

The logo for eHealth Exchange, featuring the word "eHealth" in white with a blue "e", and "Exchange" in white. A small "TM" trademark symbol is positioned to the upper right of the word "Exchange".

# eHealth Exchange<sup>TM</sup>

## eHealth Exchange Overview

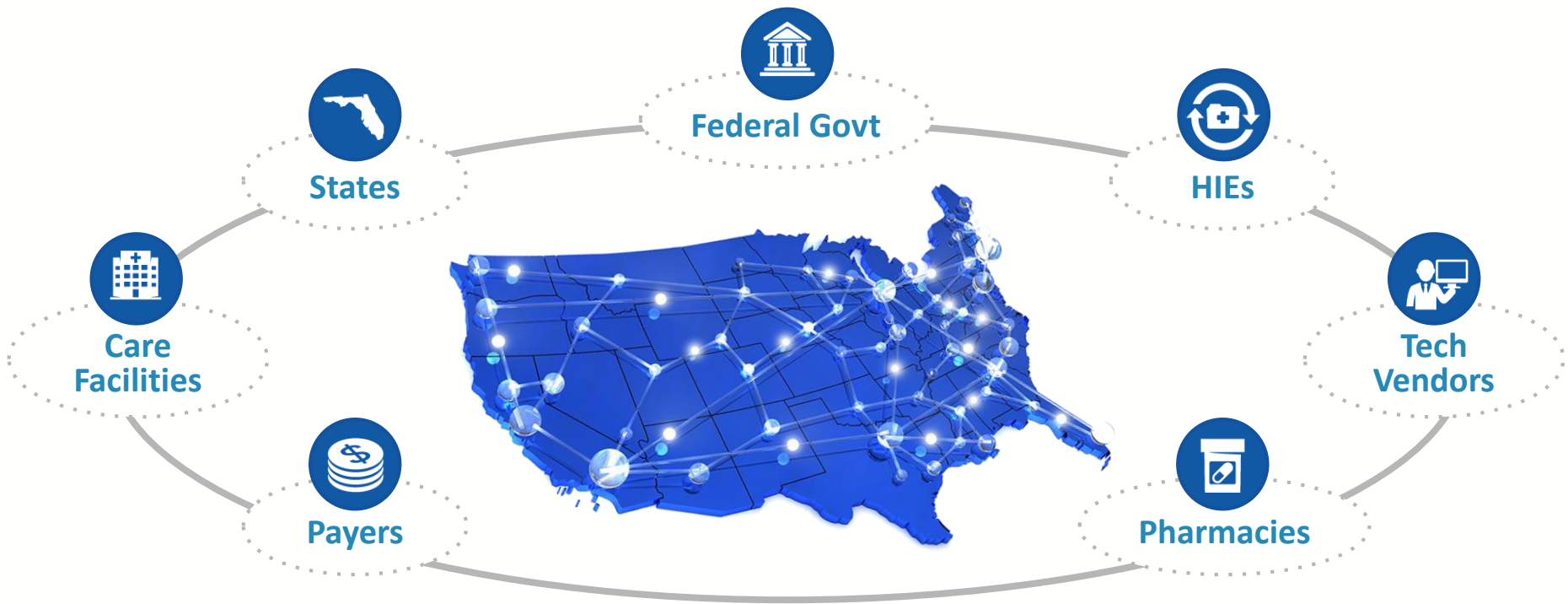
*March 30, 2015*

## About Healtheway

- Non profit with a public mission
- Targeted vision and mission
- Advance implementation of secure, trusted and interoperable nationwide exchange of health information
- Unique history
- Public private collaborative



# Introduction to the eHealth Exchange



**Rapidly growing network of partners that securely share health information over the Internet**

# Largest HIE Network in the U.S.

In 2015, the eHealth Exchange will connect:

All 50 states



10,000 medical groups

Four federal agencies  
(DoD, VA, HHS including  
CMS, and SSA)



900+ dialysis centers



8200 pharmacies

30% of U.S. hospitals



Supporting more than  
100 million patients

# eHealth Exchange Overview



## eHealth Exchange Provides

- Legal/Trust Framework
- Operating Policies and Procedures
- Program Support (via Healtheway)



## Technical Services

- UDDI (phone book of other eHEX Participants)
- Security (x.509 Managed CA)
- Testing with our partner organization

