



NORTH CAROLINA HEALTH INFORMATION EXCHANGE AUTHORITY

Department of Information Technology
Christie Burris
Executive Director



Update – 2nd & 3rd Quarter 2021 Activities

1. Operations Update

- Staffing
- Use Cases – Colorectal Cancer and Lincoln Project; Research Request Subcommittee & Use Case Work Group
- Clinical Viewer 2, Single Sign-On
- Data Quality Program, USCDI, FHIR
- Person Matching/Linking Record Services for DHHS
- Full Participation vs Submit Only Participation

2. Metrics Update

- Provider Outreach/Onboarding NC HealthConnex, NC*Notify, CVMS, Other Services
- Promotion and Training

3. Transition from HITECH to the Medicaid Enterprise System

4. State and Federal Legislative/Advocacy



Colorectal Cancer (CRC)

- Working with UNC
- Compliment EHR data from Community Health Centers (CHC)
- Initially Blue Ridge Health (BRH) and Roanoke Chowan Community Health Center (RCCHC)
- Identify patients who are not up-to-date with CRC screening
- Improve outcomes for rural populations

Lincoln Project

- Working with ECU
- Understand the epidemiology and determinants of deaths due to natural causes that occur in communities throughout eastern North Carolina
- HIE to augment data to current Lincoln project data sources
- Targeting unmet social and clinical needs in communities with a historically high prevalence of Out-of-Hospital Premature Natural Death (OHPND)
- Improve understanding of community-occurring deaths





Clinical Viewer 2 and Single Sign-On (SSO)

Clinical Viewer v2 and Single Sign-On (SSO)

Implementation Timeline for Clinical Viewer v2 – July 2021

Clinical Portal Viewer v2 Enhancements

- Will include the new USCDI document types in the chart view
- Enhanced patient search functions, including the ability to search for a facility name when looking up a patient by local medical record number
- Finalizing requirements for enhanced user role definitions and targeting implementation of these new role definitions by October 2021

Implementation Timeline for Single Sign-On (SSO) – September 2021

- Dependent on implementation of Clinical Viewer v2
- Will allow EHR users to access the NC HealthConnex Clinical Viewer from within a patient record in their EHR
- Utilizes probabilistic matching based on First Name, Last Name, Gender, and Date of Birth, which will only return results over a minimum threshold

Data Quality Updates

- Data Quality Roadmap finalized March 2021
- Data Quality Dashboard in Production May 2021
- Data Quality Issue Tracking
- Data Quality Scorecard

Data Quality Dashboard

		Organization ▲						
		Updated ▼	05/23/2021	05/16/2021	05/09/2021	05/02/2021	04/25/2021	04/18/2021
Section ▲	Data Target Element ▲	%Pop	%Pop	%Pop	%Pop	%Pop	%Pop	
Patient	Patient Birthdate	100.00%	99.99%	99.99%	99.99%	100.00%	99.99%	
	Patient City	99.84%	99.88%	99.89%	99.88%	99.86%	99.86%	
	Patient Country	0.86%	0.60%	0.62%	0.59%	0.87%	0.99%	
	Patient Ethnicity	98.75%	99.04%	98.93%	99.01%	98.59%	98.51%	
	Patient First Name	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
	Patient Gender	99.99%	99.99%	99.99%	99.99%	99.99%	99.99%	
	Patient ID	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
	Patient Language	98.97%	99.22%	99.13%	99.20%	98.87%	98.80%	
	Patient Last Name	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
	Patient Middle Name	71.40%	71.00%	70.34%	70.54%	68.80%	67.07%	
	Patient Race	92.47%	92.64%	92.45%	92.61%	92.29%	91.95%	
	Patient SSN	98.80%	99.08%	99.06%	99.10%	98.73%	98.59%	
	Patient State	99.83%	99.88%	99.89%	99.88%	99.86%	99.85%	
	Patient Street Address	99.86%	99.90%	99.92%	99.90%	99.90%	99.90%	
	Patient Suffix	1.85%	1.83%	1.83%	1.90%	1.80%	1.65%	
Patient Telephone	98.89%	99.19%	99.17%	99.21%	98.87%	98.72%		
Patient Zip Code	99.82%	99.88%	99.89%	99.87%	99.86%	99.85%		

Data Quality Scorecard

Section	Scoring
Allergies	Green
Diagnosis	Red
Encounter	Yellow
Family History	Green
Immunization	Green
Medication	Green
Patient	Green
Plan of Care (Appointments)	Green
Problem	Green
Procedures	Green
Results (Lab/Rad)	Yellow
Social History	Green
Vitals	Green

KEY

- Green: No Data Quality issues identified
- Yellow: Data Quality issues identified. Issues are of low to moderate priority.
- Red: High priority Data Quality issues identified.

USCDI

USCDI Data Classes

NC HealthConnex is working towards aligning with the United States Core Data for Interoperability (USCDI) v1 standard focusing on expanding available clinical documents and standardizing data elements in support of the Health Information Exchange.

Allergies and Intolerances	Goals	Medications	Provenance
Assessment and Plan of Treatment	Health Concerns	Patient Demographics	Smoking Status
Care Team Member(s)	Immunizations	Problems	Unique Device Identifier(s)
Clinical Notes	Laboratory	Procedures	Vital Signs

USCDI Clinical Notes

To align with the federal USCDI data standards, we are working with each of the hospitals to review their existing feeds and add Clinical Notes if they are not already included

Consultation Note

Discharge Summary

History and Physical

Imaging Narrative

Laboratory Report Narrative

Pathology Report Narrative

Procedure Note

Progress Note

USCDI Document Assessment

NC HealthConnex: USCDI Documents Assessment					
Participant:					
	Current State	CDA Discrete	CDA Document Attached	MDM	ORU
Consultation Note	<input type="checkbox"/> Already Sending <input type="checkbox"/> Not Sending	<input type="checkbox"/> Supported <input type="checkbox"/> Not Supported	<input type="checkbox"/> Supported <input type="checkbox"/> Not Supported	<input type="checkbox"/> Supported <input type="checkbox"/> Not Supported	<input type="checkbox"/> Supported <input type="checkbox"/> Not Supported
Discharge Summary	<input type="checkbox"/> Already Sending <input type="checkbox"/> Not Sending	<input type="checkbox"/> Supported <input type="checkbox"/> Not Supported	<input type="checkbox"/> Supported <input type="checkbox"/> Not Supported	<input type="checkbox"/> Supported <input type="checkbox"/> Not Supported	<input type="checkbox"/> Supported <input type="checkbox"/> Not Supported
History and Physical	<input type="checkbox"/> Already Sending <input type="checkbox"/> Not Sending	<input type="checkbox"/> Supported <input type="checkbox"/> Not Supported	<input type="checkbox"/> Supported <input type="checkbox"/> Not Supported	<input type="checkbox"/> Supported <input type="checkbox"/> Not Supported	<input type="checkbox"/> Supported <input type="checkbox"/> Not Supported
Imaging Narrative	<input type="checkbox"/> Already Sending <input type="checkbox"/> Not Sending	<input type="checkbox"/> Supported <input type="checkbox"/> Not Supported	<input type="checkbox"/> Supported <input type="checkbox"/> Not Supported	<input type="checkbox"/> Supported <input type="checkbox"/> Not Supported	<input type="checkbox"/> Supported <input type="checkbox"/> Not Supported
Laboratory Report Narrative	<input type="checkbox"/> Already Sending <input type="checkbox"/> Not Sending	<input type="checkbox"/> Supported <input type="checkbox"/> Not Supported	<input type="checkbox"/> Supported <input type="checkbox"/> Not Supported	<input type="checkbox"/> Supported <input type="checkbox"/> Not Supported	<input type="checkbox"/> Supported <input type="checkbox"/> Not Supported
Pathology Report Narrative	<input type="checkbox"/> Already Sending <input type="checkbox"/> Not Sending	<input type="checkbox"/> Supported <input type="checkbox"/> Not Supported	<input type="checkbox"/> Supported <input type="checkbox"/> Not Supported	<input type="checkbox"/> Supported <input type="checkbox"/> Not Supported	<input type="checkbox"/> Supported <input type="checkbox"/> Not Supported
Procedure Note	<input type="checkbox"/> Already Sending <input type="checkbox"/> Not Sending	<input type="checkbox"/> Supported <input type="checkbox"/> Not Supported	<input type="checkbox"/> Supported <input type="checkbox"/> Not Supported	<input type="checkbox"/> Supported <input type="checkbox"/> Not Supported	<input type="checkbox"/> Supported <input type="checkbox"/> Not Supported
Progress Note	<input type="checkbox"/> Already Sending <input type="checkbox"/> Not Sending	<input type="checkbox"/> Supported <input type="checkbox"/> Not Supported	<input type="checkbox"/> Supported <input type="checkbox"/> Not Supported	<input type="checkbox"/> Supported <input type="checkbox"/> Not Supported	<input type="checkbox"/> Supported <input type="checkbox"/> Not Supported



FHIR

FHIR

Implementation Timeline - September 30, 2021

- Includes installation of the Operational Data Store (ODS) server install to enable functionality
- Pilots underway with UNC Health, Centene/WellCare, Partners Behavioral Health Management
- Implementation will support FHIR R4 (the most recent version and the version for TEFCA)

