NC HealthConnex
Powering Health Care Outcomes

NORTH CAROLINA HEALTH INFORMATION EXCHANGE AUTHORITY

Advisory Board Meeting
March 17, 2026

NCDIT
NORTH CAROLINA DEPARTMENT OF INFORMATION TECHNOLOGY

Welcome &
Call to Order

North Carolina Health Information Exchange Authority

- Connection Prioritization
  - Provider Data Reconciliation
  - Rural Health Transformation
  - Optimizing Participant Onboarding
  - Data Quality Standards
- HIEA Service Upgrades
  - HealthShare
  - NC*Notify
- Project Updates
  - HIE Medicaid Services (HMS)
  - State Health Plan
  - Reducing Crisis Outcomes through Data Exchange
  - Research Protocols
- Operations Update
  - Metrics
  - Legislative Asks
  - Strategic Priorities
  - Finance

Connection Prioritization

Connection Prioritization – Provider Reconciliation

What

- Validate provider facilities across multiple Medicaid data sources
- Match providers using deterministic and fuzzy matching
- Prioritize provider connections

Why

- Identify providers not yet connected to NC HealthConnex
- Support prioritization of high-impact provider connections
- Enable better decision-making and outreach planning

Connection Prioritization – Provider Reconciliation

Framework

- Monthly NC Medicaid Provider file (DHB) and State Health Plan (SHP) files received
- Facilities validated with HIEA Participant Agreement records
- Reconciliation - Deterministic & fuzzy address matching
- New sites added to the HIEA Participant Management Tool (Jira)
- Additional sites to be confirmed with participants

Weightage Model

- Weightage assigned using key factors[1]
  - Rural designation[2]
  - Claim volume
  - Member count
  - Paid amount
  - Advanced Medical Home (AMH-Tier 1/Tier 2/Tier 3)
  - Targeted Case Management(TCM– AMH Plus, CMA)
- Other factors
  - Provider Type
  - Engagement in the connection process

1. *Weightage factors derived from Medicaid data for now, but will soon incorporate like data from SHP*
2. *Rural designation derived from NC's Rural Health Transformation project*

Connection Prioritization – Matching Logic

Deterministic Matching

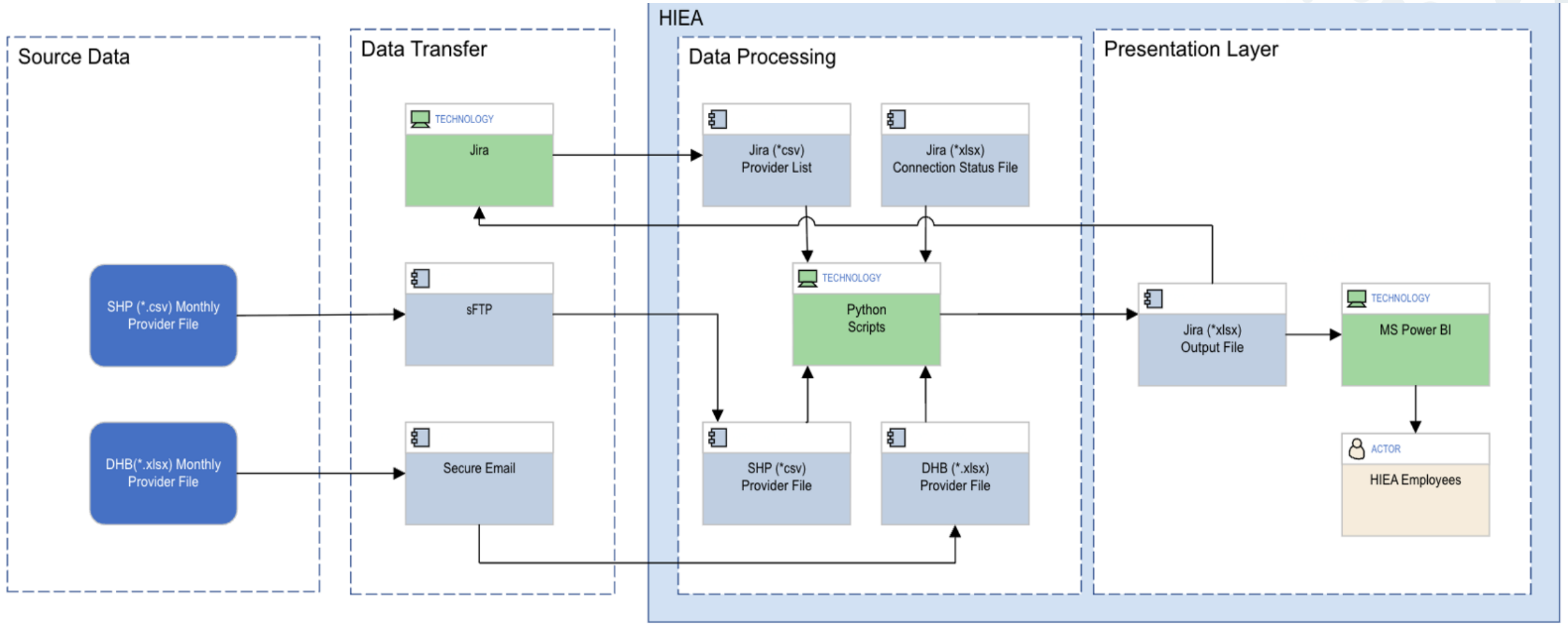
- Requires an exact match after standardizing text
- Uses:
  NPI or Address 1+Address 2+City
- Normalization includes:
  Street and St → ST
  Road and Rd → RD
  Suite/Unit/# → STE
  Remove extra spaces
- Example Match After Cleanup:
  123 Main St, STE 200, Raleigh
  123 Main Street, #200, Raleigh

Fuzzy Matching

- Looks for similarity across characters and key fields
- Uses:
  Address 1+Address 2+City
- Example Match:
  123 Main Street, Raleigh
  123 Mainy Street, Raleigh
- Not a Match:
  123 Main Steet, Raleigh
  123 Main Street, Cary
- Purpose: Catches typos and small variations

Using both Deterministic + Fuzzy Matching gives us the most accurate account of provider connections.

Provider Reconciliation – Process Flow



Connection Status by Advanced Medical Home (AMH) Tier

Medicaid Organization Connectivity and Beneficiary Reach by AMH Tier

AMH Tier	Total Organizations in Medicaid File	Organizations Connected (%)	Average Number of Medicaid Beneficiaries Served by Connected Organizations	Average Number of Medicaid Beneficiaries Served by Organizations NOT Connected
Tier 1	97	48 (49%)	248.4	377.3
Tier 2	1,046	685 (65%)	879.6	474.3
Tier 3	1,703	1,321 (78%)	2,071.5	1,169.8

Note: This uses the deterministic + fuzzy matching logic and excludes organizations that are outside of North Carolina. Organizations are counted as "connected" if they are live in production (i.e., sharing data with NC HealthConnex).

Connection Status by Tailored Care Management (TCM) Status

Medicaid Organization Connectivity and Beneficiary Reach by TCM Status

TCM Status	Total Organizations in Medicaid File	Organizations Connected (%)	Average Number of Medicaid Beneficiaries Served by Connected Organizations	Average Number of Medicaid Beneficiaries Served by Organizations NOT Connected
AMH+	52	45 (87%)	4309.6	1,782.4
CMA	284	133 (47%)	2734.4	1,276.4

Note: This uses the deterministic + fuzzy matching logic and excludes organizations that are outside of North Carolina. Organizations are counted as "connected" if they are live in production (i.e., sharing data with NC HealthConnex).

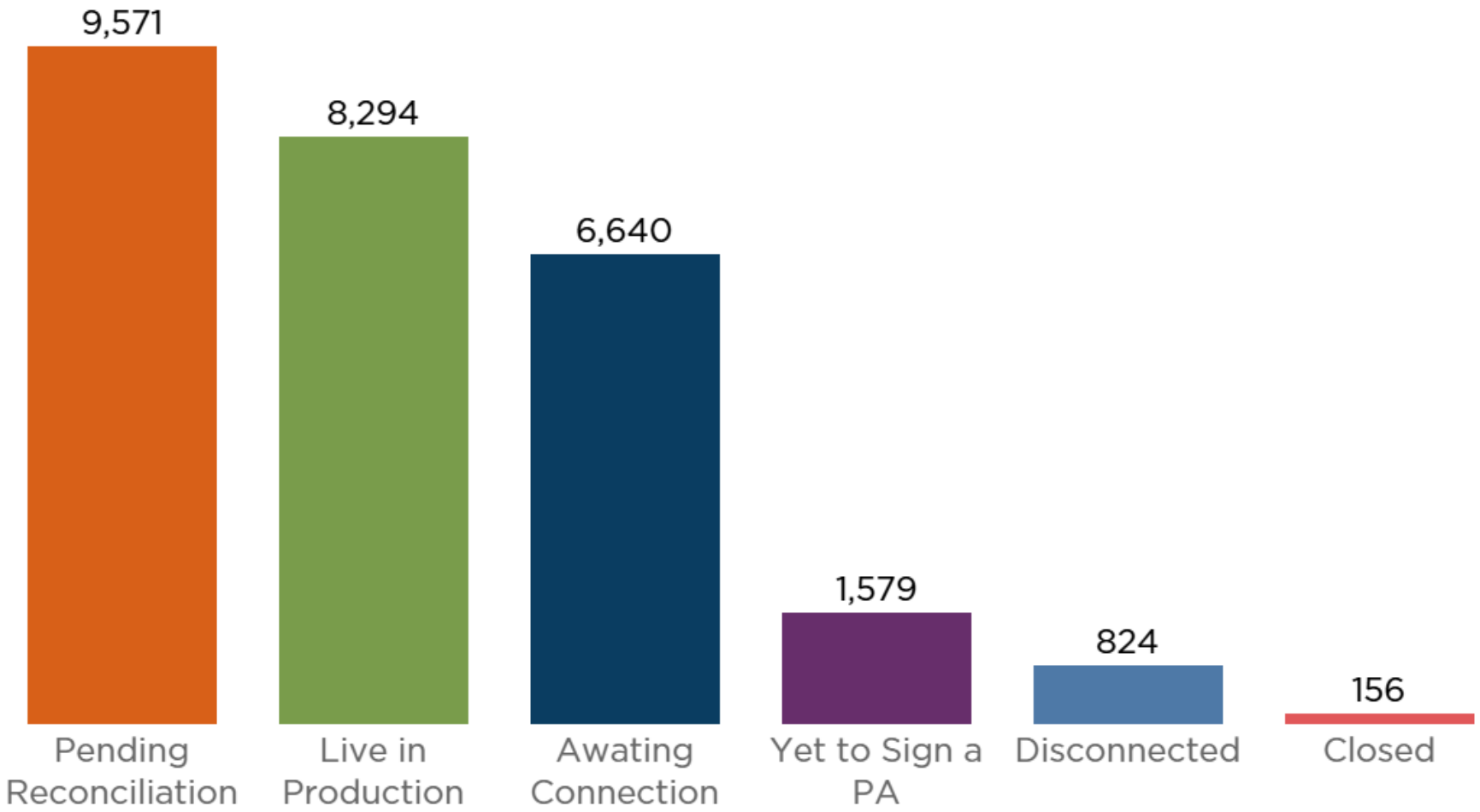
Connection Status by Rurality in North Carolina

Medicaid Organization Connectivity and Beneficiary Reach by Rurality

Rurality	Total Organizations in Medicaid File	Organizations Connected (%)	Average Number of Medicaid Beneficiaries Served by Connected Organizations	Average Number of Medicaid Beneficiaries Served by Organizations NOT Connected
Rural	16,015	4,937 (31%)	1,431.8	426.4
Urban	11,049	3,319 (30%)	1,775	662.6

Note: This uses the deterministic + fuzzy matching logic and excludes organizations that are outside of North Carolina. Organizations are counted as "connected" if they are live in production (i.e., sharing data with NC HealthConnex).

