

<h1>P3N Policy #8</h1> <h2>Reporting Policy</h2>	
<h3>PA eHealth Partnership Program</h3>	
Subject: P3N Reporting Policy	Version: v.4b
Status: Effective January 1, 2024	Creator: Kay Shaffer
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Related Documents:	-Terms and Definitions -Pennsylvania eHealth Partnership Program Uniform Participant Agreement v.4c

1. **PURPOSE.** This policy establishes minimum standards and requirements for reporting Usage and exchange metrics relative to the Pennsylvania Patient and Provider Network (P3N).
2. **SCOPE.** This document applies to all Certified Participants (CPs) in the P3N.
 - 2.1. This policy is intended to be consistent with and does not replace or supersede any federal regulations or laws (such as Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health Act (HITECH)) or State privacy and security laws and regulations.
3. **OBJECTIVES.** The objective of this policy is to:
 - 3.1. Establish reporting requirements in support of the Health Information Organization (HIO) Fee Model and Schedule.
 - 3.2. Define metrics used to generate reports which may be shared with the Pennsylvania Department of Human Services eHealth Partnership (PA eHealth) and the Health Information Exchange Trust Community Committee (HIETCC).
4. **POLICY**
 - 4.1. **General**
 - 4.1.1. CP shall submit quarterly reports to PA eHealth. These reports will support PA eHealth processes to determine, invoice for, and collect CP fees in accordance with the HIO Fee Model and Schedule. The reports will also support PA eHealth efforts to track and communicate HIE activity across Pennsylvania.
 - 4.1.2. CP reporting requirements are adopted by PA eHealth with recommendations made by the HIETCC and PA eHealth.

- 4.1.3. CP and PA eHealth may agree to vary from the adopted reporting requirements based on the current capabilities of the CP. Such agreements are limited to six months in duration.
 - 4.1.3.1. CPs that refresh information gathered from their MOs less frequently than quarterly may use the most recent information they have from the MOs in their quarterly reports to PA eHealth. This is not considered a variance from the reporting policy.
 - 4.1.3.2. CPs will refresh information gathered from their MOs that is included in reports to PA eHealth no less than annually (i.e., number of beds for hospitals, number of practices for integrated delivery networks).
 - 4.1.3.3. CPs anticipating reporting variances longer than six months shall submit a request to PA eHealth, including the reason for requested variance (i.e., incompatible data collection processes) and anticipated duration of requested variance.
 - 4.1.3.4. PA eHealth will communicate a decision regarding the request for reporting variance within 120 calendar days of receipt of the request from the CP.
 - 4.1.3.5. Should PA eHealth reject a reporting variance request, the CP will have six months from the time of notification of rejection to comply with reporting requirements.
- 4.1.4. The Pennsylvania Right-to-Know Law, 65 P.S. §§ 67.101-3104, (RTKL) applies to the Pennsylvania eHealth Partnership Program Uniform Participant Agreement (Agreement). The process for handling a RTKL request and the responsibilities of PA eHealth and CPs is covered in Section 28 of the Agreement.

4.2. **Submission and Handling of Reports**

- 4.2.1. CP shall submit its quarterly reports to PA eHealth via PA eHealth’s resource account based on a calendar year quarter (January–March; April–June; July–September; October–December). These will be due on the last day of the month following each quarter.
 - 4.2.1.1. EXCEPTION: A CP must submit a report to PA eHealth by the last day of the first full month in which it is connected to the P3N, regardless of whether or not that month is one of those listed in 4.2.1. PA eHealth will use this report to bill the CP for their P3N participation, prorated for the portion of the quarter in which it is participating. The information may or may not be integrated into PA eHealth network activity reporting depending on timing.
- 4.2.2. PA eHealth will provide reports and information to the following outlets or entities according to the following timeframes:

4.2.2.1. An annual report to the Governor, the President pro tempore of the Senate and the Speaker of the House of Representatives for distribution to appropriate legislative committees on the activities of the program for the year, including a summary of the receipts and expenditures, a list of contracts and a summary of any reportable security breaches that occurred and corrective actions that were taken."

4.2.2.2. HIETCC – to be determined by HIETCC and PA eHealth.

4.2.2.3. Pennsylvania Department of Human Services; website or media outlets – to be determined by PA eHealth.

4.3. Reportable Information

4.3.1. As the landscape of HIE changes and the architecture of the CPs and the P3N develops, more or different reportable information may become important. CP should be prepared to have ongoing discussions about different reporting with PA eHealth. The attached chart provides a current template which incorporates the following elements and provides notes regarding the intended content for various elements. This chart is subject to change.

4.3.2. Number of organizations participating with the CP as of the date of the report, by provider type, regardless of whether those entities pull Data, contribute Data, or both, and whether or not entities engage in activity involving P3N. Please see the current HIO Fee Model and Schedule for additional details regarding reporting rules, definitions, and distinctions.

4.3.3. Number of active users and organizations during the three months prior to the month of the report (i.e., January through March for the April report), by provider type, whether or not these entities engaged in a transaction involving P3N.

4.3.3.1. Active means organization or user completing at least one transaction (send or receive) with the CP during the reporting period, whether or not those transactions involve the P3N.

4.3.4. Volumes of transactions by users of the CP during the three months prior to the month of the report, by provider type, whether or not those transactions involve the P3N.

4.3.5. Total number of unique patients whose Data is exchanged via the CP during the three months prior to the month of the report, whether or not exchange involves P3N.

4.3.6. List of member organizations by name and type.

Quarterly HIO Report to Authority			
Category	Number	Active	Transactions
Payers			
Organizations			
Covered lives for which HIE is accessible			
Hospitals (per location, regardless of affiliation)			
Critical Access Hospitals			
Small Hospitals (<150 beds)			
Medium Hospitals (150-300 beds)			
Large Hospitals (>300 beds)			
Total Hospitals			
Practices (per location, regardless of affiliation)			
Community Clinic/FQHC/Safety Net Providers			
Primary Care Physician Practices			
Specialist Physician Practices			
Multi-Specialty Practices			
Total Practices			
Other Providers			
Ambulance/EMS Services ¹			
Ambulatory Surgery Centers ³			
Home Health Agencies ¹			
Independent Imaging Centers ²			
Independent Pharmacies ²			
Independent Reference Laboratories ²			
Long-Term/Post-Acute Care Facilities ³			
Mental Health/Substance Abuse Facilities ³			

Outpatient Cancer Treatment Centers ³			
Physical Therapy/Occupational Therapy Practices ³			
Pediatric Rehabilitation Practices ³			
Urgent care centers ³			
Other Organizations (Please describe in the space below)			
Other Information			
Total unique patients whose data was exchanged			

Notes: Yellow highlighted items are optional, but strongly encouraged. Items blacked out are not applicable.

- 1- Per organization, regardless of affiliation.
- 2- Does not include entities owned by an organization reflected elsewhere in the report (i.e., a hospital).
- 3- Per location, regardless of affiliation