NC HealthConnex
Powering Health Care Outcomes

NORTH CAROLINA HEALTH INFORMATION EXCHANGE AUTHORITY

March 19, 2025
Advisory Board Meeting

NCDIT NORTH CAROLINA DEPARTMENT OF INFORMATION TECHNOLOGY

Welcome &
Call to Order

North Carolina Health Information Exchange Authority

Overview of Topics

1. Priorities & Implementation Plans
2. Waiver Updates
3. Federal Landscape
4. Health Data Utility Update
5. HIE Medicaid Services (HMS)
6. Outreach Update
7. Operations Update

Strategic Priorities & Implementation Plans

Manatt Partnership Update

The NC HIEA and SAS have engaged Manatt Health to help identify and execute on its highest strategic priorities. Manatt Health will work to develop an approach for prioritizing and advancing several modernization and reform activities during SFY2025.

Manatt's engagement has two initial phases:

Today

Project Activity	2025					
	January	February	March	April	May	June
1) Strategic Priority Setting						
Manatt will engage the NC HIEA to prioritize potential modernization and reform areas through a current state assessment, peer state research and engagement with key stakeholders and experts.						
2) Implementation Plan Development						
Manatt will work closely with the NC HIEA to develop actionable "implementation plans" for up to three Priority Reform Areas.						

Manatt's Current State Assessment Informed Priority-Setting

To support the NC HIEA in prioritizing its modernization and reform activities, Manatt assessed the NC HIEA's current state, the national environment and leadership's views of organizational priorities.

To accomplish this on an expedited timeline, Manatt developed a current state assessment based on:

- **Document Review:** Reviewing strategic plans, annual reports, scopes of work, project plans, operational performance metrics and other relevant documents to understand the current NC HIEA landscape.
- **Stakeholder Interviews:** Engaging with key stakeholders and experts to gather diverse insights and perspectives. Interviews are underway.
- **National Landscape Scan:** Assessment of national and peer-state best practices to understand best practices and lessons learned for similar reform.

Stakeholder Interviews

Manatt completed **17** interviews with NC HIEA staff, participants and stakeholders to gain deeper insights into current state **operational priorities**, **needs**, **implementation challenges and resource availability**.

NC HIEA Staff and Contractors

- Michelle Hunt
- Jenell Stewart
- Fred Eaker
- Tim Taylor
- Evan Shaw
- Zachary Faigen
- Jessie Tenenbaum

Technology & State Partners

- *SAS*
- *J2*
- *NC Medicaid*
- *NCDIT*

NC HealthConnex Participants

- *Daymark*
- *Alliance, Partners*
- *Cherokee Indian Hospital Authority*
- *Mecklenburg County Public Health*
- *UNC Health*
- *Wake Internal Medicine Consultants*

Manatt also considered all feedback provided by the Advisory Board during its last meeting.

Identified Priorities

The current state assessment revealed 28 priorities across eight categories.

A. NC*Notify

A1. Improve ADT data quality and integrity

A2. Expand ADT message types

A3. Improve usability of ADT data

B. NC HealthConnex

B1. Include behavioral health data

B2. Include imaging data

B3. Include advance directives

B4. Include care plans

B5. Make care plans interactive

B6. Introduce user-centered design processes when enhancing the clinical portal

B7. Streamline access to the clinical portal

C. DSM

C1. Expand Direct Secure Messaging (DSM) to care managers

D. Participation

D1. Develop a strategy to further engage current participants

D2. Develop a strategy to expand the scope of participants

D3. Address the needs of non-HIPAA covered entities

E. Reliability/Security

E1. Improve reliability of services

E2. Enhance information security

F. Quality

F1. Establish data quality standards and processes

G. Operational Efficiency

G1. Establish prioritization framework

G2. Develop product roadmaps to focus efforts

G3. Document standard operating procedures, incl. design standards and data governance

G4. Identify opportunities to leverage the services and capabilities of other NCDIT departments

G5. Clarify roles, responsibilities and align job descriptions

G6. Establish operational KPIs

H. Service Modernization

H1. Enable FHIR data exchange incl. bulk FHIR

H2. Expand use of disease registries to support participants' quality improvement efforts

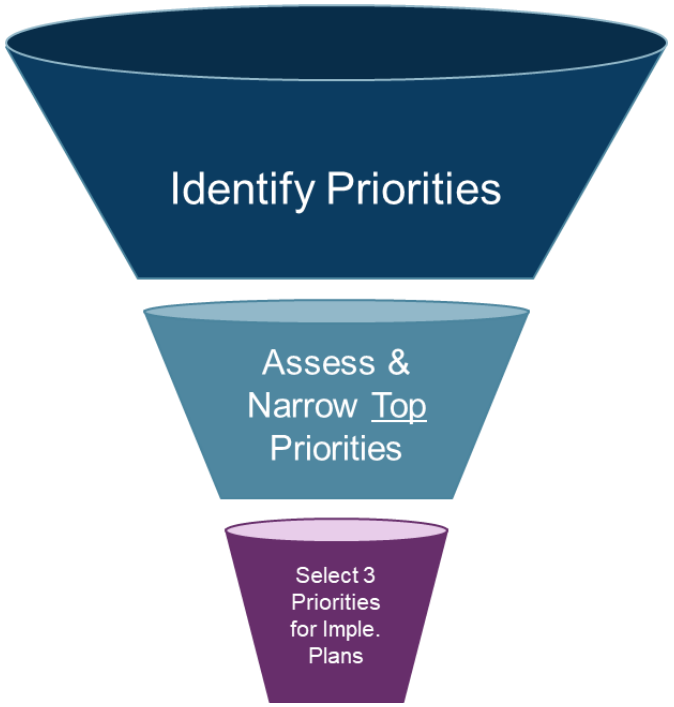
H3. Expand access to data from other states

H4. Develop disaster playbook to support more effective state responses in the future

H5. Develop HDU strategy

Narrow & Align on Top Priorities

Manatt performed two assessments to assess and rank the NC HIEA's top strategic priorities.



NC HIEA Prioritization Exercise

NC HIEA and SAS team members independently reviewed the identified priorities and selected the **top five** and **bottom three** priorities across all categories.

Manatt analyzed the results to identify the **overall top priorities**.

Manatt Prioritization Assessment

Manatt used a **standardized framework** to analyze each priority against four criteria:

- **Value:** Benefit including the anticipated positive impact for North Carolina and NC HealthConnex participants
- **Urgency:** Level of demand or need to address this priority in the near-term
- **Feasibility:** Timeline considerations given resource needs, technical requirements, operational dependencies and risks
- **National Alignment:** Consistency with national policies, regulatory frameworks, and/or leading state HIE best practices or service offerings

Note: *As the NC HIEA plans for the future, certain initiatives must be deprioritized to effectively manage resources and ensure long-term sustainability.*

NC HIEA Top Strategic Priorities

Manatt and NC HIEA identified around a dozen areas where strategic reforms are needed or would be beneficial – beyond advancing core state mandates for connectivity.

NC HIEA Modernization and System Reform Priorities: Areas for Manatt Focus

1. **Develop a strategy to further engage current participants**
2. **Include behavioral health data**

Additional Strategic Priorities

(Beyond Serving State Mandates)

- Develop a strategy to expand the scope of participants
- Improve reliability of services
- Enhance information security
- Establish data quality standards and processes
- Establish a prioritization framework
- Develop product roadmaps to focus efforts
- Document standard operating procedures (SOPs), including design standards and data governance
- Clarify roles, responsibilities and align job descriptions
- Establish operational KPIs
- Develop a disaster playbook to support more effective state responses in the future
- Expand access to data from neighboring states

Next Steps

The NC HIEA and Manatt are transitioning to develop implementation plans for three of the NC HIEA's highest strategic priorities.

Manatt will develop implementation plans for the following priorities:

- **Develop a strategy to further engage current participants:** develop a playbook for the NC HIEA to more effectively and consistently engage current participants to ensure they can benefit from the full potential value of NC HealthConnex connectivity and services.
- **Include behavioral health data:** expand NC HealthConnex data exchange to encompass behavioral health and substance use disorder (SUD) data subject to 42 CFR Part 2 disclosure restrictions.
- **[NEW] Engage the NC State Health Plan:** support the NC HIEA in developing sustained, structural relationships between the state health plan and the NC HIEA.

Waiver Updates

NC Received CMS Approval for New Health Care Investments

CMS's 1115 approval provides the option to implement certain Medicaid initiatives, but NC Medicaid will work with the General Assembly going forward on the opportunity to implement these initiatives. NC HIEA would be well-positioned to support NC Medicaid in implementing several of the 1115 Waiver initiative options.

Extension with No Changes

- Substance use disorder (SUD)
- Managed care

Extension with Refinements

- Home- and Community-Based Services under 1915(i)
- Healthy Opportunities Pilots (HOP)

New Initiatives

- Pre-release services for the reentry population
- Investments to bolster behavioral health and LTSS workforce
- Investments in behavioral health technology
- Continuous eligibility for children and youth

Improving health access is at the center of both the broader Medicaid managed care program and the new initiatives in the 1115 demonstration renewal.

NC HIEA Has Several Opportunities to Engage with Potential New Initiatives

The Waiver provides the option for the state to extend and refine the Healthy Opportunities Pilots and introduce pre-release services for the reentry population.

Waiver Option	Description	NC HIEA Opportunity
Healthy Opportunities Pilot (HOP)	The state has the option to continue and expand HOP statewide to address unmet health-related social needs (HRSNs).	• NC HIEA could ingest and facilitate access and use of **HRSN screening data** captured via HOP. • NC HIEA could facilitate interoperability of **HRSN referrals data** (and more broadly, social care data) across vendors and platforms.
Pre-release services for the reentry population	The state has the option to provide a set of targeted pre-release Medicaid services to eligible individuals to improve health outcomes, ensure continuity of care, and support reentry into the community.	• NC HIEA could support **identification of eligible individuals** during the 90-day post-release period and related care coordination efforts.

NC HIEA Has Several Opportunities to Engage with Potential New 1115 Initiatives

The Waiver provides the option for the state to provide behavioral health providers with payments to adopt and use interoperable health information technology in support of patient care.

Waiver Option	Description	NC HIEA Opportunity
Investments in behavioral health technology	The state has the option to distribute **up to $30 million** in incentive payments over five years to support HIT use, EHR adoption, and HIE connectivity among behavioral health providers.	• NC HIEA could **coordinate provider outreach activities** with NC Medicaid or DMH to incent broader HIE participation from behavioral health providers. • NC HIEA could work with NC Medicaid to **define specific data quality or timeliness metrics** program participants must reach to receive incentive payments.
	The state has the option to provide **up to $15 million** in incentive payments for use of technology and related technical assistance to expand schools' behavioral health and health-related capabilities.	• NC HIEA could encourage or recommend school districts to **consider EHR systems that have demonstrated capability to connect** with and submit data to NC HealthConnex.

Federal Landscape

Current State of Play: Medicaid

The federal environment remains unpredictable as the new administration challenges long-standing regulatory, financial and operating precedents.

- **Medicaid Budget Cuts:** On March 25, the House of Representatives approved a federal budget blueprint that would cut up to $880 billion in Medicaid expenditures over the next ten years. It did not detail how cuts would be made, though prior Energy & Commerce Committee documents indicated that block grants, per capita caps, work requirements, reducing federal match rates and capping Administrative Claiming rates (see below) are all under consideration.
  - ***Potential Impact:*** Reduced Medicaid funding could impact the ability of the state, Medicaid managed care organizations and Medicaid-serving health care providers to invest in existing or new HIE services.
- **Medicaid Administrative Claiming Caps:** State Medicaid agencies are reimbursed for their administrative and health information technology investments at rates ranging from 50% to 100%, depending on the type of investment. Congress is currently considering these “Federal Financial Participation” (FFP) rates at 50%, which could result in states confronting significant cost increases for maintaining program infrastructure.
  - ***Potential Impact:*** The NC HIEA benefits significantly - directly and indirectly - from NC Medicaid’s enhanced (i.e., over 50%) FFP-eligible investments. FFP caps would likely impact future NC Medicaid revenue.

Current State of Play: Health Information Exchanges

The federal environment remains unpredictable as the new Administration challenges long-standing regulatory, financial, and operating precedents.

