eHealth Information Exchange

Trading Partner Onboarding Packet

ADT Integration Project
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1 Program Overview

The Tennessee (TN) Division of Health Care Finance & Administration (HCFA) has approved the eHealth Information Exchange to establish an Information Exchange (IE) in support of its strategic plan to support the TennCare (Tennessee Medicaid) Health Care Innovation Initiative to assist in the transformation of both cost and quality of health care delivery for TennCare Medicaid recipients. In order to provide more timely feedback to prospective payers and to improve patient and state interaction, the eHealth Information Exchange will focus on building a content rich data structure, interfaces and communication tools which provide a simplified and more user-friendly approach for data analytics. The beneficiaries of this IE Project will be existing and future payers, providers, and the state. HFCA intends to utilize its architecture and platform for communicating new developments, data needs, supporting the processing and sharing of patient level clinical and financial data and other industry specific information as the IE matures. Hospitals that are active members of the Tennessee Hospital Association (THA) will coordinate their feeds through THA for delivery to TennCare.

2 Project Overview

Office of eHealth Information Exchanges (OeHI), in coordination with TennCare, will interface directly with non-THA member hospitals throughout the state to enable the processing of the hospital Admission, Discharge, and Transfer (ADT) data. If you are a member of the Tennessee Hospital Association, your ADT feed will be provided by THA and it is not necessary for your organization to establish a direct interface connection to TennCare.

The first application that will utilize this ADT data is the Altruista Care Coordination product with future applications the state has planned will follow. The ADT information will assist patients’ primary care providers (PCPs) in coordinating patient-centered care. The project focus is to collect and utilize the ADT data for potentially reducing hospital re-admissions, resulting in potential healthcare savings.

The intent of this initiative is to establish an effective program that imposes greater discipline on IE operations to seize the following improvement opportunities:

- Formalize the eHealth services to support the logistics of building a state IE.
- Establish Health Level 7 (HL7), ADT infrastructure requirements to support the necessary data from initial inpatient Medicaid admission status through patient discharge.
- Initial support the Altruista Care Coordination Application by passing eligible hospital ADTs, and confirming PCP and Managed Care Organizations (MCO) relationships.
- Initial target is to have ADT data from select trading partners by mid-2016. This date corresponds with the date that Altruista is to begin their implementation efforts.
- In a later phase, establish dashboards and other communication tools to help visually communicate the value of the IE to others.
- Improve communications with trading partners to optimize IE service delivery.
3 TennCare- Trading Partner Connectivity

Introduction:
In order to receive demographic and clinical data from trading partners, TennCare will establish connectivity with each hospital or health system. The TennCare eHealth Information Exchange involves establishing an exchange infrastructure with its provider community and one of the key goals for this project is to support selected HL7 ADT transactions.

Based on the initial program goals, TennCare has identified a list of transactions being supported in the initial phase. As the program matures, we will ask our trading partners to expand their submission of clinically significant HL7 data. The following may be updated on a periodic basis and TennCare would communicate the changes to its trading partner appropriately.

Provider Requests:
- Providers need to configure their Interface Engine to send HL7 messages over HTTPS to TennCare using web services
- Providers need to send the HL7 messages using either version 2.3.1 or 2.5.1.
- Providers are requested to send the following HL7 messages:
  - A01 Admit Visit Notification
  - A02 Transfer a patient
  - A03 Discharge/end visit
  - A04 Register a patient
  - A05 Pre-admit a patient
  - A06 Change an outpatient to inpatient
  - A08 Update patient information
  - A11 Cancel Admit/Visit notification
  - A12 Cancel Transfer
  - A13 Cancel discharge/end visit
- Providers are requested to filter for TennCare Medicaid patients only
- Providers need to send ADT message as close to real-time as possible
- Providers will receive an HL7 acknowledgement ACK or NACK as appropriate
- Providers are being asked to monitor returned acknowledgements and web service traffic and resubmit ADTs if a NACK is sent

TennCare Responsibilities:
- Support HL7 message transmission and establish connectivity with the provider organization
- Convey acknowledgements (ACK or NACK) as appropriate
- Perform monthly maintenance with scheduled downtimes occurring twice per month on the second and fourth Saturdays from 5:00 PM through 12:00 AM
High level architecture for this connectivity mechanism is given below.

