

Application for Certificate of Authority to Operate as a Health Information Exchange Service Provider Health Information Organization (HIO)

In accordance with Minnesota Statute §13.41, ALL DATA SUBMITTED ON THIS APPLICATION SHALL BE CLASSIFIED PUBLIC INFORMATION, EXCEPT DATA MARKED AS NONPUBLIC AND INCLUDED IN APPENDIX D.

Before completing this application:

Please read Minnesota Statutes, §§ 62J.498-62J.4982, 72A.49-72A.505, and 144.291-144.298. The application fee (\$7,000) and initial certification fee (\$7,000) are requested before the application review begins (total \$14,000). If not certified, the initial certification fee will be returned.

Please answer all questions completely and accurately to avoid unnecessary delay. Email this completed application to health.hie.certification@state.mn.us.

List of appendices:

(To be submitted with application)

Appendix A: Organizational Information (found in Section IV)

Appendix B: Participating Entities (found in Section V)

Appendix C: Privacy and Security (found in Section VI)

Appendix D: Information Classified as Non-public Information under the Minnesota Government Data Practices Act, Minn. Stat. chapter 13

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SECTION I: Applicant Statement

The undersigned hereby submits an application for a certificate of authority to operate as a Health Information Organization (HIO) subject to the provision of Minnesota Statutes §§62J.498 – 62J.4982.

[A “Health Information Organization” is defined under Minn. Stat. §62J.498 sub. 1(h). Health Information Organization means an organization that oversees, governs, and facilitates health information exchange among health care providers that are not related health care entities as defined in section 144.291, subdivision 2, paragraph (k) to improve coordination of patient care and the efficiency of health care delivery.]

SECTION II: Identification

Legal Name of Applicant _____

Doing Business as _____

Contact Person _____

Address _____

City _____ State _____ ZIP _____

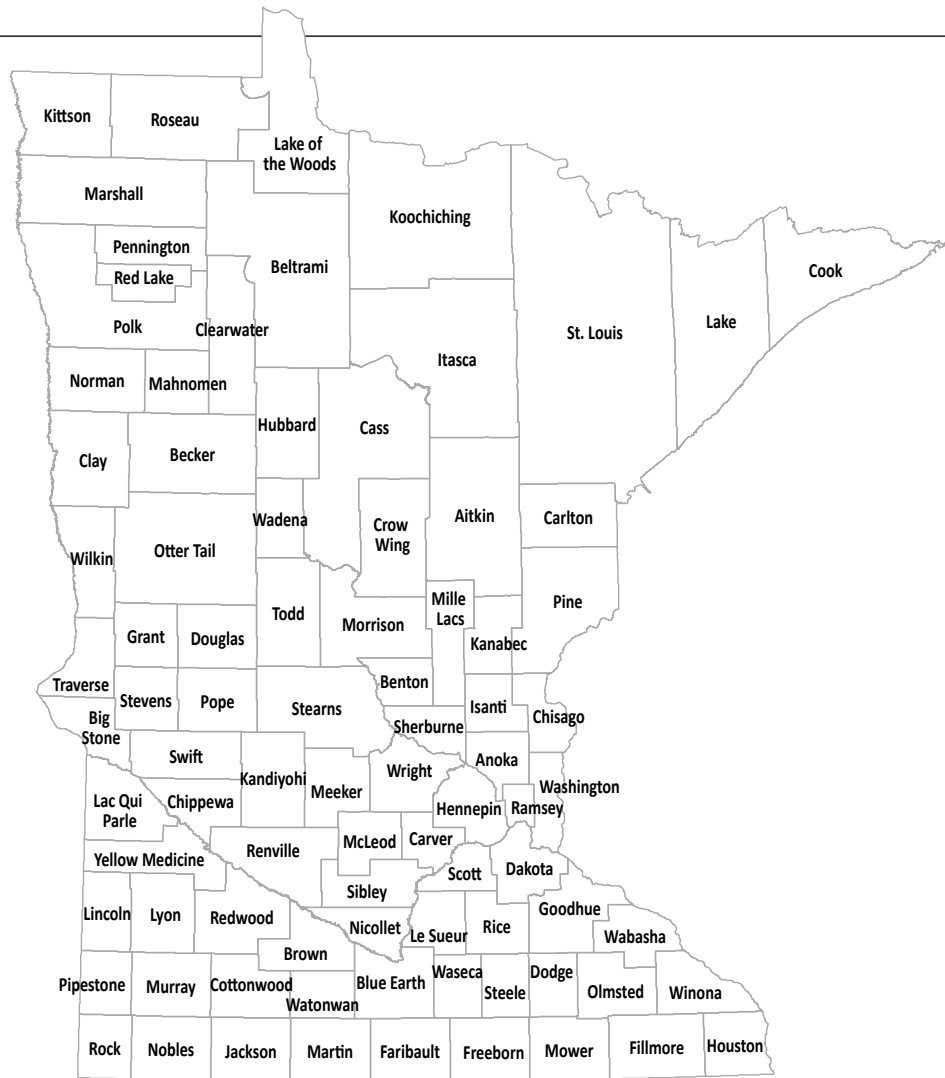
Telephone Number _____ Email Address _____

