



Teletown Hall

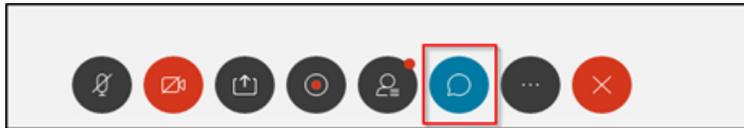
August 26, 2020

What's New with NC HealthConnex?



Before We Begin...

Housekeeping Items with WebEx



To: Everyone

Enter chat message here

North Carolina Health Information Exchange Authority

Overview of Topics



- **Introductions**
- **Clinical Portal Updates**
- **CSRS Integration**
- **NC*Notify Updates**
- **User Management Spreadsheet Updates**
- **New Quarterly Audit Process**

Lab Data Release Form

Questions?

Introductions

North Carolina Health Information Exchange Authority (NC HIEA)

Jessica Brehmer- Development & Outreach Specialist

Tim Taylor- Lead Analyst, NC*Notify

Kellie McDonald – Business & Provider Relations Manager

NC HealthConnex SAS Help Desk Team

Holli Elliott – Technical Support Analyst



NC HealthConnex Clinical Portal Updates

Controlled Substance Reporting System (CSRS) Integration

NC*Notify

New User Audit



CSRS Integration



CSRS Without Being In Patient Record

- No patient record in clinical portal
- Patient opted out of NC HealthConnex
- Without being in patient record

Last, First	Sex	DOB
DEMO, JANE M	F	1942-03-29



Access Granted:



CSRS Patient Search

*Note: Minimum search criteria is Last Name, First Name, DOB, and Zip Code OR Phone #.

*Last Name *First Name Middle Name

*DOB (MM-DD-YYYY)

Sex
 Male Female Other

Address Line 1 Address Line 2

City State *Zip Code (5-digit)

*Phone # (no spaces, dashes or special characters)

Click SEARCH to find a patient.

Access Denied:

CSRS Patient Search

*Note: Minimum search criteria is Last Name, First Name, DOB, and Zip Code OR Phone #.

*Last Name *First Name Middle Name

*DOB (MM-DD-YYYY)

Sex
 Male Female Other

Address Line 1 Address Line 2

City State *Zip Code (5-digit)

*Phone # (no spaces, dashes or special characters)

Click SEARCH to find a patient.

You are not authorized to access the Controlled Substance Reporting System (CSRS) through NC HealthConnex. Please [click here](#) for more information and instructions on how to request access.



CSRS Within A Patient Record

Navigation: Patient Search | Clinician Tools | CSRS Report | My Account | Logout | Help

EMR ID:

Assigned By:

Last Name:

First Name:

Middle Name:

Date of Birth:



Identifiers	Name	Gender	DOB	Address
<input checked="" type="checkbox"/> 100217038 . 4321	DEMO, JANE M	F	1942-03-29	123 UNKNOWN LN, RALEIGH NC 27685



Navigation: Patient Search | Messages (0) | Clinician Tools | NC*Notify | CSRS Report | My Account | Logout | Help

- view timeline
- Summary
 - Allergies & Alerts
 - Encounters
 - Medications
 - History
 - Conditions
 - Procedures/Results
 - Vaccinations
 - Documents
 - CSRS Report**



CSRS REPORT

CSRS Within A Patient Record

Access Denied:

> view timeline

- Summary
- Allergies & Alerts
- Encounters
- Medications
- History
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- Procedures/Results
- Vaccinations
- Documents
- CSRS Report**



You are not authorized to access the Controlled Substance Reporting System (CSRS) through NC HealthConnex. Please [click here](#) for more information and instructions on how to request access.

Access Granted:



Patient Search Messages (0) Clinician Tools NC*Notify CSRS Report My Account Logout Help

> view timeline

- Summary
- Allergies & Alerts
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- Documents
- CSRS Report**

CSRS REPORT

I certify that I have been approved by the State of NC to access information in the controlled substance database. I certify that the patient on whom I am requesting information is a current or prospective patient of mine. I understand inappropriate access or disclosure of this information is a violation of state law and may result in civil penalties, disciplinary action by my licensing board and/or revocation of database access privileges.

