## PA eHealth Partnership Program Patient and Provider Network (P3N)

## Application for Participation

**Background**

This document serves as an application to participate in the PA Patient and Provider Network (P3N). Those who participate in this electronic exchange of health information are known as Certified Participants (CPs).

Organizations that wish to be considered for CP status must complete and submit this Application for Participation. The DHS PA eHealth Partnership Program (“PA eHealth”) is responsible for reviewing and acting upon Applications for Participation. The Health Information Exchange Trust Community Committee (HIETCC) will be provided the CP application and will be invited to attend a HIETCC meeting to review the application.

All information in this Application for Participation will be used by PA eHealth to determine whether the Applicant meets the eligibility requirements for participation. PA eHealth may request additional information which, in PA eHealth’s opinion, is necessary to assure that the Applicant meets the eligibility requirements for participation.

The organization becomes a CP only when:

1. The organization has successfully completed interoperability testing in the P3N test environment
2. The Uniform Participation Agreement (PAR) has been fully executed by all parties
3. The organization has successfully completed data validation testing in the P3N production environment.
* Note that the PAR must be fully executed before the organization will be allowed to move to the production environment to complete data validation testing.
1. The organization has completed a third-party Security Audit and HIPAA Risk Assessment

**Purpose**

The purpose of this document is to outline the requirements that Health Information Organizations (HIOs) must meet to become CPs with PA eHealth for access to the P3N Services. As part of the Certification Package, this document outlines requirements for HIOs and their member organizations (MOs) relative to security, HIPAA, Auditing, Breaches and other related areas. This Certification Package is maintained by PA eHealth in collaboration with the (HIETCC).

**Scope**

This document applies to all CPs in the P3N, and their MOs, users and workforce members (as defined by HIPAA).

**Openness and Transparency**

PA eHealth and CPs shall be open and transparent with regard to policies, procedures and technologies that directly affect patients and their Protected Health Information (PHI).

**Application Instructions**

**Please submit the following:**

1. A complete and signed Application for Participation
2. A signed Uniform Participant Agreement (PAR), signed by an individual authorized to legally bind your organization
3. The results of your most recent third-party Security Audit and HIPAA risk assessment, dated within 12 months of this submission
4. Initial P3N Onboarding Materials
5. Policies and other documentation as may be required below
6. Proof of insurance as required by the PAR.

**Please mail to the following address:**

Department of Human Services (DHS)

Pennsylvania eHealth Partnership Program

2525 North 7th Street, 2nd Floor

Harrisburg, PA 17110

**This document is submitted to PA eHealth by the organization listed below (“Applicant”) to become a CP in the P3N.**

Part I: Applicant Information

|  |
| --- |
| **Organization Information** |
| **Name** |  |
| **Address** |  |
| **Phone** |  |
| **Fax** |  |
| **Web Site** |  |
| **Points of Contact** | ***Name*** | ***Phone*** | ***E-mail*** |
| **Primary Business** |  |  |  |
| **Project Contact** |  |  |  |
| **Legal Contact**  |  |  |  |
| **Technical Contact** |  |  |  |
| **Primary Breach Contact** |  |  |  |
| **Secondary Breach Contact** |  |  |  |
| **P3N Go Live** |
| **Projected Go-Live Date** |  |

Part II: Organization Profile

1. Are you a HIO as per the definition of HIO defined in the P3N Policy 1 Terms and Definitions?

☐ Yes ☐ No

If No, please explain

1. Is your organization a Covered Entity (CE) as defined by HIPAA?

☐ Yes ☐ No

1. If you answered “no” to #2, are you a Business Associate of a CE?

☐ Yes ☐ No

1. Does your organization meet the requirements of a Certified Participant as defined in the P3N Policy 1 Terms and Definitions?

☐ Yes ☐ No

If no, please explain when your organization will meet those requirements.

1. Are you currently part of or in the process of connecting with any other Health Information Exchange (HIE), for example The Sequoia Project’s eHealth Exchange?

☐ Yes ☐ No

If Yes, please describe where you are in the process and the HIE of which you are a part.

1. Please provide an overview of your organization’s type and size, including types and number of users or participants, geographic coverage area, current volume of electronic exchange transactions, and technology partner (if applicable).

Part III. PAR Flow-Down Provisions

The applicant agrees to comply with all provisions of the PAR, and attests to having policies, procedures, and agreements in place requiring that that their MOs and Third-Party Vendors comply with the applicable provisions of the PAR.

