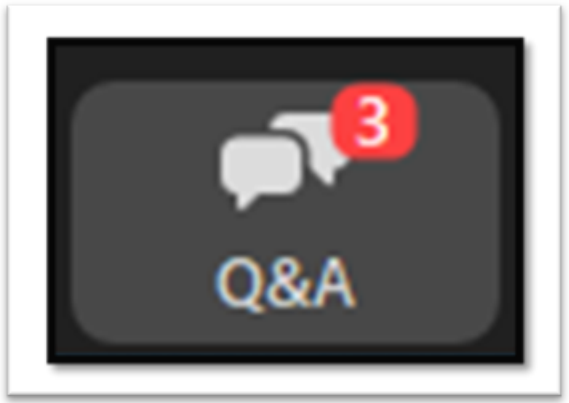
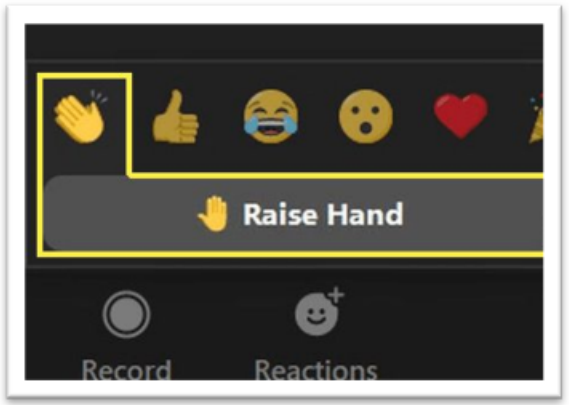


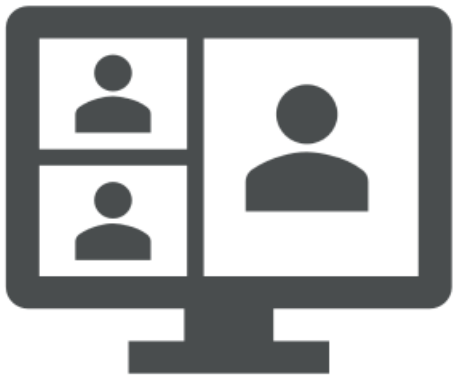
State Spotlight: Data Quality & Interoperability in Action- Lessons from Rhode Island

November 5, 2026

Housekeeping







Ask Now

Enter your questions in the Q&A function in Zoom

Join In

To ask questions verbally, click on Zoom's "Raise Your Hand," and our team will unmute you.

Engage After

A recording of the event and slides/supporting materials will be sent to attendees.

