



MyHealth[®]
ACCESS NETWORK

Product Guide



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REVISED MAY 2026

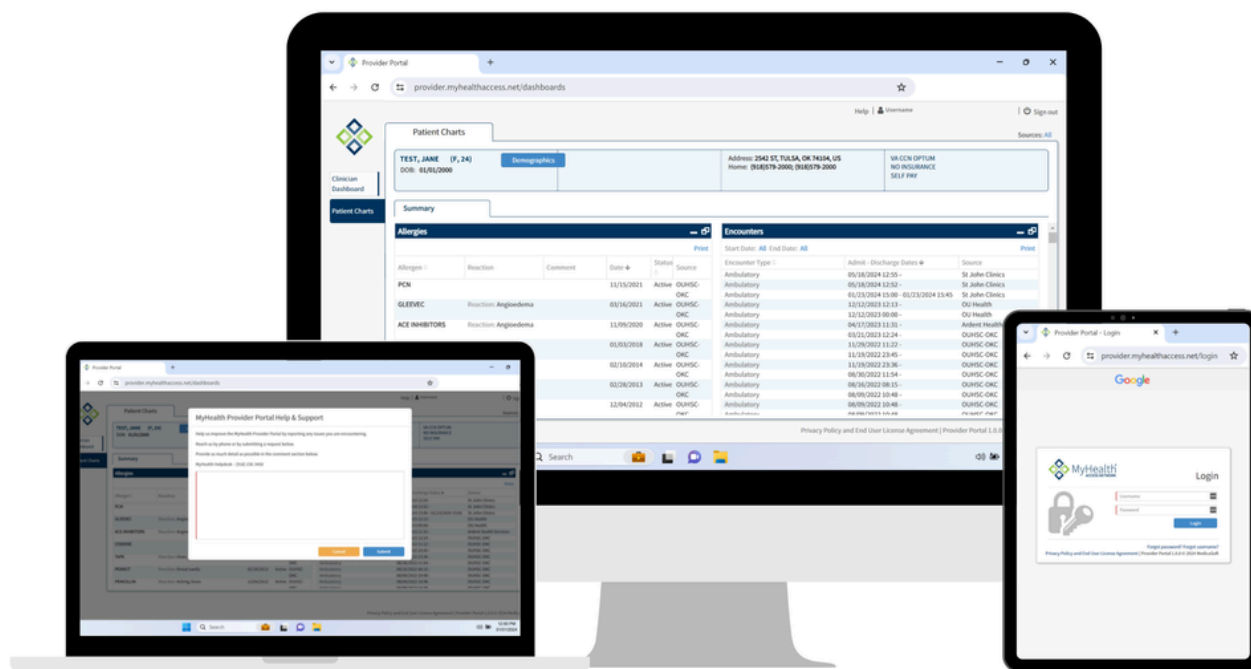


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Provider Portal



MyHealth's Provider Portal offers healthcare providers a centralized and secure platform to access patient health records from multiple healthcare facilities, including hospitals, clinics, labs, and pharmacies.

By aggregating data across organizations and linking records through a master patient index, the Provider Portal gives users a more complete view of their patients. This supports more informed decision-making, improves care coordination, and reduces the need to manually gather information from multiple sources.

Key Benefits

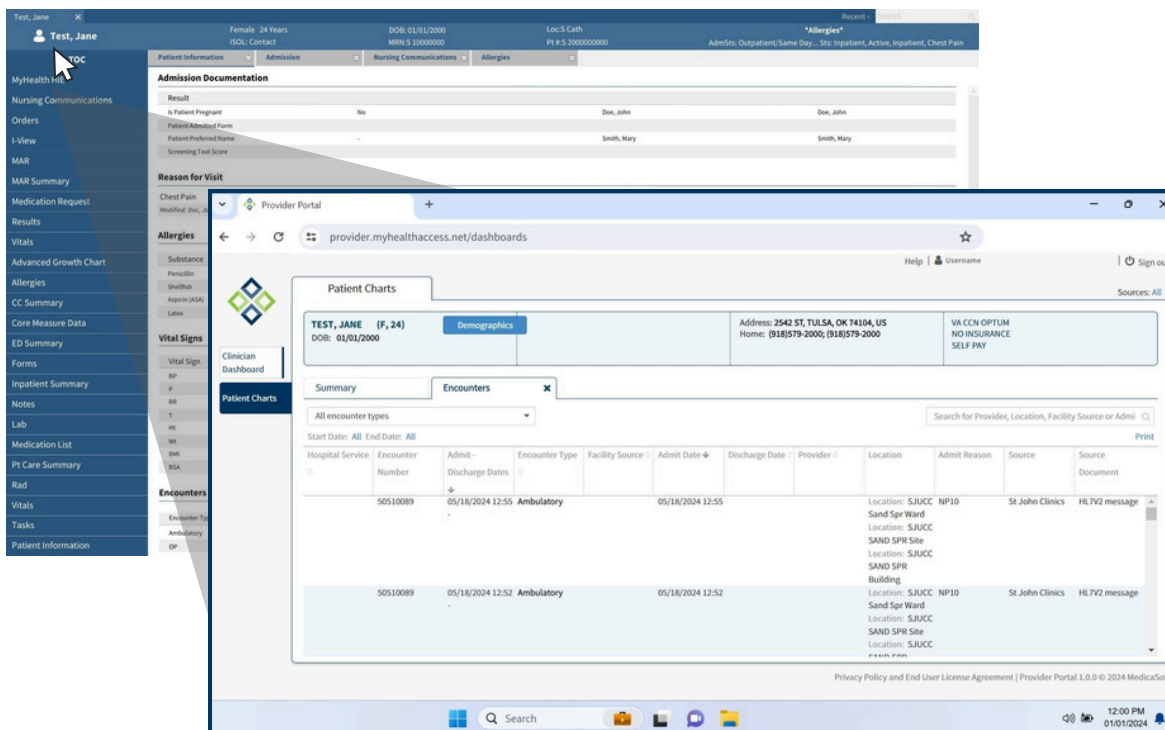
- Access comprehensive patient records across participating facilities
- Improve care coordination during transitions between care settings
- Reduce duplicate testing and unnecessary utilization
- Support more informed clinical decision-making
- Enhance patient experience through more seamless care
- Improve overall quality of care across their patient population

