eHealth Exchange™
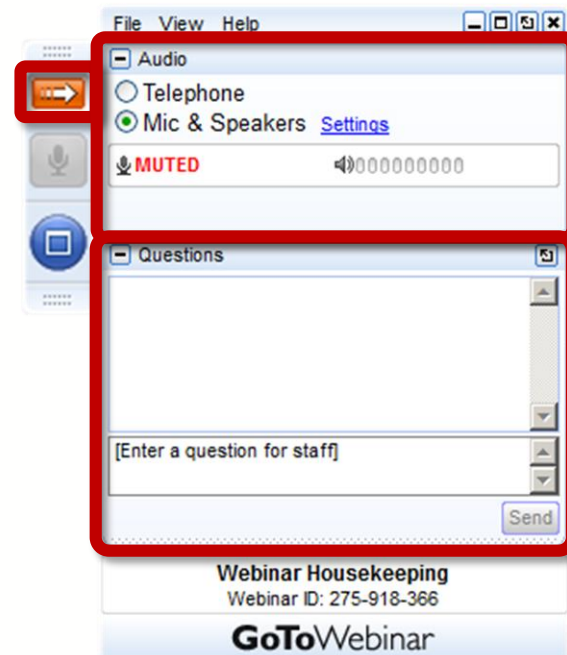
All Participant Call

Kati Odom-Bell

Mike Yackanich

Mike McCune

Jay Nakashima

Debbie Condrey

Didi Davis

How Do I Participate?

Your Participation

Open and close your control panel

Join audio:
- Choose "Mic & Speakers" to use VoIP
- Choose "Telephone" and dial using the information provided

Submit questions and comments via the Questions panel

Note: Today's presentation is being recorded and will be provided within 48 hrs

Problems or Questions? Contact Dawn Van Dyke

dvandyke@ehealthexchange.org or 703.864.4062

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Today's Topics

1. New Participants	Kati Odom Bell
2. MIPS Attestation	Kati Odom Bell
3. eHealth Exchange Fee Schedule Update	Jay Nakashima
4. Carequality Update	Mike McCune/Jay Nakashima
5. Hub Update	Mike Yackanich
6. Content Validation	Didi Davis
7. FHIR R4 Update	Debbie Condrey
8. Certificate Authority Update	Kati Odom Bell
9. Q&A	Everyone

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New Participants

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Congratulations to our newest Participants!

Participant eHealth Exchange
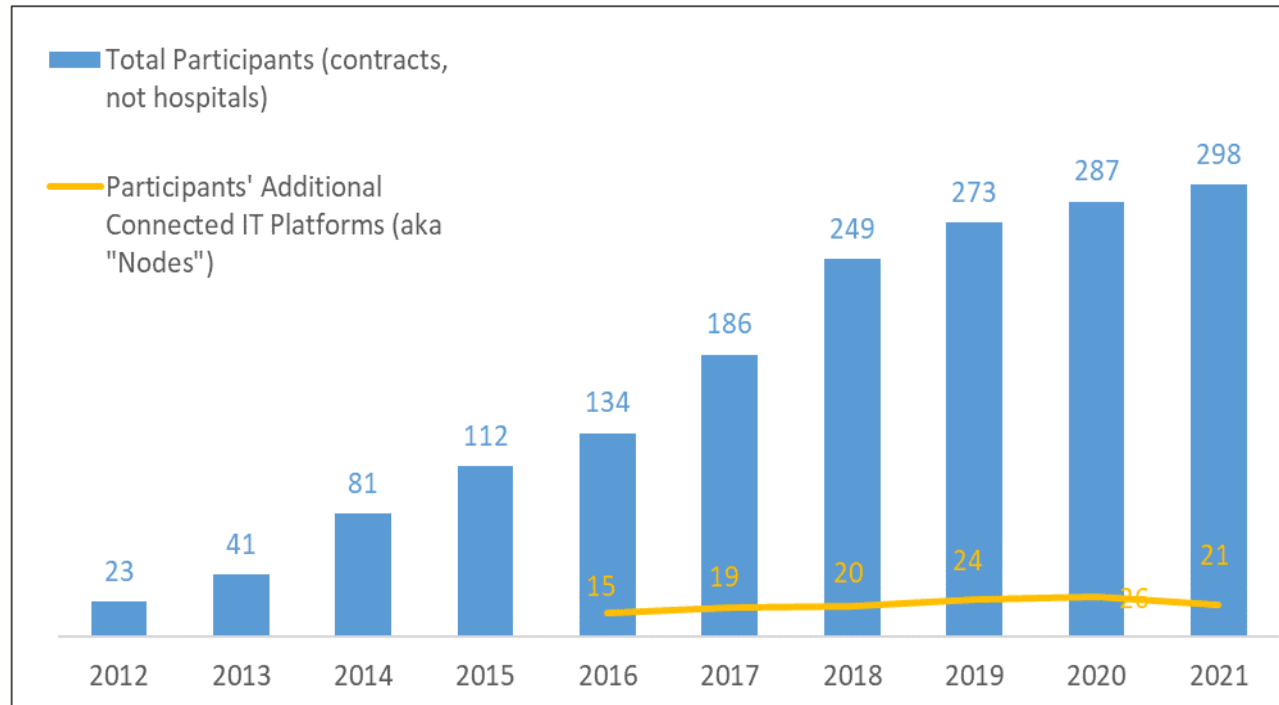
- RWJBarnabas Health, Epic, NJ

