

North Carolina Health Information Exchange

The Future of HIE is NOW!

NC Council of Community Programs

Annual Conference

December 06, 2016

Today's Session

- Our Presenters
 - Cansler Collaborative Resources, Inc.
 - Vaya Health (formerly Smoky Mountain MCO)
 - HealthCare Perspective, LLC
 - NC Health Information Exchange Authority, NC
Department of Information Technology

Let's Set the Tone

- Over the last several years there have been presentations about being a data driven organization which include:
 - Integration of Primary Care and Behavioral Health
 - population health analytics,
 - moving to outcome driven decisions
 - Pay for performance contracting
 - Conducting readiness reviews on your agency to be a data driven organization
- The physical health side of the Medicaid space accessed federal meaningful use funding. Funding that was not available to “straight” behavioral health providers.
- Some behavioral health agencies began to move toward purchasing EHRs and also looking at the use of analytics

Let's Set the Tone

- Some agencies even leveraged purchasing arrangements to jointly purchase or buy the analytics capacity
- So the time is here...no more of the maybe or let's wait and see.
- Some of you are probably overwhelmed – more CHANGE in a system of change.
- This is not just a NC challenge – this is the movement of health care

Objectives – There are Answers

- Identify what encompasses HIE and why it is critical to the future of health care.
- Review the requirements for HIE as outlined in the legislation
- Explain the role of the State HIE versus regional or health system HIE
- Discuss State requirements of HIE and what will be required of each agency
- Review how your organization can comply with federal and state regulations on HIE and the role of the Electronic Health Records (HER) in meeting these requirements
- Identify barriers to proper implementation of HIE
- Describe how to meaningfully use data in your organization.

Meaningful Use (MU) and Behavioral Health

- Prior to Meaningful Use there was the Certification Commission for Health Information Technology or CCHIT.
- Founded in 2004 and first Certifications in 2006
- Healthcare Information Management and Systems Society (HIMSS) started HIE Steering Committee 2006
- CCHIT eventually became Meaningful Use in 2009 when ARRA-HITECH was created
- Focus of HITECH was to fund EHR development around the concept of MU to mature provider systems so that HIE could become a reality

MU and Behavioral Health

- ARRA-HITECH also funded the development of State HIEs and the National HIE known as NHIN
- Grand plan was to develop HIEs within States that would link at the National Level via the NHIN
- Long Term focus has always been HIE development and implementation
- Initial concepts of Integrated Care date back to this period – this has been a long time coming
- What went wrong??

MU and Behavioral Health

- What happened to Behavioral Health and why were they excluded?
- Self inflicted wounds by the Behavioral Health industry
 - Provider community took position that BH was different than medical
 - BH Vendor community (not all) followed suit and lead major efforts to stay outside the MU discussions
- Finally the decision was made to leave the BH community out of the MU program
- Huge mistake that now comes back to haunt the entire industry

Barriers to HIE Implementation

- Most obvious barrier is the absolute lack of funding for BH providers (and others by the way including LTC and Home Health) to invest in EHRs
- Siloed funding for Medical and BH services – no incentive for efficiency in the current FFS system
 - Note: This is changing rapidly so pay attention
- 42 CFR Part 2 – the privacy elephant in the room
 - Some movement by SAMHSA and CMS, but not enough yet
- Lack of desire by many providers to share data – this is the real elephant in the room

Barriers to HIE Implementation

- Market driven health care is not conducive to sharing of patient clinical data
- Fundamental HIPAA concept = Patient owns their own data
 - Not the providers
 - Not the payers
 - The patient.....owns their data!!!
- HIEs were designed so that the data follows the patient
- Health systems have been sued over this issue because they refuse to share patient data between delivery systems

Barriers to HIE Implementation

- Lack of clear and concise data standards which cause technical problems with the exchange of data
- The road map is clear and there is NO good reason for non-compliance at this point
- Providers need to take the steps now to become compliant
 - Good news there are alternatives out there
 - Vendors are going to have to step up and produce
 - Clear and concise standards are critical
- HIEs must have a financially sustainable business model
 - Federal funding is just not going to be enough

MU and Behavioral Health

- National Council and Medicaid still continue to promote integrated care and several models have evolved nationally
 - Community Mental Health agencies co-located primary care services in their organizations
 - Community Health Centers including FQHCs co-located behavioral health services in their organizations
 - Salud Family Health Centers in Colorado was a successful FQHC who integrated in BH services
 - Several initiatives nationally for BH Medical Homes – very few were successful due to funding issues
 - These integrated care delivery models all required MU certified EHRs

MU and Behavioral Health

- Several attempts have been made nationally to use HIE to help with integrated care models
- Use of an HIE will allow CMHCs and other BH providers to share information with primarily Primary Care Providers
- Primary target of MU is the CCD – Continuity of Care Document
- HIEs with BH focus or included have been implemented
 - Colorado RHIO or CORHIO
 - eBHIN – Nebraska – regional HIE for BH providers
 - BHINAZ – Arizona integrated care for BH
 - OHIP – Ohio State HIE BH Workgroup
 - North Carolina HIE kicked off BH Workgroup in November

MU and Integrated Care & Care Coordination

- SAMHSA-HRSA (CIHS) Initiatives – IL, KY, ME, OK, RI
 - Center for Integrated Health Solutions
- Medicare and Medicaid are moving rapidly to implement integrated care – which means both BH and Medical
- VAYA Health has started a Pilot to implement a demonstration project in NC that uses a Care Coordination Platform to facilitate integrated care
- HIE will be a critical component long term for this project - specifically the CCD and ADT data

VAYA HEALTH

Role of HIE and Care Coordination Platform

- VAYA HEALTH is Implementing an Advanced Care Coordination Platform that Heavily Relies on Data
- Core Data Sources Currently Available to LME/MCOs for Medicaid and State Funded Services
- Additional Data will Come from Assessments that are done by Clinical Team – such as a comprehensive Health Risk Assessment
- HIE is Needed to Enhance the CCP and Make it More Valuable – Timely, Actionable and Cost Effective

SOURCES OF DATA: FEEDING THE BEAST

- Medicaid Medical Claims Data
- Medicaid Medication Claims Data
- MH/SA/DD Claims Data
- Medicaid/State Eligibility Data
 - Including Coordination of Benefits
- Medicaid Provider Data
 - MCO/NCTracks/NPPES/.....
 - NPIs for Facility, Site and Clinicians

SOURCES OF DATA: HIE TRANSACTIONS

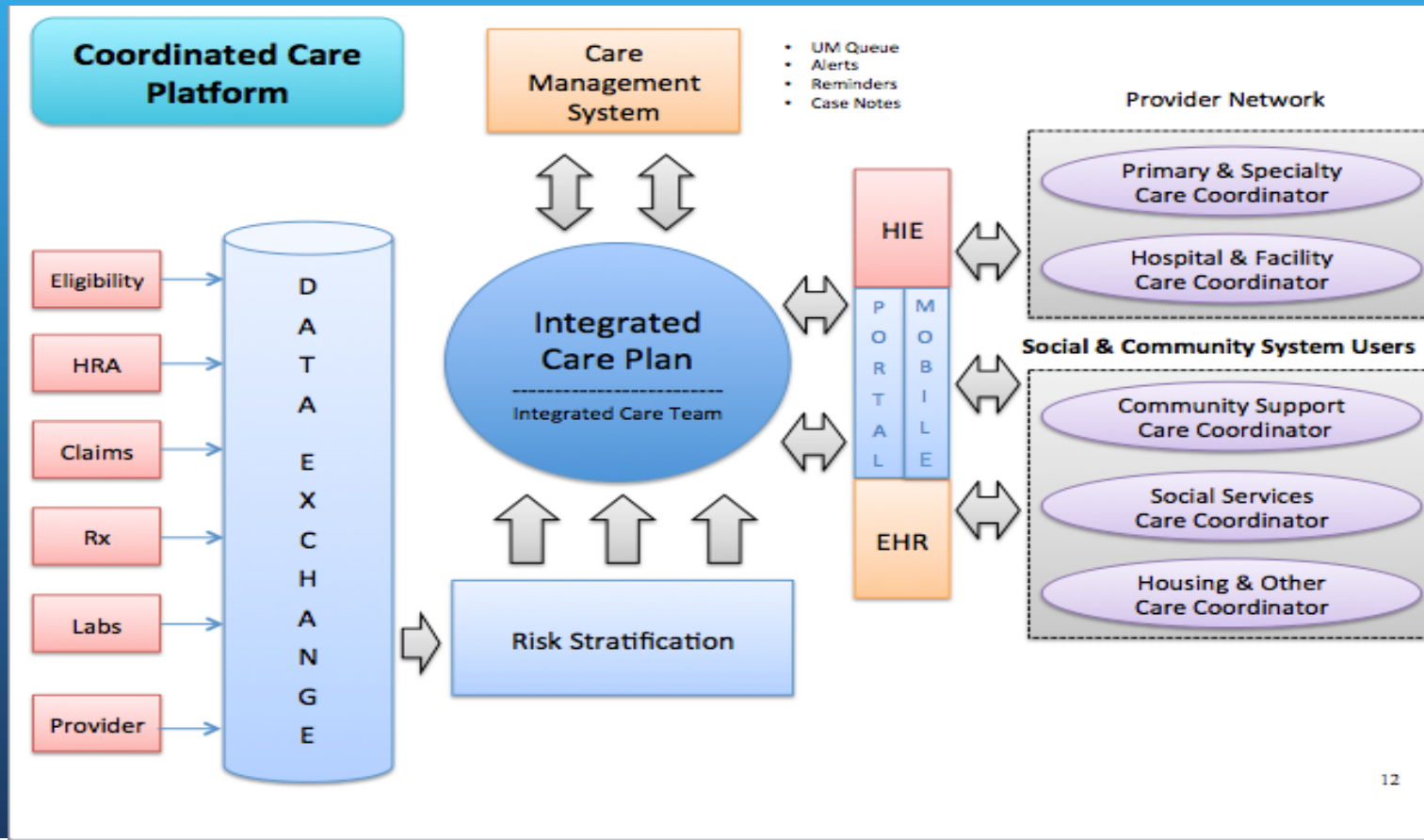
- Admission Discharge Transition (ADT)
 - Types:
 - ED Admission / Discharge
 - Hospital Admission / Discharge
 - Format - HL-7 V2 Messages
- Consolidated Clinical Document Architecture (CCDA)
 - Types:
 - Clinical Summary of Care
 - Care Transition
 - Format - XML