- **Assistant Secretary for Technology Policy (ASTP)/Office of the National Coordinator (ONC):** After expanding significantly over the past two years, ASTP/ONC was subject to a significant round of layoffs, including high-profile data and AI hires, over the past two months. The administration has not yet named a new ASTP assistant secretary or a new National Coordinator (if different); Steve Posnack is serving as acting assistant secretary and National Coordinator until they are named. ASTP/ONC public engagement, including through contractors, has largely been paused.
  - ***Potential Impact:*** It remains unclear how the new administration views the value of ASTP/ONC and the Trusted Exchange Framework and Common Agreement (TEFCA). It is highly likely that HRSN-related activities will be immediately defunded, to the extent regulations and contracts allow.
- **TEFCA:** TEFCA and its eight designated Qualified Health Information Networks (QHINs) support standardized nationwide health information exchange. The program is at a critical juncture in its development. It is unclear whether the Administration will continue to invest in its development.
  - ***Potential Impact:*** If the federal government chooses not to continue advancing TEFCA and its QHINs (via the Sequoia Project), it is unclear to what extent private industry will continue to steward it.

Health Data Utility Update

HIE+ landscape in NC

- Today
  - Advanced HIE, already functioning as HDU in some ways
- What's needed
  - Designated authority as HDU
  - Stakeholder engagement
  - Shared governance framework
  - Use case refinement & prioritization
  - Technical support for new use cases

Success at the speed of…

COMMUNITY READINESS & STEWARDSHIP

TRUST

FUNDING STREAMS

POLITICAL WILL

Adapted from Civitas & Maryland Health Commission

Stakeholders outreach

Government

- NCDIT
  - ✓ NC HIEA
  - ✓ Government Data Analytics Center (GDAC)
  - ✓ N.C. Longitudinal Data Service (NCLDS)
- NCDHHS
  - ✓ Secretary's Office
  - ✓ Division of Public Health (DPH)
  - ✓ Division of Health Benefits, aka Medicaid (DHB)
  - ✓ Division of Child and Family Wellbeing (DCFW)
  - Division of Social Services (DSS)
  - ✓ Division of Mental Health, Developmental Disorders, and Substance Use Services (DMHDDSUS)
- Dept of Adult Corrections (DAC)
- ✓ Department of Public Instruction (DPI)
- Local government- LHDs, DSSs
- NC General Assembly

Non-Government

- Providers
  - ✓ Primary care providers
  - Social workers- *March*
  - Nurses
  - Hospitals- *March*
- Payers
- Patients
- CBO/HSOs
- ✓ NC HIEA Advisory Board

- ✓ UniteUs
- ✓ Foundation for Health Leadership & Innovation (FHLI- Healthy Opportunities partner)
- ✓ Find Help
- ✓ SAS

Check mark indicates engagement to date

Preliminary stakeholder-supplied use cases

Label	Description	Pri
Provider SNAP Enrollment	Primary care providers (CM) want to know which patients who screen positive for food scarcity are and are not enrolled in SNAP.	1
NC InCK* Care Manager Context	NC InCK- Care manager (e.g. at AMH3) has referral of high-risk child, limited knowledge of why - only what's in Epic. Would like to know: a. What services is the child already accessing, including other care management? b. School absence rate, suspensions c. Interactions with juvenile justice d. Is their guardian tailored plan eligible (assuming parent has Medicaid)? e. Any CPS reports? (what laws allow what?)	1
Pediatric autism	Pediatric autism providers want to know what services a child has received across different systems (school, healthcare, etc.).	2
Care Management Coordination	An assigned care manager wants to know who else has provided care management for an individual (usually high risk).	2
School nurse	A School nurse would like to be able to see EHR for medical context.	2
CBO vetting	Ability for an authorized CBO or local authority to check services a person is receiving	2

*NC Integrated Care for Kids

Legislation

Amendment to Article 29B which created NC HealthConnex

behalf of, a covered entity or hybrid entity subject to this Article. Data transfer systems may be comprised of health information technology or claims processing technology, or both, including hardware, software, integrated technologies and related licenses, or packaged solutions sold as services. Data transfer systems include, but are not limited to, electronic systems or platforms related to electronic health records, pharmacy benefits and claims, claims processing, or care management. Data transfer systems do not include any information technology systems that are directly maintained, controlled, or licensed by the State Health Plan for Teachers and State Employees.

(3a) Covered entity. – Any entity described in 45 C.F.R. § 160.103 or any other facility or practitioner licensed by the State to provide health care services.

(4) Department. – North Carolina Department of Health and Human Services.

(5) Disclose or disclosure. – The release, transfer, provision of access to, or divulging in any other manner an individual's protected health information through the HIE Network.

(6) Repealed by Session Laws 2017-57, s. 11A.5(f), effective July 1, 2017.

(7) GDAC. – The North Carolina Government Data Analytics Center.

(8) HIE Network. – The voluntary, statewide health information exchange network is a health data utility that is overseen and administered by the Authority.

(9) HIPAA. – Sections 261 through 264 of the federal Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended, and any federal regulations adopted to implement these sections, as amended

Priority Level: 3 out of 5

Designate NC HealthConnex as a Health Data Utility

Pursuant to Session Law 2015-241, the State CIO continues to explore all available opportunities for the state to receive federal grant funds and federal matching funds for health information exchange. Based on recent developments in health information technology, the State CIO has found that there is a national effort by states to enhance the services provided by health information exchanges operating withing their states and to have health information exchanges designated as health data utilities. By having a health information exchange designated as a health data utility, the exchange may become eligible for additional current or future funding. The state's health information exchange is already providing enhanced services related to public health and Medicaid uses that would qualify it to be designated as a health data utility. Having this designation will ensure that the state's health information exchange network is eligible for any additional current or future funds.

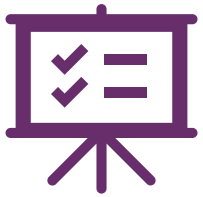
Governance

Short term (Q1-2 2025)

Create a multi-stakeholder HDU Planning Work Group

Long term (Q3+ 2025)

Establish formal Advisory Board through legislation



For feedback

Should the HDU AB be a superset of the NC HIEA AB? Partial overlap? Distinct?

What rubric or criteria should be used to choose who represents payers & patients?

Ongoing activities

1. Connecting with stakeholders beyond N.C. government
    a. → Sharing information about the HDU initiative
    b. ← Qualitative interviews to assess data needs, technical and financial barriers
2. Use case refinement and prioritization
3. Exploration of possible consent frameworks in line with state and federal regulations

Next steps

- Develop business case and explore funding options
- Create governance SOPs

10-Minute Break

HIE Medicaid Services

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HIE Medicaid Services (HMS) Update

Jenell Stewart and Jessica Kuhn

March 19, 2025

Quick Refresh

- DHB and NC HIEA have an approved CMS Implementation Advanced Planning Document (IAPD) extending FFYs 2025-2026 for ~$21M at 90% federal financial participation.
- This covers design, development, and implementation of three use cases:
  1. **Digital Quality Measures (dQMs):** Develop the capabilities to calculate a selected set of Medicaid's high-priority quality measures combining both administrative data (i.e., claims and encounters) with clinical information from providers' EHRs to allow for more timely results.
  2. **Health-Related Social Needs (HRSN) Screening:** Develop the capabilities to share Medicaid beneficiaries' responses to HRSN screening questions with: (1) other providers; (2) Prepaid Health Plans (PHPs); and (3) NC Medicaid.
  3. **Care Management Data Exchange:** Improve the ability to exchange: (1) claims/encounter data between PHPs and local care management entities; (2) transitions of care information when members move PHPs; and (3) care management interaction details.

Agenda

1. HIE Medicaid Services (HMS) Early Adopters Program
2. Beneficiary Assignment (BA) File Pilot
3. Supplemental Data for Quality Measures
4. Health-Related Social Needs (HRSN) Screening Data
5. Communications

HMS Early Adopters Program

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HMS Early Adopters Program Overview

- Two of our use cases will recruit initial, **voluntary** Medicaid provider organizations to participate in expanded data sharing related to:
  1. Sharing **Health-Related Social Needs (HRSN) Screening Data**, and
  2. Improving data quality submission to be able to report on three high-priority **Digital Quality Measures (dQMs)*.**
- The volunteer organizations (i.e., early adopters) will incur personnel, workflow and/or technical implementation costs to participate.

** (1) Controlling High Blood Pressure (CBP) [NCQA], (2) Glycemic Status Assessment for Patients with Diabetes (GSD) [NCQA] and (3) Screening for Depression and Follow-Up Plan (CDF) [CMS].*

Scope and Timeline

- **$1,675,000** was transferred from DHB to NC HIEA in June 2024 for time-limited, direct payments to provider organizations upon completion of agreed-upon technical and workflow milestones for the use cases.
- DHB and NC HIEA anticipate offering financial incentives to early adopters of the use cases for the first 2-5 years of implementation, depending upon enrollment and available funding.
- Proposed program launch date is **May 1, 2025.**
- Draft program parameters were shared with stakeholders in January 2025 who were asked to provide feedback via a brief survey. This input was used to curate the final version of the program.

Criteria for Participation

- ✓Full Participation Agreement on file with NC HIEA
- ✓Live in production and currently submitting data to NC HealthConnex
- ✓Medicaid-serving providers, with priority given to:
  - AMH Tier 3 providers
  - Serving a high volume of Medicaid beneficiaries
- ✓High level of participant engagement based on historical interactions
- ✓High level of readiness for use case implementation

dQM Use Case Program Milestones

Task	Requirements
1. Complete dQM Attestation	The attestation must be executed by an authorized signatory at the participating provider organization and the NC HIEA executive director prior to participation in the HMS Early Adopters Program.
2. Workflow Assessment	Participants complete an assessment of providers' current workflows related to collection and documentation of clinical data for the three priority quality measures.
3. Technical Discussions	Participants, their EHR vendor and/or data connector participate in technical discussions regarding how their data is transformed and shared with NC HealthConnex.
4. Workflow Changes (if applicable)	Participants train staff on new or updated data collection standards, coding requirements and/or documentation practices to ensure critical data elements for the three priority quality measures are correctly captured within the EHR. This may involve engaging with program-specific technical assistance resources.
5. Technical Upgrades (if applicable)	Participants engage with EHR vendor to discuss technical upgrades, if applicable, and ensure the necessary data format and technical specifications are deployed.
6. Testing	Participants successfully test the ability for the organization's EHR to transmit priority measure data to NC HealthConnex.
7. Validation	Participants and NC HIEA review data for the three priority measures for completeness, accuracy and compliance with specifications.
8. Live in Production	Participants route primary measure data to the NC HealthConnex production environment.
9. National Committee for Quality Assurance (NCQA) Data Aggregator Validation Program	Participants complete NCQA's Data Aggregator Validation Program and achieve validated data stream designation for all care settings.

Proposed Payment Structure:

$20,000 total:

- *$10,000 upon successful initial validation of data flow via the National Committee for Quality Assurance (NCQA) Data Aggregator Validation Program*
- *$10,000 upon meeting data quality standards via successful workflow and technical implementation for the three priority quality measures*

Note: Details of the support program require internal approvals and are subject to change.

HRSN Screening Program Milestones

Task	Requirements
1. Complete HRSN Screening Attestation	The attestation must be executed by an authorized signatory at the participating provider organization and the NC HIEA executive director prior to participation in the HMS Early Adopters Program.
2. Review of Current HRSN Screening Questions	Participants review their current HRSN screening questions and responses across the domains of housing, transportation, food and utilities that are collected in the electronic health record (EHR) or other system of record, identifying what screening instrument the questions originate from (e.g., PRAPARE, The Hunger Vital Signs).
3. Technical Discussions	Participants, their EHR vendor and/or data connector participate in technical discussions regarding potential data mapping changes.
4. Data Mapping within EHR (or Integration Engine)	Using the current EHR HRSN-related screening questions, participants determine the Logical Observation Identifiers, Names and Codes (LOINC) codes that most closely align with the NCDHHS standardized screening questions for each domain following the preferred and alternative codes outlined in the NC HealthConnex HRSN User Guide.
5. Validation of Data Mapping	NC HIEA and SAS validate the data collected by the participant and the mapping to the selected LOINC codes for the HRSN questions and responses.
6. Technical Upgrades to Encode HRSN Screening Data into LOINC (if applicable)	Participants engage with their technical system (e.g., EHR, integration engine) to ensure the HRSN screening questions and responses can be encoded in LOINC.
7. Technical Upgrades to Transmit LOINC-encoded HRSN Screening Data (if applicable)	Participants ensure their technical system (e.g., EHR, integration engine) can transmit LOINC-encoded HRSN screening information via HL7 V2 to NC HealthConnex.
8. Technical Implementation	Participants transmit the HRSN data to NC HealthConnex in the ZPV segment of HL7 V2 ADT messages.
9. Live in Production	HRSN data is routed to the NC HealthConnex production environment and available to participating providers within the NC HealthConnex Clinical Portal. Participants must transmit the data without error for 30 days before full implementation is complete.