Use Cases

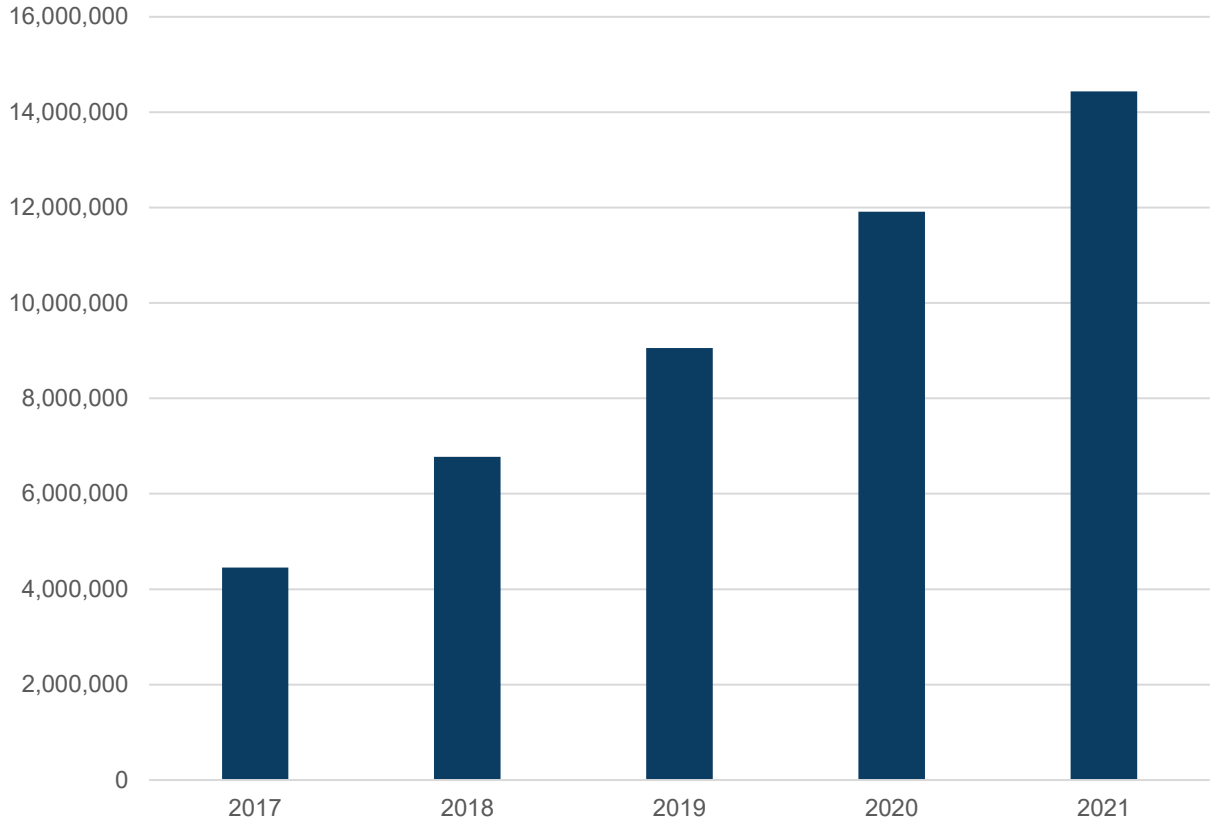
- High priority use cases include FHIR to access blood pressure and HgbA1c data
- Integration within an EHR that allows a user to pull specific data, such as radiology or lab reports, into the EHR from NC HealthConnex for a specific patient



Metrics Update

Clinical Data Volumes

Patients with documents: 8,680,809
 Total CCDs: 139,315,311
 CCDs Per Patient (Avg): 16



Medicaid

83% of NC patients eligible for Medicaid have data in NC HealthConnex

66.9% of out of state

NC Patients eligible for Medicaid as of May 1, 2021	2,552,278
Patients found in NC HealthConnex	2,121,296

State Health Plan

92% of State Health Plan members with data in NC HealthConnex

State Health Plan Members as of April 3, 2021	576,290
Patients found in NC HealthConnex	533,052

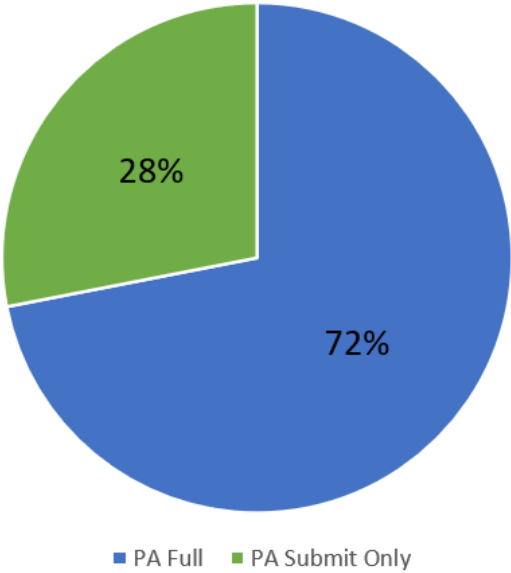
Daily inbound messages: 1.4M

- 197k CCDs
- 1.2M HL7

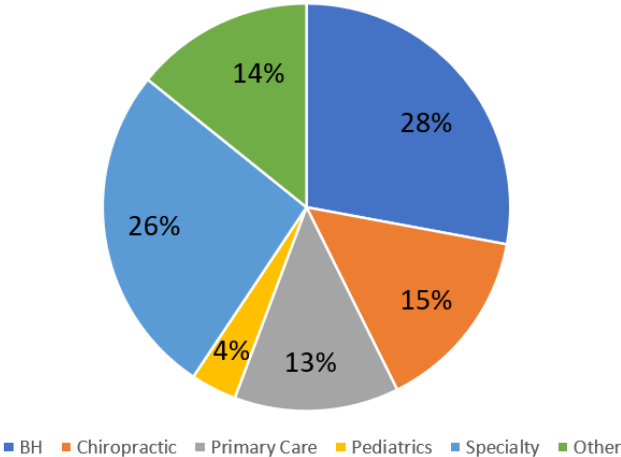


Onboarding to NC HealthConnex - Current Statewide Coverage

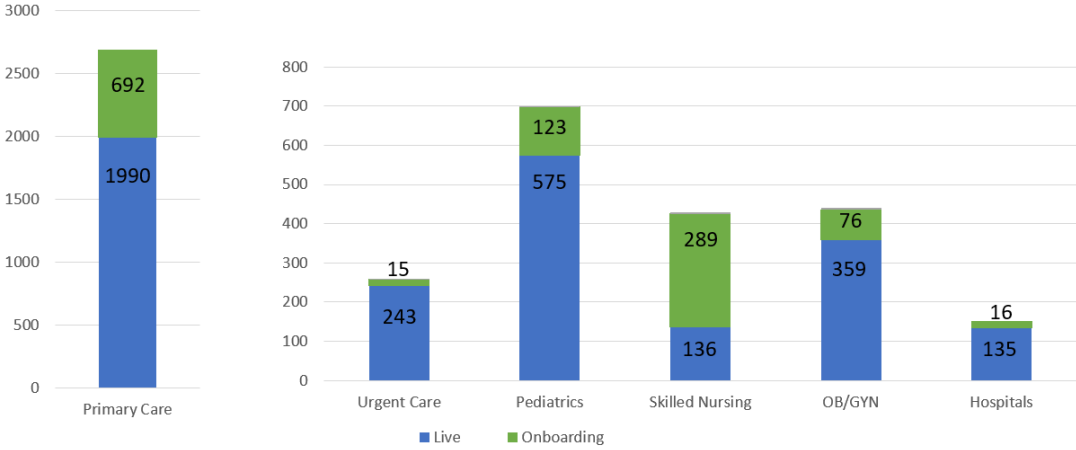
Full PA vs Submit Only PA



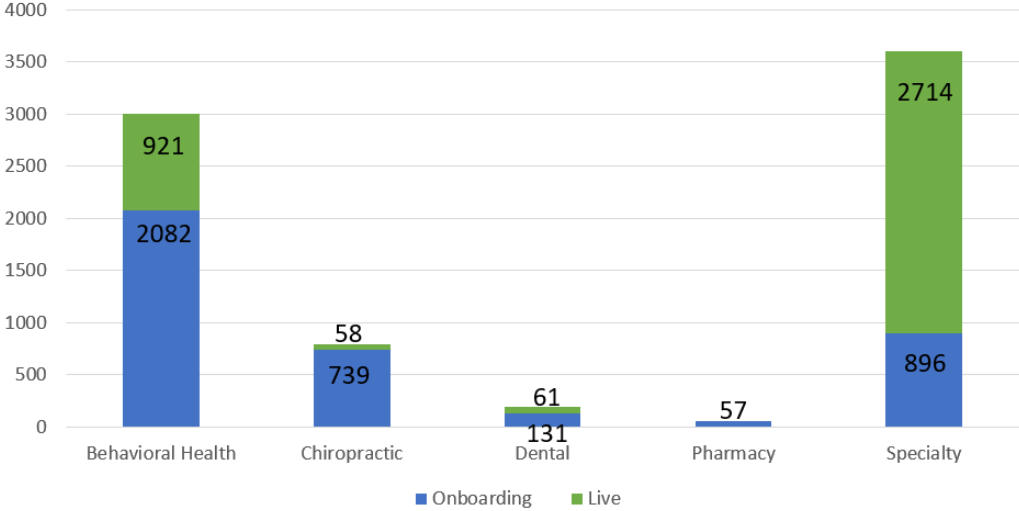
Submit Only PA by Provider type



Primary Care, Priority Connections



BH, Chiropractors and Other Specialty Connections



Connection Status

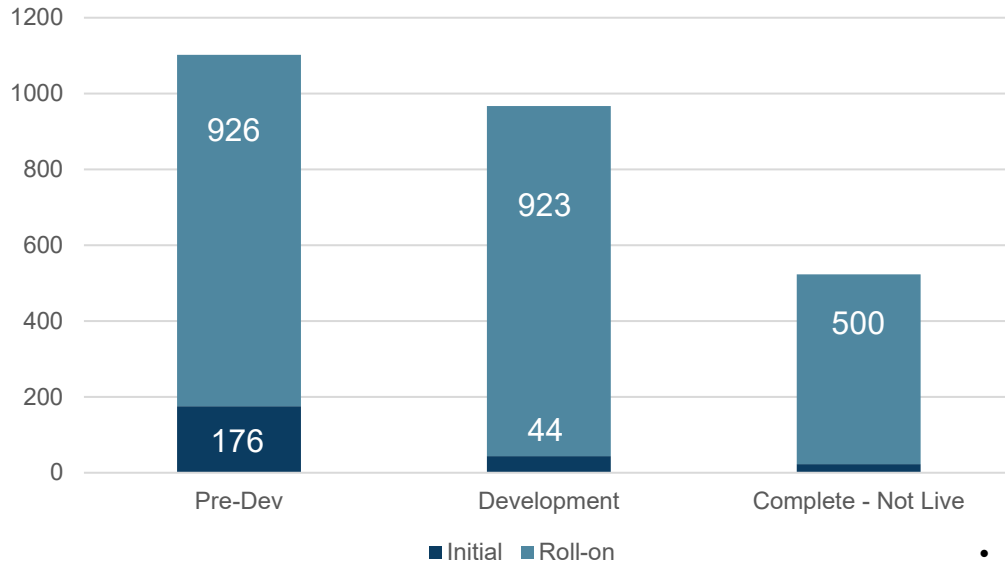
Payer and Connection Organizational Status			
	Medicaid	SHP	Total
New Connections	194	42	236
Roll-ons	1341	952	2293
Total	1535	994	2529*

