Commonwealth of Massachusetts

Executive Office of Health and Human Services



The Mass HIway Connection Requirement: Overview of the Year 1 requirement

May 2017



Today's presenters





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This presentation has been reviewed and approved by the Mass HIway, and the presenters are acting as authorized representatives of the Mass HIway.

The information provided in this presentation is for general information purposes only, and in no way modifies or amends the statutes, regulations, and other official statements of policy and procedure that govern access to and use of the Mass HIway.



Mass HIway webinars



- Past webinars and presentations are available on the HIway website <u>www.masshiway.net</u>
- Go to "News and Events" and then select "Events"



Mass Hiway Guide to the Provider Directory: PDF \ Video





This presentation was developed by staff from EOHHS, Mass HIway, and the Mass HIway Account Management Team

About the MA HIway Account Management Team:

- Massachusetts eHealth Collaborative (MAeHC) was selected by EOHHS through an open bid process to serve as the Mass HIway's Account Management team.
- Working in partnership with the Mass HIway, our team delivers outreach, education, and on site user support services to the provider community and participants, with a goal of increasing adoption and effective utilization of the Mass HIway across the Commonwealth.
- The Mass HIway Account Management Team includes:
 - o Mark Belanger
 - Murali Athuluri
 - o Len Levine
 - o Jennifer Monahan
 - o Kelly Luchini





If your organization is interested in connecting to the Mass HIway contact any member of the Mass HIway Account Management Team:

- ✓ Enrollment
- ✓ Onboarding
- ✓ Addressing
- ✓ Connection steps
- Use case identification
- \checkmark Exchanging with your trading partners



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Using the Mass HIway is as easy as 1-2-3!

- **1.** Ask your vendor if they are connected to, or able to connect to the HIway.
- 2. Contact us. We will connect you with a Mass HIway Account Manager to get your organizations enrolled and connected.
- 3. Exchange with your trading partners!

The Massachusetts Health Information Highway (Mass HIway) Phone: 1.855.MA-HIWAY (1.855.624.4929) Email for General Inquires: MassHIway@state.ma.us Email for Technical Support: MassHIwaySupport@state.ma.us Website: www.MassHIway.net





- 1. Introduction to the Mass HIway and the Mass HIway Regulations
- 2. Overview of the HIway connection requirement
- 3. Year 1 of the HIway connection requirement
- 4. Conclusion





The Mass HIway is the statewide, state-sponsored Health Information Exchange (HIE) operated by the Executive Office of Health and Human Services (EOHHS).

• **Mission:** The mission of the Mass HIway is to enable health information exchange by health care providers and other Mass HIway Users regardless of affiliation, location or differences in technology.

• The Mass HIway has two core functions:

• Function #1 – HIway Direct Messaging:

i.e., a secure method of sending a transmission from one Mass HIway User to another, where the HIway does not use, analyze or share information in the transmissions

• Function #2 – Hlway-Sponsored Services:

i.e., services such as the forthcoming state-wide Event Notification Service (ENS), where the HIway may use, analyze, and/or share the minimal amount of information necessary to conduct the service, on behalf of HIway Participants

- The Mass HIway does not currently function as a clinical data repository
- The Mass HIway provides health information exchange across the state:
 - Over 1,000 HIway Participants, including organizations across the care continuum (including hospitals from 60+ organizations, ambulatory providers, long-term care facilities)





HIway Direct Messaging offers a secure method for transmitting messages between HIway Users for a wide variety of use cases

- In April 2017, over 7 million HIway Direct Messages were transmitted per month
 - This included over 200,000 Provider-to-Provider transmissions (an 18% increase from April 2016)
- Mass HIway Direct Messaging allows secure transmission of information to support a wide variety of use cases, within several categories.
 - Use case categories include: Public Health Reporting, Provider-to-Provider Communications, Payer Case Management, Quality Reporting (as per the Mass HIway Policies & Procedures)
- HIway Users can connect to the Mass HIway by one of several connectivity options. This has supported broad participation in the Mass HIway.
 - HIway Participants can connect to the Mass HIway by several methods:
 - Direct EHR connection
 - a Local Access for Network Distribution (LAND) appliance connection
 - a HIway Trusted Health Information Service Provider (HISP)
 - a Webmail connection, which does not require an EHR
 - As a result of the multiple connectivity options the Mass HIway currently works with more than 44 EHR vendors, 23 HISPs, and 7 integration engines, through 13 deployment variations.





