NCDIT NORTH CAROLINA DEPARTMENT OF INFORMATION TECHNOLOGY

Roy Cooper
Governor

James A. Weaver
Secretary and State Chief Information Officer

North Carolina Health Information Exchange Authority
Advisory Board Meeting

MEETING MINUTES

Date: June 9, 2021
Time: 2:00 p.m. – 4:30 p.m.
Location: Virtual

Attendees:

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

2:00 p.m. **Welcome and Call to Order** **All Members & NC HIEA Staff**

Meeting called to order by Chairman Ferranti at 2:06 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 welcomed new Advisory Board member James Weaver, NC DIT Secretary and State Chief Information Officer. Next, Chairman Ferranti reviewed the draft meeting minutes from the March 2021 meeting. Dee Jones moved to approve the draft minutes; Dr. Harriet Burns seconded the motion, which passed unanimously.

Chairman Ferranti welcomed Christie Burris to provide an NC HIEA update.

2:08 p.m. **NC HIEA Update** **Christie Burris, NC HIEA**

Operations Update

Executive Director Christie Burris introduced new NC HIEA team members Fred Eaker, Implementation Project Manager; John Roe and Therese Palkovic, EHR Integration Specialists; Mary Brown, Provider Relations Specialist; and Pradip Phuyal, ELR Specialist.

Additionally, Burris reported plans to refocus attention to the Research Request Subcommittee/Workgroup and the Use Case Workgroup. She indicated that the NC HIEA will be looking for an Advisory Board member to serve as co-chair of the Use Case Workgroup.

Burris highlighted NC HIEA's work with DHHS to help match and link person records across DHHS' public health data repositories using the HIE's Master Patient Index ID; these efforts support DHHS' business intelligence data platform, which was built to ingest and integrate different data sources for DHHS for analytic purposes.

Burris relayed messages the NC HIEA received from a small group of behavioral health providers and their trade association (the NC Psychiatric Association) regarding the terms of the NC HIEA's Submit Only Participation Agreement. Specifically, they assert that the agreement should include a Business Associates Agreement. The NC HIEA has previously provided this group of providers with information regarding the formation of the Submit Only agreement and its reasoning for not including a BAA. As requested, the NC HIEA sent a request for review to the Office of Civil Rights at the U.S. Department of Health and Human Services concerning this governance and compliance matter. Burris will keep the Board apprised of the response the NC HIEA receives, if any, as well as any further interactions with the small group.

Burris announced that the Colorectal Cancer (CRC) and the Lincoln Project Use Case Projects are targeted for production during quarter three of this year. The CRC project is a joint initiative with UNC cancer screening and community health centers to identify persons who are not up to date with colorectal cancer screenings in order to improve outcomes for rural populations. The Lincoln project is a small group of investigators from East Carolina University working to understand epidemiology and determinants of deaths that occur outside of the hospital setting.

Burris reported on efforts to enhance the NC HealthConnex Clinical Viewer and a Single Sign On (SSO) initiative supported by federal funding.

Burris supplied an update on the data quality program. Efforts undertaken in the last twelve months to refine and build use case base processes around data quality are now materializing. In particular, the NC HIEA has provided feedback to certain participants on the quality of the data they are submitting.

Burris reminded the group of CMS rules issued in 2020 that require health IT developers to begin using United States Core Data for Interoperability (USCDI) with a vision to replace the Common Clinical Data Set for certain certification criteria such as transitions of care, transmission to public health agencies, clinical information reconciliation for medications, medication allergies and problems. Additionally, Burris highlighted the work toward alignment with the USCDI v1 standard with a

focus on expanding available clinical documents and standardizing data elements in support of the Health Information Exchange. NC HealthConnex has engaged hospitals with outreach to review their existing feeds to the HIE and add clinical notes, if not already included in submissions. As part of this USCDI/Data Quality outreach, participants receive a Data Quality Scorecard documenting data quality issue, troubleshooting, and resolution.

Burris announced that implementation efforts to support FHIR R4 (the version for Trusted Exchange Framework and Common Agreement or "TEFCA") that include installation of the Operational Data Store (ODS) server are underway. Pilot organizations (UNC Health, Centene/WellCare, Partners Behavioral Health management) have prioritized access to blood pressure and A1c data and integration with EHR to allow a user to pull specific data such as radiology or lab reports for a specific patient rather than the full CCD.