CSRS Report

Click button above to fetch report



CSRS Within A Patient Record

The screenshot shows a web browser window titled "NARxCare - Google Chrome" with a secure URL. The page header includes a "Menu" icon and "Contact Appriss Support". A yellow banner states: "No prescription data is available from your state PMP for this patient." The patient information section identifies "Jane Demo, 78" and includes a "Narx Report" tab, "Resources", and a "Powered by NarxCare" logo. The report date is "07/16/2020" and there is a "Download PDF" link. A "Status of States Queried" section has a "View Details" link. Below are expandable sections for "Jane Demo" and "Risk Indicators". The main content area displays three columns: "NARX SCORES" with sub-sections for Narcotic (000), Sedative (000), and Stimulant (000); "OVERDOSE RISK SCORE" showing 000 (Range 000-999); and "ADDITIONAL RISK INDICATORS (0)". Each column has an "Explanation and Guidance" link. A disclaimer states: "This NarxCare report is based on search criteria supplied and the data entered by the dispensing pharmacy. For more information about any prescription, please contact the dispensing pharmacy or the prescriber. NarxCare scores and reports are intended to aid, not replace, medical decision making. None of the information presented should be used as sole justification for providing or refusing to provide medications. The information on this report is not warranted as accurate or complete." At the bottom, there is a "Graphs" section with an "RX GRAPH" icon and a legend for "Narcotic", "Buprenorphine", "Sedative", "Stimulant", and "Other", all of which are checked.



NCO Notify

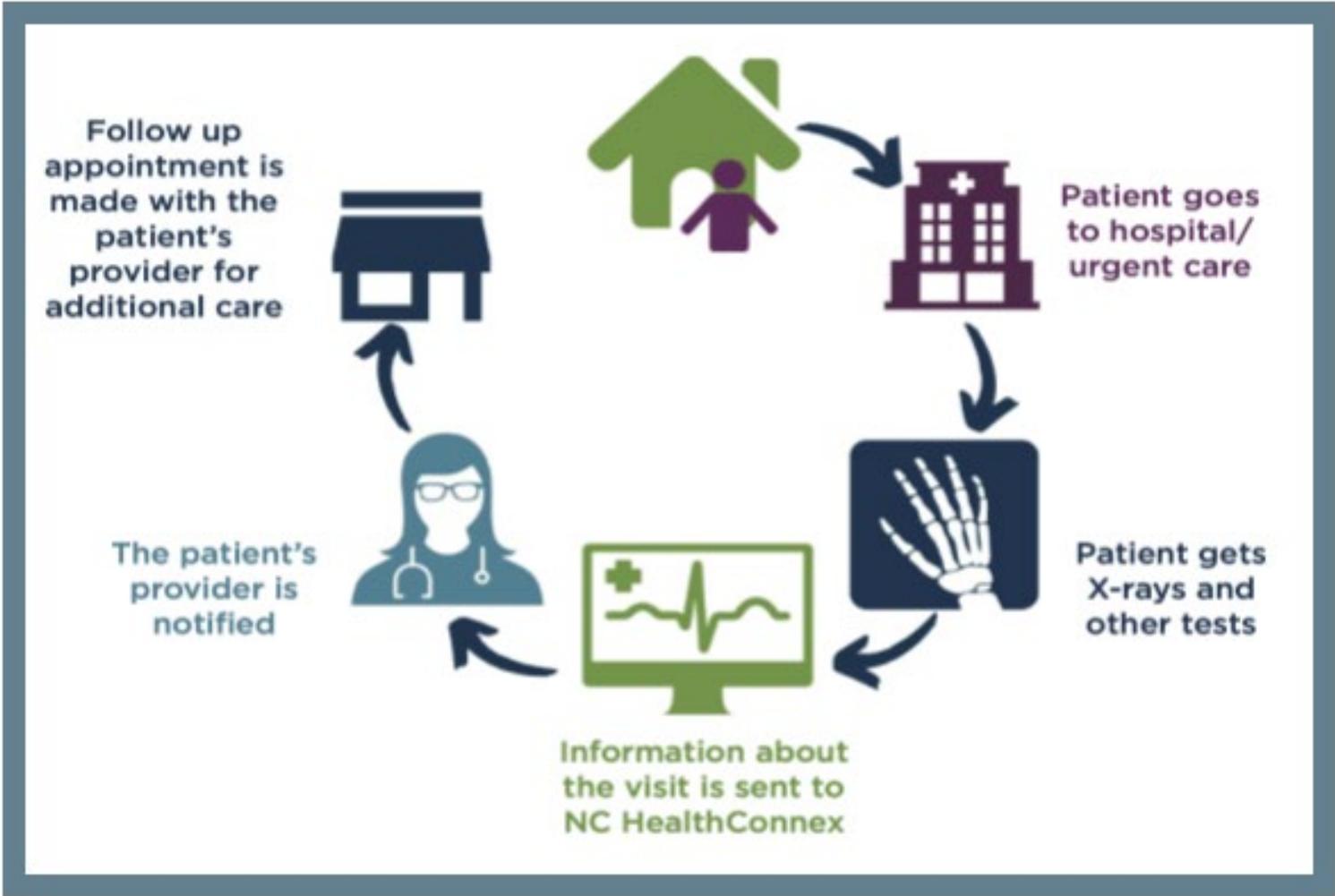
Event Notifications Powered by
NC HealthConnex

