



Hixny Workflow

Updated May 2021

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Questions?

Hixny Support Helpdesk: 518-640-0021 Option #2 (Helpline is staffed Monday – Friday, 8am-5pm)
support@hixny.org

Any questions or concerns regarding access to Hixny, should be directed to CRHC’s security officer for Hixny, Lindsay Homenick.

Lindsay.Homenick@sphp.com

OR

518-271-3608

Staff Access to Hixny

All staff access to Hixny's Provider Portal will be requested via the CRHC Employee Change Form. Once received, CRHC will submit requests to Hixny for new accounts on a weekly basis. Staff will then receive an email from Hixny with requirements and instructions to activate their account.

Password and login issues should be directed to the Hixny Support Helpdesk 518-640-0021 ext. 2 or support@hixny.org

Hixny Consent

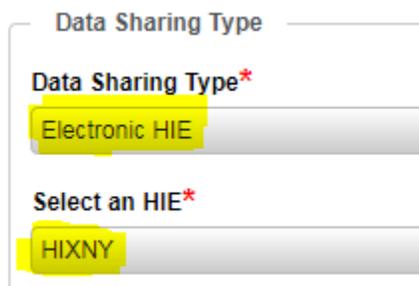
Enrolled Members will grant access to Hixny via the DOH 5055 Health Home Consent. The language in the DOH 5055 includes consent for Hixny. Hixny consents are done by legal entity, in this case Capital Region Health Connections via the DOH 5055 being on file.

Once a Member has signed the DOH 5055, the consent must be uploaded to CareManager as an attachment, and it must be entered into CareManager under the Consent Forms tab. Entering the consent in CareManager is the only way to communicate to Hixny that consent was received and this will trigger the transfer of information between CareManager and Hixny. To enter the consent in CareManager, complete the following steps.

1. In the Consent Form tab of CareManager, select New Data Sharing Consent.



2. Select the appropriate response for the following fields: Consenter Type, Consent Start Date and Client Opt-in/Out.
3. Under Data Sharing Type, select Electronic HIE, then select HIXNY as the HIE in the field below.



4. Save and Close the consent. The newly entered Data Sharing Consent should populate on the Consent Forms main screen.

06/26/2017 -	Lindsay Homenick	Data Sharing	Electronic HIE	HIXNY
06/26/2017 -	Lindsay Homenick	Health Home	Health Home	Capital Region Health Connections (CRHC)

Troubleshooting Hixny Consent

If after entering the Electronic HIE in CareManager the Member still shows as "Emergency Only" in the Provider Portal this may be because it is too soon, or the consent message failed to send to Hixny from CareManager. Sometimes these consents take a bit to get from CareManager to Hixny, but if it has been more than a few minutes, you can try re-sending the consent message from CareManager to Hixny.

This is done by opening the Hixny Electronic HIE consent in the Consents Tab in CareManager and clicking Edit, like you were going to change the consent. You do not need to change anything but click Save again and that will re-trigger the message being sent from CareManager to Hixny. If that does not work, reach out to Hixny Support or the CRHC Trusted Agent (see contact on cover page) for assistance.

Sharing Information with Hixny

Two pieces of information are shared with Hixny from CareManager: Finalized Plans of Care and Problems entered into CareManager.

Plans of Care Shared with Hixny

CareManager will automatically send Plans of Care to Hixny once they are finalized and saved in CareManager. There is no manual process to share this information with Hixny. Once the information is shared with Hixny, the Continuing Care Document (CCD) will appear in CareManager under the Documents tab. The source of the document will be CareManager. To view the information that was shared with Hixny, click the View button next to the CCD.

The document will be a summary of the Member's Plan of Care saved in CareManager, specifically the Problems, Goals and Interventions and their statuses entered in CareManager for that Member.

05/25/2017	05/25/2017	CCD	CareManager	
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Problems in CareManager Shared with Hixny

All Problems entered into the Problems Tab in CareManager will automatically send to Hixny once entered. Because this information is sent to Hixny, caution should be exercised when pulling a Problems List for Members from Hixny. Problems with a source of "Capital Region Health Connections" or one of its Care Management Agencies should not be used, as they are from a previous episode of care with the Health Home.

Gastroesophageal reflux disease without esophagitis	266435005	Samaritan Care Management
Paranoid personality disorder	13601005	Samaritan Care Management
Hypertensive heart failure (disorder)	46113002	Samaritan Care Management

Homeless single person	160700001	Rensselaer Co. Dept. of Mental Health
Diabetes mellitus (disorder)	73211009	Rensselaer Co. Dept. of Mental Health
Asthma (disorder)	195967001	Rensselaer Co. Dept. of Mental Health

Accessing and Re-disclosing Information in the Provider Portal

Information obtained from the Hixny Provider Portal may be printed or saved and uploaded into CareManager. Staff may not print information from Hixny to provide to Members. Members must retrieve any medical information from the provider or contact Hixny to be granted access to the [Hixny Secure Patient Portal](https://patient.hixny.com/portal/index.html#/home). (<https://patient.hixny.com/portal/index.html#/home>)

Once information is downloaded from Hixny to CareManager the information becomes the property of Capital Region Health Connections and may be re-disclosed to only those providers consented via the DOH 5055 Health Home Consent.