Agenda



INTRODUCTION

STATE SPOTLIGHT: RHODE ISLAND'S DATA QUALITY AND INTEROPERABILITY INITIATIVES

Q & A

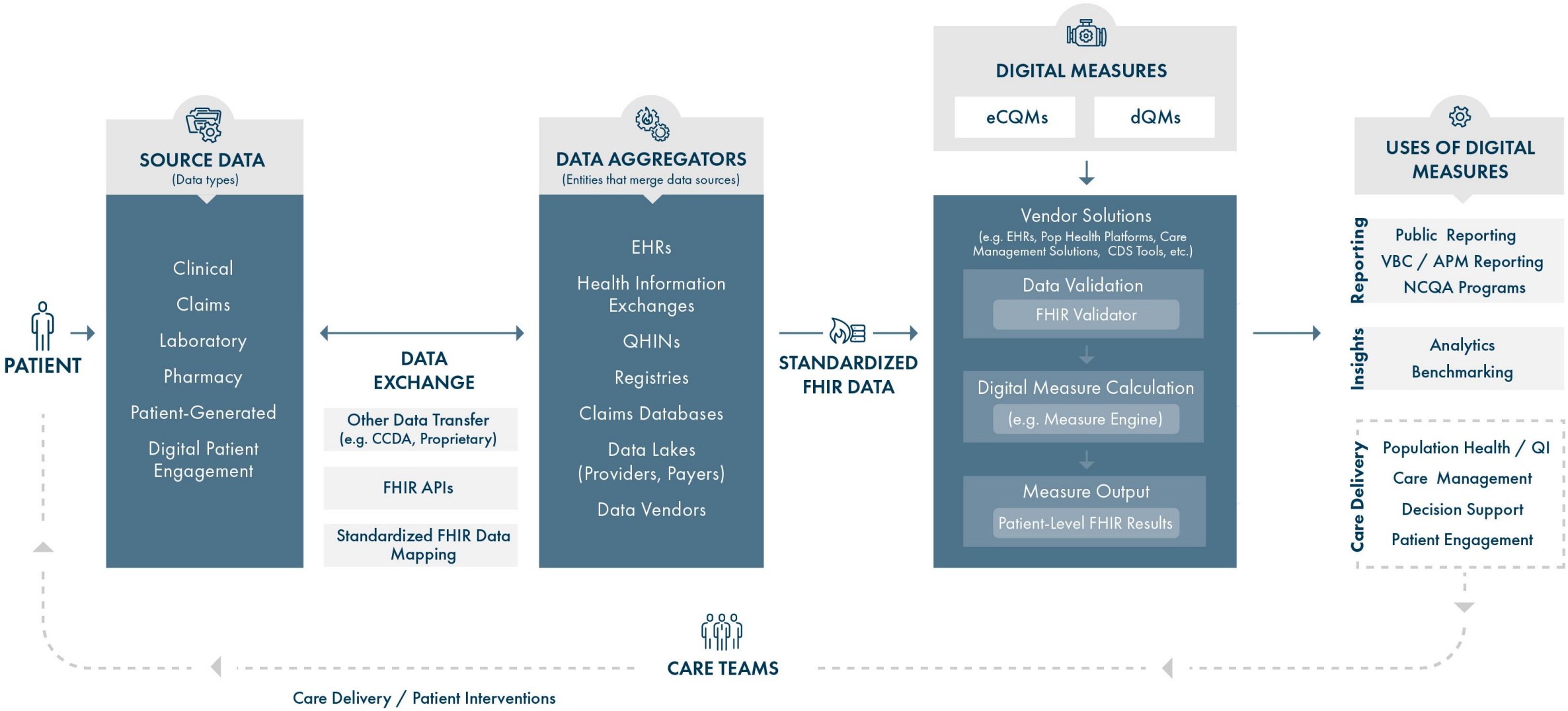
CLOSING

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The Equation for Scalable Digital Quality



DIGITAL QUALITY ECOSYSTEM



Polling Question #1



Which best describes your role or area of focus?

A. State Medicaid Quality Program lead.

B. State Health IT, data or interoperability lead.

C. State Public Health lead.

D. Health plan/managed care organization.

E. Provider or health system.

F. Vendor/technology partner.

G. Other.

Polling Question #2



How would you describe your organization's current interoperability journey?

A. Exploring options/early planning.

B. Building infrastructure or partnerships.

C. Actively exchanging clinical data.

D. Using interoperable data for quality measurement.

E. Not sure/here to learn.

Data Quality and Interoperability In Rhode Island

Liv Keaton, State Health IT Coordinator, RI EOHHS

November 5, 2026

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Problem Statement & Opportunity

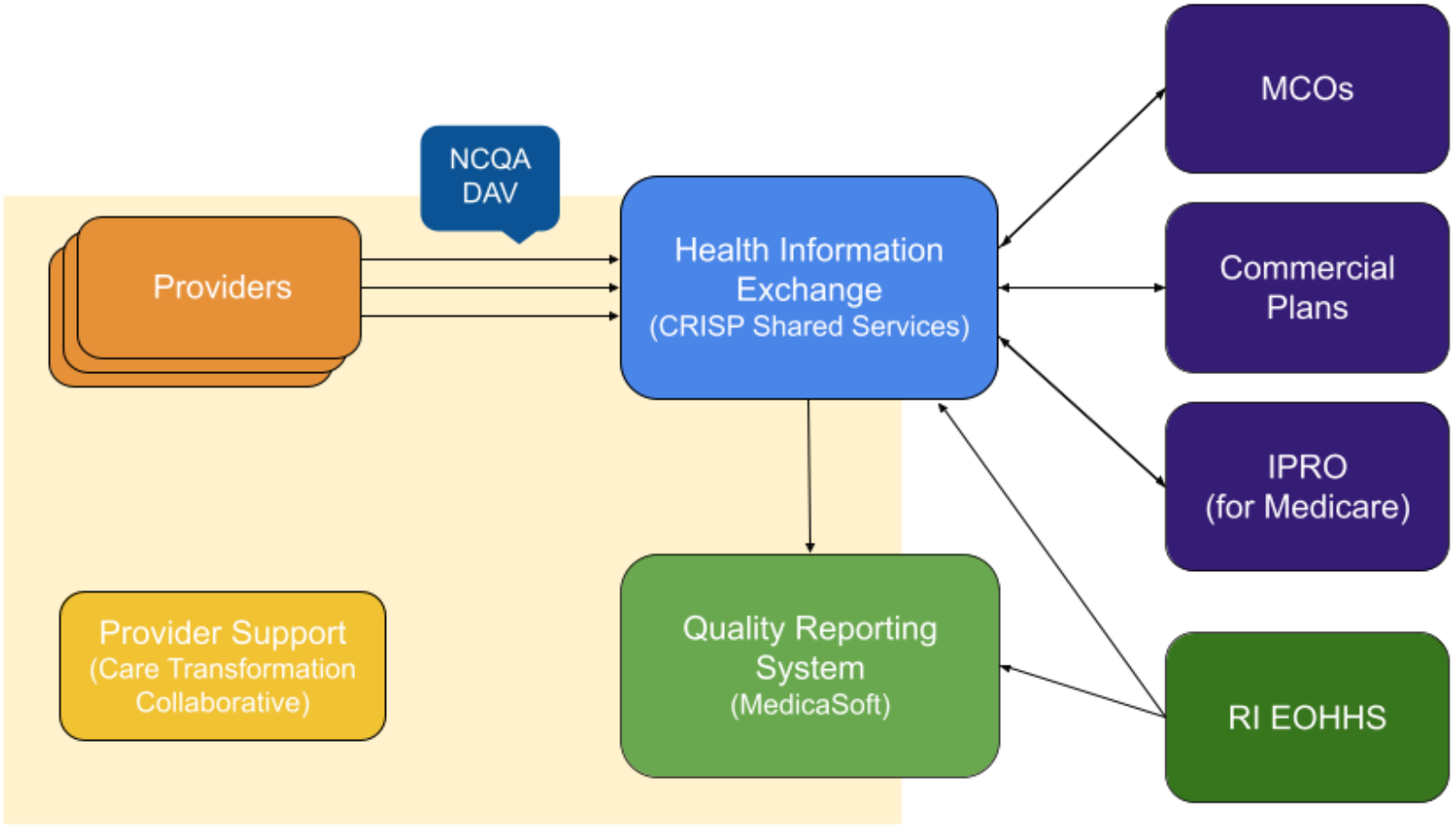
- Federal quality reporting requirements to State Medicaid Agencies are increasing in complexity, volume and frequency, requiring **linked claims & clinical data**
- Providers are subject downstream to both this and to commercial health plans' reporting requirements, which are often misaligned despite both being commonly derived from HEDIS measures
- **Can the State serve a coordinating role in creating central infrastructure** that meets quality reporting needs for Medicaid, Medicare, and commercial lines of business, while reducing administrative burden?

