North Carolina Health Information Exchange Authority
Advisory Board Meeting

MEETING MINUTES
Date: January 13, 2021
Time: 2:02 p.m. – 4:39 p.m.
Location: Virtual
Attendees:

Dr. Harriett Burns
Christie Burris (NC HIEA Exec. Director)
John Correllus
Dr. Jeff Ferranti (Chair)
Timothy Ferreira
Sam Gibbs (Sec. Cohen designee)
Donnette Herring
Dee Jones
Thomas Parrish (DIT Acting Secretary)
Richard Pro
Eric Snider (DIT Legal Counsel, NC HIEA)
Carolyn Spence
Dr. Donald Spencer
Dr. William G. Way

2:02 p.m. Welcome and Call to Order — All Members & NC HIEA Staff

Meeting called to order by Chairman Ferranti at 2:02 p.m.

Housekeeping Items — Chairman Ferranti

Chairman Ferranti reminded meeting attendees that only NC HIEA Advisory Board members, support staff, and presenters should speak during Advisory Board meetings, and asked all on the call to mute their phone unless they are speaking.

Chairman Ferranti reviewed the draft meeting minutes from the September 2020 meeting. Dee Jones moved to approve the draft minutes; Sam Gibbs seconded the motion, which passed unanimously.

Chairman Ferranti welcomed Melanie Bush, Chief Administrative Officer for North Carolina Medicaid, program to supply an overview on the hardship extension process.

2:09 p.m. Implementation of Hardship Extension Process — Melanie Bush

By law, DHHS has the authority to grant a temporary Hardship Extension to classes of providers for whom acquiring and implementing an electronic health record (EHR) system and connecting to the HIE Network would constitute an undue hardship. A Hardship Extension granted by DHHS may delay a provider's connection and submission requirements until as late as December 31, 2022. All providers that receives a Hardship Extension from DHHS must be able to meet their statutory obligations by January 1, 2023.

Based upon its review of the applicable statute and its own internal analysis, DHHS identified certain classes / taxonomies of providers that are eligible for hardship extensions:

- Chiropractors
- Behavioral Health Residential Treatment Facilities
- Therapeutic Foster Care Treatment Facilities
- Psychiatric Residential Treatment Faculties
- Behavioral Health Providers other than Psychiatrists
- Children's Development Services Agencies

Further, DHHS determined that the following providers, irrespective of their provider taxonomy, are eligible to request a Hardship Extension based on their circumstances:

- Providers nearing retirement on or before December 31, 2022;
- Providers who are closing their practices on or before December 31, 2022;
- Providers working in rural areas with lack of access to affordable internet/broadband capacity adequate to support implementation of EHR technology and connection to the HIE Network;
- Providers in a community with few or no alternatives that not granting a Hardship Extension for a provider or practice may lead to the loss of or a material reduction in access to care.

Ms. Bush explained that DHHS currently uses a manual process for processing Hardship Extensions, which is detailed in a Medicaid Bulletin article published on November 17, 2020.
https://medicaid.ncdhhs.gov/blog/2020/11/17/legislation-gives-certain-providers-more-time-connect-nc-healthconnex

Provider information and support are available through the Division of Health Benefits Provider Ombudsman phone line and email:
(919)527-6666 and Medicaid.providerombudsman@dhhs.nc.gov

Providers must submit the NC DHHS HIEA Hardship Extension Request Form electronically to the DHB Provider Ombudsman at:
https://medicaid.ncdhhs.gov/providers/forms

NCDIT NORTH CAROLINA DEPARTMENT OF INFORMATION TECHNOLOGY

Roy Cooper
Governor

Thomas I. Parrish, IV
Acting Secretary and State Chief Information Officer

Bush reported that a total of 153 applications for hardship extension have been received, and ninety-nine percent of those have been approved. She indicated that, to date, applications have tended to increase around certain providers' mandated connection deadlines. Ninety-one percent of approved extension are due to qualifying taxonomies, four percent due to loss of access to care, four percent due to provider retirement, and one percent due to internet connectivity.
DHHS is presently implementing an automated process for Medicaid providers to follow. This process will capture the provider's HIE connectivity status and offer providers the opportunity to request an extension through an online portal. Expected timeline for deployment of the automated process is February 2, 2021.

Chairman Ferranti introduced guest speaker, Maria S. Thompson, Chief Risk Officer to supply and update in the state cyber program and the state of cybersecurity across North Carolina.

