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 [www.masshiway.net](http://www.masshiway.net)
- Go to “News and Events” and then select “Events”
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:
  - Mark Belanger
  - Murali Athuluri
  - Len Levine
  - Jennifer Monahan
  - Kelly Luchini
1. Introduction to the Mass HIway

2. HIway Direct Messaging

3. Getting connected to the Mass HIway

4. Mass HIway Regulations

5. The HIway connection requirement
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 – HIway-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 Participants by Level of Care
(as of June 2017)

### Care Continuum

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>Ambulatory</th>
<th>Long-Term, Post-Acute &amp; Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approximately 80</td>
<td>More than 850 organizations/providers</td>
<td>Over 170 organizations</td>
</tr>
<tr>
<td>organizations</td>
<td></td>
<td>Range of services and organization types including:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Area Agency on Aging (AAA)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Aging Service Access Point (ASAP)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Behavioral Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Skilled Nursing Facilities (SNF)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Nursing homes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Inpatient Rehabilitation Facilities (IRF)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Home health, palliative care, and hospice</td>
</tr>
<tr>
<td>• Mix of large networks</td>
<td>• Primary care providers and specialists across a broad range of medical services</td>
<td></td>
</tr>
<tr>
<td>and medical centers to</td>
<td>• Health centers and clinics providing medical, emotional, behavioral, and additional social services</td>
<td></td>
</tr>
<tr>
<td>single-site community</td>
<td>• Urgent care and minute clinics</td>
<td></td>
</tr>
<tr>
<td>hospitals</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** 15+ orgs such as Labs, Payers, Imaging Centers, business associates etc.
An interactive participant map of all Mass HIway Participants is updated monthly, and is available on the Mass HIway website.

Find the map at the Mass HIway website (www.masshiway.net). Under the Resources drop-down menu, select Participant List. The map is maintained in partnership with the Massachusetts eHealth Institute (MeHI).
Mass HIway Benefits

In addition to improving care coordination with other healthcare providers, public health and quality reporting, the HIway can help your organization:

- **Participate in various programs and initiatives:**
  - Meaningful Use Stage 2 – Transition of Care and Public Health Reporting measures
  - CMS Delivery System Transformation Initiatives (DSTI)
  - Community Hospital Acceleration, Revitalization and Transformation Grants (CHART)
  - Massachusetts Infrastructure and Capacity Building Grants (ICB)
  - Massachusetts Prevention and Wellness Trust Fund
  - Patient Centered Medical Home (PCMH)
  - Accountable Care Organization (ACO)

- **Comply with Massachusetts Law**
  - Connecting to the Mass HIway satisfies the Board of Registration in Medicine (BORIM) EHR proficiency requirement for license renewal (MGL Chapter 224) and requirement for connection to the statewide health information exchange (MGL Chapter 118I)
**Connectivity Options**

**User types**
- Physician practice
- Hospital
- Long-term care
- Other providers
- Public health
- Health plans

**Connectivity options**
- EHR connects directly
- EHR connects through LAND Appliance
- EHR connects via HISP (Health Information Service Provider)
- User connects via webmail

**HIE Services**
Providing multiple connectivity options has supported **broad participation in the Mass HIway**. The Mass HIway currently works with more than 44 EHR vendors, 23 HISPs, and 7 integration engines, through **13 deployment variations**.
In response to customer demand and certification requirements, a growing number of EHR vendors are integrating Direct Exchange standards into their products and providing connections on behalf of its users—also known as a Health Information Service Provider (HISP).

A HISP is an organization that manages security and transport for health information exchange among health care entities or individuals using the Direct standard for transport.

Functions can be performed by existing organizations (such as EHR vendors or HIE organizations) or by standalone organizations specializing in HISP services.

HISPs perform two key functions that support scalability of exchange using the Direct standard.