Federal Tax ID Number _____ State Tax ID Number _____

SECTION III: Summary Description of Health Information Exchange Services

1. Generally describe the health information exchange products and services that are provided by the Applicant, including its contracts, facilities, and personnel, and a statement describing the manner in which the applicant proposes to provide participants with comprehensive exchange services. *[Limit 500 Words]*.

Counties



2. Identify the geographic area or areas to be served by the Applicant (Regions and/or Counties) in Minnesota. Indicate which counties you currently provide services in:

Aitkin County	Dakota County	Lac qui Parle County	Olmsted County	Stearns County
Anoka County	Dodge County	Lake County	Otter Tail County	Steele County
Becker County	Douglas County	Lake of the Woods County	Pennington County	Stevens County
Beltrami County	Faribault County	Le Sueur County	Pine County	Swift County
Benton County	Fillmore County	Lincoln County	Pipestone County	Todd County
Big Stone County	Freeborn County	Lyon County	Polk County	Traverse County
Blue Earth County	Goodhue County	Mahnomen County	Pope County	Wabasha County
Brown County	Grant County	Marshall County	Ramsey County	Wadena County
Carlton County	Hennepin County	Martin County	Red Lake County	Waseca County
Carver County	Houston County	McLeod County	Redwood County	Washington County
Cass County	Hubbard County	Meeker County	Renville County	Watsonwan County
Chippewa County	Isanti County	Mille Lacs County	Rice County	Wilkin County
Chisago County	Itasca County	Morrison County	Rock County	Winona County
Clay County	Jackson County	Mower County	Roseau County	Wright County
Clearwater County	Kanabec County	Murray County	Scott County	Yellow Medicine County
Cook County	Kandiyohi County	Nicollet County	Sherburne County	
Cottonwood County	Kittson County	Nobles County	Sibley County	
Crow Wing County	Koochiching County	Norman County	St. Louis County	

3. Does your organization provide services outside of Minnesota? YES/ NO If yes, provide a written description of the geographic area served.

4. Provide a detailed description of Applicant’s capability to query for patient information based on national standards (record locator service, master patient index, or clinical data repository). As defined under Minn. Stat. §62J.498 sub. 1(a), **“Clinical data repository”** means a real time database that consolidates data from a variety of clinical sources to present a unified view of a single patient and is used by a state-certified health information exchange service provider to enable health information exchange among health care providers that are not related health care entities as defined in section 144.291, subdivision 2, paragraph (j). This does not include clinical data that are submitted to the commissioner for public health purposes required or permitted by law, including any rules adopted by the commissioner.

