



FROM DATA TO IMPACT: HOW NC HEALTHCONNEX SUPPORTS NC MEDICAID AND PROVIDERS

Sam Thompson, NC HIEA Executive Director

Jess Kuhn, HIE Medicaid Services (HMS) Lead

Luke Keeler, Business Development and Outreach Specialist

North Carolina Health Information Exchange Authority

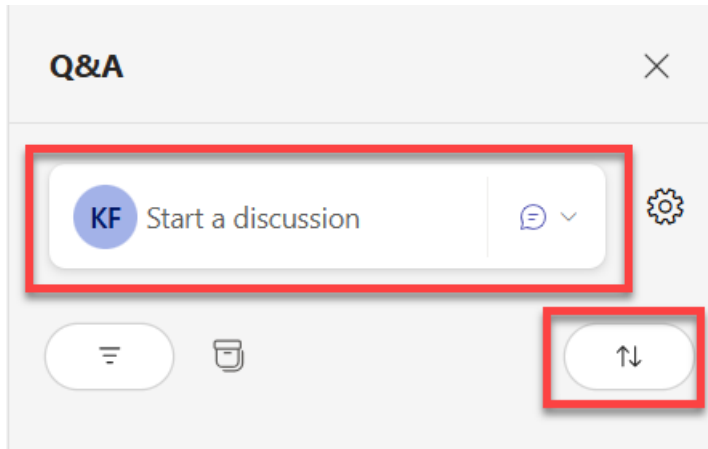


Housekeeping Items Before We Start

1



2



- We ask that you do not use the chat function of this meeting.
- If you have a question, please use the Q&A feature.
- A copy of the presentation slides will go out to everyone who registered for today's webinar.

North Carolina Health Information Exchange Authority

Overview of Topics



- **NC HealthConnex Overview**
- **What Does the Law Mandate?**
- **Value Added Services**
- **Training**
- **Demo**
- **HIE Medicaid Services (HMS): Program Overview and Updates**
- **Questions**

Introduction



Sam Thompson Executive Director

Sam Thompson most recently served as the deputy director for program evaluation at NC Medicaid where he oversaw quality measurement, data collection and internal and external program evaluation efforts. He also previously served as a lead evaluator at the N.C. Division of Public Health.

Thompson has worked closely with the NC HIEA for several years and has championed the use of the health information exchange, NC HealthConnex, by NC Medicaid and the health care community. He assumed his new role in March 2024.



N.C. Health Information Exchange Authority

Overview

What Is a Health Information Exchange?

A health information exchange (HIE) is a secure, electronic network that gives authorized health care providers the ability to access and share health-related information across a statewide information highway.



Health Information Exchange Benefits



A more complete picture of a patient's health.



Reduced time for patients and staff waiting for records.



Near real time event notifications.



Aids in medication reconciliation.



Reduces duplicative testing and helps close care gaps.

The N.C. Health Information Exchange Authority

The NC HIEA was created in 2015 to oversee and administer the state-designated health information exchange, NC HealthConnex. Providers who provide health care to individuals whose health care is paid for with state funds, like Medicaid or the State's Health Plan, were mandated to connect to NC HealthConnex by January 1, 2023.



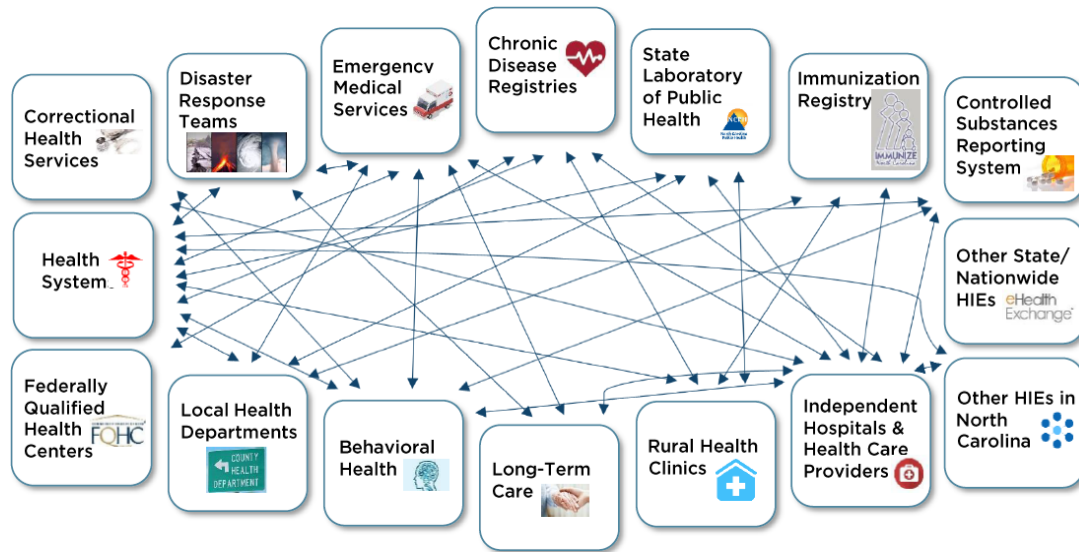
Vision: *Help North Carolinians lead their healthiest lives by supporting equitable, whole-person health through data exchange services.*

Mission: *Promote the secure and efficient sharing and use of health information to improve health care quality and outcomes.*

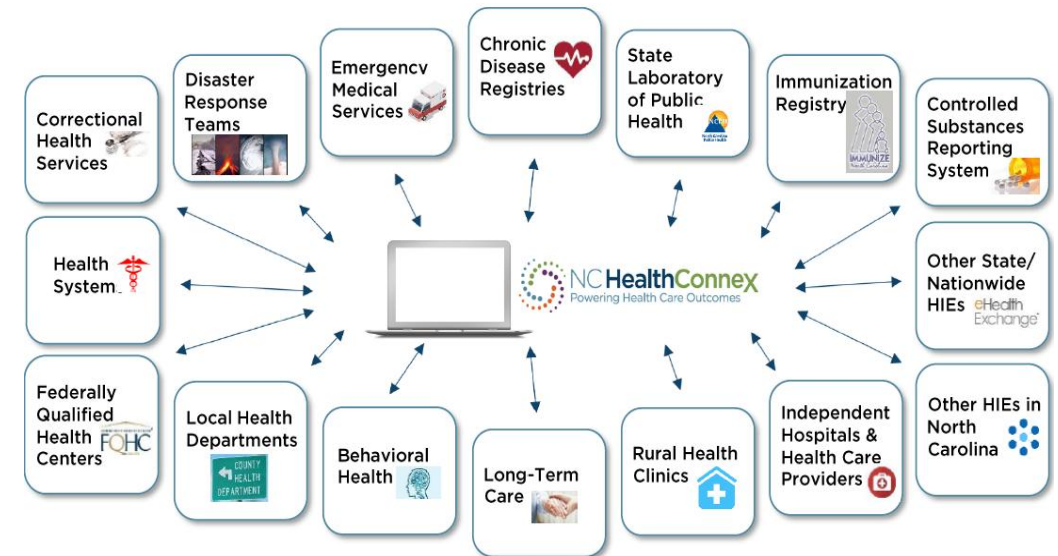
The Vision for Connectivity

North Carolina set out a vision to create communities of connected health care providers electronically across the state.

Health Care Communications Without NC HealthConnex



Vision for Health Care Communications With NC HealthConnex



Introduction



Luke Keeler Business Development and Outreach Specialist

Luke joined the NC HIEA in 2023. He has 15 years of experience working with communicable diseases in the public health field at local health departments and at the Division of Public Health at the North Carolina Department of Health and Human Services.

Who is the NC HIEA?



STATE-DESIGNATED



SECURE



PARTNERSHIP

- The North Carolina General Assembly created the North Carolina Health Information Exchange Authority (NC HIEA) in 2015 to facilitate the creation of a modernized HIE to better serve North Carolina's health care providers and their patients. *(NCGS 90-414.7)*
- Part of the N.C. Department of Information Technology's Data Division.
- Technology partner is SAS Institute.
- Twelve-member [Advisory Board](#) made up of various health care representatives that includes the DHHS Secretary, DIT Secretary and EDO Director.

Mandate/Connection Overview




- The [mandate to connect](#) to NC HealthConnex required that those receiving state funds for providing health care services, such as Medicaid and the State Health Plan, initiate their connection by **January 1, 2023**.
- Signing a [participation agreement](#) demonstrates a good-faith effort to meet the connection mandate.
- Actively engaging in the onboarding process with your technical vendor and the NC HIEA also demonstrates a good-faith effort to meet the connection mandate.
- Some provider types are not required to connect but may do so voluntarily. Recent legislation has updated this list to include chiropractors.
- A complete list of providers who need to sign-up can be found in [N.C.G.S. § 90-414.4](#) or on our page [What Does the Law Mandate?](#)

