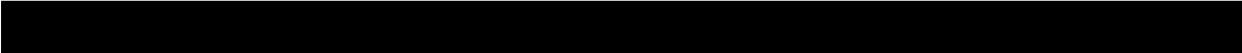




Medicaid Electronic Health Information Exchange System

Final Report

**As Required By
H.B. 1218, 81st Legislature, Regular Session, 2009**



**Health and Human Services Commission
January 1, 2013**

Table of Contents

Executive Summary 3

Background 4

HIE Activities and Accomplishments..... 5

Health Information Exchange Advisory Committee 5

Medicaid Health Information Exchange Consent Policy 6

Medicaid Health Information Exchange Pilot Project 7

Medicaid Health Information Exchange System 8

MEHIS Implementation – Stage 1..... 10

MEHIS Implementation – Stages 2 and 3..... 11

Conclusion..... 12

Appendix A: HIE Pilot Participants..... A-1

Appendix B: MEHIS Releases A-2

Appendix C: HIE Advisory Committee Participants A-3

Executive Summary

Pursuant to House Bill (H.B.) 1218, 81st Legislature, Regular Session, 2009 (Government Code Sec. 531.910), the Health and Human Services Commission (HHSC) submits this report regarding the Medicaid health information exchange (HIE)¹ system. The bill directs HHSC to report on the status of the HIE system implementation, including utilization rates and goals for each health information technology (IT) component implemented as part of the system.

In 2010, the Medicaid HIE system required by H.B. 1218 was merged into the Medicaid Eligibility and Health Information System (MEHIS) which combined several legislatively-mandated requirements and additional functionality required by federal law, including:

- automation of Medicaid eligibility verification via provider and client portals;
- replacement of paper Medicaid identification forms with plastic cards, including creating a call center for clients to report card issues (House Bill 2292, 78th Legislature, Regular Session 2003);
- the ability to offer client and provider notification of Texas Health Steps (THSteps) services and to generate standard and ad-hoc reporting for THSteps and other health data via the portals. and
- other Medicaid website-related projects as they arise.

The MEHIS contract, which included the requirements similar to those in H.B. 1218, was awarded in September 2010 to Hewlett Packard. Between May 25, 2010, and June 24, 2012, MEHIS deployed functionality above and beyond the HB 1218 requirements in eight releases of the software (please refer to Appendix 1 for a full listing of functionality available with each release.).

This report describes the key steps HHSC has taken toward implementing the requirements set forth in H.B. 1218 within each release. HHSC has implemented the following functionality specific to H.B. 1218:

- Completed Phase 1 of the Medicaid HIE pilot, consisting of exchange of medication information between Medicaid and two local HIEs.
- Developed a process to ensure the privacy and security of Medicaid client information (opt-out consent model).
- Developed and tested the e-prescribing requirement of Stage 1 of the Medicaid HIE system, consisting of electronic prescribing (e-prescribing) services for Medicaid providers.
- Developed and tested the Medicaid electronic health record (EHR) requirement of Stage 1 of the Medicaid HIE System, consisting of website portals for Medicaid clients and Medicaid providers.

HHSC has also implemented the following technical elements required by H.B. 1218: (1) an authentication process that uses multiple forms of identity verification before allowing access to the system; (2) technology that allows for patient identification across multiple systems; (3)

¹ In this report, the term “health information exchange” means a health information exchange system that moves health-related information among entities according to nationally recognized standards.

the capability of appropriately and securely sharing health information with state and federal emergency responders.

No funding was appropriated for this effort. Costs associated with developing and implementing the electronic medical records and e-prescribing provisions of H.B.1218 were absorbed within the original cost of MEHIS because many of its provisions were already being implemented as part of this system. MEHIS project costs paid to date are approximately \$32 million, but these costs include payment for functionality beyond the requirements of H.B. 1218, including \$8 million in operational costs for printing and mailing plastic Medicaid ID cards. Costs for the opt-out consent model and Phase 1 of the HIE pilot were \$600,000 and were funded through the Medicaid Transformation Grant.