Goals

- Providers have one outbound clinical interface that feeds all MCOs and the State, rather than multiple duplicative feeds
- Repurpose the same data flows for clinical use in care coordination across providers
- Satisfy quality reporting for multiple programs (FFS, Medicaid ACOs, CCBHCs, Health Homes, State-Directed Payments, more as they arise)

Disclaimer: *a lot of this is aspirational and in progress…*

Data Flowchart



First we'll see what the end product of all this is, but then we'll walk through this flow chart step by step in terms of **policy**, **finance** and **legal** structure needed.

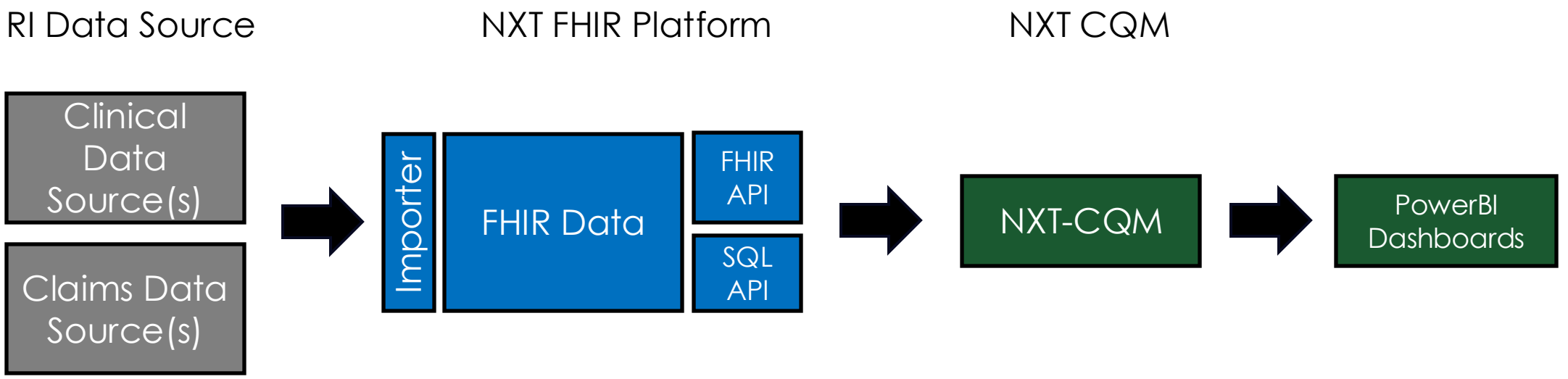
POLL QUESTION:

Which data exchange are you most interested in?