2:20 p.m. Cyber Briefing **Maria S. Thompson**

Thompson introduced the Board to the Enterprise Security Risk Management Office (ESRMO), and what ESRMO is doing from a state and local government perspective to support cyber initiatives and to ensure the protection of NC citizens data.
ESRMO is responsible for:

- Cyber policies, procedures, and project reviews
- Cyber awareness and training
- Forensics
- Vulnerability management
- Security control assessments/audits
- Adopted a NIST SP 800-53 as Risk Management Framework in 2018
- Implemented continuous monitoring plan for annual reporting
- Mandatory cyber awareness training for all state agencies

Thompson described the DIT Security Strategic Plan which focuses on enhancing customer service, achieving operational efficiency, and collaborating across State agencies as one IT organization. The strategic plan can be found: http://it.nc.gov/statewide-resources/strategic-plan
DIT updates the Strategic Plan annually to ensure focus on key issues pertinent to cybersecurity and our security posture by (among other things):

- Integrating security tools across the Enterprise,

- Establishing continuous monitoring for local Government,
- Enabling Automation and Orchestration,
- Increasing the cyber maturity for the State

Thompson supplied a cyber program overview and whole-of-state cyber approach:

- Security score monitoring of local county, LEA's, Community College infrastructure
- iSensor county placement for continuous monitoring of local count network traffic
- National Guard Proactive assessment and Assist program for local government,
- National Guard Cyber Incident Response support,
- Establishment of statewide information sharing requirement under HB 217,
- 2-1-1 Cybercrime Hotline launched in August 2020,
- Established a Joint Cyber Task Force

Additionally, a geospatial overlay of North Carolina has been established tracking every ransomware incident where they happen with an overlay of the location's security score. Currently there are 12 cyber centers of academic excellence across the state. The centers have been vetted by the Department of Homeland Security and the National Security Agency. One of Thompson's strategic goals is to tap into these resources to assist impacted entities.

Thompson said that 2019 was the first year for visibility into cyber incidents statewide. There were three counties with ransomware incidents, and DIT was able to support ninety percent of the incidents. Ransomware incidents in 2020 proved more challenging: five counties and three higher education community colleges were impacted. Thompson is hopeful that lessons learned and measures in place will limit the impacts in 2021. Thompson encourages incident reporting to the state.

Next Thompson explained supply chain vendor risk management process requiring vendors to provide a third-party adaptation to their security and the compliance of their environments. Vendors shall:

- Complete Vendor Risks Assessment Report (VRAR)
- Provide third party attestation, both prior to contract and annually thereafter. Examples are:
    - FedRAMP Moderate

    - SOC 2 Type 2
    - HITRUST
    - ISO 27001/27002
- If system will store, process, or transmit data classified as restricted or highly restricted, they will be added to the State's continuous monitoring program (e.g., security scoring solutions)

Thompson said that the state is currently looking at StateRAMP to augment continuous monitoring practices of vendors for state agencies, and a website has been established to collect information to gauge the level of impact of the SolarWinds breach across the state.

Chairman Ferranti asked what communication efforts are there at the state level, to make sure folks are sharing information as this is the first time, he is hearing about the SolarWinds website.

Thompson replied that she is focused on building partnerships to promote communication and information sharing. She asked that the group share the proper staffs within their organizations to add to a cybersecurity communications distribution list.

Richard Pro echoed the desire to have a government entity and private entity collaboration.

Christie Burris will work with Thompson on a communication targeting the health care community base.

Donnette Herring asked if the increased threat of cyber-attacks on health care providers has changed the state's handling protected health information differently/ Thompson replied that all highly restricted data is handled similarly.

John Correllus added that NC DIT is in the middle of a HITRUST gap assessment ensuring that proper procedures and protocols are in place to protect the data, and NC DIT is committed to achieving HITRUST certification. This may be a subject for future Board meetings.

Chairman Ferranti asked Thompson what level of confidence she has that vendors will share when they are impacted by cyber-attacks?

Thompson assured that efforts for transparency on state and federal levels are underway using vendor surveys. This is a trust but verify situation.

