NC HealthConnex
Powering Health Care Outcomes

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

NCDIT NORTH CAROLINA DEPARTMENT OF INFORMATION TECHNOLOGY

Housekeeping Items Before We Start

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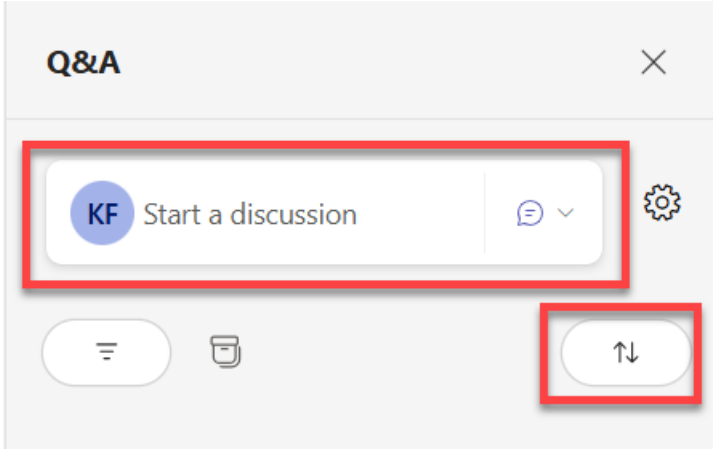


- We ask that you do not use the chat function of this meeting.
- If you have a question, please use the Q&A feature.
- A copy of the presentation slides will go out to everyone who registered for today's webinar.

NC HealthConnex
Powering Health Care Outcomes

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.

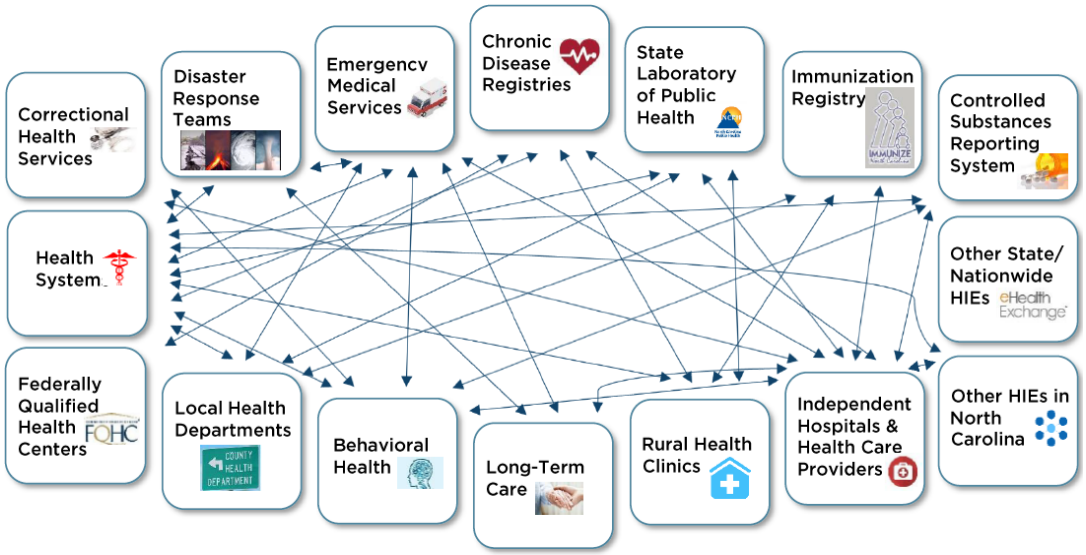
Vision: *Help North Carolinians lead their healthiest lives by supporting equitable, whole-person health through data exchange services.*

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

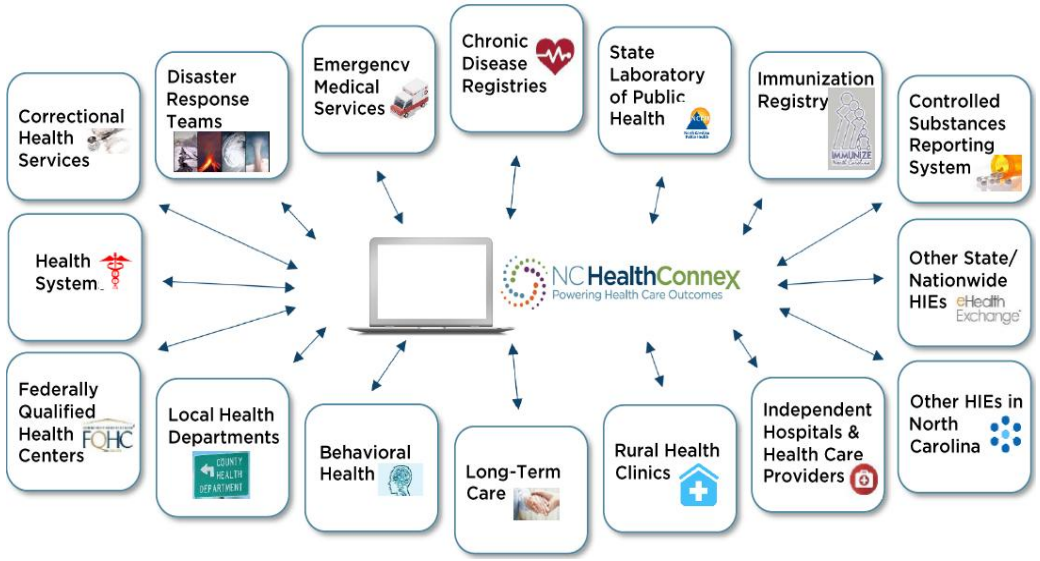
The Vision for Connectivity

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.

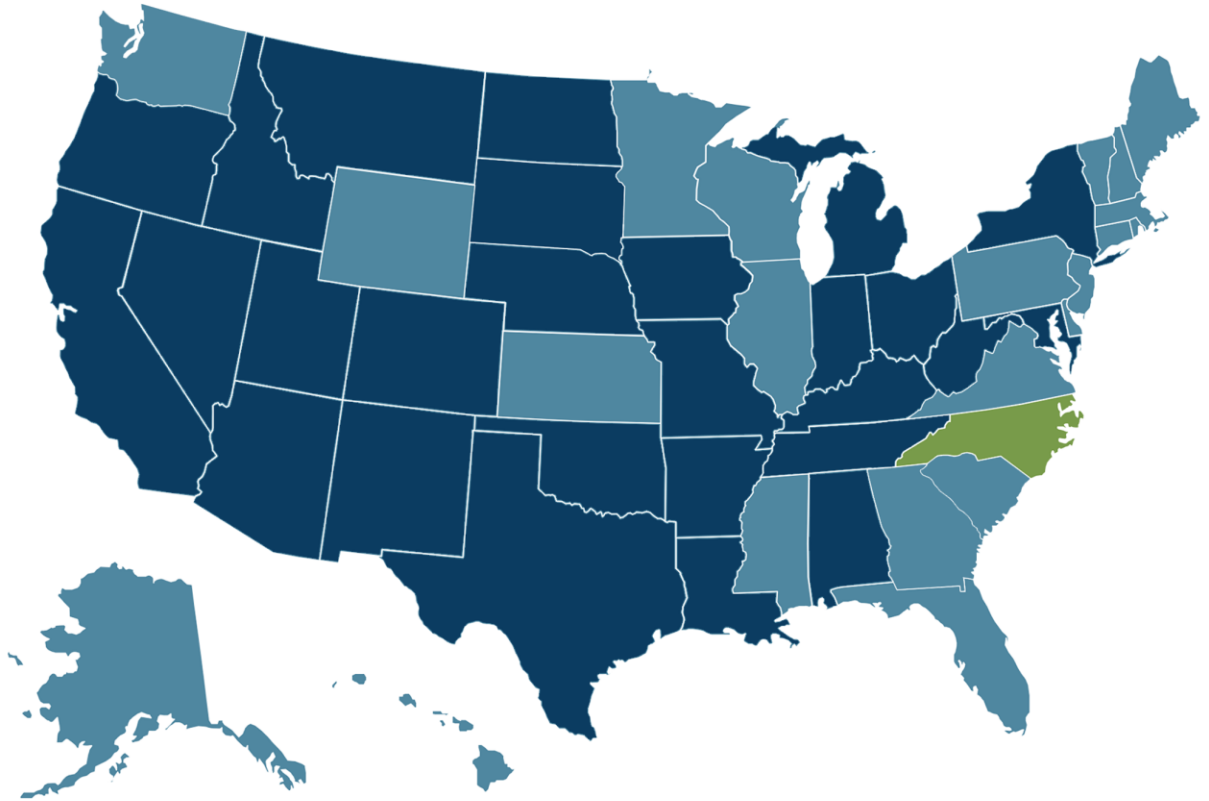
- Some provider types are not required to connect but may do so voluntarily. Recent legislation has updated this list to include chiropractors.

- 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).

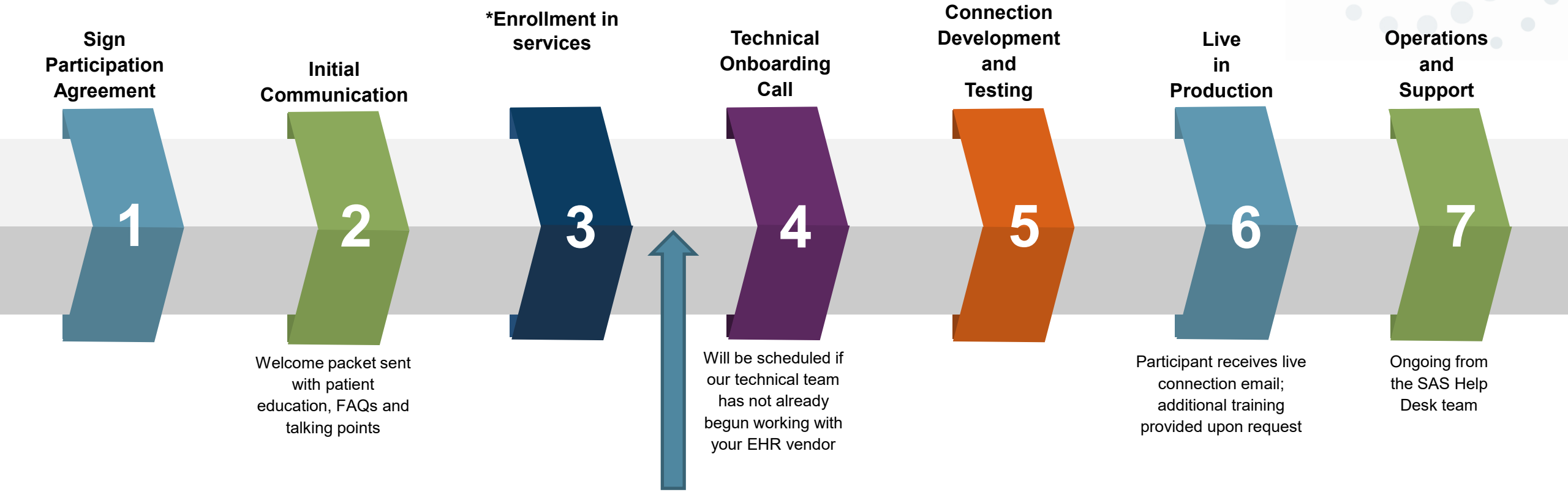


NC HealthConnex Connected Providers

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.

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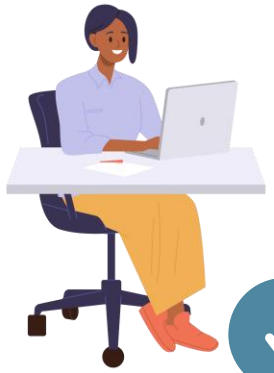
How the Exchange of Health Information Works

Uni-directional Connection (Full Participant): Clinical Portal



Electronic Health Record

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

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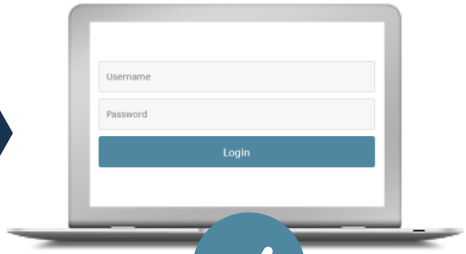
Data Provided

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



Login using any browser

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.

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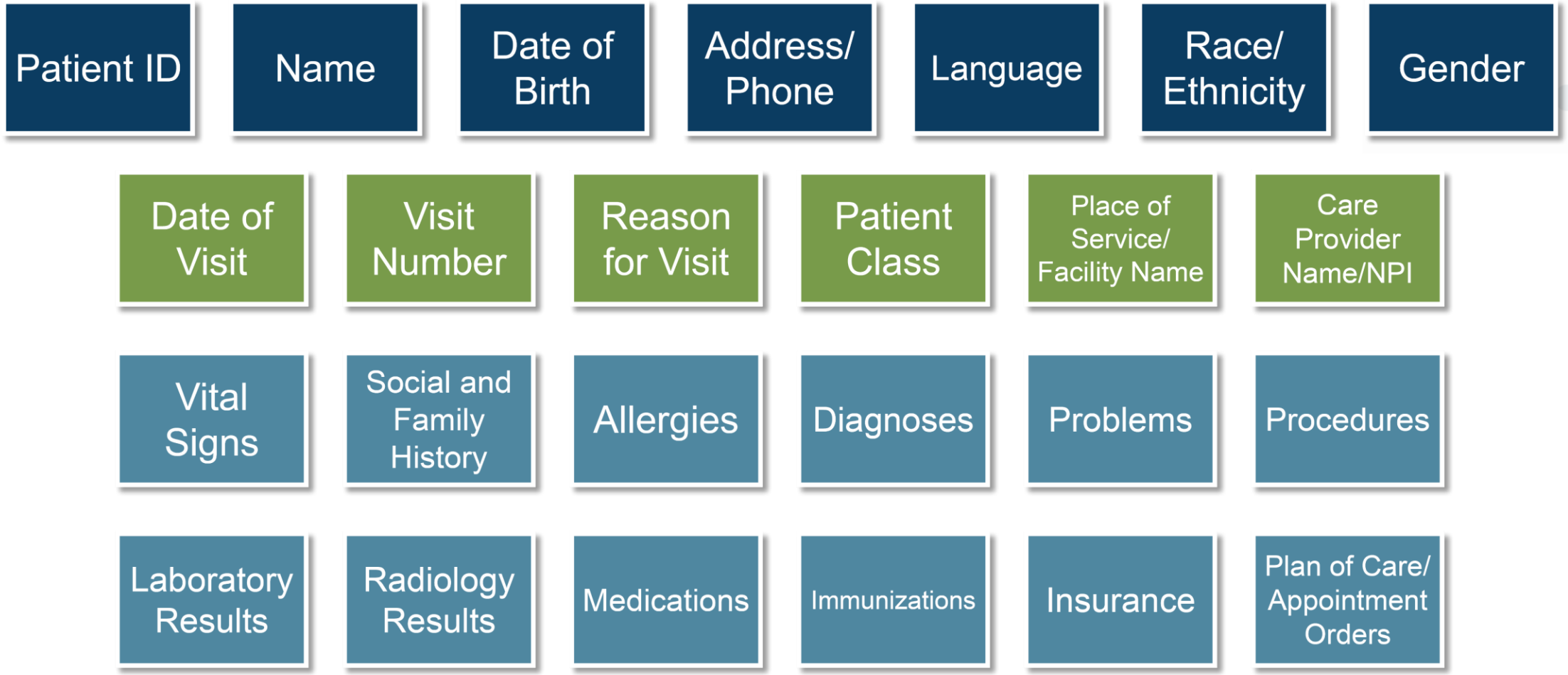
NC HealthConnex Data Targets



NC HealthConnex Onboarding Packet and Technical Specifications

Suite of Services

At a Glance

NC HealthConnex
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NC HealthConnex Use and Value