1. Providers to HIE
2. HIE to Health Plans
3. HIE / QRS / State
4. Provider Support

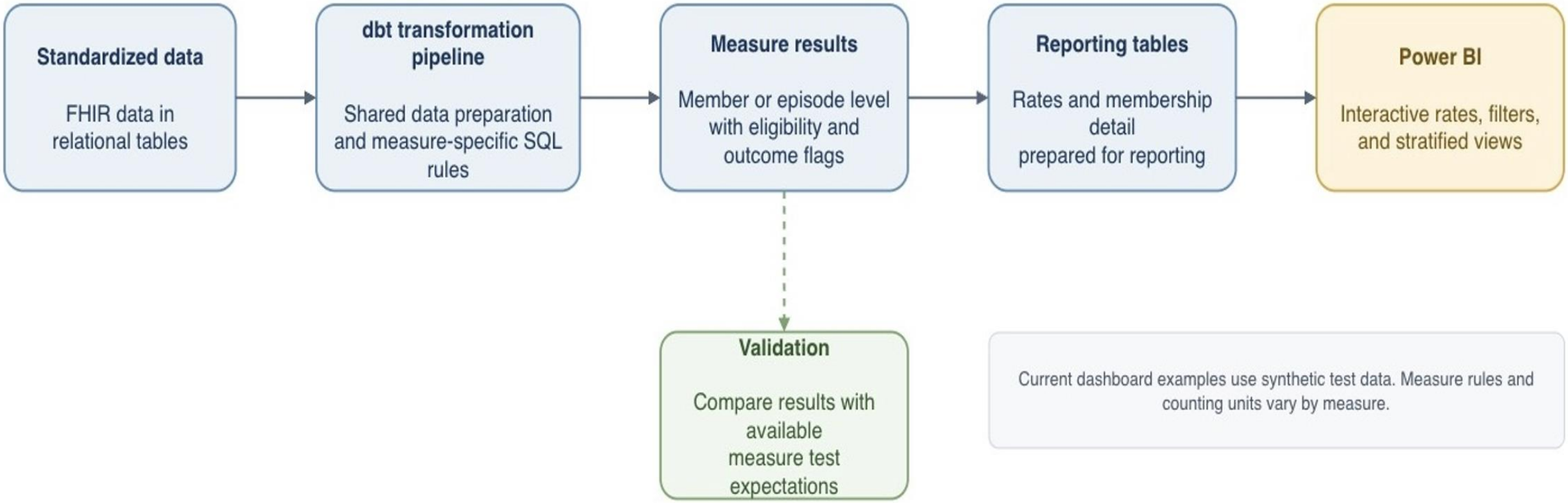
Quality Measure Demonstration

MedicaSoft RI QRS Solution



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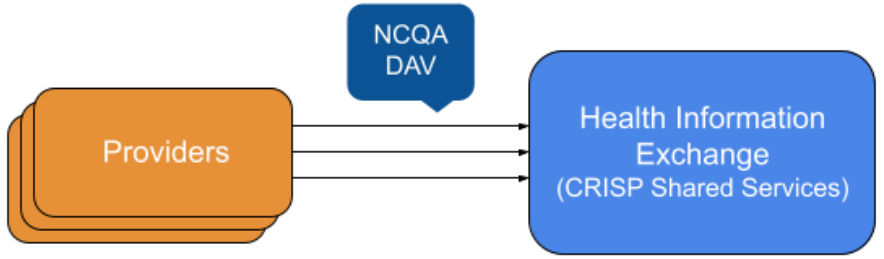
NXT CQM: Workflow



Providers to HIE

Policy

- Started with data submission requirements to the HIE for Medicaid ACOs and CCBHCs in certification standards as the most straightforward policy lever.
- Now considering broader options such as provider enrollment requirements to cover gaps such as labs and imaging.



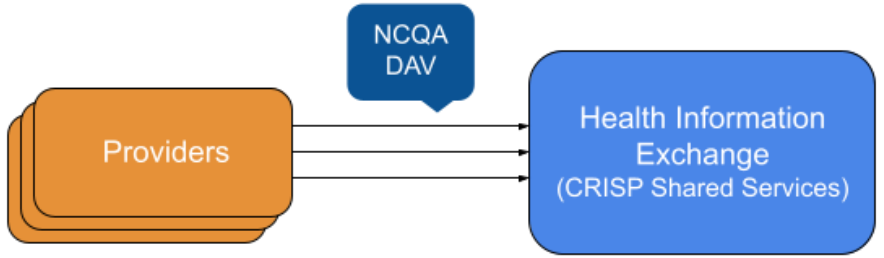
Rhode Island has a single statewide HIE established as a state-designated entity in RI Gen L § 5-37.7.

Providers to HIE

Finance

- No cost to providers from the HIE, but there is a cost from their EHR vendors and in terms of staff time to establish and maintain connections.
- Build ongoing costs into APM structure; identify potential start-up implementation funding sources such as Rural Health Transformation Program.

(HIE costs discussed in health plan section)

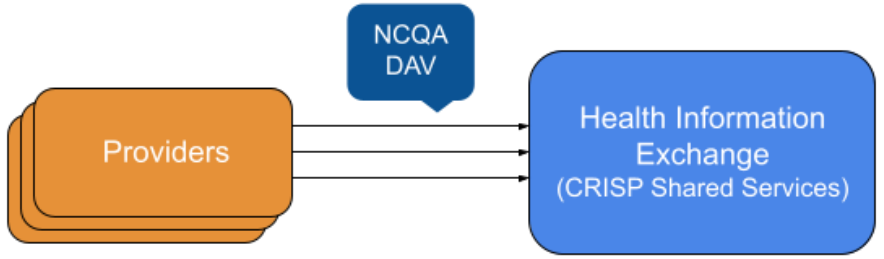


Rhode Island has a single statewide HIE established as a state-designated entity in RI Gen L § 5-37.7.