Medicaid Reconciliation Current Status



Connection Prioritization – Provider Reconciliation

Benefits

- Enables data-driven decisions
- Improved visibility into connection status
- Identifies high-impact, unconnected sites
- Supports strategic sequencing

Next Steps

- Integrate State Health Plan data
- Continue provider reconciliation
- Enhance PowerBI dashboard

Summary

- Substantial progress has been made on provider-reconciliation efforts, completing checks for all priority Medicaid providers (AMH and TCM)
- The process has enriched HIEA data on participants' additional sites and their connection status.
- Initiatives such as the Rural Health Transformation Program are expected to significantly accelerate our ability to complete connections.

Rural Health Transformation

CMS Rural Health Transformation Program

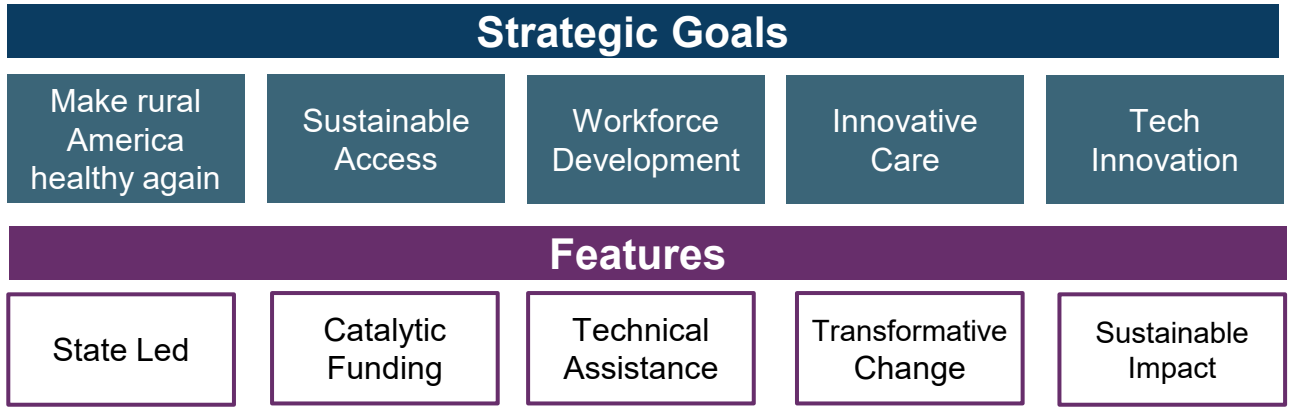
Program Overview

CMS Rural Health Transformation (RHT) Program: CMS is advancing the RHT program, authorized under H.R.1, to strengthen health care delivery in rural communities.

- $50 billion in RHT Program funding will be distributed over five fiscal years.
- **A key goal of the program is to advance innovative technology that improves care, secures data and expands access to digital health tools by rural facilities, providers and patients.**
- Funding may be allocated toward technical assistance, infrastructure upgrades (including software and hardware), and targeted IT investments aimed at improving operational efficiency, cybersecurity resilience and patient outcomes.

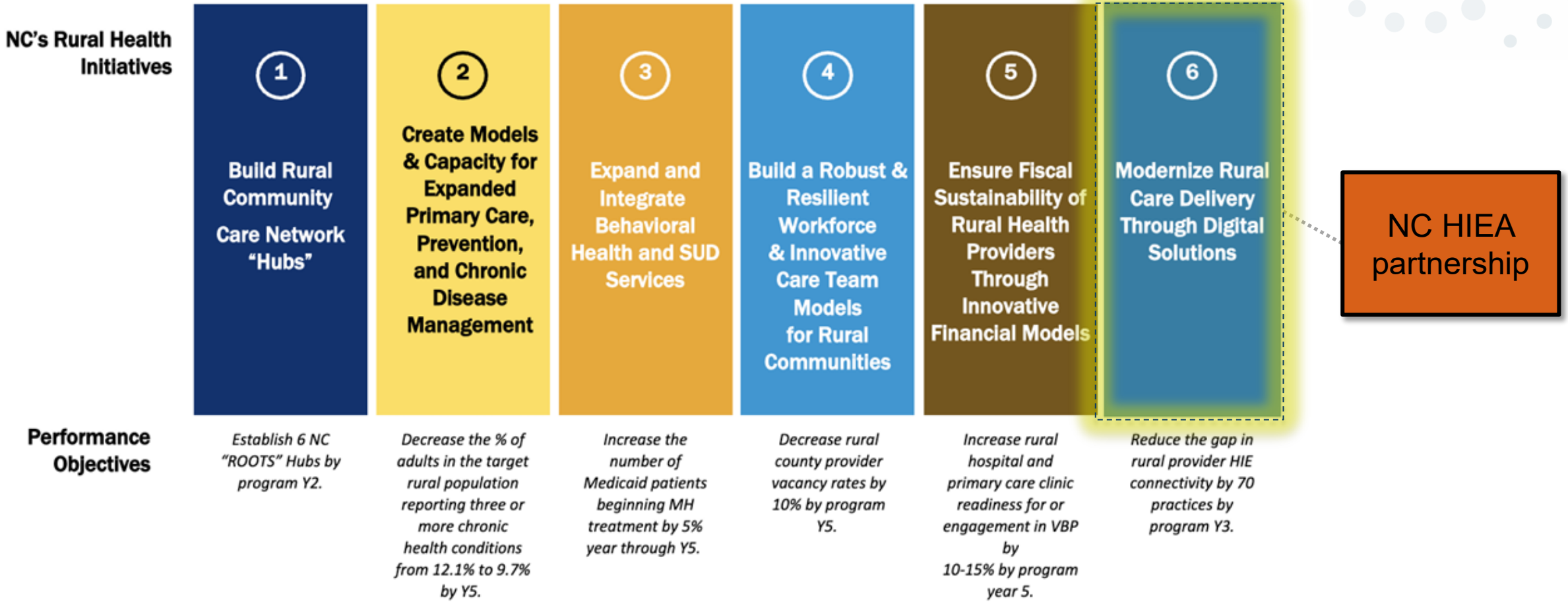
Source: [Rural Health Transformation (RHT) Program | CMS]

The program is centered around five strategic goals:



N.C. Department of Health and Human Services RHT Award

On December 29, 2025, CMS awarded NCDHHS $213M for the first year of RHT Program implementation



Note: Activities and funding are subject to CMS approval and may change

Source: RHTP ROOTS Hubs webinar 2-26-26 v2.24_TM.pdf

NC HIEA Early RHT Planning Actions

January – March 2026

- **The NC HIEA updated its five-year RHT proposal,** streamlining the budget from $27.5M to $26.2M to account for joint stakeholder convening efforts with NCDHHS.
- The NC HIEA initiated development of a Memorandum of Understanding (MOU) with NCDHHS to establish program governance.

April 2026 and Beyond

- The NC HIEA will hire an RHT Program Lead, followed by technical assistance (TA) and outreach staff to support program implementation.
- RHT funds for connections and SAS TA staff will be accounted for in the annual contract.
- Early workplans will be developed for identifying participants, program design, communications and planning for technical assistance and training.

NC HIEA RHT Program Components

Over the next five years, NC HIEA requested $26.2M to advance rural health by expanding provider connectivity, delivering technical assistance, and enhancing training for rural organizations.

- **Expanding Provider Connectivity:** NC HIEA would connect over 469 rural providers across various connection types (i.e. CCD & HL7, Pharmacy, Notify) between 2026 and 2030. (*Estimated Value: $15.7M over 5 years)*
- **Delivering Technical Assistance:** To ensure successful onboarding and long-term participation of rural providers, NC HIEA would deliver targeted technical assistance to support their connection and engagement with NC HealthConnex. This assistance will include guidance throughout the connection process, support for integration with participants' electronic health records (EHRs), and coaching to improve data quality. (*Estimated Value: $2M over 5 years)*
- **Training:** NC HIEA will tailor its training materials to meet the needs of rural participants, including customized modules on the Clinical Portal, NC*Notify, single sign-on (SSO), and the use of AI to provide clinicians with instant, secure patient summaries and actionable insights to support faster, data-driven care coordination and decision-making. (*Estimated Value: $800k over 5 years)*
- **Program Administration, Systems Maintenance, and Convening & Stakeholder Engagement:** The NC HIEA will hire program leadership, support certain system upgrades, and engage vendors and strategic consulting partners to convene stakeholders and provide strategic support for effective program implementation. (*Estimated Value: $7.6M over 5 years)*

**Note: Red text indicates revised figure from original NC HIEA RHT application and are still pending NCDHHS approval.*

NC HIEA RHT Provider Supports Funding

RHT funding will accelerate rural HIE connectivity and utilization by supporting the costs of technical integrations, training and technical assistance for certain rural providers.