Participation Agreement Options

Submission Only

1. Meets the mandate by sending data from your EHR to NC HealthConnex

Full Participation

1. Meets the mandate by sending data from your EHR to NC HealthConnex

AND

2. Access to data in NC HealthConnex

3. Access to NC*Notify - Event Notification Service for ADT Alerts.

4. Public Health Reporting such as NCIR and the N.C. Diabetes Registry

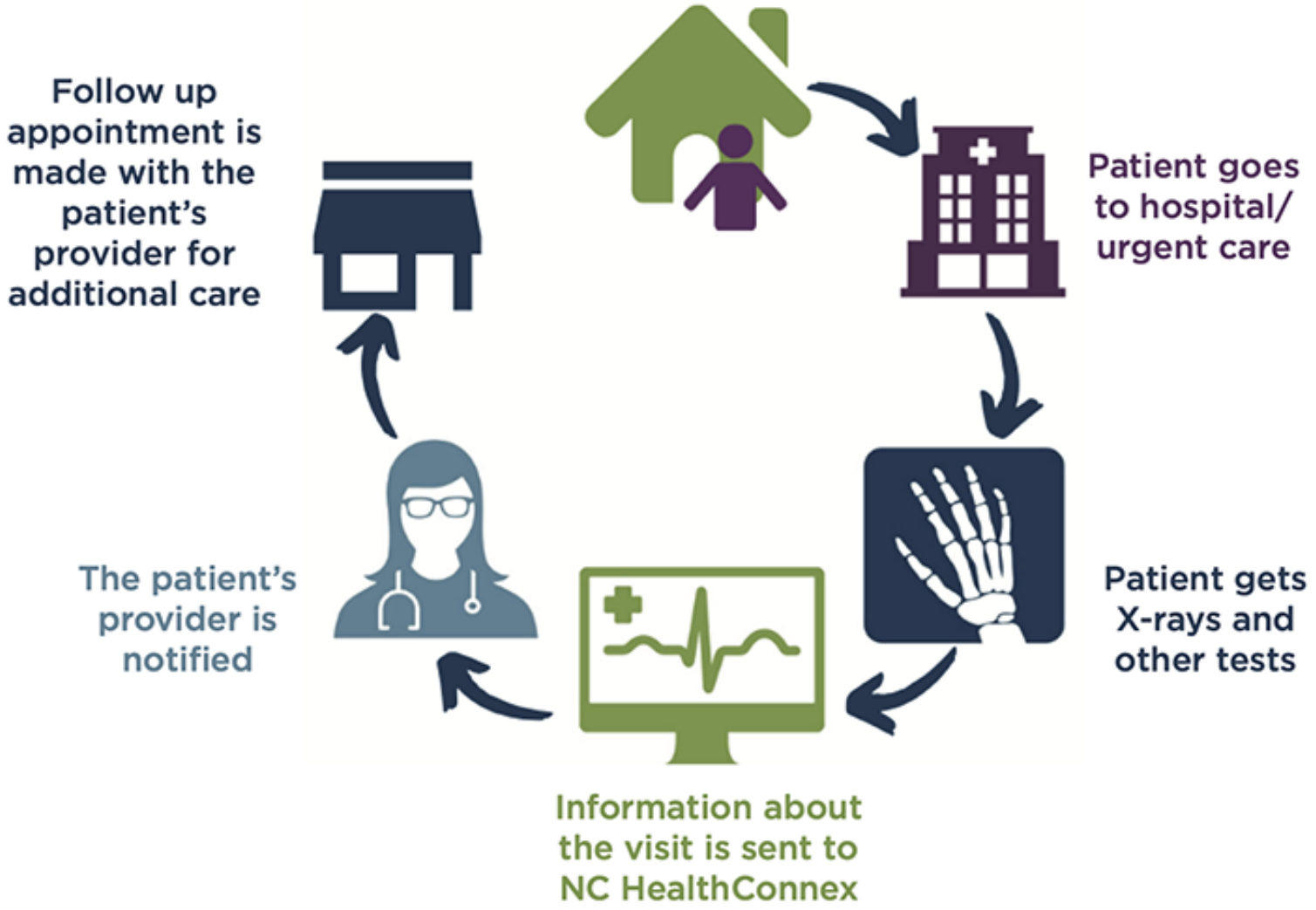
5. Access to Direct Secure Messaging

6. Access to Training Resources

7. Meets Promoting Interoperability and Meaningful Use quality measures

Learn more at NCHealthConnex.gov

NC*Notify (Event Notifications) – How It Works



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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

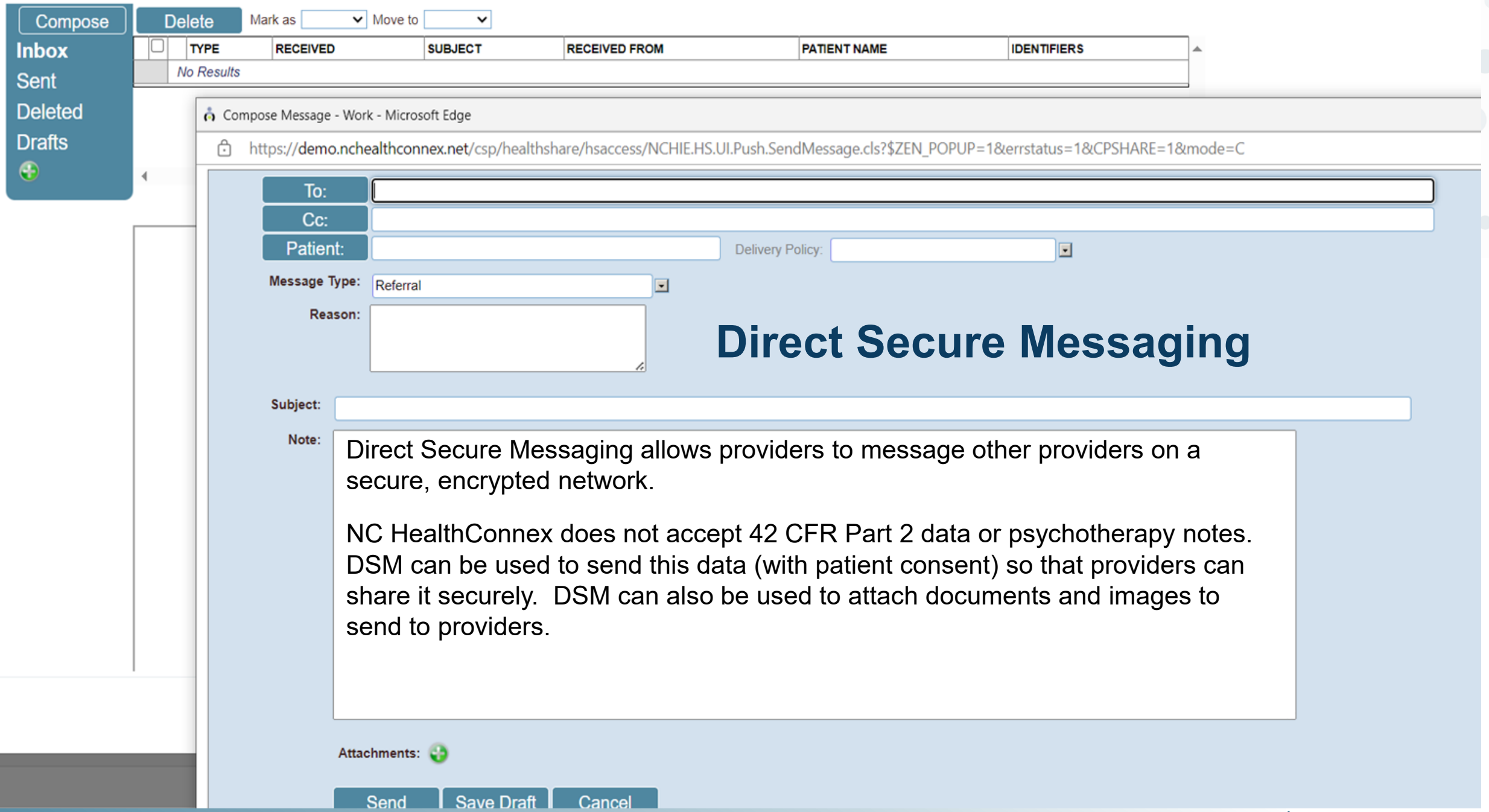
NC Notify

Event Notifications Powered by
NC HealthConnex

Direct Secure Messaging

Direct Secure Messaging 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.



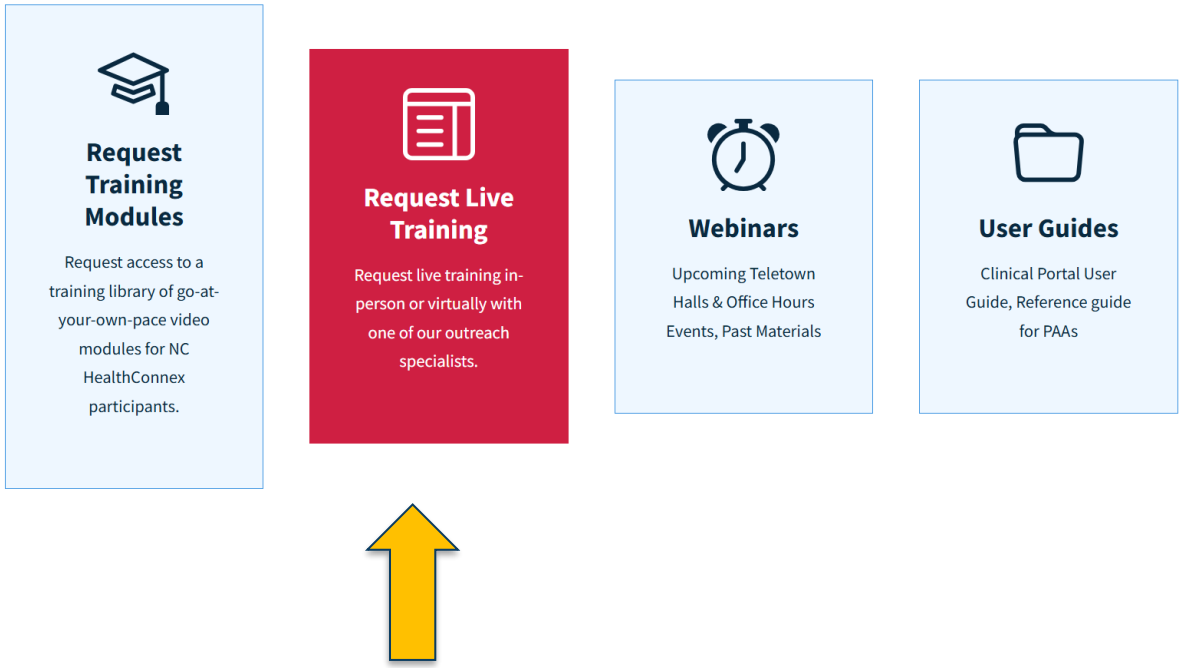
Direct Secure Messaging

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.

Training

Training Opportunities



- On Demand Training
  - NC HIEA Training Modules
- Live Training
  - Training Requests
- Online Webinars
  - NC HealthConnex Teletown Hall
  - NC HIEA Office Hours

*Participants can request Teams training through a booking link.

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.

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Division of Health Benefits

HIE Medicaid Services (HMS): Program Overview and Updates

August 2025

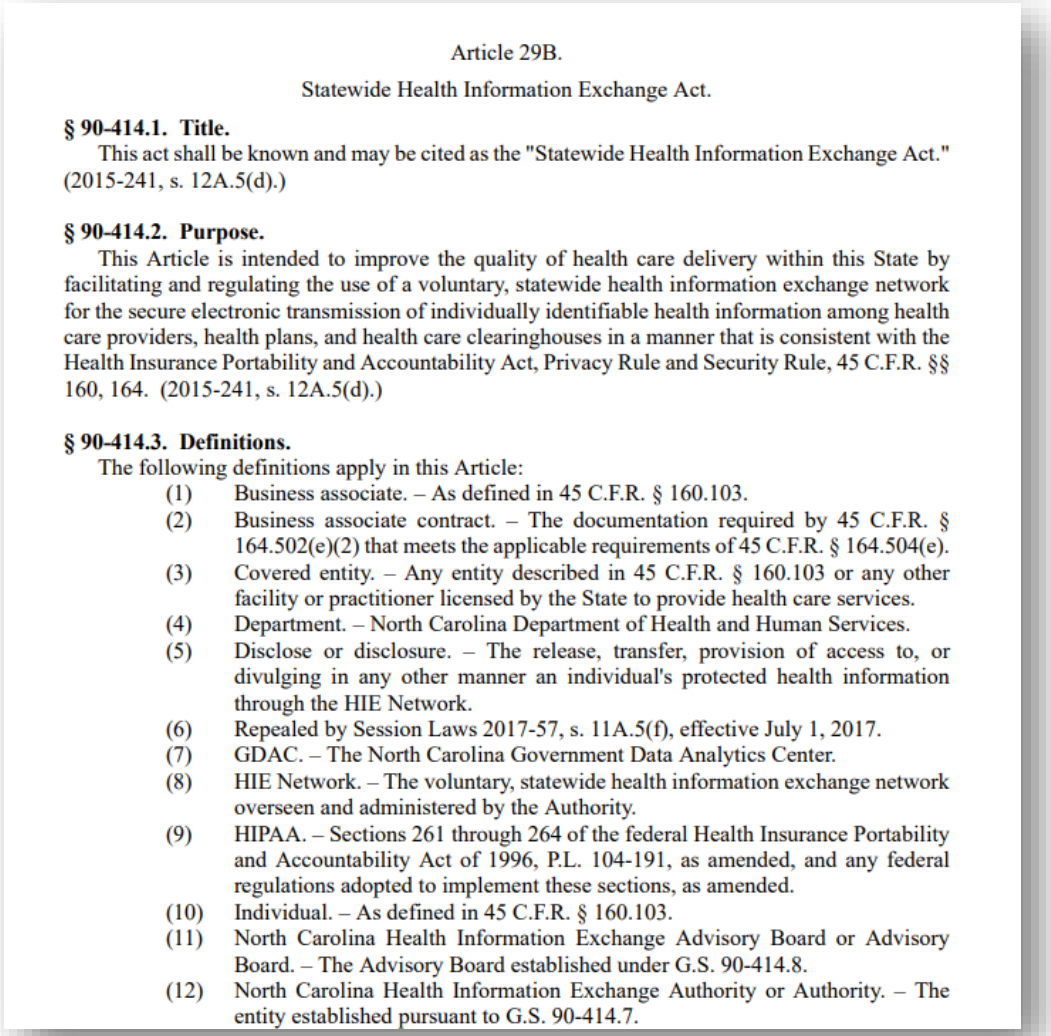
Agenda

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"

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"Three Use Cases"

- Digital Quality Measures (dQMs)
- Health-Related Social Needs (HRSN) Screening
- Care Management Data Exchange

"Many Partners"