*excludes dental and pharmacy

81% of active Medicaid providers participating in NC HealthConnex

- 59% Live
- 22% Onboarding

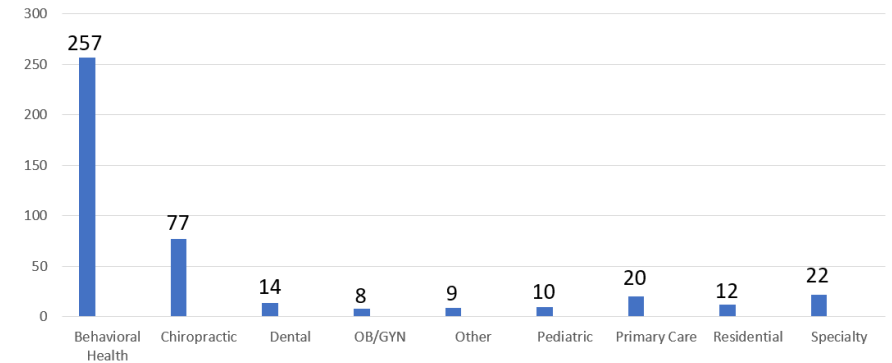
Data Connection Pipeline



Average Timeline

- New Connection: 4+ months
- Roll-ons: < 1 month

Organizations without Technology by Provider Type

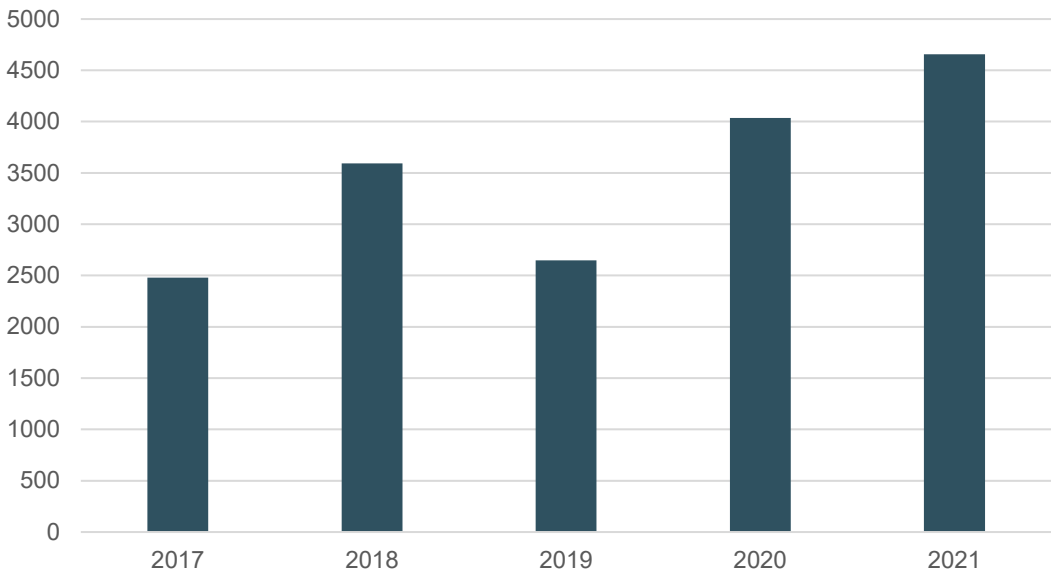


NC HealthConnex Clinical Portal Usage

Key Stats:

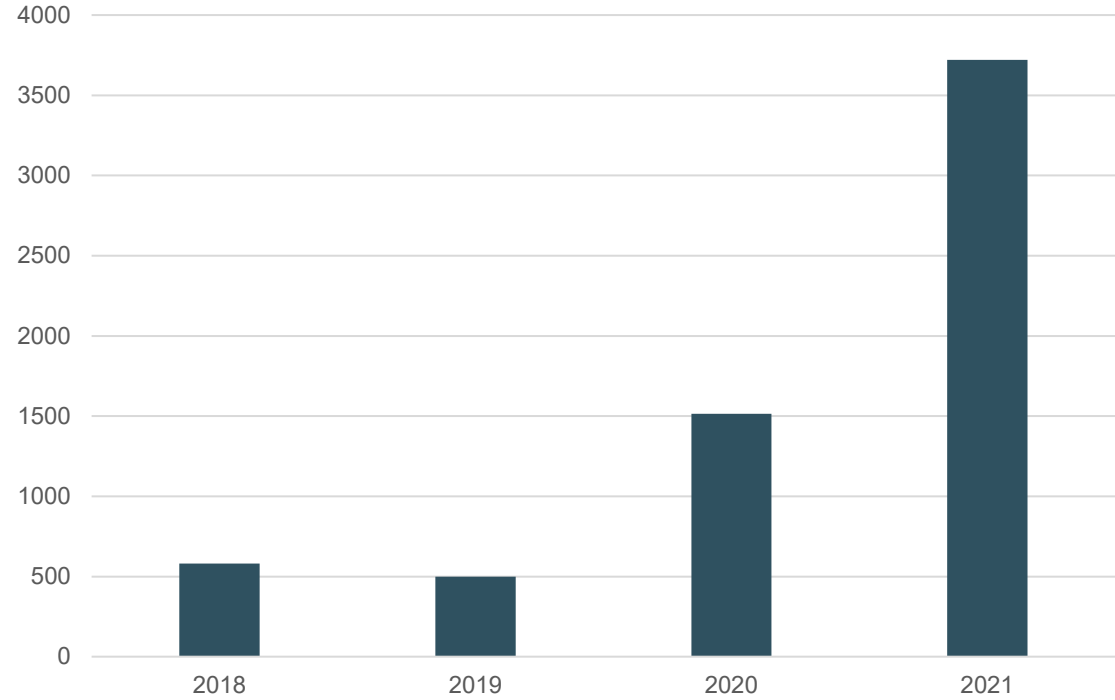
- 4,655 Active portal accounts (April 2021)
- 3,720 logins to the portal (April 2021)

Total Portal Accounts



NOTE: 2018-19 marked Orion platform transition

Monthly Logins (April Year Over Year)

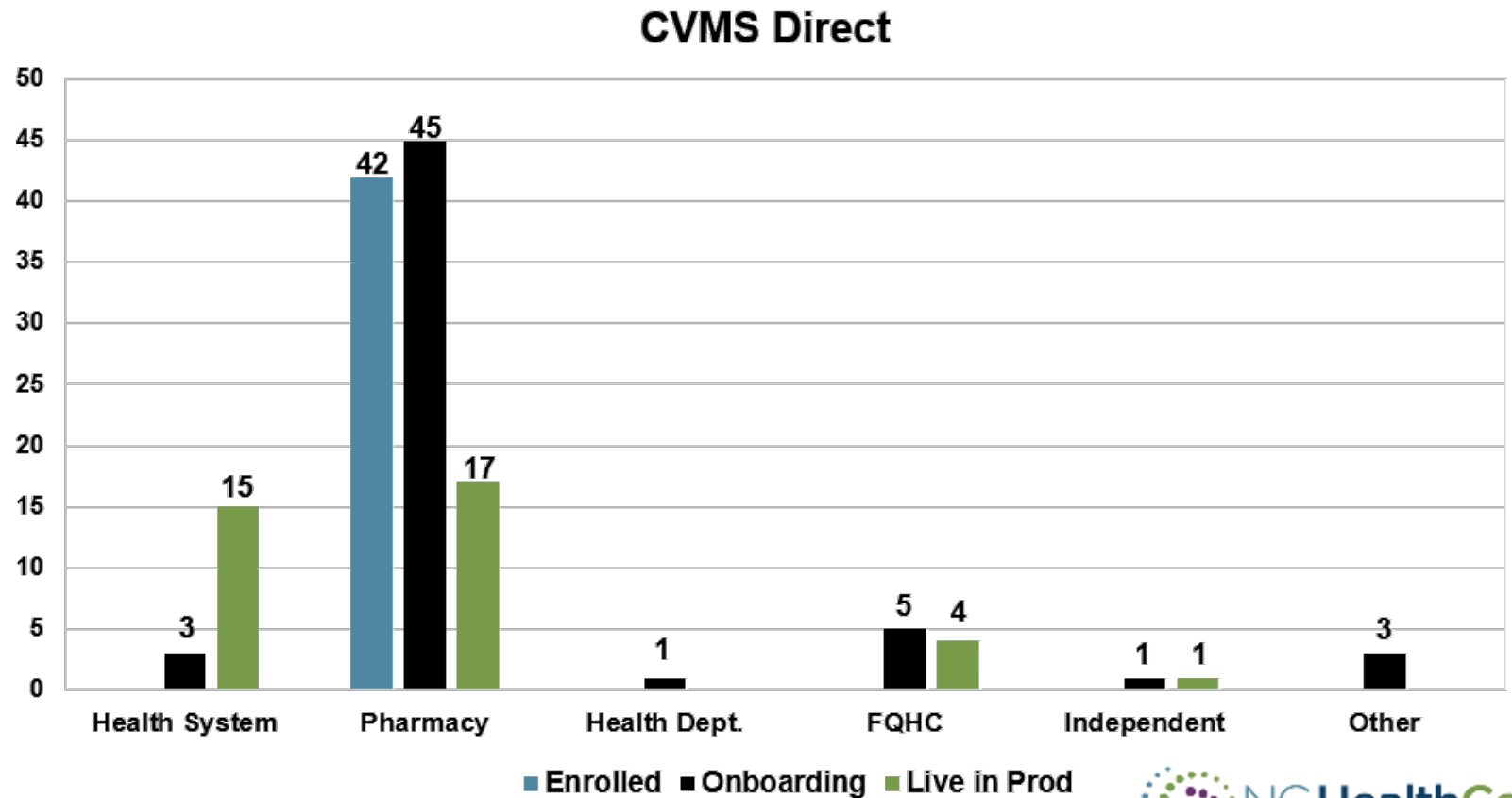


CVMS Update

- Prior to implementing this solution, we heard from providers dual entry into CVMS was increasing their workflow 5-11 minutes.
- Equates to ~ 97,870 hours of man hours saved across the state
- The average salary for an RN in NC is \$33.69/hr.
- Equates to at least \$3,297,240 in savings so far

Record Counts:

