



Hiway Adoption and Utilization Support (HAUS) Services

*Overview of the services offered through the HAUS
initiative and potential benefits to your organization*

Available to ACOs, CPs, CSAs

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This presentation has been reviewed and approved by the Mass HIway, and the presenters are acting as authorized representatives of the Mass HIway.

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- I. Brief Overview of Mass Hlway**
- II. Why HAUS? The ACO, CP, CSA Perspective**
- III. HAUS Services Project Overview**
 - Capabilities Evaluation
 - Project Management
 - Use Case Development
 - Hlway Direct Messaging Enrollment
 - Process Mapping Training and Facilitation to support Workflow implementation
- IV. Why HAUS? The Mass Hlway Regulations Perspective**

HAUS is a free service offered by the Mass Hlway and EOHHS. It is a separate program from MassHealth's DSRIP TA Vendor services (will not use TA cards for HAUS services)



Mission: Enable Health Information Exchange by healthcare providers and other Hlway users regardless of affiliation, location, or differences in technology

Hlway Direct Messaging

- Secure method of sending transmissions from one Hlway User to another
- Hlway connection for Massachusetts Public Health Reporting
- *Hlway does not use, analyze, or share information in the transmissions and does not currently function as a clinical data repository*

Hlway Provider Directory

- Provider Directory listing in-state and out-of-state providers connected to HIE
- Contains information for 25,000+ Hlway Users

Hlway Adoption and Utilization Support (HAUS) Services

- Assistance for eligible organizations in the deployment of HIE to enhance care coordination



Section 2.2 Relationships with Affiliated Partners

The ACO shall implement **policies and procedures** to increase its **capabilities to share info** among providers involved in patients' care*:
(Section 2.2.F)

- Increase connection rates of affiliated providers to the **Mass Hlway**
- Adopt interoperable certified EHR technologies and **enhance interoperability**

Section 2.5 Care Delivery, Care Coordination, and Care Management Requirements

The ACO shall **facilitate communication** between *(Section 2.5.C.1.b.2.)*

- **Patient and Patient's Providers** and among such Providers
- for example, through the use of the **Mass Hlway**

including elements such as Event Notification Protocols *(Section 2.5.C.2.e.1)*

- to ensure key providers** and individuals involved in a patient's care are notified of **admission, transfer, discharge, and other care events**

* Patient = Attributed Member

** Key providers include patient's **PCP, BH provider** if any, and **LTSS provider** if any (e.g. Personal Care Attendant)



Section 2.7 Information Technology Requirements for Behavioral Health CPs & Long Term Services and Support CPs

The CP shall

Develop **policies and procedures**

- for **information sharing**, EHR utilization, and **Mass Hlway** connection with ACOs, MCOs and other providers who serve the patients*

Ensure all exchanges of patient information are **secure and HIPAA compliant**

CPs can use the **Mass Hlway** for data exchange, including

- Comprehensive Assessment
- BH Person-Centered Treatment Plan
- LTSS Care Plan
- other information to support transitions of care

* Patient = Assigned and Engaged Enrollee



Section 2.1.B.3 Delivery System Reform Incentive Payment (DSRIP) Participation Plan

The plan must **describe how the investments or programs will help foster integration of patients' care with MCOs, ACOs and primary care providers**

- Include info sharing protocols for exchange of a patient's comprehensive assessment and Individual Care Plan including use of the **Mass Hiway** for secure data exchange

Section 2.7 Information Technology Requirements

The CSA shall develop **policies and procedures** for info sharing and can use a **Mass Hiway** connection to exchange data related to patients'

- Comprehensive Assessment
- Individual Care Plan
- other information to support transitions of care

CSA shall ensure all exchanges of patient info are secure

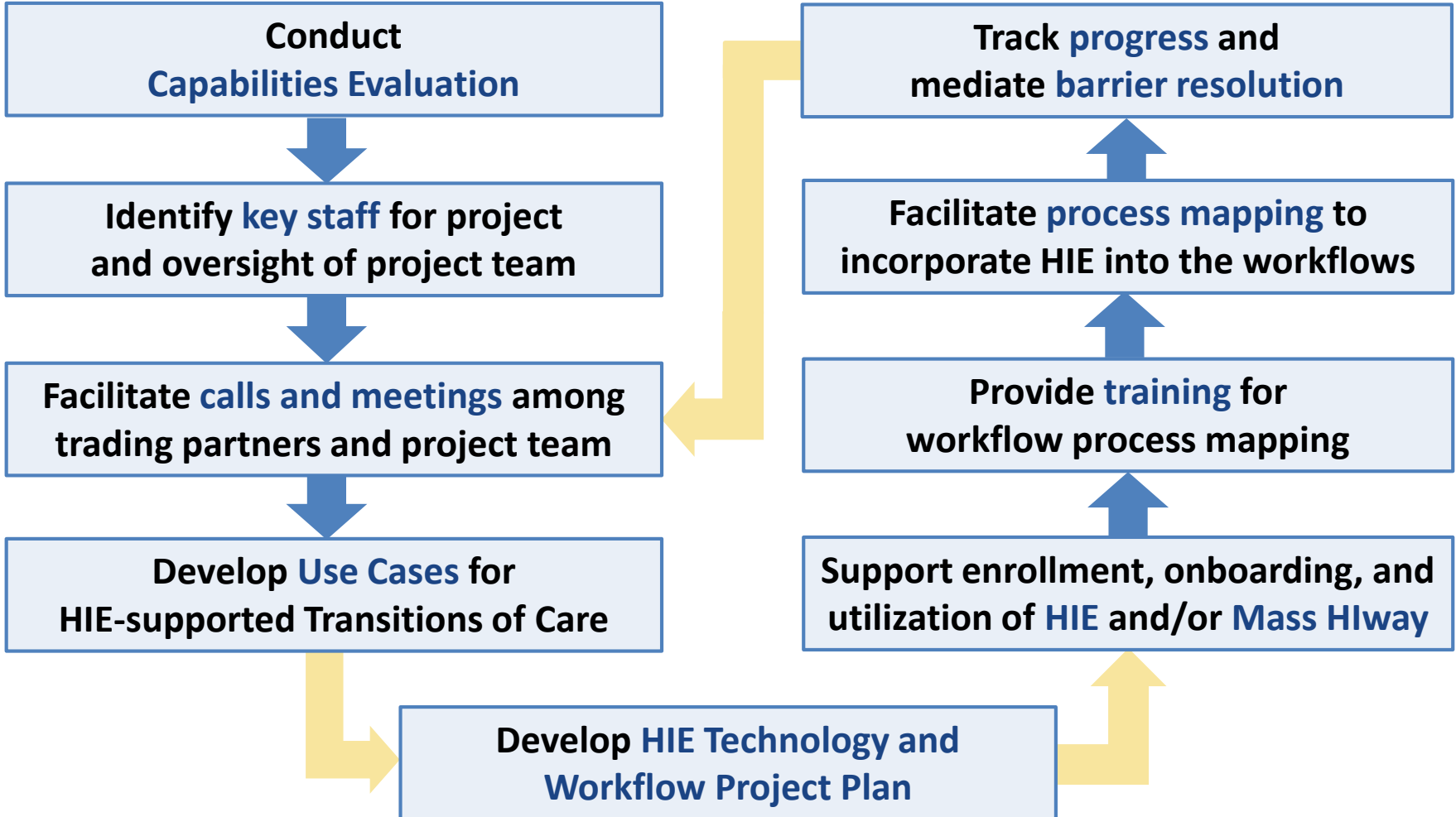


Key documents to be securely exchanged between ACOs, CPs and CSAs to support Member-Centered Care Planning