Eligible Connections

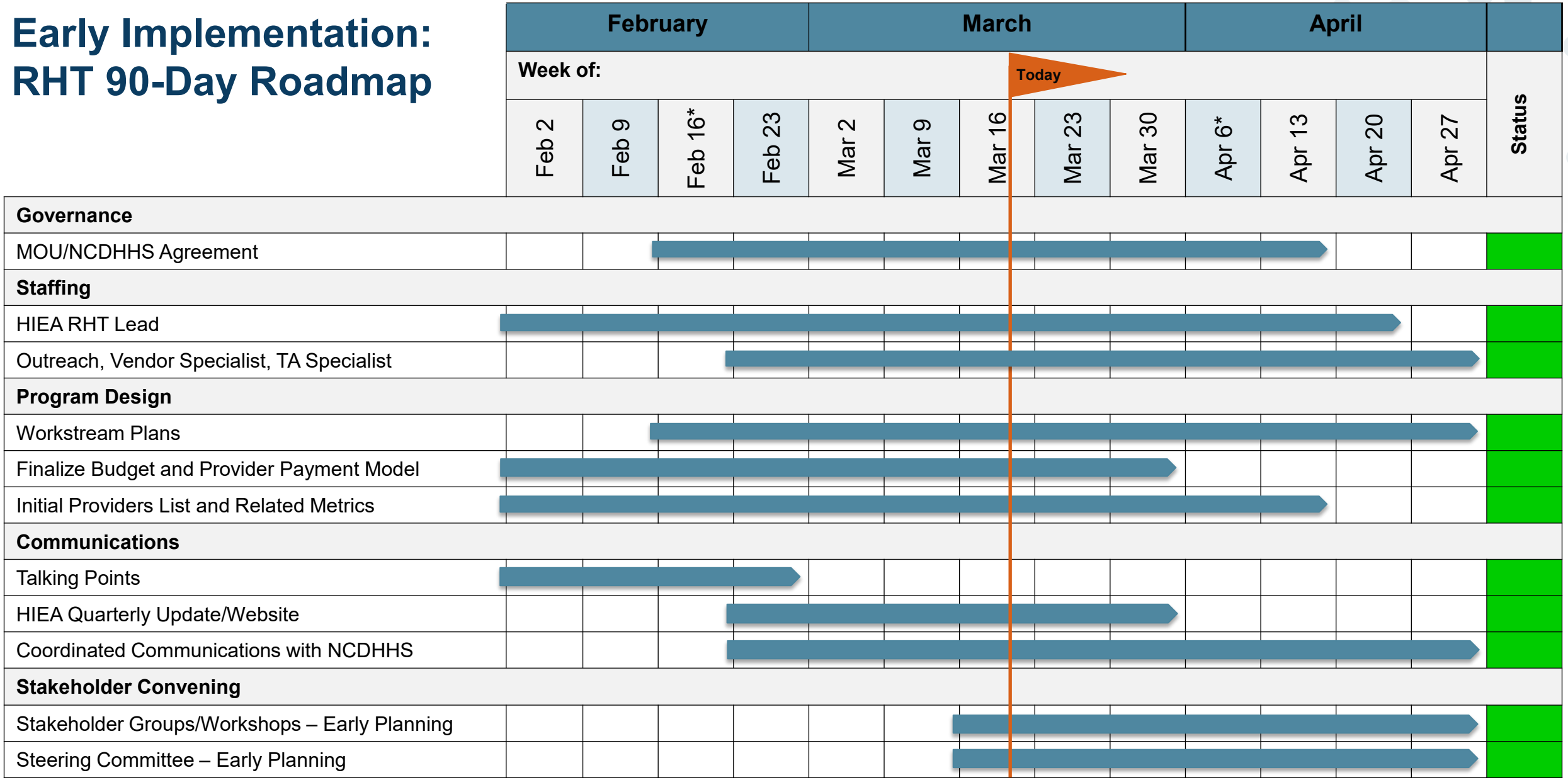
1. The NC HIEA has proposed supporting 181 integrations to rural provider EHR systems in federal fiscal years (FFYs) 2026-2027 (by September 30, 2027), and a total of 469 rural provider EHR systems by the end of FFY 2030 (by September 30, 2030).
2. These figures represent a mix of HL7, CCD, pharmacy-specific and NC*Notify event notification services integrations.

Funding Principles

1. Funding will contribute to NC HIEA and technical partner costs incurred and will also be available to certain rural providers to assist with one-time integration and adoption costs.
2. Rural provider integrations will be prioritized under RHTP funding based upon rural and other population health impact criteria along with their place in NC HIEA's connection queue.
3. The NC HIEA will coordinate closely with NCDHHS and engage with rural providers and stakeholder organizations to ensure program planning is informed by deep engagement with the communities involved.

**Note: Red text indicates revised figure from original NC HIEA RHT application and are still pending NCDHHS approval.*

Early Implementation: RHT 90-Day Roadmap



*Note: Timelines are estimated and subject to change based on scheduling; *indicates a holiday week*

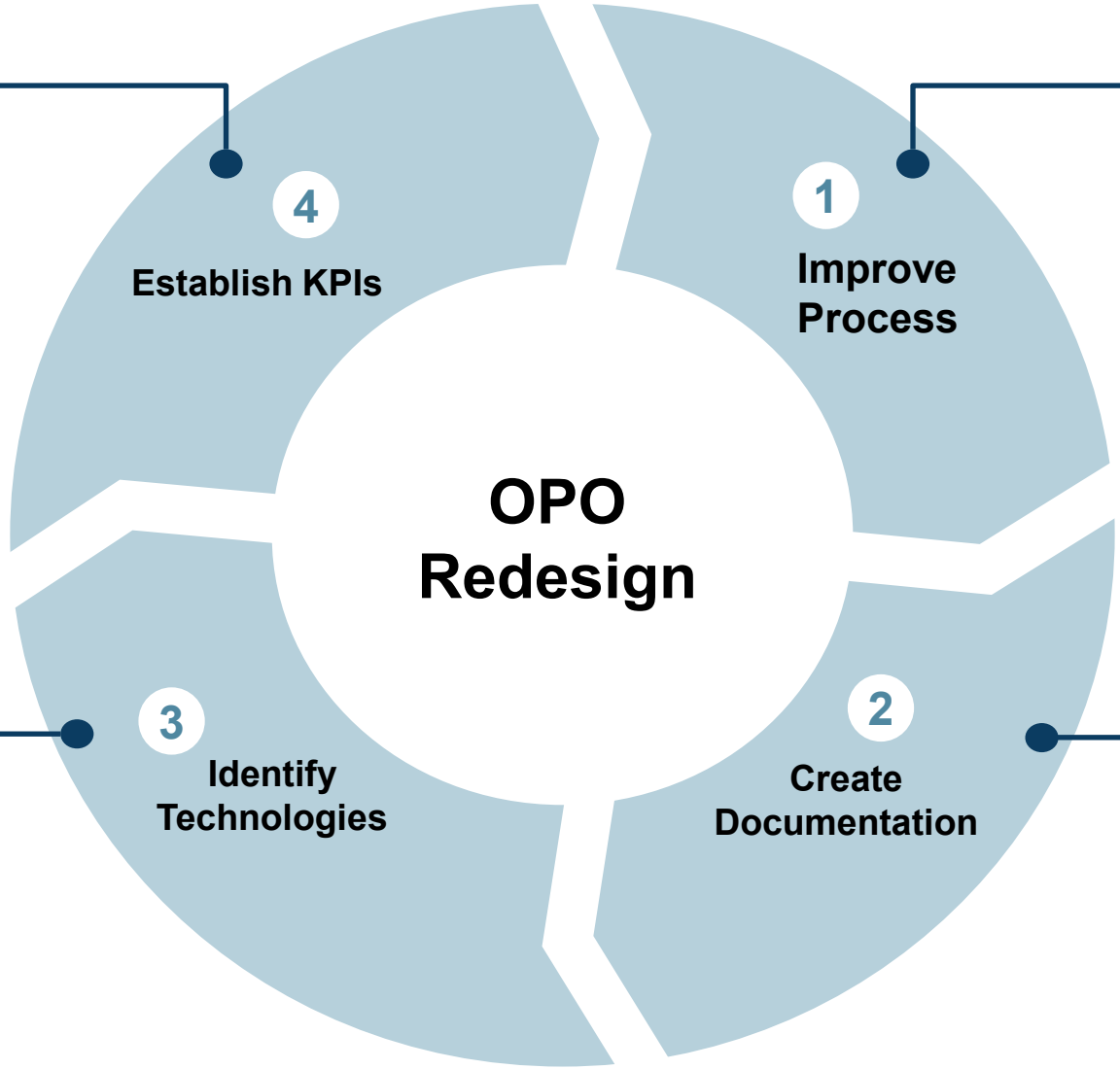
Optimizing Participant Onboarding

Optimizing Participant Onboarding ("OPO") Background

	Background
Problem Identification	**March 2025:** NC HIEA leadership—in alignment with Board direction—**identified Participant onboarding as a critical priority** to accelerate connection timelines and scale participant volumes.
Implementation Planning	**March - July 2025:** Manatt led focused discovery with internal teams, vendors, stakeholders, and peer HIEs, **resulting in a clear implementation plan** to redesign the onboarding process.
Process Re-Design	**August 2025 - Present**: Manatt has led focused process design sessions with key internal and vendor stakeholders to simplify workflows, clarify roles, and **drive efficiencies across people, processes, and technology**. Recently onboarded participants are being engaged to validate and refine the redesigned process in real-world conditions.
Implementation	**Next Steps:** Following delivery of the new process, NC HIEA will realign teams, onboard critical new talent, operationalize updated processes, and streamline supporting technologies to enable faster, more scalable participant onboarding.

OPO Redesign Goals & Objectives

Establish a set of **performance metrics** to help determine if onboarding goals and objectives are being met



Establish a participant **onboarding process** that brings participants into the NC HealthConnex environment efficiently and effectively

Identify the **technologies** required to support the onboarding process, facilitate communication, and report key metrics

Create **documentation** of the onboarding process, including the associated roles and responsibilities of each contributor

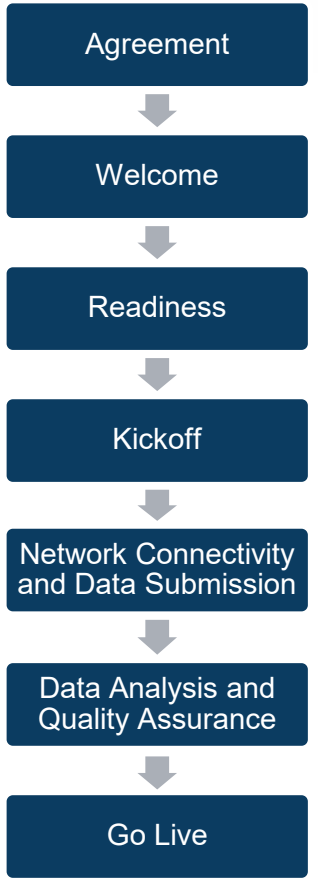
OPO Redesign and Implementation Approach

Design Approach

1. Conduct a series of design sessions to define the ideal participant onboarding process from Agreement through Go Live
   - Identify key inputs, processes and outputs
   - Identify measures of success and other KPIs
   - Identify the staff resources required to support the processes
   - Identify the technology solutions to enable the processes
2. Test the end-to-end process design with key stakeholders and participants
3. Document new processes, roles and technologies in onboarding playbook
4. Identify key staff, implement technology upgrades and create detailed SOPs
5. Implement with early adopters; revise and refine as needed

WE ARE HERE →

OPO Design Phases/Sessions



Next Steps

March: Complete internal and external stakeholder validation

April-May: Finalize Onboarding Playbook and identify/hire two staff critical to early process implementation: Onboarding Lead and Technology Coordinator

June-August: Implement technology upgrades* and create detailed SOPs

September: Launch new process

Note: If technology replacements are necessary, this may extend the timeline further.

