



IMPROVING YOUR CARE THROUGH THE EXCHANGE OF HEALTH INFORMATION

*Pennsylvania eHealth Partnership Advisory Board
Meeting Minutes*

PA eHealth Partnership Program Advisory Board Meeting Date and Location

Meeting Date: Friday, November 7, 2025

Meeting Time: 10:00 a.m. to 12:30 p.m.

Meeting Location: Microsoft TEAMS Meeting

Advisory Board Members

Mr. Nick Barbera – Senior Manager, Sunstone Consulting

Ms. Caroline Beohm – Policy Director, PA Insurance Department

Dr. Megan McNelly Brenckle – Vice President of Quality Improvement, PA Health & Wellness

Mr. Martin Ciccocioppo – Director, PA eHealth Partnership Program, Department of Human Services

Ms. Pamela Clarke – Senior Director, Quality, Health Promotion Council [EXCUSED]

Dr. Robert Danoff – Director of Family Medicine Residency Program, Jefferson Health Northeast [ABSENT]

Mr. Travis Davis – Executive Director of LTC, Department of Military and Veterans Affairs

Mr. Joseph Fisne – VP/Associate Chief Information Officer, Geisinger Health System

Ms. Mia Haney, Chief Executive Officer, PA Homecare Association

Ms. Muneeza Iqbal – Deputy Secretary for Health Resources & Services, PA Department of Health

Mr. Paul McGuire (Chair) – Senior Vice President, Country Meadows

Mr. Isaiah Nathaniel, Senior Vice President and CIO, Delaware Valley Community Health Inc.

Dr. Michael A. Sheinberg – Chief Medical Information Officer, Penn Medicine

Mr. Mark Volovic – VP and Chief Information Officer, Indiana Reg. Med. Ctr. & Punxsutawney Area Hosp.

Dr. Margarete Zalon – Professor Emeritus, University of Scranton Department of Nursing

Ex Officio Members (HIO representatives awaiting legislative appointment)

Mr. Don Reed, SVP and Chief Operating Officer, Health Share Exchange

Ms. Phyllis Szymanski, President, ClinicalConnect HIE

PA Department of Corrections (DOC) Staff

Erica Gipe – EHR Project Manager

PA Department of Health

Rae Ann Ginter – Director, Data Modernization Initiative, PA Department of Health

PA Department of Human Services

Eli Baker – Human Services Program Specialist, PA eHealth Partnership Program

Kathleen Beani – Human Services Program Specialist, PA eHealth Partnership Program

Marcy Domen – Assistant Director, PA eHealth Partnership Program

Dana Kaplan – PHG Coordinator, PA eHealth Partnership Program

Lisa McCutcheon – Project Manager, PA eHealth Partnership Program

Christy Stermer – Program and Fiscal Manager, PA eHealth Partnership

Patrick Weiss – Sr. Data Analyst, PA eHealth Partnership Program

Guests

Brian Castle - VP Data & Analytics, Highmark

Keith Cromwell – Senior Program Director, Central PA Connect HIE

Tara Gensemer – Senior Consultant, Resultant

Alix Goss – Senior Consultant, Point-of-Care Partners

Nathan Hecker – HIKE Health, Senior Director and Chief Information Security Officer

Joel Lange – P3N Project Manager, Accenture
Rakesh Mathew – President/CEO, HIKE Health
Alexandra McMahon – PA Homcare Association, Director Government Relations
Lacy Mendoza – P3N Operations Manager, Accenture
Asha Shah – Director, Application and Development Support, Lehigh Valley Health Network
Elizabeth Scoles – HealthShare Exchange
Marianne Smith – HIE Product Manager, Central PA Connect HIE
Alice Vuong – Director of Technology, HealthShare Exchange

Welcome and Introductions

Roll call was completed. Chair Paul McGuire called the meeting to order and welcomed all members and guests. Board members introduced themselves including new board members: Dr. Megan McNelly Brenckle serving as the insurance representative, Mr. Travis Davis serving as the long-term care representative, and Mr. Isaiah Nathaniel serving as the unserved/underserved representative.