Document	Sharing partners
Comprehensive Assessment	ACOs, BH and LTSS CPs, CSAs
Patient-Centered Treatment Plan	ACOs and BH CPs
LTSS Care Plan	ACOs and LTSS CPs
Individual Care Plan	ACOs and CSAs



Hiway Account Managers conduct the following HAUS project services





Front-line HAUS support to help you get enrolled, connected, and using Direct Messaging



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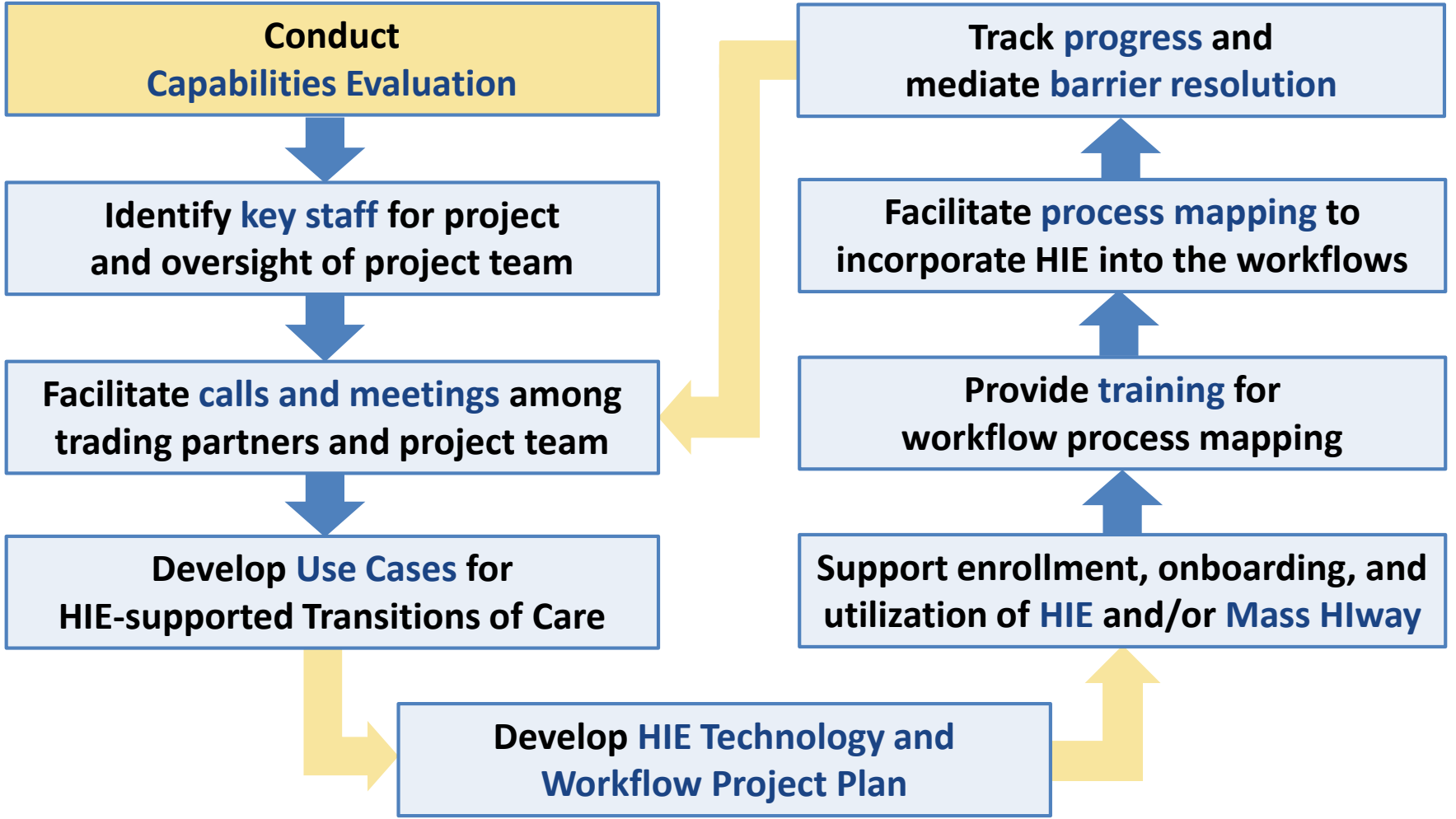
Joe Kynoch
Account Manager
kynoch@masstech.org



Liz Reardon
Account Manager
reardon@masstech.org



Hiway Account Managers assist with a Capabilities Evaluation





Hiway Account Managers will complete the Capabilities Evaluation

Project Name: This document is intended to be used by the Hiway Account Manager to gather information about the organizations/trading partners involved in a HAUS project. This document will be used to complete some sections of the HIE Use Case Planning Form which will serve as the project charter.

Project ID:

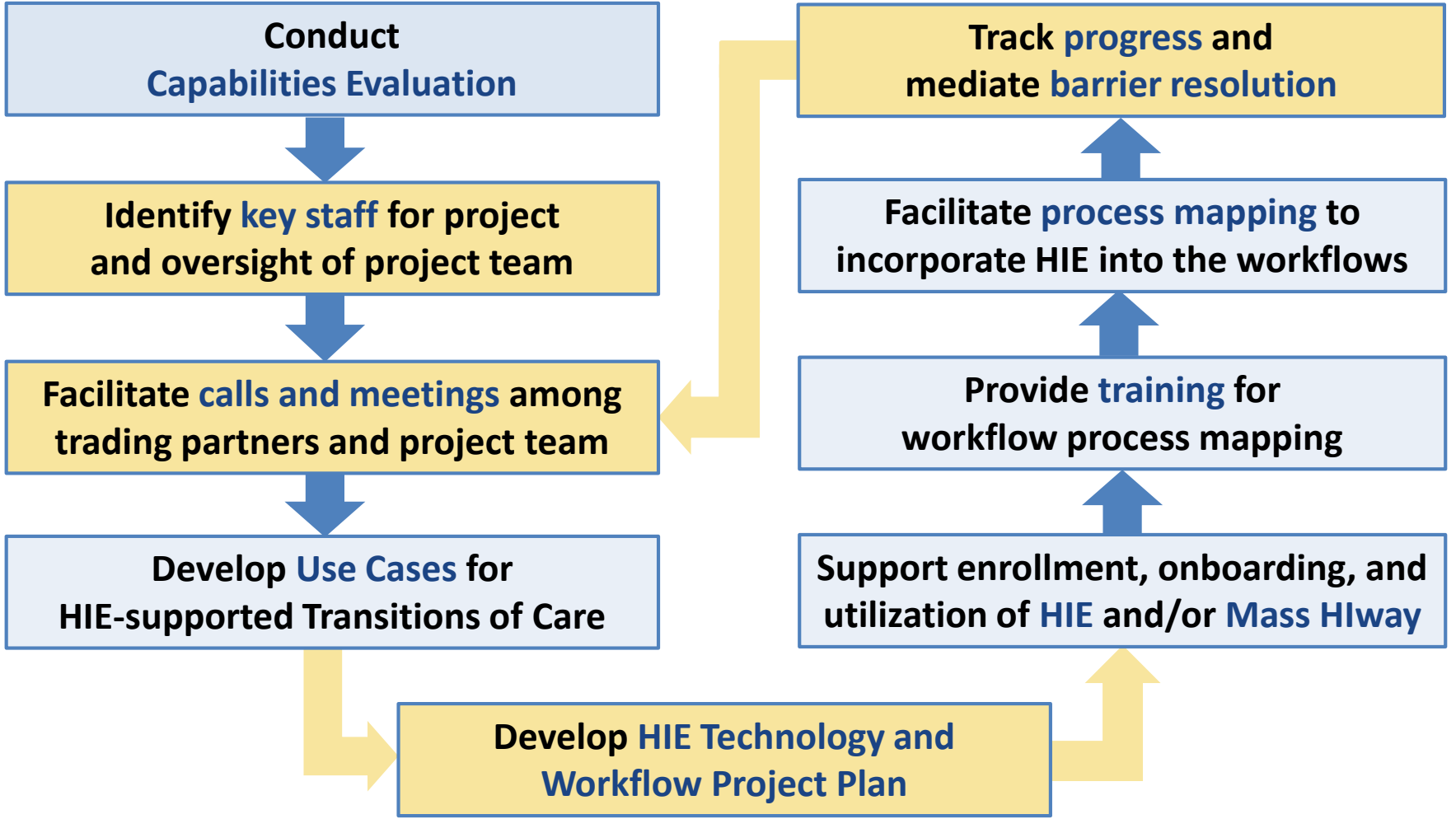
Project Description:

Evaluation Date: AMs should focus on completing the fields in the orange sections prior to and during the exploratory call.

