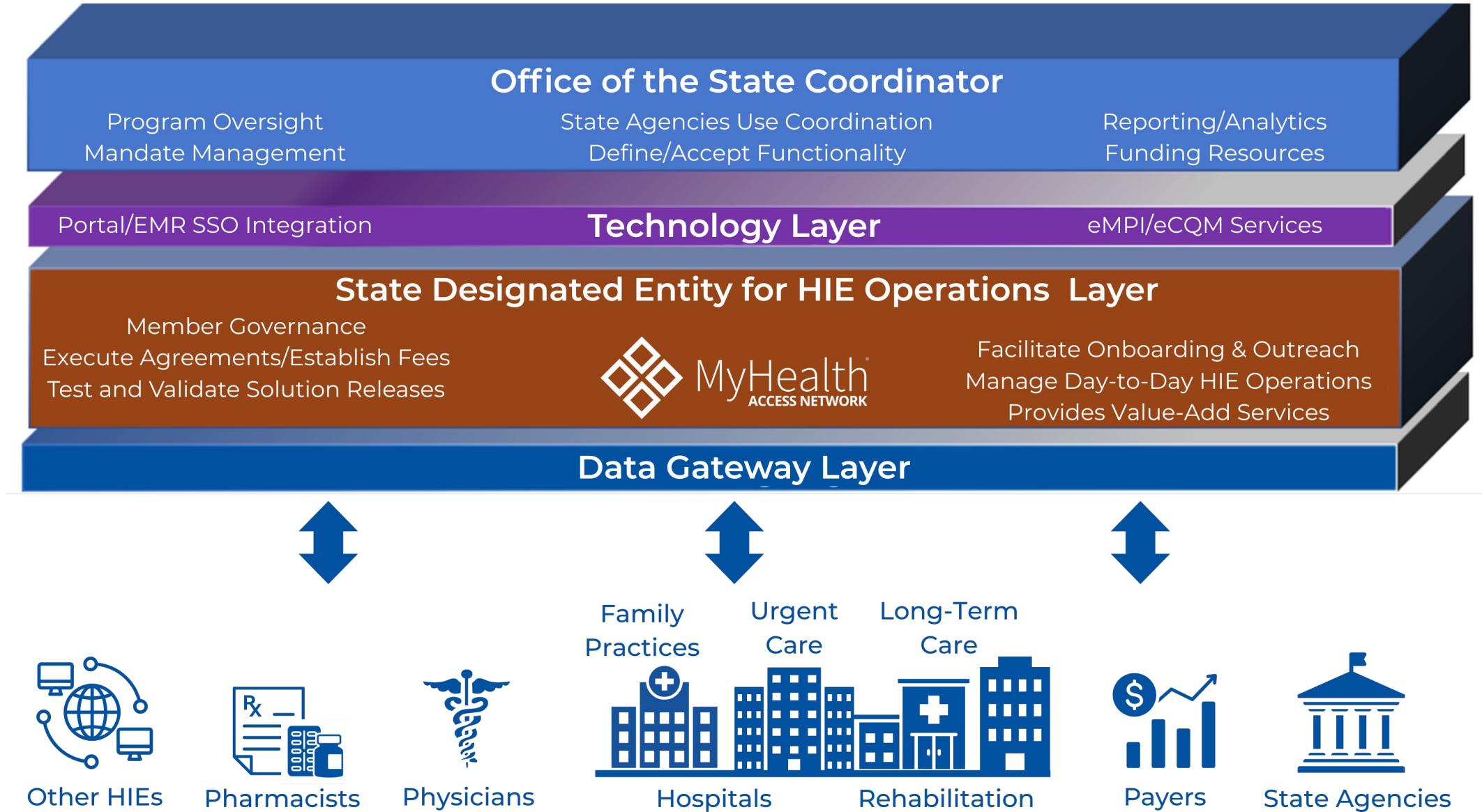
# OKLAHOMA's HIE IS TOP 10 IN DATA DENSITY PROVIDER FUNCTIONS AND DATA PRIVACY



4.5 Million Unique Identities / 600 Participating Orgs  
2000+ Participating Location  
98% of Oklahoma Citizens have records in the HIE



# HIE FRAMEWORK



# DIVISION OF RESPONSIBILITY

## Office of State HIE

- Select and oversee the state designated entity
- Implement laws and rules related to HIE
- Represent the state in SDE governance
- Seek funds / incentives to support providers in adopting the HIE

## State Designated Entity

- Stakeholder-governed operator of HIE
- Establish policies for data exchange and utilization
- Establish pricing for services
- Outreach and Onboard participants
- Ensure patient rights are protected & data secured

# MYHEALTH ACCESS NETWORK

Oklahoma's State-Designated Entity for  
Health Information Exchange (HIE)

**Patricia Dysinger, MBA**  
Interim CEO  
MyHealth Access Network



# A Brief History

## **A Community-Driven Solution for Oklahoma's Healthcare**

- In 2009 MyHealth launched as a non-profit health information exchange (HIE) by Tulsa-area healthcare leaders to improve care coordination and public health

## **Early Growth & Federal Support**

- Secured a Beacon Community Award (2010-2013) to fund development

## **Statewide Expansion**

- Merged with SMRTNET in 2014, creating a unified, statewide HIE

## **Driving Innovation & Impact**

- Proven success in improving care quality, reducing costs, and enhancing patient outcomes