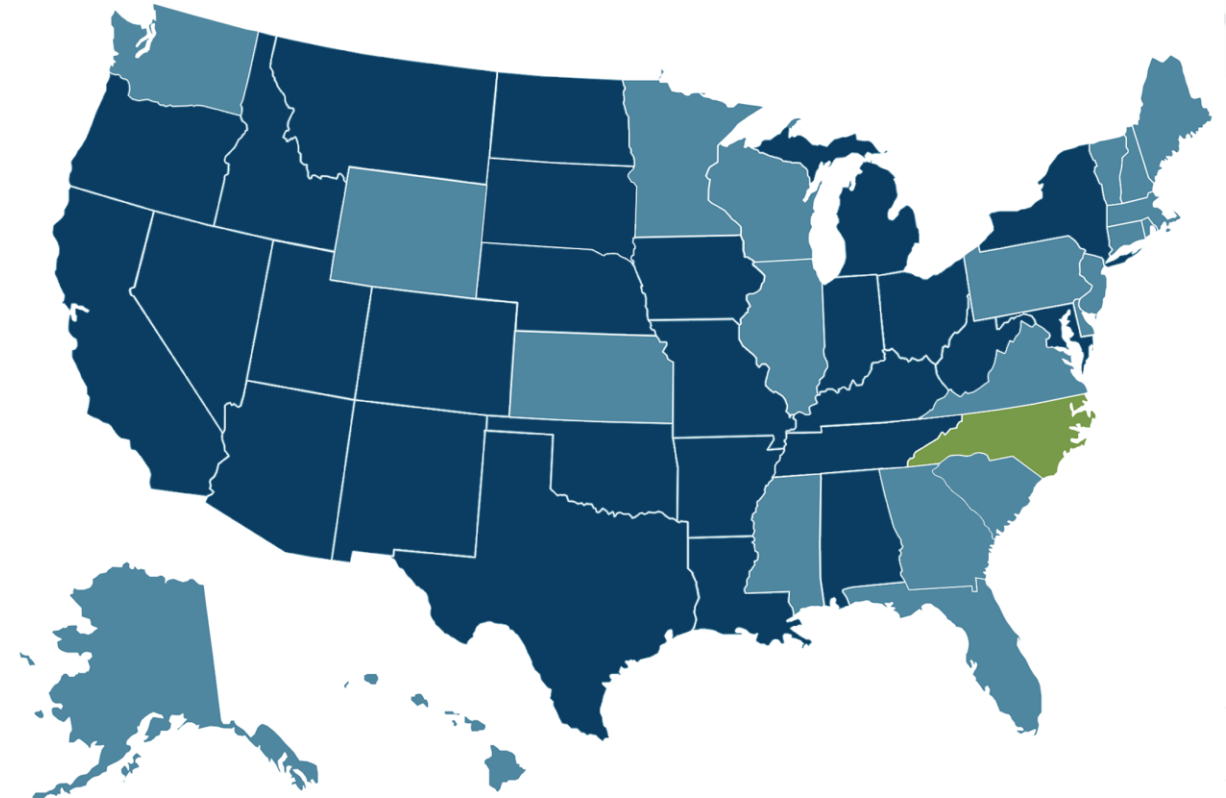


The Vision for Connectivity

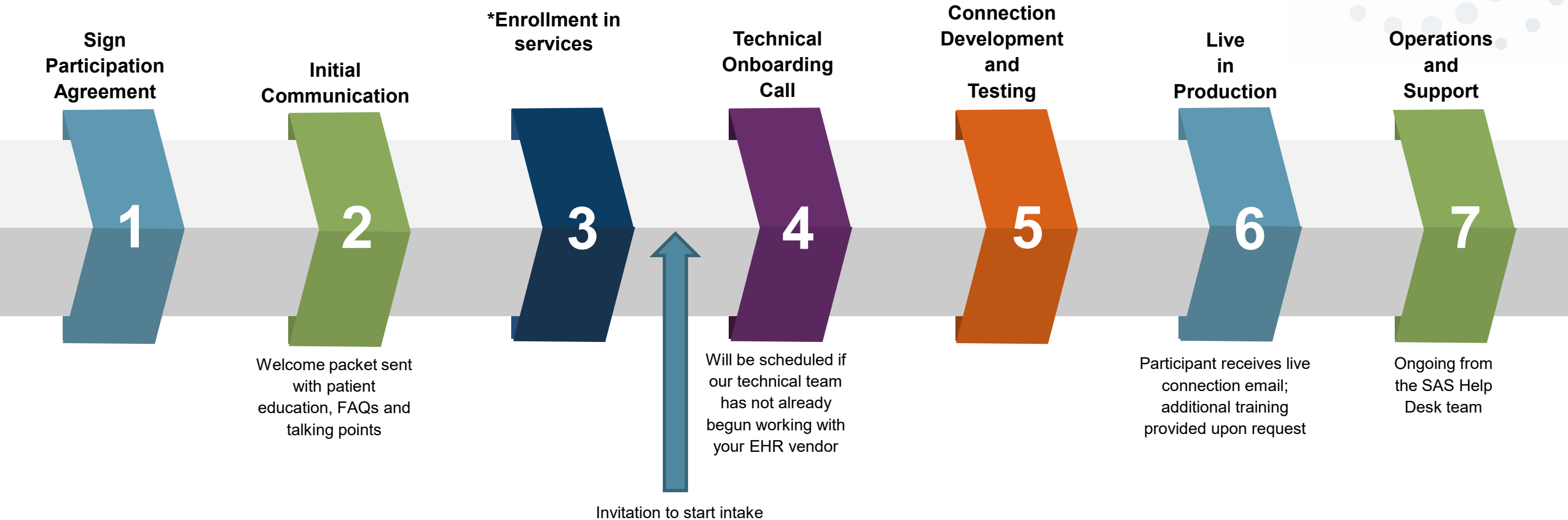
NC HealthConnex also connects health care providers electronically across the country.

- Connect to providers across state borders in neighboring HIEs through eHealth Exchange.
- Providers are alerted when their patient is seen at an out-of-state facility through the Patient Centered Data Home™ (PCDH).

-  NC HealthConnex Connected Providers
-  eHealth Exchange Connections Only
-  eHealth Exchange & Patient Centered Data Home™



Connection Process



NC HealthConnex is a Secure, Private Network



Privacy & Security

- The NC HIEA follows the highest information security standards available
- Information is always encrypted and sent over a private network
- NC HealthConnex is compliant with all federal and state privacy and security laws
- Information that identifies patients will not be sold in any way or shared with anyone other than authorized health care providers or organizations that have entered into HIPAA compliant, data-sharing agreements

Privacy & Security

User Access

Sensitive Data

Opt Out

NC HealthConnex is a Secure, Private Network

NC HIEA Policies

Privacy and Security Policy	Dec. 16, 2021
User Access Policy	April 5, 2021
Behavioral Health Sensitive Data Policy	Nov. 15, 2018
Opt-Out Information	Oct. 2, 2019

Privacy & Security

User Access

Sensitive Data

Opt Out

NC HealthConnex is a Secure, Private Network

Opt Out

North Carolina is an opt out state (since 2012). Patients are opted into health information exchange for HIPAA-approved treatment, payment and operations purposes across all information exchanges (public and private).

The HIE Act requires participating health care providers to provide education materials to patients on the benefits of health information exchange and their right to opt out of exchange (or rescind).

The NC HIEA provides:

- Sample notice of privacy practices
- [Tri-fold brochure order form](#)
- Talking points, FAQs, Fact sheet
- Employee education materials

Privacy & Security

User Access

Sensitive Data

Opt Out

How the Exchange of Health Information Works

Uni-directional Connection (Submission Only)



Electronic Health Record

Clinicians enter data into EHR, and that data is automatically sent to the HIE.



NC HealthConnex
Powering Health Care Outcomes



How the Exchange of Health Information Works

Uni-directional Connection (Full Participant): Clinical Portal



How the Exchange of Health Information Works

Bi-directional Connection (Full Participant): EHR Integration



Electronic Health Record

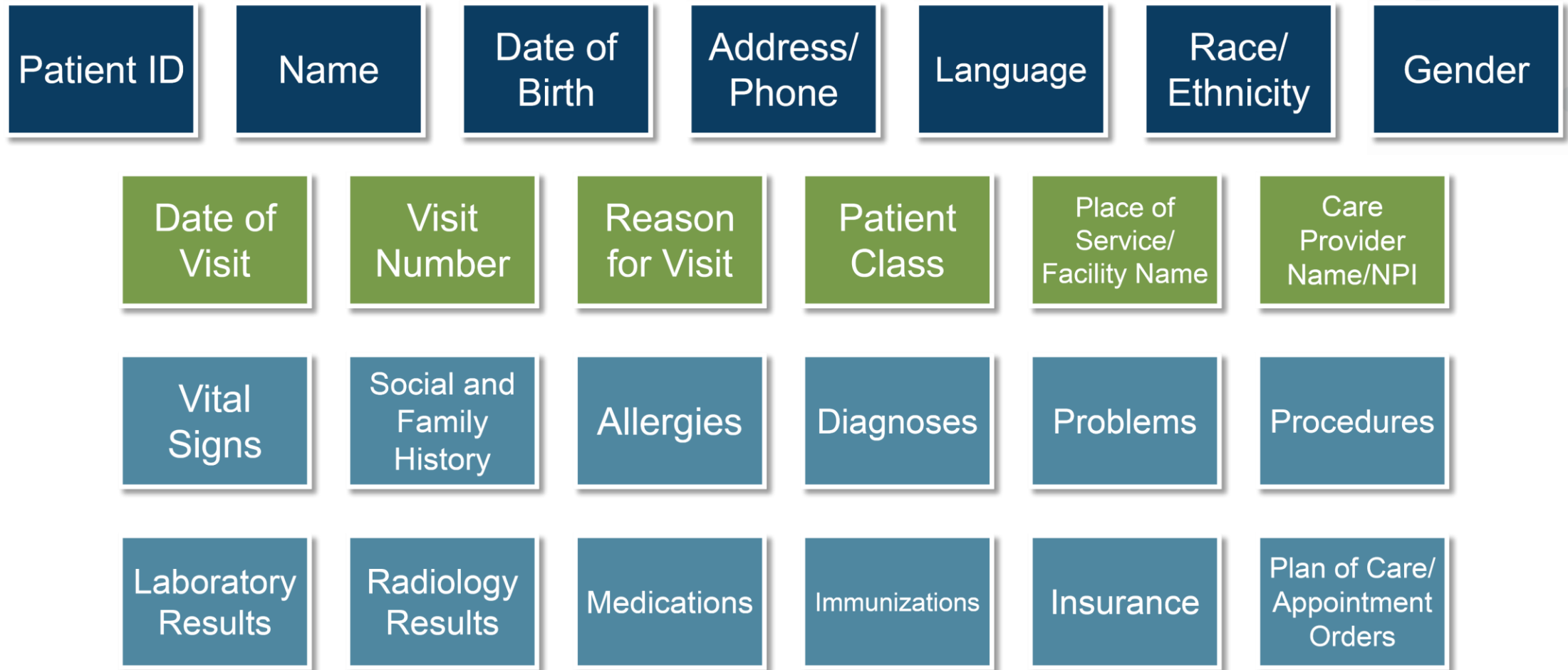
Clinicians enter data into their EHR, and that data is automatically sent to the HIE.

Data Sent to EHR

Clinicians who have care relationships with their patients are able to readily access that data via their EHR.