# eHealth Exchange: Benefits

## Benefits to Participants

- Reduced costs – legal fees, interfaces
- Improves clinical decision making
- Enables exchange with governmental providers
- Multi-purpose platform for interoperability – adaptable / flexible



## Economic Impact

- National level ROI – aggregate cost savings / efficiencies



### *Example: Social Security*

- Automates paper requests for records (15 million / year) – less costly / more efficient for SSA and providers
- Faster determinations; disabled receive monthly cash benefits more quickly
- Potential to recover for uncompensated care (e.g. through Care / Caid)
  - Bon Secours - \$2.2M / year
  - Childrens Medical Center, Dallas – low cost to implement / support. Savings of \$572K over five year – ROI of 862%

# 10 Years of Progress

**2006**

ONC sponsors prototype architectures, followed by trial implementations. Creates trust agreement



**2008**

Focus shifted to supporting production pilots



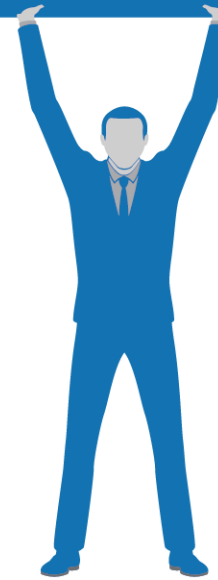
**2009**

First production exchange between Social Security Administration and MedVirginia, followed by Veterans Health Administration and Kaiser Permanente



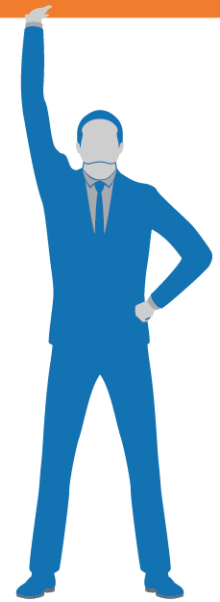
**2012**

Exchange transitions to Healthway. Private sector participation increases



**2015**

Nationwide implementation across 50 states



# eHealth Exchange Anchor Participants



*These 17 participants played an instrumental role in helping transition from a federal program to Healthway in 2012.*



# Sample Use Cases

## Treatment / Care Coordination:

Allows access to critical information such as test results, medication history and allergy information and makes it available to providers when the patient is transferred to another service.

Supports active service members and veterans throughout their care by making it possible for medical records to follow the patient, providing both government and private caregivers with up-to-date medical histories



## Expedites Social Security Benefits for the Disabled

Requests claimant's records electronically to make disability determinations. Cut down claims processes *from months to days*.