Committed to Improving Patient Care via Data Exchange

eHealth Exchange

CY 2021 85 FR 84472 - Engagement in Bi-Directional Exchange through HIE

- Alternative measure as an optional alternative to two (2) existing measures:
  - The Support Electronic Referral Loops by Sending Health Information measure, and
  - The Support Electronic Referral Loops by Receiving and Incorporating Health Information measure.
- Reported by Attestation, requiring a Yes/No response. It was proposed that clinicians would attest to the following:
  - I participate in an HIE in order to enable secure, bi-directional exchange to occur for **every** patient encounter, transition or referral, and record stored or maintained in the EHR during the performance period in accordance with applicable law and policy.
  - The HIE that I participate in is capable of exchanging information across a broad network of unaffiliated exchange partners including those using disparate EHR's, and does not engage in exclusionary behavior when determining exchange partners.
  - I use the functions of CEHRT to support bi-directional exchange with an HIE:
    - 45 CFR 170.315(b)(1), (b)(2), (g)(8),, or (g)(10)

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MIPS – Bi-Directional Exchange through HIE Next Steps

Action by Participant: Request letter from eHealth Exchange by email to prussell@ehealthexchange.org or administrator@ehealthexchange.org

- The letter indicates that eHealth Exchange is a HIE that fulfills the 2nd attestation statement and that the Participant has an active agreement with eHealth Exchange.
  - This is for your records only
  - The attestation requires a yes/no response to each statement
- eHealth Exchange unable to provide data for the 1st and 3rd statements of the attestation.

eHealth Exchange Fee Schedule Update

Fee Schedule for Providers and HIEs*

Challenges	Goals

1. **Complexity** – Fees vary based upon size, number of states, and whether exchanging with Carequality.
 	
2. **Equity** - A single hospital participant with 150 beds pays the same as a health system with 40+ hospitals operating in multiple states.
 	
3. **Incentives**
  • The fee schedule does <u>not</u> encourage our biggest providers to request data via the hub, so other participants maintain point to point connections.
  • The fee schedule does <u>not</u> encourage Carequality exchange.
	1. **Simplify**
	
	2. **Ensure Equity & Information Blocking Compliance**
	
	3. **Reduce Exchange Barriers**
	
	4. **Fees based upon network usage**

*Changes do <u>not</u> apply to federal agencies, payers, or vendors who generate higher eHealth Exchange expenses

eHealth Exchange

Change

How:

✓ Simplified, more equitable fee structure better aligns with Information Blocking rule requirements and market dynamics
✓ eHealth Exchange revenue decreases slightly

✓ Encourages broader exchange with minimal annual revenue reduction
   ✓ No Hub fees to reduce participants' connectivity complexity & number of costly point to point connections
   ✓ No Carequality exchange fees which will improve patient care

Who:

✓ **91%** of participants' fees would <u>not</u> change, although Carequality access would be **included** at no charge in their fees should they want to activate Carequality exchange

✓ **1%** of participants' annual fees would <u>decrease</u>

• **8%** of participants' annual fees would <u>increase</u>, although **Carequality access and Hub initiating** are now **included** at no extra charge

• **eHealth Exchange's total revenue will <u>decrease</u> and total expenses will <u>increase</u>**

eHealth Exchange

Timing

1. **April 2021**

   All fee decreases applied:

   – eHealth Exchange no longer charges providers or HIEs for Carequality exchange or Hub usage

