



IMPROVING YOUR CARE THROUGH THE EXCHANGE OF HEALTH INFORMATION  
Pennsylvania eHealth Partnership Advisory Board  
Meeting Minutes

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**PA eHealth Partnership Program Advisory Board Meeting Date and Location**

Meeting Date: Friday, May 3, 2024  
Meeting Time: 10:00 a.m. to 1:48 p.m.  
Meeting Location: Harrisburg Uptown Building and via Microsoft TEAMS Meeting

**Advisory Board Members**

Ms. Caroline Beohm – Policy Director, PA Insurance Department  
Mr. Martin Ciccocioppo – Director, PA eHealth Partnership Program, Department of Human Services  
Ms. Pamela Clarke – Senior Director, Quality, Health Promotion Council  
Dr. Robert Danoff - Director of Family Medicine Residency Program, Jefferson Health Northeast [EXCUSED]  
Mr. Joseph Fisne – VP/Associate Chief Information Officer, Geisinger Health System  
Mr. Scott Frank – Chief Information Officer, Capital Blue Cross  
Ms. Teri Henning – AVP Government Affairs, Aveanna Healthcare  
Ms. Muneeza Iqbal, Deputy Secretary for Health Resources & Services, PA Department of Health  
Ms. Julie Korick (Vice Chair) – Chief Financial Officer, PA Association of Community Health Centers  
Ms. Minta Livengood – Volunteer [ABSENT]  
Mr. Paul McGuire (Chair) – Chief Operating Officer, Quality Life Services  
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, HealthShare Exchange  
Ms. Phyllis Szymanski, President, ClinicalConnect HIE

**PA Department of Corrections (DOC) Staff**

Phil Coady - Corrections Healthcare Administrator

**PA Department of Health**

Rae Ann Ginter –Director of Data Modernization

**PA Department of Human Services**

Kathleen Beani – PA eHealth Partnership Program  
Dana Kaplan – PA eHealth Partnership Program  
Deb Kochel – PA eHealth Partnership Program  
Aleissa (Lisa) McCutcheon – PA eHealth Partnership Program  
Kay Shaffer – PA eHealth Partnership Program  
Christy Stermer -- PA eHealth Partnership Program

**Guests**

Barry Buckingham – Executive Director, PA Health Care Cost Containment Council (PHC4)  
Kim Chaundy, Associate VP, Applications & Interoperability, Geisinger  
Miranda Combee, Manager, Strategic Risk Adjustment Programs, Highmark, Inc.  
Keith Cromwell, Central PA Connect HIE  
Dan Dreibelbis, Health Care Operations Specialist, HIT, PA Medical Society (PAMED)  
Ryan Elser, Manager, Risk Adjustment Programs, Highmark, Inc.  
Tanoa Fagan, Pennsylvania Director, findhelp  
Alix Goss, Point of Care Partners  
Richard (Rick) Kerr, R. Ph. Administrator, Clinical Applications, LVHN

Joel Lange, HIE Project Manager, Interoperability, Cognosante  
Michael Lundie, VP, Interoperability Engineering, Cognosante  
Bill Marella, VP, Value Based Care and Analytics, Health Share Exchange  
Alexandra McMahon, Director of Government Relations, PA Homecare Association  
Laura Mosesso, Compliance/Outreach Manager, Clinical Connect HIE  
Carly Pasinski, System Analyst, Clinical Connect HIE  
Steve Romary, Highmark, Inc.  
Asha Shah, Director for Clinical Applications Outpatient, LVHN  
Dr. Sushma Sharma, Hospital and Healthsystem Association of Pennsylvania  
Steve Shine, Director, Population Health, LVHN  
Jaffer Traish, COO, findhelp

### **Welcome and Introductions**

Roll call was completed. The following advisories were read aloud and shared visually on the screen with all attendees: Wiretap Act, Consent to Recording, and an additional advisory noting the Commonwealth does not approve having AI (Artificial Intelligence) bots interacting with Commonwealth meetings. Chair Paul McGuire called the meeting to order and welcomed all members and guests.

### **Consent Agenda**

The February 2, 2024, meeting minutes were reviewed and approved by the Advisory Board as distributed.