- **Establish trust networks** by defining policies for network participation, issuing security certificates tied to a HISP anchor certificate to enforce such policies, and verifying HISP participant identity

- **Issue direct addresses** tied to the HISP anchor certificate in accordance with conventions defined by the Direct standard
Mass HIway is interconnected with 23 private HISPs. As a result, a rich network for HIway Direct Messaging is fully available to MA providers.
**23 HISPs Connected to Mass HIway**

1. Allscripts (MedAllies HISP)
2. Aprima
3. Athenahealth
4. CareAccord
5. CareConnect (NetSmart HISP)
6. Cerner
7. DataMotion
8. eClinicalWorks
9. eClinicalWorks Plus
10. eLINC
11. EMR Direct
12. Inpriva
13. MaxMD
14. MatrixCare
15. McKesson (RelayHealth)
16. Medcity
17. MyHealthProvider (Mercy Hospital)
18. NextGen Share
19. NHHIO
20. SES
21. Surescripts
22. UpDox
23. Wellport (Lumira HISP)

**3 HISPs In Process of Connecting to Mass HIway**

<table>
<thead>
<tr>
<th>HISP Vendor</th>
<th>Kickoff</th>
<th>Onboarding</th>
<th>Testing</th>
<th>HIway Prod Readiness</th>
<th>Live/Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCE Systems</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Jun</td>
</tr>
<tr>
<td>ASP.md</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Jun</td>
</tr>
<tr>
<td>Care 360</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>TBD</td>
</tr>
<tr>
<td>IICA-Direct</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>TBD</td>
</tr>
</tbody>
</table>
## Is My Vendor Connected? (as of Jun 2017)

The Mass HIway is currently connected to, or in the process of connecting to, the following vendors:

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Vendor</th>
<th>Vendor</th>
<th>Vendor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Data Systems</td>
<td>Eaglesoft Clinician</td>
<td>LMR</td>
<td>Remarkable Health</td>
</tr>
<tr>
<td>Allscripts</td>
<td>eClinicalWorks</td>
<td>Lytec MD (McKesson)</td>
<td>SEE</td>
</tr>
<tr>
<td>Amazing Charts</td>
<td>eHana</td>
<td>Matrix</td>
<td>Siemens</td>
</tr>
<tr>
<td>AMS</td>
<td>EMA Modernizing Medicine</td>
<td>MatrixCare</td>
<td>SigmaCare</td>
</tr>
<tr>
<td>Aprima</td>
<td>E-MDs</td>
<td>Mckesson</td>
<td>SMART</td>
</tr>
<tr>
<td>ASPMD</td>
<td>Encite</td>
<td>Medflow</td>
<td>Soarian (Cerner)</td>
</tr>
<tr>
<td>Athenahealth</td>
<td>Epic</td>
<td>Meditech</td>
<td>Spring Charts</td>
</tr>
<tr>
<td>Axcess</td>
<td>Flatiron</td>
<td>MediTouch</td>
<td>STC</td>
</tr>
<tr>
<td>BayCIS</td>
<td>GE</td>
<td>Mednet Medical (EMR4MD)</td>
<td>Suncoast Solutions</td>
</tr>
<tr>
<td>Cantana Health (NTT Data)</td>
<td>gEHRiMed</td>
<td>Netsmart</td>
<td>Surescripts</td>
</tr>
<tr>
<td>Care At Hand</td>
<td>Greenway</td>
<td>Nextech</td>
<td>Unitcare</td>
</tr>
<tr>
<td>Care360 (Quest)</td>
<td>HCHB</td>
<td>NextGen</td>
<td>Vista</td>
</tr>
<tr>
<td>Carelogic</td>
<td>HealthWyse</td>
<td>Office Practicum</td>
<td>WebOMR</td>
</tr>
<tr>
<td>Cerner</td>
<td>HermesIQ</td>
<td>PCE Systems</td>
<td>Zoll</td>
</tr>
<tr>
<td>ComChart</td>
<td>HomeCare</td>
<td>Physician's Computer Company</td>
<td></td>
</tr>
<tr>
<td>Compulink</td>
<td>Homecare Homebase</td>
<td>Point Click Care</td>
<td></td>
</tr>
<tr>
<td>CPSI</td>
<td>Homegrown</td>
<td>Point N Click</td>
<td></td>
</tr>
<tr>
<td>Credible</td>
<td>icanotes</td>
<td>Practice Fusion</td>
<td></td>
</tr>
<tr>
<td>Delta (Encore product)</td>
<td>ImageTrends</td>
<td>Practice Partners</td>
<td></td>
</tr>
<tr>
<td>Dentrix</td>
<td>Impreva</td>
<td>Practice Perfect</td>
<td></td>
</tr>
<tr>
<td>Docutat</td>
<td>Kantime</td>
<td>Prospect</td>
<td></td>
</tr>
</tbody>
</table>
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What can you send?

