



NORTH CAROLINA HEALTH INFORMATION EXCHANGE AUTHORITY

Overview for BH EHR grantees – January 11, 2019

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North Carolina Health Information Exchange Authority

Overview of Topics



- Health Information Exchange Overview
- What is NC HealthConnex
- Connection Process
- Value of Integrating Behavioral Health & Primary Care Data
- Use Case
- Suite of Services
- Questions



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.



S T A T E D E S I G N A T E D

North Carolina's state-designated health information exchange



S E C U R E

Secure statewide network for physicians and other health care providers in North Carolina to share important patient health information to improve patient care



P A R T N E R S H I P

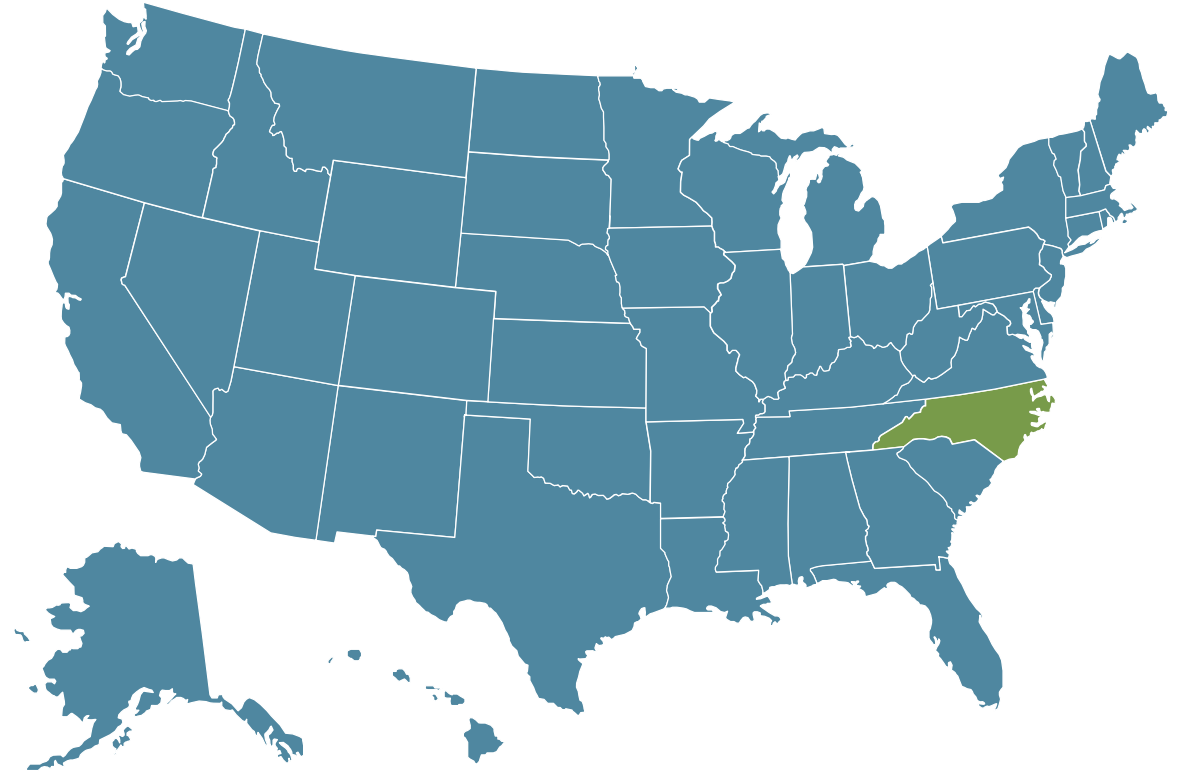
Housed within the Department of Information Technology's Government Data Analytics Center (GDAC). Our technology partner is SAS Institute.



The Vision for Connectivity

North Carolina set out a vision to create communities of connected health care providers electronically across the state.

- Allow providers to view their patients' longitudinal health record in real-time
- Improve health care quality, enhance patient safety, improve health outcomes
- Consolidate data reporting requirements across the state to ease administrative burden and create efficiencies by eliminating duplicative data integrations
- Create outbound services to give providers insight to their at risk patient population

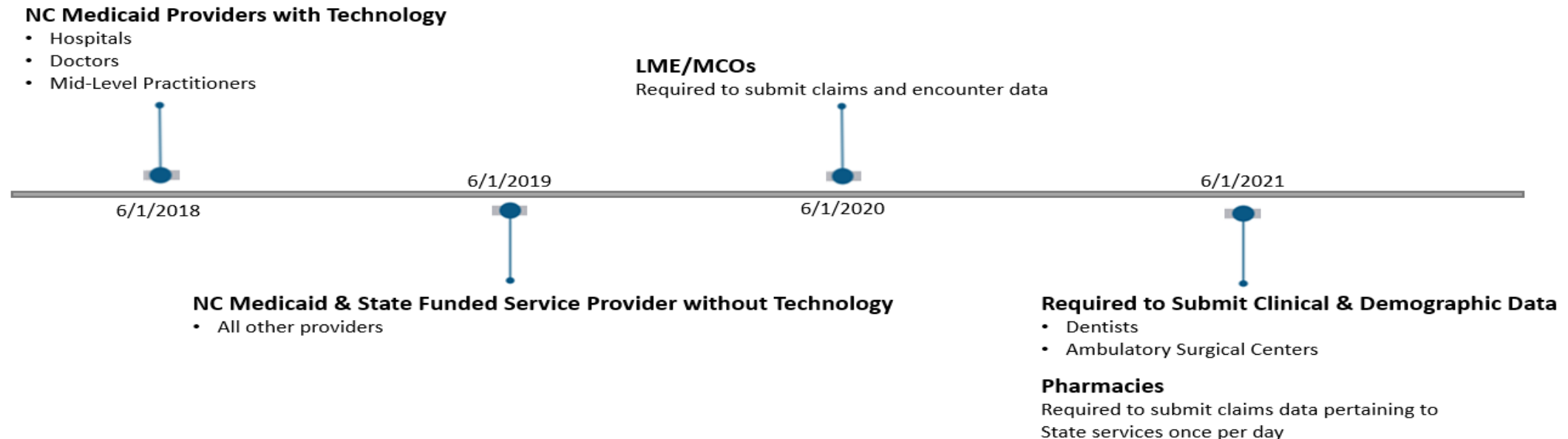


What Does the Law Mandate?

Hospitals as defined by G.S. 131E-176(3), doctors (licensed to practice under Article 1 of Chapter 90 of the General Statutes), and mid-level practitioners who provide Medicaid services and who have an electronic health record were required to connect by June 1, 2018.

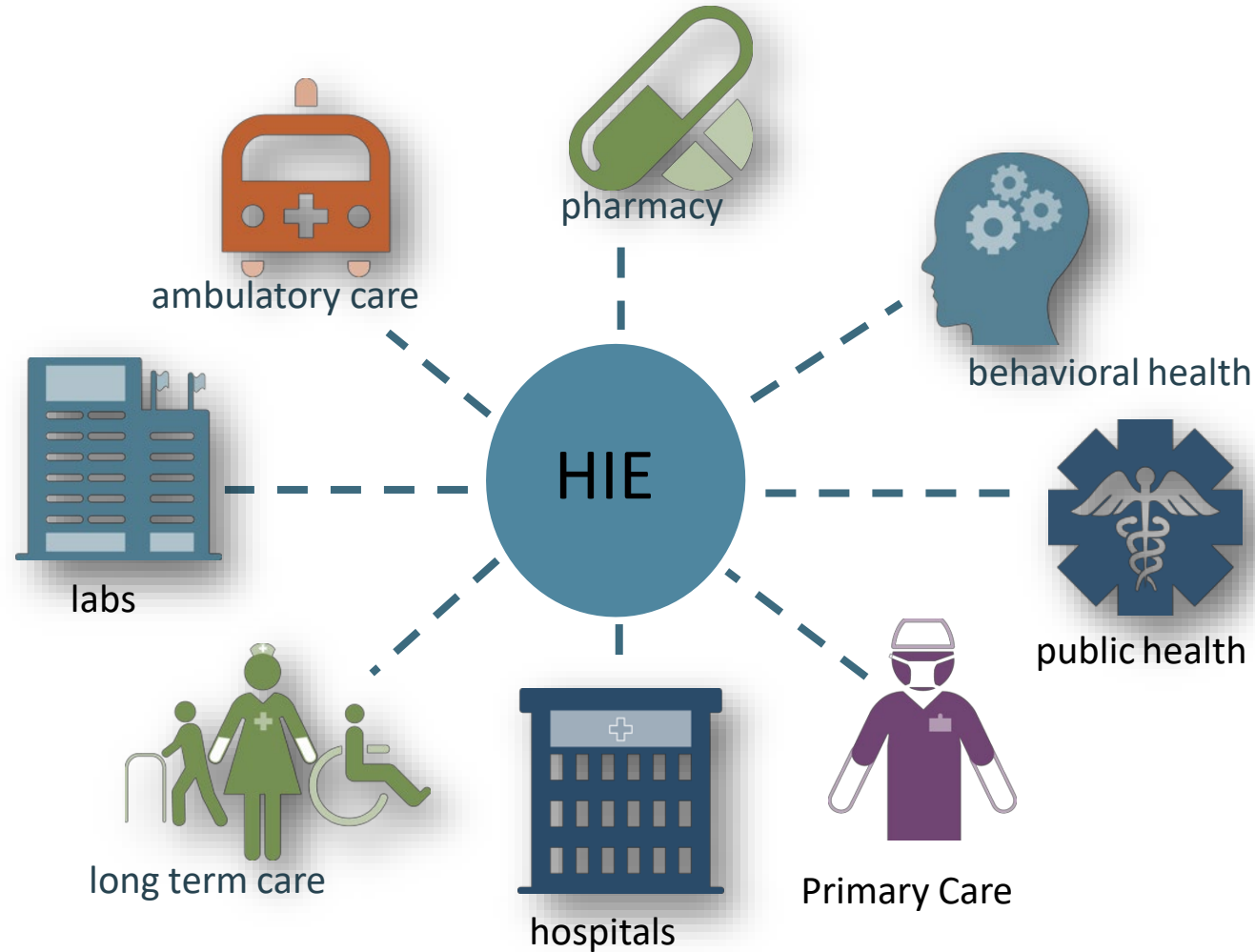
All other providers of Medicaid and state-funded services shall connect by June 1, 2019 except;