Data Quality Standards

Data Quality: Why it Matters

- Value of health information exchange depends on the accuracy, completeness, and usability of exchanged data
- NC HealthConnex data increasingly supports:
  - Clinical decision-making
  - Care coordination
  - Digital Quality Measurement (dQM)
  - NCQA Data Aggregator Validation
  - Population Health/Analytics
- Poor data quality creates challenges for:
  - Reliable quality measurement
  - Trust in NC HealthConnex data
  - Scalable analytics and reporting

- Establishing clear inbound data standards ensures that NC HealthConnex can function as a trusted regional data aggregator

Data Quality: Interoperability and Data Standards Landscape

Data shared through NC HealthConnex must align with national interoperability requirements, industry exchange standards and the NC HIEA's data quality expectations.

National	Industry	NC HIEA
ASTP/ONC requirements, including USCDI v3	HL7.org guidelines for HL7 v2 and C-CDA conformance	NC HealthConnex Data Target
Federal Interoperability Policy (Promoting Interoperability, TEFCA)	Interoperability Considerations (eHealth Exchange and other use cases)	Onboarding Requirements/Data Quality Validation

Data Quality: Principles and Challenges

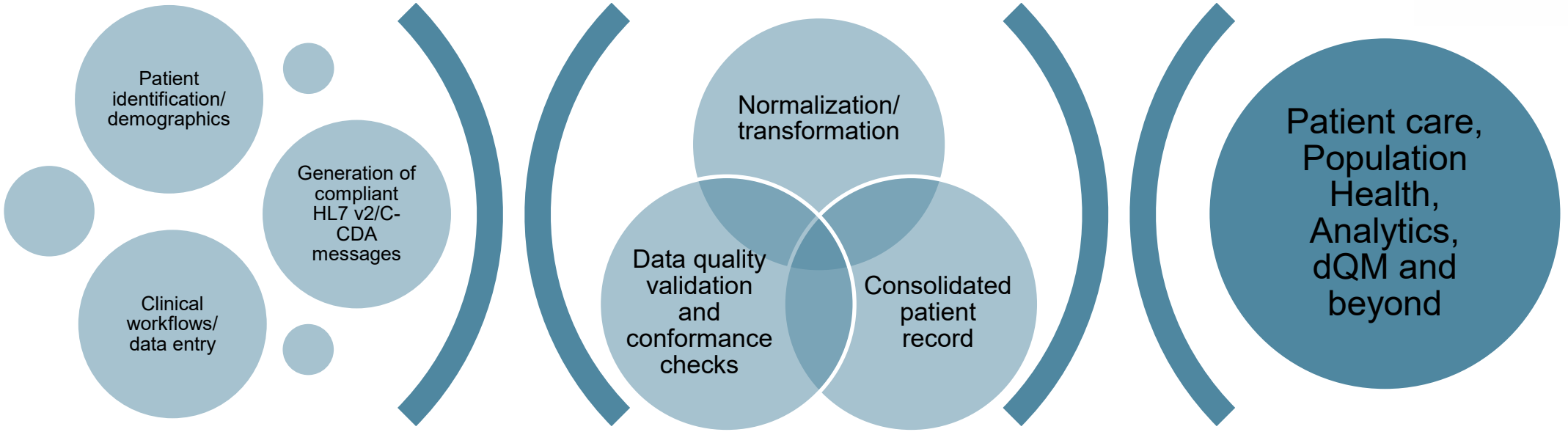
Principles

- **Accuracy:**
  - Data correctly represents real-world information
- **Completeness:**
  - Required fields are populated
- **Consistency:**
  - Data aligns across systems and feeds
- **Timeliness:**
  - Data is received and processed within the expected timeframe
- **Validity:**
  - Data follows defined formats and standards

Challenges

- Missing/incomplete data from data sources
- Clinical workflow issues
- Technical configuration issue
- Inaccurate data
- Unstructured data
- Local codes as opposed to standard codes
- Unexpected source system changes
- Changes to national healthcare IT standards, such as the progression from USCDI v2 to v3

Data Quality: Data Lifecycle

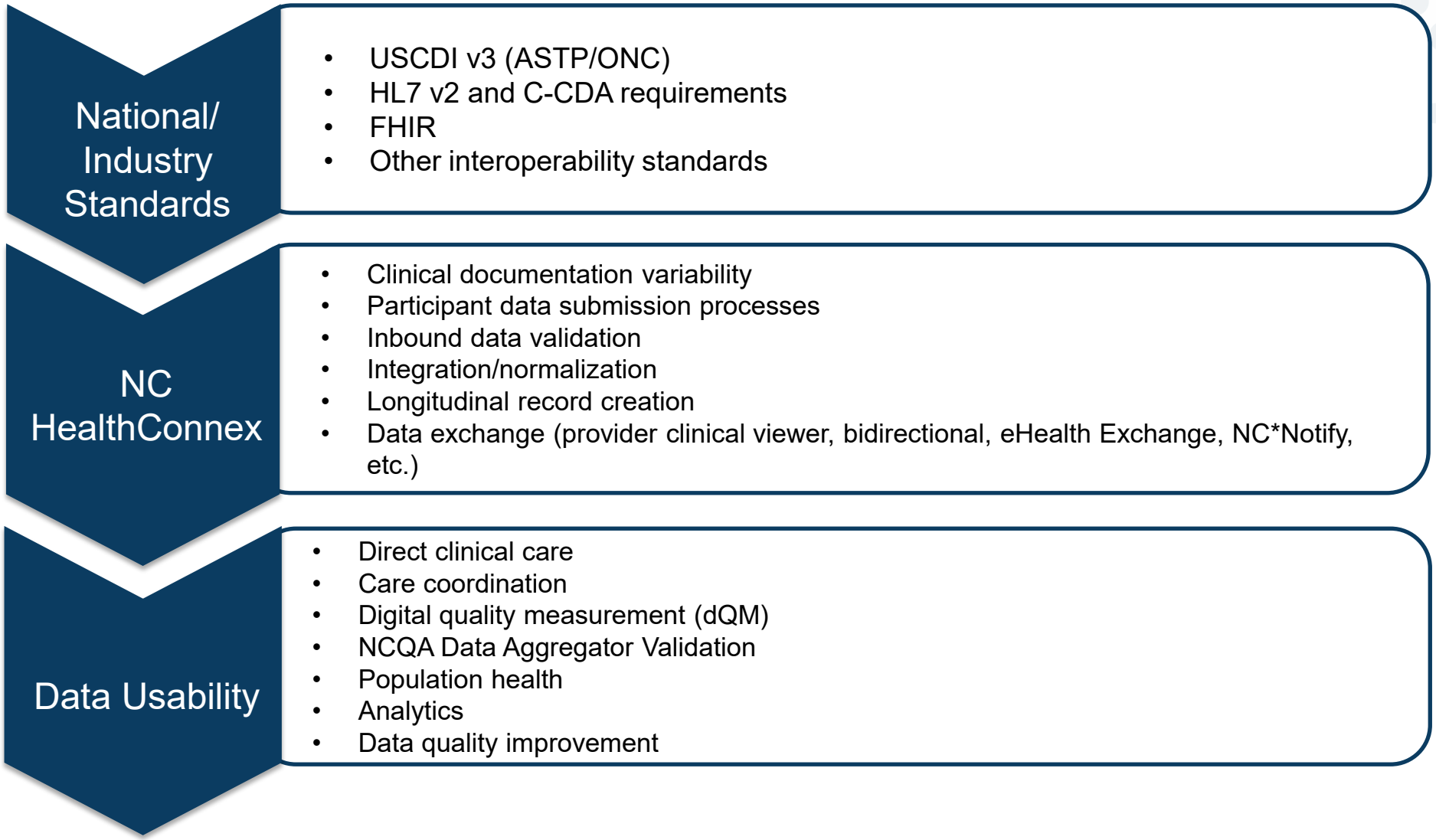


Clinical Documentation in EHR

NC HealthConnex Data Ingestion

NC HealthConnex Data Sharing

Data Quality: Considerations in the Data Lifecycle



Data Quality: Opportunities for Improvement

- Inbound data connections:
  - Continued adoption of USCDI v3 by participants and their EHRs
  - Enhancement of NC HealthConnex Data Target
  - Process improvement initiatives for the NC HealthConnex onboarding process
- Normalization
  - Terminology services tool implementation will provide increased availability of standard coded values for various data elements
- Data Quality Tool
  - Aid in identifying opportunities for data quality improvement
- Expansion of data quality improvements through the HIE Medicaid Services (HMS) program:
  - Digital Quality Measures (dQM)
  - NCQA Data Aggregator Validation program
  - Development of a revised Data Quality Roadmap

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Break

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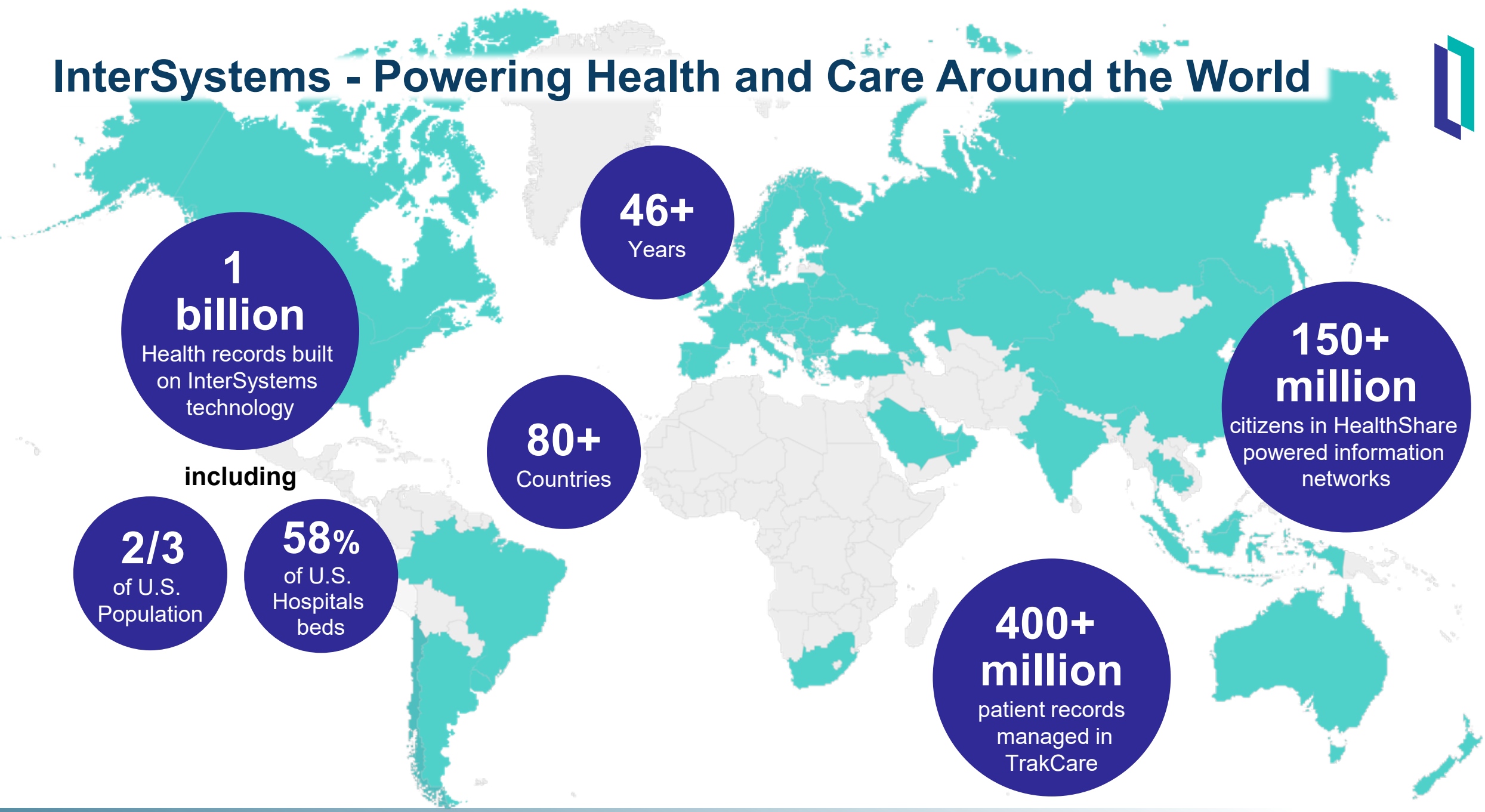
HIEA Service Upgrades – InterSystems HealthShare

