

Application For Certificate of Authority to Operate an Approved Health Information Organization In the State Of Kansas

This application and all supporting documentation are subject to public disclosure under the Kansas Open Records Act. An applicant may request specific information be treated as non-public, provided the applicant demonstrates an exception to the Kansas Open Records Act applies to such information.

As used herein, capitalized terms shall be defined in the same manner as they are defined in Kansas Health Information Exchange, Inc.'s Approved HIO Policies and Procedures

To the extent possible, an applicant should limit its response to all narrative questions to 500 words, in 12 point font. Requests for current information refer to information as of the first date on which the entity would operate as an approved HIO in Kansas.

With respect to each attestation, a check made in the designated location evidences the HIO's unconditional agreement to the statement's accuracy and an assurance of the HIO's full compliance with the statement.

Failure to provide a complete and accurate response to any item on this application or subsequent inquiry made by KHIE staff or the KHIE Review Committee relating to the approval process may delay KHIE's final action on the HIO's application.

Completion of this application and compliance with KHIE's standards for approved HIOs does not entitle an HIO to a Certificate of Authority.

Any questions regarding the application or the approval process should be directed to Bill Wallace, Chief Executive Officer, Kansas Health Information Exchange, Inc., (bwallace@khie.org, 212 SW 8th Ave # 300 Topeka, KS 66603-3938; (785) 233-5443.

1. General Information

(a) General

Legal Name: _____

D/B/A: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Web Site : _____

Federal Tax ID Number: _____ State Tax ID Number: _____

(b) Attach proof of authority to do business in Kansas as Exhibit 1(b)

(c) Contact Person (for purposes of processing application)

Name and Organizational Title: _____

Telephone Number: _____

E-mail Address: _____

2. HIO Services

(a) Complete the following:

	Currently Offered by HIO		Will be offered by HIO in next 12 months	No plans by HIO to offer in next 12 months
	<input type="checkbox"/>	Indicate standards used and their versions		
1. Electronic prescribing				
a. Transmission of permissible prescriptions electronically	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
b. Transactions of permissible prescriptions and dispensers	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
- New prescriptions				
- Prescription refill requests and responses				
- Prescription change requests and responses				
- Prescription cancellation request and response				
c. Transactions related to exchange of eligibility details	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
d. Transactions on formulary and benefits information	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
e. Transactions related to medication history	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
f. Transactions on fill status notifications	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. Immunization transactions				
a. Transmission of electronic data to immunization registries or immunization information systems	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
b. Transactions on query for immunization history and delivery (request and/or achieve)	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
c. Transactions supporting decision forecasting (decision support)	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. Laboratory related transactions				
a. Transmission of electronic data on reportable lab results to public health agencies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
b. Transactions related to ordering of laboratory tests	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
c. Transactions related to delivery of laboratory results	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. Electronic transmission of records/key clinical information				
a. Transmission of summary of care record from one setting of care or provider of care to another provider of care to support transition of care or referral	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
b. Transactions that support exchange key clinical information (for example, discharge summary, procedures, problem list, medication list, medication allergies, diagnostic test results) among providers of care and patient authorized entities electronically	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please specify the type of clinical information transmitted</i> _____				

5. Surveillance data transmissions				
a. Transmission of electronic syndromic surveillance data to public health agencies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
b. Transmission of electronic data on reportable disease conditions to public health agencies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

6. Quality reporting

- a. Transmissions related to reporting of clinical quality measures to CMS or State of Kansas _____
 - Transactions supporting ambulatory clinical quality measures
 - Transactions supporting hospital clinical quality measures
- b. Reporting related to additional quality of care metrics _____
Please specify the quality of care metrics _____

7. Radiology related transactions

- a. Transmission of radiology results (reports) _____
 - b. Transmission of radiology images _____
 - c. Capability to support radiology history _____
- Please specify the list of tests* _____

8. Registry reporting

- a. Reporting to disease registries _____
Please specify registries _____
- b. Connection to other specific registries (e.g., trauma, traumatic brain injury, and spinal cord registries) _____
Please specify registries _____