Providers to HIE

Legal

- Providers sign HIE Participation Agreements that incorporate quality reporting as an allowable use of the data. The HIE commits to conducting patient matching and sending plans only their own members.
- List of allowable use cases is included as an addendum, which reconciles HIPAA, 42 CFR Part 2, and RI state law to establish a defined list.

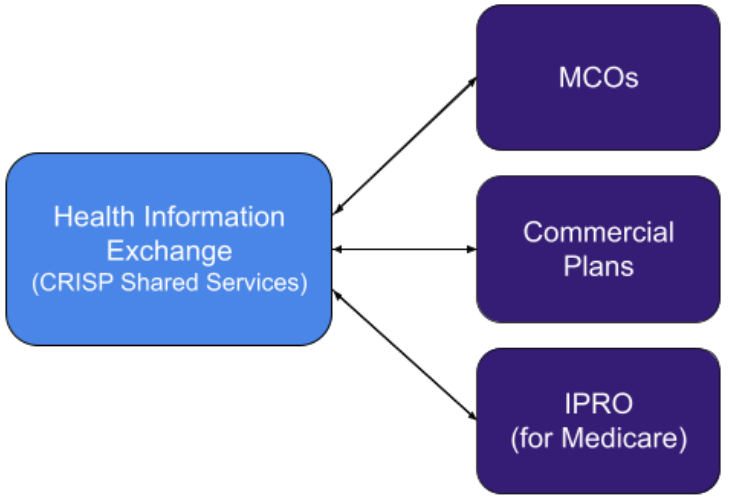


Rhode Island has a single statewide HIE established as a state-designated entity in RI Gen L § 5-37.7.

HIE to Health Plans

Policy

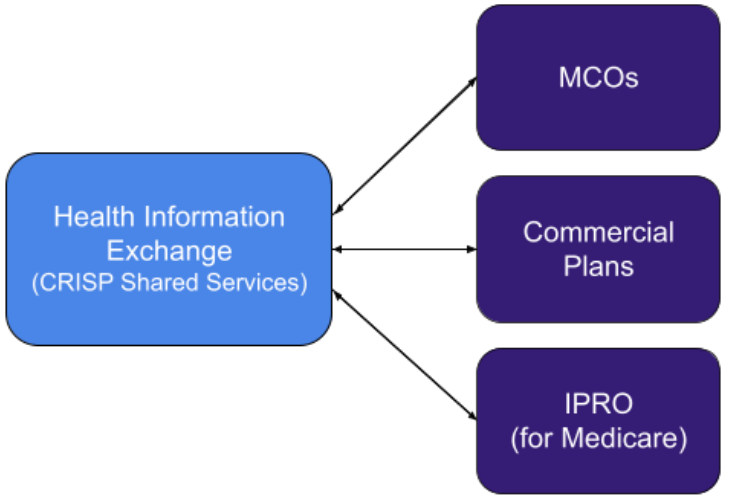
- RI's HIE operates on an opt-out to disclose consent model, meaning patients can opt out of disclosures to providers.
- The HIE enabling statute calls out quality reporting as an allowable use **even if a patient has opted out** of disclosures to other providers. *(This needed a technical build to support.)*



HIE to Health Plans

Finance

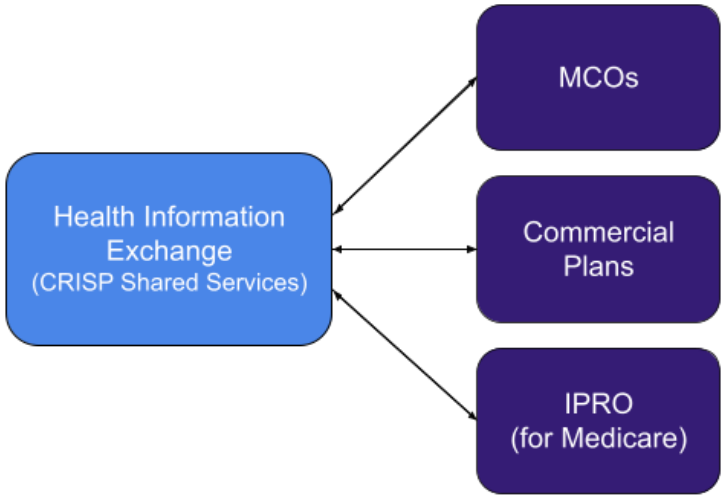
- Voluntary multi-payer financing model that supports overall HIE operations as well as NCQA Data Aggregator Validation work and costs.
- EOHHS contract with the HIE administrator (called the Regional Health Information Organization, or RHIO) covers Medicaid contribution for all beneficiaries.
- Commercial and Medicare lines of business separately pay in to the RHIO at the same rate as EOHHS on a PMPM basis, which is re-based each year.