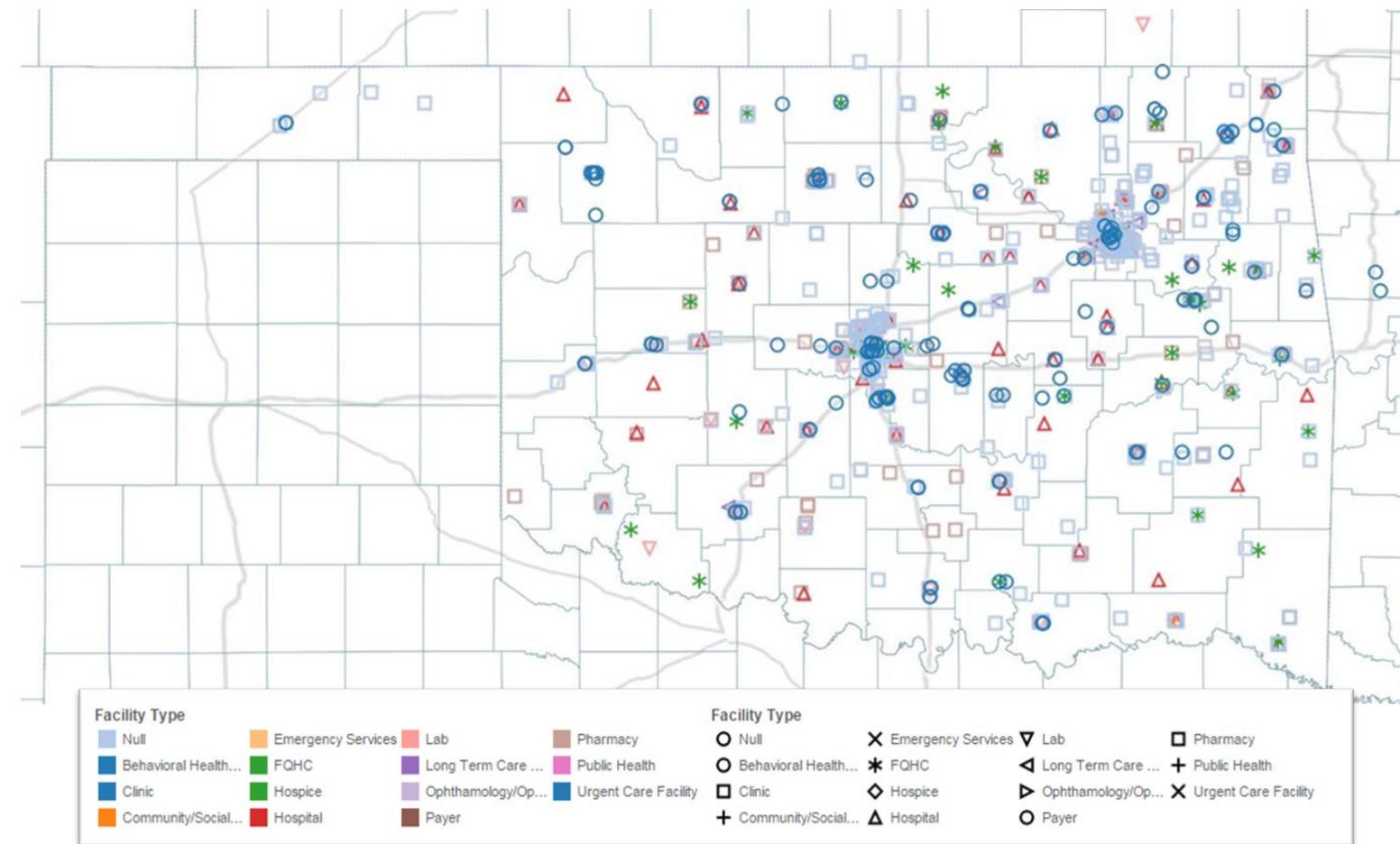
## **Oklahoma's Statewide HIE**

- As of 2022 MyHealth is the state-designated entity for HIE in Oklahoma, serving nearly 4 million patients

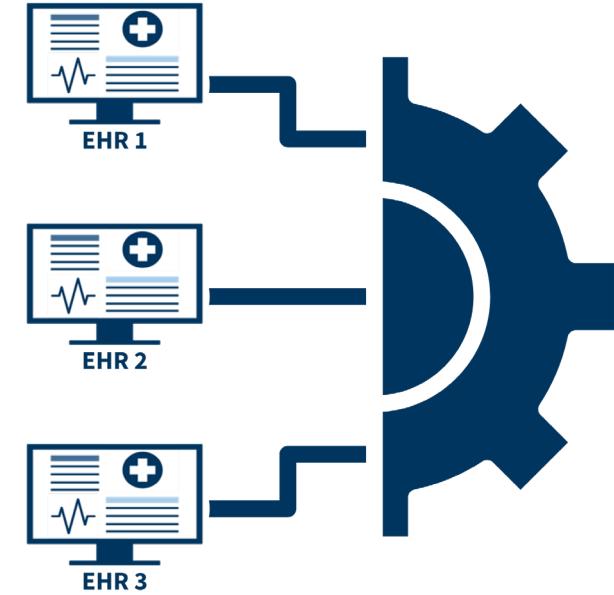


# Statewide Participation in the HIE

- **630+** participating organizations across Oklahoma
- **4+** million unique patient identities in the network
- Over **130,000** encounters processed daily
- **50,000+** unique patient lookups monthly
- **98%** of Oklahomans have health records represented in the HIE



# HIE Data Contributors



**Health Systems** access and contribute patient information across their hospitals, clinics, and outpatient sites to support enterprise-wide coordinated care.

**Hospitals** share and access patient records to support coordinated care before, during, and after hospital visits.

**Emergency Medical Services (EMS)** send encounter details to emergency departments and receive patient histories in transit for better response.

**Pharmacies** access accurate medication histories to improve medication therapy management and safer prescribing.

**Specialty Clinics** review comprehensive histories, labs, and imaging to enhance consults, reduce repeat testing, and support treatment planning.

**Behavioral Health** professionals, with patient consent, access key clinical information to support coordinated whole-person care.

**Medical Examiners** access clinical histories that support investigations, case accuracy, and timely reporting.

**Organ Procurement** teams receive essential medical histories that support safe, efficient matching and donation processes.

**Rural Health Clinics** use shared records to improve continuity of care, reduce duplication, and expand access in underserved regions.

**Primary Care Providers** review complete patient histories, medication lists, and results to guide informed care decisions.

# Capabilities

## MyHealth is a Health Data Utility (HDU)

Provide robust health data to enable stakeholders – public health agencies, Medicaid programs, and community-based organizations – to access and act on timely, high-quality information.