Overview & Updates

New! NC HealthConnex training
available now with your trusted
AHEC coaches



How It Works



NC*Notify Upgrades

Version 3 – (May 2020)

- Large patient panels (150K+)
- Near real-time notifications
- Patient panels DSM/sFTP

Version 3+ - (June 2020)

- Smaller patient panels
- Near real-time notifications
- Auto attribution
- Panel loader
- Notifications management tool



NC*Notify Dashboard



Filter by Name or MRN x
Saved Custom Filters ▼
Add Filter ▼

All
Not started ○
In progress ○
Completed ●

Notifications count: 752
last updated: 10/27/07/05/20

ERNIE FAKEEGRHZXSEFAKE (AI-833007449)

Hospital 1
06/23/2020 04:17 PM
ER Registration
CHEST PAIN Transient cerebral ischemic attack, unspecified

THEOBALD FAKEKDHUFKXBFKAKE (AI-561902929)

Hospital 1
05/23/2020 04:17 PM
ER Discharge
FALL: PAIN Emphysema, unspecified

KATHERYN FAKESWLMUPLQVFAKE (AI-602246355)

Hospital 3
06/23/2020 04:17 PM
IP Admit
3 INFECTED TOES Unsteadiness on feet

EWARD FAKEEBPOHPWXXFAKE (AI-932097722)

Hospital 1
06/23/2020 04:17 PM
ER Registration
PREGNANT WITH SPOTTING Unspecified fracture of the lower end of left radius, subsequent encounter for closed fracture with routine healing

MANDA FAKEMKKRIFVTMFAKE (AI-634269834)

Hospital 2
05/23/2020 04:17 PM
ER Registration

Ernie FAKEEGRHZXSEFAKE AI-833007449

DEMOGRAPHICS

MRN: AI-833007449	Home Phone: 410-799-1433
Date of Birth: 12/20/2011	Cell Phone:
Gender: M	Work Phone: 916-309-8019
Address 1: 94 Express Hill	Primary Care Provider: Ernie Chester
City: Baltimore	NPI: 4706494084
State: MD	Practice: Practico3
Zip: 21216	

MOST RECENT EVENT

Event Date: 06/23/2020 04:17 pm	Death Indicator: N
Admit Date: 03/09/2020 12:00 am	Hospital Service: Internal Med
Discharge Date:	Patient Complaint: CHEST PAIN
Point of Care: Hospital 1	Diagnosis Description: Transient cerebral ischemic attack, unspecified
Admit Source: Court/law enforcement	Diagnosis Code: G45.9
Patient Class: Emergency	Discharge Disposition:
Event Type: Registration	Discharge To Location:

ADDITIONAL INFO

Number of ER Visits: 0	Number of IP Visits: 0
------------------------	------------------------