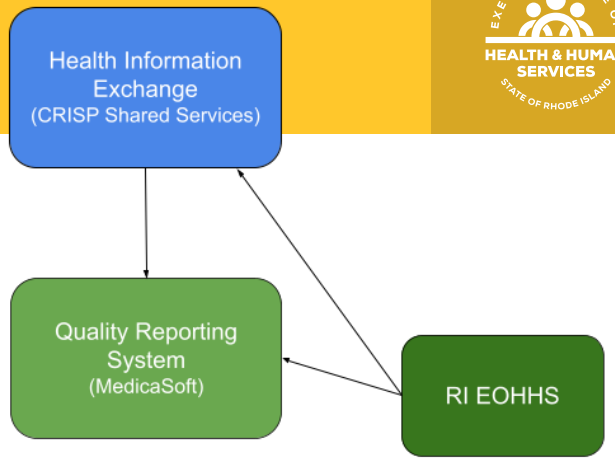
HIE to Health Plans

Legal

- Signs the same Participation Agreement as the providers; they contribute member lists.
- One-page "payer addendum" specifies who pays in and sets the rate as well as clarifying what work is covered through those funds and what isn't.



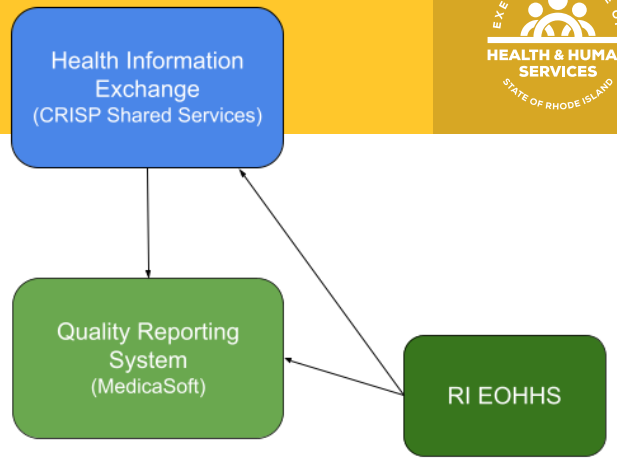
HIE / QRS / State



Policy

- Internal strategic alignment was necessary around how to fulfill myriad CMS reporting obligations.
- Extensive internal coordination is needed to ensure specific programs don't establish alternate reporting pathways. Landscape of reporting was gathered prior to system build.
- Specified at the outset what is in and out of scope vs. MCO obligations and work of the internal analytics team.

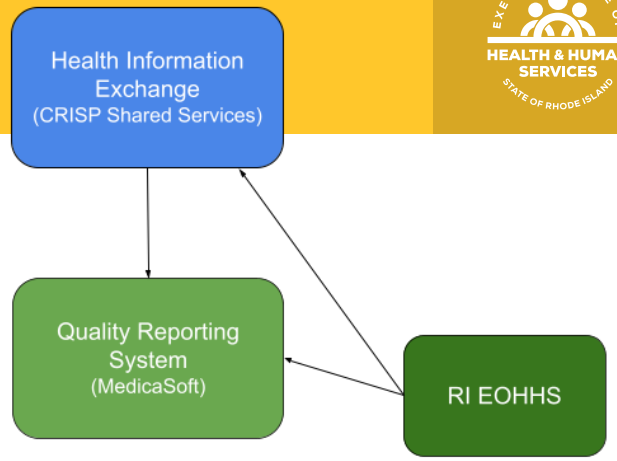
HIE / QRS / State



Legal

- Contracts with vendors need precise language around what data is provided by EOHHS and for what purposes.
  - Claims to the QRS
  - Enrollment roster to the HIE
- Data Use Agreements are associated with our main contracts.