SOURCES OF DATA: CLINICAL DATA

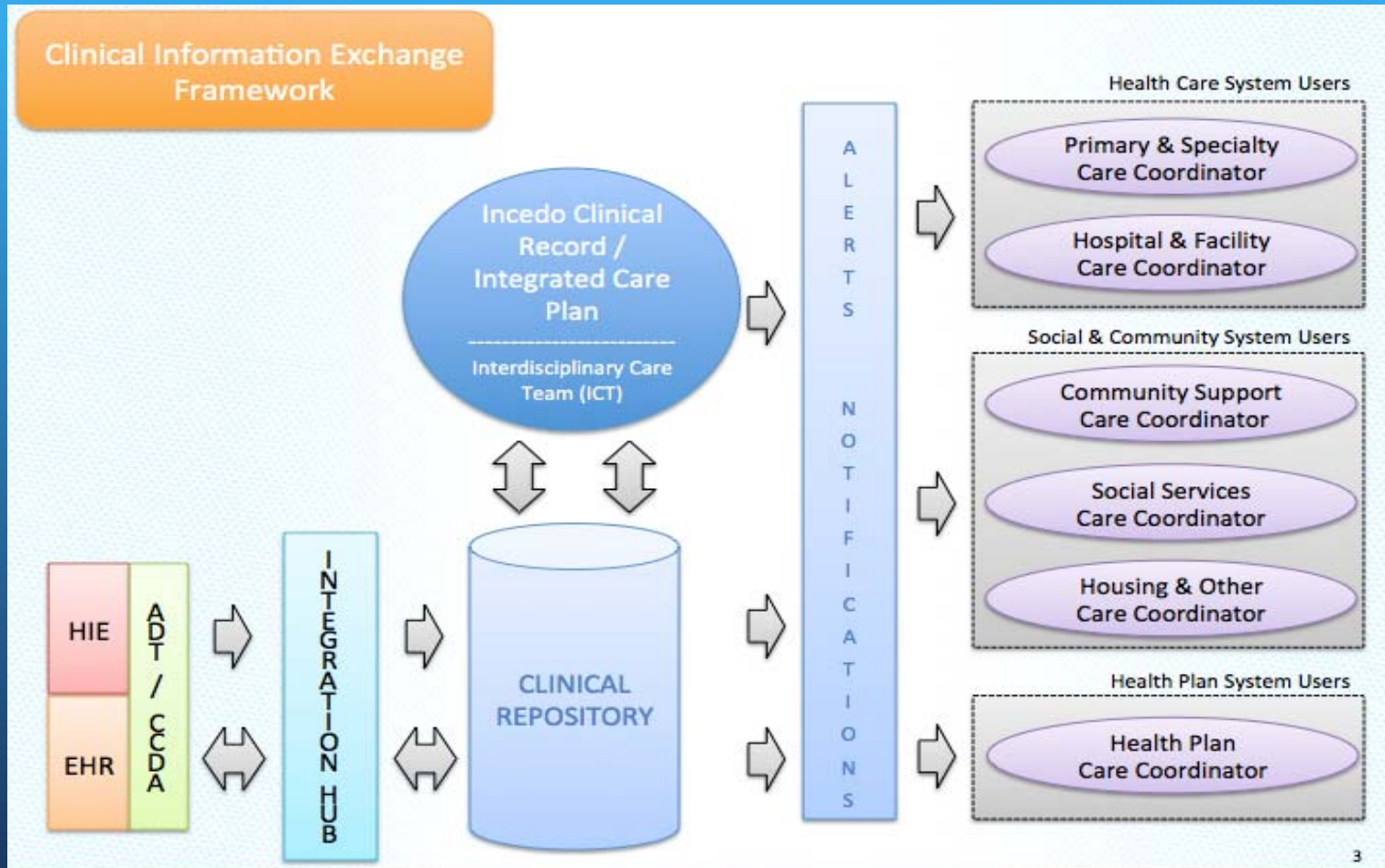
- Health Risk Assessment
 - Comprehensive assessment
- SIS Assessment Data (In Development)
 - Incorporate into the clinical work flow
- Other Assessment Tools
 - PHQ-2
 - PHQ-9
 - ASAM
 - LOCAS
 - CALLOCAS
 - SBIRT
 - DIRE
 - Etc.....

VAYA HEALTH

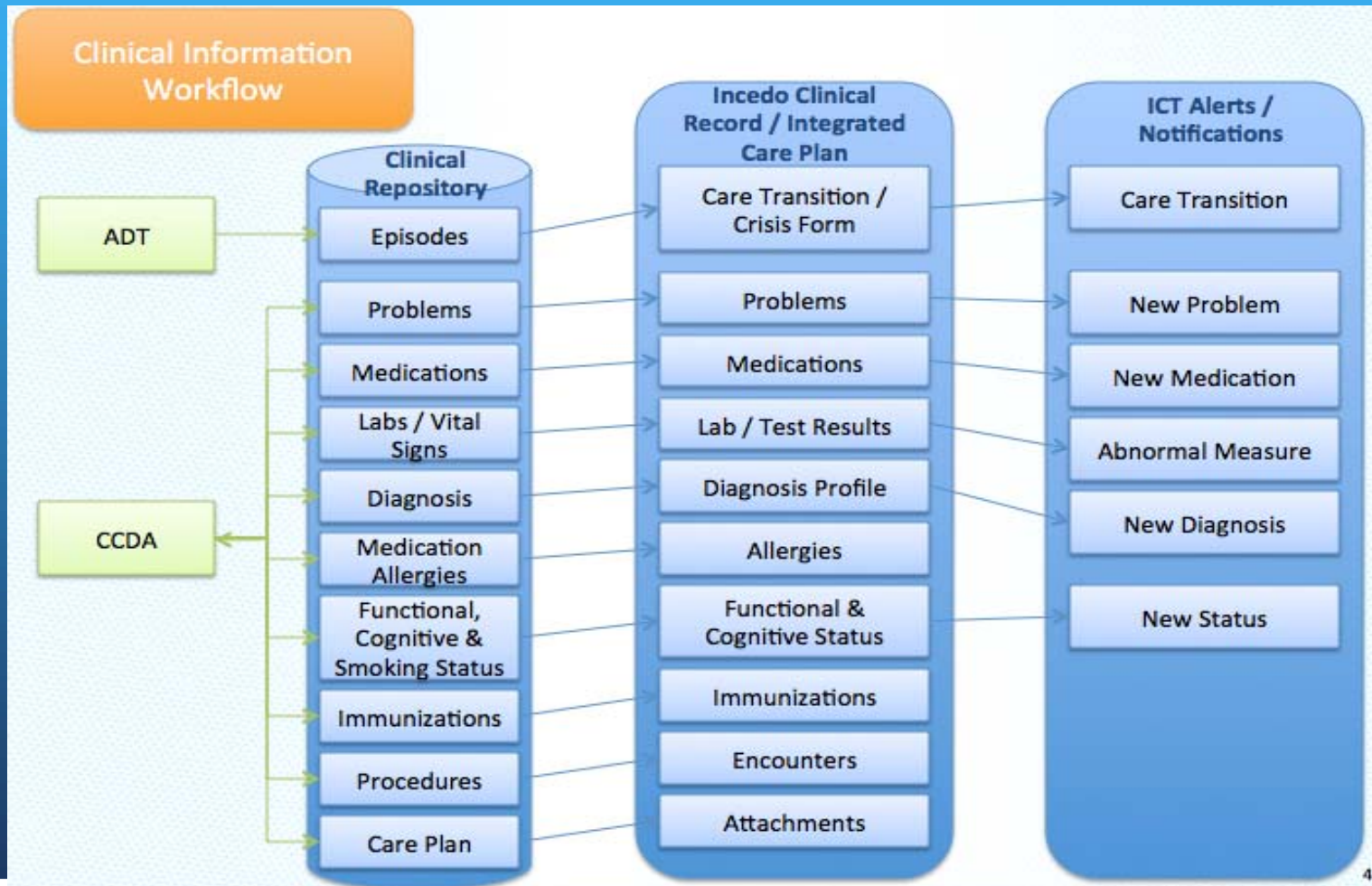
Role of HIE with Care Coordination



Future Vision for HIE and CCP

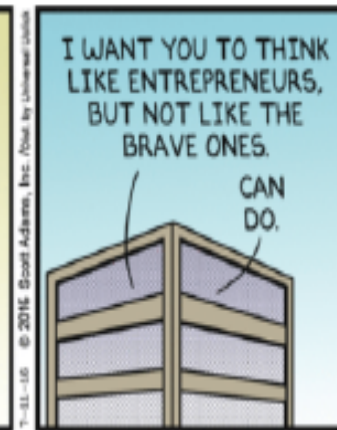


Future Vision for HIE and CCP



Monday July 11, 2016 *Be Like Entrepreneurs*

★★★★☆



Dilbert.coms @ScottAdamsSays

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So Where to Begin

- THINK BIG – know where you're going
“You can't build a reputation on what you are going to do unless you actually do it” Henry Ford
- BUT START SMALL with implementation steps
 - have in place a process for measurement of success and need of improvement



Develop a Healthcare Analytics Strategy

- The strategy must be effective which means
 - The right approach to gathering and organizing data
 - Getting the right data to the right people to drive improvements
 - How does HIE fit into the strategy?
- Experienced Analytics expertise CAN be bought BUT be cautious about marketing
- Using a healthcare enterprise data warehouse that combines clinical and financial data is a good method for aggregating and optimizing data for analysis.
- The infrastructure must allow for the delivery of the linked clinical and financial data to clinicians on the frontlines of care.
- One approach is to create frontline teams of clinicians, analysts and QI personnel who analyze the data to identify quality problems and determine the right protocol for addressing the problem

Provider Management and Performance Reporting

- The MCO will use information to inform the frequency or to determine providers to monitor
- Can also use algorithms to analyze the data to determine outliers
 - Look at service mix to age and diagnosis
 - Cost outliers
 - Risk stratification



Identify Areas for Clinical Quality and Cost Improvement

- Identify the areas of greatest variation within the measures focused on
 - By service, specialty, staff/provider and other applicable groupings
 - Use the data to identify opportunities for waste reduction such as determining which areas can benefit from increased standardization and evidence based protocols
 - By the productivity of staff
 - Identifying time for completion of workflows

Financial

- Think cost structure rather than revenue increases. In P4P, revenue increases will be small and will be dependent on quality measures.
- The shift is understanding how much it costs to deliver care and lowering those costs without sacrificing quality.
 - What is the payer buying and why?
 - Cost of delivery is the not rate one is paid for the service
 - Do you know the cost of care or cost of operating your agency?