The HIway is ‘content agnostic,’ and does not restrict message types

**Patient clinical information:**
- Summary of Care / Transition of Care Record (TOC)
- Request for Patient Care Summaries
- Discharge Summaries
- Referral Summary Information
- Specialist Consult Notes
- Progress Notes

**Patient clinical alerts:**
- Emergency Department Notification
- Mortality Notification
- Transfer Notification
- Disposition Notification (admit/discharge)

**Quality reporting:**
- Information for calculation and reporting of clinical quality measures

**Public Health Reporting:**
- Securely comply with reporting regulations for the Mass. Department of Public Health
- Massachusetts Immunization Information System (MIIS)
- Electronic Lab Reporting (ELR)
- Syndromic Surveillance (SS)
- Massachusetts Cancer Registry (MCR)
- Opioid Treatment Program (OTP)
- Childhood Lead Poisoning Prevention Program (CLPPP)
- Occupational Lead Poisoning Registry (Adult Lead)
- E-Referral

*Note: What makes DPH submissions different:* There is no cost for a HIway connection that is used exclusively for DPH reporting.
<table>
<thead>
<tr>
<th>Use Case Categories</th>
<th>Example Use Cases</th>
</tr>
</thead>
</table>
| 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:**  
  o Massachusetts Immunization Information System (MIIS)  
  o Syndromic Surveillance (SS)  
  o Opioid Treatment Program (OTP)  
  o Childhood Lead Paint Poison Prevention Program (CLPPP)  
• **Provider sends to other agencies:**  
  o Occupational Lead Poisoning Registry (Adult Lead)  
  o Children’s Behavioral Health Initiative (CBHI) |
Data holder sends patient information to recipient

**Provider Directory**

<table>
<thead>
<tr>
<th>Provider name</th>
<th>Local name</th>
<th>Institution</th>
<th>Direct address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smith, Marilyn M</td>
<td>Smith, Marilyn</td>
<td>Hospital</td>
<td><a href="mailto:Marilyn.Smith@direct.HospitalB.masshiway.net">Marilyn.Smith@direct.HospitalB.masshiway.net</a></td>
</tr>
<tr>
<td>Smith, Marilyn M</td>
<td>Smith, Mary</td>
<td>HPC Primary Care</td>
<td><a href="mailto:Marilyn.Smith@direct.HPC.masshiway.net">Marilyn.Smith@direct.HPC.masshiway.net</a></td>
</tr>
</tbody>
</table>

1. Patient Visit

2. Look up Provider Address (optional – depends on EHR vendor)

3. Send message

Specialist  PCP  Hospital A  Hospital B
Transitions of Care (Referrals)

TOC from ‘Intermed Associates’ to Specialists on Mass HIway

**Patient Scenario:**
1. Patient sees PCP @ Intermed
2. PCP refers patient to a Cardiac specialist
3. Patient sees specialist
4. Patient sees PCP for follow up care

**Information Flows:**
A. PCP sends Specialist a summary of care document via the Mass HIway
B. Specialist sends PCP a consult note via the Mass HIway

**Referral Summary of Care**

(Intermed Associates) PCP
direct.webstermd.com

Consult Note

UMASS Reliant Tri County MA Partners Using
direct.xxxx.masshiway.net
Heywood Hospital Sending Lab Results to Gardner VNA

Workflow:
1. After a Gardner VNA provider, or the patient’s primary care physician, orders lab work the patient takes the lab order to Heywood Hospital.
2. Heywood Hospital receives the order
3. Information for Gardner VNA patients is entered with a specific location code so that results for Gardner VNA patients can be filtered.
4. Once the patient’s lab work is completed, the results are passed to Heywood’s Iatric interface engine, which does the filtering, and sends the appropriate results from Heywood Hospital over the Mass HIway to Gardner VNA.
5. The lab result is then accepted into Gardner VNA’s McKesson Home Health system where the result is attached to the patient record for review and follow-up.
Hospital Discharges to PCP

SVH Sends Patient Discharge CCDA to PCP @ Reliant Medical Group

**Patient Scenario:**
1. Patient discharged from Emergency Department of SVH or Milford Regional
2. Discharge CCDA is sent via Mass HIway
3. Patient sees PCP for follow up care, PCP has access to Meds prescribed during discharge

**Information Flows:**
A. SVH informs Reliant that patient is in ED via point to point interface
B. PCP sends critical information to Hospital ED via the Mass HIway
C. Hospital sends PCP discharge summary via the Mass HIway

![Diagram of information flows between Hospital A (SVH) and PCP (Reliant Medical Group)]
The Mass HIway Regulations took effect in February 2017 and include important information about the use of HIway Direct Messaging.

