

Application for Waiver from Participation in the Statewide Health Information Exchange Due to Technological Burden

In an effort to advance interoperability and patient access to a longitudinal health record, the Nebraska Legislature passed LB 411 that enacted universal participation in the statewide health information exchange (HIE), CyncHealth.

To support the interest of public health, the Health Information Technology Board (HIT Board) has created a process that would allow facilities who are required by LB 411 to participate in the HIE to obtain waiver from participation due to a technological burden.

This Application for Waiver is to provide notice to the HIT Board that the below facility is unable to participate in the statewide HIE due to the technological burden circumstances attested to and described in this application. The full circumstances and supporting documentation will be considered by the HIT Board, which will then determine if the technological burden presented herein is sufficient to meet the requirements for a waiver.

APPLICANT INFORMATION

FACILITY NAME:

FACILITY ADDRESS

Street: _____

City, State, Zip: _____

County: _____

POINT OF CONTACT FOR THIS WAIVER APPLICATION

NAME and ROLE/TITLE: _____

POINT OF CONTACT PHONE NUMBER: _____

POINT OF CONTACT EMAIL: _____

FACILITY TYPE

Under the *Nebraska Health Care Facility Licensure Act* ([Neb. Statutes 71-401 to 71-476](#)), what type of facility is this facility licensed/credentialed as? (e.g., *public health clinic, PACE center, hospital, ambulatory surgical center, etc.*) _____

If your facility is not licensed under the Act, please describe your facility type/category: (e.g., diagnostic, laboratory, or imaging center) _____

ATTESTATION

Our facility attests that we do not have the technical capability to share data with CyncHealth due to:

___ All of our medical records are paper records; we do not use an electronic health record (EHR) software and/or store ANY health care data electronically.

___ Our facility uses an EHR software, but the cost to integrate or connect to the HIE is overly burdensome. *[Documentation required; attach quote/proposed fees document(s) provided by the EHR vendor.]*

___ Our facility does not have an internet connection, and the cost to install and maintain one is overly burdensome. *[Documentation required; attach pricing/cost quote document(s) for internet connection options.]*

___ Other – please state *[Documentation required for cost-related circumstances and strongly recommended for other types of technological burden]:* _____

SUPPORTING DOCUMENTATION

Include any notes on attached documentation here, if needed:

Explain in detail the circumstances of the technical capability situation attested to above, and describe the extent of the technological burden that participation in the statewide HIE would cause for your facility at this time: _____

List the steps that your facility has taken to conclude that participation in, connection to, and/or data sharing with the designated statewide HIE is not feasible for your facility at this time and would be an undue burden on your facility to do so. (For example: conversations with CyncHealth’s account team about connection options and participation levels, communications with your EHR software vendor to research pricing, internal meetings and decision-making process, etc.) _____

ADDITIONAL INFORMATION

If your facility participates in any Centers for Medicare and Medicaid (CMS) programs (e.g., Promoting Interoperability, QPP, Hospital IQR), indicate if any of the below are applicable:

- Our facility is currently operating under a valid hardship exception granted by a CMS program. [Recommended: attach documentation as proof]
- Our facility currently has an application pending for a valid hardship exception to be granted by a CMS program.

If either of the above applies to your facility, what technological or connectivity hardship is your facility currently experiencing that allows for this exception from CMS? _____

Does your facility participate in the state prescription drug monitoring program (PDMP)?
 Yes No

Include any notes on the facility’s PDMP participation status, if needed: _____

ACKNOWLEDGEMENTS

As a representative for the facility named in this form,

I understand that CyncHealth's HIE and other products and services are designed to help participant facilities more easily comply with federal interoperability requirements and reporting measures from CMS, and that by not participating in the statewide designated HIE, our facility will not have access to those products and services but is still responsible for complying through other means.

I understand that, even without a connection to the HIE, our facility will still be responsible for timely and compliant electronic data sharing with all Nebraska facilities as is required by the Office of the National Coordinator for Health IT (ONC) regulation prohibiting the blocking of access, exchange, and use of electronic health information (45 CFR 171), and that failure to comply with the regulation may result in enforcement penalties or disincentives from the Office of the Inspector General (OIG).

I understand that, if granted, this waiver is for one (1) calendar year and subject to review by the Health Information Technology Board twelve (12) months from the date the waiver is approved by the Board.

[APPLICANT]

Signature: _____

Name: [NAME]

Title: [TITLE]

Date: _____

HIT BOARD ACTION

Date Reviewed:

_____ Approved

_____ Denied

Please send waiver applications to:

Nebraska Health Information Technology Board

Attn: CyncHealth

PO Box 27842

Omaha, NE 68127

Or submit electronically to Timoree Klingler at tklingler@cynchealth.org