Bot + Direct Records Process 6/7 ~ **1,206,447**

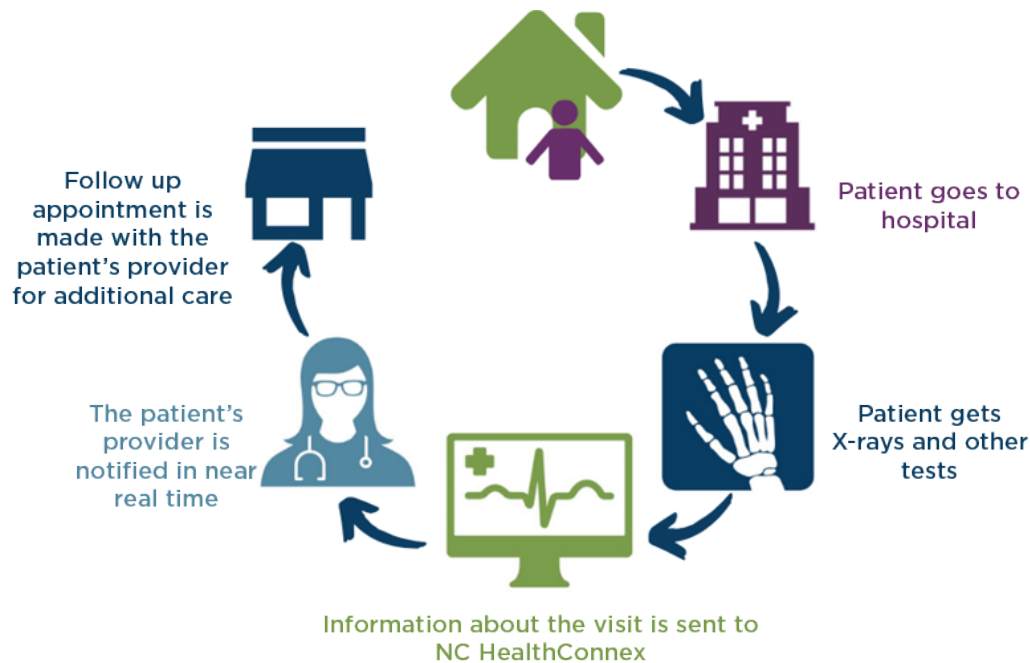


NC*Notify Update

<u>Provider Education</u>	<u>Leveraging Partnerships</u>	<u>Service Enhancements</u>
<ul style="list-style-type: none">• <u>Infographics and Training</u>• <u>Webinars</u>• <u>Conditions of Participation</u>• <u>Outreach to Hospitals</u>• Service Demonstrations• <u>Educational Video</u>	<ul style="list-style-type: none">• North Carolina Community Health Center Association Supported Trainings• Community Care of North Carolina CCPN Enrollment• Participant Led Focus Group	<ul style="list-style-type: none">• Version 4.5 Roadmap Planning• Provider-Specific Videos• Web-Based Enrollment Form

Version 4+ Capabilities

- COVID Lab Result Alerts
- Dental Alerts
- Care Team Change
- High Utilizer Alerts
- Diabetes Registry & Pre-Diabetes Alerts
- Chronic Care Management Alerts
- Place Of Service Enhancements (both)
- Consolidated CCD (only V4)



“The Care Team Change Alert will be extremely useful for us, because we would never know the other providers seeing our patients unless we’re told by the patients. Also, the high utilizer alerts will be helpful because we have a hard time getting emergency room encounter data from some of our local hospitals. This will be a great workaround.”

Primary Care, Nurse Manager

*“Our facility is near a military facility, and we’re seeing lots of new active-duty patients enroll to our practice. We’re planning to use NC*Notify to track their care when they’re deployed to other areas.”*

Primary Care, Office Administrator

NC*Notify
Event Notifications Powered by
NC HealthConnex

NC HealthConnex
Powering Health Care Outcomes

NCONotify

Event Notifications Powered by
NC HealthConnex



NC Immunization Registry

Live Practices

- 86 Live Practices – currently all UNC practices
- 6 additional sites identified to begin training for June go-live

EHRs in Onboarding

EHRs Onboarding

- Epic - Cone Health – technical readiness
- eClinicalWorks – technical/clinical testing (close to completion)
- Epic – FirstHealth – technical readiness
- Henry Schein – technical readiness
- Onslow Memorial – technical readiness
- Cherokee IHS – technical readiness

Future Efforts

- EHR status letters being sent out
- Pharmacy onboarding approved
- Leveraging NC*Notify as a *potential* method of providing vaccine histories to providers that do not have access to the immunization registry

Diabetes Registry

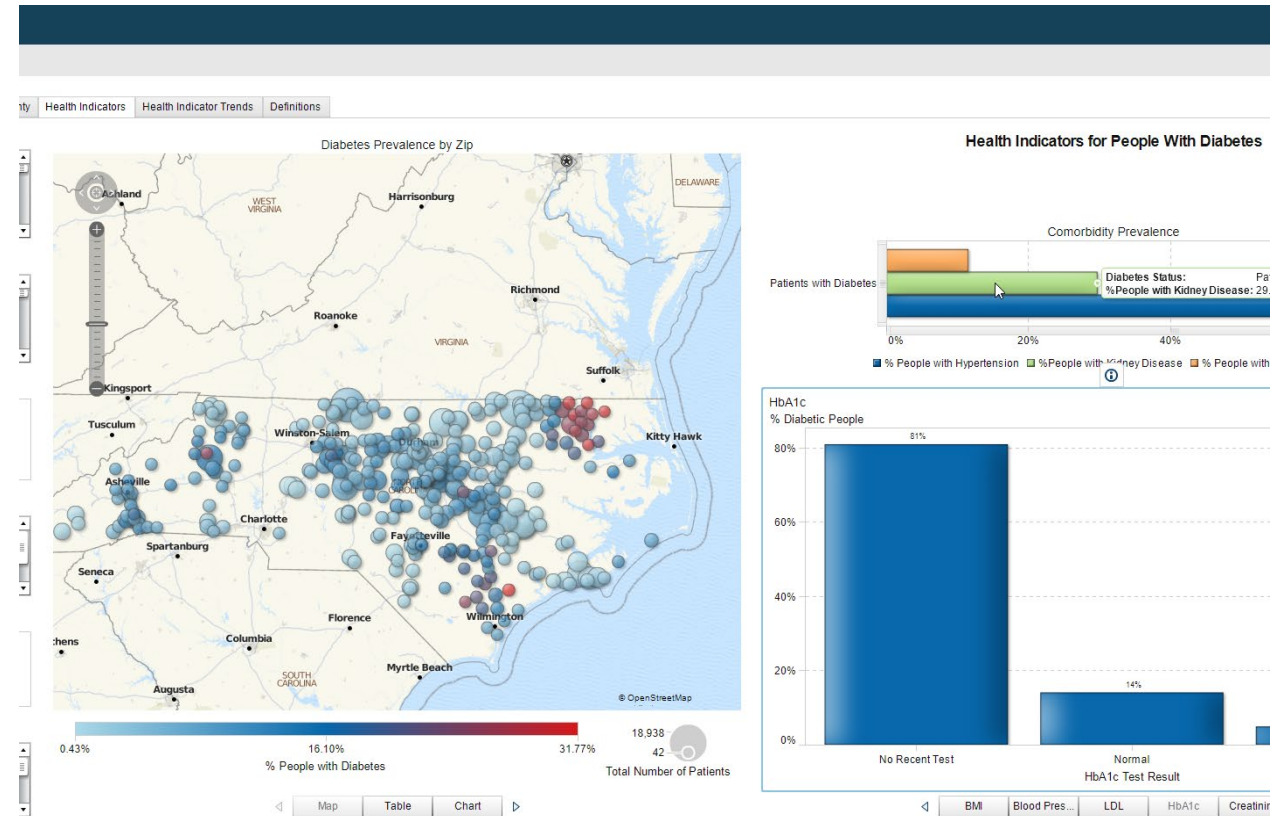
Providers in the MU/MIPS Program may participate in the Diabetes Registry to Attest for Public Health and Clinical Data Registry Reporting – **Currently 832 Organizations Enrolled**

Current cross functionality:

- NC*Notify alert related to new diabetes diagnoses and pre-diabetic diagnosis

Planned/Potential future work efforts:

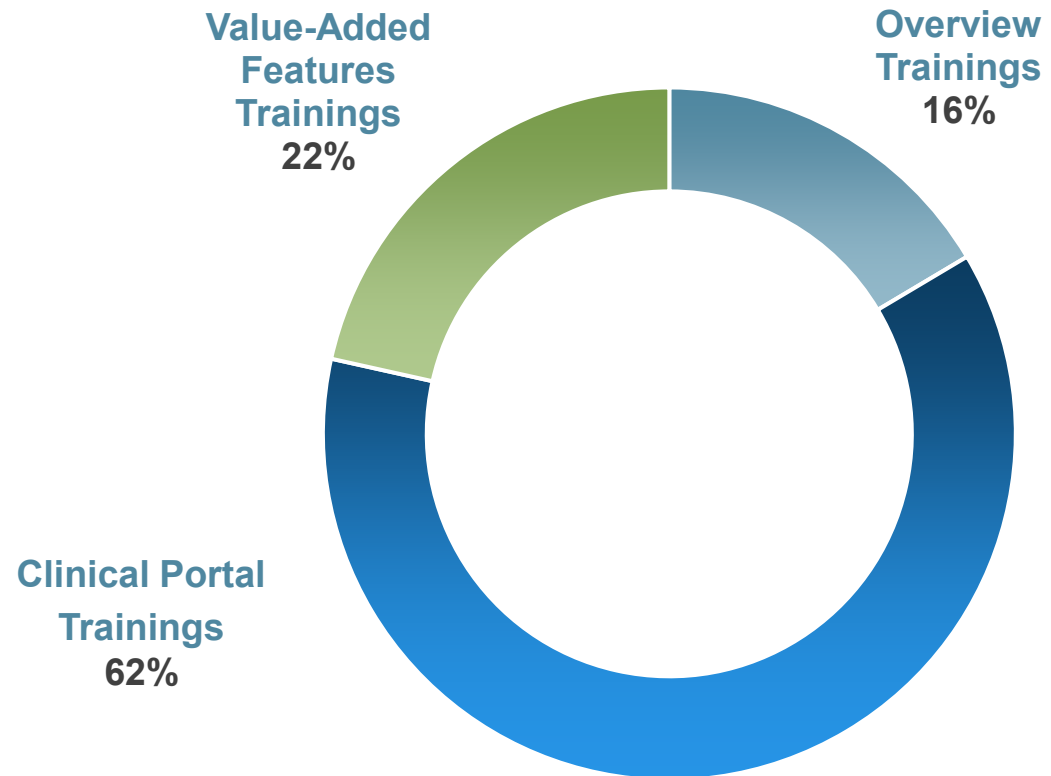
- Development of Stroke registry, additional chronic disease alerts via NC*Notify service
- Expansion of access to Diabetes Dashboard
- Possibility of imbedding/incorporating summary level information into Clinical Portal



NC HIEA & NC AHEC Trainings to Date

NC HIEA: 90 Virtual Program Trainings / AHEC 70 Virtual Program Trainings

- 2021 participants have included primary care, specialty providers, local health departments, community/federal/rural health centers, hospitals, dental, pediatric, long term care, chiropractic, behavioral health, eye/vision.



May Teletown Hall for new CMS HIE Bi-Directional Measure:

- Joint AHEC/HIEA presentation
- More than 600 registrants; ~ 450 attended
- Training materials provided to all

NC HIEA & NC AHEC Online Training Modules

Nine Video Modules have been produced:

NC HealthConnex Module Registration to Date		
Module 1	NC HealthConnex Overview	179 registrations
Module 2	Unpacking the Welcome Packet	239
Module 3	PAA (Participant Account Administrator) Roles and Responsibilities	83
Module 4	Clinical Portal Overview	82
Module 5	Direct Secure Messaging	19
Module 6	Patient Education	61
Module 7	NC*Notify	39
Module 8	Promoting Interoperability	26
Module 9	CSRS – Coming Soon!	



These modules are linked to our website; they require registration to gain access and will launch a satisfaction survey upon completion.

