Update – 2nd & 3rd Quarter 2021 Activities

1. Operations Update
   • Staffing
   • Use Cases – Colorectal Cancer and Lincoln Project; Research Request Subcommittee & Use Case Work Group
   • Clinical Viewer 2, Single Sign-On
   • Data Quality Program, USCDI, FHIR
   • Person Matching/Linking Record Services for DHHS
   • Full Participation vs Submit Only Participation

2. Metrics Update
   • Provider Outreach/Onboarding NC HealthConnex, NC*Notify, CVMS, Other Services
   • Promotion and Training

3. Transition from HITECH to the Medicaid Enterprise System

4. State and Federal Legislative/Advocacy
Colorectal Cancer (CRC)

- Working with UNC
- Compliment EHR data from Community Health Centers (CHC)
- Initially Blue Ridge Health (BRH) and Roanoke Chowan Community Health Center (RCCHC)
- Identify patients who are not up-to-date with CRC screening
- Improve outcomes for rural populations

Lincoln Project

- Working with ECU
- Understand the epidemiology and determinants of deaths due to natural causes that occur in communities throughout eastern North Carolina
- HIE to augment data to current Lincoln project data sources
- Targeting unmet social and clinical needs in communities with a historically high prevalence of Out-of-Hospital Premature Natural Death (OHPND)
- Improve understanding of community-occurring deaths
Clinical Viewer 2 and Single Sign-On (SSO)
Clinical Viewer v2 and Single Sign-On (SSO)

Implementation Timeline for Clinical Viewer v2 – July 2021

Clinical Portal Viewer v2 Enhancements
• Will include the new USCDI document types in the chart view
• Enhanced patient search functions, including the ability to search for a facility name when looking up a patient by local medical record number
• Finalizing requirements for enhanced user role definitions and targeting implementation of these new role definitions by October 2021

Implementation Timeline for Single Sign-On (SSO) – September 2021
• Dependent on implementation of Clinical Viewer v2
• Will allow EHR users to access the NC HealthConnex Clinical Viewer from within a patient record in their EHR
• Utilizes probabilistic matching based on First Name, Last Name, Gender, and Date of Birth, which will only return results over a minimum threshold
Data Quality Updates

- Data Quality Roadmap finalized March 2021
- Data Quality Dashboard in Production May 2021
- Data Quality Issue Tracking
- Data Quality Scorecard
## Data Quality Dashboard