Care Gap Reporting



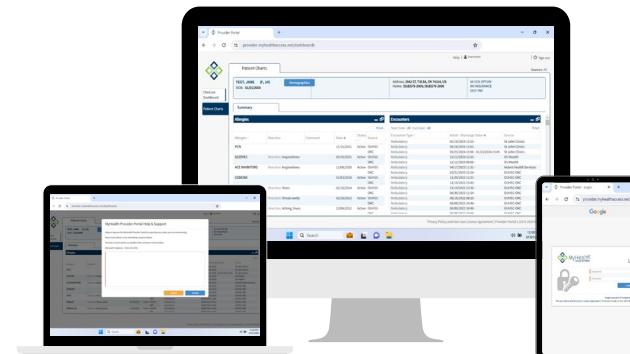
Clinical and Claims Data Integration



Near Real-time ADT



Care Fragmentation Reporting



Care Coordination/  
Records Aggregation



Social Drivers of Health Screening



Single Sign-On  
(Access from inside EMR)



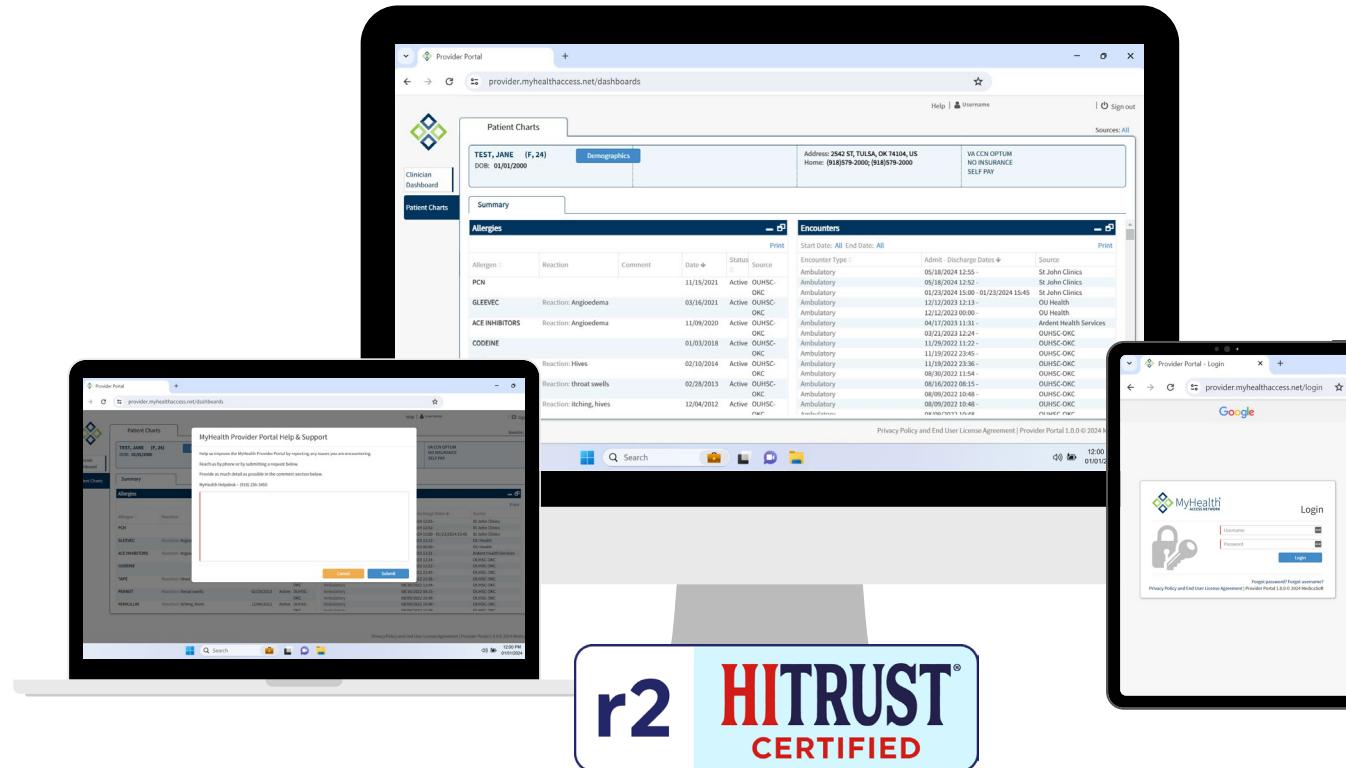
Admissions  
Notification  
(CoP)



Public Health Reporting

# Provider Portal

MyHealth's Provider Portal allows authorized users to securely and instantly access real time comprehensive patient health information across all MyHealth participating organizations.



# Provider Portal - Patient Chart Summary

The Provider Portal consolidates health information from multiple sources into one patient chart.

Categories such as medications, labs, allergies, and encounters are standardized to support safer and more informed care decisions.

This organized view helps providers quickly verify histories, review past results, and avoid duplicate testing, reducing time spent searching across systems.

Allergies	Allergen, Reaction, Comment, Data, Status (Active/Inactive)
Dispensed Medication	Medication, Pharmacy, Date Filled
Documents	Description, Created
Encounters	Encounter Type, Admit – Discharge Dates
Equipment Devices	Device, Date Implanted, Body Location
Family History	Problem/Condition, Onset Date
Immunizations	Immunization, Administered Date
Insurances	Insurance Name, Effective Dates
Labs	Panel, Test, Value, Interpretation, Trendline, Elapsed Time, Status & Range
Medication	Medication, Route, Start/End Dates, Date Written
Patient Relationships	Name, Phone, Relationship
Problems	Problem/Condition, Code, Onset Date
Procedures	Procedure, Date
Radiology	Test, Date, Ordering Provider
Social History	Social History, Onset Date
Vital Signs	Vital Sign, Interpretation Time, Value, Elapsed Time

# Provider Portal – Single-Sign On

Access to HIE in patient context!