How Will NC HealthConnex Close Gaps in Care?



NC COUNCIL OF COMMUNITY PROGRAMS
ANNUAL CONFERENCE
DECEMBER 6, 2016



What is Health Information Exchange (HIE)?

“Communication is the beginning of understanding.”

When it comes to health care nothing could be truer, whether it's doctor-to-patient or system-to-system. The more a health care provider knows about his patients, the better he understands their problems, the better he can help.

A Health Information Exchange (HIE) is a secure, electronic network that gives authorized health care providers the ability to access and share health-related information across a statewide information highway.



Types of HIEs in North Carolina

State-wide HIEs – run by state governments or may be the state's designated entity (i.e. the [North Carolina Health Information Exchange Authority/ NC HealthConnex](#) is the state-designated HIE)

Private/Proprietary HIEs – often concentrate on a single community or network (i.e. Mission Health Connect, CareConnect – HIEs developed by Mission Health and Carolinas HealthCare respectively)

Regional/Community HIEs – often not for profit (i.e. Coastal Connect in eastern North Carolina is a good example of this type of HIE)



What is NC HealthConnex?

- The North Carolina General Assembly created the North Carolina Health Information Exchange Authority (NC HIEA) in 2015 to facilitate the creation of a modernized HIE to better serve North Carolina's health care providers and their patients. (*NCGS 90-414.7*).
- Housed within the Department of Information Technology's Government Data Analytics Center (GDAC).
- Technology partners are SAS Institute and Orion Health.
- Advisory Board made up of various health care representatives will provide input.



Goals of NC HealthConnex



To link all providers across the state via a modernized HIE

To put patient care at the center of all decisions to help improve health care quality and outcomes

To support Medicaid Reform in the transition from fee for service to whole patient care



Goal 1:

To link all providers across the state via a modernized HIE

What Does the Law Mandate?

Law mandates that by February 1, 2018, all Medicaid providers to be connected and submitting data to the HIE in order to continue to receive payments for Medicaid services provided.

By June 1, 2018, all other entities that receive state funds for the provision of health services (i.e. State Health Plan), including LME/MCOs, also must be connected.

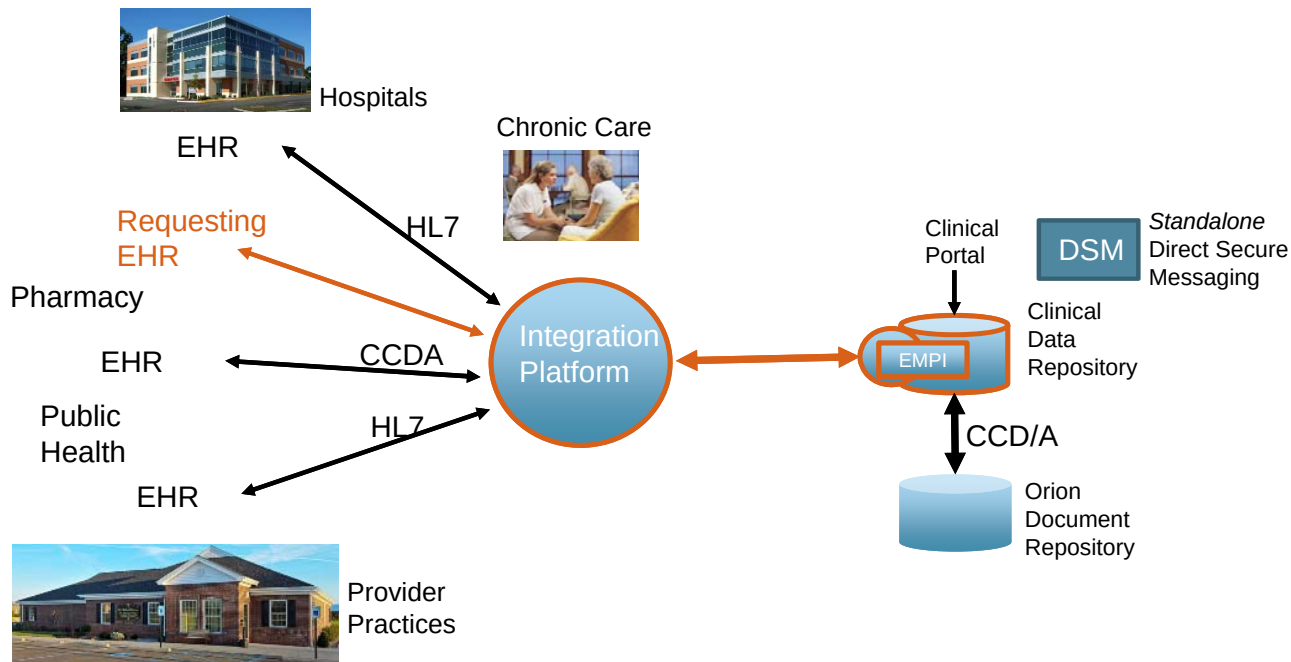
Goal 1:

To link all providers across the state via a modernized HIE

What Does Connected Mean?

To meet the state's mandate, a Medicaid provider is “connected” when its clinical and demographic information pertaining to services paid for by Medicaid and other State-funded health care funds are being sent to the NC HealthConnex at least twice daily – either through a direct connection to NC HealthConnex or via a hub (i.e. a larger system with which it participates, another regional HIE with which it participates, or an EHR vendor). Participation agreements signed with the designated entity would need to list all affiliate connections.

How Does the Technology Work?



Query – “Do you know my patient?”

HIE responds with a list of patients.

Registry Stored Query - “What do you know about my patient?”

HIE responds with a list of documents. This list includes a Patient Summary CCD and any documents that the HIE is aware of.

Retrieve Document Set “May I have it?”

How Do I Know If My EHR Can Connect?

HL7 2.X | Supported Message Types

Electronic Health Records (EHR) play an important role in health information exchange.



ADT

Required Segments - MSH, EVN, PID

Optional – PD1, NK1, PV1, PV2 (preferred), AL1 (preferred), DG1 (preferred), PR1 (preferred)

ORU

Required Segments – MSH, EVN, PID, OBR

Optional – PV1, ORC, OBR NTE, OBX (preferred), OBX NTE (preferred)

Medication

OMP-O09 – Pharmacy / Treatment Order

RDE-O11 - Pharmacy / Treatment Encoded Order

RDS-O13 - Pharmacy / Treatment Dispense

RAS-O17 – Pharmacy / Treatment Administration

How Do I Know If My EHR Can Connect?

NC HealthConnex | “NWHIN Conversation”

Electronic Health Records (EHR) play an important role in health information exchange.



Inbound Feed to NC HealthConnex

ADT Feed -Establish identity with NC HealthConnex

Format can be most any ADT message with a PID segment and may vary with each approved participant

ITI-41 - Provide and register document set

CCDA is the preferred method, but SAS will allow CCD c32 as an alternative

Query Interface from NC HealthConnex

ITI-9 – PIX Query

ITI-18 – Registry Stored Query

ITI-43 – Retrieve Document Set



Types of Data Shared

Person Information

Information Source

Allergies

Medications

Problem List

Procedures (surgeries and history of procedures)

Diagnostic Results (lab and diagnostic)

Encounters

Immunizations

Plan of Care

Social History

Vital Signs

Goal 2:

To put patient care at the center of all decisions to help improve health care quality and outcomes

Vision: Link all health care providers across North Carolina enabling participants to access information to support improved health care quality and outcomes.

Mission: We connect health care providers to safely and securely share health information through a trusted network to improve health care quality and outcomes for North Carolinians.



NC HealthConnex Current Functionality

- **Secure Messaging Between Providers** – NC HealthConnex offers providers a DSM (direct secure messaging) solution that is certified by DirectTrust and allows participants to send secure, encrypted messages between health care providers.
 - Use cases for DSM include care coordination between health care providers who share patients, but more and more this form of secure communication is being used to replace fax, phone, and/or mail in the workflows of healthcare-related organizations whose professionals don't necessarily use EHRs and don't directly benefit from the MU incentive bonuses.

NC HealthConnex Current Functionality

Clinical Notifications - Participants can now utilize the Notifications feature in the NC HealthConnex Clinical Portal to follow a patient's care across the continuum. The NC HealthConnex portal offers notifications for time sensitive events like emergency room visits, critical lab results or hospital discharges.

When notified of these events in near real-time, care managers and others following a patient's care can intervene early to ensure the patient gets the right care and follow up in a timely manner. This is especially important for provider organizations participating in Accountable Care Organizations or other risk-based payment arrangements.

NC HealthConnex Current Functionality

Provider Directory – NC HealthConnex has created a directory of the secure email addresses of NC HealthConnex participants and North Carolina providers participating in DirectTrust. The current number of HISP addresses is just over 5,000, and we expect that to grow as NC HealthConnex grows. The directory will be made available to NC HealthConnex participants in a .csv file.

Public Health Reporting – NC HealthConnex is working with Division of Public Health to define projects to include immunization registry, electronic lab reporting, and other disease registries.