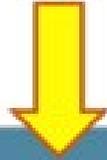
EVENT HISTORY

No Prior Events

STATUS LOG

6/26/2020 3:50 PM a1588098147294@ainq.com set this notification to In progress

NC HealthConnex Portal



Patient Search Clinician Tools NC Notify CSRS Report My Account Logout Help



EMR Id

Assigned By

Last Name

First Name

Middle Name

Date of Birth 

MM/DD/YYYY

Search

Recent Patient Searches

Last, First	Sex	DOB
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Access Denied:

PAA Tools Patient Search Messages (0) Clinician Tools NC*Notify CSRS Report My Account Logout Help



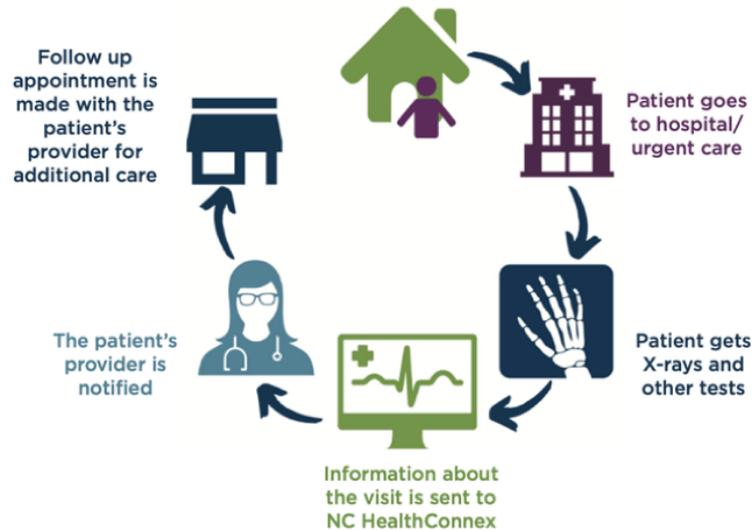
NC*Notify

Event Notifications Powered by
NC HealthConnex

You have not been granted access to NC*Notify. If you would like access, please contact your participant account administrator. If you are the participant account administrator, please [click here](#) to find out how it works and how to enroll.

What is NC*Notify? The NC Health Information Exchange Authority

NC*Notify is a subscription-based service that notifies providers as their patients receive services across the care continuum. Based on admission, discharge, and transfer data received from more than 100 participating hospitals plus encounter data from more than 6,000 ambulatory care settings, the NC*Notify real-time event notifications provide care teams with valuable information that spans geography and care settings and support state and federal efforts to focus on patient centered care.



Ready to onboard to the NC*Notify service? See high level steps below that are key to implementing notifications in NC HealthConnex participating provider health care organizations.

Steps to Onboard to NC*Notify V3 or V3+

STEP 1

Enrollment/Migration Process

The NC*Notify team will assist the participant to initially enroll or discuss steps to migrate to the upgraded service.

STEP 2

Onboarding Call

This call walks the participant through all the available options and upgrades of V3 & V3+. Once the best options have been selected, the NC*Notify team at SAS will send all necessary forms and documents for next steps.

STEP 3

Forms & Documentation

The participant will collect all internal signatures and complete the necessary documentation. To enroll in NC*Notify, participants must have:

- A signed NC HealthConnex Full Participation Agreement (2017 or 2018 version)
- A completed NC*Notify enrollment form
- A patient list that the participant would like to track
- Mechanism for receiving alerts

STEP 4

Technical Preparation

The NC*Notify SAS team will work directly with the participant to build the connection for the version of the service that the participant has chosen for their health care organization.

STEP 5

Patient Panel Validation/Testing

The NC*Notify team will test all connections and patient panels (when applicable) sent by the participant to ensure the data flows correctly and is monitoring all patients on the panel.

STEP 6

Welcome Aboard

The NC*Notify team will inform participants that they have successfully completed onboarding, and their notifications are in production. They will now begin receiving notifications on the patients they have chosen to monitor.