<table>
<thead>
<tr>
<th>Section</th>
<th>Data Target Element</th>
<th>05/23/2021 %Pop</th>
<th>05/16/2021 %Pop</th>
<th>05/09/2021 %Pop</th>
<th>05/02/2021 %Pop</th>
<th>04/25/2021 %Pop</th>
<th>04/18/2021 %Pop</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient</strong></td>
<td>Patient Birthdate</td>
<td>100.00%</td>
<td>99.99%</td>
<td>99.99%</td>
<td>99.99%</td>
<td>100.00%</td>
<td>99.99%</td>
</tr>
<tr>
<td></td>
<td>Patient City</td>
<td>99.84%</td>
<td>99.88%</td>
<td>99.89%</td>
<td>99.88%</td>
<td>99.86%</td>
<td>99.86%</td>
</tr>
<tr>
<td></td>
<td>Patient Country</td>
<td>0.86%</td>
<td>0.80%</td>
<td>0.62%</td>
<td>0.59%</td>
<td>0.87%</td>
<td>0.99%</td>
</tr>
<tr>
<td></td>
<td>Patient Ethnicity</td>
<td>98.75%</td>
<td>99.04%</td>
<td>98.93%</td>
<td>99.01%</td>
<td>98.59%</td>
<td>98.51%</td>
</tr>
<tr>
<td></td>
<td>Patient First Name</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td></td>
<td>Patient ID</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td></td>
<td>Patient Language</td>
<td>98.97%</td>
<td>99.22%</td>
<td>99.13%</td>
<td>99.20%</td>
<td>98.87%</td>
<td>98.80%</td>
</tr>
<tr>
<td></td>
<td>Patient Last Name</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td></td>
<td>Patient Middle Name</td>
<td>71.40%</td>
<td>71.00%</td>
<td>70.34%</td>
<td>70.54%</td>
<td>68.80%</td>
<td>67.07%</td>
</tr>
<tr>
<td></td>
<td>Patient Race</td>
<td>92.47%</td>
<td>92.64%</td>
<td>92.45%</td>
<td>92.61%</td>
<td>92.29%</td>
<td>91.95%</td>
</tr>
<tr>
<td></td>
<td>Patient SSN</td>
<td>98.80%</td>
<td>99.08%</td>
<td>99.06%</td>
<td>99.10%</td>
<td>98.73%</td>
<td>98.59%</td>
</tr>
<tr>
<td></td>
<td>Patient State</td>
<td>99.83%</td>
<td>99.88%</td>
<td>99.89%</td>
<td>99.88%</td>
<td>99.86%</td>
<td>99.85%</td>
</tr>
<tr>
<td></td>
<td>Patient Street Address</td>
<td>99.86%</td>
<td>99.90%</td>
<td>99.92%</td>
<td>99.90%</td>
<td>99.90%</td>
<td>99.90%</td>
</tr>
<tr>
<td></td>
<td>Patient Suffix</td>
<td>1.85%</td>
<td>1.83%</td>
<td>1.83%</td>
<td>1.90%</td>
<td>1.80%</td>
<td>1.65%</td>
</tr>
<tr>
<td></td>
<td>Patient Telephone</td>
<td>98.89%</td>
<td>99.19%</td>
<td>99.17%</td>
<td>99.21%</td>
<td>98.87%</td>
<td>98.72%</td>
</tr>
<tr>
<td></td>
<td>Patient Zip Code</td>
<td>99.82%</td>
<td>99.88%</td>
<td>99.89%</td>
<td>99.87%</td>
<td>99.86%</td>
<td>99.85%</td>
</tr>
</tbody>
</table>
## Data Quality Scorecard

<table>
<thead>
<tr>
<th>Section</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies</td>
<td></td>
</tr>
<tr>
<td>Diagnosis</td>
<td></td>
</tr>
<tr>
<td>Encounter</td>
<td></td>
</tr>
<tr>
<td>Family History</td>
<td></td>
</tr>
<tr>
<td>Immunization</td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td></td>
</tr>
<tr>
<td>Patient</td>
<td></td>
</tr>
<tr>
<td>Plan of Care (Appointments)</td>
<td></td>
</tr>
<tr>
<td>Problem</td>
<td></td>
</tr>
<tr>
<td>Procedures</td>
<td></td>
</tr>
<tr>
<td>Results (Lab/Rad)</td>
<td></td>
</tr>
<tr>
<td>Social History</td>
<td></td>
</tr>
<tr>
<td>Vitals</td>
<td></td>
</tr>
</tbody>
</table>

### KEY
- **Green**: No Data Quality issues identified
- **Yellow**: Data Quality issues identified. Issues are of low to moderate priority.
- **Red**: High priority Data Quality issues identified.
NC HealthConnex is working towards aligning with the United States Core Data for Interoperability (USCDI) v1 standard focusing on expanding available clinical documents and standardizing data elements in support of the Health Information Exchange.

<table>
<thead>
<tr>
<th>USCDI Data Classes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies and Intolerances</td>
</tr>
<tr>
<td>Assessment and Plan of Treatment</td>
</tr>
<tr>
<td>Care Team Member(s)</td>
</tr>
<tr>
<td>Clinical Notes</td>
</tr>
<tr>
<td>Goals</td>
</tr>
<tr>
<td>Health Concerns</td>
</tr>
<tr>
<td>Immunizations</td>
</tr>
<tr>
<td>Laboratory</td>
</tr>
<tr>
<td>Medications</td>
</tr>
<tr>
<td>Patient Demographics</td>
</tr>
<tr>
<td>Problems</td>
</tr>
<tr>
<td>Procedures</td>
</tr>
<tr>
<td>Provenance</td>
</tr>
<tr>
<td>Smoking Status</td>
</tr>
<tr>
<td>Unique Device Identifier(s)</td>
</tr>
<tr>
<td>Vital Signs</td>
</tr>
</tbody>
</table>
To align with the federal USCDI data standards, we are working with each of the hospitals to review their existing feeds and add Clinical Notes if they are not already included.
## USCDI Document Assessment