- Dentists and ambulatory surgical centers are required to submit clinical and demographic data by June 1, 2021
- Pharmacies are required to submit claims data pertaining to State services once per day by June 1, 2021 using pharmacy industry standardized formats



What is Health Information Exchange (HIE)?

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.



What are the clinical benefits of an HIE?



- ✓ A full “picture” of a person’s health, including visits, hospitalizations and medications
- ✓ Improved, more accurate and timely medication reconciliation that reduces errors and avoids unnecessary tests
- ✓ Instant access to a full panel of test results, reducing errors and gaps in treatment

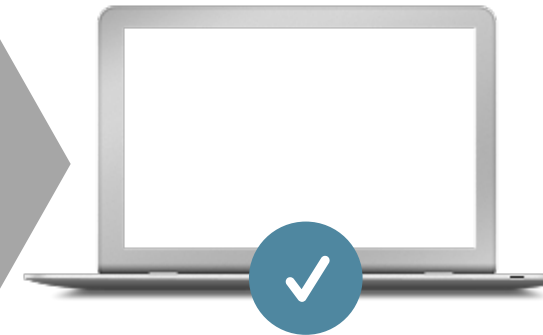
How Does Health Information Exchange Work?



Electronic Health Record
Clinicians enter data into EHR and that data is pulled into HIE



Data Provided
Clinicians who have care relationships with their patients are able readily access that data



1

Elements Available

Current data elements available in NC HealthConnex include: Allergies, Encounters, Immunizations, Medications, Problems, Procedures, Results

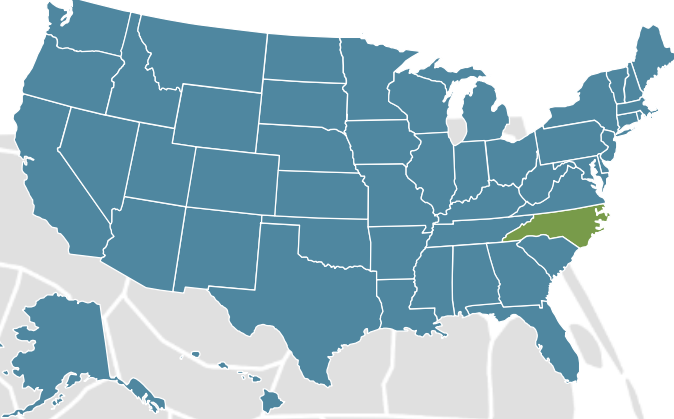
2

Security in Place

All data is protected, stored and accessed only for purposes permissible under federal and state law.



Significant Progress



Number of Connected Facilities

Spring 2016	Spring 2017	Summer 2018
108 Facilities	877 Facilities	4500+ Facilities

Number of Facilities in the Onboarding Process

2016	2017	2018
158 Facilities	578 Facilities	3800+ Facilities

What Data Elements Will You Need to Submit?

The NC HealthConnex Data Target

We aim to collect all Meaningful Use Data Elements

Patient ID	Name	Date of Birth	Address/ Phone	Language	Race/ Ethnicity	Gender
Date of Visit	Visit Number	Reason for Visit	Level of Care	Visit Location	Care Team Members	
Vital signs (height, weight, BP, BMI)	Immunization	Referrals	Care plan field(s), including goals and instructions	Problems	Medication Allergies	
Medications	Laboratory Test(s)	Laboratory Value(s)/Result(s)	Smoking Status	Discharge Summary	Procedures	

How Do Providers Meet the Mandate?

There are two steps to determine a practice's readiness for connection.

1. Does your practice have an EHR that can send CCD or HL7 messages?
 - **Technology in Place:** The NC HIEA Participation Agreement requests EHRs that are minimally capable of sending HL7 messages, version 2 and higher.
2. Does your practice have a Participation Agreement in place?
 - **The Participation Agreement** is the document that governs the exchange of data between the practice and NC HealthConnex. This contract must be in place before the technical build can begin. Participation Agreements are linked on our website for providers to download, sign and return.

NC HealthConnex Participation Agreement

The contract governing data sharing between the NC HIEA and Health Care Organization

How do I complete?

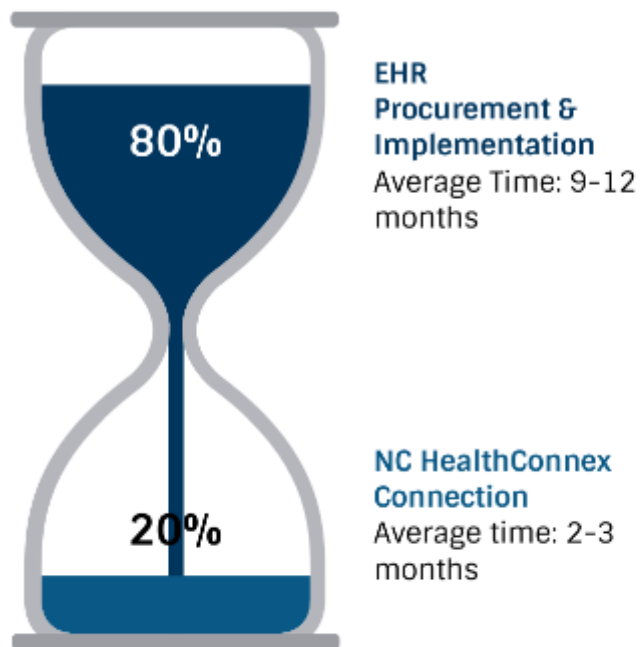
Log on to:

[nchealthconnex.gov/how-to connect](https://nchealthconnex.gov/how-to-connect)

- ✓ Complete the Participation Agreement
- ✓ Submit to hiea@nc.gov

Now is the time to consider an EHR

In order to meet the June 1, 2019 deadline



NC HealthConnex works with EHR vendors who, at minimum, can send HL7 messages. The list of EHR vendors currently working with NC HealthConnex is available on our website at www.nchealthconnex.gov

- Aprima
- AYM Technologies
- Credible Behavioral Health
- eMed Solutions (eNotes)
- Integrity- Checkpoint
- Medware- AlphaFlex
- Patagonia
- The Echo Group
- Therap
- Practice Fusion
- AllScripts
- Athena
- Echo
- Epic
- Greenway
- NextGen
- Office Ally
- ICAN Solutions
- Icanotes, LLC
- InSync Healthcare
- MediTab
- NetSmart
- PaceNet
- TheraSoft
- Ethos Sys., Eclipse
- Fellowship
- Harris Computers
- Lauris Online
- Valant
- Pangaea
- Celerity, LLC
- Paragon
- Simple Practice
- ShareNotes
- OTHER(s)

How Do Providers Connect: The Participation Agreement

Attachment 2

Participant Staff Contact Information

Please provide contact information for the following staff members at your organization. Each field must be filled even if one person occupies more than one role. All fields must be completed or the processing of your Participation Agreement will be delayed.