“Record locator service” (RLS) means an electronic index of patient identifying information that directs providers in a health information exchange to the location of patient health records held by providers and group purchasers.

Master Patient Index (MPI) or Enterprise Master Patient Index (EMPI) may also be used to retrieve patient clinical data. **“Master Patient Index”** means an electronic database that holds unique identifiers of patients registered at a care facility and is used by a state-certified health information exchange service provider to enable health information exchange among health care providers that are not related health care entities. RLS, MPI, and Clinical Data Repository have specific meaning, purpose, and legal requirements under Minn. Stat. §§section 144.291 – 144.298. This includes a requirement to have a conspicuous check box option that notes in a patient record that the patient has opted out of an RLS, MPI, or clinical data repository.

If your organization’s service includes a capability to query for patient information, such as a clinical data repository, master patient index, or record locator service, please provide a detailed description of this service and plans for use in Minnesota. If not applicable, write NA. *[Limit 500 Words]*.

5. How does the applicant aggregate data for use? Describe the source and use of aggregate data, extent of storage/repositories, and where it is stored. If not applicable, write NA. *[Limit 500 Words]*.

6. List any current HIE related certifications, accreditations, or memberships of the applicant (for example eHealth Exchange, Direct Trust, Electronic Healthcare Network Accreditation Commission (EHNAC), etc.):

SECTION IV: The following documents must be attached to this application to meet the organizational information requirements of Minn. Stat. §§62J.498-62J.4982. These documents should be labeled Appendix A.

Required Organizational Information:

1. Articles of incorporation, bylaws, or other basic organizational documents and related amendments of the applicant if applicable. (Appendix A.1)
2. Certificate of Good Standing from the Minnesota Secretary of State.
<http://www.sos.state.mn.us/index.aspx?page=94> (Appendix A.2)
3. List of all members of the Applicant's Board of Directors or equivalent governing body, including name, address, and official positions or offices held, or who the member represents, and how they broadly represent the health information organization's participating entities and consumers. (Appendix A.3)
4. List of all principal officers of the Applicant, including name, address, official positions or offices held – if different from the Board of Directors or equivalent governing body. (Appendix A.4)
5. List of all shareholders' (names and addresses) of the applicant if applicable. (Appendix A.5)
6. A copy of the conflict of interest policy that applies to all members of the board of directors or equivalent governing body and the principal officers of the health information organization (Appendix A.6).
7. Submit a statement from an independent auditor of organization's financial status. (Appendix A.7)
8. Submit documentation that Applicant maintains appropriate insurance, including liability insurance, for the operation of the health information organization. This must be a currently effective policy and sufficient to protect the interest of the public and participating entities. (Appendix A.8)
9. Provide a copy of the applicant's strategic and operational plans that specifically address governance, technical infrastructure, legal and policy issues, finance, and business operations in regard to how the organization will expand to support providers in achieving health information exchange goals over time. The strategic and operational plans should specifically include: a) plans for ensuring the necessary capacity to support clinical transactions, b) approach for attaining financial sustainability, including public and private financing strategies, and rate structures, c) rates of adoption, utilization, and transaction volume, and mechanisms to support health information exchange, and d) an explanation of methods employed to address the needs of community clinics, critical access hospitals, and free clinics in accessing health information exchange services. (Appendix A.9)

Additional Requirements: The following requirements may not be in place at the time of this application submission; however, additional documentation is required during the first year of certification to show that the following list of requirements has been met. If the applicant has already completed any of the following requirements, include documentation to validate that the requirement has been met. (Appendix A.10):

- a. The applicant has reciprocal agreements with all state-certified health information organizations to access patient data, and for the transmission and receipt of clinical transactions. All reciprocal agreements must meet the requirements established in Minn. Stat. §§62J.4981, subdivision 5. The reciprocal agreement means that the applicant can demonstrate interoperability with Minnesota state-certified Health Data Intermediaries and with all other Minnesota state-certified Health Information Organizations.
- b. The applicant meets the requirements established for connecting to the National eHealth Exchange. Applicant to specify all current HIE related certifications, accreditations, or memberships.
- c. The applicant is planning to participate in Statewide Shared Health Information Exchange Services as defined by the Commissioner, such as the sharing of directory information across state-certified health information exchange service providers, to support interoperability between state-certified health information organizations and state-certified health data intermediaries.

