



## **HHS Circular C-044**

### **Health and Human Services Enterprise Health Information Exchange Policy**

#### **Purpose**

This policy directs Health and Human Services (HHS) agencies, where possible, to use health information exchanges (HIEs), which are secure electronic data transmission networks that transmit clinical data and other types of health-related information between agencies and authorized recipients according to nationally recognized standards. HIEs may be internal or external to HHS agencies, and support coordination of an individual's health care, payment for health care, health care operations, public health reporting, and to the extent directly connected to HHS government benefit program administration activities. To improve and increase HHS agency use of secure HIEs and meet legislative requirements, HHS agencies will also develop an interoperability standards plan to be updated every two years.

#### **Background**

The 81<sup>st</sup> Legislature, Regular Session, 2009, directed the Health and Human Services Commission (HHSC) to develop an electronic HIE system.<sup>1</sup> H.B. 2641, 84<sup>th</sup> Legislature, Regular Session, 2015, also directed HHSC to ensure that appropriate information technology systems used by HHS agencies are interoperable with each other to the extent feasible, as well as interoperable with external information technology systems for securely receiving and exchanging electronic health information, among other requirements.

HHSC recognizes that a broad variety of health care providers, organizations, and individuals collect, store, and exchange clinical data and other health-related information via standards-based, secure, electronic means. HHSC also recognizes that this health information exchange often includes numerous programs within Texas HHS agencies. In addition to HHS and health care HIE systems, local or regional health information exchange organizations (also referred to as "local HIEs" or "RHIOs") are increasingly being used to privately and securely exchange these data among health care providers and others for appropriate, mostly clinical purposes. Health care providers are also increasingly using certified electronic health record systems (EHRs) instead of non-standards based EHRs or paper charts for their HIE and medical record-keeping functions.

<sup>1</sup> Texas Government Code, Subchapter V, Health Information Exchange Systems, Sections 531.901-531.912.



Enhancing the ability to securely and electronically exchange information between external entities and HHS departments will improve the accuracy and timeliness of the data exchanged and should reduce administrative burdens and costs in providing data.

## **Policy**

All HHS agencies shall adopt policies and procedures to support secure electronic health information exchange as set out below:

### *Use of Health Information Exchanges*

- All HHS agencies shall interpret health information exchange (HIE) as it is defined in Texas Government Code, Section 531.901.
- In summary:
  - (A) A health information exchange system moves (assists in the transmission and/or receipt) health-related information among entities according to nationally recognized standards and under an express written agreement.
  - (B) A local or regional health information exchange operates in this state securely exchanging electronic health information, including information for patients receiving services under the child health plan or Medicaid program, among hospitals, clinics, physicians' offices, and other health care providers that are not owned by a single entity or included in a single operational unit or network.
  - (C) As a primary business function, HIEs compile or organize health-related information that is designed to be securely transmitted by the organization among physicians, health care providers, or other entities within a region, state, community, or hospital system.
  - (D) Assist in the transmission or receipt of electronic health-related information among physicians, healthcare providers, or other entities within:
    - i. a hospital system;
    - ii. a physician organization;
    - iii. a health care collaborative, as defined by Section 848.001, Insurance Code;
    - iv. an accountable care organization participating in the Pioneer Model under the initiative by the Innovation Center of the Centers for Medicare and Medicaid Services; or



- v. an accountable care organization participating in the Medicare shared savings program under 42 U.S.C. Section 1395jjj.
- All HHS programs shall interpret “clinical data” as “data related to the diagnosis, observation, evaluation, or treatment of an individual patient.”
  - All HHS programs shall define “participant users” as any person who has been authorized to transact message content through an authorized HIE. “Participant users” may include, but are not limited to, health care providers; health plans; individuals whose health information is contained within, or available through, an authorized HIE; and employees, contractors, or agents of a participant user. A participant user may act as a submitter, a recipient, or both. Not all participant users may have access to the data.
  - All HHS programs shall interpret “interoperability” in accordance with the following Institute of Electronics and Electrical Engineers (IEEE) definition, also used by the Office of the National Coordinator for Health Information Technology: Interoperability is the ability of systems to exchange and use electronic health information from other systems without special effort on the part of the user.
  - Wherever and whenever financially, technically, and operationally practical, legally permissible under applicable laws and regulations, and programmatically relevant; all HHS programs should establish the technical capacity and operating policies to receive or send (disclose) clinical data and other types of health information through authorized HIEs with participant users.
  - Unless explicitly prohibited under applicable laws and regulations, all HHS agencies shall be consistent with their adopted operating policies and permit agency programs, authorized HIEs, and participant users to submit, request, receive, update, and disclose clinical data and/or other types of health information through HIEs to participant users.
  - Each HHS agency shall develop and publish clear public guidance regarding the use of HIEs for submitting, requesting, receiving, and updating clinical data and/or other types of health information.
  - Each agency shall develop standard operating procedures to evaluate, review, and approve the release of clinical data and/or other types of health information through HIEs. If an HHS agency identifies potential legal impediments to the proposed clinical data or other type of health information, the agency shall submit the legal justification to the HHS agency and HHSC Chief Counsels for review and decision.

**Revised: 11/02/15**  
**Revised: 12/15/14**  
**Issued: 06/25/14**



### *Interoperability*

H.B. 2641, 84<sup>th</sup> Legislature, Regular Session, 2015, directs HHS agencies to engage in interoperability planning, and for HHSC to report on measurable progress every two years, among other requirements. Given the breadth and complexity, the potential impacts on IT projects and policy, and the legislative mandate, interoperability planning is coordinated at the HHS system level with support from HHS agencies and programs. The interoperability plan will identify interoperability standards that each agency will move toward using, and will be updated every two years to comply with legislative reporting requirements. The process of developing the plan should include, at a minimum, the following considerations:

- Identify programs that receive, use, disclose, create, transmit, access, or retain a significant amount of clinical data and/or other health-related information between agencies, third-parties, authorized HIEs, or participant users.
- Identify, through research and stakeholder dialogue, key data standards for programs engaged in a significant exchange of health data, information, and/or clinical data with health care providers.

### **Responsibilities**

HHS agency commissioners are responsible for implementing the policies outlined in this circular. The implementation may include the delegation of responsibilities as necessary.

- Review current data standards being used by programs engaged in a significant amount of data and information exchange.
- Analyze gaps between data standards currently in use, standards required by law, and standards recommended by stakeholders.
- Identify the standard operating procedures that the agency and/or program must use to evaluate the release of health data, information, and/or clinical data.
- Develop a draft interoperability plan.
- Submit the draft interoperability plan to HHSC for review, including review by the HIE Advisory Committee by December 31, 2015.
- Publish a draft interoperability plan for public comment.



- Revise the interoperability plan based on public comment.
- Publish the final interoperability plan by August 31, 2016.

### **Inquiries**

Inquiries regarding the content of this circular should be directed to Melanie Williams, Ph.D., Director of the Office of e-Health Coordination, Health Policy and Clinical Services, at (512) 490-3105 or by e-mail at [OEHCStateHIEProgram@hhsc.state.tx.us](mailto:OEHCStateHIEProgram@hhsc.state.tx.us).