9. Interoperability with devices/personal health records (PHR)

- a. Support reporting from and to select devices that collect health information _____
Please specify devices _____
- b. Transmissions that support interoperability of home monitoring devices (transactions from and to home device and electronic health record/personal health record/other electronic health record) _____

10. Eligibility transactions

- Capability to support eligibility verification transactions (270/271) _____

11. Identify other transmissions/transactions not identified above that HIO currently supports: _____

12. Identify other transmissions/transactions not identified above that HIO intends to support within the next 12 months: _____

(b) List certified EHRs with which HIO (directly or through its technology provider) has successfully implemented interfaces to date

3. HIO Participants:

(a) Attach HIO's standard Participation Agreement(s) as Exhibit 3(a)

(b) List HIO's current Participants, including name, business address, and type of entity (e.g., hospital, physician practice)

Name	Address	Type of Entity

(c) Identify those Participants with which the HIO has entered into a Participation Agreement that varies in any significant manner from the HIO's standard Participation Agreement(s) attached as Exhibit 3(a) and identify the variance in each such Participant's Participation Agreement

Name	Variation

(d) Participant Attestations

- HIO shall permit only an Eligible Entity that has signed a Participation Agreement that conforms to all KHIE requirements to access PHI through the HIO

HIO shall not refuse to enter into a Participation Agreement with any Eligible Entity requesting participation except the following: (a) the Eligible Entity refuses to accept KHIE-mandated contractual terms; (b) the Eligible Entity demands contractual terms that are inconsistent with KHIE-mandated terms; (c) the Eligible Entity refuses or is unable to pay the rates established by the approved HIO; (d) the Eligible Entity does not utilize a certified EHR product (with the exception of an Eligible Entity that seeks access to a provider portal only); or (e) the Eligible Entity otherwise does not satisfy requirements established by KHIE

HIO shall permit a Participant to access PHI only for purposes of treatment, payment, and health care operations in compliance with the HIPAA Privacy Rule

- HIO shall permit participation by Kansas Department of Health and Environment for purposes of mandatory reporting requirements
- HIO shall regularly monitor each Participant's compliance with the Participation Agreement and shall take appropriate action against any Participant that materially breaches such agreement

4. Data Sources

Identify all Data Sources with which HIO currently contracts and summarize the terms of HIO's contract with each, including, but not limited to, type(s) of data received by the HIO from the Data Source.

Name	Terms

5. **Sustainability**

(a) Describe HIO's rate or fee structure for Kansas participants.



- (b) Provide as Exhibit 5(b) a business plan covering at a minimum the next 4 years of operation. The applicant must furnish substantive revisions to KHIE in a timely manner. Required elements include:**
- i. Description of the HIO's mission, products and services**
 - ii. Legal form of organization, Board composition and ByLaws**
 - iii. Organization chart**
 - iv. Capitalization, Debt and all sources of revenue**
 - v. Description of subcontracts, licenses and leases**
 - vi. Technology plan depicting how the applicant's infrastructure capacity will evolve to meet usage demands**
 - vii. Projected cash flow for the next 4 years depicting all forms of revenues and expenses and clearly delineating the applicant's expected break-even point**
 - viii. Most recent financial audit, or latest financial statement**
 - ix. Marketing plan**
 - x. Participation in industry-wide standards initiatives**
 - xi. Description of any intellectual property that may provide the applicant a unique competitive advantage**
 - xii. Lawsuits or encumbrances**

(c) List HIOs principal officers (name and job title).

Name	Job Title	Contact Information

(d) Attach HIO's conflict of interest policy and any signed certification agreements for board members or principal officers as Exhibit 7(d).

8. Compliance Program

(a) Attach HIO's Compliance Program documents as Exhibit 8(a).

(b) Identify HIO's current Compliance Officer and list his/her credentials.

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9. Record Retention

Attach HIO's record retention policy as Exhibit 9.

10. Privacy and Security

(a) Attach complete set of HIO's current HIPAA Privacy Rule policies and procedures and related documents and forms as Exhibit 10(a).