1. Do you attest that you will require the flow down provisions of the PAR with your MOs?

☐ Yes

Part IV: P3N Policy Attestations

1. Do you attest that your organization agrees to comply with the following P3N Policies located at the following website [HIO Connection (pa.gov)](https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Information%20Technology/HIO-Connection.aspx)

☐ Yes

* P3N Policy 1 Terms and Definitions
* P3N Policy 2 Documentation Change Management Policy
* P3N Policy 3 Certification Policy and Process
* P3N Policy 4 User Management Policy
* P3N Policy 5 Privacy Policy
* P3N Policy 6 Auditing Policy
* P3N Policy 7 Data and Privacy Breach Policy
* P3N Policy 8 Reporting Policy
* P3N Policy 9 HIETCC Participation Policy
* P3N Policy 10 Security Policy
* P3N Policy 11 Downtime Notification Policy

Part V: Privacy and Security

1. Does your organization undertake annual third-party Security Audits and HIPAA Risk Assessments?

☐ Yes ☐ No

If Yes, please provide the results (or the executive summary) of your most recent assessment, dated within 12 months of this submission.

If No, please state when you plan on performing a third-party Security Audit and HIPAA Risk Assessment and provide those results as soon as available. Note: Applicant must complete a third-party Security Audit and HIPAA Risk Assessment before the CP will be granted approval.

Part VI: Technical Eligibility Requirements

The P3N is built using a modular approach leveraging human centered design that uses a hybrid, service-oriented architecture (SOA) to deliver a standards-compliant enterprise service infrastructure to deploy and operate a statewide health information network of networks. It is built using open technology standards that fully comply with the specifications established by the Integrating the Healthcare Enterprise (IHE) initiative. Actual technical certification is completed during the interoperability testing phase of CP onboarding.

**Required Technical Specifications**

Please reference the following technical specifications in the following document located on the following website [HIO Connection (pa.gov)](https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Information%20Technology/HIO-Connection.aspx).

* + - Technical Requirements

**Document Content**

Your organization must make available the following document types through the P3N and the Public Health Gateway (PHG). Documents will need to pass a validation during the interoperability testing phase of onboarding. Documents generated prior to onboarding may be exempt from this requirement.

* Clinical Document Architecture (CDA) (required)
* Continuity of Care Document (CCD) or Consolidated CDA (C-CDA)
	1. If the contributing provider has the corresponding Data, then the CCD or CCDA will comply with Promoting Interoperability requirements.
* HL7 Admission Discharge Transfer (ADT) Encounter transactions
	1. The applicant will comply with the P3N ADT requirements
* Public Health Gateway (PHG) message content consistent with public health registry requirements
* Other messages and data required for future connectivity needs for the applicant and its MOs
1. Do you attest that your organization will comply with the requirements of the PA eHealth Appendix A - Technical Requirements?

☐ Yes

Part VII: Attestations

By signing and returning this form, the applicant agrees that the following statements are true and accurate.

* Applicant is a valid business in good standing or a governmental agency, operating in the United States and is not listed on any Federal Exclusions Databases.
* Applicant meets all solvency and financial responsibility requirements imposed on the organization by applicable statutes and regulatory authorities.
* Applicant is an organization or agency that oversees and conducts, on its own behalf and/or on behalf of its MOs, electronic transactions or exchanges of health information among groups of persons or organizations.
* Applicant has the organizational infrastructure and legal authority (through statutes, regulations, organizational agreements, contracts or binding policies) to comply with the obligations of the PAR and to require its MOs to comply with applicable requirements of the PAR.
* Applicant will transact information with other participants for only Permitted Purposes.
* Applicant has sufficient financial, technical and operational resources to support the testing and operation of transactions among participants.
* In the event that resource issues arise, applicant will communicate and coordinate with PA eHealth regarding organization’s situation.
* Organization is not aware of any information that would preclude the organization from fully complying with the provisions of the PAR.
* The information contained in this Application for Participation is true and accurate. Applicant will notify PA eHealth if the information contained herein is discovered to be, or later becomes, inaccurate and organization will provide additional information as requested by PA eHealth. This obligation to submit accurate information continues until such time as the organization becomes a CP, at which time the organization will be bound by the PAR.

Organization Name Printed Name of Person Completing Form

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Date