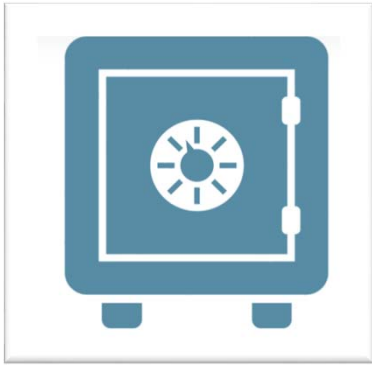
Goal 3:

To support Medicaid Reform in the transition from fee for service to whole patient care

The analytics toolset may be used by:



- Legislators and Medicaid management to understand the impact of program level decisions on health and quality of care
- HIE Participants and Providers to gain visibility into quality of care, outcomes and risk for their patients
- Public Health to react quickly to abnormal trends in disease and syndromic surveillance



Security - The NC HIEA takes its role as a steward of patient data very seriously and abides by the highest security standards as set by federal and state law. Built with security safeguards and protocols in place, including disclosure limitations, data encryption, user authentication and more. The NC HIEA will perform regular audits to ensure compliance.

Privacy - Federal regulations protect sharing of substance abuse data and psychotherapy notes from the normal electronic sharing of PHI. The NC HIEA is working with its partners to determine responsible business rules as we move forward with connecting behavioral health providers.

Addressing Gaps through a Collaborative Approach



Educate providers how to connect, recognizing not all currently have technology in place



Complement current HIE initiatives in the state



Continue to evaluate needs for future value-added services

Questions?

nchealthconnex.gov

(919) 754-6912

nchiea@nc.gov

Panel Discussion





Questions

Frequently Asked Questions

Frequently Asked Questions



Have questions about the NC Health Information Exchange?

Whether you're a medical professional or a patient/consumer, we've got answers.

[General Background](#) | [HIEA Data](#) | [Participation Agreement Questions](#) | [Technical Questions](#) | [Patient Questions](#)

General Background

What is a health information exchange and who is the NC HIEA?

A Health Information Exchange is a secure and efficient network that gives authorized health care providers the ability to access and share health-related information across a statewide information highway. It exists to improve health care quality, enhance patient safety, improve health outcomes, and reduce overall health care costs by enabling health information to be available securely whenever doctors, nurses and patients need it.

The North Carolina Health Information Exchange Authority (NC HIEA) was created by the North Carolina General Assembly to oversee and administer the state-designated HIE (NCGS 90-414.7). We will receive input and advice from an Advisory Board consisting of patients, hospital systems, physicians, technology experts, public health officials and other key stakeholders to continuously improve the HIE Network, now called NC HealthConnex, and move towards more efficient and effective care.

The new law also requires that as of February 1, 2018, all Medicaid providers must be connected and submitting data to NC HealthConnex in order to continue to receive payments for Medicaid services provided. By June 1, 2018, all other entities that receive state funds for the provision of health services, including local management entities/managed care organizations, also must be connected. (NCGS 90-414.4)

How do I contact the NC HIEA?

You can contact us via email hiea@nc.gov (<mailto:hiea@nc.gov>) or by phone: 919-754-6912.

I already signed a contract with the NC HIE when it was operated in part by Community Care of North Carolina (CCNC). Why do I need to sign a new contract?

In 2015, the General Assembly decided to change the direction of then current Health Information Exchange and directed the NC Department of Information Technology to establish a new HIE network, now called NC HealthConnex, that would be operated by a new State agency called the NC Health Information Exchange Authority (NC HIEA). In order to comply with the statute and legal requirements, all the contracts you signed with the former HIE organization were terminated on February 29, 2016. In order for you to connect your practice or organization to the new HIE, new contracts between your organization and the NC HIEA must be executed.

Who is "required" to use NC HealthConnex and why?

Recently passed legislation requires that as of February 1, 2018, all Medicaid providers must be connected to the HIE in order to continue to receive payments for Medicaid services provided. By June 1, 2018, all other entities that receive state funds for the provision of health services, including local management entities/managed care organizations, also must be connected. (NCGS 90-414.4)

What does connected mean?

To meet the state's mandate, a Medicaid provider is "connected" when its clinical and demographic information pertaining to services paid for by Medicaid and other State-funded health care funds are being sent to the NC HealthConnex at least twice daily – either through a direct connection to NC HealthConnex or via a hub (i.e. a larger system with which it participates, another HIE with which it participates, or EHR vendor). Participation agreements signed with the designated entity would need to list all affiliate connections.

I am a behavioral health or substance abuse treatment provider in North Carolina. Am I required to connect to NC HealthConnex?

If you are a behavioral health provider that bills NC Medicaid for reimbursement for behavioral or mental health services, you are required to connect to the HIE Network, now called NC HealthConnex, by February 1, 2018. If you are a health care organization that receives State funds for providing health care, such as a practice that serves patients insured by the State Employee Health Plan, or you are a Managed Care Organization or Local Management Entity, you are required to connect to NC HealthConnex by June 1, 2018.

What is the cost of subscribing to the new state-operated HIE network, now called NC HealthConnex?

Currently the NC HIEA is funded by the State of North Carolina with a goal to be receipts supported in the future. The NC HIEA, in consultation with the Advisory Board, decided in December 2016 not to charge a fee for the submission of data to meet N.C.G.S. 90-414.4. The General Assembly believes in the value of a robust state-operated HIE and has committed \$8 million annually to this endeavor. The NC HIEA's focus for the next 12-18 months is on building connections and helping providers meet the mandate. As we develop a roadmap for future sustainability, fees related to the consumption of value-added features will be vetted thoroughly with all stakeholders and recommended to the General Assembly before any final decisions are made.

Note: While there are currently no fees charged by the State for the connection to or use of NC HealthConnex, some EHR vendors may charge fees (technical build, maintenance etc.) to their customers for this connection.

Are there fees to obtain a Direct Secure Message (DSM) Account?

the exchange of Protected Health Information (PHI)]. However, medical providers will need to sign a Participation Agreement in order to receive credentials. Note: DSM credentials are part of the package of HIE value-added features that includes a technical connection to submit data.

How do I connect to NC HealthConnex?

- 1) The first step in connection is reviewing and signing the Participation Agreement (<https://hiea.nc.gov/nchiea-participation-agreement-instructions>). If you have questions regarding this process, please contact Alice Miller via email alice.miller@nc.gov (<mailto:alice.miller@nc.gov>) or by phone 919-754-6912.
- 2) The second step is to have an ONC-certified EHR product that can send HL7 version 2.0 and higher.
- 3) The third step is to identify three points of contact within your medical practice that will collaborate with the NC HIEA and our technology partner, SAS, to complete a successful connection.

For more information, visit How to Connect (<http://hiea.nc.gov/providers/how-connect>).

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HIEA Data

What type of information can we expect to receive from NC HealthConnex on the patients that we serve?

Participants will receive information pertaining to patient care housed within provider organizations such as laboratory results, diagnostic studies and clinical documents. Users with the highest level of access can receive notifications about significant patient events once a patient/provider relationship is established. These are:

- Inpatient Admission
- Inpatient Discharge
- Patient is admitted to ER
- Final Laboratory Result
- Final Microbiology Result

- Allergies
- Encounters
- Immunizations
- Medications
- Problems
- Procedures
- Results

Are there restrictions on submitting substance abuse data to NC HealthConnex?

Alcohol or substance abuse programs that receive any type of federal assistance as outlined in 42 C.F.R. 2.12 cannot generally disclose data through an HIE if the data would: 1) identify a patient as an alcohol or substance abuser, and 2) if that data was obtained by an alcohol or substance abuse program for the purpose of treating, diagnosing, or making a referral for the patient's alcohol or substance abuse problem. Providers can disclose that information in the event of an emergency if the requesting physician needs the information to treat the emergency condition pursuant to 42 C.F.R. 2.51, or if the patient has authorized the specific disclosure in writing in compliance with 42 C.F.R. 2.31. Please review 42 C.F.R. Part 2 before disclosing any alcohol or substance abuse information through NC HealthConnex.

Can I share data related to a patient's behavioral health through NC HealthConnex?

Yes. Most behavioral health information is permitted to be shared through NC HealthConnex. However, the HIPAA Privacy and Security Rule requires that providers receive written authorization from a patient before psychotherapy notes can be disclosed to another party, with some exceptions (45 C.F.R. 164.508). The written authorization form must comply with 45 C.F.R. 164.508(c) and must accompany any disclosure of psychotherapy notes through NC HealthConnex. The Rule defines "psychotherapy notes" as follows:

Psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes excludes medication prescription and monitoring,

of clinical tests, and any summary of the following items: Diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

Can the NC HIEA sell the data that providers submit about patient care?

No. All data is protected, stored and accessed only for purposes permissible under federal and state law. The NC HIEA takes patient health data privacy and security very seriously. In accordance with HIPAA regulations and state law, the NC HIEA has entered into and will enter into Business Associate Agreements with all organizations that will receive personal health information (PHI) from the HIE.

What happens to the information that was in the old HIE?

Up until February 29, 2016, existing providers had the option to grant the Authority access to all historical data.

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Participation Agreement Questions

We recently signed an agreement for the health information exchange with NC HIEA. Why is there a new agreement to sign?

NC HIEA has developed new Participation Agreements that are more aligned with the Restatement I of the Data Use and Reciprocal Support Agreement (DURSA) that is used by the nationwide eHealth Exchange. This move to align our PA with the DURSA is required by NC statute and was also suggested by key stakeholders in the health care community.

Do we have to sign the new Participation Agreement?

At this time, if your organization has already signed a Participation Agreement with NC HIEA, you do not have to sign a new PA in order to continue to be connected, or work towards a connection to NC HealthConnex. If you do sign the new PA, it will replace the agreement you already have with NC HIEA. Please consult with legal counsel in determining if executing the new PA is right for your organization.

Can't we just submit clinical and demographic data paid for with State funds?

required data to NC HealthConnex, please complete the Submission Only NC HIEA Participation Agreement. Please note, this agreement does not allow your organization to query NC HealthConnex for patient data, exchange data with other participants, submit data to registries to meet Meaningful Use, or to access any of the value-added features offered by NC HIEA.

What are Participating Entities?

