



Health Information Exchange Webinar Q&A

1. Is the mandate just for those that are contracted with/provide services to Oklahoma Health Care Authority patients?

A: The mandate is not just for Medicaid providers, it's for all licensed health care providers. Please find the policy of who is defined as a health care provider [here](#).

2. What is the financial cost?

A: The fee schedule for MyHealth Access Network are based on a volume metric for each organization type, for example:

- Hospitals - number of adjusted patient days
- Clinics - per prescribing provider
- Pharmacies - licensed pharmacists

The fee schedule is set by the governance at MyHealth Access Network. As a member of the network, all organizations have the right to participate in the governance committees and provide a voice on pricing, data governance, and much more.

3. Will SoonerCare prescription history/pickup be viewable in the HIE?

A: Yes, prescription history will be available through the HIE. The HIE will provide the most comprehensive information available on a patient's prescription history by connecting to multiple sources.

4. What organizations and providers must connect?

A: All licensed health care providers must connect. Please find the policy of who is defined as a health care provider [here](#).

5. Will you be able to send data via FHIR?

A: MyHealth's current software system is built around a FHIR data repository and all clinical data is stored in FHIR. The cost and pricing implications of offering access to the clinical data via FHIR API is currently being considered, and at least one major health system has had access to this for testing purposes. If there is interest in utilizing a FHIR API to query data from MyHealth please email MyHealth at info@MyHealthAccess.net and request to participate in the planning for this capability rollout.

If you are anticipating SENDING data to the HIE via FHIR, this is not yet a commonly used capability in FHIR and MyHealth would welcome your participation in governance to evaluate the best approach to accomplishing this.

6. Most providers already have an EHR. Will providers need to document in 2 EHR programs?

A: No, the HIE is not an EHR. HIE's receive data through a live connection from providers' EHR's. Providers should not expect to manually provide or enter any data into the HIE.

7. Is there any kind of program to help providers with the costs of integrating and using this HIE.

A: There are currently no incentive programs, although this may be considered. The Office of the State Coordinator for HIE and MyHealth are working within State Agencies and the legislature to identify any funding or programs available to help providers offset the cost of connectivity to the HIE. One challenge these requests face is quantifying how much is needed for such a program. If your organization feels that cost will be a barrier to getting connected to the HIE please make sure to complete the hardship exemption request section of the HIE application [here](#) so that the extent of the funding needed can be accurately estimated.

8. Can you merge the records into our systems, or do you have to print them?

A: Many organizations currently utilizing the MyHealth Provider Portal download a PDF directly from the portal and import these into their EHR. There are several options MyHealth can explore with your EHR including Fast Healthcare Interoperability Resources (FHIR) or a query response protocol where a CCD is sent into your EHR. Please note, these options take a significant amount of resources and may include additional fees.

9. What is the penalty for not signing up?

A: There is currently no penalty for failing to provide data to and utilize the HIE. Recognizing that there are multiple Federal and State requirements for participation in health information exchange, it is the hope of the Office of the State Coordinator for HIE that additional penalties are not required to achieve near universal deployment and participation. For example, CMS programs such as MIPS and the hospital Condition of Participation program require bidirectional exchange of interoperable data and proactive alerting to providers, both services offered by the HIE. In addition, the Medicaid Managed Care Organizations will require all contracted providers to be participants in the HIE in good standing. Thus, although there are no penalties currently in place, there may be significant contractual implications to non-participation, and it is hoped that no separate penalty program is required.

10. If we participate in Cerner's CommonWell HIE. Does that connect to MyHealth Access Network or is this an additional expense?

A: CommonWell does not proactively feed data into MyHealth Access Network therefore, does not meet the 'report data to' requirements. The Participants in MyHealth Access Network have considered this type of connection but the concerns about the hand off and consent structure lead to the current Participants voting against this connection. However, the network is governed by its Participants and if the members were to determine to add CommonWell as an additional connection, then that could be done.

11. Is single sign on currently available for Epic users?

A: Single Sign On is on the roadmap and will be available soon.

12. Which EHR systems are already connected to MyHealth Access Network?

A: There are currently 45+ different EHR systems connected to MyHealth Access Network today. We can connect to many different EHRs and any EHR that meets the 2015 Cures Update for CEHRT, which can be found on the [Certified Health IT Product List \(CHPL\)](#) website should have the capability to connect.