Introduction

Pursuant to H.B. 1218, 81st Legislature, Regular Session, 2009, HHSC submits this report regarding the HIE system for Medicaid and CHIP clients. The bill directs HHSC to:

- Report on the status of the HIE system implementation, including utilization rates for each health IT component implemented as part of the system and goals and actions to increase utilization rates.
- Develop an electronic HIE system to improve the quality, safety, and efficiency of health-care services provided under Medicaid and CHIP.
- Establish an HIE pilot to determine the feasibility, costs, and benefits of exchanging secure health information between HHSC and local or regional HIEs. The health information to be exchanged between HHSC and local or regional HIEs must include, at a minimum, a patient's medication history.
- Establish an HIE Advisory Committee, and adopt rules as needed.

This report describes in detail the following key steps HHSC has taken toward implementing the requirements set forth in H.B. 1218:

- Established an HIE Advisory Committee.
- Developed a process to ensure the privacy and security of Medicaid client information (opt-out consent model).
- Completed Phase 1 of the Medicaid HIE pilot, consisting of exchange of medication information between Medicaid and two local HIEs.
- Developed and tested the e-prescribing requirement of Stage 1 of the Medicaid HIE system, consisting of electronic prescribing (e-prescribing) services for Medicaid providers.
- Developed and tested the Medicaid electronic health record (EHR) requirement of Stage 1 of the Medicaid HIE System, consisting of website portals for Medicaid clients and Medicaid providers.

The report also describes the costs for each component and the utilization rates for the components that are fully operational.

H.B. 1218 Activities and Accomplishments

Electronic Health Information Exchange Advisory Committee

HHSC's HIE System Advisory Committee for the Texas Medicaid agency was established under the authority of House Bill 1218, 81st Legislature, Regular Session, 2009, and commenced in February 2010. The HIE Advisory Committee meets quarterly.

The purpose of the HIE Advisory Committee is to advise the Commission regarding the development and implementation of the electronic health information exchange system. In addition to any issue specified by HHSC, the HIE Advisory Committee addresses these specific issues:

- Data to be included in an electronic health record;
- Presentation of data;
- Useful measures for quality of service and patient health outcomes;
- Federal and state laws regarding privacy and management of private patient information;
- Incentives for increasing health care provider adoption and usage of an electronic health record and the health information exchange system; and
- Data exchange with local or regional health information exchanges to enhance: (a) the comprehensive nature of the information contained in electronic health records; and (b) health care provider efficiency by supporting integration of the information into the electronic health record used by health care providers.

The HHSC Executive Commissioner appoints to the advisory committee at least 12, but not more than 16, member representatives from a broad range of health professionals, consumers, advocacy groups, and individuals with knowledge and expertise in health information technology and who have experience in serving persons receiving health care through the state's Medicaid and Children's Health Insurance (CHIP) programs.

The advisory committee collaborates with the Texas Health Services Authority to ensure that the health information exchange system is interoperable with, and not an impediment to, the electronic health information infrastructure that THSA assists in developing.

The HIE Advisory Committee's recommendations are based on public comment or testimony taken at Committee meetings and the members' own knowledge of and experience with health information exchange and health information technology. Materials reviewed by the advisory committee are made available to the public before or after the meetings. The HIE Advisory Committee has no administrative authority in the operation of the Medicaid program. Please refer to Appendix B for a list of current committee members.