Proposed Payment Structure:

$11,000 total:

- *$11,000 upon successful completion of the associated tasks resulting in the successful ongoing transmission of HRSN data to NC HealthConnex alongside regular data submission*

Note: Details of the support program require internal approvals and are subject to change.

Anticipated Enrollment/Onboarding Schedule

dQM Onboarding Pace (FFY25-26)		
	FFY2025	FFY2026
# of Medicaid Provider Organizations Onboarded in Each Quarter	5	5
Cumulative # of Medicaid Provider Organizations at Quarter's End	5	**10**

HRSN Screening Onboarding Pace by Quarter (FFY25-26)								
	2024 Q4 (Oct-Dec)	2025 Q1 (Jan-Mar)	2025 Q2 (Apr-Jun)	2025 Q3 (Jul-Sep)	2025 Q4 (Oct-Dec)	2026 Q1 (Jan-Mar)	2026 Q2 (Apr-Jun)	2026 Q3 (Jul-Sep)
# of Medicaid Provider Organizations Onboarded in Each Quarter	2	0	3	6	3	3	3	3
Cumulative # of Medicaid Provider Organizations at Quarter's End	2	2	5	11	14	17	20	**23**

Next Steps: Program Launch and Recruitment

1. Final approvals from NC Medicaid
2. Begin widespread communications campaign about the launch of the program. This includes:
    a. Engaging with AHEC coaches to spread the word amongst practices.
    b. Publishing information on the NC HIEA website, including the program overview document and a form to collect information from interested participants
    c. Announcing the launch of the program in our March NC HealthConnex e-newsletter and a Medicaid bulletin
    d. Additional targeted recruitment by NC HIEA staff
    e. Holding information sessions for interested early adopters to learn about the program and ask questions
3. Participants for Cohort 1 will be identified jointly by the NC HIEA and DHB project team.

Beneficiary Assignment (BA) File Pilot

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Overview of the Beneficiary Assignment (BA) File

- The Beneficiary Assignment (BA) File includes information about beneficiaries, with its primary function being to inform providers who their members are that they need to serve.
- The goal of the BA file use case is to streamline the exchange and use of the BA file between NC Medicaid managed care plans and providers, allowing providers who have relationships across multiple health plans to receive a single BA file and managed care plans to receive a single BA file for all providers contracted with them.
  - This consolidation will reduce the number of interfaces required to support data exchange, minimize custom enhancements to the file and establish a single source of truth for stakeholders.

Next Steps: Pilot Transmission of the BA File

- Our goal is to launch the BA file with a small subset of providers and Clinically Integrated Networks (CINs) in the fall of this year (2025) before full launch.
- Near-term next steps include launching a Collaborative Work Group that will be comprised of managed care plans, providers and CINs.
  - The work group will provide inputs on the current challenges and opportunities to streamline data transfer across all stakeholders.
- This work is foundational to ensure that the appropriate data flows to authorized staff for the other care management use cases.

Health-Related Social Needs (HRSN) Screening Data

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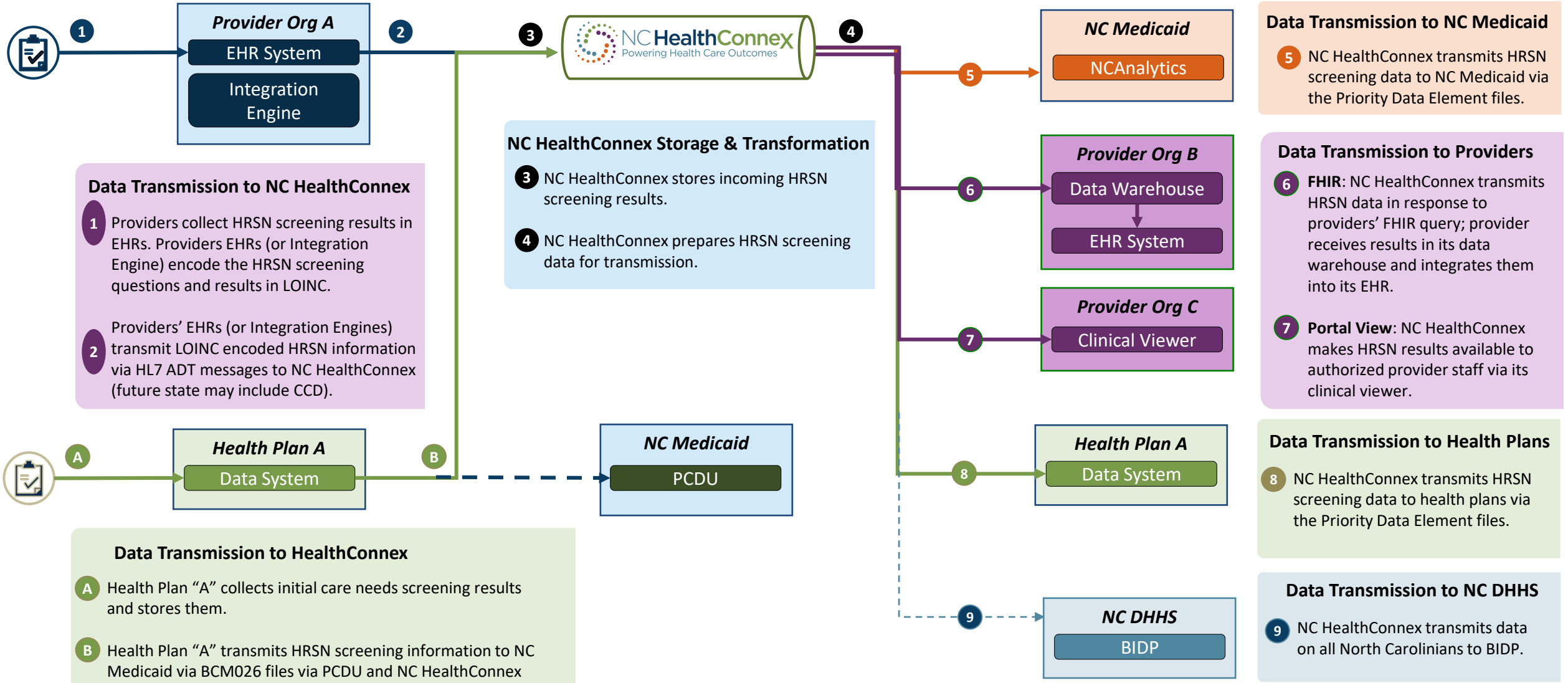
Future State: Overview of HRSN Screening Data Exchange



Data Transmission to NC HealthConnex

1. Providers collect HRSN screening results in EHRs. Providers EHRs (or Integration Engine) encode the HRSN screening questions and results in LOINC.
2. Providers' EHRs (or Integration Engines) transmit LOINC encoded HRSN information via HL7 ADT messages to NC HealthConnex (future state may include CCD).

NC HealthConnex Storage & Transformation

3. NC HealthConnex stores incoming HRSN screening results.
4. NC HealthConnex prepares HRSN screening data for transmission.

Data Transmission to NC Medicaid

5. NC HealthConnex transmits HRSN screening data to NC Medicaid via the Priority Data Element files.

Data Transmission to Providers

6. **FHIR**: NC HealthConnex transmits HRSN data in response to providers' FHIR query; provider receives results in its data warehouse and integrates them into its EHR.
7. **Portal View**: NC HealthConnex makes HRSN results available to authorized provider staff via its clinical viewer.

Data Transmission to Health Plans

8. NC HealthConnex transmits HRSN screening data to health plans via the Priority Data Element files.

Data Transmission to NC DHHS

9. NC HealthConnex transmits data on all North Carolinians to BIDP.

Data Transmission to HealthConnex

A. Health Plan "A" collects initial care needs screening results and stores them.

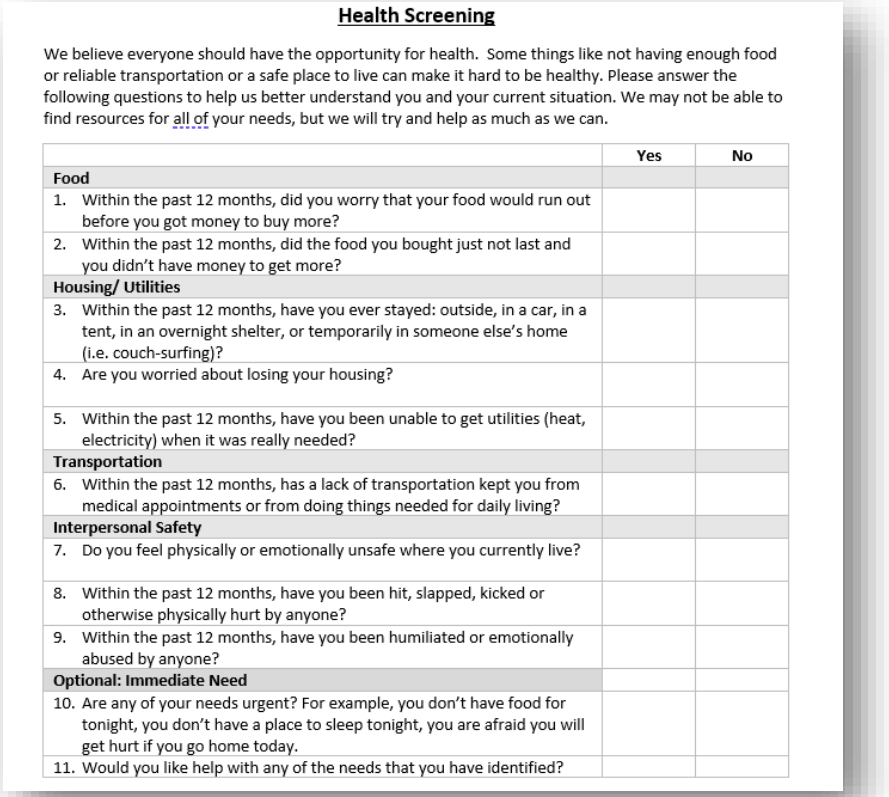
B. Health Plan "A" transmits HRSN screening information to NC Medicaid via BCM026 files via PCDU and NC HealthConnex (format and transmission method TBD).

SDOH LOINC Data Exchange Pilot

Pilot goal: Support the exchange of screening data via NC HealthConnex by developing standards across participating hospitals.

- Six questions – covering food, housing, transportation and utilities – based on the North Carolina Department of Health and Human Services (NCDHHS) standardized screening questions.

- Participants to translate screening questions and answers into LOINC codes and transmit to NC HealthConnex via Health Level Seven Admission, Discharge, and Transfer (HL7 ADT) messages.