13. Do we need to complete an application if we are already using MyHealth Access Network?

A: No, if you are already a MyHealth Access Network participant, and a member in good standing, you do not need to complete an additional application. However, the law is for providers not organizations, so you will need to supply a list of the providers you cover to MyHealth Access Network to show compliance with the mandate. Instructions for providing this information will be distributed soon.

14. Can patients opt-out?

A: Yes, you may find out additional information on the patient opt out process here : <https://myhealthaccess.net/opt-out/>

15. What is the deadline for participation?

A: Senate Bill SB1369 mandates HIE participation for all providers by July 1, 2023. Please reference the rules [here](#).

16. Does this apply to SoonerCare providers outside the state of Oklahoma on the KS, AR, and MO borders?

A: This applies to providers providing care in the state of Oklahoma. The utilization of the HIE data to provide comprehensive, high quality care to SoonerCare members is recommended even for providers seeing patients beyond the borders of Oklahoma, and the MyHealth portal can be made available for this purpose. In addition, reporting data back to the HIE in Oklahoma can be accomplished through participation in the HIE's serving your area. For example, Arkansas providers can ensure that relevant patient data is

automatically sent to the Oklahoma HIE by participating in the Arkansas HIE called SHARE, which has a live data connection with MyHealth via the Patient Centered Data Home network.

17. Are applications required per organization or per provider site?

A: Per legally incorporated organization at a level that makes sense. For example, most organizations execute their participation agreement at the same level they sign health plan contracts and other major legal agreements. It is important that the signing entity have accountability and control over the terms and conditions (such as HIPAA) in the MyHealth Participation Agreement for all of the locations, providers, and other entities covered by their signature.

18. Will PMP be integrated into MyHealth Access Network?

A: While PMP integration with MyHealth Access Network is not yet available, it is a feature that we have on our roadmap.

19. If you are required per provider, do you have fee prorated for part time providers and non-physician providers?

A: Please complete the application [here](#) to allow us to provide a more accurate response based on your individual practice.

20. What happens if a provider or group of providers doesn't have an EHR, do they still have to submit medical records to MyHealth Access Network?

A: If you do not have an EHR, your participation would be limited to accessing the MyHealth Access Network clinical portal for viewing your patients' records. Your connectivity to share records can be established at any point in time when you implement an EHR. When completing the online application for participation, you will need to indicate that you do not have an EHR and request an exemption from Reporting Data To the HIE, and the State Coordinator will evaluate and rule on your request. Please reference the rule [here](#) for additional details.

21. If we are just receiving data from the HIE, does the cost change to participate? Is there a cost sheet breakdown?

A: Please complete the application [here](#) to allow us to provide a more accurate response and cost estimate based on your individual practice. In general, the cost to participate is a single base fee and providing a high-quality data feed offers an opportunity for a discount.

22. How will utilization be monitored by OHCA?

A: MyHealth Access Network governance will provide all oversight of monitoring and reporting on access and utilization. MyHealth's Participation Agreement relies on the same authorization procedures your organization uses today to determine who is eligible to have access to records. The system keeps track of

every person who views medical records so that privacy is maintained through regular auditing of usage logs.

23. Do you know if this HIE will meet the measure requirement for the Promoting Interoperability (PI) category of MIPS?

A: The Health Information Exchange (HIE) Bi-Directional Exchange requirement in the 2022 MIPS PI Measure (PI_HIE_5, [link](#)) is satisfied if clinicians can say YES to three statements. Regarding the second statement, MyHealth Access Network is an HIE that "is capable of exchanging information across a broad network of unaffiliated exchange partners including those using disparate EHRs and does not engage in exclusionary behavior when determining exchange partners." With respect to the first and third statement, each provider organization will need to determine if their interface complies with these statements. A number of our current connected partners have told MyHealth Access Network that they believe their data interfaces satisfy all of the requirements.

24. Can you search for a specific item?

A: Yes, you can search for specific clinical data elements within a specific patient's record. Clinical data elements contained within MyHealth are generally those required by the United States Core Data for Interoperability (USCDI) which can be reviewed online [here](#).

25. Do records get purged after 7 years?

A: MyHealth's current policy is to retain all health information unless/until directed to destroy it by the original source.

26. Mental health data is sensitive, do we have to comply?

A: As of this time, Health Care Providers will not send 42 CFR Part 2 data to the HIE; however, they will be required to utilize the HIE. In addition, the organization sending records may utilize the capabilities of their own systems to deem a chart or encounter sensitive and withhold that information.

27. How can I get a copy of the OHCA HIE webinar recording?

A: Please find the recording [here](#).