   – Aligns with current Information Blocking enforcement date

2. **July 2022 through June 2023: Any fee increases will be applied to annual renewals**

   • Provides time for budgeting

Changes*

Current	Revised
1. Additional fees apply to exchange with Carequality	1. No fees to exchange with Carequality
2. Additional fees apply for large multi-state participants to initiate queries via the Hub	2. No Hub fees
3. Largest participants pay $27K annually for base participation, the same fee as small community hospitals with only one facility	3. Participants with $5B+ revenue or expenses pay according to new Tier 6 which charges $41K annually.
4. Participants with multiple connectivity platforms (gateways or nodes) pay nothing extra even though eHx costs increase	4. Participants shifting cost and complexity to eHealth Exchange pay more.

*Changes do not apply to federal agencies, payers, or vendors who generate higher eHealth Exchange expenses

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Comparison*

Current*

If Adjusted/Net Patient Revenue (or Total Expenses for Non-Profits)	Annual Base Fee
> $500 Million	$27,000
$100 Million to less than $500 Million	$25,000
$10 Million to less than $100 Million	$19,000
$1 Million to less than $10 Million	$11,000
Less than $1 Million	$5,000
+ additional **50%** to exchange with Carequality + additional **$110K** for Hub requests _if_ operating in 5 or more states with annual revenue or expenses over $500M	

Revised*

If Adjusted/Net Patient Revenue (or Total Expenses for Non-Profits)	Annual Base Fee**
> $5 Billion	$41,000
> $500 Million to less than $5 Billion	$27,000
$100 Million to less than $500 Million	$25,000
$10 Million to less than $100 Million	$19,000
$1 Million to less than $10 Million	$11,000
Less than $1 Million	$5,000
Hub & Carequality exchange _included_** Additional $4K annual fee per supplemental gateway [Not Common] Additional $1K annual fee per supplemental HCID Directory Listings [Not Common]	

new

new

eHealth Exchange's total revenue will decrease and total expenses will increase

***Changes do not apply to federal agencies, payers, or vendors who generate higher eHealth Exchange expenses**

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Obligations to Exchange via Carequality

Obligations When Exchanging with Carequality:

Current Obligations:

1. Maintain directory entries in the Carequality Production directory by requesting eHealth Exchange make this entry.

2. Authorize a response to any and all Carequality directory listings for each Carequality use case (e.g. Query-Based Document Exchange) in which your organization exchanges.

3. If your organization is a Health Information Exchange (HIE) or similar non-provider, create sub-participants entries in the eHealth Exchange production directory that represent the providers and/or payers within your organization. Requesting time to implement this has been deemed reasonable.

4. Adhere to the **Carequality Connection Terms** (https://carequality.org/resources)

Possible New Obligations (required date unknown)**:**

5. Maintain a test environment with an active certificate authority (CA) issued certificate.

6. Maintain directory entries in Stage (non-production).

7. HIE participants (aka "Candidate Implementers" in the Carequality world) complete a Carequality Application for Carequality Connections form.
   - Carequality might be particularly sensitive to sharing aggregated data with payers when that data was originally intended for non-Treatment purposes

eHealth Exchange

Maintain Directory Entries

#1 Maintain directory entries in Production

1. If your organization has not already done so, please email techsupport@sequoiaproject.org to request Production directory entries.

2. For additional information, see https://ehealthexchange.org/wp-content/uploads/2020/07/Carequality-Connectivity-Steps-for-Partcipants.pdf

#6 Maintain directory entries in Stage (non-production)   *Proposed Additional Carequality Requirement*

1. Working through the eHealth Exchange, create new directory entries in the Carequality Stage directory (non-production) that reasonably mirrors your production setup.

2. As with entries in the Carequality production directory, send an email to techsupport@sequoiaproject.org to request new Stage directory entries.

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Maintain a Working Test Environment

#5 - Maintain a test environment with an active certificate authority (CA) issued certificate.

- At least one synthetic patient with at least one synthetic CDA so the trusted Carequality community can test exchange with your organization at any time.

- More than one test patient is needed when one test patient is not sufficient to reasonably represent the data in your production environment.

Note: Separately, remember eHealth Exchange requires these non-production certificates be issued specifically by DirectTrust [or by Entrust as long as still permissible in 2021].

eHealth Exchange

Create Sub-Participant Directory Entries:

#3 HIEs and similar non-providers must create sub-participant entries in the eHealth Exchange production directory that represent the providers and/or payers within your organization.