### **Health Information Exchange Trust Community Committee (HIETCC) Updates**

Kim Chaundy of KeyHIE filled the position of HIO liaison, who reports to the Board on the progress and achievements of HIETCC over the previous few months at each meeting. The April 2024 HIETCC Agenda as well as the approved HIETCC Minutes for January, February, and March 2024 were distributed to participants by PA eHealth prior to this meeting. Regarding PA Navigate, findhelp is connected to three of the four HIOs in the PA Navigate Consortium, and the fourth is expected to connect later this month. It is anticipated that coalition sharing will start so the HIOs can share with existing findhelp customers in Pennsylvania. On April 24, 2024, Scranton Primary, a provider member of KeyHIE, made its first PA Navigate referral. Additionally, the Community Action Association of PA (CAAP) assumed responsibility for the Community Engagement position. In May, which is recognized as Pennsylvania's "Community Action Month," a press release will be released.

The PA eHealth Strategic Plan was approved and will be in effect July 1, 2024, through June 30, 2027. Goals and objectives include adding 1 interstate data sharing entity per year; the next state in line for future ADT data sharing is Ohio, with whom we have been in contact. Other goals and objectives include increasing the amount of ADT sharing by 5% annually and keeping up the effort to reduce PA's "white space" to connect more providers to the P3N, especially in acute care and long-term care. Additional tasks include updating the P3N Care Plan Registry with the SAMS, AAA, and ONAF (OB Needs Assessment Form). The establishment and ongoing efforts of the Consent and Performance workgroups, which convene monthly, were also acknowledged.

We have secured additional ARPA funds to provide to the HIOs for supporting and strengthening PA Navigate. Mr. Ciccocioppo, Mr. Keith Cromwell, and Mr. Bill Marella presented on PA Navigate at the State HIT Connect Summit on April 4, 2024. Cognosante has transitioned its work to Snowflake to facilitate the Streamlined Modular Certification (SMC). Pennsylvania's legacy Statewide Immunization System Registry, known as PA SIRS, transitioned earlier this year to a new platform, and is now known as PIERS (PA Immunization Electronic Registry System). PHG (Public Health Gateway) has a few new connections to the DOH registries.

Following the February 2024 Change Healthcare breach, HIOs held a discussion about their own experiences with the breach, their opinions about it, and the next steps they may take as a group and individually. KeyHIE stated that since Landmark was once held by Optum, the connection was severed because of that affiliation with Change Healthcare. They added that it would take around a month for the impacted facilities to return to full operation.

In response to a query on the possibility of data flowing from HIOs to Change Healthcare, Mr. Ciccocioppo stated that the Department of Corrections (DOC) provides us with data directly and that their data security procedures are very stringent. Providers who were discovered to have any kind of affiliation with Change Healthcare were disconnected by PA HIOs, CRISP, or DHIN. Ms. Caroline Beohm stated that Change Healthcare manages over 50% of all medical billing in the US, and that the state Insurance Department collaborated closely with carriers and providers on this. This also led to United Health Care (UHC) being summoned to Capitol Hill by Congress to testify about the Change Healthcare breach. Ms. Beohm also advised that, if there are those still in need of assistance with reimbursement and other issues, they should reach out to her directly, since this has been a wide-sweeping event. In describing Cognosante's security posture, Mr. Joel Lange mentioned the company's successful Third-Party Penetration testing in March, the approval of their HITRUST Certification for an additional two years, and their diligent monitoring of any breaches. Dr. Margarete Zalon advised that smaller providers may have issues, if they do not have all security pieces in place—either due to cost, or staffing, to which Chair McGuire concurred, especially those in rural areas. CPCHIE remarked they have requirements in place, external audits by a 3<sup>rd</sup> party, as well as annual assessments and review of cybersecurity insurance to ensure it is adequate.

According to Ms. Kay Shaffer, certain security lapses happen when medical equipment is utilized using the original, generic password that was given "out of the box." It was also mentioned that although antivirus programs are not free, regular updates are. It was also mentioned that HIOs are on the lookout for anomalies in data or in the methods that it is being accessed, in addition to being watchful for breaches. Mr. Reed from HSX inquired about our collective steps to be ready for a potential breach incident in the future. He also discussed a breach council, which consists of law firms handling these kinds of situations, incident response firms handling forensics, and checking for sufficient cyber insurance.