### NC HealthConnex: USCDI Documents Assessment

**Participant:** UNC Health

<table>
<thead>
<tr>
<th>Current State</th>
<th>CDA Discrete</th>
<th>CDA Document Attached</th>
<th>MDM</th>
<th>ORU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation Note</td>
<td>Already Sending</td>
<td>Supported</td>
<td>Supported</td>
<td>Supported</td>
</tr>
<tr>
<td></td>
<td>Not Sending</td>
<td>Not Supported</td>
<td>Not Supported</td>
<td>Not Supported</td>
</tr>
<tr>
<td>Discharge Summary</td>
<td>Already Sending</td>
<td>Supported</td>
<td>Supported</td>
<td>Supported</td>
</tr>
<tr>
<td></td>
<td>Not Sending</td>
<td>Not Supported</td>
<td>Not Supported</td>
<td>Not Supported</td>
</tr>
<tr>
<td>History and Physical</td>
<td>Already Sending</td>
<td>Supported</td>
<td>Supported</td>
<td>Supported</td>
</tr>
<tr>
<td></td>
<td>Not Sending</td>
<td>Not Supported</td>
<td>Not Supported</td>
<td>Not Supported</td>
</tr>
<tr>
<td>Imaging Narrative</td>
<td>Already Sending</td>
<td>Supported</td>
<td>Supported</td>
<td>Supported</td>
</tr>
<tr>
<td></td>
<td>Not Sending</td>
<td>Not Supported</td>
<td>Not Supported</td>
<td>Not Supported</td>
</tr>
<tr>
<td>Laboratory Report Narrative</td>
<td>Already Sending</td>
<td>Supported</td>
<td>Supported</td>
<td>Supported</td>
</tr>
<tr>
<td></td>
<td>Not Sending</td>
<td>Not Supported</td>
<td>Not Supported</td>
<td>Not Supported</td>
</tr>
<tr>
<td>Pathology Report Narrative</td>
<td>Already Sending</td>
<td>Supported</td>
<td>Supported</td>
<td>Supported</td>
</tr>
<tr>
<td></td>
<td>Not Sending</td>
<td>Not Supported</td>
<td>Not Supported</td>
<td>Not Supported</td>
</tr>
<tr>
<td>Procedure Note</td>
<td>Already Sending</td>
<td>Supported</td>
<td>Supported</td>
<td>Supported</td>
</tr>
<tr>
<td></td>
<td>Not Sending</td>
<td>Not Supported</td>
<td>Not Supported</td>
<td>Not Supported</td>
</tr>
<tr>
<td>Progress Note</td>
<td>Already Sending</td>
<td>Supported</td>
<td>Supported</td>
<td>Supported</td>
</tr>
<tr>
<td></td>
<td>Not Sending</td>
<td>Not Supported</td>
<td>Not Supported</td>
<td>Not Supported</td>
</tr>
</tbody>
</table>
FHIR
FHIR

Implementation Timeline - September 30, 2021
• Includes installation of the Operational Data Store (ODS) server install to enable functionality
• Pilots underway with UNC Health, Centene/WellCare, Partners Behavioral Health Management
• Implementation will support FHIR R4 (the most recent version and the version for TEFCA)

Use Cases
• High priority use cases include FHIR to access blood pressure and HgbA1c data
• Integration within an EHR that allows a user to pull specific data, such as radiology or lab reports, into the EHR from NC HealthConnex for a specific patient
Metrics Update
Clinical Data Volumes

Patients with documents: 8,680,809
Total CCDs: 139,315,311
CCDs Per Patient (Avg): 16

Daily inbound messages: 1.4M
- 197k CCDs
- 1.2M HL7
Onboarding to NC HealthConnex - Current Statewide Coverage