[View Provider Portal Role Permissions](#)



HIELink (Single Sign-On)

HIELink is MyHealth's single sign-on solution that integrates access to the MyHealth Provider Portal directly within a user's electronic medical record (EMR), allowing seamless access to patient information with a single click.



By eliminating the need for separate logins, HIELink simplifies access to patient data across systems and reduces disruption to clinical workflows. This streamlined approach improves efficiency for providers while enhancing security by reducing reliance on manual password management.

Key Benefits

- Access MyHealth data directly within their existing EMR workflow
- Reduce time spent logging into multiple systems
- Improve provider efficiency and ease of use
- Strengthen data security by minimizing password-related risks
- Simplify user access and permissions across systems
- Reduce administrative burden associated with password management



Near Real-Time ADT

Near Real-Time ADT provides near real-time visibility into patient admissions, discharges, and transfers across participating healthcare facilities. By leveraging HL7-based ADT messages, this solution ensures organizations receive timely notification of patient movement as it occurs. Real-Time ADT enables providers and payors to stay informed of care events involving their attributed populations, even when those events occur outside of their organization. By delivering these notifications through secure, automated channels, MyHealth supports more coordinated care management and improved visibility across the continuum of care.

Key Benefits

- Monitor patient movement across care settings in near real-time
- Support timely follow-up after hospitalizations and emergency department visits
- Identify transitions of care that require intervention
- Improve care coordination across multiple providers and organizations
- Reduce avoidable readmissions and unnecessary utilization
- Strengthen performance in value-based care models

Care Gap Reporting

Care Gap Reporting is a data-driven solution that helps healthcare providers identify and address gaps in patient care by analyzing clinical data against evidence-based guidelines.

By delivering timely insight into missing or overdue services, this tool enables providers to take a more proactive approach to patient care. Organizations can use this information to prioritize interventions, improve treatment adherence, and ensure patients receive recommended screenings, vaccinations, and chronic condition management.

Key Benefits

- Identify gaps in care such as missed screenings, overdue vaccinations, and unmanaged conditions
- Support proactive outreach and targeted patient interventions
- Improve adherence to evidence-based care guidelines
- Enhance quality performance and reporting outcomes
- Reduce risk associated with untreated or unmanaged conditions
- Strengthen performance in value-based care programs



Care Fragmentation Alerting

Care Fragmentation Alerting from MyHealth provides timely notification when attributed patients receive care across the healthcare system, including emergency departments, hospitals, and other clinical settings.

By delivering daily alerts on care events that occur both within and outside of an organization, this solution helps address gaps caused by fragmented patient records. With visibility into recent encounters, providers can take timely action, support follow-up care, and better manage patient transitions across settings.

Key Benefits

- Support timely follow-up after emergency department visits and hospitalizations
- Identify care events occurring outside of their organization
- Reduce avoidable readmissions and unnecessary utilization
- Close referral loops and improve continuity of care
- Guide care management and coordination activities
- Strengthen performance in value-based care models

Information Included in Report

- Reason for inclusion in the report
- Patient identifiers (name, date of birth, gender)
- Patient home zip code
- Associated MRNs within the organization
- Source of the reported encounter
- Admission and discharge date and time
- HL7 patient class and visit type
- Attributed location for the patient
- Procedure date and description
- Admitting and attending provider details (including NPI and provider type)

Members securely share electronic health records, including over 200,000 unique encounters per day throughout Oklahoma



Social Drivers of Health (SDOH)

Social Drivers of Health (SDOH) are the conditions in which people live and work, such as their income, education, and environment. These factors greatly influence health outcomes. For example, individuals in low-income neighborhoods may face challenges accessing healthcare and nutritious food, leading to poorer health. Understanding and addressing SDOH are crucial for improving overall health and reducing health disparities.