The main purpose of the Mass HIway Regulations is to:

- Establish requirements for organizations that use the Mass HIway
- Implement the state statutory requirement for providers to connect to the Mass HIway (which is referred to in this presentation as the *HIway connection requirement*)
- Establish the mechanism to allow patients to opt-in and opt-out of the Mass HIway
- The regulations require that information be transmitted via HIway Direct Messaging in compliance with applicable federal and state privacy laws and implementing regulations, and thereby aligns the use of HIway Direct Messaging with other modes of transmission (e.g., sending information by fax or phone).
- The Mass HIway Regulations went into effect on February 10, 2017.
- In March 2017, EOHHS and the Mass HIway released supporting documents related to the Mass HIway Regulations:
 - <u>Mass HIway Regulations Summary</u>
 - Mass HIway Regulations FAQs
 - <u>Mass HIway Policies & Procedures (version 3)</u>
 - Mass HIway Fact Sheet for Patients
- In April 2017, the HIway hosted a Mass HIway Regulations Overview (via webinar)





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The HIway connection requirement is implemented using a phased-in approach.

The phased-in approach has four aspects:

1. Three types of Provider Organizations (i.e., Acute Care Hospitals, Large & Medium Medical Ambulatory Practices, Community Health Centers) have connection dates that are specified in the regulations.

EOHHS anticipates that Provider Organizations which are not specified in the regulations will be required to connect at a future date, with future guidance providing at least one year notice for affected organizations to connect.

- 2. The three types of Provider Organizations have an initial "Year 1" connection requirement between 2017 and 2019.
- 3. How Provider Organizations fulfill the HIway connection requirement is phased-in over four years, with penalties for not meeting the requirement beginning in Year 4.
- 4. The statutory requirement that providers implement "interoperable EHR systems" that connect to the Mass HIway is fulfilled by implementing HIway Direct Messaging.





Section 20.06 of the Mass HIway Regulations provide the definitions of the Provider Organizations that have HIway connection dates specified in the regulations.

- Acute Care Hospital: ٠
 - hospital licensed under M.G.L. c111 s.51, and the teaching hospital of UMass Medical School Ο
 - see the List of Health Care Facilities Licensed or Certified by the Division available here.*
- **Medical Ambulatory Practice:** ٠
 - an organization that includes licensed providers who provide primary or specialty outpatient health care
 - *Large Medical Ambulatory Practice:* more than 50 licensed providers Ο
 - Medium Medical Ambulatory Practice: 10 to 50 licensed providers Ο
 - Small Medical Ambulatory Practice: less than 10 licensed providers Ο

Community Health Center (CHC): ٠

- A Federally Qualified Health Center (FQHC) or a FQHC look-alike (as defined by HRSA), or Ο
- An organization that files cost reports as a CHC, as requested by the Health Policy Commission Ο
- *Large CHC:* 10 or more licensed providers Ο
- *Small CHC:* less than 10 licensed providers
- *This list is referred to as the Massachusetts Licensed or Certified Health Care Facility/Agency Listing in Section 20.06 of the Regulations





Section 20.06 of the Mass HIway Regulations provides details regarding the definitions that are mentioned in the previous slide. These details include the following:

- **Licensed providers:** For the definitions in Section 20.06 of the regulations, *licensed providers* are limited to include medical doctors, doctors of osteopathy, nurse practitioners, or physician assistants.
- How to calculate the number of licensed providers: For the purposes of the regulations, the number of licensed providers that a Provider Organization has is calculated based on the number of licensed providers that provide health care services to patients on behalf of the provider organization in the month of June prior to that organization's initial required connection date to the Mass HIway, regardless of employment status.





The HIway connection requirement follows a four-year phased-in approach that progressively encourages use of the Mass HIway for Provider-to-Provider communications and bi-directional exchange of health information.

How Provider Organizations connect:

- <u>Year 1</u>: Send or receive HIway Direct Messages for **at least one use case**. The use case may be within **any category** of use cases.
- <u>Year 2</u>: Send or receive HIway Direct Messages for at least one use case that is within the Provider-to-Provider Communications category of use cases.
- <u>Year 3</u>: **Send** HIway Direct Messages for at least one use case, **and also receive** HIway Direct Messages for at least one use case. Both of these uses cases should be within the **Provider-to-Provider Communications category** of use cases.
- <u>Year 4</u>: The provider organization may be **subject to penalties,** if that organization has not met the requirements established in this section. Penalties do not take effect until Year 4 of the connection requirement (i.e., in January 2020, at the earliest).