<https://hiea.nc.gov/providers/nc-hiea-ahec-resources>





**NC HIEA/NC HealthConnex
transition activities**

from

**Health information Technology for Economic and Clinical Health
(HITECH)**

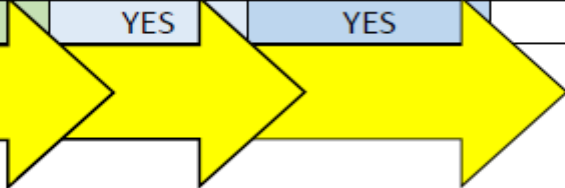
to

Medicaid Enterprise System (MES)

What HIE Activities Can Be Funded Via Medicaid?

Activities	Through 2021		Ongoing (Pre-& Post-2021)		
	HITECH 100% Funding	HITECH 90% Funding	MES 90% Funding Systems DDI ¹	MES 75% Funding Ongoing Operations ^{1,2}	Medicaid 50% Administrative FMAP ¹
Incentives for Adoption and Use of CEHRT ³	YES				YES
Program Administration for The Promoting Interoperability Program And HIT-Related Initiatives		YES			YES
Systems Development for A State-Run Incentive Program			YES	YES	YES
HIE Development		YES	YES		YES
HIE Services for The Medicaid Program		YES		YES	YES
HIE Onboarding		YES			YES
Provider Communication, Outreach, Training, etc.		YES			YES
Public Health Infrastructure		YES	YES	YES	YES
Electronic Clinical Quality Measures Collection		YES	YES	YES	YES
PDMP			YES	YES	YES
Provider Directory-Interoperability Rule		YES	YES	YES	YES
Medicaid FFS Payer to Payer Coordination-Interoperability Rule			YES	YES	YES
Other Interoperability Initiatives		YES	YES	YES	YES

Movement from HITECH to MES funding requires that activity align with OBC requirements.



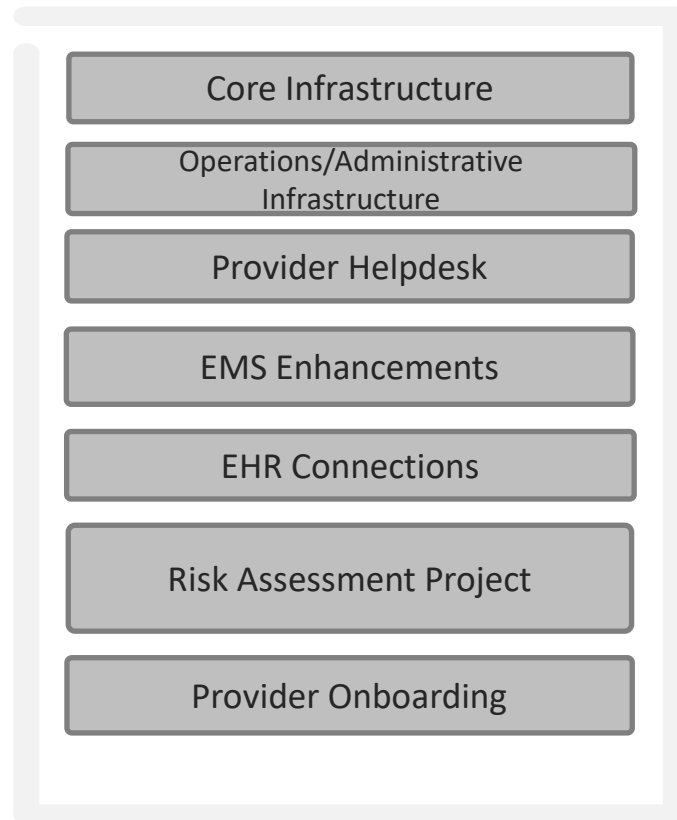
1. Must cost allocate if the system has broader applicability beyond Medicaid.
2. In order to qualify for enhanced FFP, the system must be certified per 42 C.F.C 443.166
3. 100% FFP is available for incentive payments for the Medicaid Promoting Interoperability Program. State may use FMAP funding for state-run incentive programs, with the approval of a State Plan Amendment for such a program.

Personnel Analysis Methodology

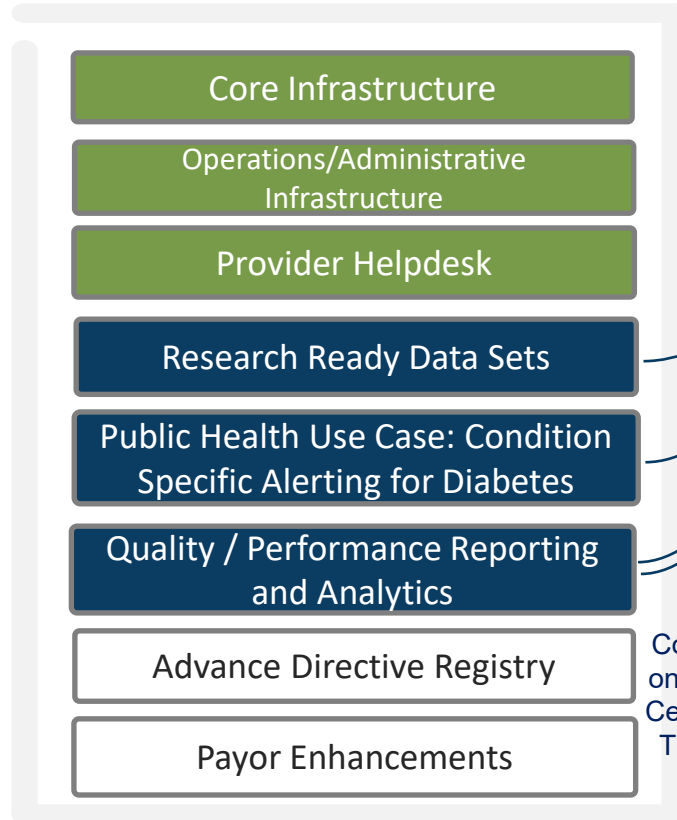
- Detailed breakdown of personnel costs that includes titles, high-level job descriptions, and total budget for each position.
- Recommended cost allocation percentage was applied to all positions.
- Analyzed job descriptions and identified recommendations for reimbursable funding buckets for personnel: 75%, 50%, or 0%.
- Used the CMS State Medicaid Manual – Chapter 11 Reimbursable Costs to do this evaluation

Funding Progression Path

FFY21-22

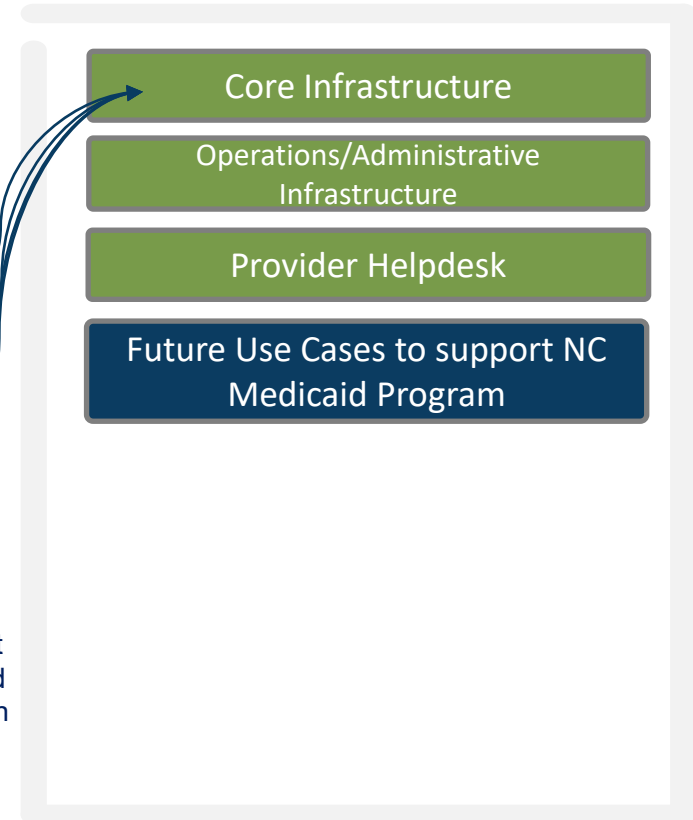


FFY22



Contingent on DDI and Certification Timelines

FFY23



Key: HITECH IAPD MES OAPD MES IAPD To Be Determined

Recommendations for Funding Progression Path – Next Steps

- Maximize the current funding from HITECH prior to its sunset.
- Shift implemented and operational HITECH-funded technology to Medicaid Enterprise System 75/25 enhanced funding in support of ongoing operations.
- Continue consulting with NC DHHS on developing new HIE functions to ensure their capabilities serve as an extension of the Medicaid Enterprise System.
- Finalize Outcomes-Based Certification (OBC) criteria for technology and activities eligible for enhanced federal funding.
- Work with NC DHHS to facilitate interactions with federal partners, including a demo and completing the Operational Readiness Review (ORR) and other documentation required by CMS.

State and Federal Legislative/Advocacy Update

- (1) Overview of Legislation Introduced this Session with HIE Impact
- (2) Review of Session Law 2021-26, including new requirements for the HIEA and Advisory Board
- (3) Federal Updates – HIPAA response
- (4) STOP Act Update

Legislation Introduced this Session concerning NC HIEA

- [H179](#) – Amend HIE Participation Enforcement Mechanism
- [S226](#) - Amend HIE Mandatory Participation & Enforcement
- [H855](#) - Give Clinical Researchers HIE Network Access
- [H770](#) - Realign Enforcement/HIE Network Participation
- [H395 / SL 2021-26](#) - HIE Deadline Extension & Patient Protection

NCSL 2021-26 – HIE Deadline Extension & Patient Protection

Section 1 provides that DIT, State Health Plan and DHHS Medicaid have an affirmative duty to facilitate and support participation by covered entities in the statewide health information exchange network.

Section 2 allows the DHHS, if authorized by the HIE Authority, to submit claims data on behalf of Prepaid Health Plans and local management entities/managed care organizations (LME/MCOs).

Section 2 also extends connection deadlines for both the June 1, 2020, and the October 1, 2021, to January 1, 2023, (the same date as the hardship extension that can be granted by DHHS).

Sections 2 and 4 remove ambulatory surgical centers, as defined in G.S. 131E-146, from the requirements to submit demographic and clinical data but requires a physician who performs a procedure at the ambulatory surgical center to be connected to the HIE Network and to submit the data.

NCSL 2021-26 – HIE Deadline Extension & Patient Protection

Section 5 prohibits balance billing when an in-network provider or entity with the State Health Plan for Teachers and State Employees does not connect to the HIE Network. The section specifically provides that under the State Health Plan an in-network provider or entity who renders health care services, including prescription drugs and durable medical equipment, and who is not connected to the HIE Network is prohibited from billing the State Health Plan or a Plan member more than either party would be billed if the provider was connected to the HIE Network.