State Agencies
NCDHHS, NC HIEA

Federal Agencies
CMS

Medicaid Managed Care Plans
Standard Plans, Tailored Plans

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

Technology Partners
SAS Institute, IBM

Digital Quality Measures (dQM) Use Case

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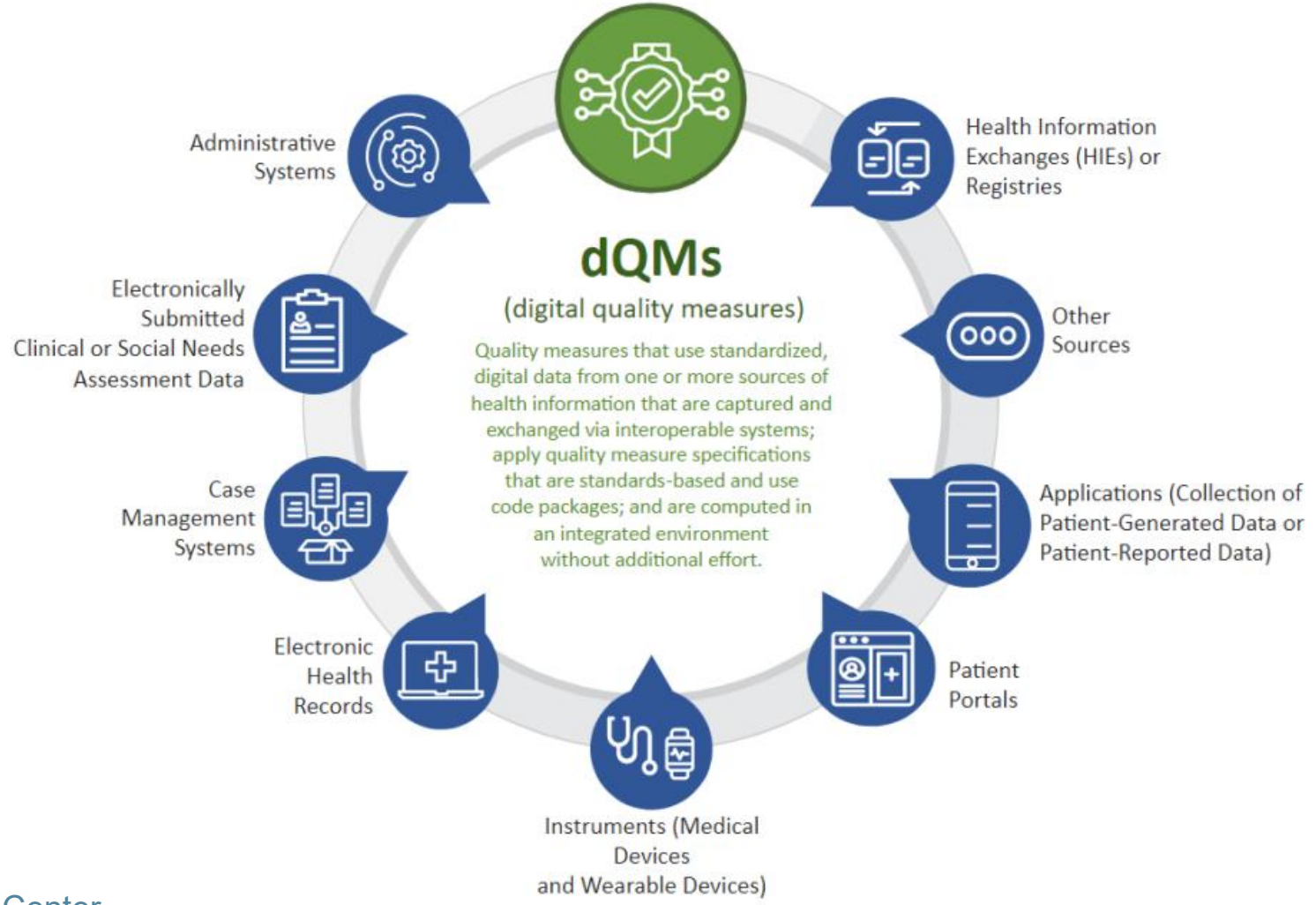
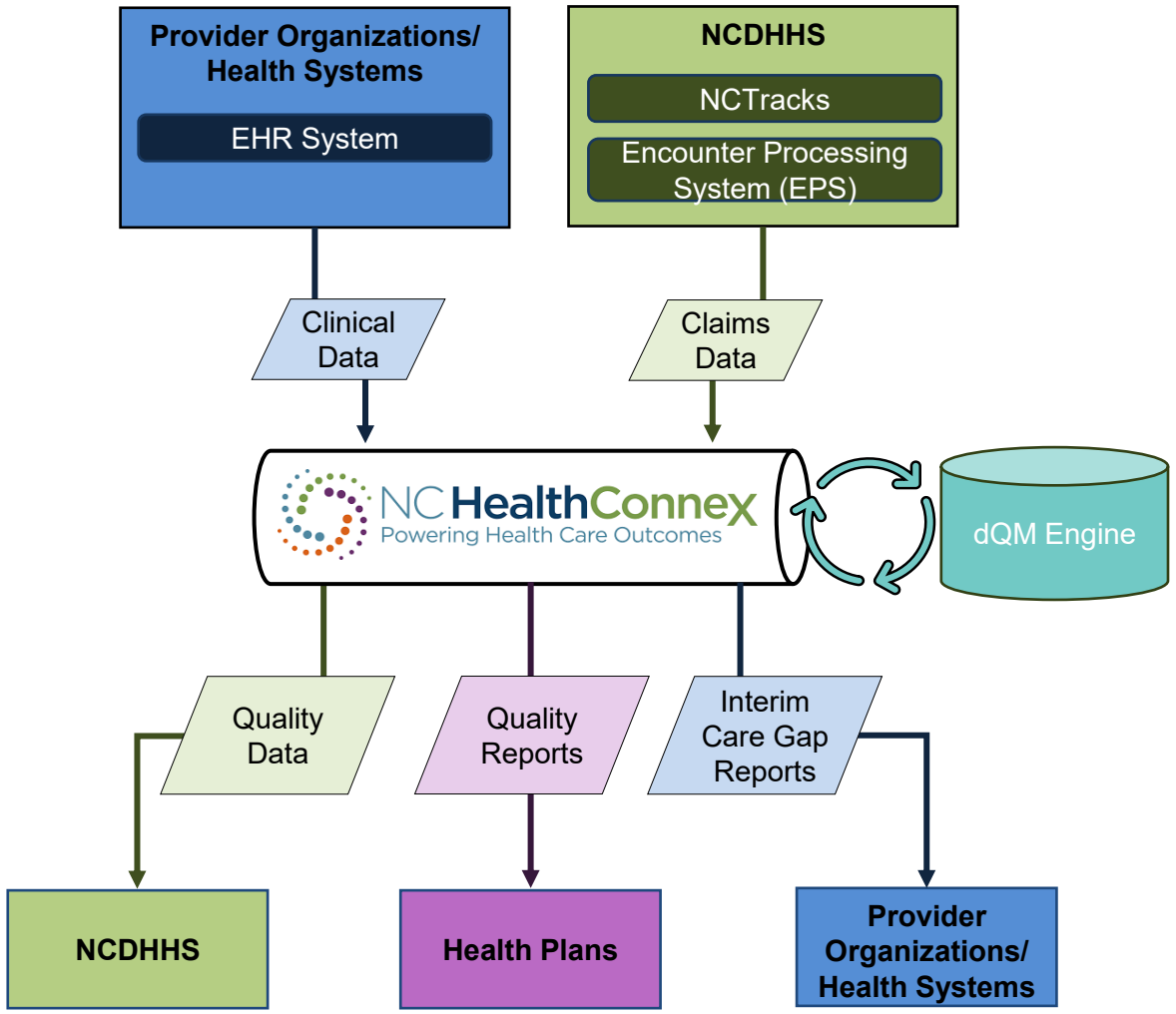
What Are Digital Quality Measures (dQMs)?



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

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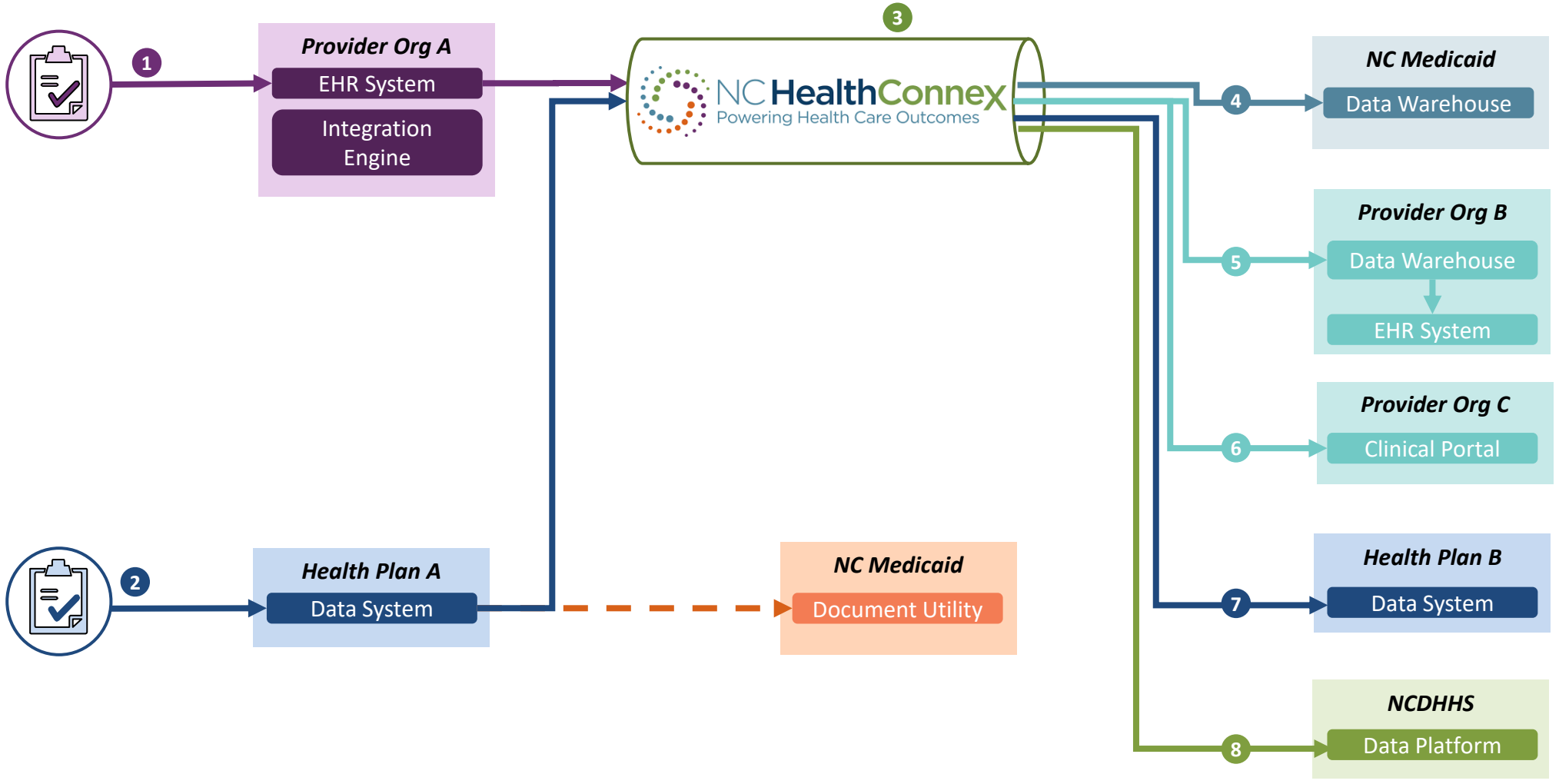
HRSN Screening Use Case: Future State

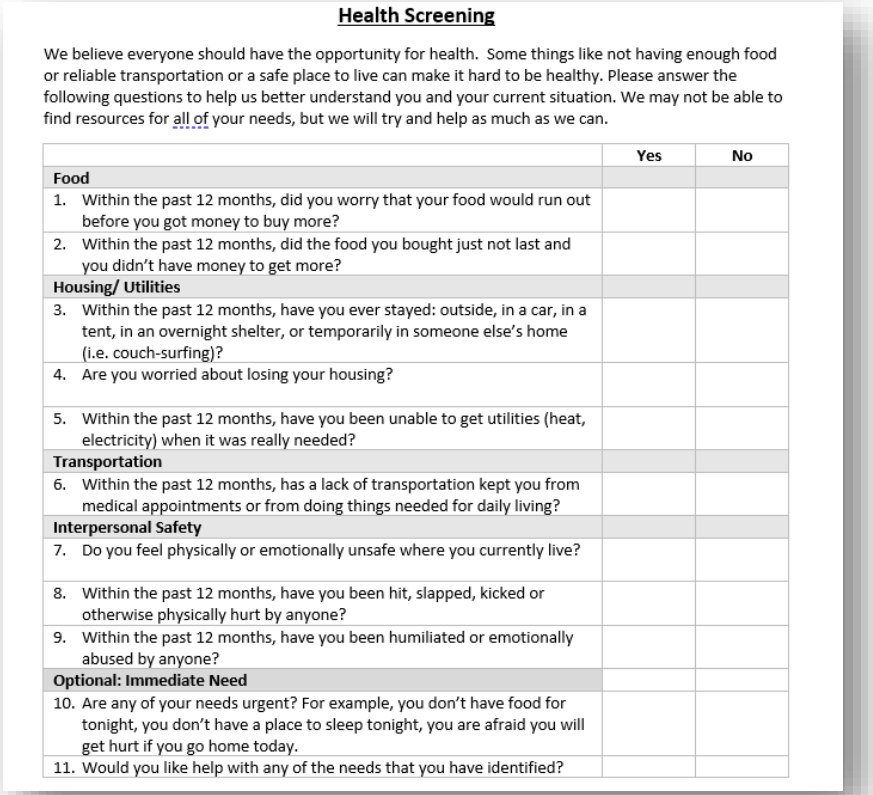


1. Providers collect HRSN screening results in their EHRs and transmit this information to NC HealthConnex.
2. Health plans collect HRSN screening results and share that information with NC Medicaid and NC HealthConnex.
3. NC HealthConnex stores incoming HRSN screening results and transmits the relevant information outbound.
4. NC Medicaid receives HRSN screening data via the monthly Priority Data Element files.
5. Providers can query and retrieve HRSN data using FHIR and integrate that information into their HER.
6. Authorized provider staff can view HRSN screening results via the NC HealthConnex Clinical Portal.
7. Health plans receive HRSN screening data via the monthly Priority Data Element files.
8. NCDHHS receives HRSN screening data for all North Carolinians in their data warehouse.

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.

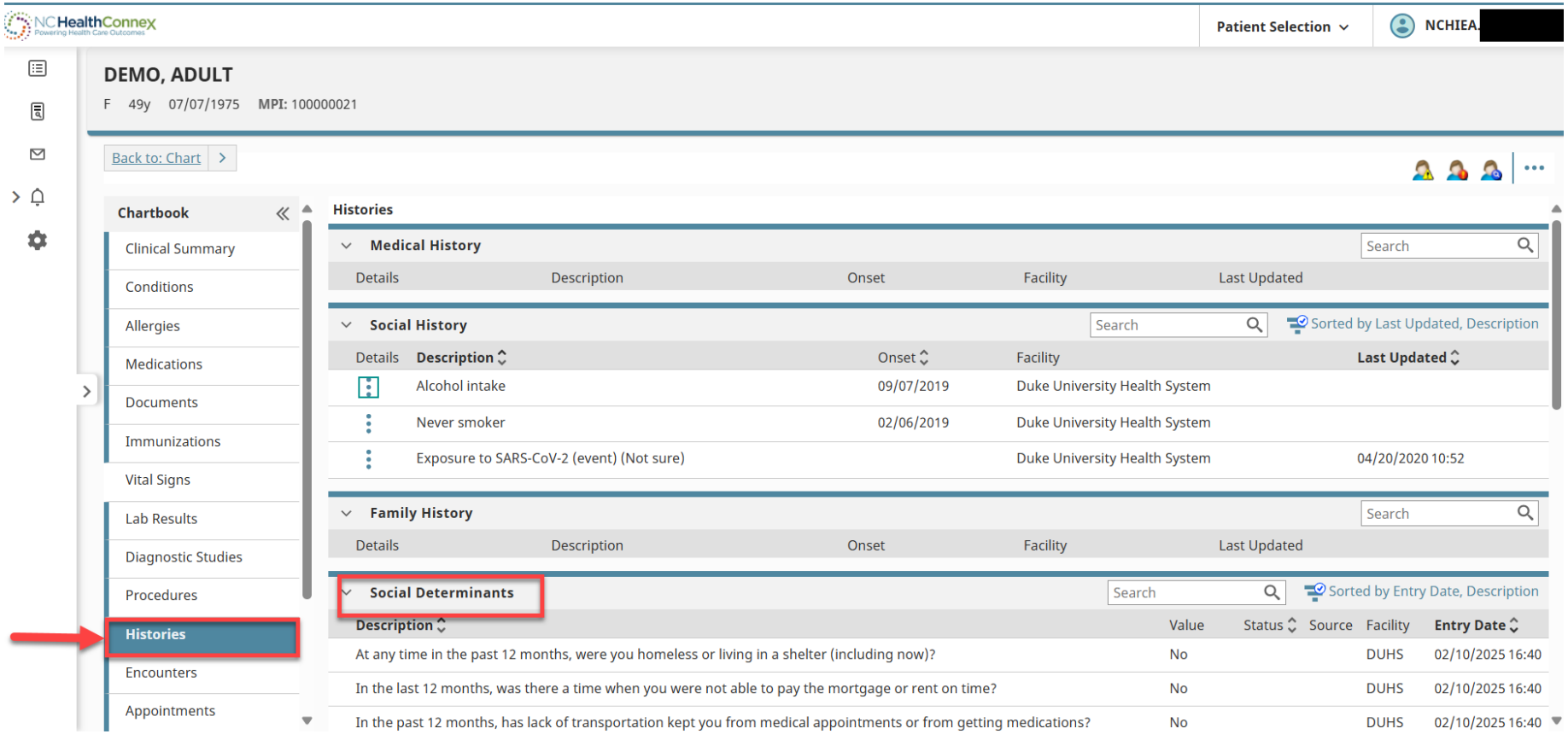


Health Screening

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?		