User Management Spreadsheet Updates

How Users Get NC*Notify Access Via NC HealthConnex Portal

Step 1: Organization fill out NC*Notify Enrollment Form

Step 2: PAA will request users to view notifications via NC HealthConnex Portal by updating user management spreadsheet

	A	B	C	D	E	F	G	H	I	J
1	Facility	Facility Code	Roles	User ID	Last Name	First Name	Suffix	Email	Description	Enabled
2	North Carolina Health Practice	NCHP	%HS_Clinician, %HS_NCNotify	NCHP.John.Doe	Doe	John		John.Doe@hospital.org	Nurse	TRUE

- In the Roles column (column C), list the roles separated by a comma (,) as shown above.
- *****Remember, you can only add the NC*Notify to a user assigned a Clinician role.**
- Then, continue to follow the steps listed in the section above, Creating New Portal Accounts.

Note: The Participant Account Administrator can have 3 or more assigned roles.

	A	B	C	D	E	F	G	H	I	J
1	Facility	Facility Code	Roles	User ID	Last Name	First Name	Suffix	Email	Description	Enabled
2	North Carolina Health Practice	NCHP	%HS_Clinician, %HS_PAA User Administrator, %HS_NCNotify	NCHP.John.Doe	Doe	John		John.Doe@hospital.org	Nurse	TRUE



How Users Get CSRS Access Via NC HealthConnex Portal



To use NC HealthConnex to meet the STOP Act Requirement:

- Providers should visit <https://info.apprishealth.com/ncgatewayintegrationrequest> and select NC HealthConnex in the dropdown menu as their preference for connection within the integration request form. *Note: Providers need to be full participants of NC HealthConnex to choose this option. Complete the terms and conditions agreement, which will be sent by N.C. Department of Health and Human Services (NCDHHS) to you via email within 24-48 hours.*
- There is no fee for this option.
- Submit your integration request via the "Integration request form" link on the page noted above.
- Ensure that you identify a primary contact (the person leading the project within your health care organization), as well as a contact for your software vendor.
- You must first complete *all* documents before NCDHHS will review your request.
- Wait for your request to be approved for integration with NC HealthConnex by NCDHHS.
- Once approved by NCDHHS, NC HIEA will be notified and will communicate with the primary contact listed on the integration request form.
- All providers will also need to be registered for the NC CSRS website, if you are not registered you can do so by going to <http://northcarolina.pmpaware.net/login>, and clicking on "Create an account" and following the instructions. *Note: Provider information used to register with NC CSRS website will have to match the provider's information in NC HealthConnex.*

For additional information on NC CSRS, please visit <https://www.ncdhhs.gov/divisions/mhddsas/ncdcs/csrs>.

*****If requesting a CSRS role, the Clinician role must also be listed in column C. Please see additional instructions for adding the CSRS role below.**

	A	B	C	D	E	F	G	H	I	J
1	Facility	Facility Code	Roles	User ID	Last Name	First Name	Suffix	Email	Description	Enabled
2	North Carolina Health Practice	HCHP	%HS_Clinician	NCHP.John.Doe	Doe	John		John.Doe@hospital.org	Nurse	TRUE

- **Your organization must complete the access request process with DHHS prior to requesting access on the NC HealthConnex user management spreadsheet.**
- **Once your organization has completed the access request process, a member of our Help Desk team will reach out to assist you in updating the user management spreadsheet and provide you with your CSRS licensee number.**

Please follow the steps below:

- Columns C, L, and T through AC must be populated. No blank cells are allowed.
- Choose a CSRS role from the table shown on page 11.

*****Important: Your input in column V must be an exact match to one of the roles within the CSRS table.**

T	U	V	W	X	Y	Z	AA	AB	AC
CSRS DEA	CSRS Licensee	CSRS Role	CSRS Location	CSRS NPI	CSRS Address1	CSRS Address2	CSRS City	CSRS State	CSRS Zip
xx1234567	xx12345	Physician Assistant with prescriptive authority	North Carolina Health Practice	000000000	123 Doctor Way	Ste A	Raleigh	NC	27610

CSRS Roles

***If requesting a CSRS role, the Clinician role must also be listed in column C. Please see additional instructions for adding the CSRS role below.