![Architecture Diagram]

4 Transaction Error Handling

From Provider/Hospital/Facility Perspective

There are occasions where connectivity may be unavailable and when that occurs error messages will be communicated back to the sending system. If the data fails to enter TennCare’s inbound service the submitting facility will receive one of the following HTTP messages after a failure to communicate with the state system.

- 403 Access Denied – i.e. resubmit authentication
- 404 Server Not Found – i.e. server is temporarily down, resubmit later
- 501 Not Implemented – i.e. not currently available, resubmit later
- 502 Bad Gateway/Proxy – i.e. server is acting as a proxy and there are issues further up the connectivity chain, resubmit later
- 503 Service Unavailable – i.e. service is down, resubmit later

When the facility is notified of an unsuccessful transmission the expectation is that the facility will resubmit. Successful transmissions will receive an HTTP acknowledgement.
5  Project Team Contact Details

5.1  Project Resources

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<thead>
<tr>
<th>Name</th>
<th>Role</th>
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<tbody>
<tr>
<td>Wesley McRae</td>
<td>Clinical Technical Consultant</td>
<td><a href="mailto:Wesley.McRae@tn.gov">Wesley.McRae@tn.gov</a></td>
</tr>
<tr>
<td></td>
<td>First level of contact for onboarding and technical support.</td>
<td>615.507.6353 Central Time Zone</td>
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<tr>
<td>Janet McRae</td>
<td>Clinical Technical Consultant</td>
<td><a href="mailto:Janet.McRae@tn.gov">Janet.McRae@tn.gov</a></td>
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<tr>
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<tr>
<td>Andrea M. Renner</td>
<td>Project Manager</td>
<td><a href="mailto:Andrea.M.Renner@tn.gov">Andrea.M.Renner@tn.gov</a></td>
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<tr>
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<tr>
<td>Erik Bock</td>
<td>Technical Architect</td>
<td><a href="mailto:Erik.Bock@tn.gov">Erik.Bock@tn.gov</a></td>
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<tr>
<td>Don Oaks</td>
<td>EDI Manager</td>
<td><a href="mailto:Don.Oaks@tn.gov">Don.Oaks@tn.gov</a></td>
</tr>
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<tr>
<td>Hugh Hale</td>
<td>Project Sponsor</td>
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</tr>
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6  Reference Documents

This section includes documents for use during the Onboarding process.

6.1  Participant Onboarding Questionnaire

To assist the state in better understanding your technology, please download the latest version of the eHealth Information Exchange questionnaire from the eHealth overview webpage. This document intends to gather technical details from a provider prior to planning the connectivity and exchange of data.
6.2 **Technical Specification for HL7 Messaging**

In order for TennCare to support integration programs the incoming HL7 files sent by providers need to conform to certain standards. This facilitates the efficient usage of demographic, clinical and financial data within TennCare systems. Please download the latest version of our technical specifications from the eHealth overview page. Feel free to reach out to our team if you have any questions.

6.3 **User ID and Password**

Each trading partner will have its own unique ID and Password for communicating with the state IE. This ID and Password are unique to the IT Department and will be used for data transmission to the state. The eHealth team will work with Provider Services to assist in the process for establishing this user ID and password. Details will be discussed at the as the registration has been completed and communicated to the participant.

When testing begins the team will provide participants with the URL for connectivity, finalization of establishing the ID and Password, testing information, and the final URL for production.
7 Appendix A
Memo - Option to Opt In/Out for Patients

Date: July 25, 2016
To: Mary Moewe, Office of E-Health Initiatives
From: Andrei Dumitrescu, Privacy Officer
Subject: Use of authorizations in sharing of PHI for IE purposes

Question:

Whether individual HIPAA authorizations are necessary before a covered entity can share PHI with TennCare for IE purposes?

