Discussion Topics

• Healtheway
• eHealth Exchange
  • Overview
  • Healtheway’s role
  • Onboarding
  • Transitions of Care
• FAQs
Healtheway

- Non-profit, public private collaborative
- Mission: to advance implementation of secure, interoperable nationwide exchange of health information through cross-industry collaboration
  - Care Connectivity Consortium (CCC)
  - EHR | HIE Interoperability Workgroup (IWG)
  - EHR Association (EHRA)
- Serves as administrator for two initiatives
  - eHealth Exchange
  - Carequality (new!)
eHealth Exchange

Shared trust framework and rules of the road
Governed by Coordinating Committee

The Internet

Standards, Specifications and Data Use & Reciprocal Support Agreement (DURSA) for Secure Connections

Supported by Healtheway
Healtheway Support of eHealth Exchange

• Healtheway supports the eHealth Exchange community by:
  • Supporting the Coordinating Committee
  • Facilitating Task Groups which develop and maintain the “rules of the road” (e.g. implementation specifications, test cases, operating policies and procedures, legal agreement, etc.)
  • Supporting product testing program that verifies product compliance with eHealth Exchange requirements
  • Providing an efficient participant testing program to support onboarding to production eHealth Exchange community
  • Issuing and managing digital certificates used by eHealth Exchange participants
  • Managing the directory which enables eHealth Exchange participants to find other exchange partners
Progress Report: eHealth Exchange

As HIE evolves, the interoperability framework standards advance for reliable exchange and data integration across the nation.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>• ONC Initiative: <strong>NwHIN Exchange</strong></td>
<td>• Transitioned to public-private initiative: <strong>eHealth Exchange</strong></td>
<td>• Sustainable endeavor</td>
<td>• Rapid growth and maturation of connectivity</td>
</tr>
<tr>
<td>• Operations supported by ONC</td>
<td>• Operations supported by Healtheway</td>
<td>• 41 production participants</td>
<td>• Estimated 100 participants</td>
</tr>
<tr>
<td>• 2 production participants</td>
<td>• Initiated industry engagement</td>
<td>– &gt; 800 hospitals</td>
<td>– 1,600 hospitals</td>
</tr>
<tr>
<td>– MedVirginia</td>
<td>• 23 production participants</td>
<td>– 6000 medical groups</td>
<td>– 10,000 medical groups</td>
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<tr>
<td>• First production transactions</td>
<td>• Connectivity grows</td>
<td>– 800 dialysis centers</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>– 850 retail pharmacies</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>– &gt; 50 million patients</td>
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<tr>
<td></td>
<td></td>
<td>• 10 in activation preparing for production</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• 25 testing</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 20 approved to test</td>
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</table>

100 million patients
State HIE Participation in eHealth Exchange

Onboarding Phase

Production: 6 States

Activation: 2 States

Testing: 10 States
Supported Use Cases

• Treatment / Care Coordination / Transitions of Care
  • Push clinical documents
  • Query / retrieve clinical documents
• CMS End Stage Renal Disease (ESRD) program
  • Push quality reporting data to CMS
• Social Security Disability Benefits
  • Respond to queries from Social Security Administration
• New Sub Use Case:
  • Sharing of immunization data for treatment purposes (not immunization registry reporting)
• Other
  • Can be leveraged as standardized platform to support many other uses cases and varying types of data / documents
  • Exploring use of Direct transport protocols as an additional eHealth Exchange transport mechanism
How eHealth Exchange Aligns with State Efforts

- Complements state HIE programs by enabling exchange:
  - Adds additional value to existing state HIE offerings
  - Across geographic, organizational boundaries and technical platforms
  - With federal health providers and in support of federal programs
- Provides a mechanisms for states to interconnect based upon a national-level trust and interoperability framework
- Supports completely federated exchange model with preference to interconnect aggregators of connectivity; no centralized HIE function
- Focuses on national-level use cases, not state-specific use cases
- Addresses exchange of CDA documents, not HL7 v2 messages
- Supports local autonomy in terms of policy, consent, and authorization
eHealth Exchange Architecture Does Not Support State-Level Capabilities