Participating Entities are entities that a Participant has control over, or an entity that is under common control or that shares information systems with Participant, e.g. a subsidiary, a satellite clinic, etc. A Participating Entity of a Participant may also be a natural person or business entity with whom the Participant has a direct or indirect business or employment relationship, including any person or entity provided a license or right to access and use any of a Participant's EHR Product, software and/or services, unless such relationship exists for the primary purpose of providing such person or entity with access to and use of NC HealthConnex. Participating Entities may elect to submit HIE Data through NC HealthConnex to NC HIEA under a single Participant or as multiple separate Participants.

Who in our organization needs to sign the Participation Agreement, and where does he or she sign the Agreement?

The staff member who has the authority to sign contractual agreements on behalf of your practice, facility, or organization can sign the PA.

Do we need to email a signed Participation Agreement and mail a hard copy? Or can we just send the signed Agreement by email?

You can send the entire completed and signed Participation Agreement via email to HIEA@NC.gov (<mailto:HIEA@NC.gov>), or you can mail it to the address below. We do not require two copies. The physical mailing address is as follows:

NC Health Information Exchange Authority Legal Team
Mail Service Center 4101
Raleigh, NC 27699-4101

Can we just send the signature pages of the Agreement you sent us?

No, we must receive the entire Participation Agreement and Attachments if you choose to participate in NC HealthConnex.

Technical Questions

I am concerned about my patients' protected health information. How can I be sure that it will remain private and secure?

The NC HIEA takes patient health data privacy and security very seriously. In accordance with HIPAA regulations and state law, the NC HIEA has entered into and will enter into Business Associate Agreements with all organizations that will receive personal health information (PHI) from NC HealthConnex. The State also has the authority to audit the activity of organizations that receive PHI from NC HealthConnex.

Do you have a list of EMR systems that support connection to the NC HIE?

Any ONC-ATB certified EMR product that can send HL7 version 2.0 and higher will support the connection to NC HealthConnex. For a list of EMR vendors that are connected to NC HealthConnex currently or that we have experience with building the connection, please visit [How to Connect \(/providers/how-connect\)](/providers/how-connect).

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Patient Questions

I am a patient of a provider connected to NC HealthConnex. Do I have rights to access the portal to view my medical history?

At this time, patient access to NC HealthConnex is not functional. As North Carolina continues its focus on patient-centered population health to improve health care outcomes, it is possible that the NC HIEA would look to expand this functionality at some date in the future.

When can I expect my Opt-Out form to be processed in NC HealthConnex?

As soon as your [Opt-Out form](#) is received in the mail it goes into processing. Once the form is received by our office, it is processed in two business days.

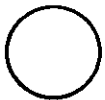
Why can't I e-mail the Opt Out form?

What happens if my practice doesn't want to connect to NC HealthConnex?

Recently passed legislation requires that as of February 1, 2018, all Medicaid providers must be connected to the HIE in order to continue to receive payments for Medicaid services provided. By June 1, 2018, all other entities that receive state funds for the provision of health services, including local management entities/managed care organizations, must be connected. If you have further questions, contact the NC HIEA by email: hiea@nc.gov (<mailto:hiea@nc.gov>) or call 919-754-6912.

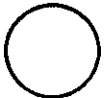
[Top](#)

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(<https://www.facebook.com/sharer/sharer.php?u=https%3A%2F%2Fhiea.nc.gov%2Ffrequently-asked-questions>)



[Twitter](#)

(<http://twitter.com/intent/tweet?url=https%3A%2F%2Fhiea.nc.gov%2Ffrequently-asked-questions>)

Below is information concerning various topics that were identified during the Licensed Independent Practitioner Collaborative that was held on March 16, 2017. I hope that you find this information helpful.

Maria Ballard - mballard@partnersbhm.org

NC Health Information Exchange and Electronic Health Exchange

Vendors

NC Health Information Exchange Authority (HIEA) is the State organization that is managing the state designed health information exchange, called NC HealthConnex. The website for HIEA is: <https://hiea.nc.gov/>

The website provides further information regarding NC HealthConnex and includes a list of Electronic Health Record (EHR) vendors that are currently connected to NC HealthConnex. Their website also states they are open to connecting with additional vendors.

- Allscripts Professional
- Allscripts Touchworks
- Amazing Charts
- Aprima
- AthenaHealth
- AYM Technologies OnTarget
- Centricity
- Cerner
- CureMD
- eClinicalWorks
- eMD
- eMed Solutions, LLC
- Epic
- Greenway Primesuite
- McKesson Practice Partners
- Meditech
- Medinformatix
- MicroMD
- Netsmart
- NextGen
- Office Practicum
- Patagonia Health

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- ReLi Med Solutions
- Therap Services

A PDF version of *Frequently Asked Questions* is available for further information.

A copy of the NC Council of Community Programs Pinehurst Presentation, December, 2016 is also available for further information.

Partners highly recommends that all providers join the NC HIEA list serve to receive updates and information. The link to the most recent update is below, along with the contact information for the individual that sends out the NC HealthConnex Updates.

<https://hiea.nc.gov/blog/2017-03-01/nc-hiea-march-update>

Cameron Muir

Administrative Specialist
NC Health Information Exchange Authority
919-754-6912
cameron.muir@nc.gov

There is also a behavioral health workgroup lead by Alice Miller. Her contact information is below:

Alice V. Miller

Customer Relations & Communications Specialist
North Carolina Health Information Exchange Authority
(o) 919-754-6955
(m) 919-616-2957
alice.miller@nc.gov

Beth Lackey, Provider Network Director, will be presenting information on HIEA and NC HealthConnex at our next Licensed Independent Practitioner Collaborative meeting, scheduled for June 16, 2017 at 9:30am.

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

Below is the link to the NC Child Treatment Program that trains clinicians on Trauma Focused Cognitive Behavioral Therapy (TF-CBT). It has lots of information about the NC Child Treatment Program and training information. The second link is their contact information. Thanks to Elizabeth Stephens for the information.

<https://www.ncchildtreatmentprogram.org/>

https://www.ncchildtreatmentprogram.org/contact_us.php

Access to Care Screening Triage and Referral

Staff meetings are the first and third Wednesday of every month at 8:30am and 3:00pm. Licensed Independent Practitioners are welcomed to attend staff meetings and present information about their practice, specialties, etc. Please be prepared to present at both the 8:30am and 3:00pm meetings. Contact Sandy Walker if you are interested in presenting swakler@partnersbhm.org , 336-527-3260

A resource list is kept by Access to Care, of clinicians and their specialties and location, to use for referral. If you would like to be added or to verify that your practice and speciality are on the resource list, please contact an Access to Care Supervisor. Contact information is below:

Sandy Walker – swakler@partnersbhm.org , 336-527-3260

Jeanne Jefferies – jefferies@partnersbhm.org , 704-884-2563

Kirsten Martinson – kmartinson@partnersbhm.org , 336-527-3270

Reminder to Utilize Slot Scheduler

The slot scheduler in ALPHA:

- Allows the caller to leave the call knowing that they have an appointment scheduled.
- Cuts down on back and forth contact between the Access to Care staff and the Clinician.
- After hours calls, i.e., 2am can also be scheduled with ease.
- ALPHA system will send an email to the clinician to inform of the scheduled appointment.

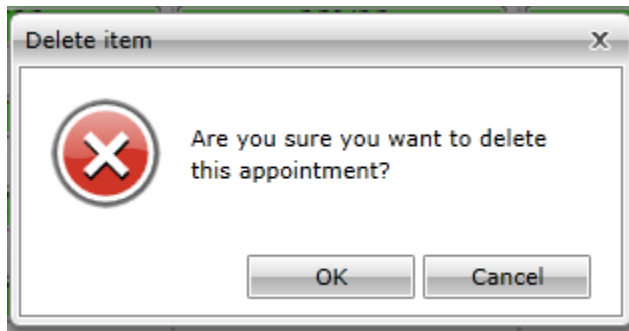
Licensed Independent Practitioner Collaborative
Resource list Information Requests from 3/16/2017 Collaborative Meeting

Please refer to the slot scheduler information, provided by Partners IT department, shared during the last Licensed Independent Practitioner Collaborative Meeting, for further instruction on how to use the slot scheduler and remove slots.

Slot Process to Remove

Hold the mouse over the upper right corner of the slot and the detail should display.

Notice the little box above the detail. Left click the mouse on that little box and the Delete item message will appear. Click Ok. You will need to do this for each slot you want to remove.



The Provider Scheduler module is utilized to handle consumer referrals. Many agencies have regularly scheduled times that they can handle referrals. You are able to set these up in the Provider Scheduler so that the MCO knows your availability and can schedule appropriately.

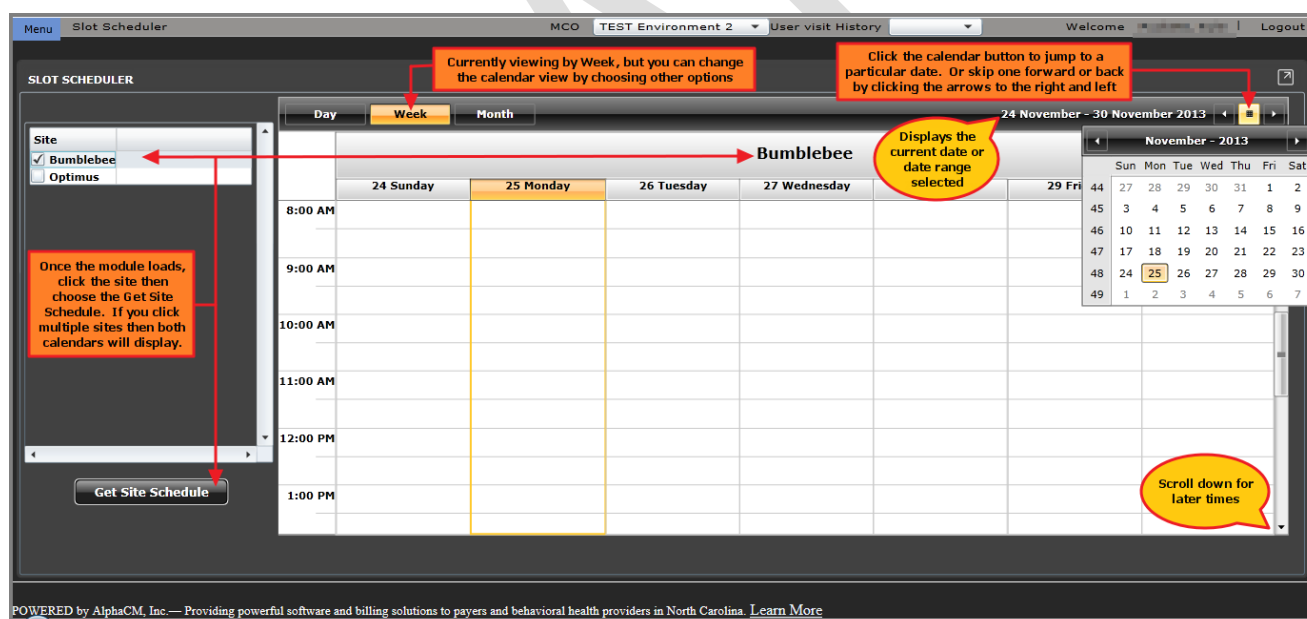
To launch the Provider Scheduler; click **Menu > Provider Scheduler**

[Module View](#)
[Creating Slots](#)
[Slots on the Calendar](#)

[Managing the Appointment](#)
[Completing the Referral](#)
[Cancellations and Rescheduling](#)

Module View

When the module loads, you will be presented with a blank calendar with your provider sites listed in the left hand column. In order to pull down and view the site specific schedule, you'll need to click the checkbox next to the site name, then click Get Site Schedule.