Section 6 prohibits the NC Health Information Exchange Authority from fulfilling requests for electronic health information from an individual, individual's personal representative, or an individual or entity purporting to act on an individual's behalf, and requires the Authority to provide educational materials on accessing this information from other sources.

NCSL 2021-26 – HIE Deadline Extension & Patient Protection

Section 7(a) requires the Health Information Exchange Advisory Board to submit recommendations regarding appropriate features or actions to support the Statewide Health Information Exchange Act and to report on the status of entities and providers not connected to the HIE Network as identified under subsection (b) of this section, to the Joint Legislative Oversight Committee on Health and Human Services on or before March 1, 2022.

Section 7(b) requires the HIE Authority to work with the State Health Plan Division, Department of State Treasurer, and the Division of Health Benefits, Department of Health and Human Services, to identify providers and entities who have not connected to the HIE in accordance with G.S. 90-414.4 and to contact each entity or provider to ascertain their connection status and to inform them of the connection requirements. By November 1, 2021, the Department of State Treasurer, Department of Health and Human Services, and licensing boards, shall assist the HIE Authority with contact information and addresses for providers and entities.

SL 2021-26 Advisory Board Requirements Next Steps

Action Items:

- Continue efforts to connect providers, including messaging to providers and trade organizations
- Communicate continued urgency
- NC HIEA Advisory Board Subcommittee for recommendations due March 1, 2022
 - Form subcommittee and define its goals and cadence for meeting
 - Identify and evaluate recommendations
 - Provide report to the General Assembly
- Ascertain connection status of providers
 - Coordinate efforts with Medicaid, State Health Plan, Licensing Boards
 - Additional messaging to and communications with unconnected providers and entities
- Implementation steps, including policy updates, concerning individual's data requests

Federal Update: SHIEC Comments on HIPAA NPRM

- After consultation with Chair and Vice-Chair, NC HIEA supported letter that SHIEC submitted to DHHS regarding Proposed Modifications to the HIPAA Privacy Rule to Support, and Remove Barriers to, Coordinated Care and Individual Engagement (RIN 0945-AAOO)
- NC HIEA join the ~ 20 signatories on the comment letter
- SHIEC has retooled its legislative strategy and allocated additional resources to raise HIEs' profile before Congressional leaders and key

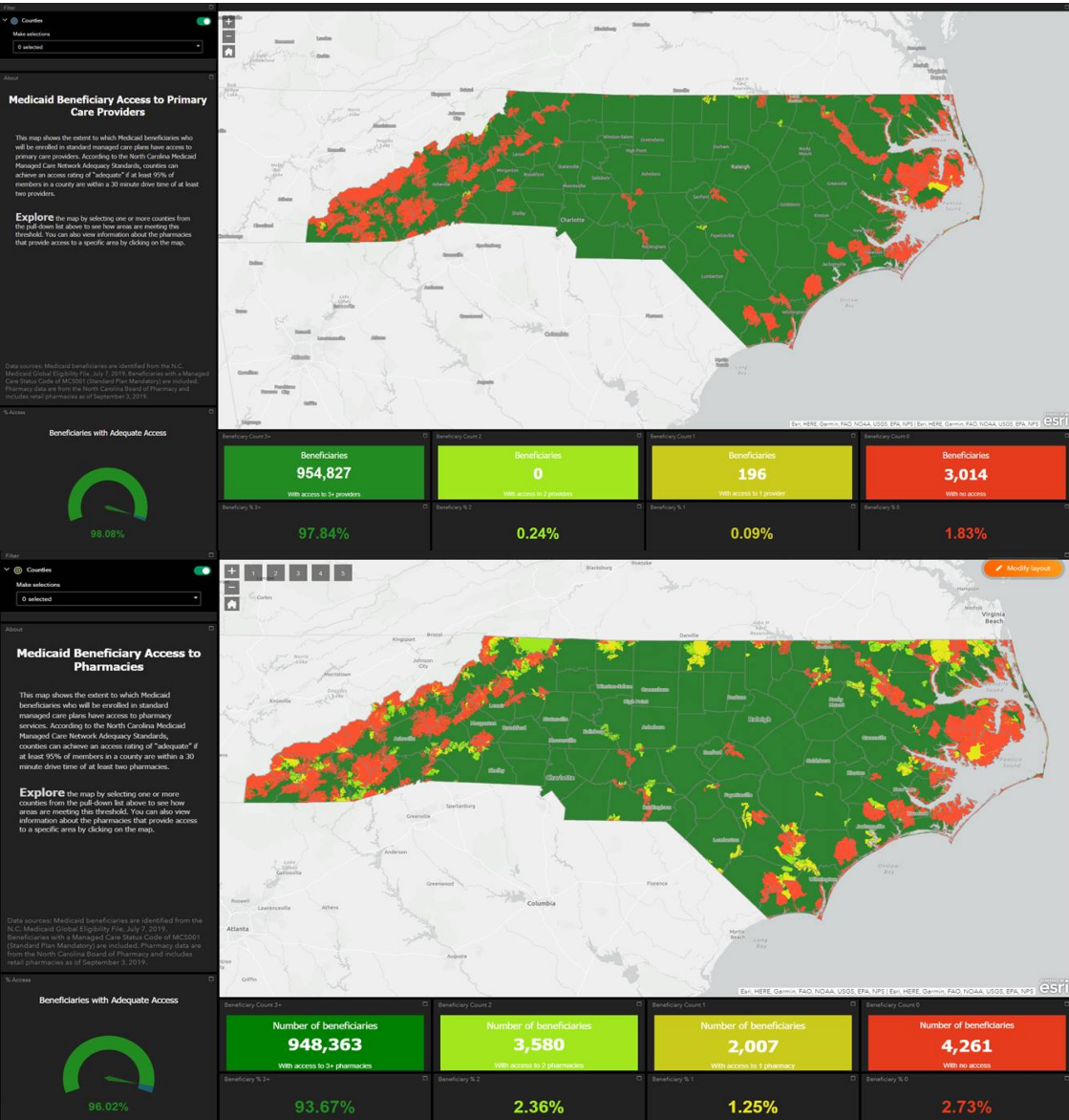


Medicaid/HIE Partnership Updates

Medicaid/HIE Partnership

- **Network Adequacy**
 - Primary Care
 - Specialists
 - Pharmacy
- **COVID Dashboard**
 - CLI/ Suspected/ ILI/ Tested/ Positive/ Recovered/ Extended/ Deaths
 - Current and future data sources
- **Data Extract for Hybrid Quality Measures**
 - Diabetes/ Hypertension/ BMI
 - Depression Screening
 - Prenatal
- **Data Quality Improvement**
 - Complete and accurate
- **NCQA - Data Aggregator Validation**
 - Validating inputs