• Functionality not currently supported by the eHealth Exchange
  • PDMP reporting
  • Bidirectional HL7 v2 immunization query or reporting
  • Cancer registry reporting
  • HL7 v2 lab results reporting/ordering/repository
  • WIC interfaces
  • Case management
  • Value added data sources such as medication history

• Components not currently supported by the eHealth Exchange
  • Provider (hospital/physician/staff) directory
  • Patient cross-reference manager (PIX Manager)
  • Patient ID issuance/MPI/EMPI/Assigning Authority
  • Central Record Locator Services
  • Document registry/repository
  • Communications hub or bus infrastructure
  • Clinical Data Repository (CDR)
## Onboarding & Testing Process

<table>
<thead>
<tr>
<th>Apply</th>
<th>Test</th>
<th>Activate</th>
<th>Participant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare Onboarding</td>
<td>Complete Practice Testing in the DIL</td>
<td>Issue Production</td>
<td>eHealth Exchange</td>
</tr>
<tr>
<td>Package</td>
<td></td>
<td>Certificate</td>
<td>• Care Coordination / Transitions of Care</td>
</tr>
<tr>
<td>Healtlhow Reviews</td>
<td>Validate Results and Prepare Report</td>
<td>Add to Service</td>
<td>• Social Security Disability Claims Eligibility</td>
</tr>
<tr>
<td>Onboarding Package</td>
<td></td>
<td>Registry</td>
<td>Determination</td>
</tr>
<tr>
<td>Coordinating Committee</td>
<td>Accept as a Participant</td>
<td>Go Live!</td>
<td>• Quality Reporting for the CMS End Stage Renal</td>
</tr>
<tr>
<td>Determine Eligibility</td>
<td></td>
<td></td>
<td>Disease Program</td>
</tr>
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4 – 6 weeks  
2 – 6 weeks  
2 weeks

Timelines are based on averages and may be extended depend on an Applicant’s internal constraints (i.e. legal review, configuration and setup of technical environments, configuration control processes, technical resource availability. The test lab (Developers Integration Lab – DIL) is currently available to any organization that wants to begin practice testing.
Participant & Testing Fees

**eHealth Exchange Participant Fee**
- Applies to eHealth Exchange Participants only
- Annual service fee that covers the cost to support participants who exchange data under the DURSA and purview of the Coordinating Committee
- Covers ongoing support and maintenance of trust framework, specifications, service registry, certificate management, etc.

**Participant Testing Fee**
- Per test fee
- Covers testing and onboarding
- May apply if participant changes vendors or makes substantial changes to its system once in production
eHealth Exchange Participant
Service Fees

<table>
<thead>
<tr>
<th>Annual Revenue</th>
<th>Annual Participation Fee</th>
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<tbody>
<tr>
<td>&lt; $1M</td>
<td>$4,750</td>
</tr>
<tr>
<td>$1 - $10M</td>
<td>$9,950</td>
</tr>
<tr>
<td>More than $10M</td>
<td>$19,900</td>
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- Fees took effect in 2014.
- Annual Revenue is based upon annual healthcare revenue.
- For governmental agencies and non-profit organizations, the tiers are based upon annual operating costs.
## eHealth Exchange Participant Testing Fees

<table>
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<th>2010 Specs</th>
<th>2011 Specs</th>
<th>Both¹</th>
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<tbody>
<tr>
<td>Smoke Tests (Essential tests to verify connectivity and core functionality)</td>
<td>$11,000</td>
<td>$11,000</td>
<td>$15,500 (fee is discounted)</td>
</tr>
<tr>
<td>Security Tests</td>
<td>$8,000</td>
<td>$8,000</td>
<td></td>
</tr>
<tr>
<td>Content (Basic C32, Bridge C32, C-CDA)²</td>
<td>$3,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Notes:

¹ Discounted testing fee if testing both 2010 and 2011 Smoke Test Cases - $4,500 for the second version tested.

