DAP CYE 2021 Requirements for Behavioral Health and Integrated Clinics

Melissa A. Kotrys, CEO
March 26, 2020
AHCCCS Differential Adjusted Payment (DAP) CYE 2021 Preliminary Public Notice

HIE Participation Requirements, Milestones, Roles & Responsibilities
Agenda

1. DAP Basics
2. Letter of Intent (LOI) Submission Process
3. DAP HIE Requirements
4. Data Quality Strategy & DAP
5. Health Current vs. Participants: Roles & Responsibilities
Purpose

The purpose of this webinar is to clarify the Health Information Exchange (HIE) requirements for eligible providers participating in the AHCCCS Differential Adjusted Payments (DAP) program.

The HIE participant entities covered in this webinar are:
• Behavioral Health Outpatient Clinics
• Integrated Clinics
DAP Basics
What is DAP?
DAP Program and Health Information Exchange

• DAP aims to distinguish providers that have committed to supporting designated actions that improve patients’ care experience, improve members’ health and reduce cost of care growth.

• An integral part of the DAP program includes HIE data access and connectivity

• DAP includes various other requirements besides HIE:
  • sepsis care
  • peer support for substance use disorders
  • medication assisted treatment
  • quality reporting & awards
  • pressure ulcers
  • urinary tract infections
  • partnerships with schools to provide behavioral health
  • autism centers of excellence
  • e-prescribing
  • and more!
DAP Basics

- Differential Adjusted Payment (DAP) policy is a means for AHCCCS to offer and pay incentives to its provider network based on meeting various requirements, as part of AHCCCS’ broader value-based payment strategy.
- HIE requirements have been a key component of DAP policies since the program began in contract year end (CYE) 2017.
- DAP is scheduled based on CYE schedule, based on contract year for AHCCCS and its MCOs – which is equivalent to federal fiscal year (FFY) schedule.
  - CYE 2020 = October 1, 2019 to September 30, 2020
  - CYE 2021 = October 1, 2020 to September 30, 2021
DAP Basics

• Preliminary Notice posted to AHCCCS website March 6, 2020
• Comments accepted through April 6, 2020
• Final Public Notice to be published around April 30, 2020


Information about HIE requirements for DAP CYE 2021 is available here: https://healthcurrent.org/ahcccs-programs/differential-adjusted-payment-program/
Differential Adjusted Payment (DAP) Preliminary Public Notice

- HIE Requirements in CYE2021 for following entities:

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>HIE Incentive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals Subject to APR-DRG Reimbursement, excluding Critical Access Hospitals</td>
<td>2.5%*</td>
</tr>
<tr>
<td>Critical Access Hospitals</td>
<td>10%*</td>
</tr>
<tr>
<td>Other Hospitals and Inpatient Facilities</td>
<td>2.5%*</td>
</tr>
<tr>
<td>IHS and 638 Tribally Owned and/or Operated Facilities</td>
<td>2.5%</td>
</tr>
<tr>
<td>Integrated Clinics</td>
<td>10%</td>
</tr>
<tr>
<td>Behavioral Health Outpatient Clinics</td>
<td>1%</td>
</tr>
</tbody>
</table>

*Hospitals Subject to APR-DRG Reimbursement (excluding Critical Access Hospitals) as well as Other Hospitals and Inpatient Facilities are eligible to either participate in the HIE Participation program or the HIE Performance option.

Critical Access Hospitals are only eligible to participate in the HIE Performance option. See Preliminary Public Notice for performance criteria details.
DAP Preliminary Public Notice

• CYE2021 Summary HIE Requirements
  - Progressive requirements for any category with HIE requirements this year
  - HIE participation and data access/submission requirements for Integrated Clinics
  - Participation plus data access requirements for BH Outpatient Clinics

• ALL DAP-eligible providers MUST have a signed HIE Participation Agreement and DAP letter of intent (LOI) submitted by May 1, 2020.

• HIE implementation services for new entities are available on first come, first serve basis, so get started soon!
# Future DAP HIE Requirement Progression

**Attachment F - HIE Strategy by Provider Type**

<table>
<thead>
<tr>
<th>HIE DAP Criteria</th>
<th>CYE 17</th>
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<tr>
<td>BH OP Clinics &amp; Ics</td>
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</tr>
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<td>Physicians, PAs, etc.</td>
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- **Agreement**: Execute agreement and electronically submit information.
- **Milestones**: LOI with milestones for: execute agreement, approve SOW, transmit ADT, and transmit lab/radiology data. For non-inpatient facilities, transmit registration events and encounter summaries.
- **Data Access**: Execute agreement and access HIE data via HIE services.
- **Data Prep**: LOI with milestones for: submit immunization data (if applicable), execute data quality SOW, and submit data quality profile. Measure data quality in first quarter of calendar year using a metric to be defined.
Letter of Intent (LOI) Submission Process
LOI Submission Process

Submission of a Letter of Intent (LOI) is required. In LOI, providers agree to achieve HIE milestones by specified dates or maintain participation in the milestone(s) that have previously been achieved.