The screenshot shows the 'SLOT SCHEDULER' interface. On the left, a list of sites includes 'Bumblebee' (checked) and 'Optimus'. Below this list is a 'Get Site Schedule' button. The main area displays a weekly calendar view for 'Bumblebee' from Sunday to Friday. Time slots range from 8:00 AM to 1:00 PM. Annotations include:

- 'Currently viewing by Week, but you can change the calendar view by choosing other options' pointing to the 'Week' tab.
- 'Click the calendar button to jump to a particular date. Or skip one forward or back by clicking the arrows to the right and left' pointing to the calendar navigation buttons.
- 'Displays the current date or date range selected' pointing to the date range '24 November - 30 November 2013'.
- 'Once the module loads, click the site then choose the Get Site Schedule. If you click multiple sites then both calendars will display.' pointing to the site list and the 'Get Site Schedule' button.
- 'Scroll down for later times' pointing to the bottom of the calendar grid.

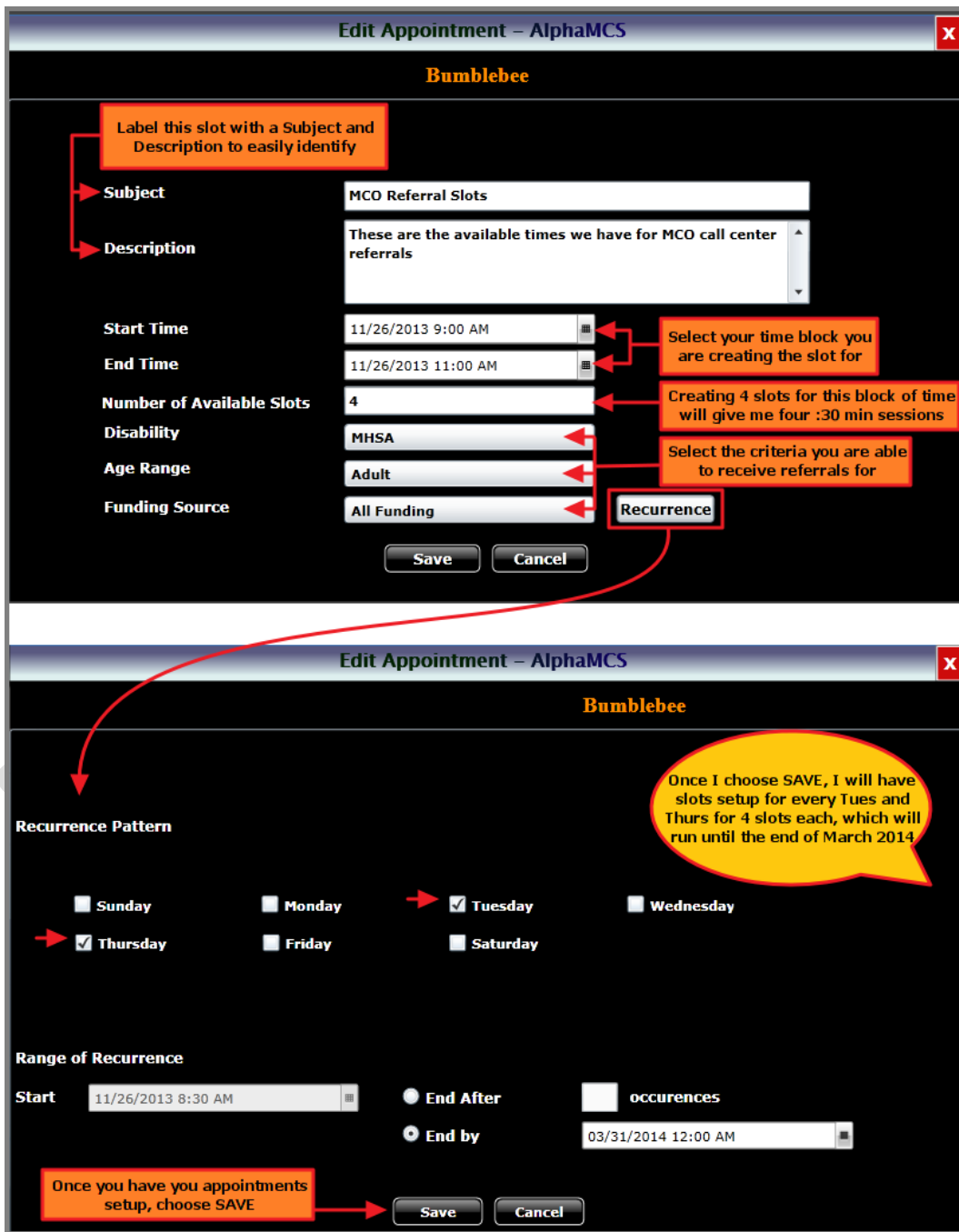
At the bottom, it says: 'POWERED by AlphaCM, Inc.— Providing powerful software and billing solutions to payers and behavioral health providers in North Carolina. [Learn More](#)'

NOTE: If your company is set up as an Open Access provider, you won't be able to create open slots in the **Provider Scheduler**. You can check to see if your company is one of these providers by going to the **Provider Details** module, Provider **Base** tile. Refer to the **Provider Details** document

NOTE: You are not allowed to schedule walk-ins to Slots, these are reserved for the MCO. However you can reschedule MCO referrals to other slots

Creating Slots [\(TOP\)](#)

Create available slots for the MCO to refer consumers to your agency. Find the time you want to create the slot for and double click:



Edit Appointment – AlphaMCS

Bumblebee

Label this slot with a Subject and Description to easily identify

Subject MCO Referral Slots

Description These are the available times we have for MCO call center referrals

Start Time 11/26/2013 9:00 AM

End Time 11/26/2013 11:00 AM

Number of Available Slots 4

Disability MHSA

Age Range Adult

Funding Source All Funding

Recurrence

Save Cancel

Once I choose SAVE, I will have slots setup for every Tues and Thurs for 4 slots each, which will run until the end of March 2014

Recurrence Pattern

☐ Sunday ☐ Monday ☒ Tuesday ☐ Wednesday

☒ Thursday ☐ Friday ☐ Saturday

Range of Recurrence

Start 11/26/2013 8:30 AM

☐ End After occurrences

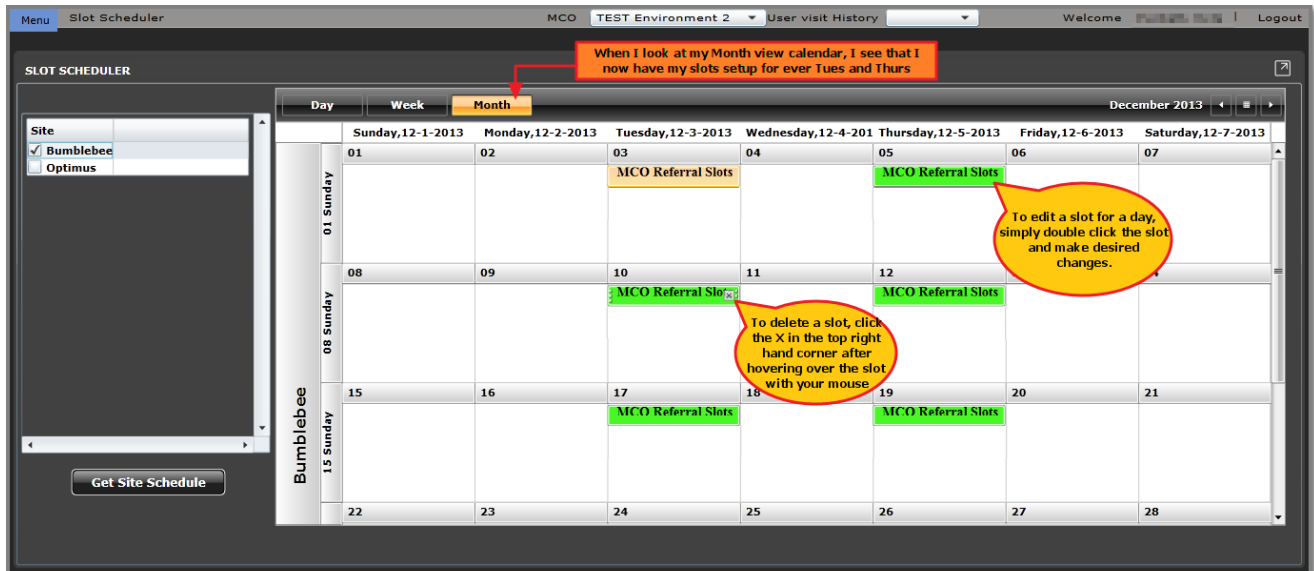
☐ End by 03/31/2014 12:00 AM

Once you have you appointments setup, choose SAVE

Save Cancel

Slots on the Calendar (TOP)