² Content testing options: 1) Basic C32; 2) Bridge C32 and 3) C-CDA. Content testing is waived if Applicant uses a product that was certified for the 2011 or 2014 edition of EHR certification for Stage 1 or Stage 2 meaningful use.

### Additional Fees

- Extension (beyond 60 days from Official Results Submission to Healtheway) – 15% of testing fee
- Retest Fee (per test result) - $2,000
2014 Certified EHR Technology: Transitions of Care Measure #2 / 170.314(b)(2)

The EP, EH or CAH that transitions or refers their patient to another setting of care or provider of care, provides of summary of care record for more than 10% of such transitions and referrals as follows:

1. Electronically transmits C-CDA using Certified EHR Technology (CEHRT) to a recipient using Direct or Direct + XDR/XDM transport protocols;

2. Electronically transmits C-CDA using CEHRT to a recipient using SOAP transport protocols; and/or

3. Where the recipient receives the summary of care record via exchange facilitated by an organization that is an eHealth Exchange participant; or in a manner that is consistent with governance mechanism that ONC establishes for the nationwide health information network.
Transmit Summary Care Record Using eHealth Exchange Participant

Example 1

NwHIN Example
1. EHR generates CCDA
2. EHR sends CCDA to eHealth Exchange Participant
3. eHealthExchange Participant sends to Provider B

Provider A

eHealth Exchange Participant (formerly NwHIN Exchange)

Provider B

Often initiated by a query for records

An eHealth Exchange Participant does not have to be certified in order for Provider A’s transmissions to count for MU.

However, Provider A must still use CEHRT to generate a standard summary record in accordance with the CCDA.

Developed by Office of the National Coordinator Health Information Technology
Red lines / text were added by Healtheway to clarify eHealth Exchange functionality
Transmit Summary Care Record Using “Pull” or “Query” Infrastructure

Providers #1-4 (1) have CEHRT, and (2) use the CEHRT’s transport capability (Direct or SOAP) to send a CCDA to a HISP/HIE that enables the CCDA they’ve sent the HISP/HIE to be subsequently pulled by Provider #5.

In this scenario, the HIE does not have to be certified.

Could be an eHealth Exchange Participant

Developed by Office of the National Coordinator Health Information Technology
Red lines / text were added by Healtheway to clarify eHealth Exchange functionality
eHealth Exchange Scenarios (TOC #2)

Other Care Setting / Provider

Request

EH / EP / CAH

✓ C-CDA

Other Care Setting / Provider

Request

State or Regional HIO

✓ C-CDA

Request

State or Regional HIO

✓ C-CDA

Request

EH / EP / CAH

✓ C-CDA

Request

EH / EP / CAH
INTERACTIVE DISCUSSION TOPICS
Common Questions

1) Does the eHealth Exchange compete with state HIEs?
2) Does Healtheway maintain Record Locator Service or Master Patient Index or other shared services?
3) Does the eHealth Exchange support state-specific use cases (reporting immunization data to state registries)
4) Do current participants in the eHealth Exchange have to pay testing fees if they onboarded before September 2012?
5) How does Healtheway address scenarios where health systems in a state want to onboard directly instead of through the state HIE?
6) Can organizations meet criteria for participation if they do not support specific eHealth Exchange specifications (e.g. SAML)?
Why Does the eHealth Exchange Require SAML?

• SAML enables some key capabilities
  • Audit logging
    • Which person made the request
    • Which organization made the request
    • How was that person authenticated (password, 2 factor, etc.)
  • Access control based upon
    • Organizational identifier
    • Role of requester
    • Purpose of the request (treatment, claims, etc.)
  • Patient consent / authorization / preferences
  • Durable security (can be validated in the future)
  • Enables state/local decision making
• Without SAML, all requests look almost the same and all of the above valuable information is lost
For More Information

www.healthewayinc.org
E-mail: admin “at” healthewayinc.org
Onboarding: http://www.healthewayinc.org/index.php/exchange/onboarding