Consent Agenda

August 1, 2025, meeting minutes were reviewed and approved by the Advisory Board as distributed.

Health Information Exchange Trust Community Committee (HIETCC) Updates

Ms. Asha Shah provided a summary of last quarter's HIETCC activities. Recent committee activities included conducting P3N disaster recovery and cybersecurity exercise, discussions on lab data standards, and patient matching. Ms. Shah noted LVHN benefits from participating in HIETCC and that HIETCC has improved data security, patient matching, and enhanced interoperability.

PA eHealth Partnership Program Initiatives

Mr. Martin Ciccocioppo reported that the HIETCC Trust Committee has been meeting monthly since 2013 and is a key partnership group to work with HIO leadership.

Integration of ODP State Centers to the P3N is delayed due to infrastructure updates which are anticipated to be completed in the first quarter of 2026.

Discussions continue with Ohio regarding onboarding the P3N ADT service after Ohio completes technology upgrades in early 2026.

There have been recent positive discussions with New York and the SHIN-NY (Statewide Health Information Network for New York) which is creating a statewide encounter notification service as opposed to the current regional approach. This approach will make it easier to share information across state lines.

The number of acute care hospitals has not changed, with 89% of acute beds connected to a P3N-HIO. WellSpan Health System and Lehigh Valley Health Network have several new community hospitals that will be completed in the next nine to twelve months and will be connected to the P3N. Dr. Margarete Zalon shared she believes Tenor Health Foundation, which bought Sharon Hospital, is working on a proposal to buy the three CHS hospitals in the northeast. Currently, they are not connected to an HIO, so there is potential that they would opt-in and participate with an HIO.

Regarding the competitive Reprourement of the P3N, program services are not expected to change after contract negotiations are completed with the successful vendor.

The birth and death registries are onboarding to a new platform. Hopefully they will be added to the public health gateway once that work is completed.

Obstetric Needs Assessment Forms (ONAFs) are being received by the P3N, allowing patient care teams to route them to resources to help mitigate any identified risks. The MA ID field is necessary for linking but is often left blank. A process is being developed with the MCOs to educate providers.

The Governor's Office of Administration is implementing an identity access management solution that will allow individuals who authenticate through that system to log into the P3N patient portal. The project is in the second phase of piloting and currently not available to consumers.

The P3N encounter notification service is live and is providing encounter notification reports to one of ClinicalConnect's health plans, PHW. This service is available to all HIOs.

The Office of Developmental Programs requested a dashboard that would identify whenever their clients were encountering a delivery system, particularly if there was a diagnosis or a potential diagnosis of abuse or neglect, either for a child or adult. The project was paused due to unanticipated report preparation costs, but a process has been identified using an existing query that may provide the necessary data at no additional cost.

Three projects under the 1115 waiver are being pursued: a funding request for reentry from incarceration is being considered with the current budget negotiations and development work continues on the healthy food and housing assistance projects, with funding requests likely to be included in the budget request for next year. DHS applied for HR1 Rural Health Transformation funding which earmarked fifty billion dollars nationwide for states to help rural health care providers over the next five years to make improvements in providing care, accessing data, and improving technology in rural communities. Participating in any of the funded programs may be limited to providers who are participating with a P3N HIO. Potential P3N onboarding grant programs could ease the burden of onboarding and help to close the acute care hospital white space. A decision is anticipated by December 31, 2025, with funding potentially flowing as early as January 2026.

HIOs utilized \$30,000 integration grants to onboard forty-three health systems, payers and CBO EHRs or case management systems into the Findhelp platform. Unused American Rescue Plan Act funds in the amount of \$1,530,000 were returned to the HIOs to support their contract with Findhelp or to make modifications to the system before the funding expired September 30, 2025.

A data sharing agreement is being finalized to start sharing MA and SNAP enrollment with PA Navigate. Once fully executed a technology solution will be developed to provide navigators with that information to better direct people to resources, assist with the application process if they qualify, and close unmet needs gaps.