No login

No searching

The screenshot displays the MyHealth ACCESS NETWORK Provider Portal interface. At the top, a navigation bar shows the patient's name, gender (Female, 24 Years), DOB (01/01/2000), and MRN (5 10000000). The interface is divided into several tabs: Patient Information, Admission, Nursing Communications, and Allergies. The Allergies tab is currently active, showing a list of allergies with columns for Substance, Severity, and Author. Below the allergies, the 'Reason for Visit' is listed as 'Chest Pain'. The 'Allergies' section also includes a table for 'Advanced Growth Chart' and 'Vitals'. The 'Encounters' section shows a table of patient interactions with columns for Encounter Type, Admit-Discharge Dates, and Source. The bottom of the screen shows a navigation bar with icons for search, print, and other portal functions.

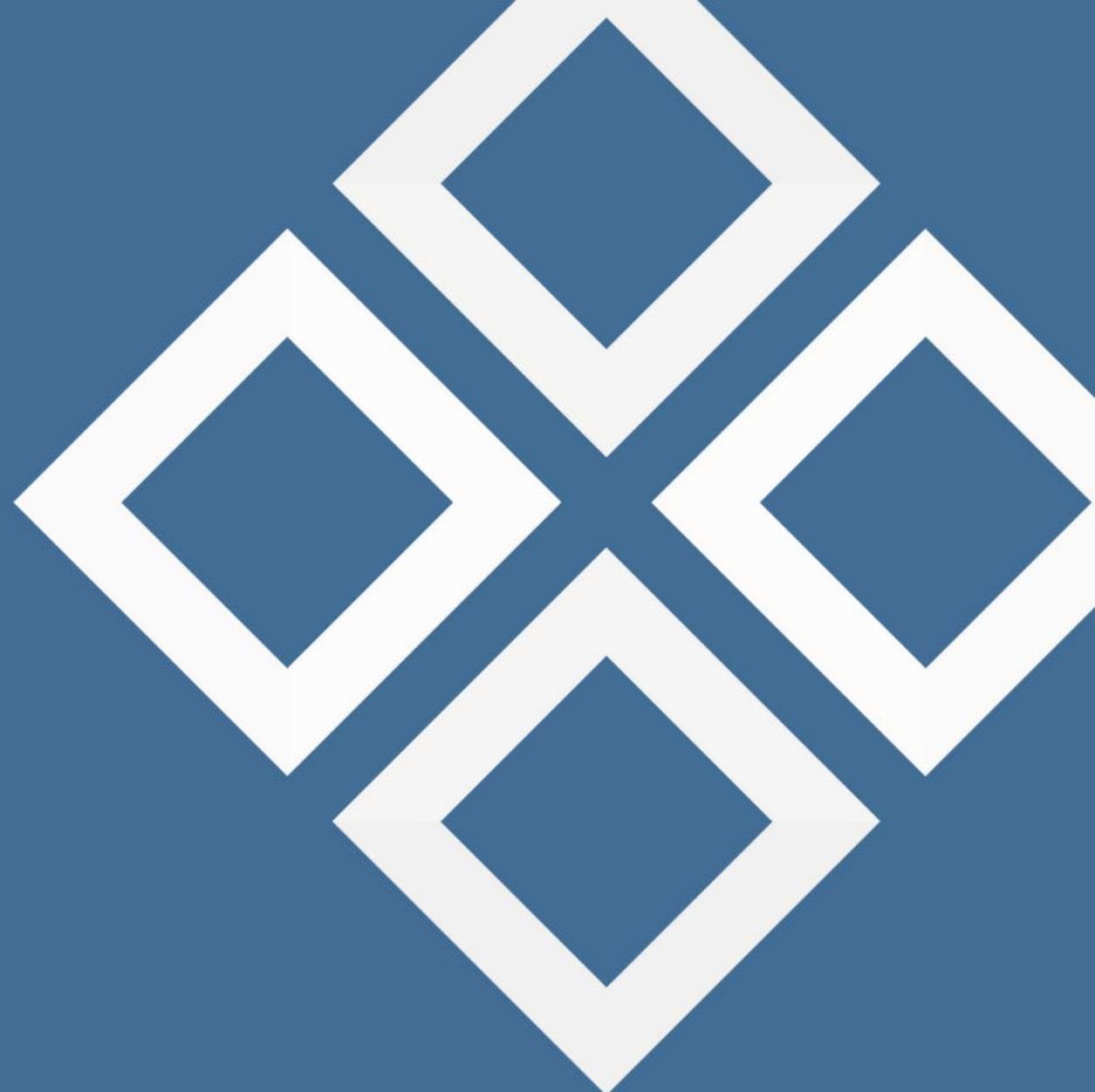
# ADDITIONAL VALUE CAPABILITIES

Care Fragmentation Alerting

Care Gap Reporting

E-Notification (CoP)