- Participants must populate the eHealth Exchange directory (which will in turn update the Carequality directory) with each of their locations that might be initiating/triggering a query and each of those locations must include a Home Community Identifier (HCID).

- Messages sent by HIEs must identify the entity that triggered the request using a home community ID (HCID or organization ID) for that entity instead of identifying the parent organization that joined the eHealth Exchange, unless the organization and triggering entity are actually one in the same.

  For example, a provider entity named "Springfield Medical Center" triggers a request so the request should be identified using the HCID of "Springfield Medical Center" and not the parent HIE organization named "Montana HIE". In this scenario, "Montana HIE" is the parent organization that joined the eHealth Exchange and "Springfield Medical Center" is a provider that is a child of the parent organization. This is important as you can imagine for HIPAA auditing.

- There is <u>no</u> eHealth Exchange charge for these supplemental directory entries.

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Ensure Your Systems Do Not Discriminate

#2 Authorize a response to any and all Carequality directory listings for any Carequality use case (e.g. Query-Based Document Exchange) in which your organization exchanges.

- If you deny requests to organizations not on a list of permitted identifiers (HCIDs), then in order to accomplish this goal, you will need to integrate with eHealth Exchange HubAware Carequality directory via FHIR, once that directory is available circa mid-summer 2021.

- By consuming the HubAware Carequality directory, you will be able to authorize each entry in the directory by the HCID of the entry.

- In 2021 only, the eHealth Exchange will provide a Carequality directory listing in a tabular format (Excel spreadsheet). Your organization should authorize a response to all of the entries in this directory listing.

eHealth Exchange

HIE Participants Complete Carequality Application

Proposed Additional Carequality Requirement

#7 HIE and similar participants ("Candidate Implementers" in the Carequality world) must complete a Carequality Application for Carequality Connections form.

The Carequality Application for Carequality Connections form is a survey designed to document the nature of your requests and responses for the Carequality community and how your share data with other organizations. For example:

A. As an initiator, list the permitted purpose of uses and justification for each purpose of use. As a responder, which purpose of use values do you allow?

B. Document external access to retrieved data

C. Patient/consumer access to retrieve data

D. What triggers your requests?

E. How do you decide which Carequality organizations are targeted for requests?

F. Patient selection approach – for example, patients targeted based on appointment check-in or ED arrival?

G. Do your providers require additional terms and conditions to respond to requests? Do the terms and condition include any limitations to the purpose of use?

eHealth Exchange

Follow All Carequality Rules

#4 Adhere to the **Carequality Connection Terms** (https://carequality.org/resources)

By <u>not</u> opting-out of exchange with Carequality, eHealth Exchange Operating Policy & Procedure 10 (section II, paragraph 3) binds your organization to adopt and flow-down the Carequality Connection Terms to be legally binding with your Participant Users.

eHealth Exchange

eHealth Exchange Hub

Upgrade Project

Hub Upgrade

FHIR R4 Support

Improved Configuration Management

Internal Performance Improvements

ZERO Downtime

No Service Outage

100% Availability

Code Freeze

March

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

eHealth Exchange

Content Validation Update

Participant Status – Content Testing Update

Out of 281 Participants required to pass Content Testing by May 1, 2021:

- **13,855 documents tested as of March 8, 2021**
- **36% or 101** Participants are @ Content Validated Status as of March 8, 2021
  - Increase from 75 in February 2021
- Content validated logos being added in real time to Participant listing on eHealth Exchange website:
  - https://ehealthexchange.org/participants/
- **9** technologies leveraged
  - Audacious Inquiry, Diameter Health, Cerner CEP, CONNECT, Epic, Guardian, Intersystems, Lightbeam, Mirth

Interoperability Testing Platform – Validator Update

Validator updated March 4, 2021

- o Outstanding issues can be found on the tooling home page found here:
  - ➢ https://gazellecontent.sequoiaproject.org/EVSClient/home.seam

Communications (Content Testing Deadline Reminder May 1, 2021)

- o Email message sent December 16, 2020 and March 5, 2021
- o Phone outreach to Vendors completed (October 2020)
- o Phone outreach to Participants (Non-Epic - Tested on or before 10/1/2019) completed by February 5, 2021
- o Epic Customers should work with their TS to resolve remaining errors
- o Office hours held bi-weekly through April 26, 2021- next offering Monday March 29 and April 12, 2021

eHealth Exchange

eHealth Exchange Content Testing Program Office Hours

eHealth Exchange staff started additional support related to content testing for Participants to ask questions during "Office Hours" biweekly call from October 19, 2020 1:00 - 1:30pm ET through April 26, 2021.