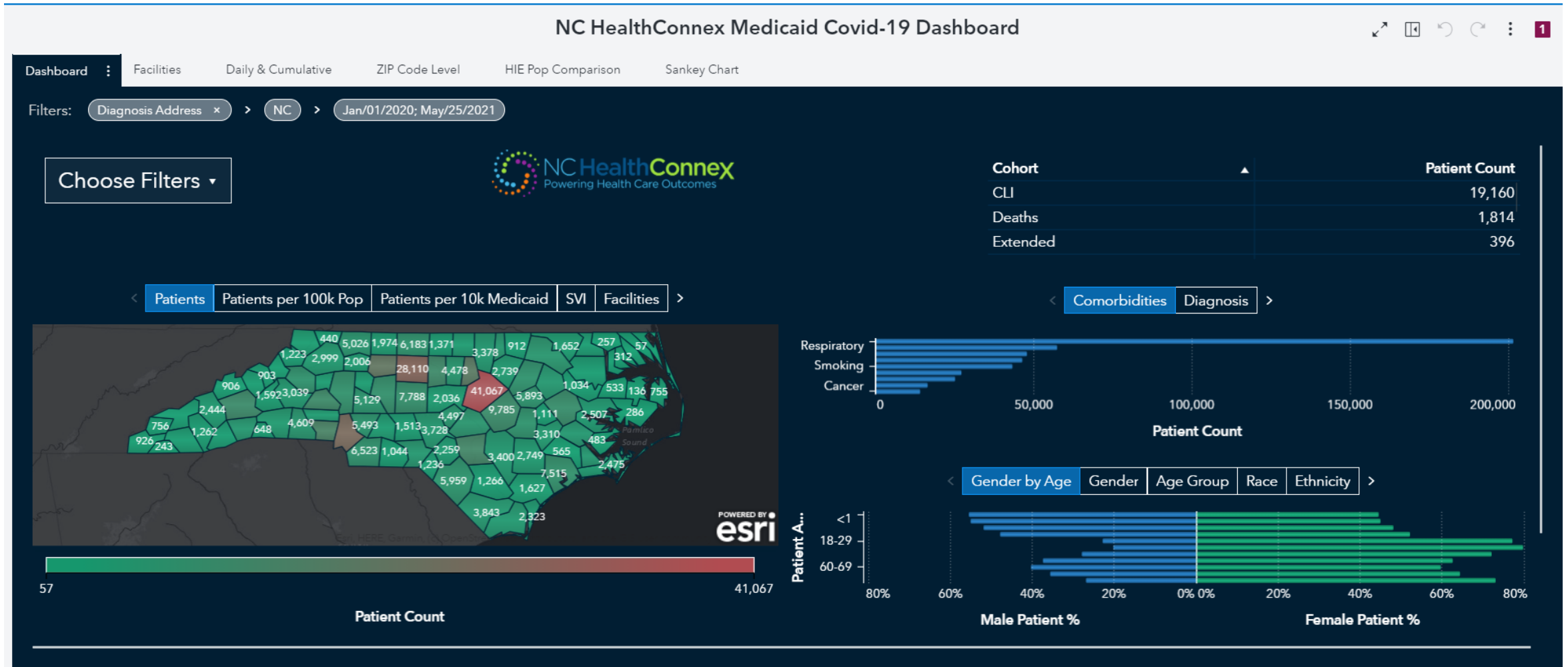
Network Adequacy



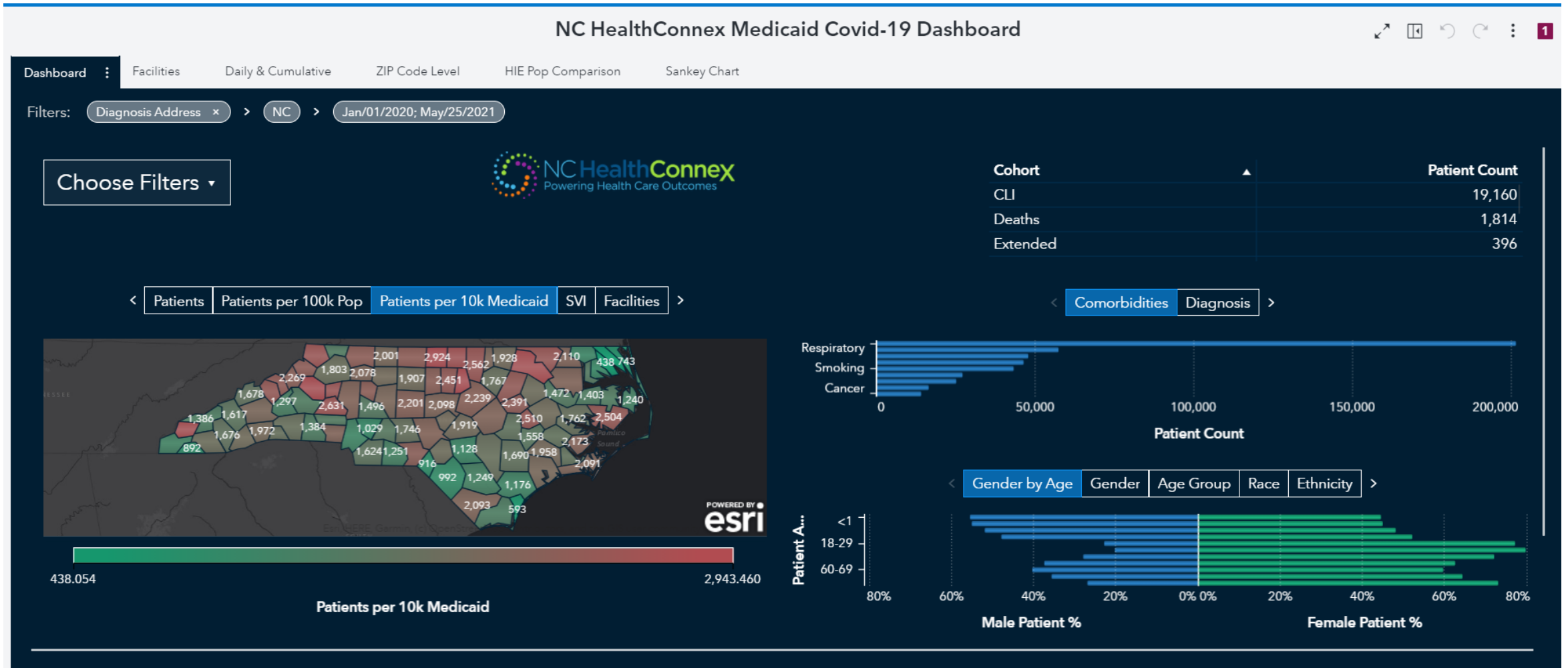
- Managed care plans must meet access standards across their entire service areas
 - Primary Care
 - Specialists
 - Pharmacy
- Utilizing maps to understand areas where exceptions may be necessary
- Map feature allows Medicaid staff to see the providers in the area for reference and referral