Social Drivers of Health

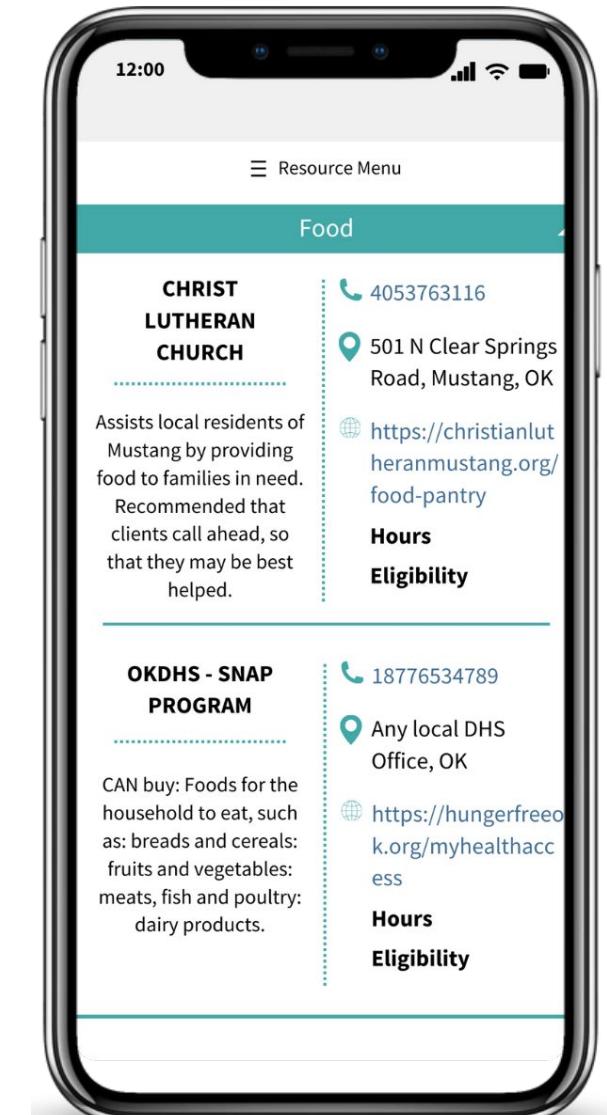


# Social Drivers of Health (SDOH) Screening Tool

MyHealth's SDOH is a screening completed on a mobile device, to identify a patient's health-related social needs. Once completed, the patient is texted a custom list of resources to help address their identified need(s). Results are based on local and state resources.

Every community resource includes information for 211, a free service connecting Oklahomans to social services in their area.

- ✓ **5.6+** million offers to screen
- ✓ **201,000+** responses with needs
- ✓ **974,000+** responses
- ✓ **332,000+** individual needs reported



# Provider Portal – Social Needs Screening Results (Under Consideration)

Patient Charts Sources: All

TEST, ZZ TEST (F, 24)  
DOB: 01/01/2000 Demographics Print full chart

Address: 2542 ST, TULSA, OK 74104, US  
Home: (918)579-2000; (918)579-2000 VA CCN OPTUM  
NO INSURANCE  
SELF PAY

**Social Needs Screening**

Panel	Domain	Question	Response
Accountable health communities (AHC) health related social needs screening (HRSN) (96777-8)	Food	Within the past 12 months, you worried that your food would run out before you got money to buy more. (88122-7)	06/15/24 10/11/23
Accountable health communities (AHC) health related social needs screening (HRSN) (96777-8)	Transportation	In the last 12 months has lack of reliable transportation kept you from medical appointments, meetings, work, or getting things needed for daily living (93030-5)	

**Allergies**

Allergen	Reaction
PCN	
GLEEVEC	Reaction: Angioedema
ACE INHIBITORS	Reaction: Angioedema
CODEINE	
TAPE	Reaction: Hives
PEANUT	Reaction: throat swells

**Vital signs**

Vital sign	Interpretation	Value	Elapsed Time
BP	120 / 80 mmHg	2y 8m	
P	75 beats/min	2y 8m	
RR	12 breaths/min	2y 8m	
T	98.6 [degF]	2y 8m	
Ht	66 in	2y 8m	
Wt	220 lbs	2y 8m	

**Social Needs Screening**

Panel	Domain	Question	Response
Accountable health communities (AHC) health related social needs screening (HRSN) (96777-8)	Living Situation	What is your living situation today? (71802-3)	I have a steady place to live (LA3193-1) I have a place to live today, but I am worried about losing it in the future (LA31994-9)
Accountable health communities (AHC) health related social needs screening (HRSN) (96777-8)	Food	Within the past 12 months, you worried that your food would run out before you got money to buy more. (88122-7)	Sometimes true (LA6729-3) Often True (LA28397-0)

**Documents**

Created	Source
11/30/2021 20:50	OUHSC-OKC
11/24/2021 22:26	OUHSC-OKC
11/23/2021 21:18	OUHSC-OKC
11/20/2021 00:38	OUHSC-OKC
11/18/2021 21:46	OUHSC-OKC
11/17/2021 20:28	OUHSC-OKC
11/16/2021 22:10	OUHSC-OKC
11/16/2021 20:38	OUHSC-OKC
11/12/2021 21:49	OUHSC-OKC
11/02/2021 20:41	OUHSC-OKC
10/27/2021 21:42	OUHSC-OKC
10/13/2021 19:23	OUHSC-OKC
10/07/2021 20:53	OUHSC-OKC
10/05/2021 20:52	OUHSC-OKC
09/29/2021 21:57	OUHSC-OKC
09/14/2021 20:39	OUHSC-OKC
08/31/2021 22:02	OUHSC-OKC
08/10/2021 22:11	OUHSC-OKC
08/05/2021 20:28	OUHSC-OKC
08/04/2021 22:34	OUHSC-OKC

**Notes**

Created	Source
1/23/2024 15:45	St John Clinics
1/23/2024 15:45	St John Clinics
1/23/2024 15:45	St John Clinics
1/23/2024 15:45	OU Health
1/23/2024 15:45	OU Health
1/23/2024 15:45	Ardent Health Services
1/23/2024 15:45	OUHSC-OKC

# Care Fragmentation Alerting

Notifies and gives providers visibility into their patients who received care in emergency rooms, hospitals, or other clinics in the past 24 hours.

Helping providers to:

- Reduce 30-day readmissions
- Maximize follow-up revenue
- Close loops on referrals
- Guide care management activities
- Succeed in Value-Based Payment Models

Included in report:

- Date of Visit
- Report Reason for Visit
- Location of Visit
- Attributed Provider Name