Full PA vs Submit Only PA

Submit Only PA by Provider type

Primary Care, Priority Connections

BH, Chiropractors and Other Specialty Connections
# Connection Status

## Payer and Connection Organizational Status

<table>
<thead>
<tr>
<th></th>
<th>Medicaid</th>
<th>SHP</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New Connections</strong></td>
<td>194</td>
<td>42</td>
<td>236</td>
</tr>
<tr>
<td><strong>Roll-ons</strong></td>
<td>1341</td>
<td>952</td>
<td>2293</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1535</strong></td>
<td><strong>994</strong></td>
<td><strong>2529</strong></td>
</tr>
</tbody>
</table>

*excludes dental and pharmacy

## Average Timeline
- New Connection: 4+ months
- Roll-ons: < 1 month

## Data Connection Pipeline

<table>
<thead>
<tr>
<th>Pre-Dev</th>
<th>Development</th>
<th>Complete - Not Live</th>
</tr>
</thead>
<tbody>
<tr>
<td>926</td>
<td>923</td>
<td>500</td>
</tr>
<tr>
<td>176</td>
<td>44</td>
<td>44</td>
</tr>
</tbody>
</table>

81% of active Medicaid providers participating in NC HealthConnex
- 59% Live
- 22% Onboarding

## Organizations without Technology by Provider Type

- Behavioral Health: 257
- Chiropractic: 77
- Dental: 14
- OTH/YN: 8
- Other: 9
- Pediatric: 10
- Primary Care: 20
- Residential: 12
- Specialty: 22

---

NC HealthConnex
Powering Health Care Outcomes
NC HealthConnex Clinical Portal Usage

Key Stats:
• 4,655 Active portal accounts (April 2021)
• 3,720 logins to the portal (April 2021)

NOTE: 2018-19 marked Orion platform transition
CVMS Update

Prior to implementing this solution, we heard from providers dual entry into CVMS was increasing their workflow 5-11 minutes.

Equates to ~ 97,870 hours of man hours saved across the state.

The average salary for an RN in NC is $33.69/hr.

Equates to at least $3,297,240 in savings so far.
## NC*Notify Update

<table>
<thead>
<tr>
<th>Provider Education</th>
<th>Leveraging Partnerships</th>
<th>Service Enhancements</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Infographics and Training</td>
<td>• North Carolina Community Health Center Association Supported Trainings</td>
<td>• Version 4.5 Roadmap Planning</td>
</tr>
<tr>
<td>Webinars</td>
<td></td>
<td>• Provider-Specific Videos</td>
</tr>
<tr>
<td>• Conditions of Participation Outreach to Hospitals</td>
<td>• Community Care of North Carolina CCPN Enrollment</td>
<td>• Web-Based Enrollment Form</td>
</tr>
<tr>
<td>• Service Demonstrations</td>
<td>• Participant Led Focus Group</td>
<td></td>
</tr>
<tr>
<td>• Educational Video</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Version 4+ Capabilities

- COVID Lab Result Alerts
- Dental Alerts
- Care Team Change
- High Utilizer Alerts
- Diabetes Registry & Pre-Diabetes Alerts
- Chronic Care Management Alerts
- Place Of Service Enhancements (both)
- Consolidated CCD (only V4)

“Our facility is near a military facility, and we’re seeing lots of new active-duty patients enroll to our practice. We’re planning to use NC*Notify to track their care when they’re deployed to other areas.”
Primary Care, Office Administrator

“The Care Team Change Alert will be extremely useful for us, because we would never know the other providers seeing our patients unless we’re told by the patients. Also, the high utilizer alerts will be helpful because we have a hard time getting emergency room encounter data from some of our local hospitals. This will be a great workaround.”
Primary Care, Nurse Manager
<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Live Participants</td>
<td>127 Live Participants</td>
</tr>
<tr>
<td>Number of Patients Monitored</td>
<td>~ 5.5 Million</td>
</tr>
<tr>
<td>New Subscribers Enrolled</td>
<td>400+ New Participants</td>
</tr>
<tr>
<td>April 2021 Alerts</td>
<td>1.5 Million Alerts Generated</td>
</tr>
</tbody>
</table>
NC Immunization Registry

**Live Practices**
- 86 Live Practices – currently all UNC practices
- 6 additional sites identified to begin training for June go-live