2:43 p.m. **HIEA Update** **Christie Burris**

Burris supplied a 2020 NC HIEA year in review.
Provider relations, outreach and training highlights include:

- 1,100 participation agreements executed
- 300+ trainings and presentations completed

Exchange services highlights include:

- Enhanced NC*Notify to include real-time notification and a user interface to manage notification via Single Sign On (SSO) for the NC HealthConnex clinical portal,
- Completed the EHX HUB onboarding; new partners include Atrium Health CareConnect HIE and Oregon Community Health Information Network (OCHIN),
- Completed SSO to the Controlled Substance Reporting System,
- Added ten state ADT connection via Patient Centered Date Home Network, total is nineteen,
- Onboarded Quest and LabCorp to NC HelathConnex

Data Quality & Analytics

- Migrated data quality dashboard to new analytics environment,
- Migrated diabetes registry dashboard to new analytics environment,
- Developed revised data target and onboarding materials,
- Developed prototype COVID-19 dashboard for real time analysis of statewide impact

State and Federal Initiatives

- Supported DHHS Division of Public Health with COVID-related data exchange/extracts,
- Developed COVID-19 Medicaid dashboard to monitor impact on member population,

- Advocated for HIE Act deadline to extend from June 2020 to October 2021, (NCSL 2020-3),
- Approved for additional HITECH 90/10 funds through September 2021
  - SSO with EHR's, USCDI enhancements, data quality initiatives, added resources.

Burris provided an update of 2021 focus areas:

- NC HIEA is currently working with DIT Audit & Compliance team and a vendor to perform gap analysis of the security controls needed for HITRUST certification. A report will be supplied at a later Board meeting.
- The NC HIEA participated on the NCIOM yearlong Serious Illness Task Force resulting in membership to the North Carolina Serious Illness Coalition to bring recommendations to fruition. The NC HIEA is participating in a study around what legislative and technical changes may be needed for the HIE to support Advance Care Plan document change.
- Research Request Process- this group met in the fall and draft framework and process will be supplied at a later Board meeting.
- NC HIEA will need to be resourced appropriately to support the work of the growing organization. Hiring is underway for Data Quality Analysts as well as a resource to manage data requests as a result of the interoperability rules and the research request process.
- NC HIEA is working with UNC to identify patients who may be in need of colorectal cancer screening. Initial proof of concept is with patients that UNC has identified from Blue Ridge Community Health Services and Roanoke Chowan Community Health Center. February 2021 go-live is anticipated.

Next, Burris provided updates on the NC HealthConnex value-added services and reported on progress to date to support the State's public health response to the Pandemic. She announced that since that last meeting, the NC HIEA has been asked to partner with DHHS to support automated reporting to the COVID-19 Vaccine Management System (CVMS) being developed by DHHS. Activities include providing patient matching services and leveraging existing connectivity to report from providers' EHRs to alleviate the burden of dual entry of the vaccine administration. NC HealthConnex is serving as a pass through for CVS and Walgreens, as they are under contract to deliver vaccines in the long-term care space. NC HIEA will supply reports of vaccine numbers to DHHS until everything is automated.

Burris reminded the group HITECH funding expires in September 2021. The NC HIEA is working with NC Medicaid on a new funding opportunity through the Medicaid Enterprise System (MES) funding.

Chairman Ferranti commended the NC HIEA team on 2020 accomplishments.

Sam Gibbs thanked NC HealthConnex and staff for their tremendous cooperation and partnership with DHHS.

Richard Pro inquired about the impact to funding levels with the HITECH close-out and shift to Medicaid auspices.

Burris explained that HITECH funding was applied across the entire participant base and is not cost allocated; a shift to MES funding will prompt a greater need for state appropriations. Burris will supply the Board with cost projections once the cost allocation exercise is complete.

3:24 p.m. **Data Connections Update** **Eric Myers, SAS Institute**

Eric Myers, SAS Senior Technical Consultant, supplied a data connections update.
Current Statewide Coverage:

- Eighty percent patients eligible for Medicaid have data in NC HealthConnex
- Eighty-six percent of SHP members have data in NC HealthConnex

Clinical Data Volumes:

- NC HealthConnex has supported an explosive growth in data received and exchanged. Total patient records have increased 40% per year since 2017, and the HIE is nearing the one million message per day target.

HIE Brokered Data Exchange:

- Monthly traffic with eHealth partners resulted in over 200,000 documents both sent and received for 2020.
- Monthly DSM exchanged resulted in a huge increase from 2019 to 2020.