**Sample report below**

Report_Date	Reported_Reason	Attributed_Provider_Organization_Name	AttributedProviderNPI	Attributed_Provider_Name	Attribution_Model	Attribution_Method	PtMRNs	Pt First Name	Pt Last Name	Pt DOB	Pt Gender	Visit_Source	Out_of_Network_Visit	Visit_Number	Visit_Admit_Datetime
1/14/2021 0:00	Visit with admitt and discharge on report date	Great Salt Plains Health Center			Source Assigned: Assigned to most recent NPI-1	Primary Care	#####	Jane	Doe		F	INTEGRIS Health System, Inc.	TRUE	1030110000000	1/13/2021 4:35
1/14/2021 0:00	Visit with admiton report date	Great Salt Plains Health Center			Source Assigned: Assigned to most recent NPI-1	Primary Care	#####	Jane	Doe		F	Stillwater Family Care	TRUE	1030110000000	1/1/2021 14:09
1/14/2021 0:00	Visit with admitor discharge in past 14 days	Great Salt Plains Health Center			Source Assigned: Assigned to most recent NPI-1	Primary Care	#####	Jane	Doe		F	St. John	TRUE	1030110000000	1/13/2021 16:00
1/14/2021 0:00	Visit with admitor discharge in past 14 days	Great Salt Plains Health Center			Source Assigned: Assigned to most recent NPI-1	Primary Care	#####	Jane	Doe		F	Ardent	TRUE	1030110000000	1/12/2021 0:00
1/14/2021 0:00	Visit with admitor discharge in past 14 days with new information on report date	Great Salt Plains Health Center			Highest Visit Frequency: Last 36 months	Primary Care	#####	Jane	Doe		F	Ardent	TRUE	1030110000000	1/10/2021 0:00
1/14/2021 0:00	Visit with admitor discharge in past 14 days	The Health and Wellness Center Inc.			Highest Visit Frequency: Last 36 months	Primary Care	#####	Jane	Doe		F	Ardent	TRUE	1030110000000	1/10/2021 0:00
1/14/2021 0:00	Visit with admitor discharge in past 14 days	The Health and Wellness Center Inc.			Source Assigned: Assigned to most recent NPI-1	Primary Care	#####	Jane	Doe		F	Ardent	TRUE	1030110000000	1/11/2021 0:00
1/14/2021 0:00	Visit with admitor discharge in past 14 days	The Health and Wellness Center Inc.			Source Assigned: Assigned to most recent NPI-1	Primary Care	#####	Jane	Doe		F	St. John	TRUE	1030110000000	1/12/2021 0:00

# Care Gap Reporting

Aids providers in identifying and addressing gaps in patient care by presenting the most recent values based on the specified valueset, enabling target interventions for enhanced patient outcomes.

Patient's most recent data from participating organizations.

Examples include: A1C, Systolic and Diastolic Blood Pressure, Mammography and Colonoscopy results.

member_first_name	member_last_name	dt_of_birth	member_phone_number	member_mrn	org_name	most_recent_pcp_name	most_recent_pcp_npi	category_desc	value_set_name	code_element	code_value	value_datetime	value_result
Elvis	Presley				Saint Francis Health System			CBP	Systolic Blood Pressure	8480-6^Systolic Blood Pressure^http://loinc.org		1/15/2022	
Elvis	Presley				Saint Francis Health System			CBP	Diastolic Blood Pressure	8462-4^Diastolic Blood Pressure^http://loinc.org		1/15/2022	
Elvis	Presley				Saint Francis Health System			CDC	Urine Protein Tests	20454-5^Prot Urine Strip^http://loinc.org^1551412^PROTEIN, URINE^L		1/15/2022	
Joan	Arc				St. John			CBP	Systolic Blood Pressure	8480-6^Systolic Blood Pressure^http://loinc.org		2/11/2022	
Joan	Arc				St. John			CBP	Systolic Blood Pressure	8480-6^Systolic Blood Pressure^http://loinc.org		2/11/2022	
Joan	Arc				St. John			CBP	Diastolic Blood Pressure	8462-4^Diastolic Blood Pressure^http://loinc.org		2/11/2022	
Michael	Jackson				Saint Francis Health System			CDC	Diabetic Retinal Screening	274798009		1/30/2021	
Albert	Einstein				OU Physicians Tulsa			CDC	HbA1c Lab Test	4548-4^Hemoglobin A1c/Hemoglobin total in Blood^http://loinc.org^28^HGBA1C^um:oid:1.2.840.113619.21.100.12.1053.3214775368987335936		11/30/2019	
Albert	Einstein				OU Physicians Tulsa			CBP	Systolic Blood Pressure	8480-6^Systolic Blood Pressure^http://loinc.org		5/31/2021	
Albert	Einstein				Saint Francis Health System			BCS	Mammography	24806-6		1/11/2012	

# MyHealth e-Notification

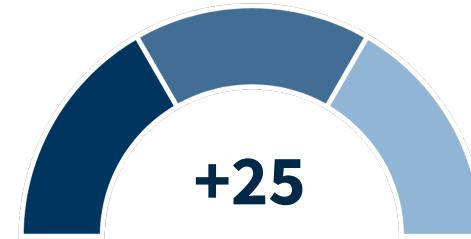


## **A CMS Conditions of Participation (CoP) Compliant Solution.**

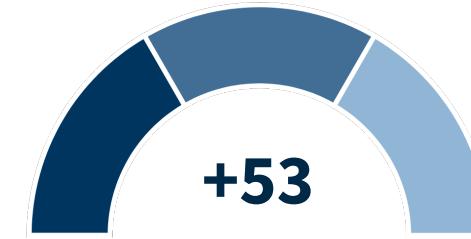
Aids providers in identifying and addressing gaps in patient care by presenting the most recent values based on the provider's specified valueset, enabling target interventions for enhanced patient outcomes.

# What Our Users Are Saying

All Time Net Promoter Score



Q3 2025 Net Promoter Score



## OCME Forensic Pathologist

“The benefit of having access to medical records is two-fold. One, often we can't get ahold of primary care physicians or know that one exists. The HIE helps us find information to assist with jurisdictional issues on the front end. Two, the sooner we can get decedent medical records and medical histories, the sooner we can finalize uncomplicated cases that we have taken jurisdiction on.”



## CREOKS Care Manager

“MyHealth gives a comprehensive view of our patients mental and physical health to help provide the best care for them and have shown to improve their symptoms.

I appreciate MyHealth. It really does help me in my job to help patients and be of better service to them.”



## Clinician

“As patients age and see more providers their ability to maintain records becomes increasingly difficult. MyHealth Access Network is an excellent and easy to use caveat for healthcare professionals to streamline the process of record keeping and enhance communication across all healthcare disciplines.”