NC HealthConnex Data Targets



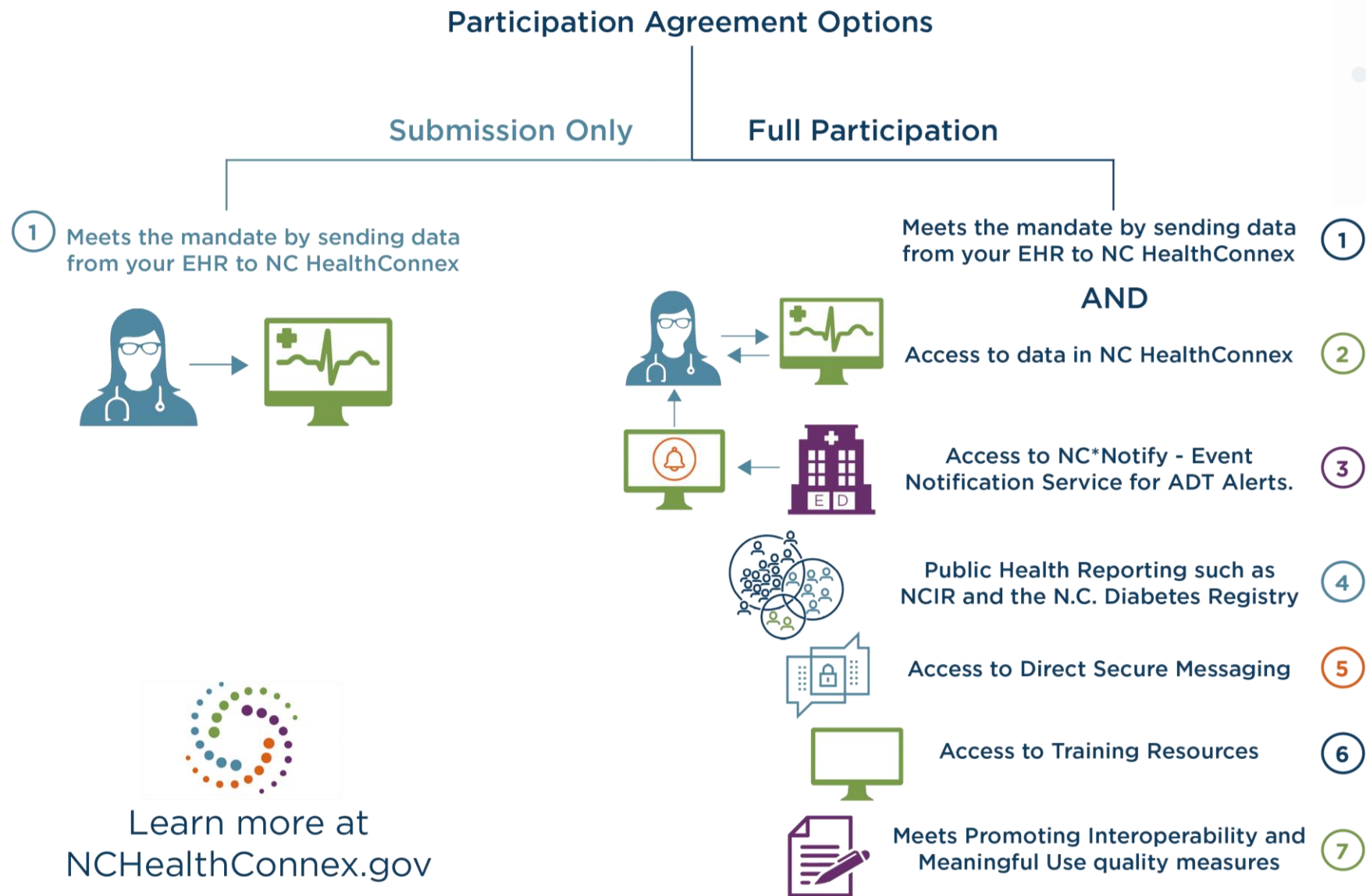
[NC HealthConnex Onboarding Packet and Technical Specifications](#)



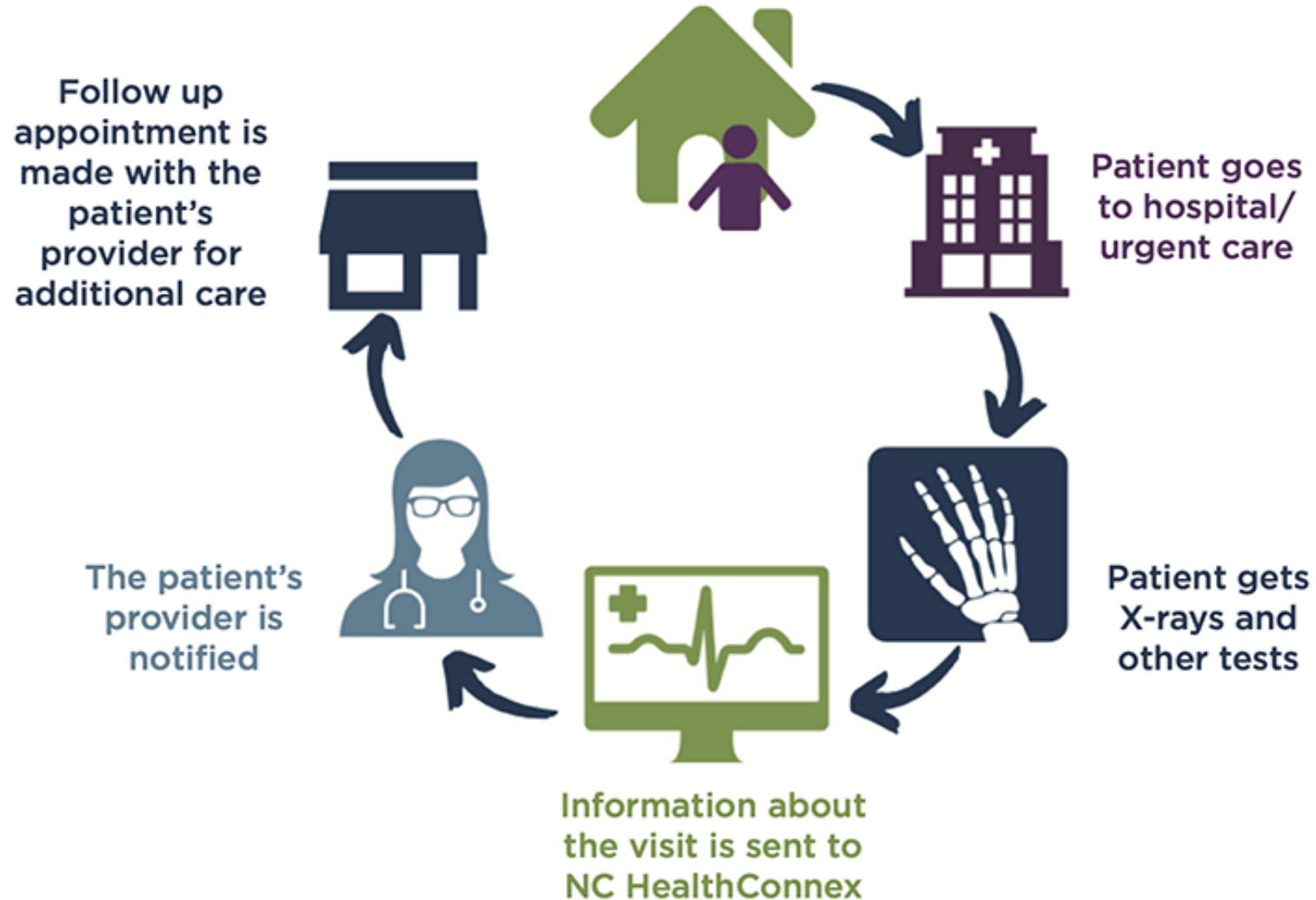
Suite of Services

At a Glance

NC HealthConnex Use and Value



NC*Notify (Event Notifications) – How It Works



NC*Notify - Benefits

- Providers are notified when their patients have received care in other settings.
- Providers can schedule follow-up appointments with patients.
- Providers can follow up on medications prescribed or other discharge instructions.
- Insight to provide continuity of care to reduce avoidable readmissions
- Insight to achieve financial goals under value-based care contracts
- Utilize for compliance with state and federal quality initiatives, including Meaningful Use/Promotion Interoperability

Features:

- Auto-attribution
- NC*Notify Dashboard within the Clinical Portal

NC*Notify

Event Notifications Powered by
NC HealthConnex

Direct Secure Messaging

Direct Secure Messaging

This encrypted email tool allows clinicians to send patients' protected health information through a secure network.

Direct Secure Messaging allows providers to message other providers on a secure network.

NC HealthConnex does not accept 42 CFR Part 2 data or psychotherapy notes, DSM can be used to send this data (with patient consent) so that providers can share that data securely. DSM can also be used to attach documents and images to send to providers.

Compose

Delete

Mark as

Move to

Inbox

Sent

Deleted

Drafts

<div></div>	TYPE	RECEIVED	SUBJECT	RECEIVED FROM	PATIENT NAME	IDENTIFIERS
No Results						

Compose Message - Work - Microsoft Edge

https://demo.nchealthconnex.net/csp/healthshare/hsaccess/NCHIE.HS.UI.Push.SendMessage.cls?\$ZEN_POPUP=1&errstatus=1&CP SHARE=1&mode=C

To:

Cc:

Patient:

Delivery Policy:

Message Type:

Referral

Reason:

Subject:

Note:

Direct Secure Messaging allows providers to message other providers on a secure, encrypted network.

NC HealthConnex does not accept 42 CFR Part 2 data or psychotherapy notes. DSM can be used to send this data (with patient consent) so that providers can share it securely. DSM can also be used to attach documents and images to send to providers.