InterSystems - Powering Health and Care Around the World



We Support the Leading Healthcare Organizations

Application Partners

OPTUM · 3M · Epic · LabCorp · athena health · Quest Diagnostics · Netsmart

Healthcare Providers

Tenet Health · Mass General Brigham · Northwell Health · Intermountain Healthcare · Cedars-Sinai · Kaiser Permanente · UC Health · Ascension · HHC New York City Health and Hospitals Corporation · HealthPartners · UPMC Life Changing Medicine · Providence St. Joseph Health

Payers

BlueCross BlueShield Association · Cigna Healthcare · South Carolina · UnitedHealthcare · Arkansas BlueCross BlueShield · CVS · Kansas City · Aetna · BlueCross BlueShield · MVP Health Care · hmsa · healthfirst

Regional, State, National HIE

Healthix · eHealth Exchange · Manifest MEDEX · Hixny · tech BY DESIGN · HEALTHCONNECT·TX

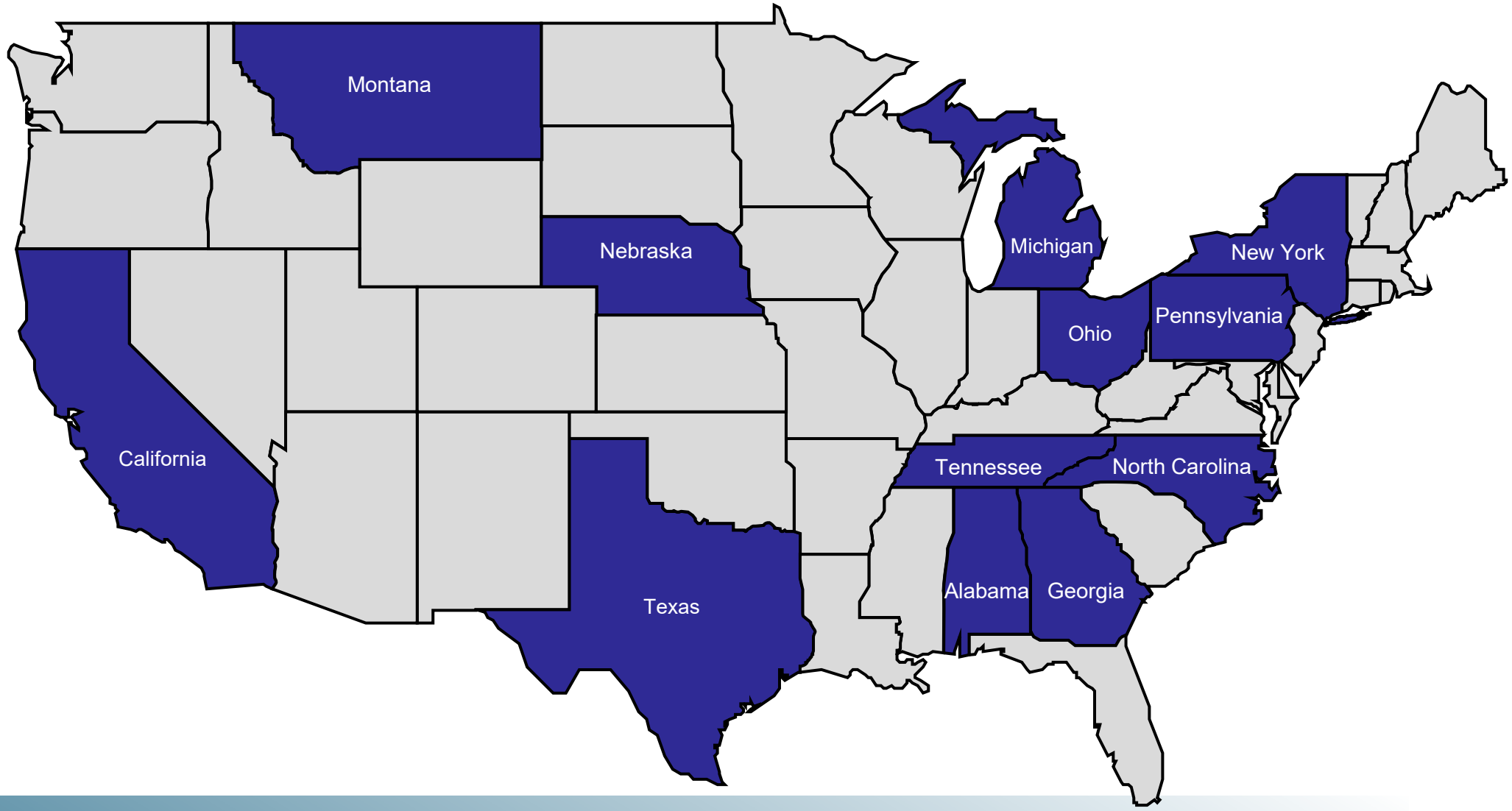
Life Sciences

Roche · GlaxoSmithKline

Government Health

Health Information Exchanges powered by InterSystems technology

150+ million individuals covered (more than 40% of the U.S. population)



Comprehensive Healthcare Data Model

Patient

Metadata
- Provenances
- Program Memberships
- Alerts

Care Coordination
- Care Plans
- Clinical Relationships
- Goals
- Tasks

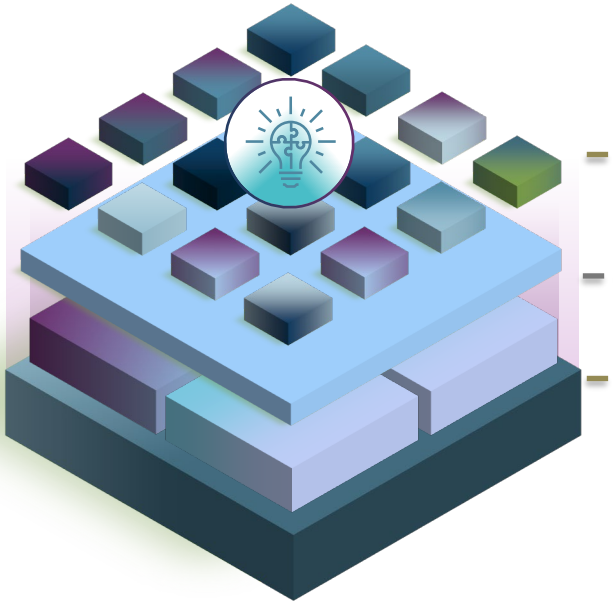
Care delivery
- Genomics Orders
- Observations
- Referrals
- Problems
- Health Concerns
- Medications
- Allergies
- Diagnoses
- Appointments
- Illness Histories
- Vaccinations
- Advanced Directives
- Family History
- Physical Exams
- Radiology Orders
- Procedures
- Documents Encounters
- Lab Orders
- Device Items
- Patient
- Orders

Health plan
- Medical Explanation of Benefits
- Medical Claims
- Guarantors
- Member Enrollments
- Pharmacy Claims
- Pharmacy Explanation of Benefits

Third party data
- Social Histories
- Social Determinants

The InterSystems HealthShare Ecosystem

Interoperability Solutions Delivering Trusted Data



NC HealthConnex Deployed Solutions

Healthcare Applications

- **CMS 0057 and 9115** — Regulatory compliance
- **Personal Community** — Engagement and Self-Management
- **Care Community** — Coordination and Transition of Care
- **AI Assistant** — intelligent Chat Interface
- **Clinical Viewer** — Clinician access portal

Health Data Fabric

- **EMPI** + Ref Matching
- **Provider Directory**
- **Unified Care Record** — Normalization, Deduplication, Clinical Logic
- **Health Insight** — Analytics, Dashboards, Data Quality

Health Data Platform

InterSystems IRIS for Health
Data Management, Interoperability, Application Development Framework

New Features in Currently Deployed Products

Product	Feature	Use Cases
Unified Care Record	CARIN Blue Button 2.0.0 Support	Exchange FHIR based Claims data
	USCDI v3 Conformance	Regulatory compliance and Rural Health Transformations Program
HealthShare AI Assistant	Intelligent chat interface and Prompt-generation tool	Improve patient care
Patient Index (EMPI)	Referential Matching	Enhanced patient matching and data quality
Health Insight	Data Model and Query Performance Optimization	Population health reporting
Operational Enhancements	Significant performance improvements across the product suite	More efficient hardware resource utilization

Major New Product Launches

Product	Use Case
InterSystems Payer Services	FHIR Interoperability for CMS-0057-F including electronic Prior Authization
InterSystems OMOP Solution	A cloud-based FHIR to OMOP solution
InterSystems Health Gateway	Cloud-Based, On-Demand Access to Secure Patient Data Nationwide
HealthShare Care Community	Managing Care in Distributed Healthcare Systems

Lessons Learned from Previous Upgrades

- Establish More Regular Upgrade Cadence
- Environment Alignment
- Evaluate Customizations & New Features
- Increase InterSystems Engagement

InterSystems Upgrade Assistance Program

The Upgrade Assistance Program was created to assist large HealthShare implementation customers to upgrade at a lower total cost of ownership and streamline the complex upgrade experience by:

- Minimizing downtime during the production upgrade
- Identification of technical debt and creation of an actionable plan to address
    - Mitigate Customizations
    - Promote Operational best practices
    - Confirm proper configurations and settings
- Evaluate performance markers
- Automation of many of the necessary steps
- A resultant more stable, supportable, and upgradeable environment