# OKSHINE PROGRAMS AND INCENTIVES

Making HIE Affordable



# OKSHINE PROGRAMS & INCENTIVES

The Oklahoma State Health Information Network & Exchange (OKSHINE) is a program within the Oklahoma Health Care Authority (OHCA) that oversees and supports the state's Health Information Exchange (HIE).

To make HIE affordable for all providers, Oklahoma has dedicated funding for connection and participation incentives to get providers connected to the HIE.

1. Connection Fee Assistance Program
2. SoonerSelect Provider Incentive Program

# 1. CONNECTION FEE ASSISTANCE

- 2023 Legislative appropriation of \$30 million specific for HIE connection funding
  - Any Organization that employs licensed Health Care providers in the State of Oklahoma is eligible.
  - Covers **all one-time fees** from EHR Providers and MyHealth to get providers connected, other related fees may be considered.
  - Funding may not always be available:
    - Carry-over remaining funds to FY25
    - 2024 Legislature approved pool for FY2025 of \$21 Million.

Connection Fee Application

› Apply Now

Join the HIE Now

› Join Now

Exemption Registration

› Open Form

Secure Connection Fee Assistance now! Apply at <https://okshine.ok.gov>

## 2. SOONERSELECT PROVIDER INCENTIVE PROGRAM

- Eligible Provider Types:
  - Advance practice nurses, mid-level practitioners, mental health providers and licensed behavioral health practitioners, podiatrist, physician, or anesthesiologist assistant.
- Exceptions
  - Behavioral Health Services by Mental Health professionals and Licensed Behavioral Health Practitioners at **Community Mental Health Centers** are **excluded** as they participate in a separate directed payment program.
  - Services rendered by **state employed or contracted physicians** are **excluded** as they participate in a separate directed payment program.
  - Services at **Federally Qualified Health Centers**, **Rural Health Clinics**, and **IHS/Tribal clinics** are **excluded**.
  - Services for **Medicaid population not transitioning to SoonerSelect (such as ABD)** are **excluded**

## **2. SOONERSELECT PROVIDER INCENTIVE PROGRAM (YEAR 2)**

- Eligible providers can receive an estimated 22.7% increase in base fee schedule reimbursements for qualifying care and services.
  - +15.2% base fee schedule increase for providers participating in SoonerSelect.
  - +7.5% for SoonerSelect Medicaid providers who participate in the HIE (send data & utilize) including;
    - Membership in Good Standing with Oklahoma State Designated Entity, MyHealth Access Network.
    - Live (or demonstrated in progress) Connection from the provider's EMR to the HIE (SSO must be included for larger practices).
    - Program Q1 & Q2@, (July – December 2025) does not require a set utilization metric target
      - Note: Future Quarters will likely require demonstrated increase in Utilization by the Organization/Provider)

# SOONERSELECT PROVIDER INCENTIVE PROGRAM

## Average Program PAYOUT Examples (April 2024 – March 2025)

\*Actuals vary based on the actual amount of Medicaid billing

Facility/Clinic Type	Average Individual Providers	Average Qtr Qualified Medical Billings	Average Qtr SoonerSelect Incentive Payment	Avg Annual HIE Incentive	HIE Participation Cost for per year	Year 1 04/24-06/25 Payout to Orgs (4 Qtrs) 9.25%	Year 2 07/25 – 06/26 Projected Payout 7.5%
Major Hospital System	799	\$5,934,734	\$1,316,647	\$1,900,548	\$284,999	\$1,615,550	\$1,309,905
Large Clinic Group	54	\$483,697	\$102,399	\$162,163	\$22,438	\$139,725	\$113,291
Small Clinic Group	1	\$34,143	\$7,185	\$10,505	\$660	\$9,845	\$7,983
Large Behavioral Health Group	155	\$2,642,344	\$644,078	\$924,043	\$54,541	\$869,502	\$705,001
Small Behavioral Health Group	3	\$116,790	\$24,713	\$39,461	\$660	\$38,801	\$31,460

# Health Providers Eligible For The Incentive Program

Provider Type	Specialty
<b>09 - Advance Practice Nurse</b>	092 - Clinical Nurse Specialist 093 - Certified Nurse Practitioner 094 - Certified Registered Nurse Anesthetist (CRNA) 095 - Certified Nurse Midwife 096 - CNP Allergist 097 - Psychiatric/Mental Health APRN
<b>10 - Mid-Level Practitioner</b>	100 - Physician Assistant 102 - PA Allergist 569 - Addiction Medicine
<b>11 - Mental Health Provider</b>	112 - Psychologist 115 - Licensed Clinical Social Worker 116 - Certified Social Worker 119 - Family Training 121 - Licensed Professional Counselor 123 - Para Professional
<b>14 - Podiatrist</b>	140 - Podiatrist

Provider Type	Specialty
31 - Physician	272 - Oral Surgeon 310 - Allergist 311 - Anesthesiologist 312 - Cardiologist 313 - Cardiovascular Surgeon 314 - Dermatologist 315 - Emergency Medicine Practitioner 316 - Family Practitioner 317 - Gastroenterologist 318 - General Practitioner 319 - General Surgeon 320 - Geriatric Practitioner 321 - Hand Surgeon 322 - Internist 323 - Neonatologist 324 - Nephrologist 325 - Neurological Surgeon

# Health Providers Eligible For The Incentive Program (Cont)

Provider Type	Specialty	Provider Type	Specialty
31 - Physician	326 - Neurologist 327 - Nuclear Medicine Practitioner 328 - Obstetrician/Gynecologist 329 - Oncologist 330 - Ophthalmologist 331 - Orthopedic Surgeon 332 - Otolologist, Laryngologist, Phenologist 333 - Pathologist 334 - Pediatric Surgeon 335 - Maternal Fetal Medicine 336 - Physical Medicine and Rehabilitation Practitioner 337 - Plastic Surgeon 338 - Proctologist 339 - Psychiatrist 340 - Pulmonary Disease Specialist 341 - Radiologist	31 - Physician	342 - Thoracic Surgeon 343 - Urologist 344 - General Internist 345 - General Pediatrician 346 - Dispensing Physician (1 active provider) 347 - Radiation Oncologist 348 - Abdominal Surgery 349 - Adolescent Medicine 350 - Critical Care 351 - Diabetes 352 - Endocrinology 353 - Geriatric Psychiatry 354 - Gynecological Oncology 355 - Hematology 356 - Hematology Oncology 357 - Immunology