Attachments:


Send

Save Draft

Cancel

Direct Secure Messaging

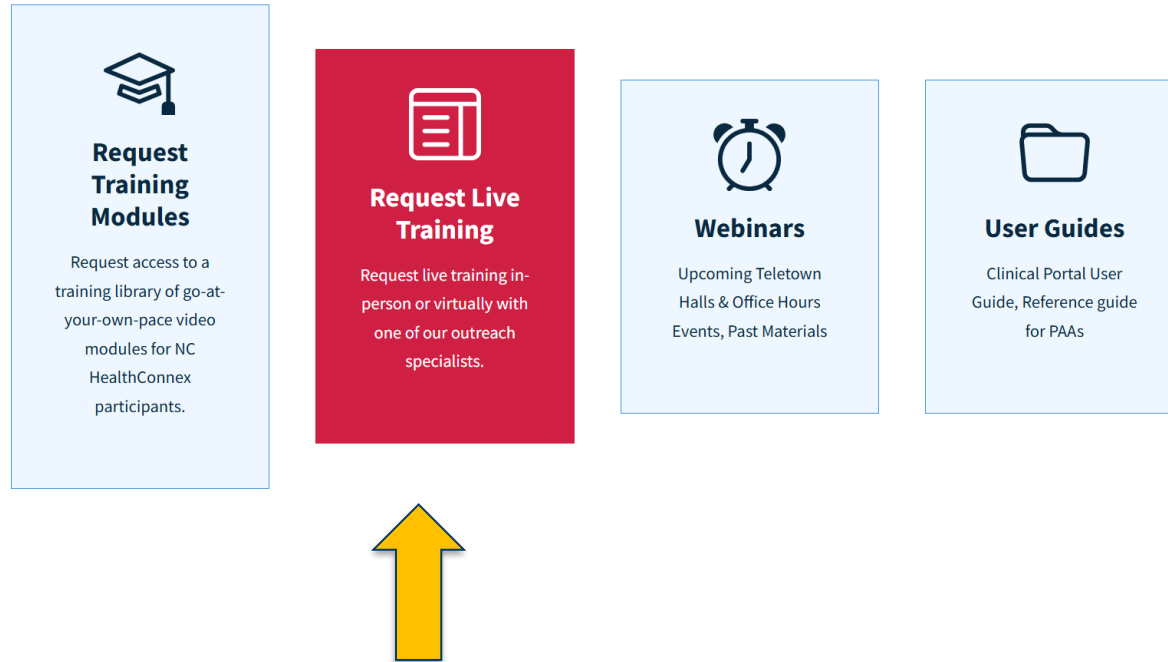
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Training



Training Opportunities



*Participants can request Teams training through [a booking link](#).

- On Demand Training
 - [NC HIEA Training Modules](#)
- Live Training
 - [Training Requests](#)
- Online Webinars
 - [NC HealthConnex Teletown Hall](#)
 - [NC HIEA Office Hours](#)

NC HealthConnex Clinical Portal Demo



Introduction



Jess Kuhn HIE Medicaid Services (HMS) Lead

Jess joined the NC HIEA in August 2024 to oversee the design, development, and implementation of Medicaid-focused use cases aimed at improving quality and population health. Jess served as the Quality Measurement Lead at NC Medicaid, where she analyzed performance metrics and developed quality measure sets to guide program evaluation across the NC Medicaid population.

HIE Medicaid Services (HMS): Program Overview and Updates

August 2025

Agenda

1. Overview
2. Digital Quality Measures (dQM) Use Case
3. Health-Related Social Needs (HRSN) Screening Use Case
4. HMS Early Adopters Program
5. Care Management Use Cases

Overview

NC Medicaid and NC HIEA Partnership

- The [Statewide Health Information Exchange Act](#) requires health care providers who receive state funds for the delivery of health care services (e.g., Medicaid, State Health Plan) to connect to and share patient data with NC HealthConnex.
- NC HIEA also supported NC Medicaid in COVID surveillance and “warm hand-offs” for high-risk patients during managed care launch.
 - As results were recognized, NC Medicaid saw additional potential for leveraging NC HealthConnex.

Article 29B.

Statewide Health Information Exchange Act.

§ 90-414.1. Title.

This act shall be known and may be cited as the "Statewide Health Information Exchange Act." (2015-241, s. 12A.5(d).)

§ 90-414.2. Purpose.

This Article is intended to improve the quality of health care delivery within this State by facilitating and regulating the use of a voluntary, statewide health information exchange network for the secure electronic transmission of individually identifiable health information among health care providers, health plans, and health care clearinghouses in a manner that is consistent with the Health Insurance Portability and Accountability Act, Privacy Rule and Security Rule, 45 C.F.R. §§ 160, 164. (2015-241, s. 12A.5(d).)

§ 90-414.3. Definitions.

The following definitions apply in this Article:

- (1) Business associate. – As defined in 45 C.F.R. § 160.103.
- (2) Business associate contract. – The documentation required by 45 C.F.R. § 164.502(e)(2) that meets the applicable requirements of 45 C.F.R. § 164.504(e).
- (3) 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 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.
- (10) Individual. – As defined in 45 C.F.R. § 160.103.
- (11) North Carolina Health Information Exchange Advisory Board or Advisory Board. – The Advisory Board established under G.S. 90-414.8.
- (12) North Carolina Health Information Exchange Authority or Authority. – The entity established pursuant to G.S. 90-414.7.

HIE Medicaid Services (HMS)

Vision: Leverage NC HealthConnex to support North Carolina Medicaid's quality and population health efforts by improving data exchange.

The **HIE Medicaid Services (HMS)** program was created to formally recognize and structure the partnership between the NC HIEA and NC Medicaid.

We are working with NC Medicaid to support three additional use cases of NC HealthConnex.

- 1. Digital Quality Measures (dQMs)** – Develop the capabilities to calculate a selected set of Medicaid's high-priority quality measures combining both administrative data (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 other providers, Prepaid Health Plans (PHPs) and NC Medicaid to prevent unnecessary rescreening and facilitate referrals.
- 3. Care Management Data Exchange** – Improve the ability to exchange claims/encounter data and care management interaction details between PHPs and local care management entities to facilitate seamless transitions of care and support the provision of care management services.

The HIE Medicaid Services (HMS) Program

“One Solution”



“Three Use Cases”

Digital Quality
Measures
(dQMs)

Health-Related Social
Needs (HRSN)
Screening

Care Management
Data Exchange

“Many Partners”

