POLICY SUBJECT:

Arkansas Health Network's (AHN) Health Information Technology and System

I. **Scope**

This document describes the requirements for CIN health information technology (HIT) and systems, capability and data management.

II. **Purpose**

The purpose of this Policy and Procedure is to describe the requirements for CIN health information technology (HIT) and systems, capability and data management.

III. **Policy**

Arkansas Health Network systematically evaluates available information systems throughout the network and assures that information system capabilities are implemented by all CIN providers. Targeted clinical conditions may include at-risk or chronic conditions and co-morbidities or medically complex states. Arkansas Health Network identifies at-risk consumers. Arkansas Health Network evaluates the capabilities of existing health information technology and business information systems to collect, organize, compile, and report both clinical and financial data needed to satisfy the requirements of the CIN. This is done with involvement of the clinically integrated providers. Arkansas Health Network coordinates electronic health information technology capabilities and business information systems owned and operated by the independent clinically integrated providers. Arkansas Health Network implements plans to actively encourage and facilitate transition to and implementation of electronic health information systems and/or tools necessary to meet Arkansas Health Network's goals.

IV. **Definitions[1]**
   See AHN Glossary for definitions.

V. **Procedure**
   A. Network Analytics Platform
      1. Arkansas Health Network uses a population data analytics platform which combines claims (medical and pharmacy) and clinical data from multiple sources to identify cost, utilization, and/or quality improvement opportunities. The data analytics platform serves as a data

---

[1] Unless the source is otherwise identified, definitions are aligned with URAC's Programs Glossary 2018.

repository and our data analytics team retrieves, analyzes and identifies trends and patterns of the data for internal and external customers. AHN also maintains a provider roster database to maintain accuracy and data integrity for our network providers. Data from all sources are collected in the data analytics platform allowing the data analytics team to combine data from multiple sources. This involves legal data use agreements (DUAs) and non-disclosure agreements (NDAs) to transfer claims and clinical data in a secured manner to the data analytics platform which we use to retrieve the data for reporting.

a) Data sources include but are not limited to:

   (1) Claims data (medical and pharmacy) from insurance companies/CMS/TPAs

   (2) Clinical data (Electronic Medical Record - EMR)

   (3) Admission, Discharge & Transfer (ADT) data

b) The data analytics platform has dashboard capabilities that address the following but is not limited to:

   (1) Quality

   (2) Cost and Utilization

   (3) Care Management

   (4) Risk Management

c) Cost improvement: Data sources are as listed above in A.1.

d) Utilization improvement: Data sources are as listed above in A.1.

   AHN has a **Cost and utilization improvement** dashboard within our analytics platform.

   (1) Network analytic capabilities: The dashboard provides insight into the Key Performance Indicators metrics. We focus on Per Member Per Month (PMPM) costs (medical inpatient and outpatient), medication PMPM, number of inpatient admissions, enrolled members, avoidable emergency department visits, length of stay, out of network admission costs, and catastrophic and chronic conditions. These metrics help to identify the utilization patterns. We deep dive the data on the patient level to identify the factors for trends in changes in cost and utilization and what measures can be taken to improve them.

   (2) Procedures/processes: Data is reviewed at a minimum on a monthly basis and reported at a minimum quarterly to key stakeholders. Additional review/analysis is done on a daily and ad hoc basis. For direct-to-employer (DTE) contracts, we report the key performance indicators on a quarterly basis to help clients understand the utilization trends and the reasons for the changes in the cost and utilization and

provide recommendations to reduce the costs and improve the utilization patterns of the data.

e) Quality improvement: Data sources are as listed above in A.1.

AHN has a **Quality improvement** dashboard within our analytics platform.

(1) Network analytic capabilities: The dashboard allows AHN to track the level of completion of quality measures and understand the quality of care being provided. We focus on quality performance and quality distribution. We have different sets of quality measures/indicators for each contract, based on the agreed upon areas to be addressed. The dashboard helps to see the quality performance trend, quality score by organization, practice, or provider, and quality performance by measures.

(2) Procedures and processes for identification of variation in care: Data is reviewed at a minimum on a monthly basis and reported at a minimum quarterly to key stakeholders. Additional review/analysis is done on a daily and ad hoc basis. For DTE contracts, we report the quality performance indicators on a quarterly basis to help clients understand the quality trends and the reasons for these changes and provide recommendations to improve.