How Will Standardized HRSN Data Be Used?



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

HMS Early Adopters Program

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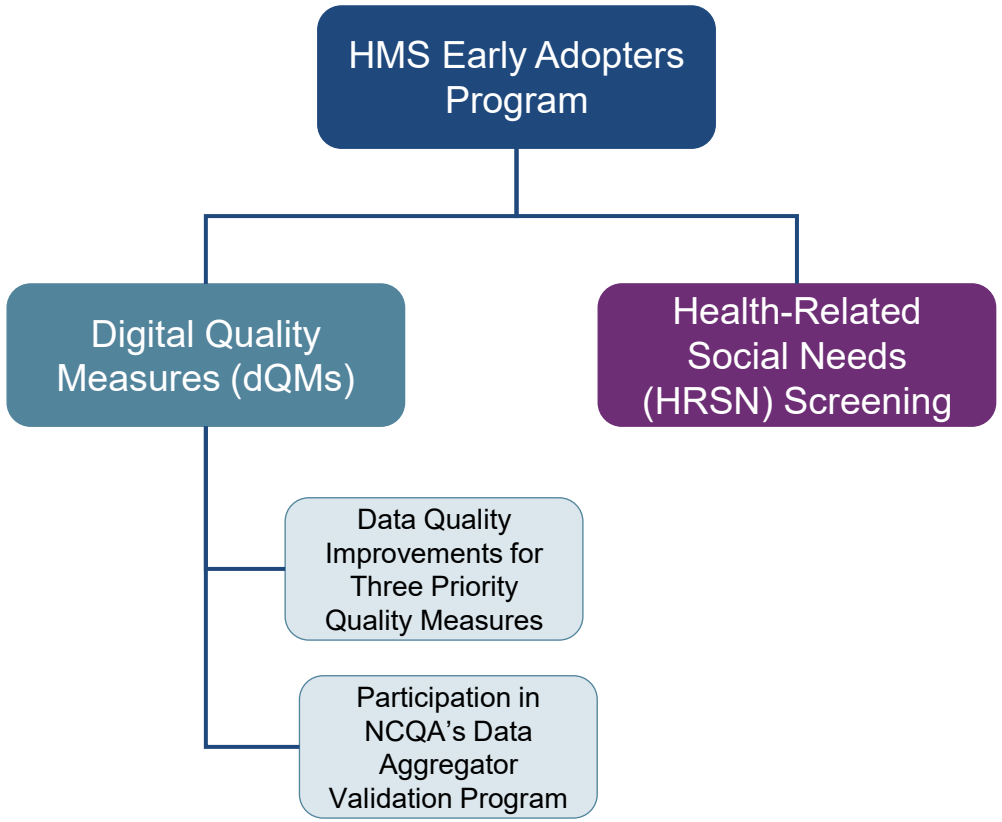
Division of Health Benefits

HMS Early Adopters Program Overview

- Two of our use cases will recruit initial, **voluntary** Medicaid provider organizations to participate in expanded data sharing related to:
  1. Sharing **Health-Related Social Needs (HRSN) Screening Data**, and
  2. Improving data quality submission to be able to report on three high-priority **Digital Quality Measures (dQMs)*.**
- The volunteer organizations (i.e., early adopters) will incur personnel, workflow and/or technical implementation costs to participate.
  - 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
2. Monarch
3. Tri-County Community Health Council, Inc. dba CommWell Health
4. UNC Health
5. The Purcell Clinic, P.A.
6. Burlington Pediatrics
7. Ardmore Family Practice, PA
8. ABC Pediatrics of Asheville
9. Burgaw Medical Center, PC

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?

HIE Medicaid Services Program
Digital Quality Measures Use Case

What is the HIE Medicaid Services Program?

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

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

What is the Value of the dQM

1. **Align with Emerging Standards:** H
& Medicaid Services' (CMS) Digital Q
interoperability goals (e.g., ONC 21st
clinical quality measure (eCQM) requ
the Medicare Shared Savings Progra

2. **Reduce Administrative Burden:** F
providers must create and maintain t
health plans for quality performance.

3. **Improve Gap Reporting:** Providers
consolidated care gap report that e
their Medicaid patients that can info
improvement and patient outreach a

4. **Enhance Performance in Value-Ba
Arrangements:** Improve the collectio
data from providers' electronic hea
(EHRs) to support better, more comp
measure results that can result in i
quality measure performance for v
payment arrangements.[1]

[1] Research suggests that access to a robust HIE imp
in quality metrics for participants in value-based payn
See Porreca D and Yaraghi N. The Impact of Populati
on Health Care Quality and Efficacy Among CPC+
Memorial Fund. October 6, 2022.

HIE Medicaid Services Program
Health-Related Social Needs Screening Use Case

What is the HIE Medicaid Services Program?

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

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

What is the Value of the HRSN Use Case?

1. **Increase Access to HRSN Screening Data:** Develop the capabilities to access and integrate Medicaid beneficiaries' HRSN data across health plans, providers and NC Medicaid.
2. **Reduce Administrative Burden:** Reduce the need for care managers and providers to conduct potentially duplicative HRSN screens.
3. **Improve Patient Experience:** Support Medicaid beneficiaries by minimizing the number of times sensitive questions are asked while gaining a deeper understanding of their HRSN to connect them with the necessary services.

What are Health-Related Social Needs?

Health-related social needs, also commonly referred to as social determinants of health (SDOH) or health-related resource needs (HRRN), refer to the social and economic needs that individuals experience that affect their ability to maintain their health and well-being (e.g., housing, transportation, food, etc.).[1]

[1] For more information about HRSN, see the U.S. Health and Human Services page Call to Action: Addressing Health-Related Social Needs in Communities Across the Nation (hhs.gov).

Vision for the HRSN Screening Use Case: Leverage NC HealthConnex to improve the availability, accuracy and timeliness of NC Medicaid beneficiaries' HRSN screening information across data sources.

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

NC HealthConnex
Powering Health Care Outcomes

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Health Benefits

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

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NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Health Benefits

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

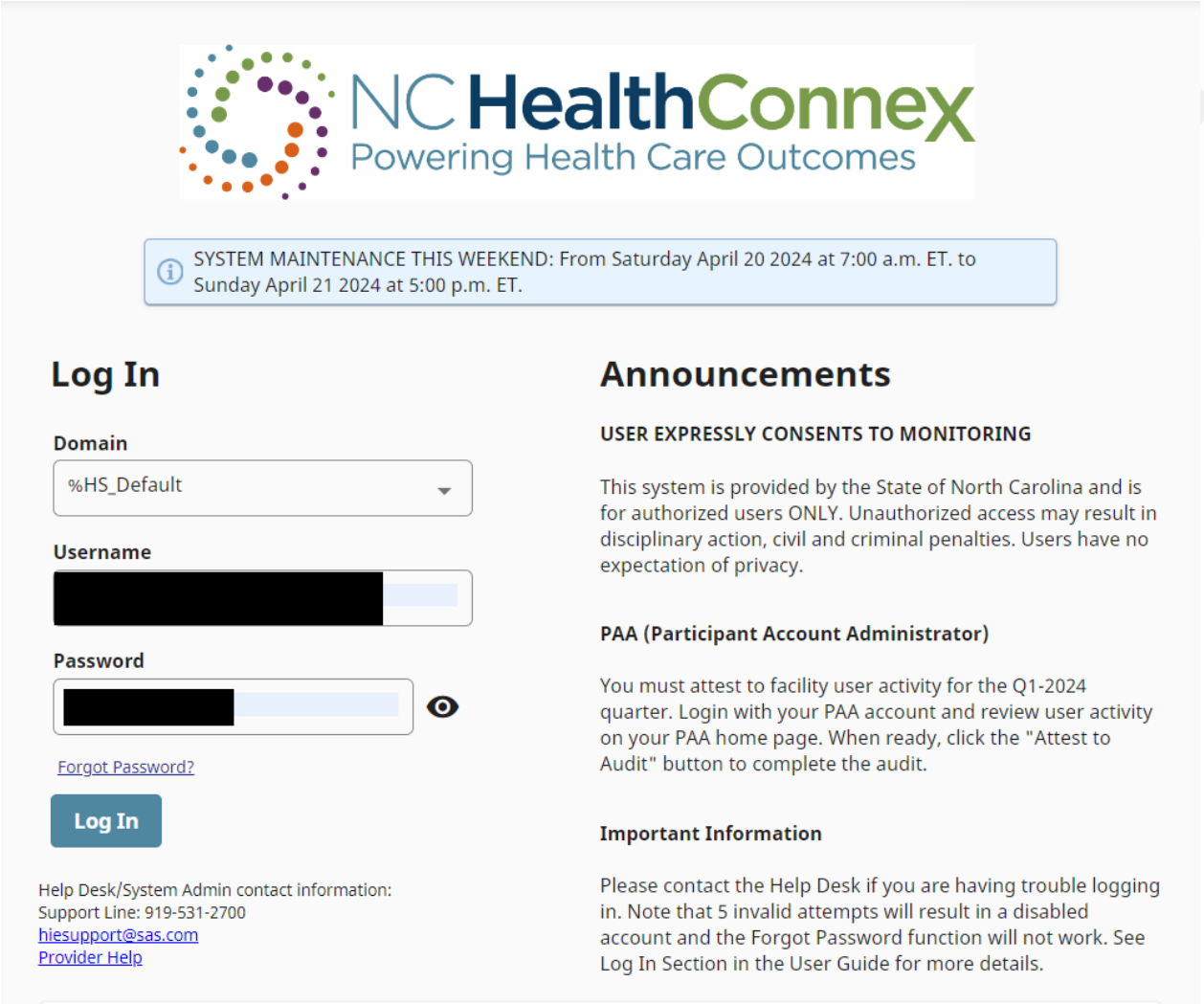
Click on “Clinical Portal Login” at the top of the page.

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."

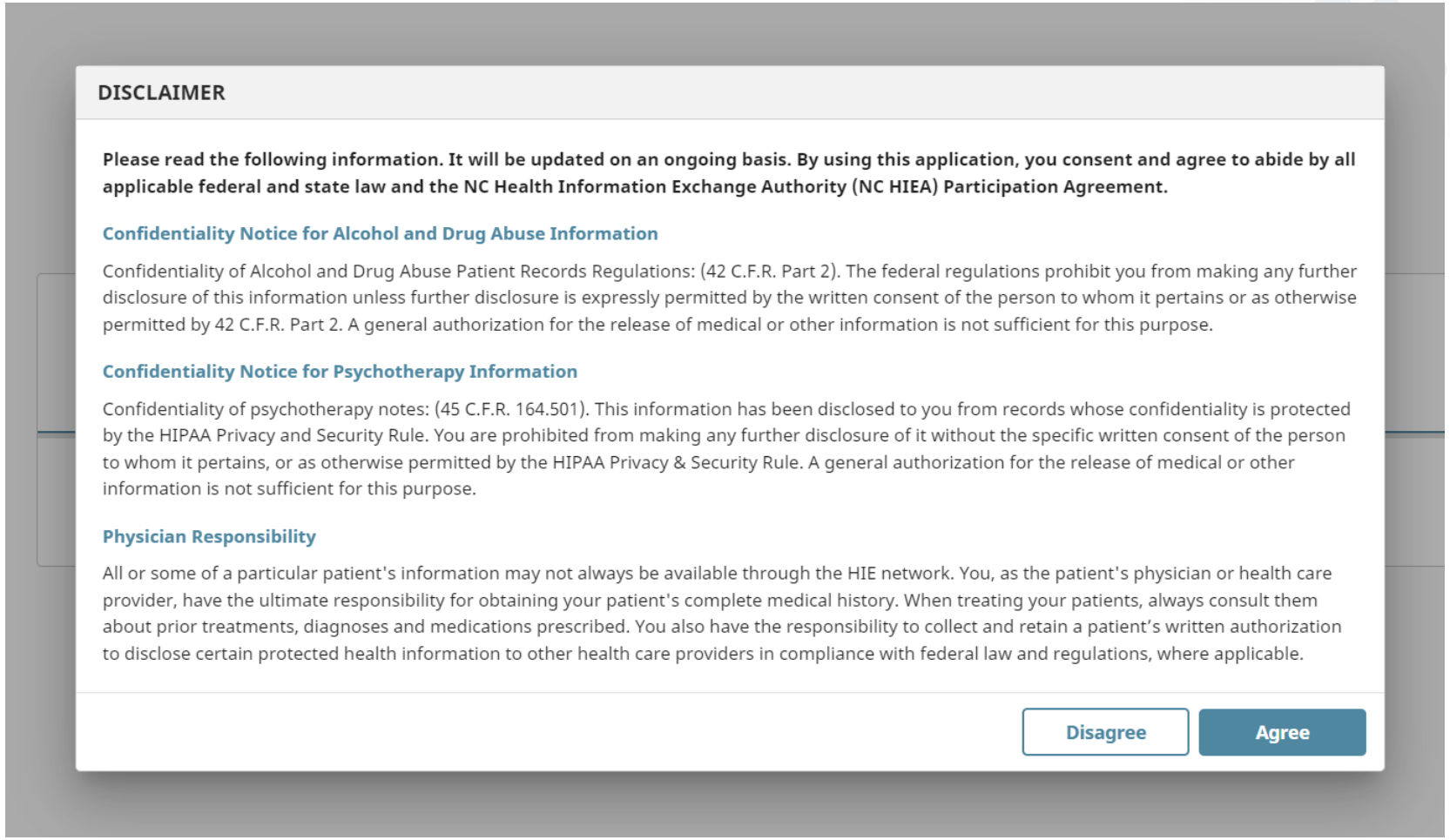
****Note: You will not be prompted to create a challenge question and answer upon your first login. Please take the time to create one in the **Profile** tab found in the user menu in the upper right corner.*



Clinical Portal Quick Reference Guide – Logging In

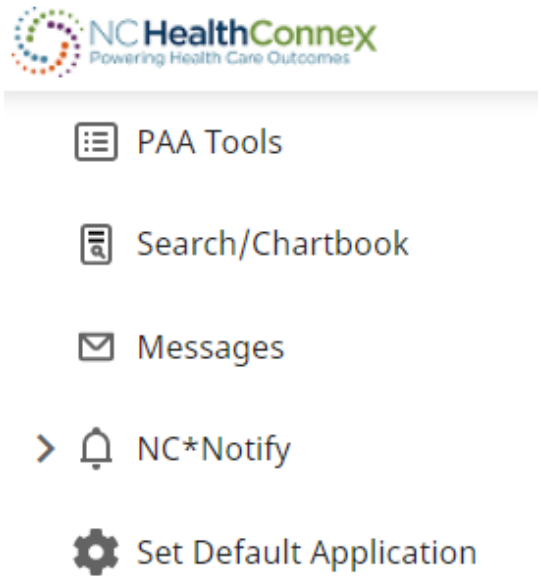
Upon successful login, you will see the disclaimer that we do not accept 42 CFR Part two data or psychotherapy notes into NC HealthConnex.

Click “Agree” to proceed.



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.