(b) Identify HIO's current Privacy Officer and list his/her credentials.

[Redacted area]

(c) Attach complete set of HIO's current HIPAA Security Rule policies and procedures and related documents and forms as Exhibit 10(b) including, but not limited to, HIO's most recent security risk assessment and risk management plan.

(d) Identify HIO's current Security Officer and list his/her credentials.

[Redacted area]

(e) Privacy and Security Attestations

- HIO shall comply fully with all HIPAA Privacy and Security Rule requirements**
- HIO shall require each member of its governing body and workforce to (i) complete annual training regarding HIO's HIPAA Privacy and Security Rule policies, and (ii) execute on an annual basis and adhere to an adequate confidentiality agreement**

- **HIO shall require any third party vendor with which it does business to comply with all HIPAA Privacy and Security Rule requirements and HIO's HIPAA Privacy and Security Rule policies**
- **HIO shall promptly and thoroughly investigate any suspected violation of HIO's HIPAA Privacy and Security Rule policies and take appropriate remedial and proactive measures in response to any confirmed violation**

11. Technical Performance Standards

- (a) Describe HIO's ability to provide interoperability with all other approved HIOs.**

- (b) Describe HIO's ability to identify a source of data, track participant inquiries, and produce audit trails.**

(c) Describe HIO's service level agreements (SLA's) for customer service inquiries, and batch and real-time transactions.

[Empty response box for item (c)]

(d) Describe HIO's system availability and back-up procedures including appropriate redundancies and notification of critical service outages.

[Empty response box for item (d)]

(e) Describe HIO's ability to monitor capacity.

[Empty response box for item (e)]

- (f) Describe the ability of the applicant's system to store a persistent copy of a patient's health information that is exchanged between any two participants. (e.g. HIO's storage and retrieval procedure for batch and real-time transactions.)**

[Empty response box for item (f)]

- (g) Describe HIO's patient matching process and the degree of certainty or match used for health information exchange.**

[Empty response box for item (g)]

- (h) Describe HIO's patient portal capabilities and/or future plans for patient portal capabilities.**

[Empty response box for item (h)]

- (i) Describe HIO's provider portal capabilities and/or future plans for provider portal capabilities.**

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- (j) Describe the nature of the applicant's health information exchange hardware/software installation from the standpoint of whether it is owned and operated locally by the applicant or leased from and operated by a vendor. If the latter, explain the arrangements the applicant has made to continue operations in the event the vendor becomes insolvent or withdraws the product from the market.**

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12. Restrictions on Access

- (a) Describe HIO's technical ability to prevent Participant access to PHI of individuals who have restricted access to their PHI.**

[Empty response box for item (a)]

- (b) Describe HIO's administrative procedures and timeline to implement an individual's restriction request (or a request to lift such restriction) obtained from or received from KHIE.**

[Empty response box for item (b)]

13. General Attestations

- HIO has received a copy of and shall fully comply with all applicable provisions of KHIE's policies and procedures as amended from time to time**
- HIO shall cooperate fully with any investigation and respond promptly to any inquiry by KHIE staff regarding HIO's operations and/or a Participant's participation in the HIO**
- HIO shall in good faith pursue interoperability with all other approved HIOs operating in Kansas using nationally recognized standards at a pace relative to the technology and operations available to HIO**

- HIO shall use financial policies and procedures that conform with generally accepted accounting principles, will have an independent audit of its financials on an annual basis, and have the resources and capabilities to continue to function as a going concern**
- HIO shall meet requirements established for utilizing NwHIN and Direct and corresponding standards within the federally mandated timeline or within time frame established by KHIE**
- HIO shall otherwise conform with all applicable state and federal laws and regulations**

Attestation and Signature

I certify that I am a principal officer of the HIO Applicant and I am duly authorized to submit this Application for Certificate of Authority to operate as a Health Information Organization on behalf of the Applicant. I attest that all information submitted on this application and in corresponding attachments accurately reflect the activities of the Applicant and is complete to the best of my knowledge.

Signature_____ Date_____

Name of Officer:_____

Title:_____

Name of HIO:_____