The PA eHealth Partnership team discussed the matter as soon as the Change Healthcare event was made public, as well as at weekly meetings with Cognosante, monthly HIETCC meetings, and one-on-one touch base sessions with HIOs. Mr. Ciccocioppo also mentioned that we must answer to CMS for our P.O.A. & M. (Plan of Action and Milestones), which outline the steps involved in reducing risks and vulnerabilities.

#### **PA Navigate Implementation Overview by findhelp**

Findhelp is a national public benefit corporation that works with 35 government agencies, several large employers, over 3,000 schools, and hundreds of thousands of CBOs across the US. Findhelp also serves on the Gravity Project Operations committee, as well as the Sequoia Security and Privacy committee. Mr. Jaffer Traish noted KeyHIE was one of the first to lead the way in PA Navigate, and the DHS Secretary, has been very supportive. He also thanked the HIOs, because it is their infrastructure development that is making all this possible. Findhelp has accumulated over 42 million users, with 1 million users noted every 2 weeks (comprised of helpers, customers, social workers, et al). Findhelp has over 600,000 program locations and over 100,00 in-network locations. The workflows include the identification of needs, network curation, and case management, with closed-loop referrals and outcome tracking. PA Navigate was designed with the main goal of addressing health and social care needs for Pennsylvanians by connecting them to community services. The curation team has added 771 more programs at state and county level between January 1, 2023, and April 2024. Other goals of PA Navigate are enabling a population-level view of seeker needs, as well as the CBOs' capacities to meet them. Incorporating roughly

94 member groups and assisting in the sustainability of social care are two other objectives. To educate interested parties, they have developed several instructional modules, and statewide dashboards are currently under development. To prevent complexity and guarantee data capture, findhelp is linked to every HIO via CCDs and a distinct document. PA Navigate developed a CCD template (a first statewide CCD version) that standardizes the detailed exchange and ingestion of social care data and codes.

Integration with the PA Navigate Consortium has gone well, with 3 completed now, and the 4<sup>th</sup> will get connected after their vendor upgrade. Additionally, they are developing integration with member systems of record, some of which have distinct features like native APIs and smart on FHIR. Certain tokens, like member ID, coverage details, or household data sharing for intelligent search, can support all demographic identifiers.

CAAP (the Community Action Association of PA) teams are discussing incentivized program structure to maximize CBO participation, and a few hundred trusted programs are already engaged.

Data reports are being developed to convey the type of needs and searches that are occurring. The most-searched terms have been for food and housing. A review of users statewide (both staff and the public) shows there have been 50,697 distinct identified users, and more than 1.5 million anonymous users as of April 2024.

DHS is looking at ICD10 Z codes and G codes and others to ensure statewide standardization with social care assessments, so the data captured is part of best practices. There are 4 states looking at code mapping via the Gravity Project. There are several PA Navigate Code action items, which include: continuing education on Gravity value sets and code standards from other states; making recommendations on code sets in consultation with DHS; and building agreed-upon code sets into PA Navigate. Next steps will include rollout of member organizations with system integration and training; assessment standardization and code mapping; the Community Engagement Incentive Plan Agreement and Trusted Network Rollout; the close monitoring of 1115 Waiver for the integration of reimbursable services; and the monitoring of CCD sharing in support of the P3N (PA Patient and Provider Network).

Essential Care Defects is one of two reports findhelp already has. Each CBO overlaps it with the CMS vulnerability index, allowing identification to the deserts in each regional area. The Advisory Board will want to see a regular report on PA Navigate in addition to the HIOs that PA eHealth now reports on. Ms. Goss stated that PHC4 is here to support HIE, which will improve health outcomes and reduce hospital readmissions.

### **HIO Overview—Keystone Health Information Exchange (KeyHIE)**

HIO spotlight focused on KeyHIE, an overview of the HIO's accomplishments and the services they offer was presented by the HIO representative. Mr. Joe Fisne and Ms. Kim Chaundy shared that role.

KeyHIE began in 2005, and now serves more than 7.6 million patients in the mid-Atlantic Region. It is a P3N Certified HIO, participant led non-profit. KeyHIE's mission is to nurture information sharing between providers with secure access to quality healthcare data, when and where it is needed. It was also noted that KeyHIE offers a choice of Consent models: Opt-In or Op-Out. KeyHIE's membership is comprised of these healthcare entities: physician practices; 77 LTCs, 39 Urgent Care, 37 hospitals, 24 Home Health Agencies (HHAs), 13 pharmacies, 7 insurance plans, and 2 EMS. As of March 2024, there are 254 current Participants, and KeyHIE has more than 7.6 million unique patients, with over 6.2 million documents available and over 5,500 KeyHIE Users.

