		Effective Date: January 1, 2024

Category: I. Contacts and Communications

Title: 3. Hixny Communication

Applies to:

☐ St. Peter's Health Partners (SPHP)

☐ All SPHP Component Corporations **OR** ☐ Only the following Component Corporations: (Click here for a list)
☐ _____

☐ All SPHP Affiliates **OR** only the following Affiliates: (Click here for a list)
☒ **All Community Health Connections Care Management Agencies**

☐ St. Peter's Health Partners Medical Associates (SPHPMA)

Contents

PURPOSE

The purpose of this policy is to provide a standard set of expectations regarding the use of Hixny, the Regional Health Information Organization for the Members served in the Capital Region and the RHIO used for alerts in CareManager. This policy includes the use of the Provider Portal for Capital Region Members as well as receiving alerts from Hixny.

POLICY STATEMENTS

The Lead Health Home has established a connection with Hixny to help Care Coordinators and other Care Management Agency staff obtain medical records that can verify eligibility into the Health Home program. Information from Hixny can also be used to support Care Transitions and to exchange other relevant health information with other providers who are involved in the Member's care.

SCOPE OF AUTHORITY / COMPETENCY

All Care Management Agencies that comprise the Community Health Connections Health Home program.

DEFINITIONS

Health Home Candidate: An individual who is in active Client Search (Outreach) status, but who has not yet been enrolled in Health Home services

Health Home Member: An individual who is enrolled in Health Home services

Hixny: Healthcare Information Exchange of New York; the RHIO connected to Netsmart's CareManager

RHIO: Regional Health Information Organization; a health information exchange organization; offers real-time electronic access to patients' comprehensive medical history

PROCEDURE

A. Hixny Consent

1. Enrolled Members will grant access to Hixny via the DOH 5055 Health Home Consent. The language in the DOH 5055 includes consent for Hixny. (See Policy B4. Outreach and Engagement: Health Home Consent)

2. Once a Member has signed the DOH 5055, the Electronic HIE Consent must be entered into the Consents Tab in CareManager. Entering the consent in CareManager is the only way to communicate to Hixny that consent was received, and this will trigger the transfer of information to and from Hixny.

B. *Sharing Information with Hixny*

1. CareMananger will automatically send Plans of Care to Hixny once they are finalized and saved in CareManager. Once the information is shared with Hixny, the Continuing Care Document (CCD) will appear in CareManager under the Documents Tab. The source of the document will be CareManager. To view the information that was shared with Hixny, click the View button next to the CCD.

2. All Problems entered into the Problems Tab in CareManager will automatically send to Hixny once entered. Because this information is sent to Hixny, caution should be exercised when pulling a Problems List for Members from Hixny. Problems with a source of "Community Health Connections," "Community Health Connections" or one of its Care Management Agencies should not be used, as they are from a previous episode of care with the Health Home.

C. *Retrieving Information from Hixny*

1. Staff working in the Capital Region will be granted Provider Portal to Hixny as requested via the Employee Change Form – Capital Region. This access for Capital Region staff allows for access to each consented Member's account in Hixny's Provider Portal.

   For Central NY staff, HealtheConnections is the local RHIO and each CMA maintains its own contract with HealtheConnections and grants and rescinds staff access internally.

2. To retrieve information on Member's from Hixny (e.g., diagnoses, prescriptions, allergies, lab tests, specialist's visits, etc.), staff should access Hixny's Provider Portal (https://portal.sso.hixny.com). Information obtained from the portal may be printed or saved and uploaded into CareManager. Once in the Provider Portal, staff may click on the "Online Help" link in the top right corner of the home page to obtain assistance in locating specific information within the Portal.

3. Staff may not print information from the Hixny Provider Portal to provide to Members. Members must retrieve any medical information from the provider or contact Hixny to be granted access to the Hixny Secure Patient Portal. (hixny.org/patients/patient-portal/)

4. Once information is downloaded from Hixny to CareManager the information becomes the property of Community Health Connections and may be re-disclosed to only those providers consented via the DOH 5055 Health Home Consent.

5. The information in the Provider Portal can only be accessed for consented Members, as outlined in Section A above.

D. Hixny Alerts

1. When Members have consented to Hixny and the consents has been uploaded and entered into the Member's record, as described in Section A2 above, Hixny alerts will be populated into CareManager for the Member. These alerts include:
   - ED Registration
   - Inpatient Admission
   - ED Discharge
   - Inpatient Discharge

2. Hixny alerts will be sent to the assigned Care Coordinator in CareManager, or any other staff assigned at the time of alert via CareManager. Alerts will populate on the staff person's homepage in CareManager as well as on the Candidate or Member's Facesheet in CareManager.