B. Arkansas Health Network report templates are standardized in order to promote data integrity and enable leaders to pinpoint a specific problem. The dashboards in our data analytics platform are all standardized. For direct-to-employer (DTE) clients, report templates are standardized while allowing our customers to provide guidance on their reporting needs. Each report package contains a standard set of KPIs, quality measures (based on measures in the contract) and supporting documentation. As an example, network fidelity efforts, patient experience stories and participating provider network additions.

C. Arkansas Health Network's computer systems allow for data governance.

1. AHN as a CHI St. Vincent entity, is governed by the Information Management 01: Data Governance Policy Adhering to this policy, AHN follows the DATA GOVERNANCE QUALITY DIMENSIONS:

a) The following Data Governance Dimensions have been defined for CHI as a way to measure the governance of CHI data.

(1) Accessibility – Data accessibility will be defined and managed in accordance with appropriate CHI business rules for access and local and federal rules and regulations (See CHI Information Security Policy at Inside CHI).

(2) Accuracy – Data shall correctly reflect the real world object or an event being described to enable informed decision-making at all levels.

(3) Completeness – All expected, mandatory attributes of data shall be provided.

3

(4) Consistency – Data across CHI shall be in sync with each other.

(5) Relevance (Non-Obsolete) – Data managed as an asset must be relevant to the business and retired when obsolete.

(6) Timeliness – Data shall be up-to-date, produced in a timely manner and appropriate for the task at hand to support information needs.

(7) Uniqueness – Duplicate data shall be avoided at all times.

(8) Fit for purpose – Data shall be used for its intended purpose.

D. Arkansas Health Network's computer systems allow for data security and compliance.
   1. AHN data security and compliance includes maintaining and following standards, regulations, and keeping data secure:
      a) Maintaining a secured SFTP connection for sending and receiving the data. Masking PHI information when sharing data with external parties.
      b) Sending encrypted emails and activating confidential mode emails to both internal and external parties.
      c) Data masking encryption for PHI information.
      d) Changing passwords regularly for our data analytics platforms.
      e) Data backup regularly to avoid data threats.

E. Arkansas Health Network's computer systems allow for data architecture and modeling.
   1. AHN IT framework and Infrastructure is from our data analytics platform. AHN acquires data from different source feeds like claims data from insurance companies and clinical data from different EHR/EMRs. AHN acquires data from TPA's data analytics platform in a secured way using legal disclosures like NDA's and data use agreements. AHN uses a secured SFTP platform to store and transfer data from external stakeholders to internal stakeholders. AHN has an MS Access database as another IT framework to store Provider roster data. AHN receives information from our internal Network development team through a secured connection and ingest the data into the database for reporting purposes.

F. Arkansas Health Network's computer systems allow for data integration and interoperability.
   1. AHN utilizes the data analytics platform described above in A.1.

G. Arkansas Health Network's computer systems allow for data quality.
   1. AHN's data analytics platform has multiple stages of data verification to ensure data integrity and thus, data quality.
   2. System capabilities allow for data aggregation to help meet Arkansas Health Network's population health management goals. AHN utilizes the data analytics platform described above in A.1.

3. Arkansas Health Network has a written plan addressing IT capability and availability that includes expectations for IT and data management capabilities to evolve over time. AHN has a master services agreement with the data analytics platform provider specifically outlining the required capabilities, availability and expectations.

H. Evaluation of information systems

1. Providers are responsible for their own information systems but must meet the requirements of the participating provider agreement. This is a requirement prior to them being accepted into the network. These expectations are communicated to the providers through the required provider training process. The provider engagement team facilitates training when the provider joins the network and every four years thereafter. This includes providing data electronically to AHN's data analytics platform and any contractual reporting requirements.

   AHN uses the data analytics platform to support clinical integration as listed below. The data analytics platform is how AHN addresses variability. All data is housed in a central location and aggregated for our population health. AHN Staff and providers are given access to all relevant clinical data.

   a) System capabilities shall support clinical integration. Arkansas Health Network evaluates all information systems to ensure they have the capability to support clinical integration through the following:

      (1) Provider communication (communication among providers)

         (a) Evidence of this is found in our provider engagement reporting. We provide primary care physician scorecards and network fidelity (in and out-of network utilization) to providers and practices. These are then communicated within the practice annually.

      (2) Care collaboration and management

         (a) Evidence of this is found in the Care Management dashboard.

      (3) Clinical decision support

         (a) Evidence of this is found in the Patient 360, Risk, and Quality Dashboards.

      (4) Patient engagement

         (a) Evidence of this is found in the Care Management dashboard and care protocols. Our care management team reaches out to patients and documents their work in this module.