- HIway Direct Messaging now aligns with other modes of transmission, such as sending information by fax or phone. Information may be transmitted via HIway Direct Messaging in compliance with applicable federal and state privacy laws and implementing regulations (e.g., HIPAA, 42 CFR Part 2, M.G.L. Chapter 93H).

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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
- Exchanging with your trading partners

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Kelly Luchini, PMP
KLuchini@maehc.org

Jennifer Monahan
JMonahan@maehc.org
The Mass HIway Provider Directory is a searchable directory of individual and organizational healthcare providers.

What PD is for:
- Provides destination addresses for Direct messaging (i.e. Direct email address)
- Stores the specific details such as organization name, provider first name, last name, specialty, contact information, NPI and personal/organizational email address along with the Direct email address

The Provider Directory contains over 20,000+ addresses (department and individual level addresses included)

Your Account Manager will assist you in operationalizing the Provider Directory, identifying who of your trading partners are in the Mass HIway Community today and how to engage additional trading partners to exchange on the HIway.
Direct Email Address Examples

**Individual Address:**

`Murali.Athuluri@direct.outreachdemo.masshiway.net`

**Organization Address:**

`QDC@direct.maehc.masshiway.net` / `testing1@direct.eohhs.masshiway.net`

**Departmental Direct email address:**

`IT@direct.eohhs.masshiway.net` or `eohhs.it@direct.eohhs.masshiway.net`

**Third-Party HISP Direct email addresses:**

`john.smith@practicename.eclinicaldirect.com`

`john.smith.x@xxxxx.direct.athenahealth.com`

`johnsmith@xxxxx.allscriptsdirect.net`

`John.smith@XXXX.circlehealthdirect.org`
Ways to Access Addresses:

• **Manual Entry**
  – If your EHR allows it, you may directly enter a known address manually

• **Mass HIway Webservice**
  – Participants looking to integrate the Mass HIway PD into internal workflows via their EHR system can use the Mass HIway PD Webservice to search and retrieve provider/organization/department direct address
  – The Mass HIway PD Webservice is also available for LAND connection

• **Within Webmail**
  – Mass HIway Secure Webmail has a provider lookup function

• **By using manual PD Extract (CSV/Excel) file**
  – If your EHR has directories, they may be integrated with Mass HIway PD (vendor dependent)
  – The Mass HIway distributes the Mass HIway PD to qualified HIway Participants and vendors upon request. These HIway Participants and vendors are issued a monthly notification and password, which are then used to download the PD extract from the Mass HIway website at [http://masshiway.net/HPP/Services/ProviderDirectory/index.htm](http://masshiway.net/HPP/Services/ProviderDirectory/index.htm)

Get on the Provider Directory distribution list by emailing us at [masshiway@state.ma.us](mailto:masshiway@state.ma.us)
Connection to the Mass HIway is dependent on capabilities of your EHR vendor and your organization’s technical architecture. Your Account Manager will walk you through the connectivity options to find the best solution for you:

- Direct XDR connection to EHR
- Local Access Network Distribution (LAND) appliance
- Webmail

Your account manager will also help you set up your addresses for the Provider Directory

The implementation team will configure and test the solution and bring your organization live

Note: Above timelines are indicative of a typical effort time spent by the Mass HIway team from the time all of the completed requirements are obtained from the participant and vary by connection type/EHR vendor.

### Timeline for HIway Enrollment

<table>
<thead>
<tr>
<th>Discovery</th>
<th>Implementation</th>
<th>Testing</th>
<th>Go Live</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1 – 2</td>
<td>Week 3 – 5</td>
<td>Week 6 – 8</td>
<td>Week 9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Connection Type</th>
<th>Installation Work</th>
<th>Loop back test</th>
<th>Migrate to production</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forms/Certs</td>
<td>Installation Work</td>
<td>Loop back test</td>
<td>Migrate to production</td>
</tr>
<tr>
<td>Installation Work</td>
<td>Loop back test</td>
<td>Migrate to production</td>
<td>Migrate to production</td>
</tr>
</tbody>
</table>
Get Started

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!

