North Carolina Health Information Exchange Authority

Overview of Topics

- Health Information Exchange Overview: PURPOSE
- What does the law mandate?
- HB 70 Proposed Legislation
- What is NC HealthConnex: POLICIES
- Connection PROCESS & Benefits of Connecting
- Suite of Services
- Questions?
Who Are We?

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, By the Numbers:

- Over 40,000 providers with contributed records
- 4,500 plus health care facilities live submitting data, including 97 hospitals
- 4,000 plus health care facilities in onboarding
- 52 million+ continuity of care documents (CCDs)
- 6M+ unique patient records
- Over 150 unique EHRs engaged
- 6 border and intra-state HIEs connected
Health Information Exchange in North Carolina

facilitating data exchange to improve care

**Long-Term Care**
This group has lagged in data sharing initiatives but provide critical insight into patient monitoring and care coordination.

**Primary Care**
Key to value-based care model and needs visibility from all other providers treating their patients.

**Behavioral Health/IDD**
A crucial part of managing patient populations will be the care provided by these providers.

**Hospitals and Ambulatory Sites**
Many hospitals are able to speak with each other, but lack ability to communicate from outside system.

**Health Registries**
Specialty registries are essential for physicians as health care transitions to value-based payment models.

**Payers**
NC HealthConnex will be able to support health plans as beneficiaries transition from plan to plan.
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
House Bill 70 – Proposed Committee Substitute

- Solely requires health care providers licensed in the State of NC to connect. Providers in other states can connect voluntarily.
- Moves the June 1, 2019 deadline to June 1, 2020 for most providers
- Requires psychiatrists to connect by June 1, 2021
- Extends the final deadline (i.e. the “end” date) for all entities to connect to 2021, which allows providers more time to comply and aligns with deadline updates made to the HIE Act in 2018 for pharmacies, dentists, and ambulatory surgical centers
- Requires State facilities and labs to connect after they have procured EHRs
- Clarifies that data that passes to or through NC HealthConnex is not public record

Reference: https://webservices.ncleg.net/ViewBillDocument/2019/1268/0/H70-PCS10162-BC-6
Hardship Exemption

DHHS in consultation with DIT to establish a process to grant exemptions to providers of Medicaid and other state-funded providers for whom acquiring and implementing an EHR would constitute undue hardship.

Process would consider the following:
• Impending retirement or closure
• Lack of access to affordable broadband capacity
• Lack of financial flexibility to acquire and implement health information technology solutions whether exclusion of the provider from Medicaid would result in a lack of access to care under the Department's network adequacy standards

Reference: https://webservices.ncleg.net/ViewBillDocument/2019/1268/0/H70-PCS10162-BC-6
House Bill 70 – Proposed Committee Substitute

**Statutory Exemption for Certain Service Providers**

1. Respiratory, rehabilitative, restorative, assistive technology, and intellectual and developmental disability service providers.
2. Durable medical equipment providers.
3. Personal care, community alternatives programs, including CAP/C and Innovations, private duty nursing, and Program of All-Inclusive Care for the Elderly (PACE) service providers.
4. Home health providers.
5. School-based health providers, Children’s Developmental Services Agencies, NC Infant-Toddler Program service providers, and providers of the residential behavioral health program for children operated by the Secretary of the Department of Health and Human Services at Wright School.
6. Speech, language, and hearing service providers.
7. Hospice service providers.
8. Respite care service providers.
9. Non-emergency medical transportation services.
10. Occupational and physical therapy service providers.

Reference: https://webservices.ncleg.net/ViewBillDocument/2019/1268/0/H70-PCS10162-BC-6
Extension Process Update

- Participants who are in the queue to connect and are moving forward in the technical process, will automatically receive an extension and remain in compliance.

- If HB 70 does not pass by June, new participants who are mandated to connect by June 1, 2019, will automatically receive an extension if they are still in the queue to connect on their deadline.

- Please note: Participants must remain responsive with the NC HealthConnex technical team and continue to move forward in the connection process. The extension is not a waiver, but simply an extended period of time to finish the connection build.
Patient Education & Opt-Out

Patient Education materials provided to organization via email (*welcome packet*).

Includes:

- Sample Notice of Privacy Practices
- Fact Sheet
- Tri-fold Brochure Order Form
- Talking Points
- FAQs
- Employee Education Materials
  - Employee Newsletter
  - Leadership Emails

*Patients have the right to opt out of having their information shared between providers through NC HealthConnex.

All NC HIEA Policies are posted on our website, [nchealthconnex.gov](http://nchealthconnex.gov).
The NC HIEA is required to ensure that participants educate patients about NC HealthConnex and their right to opt out of data sharing once their data is in NC HealthConnex.

An opted out patient’s information can still be disclosed for public health or research purposes as long as the disclosure is permitted by HIPAA and State law.

It is important to note that patients’ data must or should still be submitted to NC HealthConnex even if they have opted out. It is required for beneficiaries of State funded services and it is encouraged to send data not pertaining to State funds. However, for this latter group of patients, the provider must abide by HIPAA and any patient restrictions they have agreed to.
North Carolina is an Opt Out state, which means patients are automatically Opted In to the HIE, unless they exercise their right to Opt Out.

It is the provider’s responsibility to educate their patients about NC HealthConnex, and their right to Opt Out. A Welcome Packet with education materials and a sample Notice of Privacy Practices is emailed to each Participant Account Administrator when the executed PA is returned.

If a patient chooses to submit an Opt Out form, all fields must be completed, and form should be mailed to the NC HIEA Business Office:

NC HealthConnex
MSC 4101
Raleigh, NC 27699-4101
Minors & Health Care Treatments

N.C.G.S. 90-21.5: Unemancipated minors are permitted to be received treatment without consent from a parent or legal guardian (“LG”) for the following conditions:

- venereal disease and other reportable diseases;
- pregnancy;
- abuse of controlled substances or alcohol; and
- emotional disturbance

N.C.G.S. 90-21.4(b): Providers are also prohibited from notifying the minor’s parent or LG about the treatment given to the minor for the conditions above unless the provider determines that notifying the parent or LG is essential to the life or health of the minor.

Minors may also receive treatment in other situations, including medical emergencies, the parents or legal guardians cannot be located, the identity of the child is unknown, etc.
Minor Opt Out Interim Solution

NC HealthConnex has developed a plan to allow for a minor to request confidentiality in accordance with NC law. This solution involves:

- The County Health Department to obtain written opt out requests from minor patients during the visit involving medical treatments the minor does not need parental consent to receive
- The provider will submit the form directly to NC HealthConnex within 3 days of the encounter
- Meanwhile, NC HealthConnex will hold off on including the minor’s records submitted from that provider in NC HealthConnex.
- If the opt out is received by NC HealthConnex within that time period, that set of minor’s data from that encounter date will not be visible to participants. If the opt out request is not received, the minor’s data will be viewable in NC HealthConnex.

DPH has identified a few health departments that have started testing this process. Certain EHR products have also provided the ability to flag and not submit minors’ data as an interim solution.
Questions?
For more information, visit:
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Legal Questions
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