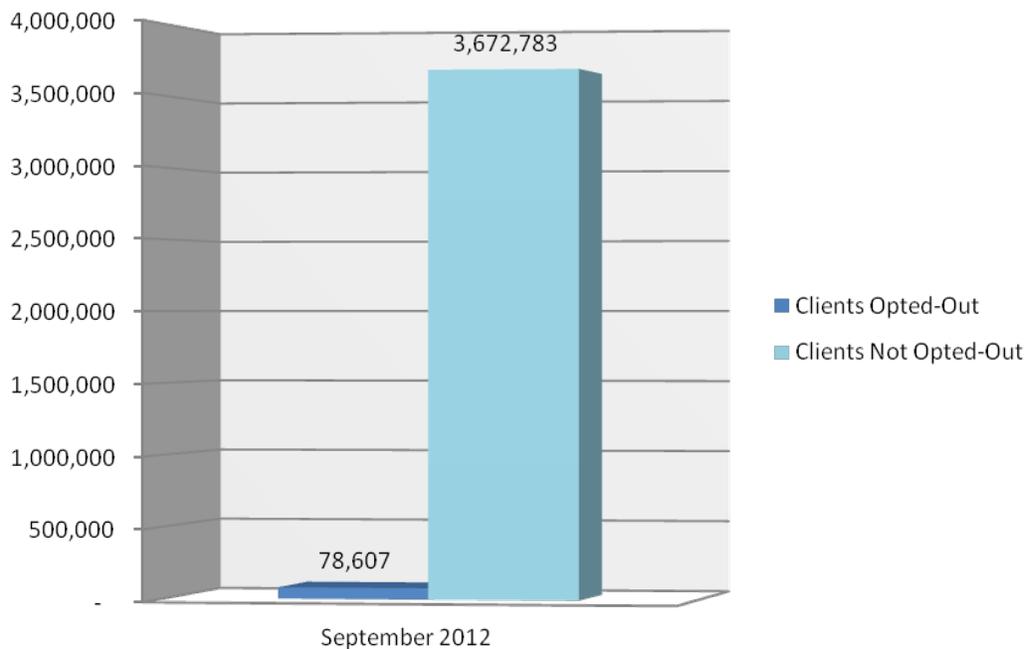
Medicaid Health Information Exchange Consent Policy

H.B. 1218 directs HHSC to ensure that the confidentiality of patients' health information is protected and that patient privacy is maintained in accordance with applicable federal and state law as it develops the Medicaid HIE System.

In February 2010, HHSC created an internal workgroup, consisting of various key HHSC staff, including HHSC attorneys, to research privacy and security policies and practices in use in other states and at the national level to identify any legal, policy, or procedural barriers to implementing planned HIE initiatives. Based on the workgroup's recommendations, HHSC recommended an opt-out model for Medicaid HIE in August 2010.

Clients who wish to opt-out of participation in the Medicaid HIE system are directed to a client website or interactive voice response (IVR) system to record their decision. Clients may revoke their initial decision at any time. The table below compares the number of clients that have opted out vs. the ones who have not since the opt-out option was made available. As of September 2012, 78,607 clients have opted out of participating in the Medicaid HIE System.

Figure 1: Current Active Client Opt-Out Counts – September 2012



For Stage 1 of the Medicaid HIE System, HHSC is required to provide an electronic health record for Medicaid clients via an online website portal. Part of the research conducted by the

internal HHSC workgroup resulted in the development of a list of special data categories that might have confidentiality or privacy concerns if released without the Medicaid client’s consent, such as HIV testing or substance abuse treatment. HHSC identified a strategy to tag the special data categories to address confidentiality and privacy concerns when displaying this information online via the website portals for providers and clients.

Recently, HHSC has reconvened the workgroup to examine the legal requirements for access to and sharing of personal health information with special consideration of new regulations and industry practices on this emerging technology area. Based on the recommendations of the workgroup, HHSC will consider modifying its strategy for sharing claims-based health history information.

Medicaid Health Information Exchange Pilot Project

H.B. 1218 directed HHSC to establish an HIE pilot project with at least two qualified regional HIEs to determine the feasibility, costs, and benefits of exchanging secure, electronic health information between HHSC and the regional HIEs.

Texas Medicaid coordinated the pilot with two organizations that met the criteria in the statute:

1. Sandlot, LLC
2. Texas Health Resources (THR)

The pilot is limited to the bidirectional exchange of prescription history. A first phase of this project was completed in November 2011. This initial phase provided for a scheduled batch transfer of pharmacy data extracted from the pharmacy claims system. Participating HIEs were able to identify Medicaid clients and perform a batch request. HHSC created responses that were downloaded to the HIEs and incorporated into their data repositories.