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

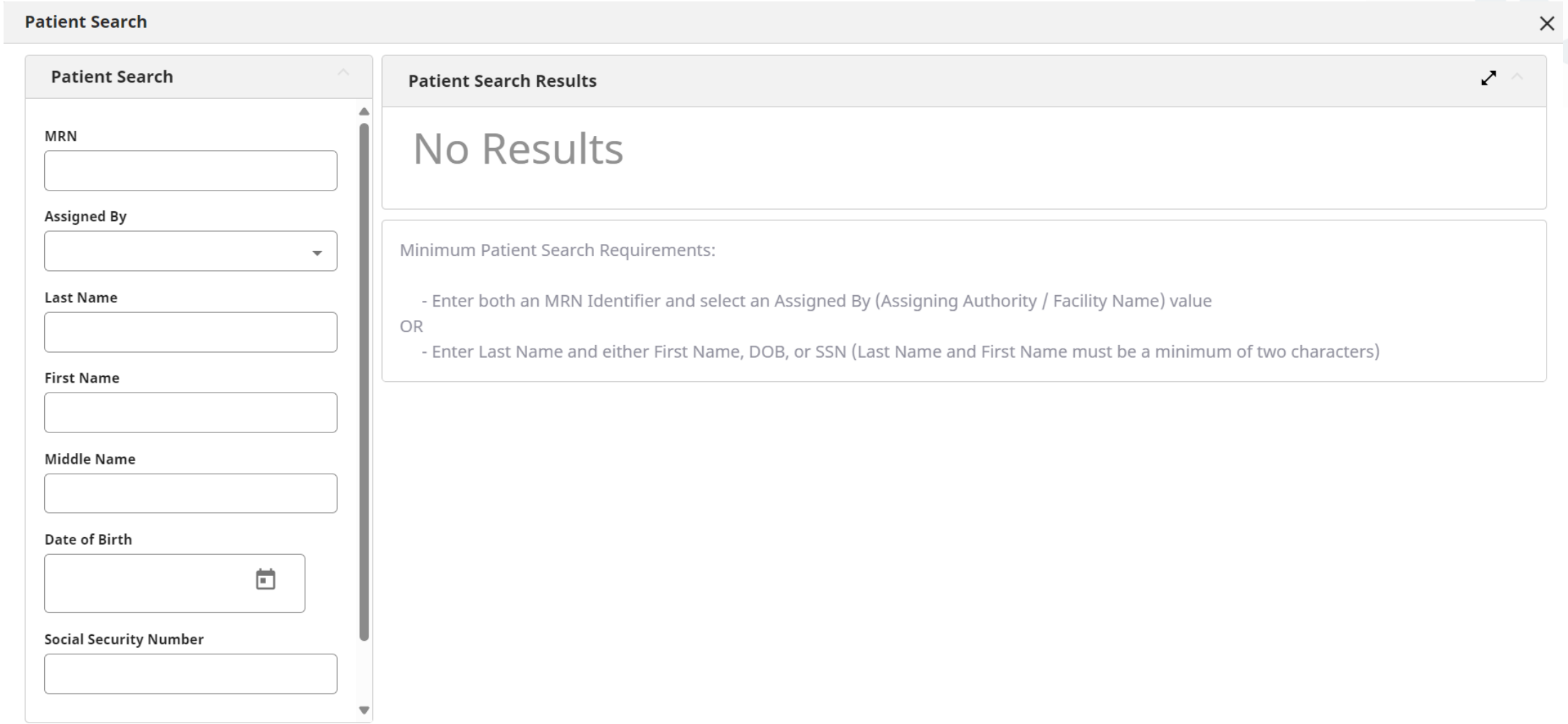
- **PAA Tools:** This view is only available to those with a PAA role. If you **only** have a PAA role, this is the only menu item you will see.

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.



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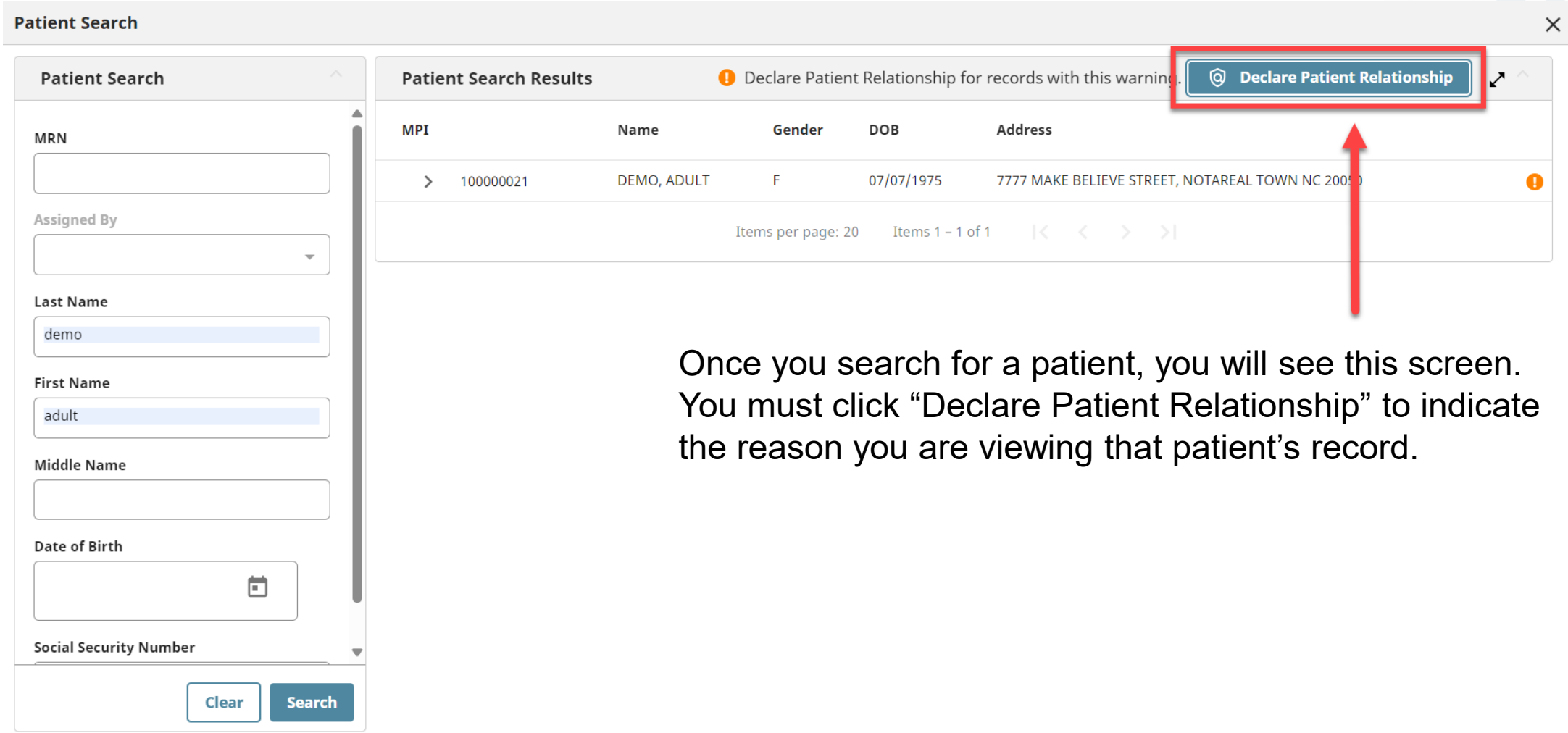
Clinical Portal Quick Reference Guide – Patient Search



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.

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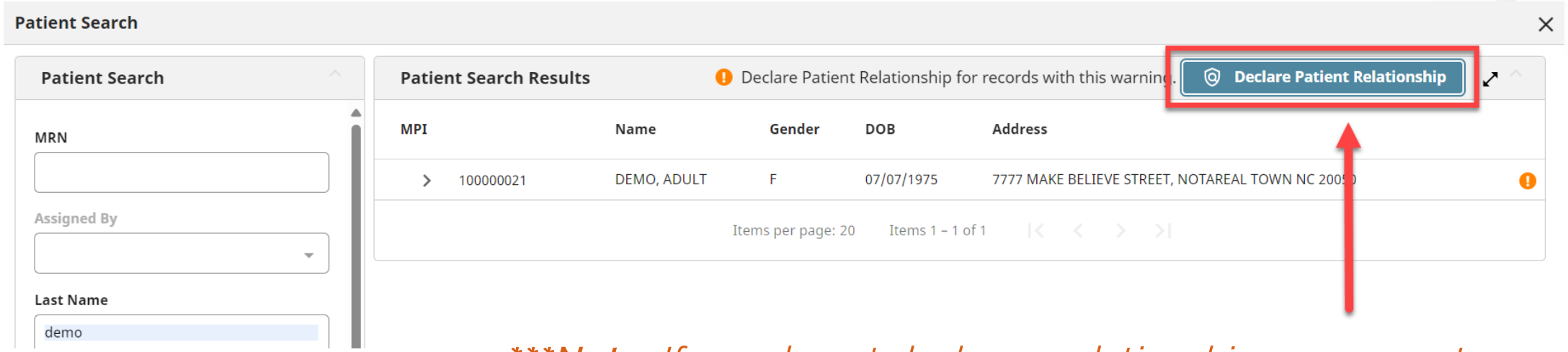
Clinical Portal Quick Reference Guide – Declare Relationship



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

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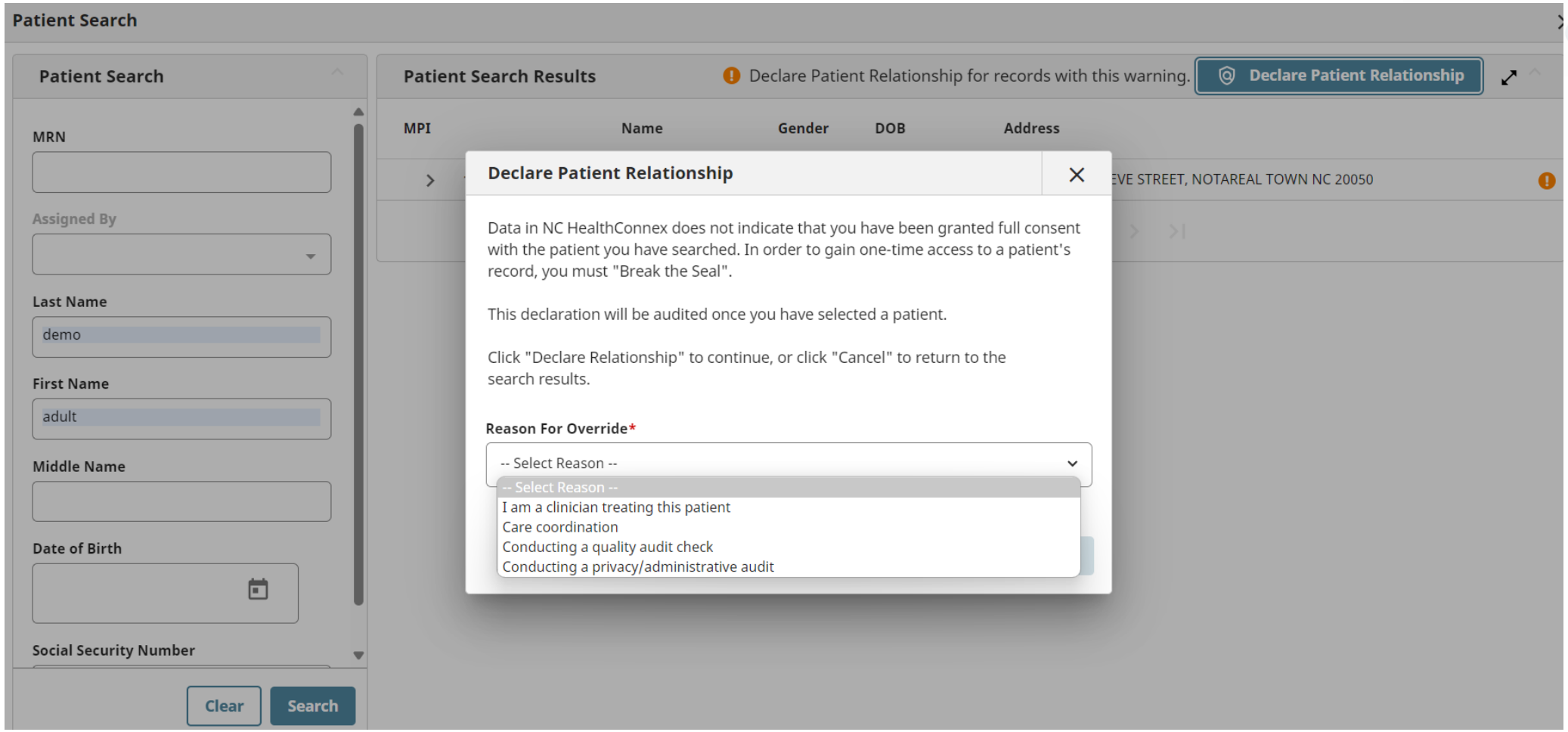
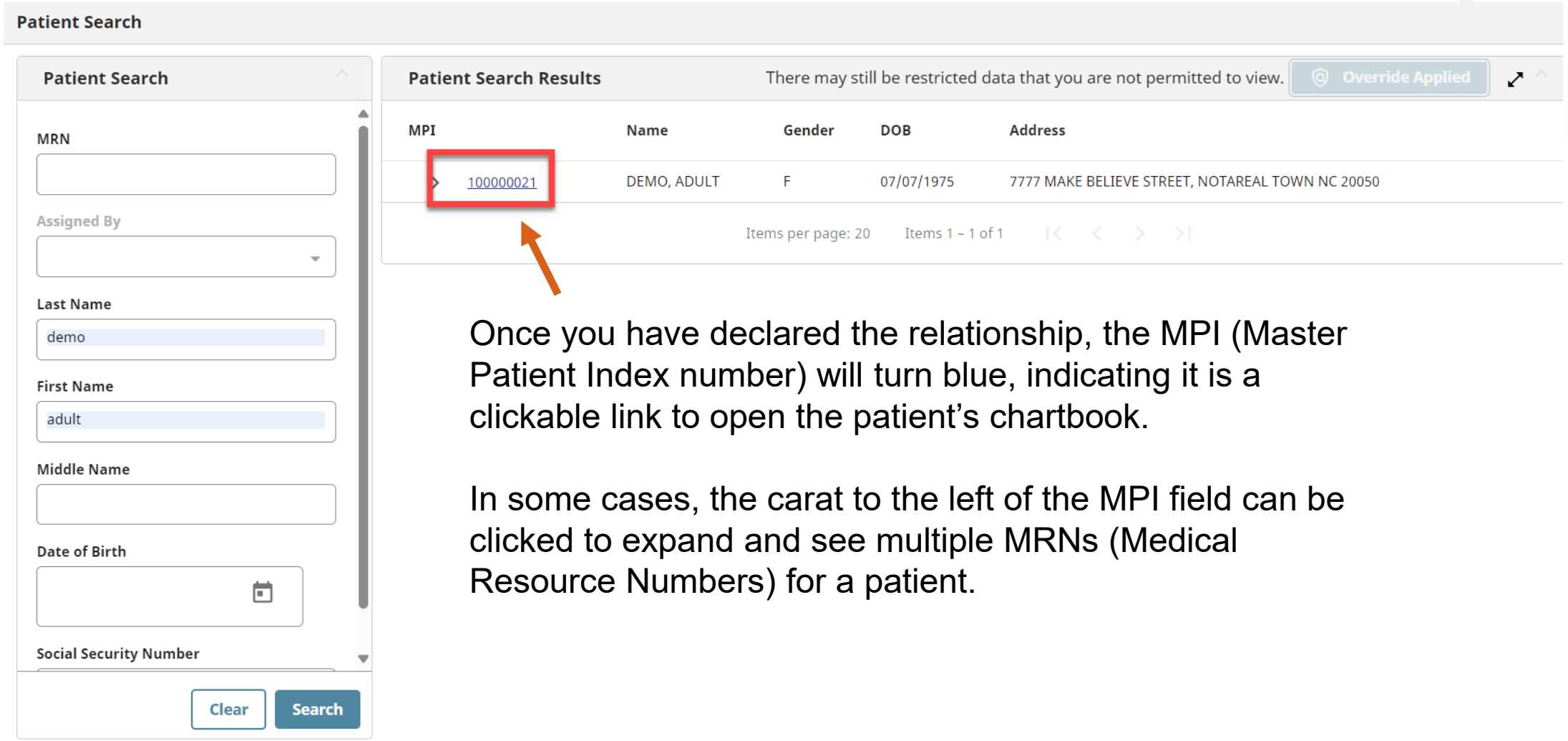
Clinical Portal Quick Reference Guide – Patient Search

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



Clinical Portal Quick Reference Guide – Patient Search



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.