Mr. Ciccocioppo shared he is working with DHS to determine how the PA Navigate platform network can assist with capturing information required for the new community engagement and work requirements for SNAP and Medicaid which requires working twenty hours a week, being in job training or a higher education program or by volunteering. PA Navigate recently implemented functionality for individuals to search for training and education resources and CBO volunteer opportunities by zip code. Findhelp has committed to working on a process to automate the flow of an individual's participation in those programs to DHS. Additional work is needed to increase CBO volunteer opportunity listings.

TEFCA has been embraced by the new administration and new use cases are being developed to support areas like social security disability determination. There are currently ten designated QHINs and one candidate, Oracle Health. Providers can participate in a QHIN and still participate across the P3N with their local HIO because the P3N and the HIOs are not sub-participant in any QHINs. The P3N is not affected; providers are free to use their EHR provided QHINs for national access to patient information.

Participating in TEFCA will not prevent providers from participating in the encounter notification service or querying across the P3N. In addition to supporting TEFCA, the new administration has developed a new interoperability framework that recognizes the added value of regional and state HIEs. Discussions will continue with the HIETCC community to determine what level of alignment or pledging would support the national interoperability framework that is separate and apart from participating in TEFCA.

Ms. Alix Goss asked if there were any discussions on how the P3N might evolve to support more than just clinical payload. Mr. Ciccocioppo noted the August Advisory Board presentation given by Mr. Ryan Howells, and Mr. Rakesh Mathew, about leveraging HIE for helping providers and payers comply with the CMS 0057 rule was a step in that direction. Currently none of the HIOs are in the claims space and are not facilitating a prior authorization process. Ms. Goss shared that in addition to the interoperability rule there was also payer-to-payer exchange and the need to respect consents and established treatment relationships. Mr. Mathew stated they are working with many payers, and he expressed the benefit of having a consolidated effort. Ms. Goss clarified there are two conversations: payer-to-payer exchange and as the federal interface expectations evolve, what is being done to support integration challenges associated with CMS 0057. Mr. Joseph Fisne stated he supports moving in that direction.

Mr. Ciccocioppo noted DHS has discussed leveraging the P3N to validate an individual's exemption from the community engagement or work requirements. Over 600,000 MA eligibles were dropped during the COVID unwinding, some were no longer qualified but others fell through the cracks due to the administrative process. Providers and payers recognize that more could have been done to support those individuals to maintain their coverage. DHS is exploring how clinical information in the P3N might be leveraged to support continuation of qualified services. Ms. Goss stated that it was a great example of how Pennsylvania HIE and the P3N could be leveraged to meet the emerging programmatic needs with the technical capabilities that have already been invested across the community. Mr. Ciccocioppo shared that Ms. Goss was sunshining the meeting and that she is very familiar with our work since she was the second Executive Director for the PA eHealth Partnership Authority and oversaw the original P3N contract and onboarding of the HIOs.

Mr. McGuire stated that as a provider, he hoped the dollars would follow clinical information. As an example, it would be beneficial for him to have access to more clinical and claims data when Institutional Special Needs Plans (I-SNPs) residents saw a doctor or were admitted to a hospital. Mr. Mathew stated CMS 0057 includes criteria called the Provider Access API that would provide this capability.

PA Department of Health (DOH) Data Modernization Initiatives and Priorities

Ms. Muneeza Iqbal presented an update on their data modernization initiative (DMI) that kicked off in 2021, stating the mission is to provide all internal and external public health decision makers with accessible, timely, reliable and meaningful data to drive policies and interventions. Ms. Rae Ann Ginter added they are establishing a cloud-based enterprise data warehouse infrastructure that would store disease surveillance, syndromic surveillance, vital records data, laboratory information management, immunization information and hospitalization data systems. A universal master person index (MPI) was created to enable data linkage across the DMI systems. A centralized reporting hub has been created to securely share with and report data to local health departments and stakeholders. In addition to systems being replaced or upgraded and ongoing technology projects, there is a focus on establishing data governance policies, procedures and best practices. This includes a guidebook for staff that encourages the use of data to drive all policy and programmatic decisions.