      (5) Performance measurement

         (a) Evidence of this is found in the Quality dashboard. The quality metrics are determined by the individual contract. These include but are not limited to:
         (i) Annual Wellness Visits (adult and pediatric)
         (ii) Breast Cancer Screening

        (iii)   Preventive Medicine Services (hypertension, diabetes)

        (iv)   Immunization measures (adult and pediatric)

        (b)   Baselines are determined using historical data; benchmarks are set using best practice methodologies, i.e. John's Hopkins, CMS; goals/targets are set using percentile improvements

(6) Financial metrics :

Financial metrics include PMPM, IP admission costs, ER visits/1000, Medical and Pharmacy Spend.

        (a)   Evidence of this is found in the Cost and Utilization Dashboard

2. Arkansas Health Network evaluates all information systems to ensure they support the exchange of relevant clinical information among members of the healthcare team.
    a) This shall be irrespective of variability in information systems among members of the healthcare team.

    (1) Evidence of this is found as listed above in: provider communication; care collaboration and management; clinical decision support, patient engagement, performance measurement, financial metrics. Providers and AHN Staff are given access to the data analytics platform which serves as AHN's data aggregator.

3. Arkansas Health Network evaluates all information systems to ensure they have the capability to produce comparative reports on individual provider and group practice performance.
    a) This allows for comparisons among providers in the same practice and among all clinically integrated providers across practices within the CIN.
    b) All comparative reports are found in the data analytics platform.

4. Protection of confidentiality of PHI/IIHI in all information systems is expected to be consistent with regulatory compliance requirements for URAC accreditation.

I. Arkansas Health Network, with involvement of the clinically integrated providers, evaluates the capabilities of existing health information technology and business information systems to collect, organize, compile, and report both clinical and financial data needed to satisfy the requirements of the CIN.

1. Arkansas Health Network does an evaluation to annually analyze information systems and assets needed for clinical and financial integration across the CIN to achieve quality of care and other performance metrics and enable appropriate compensation.
    a) Information systems analyzed include: data analytics platform
    b) The data analytics platform is reviewed by the Board of Managers annually and includes a review of clinical and financial information.

2. Arkansas Health Network does an evaluation of and documents system usage by network providers.
    a) AHN's data analytics platform will generate a system user report that analyzes provider network usage based on accessibility. The Data Analytics team will share this report

6

annually with the Clinical Care Committee. The report contains access usage by provider, to include: UserName, UserEmail, Product, FactDate.

3. These evaluations help Arkansas Health Network to evaluate the state of information systems and the ability of legacy systems to meet CIN needs for clinical and financial data.

4. Information systems may be paper or electronic based and information systems do not need to be uniform between clinically integrated providers.

J. Arkansas Health Network coordinates electronic health information technology capabilities and business information systems owned and operated by all clinically integrated providers (independent and employed). This helps to provide adequate support for integrated network operational needs including receiving relevant and required information from all clinically integrated providers regardless of the source system. This coordination is with the involvement of clinically integrated providers.

1. AHN data analytics manager oversees the process of receiving data feeds from multiple EHRs into the data analytics platform. Data is received quarterly at a minimum via secure SFTP connections.

2. Information systems may be paper or electronic based and information systems do not need to be uniform between clinically integrated providers.

3. Protection of confidentiality of PHI/IIHI in all information systems is expected to be consistent with regulatory compliance requirements for URAC accreditation.

K. Arkansas Health Network implements plans to actively encourage and facilitate transition to and implementation of electronic health information systems and/or tools necessary to meet Arkansas Health Network's goals.

1. Electronic health information systems and/or tools to help meet the CIN goals include the following:

a) Electronic health records

b) Capabilities to identify cohorts of various patients such as:

(1) Centralized repository

(2) Network-wide process

(3) System permitting distributed access to data

c) Capabilities to exchange health plan information among providers

d) Electronic prescribing systems

e) Clinical decision support tools

f) Quality and performance measurement tracking and reporting

g) Care management including registries and care protocols

2. The Market Director of Operations and Manager of Data Analytics prepare an implementation plan to integrate data into the data analytics platform.

a) Plans for electronic health information technology and business information system capability development includes but is not limited to the following:

7

(1) Financial resources requirements

(2) Timelines for attainment

(3) Data use agreements/any required legal agreements

(4) Setting up SFTP connections to establish and support regular file delivery

(5) Data format/elements review and transition into data analytics platform

(6) Data validation process

(7) Cadence meetings to track implementation progress

Revision Date: 112023

ATTESTATION OF LEADERSHIP REVIEW:

By signing this document, I do hereby attest that I have read and agree
with the contents of this policy.