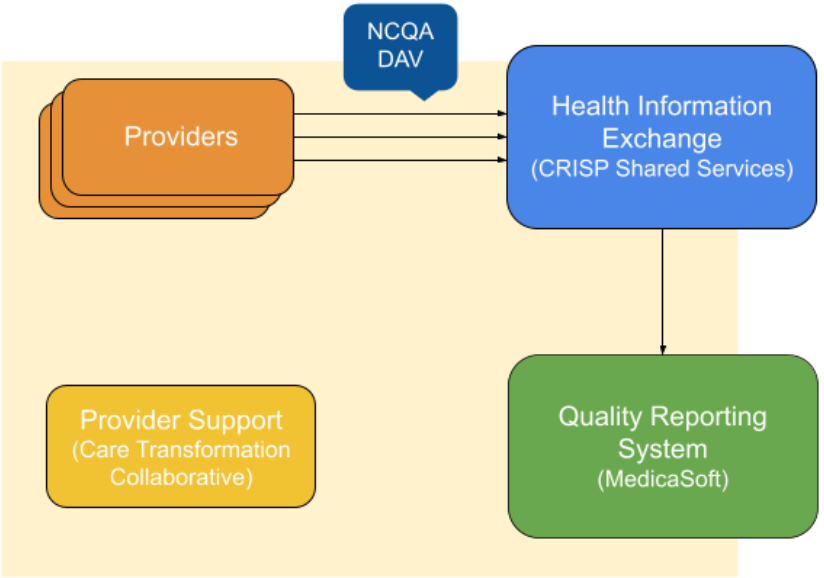
HIE / QRS / State



Finance

- Direct Medicaid expenses from RI EOHHS are supported by an Advance Planning Document (APD) and receive 90% or 75% enhanced federal financial participation. The state match is appropriated in the state budget each year.
- Due to the multi-payer model, the RHIO contract includes the budget for both EOHHS's Medicaid contribution as well as the other payers' contributions.
- Part of the RHIO's scope is financial management. When EOHHS approves invoices, the RHIO "pays themselves" the other payers' portion.

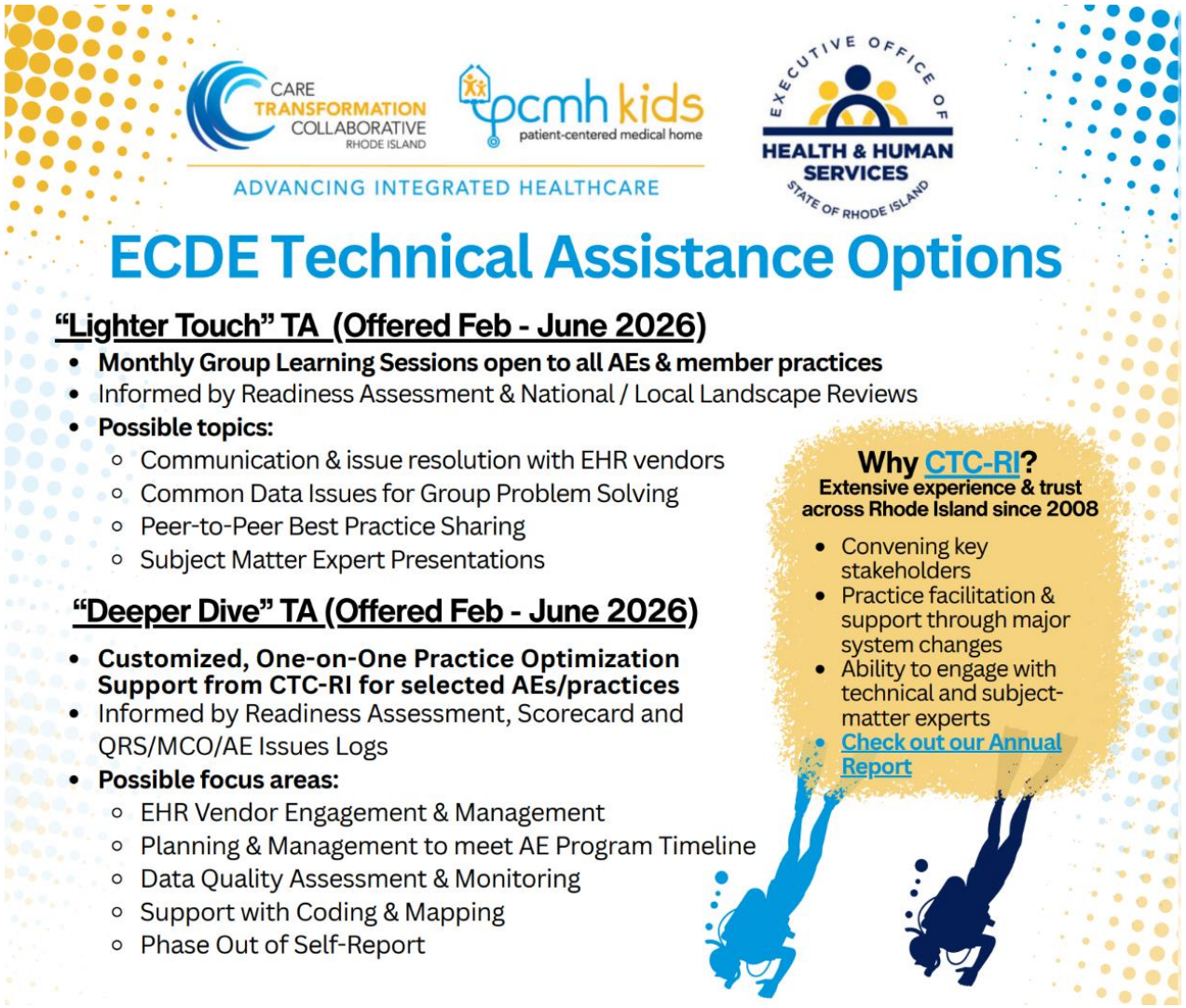
Provider Support



DAV looks for **fidelity** to the source… not **usefulness** for quality measures!