Answer:

No, as the HIPAA Privacy Rule generally allows covered entities to use or disclose PHI for treatment, payment and healthcare operations without prior individual authorization.

Background and Analysis:

The Tennessee Information Exchange (TN IE) is designed to facilitate the exchange of electronic health record information among organizations within the region and community and across hospital systems. TN IE provides the capability to electronically transmit clinical information among disparate healthcare information systems with the goal of facilitating access to clinical data to provide improvements in patient care, including timeliness, efficiency and effectiveness of care.¹

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule requires a covered entity, such as a provider, hospital or health plan, to have in place appropriate administrative, technical, and physical safeguards to protect the privacy of protected health information (PHI), including reasonable safeguards to protect against any intentional or unintentional use or disclosure in violation of the Privacy Rule. ²
Onboarding Information

The HIPAA Privacy Rule requires the individual's prior authorization for any use or disclosure of protected health information not otherwise expressly permitted or required by the Privacy Rule. Covered entities are generally not required to obtain individual consent prior to use and disclosure of PHI for treatment, payment, or health care operations purposes. iii While the Privacy Rule allows covered entities to choose whether to obtain individual consent in order to use or disclose PHI for treatment, payment and healthcare operations, TennCare has adopted an opt-out model with respect to sharing through TN IE networks, and individual choice is not required before information is shared.

Thus, to the extent the primary purpose of the TNIE electronic health information exchange is to facilitate the transmittal of clinical information among health care providers and insurers for the purposes of treatment, payment or healthcare operations, individual HIPAA authorizations for TennCare enrollees are not necessary prior to covered entities exchanging information. Nevertheless, if the purpose of a covered entity's sharing PHI through the TNIE is for a purpose not otherwise permitted by the Privacy Rule, individual HIPAA authorizations may be required.

Andrei Dumitrescu
Office of General Counsel, Privacy Officer
# Appendix B

## Code Sets

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9 Appendix C

HL7

The IE will accept the following messages:

- A01 – Admit/Visit Notification
- A02 – Transfer a patient
- A03 – Discharge/end visit
- A04 – Register a Patient
- A05 – Pre Admit a Patient
- A08 – Update patient information
- A11 – Cancel Admit
- A12 – Cancel Transfer
- A13 – Cancel Discharge

The HCFA IE follows the HL7 Interface Specification V2.5.1 (V2.3.1) which can be found at [www.hl7.org](http://www.hl7.org). This section describes the required Message Segments for reference purposes only. These message segments are required for all accepted ADT Messages: A01, A02, A03, A04, A05, A08, A11, A12, and A13.

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**PV1** Patient Visit

**Message Header:**

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**MSA – Message Acknowledgement**

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10 Appendix D
List of Acronyms

- ACK/NAK  Acknowledgement Code/Negative Acknowledgement Code
- CCT     Care Coordination Tool
- CCV     Care Coordination Vendor (Altruista)
- ESB     Enterprise Service Bus; a software architecture model
- HCP     HealthCare Pack (IBM specific)
- HCFA    Health Care Financial Administration
- IE      Health Information Exchange
- HIPAA   Health Insurance Portability and Accountability Act
- HIS     Hospital Information System
- HL7     Health Level 7; international standards for transfer of clinical/administrative data
- HPE     Hewlett Packard Enterprise
- MCO     Managed Care Organization
- MMIS    Medicaid Management Information Systems
- PCP     Primary Care Physician
- STS     Strategic Technology Solutions, state agency
- TIN     Tax Identification Number
- TM      Transaction Management module/application (Edifecs specific)
- TP      Trading Partner
- TPA     Trading Partner Agreement

i https://www.tn.gov/ehealth/section/health-information-exchange
ii See 45 C.F.R. § 164.530(c)
iii See 45 C.F.R. § 164.506