# NC HEALTHCONNEX CLINICAL PORTAL

## ATHENA SSO REFERENCE GUIDE



## NORTH CAROLINA HEALTH INFORMATION EXCHANGE AUTHORITY (NC HIEA)



This user guide was developed jointly by the North Carolina Health Information Exchange Authority (NC HIEA) and SAS Institute to assist NC HealthConnex Clinical Portal users in navigating the system. See contact information below for the primary points of contact in your organization as well as the NC HIEA Business Office.

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## I. Single Sign On (SSO) into the Clinical Portal

Once the user has clicked-through from Athena, a search screen with a disclaimer will be displayed as follows:

| Patient Search       Patient Search Results         MRN       NO Results         Assigned By       Implementation and the second basis. By using this application, you consent and agree to abide by all applicable federal and state law and the NC Health Information Exchange Authority (NC HIEA) Participation Agreement.         First Name       Of         Middle Name       Confidentiality of Acholo and Drug Abuse Patient Records Regulations (42 CF.R. Part 2). The federal regulations prohibit you from making any further disclosure of this information rither information of the person to whom it pertains or as otherwise permitted by 42 CF.R. Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose.                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NBN       NBN         Assigned By       Implemented by the second basis of the following information. It will be updated on an ongoing basis. By using this application, you consent and agree to abide by all applicable federal and state law and the Nc Health Information Exchange Authority (NC HIEA) Participation Agreement.         First Name       Of Please read the following information. It will be updated on an ongoing basis. By using this application, you consent and agree to abide by all applicable federal and state law and the Nc Health Information Exchange Authority (NC HIEA) Participation Agreement.         Confidentiality Notice for Alcohol and Drug Abuse Patient Records Regulations: (42 CF.R. Part 2). The federal regulations prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. |
| Assigned By Last Name Disclaim feed on an ongoing basis. By using this application, you consent and agree to abide by all applicable federal and state law and the NC Health Information Exchange Authority (NC HIEA) Participation Agreement. Confidentiality Notice for Alcohol and Drug Abuse Patient Records Regulations: (A2 CF.R. Part 2). The federal regulations prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whomit pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose.                                                                                                                                                                                                                                                                                                                                                                                                |
| Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| First Name         Confidentiality Notice for Alcohol and Drug Abuse Information           Confidentiality of Alcohol and Drug Abuse Patient Records Regulations: (42 C.F.R. Part 2). The federal regulations prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Middle Name disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Confidentiality Notice for Dsychotherapy Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Date of Birth         Confidentiality of psychotherapy neuroscraps information has been disclosed to you from records whose confidentiality is protected by the HIPAA Privacy and Security Rule. You are prohibited from making any further disclosure of t without the specific written consent of the person to whom it pertains, or as otherwise permitted by the HIPAA Privacy & Security Rule. A general authorization for the release of medical or other information is not sufficient for this purpose.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| social Security Number         Physician Responsibility           All or some of a particular patient's information may not always be available through the HE network. You, as the patient's physician or health care provider, have the utilinate responsibility for obtaining your patient's complete medical history. When treating your patients, always consult them about prior treatments, diagnoses and medications prescribed. You also have the responsibility to collect and retain a patient's written authorization to disclose certain providered the ball history complete medical history.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Clear Search Disagree Agree                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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Each time you are directed from Athena to the NC HealthConnex Clinical Portal, you must agree to a standard disclaimer to gain access to the application.

Once the disclaimer has been accepted, you will need to search for the patient again as illustrated in the following sections.



### **II. Patient Search**

The **Patient Search** screen in the NC HealthConnex Clinical Portal allows you to search for patient records by entering medical record identifiers or demographic information.

#### Search by Medical Record Number

| Patient Search      |       |        |
|---------------------|-------|--------|
| MRN                 |       | í      |
|                     |       |        |
| Assigned By         |       |        |
| Last Name           |       |        |
|                     |       |        |
| First Name          |       |        |
| Middle Name         |       |        |
| Date of Birth       |       |        |
|                     | Ċ     |        |
| Social Security Num | ber   |        |
|                     |       |        |
|                     | Clear | Search |

Every organization assigns medical record numbers (MRNs) to patients. A patient that has received care from multiple organizations may have more than one assigned MRN. You may search for a patient by <u>any</u> MRN, and the assigning facility for that MRN, and see the patient's records from <u>all</u> systems sharing data with NC HealthConnex.

To search by MRN, key in an **EHR ID** and select an **Assigned By** entity name from the drop-down menu by clicking the magnifying glass or typing the practice name, as shown below. Then click **Search**.

#### Search by Demographic Information

| Last Name           |      |  |
|---------------------|------|--|
| First Name          |      |  |
| Middle Name         |      |  |
| Date of Birth       | Ċ    |  |
| Social Security Num | ıber |  |
|                     |      |  |

Patients may also be searched by entering at least two fields of demographic information. Search results will appear with the closest match at the top of the list, followed by additional possible matches based on phonetically similar names and other matching criteria.

To search by demographic information, key in both a **Last Name** and <u>either</u> a **First Name** or a **Date of Birth**, then click **Search**.

**\*\*\*<u>Note</u>:** If the search returns too many results, add additional search criteria (such as **Middle Name**) to filter the results and return a refined list of patients. The search algorithm will return results that are a close match; for example, a search may return results for different spellings of the searched name.