**EHRs Onboarding**
- Epic - Cone Health – technical readiness
- eClinicalWorks – technical/clinical testing (close to completion)
- Epic – FirstHealth – technical readiness
- Henry Schein – technical readiness
- Onslow Memorial – technical readiness
- Cherokee IHS – technical readiness

**EHRs in Onboarding**
- EHR status letters being sent out
- Pharmacy onboarding approved
- Leveraging NC*Notify as a potential method of providing vaccine histories to providers that do not have access to the immunization registry

**Future Efforts**
- EHR status letters being sent out
- Pharmacy onboarding approved
- Leveraging NC*Notify as a potential method of providing vaccine histories to providers that do not have access to the immunization registry
Diabetes Registry

Providers in the MU/MIPS Program may participate in the Diabetes Registry to Attest for Public Health and Clinical Data Registry Reporting – Currently 832 Organizations Enrolled

Current cross functionality:
• NC*Notify alert related to new diabetes diagnoses and pre-diabetic diagnosis

Planned/Potential future work efforts:
• Development of Stroke registry, additional chronic disease alerts via NC*Notify service
• Expansion of access to Diabetes Dashboard
• Possibility of imbedding/incorporating summary level information into Clinical Portal
NC HIEA & NC AHEC Trainings to Date

NC HIEA: 90 Virtual Program Trainings / AHEC 70 Virtual Program Trainings

• 2021 participants have included primary care, specialty providers, local health departments, community/federal/rural health centers, hospitals, dental, pediatric, long term care, chiropractic, behavioral health, eye/vision.

Overview Trainings 16%
Value-Added Features Trainings 22%
Clinical Portal Trainings 62%

May Teletown Hall for new CMS HIE Bi-Directional Measure:

• Joint AHEC/HIEA presentation
• More than 600 registrants; ~ 450 attended
• Training materials provided to all
NC HIEA & NC AHEC Online Training Modules

Nine Video Modules have been produced:

<table>
<thead>
<tr>
<th>Module</th>
<th>Title</th>
<th>Registrations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module 1</td>
<td>NC HealthConnex Overview</td>
<td>179</td>
</tr>
<tr>
<td>Module 2</td>
<td>Unpacking the Welcome Packet</td>
<td>239</td>
</tr>
<tr>
<td>Module 3</td>
<td>PAA (Participant Account Administrator) Roles and Responsibilities</td>
<td>83</td>
</tr>
<tr>
<td>Module 4</td>
<td>Clinical Portal Overview</td>
<td>82</td>
</tr>
<tr>
<td>Module 5</td>
<td>Direct Secure Messaging</td>
<td>19</td>
</tr>
<tr>
<td>Module 6</td>
<td>Patient Education</td>
<td>61</td>
</tr>
<tr>
<td>Module 7</td>
<td>NC*Notify</td>
<td>39</td>
</tr>
<tr>
<td>Module 8</td>
<td>Promoting Interoperability</td>
<td>26</td>
</tr>
<tr>
<td>Module 9</td>
<td>CSRS – Coming Soon!</td>
<td></td>
</tr>
</tbody>
</table>

These modules are linked to our website; they require registration to gain access and will launch a satisfaction survey upon completion.

https://hiea.nc.gov/providers/nc-hiea-ahec-resources
NC HIEA/NC HealthConnex
transition activities

from
Health information Technology for Economic and Clinical Health (HITECH)

to
Medicaid Enterprise System (MES)
## What HIE Activities Can Be Funded Via Medicaid?

<table>
<thead>
<tr>
<th>Activities</th>
<th>Through 2021</th>
<th>Ongoing (Pre- &amp; Post-2021)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incentives for Adoption and Use of CEHRT³</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Program Administration for The Promoting Interoperability Program And HIT-</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Related Initiatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Systems Development for A State-Run Incentive Program</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>HIE Development</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>HIE Services for The Medicaid Program</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>HIE Onboarding</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Provider Communication, Outreach, Training, etc.</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Public Health Infrastructure</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Electronic Clinical Quality Measures Collection</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>PDMP</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Provider Directory-Interoperability Rule</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Medicaid FFS Payer to Payer Coordination-Interoperability Rule</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Other Interoperability Initiatives</td>
<td>YES</td>
<td>YES</td>
</tr>
</tbody>
</table>

1. Movement from HITECH to MES funding requires that activity align with OBC requirements.

2. Must cost allocate if the system has broader applicability beyond Medicaid.

3. In order to qualify for enhanced FFP, the system must be certified per 42 C.F.C 443.166.

3. 100% FFP is available for incentive payments for the Medicaid Promoting Interoperability Program. State may use FMAP funding for state-run incentive programs, with the approval of a State Plan Amendment for such a program.
Personnel Analysis Methodology

• Detailed breakdown of personnel costs that includes titles, high-level job descriptions, and total budget for each position.