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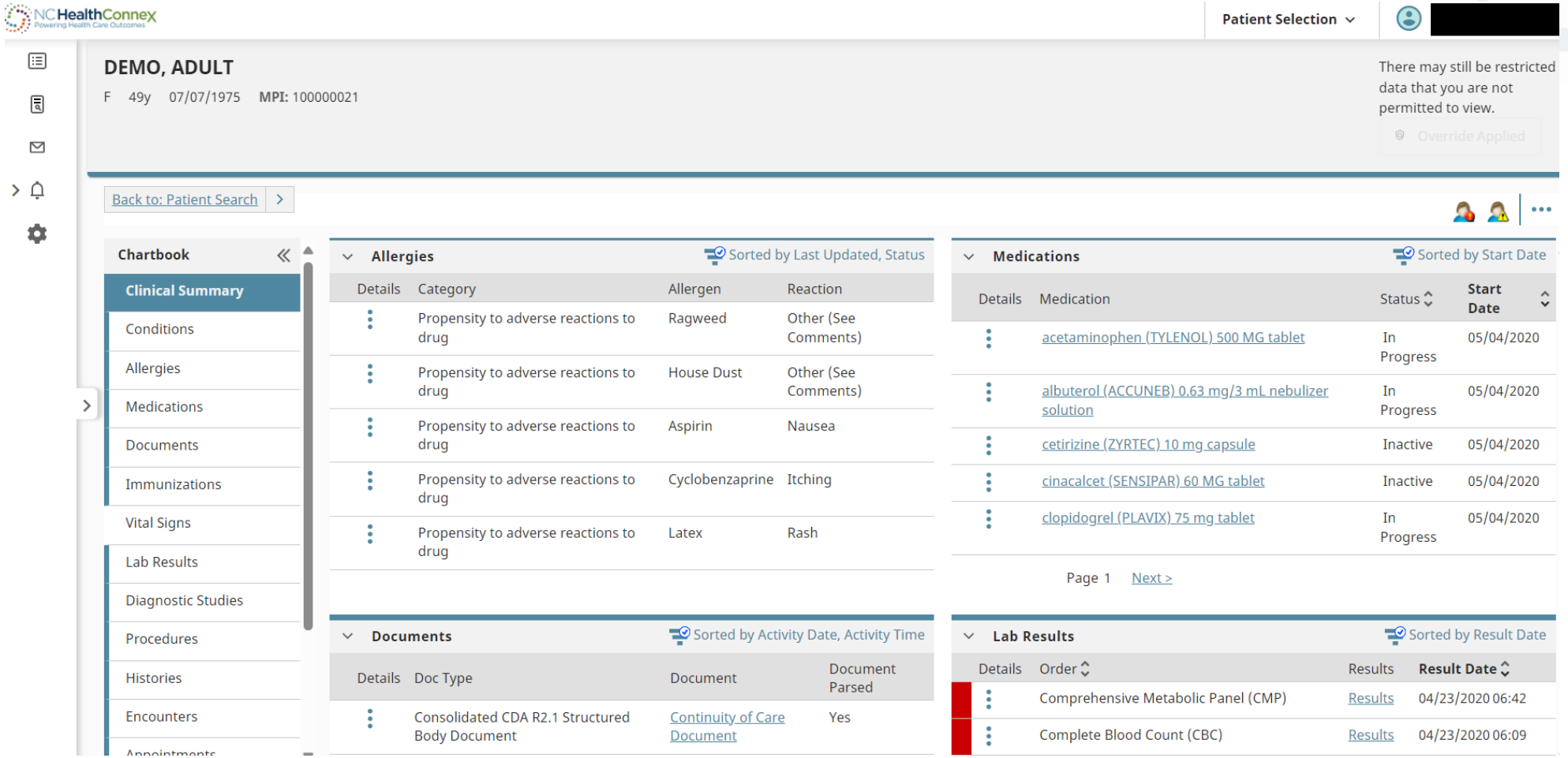
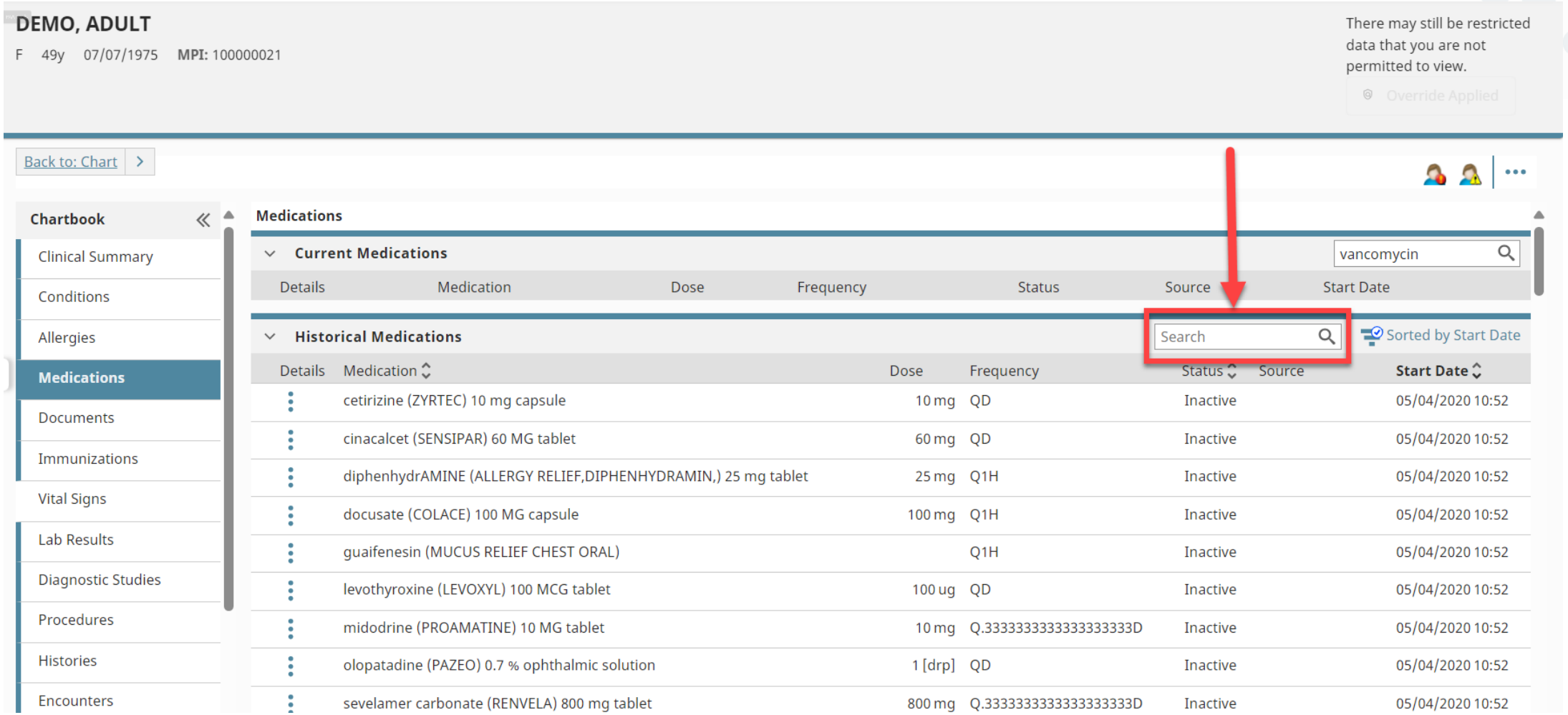
Clinical Portal Quick Reference Guide – Chartbook

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



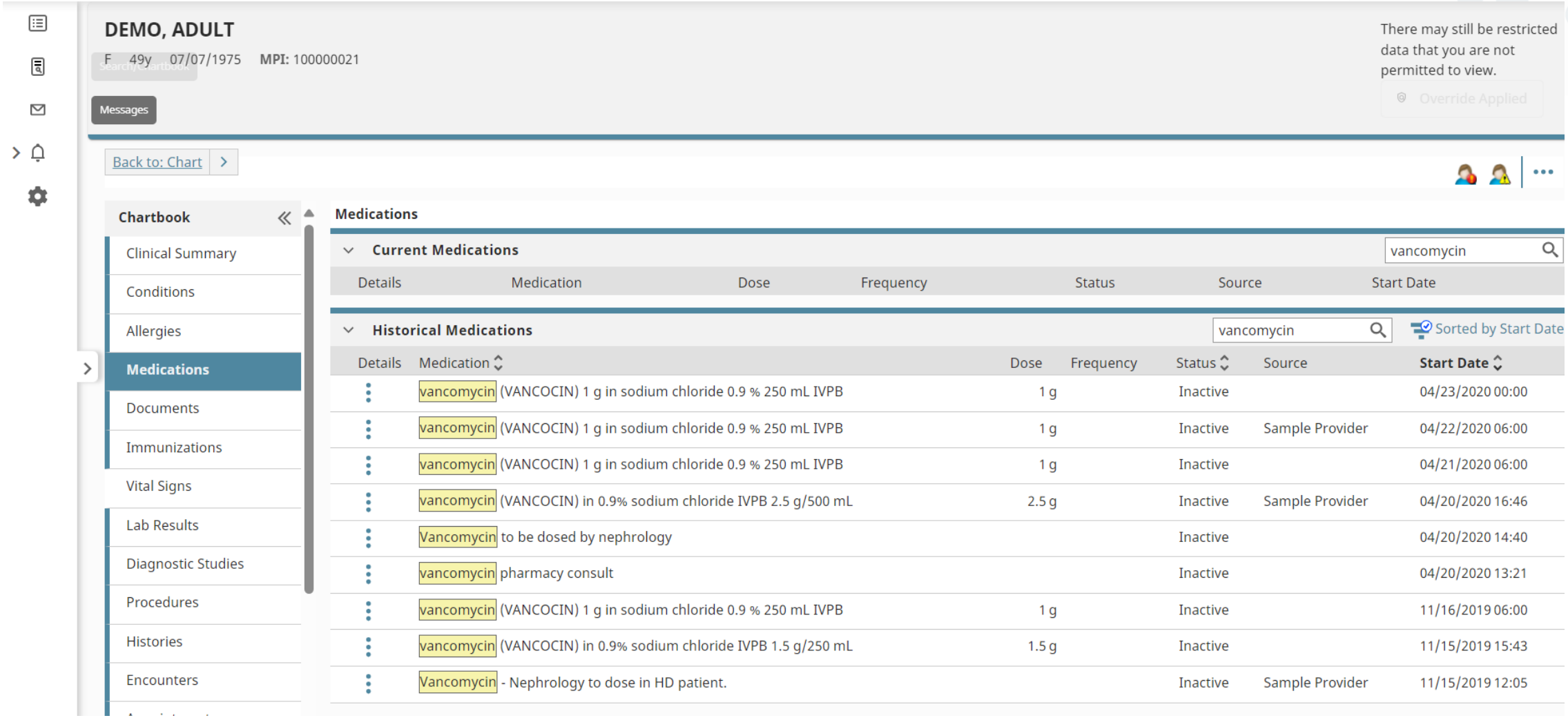
Clinical Portal Quick Reference Guide – Chartbook

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



Clinical Portal Quick Reference Guide – Chartbook

Search results will appear with a yellow highlight.



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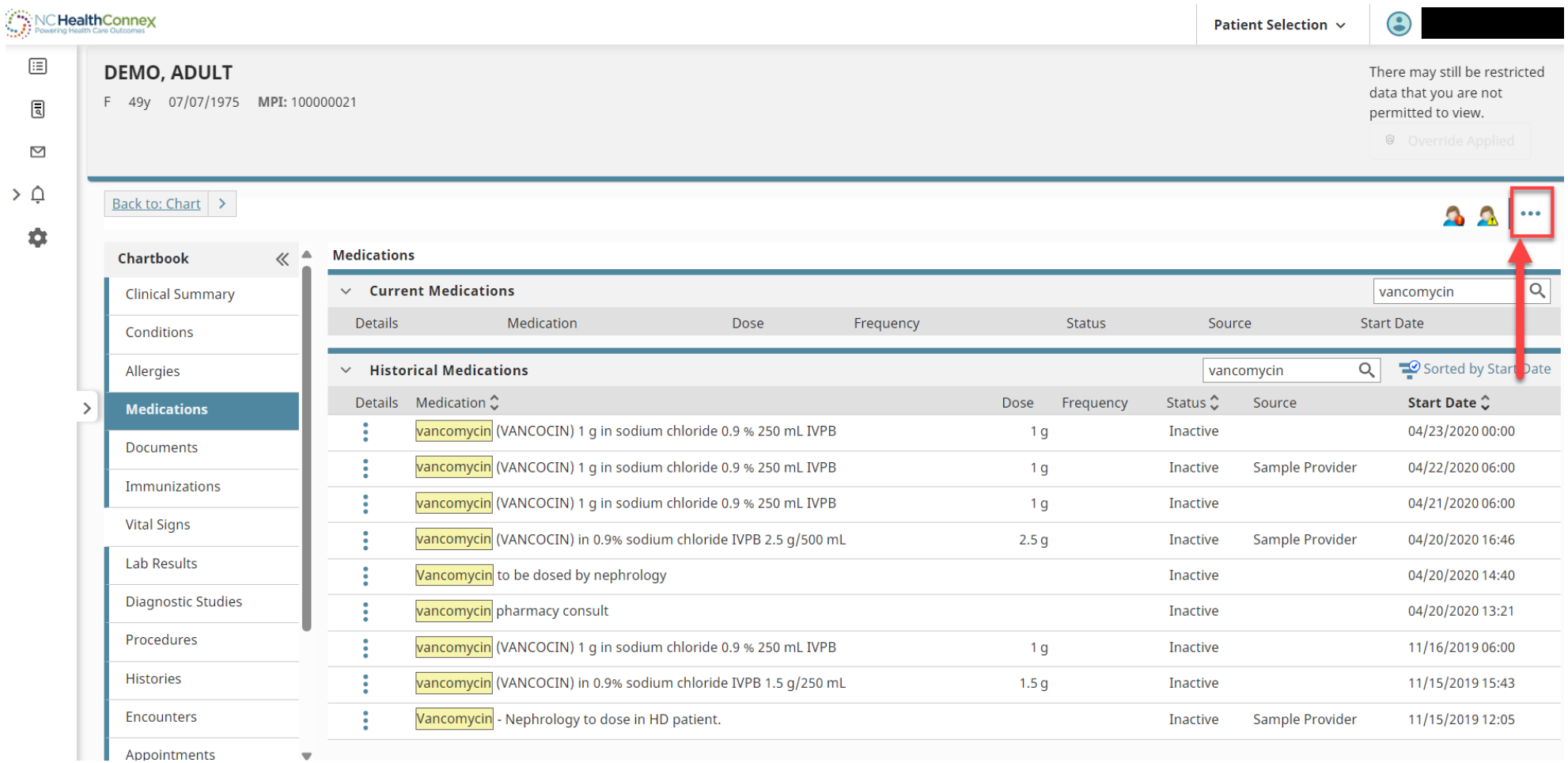
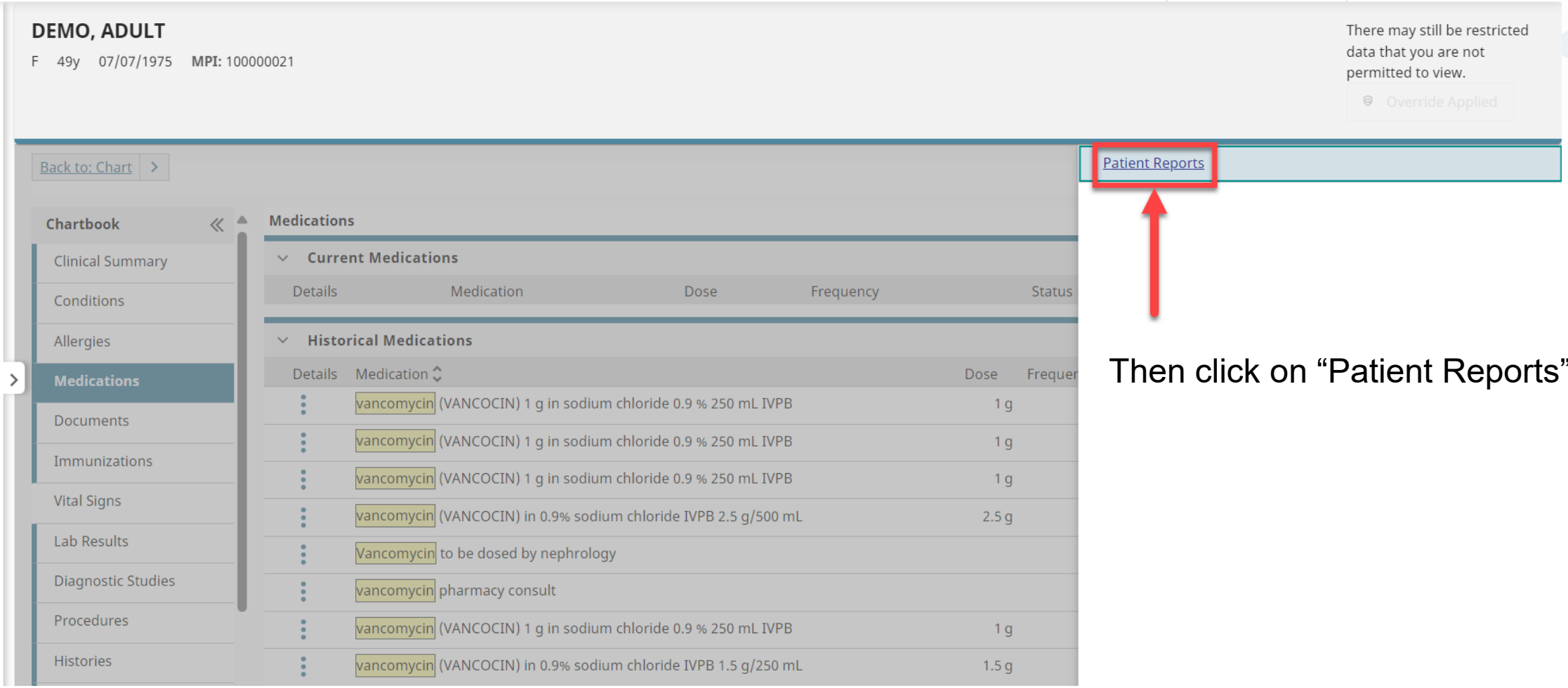
Clinical Portal Quick Reference Guide – Print Patient Records