SECTION V: Participating and Major Participating Entities

Minnesota statutes define “**Participating Entity**” to mean any of the following persons, health care providers, companies, or other organization with which a health information organization or health data intermediary has contracts or other agreements for the provision of health information exchange services:

- A health care facility licensed under sections 144.50 to 144.56, a nursing home licensed under sections 144A.02 to 144A.10, and any other health care facility otherwise licensed under the laws of this state or registered with the commissioner;
- A health care provider, and any other health care professional otherwise licensed under the laws of this state or registered with the commissioner;
- A group, professional corporation, or other organization that provides the services of individuals or entities identified in clause (2), including but not limited to a medical clinic, a medical group, a home health care agency, an urgent care center, and an emergent care center;
- A health plan as defined in section 62A.011, subdivision 3; and
- A state agency as defined in section 13.02, subdivision 17.

Additionally, Minnesota statutes define “**Major Participating Entity**” to mean:

- A participating entity that receives compensation for services that is greater than 30 percent of the health information organization’s gross annual revenues from the health information exchange service provider;
- A participating entity providing administrative, financial, or management services to the health information organization, if the total payment for all services provided by the participating entity exceeds three percent of the gross revenue of the health information organization; and
- A participating entity that nominates or appoints 30 percent or more of the board of directors or equivalent governing body of the health information organization.

The following documents must be attached to this application to meet the participating entities requirements of Minn. Stat. §62J.4981. These documents should be labeled Appendix B.

1. Does the Applicant have any Major Participating Entities according to the definition above?
YES/ NO If yes, submit a list Major Participating Entities (Appendix B.1).
2. Submit a list of all Participating Entities in Minnesota (Appendix B.2)

Submit a **blank copy** of your standard agreement or contract intended to bind the participating entities into a health information exchange arrangement. (Appendix B.3). Consistent with Minn. Stat. §62J.4981, subdivision 4, these agreements would include the following elements:

- a. The types of products and services to be performed under the standard agreement or contract
- b. The manner in which payment for services is determined
- c. The nature and extent of responsibilities to be retained by the Applicant; and
- d. The contractual termination provisions

3. Provide a written description of how the Participating Entities and consumers will be able to provide input and feedback to the Applicant, including complaint procedures to be used and the ability to participate in matters of policy and operation. *[Limit 500 Words]*.

SECTION VI: Compliance with Federal and Minnesota Privacy Laws, including Minn. Stat. §§ 144.291- 144.298, 72A.49-72A.505 and Minn. Stat. §§ 13.05, subdivision 4A (HIPAA). These documents should be labeled Appendix C.

1. Applicant attests that the organization is compliant with all applicable requirements and updates to the HIPAA Privacy and Security Rules and the Health Information Technology for Economic and Clinical Health (HITECH) Act, and all applicable regulations and guidance issued pursuant to HIPAA or HITECH. YES/ NO
2. Pursuant to the Minnesota Health Records Act, Minn. Stat. §§144.291-144.298; the Minnesota Fair Information Reporting Act, Minn. Stat. §§72A.49-72A.505; and the Minnesota Government Data Practices Act, Minn. Stat. chapter 13, describe how you meet the requirements below.