The LOI submission process entails sending the LOI letter to two email addresses:

   Email #1: FFSRates@azahcccs.gov
   Email #2: ceo@healthcurrent.org

The LOI must be sent by **May 1, 2020**

LOI templates are located at: [https://healthcurrent.org/programs/ahcccs-programs/differential-adjusted-payment-dap-program/](https://healthcurrent.org/programs/ahcccs-programs/differential-adjusted-payment-dap-program/)
DAP HIE Requirements
# DAP HIE Requirements - Summary

<table>
<thead>
<tr>
<th>Milestone Activity</th>
<th>Deadline</th>
<th>Hospitals APR-DRG Participation</th>
<th>Hospitals APR-DRG Performance</th>
<th>Critical Access Hospitals Participation</th>
<th>Other Inpatient Participation</th>
<th>Other Inpatient Performance</th>
<th>Indians Health Services 638</th>
<th>Integrated Clinics</th>
<th>Behavioral Health Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation Agreement</td>
<td>5/1/2020</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Letter of Intent</td>
<td>5/1/2020</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Access Data</td>
<td>See Notice</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Data Exchange SOW</td>
<td>11/1/2020</td>
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</tr>
<tr>
<td>Submit Data</td>
<td>See Notice</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Phase 1 Data Quality SOW</td>
<td>10/1/2020</td>
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<tr>
<td>Phase 1 Initial Data Quality Profile</td>
<td>12/1/2020</td>
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</tr>
<tr>
<td>Phase 1 Final Data Quality Profile</td>
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<tr>
<td>Phase 2 Data Quality SOW</td>
<td>10/1/2020</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Phase 2 Initial Data Quality Profile</td>
<td>12/1/2020</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Phase 2 Final Data Quality Profile</td>
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<td>✓</td>
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</tbody>
</table>
# DAP Provider Categories

**Who is Included in which DAP categories?**

<table>
<thead>
<tr>
<th>DAP HIE Categories</th>
<th>Provider Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals Subject to APR-DRG Reimbursement</td>
<td>02</td>
</tr>
<tr>
<td>Critical Access Hospitals (designated CAH by 5/1/2020)</td>
<td>02</td>
</tr>
<tr>
<td><strong>Other Hospitals and Inpatient Facilities:</strong></td>
<td></td>
</tr>
<tr>
<td>Psychiatric Hospitals, with the exception of public hospitals</td>
<td>71</td>
</tr>
<tr>
<td>Secure Residential Treatment Centers (17+ beds)</td>
<td>B1</td>
</tr>
<tr>
<td>Non-Secure Residential Treatment Centers (17+ beds)</td>
<td>B3</td>
</tr>
<tr>
<td>Subacute Facilities (1-16 Beds)</td>
<td>B5</td>
</tr>
<tr>
<td>Subacute Facilities (17+ beds)</td>
<td>B6</td>
</tr>
<tr>
<td>Rehabilitation Hospitals</td>
<td>C4</td>
</tr>
<tr>
<td>Long Term Acute Care Hospitals</td>
<td>C4</td>
</tr>
<tr>
<td>IHS &amp; 638 Tribally Owned and/or Operated Facilities</td>
<td>See Notice</td>
</tr>
<tr>
<td>(Hospitals owned and/or operated by HIS or under Tribal authority by 5/1/2020)</td>
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</tr>
<tr>
<td>Integrated Clinics</td>
<td>IC</td>
</tr>
<tr>
<td>Behavioral Health Outpatient Clinics</td>
<td>77</td>
</tr>
</tbody>
</table>

Requirements for All Providers

Note: For any milestone that includes electronic submission of patient information, the information transferred to the qualifying HIE must be actual patient data; the transfer of test data does not fulfill these requirements. It must include all patient data, including behavioral health data and data covered by 42 C.F.R. Part 2.
Integrated Clinics
HIE DAP Requirements

Eligibility
• The provider must be licensed by the ADHS as an Outpatient Treatment Center which provides both behavioral health services and physical health services.
• Behavioral Health Services Utilization At Least 40.0%
**Integrated Clinics**

**HIE DAP Requirements**

**Milestone #1**
No later than May 1, 2020 the clinic must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved.

**Milestone #2**
No later than May 1, 2020, the clinic must have actively accessed, and continue to access on an ongoing basis, patient health information via a qualifying HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the clinic’s electronic health record (EHR).
Integrated Clinics
HIE DAP Requirements

Milestone #3
No later than May 1, 2020 the clinic must electronically submit actual patient identifiable information to the production environment of the qualifying HIE organization, including both a registration event and an encounter summary. If a clinic is in the process of integrating a new Practice Management and/or EHR system, then it must meet this milestone no later than January 1, 2021.

