

HEALTH INFORMATION EXCHANGE (“HIE”) GUIDELINES

Background: In 2021, the Oklahoma State Legislature passed Senate Bill 574 (2021) creating the Oklahoma State Health Information Network Exchange (OKSHINE). In 2022, the Legislature passed Senate Bill 1369 (2022) to create the Office of the State Coordinator for Health Information Exchange (“OSCHIE”) through the Oklahoma Health Care Authority (“OHCA”). SB 1369 also created the concept of a State Designated Entity for HIE Operations that would be overseen by OSCHIE. OSCHIE and OHCA contracted with MyHealth Access Network to serve as Oklahoma’s State Designated Entity (“SDE”) for HIE.

Definition of “Health Care Provider”: “[M]eans a health care facility or person who is licensed, certified, or otherwise authorized by the laws of this state to administer health care in the ordinary course of business or practice of a profession.”

Definition of “Health Care Facility”: “[M]eans any public or private organization, corporation, authority, partnership, sole proprietorship, association, agency, network, joint venture, or other entity that is established and appropriately licensed in this state to administer or provide health care services. Health care facility includes but is not limited to hospitals, medical centers, ambulatory surgery centers, physicians’ offices, clinics, pharmacies, laboratories, nursing homes, rehabilitation centers, home care agencies, hospices, and long-term care agencies.”

Requirement & Deadline for Participation: “Beginning July 1, 2023, all health care providers . . . who are licensed by and located in this state shall report data to and utilize the state-designated entity.” 63 O.S. § 1-133 (C). By virtue of having a license issued by an Oklahoma State licensing board, you are required to sign up for the HIE or obtain an exemption from the OSCHIE. A health care provider is considered to have met the requirement to report data to the SDE as long as the provider is actively engaged with the HIE in the onboarding process of connecting to the HIE, and as reported by the SDE. OAC 317:30-3-35 (d)(2).

Meeting the Requirements for the HIE: A connection to the HIE can take substantial time to complete. “A health care provider will be considered to have met the requirement to report data to the SDE as long as the provider is actively engaged with the HIE in the onboarding process of connecting to the HIE, and as reported by the SDE.” OAC 317:30-3-35 (d)(2). “In order to meet the requirement to utilize the SDE, each health care provider or their health care provider organization shall secure access to HIE services by the following: (A) Completing and maintaining an active participation agreement with the SDE for HIE; (B) Executing annually an order form electing at a minimum the set of core services relevant to the provider practice or organization; and (C) Maintaining good standing as a participating organization in the SDE for HIE by remaining compliant with the terms and conditions, network policies and procedures, and paying all fees associated with the services elected on the order form.” OAC 317:30-3-35 (d)(3).

Applying for the HIE: To submit a non-binding online application for the HIE, visit myhealthaccess.net/apply.

Fees: According to OSCHIE, connecting to the HIE to report data may require a one-time estimated setup fee of \$5,000 per electronic medical record (“EMR”) system (not per provider). In order to become a participant in good standing and fully utilize the HIE, each provider/organization will be responsible for paying their share of network expenses. Specific pricing for your situation can only be obtained by completing the online non-binding MyHealth application, with the required information. For example, independent providers can anticipate anywhere from \$10 to \$55 per month per provider, long-term care facilities can anticipate approximately \$0.10 (annually) per average daily census, and hospitals can anticipate an annual rate based on their number of adjusted patient days.

Annual Reporting Requirements: HIE utilization metrics are available from the SDE to healthcare providers/organizations for their own review and use. A utilization report will also be provided from the SDE to the OSCHIE on an annual basis. “Utilization metrics and benchmarks will be determined annually by the OSCHIE in consultation with the board of directors of the SDE and will be published three (3) months prior to the commencement of each State Fiscal Year.” OAC 317:30-3-35 (d)(4).

Exemptions for Participation: “The OSCHIE may, as provided by rules promulgated by the Board, allow exemptions from the requirement [to participate in the HIE] on the basis of financial hardship, size of practice, type of provider, or technological capability of a health care provider or such other bases as may be provided by rules promulgated by [OHCA].” 63 O.S. § 1-133 (C); OAC 317:30-3-35 (e). “Any health care provider . . . that believes they will fall under hardship in order to meet the requirements to report data to and utilize the SDE must submit a request for exemption providing detailed justification as to the hardship they will sustain as specified on the [OSCHIE] website.” OAC 317:30-3-35 (e)(2). “The authorization of an exemption is not permanent and must be renewed annually with the OSCHIE, unless otherwise stated within the OSCHIE website.” OAC 317:30-3-35 (e)(4). The link to the exemption form may be found on the OKSHINE webpage (OKSHINE.Oklahoma.gov). You can link directly to it here: oklahoma.gov/ohca/exemption.

Disclosure of Information: Patient health information is private and confidential, and all data exchanged through the HIE is protected according to the terms of the HIE agreement, which complies with applicable federal and state laws. The new law also states: “Patient-specific protected health information shall only be disclosed in compliance with relevant state or federal privacy laws, rules, regulations, or policies including, but not limited to, the Health Insurance Portability and Accountability Act of 1996.” 63 O.S. § 1-133 (F).

Mental Health Records: Many behavioral health providers are required, under their licensure law, to obtain client consent prior to sharing any client information with anyone, including other healthcare providers. Additionally, psychotherapy notes are excluded from transmission to the HIE as well as information from substance abuse facilities covered by 42 CFR part 2. Any patient who wishes to have information from their mental health provider shared in the HIE will need to first provide written consent to their provider.

Contact Information & Additional Resources: For questions about the HIE requirement and exemptions, OSCHIE can be contacted by email: OKSHINE@okhca.org. You can find a FAQ by OSCHIE on their webpage (OKSHINE.Oklahoma.gov), or by clicking [here](#). For questions about the HIE, you can contact MyHealth by visiting myhealthaccess.net or by emailing myhealth@myhealthaccess.net.

Disclaimer: These Guidelines are subject to change. Consult your own counsel on any legal questions or contract matters.