• Recommended cost allocation percentage was applied to all positions.

• Analyzed job descriptions and identified recommendations for reimbursable funding buckets for personnel: 75%, 50%, or 0%.

• Used the CMS State Medicaid Manual – Chapter 11 Reimbursable Costs to do this evaluation
Funding Progression Path

FFY21-22

- Core Infrastructure
- Operations/Administrative Infrastructure
- Provider Helpdesk
- EMS Enhancements
- EHR Connections
- Risk Assessment Project
- Provider Onboarding

FFY22

- Core Infrastructure
- Operations/Administrative Infrastructure
- Provider Helpdesk
- Research Ready Data Sets
- Public Health Use Case: Condition Specific Alerting for Diabetes
- Quality / Performance Reporting and Analytics
- Advance Directive Registry
- Payor Enhancements

FFY23

- Core Infrastructure
- Operations/Administrative Infrastructure
- Provider Helpdesk
- Future Use Cases to support NC Medicaid Program

Key:

- HITECH IAPD
- MES OAPD
- MES IAPD
- To Be Determined

Contingent on DDI and Certification Timelines
Recommendations for Funding Progression Path – Next Steps

• Maximize the current funding from HITECH prior to its sunset.

• Shift implemented and operational HITECH-funded technology to Medicaid Enterprise System 75/25 enhanced funding in support of ongoing operations.

• Continue consulting with NC DHHS on developing new HIE functions to ensure their capabilities serve as an extension of the Medicaid Enterprise System.

• Finalize Outcomes-Based Certification (OBC) criteria for technology and activities eligible for enhanced federal funding.

• Work with NC DHHS to facilitate interactions with federal partners, including a demo and completing the Operational Readiness Review (ORR) and other documentation required by CMS.
State and Federal Legislative/Advocacy Update

(1) Overview of Legislation Introduced this Session with HIE Impact
(2) Review of Session Law 2021-26, including new requirements for the HIEA and Advisory Board
(3) Federal Updates – HIPAA response
(4) STOP Act Update
Legislation Introduced this Session concerning NC HIEA

- **H179** – Amend HIE Participation Enforcement Mechanism
- **S226** - Amend HIE Mandatory Participation & Enforcement
- **H855** - Give Clinical Researchers HIE Network Access
- **H770** - Realign Enforcement/HIE Network Participation
- **H395 / SL 2021-26** - HIE Deadline Extension & Patient Protection
NCSL 2021-26 – HIE Deadline Extension & Patient Protection

Section 1 provides that DIT, State Health Plan and DHHS Medicaid have an affirmative duty to facilitate and support participation by covered entities in the statewide health information exchange network.

Section 2 allows the DHHS, if authorized by the HIE Authority, to submit claims data on behalf of Prepaid Health Plans and local management entities/managed care organizations (LME/MCOs).

Section 2 also extends connection deadlines for both the June 1, 2020, and the October 1, 2021, to January 1, 2023, (the same date as the hardship extension that can be granted by DHHS.

Sections 2 and 4 remove ambulatory surgical centers, as defined in G.S. 131E-146, from the requirements to submit demographic and clinical data but requires a physician who performs a procedure at the ambulatory surgical center to be connected to the HIE Network and to submit the data.
Section 5 prohibits balance billing when an in-network provider or entity with the State Health Plan for Teachers and State Employees does not connect to the HIE Network. The section specifically provides that under the State Health Plan an in-network provider or entity who renders health care services, including prescription drugs and durable medical equipment, and who is not connected to the HIE Network is prohibited from billing the State Health Plan or a Plan member more than either party would be billed if the provider was connected to the HIE Network.

