



Licensed Independent Practitioner Collaborative

March 27, 2019

NC HealthConnex

NC HealthConnex is a state designed health information exchange. The goal of NC HealthConnex is to allow providers to access comprehensive records across multiple providers creating a holistic view of the patient record. This will result in less duplicative testing; more efficient and accurate diagnoses, recommendations and treatment; and improved coordination across all levels of care. Part of the process for providers to get connected to NC HealthConnex is to select an Electronic Health Record (EHR) and to sign a Participation Agreement. The NC HealthConnex website provides further information and includes a list of Electronic Health Record (EHR) vendors that are currently connected to NC HealthConnex and available to providers. <https://hiea.nc.gov/providers/how-connect>. Providers are strongly encouraged to reach out to NC HealthConnex for further information and assistance.

Proposed Committee Substitute of House Bill 70: Delay NC HealthConnex for Certain Providers.

On March 12, the House HHS Committee discussed and reported favorable a Proposed Committee Substitute of **House Bill 70: Delay NC HealthConnex for Certain Providers**

You can review the second edition of the bill using the following link:

<https://www.ncleg.gov/Sessions/2019/Bills/House/PDF/H70v2.pdf>

The bill would:

- Extend the HIE demographic and clinical data submission deadline for licensed physicians whose primary area of practice is psychiatry to June 1, 2021.
- Require State Health Care facilities and the State Laboratory of Public Health operated by DHHS, including but not limited to psychiatric hospitals, developmental centers, and drug treatment centers, to submit demographic and clinical data by June 1 of the fiscal year following implementation of an Electronic Health Record system.
- Extend the previously authorized HIE connectivity extension request timeline to June 1 of 2021 instead of June 1 of 2020.

- Add a provision to exempt qualifying providers from HIE connectivity on a case-by-case basis when connectivity would constitute an undue hardship.
- Add a provision to authorize voluntary HIE connectivity for a specific list of provider types (including I/DD, PCS, CAP, and Innovations Waiver service providers) who provide services to Medicaid and other State-funded health care program beneficiaries.
- Explicitly make data submitted to or through the HIE confidential and exempt from public records disclosure.
- Expand the NC Health Information Exchange Advisory Board membership to include a representative payor, a licensed independent primary care physician in good standing, and the Executive Administrator of the Health Plan for Teachers and State Employees.