HIE Clinical Portal Usage:

- 4,000 active portal accounts

- 3,200 logins for December 2020

Connection Phases: Staggered approach
- First phase for participants with original mandate of June 1, 2018
- Second phase for participants with mandate of June 1, 2020 target completion April 2021
  - Target Behavioral health providers for completion of June 2021
  - Chiropractors and participants without EHR technology target July 2021 completion
  - Dentists pharmacists, PHP, LME/MCO, DHHS-operated facilities, ambulatory surgical centers target August 2021 completion

Connection Context and Challenges:
- COVID-19 pandemic has caused delays on EHRs and participants,
- Continued mandate extensions have lessened the urgency to connect,
- Financial burden
- Federal funding deadlines do not align with mandate extension leading to potential funding gap,
- EHR delays

Connection Strategies to Address Challenges:
- Resource scaling
- Improved campaigns to participants
- Working actively with any participant that has contacted the HIE and is ready to engage, regardless of provider type
- Working with EHR vendors to lessen financial burden to participants
- Use of third-party aggregators to engage with Behavioral health and Chiropractic providers
- Revised data target for non-standard connections

Connection Initiatives for 2021:
- USCDI document feeds from hospitals
- Data quality enhancements
- EHR SSO
- Cross-community document queries
- FHIR data exchange

Harriett Burns asked about targeted connection requirements for dental and pharmacy.

Eric Meyers clarified there are retail pharmacies and community pharmacies and brining claims data from those entities is aligned to the connection mandate for those groups.

3:51 p.m. **BREAK**

4:05 p.m. **21st Century Cures Interoperability Rules Information Blocking Update** **Eric Snider**

Snider supplied a brief update on compliance dates and timeframes extensions in response to the COVID-19 public health emergency.

- Applicability date moved from November 2, 2020 to April 5, 2021.
  - HHS Office of the Inspector General is currently engaged in rulemaking to establish enforcement dates for health information networks/HIEs
  - No enforcement for actions before April 5, 2021

Updates to the NC HIEA Privacy and Security and User Access policies will be shared with the Board for collection of feedback on February 15, 2021. Revised policies will be shared for further consultation with the Board on March 3, 2021, and participant notifications will follow on March 4 or 5, 2021 with an effective date of April 5, 2021.

Snider shared the forecast for policy and implementation considerations noting that efforts toward this work will take place during Quarter 1 2021 and beyond.

4:13 p.m. **Full Participation Agreement Discussion** **Vice Chairman Way**

Dr. Way reported that an ad hoc group of Advisory Board Members met informally with HIEA staff three times to discuss the pros and cons of full reporting by all entities to NC HealthConnex. Dr. Way summarized facts and perspectives that the group discussed, consistent with the following:

> Currently, comprehensive reporting of data to NC HealthConnex applies only to Medicaid patients and to patients covered under the State Health Plan. Eighty percent of all healthcare organizations connected to the HIE submit all data, and some of the largest healthcare organizations continue to filter data to the bare minimum required by law leaving the NC HealthConnex database incomplete.

NC*Notify, Direct Secure Messaging (DSM) and healthcare data from neighboring states and federal agencies allow for further incorporation of healthcare data when patients see care across state lines. Additionally, Advanced Directive documents and the Controlled Substance Reporting System (CSRS) have all proven their value in leading Meaningful Use (MU) goals and promoting interoperability requirements that may go unmet. Timely use of data housed in the HIE can lower health care costs by reducing readmissions and unnecessary testing in the emergency department. Appropriate use if this data has a significant impact on public health in North Carolina through the Diabetes Registry (DBR) and COVID-19 data reporting. Unfortunately, the incompleteness of the NC HealthConnex Database limits the ability to support these goals to the fullest. Conditions of Participation will require hospitals to send electronic notifications effective May 2021. To accomplish completeness, the Medicare population in our state will need to be known to the HIE to serve as a clearinghouse for these transactions. These transactions will not convey specific health care information about these patients, but they will expand the HIE patient database, preparing it to accept more comprehensive healthcare data in the future. A comprehensive database could prove to be invaluable to patients in emergency situations. The workgroup found several items that need to be addressed for NC HealthConnex to become more widely accepted as the proper repository for patient data on all North Carolinians. Added funding and data security; preserve the opportunity for individual patients to continue to opt out, and leverage the data used for clinical research purposes with the assurance that the data would be appropriately distributed; continue to enhance NC HealthConnex to meet future needs of providers and healthcare systems in North Carolina with further development of the web-based portal to serve as a surrogate, view-only EHR for independent healthcare providers with limited resources in rural or underserved areas; finally, leverage the comprehensive nature of the HIE database to improve health outcomes through active engagement and population health. The informal small group believes that by expanding the HIE database grouping all patients from all sources, the HIE will become an invaluable component of the healthcare infrastructure.

Chairman Ferranti said many Hospitals/Health Systems are sending all data for use in managing COVID response. What is the process from where we are now to a future state where we will be sending all data for multiple use cases that would benefit the citizens of North Carolina? There is a bit of work between current state and future state that must happen and how do you define that?