Participant Account Administrator

Staff member who will be the point of contact for the NC HIEA for communications and credentialing NC HealthConnex users in your organization.

Name:

Position Title:

Email Address:

Phone Number:

Mailing Address:

Technical Services Contact

Staff member who will work with our technology vendor to build a connection from your organization to NC HealthConnex.

Name:

Position Title:

Email Address:

Phone Number:

Participant Background Information				
1. Type of facility or system: Please select all that apply below.				
<input type="checkbox"/> Hospital, Health System, or Regional HIE	<input type="checkbox"/> Ambulatory/ Outpatient Clinic	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Other Please specify: _____
2. Provider type: <i>This field is not required if your organization is a Hospital, Health System, Regional HIE, Laboratory, or Pharmacy</i>				
<input type="checkbox"/> Primary Care	<input type="checkbox"/> Dental or Orthodontic	<input type="checkbox"/> Respiratory, Developmental, Rehabilitative or Restorative		
<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Residential Facility	<input type="checkbox"/> Speech, Language and Hearing		
<input type="checkbox"/> OB/GYN	<input type="checkbox"/> In Home Care, e.g. PCS, CAP-C/DA, etc.	<input type="checkbox"/> Other Please specify: _____		
<input type="checkbox"/> Behavioral Health	<input type="checkbox"/> Eye & Vision	_____		
3. Participant Organization National Provider Identifier (NPI):		_____		
4. How many Participating Entities (PEs) or facility locations does your organization have? <i>If you have any PEs or more than one facility location, please complete Attachment 4</i>		_____		
5. Is your provider or health system a part of one or more the following? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please select all that apply and list the name of the organization(s).</i>				
<input type="checkbox"/> Health system	_____			
<input type="checkbox"/> Regional HIE	_____			
<input type="checkbox"/> Accountable Care Organization	_____			
<input type="checkbox"/> Clinically Integrated Network	_____			
Substance Use Disorder Treatment Information				
6. Does your organization or any unit within your organization provide Substance Use Disorder treatment?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
7. If yes to 6, does your organization fall under 42 C.F.R. Part 2? <i>If unsure, please contact your legal counsel and visit the SAMHSA website at www.SAMHSA.gov</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electronic Health Record (EHR Vendor) Information <i>Please discuss these questions with your Technical Services Contact</i>				
8. EHR Vendor:		_____		

Attachment 1

Participant Address for Notice

	Primary Contact	Alternate Contact Not required
Name		
Title		
Organization		
Address		
City, State Zip		
Phone		
Fax (not required)		
E-mail		

Attachment 2

Participant Account Administrator

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Name:

Position Title:

Email Address:

Phone Number:

Mailing Address:

Technical Services Contact

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Name:

Position Title:

Email Address:

Phone Number:

Mailing Address:

Attachment 3

Participant Background Information				
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2. Provider type: <i>This field is not required if your organization is a Hospital, Health System, Regional HIE, Laboratory, or Pharmacy</i>				
<input type="checkbox"/> Primary Care	<input type="checkbox"/> Dental or Orthodontic	<input type="checkbox"/> Respiratory, Developmental, Rehabilitative or Restorative		
<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Residential Facility	<input type="checkbox"/> Speech, Language and Hearing		
<input type="checkbox"/> OB/GYN	<input type="checkbox"/> In Home Care, e.g. PCS, CAP-C/DA, etc.	<input type="checkbox"/> Other <i>Please specify:</i> _____		
<input type="checkbox"/> Behavioral Health	<input type="checkbox"/> Eye & Vision	_____		
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<input type="checkbox"/> Health system	_____			
<input type="checkbox"/> Regional HIE	_____			
<input type="checkbox"/> Accountable Care Organization	_____			
<input type="checkbox"/> Clinically Integrated Network	_____			

Attachment 3

Substance Use Disorder Treatment Information	
6. Does your organization or any unit within your organization provide Substance Use Disorder treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. If yes to 6, does your organization fall under 42 C.F.R. Part 2? <i>If unsure, please contact your legal counsel and visit the SAMHSA website at www.SAMHSA.gov</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Electronic Health Record (EHR Vendor) Information	
<i>Please discuss these questions with your Technical Services Contact</i>	
8. EHR Vendor:	<input type="text"/>
9. EHR Vendor Product & Version:	<input type="text"/>
10. Hosting Location:	<input type="checkbox"/> On-site <input type="checkbox"/> Cloud-based
	<input type="checkbox"/> Hub/server on-site at another location <input type="checkbox"/> Other: <input type="text"/>
11. EHR Vendor Contact Name:	<input type="text"/>
12. EHR Vendor Contact Email:	<input type="text"/>
13. EHR Vendor Contact Phone Number:	<input type="text"/>

Attachment 3

State Funding Information	
14. Do you accept and receive reimbursement from NC Medicaid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. If yes to 14, do you receive reimbursement through a Managed Care Organization (MCO) or Local Management Entity (LME)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> <i>If yes, please specify:</i>
16. Do you accept and receive reimbursement from NC State Health Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Do you receive any other funds from the State of North Carolina for the provision of health services, including grants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIE Features	
18. NC HIEA offers Direct Secure Messaging (DSM) at no cost. Would you be interested in learning more about these services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Would your organization be interested in connecting to the NC Immunization Registry through NC HealthConnex?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Attachment 4 – Participating Entities

	Legal Entity Name	Address	Organization NPI	Participant Account Administrator	Email	Phone
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Connection Process



- 1. Sign Participation Agreement**
Welcome Packet sent with Patient Education, FAQs, and Talking Points
 - 2. Initial Communication**
SAS Technical Team initiates
 - 3. Technical Onboarding Call**
 - 4. Portal Credentials Issued (upon request until February 15)**
Full Participation Agreements only
-
- 5. Connection Development and Testing**
 - 6. Live in Production**
Participant receives “Live Connection Email”
Training and Patient Education information
 - 7. Operations and Support**
Ongoing from SAS Helpdesk Team
 - 8. EHR Rollout**
Cloud or Web-Based EHRs

Patient Education & Opt-Out



Once a Participation Agreement is signed by a health care provider, Patient Education materials are provided to that organization via email, which includes a sample Notice of Privacy Practices.

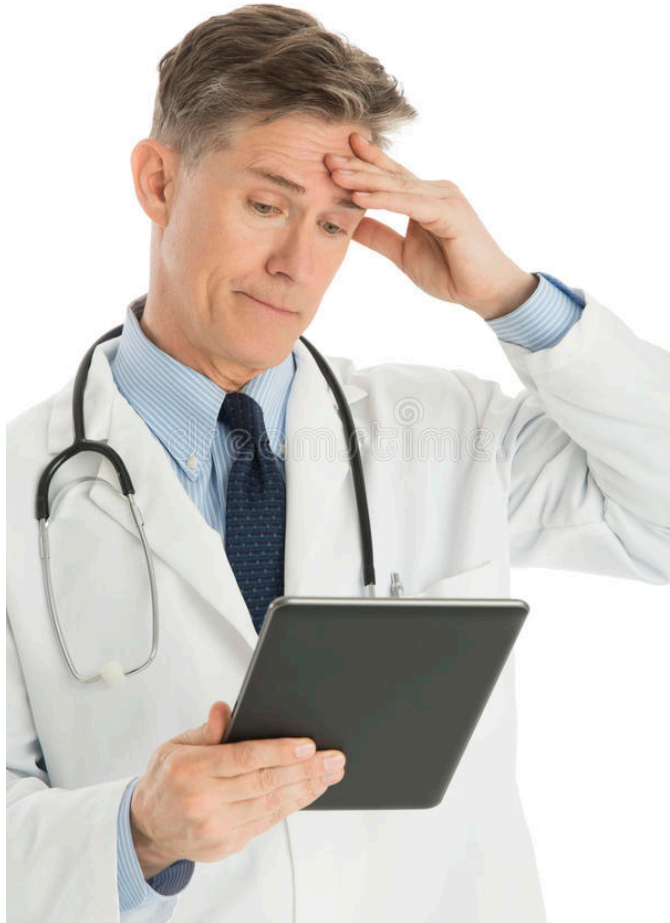
Providers and patients also have easy access to Patient-Opt out materials on the NC HealthConnex website.

Providers generally have around 3 months after they sign a PA before they are connected to NC HealthConnex. Providers can use this time to educate their patients about the new relationship between your practice and NC HealthConnex.

All NC HIEA Policies are posted on our website, nchealthconnex.gov.



What are some of NC HealthConnex Participants' challenges?