State Agencies

NCDHHS, NC HIEA

Medicaid Managed Care Plans

Standard Plans, Tailored Plans

Technology Partners

SAS Institute, IBM

Federal Agencies

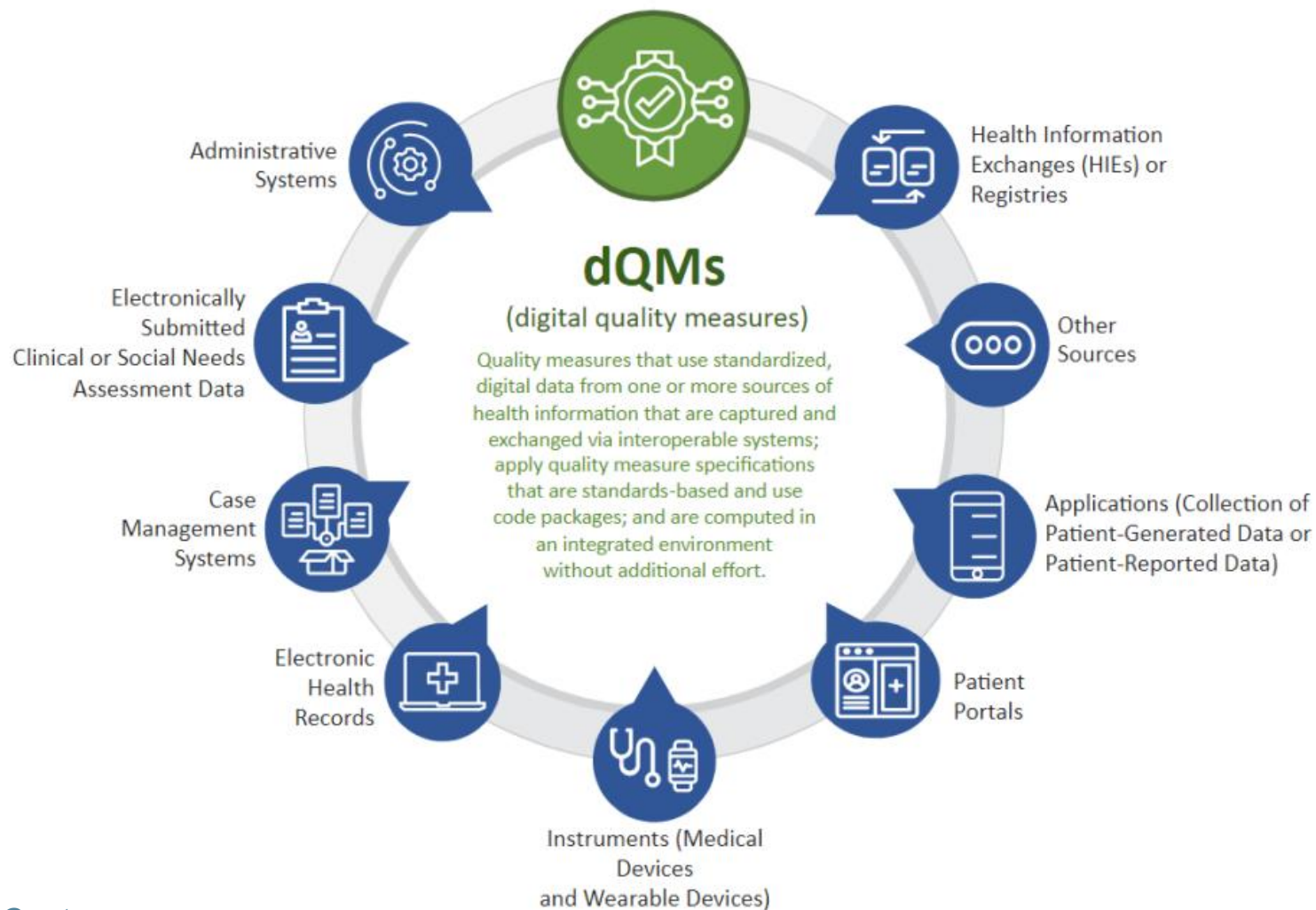
CMS

Providers

Health systems, AMH practices, TCM providers, PCPs, CINs

Digital Quality Measures (dQM) Use Case

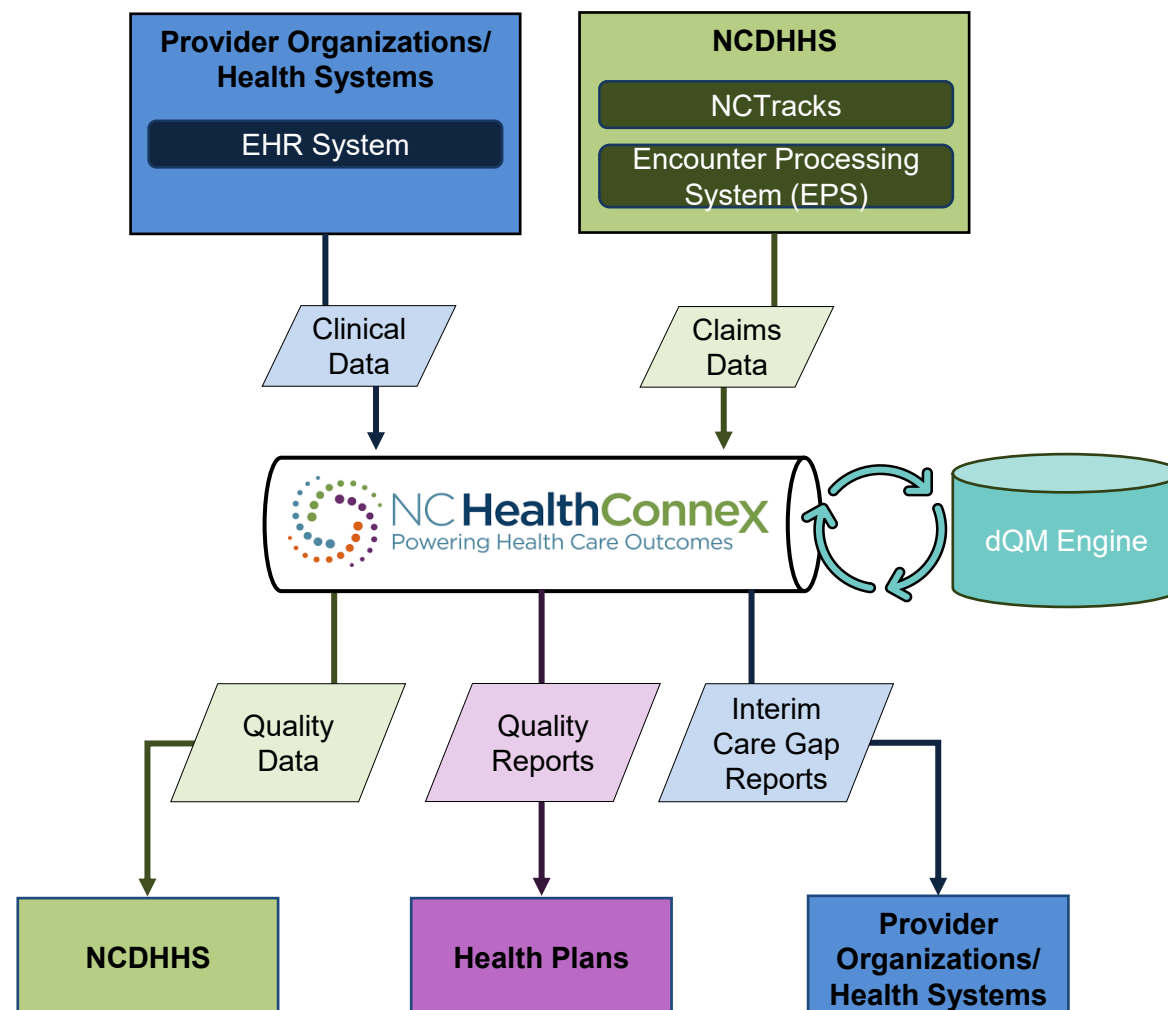
What Are Digital Quality Measures (dQMs)?



Source: [eCQM Resource Center](#)

dQM Use Case: Future State

- CMS has a goal of transitioning to dQMs for all quality measures used in its reporting programs.
- Initial focus is on three priority quality measures:
 1. Controlling High Blood Pressure (CBP) [NCQA]
 2. Glycemic Status Assessment for Patients with Diabetes (GSD) [NCQA]
 3. Screening for Depression and Follow-Up Plan (CDF) [CMS]
- Standardized measure results can be shared via NC HealthConnex with health plans and providers to support quality improvement.



Aspects of the dQM Use Case

Working with Participants on Data Quality:

1. Data Quality Improvements
2. NCQA's Data Aggregator Validation Program

Running dQMs:

1. Production of measures using a dQM engine/tool

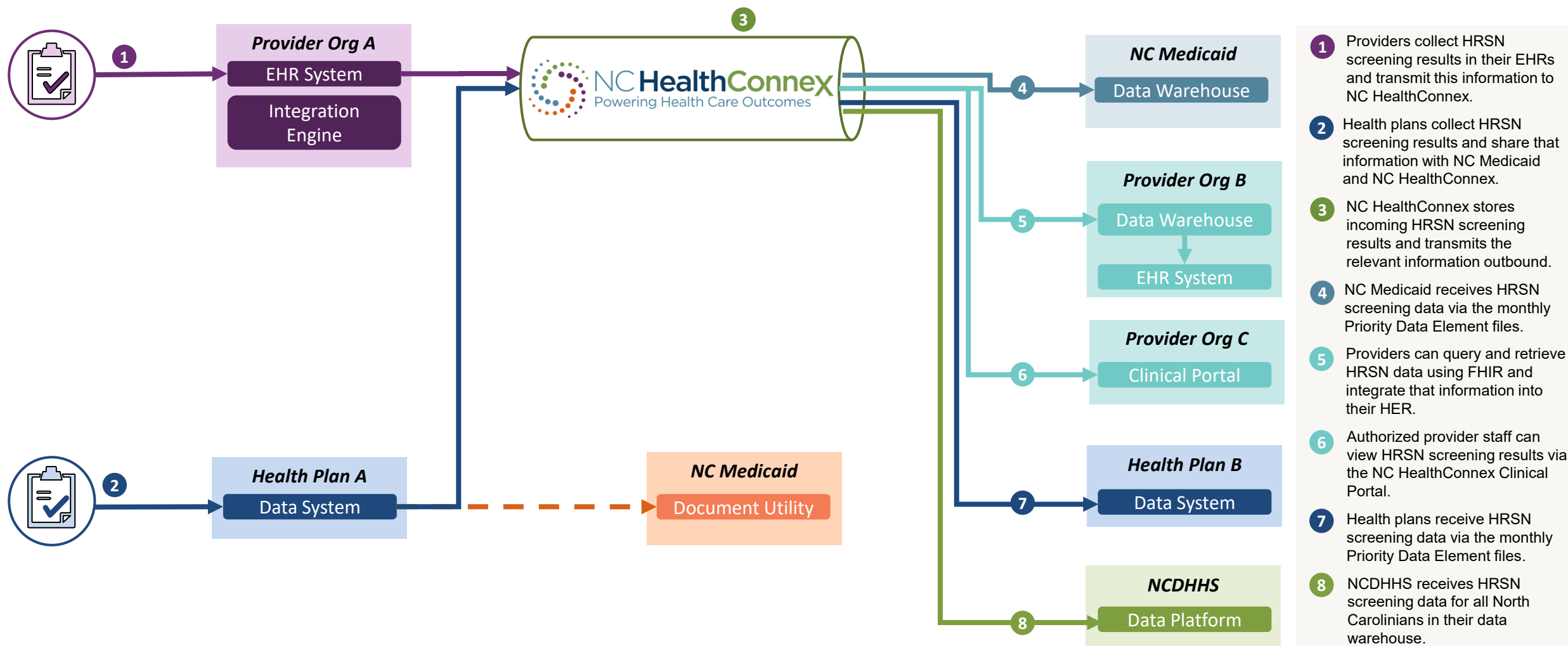


Area of Focus with Participants

Goal is to have **10 provider organizations** with successful technical and workflow implementation for the dQM use case by September 2026.

Health-Related Social Needs (HRSN) Screening Use Case

HRSN Screening Use Case: Future State



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 \(NC DHHS\) 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?		



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**NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES**
Division of Health Benefits

How Will Standardized HRSN Data Be Used?

NC HealthConnex
Powering Health Care Outcomes

Patient Selection ▾

NCHIEA

DEMO, ADULT
F 49y 07/07/1975 MPI: 100000021

[Back to: Chart](#) >

Chartbook <<

Clinical Summary

Conditions

Allergies

Medications

Documents

Immunizations

Vital Signs

Lab Results

Diagnostic Studies

Procedures

Histories

Encounters

Appointments

Histories

Medical History

Details Description Onset Facility Last Updated

Social History

Details Description Onset Facility Last Updated

Alcohol intake 09/07/2019 Duke University Health System

Never smoker 02/06/2019 Duke University Health System

Exposure to SARS-CoV-2 (event) (Not sure) Duke University Health System 04/20/2020 10:52

Family History

Details Description Onset Facility Last Updated

Social Determinants

Description Value Status Source Facility Entry Date

At any time in the past 12 months, were you homeless or living in a shelter (including now)? No DUHS 02/10/2025 16:40

In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time? No DUHS 02/10/2025 16:40

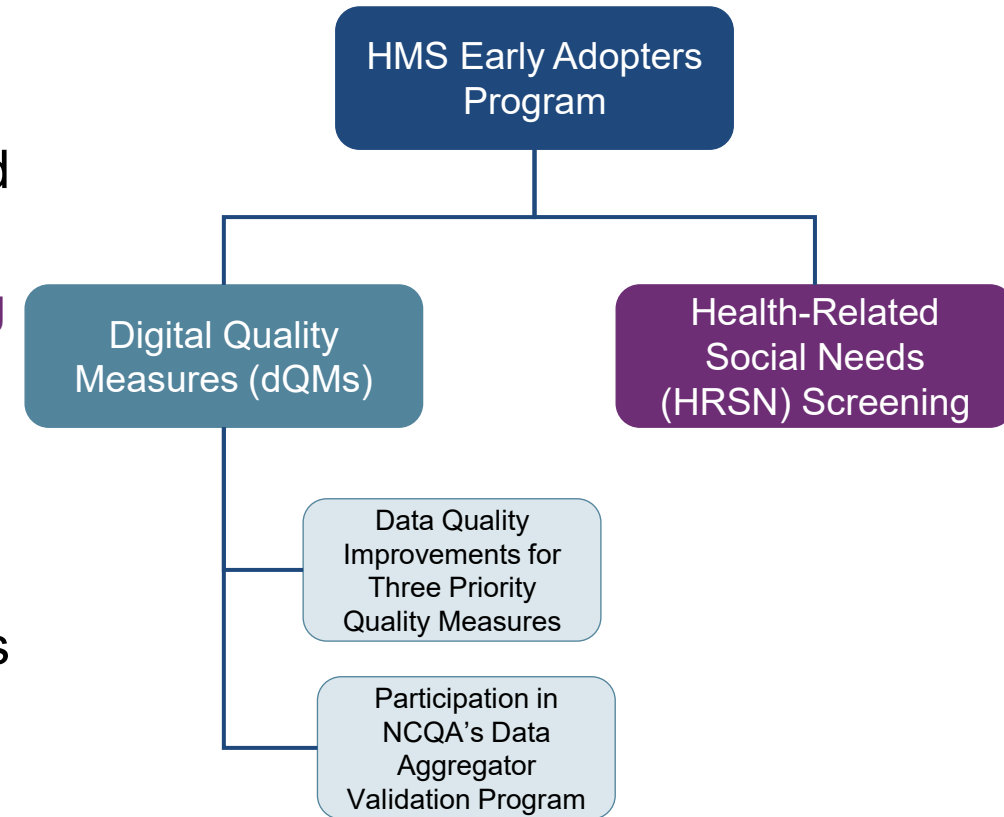
In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications? No DUHS 02/10/2025 16:40

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

HMS Early Adopters Program

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:
 - Sharing **Health-Related Social Needs (HRSN) Screening Data**, and
 - 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.
 - The HMS Early Adopters Program aims to financially support these organizations via time-limited, direct payments that are paid out upon completion of agreed upon technical and workflow milestones for the dQM and HRSN Screening use cases.