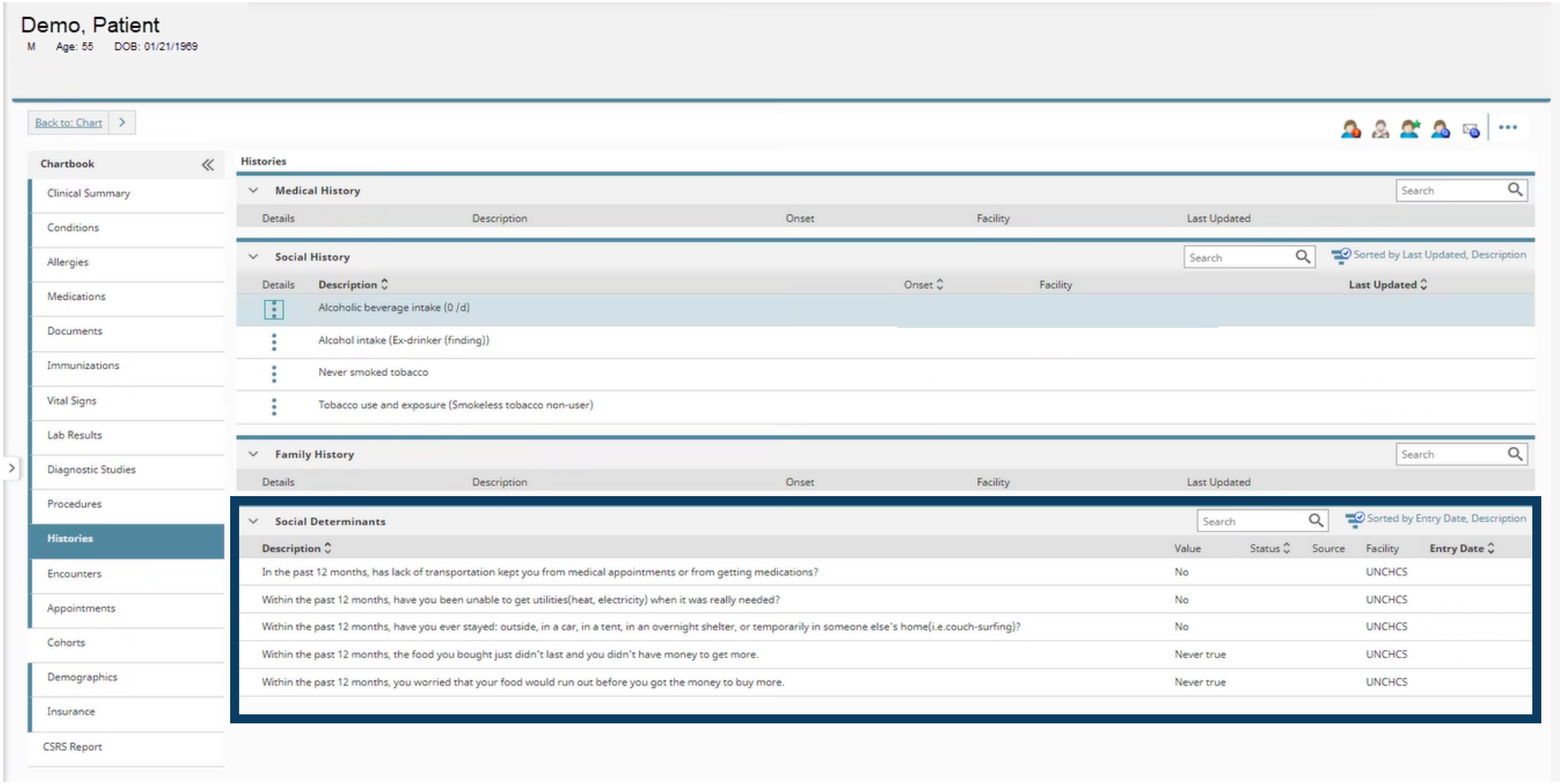


Health Screening

We believe everyone should have the opportunity for health. Some things like not having enough food or reliable transportation or a safe place to live can make it hard to be healthy. Please answer the following questions to help us better understand you and your current situation. We may not be able to find resources for all of your needs, but we will try and help as much as we can.

	Yes	No
Food		
1. Within the past 12 months, did you worry that your food would run out before you got money to buy more?		
2. Within the past 12 months, did the food you bought just not last and you didn't have money to get more?		
Housing/ Utilities		
3. Within the past 12 months, have you ever stayed: outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else's home (i.e. couch-surfing)?		
4. Are you worried about losing your housing?		
5. Within the past 12 months, have you been unable to get utilities (heat, electricity) when it was really needed?		
Transportation		
6. Within the past 12 months, has a lack of transportation kept you from medical appointments or from doing things needed for daily living?		
Interpersonal Safety		
7. Do you feel physically or emotionally unsafe where you currently live?		
8. Within the past 12 months, have you been hit, slapped, kicked or otherwise physically hurt by anyone?		
9. Within the past 12 months, have you been humiliated or emotionally abused by anyone?		
Optional: Immediate Need		
10. Are any of your needs urgent? For example, you don't have food for tonight, you don't have a place to sleep tonight, you are afraid you will get hurt if you go home today.		
11. Would you like help with any of the needs that you have identified?		

How Will Standardized HRSN Data Be Used?



Current Exchange of HRSN Screening Data

- The two SDOH Pilot hospitals have been transmitting HRSN screening data since 2024:
  - **UNC Health:** Full data transmission 6/20/2024
  - **Duke Health:** Full data transmission 9/3/2024
- Using the Medicaid population active as of 11/5/2024, **2.94% of Medicaid patients** have at least one HRSN screening question/answer recorded.
- Expanding to all patients adds an additional 287,227 non-Medicaid patients for a total of **374,131 distinct HIE patients** with at least one HRSN screening question/answer documented.

Aiming to collect HRSN data from a minimum of **21 additional provider organizations** by the end of September 2026.

Next Steps for the HRSN Screening Use Case

- NC HIEA is adding new data target options so participants can elect to add HRSN screening data when onboarding.
  - Not required at this time, but available.
- Finalizing requirements to share the HRSN screening information via the Priority Data Element Files with NC Medicaid and the Medicaid health plans.
- **Longer Term Activities:**
  - Develop a solution for receiving HRSN screening data via CCDs.
  - Receive HRSN screening information from the Medicaid health plans.

Supplemental Data for Quality Measures

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Current Exchange of Data for PDE

- The NC HIEA has been sharing a monthly extract of data elements with NC Medicaid and the health plans since 2021, known as the **Priority Data Elements.**
- These files include*:
  - Demographic information (e.g., address, phone number, race, ethnicity, gender, etc.)
  - Observations (e.g., systolic/diastolic blood pressure values, height, weight, BMI, etc.)
  - Diagnosis, Procedures and Problems (e.g., depression screen, bipolar diagnosis, etc.)
  - Labs (e.g., HbA1c, glucose, total cholesterol, cervical cytology, HDL, LDL, etc.)
  - Medications
  - Future: Health-Related Social Needs (HRSN) screening information

OBSERVATION CODE	OBSERVATIONDESCRIPTION	OBSERVATIONCODING STANDARD	OBSERVATION VALUE	OBSERVATION UNITS
3141-9	WEIGHT	LN	18.597	KG
8480-6	SYSTOLIC BLOOD PRESSURE	LN	171	MM[HG]
8462-4	DIASTOLIC BLOOD PRESSURE	LN	86	MM[HG]
8302-2	BODY HEIGHT	LN	166.4	CM
29463-7	BODY WEIGHT	LN	77.111	KG
39156-5	BMI	LN	27.86	KG/M2
39156-5	BMI	LN	46.92	KG/M2
29463-7	WEIGHT	LN	282	[LB_AV]
8302-2	HEIGHT	LN	65	[IN_I]
8480-6	BLOOD PRESSURE SYSTOLIC	LN	122	MM[HG]
8462-4	BLOOD PRESSURE DIASTOLIC	LN	85	MM[HG]
8480-6	SYSTOLIC BLOOD PRESSURE	LN	131	MM[HG]
8462-4	DIASTOLIC BLOOD PRESSURE	LN	70	MM[HG]
8480-6	SYSTOLIC BLOOD PRESSURE	LN	111	MM[HG]
8462-4	DIASTOLIC BLOOD PRESSURE	LN	70	MM[HG]
8302-2	BODY HEIGHT	LN	165.1	CM
29463-7	BODY WEIGHT	LN	95.074	KG
39156-5	BMI	LN	34.88	KG/M2
8462-4	DIASTOLIC BLOOD PRESSURE	LN	68	MM[HG]

*Associated encounter information is sent where available.

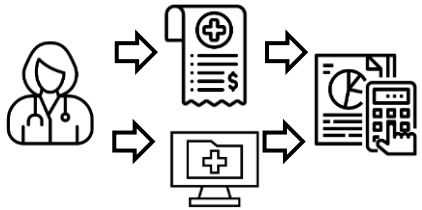
Example: Controlling High Blood Pressure

The 2022 national average for Medicaid HMOs for Controlling High Blood Pressure was 60.9%.

Traditional

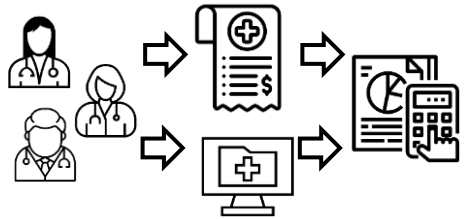
2020 CBP Rate: **4.58%**

Supplemental Data from HIE



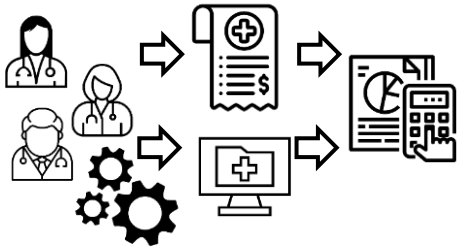
2020 CBP Rate: **20%**

Additional HIE Connections



2022 CBP Rate: **40.92%**

Improvements in HIE Submissions



2023 CBP Rate: **52.5%**

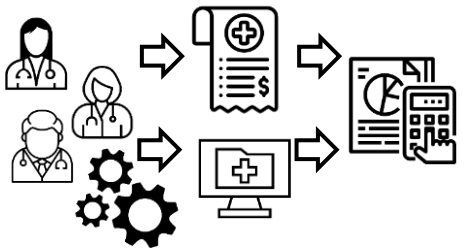
Source: Synthesis of NC Medicaid administrative data and NC HealthConnex clinical data, 2020-2024.

Example: Controlling High Blood Pressure

The 2022 national average for Medicaid HMOs for Controlling High Blood Pressure was 60.9%.

Of those beneficiaries diagnosed with hypertension, how many were identified as having their blood pressure under control via administrative (i.e., claims) versus clinical data?

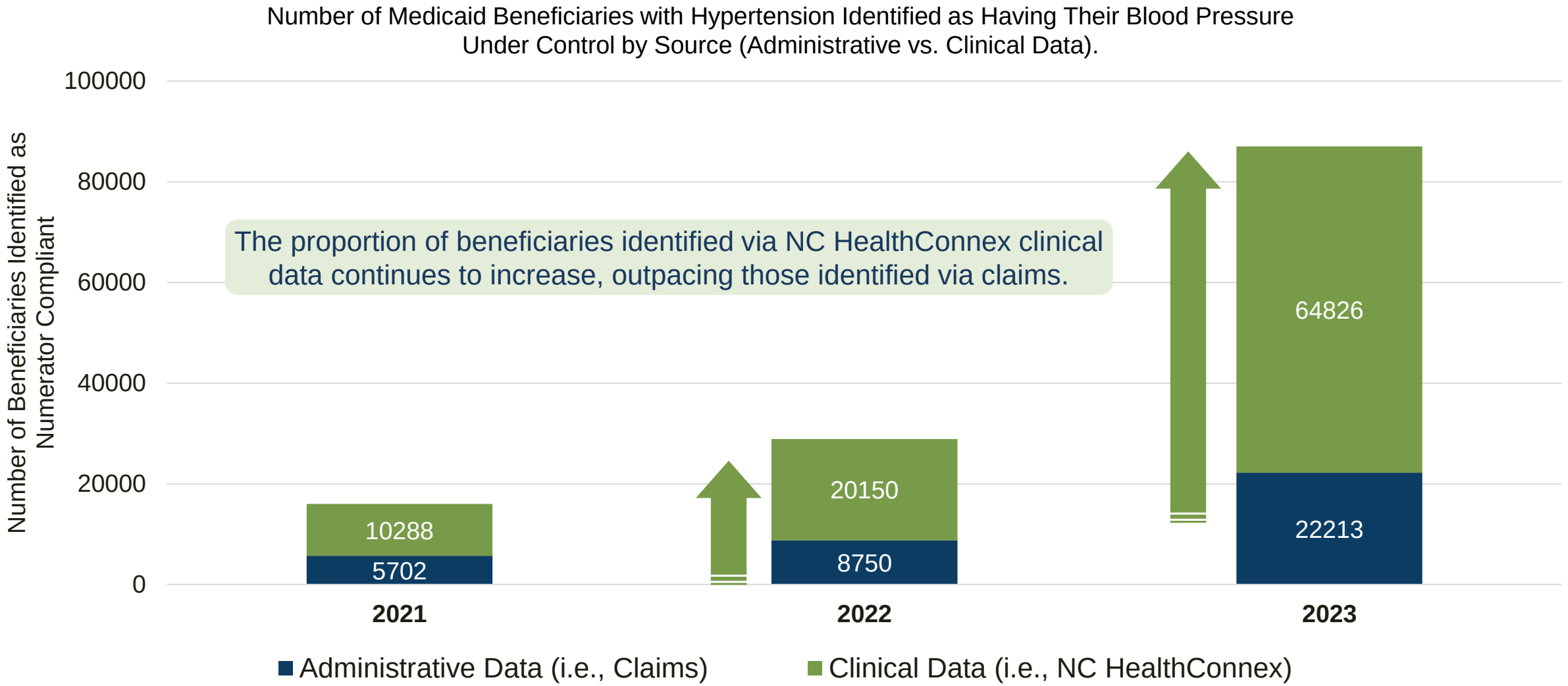
Improvements in HIE Submissions



2023 CBP Rate: **52.5%**

Source: Synthesis of NC Medicaid administrative data and NC HealthConnex clinical data, 2020-2024.