The cost for Phase 1 of the HIE pilot was \$600,000, including implementation of the opt-out consent model and development of the batch files data exchange (Phase 1). All HHSC costs associated with the pilot were paid with federal funds from the Medicaid Transformation Grant.

Table 1: HIE Pilot Costs

Opt-out Consent	Phase 1: Flat File Interface	Total
\$500,000	\$100,000	\$600,000

HHSC is planning the second phase of this project which will provide for on-demand, episodic requests and responses for prescription history. The Medicaid program will implement data integration and HIE resources in order to communicate with the pilot HIEs. Current HIE standards and methods will be used to enable communication between Medicaid and the pilot HIEs.

HHSC is also planning a third phase of this project which will expand the dataset being exchanged beyond prescription data to include diagnoses and other clinical data. HHSC

envisions that the work being conducted via the HIE pilot will serve as lessons learned and proof-of-concept that can be used to inform Stage 3—the actual exchange of information—for the Medicaid HIE System.

Medicaid Health Information Exchange System

H.B. 1218 directs HHSC to develop an electronic HIE system to improve the quality, safety, and efficiency of health-care services provided under Medicaid and CHIP. In developing the HIE system, HHSC must:

1. Ensure that the confidentiality of patients' health information is protected and that patient privacy is maintained in accordance with applicable federal and state law.
2. Develop interoperable IT systems across the HHS Enterprise, including data warehousing initiatives.
3. Develop an interoperable HIE system that can receive and exchange electronic health information as necessary to enhance: (1) the comprehensive nature of the information contained in EHRs; and (2) health-care provider efficiency by supporting integration of the information into the EHRs used by health-care providers.
4. Include the following elements in the HIE system:
 - Authentication process that uses multiple forms of identity verification before allowing access to information systems and data.
 - Formal process for establishing data-sharing agreements within the community of participating providers in accordance with applicable federal laws.
 - Method by which HHSC may open or restrict access to the system during a declared state emergency.
 - Capability of appropriately and securely sharing health information with state and federal emergency responders.
 - Compatibility with national health IT initiatives coordinated by ONC.
 - Technology that allows for patient identification across multiple systems.
 - Capability of allowing a health-care provider to access the system if the provider has technology that meets current national standards.

HHSC has implemented the following elements required by HB 1218: (1) an authentication process that uses multiple forms of identity verification before allowing access to the system; (2) technology that allows for patient identification across multiple systems; and (3) the capability of appropriately and securely sharing health information with state and federal emergency responders. Below is a detailed description of each element

(1) Access Authentication

During the registration process for using the Provider portal, the system requires that providers supply multiple identifiers, such as NPI, taxonomy, TaxID, and individual claim number from previous claim, to authenticate themselves. Once registered, providers must enter the user ID and

password created during the registration process to log-in into the system. In addition, a site key image is presented for the user to be assured of the authenticity of the portal.

Client authentication is performed by the Texas Integrated Eligibility Redesign System (TIERS) self-service portal. Clients access the portal through the TIERS website. After logging into TIERS, the client navigates to the MEHIS area of the site via secure single sign-on technology.

(2) Client Identification Across Multiple Systems

This provision is met in two ways. First, the clients are identified by multiple systems through a common Medicaid identification number. In addition, clients are also identified and authenticated within the TIERS self-service portal and use single sign-on technology to move the user between systems.

(3) Sharing Health Information with State and Federal Emergency Responders

In the event of an emergency, manual override processes could be used to load data to establish the designated emergency responders as valid users within the system.

H.B. 1218 further requires that HHSC implement the HIE system in three stages:

- **Stage 1:** Develop a browser-based, claims and encounter based electronic health record (EHR) for Medicaid clients based on encounter and claims data; implement an electronic prescribing tool for healthcare providers.
- **Stage 2:** Expand the claims-based EHR to CHIP clients and include state lab results, including newborn screening and tests conducted under Texas Health Steps.
- **Stage 3:** Expand the system by developing benchmarking tools for providers and include additional trading partners.