- EOHHS single source contract with a local nonprofit focused on primary care transformation and value-based care.
- Provides technical assistance to providers on improving data submissions to the HIE for quality purposes. Utilizes HIE and QRS outputs to inform work.
- Targets **data confidence** – *are your quality performance scores an accurate reflection of the clinical care you're providing?*

Provider Support



- Landscape reports
- Practice & ACO level readiness assessments
- Data confidence score card with measure-specific intensive reviews
- Coordinated peer learning
- Individual deep dive TA on EHR configuration, workflow support, data governance, and more

Lessons Learned

- It takes a long time to establish the framework, and it's incremental. Everyone is nervous about sharing this volume of PHI – legal agreements and cybersecurity reviews take months.
- Focus on relationships, not technology. The data exchange is the easy part – getting things aligned is the hard part, and that has to come first.
- Data is messy. This is a continuous project that never ends. You, your vendors, and your providers will be working on this forever. Resources and processes need to be incorporated into ongoing operations on a consistent basis.

Once you get the data flowing… you've just started!

Q&A

liv.keaton@ohhs.ri.gov



Questions

Polling Question #4



Would you like to speak to a member of the State Affairs team about your state's interoperability goals?

A. Yes.

B. No.

C. Unsure.

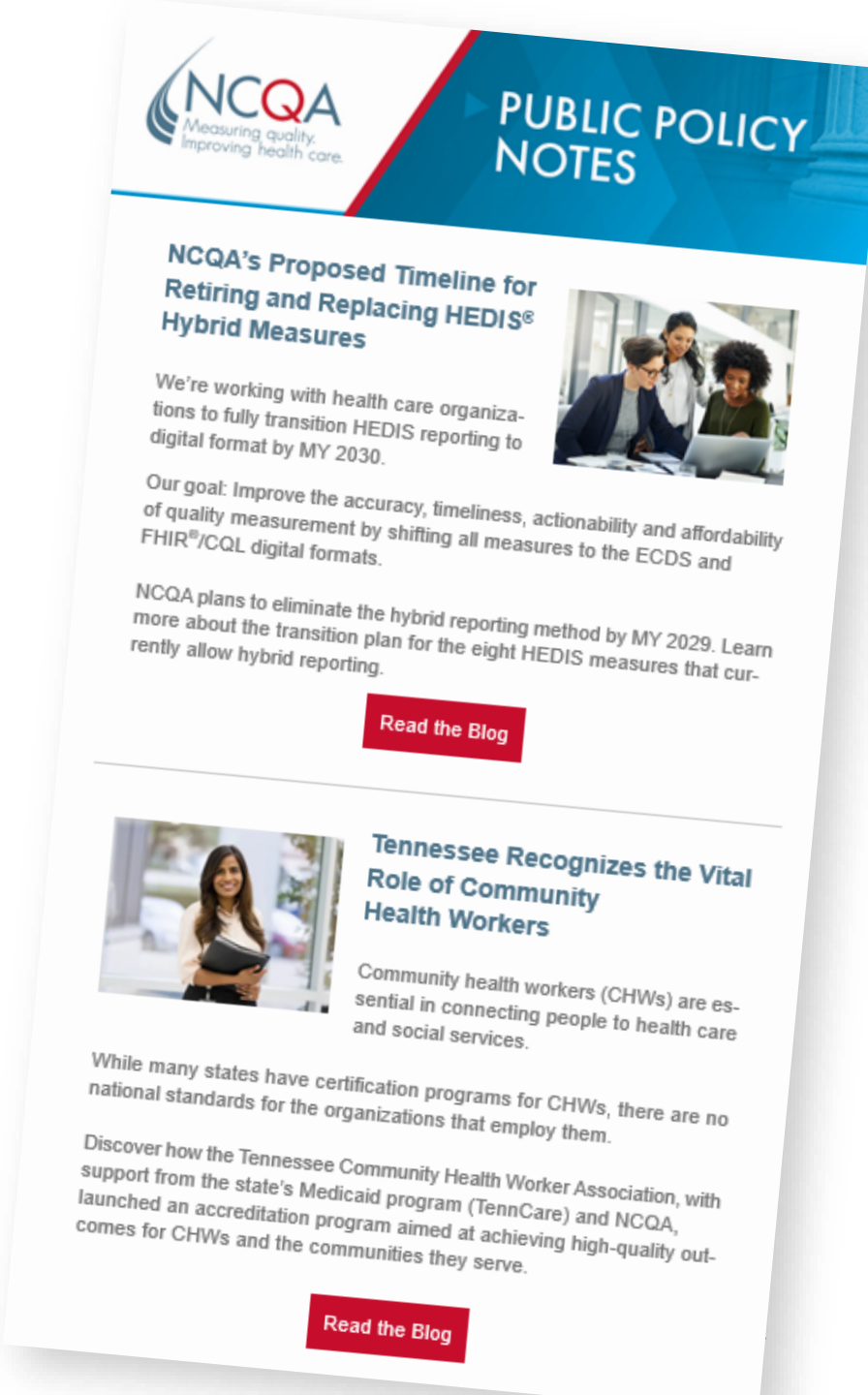
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