HealthShare AI Assistant Overview

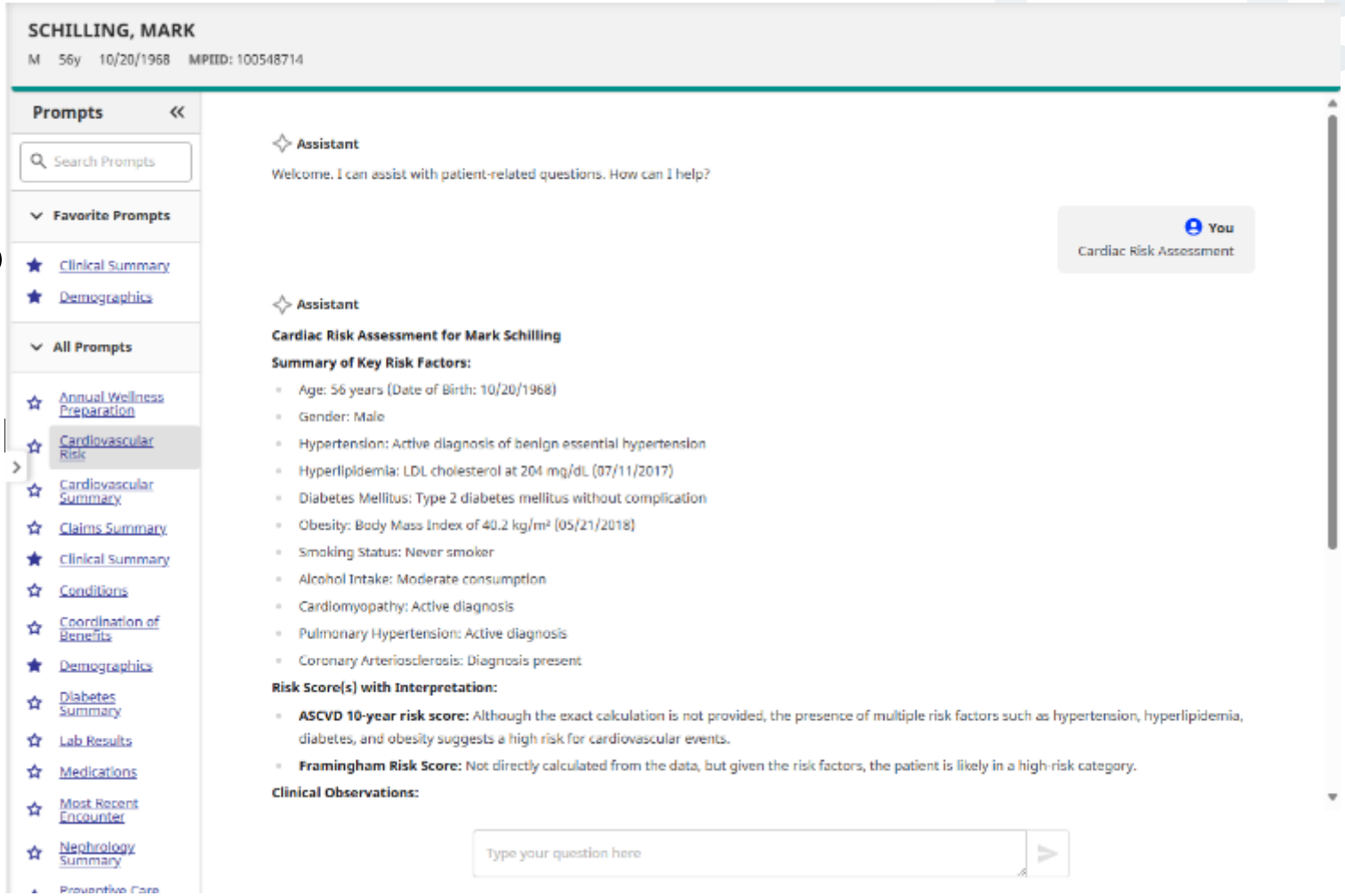
The HealthShare AI Assistant is an **intelligent chat interface** and **prompt-generation tool** designed to enhance access to patient-level data in the clinical viewer.

Acting as an accelerator, the HealthShare AI Assistant enables users to quickly locate answers within an individual's record and **generate targeted summaries tailored to role-specific needs**.

Trusted data. Curated insights. Delivered at the point of care.

HealthShare AI Assistant

- Summarization of data
- Intelligent chat interface
- Clinically validated Pre-built starter p
- Custom Prompt Creator
- Built in guardrails and data stewards
- Source traceability and auditing
- Role based access



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AI Assistant Demonstration

DEMO

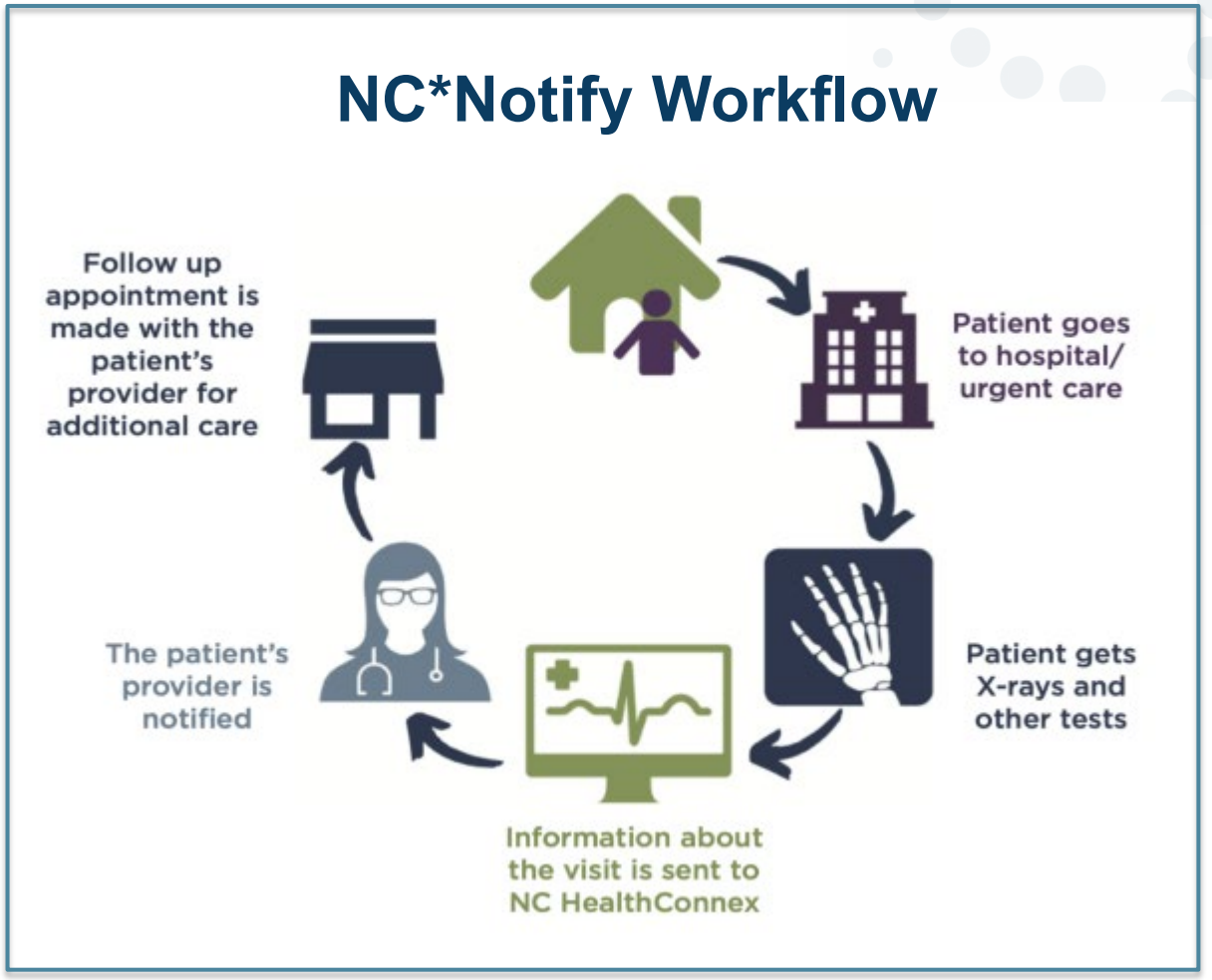
HIEA Service Upgrades – NC*Notify

NC*Notify – Base vs. Plus Tier

Base Tier - “Simple” Alert triggers; delivered via HL7 v2 or Flat File

Plus Tier - Leverages a solution from Point Click Care (PCC)

- More complex alerts
- Track follow-up activities using a Dashboard
- *Legacy product being sunset*



Benefits of Upgrading NC*Notify Plus Tier

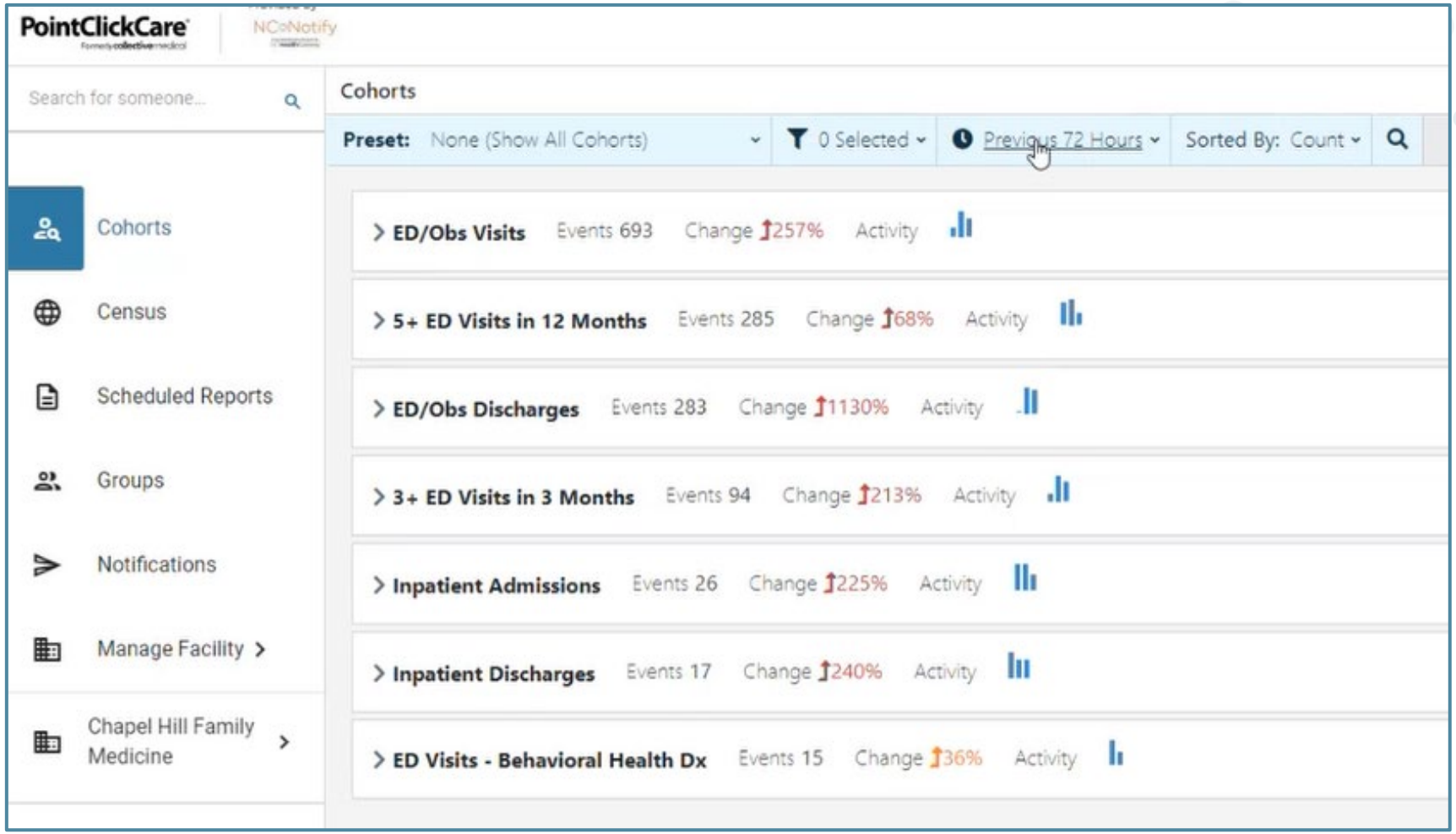
- Opportunity to integrate with PCC's national ADT and CCD data
- Modern user interface integrated with the NC HealthConnex Clinical Portal
- Supports all current alert types; ability to create custom alerts
- Patient readmission risk scoring; population level reports
- Ability to scale and support onboarding larger organizations
- Enhanced service usage and performance reports