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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](http://www.MassHIway.net)
Visit www.masshiway.net for additional information, resources including on-demand webinars, and to sign up for our newsletter!
To receive the updates related to the Mass HIway, sign up to receive the Mass HIway Newsletter on the Mass HIway’s web page at: www.MassHIway.net
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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:
  – Mass HIway Regulations Summary
  – Mass HIway Regulations FAQs
  – Mass HIway Policies & Procedures (version 3)
  – 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: *Who*

The regulations answer the “**who, when and how**” regarding the HIway connection requirement.

**Who must connect:**

- At this time, only those **Provider Organizations** that are specified in the regulations, as opposed to individual licensed professionals, are required to connect to the Mass HIway.
- The regulations implement a **phased-in approach whereby three groups of Provider Organizations have HIway connection dates specified in the regulations**, and other types of Provider Organizations will be required to connect at later dates that are not yet specified.
  - The following three groups of Provider Organizations have required HIway connection dates that are specified in the regulations: (1) Acute Care Hospitals; (2) Large & Medium Medical Ambulatory Practices; and (3) Community Health Centers
  - Other types of Provider Organizations (e.g., behavioral health entities, dental clinics, and nursing homes) will be required to connect at a date that will be specified in the future. Future guidance will provide at least one year notice for affected provider organizations to connect to the Mass HIway.
The HIway connection requirement: When

**When must Provider Organizations connect:**

- The regulations implement a *phased-in approach* where the initial “Year 1” HIway connection requirement occurs between 2017 and 2019 for the three types of Provider Organizations that have connection dates specified in the regulations.

- The **three types of Provider Organizations** have the following initial HIway connection dates:
  
  - *Acute Care Hospitals*: February 10, 2017
  - *Large & Medium Medical Ambulatory Practices*: January 1, 2018
  - *Large Community Health Centers*: January 1, 2018
  - *Small Community Health Centers*: January 1, 2019

**Note:** Definitions of these Provider Organizations are in section 20.06 of the regulations where Medical Ambulatory Practices and Community Health Centers are defined as **small** if they have fewer than 10 licensed providers (i.e., medical doctors, doctors of osteopathy, nurse practitioners or physician assistants).
The HIway connection requirement: How Provider Organizations connect:

The regulations implement a **four-year phased-in approach** regarding how Provider Organizations fulfill the HIway connection requirement:

- **Year 1**: Send or receive HIway Direct Messages for **at least one use case**. The use case may be within **any category** of use cases.

- **Year 2**: Send or receive HIway Direct Messages for **at least one use case that is within the Provider-to-Provider Communications category** of use cases.

- **Year 3**: 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 use cases should be within the Provider-to-Provider communications category of use cases.

- **Year 4**: The provider organization may be **subject to penalties**, if that organization has not met the requirements established in this section.
  - The penalty schedule and amounts are described in section 20.14 of the regulations.
  - Under the four-year phased-in approach implemented by the regulations, 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.
Establishing Interoperable EHR Systems

The regulations and the Mass HIway Policies & Procedures describe the following requirements related to EHR systems:

- Provider Organizations with specified dates for connecting to the Mass HIway will be required to attest to: (a) whether or not they have an EHR, and (b) how their EHR, if any, connects to the Mass HIway.

- Provider Organizations that have HIway connection dates specified in the regulations will fulfill the M.G.L. Chapter 118I requirement that providers establish interoperable EHR systems that connect to the Mass HIway by implementing HIway Direct Messaging.

- Provider Organizations may implement HIway Direct Messaging by one of several methods, including:
  - an EHR's Direct XDR connection
  - a Local Access for Network Distribution (LAND) appliance connection
  - a Webmail connection, which does not require an EHR
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.

- **Opt-in by written notice:** 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.

- **Centralized opt-out:** 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.

- **Supplemental local processes:** 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.
The Mass HIway Regulations

The regulations and supporting documents are available on the Mass HIway website.
1. Introduction to the Mass HIway
2. HIway Direct Messaging
3. Getting connected to the Mass HIway
4. Mass HIway Regulations
5. The HIway connection requirement
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.**
   (See the next slide for additional details)

4. **The statutory requirement that providers implement “interoperable EHR systems” that connect to the Mass HIway is fulfilled by implementing HIway Direct Messaging.**
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:**

- **Year 1:** Send or receive HIway Direct Messages for at least one use case. The use case may be within any category of use cases.
- **Year 2:** Send or receive HIway Direct Messages for at least one use case that is within the Provider-to-Provider Communications category of use cases.
- **Year 3:** 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.
- **Year 4:** 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.
The Year 1 Attestation Form is available here:

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.