# Health Providers Eligible For The Incentive Program (Cont)

Provider Type	Specialty
31 - Physician	358 - Infectious Diseases 359 - Internal Medicine Pediatrics 520 - Laryngology 521 - Maxillofacial Surgery (3 active providers) 522 - Musculoskeletal Oncology 523 - Neurology Child 524 - Occupational Medicine 525 - Pain Medicine 526 - Pediatric Critical Care Medicine 527 - Pediatric Emergency Med (Pediatrics) 528 - Pediatric Endocrinology 529 - Pediatric Gastroenterology 540 - Pediatric Hematology Oncology 541 - Pediatric Infectious Disease 542 - Pediatric Nephrology 543 - Pediatric Ophthalmology

Provider Type	Specialty
31 - Physician	544 - Pediatric Orthopedics 545 - Pediatric Otolaryngology 546 - Pediatric Pathology 547 - Pediatric Pulmonology 548 - Pediatric Rheumatology 549 - Pediatrics Allergy 550 - Pediatrics Cardiology 551 - Pediatric Surgery (Neurology) 552 - Pediatric Urology 553 - Psychiatry Child 554 - Pulmonary Diseases 555 - Rheumatology 556 - Rhinology 557 - Sports Medicine 558 - Surgery Colon & Rectal 559 - Surgery Head & Neck

# Health Providers Eligible For The Incentive Program (Cont)

Provider Type	Specialty
31 - Physician	560 - Surgery Pediatric 561 - Surgery Traumatic 562 - Transplant Surgery 563 - Neonatal Perinatal Medicine 565 - Sleep Medicine 566 - Medical Resident in Training 568 - Family Practice Obstetrics 569 - Addiction Medicine
53 - Licensed Behavioral Health Practitioner	093 - Certified Nurse Practitioner 115 - Licensed Clinical Social Worker 121 - Licensed Professional Counselor 535 - Licensed Mental Health Professional – LBPs 536 - Under Supervision 585 - Licensed Marital and Family Therapists 586 - Licensed Alcohol and Drug Counselor 587 - LADC/MH
60 - Anesthesiologist Assistant	101 - Anesthesiologist Assistant

## Exceptions

- Behavioral Health Services by Mental Health professionals and Licensed Behavioral Health Practitioners at Community Mental Health Centers are excluded as they participate in a separate directed payment program.
- Services rendered by state employed or contracted physicians are excluded as they participate in a separate directed payment program.
- Services at Federally Qualified Health Centers, Rural Health Clinics, and IHS/Tribal clinics are excluded.
- Services for Medicaid population not transitioning to SoonerSelect (such as ABD) are excluded

# IMPACT ACROSS OKLAHOMA

- Over 600 Organizations Connected
  - HIE processes over 130,000 transactions daily; unique patient lookups of over 50,000 monthly.
- SoonerSelect Dental & Medical MCEs Contracted, Trained and Connected
  - ADT / care fragmentation are in use at MCEs with real-time now available.
- Incentives State-Wide: Connection Fee Grants Awarded: 500+ and over 250 Organizations Actively Working on Connecting
  - EMR Connection Fees are now eligible for reimbursement.
- Incentives Managed Care: SoonerSelect Provider Incentive Program

**Year 1 provided 18.5% Bonus for Managed Care Providers & 9.25% for HIE Participation**

- Year 1 Program Q1-Q5 (04/24-06/25) Closed – **HIE Payments issued \$23.5M**
- Year 2 Program awaiting final CMS approval
  - Q1 (07/01/25- 09/30/25) payout in process
  - Year2 Preliminary incentive payout rates at **15.2% for Managed Care & 7.5% for HIE**)
- Utilization metric in development.

# COMMON QUESTIONS

- Fees are set by the state designated entity for providers that choose to participate
  - Participation Fees vary based on Organization Type and Size
  - Connection Fees can be paid through the Connection Fee Assistance Program.
  - Incentives are available for certain provider types that will in most case exceed the annual costs of participation.
- Privacy & Security
  - HIPAA Compliance: SDE HIE policies are **more restrictive** than HIPAA and providers must be in a treatment relationship to access records and attest to that at the time of access
  - **No Substance Abuse 42 CFR Part 2 data**, or psychotherapy notes go into the HIE.
  - Providers can mark charts or encounters as **sensitive, and not send**.
  - Security: SDE technology is HITRUST certified, 10+ years operating
- Provider Choice / Patient Consent
  - Patients have the right to opt-out and prevent disclosure (No Break the Glass allowed)
  - Behavioral health patients must **affirmatively consent** to any data being shared by a participating provider.
  - Providers have a choice in participation; all exemption requests will be granted.

# HIE PROGRESS & NEXT STEPS



# PIVOTAL TIME IN OKLAHOMA HIE

## Opportunities

- State Funding for HIE has never been greater
- Cost / performance pressure on providers is peaking
- Incentives to get providers connected significant.
- Never before could most providers connect at no cost!
- In most cases the provider will be incentivized more than their cost!

## Risks

- Legislature
- High risk of losing funding
- Timely Action by Providers

# NEXT STEPS

*“Our vision is for all Oklahomans to have a portable health record that can be easily accessed securely and used in care coordination between health care providers across the state to enable healthier Oklahomans.”*

## How do we get there?

- Apply for MyHealth at [go.myhealthaccess.net/MyHealth-Application](http://go.myhealthaccess.net/MyHealth-Application)
- Learn more about OKSHINE at [okshine.ok.gov](http://okshine.ok.gov)
  - Apply for Connection Fee Assistance: Funding is limited! Secure your assistance before FY25 funds run out.
  - Learn more about SoonerSelect Provider Incentive Program & how much your org could have received.



**SCAN HERE TO  
LEARN MORE  
ABOUT OKSHINE**

# DISCUSSION & QUESTIONS



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