Acute Care Hospitals: In addition to using HIway Direct Messaging, Acute Care Hospitals are also required to send Admission Discharge Transfer notifications (ADTs) to the Mass HIway within 12 months of the ENS' launch as a part of the HIway connection requirement.





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In 2017, Acute Care Hospitals are the only provider organizations required to connect to the Mass HIway and to submit the Year 1 Attestation Form. Other organizations have these requirements in later years.

• Who & When: Provider organizations that have HIway connection dates that are specified in the regulations are required to submit a Year 1 Attestation Form by July 1st after their initial HIway connection requirement.

| Provider Organization | Date of the "Year 1" HIway connection requirement | Due date of the Year 1 Attestation Form |
|--|--|--|
| Acute Care Hospitals | February 10, 2017 | July 1, 2017 |
| Large and Medium Medical Ambulatory Practices | January 1, 2018 | July 1, 2018 |
| Large Community Health Centers | January 1, 2018 | July 1, 2018 |
| Small Community Health Centers | January 1, 2019 | July 1, 2019 |

- How: Year 1 Attestation Forms should be submitted to the Mass HIway (via email at: <u>MassHIwayAttestation@state.ma.us</u>)
- The Year 1 Attestation Form (&instructions) are available on the <u>Mass HIway web page</u> in two places (i.e., as Appendix B in the <u>HIway Policies & Procedures (version 3</u>) and as <u>a stand-alone PDF document</u>)



Year 1 Attestation Form



- The Year 1 Attestation Form is available at the Mass HIway website: <u>www.masshiway.net</u>
- Go to "Resources" and then select "Participant Forms"



- Provider Organizations with required dates for connecting to the Mass Hlway must submit information regarding 1)
 whether or not they have an EHR, and 2) how their EHR, if any connects to the Mass Hlway. Acute Care Hospitals will
 attest to completing the connection requirement using the PDF Mass Hlway Attestation Form. Future attestations
 will be completed in an online format. Details are forthcoming. Please review the form for instructions.
- The Mass Hlway Change Control Board has released approved dates for anticipated, required Mass Hlway
 maintenance for 2017. Click here for a printable schedule. Please note that even though these dates are scheduled, it
 does not mean that maintenance will need to occur. All effort will be made by the Mass Hlway to adhere to these





The Year 1 Attestation Form is two pages long, and must be used by provider organizations that have a HIway connection requirement date. The form will provide information about how the organization met the requirement, their EHR (if they have one), and how they connect to the Mass HIway.

The Year 1 Attestation Form collects the following information:

- 1. How the organization met the Year 1 HIway connection requirement:
 - **The Year 1 requirement:** To send or receive HIway Direct Messages for at least one use case (The use case may be within any category of use cases)
 - Questions on the attestation form include:
 - The use case is within what category of use cases? Categories include: (1) Provider-to-Provider Communications, (2) Payer Case Management, (3) Quality Reporting, (4) Public Health Reporting, (5) Other
 - \circ Describe the use case
 - Approximate # of HIway Direct Messages per month for the use case
- 2. Describe whether or not the organization has an EHR (and if so, how does it connect to the HIway):
 - Questions on the attestation form include:
 - Name and version of the EHR?
 - Is the EHR an ONC Certified Health IT Product?
 - How is the organization connecting to the HIway?
 Options include: (1) EHR directly to HIway, (2) EHR via a HISP, or (3) via Mass HIway webmail



Year 1 Attestation Form



The Year 1 Attestation Form is available here:

http://www.masshiway.net/HPP/cs/groups/hpp/documents/document/b3jt/x3II/~edisp/attestation_form_year1.pdf