<table>
<thead>
<tr>
<th>Provider Organization</th>
<th>Date of the “Year 1” HIway connection requirement</th>
<th>Due date of the Year 1 Attestation Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care Hospitals</td>
<td>February 10, 2017</td>
<td>July 1, 2017</td>
</tr>
<tr>
<td>Large and Medium Medical Ambulatory Practices</td>
<td>January 1, 2018</td>
<td>July 1, 2018</td>
</tr>
<tr>
<td>Large Community Health Centers</td>
<td>January 1, 2018</td>
<td>July 1, 2018</td>
</tr>
<tr>
<td>Small Community Health Centers</td>
<td>January 1, 2019</td>
<td>July 1, 2019</td>
</tr>
</tbody>
</table>

- **How**: Year 1 Attestation Forms should be submitted to the Mass HIway (via email at: MassHIwayAttestation@state.ma.us )

- The Year 1 Attestation Form (&instructions) are available on the Mass HIway web page in two places (i.e., as Appendix B in the HIway Policies & Procedures (version 3) and as a stand-alone PDF document)
The Year 1 Attestation Form is available at the Mass HIway website: [www.masshiway.net](http://www.masshiway.net).

Go to “Resources” and then select “Participant Forms”.

Provider Organizations with required dates for connecting to the Mass HIway must submit information regarding 1) whether or not they have an EHR, and 2) how their EHR, if any, connects to the Mass HIway. Acute Care Hospitals will attest to completing the connection requirement using the Participant Form. Future attestations will be completed in an online format. Details are forthcoming. Please review the form for instructions.

The Mass HIway Change Control Board has released approved dates for anticipated, required Mass HIway maintenance for 2017. Click [here](http://www.masshiway.net) 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 HIway to adhere to these dates. As noted previously, there is no impact to core system maintenance. Participants will need to ensure that attempts to connect or to access the Mass HIway will not be made during these dates.
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
     - 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
Conclusion
Past HIway webinars are available on the Mass HIway website:

• Go to the Mass HIway website at [www.masshiway.net](http://www.masshiway.net)
• Then, go to “News & Events” and next select “Events”

Mass HIway 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 HIway 101
  o June 29, 2017: ENS Update for the community
A HIway Event Notification Service (ENS) will facilitate real-time notifications to providers when a patient is admitted, discharged or transferred to or from an inpatient setting. This in turn allows clinicians to respond with information and/or clinical support and coordination of care.

**Value of a Statewide ENS:**

Private ENS services currently are accessed by individual providers or systems, but none provide the scope to support payment reform and delivery system improvement efforts statewide.

**Approach:**

In Spring 2017, the HIway is doing the following:

1. Gathering input from stakeholders including representatives from hospitals, individual clinicians, vendors, as well as healthcare organizations
2. Publishing an Request for Information (RFI) from ENS. The RFI was issued on June 6, 2017, and closes on July 3, 2017.
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: *Hiway Rate Card*
# Massachusetts Health Information Highway (Mass HIway) Rate Card