Now that I've created my open slots, I can view them for the month by clicking the Month calendar view:



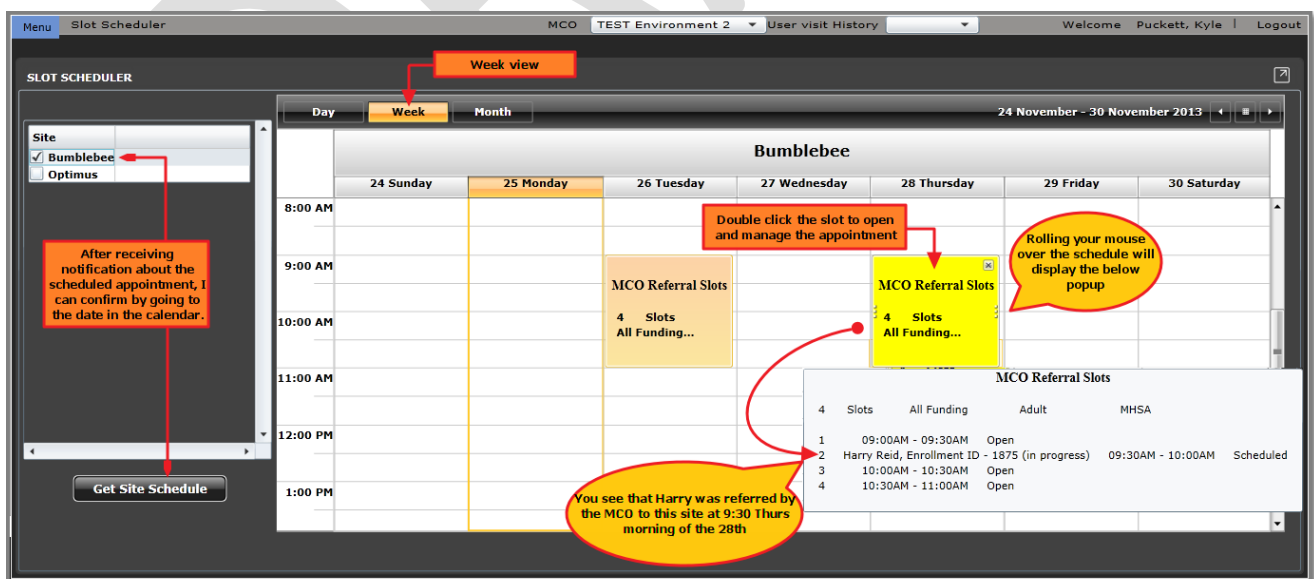
When I look at my Month view calendar, I see that I now have my slots setup for ever Tues and Thurs

To edit a slot for a day, simply double click the slot and make desired changes.

To delete a slot, click the X in the top right hand corner after hovering over the slot with your mouse

After a Consumer is Referred

Once a consumer is referred, everyone at your agency with a portal user account will receive an email stating so. You can confirm and record the results of the appointment from the scheduler:



Week view

After receiving notification about the scheduled appointment, I can confirm by going to the date in the calendar.

Double click the slot to open and manage the appointment

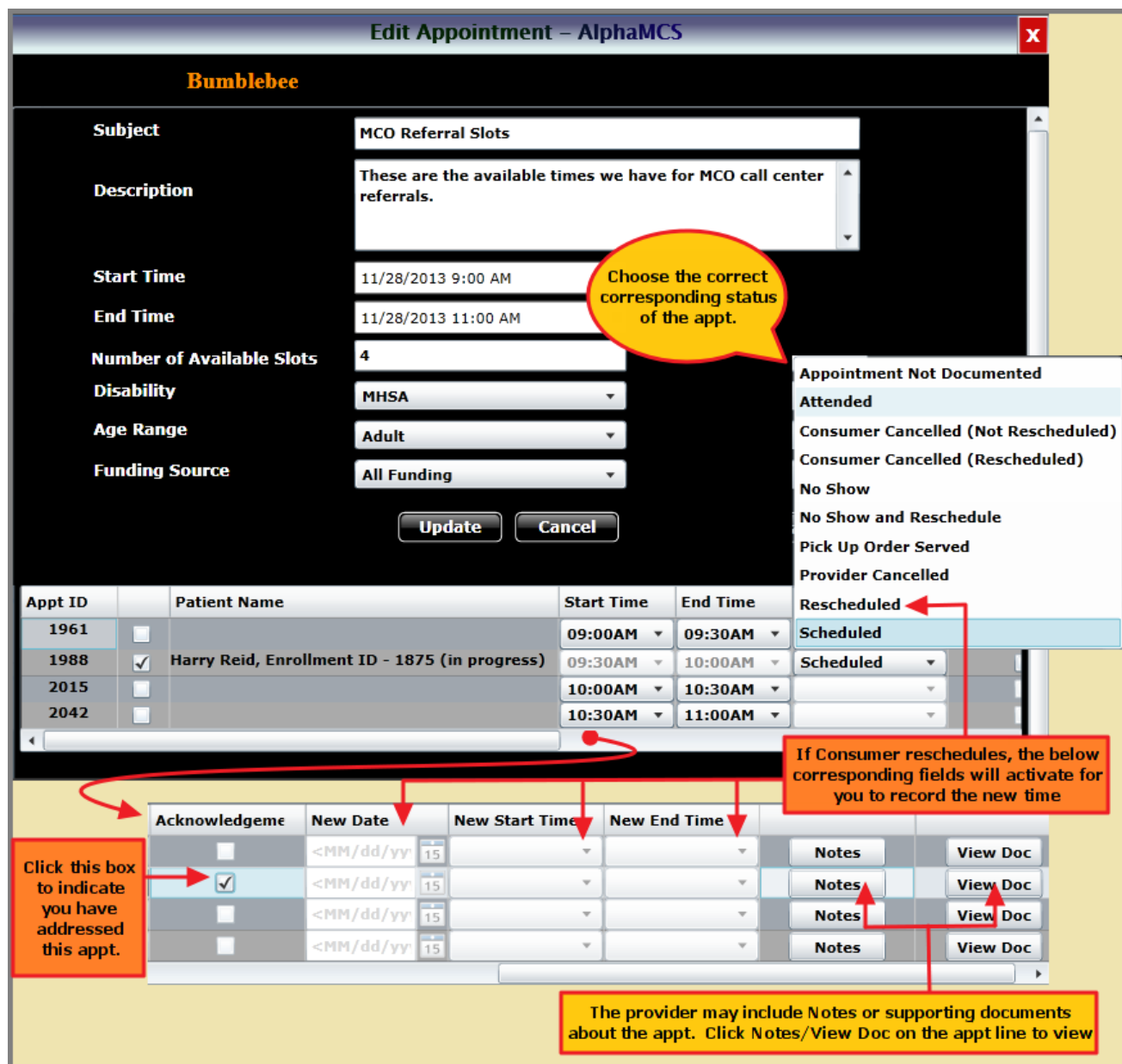
Rolling your mouse over the schedule will display the below popup

You see that Harry was referred by the MCO to this site at 9:30 Thurs morning of the 28th

MCO Referral Slots				
4	Slots	All Funding	Adult	MHSA
1	09:00AM - 09:30AM	Open		
2	Harry Reid, Enrollment ID - 1875 (in progress)		09:30AM - 10:00AM	Scheduled
3	10:00AM - 10:30AM	Open		
4	10:30AM - 11:00AM	Open		

Managing the Appointment [\(TOP\)](#)

To manage the appointment, you want to first locate it on your schedule then double click the slot. After double clicking the slot, the below window will open for you to manage the appointment:



Edit Appointment - AlphaMCS

Bumblebee

Subject MCO Referral Slots

Description These are the available times we have for MCO call center referrals.

Start Time 11/28/2013 9:00 AM

End Time 11/28/2013 11:00 AM

Number of Available Slots 4

Disability MHSA

Age Range Adult

Funding Source All Funding

Update **Cancel**

Appt ID	Patient Name	Start Time	End Time	Status
1961	Harry Reid, Enrollment ID - 1875 (in progress)	09:00AM	09:30AM	Scheduled
1988	Harry Reid, Enrollment ID - 1875 (in progress)	09:30AM	10:00AM	Scheduled
2015	Harry Reid, Enrollment ID - 1875 (in progress)	10:00AM	10:30AM	
2042	Harry Reid, Enrollment ID - 1875 (in progress)	10:30AM	11:00AM	

Acknowledgement	New Date	New Start Time	New End Time	Notes	View Doc
☒	<MM/dd/yy> 15			Notes	View Doc
☐	<MM/dd/yy> 15			Notes	View Doc
☐	<MM/dd/yy> 15			Notes	View Doc
☐	<MM/dd/yy> 15			Notes	View Doc

Appointment Not Documented
Attended
Consumer Cancelled (Not Rescheduled)
Consumer Cancelled (Rescheduled)
No Show
No Show and Reschedule
Pick Up Order Served
Provider Cancelled
Rescheduled
Scheduled

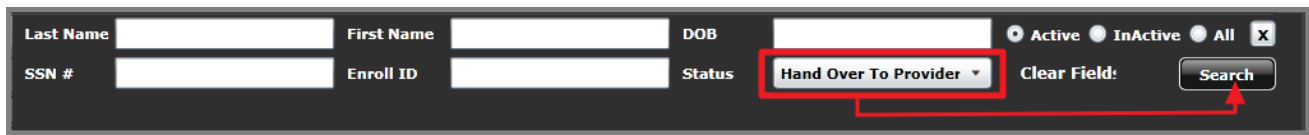
Click this box to indicate you have addressed this appt.