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

Clinical Portal Quick Reference Guide – Print Patient Records



Then click on “Patient Reports”.

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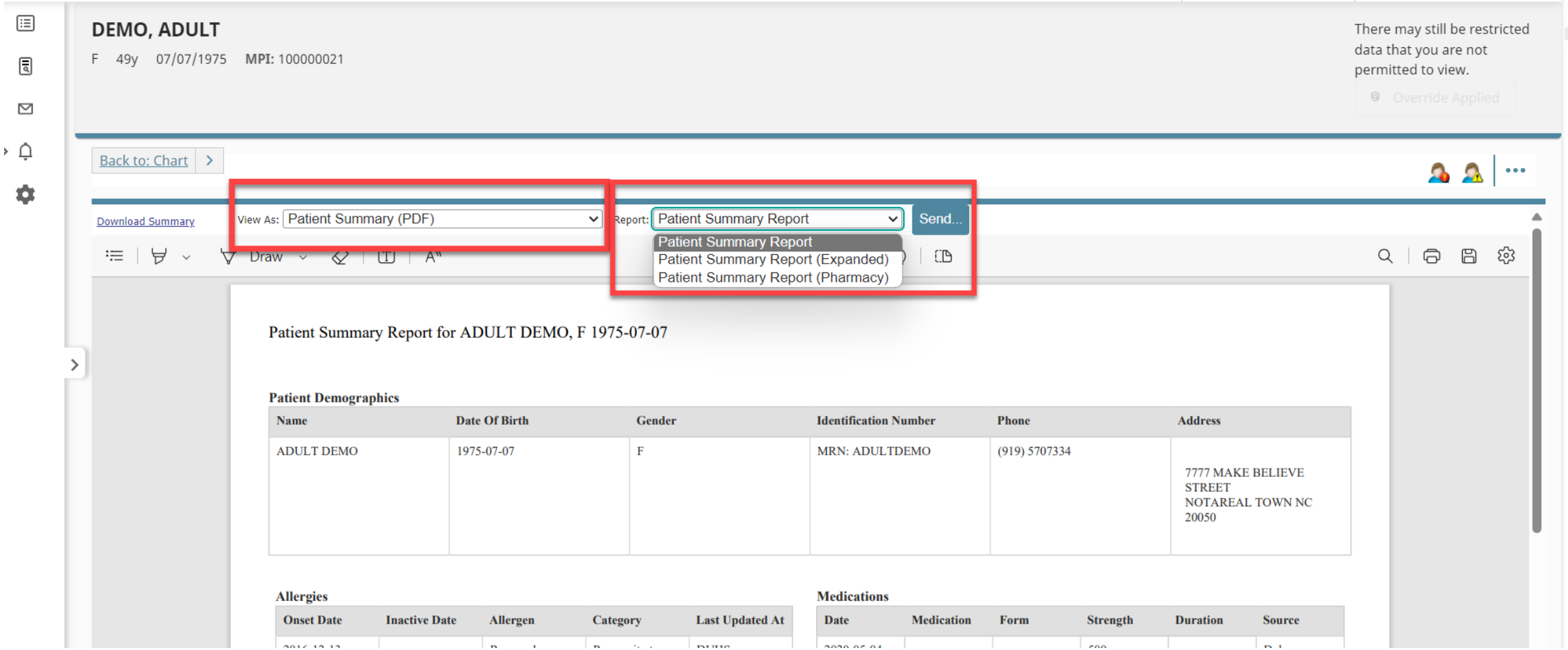
Clinical Portal Quick Reference Guide – Print Patient Records

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).



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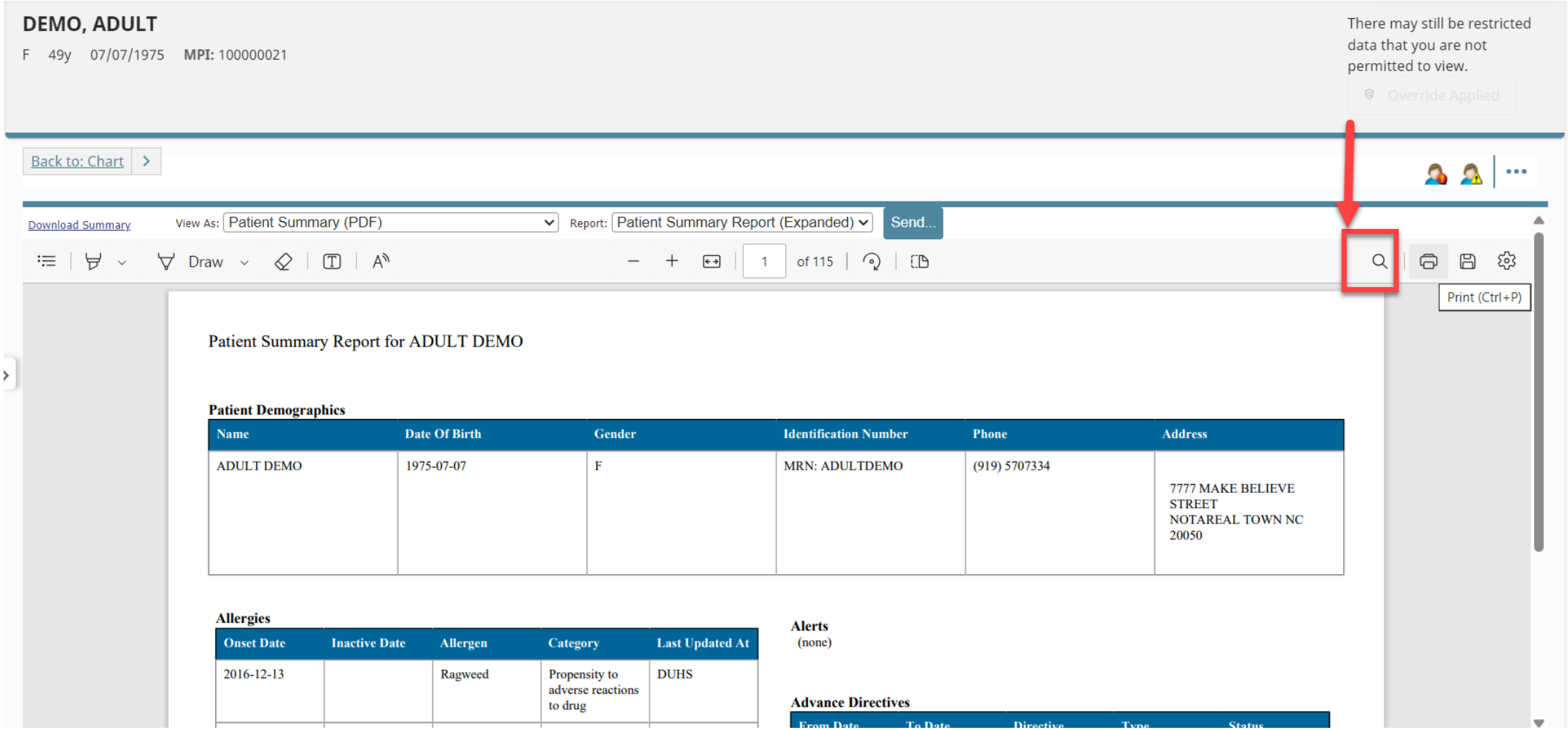
Clinical Portal Quick Reference Guide – Print Patient Records

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



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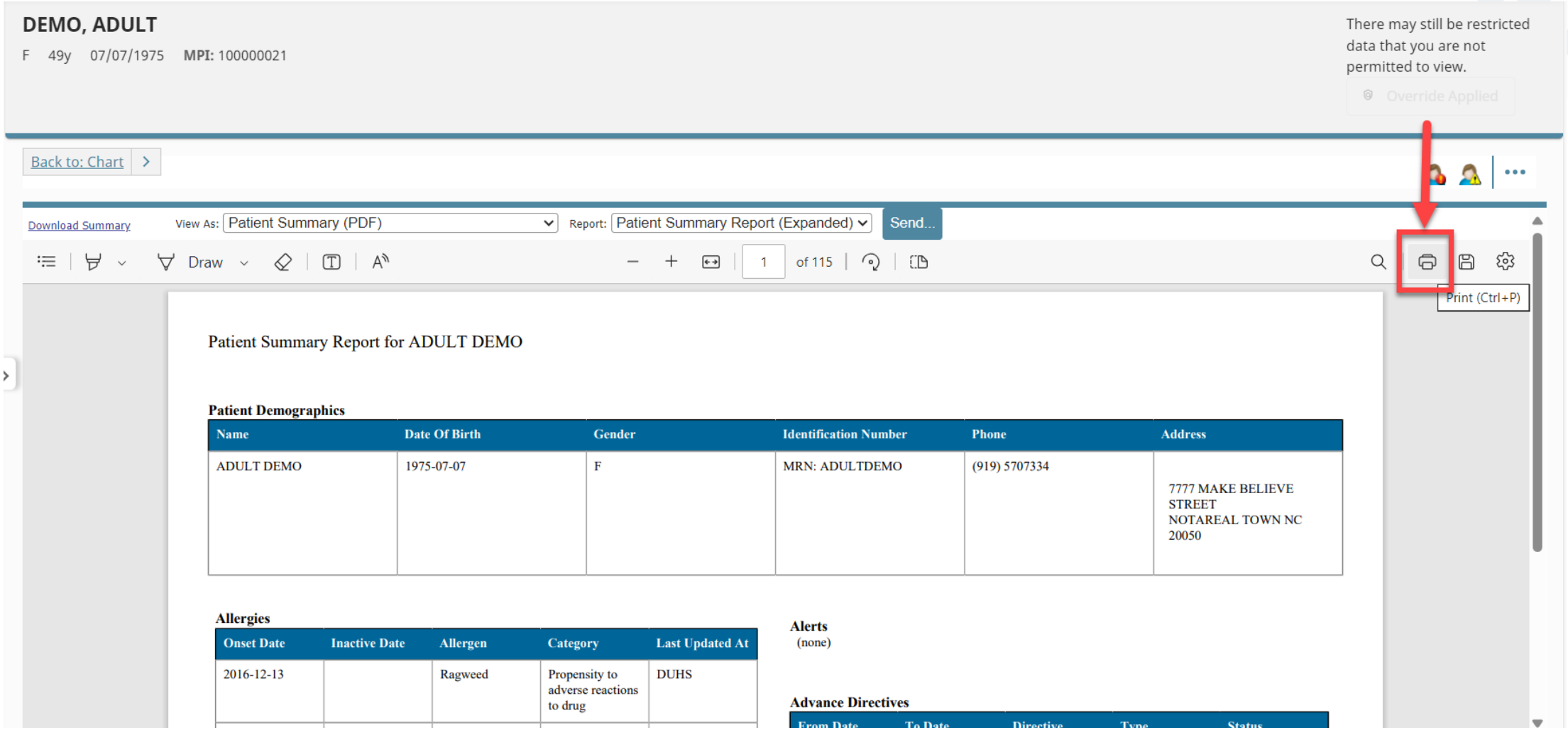
Clinical Portal Quick Reference Guide – Print Patient Records

Click the printer icon to print the chosen record.



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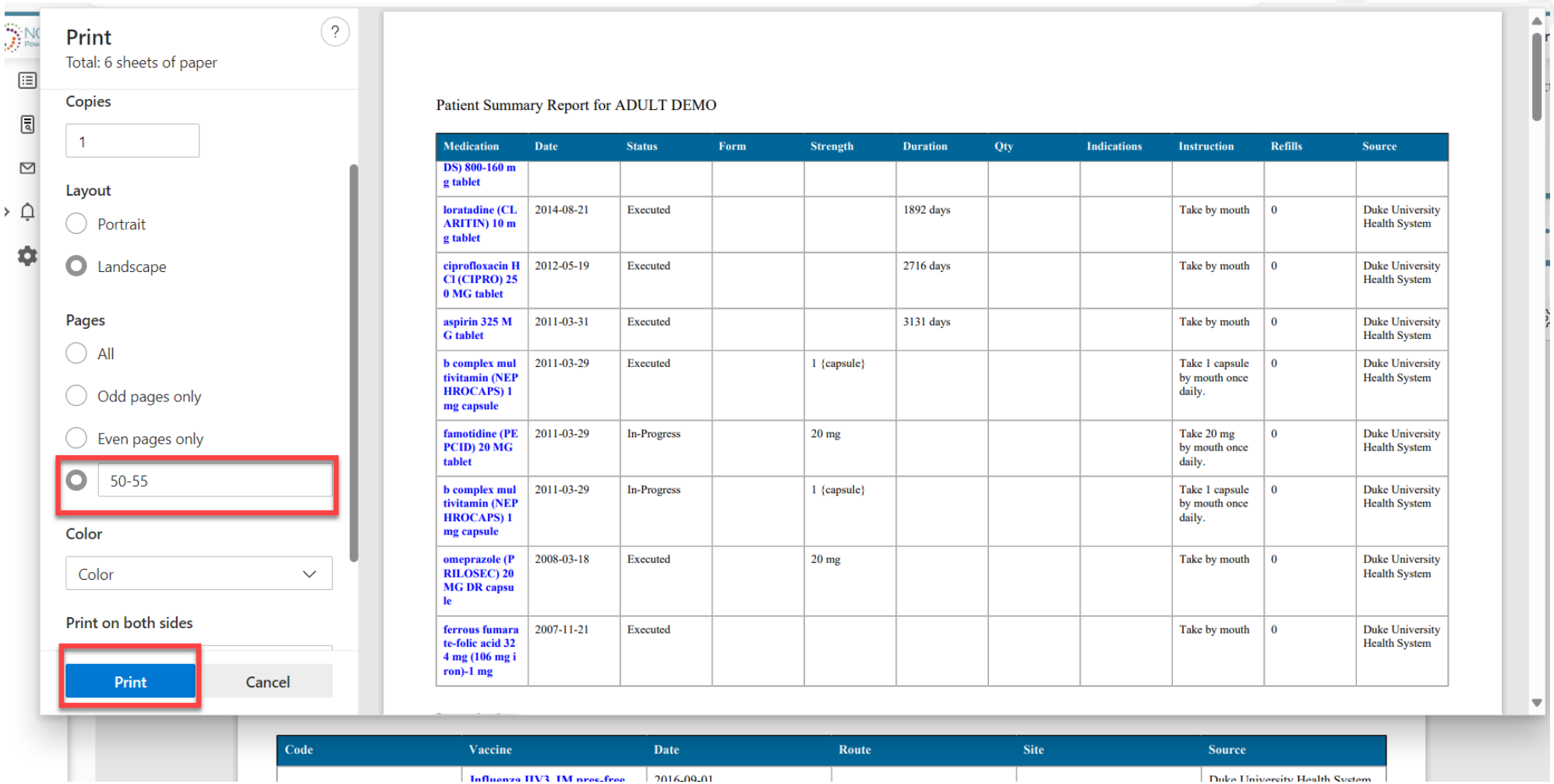
Clinical Portal Quick Reference Guide – Print Patient Records