Section 1 - Organization Details	Partner 1	Partner 2	Partner 3	Comments
Send/ Receive or Both				
Organization name				
Organization type				
Number of Sites				
Number of Sites participating in this project				This is a workflow implementation consideration.
Number of staff participating in this project				
Main contact for IT related questions				
Contact Address				
Contact email				
Contact phone				
Section 2 - General IT Infrastructure				
EHR system information				
EHR System Vendor				
EHR product				
EHR vendor's Health Information Service Provider (HISP)				
What is the status of your EHR's Direct Messaging: Not Available/Available/Planned/ Implemented?				AM should confirm that it is a Mass Hiway trusted HISP, and that connections have been established between HISPs
Is there one address for the organization, or do staff, sites, or departments each have their own?				
Are you a Mass Hiway Participant? What is your Mass Hiway Direct address?				
If not a current Mass Hiway Participant, are you planning to implement a Hiway connection?				
Hiway connection type (XDR, LAND/Communicate/webmail)?				
Primary HISP used for this project (EHR vendor HISP or Mass Hiway?)				
Direct Address(es) to be used for the project.				
Section 3 - Health Information Exchange				
What patient health record information can be SENT from within the EHR using Direct Messaging?				
What is the format of this data?				C-CDA? Other?



Hiway Account Managers provide team and project management support





Hiway Account Managers provide team and project management support, including the development of a HIE Technology and Workflow Project Plan

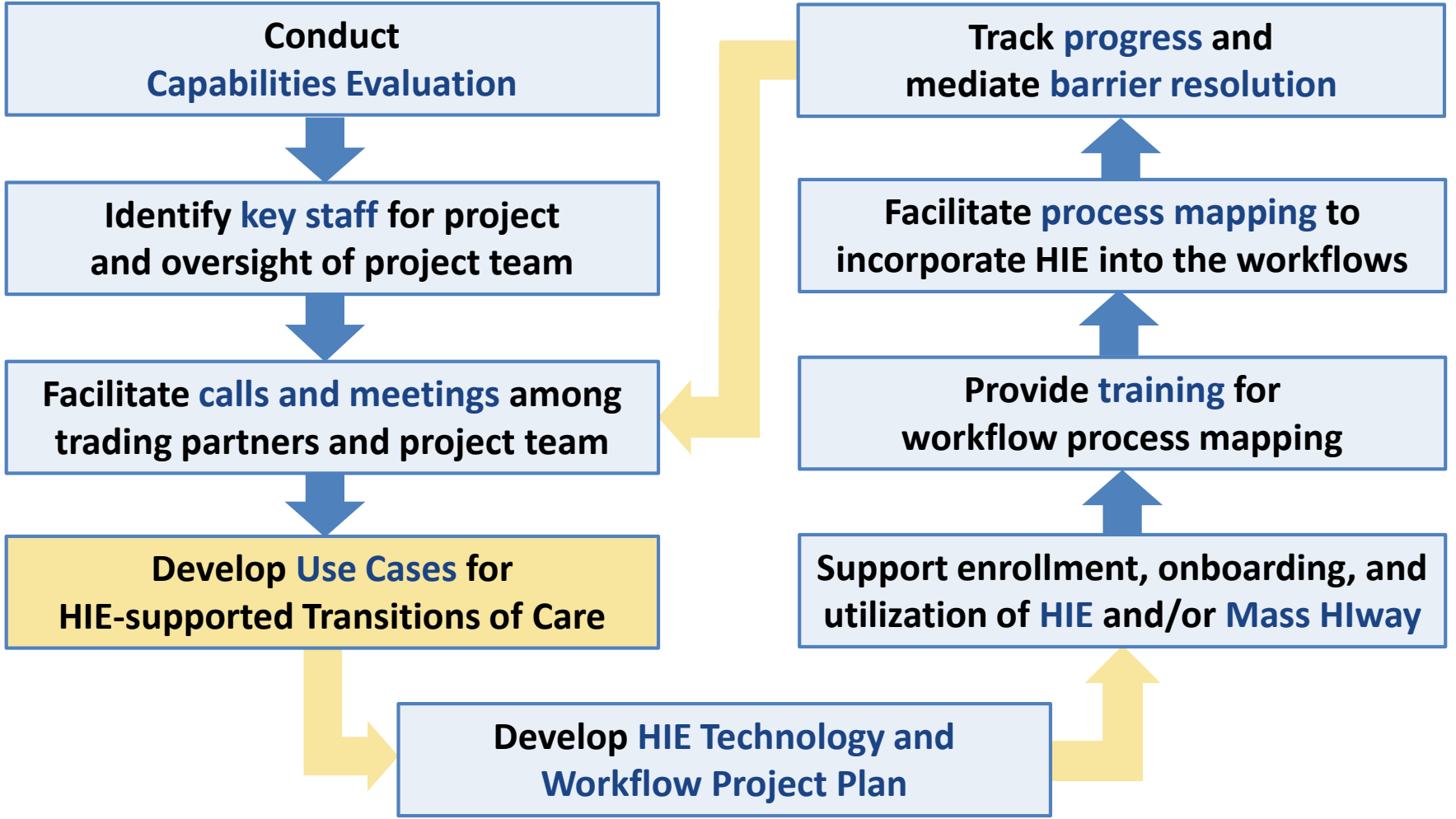
Task Sheet Tools MeHI_HIE_Technology_and_Workflow_Project_Plan_01-03-2018.mpp - Microsoft Project

Task Name	Duration	Start	Finish	Predecessors	Resource Names	Notes
1 HIE Integration	121 days	Mon 2/5/18	Mon 7/23/18			
2 Project Set up	10 days	Mon 2/5/18	Fri 2/16/18			
3 Identify project manager	1 day	Mon 2/5/18	Mon 2/5/18		Sponsor	
4 Document Project Description	4 days	Tue 2/6/18	Fri 2/9/18	3	Project Manager	Include the problem that this project addresses
5 Document Proposed project timeline estimate	4 days	Tue 2/6/18	Fri 2/9/18	3	Project Manager	Include key dates and milestones
6 Document Project Value	5 days	Mon 2/12/18	Fri 2/16/18		Project Manager	
7 Project goals	5 days	Mon 2/12/18	Fri 2/16/18			Goals are the expected positive outcomes of completing this project
8 Patient care improvements	5 days	Mon 2/12/18	Fri 2/16/18	5	Project Manager	
9 operational improvements	5 days	Mon 2/12/18	Fri 2/16/18	5	Project Manager	
10 Quantify project objectives	5 days	Mon 2/12/18	Fri 2/16/18	5	Project Manager	Measurable items. # of transactions /month
11 Financial benefits	5 days	Mon 2/12/18	Fri 2/16/18			
12 regulatory mandates	5 days	Mon 2/12/18	Fri 2/16/18	5	Project Manager	
13 ACO participation requirement	5 days	Mon 2/12/18	Fri 2/16/18	5	Project Manager	
14 Operational improvements	5 days	Mon 2/12/18	Fri 2/16/18	5	Project Manager	
15 Confirm Internal Organization support	15 days	Mon 2/12/18	Fri 3/2/18			
16 Leadership	5 days	Mon 2/12/18	Fri 2/16/18	5	Sponsor	Confirm this project fits with the organization's strategic goals and will be supported throughout
17 Direct care staff	10 days	Mon 2/19/18	Fri 3/2/18	16	Sponsor	Ensure staff buy in. reduce negativity and apathy
18 IT	10 days	Mon 2/19/18	Fri 3/2/18	16	Sponsor	Must be priority
19 Other departments	10 days	Mon 2/19/18	Fri 3/2/18	16	Sponsor	Training, HR, Finance