E. Response to Hixny Alerts

1. Upon receipt of a Hixny alert regarding an Emergency Department (ED) visit or admission to an inpatient hospital setting, the Care Coordinator must follow the policies for responding to a critical event (See Policy D1. Critical Events and Incidents: Critical Events and Care Transitions). This includes following up with the Member within two (2) business days of receipt of the alert, communicating the admission or ED visit with appropriate providers and the Member's Managed Care Organization (when consent is in place). Appropriate providers are those who are part of the Member's Care Team and those who may provide care or support following the event. Communications should be made as soon as possible after the Care Coordinator is notified of the admission or visit.

2. Care Coordinators must share, or document attempts to share, known information regarding the admission or ED visit with appropriate providers and work with them to provide services to alleviate the critical event or reduce the likelihood of such events reoccurring.

3. When an alert is received that a Member was discharged from a hospital or the ED the Care Coordinator must make and document efforts to obtain the discharge summary from the discharging entity and assist the Member in following the discharge instructions to support the Core Service of Care Transitions. This may include scheduling appointments with providers for follow-up, linking the Member with needed providers for follow-up or provide other services aimed at increasing the Member's ability to manage his or her care and live safely in the community,

thus preventing unnecessary hospitalizations of Emergency Department usage. (See Policy D1. Critical Events and Incidents: Critical Events and Care Transitions)

F. *Withdrawal of Hixny Consent*

1. If a Member would like to rescind their Hixny consent, the Hixny withdrawal of consent specific to CHC must be completed (See Attachment A). The completed form must be attached to the Member's CareManager record in the Documents.

2. The Electronic HIE consent entered in CareManager must also be end dated in CareManager.

G. *Hixny Support*

1. Any login or password issues for the Provider Portal should be directed to Hixny at 518-640-0021 ext.2 or support@hixny.org

2. Any changes to staff access to Hixny, activations or de-activations of Hixny accounts should be directed to the Lead Health Home via the Employee Change Form.

Approving Official: Senior Vice President, Population Health, Advocacy		**Effective Date: January 1, 2024**
Key Sponsor: Regional Health Home Director		
Reviewed By: Regional Health Home Operations Manager		**Original Date: November 1, 2017** **Reviewed/Revised Date: January 1, 2024**
Search Terms:		***Reviewed, No Revisions** ****Revised without Full Review**
Replaces: Contacts and Communications: Hixny Communication (November 1, 2017) ** Contacts and Communications: Hixny Communication (May 2, 2022)**		

Attachment A: Withdrawal of Consent

Withdrawal of Consent
Community Health Connections

I have previously signed a Patient Consent Form that granted Community Health Connections access to my medical information through Healthcare Information Xchange of New York ("Hixny"). At this time, I no longer want Community Health Connections to have access to my medical information through Hixny.

1. This Withdrawal of Consent applies to Community Health Connections only. I understand that if I wish to withdraw my consent granting other Hixny organizations that participate in my treatment access to my medical information, I must do so by contacting these other Hixny Participants directly.

2. I understand that, by checking one of the boxes below, I am either denying Community Health Connections the right to access my medical information *even in case of emergency,* or I am granting emergency access to my medical information:

   ☐ **I do not wish my medical information to be available to Community Health Connections, even in the case of an emergency.**

3. I understand that this Withdrawal of Consent will not affect or undo any exchange of my medical information that occurred while my original consent was in effect.

4. I understand that my withdrawal of consent for Community Health Connections does not affect any consent(s) that I may have previously given to other Hixny Participant(s). These will remain in effect until I specifically withdraw them by contacting these other Hixny Participants directly.

5. I understand that it may take several days to process this Withdrawal of Consent.

6. I understand that no Hixny Participant can deny me medical care as a result of this Withdrawal of Consent. I also understand that my health insurance eligibility cannot be affected this Withdrawal of Consent.

_____   _____
Print Name of Patient   Patient's Date of Birth

_____   _____
Signature of Patient/Patient's   Date
Representative (if patient is unable to sign)

_____   _____
Print Name of Patient's Representative   Relationship of Patient's Representative