**Images displayed here are for demonstration purposes*

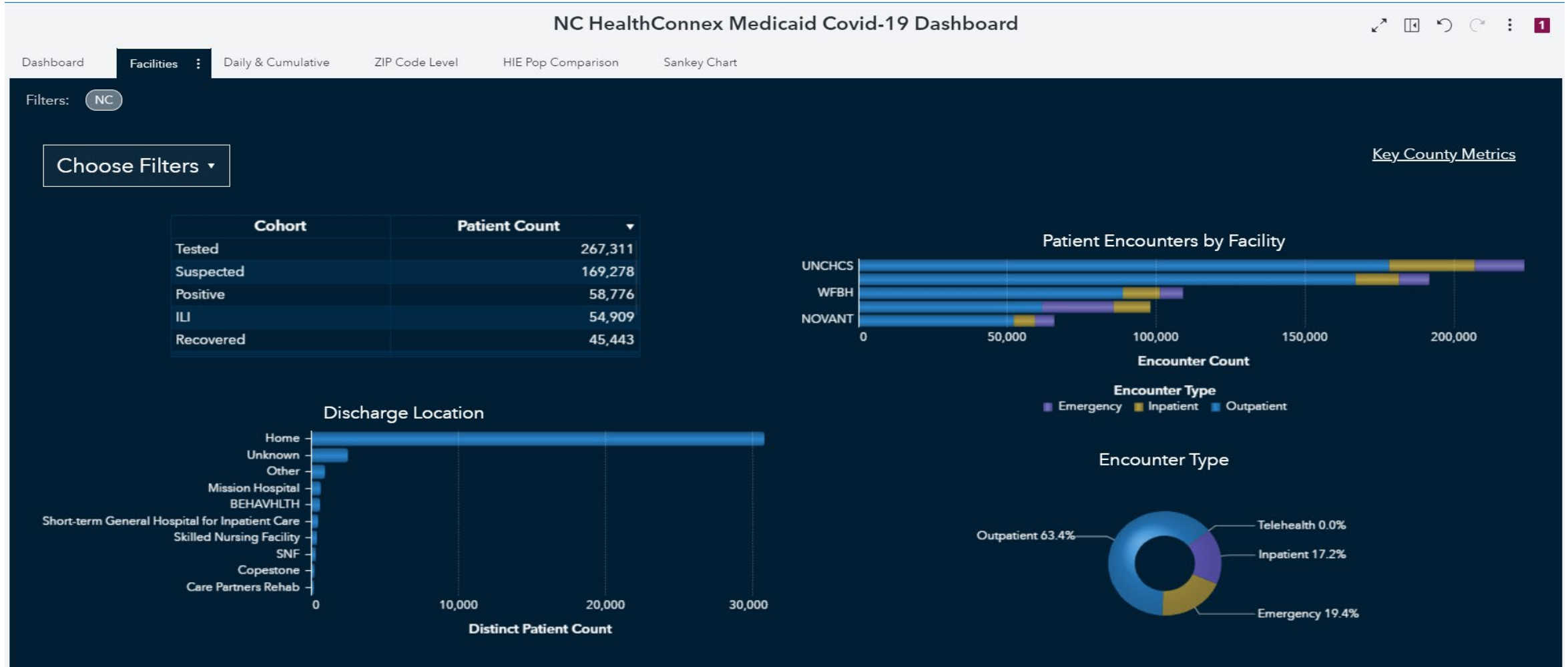
Medicaid/HIE COVID Dashboard



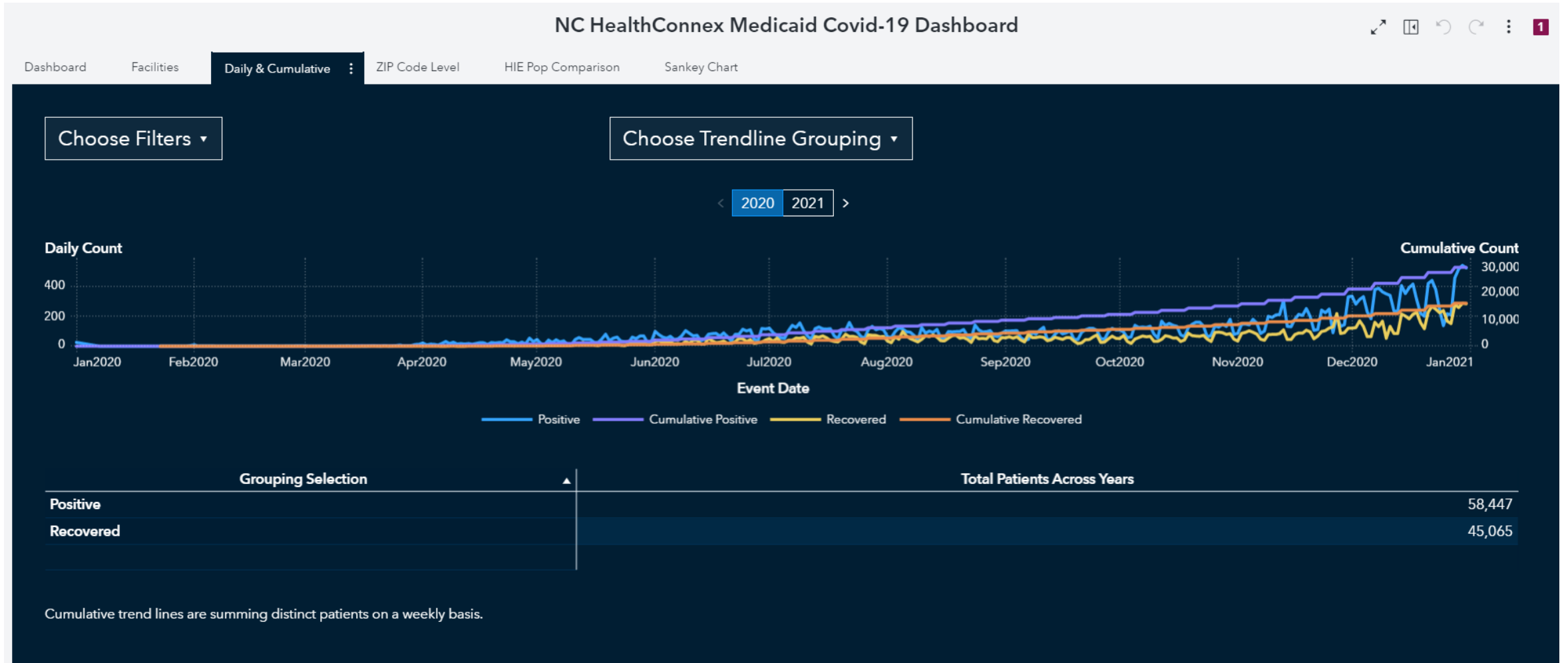
Medicaid/HIE COVID Dashboard



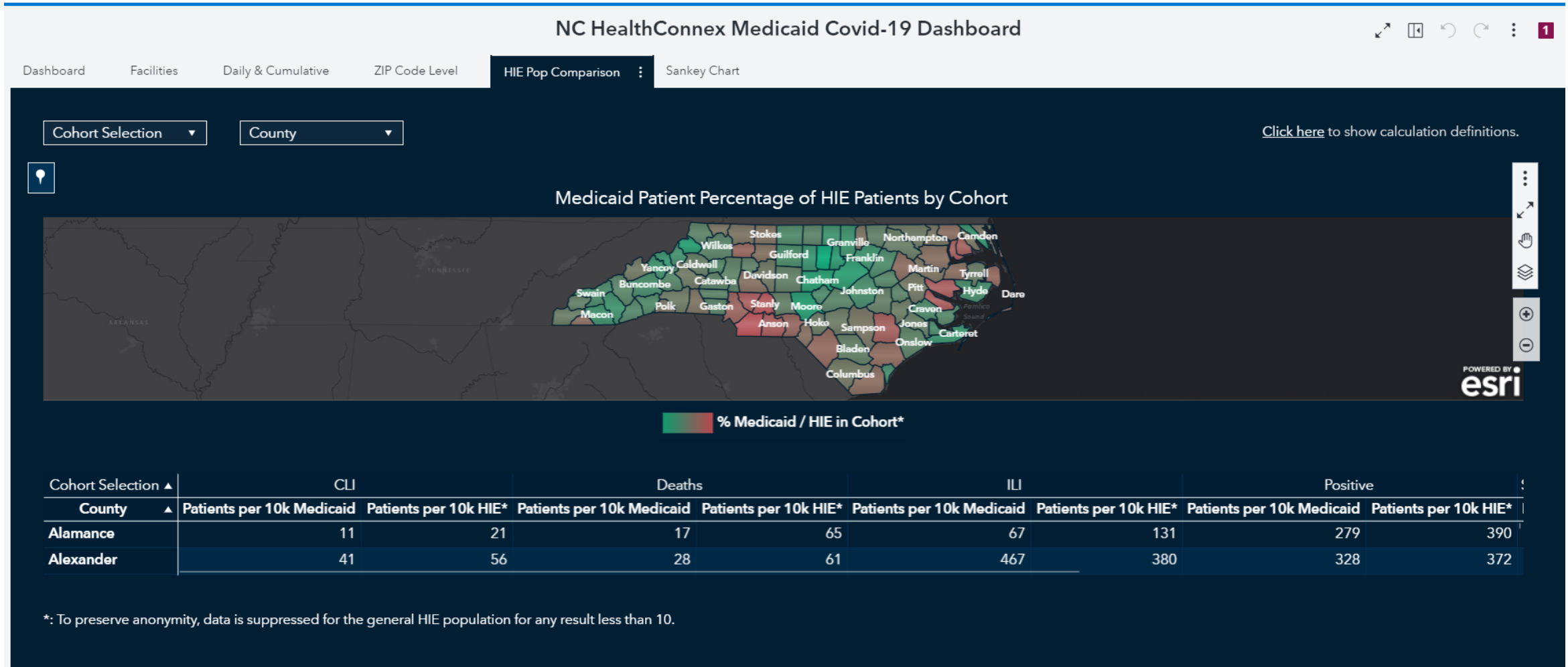
Medicaid/HIE COVID Dashboard



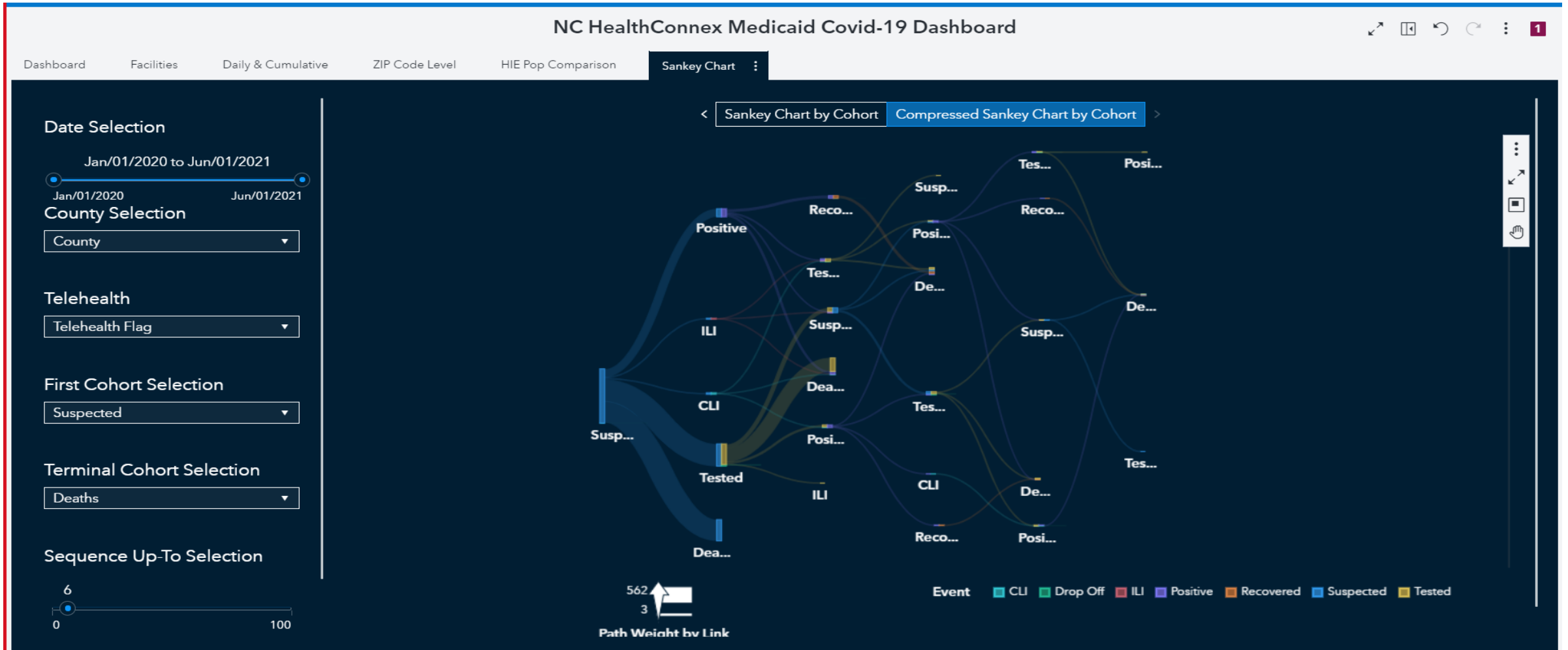
Medicaid/HIE COVID Dashboard



Medicaid/HIE COVID Dashboard



Medicaid/HIE COVID Dashboard



Quality and Population Health's objective for collaboration with NC HIEA

Optimize HIEA data for Medicaid quality management and care management by:

- **Implementing National Committee for Quality Assurance's (NCQA's) Data Aggregator Validation program**
 - Ensures that data aggregated in the HIE represent the same information that it did when providers entered it in their EHR
 - Allows clinical quality measures produced with HIE data to be NCQA certified
- **Implementing a provider data quality incentive program that:**
 1. Works with HIEA to monitor the completeness and quality of priority data elements at the provider level
 2. Works with AHEC to help providers improve the completeness and quality of the data they submit to HIEA
 3. Pays incentives to providers for hitting data completeness and quality benchmarks
 - Ensures that the data providers submit to HIE meets standards that enable interpretation and analysis by other providers, payers and NC Medicaid

Example Priority Data Elements for Data Quality Incentive Program

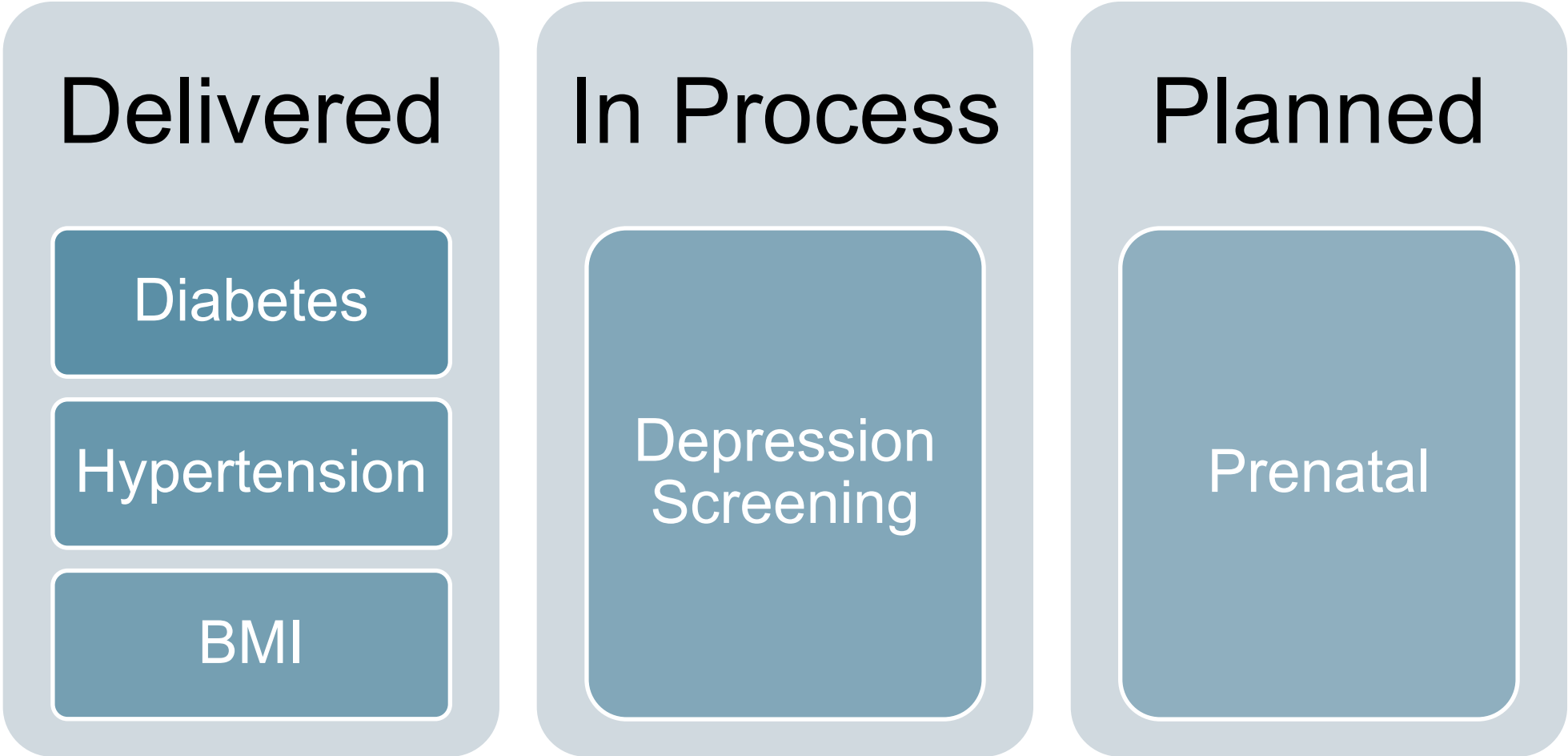
- **Quality Measures**

- Comprehensive Diabetes Care - Pharmacological, Lab data
- Controlling High Blood Pressure - Vital signs data
- Screening for Depression and Follow-up- pharmacotherapy, lab data, follow-up data
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents;
Body Mass Index and follow up - clinical data
- HIV Viral Load Suppression - diagnosis and lab data

- **Population Health**

- Discharge location
- Care alerts
- COVID lab and vaccine data

Medicaid/HIE Data Extract for Hybrid Quality Measures



Medicaid/HIE Quality Initiatives

Priority Data Elements

Focus on key data elements needed to support highest priority data elements to support Quality Measures

Data Quality Improvement

Work with PHPs and providers to ensure required data elements are completed consistently and accurately

NCQA

Initiate NCQA Data Aggregator Validation Program (DAV) efforts to validate data input. Initial effort will look at up to 8 cohorts for data validation.

Questions?