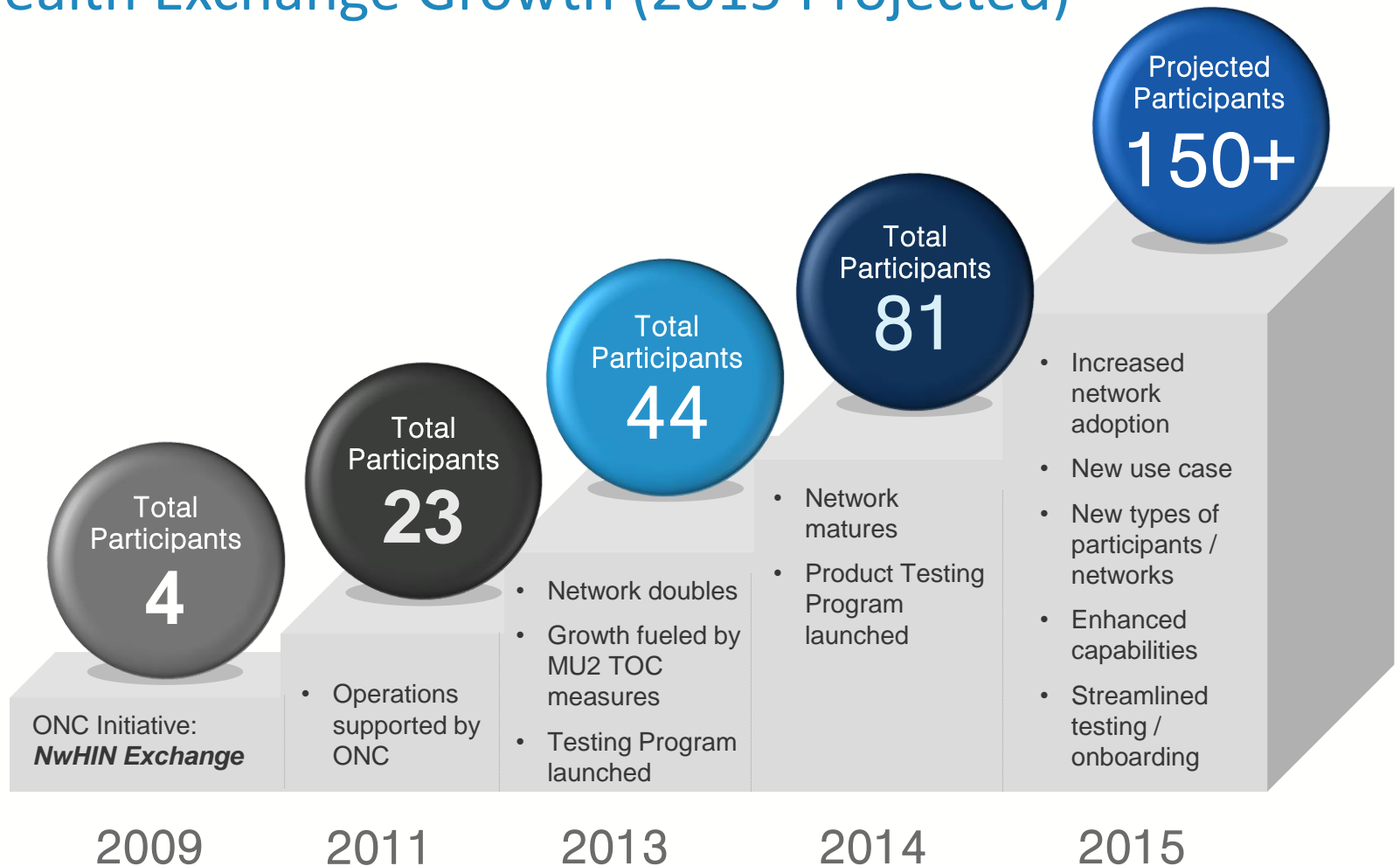


## Quality Reporting for the End Stage Renal Disease Program - CMS

Allows Dialysis centers to send quality data to CMS to assure that individuals with End Stage Renal Disease receive the highest quality of care



# eHealth Exchange Growth (2015 Projected)



# Onboarding & Testing Process

## Apply

## Test

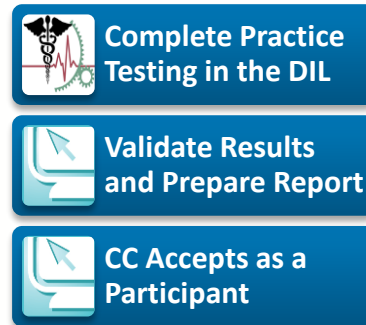
## Activate

## Participant




- Prepare Onboarding Package
- Healthway Reviews Onboarding Package
- Coordinating Committee (CC) Determine Eligibility

4 – 6 weeks



- Complete Practice Testing in the DIL
- Validate Results and Prepare Report
- CC Accepts as a Participant

2 – 6 weeks



- Issue Production Certificate
- Add to Service Registry
- Go Live!

2 weeks



- Treatment / Care Coordination / Transitions of Care
- Social Security Disability Claims Eligibility Determination
- Quality Reporting for the CMS End Stage Renal Disease Program

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.



# ONBOARDING & TESTING PROCESS

## Eligibility Criteria

- Be a valid business in good standing or a governmental agency, operating in the US;
- Meet all solvency and financial responsibility requirements imposed by statutes and regulatory authorities;
- Be an organization or agency that oversees and conducts, on its own behalf and/or on behalf of its Participant Users, electronic transactions or exchanges of health information among groups of persons or organizations;
- Have the organizational infrastructure and legal authority (through statutes, regulations, organizational agreements, contracts or binding policies) to comply with the obligations in the DURSA and to require its Participant Users to comply with applicable requirements of the DURSA;
- Is not aware of any information that would preclude the Applicant from fully complying with the provisions of the DURSA;
- Intend to Transact information with other Participants for a Permitted Purpose as defined in the DURSA;
- Have sufficient financial, technical and operational resources to support the testing and operation of transactions among Participants;
- Submit a completed Application, signed DURSA Joinder Agreement (Attachment 7 of the DURSA), and the eHealth Exchange Participation Agreement;
- Successfully complete testing and be accepted by the eHealth Exchange Coordinating Committee.