Section 6 prohibits the NC Health Information Exchange Authority from fulfilling requests for electronic health information from an individual, individual's personal representative, or an individual or entity purporting to act on an individual's behalf, and requires the Authority to provide educational materials on accessing this information from other sources.
Section 7(a) requires the Health Information Exchange Advisory Board to submit recommendations regarding appropriate features or actions to support the Statewide Health Information Exchange Act and to report on the status of entities and providers not connected to the HIE Network as identified under subsection (b) of this section, to the Joint Legislative Oversight Committee on Health and Human Services on or before March 1, 2022.

Section 7(b) requires the HIE Authority to work with the State Health Plan Division, Department of State Treasurer, and the Division of Health Benefits, Department of Health and Human Services, to identify providers and entities who have not connected to the HIE in accordance with G.S. 90-414.4 and to contact each entity or provider to ascertain their connection status and to inform them of the connection requirements. By November 1, 2021, the Department of State Treasurer, Department of Health and Human Services, and licensing boards, shall assist the HIE Authority with contact information and addresses for providers and entities.
SL 2021-26 Advisory Board Requirements Next Steps

Action Items:

- Continue efforts to connect providers, including messaging to providers and trade organizations
- Communicate continued urgency
- NC HIEA Advisory Board Subcommittee for recommendations due March 1, 2022
  - Form subcommittee and define its goals and cadence for meeting
  - Identify and evaluate recommendations
  - Provide report to the General Assembly
- Ascertain connection status of providers
  - Coordinate efforts with Medicaid, State Health Plan, Licensing Boards
  - Additional messaging to and communications with unconnected providers and entities
- Implementation steps, including policy updates, concerning individual’s data requests
Federal Update: SHIEC Comments on HIPAA NPRM

• After consultation with Chair and Vice-Chair, NC HIEA supported letter that SHIEC submitted to DHHS regarding Proposed Modifications to the HIPAA Privacy Rule to Support, and Remove Barriers to, Coordinated Care and Individual Engagement (RIN 0945-AAOO)

• NC HIEA join the ~ 20 signatories on the comment letter

• SHIEC has retooled its legislative strategy and allocated additional resources to raise HIEs’ profile before Congressional leaders and key
Medicaid/HIE Partnership Updates
Medicaid/HIE Partnership

- Network Adequacy
  - Primary Care
  - Specialists
  - Pharmacy

- COVID Dashboard
  - CLI/ Suspected/ ILI/ Tested/ Positive/ Recovered/ Extended/ Deaths
  - Current and future data sources

- Data Extract for Hybrid Quality Measures
  - Diabetes/ Hypertension/ BMI
  - Depression Screening
  - Prenatal

- Data Quality Improvement
  - Complete and accurate

- NCQA - Data Aggregator Validation
  - Validating inputs
Network Adequacy

- Managed care plans must meet access standards across their entire service areas
  - Primary Care
  - Specialists
  - Pharmacy
- Utilizing maps to understand areas where exceptions may be necessary
- Map feature allows Medicaid staff to see the providers in the area for reference and referral

*Images displayed here are for demonstration purposes*
Medicaid/HIE COVID Dashboard

NC HealthConnex Medicaid Covid-19 Dashboard

Choose Filters

Cohort
- CLI: 19,160
- Deaths: 1,814
- Extended: 396

Comorbidities
- Diagnosis

Patient Count
- Respiratory
- Smoking
- Cancer

Gender by Age
- Male Patient %
- Female Patient %

Patient Count

NC HealthConnex
Powering Health Care Outcomes
Medicaid/HIE COVID Dashboard

NC HealthConnex Medicaid Covid-19 Dashboard

Choose Filters

Cohort | Patient Count
---|---
Tested | 267,311
Suspected | 169,278
Positive | 58,776
ILI | 54,909
Recovered | 45,443

Key County Metrics

Patient Encounters by Facility

UNCHCS | WFBH | NOVANT

Encounter Count

Discharge Location

Encounter Type

Outpatient 63.4%
Inpatient 17.2%
Emergency 19.4%
Medicaid/HIE COVID Dashboard

NC HealthConnex Medicaid Covid-19 Dashboard

Choose Filters

Choose Trendline Grouping

Dashboard Facilities Daily & Cumulative ZIP Code Level HIE Pop Comparison Sankey Chart