- Knowing where their patients receive care outside of their Organization or EHR
- Limited patient search capabilities in the clinical portal -- Finding events in the HIE requires the Provider explicitly search for a Patient
- Ensuring and supporting successful transitions of care if they are **not** notified of events in a timely manner

Meet Lisa



- 5-year old girl who suffers from Type I diabetes and two other chronic comorbidities.
- Lisa has frequent visits with a variety of clinical specialists across the state

Meet Lisa



- 5-year old girl who suffers from Type I diabetes and two other chronic comorbidities.
- Lisa has frequent visits with a variety of clinical specialists across the state
- Lisa's family & care team are struggling to keep up with all of her varied health care information across her care continuum.

Meet Lisa



**How Can NC
HealthConnex
help Lisa and her
family?**

Suite of Services

Exchange



Flexible Delivery

Custom delivery methods integrate into varied provider workflows

Notify



NC*Notify

Notifies providers as their patients receive services across the care continuum

Communicate



Direct Secure Message

Connection with other providers by sending and receiving secure, encrypted messages.

Connect



Provider Directory

More than 21,000 secure messaging addresses of health care providers

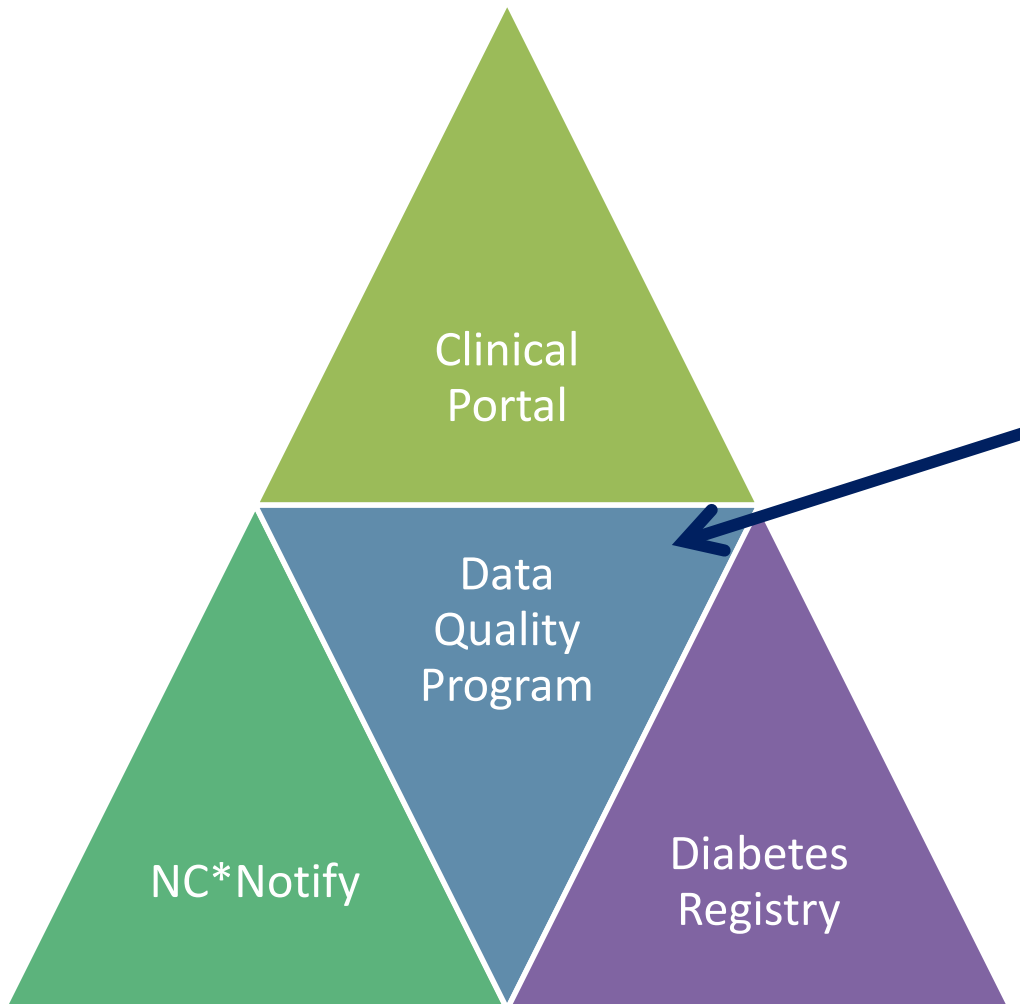
Contribute



Public Health Reporting

Diabetes Public Health Registry and NC Immunization Registry (help providers meet MU/MIPS)

Current Services Available



Data Quality Program

- Support NC HealthConnex Onboarding Process
- Ensure real-time notification of data delivery issues
- Educate and support Participants trying to improve their data to support Quality Improvement and other initiatives
- Confirm data is aligned with policies that ensure high-quality and accurate data outputs

Foundational element that supports ALL Services

Data Quality – Participant Onboarding

STATUS	DATA	ALERT
Pass	Patient Information	0 of 32 records contained insufficient Patient info
Fail	Provider Information	16 of 32 records contained insufficient Provider info
Fail	Facility Information	32 of 32 records contained insufficient Facility info

During Onboarding to NC HealthConnex, Participants are alerted when there is a problem with required data elements.

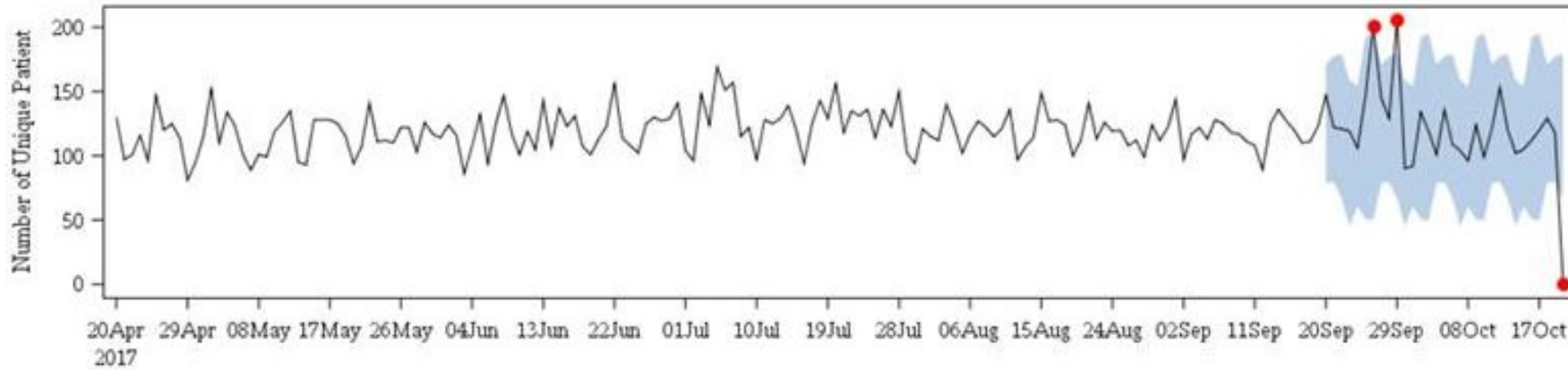
In addition, Participants can drill-down to see the specific Provider and Facility information that is missing.

Participants are also able to look-up the specific clinical documents/messages that contained insufficient information.

Provider Information	
Variable	Percent of Records Populated
Provider NPI	50.00%
Provider Last Name	100.00%
Provider Middle Name	50.00%
Provider First Name	100.00%
Provider Address	50.00%
Provider City	0.00%

CCD ID	CCD Extension
1	1_1_100_1_1
2	1_1_100_1_2
3	1_1_100_1_3
4	1_1_100_1_4

Data Quality – Ongoing Monitoring



Participants are provided a monthly report that alerts them to anomalies in their data submitted to NC HealthConnex.

Potential problems are listed along with suggested priority for these problems, and allows for drill-down to see detail.

STATUS	PROBLEM	Number of Days
Critical	Abnormal amount of documents submitted	4
Critical	Abnormal amount of patients	3
Needs Review	Drop in percent of documents populating Care Plan	1
Needs Review	Drop in percent of documents populating Reason for Visit	2

Problem	Date Occurred	Day of Week	Median Value	Current Value
Abnormal amount of patients	20OCT2017	Friday	123	0
Abnormal amount of documents submitted	20OCT2017	Friday	126.5	0
Abnormal amount of documents submitted	12OCT2017	Thursday	132.5	307

Data Quality – Ongoing Monitoring (cont.)