	A	B	C	D	E	F	G	H	I	J
1	Facility	Facility Code	Roles	User ID	Last Name	First Name	Suffix	Email	Description	Enabled
2	North Carolina Health Practice	HCHP	%HS_Clinician	NCHP.John.Doe	Doe	John		John.Doe@hospital.org	Nurse	TRUE

Portal Roles

%HS_Clinician

%HS_Clerical

%HS_PAA User Administrator

%HS_Clinician &

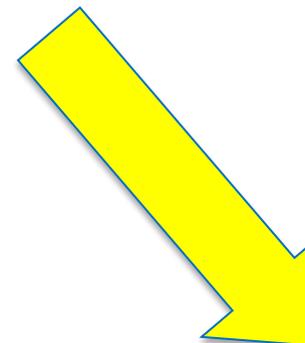
%HS_PAA User Administrator

%HS_Clinician &

%HS_PAA User Administrator &

%HS_NCNotify

%HS_Clinician & %HS_NCNotify



CSRS Roles

Physician

Pharmacist

Nurse Practitioner

Psychologist with prescriptive authority

Optometrist with prescriptive authority

Naturopathic Physician with prescriptive authority

Physician Assistant with prescriptive authority

Medical Resident with prescriptive authority

Medical Intern with prescriptive authority

Dentist

T	U	V	W	X	Y	Z	AA	AB	AC
CSRS DEA	CSRS Licensee	CSRS Role	CSRS Location	CSRS NPI	CSRS Address1	CSRS Address2	CSRS City	CSRS State	CSRS Zip
xx1234567	xx12345	Physician Assistant with prescriptive authority	North Carolina Health Practice	000000000	123 Doctor Way	Ste A	Raleigh	NC	27610

New User Audit Process



New and Improved User Audit

Attention PAA (Participant Account Administrator) : You must attest to facility user activity each quarter. Log in with your PAA account and review user activity on your home page. When ready, click the "Attest to Audit" button to complete the audit attestation. Please work with the Help Desk to make any necessary changes to the users assigned to your organization prior to clicking the "Attest to Audit" button.

Patent Search My Account Logout Help

PAA User Account Management

Key:
 BTS: Break the seal (gained access to patient record without preexisting relationship)
 EXCEEDS AVG BY 50% : User activity exceeds facility average by more than 50%
 PS: Patient search
 FLAGGED : User exceeds BTS and/or PS facility average by more than 50%

Pages: 1 Results: 7 Page 1 of 1

NAME	USER ID	EMAIL ADDRESS	ASSIGNED ROLES	LAST LOGIN	ACTIVE	FLAGGED	BTS LAST QTR	BTS 2 QTR AGO	BTS 3 QTR AGO	BTS 4 QTR AGO	BTS AVG LAST
<input type="checkbox"/> Brown, Bob	UNCRHC.Bob.Brown	Jeneil.Stewart@nc.gov	%HS_PAAUserAdminist HSGroup_MMH	06/24/2020	X	No	N/A	N/A	N/A	N/A	0
<input type="checkbox"/> Lump, Mary	UNCRHC.Mary.Lump	amold.cta@sas.com	%HS_Clinician HSGroup_MMH	06/24/2020	X	No	N/A	N/A	N/A	N/A	0
<input type="checkbox"/> Mustang, Betty	UNCRHC.Betty.Mustang	amold.cta@sas.com	%HS_Clinician %HS_PAAUserAdminist HSGroup_MMH	06/25/2020	X	No	N/A	N/A	N/A	N/A	0
<input type="checkbox"/> Risk, Alfredo	UNCRHC.Alfredo.Risk	amold.cta@sas.com	%HS_Clinician HSGroup_MMH	06/25/2020	X	No	N/A	N/A	N/A	N/A	0
<input type="checkbox"/> Smith, Patty	UNCRHC.Patty.Smith	amold.cta@sas.com	%HS_Clinician HSGroup_MMH	06/25/2020	X	No	N/A	N/A	N/A	N/A	0
<input type="checkbox"/> Wonder, Alice	UNCRHC.Alice.Wonder	TorQuaila.aulman@nc.gov	%HS_PAAUserAdminist HSGroup_MMH	06/24/2020	X	No	N/A	N/A	N/A	N/A	0
<input type="checkbox"/> Woods, James	UNCRHC.James.Woods	amold.cta@sas.com	%HS_Clinician HSGroup_MMH	06/25/2020	X	No	N/A	N/A	N/A	N/A	0

Users Found for Facility Morehead Memorial Hospital (click on a name to select):

Please note:
 As facility PAA you are required to review and attest to activity no less than once a quarter for the previous quarter. Activity for the current quarter will not be shown until the quarter is complete.
 Please review the [NCHEA User Access Policy](#) and the [NC HealthConnex Audit Reference Guide](#) for more information.