Ready New Tasks : Auto Scheduled



Hiway Account Managers provide Use Case Development Support





BH CP: HIE Use Case opportunities

- PCP sends **Medical History** to CP to include in a **Comprehensive Assessment** for the patient, e.g. Medications in C-CDA document of the patient*
- CP sends completed **Comprehensive Assessment** for the patient to ACO, MCO and other state agencies providing services to the patient, e.g. DMH Case Manager
- CP sends **Person-Centered Treatment Plan** to patient's PCP or PCP Designee for approval and PCP responds
- CP sends **Person-Centered Treatment Plan** to ACO or MCO, and other state agencies providing services to the patient, e.g. DMH Case Manager

* Patient = Assigned and Engaged Enrollee



LTSS CP: Use Case opportunities

- ACO or MCO sends **Comprehensive Assessment** to LTSS Community Partner for review by the CP Care Coordinator and development of an LTSS Care Plan
- CP sends **LTSS Care Plan** to patient's PCP or PCP designee for approval and PCP responds
- CP sends **LTSS Care Plan** to members of the patient's care team or state agencies that provide services to the patient, e.g. EOEa

* Patient = Assigned and Engaged Enrollee

CSA: Use Case opportunities

- CSA sends **Comprehensive Assessment** to patient's PCP*
- CSA sends patient's **Individual Care Plan** to patient's PCP

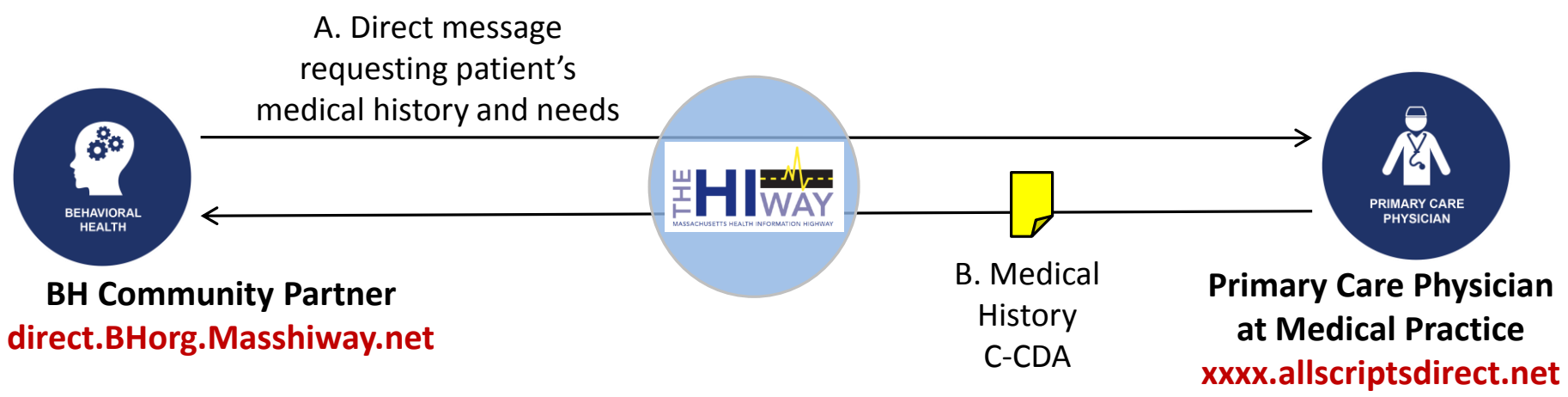
* Patient = ICC-Engaged Member



PCP sends Medical History to CP to include in Comprehensive Assessment for patient

- Patient and CP Scenario:**
1. Patient is assigned to CP for services
 2. Patient meets with CP staff to inform Comprehensive Assessment
 3. Patient's PCP contributes medical history and needs to inform Comprehensive Assessment
 4. CP team completes Comprehensive Assessment

- Information Flows:**
- A. BH CP sends a Direct message requesting patient's medical history and needs for Comprehensive Assessment
 - B. PCP sends the patient's Medical History (C-CDA document) to the BH CP via the Mass Hlway