In accordance with the legislation, HHSC is developing HIE-like functionality in three stages via MEHIS:

Stage 1

H.B. 1218 requires that in Stage 1 of HIE system implementation, HHSC develop and establish an electronic health record for each Medicaid client, and make it available to each client through the Internet. HHSC has developed and tested the core elements of a claims-based electronic health history for Medicaid clients, and plans to roll out the system in phases beginning in 2013. In phase 1, HHSC plans to roll out the electronic health histories to state-employed providers who treat Medicaid clients, such as healthcare providers at state supported living centers and state hospitals. Phase 2 will consist of rolling out the electronic health history to a limited number of actual Medicaid providers in Texas. Phase 3 will expand the system to all Medicaid providers. In Phase 4, the system will be available for clients to access their claims-based electronic health history.

A modified version of Stage 1 of the Medicaid HIE system was released on June 29, 2011. In this version of Stage 1, providers can access an HHSC database through a portal to verify if a client is eligible for Medicaid at the point of care. Clients are also able to check their Medicaid eligibility and request Medicaid cards or print them.

In addition to eligibility verification, the new system will support aggregation of medical service encounter data, medication history for filled prescriptions, immunization history from the state's immunization registry, and program information, such as Texas Health Steps (THSteps) notifications. Although the electronic health history has been fully tested and implemented, it has not been turned on because HHSC is awaiting the results of the workgroup studying the privacy and confidentiality concerns of some of the data and approval from the HHSC Executive Commissioner.

When the full Stage 1 of the Medicaid HIE System is rolled out, it will support secure and confidential access to the following health information:

- Medicaid claims-based health and medication history information,
- Immunization information,
- Automated program notifications for THSteps pending and past due medical and dental checkups,
- Web-based provider and client portals for access to the EHR,
- Client and provider call center,
- State laboratory test results,
- Access to e-prescribing functionality.

H.B. 1218 requires that HHSC adopt rules specifying the information required to be included in MEHIS. HHSC proposed new Texas Administration Code §356.101, relating to Data for the Medicaid Eligibility and Health Information System. The proposed rule was published in the *Texas Register* on October 1, 2010, and the final rule became effective February 1, 2011. It specifies that the following information will be included in the claims-based electronic health history:

- The name and address of each of the individual's health-care providers,
- A record of each visit to a health-care provider, including diagnoses, procedures performed, and laboratory test results,
- An immunization record,
- A prescription history,
- A list of due and overdue THSteps medical and dental checkups, and
- Any other available health history that health-care providers who provide care for the individual determine is important.

Finally, H.B. 1218 requires that HHSC support and coordinate e-prescribing tools used by Medicaid and CHIP providers in Stage 1 of HIE system implementation. HHSC is to consult and collaborate with physicians and other stakeholders to ensure that the e-prescribing tools: (1) are integrated with existing e-prescribing systems otherwise in use in the public and private sectors; (2) to the extent feasible, provide current payer formulary information at the time a health-care provider writes a prescription; and (3) support the electronic transmission of a prescription.

HHSC is implementing e-prescribing in two phases. HHSC completed Phase 1 of the e-prescribing implementation on December 31, 2011. In Phase 1, the Medicaid pharmacy system

was connected to the network that facilitates the electronic interactions between payers, prescribers, and pharmacies. This connectivity allows prescribers that currently use an EHR or other e-prescribing technology to e-prescribe medications through the network for Medicaid clients. In Phase 2, HHSC will offer a web-based e-prescribing tool that can be used by any Medicaid and CHIP provider through the MEHIS provider portal. HHSC has tested the MEHIS e-prescribing tool for inclusion in Stage 1 of the Medicaid HIE system and anticipate release in early 2013.

Stages 2

For Stage 2, MEHIS will:

- Incorporate Children’s Health Insurance Program (CHIP) clients into the MEHIS database.
- Integrate state laboratory test results to the claims-based electronic health history.
- Improve data gathering capabilities and system enhancements.
- Begin using evidence-based technology tools to create client profiles.

Stage 3

For Stage 3, MEHIS will:

- Expand the use of evidence-based benchmarking.
- Expand the HIE system to include other data exchange partners.