Privacy of patient health information:

- a. All policies and procedures demonstrating compliance with Minnesota laws related to the privacy of patient health record information (Appendix C.2.a).
- b. A written description of Applicant's Privacy Compliance Program (Appendix C.2.b).
- c. A written description of procedures used to perform periodic updates to privacy and security policies and procedures (Appendix C.2.c).
- d. Name, title and contact information of Applicant's Chief Privacy Officer (Appendix C.2.d).
- e. Provide a written description of policies and procedures to minimize both privacy and security risks, including how Applicant ensures health records are properly accessed in emergency medical situation (Appendix C.2.e).
- f. A copy of the standard Business Associate Agreements, ensure that all applicable updates related to the business associate agreement outlined in the 2013 HIPAA Omnibus Rule are included (Appendix C.2.f).

Security of personal health information:

- g. Describe the Applicant's safeguards to *minimize unauthorized incidental disclosures* of health records during the process of identifying a patient and locating a record, and how Applicant prohibits unauthorized users from accessing health records in any manner consistent with the policies and procedures established by the Applicant (Appendix C.2.g).
- h. Include a copy of processes and policies in place and uses to identify and respond promptly to a *breach of a patient's* health record information (Appendix C.2.h).
- i. Include a copy of the processes and policies that require *performance of periodic, random audits* to ensure compliance with applicable state and federal laws regarding privacy and security, including consent requirements (Appendix C.2.i).

Consumer education requirements related to privacy and security of health information

- j. A written description of consumer education regarding how to file a privacy complaint and how Applicant responds to complaints (Appendix C.2.j).
- k. A written description of consumer education regarding "opt-out" option for Record Locator Service, Master Patient Index, or Clinical Data Repository (Appendix C.2.k).
- l. A written description of policies and procedures regarding identification and response to a breach of a patient's health record information (Appendix C.2.l).

Clinical data retrieval requirements related to a Record Locator Service (RLS), Master Patient Index (MPI), or Clinical Data Repository (CDR)

- m. Provide the policy and procedure that establishes a mechanism for patients to opt-out of having their information included in a RLS/MPI/CDR in accordance with Minnesota law (Appendix C.2.m).
- n. A written description of Applicant’s safeguards to minimize unauthorized incidental disclosure during use of the RLS, MPI, or CDR (Appendix C.2.n).
- o. A written description of Applicant’s process to conduct periodic random audits to ensure compliance with Applicant’s policies and procedures, including verification that patient consent has been obtained before access is granted to the RLS, MPI, or CDR (Appendix C.2.o).

SECTION VII: HIE Services and Functions Provided: Describe all that apply.

On the following pages, check the box next to the HIE service, functions and technical capabilities that the Applicant currently offers. If the Applicant plans to offer the service, function or technical capability in the next 12 months please indicate this response by checking the appropriate box in the proper column. Not all HIE services, functions, or technical capabilities are expected to be used by applicants.

Add comments related to each specific service, function, or technical capability for additional detail.

1. HIE Services and Functions Provided	Currently Offered		Plan to Offer in next 12 months		Comments
1.a. SOAP-based Web Services	Yes	No	Yes	No	
1.b. REST	Yes	No	Yes	No	
1.c. IHE XDR Profile for Limited Metadata Document Services	Yes	No	Yes	No	
1.d. SMTP	Yes	No	Yes	No	
1.e. IMAP4	Yes	No	Yes	No	
1.f. POP3	Yes	No	Yes	No	
1.g. XDR and XDM for Direct Messaging	Yes	No	Yes	No	
1.h. Message Disposition Notifications (MDNs)	Yes	No	Yes	No	
1.i. IHE ATNA Profile for transport/ authentication	Yes	No	Yes	No	
1.j. Other tracking mechanisms specify:	Yes	No	Yes	No	
1.k. Create CCD-32 format	Yes	No	Yes	No	
1.l. FHIR, specify:	Yes	No	Yes	No	
1.m. Other (e.g., PHINMS), specify:	Yes	No	Yes	No	
2. Security	Currently Offered		Plan to Offer in next 12 months		Comments
2.a. Encrypted TLS using SMTP STARTTLS - security	Yes	No	Yes	No	
2.b. NIST (SHA-1 security strength or higher – hashing and encryptions)	Yes	No	Yes	No	
2.c. Authentication using PLAIN SASL	Yes	No	Yes	No	
2.d. Authentication using DIGEST-MD5 SASL	Yes	No	Yes	No	