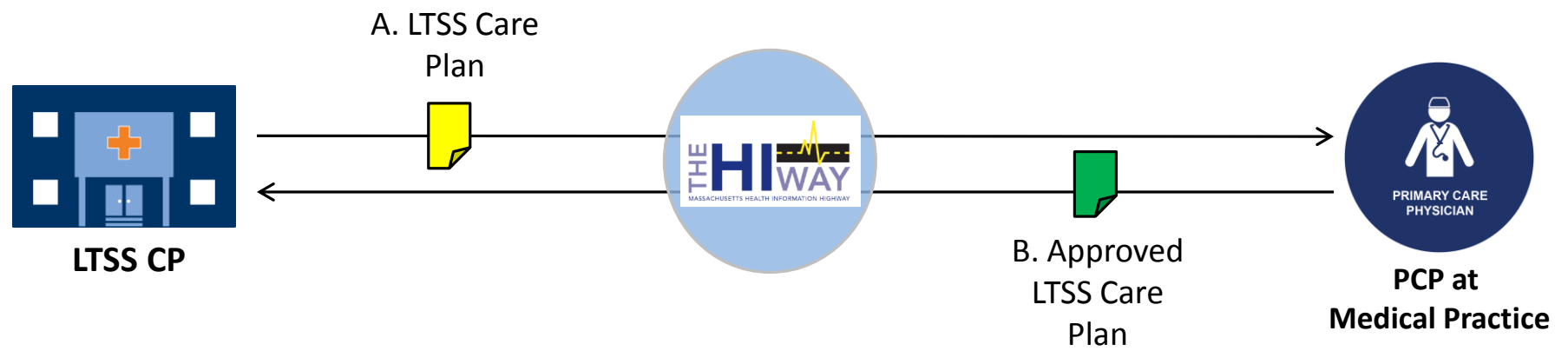




CP sends LTSS Care Plan to patient's PCP for approval & PCP responds

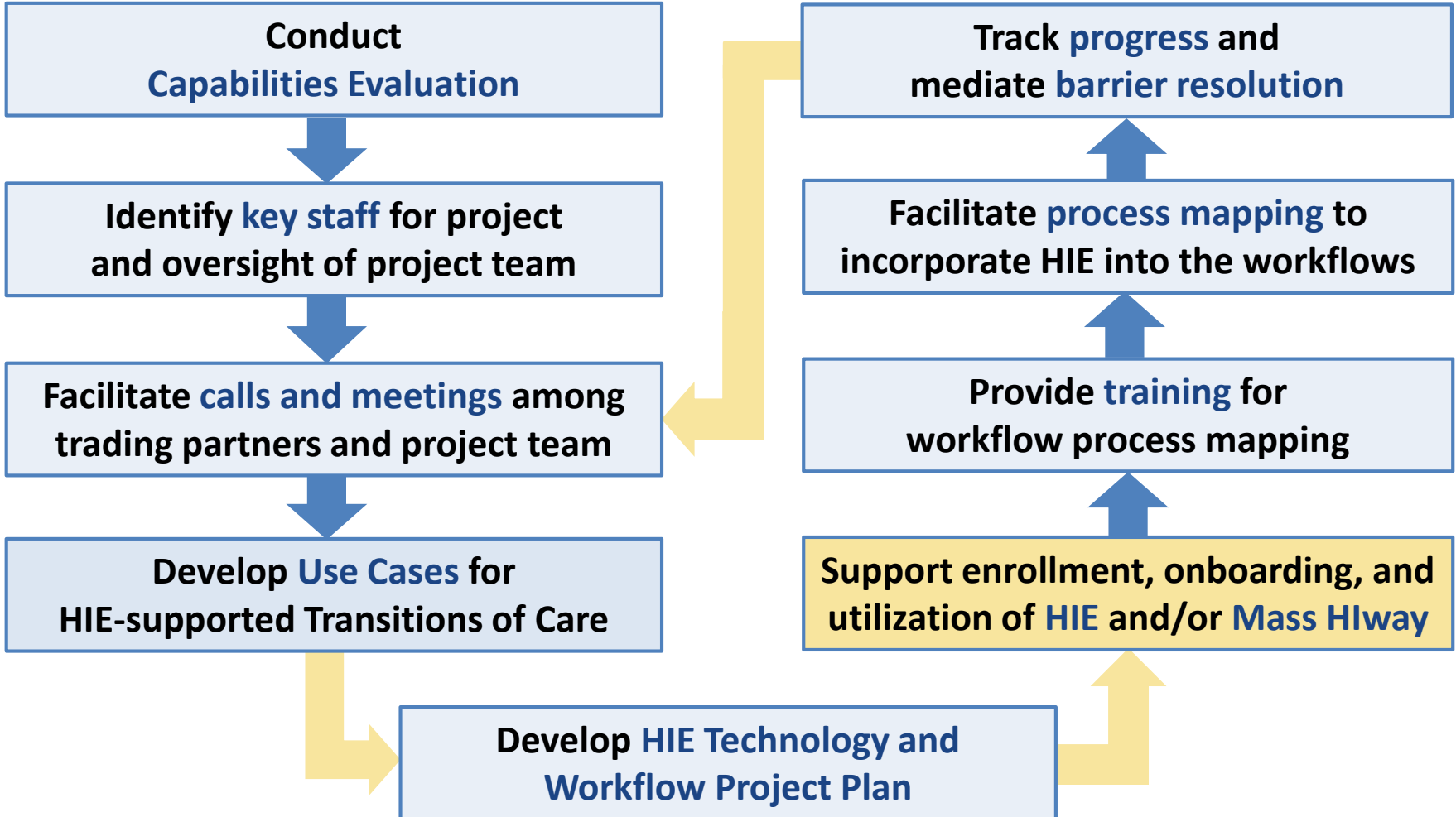
- Patient and CP Scenario:**
1. Patient works with CP Care Coordinator to develop their LTSS Care Plan (Plan is based on needs identified in Comprehensive Assessment)
 2. CP Care Coordinator sends LTSS Care Plan to patient's PCP for review and approval
 3. Patient and CP Care Coordinator work on Care Plan and update based on needs of patient

- Information Flows:**
- A. CP Care Coordinator sends patient's LTSS Care Plan to PCP for approval
 - B. PCP reviews care plan and sends final approved LTSS Care Plan back to CP Care Coordinator









Hiway Account Managers assist enrollment in the Mass Hiway



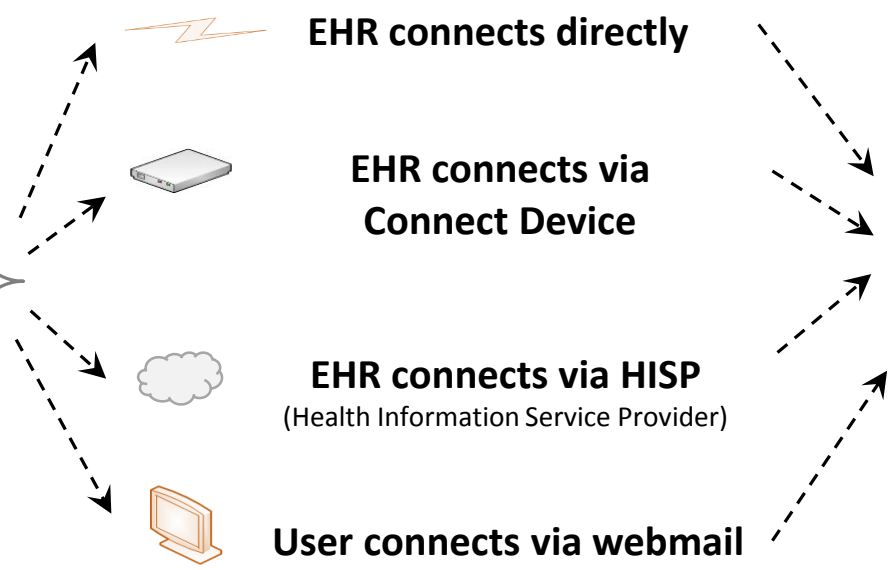


Hlway Account Managers assist enrollment in the Hlway's secure methods for transmitting patient healthcare information between providers

User types

-  Physician practice
-  ACO
-  BH CP, LTSS CP, CSA and other providers
-  Public health Health plans