Additionally, Burris reminded the Board that HITECH funding will sunset on September 30, 2021, and of efforts to transition to Medicaid Enterprise System (MES) funding. The HIEA has developed a detailed breakdown of reimbursable costs needed for ongoing core infrastructure, operations, and maintenance support. Burris reviewed with the Board the funding progression path and the work underway with NC HIEA partners and NC Medicaid. Next steps include maximizing the use of funding available until September 30, 2021; shifting to the MES funding with a 75/25 cost allocation split; and then looking to new HIE functions that supply value and leverage the existing systems and technology of the NC MES. The Centers for Medicare and Medicaid Services (CMS) requires a new Outcomes-Based Certification (OBC) process for all MES funding requests and the HIEA has identified OBC measures focused on population health to be presented to CMS at a future date.

Burris supplied a summary of state legislation introduced in the General Assembly.

- 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

Jessie Tenenbaum, DHHS, asked what was the motivation behind H770? Dee Jones answered the general motivation was the challenge of achieving a single "source of truth" to identify providers that need to be connected to NC HealthConnex.

Jessie Tenenbaum, asked what is the denominator of all providers in the state? Specifically, providers that have nothing to do with Medicaid or the State Health Plan (SHP), and how many of these are engaged with the HIE? Christie Burris answered that initial analysis showed roughly 98% of the provider population participated in Medicaid and/or SHP.

Of the five proposals legislators considered, one bill (HB395) became law, Session Law 2021-26. Burris gave an in-depth review of the provisions in this new Session Law:

- **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.

Jessie Tenenbaum spoke of the impact Section 6 has for an individual beneficiary who has a complex clinical situation with multiple different providers. Burris responded that the HIE can currently provide a consolidated CCD to the provider. The HIE's mission is to provide a secure, safe environment for data sharing among health care providers.

Next Steps:

- Continue efforts to connect providers, including messaging to providers and trade organizations;
- Communicate continued urgency to unconnected providers and their entities;
- 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

Finally, Burris supplied a federal advocacy update outlining NC HIEA support of the SHIEC comments concerning a notice of proposed rulemaking concerning HIPPA regulations.

Dr. Way asked for clarification around HIE financial sustainability.

Christie Burris answered that the primary funding source for the HIE remains general fund appropriation. The transition funding from HITECH to MES is a subset of resources. Cost allocation models provided to Medicaid, which include both federal and state match, total two million dollars of costs allocated across the Medicaid population. This MES funding would supplement the general fund appropriations. Burris proposed that the Board address in future meetings the sustainability of the HIE beyond operations and maintenance. The Board should consider research requests, new use cases, partnering with others on quality measures, and data extracts that do not fit into NC HealthConnex base service offerings and how to attach pricing to such services in order to augment existing funding and move towards being receipt supported.

Chairman Ferranti emphasized to the group that the March 2022 Legislative reporting deadline is fast approaching and asked about the process for putting together internal work teams to do the work.

Burris asked for a volunteer on the Board to build out the process.

Dee Jones suggested HIE, SHP and Medicaid representatives help develop the universe of providers.

Chairman Ferranti agreed and encouraged Board members to volunteer for this important work.

Chairman Ferranti introduced Jenell Stewart and Sam Thompson to present collaboration efforts between NC HealthConnex and NC Medicaid.

3:30 p.m. **NC HealthConnex & NC Medicaid** **Jenell Stewart, NC HIEA**
Sam Thompson, DHB
NC Medicaid

Jenell Stewart and Sam Thompson supplied an overview of Medicaid/HIE partnership activities on Network Adequacy, COVID-19 Dashboard, Data Extract for Hybrid Quality Measures, Data Quality Improvement, and NCQA Data Aggregator Validation to optimize NC HIEA data for Medicaid quality and care management.

3:52 p.m. **New Business** **Chairman Ferranti**

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

Additionally, Chairman Ferranti stated the next HIEA Board meeting will be held on September 22, 2021, and polled for the groups' interest and level of comfort with returning to an in-person format for the meeting in September.

Finally, Chairman Ferranti announced his leadership, after two terms, will be ending in September, and asked the Board to please share interest to serve as chair or vice chair with him after the meeting. Election of a new Board Chair and Vice Chair will be held at the September meeting.

3:55 p.m. **Adjourn** **Chairman Ferranti**

Chairman Ferranti moved to adjourn the meeting at 3:55 p.m.

DocuSigned by:
Christie Burris
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