DocuSigned by:

Bob Sarkar
F913417B0F03460...

Bob Sarkar, President & CEO

DocuSigned by:

Camille Wilson
0F44C913787F49C...

Camille Wilson, Market VP, Population Health

DocuSigned by:

Dr. Lubna Maruf
ABA7EBEA27BE416...

Lubna Maruf, Market VP Medical Operations/Chief Medical Officer

DocuSigned by:

Pam Burgoyne
59051F6F29E046F...

Pamela Burgoyne, Market Director Operations

DocuSigned by:

Chris O'Dwyer
EE23EB175B3C46E...

Christopher O'Dwyer, Market VP Employer Business/Network Development

DocuSigned by:

Priyanka Muppidi
4303038FC71E42F...

Priyanka Muppidi, Manager, Data Analytics/Population Health

DocuSigned by:

Hafeezah Brooks
AAECF180B1B5431...

Hafeezah Brooks, Manager, ACO Health Coach, RN

Revision Date: 112023

DocuSign

Certificate Of Completion

Envelope Id: A20071B1786E4E03A24CBF1B5F72DE47
Subject: Complete with DocuSign: AHNs Health Information Technology 112023.pdf
Source Envelope:

Document Pages: 9	Signatures: 7	
Certificate Pages: 4	Initials: 0	
AutoNav: Enabled		
EnvelopeId Stamping: Enabled		
Time Zone: (UTC-06:00) Central Time (US & Canada)		

Status: Completed

Envelope Originator:
Keitha Gilliam
#2 St Vincent Circle
Little Rock, AR 72205
Keitha.Gilliam@commonspirit.org
IP Address: 199.34.0.250
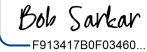
Record Tracking

Status: Original
    12/4/2023 9:27:16 AM

Holder: Keitha Gilliam
    Keitha.Gilliam@commonspirit.org

Location: DocuSign

Signer Events	Signature	Timestamp
Bob Sarkar bob.sarkar@commonspirit.org President/CEO AHN, LLC Security Level: Email, Account Authentication (None)	*DocuSigned by:* Bob Sarkar —F913417B0F03460... Signature Adoption: Pre-selected Style Using IP Address: 199.34.0.250	Sent: 12/4/2023 9:33:18 AM Viewed: 12/4/2023 9:33:47 AM Signed: 12/4/2023 9:34:07 AM

Electronic Record and Signature Disclosure:
    Accepted: 12/4/2023 9:33:47 AM
    ID: e13c93f4-748e-424a-92a2-d9f920e475a9		

Camille Wilson camille.wilson@commonspirit.org Security Level: Email, Account Authentication (None)	*DocuSigned by:* Camille Wilson —0F44C913787F49C... Signature Adoption: Pre-selected Style Using IP Address: 199.34.0.250	Sent: 12/4/2023 9:34:09 AM Viewed: 12/4/2023 9:51:32 AM Signed: 12/4/2023 9:51:42 AM

Electronic Record and Signature Disclosure:
    Accepted: 12/4/2023 9:51:32 AM
    ID: ff4c06ac-7bdf-462c-8af7-e813db140984		

Dr. Lubna Maruf lubna.maruf@commonspirit.org Security Level: Email, Account Authentication (None)	*DocuSigned by:* Dr. Lubna Maruf —ABA7EBEA27BE416... Signature Adoption: Pre-selected Style Using IP Address: 199.34.0.250	Sent: 12/4/2023 9:51:43 AM Viewed: 12/4/2023 9:53:01 AM Signed: 12/4/2023 9:53:33 AM

Electronic Record and Signature Disclosure:
    Accepted: 12/4/2023 9:53:01 AM
    ID: c2ae0fb7-c49a-42f7-9208-65566d3b17c8		

Pam Burgoyne pamela.burgoyne@commonspirit.org Security Level: Email, Account Authentication (None)	*DocuSigned by:* Pam Burgoyne —59051F6F29E046F... Signature Adoption: Pre-selected Style Using IP Address: 50.235.51.4	Sent: 12/4/2023 9:53:34 AM Viewed: 12/4/2023 1:07:59 PM Signed: 12/4/2023 1:08:06 PM