Connectivity options



HIE Services





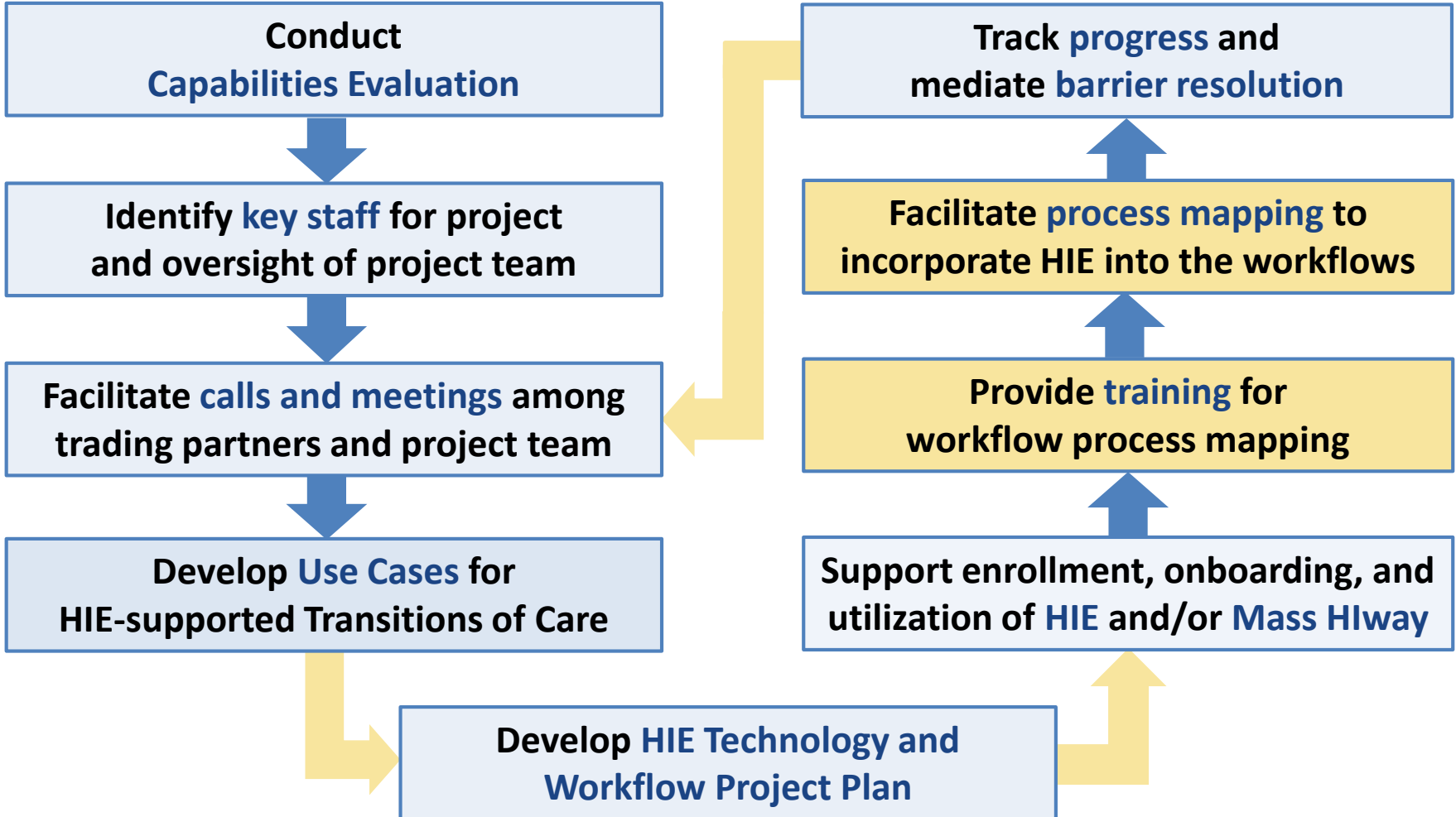
Comparing Methods of PHI Exchange for Transitions of Care



	Feature / Benefit / Issue	Fax	sFTP	Secure email	Hiway webmail	Hiway to HISP
Cost	Cost	Higher	Higher	Low	Low	Varies by EHR
Recipient	Universal Provider Address Book	No	No	No	Yes	Yes
	Vetted Sending/Receiving providers	No	No	No	Yes	Yes
	Specific Recipients	No	No	Yes	Yes	Yes
	Delivery certainty (fax #, spam filter, file size issues)	Limited	Yes	Limited	Yes	Yes
	Delivery Receipt	Fax # only	On request	On request	Yes (Hiway 2.0)	Varies by EHR
Message	Maintains structured data of C-CDA	No	Yes	Yes	Yes	Yes
	Intro Message	Yes	Detached	Yes	Yes	Yes
	Attachments	No	Yes	Yes	Yes	Yes
	Data size	Low	High	Medium	High	High
Receiver	Potential automated upload of C-CDA data	No	No	No	No	Yes
	Potential manual upload of C-CDA data	No	Yes	Yes	Yes	Yes
	Possible "One click" patient info reconciliation	No	Yes	Yes	Yes	Yes
Security	Secure message	No	Yes	User action	Yes	Yes
	Secure receiving environment	No	Yes	Yes	Yes	Yes
	Security risk of moving locally stored files	Yes	Yes	Yes	Yes	No
	Failure risk due to human intervention	Higher	Higher	Higher	Low	No

