NCHealthConnex
Powering Health Care Outcomes

NCDIT | NORTH CAROLINA DEPARTMENT OF INFORMATION TECHNOLOGY

# North Carolina Health Information Exchange Authority
# Q1 2026 Advisory Board Meeting

## MEETING MINUTES

**Date**: March 17, 2026

**Time**: 2:00 PM – 5:01 PM

**Location:** SAS Institute Building A, 100 SAS Campus Dr. Cary, NC 27513

**Attendees:**

Chair Brent Lamm
Board Member Ryan Craig
Board Member Laura Gruebel
Board Member Mike Robinson
Board Member Tanya Thompson
Board Member Ryan Wilkins
Martha Wewer (for Secretary Piccione)
Daniel Carnegie (for DHHS Secretary Sangvai)
Ex-Officio Member Eric Myers
Vice Chair Dr. John Meier was absent

Executive Director Sam Thompson
Speaker: Don Branthwaite
Speaker: Sasi Nagarjan
Speaker: Kevin McAvey
Speaker: Christy Revels
Speaker: Michelle Hunt
Speaker: Matt Schrimer
Speaker: Mack Govill

**2:00 PM – Welcome and Call to Order** **Chair Lamm**

Chair Lamm called the meeting to order and reviewed the draft meeting minutes from the December 17, 2025, board meeting. Board Member Thompson motioned to approve the minutes, Board Member Robinson seconded the motion, and the minutes passed unanimously.

**2:03 PM – Connections Prioritization and Opportunities: Provider Data Reconciliation**
**Sam Thompson, Don Branthwaite, Sasi Nagarajan**

The team continues prioritizing, planning and maintaining Medicaid provider connections to the NC HIEA using multiple Medicaid datasets as a denominator. Providers are matched to NC HIEA participant records (deterministic and fuzzy matching) and prioritized based on factors such as rural status, claim volume, member count, paid amounts, AMH tier, TCM status, provider type and readiness.

Current reconciled data shows approximately **8,300 Medicaid providers live in production**. Another **9,500 providers are pending reconciliation**, a number expected to decline as additional data (including SHP datasets) is incorporated and as provider consolidations are identified.

**Advanced Medical Home (AMH) Connectivity Status:**

- 50% of AMH Tier 1 organizations live
- 65% of AMH Tier 2 organizations live
- 78% of AMH Tier 3 organizations live

**Tailored Care Management (TCM) / BH-IDD Provider Connectivity:**

- 87% of AMH+ organizations live
- 47% of CMA organizations live
- 31% of rural Medicaid providers live

Notably, **four of the top five Clinical Portal utilizers are BH organizations**.

SHP data will be incorporated once their MOA is executed and when rural connectivity funding becomes available.

**2:39 PM – Federal Updates: Rural Health Transformation** **Kevin McAvey**

Kevin McAvey, Managing Director, Manatt Health Strategies, provided an update on the Rural Health Transformation (RHT) from the Centers for Medicare and Medicaid Services (CMS). CMS awarded NCDHHS **$213 million** for the first year, with funding expected over five years. The NC HIEA will receive a portion of this funding to modernize rural care delivery through digital solutions such as data infrastructure, expanded access to patient data and training on digital tools.

Administrative preparations are underway to enable the NC HIEA to receive RHT funding. Between January and March 2026, the NC HIEA refined its **five-year, $26.2M proposal** and began drafting an MOU for program governance. A board workshop in June will be held to develop an RHT vision.

Beginning April 2026, the NC HIEA will:

- hire a program lead and technical assistance staff,
- create workplans to identify and prioritize 469 rural participants at the health system level,
- engage EHR vendors and support onboarding and EHR integration, and
- provide training on use of the Clinical Portal, single sign-on and AI tools

Provider engagement and communication will be critical to ensure full use of available funds supporting these technology investments. Additional data quality work may be needed to accommodate EHRs with differing workflows, such as Athena.

RHT funding will not increase NC HIEA costs. It subsidizes core onboarding operations and system improvements. Additional provider-support funds will be available directly to rural providers for one-time EHR integration and staff training. Provider prioritization criteria are still being developed.

A major program goal is to evaluate whether improved data quality correlates with better health outcomes. Objective data quality standards will be essential to support patient care and

analytics. Key risks include coordination with the Optimizing Participant Onboarding (OPO) plan, dependency on state appropriations and system upgrades and the need to reapply for funding annually based on milestone achievement.

**3:24 PM – Optimizing Participant Onboarding** **Christy Revels**

Since March 2025, NC HIEA leadership and the Advisory Board have prioritized optimizing participant onboarding. Manatt completed a discovery process that produced a detailed implementation plan to redesign onboarding and improve efficiency across people, processes and technology. Goals include improving and documenting workflows, implementing needed technologies and establishing performance measurement.

The current onboarding technology stack includes Salesforce, Jira, Asana and Smartsheet, which are not yet integrated.

**Next Steps**

- March: Test redesigned onboarding process with key stakeholders
- April–May: Finalize documentation
- April–May: Identify required staff and technology
- September: Implement with early adopters and refine as needed

**3:39 PM – 10-Minute Break**

**3:55 – Data Quality Standards** **Michelle Hunt, Sasi Nagarajan**

Inbound data quality standards support clinical decision-making, care coordination, Digital Quality Measures (dQMs), Data Aggregator Validation and population/public health analytics. National and industry standards (USCDIv3, TEFCA, HL7, eHX) and local analytics needs inform the NC HIEA's data targets and thresholds.

The data quality lifecycle spans EHR clinical documentation, NC HIEA system ingestion and NC HIEA data sharing (consolidated records, clinical portal, analytics and quality measures).

Opportunities for improvement include increased adoption of national standards, refinement of data targets, onboarding process enhancements, outbound normalization, advanced data quality tools and improvements driven by specific use cases such as the HMS program.

Normalization and data quality tools will be partially subsidized through RHT program funding.

**4:16 PM – HIEA Services Upgrade, HealthShare** **Matt Schirmer, Mack Govil**

Mack Govil presented from InterSystems, which provides the core platform for NC HealthConnex through HealthShare. Upcoming Unified Care Record features will enable exchange of FHIR-based claims data and support bulk FHIR queries. Mack will present additional details on InterSystems Payer Services and the OMOP solution at a future meeting.

Lessons learned from prior upgrades emphasize the importance of a regular upgrade cadence, aligning production and non-production environments, carefully evaluating customizations and

new features, and increasing engagement with InterSystems' upgrade assistance program, which offers tools, automation, project plans and support teams.

**Health AI Assistant Overview**
The Health AI Assistant includes configurable personas for different provider types and is governed by NC HIEA policies. Strong data quality is essential to enable accurate summarization, pre-built prompts, custom prompt creation, guardrails, data stewardship, source traceability and role-based access controls. Per HIEA agreements, data shared with AI vendors cannot be used to train models.

The current AI functionality focuses on patient-level records and is not yet available for population health or public health use cases. Rural health, EMS and behavioral health providers are expected to benefit significantly. While the feature itself is free, it carries token-based utilization costs; the final cost structure is still being determined.

UNC recently deployed a clinical summarization tool that has shown strong impact but requires user training in AI literacy.

The board discussed risks related to data leakage, privacy and security.

**5:00 PM – New Business**
**Chair Lamm**

Chair Lamm called for New Business. None was brought forward.

**5:01 PM – Adjourn** **Chair Lamm**

Board Member Mike Robinson made a motion to adjourn, it was seconded, and it passed unanimously. Chair Lamm adjourned the meeting.

6/2/2026