Ms. Lisa McCutcheon provided an update on the P3N provider portal project that would aid in reducing duplication of required assessments and tests, track patient outcomes and inform the development of improved diagnosis, treatment, and prevention strategies. The 30-day pilot that ended in November was

a huge success; DOH anticipates approximately 200 disease investigators and community health nurses should be onboarded to the P3N Provider Portal by the first quarter of calendar year 2026.

Mr. Ciccocioppo shared the DOH would have preferred implementing an EHR and connecting to the P3N but in the absence of that connection, the P3N Provider Portal will provide insight to clinical records and assist with job performance. Dr. Michael A. Sheinberg asked how much work has been done regarding the MPI, to which Ms. Ginter responded the DOH has procured Verato and plans on using both the UMPI and data enrichment services. Mr. Ciccocioppo stated that the DOH Verato instance has been transferred to the Governor's Office of Administration and will be used for the individual access management solution that will allow individuals to log into the P3N. Mr. Don Reed questioned whether it was fair to HIO members who pay a member fee for state programs to leverage the P3N without paying a participation fee. Mr. Ciccocioppo responded that the state, utilizing both state and federal funds, carries most of the cost of the P3N and that state programs using the P3N at no additional cost was part of the initial arrangement with P3N HIOs.

HealthShare Exchange HIE Overview

Mr. Reed presented an overview of HSX data sharing since their inception in 2012. They currently process approximately 20 million records or transactions per month. HSX became an independent nonprofit 501(c)(3) and has a unique governance which includes equal voting for payers and providers. HSX is HITRUST r2 certified and is currently going through the rigorous recertification process. HSX has evolved from just providing real time data for care management, to providing support with quality initiatives, population health and developing value-based care programs. In addition to ADT encounters and notifications, connectivity to PHG and other exchanges, real-time interfaces provide payers and providers with data needed for case management and EHR systems. Additionally, NCQA data aggregation, validation, and quality reporting services are provided for members. HSX is recognized as a research data source that can aggregate and deidentify data for research purposes. HSX has 25 members integrated into the PA Navigate platform and receives PA Navigate CCDs for their patients. The trusted network performance, high acknowledgment rates and high closed loop referrals are highly valued by members. Regarding technology and security, the Mirth Connect environment is moving out of NextGen's legacy data center to AWS. This is a very large migration of 700 plus interfaces. Mr. Ciccocioppo noted PA eHealth is in the final testing stages to be able to integrate the P3N with the new environment which will increase speed and response times and decrease errors for the community.

PA eHealth Partnership Program SFY 2024-2025 Annual Report Review

Ms. Marcy Domen reviewed the draft annual report indicating the board would need to vote to recommend sending the report to the DHS Secretary for approval and signature before sending it to the Governor and to the General Assembly. Accomplishments and goals are pulled directly from the strategic plan and notable metrics were included this year. The board approved the report.

Vice Chair Election

Mr. McGuire previously nominated Mr. Nick Barbera to stand for the CY2026 PA eHealth Partnership Advisory Board Vice Chair election. No additional nominations were received. Mr. Barbera was elected vice chair with no opposition.

New Business

None

Public Comment

Dr. Zalon shared that when searching maternal health on PA Navigate there were no results under medical care or prenatal health and suggested PA Navigate review their search criteria to ensure it was relevant and appropriate.

Adjournment

The meeting was adjourned at 12:01 p.m.

2026 Pennsylvania eHealth Partnership Advisory Board Meetings

Friday, February 6, 2026, TEAMS Meeting, 10 a.m. – 12:30 p.m.

Friday, May 1, 2026, in-person at 2525 Seventh Street, Harrisburg, 10 a.m. – 2 p.m.

Friday, August 7, 2026, in-person at 2525 Seventh Street, Harrisburg, 10 a.m. – 2 p.m.

Friday, November 6, 2026, in-person at 2525 Seventh Street, Harrisburg, 10 a.m. – 2 p.m.