Feature Comparison

Feature	Upgraded Platform	Current Platform
Single Sign-On to PCC	X	X
Standard and Custom Alerting	X	X
National Data from the PCC Network	X	
Patient Context from PCC to NC HealthConnex	X	
Readmission Risk and Population Health	X	
Enhanced User Activity Reporting	X	

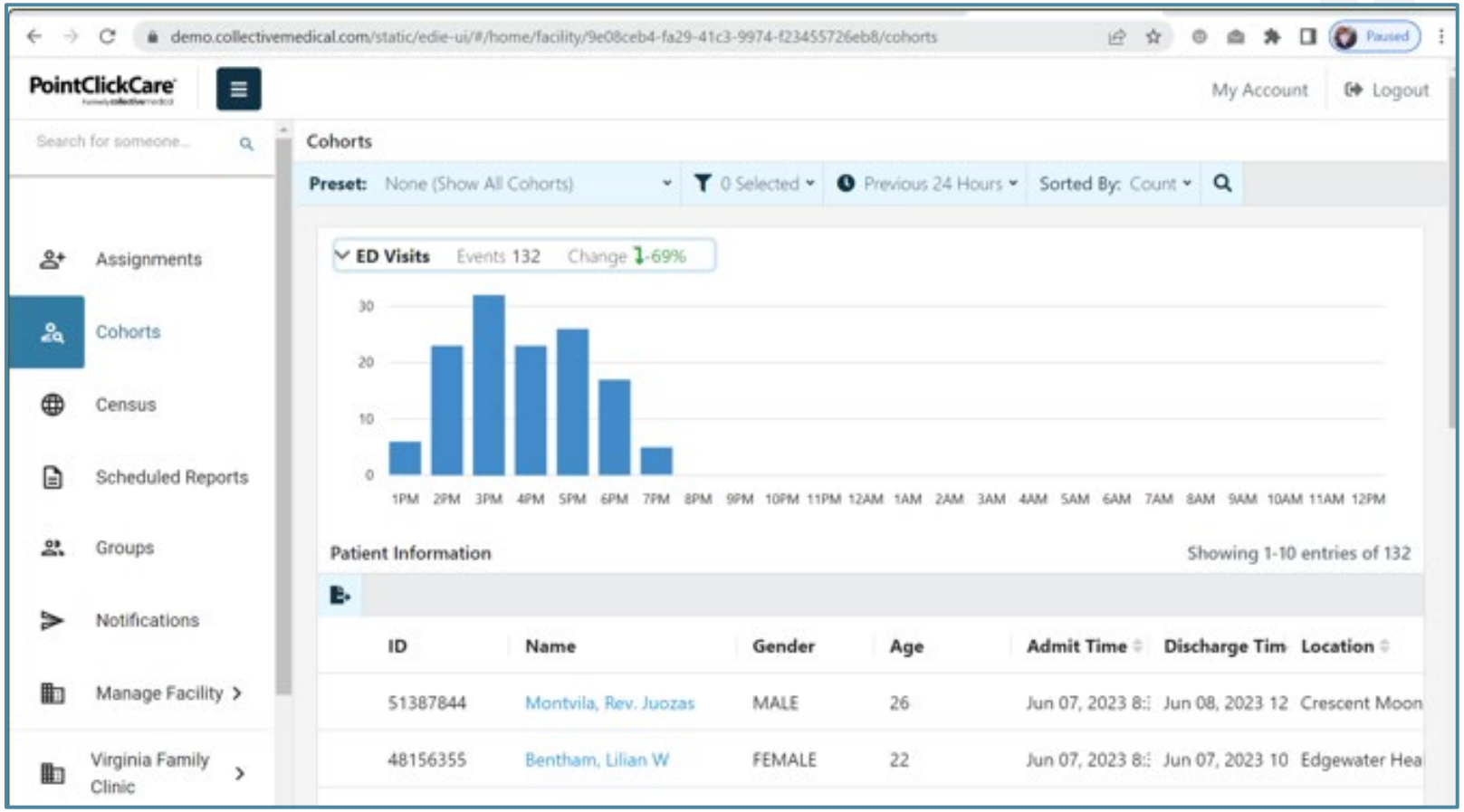
User Interface - Cohorts

- Real Time Notifications via text or email are powered when the criteria is met
- Notifications are leverages for real time actions/ interventions
- Web-based portal houses all encounter data



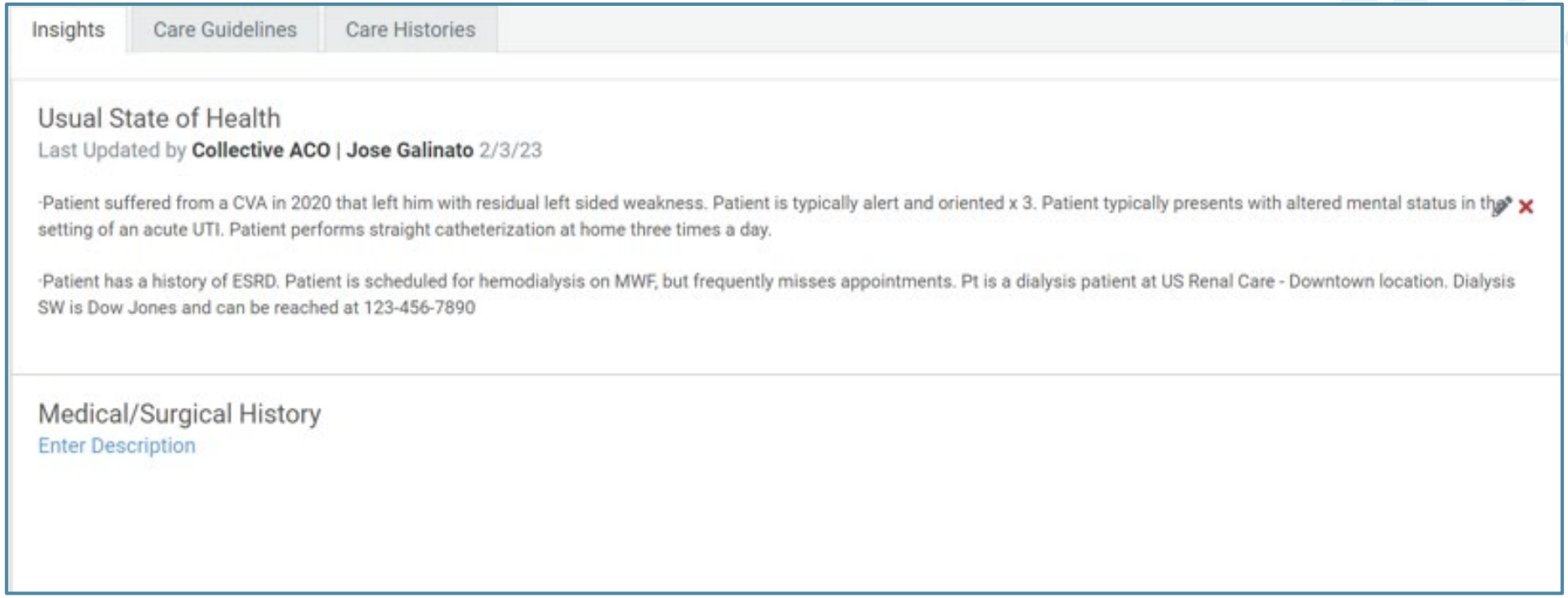
User Interface – Trends

- Real time work lists in the portal view surface all patients meeting criteria
- Graph shows time of acute encounters for filtered time frame