| Attestation Form Year 1 Mass HIway Connection Requirement | | |
|---|--|--|
| | 5. EMR / EHR system that the Provider Organization is currently using: | |
| Purpose: This attestation form shall be completed by Provider Organizations in order to report compliance with the | a) Is your Provider Organization using an Electronic Medical Record (EMR) or an Electronic Health Record (EHR) system for the Use Case described in the previous question (yes / no): ¹² | |
| statutory requirement that Provider Organizations implement fully interoperable electronic health record systems that | If the answer to question 5a is "yes", then answer questions 5b through 5e: | |
| connect to the Mass Hiway. (Mass Hiway Regulations). The Mass Hiway is the Commonwealth's state-wide, state- sponsored health information exchange. Instructions for this form appear as footnotes. | b) Name of the EMR / EHR system:¹³ | |
| | c) Version of the EMR / EHR system:14 | |
| An authorized individual at the applicable Provider Organization should complete this attestation form, then print, sign, and email the completed form to the Mass HIway at MassHIwayAttestation@state.ma.us by the dates specified in the instructions. ¹ | d) How is the EMR / EHR system connecting to the Mass HIway (please select only one): directly to the Mass HIway | |
| 1. Name of the Provider Organization: ² | via a HISP other than the Mass HIway | |
| 2. Street Address of the Provider Organization: ³ | e) Is the EMR / EHR system an ONC Certified Health IT Product (yes / no):15 | |
| 3. Provider Organization Tax ID (TIN):4 | If the answer to question 5a is "no", then answer question 5f: | |
| Description of the Use Case that has been implemented to meet the Year 1 connection requirement: | How is your Provider Organization connecting to the Mass Hlway (please select all that apply): | |
| a) Descriptive name for the Use Case: ⁵ | via Mass Hiway Webmail | |
| b) Date that the Use Case was implemented (MM/YYYY):6 | via some other method (please specify) | |
| c) Category of Use Case (select only one):7 | | |
| Provider to Provider Communications | Contact information for the person(s) at the Provider Organization if the Mass Hlway has technical or operational guestions regarding this Attestation form:¹⁰ | |
| Payer Case Management Public Health Reporting | a) First/Last Name and Title: | |
| Other (please specify) | Phone:Email address: | |
| d) Does this Use Case involve the Provider Organization sending a HIway Direct Message, or receiving a | Role in relation to the Mass Hiway: | |
| HIway Direct Message, or both? (Select only one of the three following options): | b) First/Last Name and Title: | |
| The Use Case involves the Provider Organization sending, but not receiving a HIway Direct Message. | Phone: Email address: | |
| The Use Case involves the Provider Organization receiving, but not sending a HIway Direct Message. | Role in relation to the Mass Hiway: | |
| The Use Case involves the Provider Organization both sending and receiving a HIway Direct Message. | c) First/Last Name and Title: | |
| e) Name of the other entity (or entities) participating in the exchange of information for the Use Case: ⁸ | Phone:Email address: | |
| | Role in relation to the Mass HIway: | |
| Please check the box below, to confirm that you have coordinated with the other entity (or entities) for this | 7. Signature: | |
| Use Case, in order to establish that the other entity is receiving and able to use the transmission. The Provider Organization attests that the work flow or process for this Use Case has been coordinated with the other entity (or entities) listed in 4(e). | As an authorized representative of the Provider Organization listed in Question #1, above, I attest that I am authorized to complete and submit this Attestation Form, that I have read the questions, and that the information submitted is true and correct. ¹⁷ | |
| f) Describe the scope of the activity addressed by the Use Case: ⁹ | a) Signature: | |
| | b) First and Last Name, printed: | |
| | c) Title: | |
| g) Describe the scope of the organization(s) involved in the Use Case: ¹⁰ | d) Date signed: Month: Day of Month: Year: | |
| h) Approximate expected message volume per month. 11 | e) Work phone #: | |
| | f) Email address: | |
| | 20 Mass Hiway Year 1 Attestation Form 2 | |





The following slides walk through each of the questions on the Year 1 Attestation Form

- 1. Name of the Provider Organization: _
 - Example: George Washington Hospital
- 2. Street Address of the Provider Organization: ____
 - Please provide the street address of the Provider Organization
 - In some cases, the street address may be different than the address of the administrative offices of the Provider Organization
- 3. Provider Organization Tax ID (TIN):
 - This information is needed to help identify the Provider Organization that is completing the attestation form.