3. Secure Messaging / HISP services	Currently Offered	Plan to Offer in next 12 months	Comments
3.a. DirectTrust.org certification	Yes No	Yes No	
3.b. Registration authority	Yes No	Yes No	
3.c. Certificate authority	Yes No	Yes No	
3.d. Provider to provider messaging	Yes No	Yes No	
3.e. Provider to patient messaging	Yes No	Yes No	
3.f. Patient to provider messaging	Yes No	Yes No	
4. Consent Management/Tracking	Currently Offered	Plan to Offer in next 12 months	Comments
4.a. Management of a patient's choice to opt-out of health information exchange	Yes No	Yes No	
4.b. Other mechanisms to manage consumer preferences and consent	Yes No	Yes No	
5. Clinical Data Query via Record Locator Service	Currently Offered	Plan to Offer in next 12 months	Comments
5.a. Support for core IHE profiles (e.g., XDS, PIX, PDQ)	Yes No	Yes No	
5.b. To retrieve record location	Yes No	Yes No	
5.c. To retrieve clinical data	Yes No	Yes No	
6. Clinical Data Query via EMPI Service	Currently Offered	Plan to Offer in next 12 months	Comments
6.a. Support for core IHE profiles (e.g., XDS, PIX, PDQ)	Yes No	Yes No	
6.b. To retrieve record location	Yes No	Yes No	
6.c. To retrieve clinical data	Yes No	Yes No	
7. Community Data Repository Setup	Currently Offered	Plan to Offer in next 12 months	Comments
7.a. EHR repository only	Yes No	Yes No	
7.b. Transactional repository	Yes No	Yes No	
7.c. Longitudinal repository	Yes No	Yes No	
7.d. Cloud-based repository	Yes No	Yes No	
8. Terminology Mapping	Currently Offered	Plan to Offer in next 12 months	Comments
8.a. SNOMED CT mapping	Yes No	Yes No	
8.b. IHTSDOSNOMEDCT (international)	Yes No	Yes No	
8.c. LOINC mapping	Yes No	Yes No	
8.d. NCPDP script/ RxNorm mapping	Yes No	Yes No	
8.e. CVX/MVX mapping	Yes No	Yes No	
8.f. CPT mapping	Yes No	Yes No	
8.g. CDA, Release 2	Yes No	Yes No	
8.h. ASTM E2369	Yes No	Yes No	

8.i. Other (e.g. nursing terminology), specify:	Yes	No	Yes	No	
8.j. Transformation -Clinical messages to clinical documents change of format	Yes	No	Yes	No	
8.k. Transformation -Clinical documents to clinical messages change of format	Yes	No	Yes	No	
9. Total Cost of Care	Currently Offered		Plan to Offer in next 12 months		Comments
9.a. Eligibility verification transactions	Yes	No	Yes	No	
9.b. Claims transactions	Yes	No	Yes	No	
9.c. ADT transactions	Yes	No	Yes	No	
9.d. Other ACO-related transactions	Yes	No	Yes	No	
10. Other Core HIE Services	Currently Offered		Plan to Offer in next 12 months		Comments
10.a. Provider Authentication	Yes	No	Yes	No	
10.b. HIE User Directory	Yes	No	Yes	No	
10.c. Patient Matching (Master Patient Index)	Yes	No	Yes	No	
10.d. Record Access Logging, Auditing, and Reporting	Yes	No	Yes	No	
10.e. Personal Health Record or Patient Portal	Yes	No	Yes	No	
10.f. Data Analytics, specify uses	Yes	No	Yes	No	
10.g. Data Management, specify types	Yes	No	Yes	No	
10.h. Other:	Yes	No	Yes	No	

Indicate which of the following federal and state partners you exchange data with.