A Deeper Look: The Impact of Clinical Data in Identifying Health Outcomes



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Next Steps: Data Quality Improvements

- Participants to improve their data related to the three priority quality measures:
  1. Controlling High Blood Pressure (CBP)
  2. Screening for Depression and Follow-Up Plan (CDF)
  3. Glycemic Status Assessment for Patients with Diabetes (GSD)
- This includes…
  - Technical connection - how the data is transformed across the digital landscape.
  - Workflow - how the data is being collected and entered into the provider EHR.
  - Updates to the NC HealthConnex data target (beyond measurement fields, like place of service to the location level).

Examples

OBSERVATIONVALUE
$ lbs
(Post treatment BP 134/80; HR 70) lbs
(crying) lbs
(unable to weigh) lbs
* 30 lbs per mom lbs
99 mm Hg
?? not cooperative mm Hg
right arm124 mm Hg

OBSERVATIONUNITS
1
2
BMI
CM
G
IN

OBSERVATIONUNITS
INCHES
KG
KG/M2
KG/M?
KG/METER(2)
LB

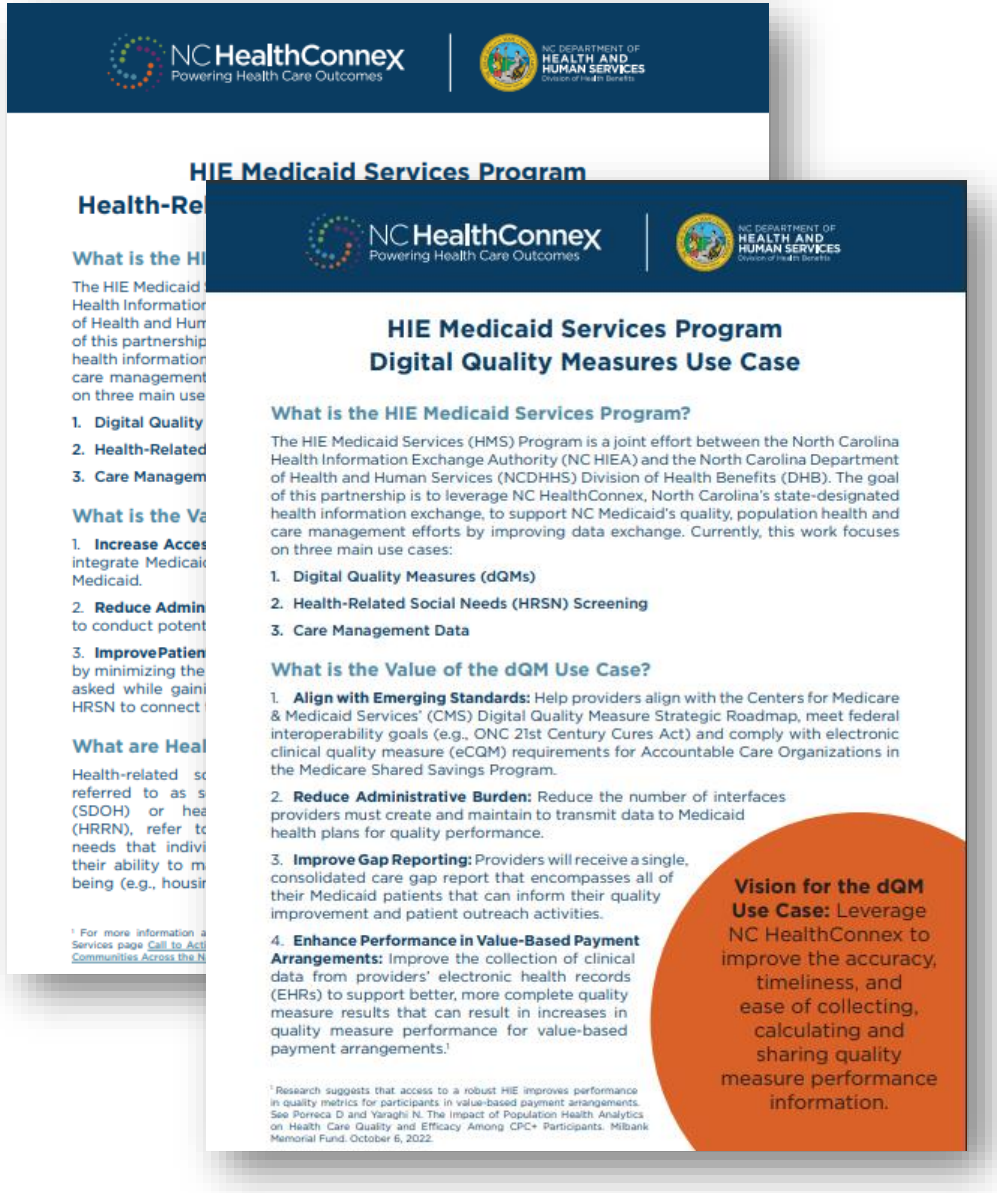
Next Steps: NCQA's Data Aggregator Validation Program

- The NCQA Data Aggregator Validation program was established to meticulously evaluate clinical data streams to ensure the quality and integrity of aggregated data often used by health plans, providers and government organizations.
  - Data evaluated in the program must be made available in CCD (Continuity of Care Documents) or FHIR (Fast Healthcare Interoperability Resources) format.
  - The program is an intensive 22-week process with cohorts occurring annually. The next cohort start date is July 21, 2025.
  - Validation status is active for 12 or 24 months from the date of completion of the program.
- Validated data can be used by health plans as part of their required HEDIS reporting for NCQA health plan accreditation.
  - We are finalizing a plan for extracting certified data from NC HealthConnex to share with health plans.

Communications

Communications Work

- We have a webpage on the NC HIEA website that is dedicated to the HMS Program: https://hiea.nc.gov/hie-medicaid-services
- We have a group email address for the HMS Program: hms.hiea@nc.gov
- Two overview documents have been developed for the dQM and HRSN use cases (with a care management overview document forthcoming).
- The most up-to-date information about the use cases can be found on our program webpage, with key items being highlighted in our monthly e-newsletters.



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HIE Medicaid Services Program
Digital Quality Measures Use Case

What is the HIE Medicaid Services Program?

The HIE Medicaid Services (HMS) Program is a joint effort between the North Carolina Health Information Exchange Authority (NC HIEA) and the North Carolina Department of Health and Human Services (NCDHHS) Division of Health Benefits (DHB). The goal of this partnership is to leverage NC HealthConnex, North Carolina's state-designated health information exchange, to support NC Medicaid's quality, population health and care management efforts by improving data exchange. Currently, this work focuses on three main use cases:

1. Digital Quality Measures (dQMs)
2. Health-Related Social Needs (HRSN) Screening
3. Care Management Data

What is the Value of the dQM Use Case?

1. **Align with Emerging Standards:** Help providers align with the Centers for Medicare & Medicaid Services' (CMS) Digital Quality Measure Strategic Roadmap, meet federal interoperability goals (e.g., ONC 21st Century Cures Act) and comply with electronic clinical quality measure (eCQM) requirements for Accountable Care Organizations in the Medicare Shared Savings Program.
2. **Reduce Administrative Burden:** Reduce the number of interfaces providers must create and maintain to transmit data to Medicaid health plans for quality performance.
3. **Improve Gap Reporting:** Providers will receive a single, consolidated care gap report that encompasses all of their Medicaid patients that can inform their quality improvement and patient outreach activities.
4. **Enhance Performance in Value-Based Payment Arrangements:** Improve the collection of clinical data from providers' electronic health records (EHRs) to support better, more complete quality measure results that can result in increases in quality measure performance for value-based payment arrangements.[1]

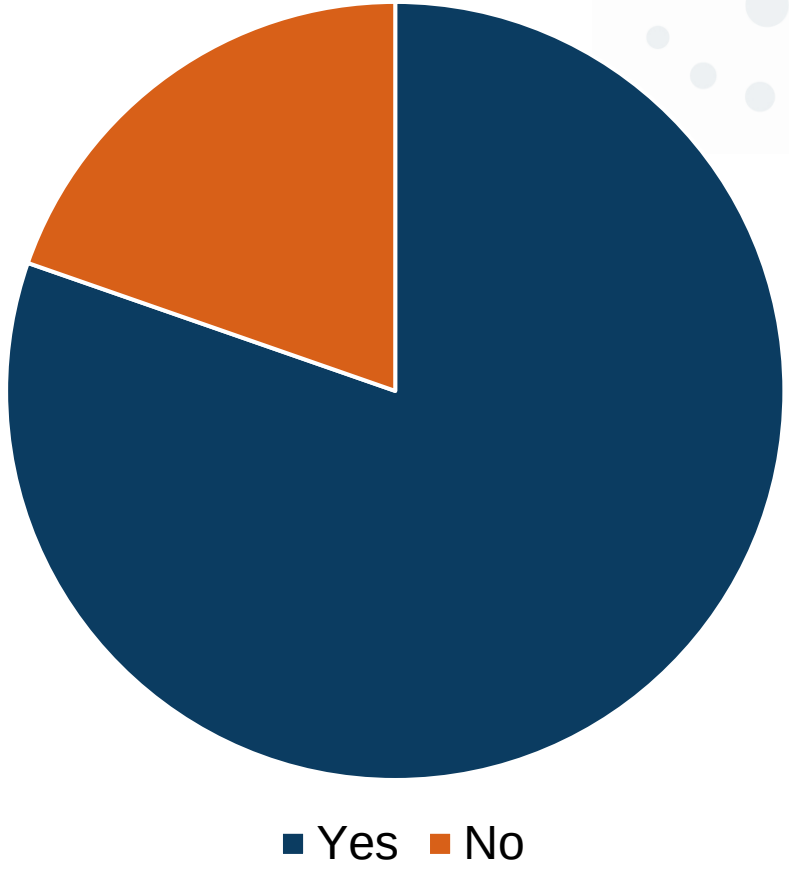
[1] Research suggests that access to a robust HIE improves performance in quality metrics for participants in value-based payment arrangements. See Porreca D and Yaraghi N. The Impact of Population Health Analytics on Health Care Quality and Efficacy Among CPC+ Participants. Milbank Memorial Fund. October 6, 2022.

Vision for the dQM Use Case: Leverage NC HealthConnex to improve the accuracy, timeliness, and ease of collecting, calculating and sharing quality measure performance information.