* (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].

Joining the HMS Early Adopters Program

Criteria for Participation

1. Serve NC Medicaid beneficiaries
2. Have a Full Participation Agreement with NC HIEA
3. Be connected to NC HealthConnex and actively sending data

Note: There are additional required criteria specific to each use case.

Prioritization Factors for Inclusion

1. Advanced Medical Home (AMH) Provider – particularly Tier 3
2. Tailored Care Management (TCM) Provider
3. Rural Provider Organizations
4. Medicaid claim count and reimbursement \$
5. Medicaid patient volume
6. Care setting (e.g., primary care, behavioral health)
7. Age of patients served (i.e., adult or pediatric)

Funds Available for Participation

dQM Use Case:

- \$10,000 for initial validation of data stream(s) via NCQA's Data Aggregator Validation Program
- \$10,000 for meeting data quality standards for the three priority measures

HRSN Screening Use Case:

- \$11,000 for transmission of HRSN screening data to NC HealthConnex

Note: An additional 50%, one-time payment is available for organizations with more than one EHR.

Early Adopters Progress to Date

- Information about the launch of the program was published on our website, in an NC HIEA newsletter, in a Medicaid Bulletin, and shared with AHEC coaches.
- Two information sessions were held in April 2025 with **over 150 attendees.**
- **Current Updates for Cohort 1:**

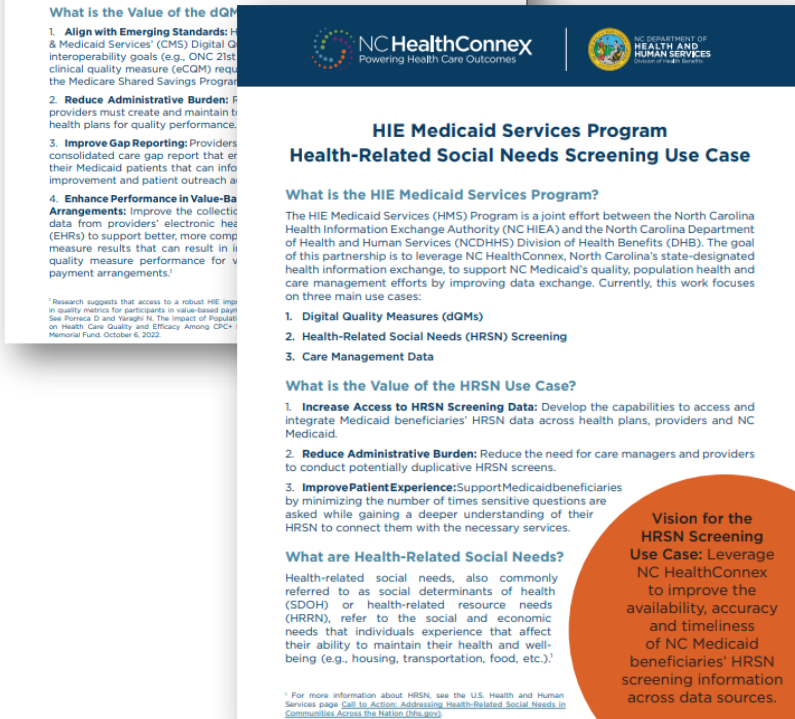
HRSN Screening	1. Carteret Medical Group, LLC	7. Ardmore Family Practice, PA
	2. Monarch	8. ABC Pediatrics of Asheville
	3. Tri-County Community Health Council, Inc. dba CommWell Health	9. Burgaw Medical Center, PC
	4. UNC Health	
	5. The Purcell Clinic, P.A.	
	6. Burlington Pediatrics	

dQM	1. County of Cleveland dba Cleveland County Health Department
	2. Carolina Family Health Centers Inc
	3. Gaston Family Health Services, Inc. dba Kintegra Health
	4. Tri-County Community Health Council, Inc. dba CommWell Health
	5. UNC Health

*Organizations listed here have fully executed attestations for the use cases. Additional engagement is underway with a target of 11 organizations for HRSN and 5 for dQM to participate in Cohort 1.



Want to Learn More?



We are seeking current participants of the NC HIEA who would like to become early adopters of the dQM and HRSN screening use cases for participation in future cohorts!

- Applications for the program are accepted on a rolling basis via [this Microsoft Form](#).
- [Visit our website for FAQs about participation.](#)
- [Read this flyer for more information about the dQM use case.](#)
- [Read this flyer for more information about the HRSN Screening use case.](#)

Care Management Data Exchange

Four Care Management Use Cases

Beneficiary Assignment (BA)

Streamline the exchange and use of NC Medicaid's Beneficiary Assignment (BA) file between Medicaid managed care plans and providers, allowing providers who have relationships across multiple health plans to receive a single BA file.

Transitions of Care (TOC)

Provide the capabilities to generate and share transitions of care (TOC) data for members changing health plans.

Claims and Encounters

Provide the capabilities to share historical claims and encounters data currently transmitted from Medicaid health plans to AMH Tier 3 practices/Clinical Integrated Networks (CINs) when a patient transitions between providers.

Care Management Interactions

Provide the capabilities to share care management interactions data (e.g., number and type of interactions, risk stratification) that health plans, AMH Tier 3, and CINs currently share via multiple data interfaces and reports.

Questions?

Website: www.hiea.nc.gov/hie-medicaid-services

Program Email: hms.hiea@nc.gov

Thank You!

For more information visit,

www.nchealthconnex.gov

Tel: 919-754-6912

E-mail: hiea@nc.gov





Appendix

Clinical Portal Quick Reference Guide – Logging In

Go to hiea.nc.gov or nchealthconnex.gov

Click on “Clinical Portal Login” at the top of the page.



Getting Started With NC HealthConnex

Clinical Portal Quick Reference Guide – Logging In

You will see [the login screen](#) for the NC HealthConnex Clinical Portal.

Enter your username and password.
Note that the Domain field should show “%HS_Default.”

*****Note:** You will not be prompted to create a challenge question and answer upon your first login. Please take the time to create one in the [Profile tab](#) found in the user menu in the upper right corner.

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SYSTEM MAINTENANCE THIS WEEKEND: From Saturday April 20 2024 at 7:00 a.m. ET. to Sunday April 21 2024 at 5:00 p.m. ET.

Log In

Domain
%HS_Default

Username
[Redacted]

Password
[Redacted] [Eye Icon]

[Forgot Password?](#)

Log In

Help Desk/System Admin contact information:
Support Line: 919-531-2700
hiesupport@sas.com
[Provider Help](#)

Announcements

USER EXPRESSLY CONSENTS TO MONITORING

This system is provided by the State of North Carolina and is for authorized users ONLY. Unauthorized access may result in disciplinary action, civil and criminal penalties. Users have no expectation of privacy.

PAA (Participant Account Administrator)

You must attest to facility user activity for the Q1-2024 quarter. Login with your PAA account and review user activity on your PAA home page. When ready, click the "Attest to Audit" button to complete the audit.

Important Information

Please contact the Help Desk if you are having trouble logging in. Note that 5 invalid attempts will result in a disabled account and the Forgot Password function will not work. See Log In Section in the User Guide for more details.

Clinical Portal Quick Reference Guide – Logging In

Upon successful login, you will see the disclaimer that we do not accept 42 CFR Part two data or psychotherapy notes into NC HealthConnex.

Click “Agree” to proceed.

DISCLAIMER

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 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.

Confidentiality Notice for Psychotherapy Information

Confidentiality of psychotherapy notes: (45 C.F.R. 164.501). This 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 it 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.

Physician Responsibility

All or some of a particular patient's information may not always be available through the HIE network. You, as the patient's physician or health care provider, have the ultimate 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 protected health information to other health care providers in compliance with federal law and regulations, where applicable.


Disagree


Agree


Clinical Portal Quick Reference Guide – User Interface


Left Global Menu - Displays at the top left of the screen upon logging in to the Clinical Portal and on certain screens.




 PAA Tools

 Search/Chartbook

 Messages

>  NC*Notify

 Set Default Application

This menu displays links to various screens depending on your role:

- **PAA Tools:** This view is only available to those with a PAA role. If you **only** have a PAA role, this is the only menu item you will see.

If you have the PAA role and the Clinical role, you will see additional options:

- **Search/Chartbook:** This link takes you to the Patient Search screen.
- **Messages:** This link takes you to your inbox **if enrolled** in Direct Secure Message (DSM) Webmail through the NC HIEA.
- **NC*Notify: If enrolled,** this link will allow you to access a dashboard-like view of patient activity through event notifications.
- **CSRS (Controlled Substance Reporting System) Report:** This link allows you to access CSRS Reports within the clinical viewer. You must be a prescribing provider and **enrolled** in this service to see this option.

Clinical Portal Quick Reference Guide – Patient Search

Below is the patient search screen. You can search by MRN or patient demographics.

Patient Search

MRN

Assigned By

Last Name

First Name

Middle Name

Date of Birth

Social Security Number

Patient Search Results

No Results

Minimum Patient Search Requirements:

- Enter both an MRN Identifier and select an Assigned By (Assigning Authority / Facility Name) value

OR

- Enter Last Name and either First Name, DOB, or SSN (Last Name and First Name must be a minimum of two characters)

Clinical Portal Quick Reference Guide – Patient Search

Patient Search

MRN

Assigned By

Last Name

demo

First Name

adult

Middle Name

Date of Birth

Social Security Number

Clear

Search

Patient Search Results

ⓘ Declare Patient Relationship for records with this warning.

ⓘ Declare Patient Relationship

MPI	Name	Gender	DOB	Address
> 100000021	DEMO, ADULT	F	07/07/1975	7777 MAKE BELIEVE STREET, NOTAREAL TOWN NC 20050 ⓘ

Items per page: 20 Items 1 – 1 of 1 < >

Once you search for a patient, you will see this screen. You must click “Declare Patient Relationship” to indicate the reason you are viewing that patient’s record.