**Effective Date – October 1, 2014**

<table>
<thead>
<tr>
<th>Tier</th>
<th>Category</th>
<th>Description</th>
<th>One-time set-up fee (per node)</th>
<th>Direct Messaging Service</th>
<th>Direct Messaging Service + Query &amp; Retrieve Service</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Annual HIE Services Fee (per node)</td>
<td>Annual HIE Services Fee + LAND (per node)</td>
</tr>
<tr>
<td>Tier 1</td>
<td>1a</td>
<td>Large hospitals/Health Systems</td>
<td>$2,500</td>
<td>$15,000</td>
<td>$27,500</td>
</tr>
<tr>
<td></td>
<td>1b</td>
<td>Health plans</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1c</td>
<td>Multi-entity HIE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1d</td>
<td>Commercial imaging centers &amp; labs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td>2a</td>
<td>Small hospitals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2b</td>
<td>Large ambulatory practices (50+ licensed providers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2c</td>
<td>Large LTCs (500+ licensed beds)</td>
<td>$1,000</td>
<td>$10,000</td>
<td>$15,000</td>
</tr>
<tr>
<td></td>
<td>2d</td>
<td>Ambulatory Surgery Centers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2e</td>
<td>Ambulance and Emergency Response</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2f</td>
<td>Business associate affiliates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2g</td>
<td>Local government/Public Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 3</td>
<td>3a</td>
<td>Small LTC (≤ 500 licensed beds)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3b</td>
<td>Large behavioral health (10+ licensed providers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3c</td>
<td>Large FQHCs (10+ licensed providers)</td>
<td>$500</td>
<td>$2,500</td>
<td>$4,500</td>
</tr>
<tr>
<td></td>
<td>3d</td>
<td>Medium ambulatory practices (10-49 licensed providers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 4</td>
<td>4a</td>
<td>Small behavioral health (&lt; 10 licensed providers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4b (includes former 3c)</td>
<td>Home health, LTSS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4c</td>
<td>Small FQHCs (&lt; 10 licensed providers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4d</td>
<td>Small ambulatory practices (3-9)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 5</td>
<td>5a</td>
<td>Very Small ambulatory practices (1-2)</td>
<td>$25</td>
<td>$60</td>
<td>$60</td>
</tr>
</tbody>
</table>
Appendix B: *Selected slides from the HIway Operations Update*

(*presented at the May 2017 HIT Council Meeting*)
13 Month HIway Transaction Activity

7,460,597 Transactions* exchanged in April (03/21/2017 to 04/20/2017)**

134,819,578 Total Transactions* exchanged inception to date

* Note: Includes all transactions over Mass HIway, both production and test

** Note: Reporting cycle is through the 20th of each month.
HIway Production Transaction Trends – Provider to Provider (Apr 2016 – Apr 2017)

3% of HIway activity in April* was for Provider to Provider transactions

* Note: Reporting cycle is through the 20th of each month.
HIway Production Transaction Trends – Quality Reporting (Apr 2016 – Apr 2017)

5% of HIway activity in April* was for Quality Reporting transactions

* Note: Reporting cycle is through the 20th of each month.
HIway Production Transaction Trends – Payer Case Management (Apr 2016 – Apr 2017)

< 1% of HIway activity in April* was for Payer Case Management transactions

* Note: Reporting cycle is through the 20th of each month.
HIway Production Transaction Trends – Public Health Reporting (Apr 2016 – Apr 2017)

91% of HIway activity in April* was for Public Health Reporting transactions.

*Note: Reporting cycle is through the 20th of each month.

These Public Health transactions are analyzed by application on the following slides.
Public Health Reporting – Analysis by Application (Apr 2016 – Apr 2017)

Syndromic Surveillance Transactions

* Note: Reporting cycle is through the 20th of each month.
Public Health Reporting – Analysis by Application (Apr 2016 – Apr 2017)

Immunization (MIIS) Transactions

* Note: Reporting cycle is through the 20th of each month.
Boston Public Health Commission Transactions

*Note: Reporting cycle is through the 20th of each month.*

Opioid Treatment Program (OTP) Transactions

* Note: Reporting cycle is through the 20th of each month.
** Note: OTP data available starting August 2016.
Public Health Reporting – Analysis by Application (Apr 2016 – Apr 2017)

Other Public Health Transactions

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
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<tr>
<td>ELR</td>
<td>136</td>
<td>166</td>
<td>183</td>
<td>169</td>
<td>166</td>
<td>176</td>
<td>170</td>
<td>186</td>
<td>170</td>
<td>176</td>
<td>402</td>
<td>268</td>
<td>233</td>
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<tr>
<td>MCR</td>
<td>222</td>
<td>30</td>
<td>15</td>
<td>60</td>
<td>67</td>
<td>92</td>
<td>72</td>
<td>10</td>
<td>316</td>
<td>226</td>
<td>73</td>
<td>111</td>
<td>57</td>
</tr>
<tr>
<td>PMP</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>eReferral</td>
<td>226</td>
<td>112</td>
<td>195</td>
<td>157</td>
<td>189</td>
<td>179</td>
<td>238</td>
<td>187</td>
<td>235</td>
<td>250</td>
<td>426</td>
<td>430</td>
<td>485</td>
</tr>
</tbody>
</table>