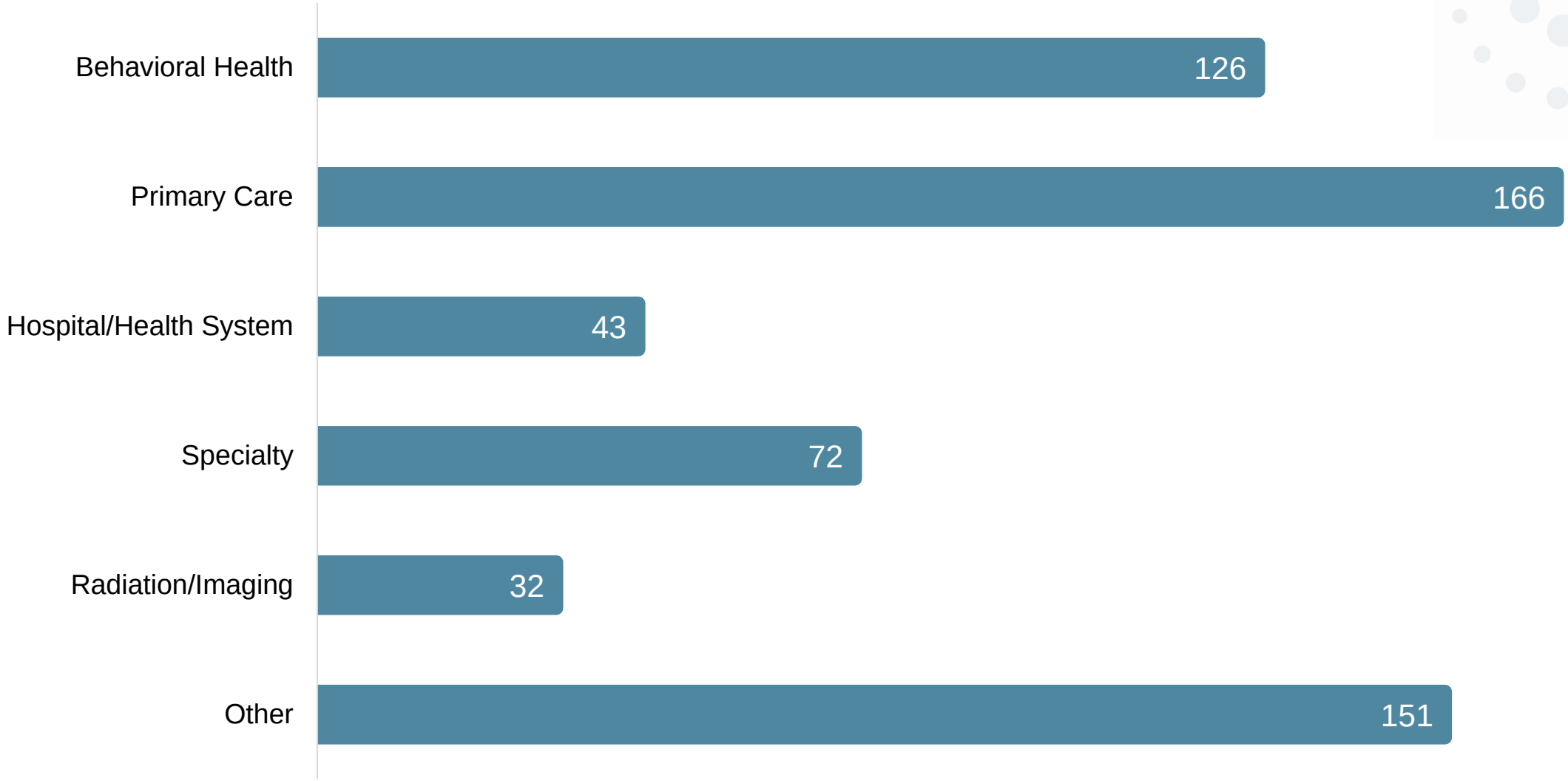
Questions?

2024 NC HealthConnex User Survey

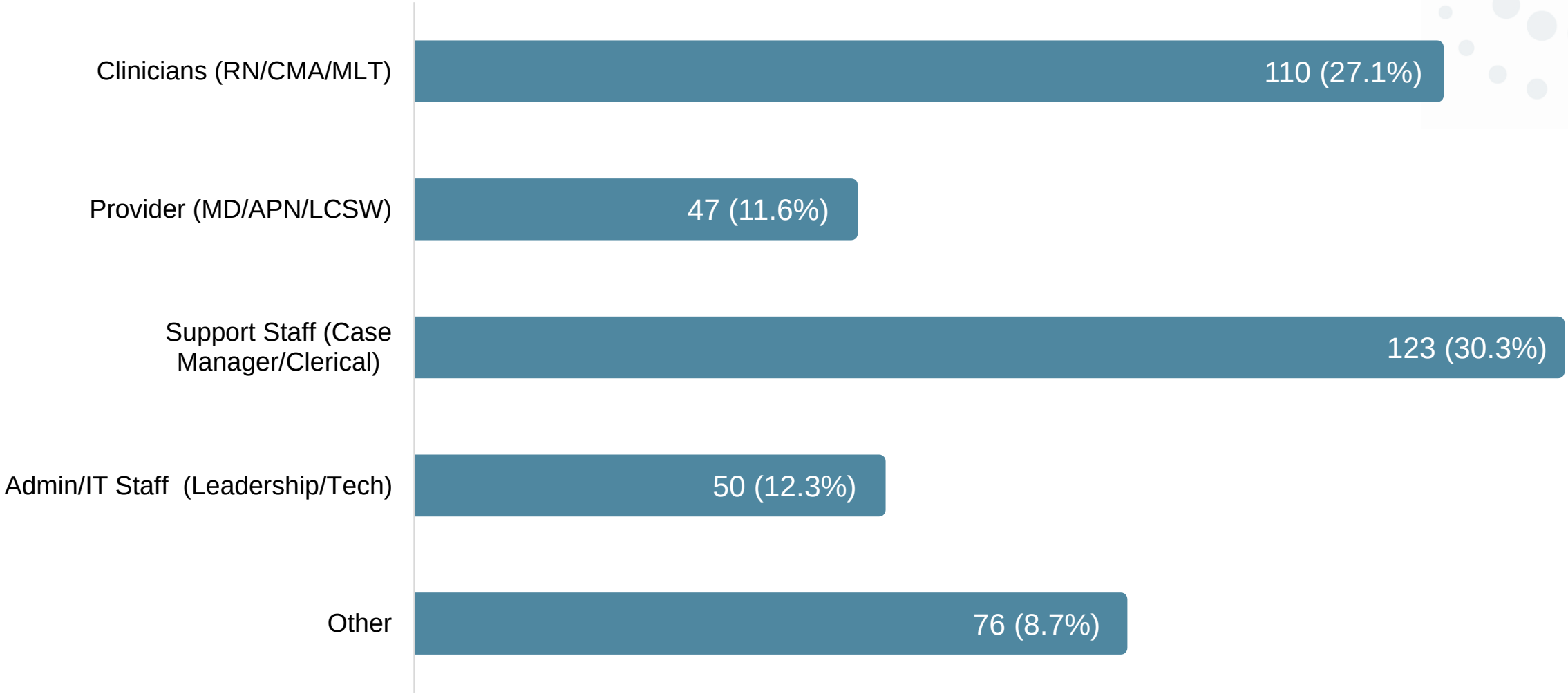
- Responses collected between 11/14/2024 to 12/22/2024
- Respondents solicited via:
  - Newsletter
  - Email Invitation
  - Home Page
- *Do you utilize the NC HealthConnex Clinical Portal?*
  - 534 Total Responses:
    - Yes - 429 80%
    - No - 105 20%
  - Analyses on subsequent slides based on respondents that answered ‘Yes’ to this question



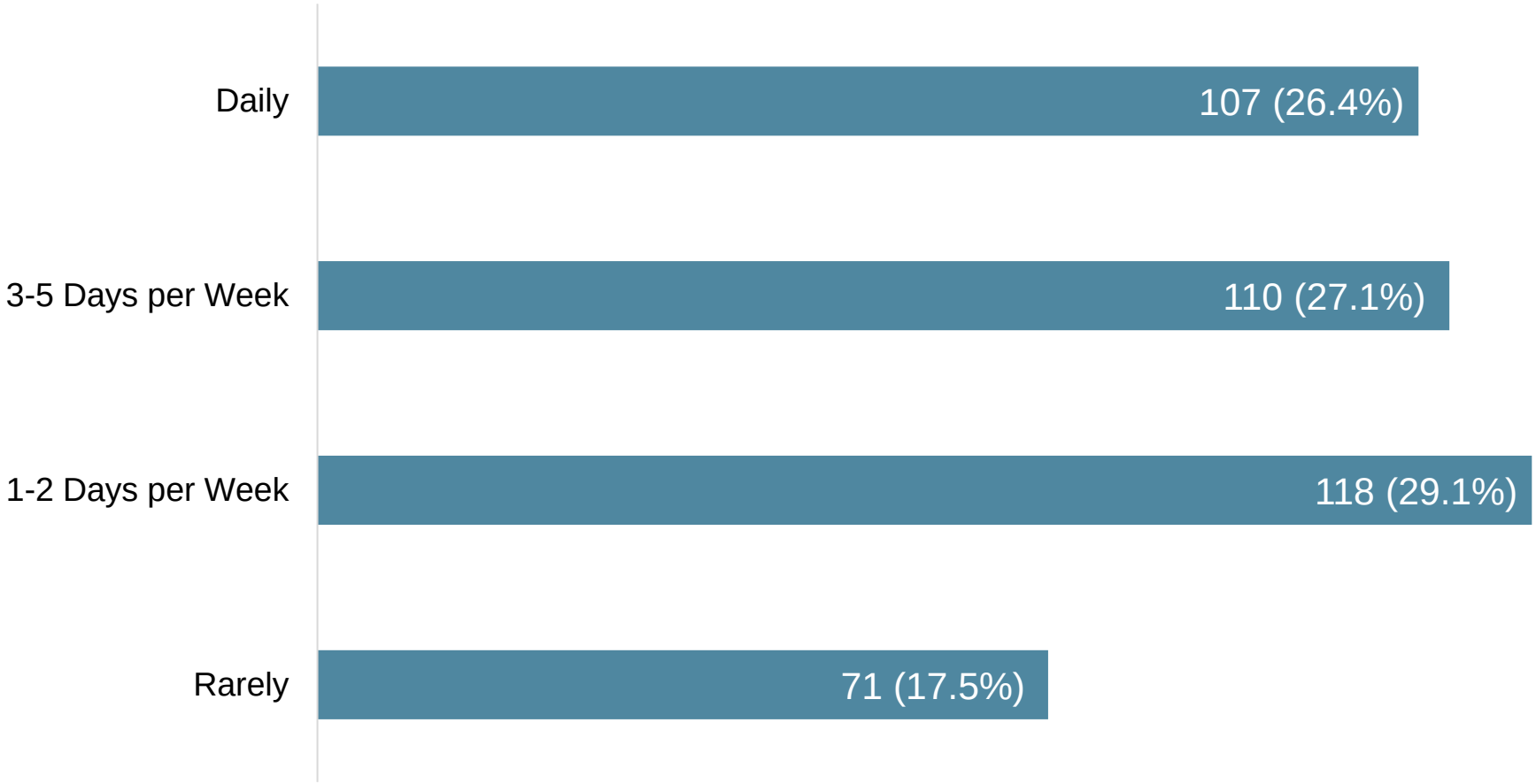
What Type of Care Does Your Organization Provide? (check all that apply) (n=406)