- 4. Description of the Use Case that has been implemented to meet the Year 1 connection requirement:
- a) Descriptive name for the Use Case: ____
- b) Date that the Use Case was implemented (MM/YYYY): ____
- c) Category of Use Case (select only one):
 - Provider to Provider Communications
 - Payer Case Management
 - □ Quality Reporting
 - □ Public Health Reporting
 - Other (please specify) _____
- d) Does this Use Case involve the Provider Organization sending a HIway Direct Message, or receiving a HIway Direct Message, or both? (Select only one of the three following options):
 - □ The Use Case involves the Provider Organization <u>sending</u>, but not receiving a HIway Direct Message.
 - □ The Use Case involves the Provider Organization <u>receiving</u>, but not sending a HIway Direct Message.
 - □ The Use Case involves the Provider Organization <u>both sending and receiving</u> a HIway Direct Message.





e) Name of the other entity (or entities) participating in the exchange of information for the Use Case: ____

Please check the box below, to confirm that you have coordinated with the other entity (or entities) for this Use Case, in order to establish that the other entity is receiving and able to use the transmission.

□ The Provider Organization attests that the work flow or process for this Use Case has been coordinated with the other entity (or entities) listed in 4(e).

- f) Describe the scope of the activity addressed by the Use Case: _____
- g) Describe the scope of the organization (s) involved in the Use Case: _____
- h) Approximate expected message volume per month.





- 5. EMR / EHR system that the Provider Organization is currently using:
- a) Is your Provider Organization using an Electronic Medical Record (EMR) or an Electronic Health Record (EHR) system for the Use Case described in the previous question (yes / no)

If the answer to question 5a is "yes", then answer questions 5b through 5e:

- b) Name of the EMR / EHR system: ______.
- c) Version of the EMR / EHR system: _____.
- d) How is the EMR / EHR system connecting to the Mass HIway (please select only one):
 - $\hfill\square$ directly to the Mass HIway
 - $\hfill\square$ via a HISP other than the Mass HIway
- e) Is the EMR / EHR system an ONC Certified Health IT Product (yes / no): _____

If the answer to question 5a is "no", then answer questions 5f:

- f) How is your Provider Organization connecting to the Mass HIway (please select all that apply):
 - via Mass Hlway Webmail
 - \Box via some other method (please specify) _





- 6. Contact information for the person(s) at the Provider Organization if the Mass HIway has technical or operational questions regarding this Attestation form: (up to 3 persons may be listed)
- 7. Signature: As an authorized representative of the Provider Organization listed in Question #1, above, I attest that I am authorized to complete and submit this Attestation Form, that I have read the questions, and that the information submitted is true and correct.





- Questions about the Year 1 Attestation Form should be sent via email to: <u>MassHIway@state.ma.us</u>, with the subject line of *"Year 1 Attestation Form"*
- Completed Year 1 Attestation Forms should be sent via email to: <u>MassHIwayAttestation@state.ma.us</u>
- The Mass HIway will send an email notification confirming receipt of the Year 1 Attestation Form.





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Past HIway webinars are available on the Mass HIway website:

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- Then, go to "News & Events" and next select "Events"

Upcoming Mass HIway events and webinars:

- Mass HIway Webinars: (all webinars are Thursdays, noon-1pm)
 - o June 8, 2017: Improving Care Coordination by Leveraging Mass HIway Direct Messaging
 - o June 22, 2017: Mass Hlway 101
 - o June 29, 2017: ENS Update for the community





Thank you!

The Massachusetts Health Information Highway (Mass HIway) Phone: 1.855.MA-HIWAY (1.855.624.4929) Email for General Inquires: MassHIway@state.ma.us Email for Technical Support: MassHIwaySupport@state.ma.us Website: www.MassHIway.net





Appendix A:

Selected slides from the HIway Regulations Overview, presented at the April 2017 Mass HIway Webinar





| Use Case Categories | Example Use Cases | |
|--|--|--|
| Provider-to- Provider Communications | Hospital sends a discharge summary to a Skilled Nursing Facility (SNF) or Long Term/Post Acute Care (LTPAC) facility Primary Care Provider (PCP) sends a referral notice to a specialist Specialist sends consult notes & updated medications list to patient's PCP Hospital ED requests a patient's medical record from a PCP PCP sends a CCD or C-CDA with Problems, Allergies, Medications, and Immunizations (PAMI) to a Hospital caring for their patient | |
| Payer Case Management | ACO sends quality metrics to a payer Provider sends lab results to a payer Provider sends claims data to payer | |
| Quality Reporting | Provider sends clinical data to Business Associate for quality metrics analysis Provider sends quality metrics to Business Associate for report preparation | |
| Public Health Reporting | Provider sends to DPH: Massachusetts Immunization Information System (MIIS) Syndromic Surveillance (SS) Opioid Treatment Program (OTP) Childhood Lead Paint Poison Prevention Program (CLPPP) Provider sends to other agencies: Occupational Lead Poisoning Registry (Adult Lead) Children's Behavioral Health Initiative (CBHI) | |





The regulations describe what information may be transmitted via HIway Direct Messaging

- Information may be transmitted via HIway Direct Messaging in compliance with applicable federal and state privacy laws and regulations (e.g., HIPAA, 42 CFR Part 2, M.G.L. Chapter 93H).
- This aligns the use of HIway Direct Messaging with other modes of transmission (e.g., sending information by fax or phone).
- Mass HIway Users have the option of implementing a local opt-in and/or opt-out process that applies to the use of HIway Direct Messaging by their organization.