Milestone #4
No later than April 1, 2021 the clinic must submit actual patient identifiable information to the production environment of a qualifying HIE, specifically including Seriously Mentally Ill (SMI) data elements, as defined by the qualifying HIE organization.
Behavioral Health Outpatient Clinics (Type 77)  
HIE DAP Requirements

**Eligibility**
Behavioral Health Outpatient Clinics (Type 77) are eligible for a DAP increase under the following criteria. Provider Type 77 means the organization is licensed by the Arizona Department of Health, certified for T19 and has signed a Provider Agreement with AHCCCS.

**Milestone #1**
No later than May 1, 2020 the clinic must execute an agreement with a qualifying HIE organization.

**Milestone #2**
No later than December 1, 2020 the clinic must have actively accessed, and continue to access on an ongoing basis, patient health information via a qualifying HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the clinic’s EHR.

**Note:** Behavioral health outpatient clinics must also submit an LOI to AHCCCS and Health Current by the May 1, 2020 deadline.
Data Quality Strategy & DAP
Future DAP HIE Requirement Progression

**Attachment F - HIE Strategy by Provider Type**

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<td></td>
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**Agreement**
Execute agreement and electronically submit information.

**Milestones**
LOI with milestones for: execute agreement, approve SOW, transmit ADT, and transmit lab/radiology data. For non-inpatient facilities, transmit registration events and encounter summaries.

**Data Access**
Execute agreement and access HIE data via HIE services.

**Data Prep**
LOI with milestones for: submit immunization data (if applicable), execute data quality SOW, and submit data quality profile.

**Data Quality**
Measure data quality in first quarter of calendar year using a metric to be defined.
Data Quality Strategy

The primary objective of Health Current’s Data Quality Strategy is to obtain and deliver high quality patient health information by partnering with and actively engaging its data sources to apply local and national standards to the content and ensure completeness and consistency of data exchanged.
What is a Data Quality Profile? (Applies to Phases 1 & 2)

A Health Current Data Quality Profile is:

- An assessment/analysis of the completeness, including standardization, of the data sent from the Participant to the HIE
- With a purpose of identify and closing/improving any gaps in the data being sent from the Participant
- Created based on the set of data elements that will be measured for the data quality phase and type of participant
- Provided so that the Participant knows how their current data submission compares to the data improvements being proposed, and can initiate work internally as a result, to close those gaps and ensure completeness of their data

Note: HIE data quality improvements are measured as a comparison of a baseline period (typically July of current year) to a final period (typically March of the following year).
How are the HIE Data Quality Metrics Determined?

From the DAP Preliminary Notice:

“AHCCCS anticipates CYE 2022 DAP criteria for hospitals and other inpatient facilities could include criteria directed at continuing the development and execution of a data quality improvement effort, as defined by a qualifying HIE organization and in collaboration with a qualifying HIE organization. DAP incentives would be available for hospitals and other inpatient facilities that meet data quality standards as set by the HIE. The measurement period for the CYE 2022 data quality standards is intended to be from July 1, 2020 to March 31, 2021. The data quality standards will be developed by the qualifying HIE in Calendar Year 2020 in consultation with the HIE’s advisory councils as appropriate, its board of directors, and with input by hospital and other inpatient facility stakeholders.”
How are the HIE Data Quality Metrics Determined?

1) Health Current’s **Data Governance Council** identifies areas where improving data quality will result in a significant return on investment for all HIE participants (ex. ADT completeness to support HIE Alerts)

2) Health Current **drafts recommended HIE data quality standards** for each phase, including the level of improvement, the specific data elements to be measured, the standards to be used, inclusions and exclusions, etc.