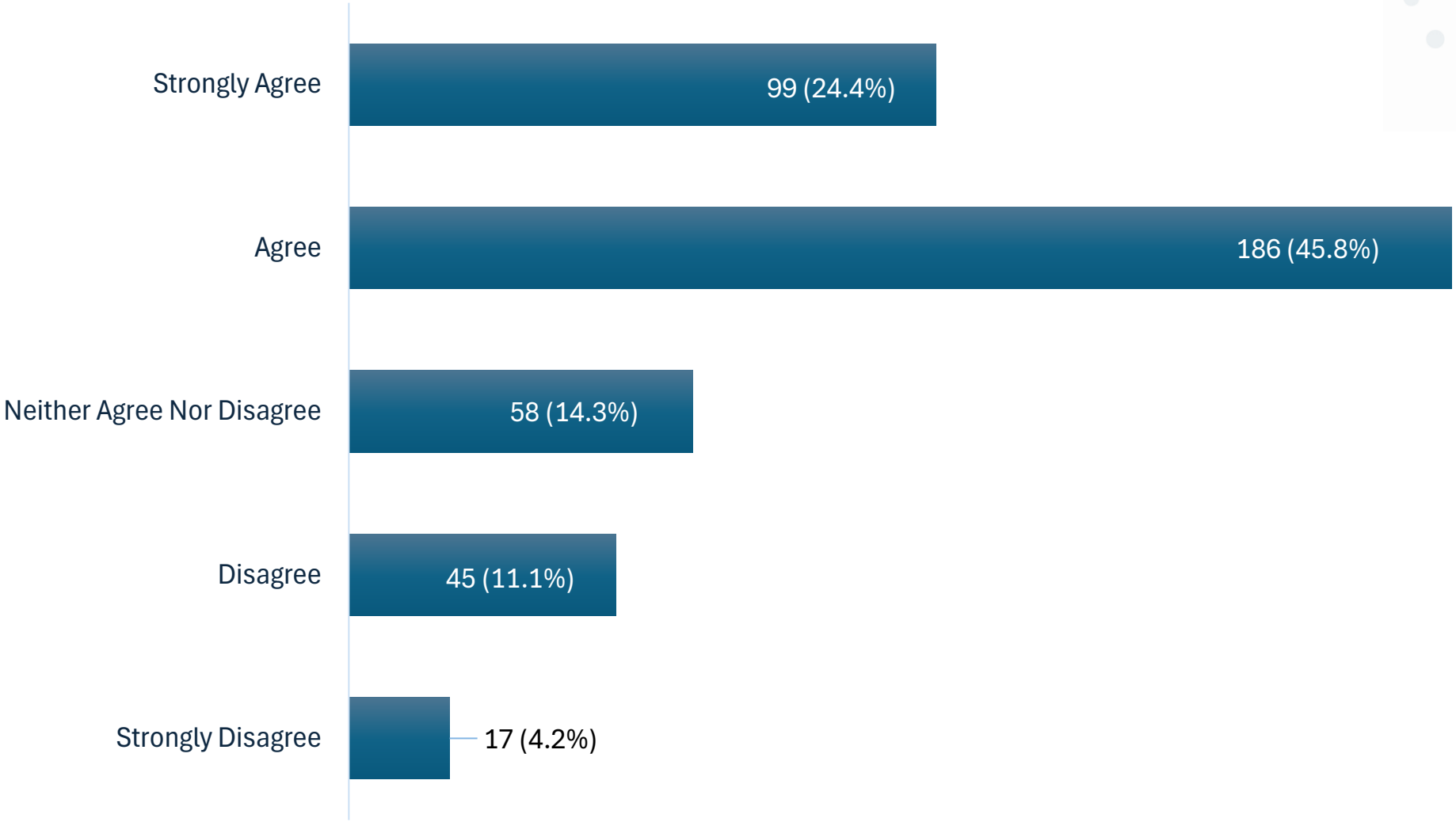
What is Your Role Within Your Organization? (n=406)



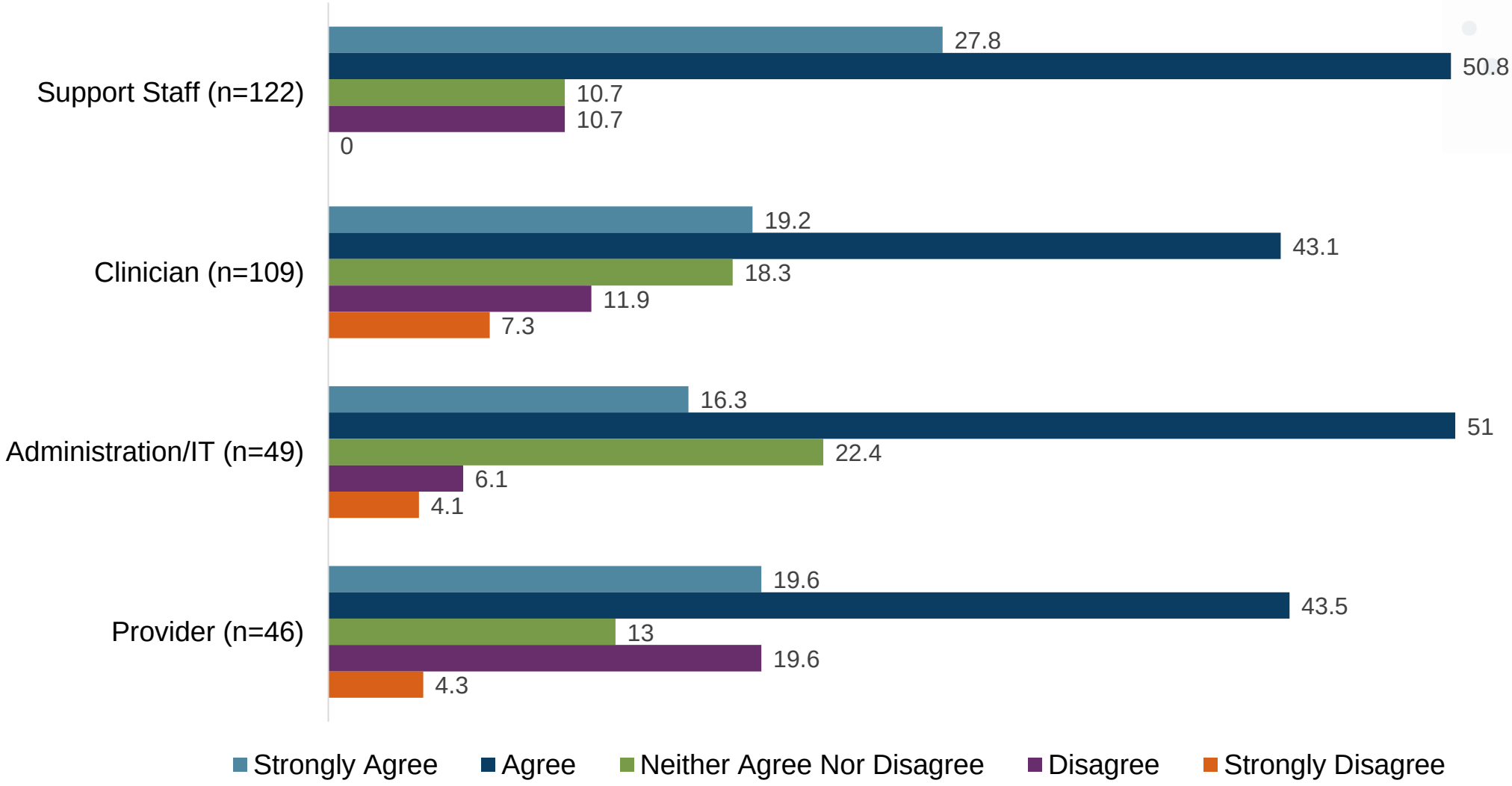
How Often Do You Utilize the NC HealthConnex Clinical Portal? (n=406)



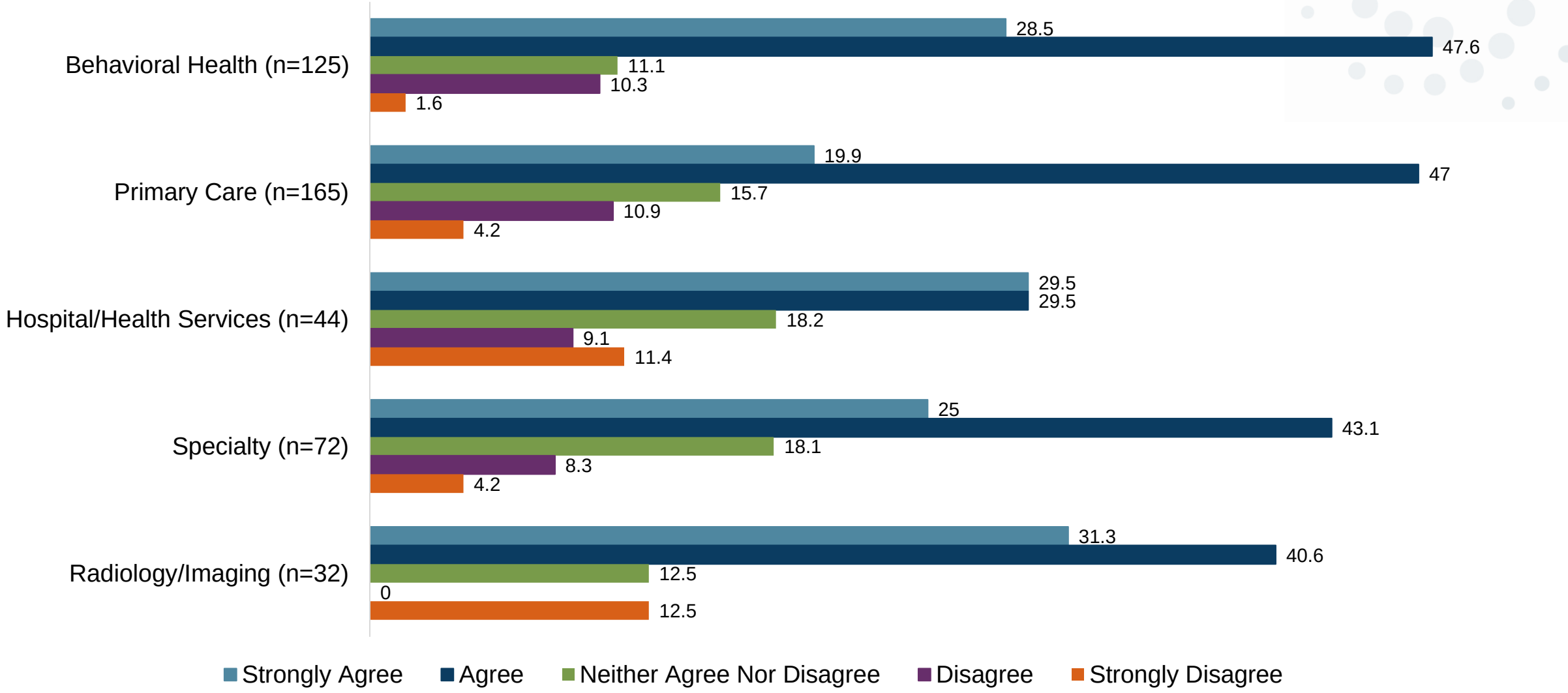
I Can Usually Find the Information I am Looking for in the NC HealthConnex Clinical Portal. (n=406)



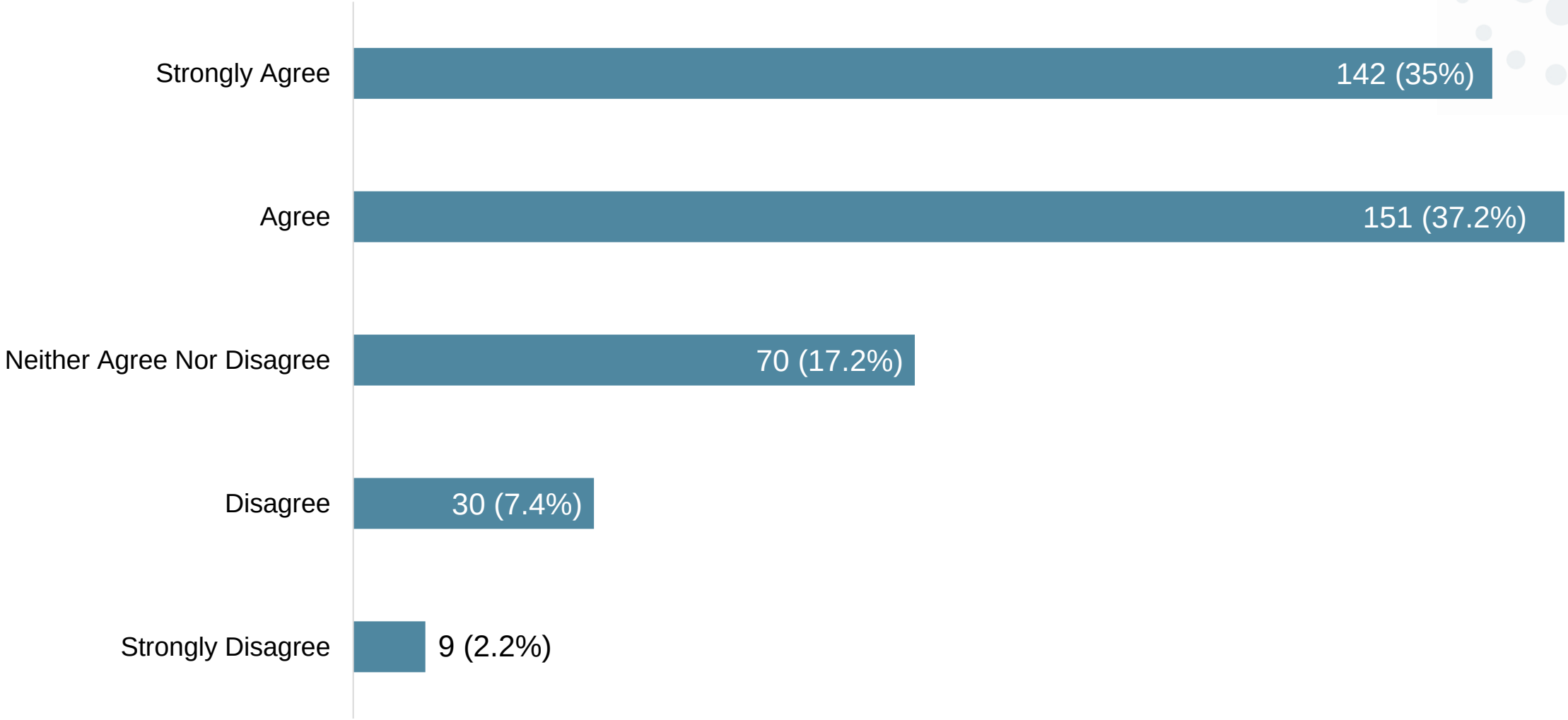
I Can Usually Find the Information I am Looking for in the NC HealthConnex Clinical Portal. (% By Role; n=406)