If Consumer reschedules, the below corresponding fields will activate for you to record the new time

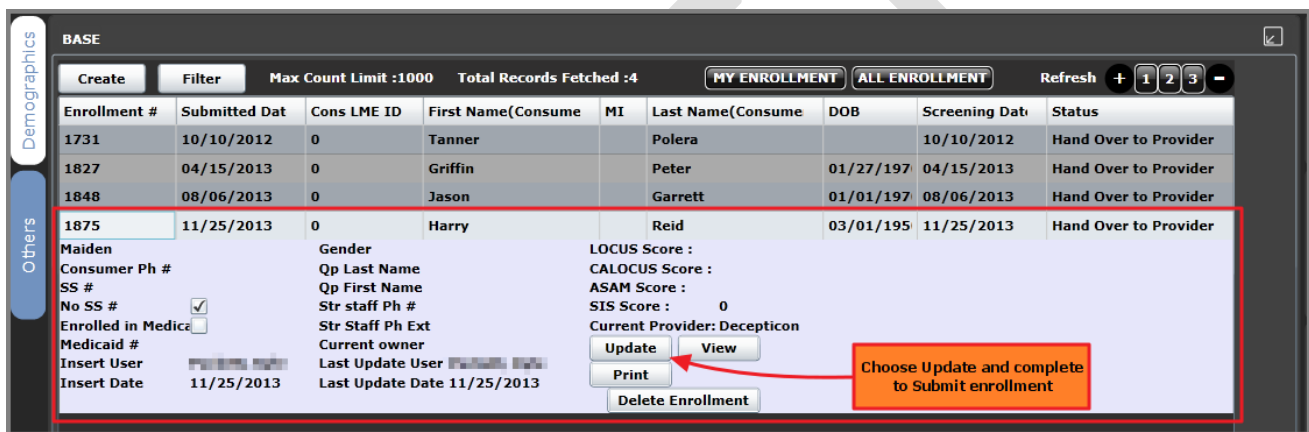
The provider may include Notes or supporting documents about the appt. Click Notes/View Doc on the appt line to view

Completing the Referral [\(TOP\)](#)

Since this is an Enrollment Request, and once the appointment is in session, you can go to your Enrollment Module and use the Filter to search for enrollments that were handed over to you by the MCO:



Results



Enrollment #	Submitted Dat	Cons LME ID	First Name(Consume	MI	Last Name(Consume	DOB	Screening Dat	Status
1731	10/10/2012	0	Tanner		Polera		10/10/2012	Hand Over to Provider
1827	04/15/2013	0	Griffin		Peter	01/27/197	04/15/2013	Hand Over to Provider
1848	08/06/2013	0	Jason		Garrett	01/01/197	08/06/2013	Hand Over to Provider
1875	11/25/2013	0	Harry		Reid	03/01/195	11/25/2013	Hand Over to Provider

Once you have completed the task at hand, in this case an enrollment and assessment, you can now go back to your provider scheduler, **open** the appointment and choose **Attended**, then **SAVE** to complete.

By now you have noticed block changes colors as the MCO begins to reserve slots:

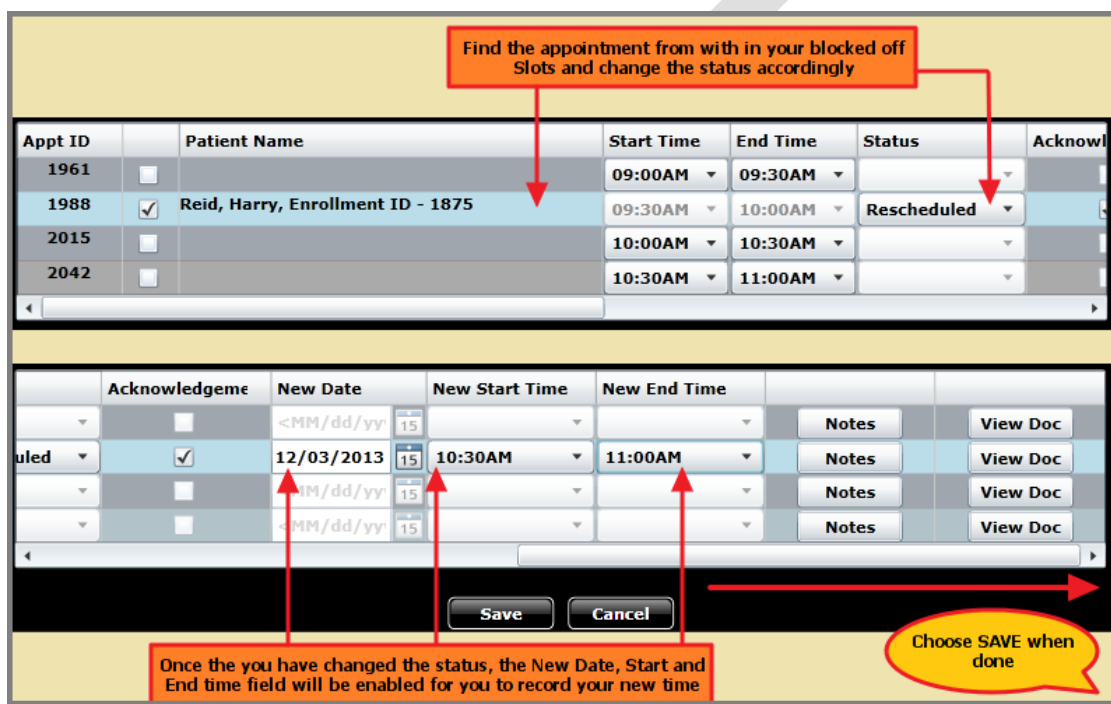
- If a block is **GREEN**, that means all the slots in it are still available. For example, if you have three slots and all three are still available, the block will be green.
- If a block is **YELLOW**, some of the slots have been reserved but not all. If you have one or two of their three slots still available, the block will be yellow.
- If a block is **RED**, all the slots have been reserved. All three slots have been reserved and nothing else can be scheduled here.

NOTE: You can go to the appointment and double click on it to check the Acknowledgement checkbox so the MCO knows you're aware of the appointment. Once the appointment has/has not happened, you can go back into the appointment and enter a Status. This information appears on the MCO side once Saved.

What if the Consumer Cancels, then Reschedules? [\(TOP\)](#)

If a consumer is a No Show, cannot be reached or reschedules then you can always ask the consumer when their initial appointment date was, or you can refer back to the consumers **Enrollment** form that was handed over to you by the MCO and review the **Provider Attempts** section on the bottom of the **Clinical Page** of the Enrollment (if you do not know off hand).

Updating original Appointment then rescheduling



Find the appointment from within your blocked off Slots and change the status accordingly

Appt ID	Patient Name	Start Time	End Time	Status	Acknowledgement
1961		09:00AM	09:30AM		
1988	Reid, Harry, Enrollment ID - 1875	09:30AM	10:00AM	Rescheduled	
2015		10:00AM	10:30AM		
2042		10:30AM	11:00AM		

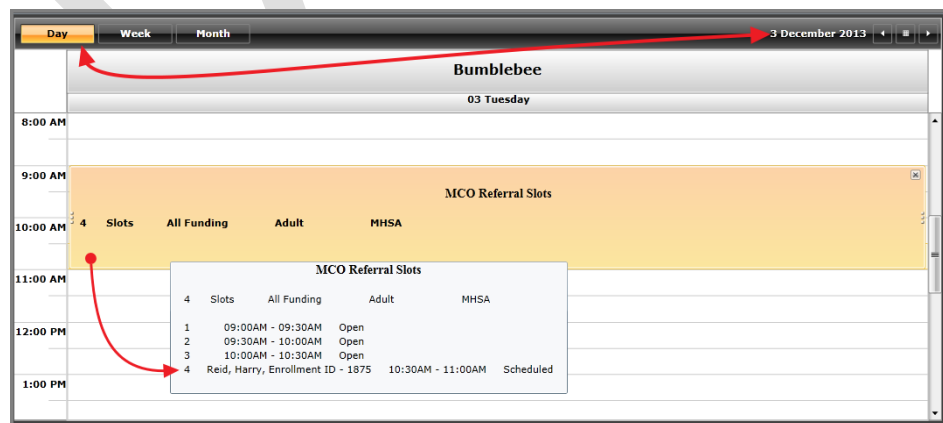
Acknowledgement	New Date	New Start Time	New End Time	Notes	View Doc
☒	12/03/2013	10:30AM	11:00AM	Notes	View Doc
☐	<MM/dd/yy>			Notes	View Doc
☐	<MM/dd/yy>			Notes	View Doc
☐	<MM/dd/yy>			Notes	View Doc

Save Cancel

Once the you have changed the status, the New Date, Start and End time field will be enabled for you to record your new time

Choose SAVE when done

New Appointment View on 12/3/13 after clicking SAVE



Day Week Month 3 December 2013

Bumblebee
03 Tuesday

MCO Referral Slots

4 Slots All Funding Adult MHSA

MCO Referral Slots

Slots	All Funding	Adult	MHSA
1	09:00AM - 09:30AM	Open	
2	09:30AM - 10:00AM	Open	
3	10:00AM - 10:30AM	Open	
4	Reid, Harry, Enrollment ID - 1875	10:30AM - 11:00AM	Scheduled

Enrollment View – Clinical Page; Provider Attempts

Provider Attempts

Service ID	Provider ID	Phone #	Appointment Date	Hour	Minute	
	Bumblebee	910-555-9999	11/26/2013	09	00	Add Modify Remove

Service ID:
 Provider ID: Accepted? ☐
 Phone #: Denial Reason:
 Appt. Dt.:
 Comments:
☒ Active

Instructions:

- Select a row, and choose Modify, then choose Modify
- Record the reason the consumer declined. In this example, the consumer could not make the originally schedule appointment and has been rescheduled.
- If the consumer accepted the original Appointment and attended, then simply check the Accepted checkbox
- Once complete, choose Modify to stamp your update to the enrollment

Record your rescheduled time on the Enrollment

Provider Attempts

Service ID	Provider ID	Phone #	Appointment Date	Hour	Minute	
	Bumblebee	9105559999	11/26/2013	09	00	Add Modify Remove

Service ID:
 Provider ID: Accepted? ☐
 Phone #:
 Appt. Dt.:
 Comments:
☒ Active

Instructions:

- Click the Add button, record your rescheduled time then choose OK
- Once the consumer has shown up for the appointment, you can check the Accepted checkbox accordingly

Provider Attempts

Service ID	Provider ID	Phone #	Appointment Date	Hour	Minute	
	Bumblebee	9105559999	11/26/2013	09	30	Add Modify Remove
	Bumblebee	9105559999	12/03/2013	10	30	

Choose SAVE once complete