

**TITLE: MidSouth eHealth Alliance Registration Policy**

Category: Registration	Policy Number: 1
Original Effective Date: 05-1-2006	Current Revision Effective Date: 5-1-2006

**PURPOSE**

To provide policy and procedures for organizations to apply for registration with the MidSouth eHealth Alliance (the “Alliance”) to become a “Participant.” If approved to be a Participant, the organization may then have access to the Alliance System and receive Alliance Services as provided under the Policies and Procedures of the Alliance, the Participant’s Registration Agreement, and the Participant’s Participation Agreement. All capitalized and bold terms in this Policy not otherwise defined herein have definitions provided in the Participation Agreement.

**WHO IS AFFECTED**

This Policy applies to the Alliance, all Participants, and all Applicants.

**POLICY**

1. Under this Policy, each organization applying to become a Participant (an “Applicant”) must submit a Registration Application. Applicants must also provide additional information, which the Alliance will use in its evaluation and approval process. This process applies to all Applicants.
2. Registration Application and Agreement: Each Applicant must submit a Registration Application, which will become the Applicant’s Registration Agreement if approved by the Alliance. The Registration Agreement will require the Participant to agree with all applicable provisions of the Policies and Procedures. This Agreement shall be legally binding upon the Alliance and the Participant as of the effective date of the Alliance’s acceptance, which will correspond with the effective date of the Participant’s Participation Agreement. The form of Registration Agreement used by the Alliance is attached to and incorporated within this Policy as Exhibit A.  
  
An Applicant may request changes to the Registration Agreement. Any requests for such changes must be referred to the Operations Committee as appropriate.
3. Each Applicant that is approved by the Alliance as a Participant must also enter into a Participation Agreement prior to receiving access to the Alliance System or receiving Alliance Services. The Participation Agreement is an agreement with both the Alliance and all existing Participants.
4. Application and Information Provided: The Applicant affirms and attests that all statements, answers, and information contained in this Application or supporting materials and documentation are true, correct, and complete to the best of its knowledge, information, and belief. The Applicant understands that it has the burden of providing information deemed sufficient by the Alliance under the Policies and Procedures. This information must demonstrate the Applicant’s qualifications to be a Participant. The Applicant understands that falsification, misrepresentation, or omission of any fact(s) requested by the Alliance will be

sufficient cause for denial of this Application and/or subsequent termination of any Participant status granted upon the basis of this Application.

5. Data Providers and Data Recipients: Each Applicant must register to be a Data Provider, a Data Recipient, or both.
6. Participant Types: Each Applicant must indicate the Participant Type into which it falls. The Participant Types include:
  - (a) Hospitals;
  - (b) Medical practices;
  - (c) Laboratories;
  - (d) Pharmacies; and
  - (e) Payers.

Currently, only Hospitals and medical practices are approved to be Data Recipients. All Participant Types may be Data Providers.

7. Alliance Services: The Alliance Services provided to each Participant may include:
  - (a) Health information exchange to provide data to the Alliance System (for Data Providers);
  - (b) Health information exchange to receive data, including access and aggregation of patient data (for Data Recipients);
  - (c) Record locator service (for Data Recipients),
  - (d) Audit reporting (for Data Providers and Data Recipients), and
  - (e) Usage and operations reporting (for Data Providers and Data Recipients).
8. Fee Schedule: The fee schedule for the Alliance is attached to the Registration Agreement. There are currently no fees charged. The Alliance maintains the right to update the fee schedule in accordance with the Participation Agreement.

**Exhibit A to Registration Policy**

**MidSouth eHealth Alliance Registration Application/Agreement**

Organization Name: \_\_\_\_\_  
(Applicant)

PARTICIPANT TYPE (Check all that apply):

1) Data Provider \_\_\_\_\_ Data Recipient \_\_\_\_\_

2) Medical Practice: \_\_\_\_\_

Hospital \_\_\_\_\_

Laboratory \_\_\_\_\_

Pharmacy \_\_\_\_\_

Payer \_\_\_\_\_

1. Alliance Policies and Procedures. All of the terms of the Alliance Policies and Procedures are hereby incorporated by reference into this Registration Agreement. All capitalized and bold terms in this Registration Agreement are defined within the Alliance Policies and Procedures. The Applicant is required to read and agree to the Policies and Procedures prior to completing this Application. Failure to comply with any of the terms and conditions of the Participant Agreement or any applicable Policies and Procedures may result in termination of this Registration Agreement and discontinuation of any and/or all access to the Alliance System and receipt of Alliance Services.