# Architectural Requirements

- Ability to discover and exchange healthcare information amongst participant entities
- Ability to match patients to their data without a universal or national patient identifier
- Ability to support patient preferences regarding their data exchange
- Support secure data exchange
- Support harmonized standards
- Support diverse set of organizations, technologies, and approaches
- Support a common trust agreement
- Meaningful Use
- Reliability
- Scalability
- Non-repudiation

## How to Tackle the DURSA

- Review DURSA and assure you have mechanisms in place to comply with all provisions
- Consult, as necessary, with the following
  - Privacy
  - Security
  - Legal
  - Business Office
  - Human Resources
- Specifically address the DURSA “flow-down” provisions in Sections 15.04 and 15.05
  - *See DURSA Webinar on the Healthway Onboarding web page for details &*
- Sign the DURSA Joinder Agreement (Attachment 7 of the DURSA, with Attachment 4 – Contacts for Notice)
- Countersigned by Healthway only when applicant has completed testing, been approved by the Coordinating Committee as a Participant and is “live” in production

# Participation & Testing Agreement

- Participation Agreement
  - The business agreement between Healtheway and the Participant for the provision of services, once accepted as a Participant
    - Managing digital certificates required for secure exchange
    - Maintaining UDDI registry
    - Enabling access to exchange with other participants
    - Support of the Coordinating Committee and its processes (i.e., supporting the breach notification process, etc.).
- Testing Services Agreement
  - The business agreement between Healtheway and the applicant for the provision of testing services to the applicant
  - Required to proceed to testing
- Countersigned by Healtheway only when applicant has completed testing, been approved by the Coordinating Committee as a Participant and is “live” in production



# eHealth Exchange Participation & Testing Fees

## eHealth Exchange Annual Participation 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 Annual Participation Fees

Annual Revenue	Annual Participation Fee
< \$1M	\$4,750
\$1 - \$10M	\$9,950
More than \$10M	\$19,900

- 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

	2010 Specs	2011 Specs
Smoke Tests (Essential tests to verify connectivity and core functionality)	No charge	\$11,000
Security Tests	N/A	\$8,000
Content (Basic C32, Bridge C32, C-CDA) <sup>1</sup>		

## Notes:

<sup>1</sup>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.

Applicants using an eHealth Exchange Validated Product **ONLY** complete Smoke Testing.

## Additional Fees

- Extension (beyond 60 days from Official Results Submission to Healtheway) – 15% of testing fee
- Retest Fee (per test result) - \$2,000

# Product Testing Program

Vendors conduct rigorous set of tests to validate:

- Conformance to underlying standards and specifications
- Systems are free from known interoperability issues - transport, security, transactions and content (if not MU certified)
- Configured and operate securely (negative security tests)

*Applicants using an eHealth Exchange Validated product only complete smoke testing*



Vendor	Validated Products
 Browsersoft Connected Health	 OpenHRE™ First Browsersoft
 Cerner	Clinical Exchange Platform
 Epic	Care Everywhere (2012, 2014, 2015)
 Greenway™	PrimeEXCHANGE
 ICA THE INTEROPERABILITY EXPERTS	CareAlign 3.0
 IOD	 PRISM
 INTERSYSTEMS	InterSystems HEALTHSHARE™
 Medicity™ A Healthagen Business	Network v7
 ORION HEALTH™	Exchange Gateway v3

# eHealth Exchange Solutions



## In production with solutions that enable:

- Interoperable sharing of clinical information (Human readable, Computable)
- Reducing information flow problems
- Reducing data completeness problems
- Making patients locatable
- Making patient data searchable
- Connecting systems
- Enabling cross-organizational information flow (future)

For more information:  
<http://www.healthewayinc.org>  
E-mail: [admin@healthewayinc.org](mailto:admin@healthewayinc.org)