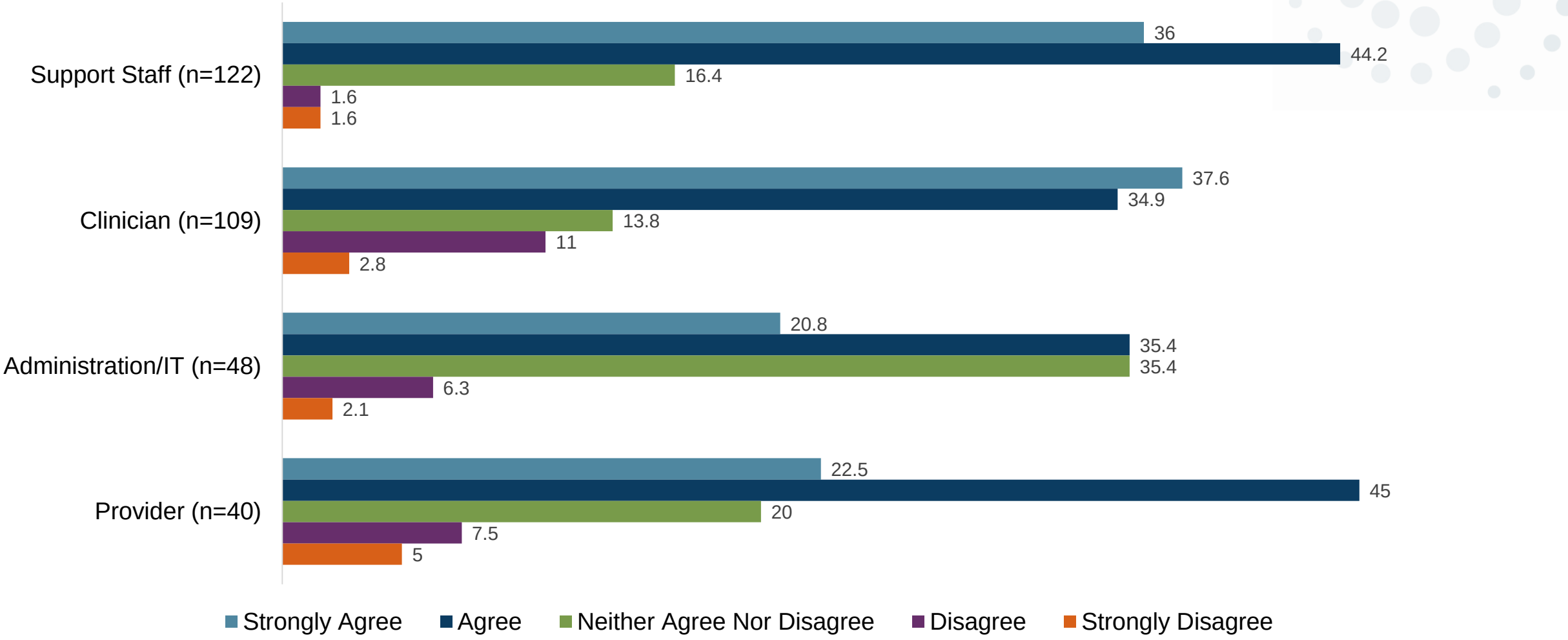
I Can Usually Find the Information I am Looking for in the NC HealthConnex Clinical Portal. (% By Facility Type; n=406)



The Information in the NC HealthConnex Clinical Portal Helps Me Provide More Informed Care to my Patients. (n=406)



The Information in the NC HealthConnex Clinical Portal Helps Me Provide More Informed Care to My Patients. (% by Role; n=406)



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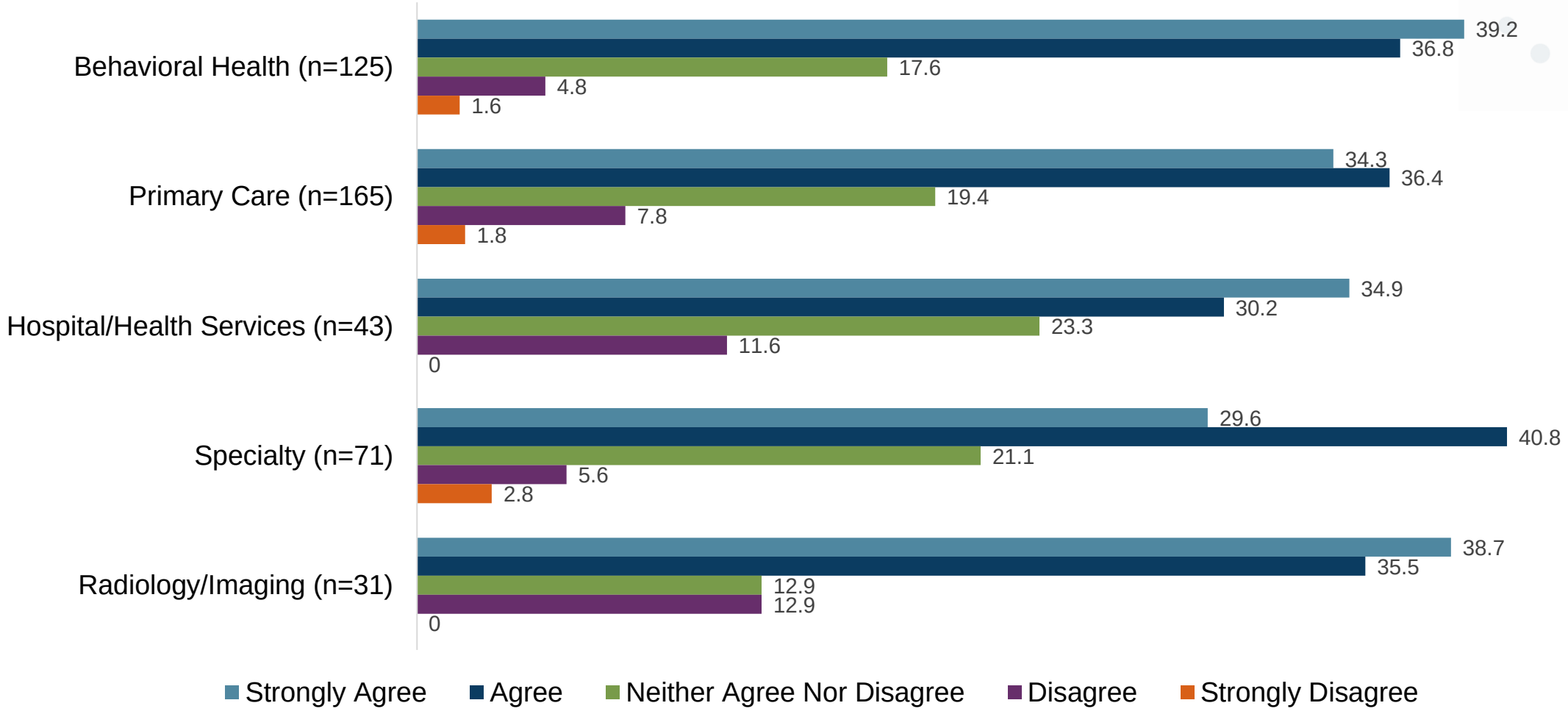

More Feedback on the Clinical Portal

- What Features Would You Like to See Implemented into the NC HealthConnex Clinical Portal to Improve Your Experience?
    - Global Search (The ability to search the entire record)* - 60.6%
    - Print the Page You are Viewing* - 51.2%
    - Open-ended/Other - feedback on labs, med lists, list of all providers patient has seen in prior year, duplicative data per patient- same person, quicker post-encounter uploads, search for patients who use both Medicare/Medicaid
- Anything Else You Would Like for Us to Know?
    - "Love NC Health Connex! It is a great resource to locate patients who have gone inactive from treatment due to a hospitalization. This prevents us from discharging them and causing them unnecessary delays when they return to treatment."
    - "NC HealthConnex has the ability to more useful in my role - at this time the information that I need should be in NC HealthConnex BUT is not"
    - "Make it easier to navigate back after you choose a search result. Right now, I have to start the whole search again, type in the patient's name/DOB, and choose the option that I am a provider before I can pick a different set of data to look at. Making it easier to find discharge summaries, clinic notes, etc. out of the less useful types redundant notes would also be helpful."

NC HIEA Outreach Update

The Role of Business Relations

- Longitudinal Support
- Relationship Building
- Stakeholder Engagement

Participant Support

- Participation Agreements
- Service Enrollment
- Hosting Quarterly Information Events
- Personalized & Group Training

HIEA In The Community – Site Visits & Conferences

Site Visits

- In-Person Presentations
- Training
- Promoting Service Utilization

Professional Conferences

- Presentations
- Lobby Exhibit
- On-Site Support

Operations Updates:

1. Metrics
2. Budget & Contracts
3. Staffing
4. Bootcamp Overview
5. Website Chatbot

Metrics Handout

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Budget & Contract Update

- State Fiscal Year Began July 1
- General Fund appropriation for FY24-25 –

Base Appropriation:	*$13,384,204*
New Appropriation:	*+ $2,200,000*
Nonrecurring:	*+ $3,800,000*
Total =	***$19,384,205***

- Current legislative ask to make the $3.8m recurring
  - Intended for data connections
  - Many of the connections that still need to be built are with less traditional exchange partners, independent, rural, behavioral health, pharmacy, long-term and in-home care, etc.

Staffing

The NC HIEA currently has 46 positions

- 25 State
- 21 Contract
  - 10 Medicaid-funded
- 10 vacancies:

1. Budget Officer (Contractor; candidate identified)
2. Compliance Specialist (Contractor; interviewing)
3. Data Quality Analyst (Permanent; candidate identified)
4. Data Integration Lead (Permanent; candidate identified)
5. Provider Relations Specialist (Permanent; candidate identified)
6. Business Development/Outreach Specialist (Permanent; candidate identified)
7. Provider Relations Specialist (Contractor; Medicaid-funded)
8. Provider Relations Specialist (Contractor; 50% Medicaid-funded; candidate identified)
9. Medicaid Project Manager (Contractor; Medicaid-funded; interviewing)
10. Medicaid Data Quality Project Manager (Contractor; Medicaid-funded; interviewing)

North Carolina Health Information Exchange Authority

Overview of Modules

- Module 1: Outreach and Provider Relations
- Module 2: Data Connections
- Module 3: Operations
- Module 4: Data Quality
- Module 5: Analytics and External Services
- Module 6: HIEA Medicaid System (HMS)

NC HIEA Website Chatbot

- Example of what the chatbot will look like once the chatbot has been activated.
- The chatbot window opens to start communicating with web user.
- This is the first message you will see when you activate the chatbot.

New Business