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



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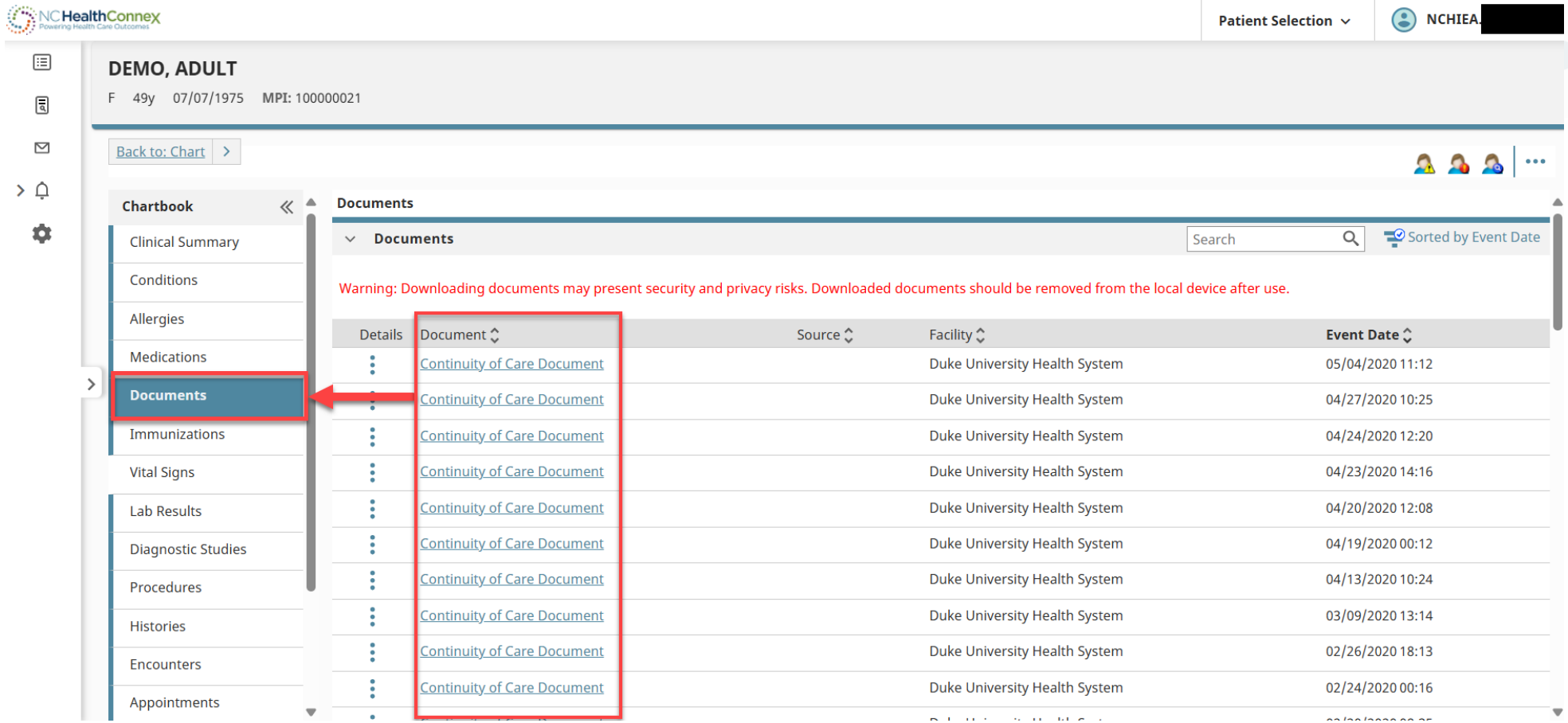
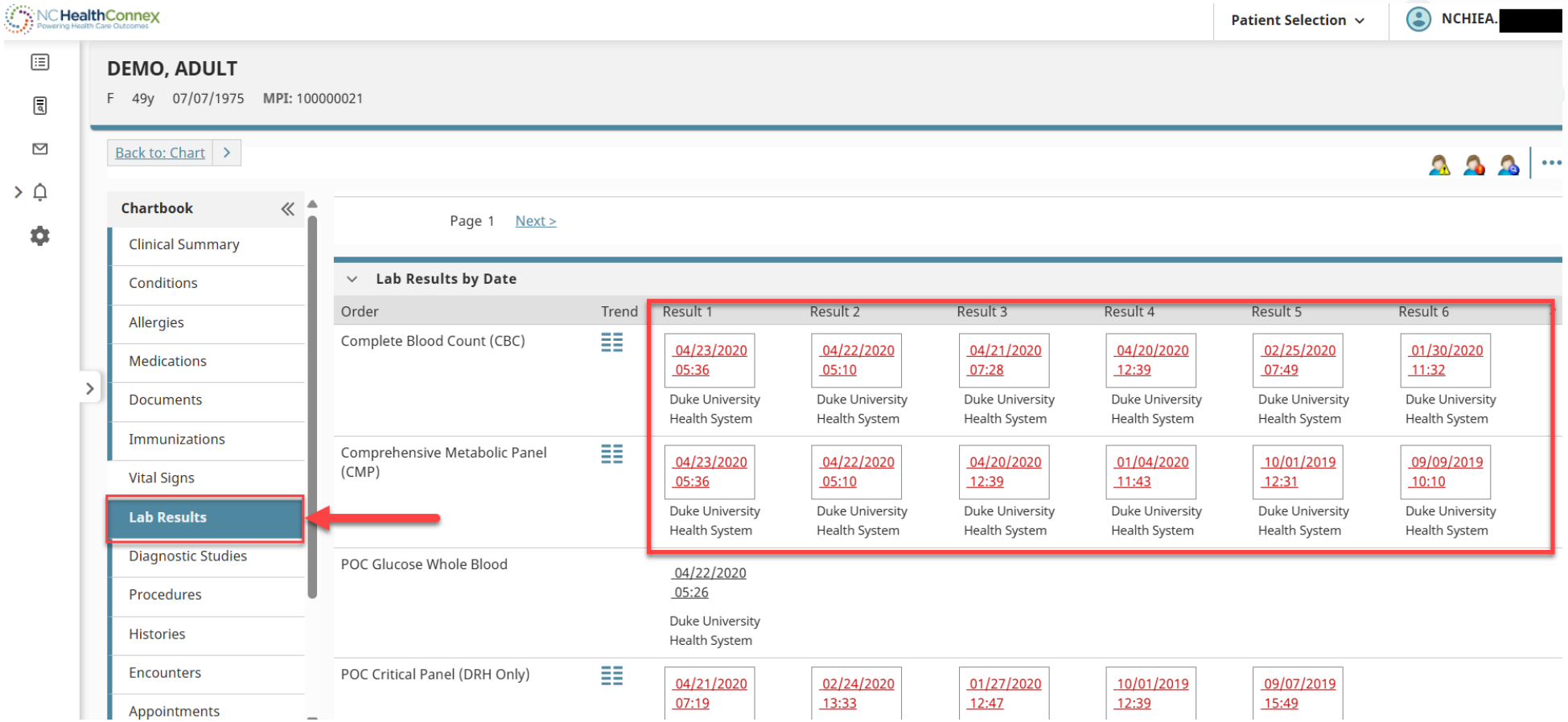
Clinical Portal Quick Reference Guide – Documents

Visit/Hospital Information will be in Documents



Clinical Portal Quick Reference Guide – Documents

Lab Results: Anything abnormal will be in red.



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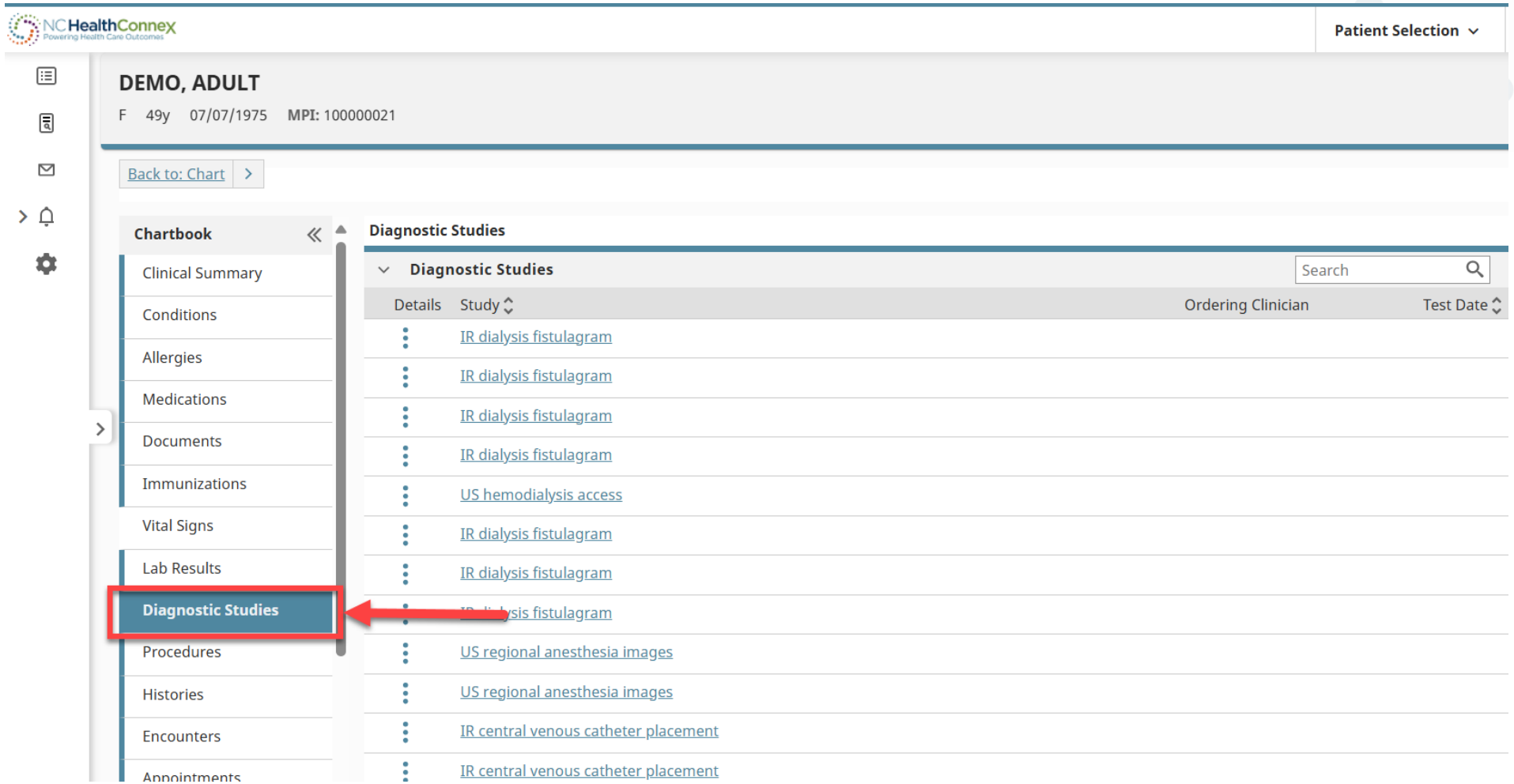
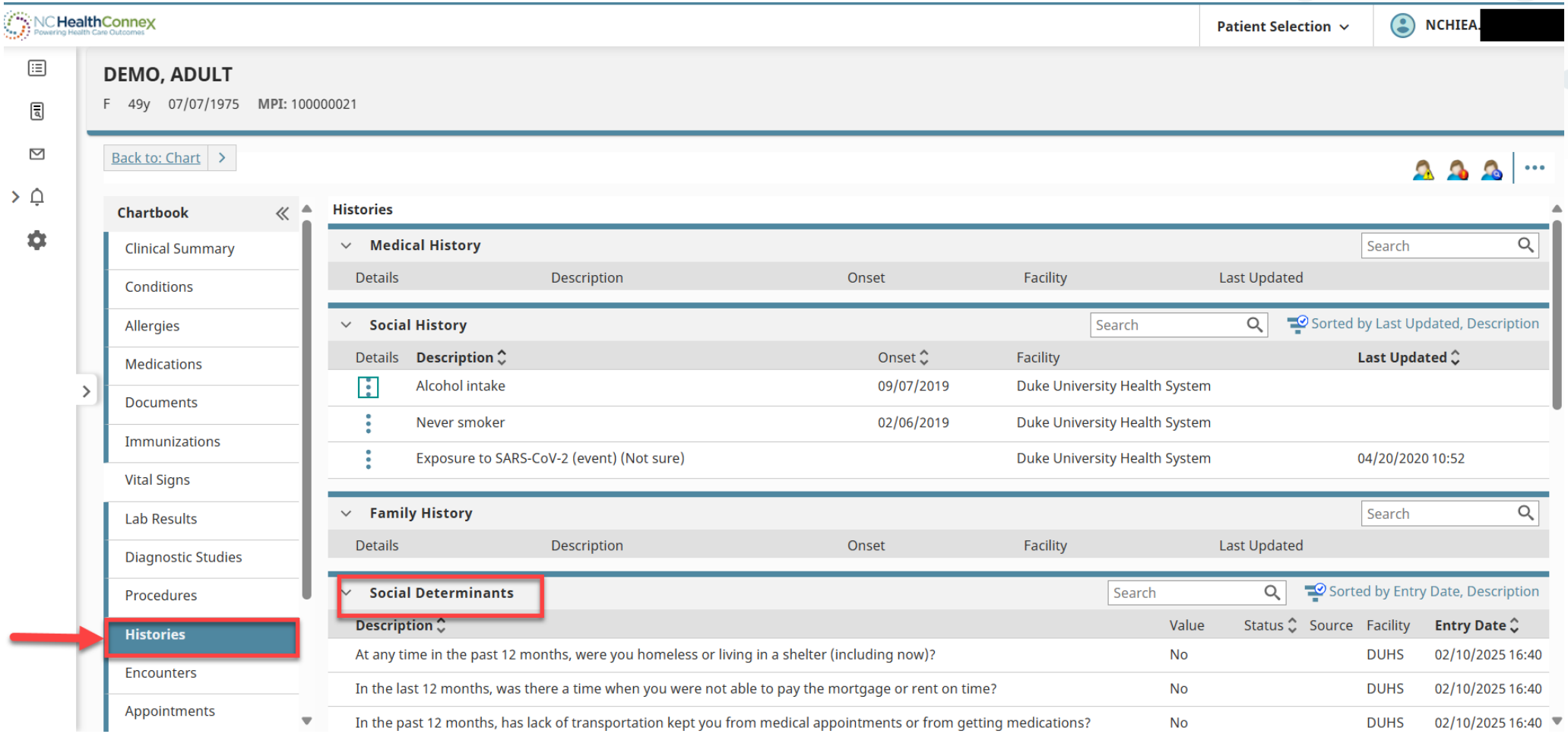
Clinical Portal Quick Reference Guide – Documents

Diagnostic Studies contains imaging reports.



Clinical Portal Quick Reference Guide – Documents

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