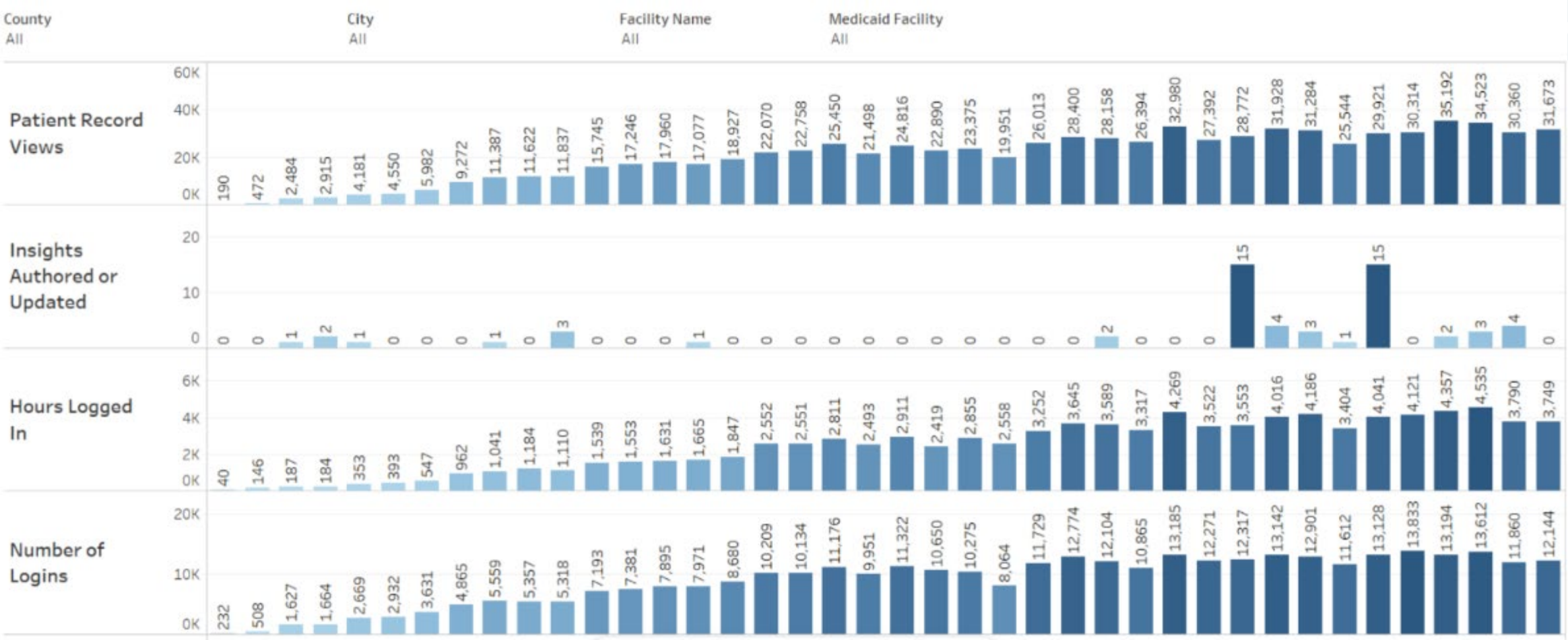


User Interface – Insights

Insights are care considerations and recommendation information that is applicable to all care providers



User Activity



Project Updates

HIE Medicaid Services (HMS) Updates

Supporting NC Medicaid with New Federal Eligibility Requirements

We are partnering with NC Medicaid to help meet new federal eligibility requirements under the One Big Beautiful Bill Act (OBBBA) by enabling real-time checks for work exemption criteria (like pregnancy or serious health conditions). This will reduce manual work for county case workers and help ensure eligible members are identified quickly and accurately.

Advancing the HMS Early Adopters Program

We are continuing to engage with our Cohort 1 Early Adopters participants across the digital quality measures (dQM) and health-related social needs (HRSN) screening use cases.

Doubling Participation in the NCQA Data Aggregator Validation Program

The Data Aggregator Validation program, administered by the National Committee for Quality Assurance (NCQA), ensures the clinical data in NC HealthConnex is valid, accurate, and reliable. NC HIEA successfully doubled participation in this year's cohort with plans to continue expanding in coming years.

HIE Medicaid Services (HMS) Updates

Finalizing Requirements for Transitions of Care (TOC) to Support Care Management

We are completing requirements and design for the TOC use case to support beneficiaries when they change health plans, reducing administrative burden and the number of extraneous interfaces. This includes building the Payer Claims Database (PCDB) to store Medicaid claims and encounter data. Estimated go-live: Fall 2026

Updating Federal Funding Requests (OAPD/IAPDs)

We are refreshing our multi-year federal funding requests via the Operational Advance Planning Document (OAPD) and two Implementation Advance Planning Documents (IAPDs) to ensure continued support for HIEA operations and upcoming HMS priorities.

Expanding the HMS Team at HIEA

We continue to build capacity with new roles including the: HMS Program Administrator, Care Management Analyst, Technical Assistance Coordinator, Senior Clinical Terminology Specialist, and Clinical Informaticist.

State Health Plan (SHP) Updates

- Legal Agreement (MOA) close to finalization

- Data to NC HealthConnex:
  - ✓ Providers
  - ✓ Claims
  - ✓ Pharmacy
  - ✓ Members

- Planned data to SHP
  - ✓ Priority Data Elements (PDE) to support clinical quality measures

North Carolina State Health Plan
FOR TEACHERS AND STATE EMPLOYEES
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BHIT Pilot | NC ReCODE Project

Behavioral **H**ealth **I**nformation **T**echnology (**BHIT**) Pilot

Reducing **C**risis **O**utcomes through **D**ata **E**xchange - **ReCODE**

Objective

- Seamless data exchange between behavioral health providers and mobile crisis teams.
- Strengthen crisis response infrastructure

Participating Entities

- Chickasaw Federal Health
- Division of Mental Health, Developmental Disabilities and Substance Use Services
- Coastal Horizons (Certified Community Behavioral Health Clinic)
- Integrated Family Services (IFS) (Mobile Crisis Management)

BHIT Pilot | NC ReCODE Project

Behavioral **H**ealth **I**nformation **T**echnology (**BHIT**) Pilot

Reducing **C**risis **O**utc omes through **D**ata **E**xchange - **ReCODE**

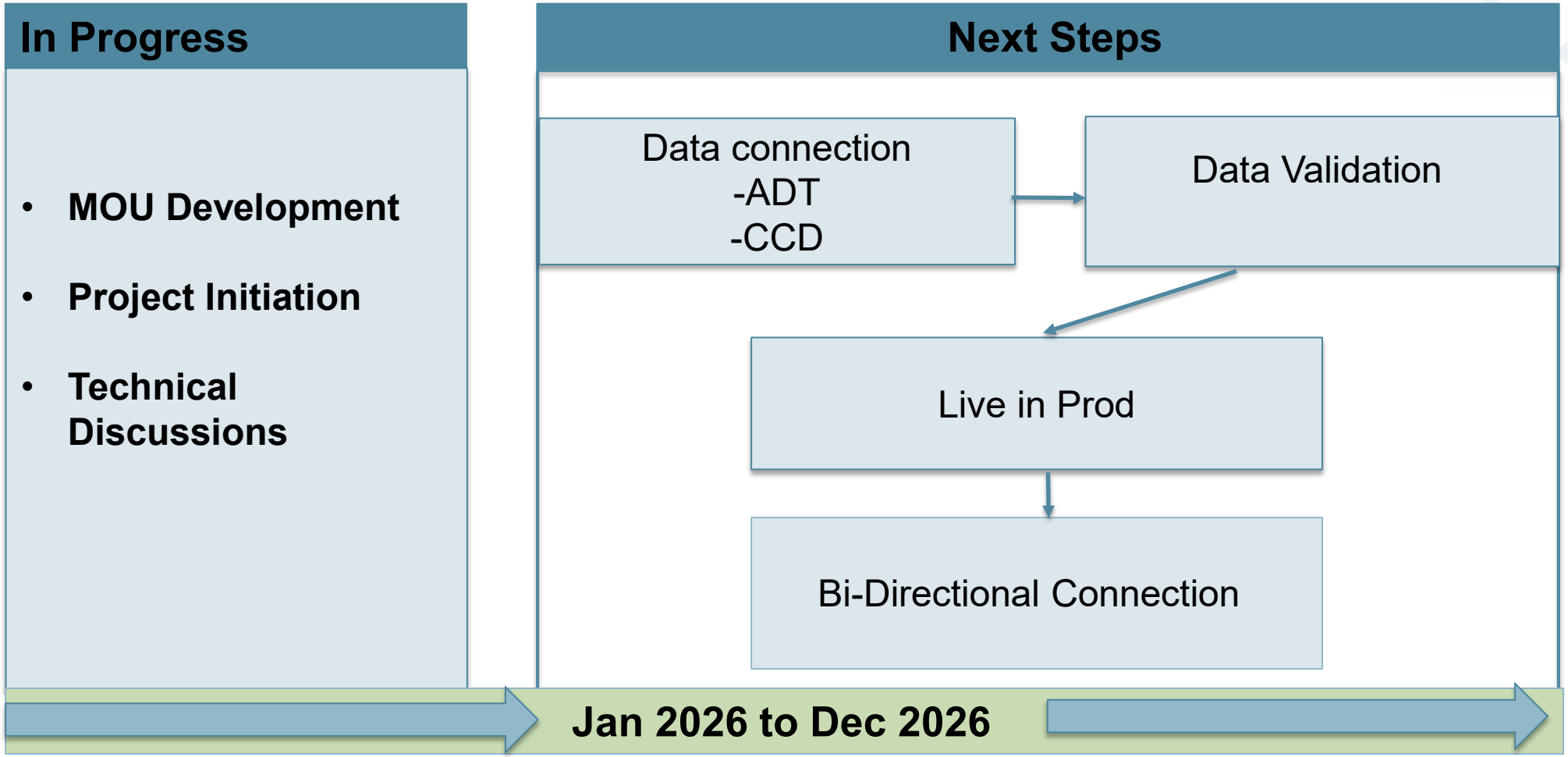
Funding

- Funded by Chickasaw Federal Health via NC DMH/DD/SUS
- Project End Date: Dec 2026

Benefits

- Faster post-crisis follow-up
- Improved care continuity and coordination
- Enhanced visibility across behavioral health partners
- Stronger statewide crisis care pathways

BHIT Pilot | NC ReCODE Project Status



Research Protocol Development

Direct NC HIEA Governance & Disclosure

- **Governance:** NC HIEA holds full authority over governance and disclosure
- **Processes:** NC HIEA establishes and manages full research request processes
- **Operations:** NC HIEA executes agreements, and manages secure and compliant data access, use, and removal

Trusted Third Party Linkage

- **Governance**: NC HIEA retains authority, NCLDS serves as the trusted intermediary
- **Processes:** NCLDS applies its well-established research request and review framework
- **Operations:** NCLDS manages secure data linkage and compliant data access, use, and removal

Delegated Academic Research Partnership (NC HIEA + Academic Institution)

- **Governance:** NC HIEA delegates defined governance and disclosure responsibilities
- **Processes:** Academic partner applies its research request and review processes
- **Operations:** Academic partner manages secure and compliant data access, use, and removal under NC HIEA oversight

Operations Updates:

1. Metrics
2. Legislative Asks
3. Budget & Contracts

See handout for more metrics

Legislative Asks

- $3.8M in nonrecurring connections funds for SFY27
- Revised compliance framework
- Remove exemption of substance use disorder treatment records
- Designate an NC HIEA Advisory Board seat for NCDHHS's Division of Health Benefits (NC Medicaid)
- Designate NC HealthConnex as a Health Data Utility
- Allow the NC HIEA to facilitate patient access
- Allow federal agencies to access the NC HealthConnex Clinical Portal
- Items still taking shape:
    - Support for Iryna's Law/the involuntary commitment process
    - Integration with the N.C. Office of Emergency Medical Services
    - Allow the N.C. Department of Public Safety (DPS) to access and share data during a state of disaster

Budget and Contract Update

- Awaiting word on nonrecurring connections funds for SFY27
- Finalizing FFY27 Operational Advanced Planning Document (OAPD)
- Finalizing update to HR1 Implementation Advanced Planning Document (IAPD)
- Finalizing Rural Health Transformation project MOU with NCDHHS
- Finalizing NC ReCODE project MOU with NCDHHS DMHDDSUS
- SFY27 SAS Amendment under review

New Business