11. Partner	Yes	If yes, describe the type of exchange (push, pull)
11.a. Veteran's Administration		
11.b. Department of Defense		
11.c. Indian Health Services		
11.d. Social Security Administration		
11.e. Centers for Disease Control and Prevention		
11.f. Other:		

SECTION VIII: Meaningful Use Transactions.

Identify which of the following clinical Meaningful Use health information exchange transactions are currently offered by the Applicant, or will be offered by the Applicant in the next 12 months.

1. Electronic Prescribing	Currently Offered	Plan to Offer in next 12 months	Comments
1.a. New Prescription (Provider to Pharmacy) (NEWRX)	Yes No	Yes No	
1.b. Fill status notification (Pharmacy to Provider) (RXFILL)	Yes No	Yes No	
1.c. Refill Renewal Request (Pharmacy to Provider) (REFREQ)	Yes No	Yes No	
1.d. Refill Renewal Response (Provider to Pharmacy) (REFRES)	Yes No	Yes No	
1.e. Cancel messages (CANRX, CANRES)	Yes No	Yes No	
1.f. Prescription Change Request (RXCHG)	Yes No	Yes No	
1.g. Prescription Change Response (CHGRES)	Yes No	Yes No	
1.h. Medication History Request (RXHREQ)	Yes No	Yes No	
1.i. Medication History Response (RXHRES)	Yes No	Yes No	
2. Public Health Transactions	Currently Offered	Plan to Offer in next 12 months	Comments
2.a. Electronic reporting of immunizations to MN Immunizations Information Connection (MIIC)	Yes No	Yes No	
2.b. Electronic submission of reportable lab results to MN Electronic Disease Surveillance System (MEDSS)	Yes No	Yes No	
2.c. Electronic submission of cancer cases to the MN Cancer Surveillance System	Yes No	Yes No	
2.d. Other Registry transmissions, specify:	Yes No	Yes No	
2.e. MDH Public Health Laboratory	Yes No	Yes No	
3. Laboratory Data Transactions	Currently Offered	Plan to Offer in next 12 months	Comments
3.a. Electronic clinical laboratory test ordering	Yes No	Yes No	
3.b. Electronic laboratory results delivery	Yes No	Yes No	
4. Imaging Transactions	Currently Offered	Plan to Offer in next 12 months	Comments
4.a. Imaging results (reports)	Yes No	Yes No	
4.b. Imaging results (images)	Yes No	Yes No	
5. Quality Reporting Transactions	Currently Offered	Plan to Offer in next 12 months	Comments
5.a. National reporting of clinical quality measures	Yes No	Yes No	
5.b. State reporting of clinical quality measures	Yes No	Yes No	

6. Transition of Care and Referrals – CCDA produced and sent	Currently Offered	Plan to Offer in next 12 months	Comments
6.a. Common MU Data Set* <ol style="list-style-type: none"> 1. Patient name 2. Sex 3. Date of Birth 4. Race (standard specified in 170.207(f)) 5. Ethnicity (standard specified in 170.207(f)) 6. Preferred Language 7. Smoking status 8. Problems 9. Medications 10. Medication allergies 11. Laboratory test(s) 12. Laboratory values(s)/result(s) 13. Vital Signs – height, weight, blood pressure, BMI 14. Care plan field(s), including goals and instructions 15. Procedures 16. Care team member(s) 	Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No	Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No	
6.b. Encounter diagnosis	Yes No	Yes No	
6.c. Immunizations	Yes No	Yes No	
6.d. Cognitive status	Yes No	Yes No	
6.e. Functional status	Yes No	Yes No	
6.f. Reason for referral (Ambulatory transactions)	Yes No	Yes No	
6.g. Discharge instructions (Inpatient transactions)	Yes No	Yes No	

SECTION IX: Request for Certificate of Authority

Indicate which HIE Products or Services you are requesting a Certificate of Authority to offer in Minnesota.