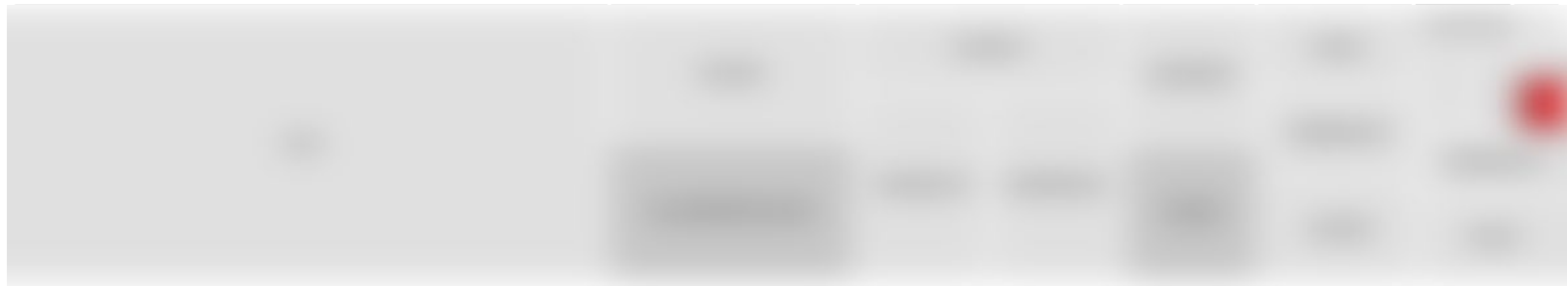
NC HealthConnex monitors data submissions overall, and by Sending Source and Organization. In the example below, one Organization stopped sending Smoking Status – one of the required elements from the Data Target.

Data Target Section

Required Patient Info	Optional Patient Info	Required Clinical Data	Optional Clinical Data
-----------------------	-----------------------	-------------------------------	------------------------

[Click here for navigation instructions.](#)

Number of Alerts by Source & Organization



Number of Alerts by Data Element

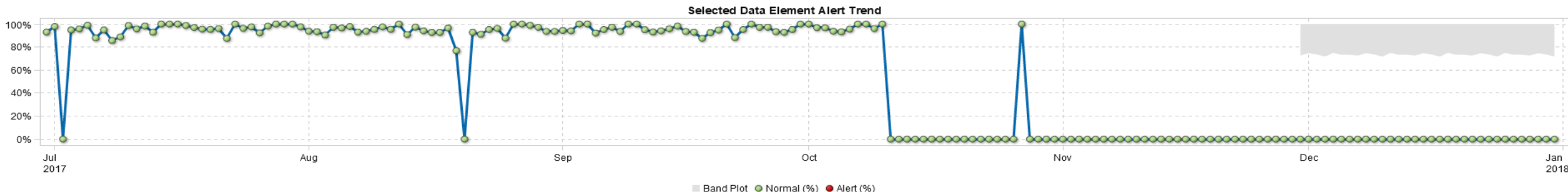
Month	Dec2017	Nov2017
Field	Number of Alerts	Number of Alerts
Lab Results	0	0
Lab Tests	0	0
Medication Allergies	0	0
Medications	0	0
Problems	0	0
Procedures	0	0
Smoking Status	8	1

Source Selection - Trend Graph

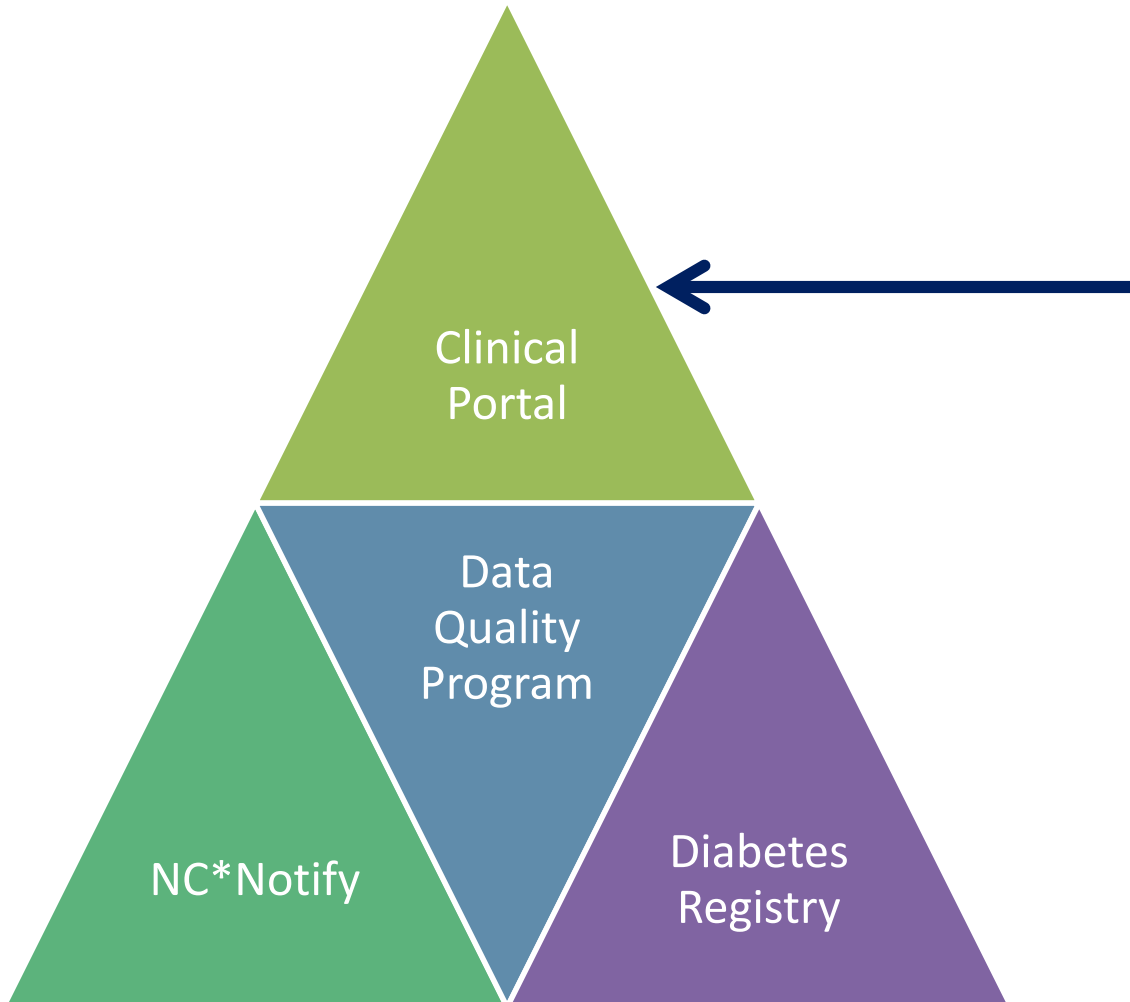
Organization Selection - Trend Graph

Data Element Selection - Trend Graph

Smoking Status



Current Services Available



NC HealthConnex Clinical Portal

- State-wide, longitudinal view of a patient's medical record across different care providers, health systems, etc.
- Access to Direct Secure Messaging (DSM)

NC HealthConnex Clinical Portal

Providers may view summary information about patients, as well as see the detail clinical documents that contributed to that summary.

M00000863 (HRMC) TEST PATIENT PLAN (M 82 years)

[Patient Summary](#) | [Timeline](#)

Document View

Showing **All** [Mark All As Read](#)
 Group By **Category** Sort By **Date**

Patient Summary

- Dynamic Documents (1 / 1)
- Incoming CCD (1 / 1)

EMPI Demographics

TEST, PATIENT PLAN

Other Identifiers		Emergency Contact	
HRMC	M00000863	Name	Snider, Kim
		Relationship	
		Phone	(336)829-4775

Demographics		Primary Care Provider	
Sex	Male	Name	Timberlake Jr, Roberts E
Date of Birth	01 Jan 1934 (82 years)	Clinic	Davidson Pediatric & Adolescent Medicine
Address	123 ROANOKE RAPIDS NC 27870		
Phone	5655555555		

Allergy List

Details	Reactions (Severity)	Onset Time
Ambien CR	dizziness	On Date

Clinical Documents

Showing **All** [Mark All As Read](#)
 Group By **Category** Sort By **Date**

Patient Summary

- Dynamic Documents (1)
- Laboratory (46 / 46)
 - Blood Gases (1 / 1)
 - Chemistry (11 / 11)
 - 02-May-2012 ESR (1 / 1) Dr Ba
 - 24-Apr-2012 * **Electrolytes** (5)
 - 26-Apr-2006 INR (4 / 4) Dr Jol
 - 09-Jan-2005 Creatinine (1 / 1)
 - Hematology (30 / 30)
 - Immunology (2 / 2)
 - Serology (1 / 1)
 - Surgical Pathology (1 / 1)
 - Microbiology (7 / 7)
 - Radiology (8 / 8)