2. Review of Application. The Alliance in its sole discretion will review this Application for registration and may accept or reject this Application. The Applicant affirms and attests that all statements, answers, and information contained in this Application or supporting material and documentation are true, correct, and complete to the best of its knowledge, information, and belief. The Applicant understands that it has the burden of providing information deemed sufficient by the Alliance both now and in the future. This information must demonstrate the Applicant's qualifications to be a Participant. The Applicant understands that falsification, misrepresentation, or omission of any fact(s) requested will be sufficient cause for denial of this Application and/or subsequent termination of any Participant status granted upon the basis of this Application. Upon the Alliance's approval of this Application, the Alliance shall notify the Applicant and shall register the Applicant as a Participant upon the Participant's entering into the required Participation Agreement.

3. Registration Agreement. Upon approval by the Alliance, the Registration Application becomes the Registration Agreement and the Applicant is legally bound to abide by all of the Policies and Procedures that apply to Participants. The Participant may then begin the access approval process for use of the Alliance System and Alliance Services following completion of the



Participation Agreement and subject to all of the terms and conditions of this Registration Agreement and the Policies and Procedures.

4. Changes to Policies and Procedures. In accordance with the requirements of the Participation Agreement, the Policies and Procedures are subject to change. All Participants shall be informed of all changes prior to their implementation. Subject to the provisions of the Participation Agreement, all such changes shall be incorporated by reference into this Registration Agreement upon the effective date selected by the Alliance. The Participant may exercise its rights to reconsider and/or terminate this Registration Agreement if it objects to a change to any Alliance Policy or Procedure. Once an organization terminates this Agreement, it will cease to be a Participant.

5. Fees. The Applicant agrees that if approved as a Participant, it shall pay the Alliance fees identified on the Fee Schedule attached as Exhibit A. The Fee Schedule may be changed by the Alliance in accordance with the terms of the Participation Agreement.

6. PHI (Protected Health Information) on the Alliance System.

(a) Each Data Provider shall make good faith efforts to provide through the Alliance System the information listed on Exhibit B attached to and hereby incorporated within this Agreement.

(b) Each Data Recipient shall use the PHI consistent with the Policies and Procedures and the Participation Agreement.

7. Term and Termination. This Registration Agreement shall continue in effect until it is terminated, in accordance with the Participation Agreement and Policies and Procedures.

The Applicant hereby represents and warrants that the Applicant, or a duly authorized person acting on the Applicant's behalf, has read the Alliance Policies and Procedures and this Registration Agreement and hereby applies for registration as a Participant and agrees to all the Policies and Procedures of the Alliance and this Registration Agreement.

The Applicant understands that this is just an application and there is no guarantee that this Application will be approved. If the Alliance, in its sole discretion, does approve this Application, then it will become the Applicant's Registration Agreement with the Alliance and shall be legally binding on both parties. Notwithstanding the foregoing, the Applicant must also enter into a Participation Agreement with the Alliance, which includes all active Participants, prior to receiving access to the Alliance System and/or receiving any Alliance Services.

**APPLICANT**

\_\_\_\_\_  
(Signature of Authorized Representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Printed name of Authorized Representative)

\_\_\_\_\_  
Title



Address for notices (street address, no P.O. boxes):

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\* \* \*

**ALLIANCE**

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Effective Date of Approval \_\_\_\_\_

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(Signature of Authorized Representative)

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Date

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(Printed name of Authorized Representative)

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Title



**Exhibit A to Registration Agreement**

MidSouth eHealth Alliance

Fee Schedule

May 1, 2006

The Alliance charges no fees for any Alliance Services.

**Exhibit B to Registration Agreement for Data Providers**

**Data to be Submitted Electronically**  
**(please attach additional sheet if necessary)**

Volunteer eHealth Project Manager: Janet King

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Participant's contact person for technical information (phone and email):

Name:

Email:

Phone:

Patient Identification Data (what data will be sent): \_\_\_\_\_

\_\_\_\_\_

*Diagnostic Results and Reports:*

Labs (what types) \_\_\_\_\_

\_\_\_\_\_

Imaging/Radiology (please list types of imaging reports) \_\_\_\_\_

\_\_\_\_\_

Discharge Summaries \_\_\_\_\_

Pathology Reports \_\_\_\_\_

Emergency Room Reports \_\_\_\_\_

Consultations \_\_\_\_\_

Cardiology Reports \_\_\_\_\_

Problem List \_\_\_\_\_

History and Physical \_\_\_\_\_

Other Reports \_\_\_\_\_

Operative and/or Procedure Reports

\_\_\_\_\_

Encounter data (Clinician & Date) \_\_\_\_\_

Medications \_\_\_\_\_

ICD9 codes \_\_\_\_\_

Allergies \_\_\_\_\_

CPT4 codes \_\_\_\_\_