#### Search Results

Search results will include the following information for any matched patient(s):

- Identifiers:
  - The **Master Patient ID** will be displayed upon initial search under the **Identifiers** column next to the patient's name. This ID is assigned by NC HealthConnex.
  - Clicking the > icon to the left of the Master Patient ID will expand the entry and list any
    Organization-Specific Patient IDs, along with attached records, in rows below. Note,
    these IDs are assigned by the EHRs at the organizations that contributed the specific
    records.
- Name
- Gender
- Date of Birth
- Address

Search results will appear as shown below.

| 021                | Name<br>DEMO, ADULT                                               | Gender<br>F                                                                                    | DOB<br>07/07/1975                                                                                                                                                  | Address 5 7777 MAKE BELIEVE STREET, NOTAREAL TOWN NC 20050                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 021                | DEMO, ADULT                                                       | F<br>Items per page: 2                                                                         | 07/07/197                                                                                                                                                          | 5 7777 MAKE BELIEVE STREET, NOTAREAL TOWN NC 20050                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                    |                                                                   | Items per page: 2                                                                              |                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                    |                                                                   | 1 1 1 3                                                                                        | 20 Items 1                                                                                                                                                         | I – 1 of 1   < < > >                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                    |                                                                   |                                                                                                |                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| ch Results         | 0                                                                 | Declare Patier                                                                                 | nt Relationsh                                                                                                                                                      | hip for records with this warning. O Declare Patient Relationship                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                    | Name                                                              | Gender                                                                                         | DOB                                                                                                                                                                | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 021                | DEMO, ADULT                                                       | F                                                                                              | 07/07/197                                                                                                                                                          | 7777 MAKE BELIEVE STREET, NOTAREAL TOWN NC 20050                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Identifi           | er(s) Name                                                        | Gender                                                                                         | DOB                                                                                                                                                                | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 021 DUHS<br>ADULTD | DEMO,<br>EMO ADULT                                                | F                                                                                              | 07/07/1975                                                                                                                                                         | 7777 MAKE BELIEVE STREET, NOTAREAL TOWN AS 🖺 🤱 🛊 💩 💊 🎨 🐋 🏫 🏢<br>NC 20050                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                    | 21<br>121<br>121<br>121<br>121<br>121<br>121<br>121<br>121<br>121 | th Results O<br>Name<br>DEMO, ADULT<br>Identifier(s) Name<br>D21 DUHS DEMO,<br>ADULTDEMO ADULT | Results     Declare Patient       Name     Gender       121     DEMO, ADULT     F       Identifier(s)     Name     Gender       021     DUHS     DEMO, ADULT     F | Image: Instruction of the second s |



| Patie | nt Search Results | 0           | Declare Patier  | nt Relationship f | or records with this warning O Declare Patient Relationship | Z ^ |
|-------|-------------------|-------------|-----------------|-------------------|-------------------------------------------------------------|-----|
| MPI   |                   | Name        | Gender          | DOB               | Address                                                     |     |
| >     | 10000021          | DEMO, ADULT | F               | 07/07/1975        | 7777 MAKE BELIEVE STREET, NOTAREAL TOWN NC 20050            | 0   |
|       |                   | It          | ems per page: 2 | 20 Items 1 – 1    | of 1   < < > >                                              |     |

From the search result, you must click on "Declare Patient Relationship" to progress any further.

**\*\*\*<u>Note</u>** If there is any restriction on the information stored for the patient selected, a pop-up window explaining that the information is restricted will display (for example, if the patient has opted out of having their information shared via NC HealthConnex, or if your access level does not permit viewing of clinical data.)

#### Patient Privacy and Opt Out

The standard patient consent model implemented in NC HealthConnex, as stated in the North Carolina Health Information Exchange Act, is "Opt Out." This means that patient data is by default opted in to being shared via NC HealthConnex unless a patient explicitly requests to opt out of having their information shared.

If a patient searched has opted out of having their information shared via NC HealthConnex, you may only see a **Master Patient ID** (no **Organization-Specific Patient IDs**). Clicking on the **Patient Name** will result in a message barring access to the patient record, as shown below.

| Watient Search |             |                 |                    |            | - Next-                                                                 | >                         |
|----------------|-------------|-----------------|--------------------|------------|-------------------------------------------------------------------------|---------------------------|
| I              | Patient Sea | rch Pati        | ent Search Results |            | O There may still be restricted data that you are not permitted to view | N. 💿 Override Applied 📝 ^ |
| 1              | MRN         | МРІ             | Name               | Gender     | Date of Birth Address                                                   | <u>^</u>                  |
|                |             |                 |                    |            |                                                                         |                           |
|                | > 10240611  | 3 Test, Patient | М                  | 01/15/1920 | 6774 102nd Ave.; , Pinellas Park FL 33782                               | •                         |

When the user searches for the patient, break the seal. The patient will not be enabled to be click on it to view and will see a message " There may still be restricted data that you are not permitted to view."



## III. APPENDIX A – SINGLE SIGN-ON ERRORS AND REMEDIATION STEPS

Please contact the SAS NC HealthConnex Help Desk at <u>hiesupport@sas.com</u> for next steps in resolving the following errors while using Single Sign-On:

| Error Code | Description                                                                                        |
|------------|----------------------------------------------------------------------------------------------------|
| 5770       | Object open failed because 'APIKey' key value of 'xyz' was not found                               |
| 6390       | Signature validation failed: Signature verification failed: unable to get local issuer certificate |
| 5001       | Practice ### for EHR is not configured for SSO.                                                    |
| 6390       | Signature validation failed: Digest did not match                                                  |
| 6390       | Signature validation failed: Failed NotBefore\/NotOnorAfter                                        |
| 5001       | Username for domain is not provided in SAML                                                        |
| 5001       | User FullName for domain is not provided in SAML                                                   |
| 5001       | User FirstName for domain is not provided in SAML                                                  |
| 5001       | User LastName for domain is not provided in SAML                                                   |
| 5001       | Practiceid for domain is not provided in SAML                                                      |
| 5001       | Patient Name missing.                                                                              |
| 5001       | Patient DOB missing                                                                                |
| 5001       | Invalid request                                                                                    |