*** Electrolytes (4.5 years ago)**

Electrolytes Cumulative [Show Older](#) | [Show Newer](#)

	Number	1	2	3	4	5	Ref. Range (Units)
<input type="checkbox"/> Collected		21-Apr-06 21:00	23-Apr-06 07:00	24-Apr-06 06:00	24-Apr-06 19:00	24-Apr-12 06:00	
<input type="checkbox"/> Source		MR	MR	MR	MR	MR	
<input type="checkbox"/> Sodium		140	141	138	140	* 130	135-145 (mmol/L)
<input type="checkbox"/> Potassium		4.3	4	3.9	** 7.5	* 3.1	3.4-4.5 (mmol/L)
<input type="checkbox"/> Creatinine		* 0.12	0.1	0.09	0.11	* 0.04	0.05-0.11 (mmol/L)
<input type="checkbox"/> GLUCOSE		6.4	6.9	6.8	* 7.6	7.0	4.0-7.5 (mmol/L)
<input type="checkbox"/> BUN		2.5	2.7	2.4	2.9	3.0	1.3-3.3 (mmol/L)

[Graph](#) No tests selected

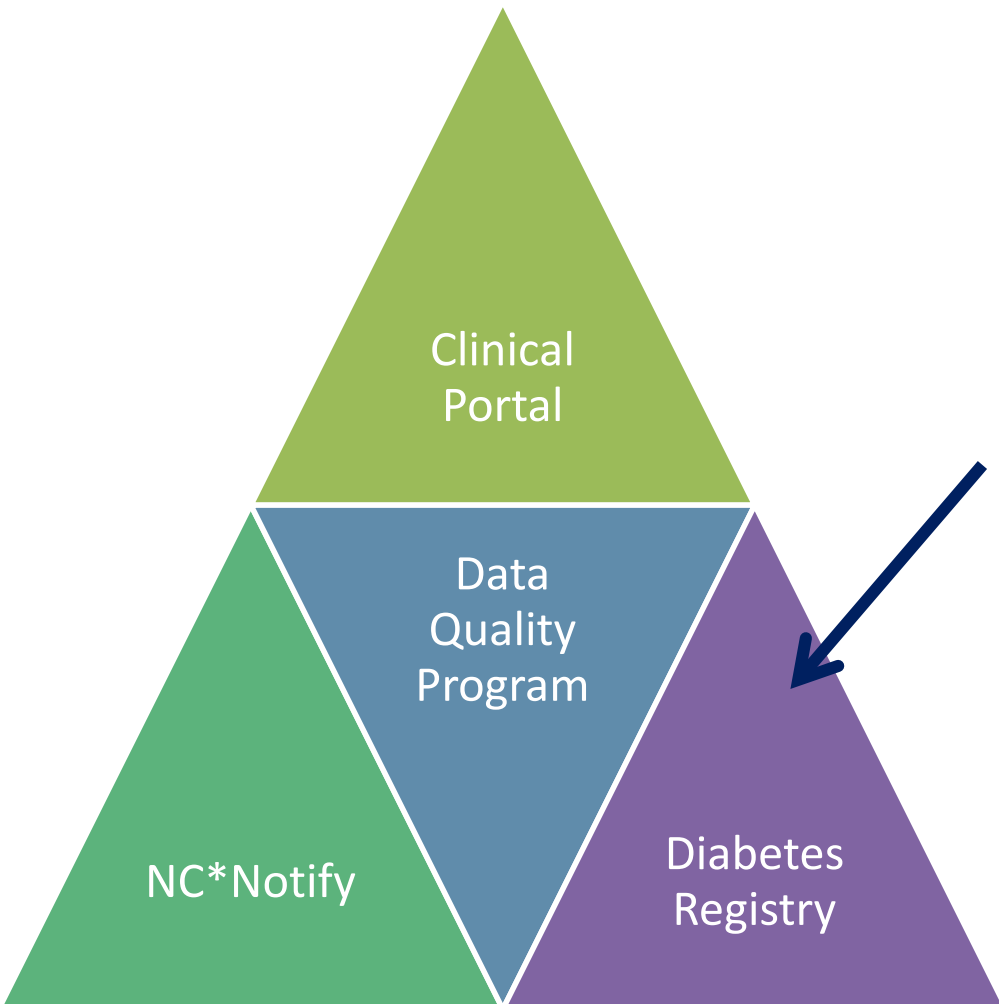
* Abnormal ** Critically Abnormal **§** Units or Reference Range differs

Lisa's relationship to the Clinical Portal



- Lisa's care continuum extends across the state of NC.
- Lisa's providers are often in different networks, but are able to **leverage NC HealthConnex's Clinical Portal** to see all of Lisa's encounters, medications, allergies, diagnoses, etc.
- Full and in-depth view of Lisa's longitudinal patient record.

Current Services Available



Diabetes Disease Registry

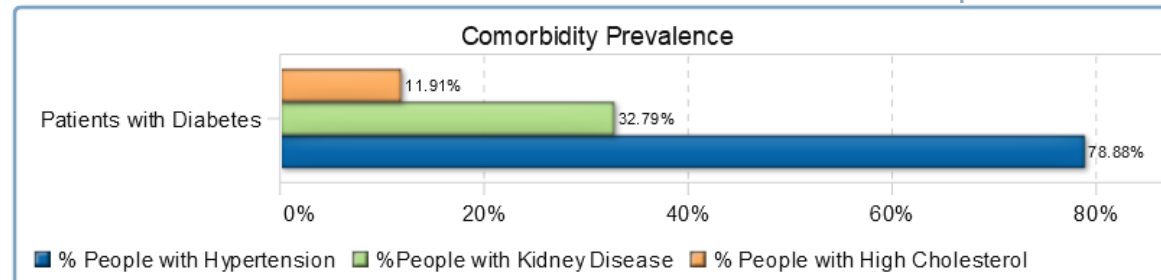
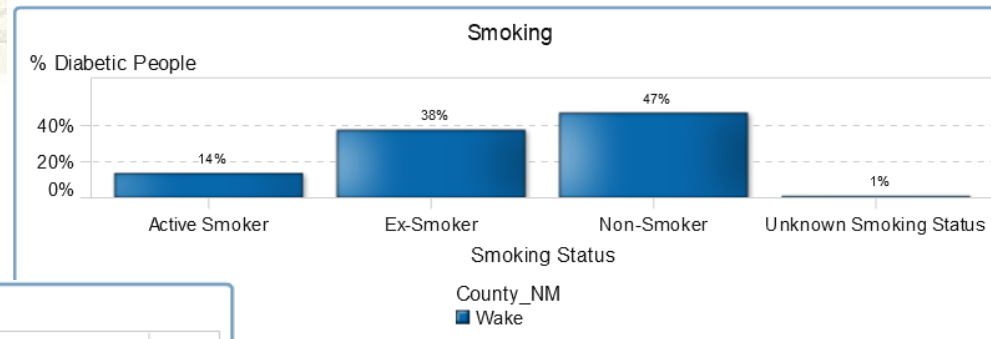
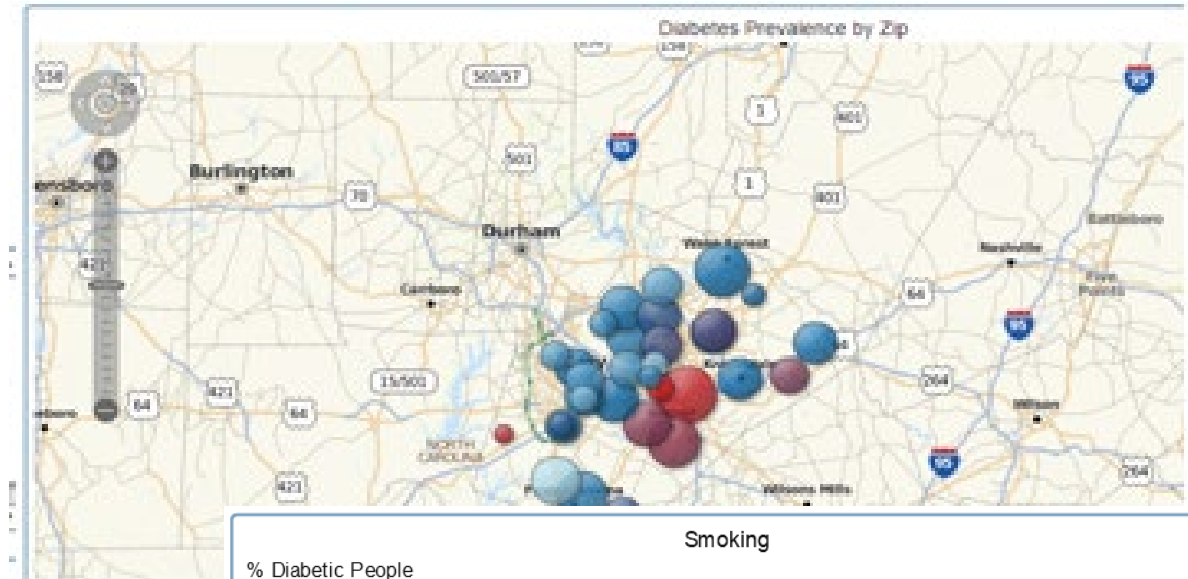
- Partnership between the NC DHHS's DPH and NC HealthConnex.
- Starting June 1, supports attestation for Meaningful Use Stage 3 and Modified Stage 2 for eligible hospitals, eligible critical access hospitals, and eligible professionals as well as Medicare Quality Payment Program Advancing Care Information for eligible clinicians
- Also includes a subscription based service for Participants where detail clinical data is provided based on a list of Participant's Patients
- Currently evaluating other clinical registries beyond Diabetes