Next Offering: March 22 and April 5 and 19, 2021

Event days and times can be located:

https://ehealthexchange.org/event/ehealth-exchange-content-testing-program-office-hours/all/

Please join the meeting from your computer, tablet or smartphone

https://global.gotomeeting.com/join/988830037

You can also dial in using your phone
United States (Toll Free): 1 877 309 2073
United States: +1 (646) 749-3129
Access Code: 988-830-037

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https://global.gotomeeting.com/install/988830037

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FHIR R4 Project Update

Transition to FHIR R4

- The eHX FHIR R4 IG has been updated to include all feedback provided by the eHX team
- Work has been completed on setting up a HAPI FHIR R4 server installation using Docker in the development environment. FHIR profiles have been loaded onto the HAPI server so that validation tooling can be leveraged
- STU3 to R4 transforms are complete to include the updates to the FHIR R4 I
- Data quality issues are being reviewed and addressed at this time
- Work has begun on customizing HAPI authentication functionality
- The project is on target at this time for delivery mid summer 2021

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Certificate Authority Update

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Where Are We?

- All Participants should have updated their trust stores to include the new CA trust bundles by 3/1. If your organization has not yet completed this step, please do so **ASAP! Failure to do so will cause connectivity issues with pilot organizations.**

- Your existing Entrust root/intermediate certs will need to remain installed as well. The new trust stores can be found here: https://desk.zoho.com/portal/directtrust/en/kb/articles/installing-sequoia-project-trust-chains

- Several pilot organizations have been issued VAL certificates from the new CA vendors.

- Pilot orgs will begin requesting PRD certificates early next week.

- Identifying improvements in process as a whole and documentation of the process.

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What's Next?

- After the early adopters have completed piloting the PRD certs, we will begin "open season."

- Open Season is slated to begin mid-April. This means that outreach will begin for organizations with certs expiring in mid/late May to transition your organization to the new process.

- If your organization's certificate expires in March or April and you have not received outreach about becoming an early adopter, please continue with the current Entrust process by reaching out to techsupport@sequoiaproject.org to start the renewal process.

- All organizations that were issued Entrust certs in 2021 (Jan-early May) will be contacted around September of 2021 to transition to the new CA vendor certs.

- The transition off of all Entrust certificates is scheduled to be completed November 2021.

eHealth Exchange

Open Office Hours

- Beginning Monday 2/22, eHealth Exchange Staff will be hosting open office hours to assist with any questions or concerns regarding the Certificate Authority Transition

- Open office hours will be held Mondays and Thursdays at 1:00 PM ET through at least mid-March.

https://www.gotomeet.me/KatiOdom-Bell

Dial In: +1 (224) 501-3318

Access Code: 918-898-253

Please Engage!

We'd love to hear from you

eHealth Exchange™

Technical Work Group

Thursdays 4-5 ET.

Typical Topics:

1. Technical Specification Creation

   a. Push notifications

   b. Populating directory with hospital locations

   c. Broadcast query

   d. FHIR Directory

   e. Consumer access

   f. Carequality harmonization

   g. Controlled Unclassified Information (CUI) Marking

2. Testing

3. Hub Updates

4. Capacity planning [Final Thursday each month]

eHealth Exchange

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eHealth Exchange

Certificate Authority Transition Open Office Hours

- Mondays at 1:00 PM ET and Thursdays at 2:00 PM ET
  - Beginning 2/22/21 through 3/31/21
  - Please e-mail administrator@ehealthexchange.org if you need more information

- https://www.gotomeet.me/KatiOdom-Bell
  - Dial In: +1 (224) 501-3318
  - Access Code: 918-898-253

eHealth Exchange

How might I obtain additional information?

How	When	Where
1. Visit eHealth Exchange Web Site	Any time	https://ehealthexchange.org
2. Monthly Participant Web Meetings	Typically, the 3rd Thursday of Each Month at 1 pm ET	https://ehealthexchange.org/events
3. Weekly Technical Workgroup	Thursdays 4-5 ET (April though August+)	https://ehealthexchange.org/events
3. Email	Any time if you have a specific question	administrator@ehealthexchange.org

eHealth Exchange

Questions & Answers

Please e-mail questions or concerns to administrator@ehealthexchange.org

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