Daily Count

Cumulative Count

Event Date

0 10,000 20,000 30,000


Grouping Selection

Positive
Recovered

Total Patients Across Years

58,447
45,065

Cumulative trend lines are summing distinct patients on a weekly basis.
Medicaid/HIE COVID Dashboard

NC HealthConnex Medicaid Covid-19 Dashboard

Cohort Selection ▼ County ▼

Medicaid Patient Percentage of HIE Patients by Cohort

<table>
<thead>
<tr>
<th>County</th>
<th>CLI Patients per 10k Medicaid</th>
<th>Patients per 10k HIE*</th>
<th>Deaths Patients per 10k Medicaid</th>
<th>Deaths Patients per 10k HIE*</th>
<th>ILI Patients per 10k Medicaid</th>
<th>ILI Patients per 10k HIE*</th>
<th>Positive Patients per 10k Medicaid</th>
<th>Positive Patients per 10k HIE*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alamance</td>
<td>11</td>
<td>21</td>
<td>17</td>
<td>65</td>
<td>67</td>
<td>131</td>
<td>279</td>
<td>390</td>
</tr>
<tr>
<td>Alexander</td>
<td>41</td>
<td>56</td>
<td>28</td>
<td>61</td>
<td>467</td>
<td>380</td>
<td>328</td>
<td>372</td>
</tr>
</tbody>
</table>

*: To preserve anonymity, data is suppressed for the general HIE population for any result less than 10.
Medicaid/HIE COVID Dashboard

NC HealthConnex Medicaid Covid-19 Dashboard

Date Selection
Jan/01/2020 to Jun/01/2021
Jan/01/2020
Jun/01/2021

County Selection
County

Telehealth
Telehealth Flag

First Cohort Selection
Suspected

Terminal Cohort Selection
Deaths

Sequence Up-To Selection
6
0
100

NC HealthConnex
Powering Health Care Outcomes
Quality and Population Health’s objective for collaboration with NC HIEA

Optimize HIEA data for Medicaid quality management and care management by:

- Implementing National Committee for Quality Assurance’s (NCQA’s) Data Aggregator Validation program
  - Ensures that data aggregated in the HIE represent the same information that it did when providers entered it in their EHR
  - Allows clinical quality measures produced with HIE data to be NCQA certified

- Implementing a provider data quality incentive program that:
  1. Works with HIEA to monitor the completeness and quality of priority data elements at the provider level
  2. Works with AHEC to help providers improve the completeness and quality of the data they submit to HIEA
  3. Pays incentives to providers for hitting data completeness and quality benchmarks

  - Ensures that the data providers submit to HIE meets standards that enable interpretation and analysis by other providers, payers and NC Medicaid
Example Priority Data Elements for Data Quality Incentive Program

- **Quality Measures**
  - Comprehensive Diabetes Care - Pharmacological, Lab data
  - Controlling High Blood Pressure - Vital signs data
  - Screening for Depression and Follow-up- pharmacotherapy, lab data, follow-up data
  - Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents;
    Body Mass Index and follow up - clinical data
  - HIV Viral Load Suppression - diagnosis and lab data

- **Population Health**
  - Discharge location
  - Care alerts
  - COVID lab and vaccine data
Medicaid/HIE Data Extract for Hybrid Quality Measures

Delivered
- Diabetes
- Hypertension
- BMI

In Process
- Depression Screening

Planned
- Prenatal
Medicaid/HIE Quality Initiatives

<table>
<thead>
<tr>
<th>Priority Data Elements</th>
<th>Focus on key data elements needed to support highest priority data elements to support Quality Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Quality Improvement</td>
<td>Work with PHPs and providers to ensure required data elements are completed consistently and accurately</td>
</tr>
<tr>
<td>NCQA</td>
<td>Initiate NCQA Data Aggregator Validation Program (DAV) efforts to validate data input. Initial effort will look at up to 8 cohorts for data validation.</td>
</tr>
</tbody>
</table>
Questions?