The table below identifies the actual (fiscal year 2011) and projected costs (fiscal year 2012- fiscal year 2014) for the entire MEHIS implementation and operations, beyond the scope of the H.B. 1218 requirements.

Table 2: MEHIS Costs*

	Actual FY 2011	Projected FY 2012	Projected FY 2013	Projected FY 2014	Total
MEHIS Implementation and Operations	\$12,311,026	\$ 14,432,527	\$ 10,738,424	\$ 10,452,202	\$47,934,179
Claims Administrator & Vendor Drug Interface	\$ 2,648,877	\$1,191,154	\$1,191,154	\$1,191,154	\$ 6,222,339
Contracted Project Support (IV&V)	\$786,849	\$ 615,745	\$ 615,745	\$ 615,745	\$ 2,634,084
Total	\$15,746,752	\$16,239,426	\$12,545,323	\$ 12,259,101	\$56,790,602

*This table does not include costs for printing and mailing cards for the Medicaid managed care expansion card rollout.

Conclusion

Since the passage of H.B. 1218, national health IT activities at the federal, state, and local levels have increased dramatically and continue to evolve rapidly. As such, HHSC has been working with the provider community and agency stakeholders to pilot a Medicaid HIE infrastructure as well as to develop the Medicaid claims-based electronic health history. HHSC has been working to ensure that all HIE initiatives are consistent across all the various HIE and EHR efforts within the state. This includes pursuing federal funding to begin implementing the various components of the statewide HIE system, and adhering to national standards and federal regulations as they become effective; however, more work remains. HHSC is committed to ensuring the development and implementation of a robust Medicaid HIE system to fully support and serve its clients.

Appendix A: HIE Pilot Participants

Sandlot, LLC, based in Fort Worth and serving the Dallas/Fort Worth area, is providing for the exchange of medical record information between disparate health care systems for more than 1.2 million patients. Sandlot's HIE system (SandlotConnect) is operational and used across multiple counties, providing real-time clinical data to health-care providers at the point of care. Currently, it connects seven area hospitals, two national labs, as well as two certified electronic health record (EHR) products that provide and collect clinical data. SandlotConnect users may also place electronic referrals, communicate with other physicians, and prescribe electronically.

Texas Health Resources (THR), based in Arlington, is a non-profit health-care delivery system serving 16 counties in north central Texas with a population of more than 6.2 million people. THR has 28 health-care sites, including 13 acute-care hospitals, surgery centers, and 1 long-term care hospital. THR currently provides patient care data to a number of outside institutions including the Sandlot HIE.

Appendix B: MEHIS Releases

MEHIS Release 1.0 Functionality (Deployed: End of May through October 2011)

- Hewlett Packard Helpdesk deployed to take calls from TMHP HelpDesk - May 25
- TMHP Helpdesk (number on the back of the card) deployed - June 6
- Medicaid ID Card production began - July 29
- Medicaid ID Card mail-out began - August 5
- Clients started receiving new Medicaid cards - August 8
- Initial provider website functionality implemented – August 16
 - Electronic eligibility verification (online)
 - Check-in/check-out
 - View Texas Health Steps information
 - Broadcast alerts
- Interactive Voice Response (IVR) eligibility check available for non-Medicaid Providers (e.g., Women, Infants, and Children (WIC)) implemented - September 16
- Implemented IVR for Clients - October 2

Release 2.0 Functionalities (Deployed: October 9, 2011)

- Client portal link to Self-service portal (Your Texas Benefits Website)
 - Single Sign-On and link to MEHIS portal from Your Texas Benefits Website
 - Online card replacement
 - Print card image
 - Online opt-out election
 - Eligibility information
 - THSteps reminders
 - Broadcast alerts
 - Auto opt-out for Foster Care
 - Identify Foster Care
- Provider IVR enhancements – change of script messaging

Release 2.1.1 (Deployed: January 1, 2012): As part of this release, the MEHIS Client Portal was deployed in production with the following features made available to the clients.