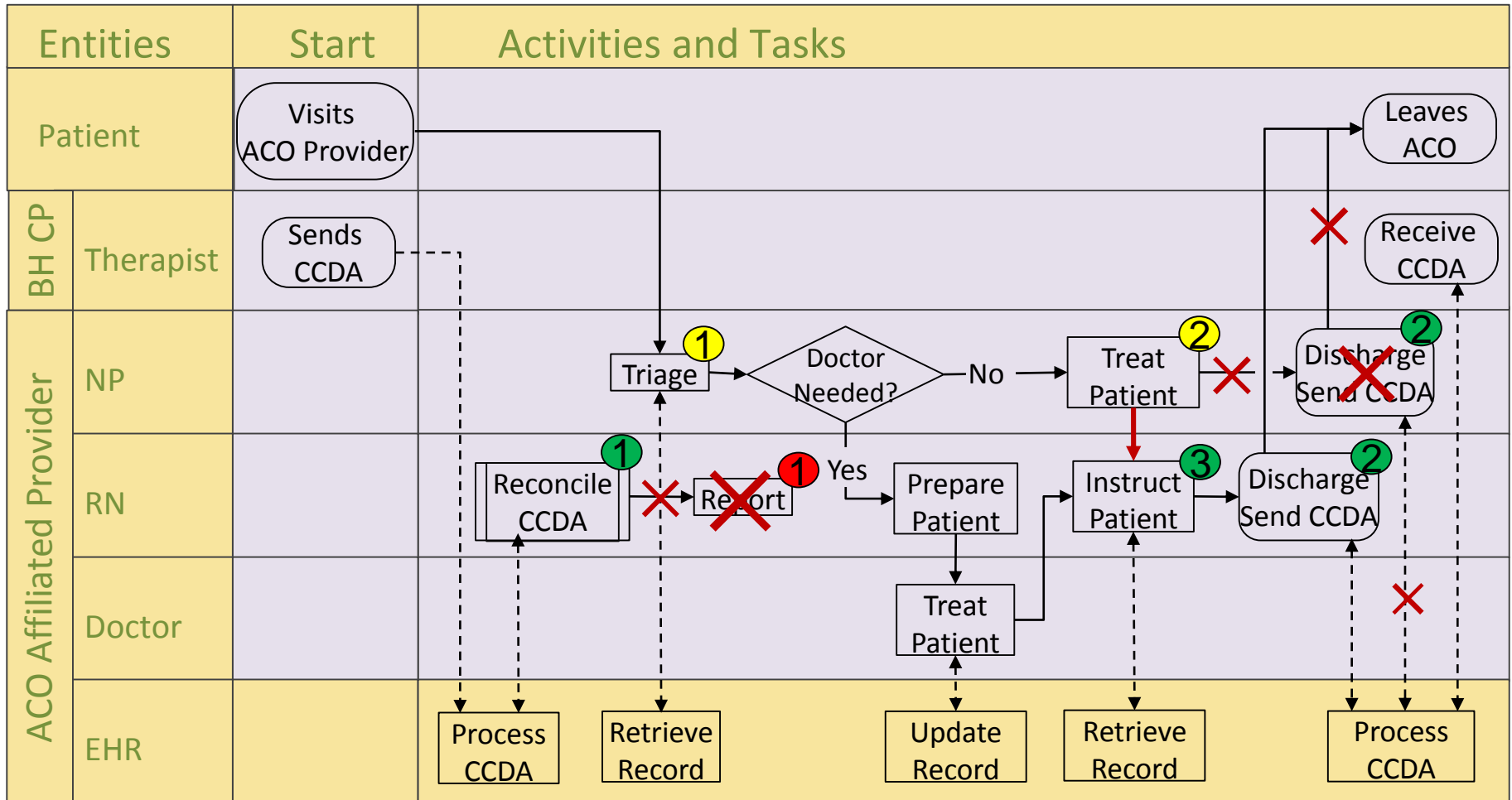


Hiway Account Managers facilitate process improvement through process mapping





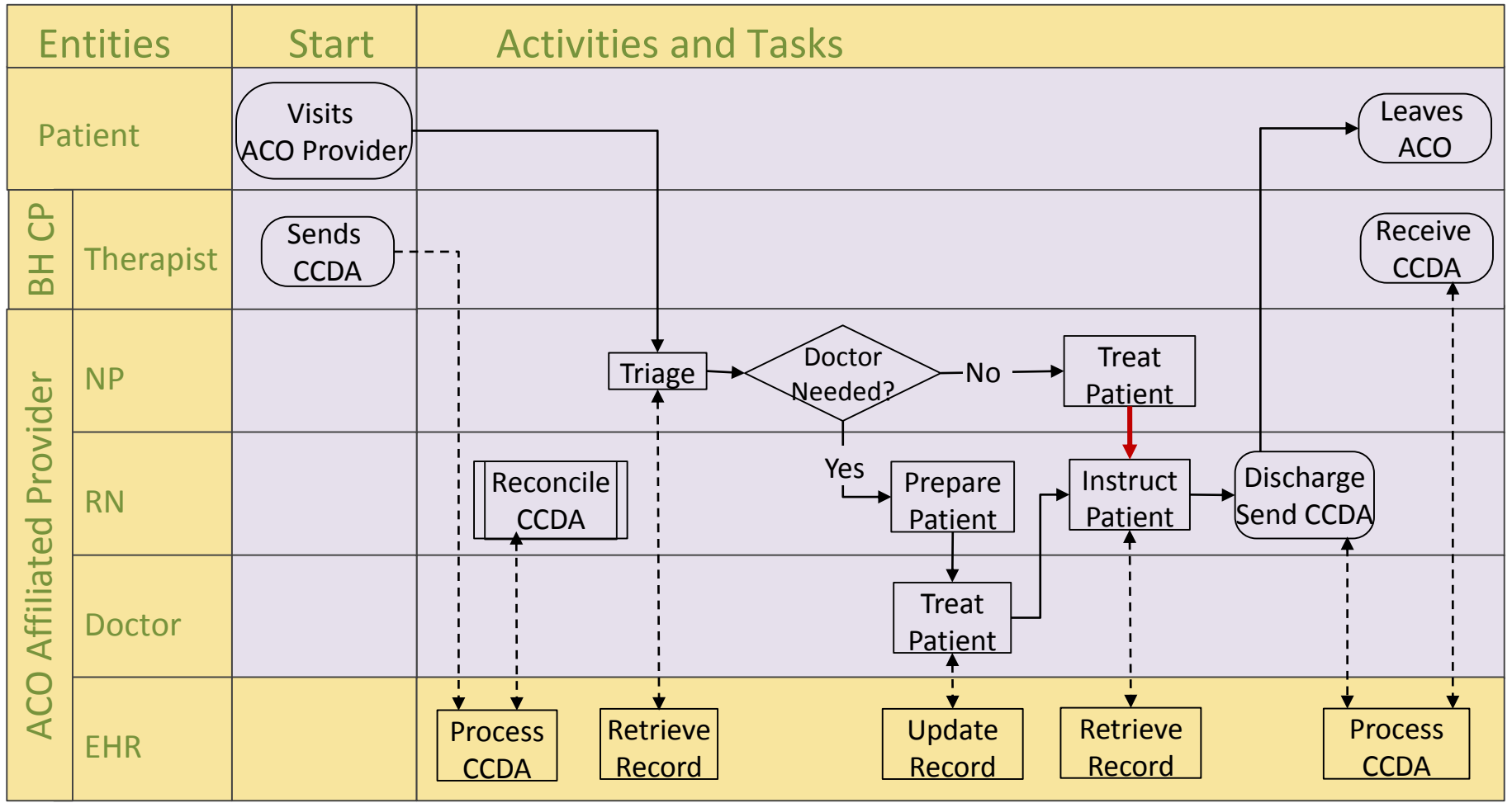
Hiway Account Managers facilitate optimizing the use of HIE into clinical workflows



● Non-Value-Add
 ● Bottleneck
 ● Improvement Opportunity



Hiway Account Managers facilitate optimizing the use of HIE into clinical workflows





Implement state requirement for providers to connect to Mass Hlway, which is referred to as the *Hlway Connection Requirement*

Regulations establish requirements for organizations that use the Mass Hlway

Establish mechanism to allow patients to opt-in and opt-out of Mass Hlway

Regulations went into effect on February 10, 2017

- Require information be transmitted via Hlway Direct Messaging in compliance with applicable federal and state privacy laws and implementing regulations

Supporting documentation available on Mass Hlway website

[Mass Hlway Regulations Summary](#)

[Mass Hlway Regulations FAQs](#)

[Mass Hlway Policies & Procedures \(version 4\)](#)

[Mass Hlway Fact Sheet for Patients](#)

[Mass Hlway Education Webinars](#)



The statutory requirement that Provider Organizations implement “interoperable EHR systems” that connect to the Mass HIway will be fulfilled by implementing **HIway Direct Messaging**

How organizations must fulfill the HIway connection requirement will phase in over 4 years

1. The interoperability requirements get progressively stricter in each year of implementation
2. Organizations that don't meet the requirement are subject to penalties starting in Year 4
3. The 4 year phase-in period is based on when the Provider Organizations must be connected

Organization Type	Year 1	Year 4
Acute Care Hospital	2017	2020
Large and Medium Medical Ambulatory Practices	2018	2021
Large Community Health Centers	2018	2021
Small Community Health Centers	2019	2022

Provider types not yet specified in the regulations are anticipated to be required to connect at a future date. Guidance to the affected providers will be provided with at least one year notice.



The 4 year phase-in approach progressively encourages providers to use the Mass Hiway for Provider-to-Provider communications via bi-directional exchange of health information

Progressive Hiway Connection Requirements

- Year 1** Send or receive Hiway Direct Messages for at least one use case
 - o Can be from **any use case category** listed below
- Year 2** Send or receive Hiway Direct Messages for at least one use case
 - o Must be a **Provider-to-Provider Communications** use case
- Year 3** Send Hiway Direct Messages for at least one use case, **and** Receive Hiway Direct Messages for at least one use case
 - o Both must be **Provider-to-Provider Communications** use cases
- Year 4** Meet Year 3 requirement, **or** be subject to penalties if requirement isn't met
 - o Penalties go into effect in the applicable Year 4 (e.g. Jan 2020 for Acute Care Hospitals)



Additional ENS Requirement for Acute Care Hospitals Only

Send Admission Discharge Transfer notifications (**ADTs**) to Hiway within 12 months of ENS launch

Use Case Categories:	1. Public Health Reporting	3. Quality Reporting
	2. Provider-to-Provider Communications	4. Payer Case Management



HAUS-Terms of Participation



HAUS - Terms of Participation

The Mass Hlway, the Commonwealth's state-sponsored health information exchange (HIE), is offering **Hlway Adoption and Utilization Support** or "HAUS" services to MassHealth Accountable Care Organizations (ACOs), Community Partners (CPs), and Community Service Agencies (CSAs), or other organizations approved by EOHHS, in partnership with MassHealth, to assist organizations' transition to secure, electronic exchange of health information to improve care coordination among providers.

Organizations that opt to participate in HAUS will be assigned a dedicated Hlway Account Manager that will provide project management and consulting services to support the organization's connection to the Mass Hlway (if not already connected) and the implementation of a care coordination use case with another organization. These services are offered to assist organizations improve electronic exchange of health information, and each participating provider organization shall remain solely responsible for compliance with all state and federal requirements, including compliance with the Hlway connection requirement under the Mass Hlway Regulations (101 CMR 20.00).

Services provided under HAUS are offered to participating organizations without charge. Organizations may incur charges that are not part of the HAUS program services. Participating organizations shall be solely responsible for any internal financial obligations incurred during the participation in the HAUS program. Services may be discontinued by EOHHS at any time due to lack of available funding, a change in EOHHS policy direction, or as a result of insufficient engagement on the part of the participating organization.