1. HIE Products and Services	Currently Certified		Requesting Certification		Comments
1.a. E-Prescribing services	Yes	No	Yes	No	
1.b. Direct Secure Messaging	Yes	No	Yes	No	
1.c. Direct Secure Messaging – HISP only	Yes	No	Yes	No	
1.d. Record Locator Services (RLS)	Yes	No	Yes	No	
1.e. Patient Master Index (MPI/EMPI)	Yes	No	Yes	No	
1.f. Clinical Data Repository	Yes	No	Yes	No	
1.g. Query Based Exchange	Yes	No	Yes	No	
1.h. Personal Health Record (PHR- portal)	Yes	No	Yes	No	
1.i. Other HIE products or services	Yes	No	Yes	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	

SECTION X: Attestation, Verification, and Signature

I certify that I am an Officer of the Applicant and I am duly authorized to submit this Application for Certificate of Authority to Operate as a Health Information Organization on behalf of the Applicant.

I attest that all information submitted on this application and in corresponding attachments accurately reflect the activities of the Applicant and is complete to the best of my knowledge.

* Signature _____

Name of Officer _____

Title _____

Name of Applicant _____

Note: Email this completed application to Health.hie.Certification@state.mn.us.

MINNESOTA DEPARTMENT OF HEALTH
Division of Health Policy
Center for Health Information Policy & Transformation
85 East Seventh Place, Suite 220
P.O. Box 64882
St. Paul, Minnesota 55164-0882

Health Information Exchange Health Information Organization

Checklist of Information to be included with Page References

In order to expedite the Minnesota Department of Health’s verification of a complete Application as required by Minnesota Statutes §62J.4981 subdivision 4 (b), Applicants must complete the checklist below clearly identifying the specific page numbers in the Application or corresponding Appendix that contains the information on required content.

Attached	Application Component	Page Reference
	SECTION I: Applicant Statement, and SECTION II: Identification	Page 2 of Application
	SECTION III: Summary Descriptions	Page 3-7 of Application
	SECTION IV: Organizational Information Appendix A.1: Articles of Incorporation, bylaws, etc. Appendix A.2: Certificate of Good Standing Appendix A.3: Member of Board of Directors Appendix A.4: Principle Officers Appendix A.5: Shareholders Appendix A.6: Conflict of Interest Policy Appendix A.7: Independent Auditor Statement Appendix A.8: Insurance and Liability Insurance Appendix A.9: Strategic and Operational Plans Appendix A.10: Additional Requirements	Page 8 of Application _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
	SECTION V: Participating Entities - #1 and #5 Appendix B.1: Major Participating Entities Appendix B.2: Participating Entities Appendix B.3: Blank copy of Standard Agreements	Page 9-10 of Application _____ _____
	SECTION VI: Privacy and Security - #1 Appendix C.2.a: List of policies on privacy of patient EHRs Appendix C.2.b: Privacy Compliance Program Appendix C.2.c: Procedure of periodic updates to privacy policies. Appendix C.2.d: Chief Privacy Officer info Appendix C.2.e: Policies to Minimize Risk Appendix C.2.f: Business Associate Agreements Appendix C.2.g: Unauthorized Incidental Disclosures Appendix C.2.h: Process in response to breach Appendix C.2.i: Policy for Performance of Periodic, Random Audits Appendix C.2.j: Consumer Education for privacy complaint Appendix C.2.k: Consumer Education for Opt-out Option Appendix C.2.l: Consumer Education for breach response Appendix C.2.m: Opt-out mechanism for RLS/MPI/CDR Appendix C.2.n: Safeguards for disclosure during use of RLS/MPI/CDR Appendix C.2.o: Random audits for patient consent of RLS/MPI/CDR	Page 11-12 of Application _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
	SECTION VII: HIE Services and Functions	Page 12-14 of Application
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