1. Ability for the clients to perform an online card replacement.
2. Ability for the clients to print a temporary card.
3. Ability for the clients to view their current eligibility.
4. Ability for the clients to view the Texas Health Steps information.
5. Ability for the clients to change their preference for sharing their health information (opt-out).
6. Client portal blocks out Department of Family and Protective Services (DFPS) client information.
7. HHSC has the ability to set up informational messages for the client in the web portal as well as the IVR on an “as needed basis”. These messages are then available on the client portal as well as the Subscriber IVR.
8. Client portal enhancements were made as requested by the HHSC Communications Team (Phase 1).

- a. Change the “Under Construction” page information.
- b. Changes to the DFPS block message.
- c. Update the client portal translations.
- d. ADA enhancements.

Release 2.2 (Deployed: February 3, 2012): In this release, enhancements were made to the following portals:

1. Provider portal now includes Texas Health Steps reminders and visit history for the clients along with the check-in portlet.
2. Additional client portal changes included enhancements requested by the HHSC Communications Team (Phase 2).

Release 2.3 (Deployed: March 5, 2012): In this release, the main focus was the printing of the new cards with the Managed Care Organization (MCO) Plan name changes as well as the inclusion of the Dental & Pharmacy Benefits Manager (PBM) information on the cards.

1. The new MCO Plan changes were added to the MEHIS system.
2. Dental and Pharmacy information was also included on the cards.
3. The IVR application was enhanced to provide the providers with client’s dental information.
4. Enhancements to the client portal to the “Print temporary card” functionality, which now includes the pharmacy and dental information.

Release 2.3.1 (Deployed: March 16, 2012): In this release, the focus was to get the web portal enhancements as well as the new Business Objects Reports functionality for HHSC.

1. Client portal enhancements based on those requested by the HHSC Communications Team were also included:
 - a. Add "Skip Navigation" functionality.
 - b. Remove the print card links completely if the Medicaid client is not currently certified (eligible to receive Medicaid).
2. Business Objects reports were introduced. These reports provide HHSC the ability to get close to real time statistics on some of the key metrics.
 - Check-in/Check-out Statistics.
 - Card Issuance Performance.
 - Card Production Report.
 - Card Inventory Report.
 - History Lookup Counts.
3. The temporary IVR application was set up to provide the pharmacy providers with the latest plan information for eligible clients.
4. On the Provider & Site Administration Portal, the following reports were added:
 - Broadcast Messages Alerts Report (Provider and Site Admin).
 - Clients Previously Checked-in Report (Provider and Site Admin).
 - Eligibility Verification Report (Site Admin).

Release 2.3.2 (Deployed: April 12, 2012): As part of this release, HHSC added pharmacy information to the MEHIS IVR and routed the pharmacy calls from the temporary IVR to the MEHIS IVR.

Release 2.4 (Deployed: June 24, 2012): As part of this release, HHSC added the following functionality into production:

- Provider Portal: We added Immunizations, Diagnosis, Claims/Encounter History and Lab Details (health and prescription history.)

However, to resolve outstanding privacy issues with the claims and lab data, we have currently blocked this information from being viewed by the providers or the clients.

- On the Provider IVR, the Health Summary, THSteps, and immunization information was added.

Here as well, the need to block the immunization information is needed to ensure client data privacy.

- Change Requests:
 - Added the Qualified Medicare Beneficiary Pharmacy information on the cards.
- On the Client IVR, the following changes were made:
 - Added dental information.
 - Removal of block and enablement of DFPS clients to access IVR.
 - Spanish Text to Speech (TTS).
 - THSteps (now shows last seen date).
- Help Desk Portal:
 - New reports were added.
 - Provider search functionality.
- Database enhancements to handle Split PCNs and excluded providers were also included.
- Designed a new HHSC Portal.
- E-Prescribing application was set up and tested.
- New eata interfaces were built.