Clinical Portal Quick Reference Guide – Declare Relationship

Patient Search

MRN

Assigned By

Last Name

demo

Patient Search Results

! Declare Patient Relationship for records with this warning.

Declare Patient Relationship

MPI	Name	Gender	DOB	Address
> 100000021	DEMO, ADULT	F	07/07/1975	7777 MAKE BELIEVE STREET, NOTAREAL TOWN NC 20050

Items per page: 20 Items 1 - 1 of 1 |< < > >|

*****Note:** If you do not declare a relationship, you cannot open the record.

Clinical Portal Quick Reference Guide – Patient Search

Select the reason you are breaking the seal/accessing the patient information from the drop-down menu.

The screenshot displays the 'Patient Search' interface. On the left, the 'Patient Search' sidebar contains input fields for MRN, Assigned By, Last Name (demo), First Name (adult), Middle Name, Date of Birth, and Social Security Number. At the bottom are 'Clear' and 'Search' buttons. The main area, 'Patient Search Results', shows a table with columns: MPI, Name, Gender, DOB, and Address. A modal dialog titled 'Declare Patient Relationship' is open in the center. It contains the following text: 'Data in NC HealthConnex does not indicate that you have been granted full consent with the patient you have searched. In order to gain one-time access to a patient's record, you must "Break the Seal".', 'This declaration will be audited once you have selected a patient.', and 'Click "Declare Relationship" to continue, or click "Cancel" to return to the search results.' Below this is a 'Reason For Override*' section with a dropdown menu. The dropdown is open, showing options: '-- Select Reason --', 'I am a clinician treating this patient', 'Care coordination', 'Conducting a quality audit check', and 'Conducting a privacy/administrative audit'. In the background, a table row is partially visible with the address 'EVE STREET, NOTAREAL TOWN NC 20050'.

Patient Search

MRN

Assigned By

Last Name
demo

First Name
adult

Middle Name

Date of Birth

Social Security Number

Clear Search

Patient Search Results

Declare Patient Relationship for records with this warning. Declare Patient Relationship

MPI Name Gender DOB Address

EVE STREET, NOTAREAL TOWN NC 20050

Declare Patient Relationship

Data in NC HealthConnex does not indicate that you have been granted full consent with the patient you have searched. In order to gain one-time access to a patient's record, you must "Break the Seal".

This declaration will be audited once you have selected a patient.

Click "Declare Relationship" to continue, or click "Cancel" to return to the search results.

Reason For Override*

-- Select Reason --

- Select Reason --
- I am a clinician treating this patient
- Care coordination
- Conducting a quality audit check
- Conducting a privacy/administrative audit

Clinical Portal Quick Reference Guide – Patient Search

Patient Search

MRN

Assigned By

Last Name

demo

First Name

adult

Middle Name

Date of Birth

Social Security Number

Clear

Search

Patient Search Results

There may still be restricted data that you are not permitted to view.

Override Applied

MPI	Name	Gender	DOB	Address
> 100000021	DEMO, ADULT	F	07/07/1975	7777 MAKE BELIEVE STREET, NOTAREAL TOWN NC 20050

Items per page: 20 Items 1 – 1 of 1 << < > >>

Once you have declared the relationship, the MPI (Master Patient Index number) will turn blue, indicating it is a clickable link to open the patient's chartbook.

In some cases, the carat to the left of the MPI field can be clicked to expand and see multiple MRNs (Medical Resource Numbers) for a patient.

Clinical Portal Quick Reference Guide – Chartbook

Now you can see the patient's information. The landing screen is the summary which shows the most recent documents.

The screenshot displays the NC HealthConnex Clinical Portal interface. At the top, the patient's name "DEMO, ADULT" is shown along with demographic information: "F 49y 07/07/1975 MPI: 100000021". A "Patient Selection" dropdown and a user profile icon are visible in the top right. A notification states: "There may still be restricted data that you are not permitted to view. Override Applied".

The left sidebar contains a "Chartbook" menu with options: Clinical Summary (selected), Conditions, Allergies, Medications, Documents, Immunizations, Vital Signs, Lab Results, Diagnostic Studies, Procedures, Histories, Encounters, and Appointments.

The main content area is divided into four panels:

- Allergies** (Sorted by Last Updated, Status):

Details	Category	Allergen	Reaction
⋮	Propensity to adverse reactions to drug	Ragweed	Other (See Comments)
⋮	Propensity to adverse reactions to drug	House Dust	Other (See Comments)
⋮	Propensity to adverse reactions to drug	Aspirin	Nausea
⋮	Propensity to adverse reactions to drug	Cyclobenzaprine	Itching
⋮	Propensity to adverse reactions to drug	Latex	Rash
- Medications** (Sorted by Start Date):

Details	Medication	Status	Start Date
⋮	acetaminophen (TYLENOL) 500 MG tablet	In Progress	05/04/2020
⋮	albuterol (ACCUNEb) 0.63 mg/3 mL nebulizer solution	In Progress	05/04/2020
⋮	cetirizine (ZYRTEC) 10 mg capsule	Inactive	05/04/2020
⋮	cinacalcet (SENSIPAR) 60 MG tablet	Inactive	05/04/2020
⋮	clopidogrel (PLAVIX) 75 mg tablet	In Progress	05/04/2020
- Documents** (Sorted by Activity Date, Activity Time):

Details	Doc Type	Document	Document Parsed
⋮	Consolidated CDA R2.1 Structured Body Document	Continuity of Care Document	Yes
- Lab Results** (Sorted by Result Date):

Details	Order	Results	Result Date
⋮	Comprehensive Metabolic Panel (CMP)	Results	04/23/2020 06:42
⋮	Complete Blood Count (CBC)	Results	04/23/2020 06:09

Navigation links include "Back to: Patient Search" and "Page 1 Next >".

There may still be restricted data that you are not permitted to view.

Each section is now searchable, allowing you to get the information you need more quickly.

[illegible]

Clinical Portal Quick Reference Guide – Chartbook

Search results will appear with a yellow highlight.

DEMO, ADULT

F 49y 07/07/1975 MPI: 100000021

Search Chartbook

Messages

Back to: Chart

Chartbook

Clinical Summary

Conditions

Allergies

Medications

Documents

Immunizations

Vital Signs

Lab Results

Diagnostic Studies

Procedures

Histories

Encounters

Medications

vancomycin

Q

vancomycin

Q

Sorted by Start Date

Details	Medication	Dose	Frequency	Status	Source	Start Date
<div>Historical Medications</div>						
	vancomycin (VANCOCIN) 1 g in sodium chloride 0.9 % 250 mL IVPB	1 g		Inactive		04/23/2020 00:00
	vancomycin (VANCOCIN) 1 g in sodium chloride 0.9 % 250 mL IVPB	1 g		Inactive	Sample Provider	04/22/2020 06:00
	vancomycin (VANCOCIN) 1 g in sodium chloride 0.9 % 250 mL IVPB	1 g		Inactive		04/21/2020 06:00
	vancomycin (VANCOCIN) in 0.9% sodium chloride IVPB 2.5 g/500 mL	2.5 g		Inactive	Sample Provider	04/20/2020 16:46
	Vancomycin to be dosed by nephrology			Inactive		04/20/2020 14:40
	vancomycin pharmacy consult			Inactive		04/20/2020 13:21
	vancomycin (VANCOCIN) 1 g in sodium chloride 0.9 % 250 mL IVPB	1 g		Inactive		11/16/2019 06:00
	vancomycin (VANCOCIN) in 0.9% sodium chloride IVPB 1.5 g/250 mL	1.5 g		Inactive		11/15/2019 15:43
	Vancomycin - Nephrology to dose in HD patient.			Inactive	Sample Provider	11/15/2019 12:05

There may still be restricted data that you are not permitted to view.

Override Applied

Clinical Portal Quick Reference Guide – Print Patient Records

DEMO, ADULT

F 49y 07/07/1975 MPI: 100000021

There may still be restricted data that you are not permitted to view.

ⓘ Override Applied

[Back to: Chart](#) >



Chartbook <<

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Allergies

Medications

Documents

Immunizations

Vital Signs

Lab Results

Diagnostic Studies

Procedures

Histories

Encounters

Appointments

Medications

Current Medications

Details	Medication	Dose	Frequency	Status	Source	Start Date
---------	------------	------	-----------	--------	--------	------------

Historical Medications

Details	Medication	Dose	Frequency	Status	Source	Start Date
⋮	vancomycin (VANCOCIN) 1 g in sodium chloride 0.9 % 250 mL IVPB	1 g		Inactive		04/23/2020 00:00
⋮	vancomycin (VANCOCIN) 1 g in sodium chloride 0.9 % 250 mL IVPB	1 g		Inactive	Sample Provider	04/22/2020 06:00
⋮	vancomycin (VANCOCIN) 1 g in sodium chloride 0.9 % 250 mL IVPB	1 g		Inactive		04/21/2020 06:00
⋮	vancomycin (VANCOCIN) in 0.9% sodium chloride IVPB 2.5 g/500 mL	2.5 g		Inactive	Sample Provider	04/20/2020 16:46
⋮	Vancomycin to be dosed by nephrology			Inactive		04/20/2020 14:40
⋮	vancomycin pharmacy consult			Inactive		04/20/2020 13:21
⋮	vancomycin (VANCOCIN) 1 g in sodium chloride 0.9 % 250 mL IVPB	1 g		Inactive		11/16/2019 06:00
⋮	vancomycin (VANCOCIN) in 0.9% sodium chloride IVPB 1.5 g/250 mL	1.5 g		Inactive		11/15/2019 15:43
⋮	Vancomycin - Nephrology to dose in HD patient.			Inactive	Sample Provider	11/15/2019 12:05

To print, click on the horizontal ellipses (meatball menu) on the right of the screen.