Electronic Record and Signature Disclosure:
    Accepted: 12/4/2023 12:29:12 PM
    ID: 504fbd3f-7ffc-48bc-9683-cb7916a78aa8		

Signer Events	Signature	Timestamp
Chris O'Dwyer christopher.odwyer@commonspirit.org Security Level: Email, Account Authentication (None)	DocuSigned by: *Chris O'Dwyer* EE23EB175B3C46E... Signature Adoption: Pre-selected Style Using IP Address: 199.34.0.250	Sent: 12/4/2023 1:08:07 PM Viewed: 12/4/2023 1:11:16 PM Signed: 12/4/2023 1:11:47 PM

Electronic Record and Signature Disclosure:
      Accepted: 12/4/2023 1:11:16 PM
      ID: c686eac5-eb82-4a3c-a1f8-16a2889b7ed6		

Priyanka Muppidi pmuppidi@stvincenthealth.com Security Level: Email, Account Authentication (None)	DocuSigned by: *Priyanka Muppidi* 4303038FC71E42F... Signature Adoption: Pre-selected Style Using IP Address: 199.34.0.250	Sent: 12/4/2023 1:11:49 PM Viewed: 12/5/2023 8:45:36 AM Signed: 12/5/2023 8:45:43 AM

Electronic Record and Signature Disclosure:
      Accepted: 12/5/2023 8:45:36 AM
      ID: 68d9b90f-df18-465b-ac58-eeac81e6791b		

Hafeezah Brooks HBrooks@stvincenthealth.com Security Level: Email, Account Authentication (None)	DocuSigned by: *Hafeezah Brooks* AAECF180B1B5431... Signature Adoption: Pre-selected Style Using IP Address: 199.34.0.250	Sent: 12/5/2023 8:45:45 AM Viewed: 12/5/2023 11:52:17 AM Signed: 12/5/2023 11:52:39 AM

Electronic Record and Signature Disclosure:
      Accepted: 12/5/2023 11:52:17 AM
      ID: f046dd78-53ec-4e8d-9785-049a2335f25c		

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Keitha Gilliam
keitha.gilliam@commonspirit.org
Security Level: Email, Account Authentication (None)
Electronic Record and Signature Disclosure:
      Accepted: 11/27/2023 7:36:55 AM
      ID: 75460d21-e8c0-444d-8c54-791b02d86967
	COPIED	Sent: 12/5/2023 11:52:40 AM
		Resent: 12/5/2023 11:52:43 AM
		Viewed: 12/5/2023 12:02:39 PM

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	12/4/2023 9:33:18 AM
Certified Delivered	Security Checked	12/5/2023 11:52:17 AM

Envelope Summary Events	Status	Timestamps
Signing Complete	Security Checked	12/5/2023 11:52:39 AM
Completed	Security Checked	12/5/2023 11:52:40 AM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

Consent to Electronic Signatures and Communications

This consent form is provided by CommonSpirit Health. By indicating your consent below, you agree to the following terms, as regards your transactions with CommonSpirit Health and its subsidiaries and affiliates.

Electronic Signatures

You agree that any electronic signatures you provide, including the one on this document, are legally binding signatures with the full legal force of a handwritten signature, and do not need to be verified, validated or certified by any third party. An "electronic signature" may be clicking a check box, typing or writing your name, or any other action indicating your consent.

Electronic Communications

You agree to receive documents, communications, and notices (including this form) from CommonSpirit Health electronically, rather than in paper. You affirm that you have the hardware and software required to do so, as described below. All such electronic communications will be provided to you by email or as a downloadable file. If you indicate consent below, you will not receive a paper copy of this or any other document, but you are free to print the electronic copies or save them in any way you see fit.

Non-Consent

You do not have to agree to electronic signatures and communications. If you do not agree, do not sign this form. Instead, please ask your contact at CommonSpirit Health for paper documents, and they will be provided without charge, although this may result in a processing delay. If you do consent, you may withdraw your consent at any time by notifying CommonSpirit Health, and your withdrawal will take effect after a reasonable time for processing. Withdrawal of consent will not affect the validity of documents signed electronically when your consent was in effect.

Hardware and Software Required

You understand that your consent to electronic signatures and communications requires the following software and hardware, to which you have access. These requirements are subject to change. Required: *An email address, internet access, Adobe PDF reader or other software capable of opening and displaying a document in PDF format, and a computer device capable of running that software.*

Summary

If you agree to use electronic signatures and communications as described above, please check "I Agree." If not, please contact us for an alternative way to submit your paperwork.