Participating organizations are required to identify another organization (trading partner) that is committed to working with them on the identified care coordination use case. Both parties will identify a project lead within their organization that will serve as the primary contact for the Hlway Account Manager. These project leads will be responsible for the following activities:

- Work closely with the Hlway Account Manager to identify organizational staff that will be part of the project team
- Ensure that all tasks assigned to staff within the organization are completed in accordance with the project plan timeline
- Work with the Hlway Account Manager and project team to complete the HIE Use Case Planning Form. This Form will serve as the project charter
- Work with Hlway Account Manager to update the HIE Technology and Workflow Project Plan and share risks as they are identified

Please list the care coordination use case your organization plans to implement, along with your identified trading partner, project lead and the authorized signatory in the table below. These Terms of Participation should be signed by a member of the organization's leadership team (e.g. CEO, COO, and Executive Director).

Brief description of care coordination use case				
Trading partner organization				
	Name	Title	e-mail	Phone number
Project Lead name				
Project Sponsor				
Chief Operating				



HAUS - Terms of Participation

Officer				
Chief Medical Officer				
Chief Information Officer				
Agreement Signatory				

By signing these Terms of Participation, the provider organization hereby intends to actively participate in the HAUS program and to commit the resources necessary to fully and effectively achieve the program goals.

Project Lead: _____
(Signature) (Date)

Project Sponsor: _____
(Signature) (Date)

Chief Medical Officer
or Program Director: _____
(Signature) (Date)

Chief Information Officer
or IT Manager: _____
(Signature) (Date)



The 1-2-3 of connecting to Mass HIway



1. **Ask your EHR vendor** if they are connected to, or able to connect to, the HIway
2. **Contact us.** We will connect you with a Mass HIway Account Manager to get your organizations enrolled and connected
3. **Develop and deploy a Use Case to Exchange** with your trading partners!

The Massachusetts Health Information Highway (Mass HIway)

Phone: 1.855.MA-HIWAY (1.855.624.4929)

Email for General Inquires: MassHIway@state.ma.us

Email for Technical Support: MassHIwaySupport@state.ma.us

Website: www.MassHIway.net



Thank you!

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Appendix A Mass Hlway Pricing Rates



Massachusetts Health Information Highway Rate Card effective December 1, 2017

Tier	Category	Description	One-time set-up fee (per node)	Direct Messaging Service		
				Annual Services Fee (per node)	Annual Services Fee + LAND (per node)	Annual Services Fee Webmail (per mailbox)
Tier 1	1a	Large hospitals/Health Systems	\$2,500	\$15,000	\$27,500	\$60
	1b	Health plans				
	1c	Multi-entity HIE or Technical Integrator (see 14.1.1)				
	1d	Commercial imaging centers & labs				
Tier 2	2a	Small hospitals	\$1,000	\$10,000	\$15,000	\$60
	2b	Large ambulatory practices (50+ licensed providers)				
	2c	Large LTCs (500+ licensed beds)				
	2d	Ambulatory Surgery Centers				
	2e	Ambulance and Emergency Response				
	2f	Business associate affiliates				
	2g	Local government/Public Health				
	2h	MassHealth ACO, CP, or CSA Technical Integrator (see 14.1.1)				
Tier 3	3a	Small LTC (< 500 licensed beds)	\$500	\$2,500	\$4,500	\$60
	3b	Large behavioral health (10+ licensed providers)				
	3d	Large FQHCs (10+ licensed providers)				
	3e	Medium ambulatory practices (10-49 licensed providers)				
Tier 4	4a	Small behavioral health (< 10 licensed providers)	\$25	\$175	\$250	\$60
	4b	Home health, LTSS				
	4c	Small FQHCs (< 10 licensed providers)				
	4d	Small ambulatory practices (3-9)				
	4e	Community Service Agency (CSA)				
	4f	CP or CSA management-only entity				
Tier 5	5a	Very Small ambulatory practices (1-2)	\$25	\$60	\$60	\$60



Mass HIway Direct Messaging (Webmail or direct connections) – **Secure and can be integrated**

PROS

- **Address Book** already established; no need to hunt down destination
- Can be sent to one **specific recipient**
- **Successful Delivery Receipt** (with HIway 2.0)
- Can include **intro message** to recipient and **attachments** to aid Transition of Care
- Sending and receiving **entities have been vetted** with Direct Messaging
 - You don't have to worry that your or their email client will block receipt
- **All messages are secure**
- **No failure risk** due to human intervention, e.g. no need to add subject line
- Maintains **structured data of C-CDA**
- **"One Click"** to update Problem, Medication, or Allergy lists of patient possible

CONS

Only if webmail connection is used:

- **EHR may lack manual upload capability** to accept C-CDAs sent via Webmail
- **Extra steps to move files** from patient's chart to webmail and vice versa
- **Security risk** as it requires locally stored files for movement



Secure Email – **Not so secure and can't be readily integrated**

PROS

- Fairly **inexpensive universal use of email**, which can be **accessed anywhere**
- Can be **sent to one specific recipient**, and “**Read Receipt**” can often be included
- Can include **intro message** to recipient and **attachments** to aid Transition of Care
- Maintains **structured data of C-CDA**
- “**One Click**” to update Problem, Medication, or Allergy lists of patient possible

CONS

- **No universal address book**; must look-up destination
- If integrated into email client, **sender has to act to make emails secure**
 - **Security risks** of human error, e.g. mistyping of email address
 - **Failure risk** due to human intervention, e.g. to add meaningful subject line
- **Lacks reliability of receipt or opening**
 - To avoid hacking, **spam filters may reroute emails** to junk or spam mailboxes
 - Emails with inappropriate wording or **large attachments may be blocked**
- Receiving **EHR may lack manual upload capability** to accept C-CDAs
- **Extra steps to move files** from patient's chart to email and vice versa
 - **Security risk** as it requires locally stored files for movement



Secure Transfer Protocol (sFTP) – **More secure but can't be readily integrated**

PROS

- More than one user typically included in package
- Large data capacity
- Web-based applications can be accessed anywhere
- Maintains structured data of C-CDA
- “One Click” to update Problem, Medication, or Allergy lists of patient possible

CONS

- Can be costly
- Maintenance to organize folders, remove old files, stay under storage limit,...
- Establish and maintain login credentials for receiver to pull down files
- Extra steps to move files from patient's chart to sFTP and vice versa
- Security risk of needing to have locally stored files for movement
- Receiving EHR may lack manual upload capability to accept C-CDA
- No easy means to include intro message with data for Transition of Care
 - Would need to write note to recipient as separate file
 - May not be seen prior to downloading of files on the receiving end



Electronic Facsimile (eFax) – **Least secure and can't be integrated**

PROS

- **Universal use** of traditional fax line
- Can include **intro cover letter message** to recipient to aid Transition of Care
- Web-based applications can be **accessed anywhere**

CONS

- **No universal address book**; must look-up destination
- **Security risks of human error**, e.g. mistyping of destination fax number
- Sending to fax number potentially **leaves data in unsecure environment**
- **No guarantee of receipt** by intended recipient
- Recipient **can't integrate non-structured data into EHR** without manual entry
 - **Extra steps** required to file in patient's chart: scan, upload, file of printed fax
 - **No "One Click"** option to update Problem, Medication, Allergy lists of patient
- Can be **pricey**; BAA for HIPAA-compliance typically not included in base price
 - **Page limit**; additional costs for pages sent/received over this limit
 - Potential **extra cost for multiple users** limits workflow flexibility/coverage
 - Alternative of having login credentials shared creates **security issue**