* Note: Reporting cycle is through the 20th of each month.
<table>
<thead>
<tr>
<th>Tier (As of Apr 20 2017)</th>
<th>Universe (Est.)</th>
<th>Actively Using</th>
<th>%Actively Using</th>
<th>Connected</th>
<th>%Connected</th>
<th>Enrolled</th>
<th>Tier Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Large hospitals/Health Systems</td>
<td>37</td>
<td>27</td>
<td>73%</td>
<td>5</td>
<td>14%</td>
<td>5</td>
<td>37</td>
</tr>
<tr>
<td>1b. Health plans</td>
<td>9</td>
<td>3</td>
<td>33%</td>
<td>2</td>
<td>22%</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>1c. Multi-entity HIE</td>
<td>12</td>
<td>4</td>
<td>33%</td>
<td>6</td>
<td>50%</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>1d. Commercial imaging centers &amp; labs</td>
<td>5</td>
<td>3</td>
<td>60%</td>
<td>2</td>
<td>40%</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>2a. Small hospitals</td>
<td>46</td>
<td>35</td>
<td>76%</td>
<td>11</td>
<td>24%</td>
<td>46</td>
<td>24</td>
</tr>
<tr>
<td>2b. Large ambulatory practices (50+)</td>
<td>33</td>
<td>18</td>
<td>55%</td>
<td>15</td>
<td>45%</td>
<td>33</td>
<td>2</td>
</tr>
<tr>
<td>2c. Large LTCs (500+ licensed beds)</td>
<td>8</td>
<td>2</td>
<td>25%</td>
<td>2</td>
<td>0%</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2d. Ambulatory Surgical Centers</td>
<td>63</td>
<td>12</td>
<td>19%</td>
<td>15</td>
<td>24%</td>
<td>63</td>
<td>2</td>
</tr>
<tr>
<td>2e. Ambulance and Emergency Response</td>
<td>39</td>
<td>0</td>
<td>0%</td>
<td>1</td>
<td>3%</td>
<td>39</td>
<td>1</td>
</tr>
<tr>
<td>2f. Business associate affiliates</td>
<td>5</td>
<td>1</td>
<td>20%</td>
<td>1</td>
<td>20%</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>2g. Local government/Public Health</td>
<td>8</td>
<td>1</td>
<td>13%</td>
<td>7</td>
<td>88%</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>3a. Small LTC (&lt;500 licensed beds)</td>
<td>310</td>
<td>23</td>
<td>7%</td>
<td>42</td>
<td>14%</td>
<td>310</td>
<td>65</td>
</tr>
<tr>
<td>3b. Large behavioral health (10+ licensed providers)</td>
<td>10</td>
<td>1</td>
<td>10%</td>
<td>8</td>
<td>80%</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>3d. Large FQHCs (10-49)</td>
<td>30</td>
<td>14</td>
<td>47%</td>
<td>11</td>
<td>37%</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>3e. Medium ambulatory practices (10-49)</td>
<td>365</td>
<td>46</td>
<td>13%</td>
<td>24</td>
<td>7%</td>
<td>365</td>
<td>70</td>
</tr>
<tr>
<td>4a. Small behavioral health(&lt;10 licensed providers)</td>
<td>90</td>
<td>5</td>
<td>6%</td>
<td>13</td>
<td>14%</td>
<td>90</td>
<td>18</td>
</tr>
<tr>
<td>4b. Home health, LTSS</td>
<td>149</td>
<td>23</td>
<td>15%</td>
<td>35</td>
<td>23%</td>
<td>4</td>
<td>62</td>
</tr>
<tr>
<td>4c. Small FQHCs (3-9)</td>
<td>29</td>
<td>4</td>
<td>14%</td>
<td>1</td>
<td>3%</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>4d. Small ambulatory practices (3-9)</td>
<td>1595</td>
<td>124</td>
<td>8%</td>
<td>119</td>
<td>7%</td>
<td>1</td>
<td>244</td>
</tr>
<tr>
<td>5a. Very Small ambulatory practices (1-2)</td>
<td>4010</td>
<td>154</td>
<td>4%</td>
<td>353</td>
<td>9%</td>
<td>6</td>
<td>513</td>
</tr>
</tbody>
</table>

Grand Total | 6853 | 488 | 7% | 657 | 10% | 19 | 1164 |

“Actively Using” means connected and actively using; “Connected” means connected but not yet actively using; and “Enrolled” means an agreement has been signed but not yet connected.
13 Month HIway Availability Trends

**Metric Targets:**

- “Total Monthly Availability” – no lower than 99.9% (downtime no more than ~44 minutes/month)