Days left in this quarter: 5
 Date of last attestation:
 Quarter attesting to: Q1-2020

Attest to Audit

ATTEST TO AUDIT ACTIVITY

By electronically signing this form, I acknowledge that:

a) The information provided in the portal around user activity is accurate to the best of my knowledge; and

b) I or my designee have requested that the SAS Help Desk team make the necessary changes to ensure that only currently active users employed by my HCO are included in the list and therefore have authorized access and use of the NC HealthConnex clinical portal; and

c) I have reviewed the user activity information and confirmed it is acceptable under the participation agreement and applicable laws, and in the case of suspicious or aberrant activity, that all user anomalies have been, or will be investigated and appropriate action taken as necessary.

Type Name Here:

Current Date and Time: 2020-06-25 13:05:15



Lab Results Release Form





We are now onboarding commercial labs Quest and LabCorp to NC HealthConnex.

In order for NC HealthConnex to receive all laboratory results, regardless of a patient's health insurance provider, NC HIEA participants are **required to authorize** laboratories to send all lab results to NC HealthConnex.

The form only applies to Full participants.

The form is submitted at the Organization level, and automatically covers all entities within that organization.

We have started outreach to hospitals and have added the form to the Full Participation Agreement.



NC Laboratory Results Release Form

As of May 2020, laboratories operating in the State of North Carolina are mandated by the Statewide Health Information Exchange Act to submit clinical and demographic data pertaining to services paid for with State funds to NC HealthConnex by October 1, 2021. However, in order for the NC HIEA to receive all laboratory results, regardless of a patient's health plan or payor, NC HealthConnex Participants are required to authorize laboratories to send all laboratory results to the NC HIEA. Please complete the requested information below and email this form to HIEALabConsent@nc.gov once signed.

Participant Organization Information

Name of Entity that Executed Full Participation Agreement: _____

Organization NPI: _____

Primary Contact Name: _____

Primary Contact Email: _____

Primary Contact Work Address: _____

Physical Street Address _____

City _____ State _____ Zip code _____

Laboratory Information and Results Authorized to be Sent to the North Carolina Health Information Exchange Authority

Quest¹ (Yes or No): **Yes** LabCorp² (Yes or No): **Yes**

Other Laboratory Service Providers:

Company Name: _____

Company Name: _____

Company Name: _____

¹ Quest refers to Quest Diagnostics Incorporated, as well as each of its affiliate and subsidiary companies and entities.

² LabCorp refers to Laboratory Corporation of America Holdings, as well as each of its affiliate and subsidiary companies and entities.

By signing this document, I acknowledge that: (i) I am authorized by the Participant Organization identified above to execute this NC Laboratory Results Release Form on its behalf, and (ii) Participant Organization authorizes each of the laboratories identified above, as well as each laboratory's affiliate and subsidiary companies and entities, to submit to the North Carolina Health Information Exchange Authority all laboratory results for all of Participant Organization's patients across each of the Participant Organization's locations, regardless of the patient's health plan or payor.

By: _____ Title: _____
Authorized Signature

Name: _____ Date: _____





Next Steps...

- Contact HIESupport@SAS.com to request a portal account or DSM.
- HIEA Update – Sign Up (www.hiea.nc.gov)
- Stay Tuned!

....We want to hear from you!

Please use the Q&A feature of your WebEx to ask questions around today's topics or to suggest topics for upcoming TeleTown Hall sessions.



Thank You!

Interested in connecting? Questions or feedback?

919-754-6912

www.nchealthconnex.gov

hiea@nc.gov

Technical Issues:

SAS NC HealthConnex Help Desk

HIESupport@sas.com

Phone: 919-531-2700 or Toll Free: 800-727-0025