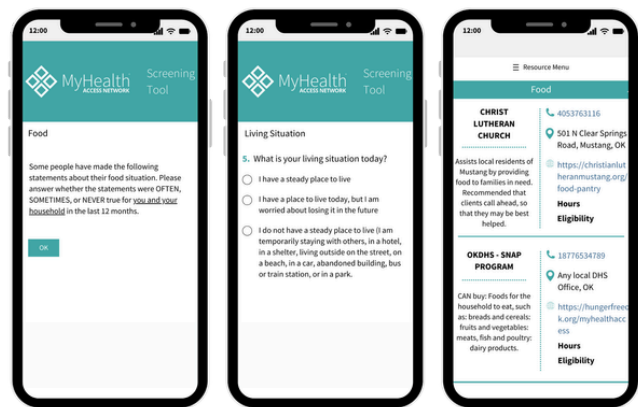
MyHealth's SDOH Program aims to:

- Conduct systematic health-related social needs screenings of patients in partner clinics
- Refer patients to community services that may be able to address the identified social needs
- Align community partners to optimize the capacity to address health-related social needs.

MyHealth Access Network's goal is for Oklahoma to become the first state to have universally available social needs screening and referral. As a 501(c)3 organization, MyHealth is committed to improving health and well-being throughout Oklahoma. MyHealth has created a Social Needs and Referral funds to support this program and allows us to continue to offer it as a base service for Oklahomans.

Social Needs Screening

MyHealth has implemented a streamlined mobile screening process to identify health-related social needs among patients. Upon registering at the clinic or ER, patients receive a text message containing a link to complete the SDOH screening. This efficient method requires minimal effort from healthcare facilities while providing valuable assistance to patients. After completing the screening, patients receive a customized list of resources tailored to their identified needs via



text message, based on their home address. This seamless process enhances patient care without adding to the workload of healthcare providers. We currently extend this program to over 140 providers throughout Oklahoma, enabling them to utilize the MyHealth mobile-based Social Needs Screening tool as part of our base membership package. However, it's important to note that for mobile screening, an ADT Clinical Data connection feed is required.



Social Drivers of Health (SDOH)

Roster Based Screening

MyHealth's SDOH Roster Based Screening, often referred to as the referral program, operates based on a predetermined roster provided by the organization, scheduling screenings up to four times a year. For instance, the program might aim to screen 100 patients daily, specifically on Mondays, Wednesdays, and Fridays. Patients included in the roster receive a text message prompting them to complete the SDOH screening via a provided link on their mobile device. Upon completion, the screening is scored, and patients receive a tailored list of resources based on their home address, sent back to them via text message. Importantly, the results of the screening are also shared with the organization for further action and follow-up.

SDOH Results Report

SDOH Results Report is a vital component of our Social Drivers of Health (SDOH) program, offering crucial insights into the social needs identified through our screenings. This report is generated daily and encompasses all screenings completed within the past 24 hours. By providing this information via a flat file format, we ensure that healthcare organizations have access to timely and comprehensive data regarding their patients' social drivers of health. This allows providers to promptly address any identified social needs, facilitating targeted interventions and support to improve patient outcomes. The SDOH Results Report serves as a valuable tool in enhancing care coordination, promoting proactive interventions, and ultimately contributing to the delivery of more holistic and patient-centered healthcare services.



E-Notification (CoP)

MyHealth's E-Notification (CoP) ensures that hospitals, psychiatric hospitals, and critical access hospitals fulfill the requirements set by CMS for conditions of participation.

When a patient is admitted, transferred, or discharged at a participating member location, an ADT message is promptly sent to MyHealth. Our system then processes this message through our master patient index, checking for any opt-outs, and identifies the relevant care providers to notify. Near real-time notifications are subsequently delivered to these identified care providers. Additionally, audit logs are shared with participating members to facilitate future reporting and analysis.

MyHealth E-Notification is instrumental in helping hospitals adhere to CMS Hospital Conditions of Participation (CoP) Electronic Notification requirement (CMS-9115-F). This mandate necessitates that hospitals transmit electronic notifications to a patient's providers whenever the patient undergoes admission, discharge, or transfer (ADT) procedures at the hospital.

Electronic Clinical Quality Measures (ECQM)

MyHealth's Electronic Clinical Quality Measures (ECQM) platform serves as a reliable intermediary for clinical quality measurement by integrating cross-community Electronic Health Record (EHR) clinical data with payer claims data. This integration results in a comprehensive and detailed view of patient care, empowering healthcare providers with timely alerts regarding care gaps and facilitating accurate calculations of value across the care delivery continuum.

By leveraging this combined data set, MyHealth enables healthcare professionals to assess and monitor the quality of care delivered to patients more effectively. The platform's advanced analytics capabilities help identify areas for improvement in care delivery, allowing providers to implement targeted interventions and enhance patient outcomes.

Furthermore, MyHealth's ECQM platform plays a crucial role in promoting collaboration and coordination among healthcare stakeholders. By facilitating the seamless exchange of clinical data between different healthcare settings and payer organizations, the platform fosters a more integrated approach to patient care and supports the delivery of high-quality, value-based care.