Dr. Way responded that COVID response has opened the door to the need for and the ability of the HIE to manage data. The consensus of the informal small group is that a mandate to connect to the HIE may not be the best way to encourage participation but to promote and make clear to end users the benefits and values of participation.

Donnette Herring asked about the other factors mentioned in the informal group's report, and the need to focus on overcoming providers concerns for full participation.

Dr. Way said that components related to data security and HIPPA reporting were two added concerns of the subcommittee participants. There would be a need for indemnification for providers if there are breaches or other legal concerns.

Herring also identified funding and research as important considerations. With respect to funding, efforts to make the HIE independently sustainable could have unknown impacts on participants and provider organization—all the more so if appropriations and funding opportunities available from other sources are variable. The scope, purposes, and/or limitations of research supported by NC HIE could also impact organizations' willingness to engage in broader participation.

Chairman Ferranti confirmed the need to address contractual concerns and how to frame use cases to find what is used for research. He agrees that the best thing for the state is to share information more broadly, and it is just a matter of getting to the details and a commitment from all parties to reach a consensus to move that forward.

John Correllus suggested adding an opportunity to collaborate with some stakeholders on what a contractual arrangement, at least from a legal perspective, would look like.

Chairman Ferranti said that it may be best to put a group of some stakeholders together to investigate the issues and find some middle ground.

Harriett Burns echoed the need to get the word out about how much the HIE has to offer to encourage people to take part fully.

Christie Burris agreed to find stakeholders for a small workgroup to think through some of the lingering legal challenges with the contract. She addressed Herring's comments about research purposes and confirmed that this concern will be managed through Tim Ferreira's Research Request Subcommittee process and will report back to the Board.

4:27 p.m. **New Business** **Chairman Ferranti**

Chairman Ferranti opened the floor to new business and thanked the board members for their participation and comments.

Dee Jones asked to discuss a concern relative to the statutory mandate for payers not to pay claims to providers who fail to meet the October 1 of 2021, connection deadline. The challenge is there is no sole source of truth in the state as to which providers must connect. The HIE tracks connections at the facility level; however, claims are paid at the provider level hence the disconnect. The State Health Plan is working with the HIEA and BCBSNC to develop a "source of truth" for plan providers. There is also a significant overlap with Medicaid providers. BCBSNC plans to follow the law, but at this point there is no way to screen provider claims that should be rejected because a provider failed to connect to the HIEA. This challenge is rooted in the fact that Medicaid, HIEA, and SHP have different system design and in the way the law is drafted. Ms. Jones notes that State Health Plan members will bear the consequences of their providers' failure to connect to the NC HIEA when they are told that the provider cannot process their claim. Currently, there is no easy way for a member to know in advance whether their provider is connected because SHP provider look-up tools do not "flag" connections to the HIE. In short, Ms. Jones states the current penalty will hurt the member more that the providers.

Jones asked that the Board consider a joint legislative technical change that will allow for processing member claims as it is done today. She represented that BCBSNC agrees with this kind of effort.

Chairman Ferranti is concerned that members may feel the brunt of providers not fulfilling their connection requirement and asked Burris about the HIEA's thoughts about this challenge.

Burris stated that the NC DIT legislative liaison team has been briefed and that they welcome the opportunity to work with the SHP on possible changes to the HIE Act in order to avoid potential harm to patients or health plan members.

Secretary Parrish agrees to pursue legislative action.

Donnette Herring asks if there is a risk that there will be a delay in paying claims as BCBSNC works through which providers are connected or not connected? She asked Burris how the HIE will work with the SHP to find which provider is connected.

Burris explained that the HIE team worked with the BCBSNC technical team over a year ago, and a technical process has been identified and tested. Burris reiterated that if the claim is withheld, the provider will likely still bill for it such that members or patients will receive a bill.

Jones reiterated that a joint effort for legislative action is appropriate.

Chairman Ferranti asked for this topic to be added to the next regular meeting agenda to discuss the approach for how the Board will address this issue to ensure alignment with our mission to take the best care of patients possible using this technology.

Chairman Ferranti announced a called meeting of the HIEA Advisory on February 15, 2021.

4:12 p.m. **Adjourn** **Chairman Ferranti**

Chairman Ferranti moved to adjourn the meeting at 4:39 pm

DocuSigned by:
Christie Burris
C631225A86FC419...

9/28/2021 | 11:47 AM EDT