ED and Hospitalization Alerts

Hixny also provides alerts to staff when a Member presents at, or is discharged from, an Emergency Department (ED) or a hospital. Alert functionality only applies once the Electronic HIE Consent is entered into CareManager, as shown on page 1.

When a consented Member presents at, or is discharged from at an ED or a hospital, an alert will appear on the assigned Care Coordinator's home page in CareManager. The alert will also show on the Member's Facesheet when in the Member's record.

Alerts from Hixny will also appear in the Hallmark Events tab of the Member's chart in CareManager

Hallmark Event	Event Date	Required Notification Period	Record of Origin
ED Visit	01/17/2018		HIXNY

Hixny alerts will include the date and time of admission or discharge, the facility and the attending physician and any other information submitted to Hixny by the admitting/discharging entity.

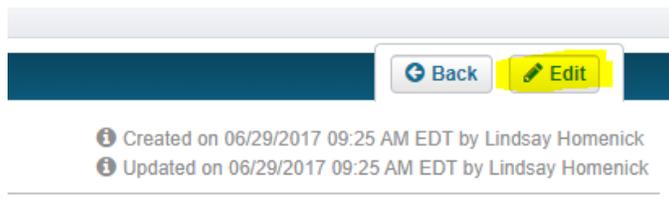
Withdrawing Hixny Consent

If a Member would like to rescind the Hixny consent, or the Member's case is closed for services, the Member's Electronic HIE Consent in CareManager must be changed to an "Opt-out" status in CareManager. This change must be made prior to discharging the case. To opt the Member out of a Hixny consent, complete the following steps.

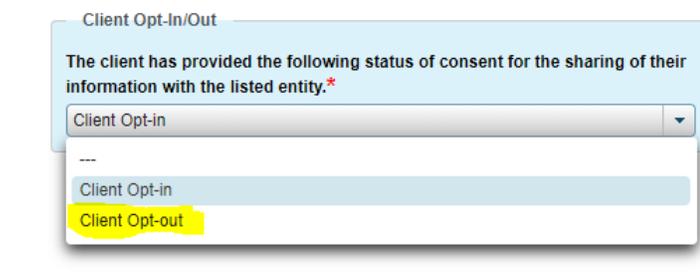
1. Click "View" to open the current Hixny consent.



2. Once opened, click "Edit."



3. Select the "Opt Out" option in the drop down for Client Opt-In/Out. Once saved, this will automatically end date the Consent in CareManager.



A paper copy of the Hixny Withdrawal of Consent specific to CRHC is available if CMAs would like to have Members sign a consent withdrawal in addition to ending the CareManager Consent (See Attachment B). If the form is signed, it should be attached to the Member's CareManager record in the Documents.

Attachment A: Withdrawal of Consent

Withdrawal of Consent Capital Region Health Connections

I have previously signed a Patient Consent Form that granted Capital Region Health Connections access to my medical information through Healthcare Information Xchange of New York (“Hixny”). At this time, I no longer want Capital Region Health Connections to have access to my medical information through Hixny.

1. This Withdrawal of Consent applies to Capital Region Health Connections only. I understand that if I wish to withdraw my consent granting other Hixny organizations that participate in my treatment access to my medical information, I must do so by contacting these other Hixny Participants directly.
2. I understand that, by checking one of the boxes below, I am either denying Capital Region Health Connections the right to access my medical information ***even in case of emergency***, or I am granting emergency access to my medical information:

 I do not wish my medical information to be available to Capital Region Health Connections, even in the case of an emergency.
3. I understand that this Withdrawal of Consent will not affect or undo any exchange of my medical information that occurred while my original consent was in effect.
4. I understand that my withdrawal of consent for Capital Region Health Connections does not affect any consent(s) that I may have previously given to other Hixny Participant(s). These will remain in effect until I specifically withdraw them by contacting these other Hixny Participants directly.
5. I understand that it may take several days to process this Withdrawal of Consent.
6. I understand that no Hixny Participant can deny me medical care as a result of this Withdrawal of Consent. I also understand that my health insurance eligibility cannot be affected this Withdrawal of Consent.

Print Name of Patient

Patient’s Date of Birth

Signature of Patient/Patient’s
Representative (if patient is unable to sign)

Date

Print Name of Patient’s Representative

Relationship of Patient’s Representative