Release 2.5 (Deployment Date: July 29, 2012): As part of this release, we added the following functionality into production:

- Provider Portal: We have added a Journal view here to provide the users with the ability to see all historical data for the specific client.
- Client Portal: All Health Summary information has been added to the client portal. This includes visit history, claims, claims details, lab, lab details, and immunization. The claims and lab data are currently going to be blocked so that HHSC can resolve the data issues and protect client privacy. Client Survey and Client Notifications functionality has also been added as part of this release.
- Client IVR: Added health summary data, notifications, and survey.
- Business Object Universe changes have been added.
- Web Services Remote Portlets have been built.
- EDI Interfaces have been built.

Note: We will continue to block all Health history information at this point.

Release 2.6 (Deployment Date: August 30, 2012): In this release, a couple of changes were implemented to refine requirements on card order functionality and phone number formatting

during the user account creation process. Also included was the addition of prescription history information to the following portals and IVRs:

- Provider Portal
- Client Portal
- EDI Portal
- Provider IVR
- Client IVR

Note: We will continue to block all Health history information at this point.

Release 2.7 (Deployment Date: September 28, 2012): As part of this release, we plan to add the following functionality into production:

- Emergency override functionality for DFPS and opt-out clients in the provider portal. When the emergency override is active, the providers will be able to view their health information.
- ADA and 508 compliance-related enhancements are being made to the client portal.
- Modification of the Texas Woman's Health Program requirements to support separate mailing of the cards to TWHP clients.
- Addition of the provider initial registration guide and their links to the provider portal.
- Resolution of Severity 1-3 Defects and others based on priority.

Note: We will continue to block all Health history information at this point.

Release 2.7.1 (Deployment Date: October 26, 2012): As part of this release, we plan to add the following functionality into production:

- Emergency override functionality for DFPS and opt-out clients in the provider IVR. When the emergency override is active, the providers will be able to hear their health information.
- ADA and 508 compliance-related enhancements are being made to the provider portal, HHSC, and Helpdesk Portals.
- Resolution of Severity 1-3 Defects and others based on priority.

Note: We will continue to block all Health history information at this point.

Release 3.0 (Deployment Date: TBD): Texas Children's Medicaid Website

Release 3.1 (Deployment Date: January 2013): Enable access for designated HHSC clinicians.

Release 3.2 (Deployment Date: March 2013): Enable access for limited number of Medicaid providers.

Release 3.3 (Deployment Date: July 2013): Enable access for all Medicaid providers.

Release 3.4 (Deployment Date: September 2013): Enable access for Medicaid clients.

Appendix C: Health Information Exchange Advisory Committee Members

Name	Region	Representation
Joseph Schneider, MD, MBA, Chair	Dallas	Medicaid and CHIP provider Pediatric medical informatics
Pamela McNutt, Vice Chair	Dallas	Health-care facility
Julian Armstrong-Cintron, MD	Fort Worth	Medicaid and CHIP provider Local / Regional Health Information Exchange
George Gutierrez	San Antonio	Medicaid and CHIP provider
Wendy Faldet	San Antonio	Pharmaceutical industry
Myra Davis	Houston	Health-care facility
Ann Kitchen, JD	Austin	HIE organization
Sloane Cody	Austin	Managed care organization
Tony Gilman	Austin	Texas Health Services Authority
Nora Belcher	Austin	Provider Association
Kalunde Wambua*	Austin	Department of State Health Services (DSHS)
Tamela Griffin*	Austin	Department of Assistive and Rehabilitative Services (DARS)
Terri Ware*	Austin	Department of Family and Protective Services (DFPS)
Stephen Palmer*	Austin	Health and Human Service Commission (HHSC)
Judy Sandberg	Austin	Department of Aging and Disability Services (DADS)

* nonvoting members

Note: There is one vacant position

The HIE Advisory Committee must include the following members:

- Medicaid and CHIP providers;
- fee-for-service providers;
- at least one representative of the Texas Health Services Authority established under Chapter 182, Health and Safety Code;
- at least one representative of each health and human services agency;
- at least one representative of a major provider association;
- at least one representative of a health care facility;
- at least one representative of a managed care organization;
- at least one representative of the pharmaceutical industry;
- at least one representative of Medicaid recipients and Child Health Insurance Program enrollees;

- at least one representative of a local or regional health information exchange
- at least one representative who is skilled in pediatric medical informatics.