The regulations describe that an **opt-in opt-out mechanism for HIway-Sponsored Services** will be implemented and operated by the Mass HIway once these services are launched by the Mass HIway.

- <u>Opt-in by written notice</u>: The opt-in mechanism will be fulfilled by HIway Participants informing patients through written notice how the HIway Participant intends to use HIway-Sponsored Services, and how the patient can opt-out of HIway-Sponsored Services.
- <u>Centralized opt-out</u>: The Mass HIway or its designee will administer a centralized opt-out system for HIway-Sponsored Services that will implement a mechanism for individuals to choose not to participate in HIway-Sponsored Services.
- <u>Supplemental local processes</u>: HIway Participants can elect to implement additional local opt-in and/or opt-out processes that apply to their organization's use of HIway-Sponsored Services; these additional processes must supplement and not replace the HIway's opt-in opt-out mechanism.



Implications for stakeholders



For patients:

- Key information for patients about the HIway is provided in the updated HIway Fact Sheet for Patients.
- The Mass HIway does not currently function as a clinical data repository that holds electronic medical records for individuals. Patient's electronic health record(s) are held by specific provider organizations and not the Mass HIway.

The Mass HIway: Fact Sheet for Patients





he Mass HIway is a secure statewide Health Information Exchange that allows your healthcare providers to safely and quickly send your health information to where it is most needed. Doctors or nurses can care for you better when they have important information about your health. The Mass HIway is designed to make this safer and faster. The goal is better care coordination and quality for you and your family.

What is the Mass HIway?

- Mass Hlway is the statewide health information exchange (HIE).
 Healthcare providers can use the Mass Hlway to quickly and securely send and receive your health information to better coordinate your care.
- The Mass HIway is managed by the Commonwealth of Massachusetts' Executive Office of Health and Human Services (EOHHS).

How does the Mass HIway protect my information?

The Mass Hlway has security measures in place to protect your information that aren't true of current methods, like fax, mail, or portable media like a CD or USB (flash drive), such as:

- Using a special code so that only authorized providers can read the information sent over the Mass HIway (this is known as encrypting data).
- Establishing policies and procedures that authorize the Mass HIway to suspend HIway participants as necessary to prevent unauthorized use of the Mass HIway.
- Overseeing who has access to the Mass Hiway and who has used it for a patient's healthcare.

How can the Mass HIway help me?

- If you were discharged from a hospital, the Mass HIway can be used by the hospital to send your doctor a note about your hospital stay so that he or she is up to date about healthcare that you have received.
- If you get tests done, the doctor can use the Mass HIway to send the results to other members of your healthcare team, like your specialist. This helps them coordinate your care. It can also save time and money by reducing the need for repeat tests.
- If you have a chronic condition your health insurer case manager can use the Mass HIway to communicate with your doctors to coordinate your care and help you stay healthy.
- Not all of your healthcare providers may be using the Mass HIway yet. There may be more benefits to you as more healthcare organizations use the Mass HIway.

Who can use the Mass HIway and why?

- Currently the Mass Hlway may only be used by healthcare organizations (like doctors' offices, hospitals, public health agencies, and health insurers).
- The Mass Hiway can only be used for information sharing as allowed by federal and state privacy laws. You still need to give special permission for providers to request and receive certain sensitive information. You can speak to your healthcare provider about what information is sent over the Mass Hiway.

Can I request my medical record from the Mass HIway?

 No. A patient's medical record itself is not part of the Mass HIway system. Talk to your provider for information about how to obtain your medical records.

Want more information?

- Talk with your doctor or their office staff about how they are using the Mass Hlway.
- Visit <u>www.masshiway.net</u>, email us at <u>masshiway@state.ma.us</u>, or call us at 1-855-MA-Hlway (624-4929) and press 3.

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