Clinical Portal Quick Reference Guide – Print Patient Records

DEMO, ADULT

F 49y 07/07/1975 MPI: 100000021

Back to: Chart >

Patient Reports

Chartbook

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Lab Results

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Histories

Medications

Current Medications

Details Medication Dose Frequency Status

Historical Medications

Details Medication Dose Frequency

vancomycin (VANCOCIN) 1 g in sodium chloride 0.9 % 250 mL IVPB 1 g

vancomycin (VANCOCIN) 1 g in sodium chloride 0.9 % 250 mL IVPB 1 g

vancomycin (VANCOCIN) 1 g in sodium chloride 0.9 % 250 mL IVPB 1 g

vancomycin (VANCOCIN) in 0.9% sodium chloride IVPB 2.5 g/500 mL 2.5 g

Vancomycin to be dosed by nephrology

vancomycin pharmacy consult

vancomycin (VANCOCIN) 1 g in sodium chloride 0.9 % 250 mL IVPB 1 g


vancomycin (VANCOCIN) in 0.9% sodium chloride IVPB 1.5 g/250 mL 1.5 g

There may still be restricted data that you are not permitted to view.

Override Applied

Then click on "Patient Reports".

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 NC HealthConnex
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Clinical Portal Quick Reference Guide – Print Patient Records

Make sure “View As” is set to “Patient Summary (PDF)” and that “Report” is set to either “Expanded” (for full chart view) or “Pharmacy” (for pharmacy dispense information).

DEMO, ADULT
F 49y 07/07/1975 MPI: 100000021

There may still be restricted data that you are not permitted to view.
Override Applied

[Back to: Chart](#) >

[Download Summary](#) View As: Patient Summary (PDF) Report: Patient Summary Report Send...

Draw

Patient Summary Report for ADULT DEMO, F 1975-07-07

Patient Demographics

Name	Date Of Birth	Gender	Identification Number	Phone	Address
ADULT DEMO	1975-07-07	F	MRN: ADULTDEMO	(919) 5707334	7777 MAKE BELIEVE STREET NOTAREAL TOWN NC 20050

Allergies

Onset Date	Inactive Date	Allergen	Category	Last Updated At
2016-12-12		PENICILLIN	ALLERGY	2016-12-12

Medications

Date	Medication	Form	Strength	Duration	Source
2016-05-04	AMOXICILLIN	TABLET	500	7D	DRUG

Clinical Portal Quick Reference Guide – Print Patient Records

You can use the magnifying glass icon to search the PDF for specific information such as medications or vaccinations.

DEMO, ADULT

F 49y 07/07/1975 MPI: 100000021

Back to: Chart >

Download Summary

View As: Patient Summary (PDF)

Report: Patient Summary Report (Expanded)

Send...

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Print (Ctrl+P)

Patient Summary Report for ADULT DEMO

Patient Demographics

Name	Date Of Birth	Gender	Identification Number	Phone	Address
ADULT DEMO	1975-07-07	F	MRN: ADULTDEMO	(919) 5707334	7777 MAKE BELIEVE STREET NOTAREAL TOWN NC 20050

Allergies

Onset Date	Inactive Date	Allergen	Category	Last Updated At
2016-12-13		Ragweed	Propensity to adverse reactions to drug	DUHS

Alerts

(none)

Advance Directives

From Date	To Date	Direction	Time	Status

There may still be restricted data that you are not permitted to view.

Override Applied

Clinical Portal Quick Reference Guide – Print Patient Records

Click the printer icon to print the chosen record.

DEMO, ADULT

F 49y 07/07/1975 MPI: 100000021

There may still be restricted data that you are not permitted to view.
Override Applied

Back to: Chart >

Download Summary View As: Patient Summary (PDF) Report: Patient Summary Report (Expanded) Send...

≡ ▾ ▾ Draw ▾ ▾ | 1 of 115 | 🔍 🖨️ ⚙️

🖨️

Print (Ctrl+P)

Patient Summary Report for ADULT DEMO

Patient Demographics

Name	Date Of Birth	Gender	Identification Number	Phone	Address
ADULT DEMO	1975-07-07	F	MRN: ADULTDEMO	(919) 5707334	7777 MAKE BELIEVE STREET NOTAREAL TOWN NC 20050

Allergies

Onset Date	Inactive Date	Allergen	Category	Last Updated At
2016-12-13		Ragweed	Propensity to adverse reactions to drug	DUHS

Alerts

(none)

Advance Directives

From Date	To Date	Directive	Type	Status
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Clinical Portal Quick Reference Guide – Print Patient Records

Select which pages you want to print and click the “print” button.

Print

Total: 6 sheets of paper

Copies

1

Layout

Portrait

Landscape

Pages

All

Odd pages only

Even pages only

50-55

Color

Color

Print on both sides

Print

Cancel

Patient Summary Report for ADULT DEMO

Medication	Date	Status	Form	Strength	Duration	Qty	Indications	Instruction	Refills	Source
DS) 800-160 m g tablet										
loratadine (CL ARITIN) 10 m g tablet	2014-08-21	Executed			1892 days			Take by mouth	0	Duke University Health System
ciprofloxacin H CI (CIPRO) 25 0 MG tablet	2012-05-19	Executed			2716 days			Take by mouth	0	Duke University Health System
aspirin 325 M G tablet	2011-03-31	Executed			3131 days			Take by mouth	0	Duke University Health System
b complex mul tivitamin (NEP HROCAPS) 1 mg capsule	2011-03-29	Executed		1 {capsule}				Take 1 capsule by mouth once daily.	0	Duke University Health System
famotidine (PE PCID) 20 MG tablet	2011-03-29	In-Progress		20 mg				Take 20 mg by mouth once daily.	0	Duke University Health System
b complex mul tivitamin (NEP HROCAPS) 1 mg capsule	2011-03-29	In-Progress		1 {capsule}				Take 1 capsule by mouth once daily.	0	Duke University Health System
omeprazole (P RILOSEC) 20 MG DR capsu le	2008-03-18	Executed		20 mg				Take by mouth	0	Duke University Health System
ferrous fumara te-folic acid 32 4 mg (106 mg i ron)-1 mg	2007-11-21	Executed						Take by mouth	0	Duke University Health System

Code	Vaccine	Date	Route	Site	Source
	Influenza H1N1 IM pres-free	2016-09-01			Duke University Health System

Clinical Portal Quick Reference Guide – Documents

Visit/Hospital
Information will
be in
Documents

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Patient Selection

NCHIEA

DEMO, ADULT
F 49y 07/07/1975 MPI: 100000021

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Documents

Warning: Downloading documents may present security and privacy risks. Downloaded documents should be removed from the local device after use.

Details	Document	Source	Facility	Event Date
	Continuity of Care Document		Duke University Health System	05/04/2020 11:12
	Continuity of Care Document		Duke University Health System	04/27/2020 10:25
	Continuity of Care Document		Duke University Health System	04/24/2020 12:20
	Continuity of Care Document		Duke University Health System	04/23/2020 14:16
	Continuity of Care Document		Duke University Health System	04/20/2020 12:08
	Continuity of Care Document		Duke University Health System	04/19/2020 00:12
	Continuity of Care Document		Duke University Health System	04/13/2020 10:24
	Continuity of Care Document		Duke University Health System	03/09/2020 13:14
	Continuity of Care Document		Duke University Health System	02/26/2020 18:13
	Continuity of Care Document		Duke University Health System	02/24/2020 00:16

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Clinical Portal Quick Reference Guide – Documents

Lab Results:
Anything
abnormal will be
in red.

NCHealthConnex
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Patient Selection ▾

NCHIEA. [REDACTED]

DEMO, ADULT

F 49y 07/07/1975 MPI: 100000021

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Lab Results by Date

Order	Trend	Result 1	Result 2	Result 3	Result 4	Result 5	Result 6
Complete Blood Count (CBC)	≡	<div><div>04/23/2020 05:36</div><div>Duke University Health System</div></div>	<div><div>04/22/2020 05:10</div><div>Duke University Health System</div></div>	<div><div>04/21/2020 07:28</div><div>Duke University Health System</div></div>	<div><div>04/20/2020 12:39</div><div>Duke University Health System</div></div>	<div><div>02/25/2020 07:49</div><div>Duke University Health System</div></div>	<div><div>01/30/2020 11:32</div><div>Duke University Health System</div></div>
Comprehensive Metabolic Panel (CMP)	≡	<div><div>04/23/2020 05:36</div><div>Duke University Health System</div></div>	<div><div>04/22/2020 05:10</div><div>Duke University Health System</div></div>	<div><div>04/20/2020 12:39</div><div>Duke University Health System</div></div>	<div><div>01/04/2020 11:43</div><div>Duke University Health System</div></div>	<div><div>10/01/2019 12:31</div><div>Duke University Health System</div></div>	<div><div>09/09/2019 10:10</div><div>Duke University Health System</div></div>
POC Glucose Whole Blood		<div><div>04/22/2020 05:26</div><div>Duke University Health System</div></div>					
POC Critical Panel (DRH Only)	≡	<div><div>04/21/2020 07:19</div></div>	<div><div>02/24/2020 13:33</div></div>	<div><div>01/27/2020 12:47</div></div>	<div><div>10/01/2019 12:39</div></div>	<div><div>09/07/2019 15:49</div></div>	

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Clinical Portal Quick Reference Guide – Documents

Diagnostic Studies contains imaging reports.

NC HealthConnex
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Patient Selection ▾

DEMO, ADULT
F 49y 07/07/1975 MPI: 100000021

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Diagnostic Studies

DetailsStudy

IR dialysis fistulagram

IR dialysis fistulagram

IR dialysis fistulagram

IR dialysis fistulagram

US hemodialysis access

IR dialysis fistulagram

IR dialysis fistulagram

IR dialysis fistulagram

US regional anesthesia images

US regional anesthesia images


IR central venous catheter placement

IR central venous catheter placement

Ordering Clinician

Test Date ▴▾

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Clinical Portal Quick Reference Guide – Documents

Histories includes the Social Determinants or Health Related Social Needs (HRSN)

NCHealthConnex
Powering Health Care Outcomes

Patient Selection ▾

NCHIEA

DEMO, ADULT
F 49y 07/07/1975 MPI: 100000021

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Chartbook <<

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Histories

Medical History

Details	Description	Onset	Facility	Last Updated
Social History				
Details	Description	Onset	Facility	Last Updated
	Alcohol intake	09/07/2019	Duke University Health System	
	Never smoker	02/06/2019	Duke University Health System	
	Exposure to SARS-CoV-2 (event) (Not sure)		Duke University Health System	04/20/2020 10:52

Family History

Details	Description	Onset	Facility	Last Updated
---------	-------------	-------	----------	--------------

Social Determinants

Description	Value	Status	Source	Facility	Entry Date
At any time in the past 12 months, were you homeless or living in a shelter (including now)?	No			DUHS	02/10/2025 16:40
In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?	No			DUHS	02/10/2025 16:40
In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?	No			DUHS	02/10/2025 16:40