3) Data Governance Council **approves recommended HIE data quality standards** for each phase

4) Draft data quality standards **presented to Health Current Board of Directors** for additional feedback

5) Health Current **facilitates feedback from impacted HIE participants** through a comment period

6) **Final feedback incorporated into final draft** HIE data quality standards for each phase

7) **Final draft of HIE Data Quality Standards for each phase reviewed and approved by Health Current Board of Directors**

8) Approved HIE Data Quality Standards for each phase are **submitted to AHCCCS** for incorporation into DAP Preliminary Public Notice (with standard comment period)
CYE2021 DAP HIE Data Quality Standards
Details available in DAP Preliminary Rule (Attachment A)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Initial Data Quality Profile Measurement</th>
<th>Measurement Target (15% Improvement or Threshold Achievement)</th>
<th>Notes/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Data Source &amp; Site</td>
<td>50%</td>
<td>Must achieve a 20% improvement to meet the 60% lower threshold</td>
<td></td>
</tr>
<tr>
<td>2  Event Type</td>
<td>75%</td>
<td>63.5%</td>
<td>15% Improvement</td>
</tr>
<tr>
<td>3  Patient Class</td>
<td>95%</td>
<td>95%</td>
<td>No improvement needed, due to hitting 90% upper threshold</td>
</tr>
<tr>
<td>4  Patient Demographics</td>
<td>65%</td>
<td>90%</td>
<td>Must meet 90% upper threshold, not full 10% improvement</td>
</tr>
<tr>
<td>5  Overall Completeness</td>
<td>77%</td>
<td>84.3%</td>
<td>10% Improvement</td>
</tr>
</tbody>
</table>

Example - Hospital A
Hospital A receives an Initial Data Quality Profile with the following measurements for ADT data submitted in July 2016:

- **Measure 1: Data Source & Site**
  - Initial: 50%
  - Target: 60%
- **Measure 2: Event Type**
  - Initial: 75%
  - Target: 63.5%
- **Measure 3: Patient Class**
  - Initial: 95%
- **Measure 4: Patient Demographics**
  - Initial: 65%
  - Target: 90%
- **Measure 5: Overall Completeness**
  - Initial: 77%
  - Target: 84.3%
Data Quality Profile for ADTs – SAMPLE

Measure 1 Group
- Complete: 73.3%
- Incomplete: 26.7%
Total Elements: 19,765

Measure 2 Group
- Complete: 100.0%
- Incomplete: 0.0%
Total Elements: 100.0%

Measure 3 Group
- Complete: 100.0%
- Incomplete: 0.0%
Total Elements: 3,953

Measure 4 Group
- Complete: 89.1%
- Incomplete: 10.9%
Total Elements: 59,295

Measure 5 Group
- Complete: 87.7%
- Incomplete: 12.3%
Total Elements: 11,859

Aggregate Group Elements: 94,872
Participant vs. Health Current: Roles & Responsibilities
Milestones, Deadlines, Roles & Responsibilities

As noted in previous slides, milestones vary based on your provider type.

For each HIE milestone referenced in the CYE2021 DAP Preliminary Public Notice, these slides provide a description of the respective roles and responsibilities for both Health Current and the AHCCCS participating provider.

Review the milestones that apply to your organization and the respective roles and responsibilities to determine what steps and activities must be completed to achieve the milestone.

If you have any questions:

• Contact your Health Current Account Manager if you are an active HIE Participant
• Contact the Health Current recruitment team at recruitment@healthcurrent.org if you are not yet an HIE Participant
Milestone: Execute an Agreement

Participant
- Initiate contact with Health Current as soon as possible
- Review participation agreement
- Authorized representative to execute agreement
- Return agreement to Health Current by April 28, 2020, to ensure full execution by May 1, 2020 deadline

Health Current
- Create organization-specific participation agreement
- Fully execute agreement after received by participant
- Introduce participant to assigned Health Current account manager, for service implementation

NOTE: Health Current rarely agrees to changes to its participation agreement, due to the fact the agreement has interconnecting requirements among all HIE participants and over 680 Arizona healthcare organizations have signed the agreement.
Milestone: Electronically Submit Data

Participant

- Along with any vendor partners, complete activities related to interface development and ADT data submission
- Important for Participant to stay engaged and meet all mutually agreed upon deadlines and requirements in order to meet all DAP deadlines.

Health Current

- Provide Participant with detailed technical specifications listing the types of data required for submission within each category noted
- Assign resources and complete all agreed upon timelines and activities, to ensure that Participant meets their DAP deadline.
Milestone: Access HIE Data

Participant

• Review information provided by Health Current and determine what HIE services your organization is interested to implement

• Implement Patient Rights Process (PRP) to be in compliance with Arizona’s health information organization (HIO) statute to inform patients of their rights (via Notice of Health Information Practices) and to allow patients to “opt-out” of their information being accessible via the HIE if they so desire (HIE opt-out rate is less than 1%)

• Important for Participant to stay engaged and meet all mutually agreed upon deadlines and requirements in order to meet all DAP deadlines.

Health Current

• Provide Participant with information about the various HIE “data access” services that are available

• Provide Participant with information about the Patient Rights Process and support Participant in their implementation of process

• Assign resources and complete agreed upon timelines and activities, to ensure Participant meets DAP deadline
Imagine fully informed health.
healthcurrent
Imagine fully informed health