Diabetes Disease Registry

NC DHHS's DPH regularly receives data and visualizations used for tracking the clinical care and outcomes of the patient population in North Carolina diagnosed with or presenting signs or symptoms of Diabetes.

This information is used to:

- ✓ Identify where there may be geographic areas and/or other populations that would benefit from public health programs
- ✓ Augment other Public Health data sources with de-identified clinical information about patients with Diabetes



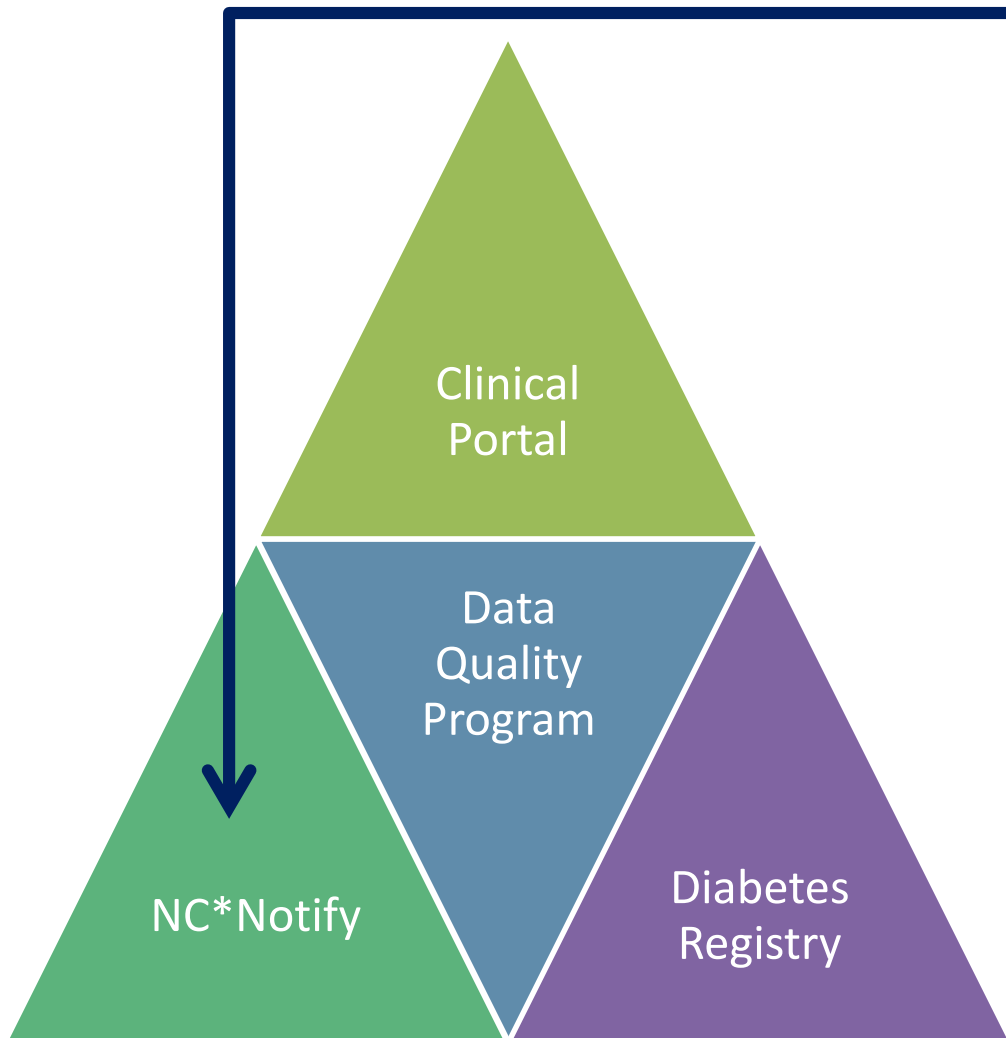
Smoking | BMI | Blood Pres... | LDL | HbA1c | ▶

Lisa's relationship to the Diabetes Registry



- Lisa is living with Type I Diabetes
- Lisa's encounter data will populate the **NC DHHS's DPH NC HealthConnex Diabetes Registry** to help NC DHHS's DPH better understand and provide support to North Carolinians living with Type I or Type II diabetes

Current Services Available



NC*Notify

- Subscription-based service to notify Providers as their patients receive services across the care continuum – spans geography, hospital systems, acute and ambulatory care settings, etc.
- Custom lists allow cohorts of Patients tuned to Providers' interest
- Custom delivery methods to integrate into Provider workflows

NCONotify

Event Notifications Powered by
NC HealthConnex

Step 1

Participant Submits Patient File for NC HealthConnex to Monitor

Technical Details

- Flat file with patient demographics
- Sent via sFTP



Step 2

Other Participants Submit Admission & Discharge Messages (ADT)



NC HealthConnex
Powering Health Care Outcomes

Step 3

Participant Receives Notification File

Technical Details

- Flat file with patient demographics and visit details
- Sent via sFTP
- Participant defines delivery schedule



NC*Notify – How to Enroll

- Full participation agreement
- Complete NC*Notify enrollment form
- Send patient list (sent via Secure FTP)
- Mechanism for receiving alerts (Secure FTP)

Benefits - NC*Notify + Clinical Portal

- Providers are notified when their patients have received care in other care settings
- Schedule follow up appointments with patients
- Follow up on medications prescribed or other discharge instructions
- Insight to provide continuity in care to reduce avoidable readmissions
- Insight to achieve financial goals under value-based care contracts
- Utilize for compliance with state and federal quality initiatives, including Meaningful Use/Promoting Interoperability



BENEFITS

Lisa's relationship to NC*Notify



- Lisa recently had an ER visit while on vacation in another part of the State
- After receiving information via **NC HealthConnex's NC*Notify file**, Lisa's PCP reached out to Lisa's parents to ensure that everything was okay with Lisa.
- Additionally, Lisa's PCP imported historical events received from NC HealthConnex's NC*Notify into her own analytics tool and can therefore see this was an isolated incident.

Questions:

For more information visit,
www.nchealthconnex.gov

Tel: 919-754-6912

E-mail: hiea@nc.gov



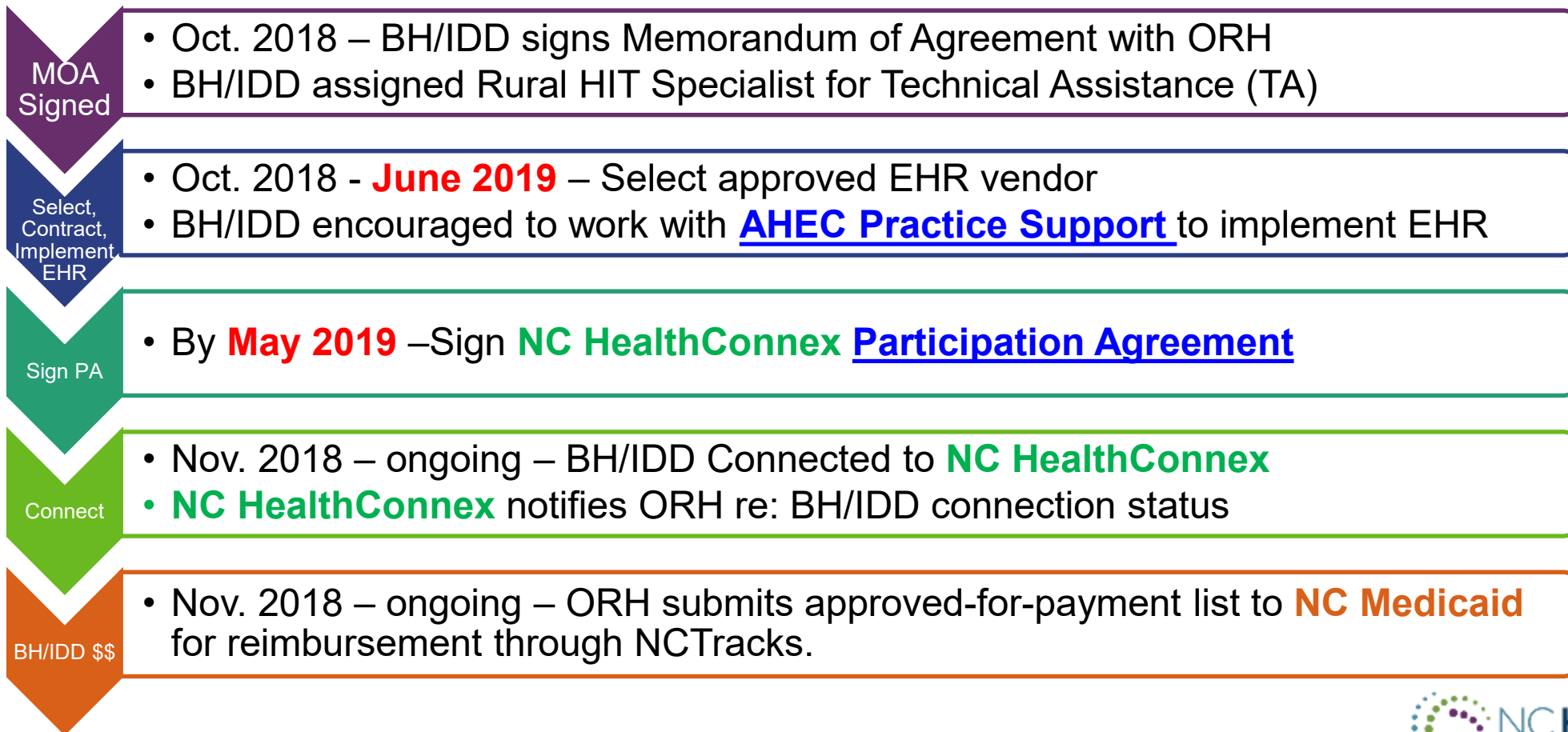
NORTH CAROLINA EHR FUNDING PROGRAM FOR BH/IDD PROVIDERS UPDATES

January 11, 2019

Lakeisha Moore, *NC Office of Rural Health
(ORH)*



BH/IDD EHR Program Reimbursement Process



EHR Funding Program for Behavioral Health/IDD Providers

HOW are payments made and what is the process for reimbursement through the EHR Funding Program for Behavioral Health/IDD Providers?

- Practices must apply to the program to be included on the request-for-reimbursement list.
- Payments will be made to the organization and are made through NCTracks.
- Reimbursement for technology purchase occurs:
 - once connectivity to the State-designated health information exchange (HIE), NC HealthConnex has been established
 - or active HIE onboarding for over 30 days, whichever comes first.

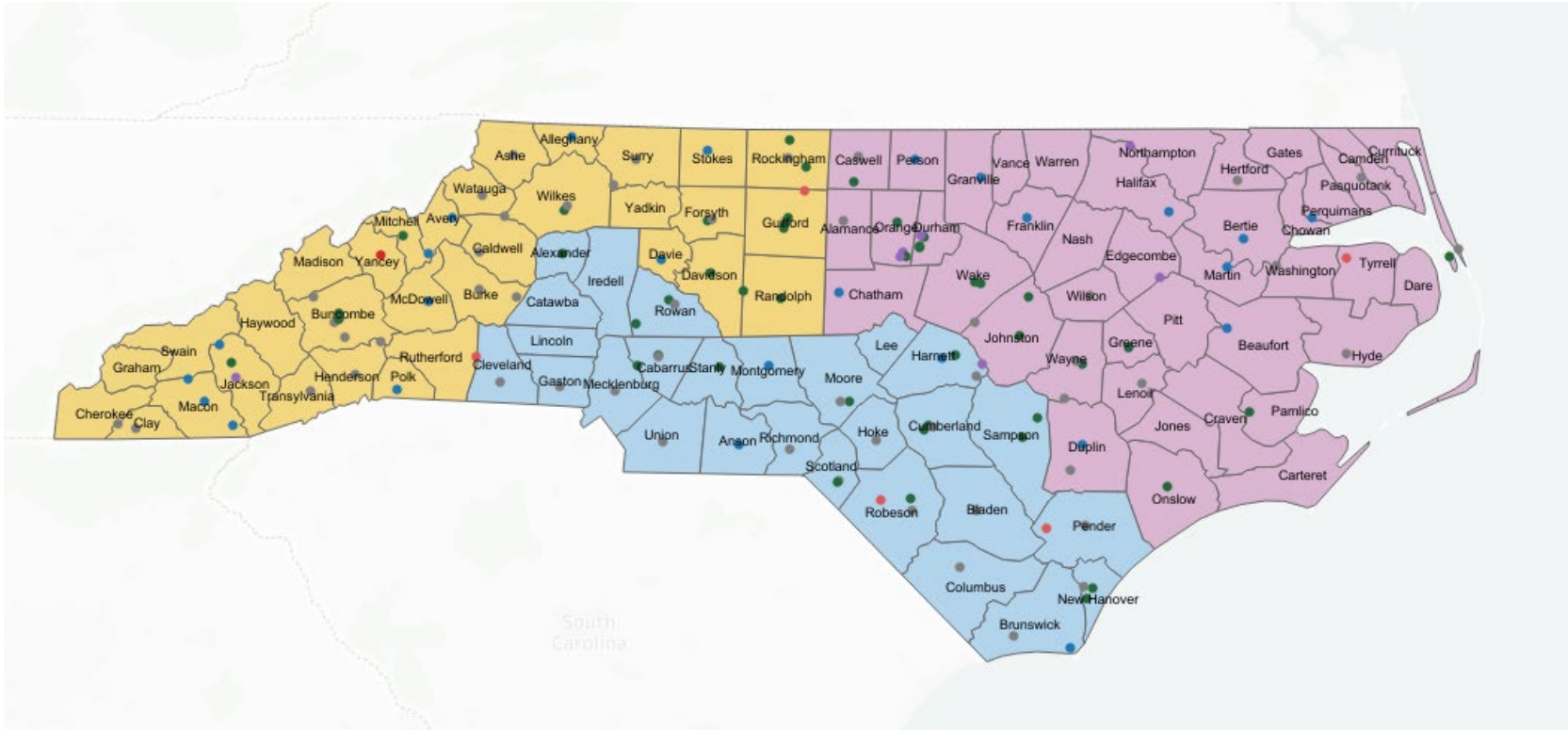
EHR Funding Program for Behavioral Health/IDD Providers – Reimbursement

Items needed for Reimbursement:

- **Proof of EHR procurement costs** – EHR receipt/invoice along with EHR contract are examples of proof of EHR procurement costs to be submitted to ORH HIT Specialist.
- **Fully executed HIEA Participation Agreement (PA)** – After participants submit a completed and signed PA to the HIEA, they will receive a fully executed copy of the agreement for their records. Submit a copy of the fully executed agreement to ORH HIT Specialist.
- **Proof of EHR being able to connect to NC Health Connex** – The organization's EHR vendor needs to be listed on the NC HealthConnex EHR Vendor Connectivity [Report](#). If the organization's EHR is not on the connectivity report, the HIEA can work with the EHR vendor to validate that the EHR is able to connect.

NC Office of Rural Health Service Area Map

ORH HEALTH IT SPECIALISTS



EASTERN – SEBASTIAN GIMENEZ
SEBASTIAN.GIMENEZ@DHHS.NC.GOV



CENTRAL – ADONNICA ROWLAND
ADONNICA.ROWLAND@DHHS.NC.GOV



WESTERN – ADAM MYERS
ADAM.MYERS@DHHS.NC.GOV



SAVE THE DATES:

BH/IDD EHR Incentive Program Monthly Webinars
2nd Friday of each month at noon

Dec. 14th

Jan. 11th

Feb. 8th

March 8th

April 12th

May 10th

June 14th

NC HealthConnex How to Connect Call
January 28, 2019

Please [register](#) to attend the WebEx

NC HealthConnex EHR Vendor Call
February 28, 2019 at 11 AM



Thank You!

For more information visit,

www.nchealthconnex.gov

Tel: 919-754-6847

E-mail: hiea@nc.gov

NC Office of Rural Health HIT Team

E-mail: ORH_HIT@dhhs.nc.gov