They also provide six different services: **Clinical Portal**—for viewing of real time clinical documents, and they have connectivity with P3N and the national eHealth Exchange; **Insights**—for HEDIS, STARS, MIPS or

other quality measured; **Transform**—Connection options for Home Health, LTPAC and EMS and integration that is cost effective; **DIRECT Secure Messaging**—web-based secure messaging email functionality, and can exchange PHI securely with other care team members; **NCQA DAV** (Data Aggregator Validation) —to perform PSV in advance, saving work for HEDIS teams, resulting in increased HEDIS scores; and **KeyHIE IDS** (Information Delivery Service)—Realtime or batched notifications and documents delivery, and delivery from external sources, such as P3N and national eHealth Exchange. Core features of the IDS include personalized rules, flexible delivery formats and channels, prebuilt or custom rules sets. It also provides notifications and documents from other P3N HIOs, national eHealth exchange and other external sources, and it can provide results for specific patient populations. From January through March 2024, over 1.048 million documents were viewed, vs. more than 4.3 million documents delivered, in that same timeframe. Previously, the ratio of viewed vs. delivered documents had been about 50% -50%, so this was a tremendous accomplishment for their HIO. The resulting impacts were: Improved patient care; greater visit efficiency; rapid information sharing; better care coordination; and reducing the burden for patients in having to obtain their own medical records. They also offer these benefits to Health Plans: Quick access to clinical data, which Care Managers would otherwise need to search for/retrieve themselves; assistance with HEDIS measures and results; notification of ADTs with Discharge instructions received timely; and NCQA DAV Certified data.

KeyHIE's access points for findhelp and PA Navigate were noted. KeyHIE has a staff node, that provides Unique PA Navigate Node for each member organization; Login via SSO (Single Sign On) and EHR; workflow; integration; and reporting and analytics. KeyHIE shares the PA Navigate site (PANavigate.org) with patients, also noting it has been created for them to self-serve. In the standard implementation plan for member nodes, there is usually a 6-week process. The first 2 weeks are comprised of contracting and agreements, findhelp configurations, social care coalition, assessment, SSO and CCD. The next several weeks are comprised of findhelp and member organization system of record integration, including QA and PROD, as well as education and training of staff and CBOs.

### **Health Information Exchange User Experience**

Staff from Highmark attended to present an update on their HIE user experience, from a payor's perspective with KeyHIE. Highmark's team oversees risk adjustment programs. Each year, CMS requests that health plans evaluate the health and illness status of the individuals enrolled in their Medicare Advantage plans to determine reimbursement. In late 2023, Highmark began a chart campaign of Geisinger patients, asking for 6,102 charts in support of ACA Risk Adjustment Chart Retrieval. Out of those 6102, they obtained 5,912 codable charts, resulting in a 97% retrieval rate. KeyHIE quickly completed this task by mobilizing an automated process. The following components ensured the success of this retrieval campaign: The file was sent over sFTP, had a 14-month lookback period (preferably, a 24-month period), and was in PDF format. The naming convention was carefully chosen to satisfy Highmark's requirements. The Highmark presentation noted Future Opportunities and lessons learned: Requirement standards that align with Payors' needs, as provider targeting through one solution generated higher efficiency (all providers with a health care system opted in). In partnership with Payors, alignment was reached on clinical data requirements, as specific chart elements were needed in Risk Adjustment Chart Reviews to meet CMS guidelines. Also, having efficient access to high quality data means having data integrity and consistency, mitigation of duplicative data, simple identification of data (based on provide or member identifiers) and this high-quality data is usable by the HIOs.

### **PA eHealth Partnership Program Initiatives**

The six state hospitals in Pennsylvania under the Office of Mental Health and Substance Abuse Services (OMHSAS) will go live with a P3N connection beginning in August 2024 with the first hospital. Through

their new NetSmart EHR, the state hospitals will have direct access to P3N data sources and they will continuously update the P3N with continuity of care record.

We are working toward achieving our goal of sharing ADT messages with Ohio Health Information Partnership (OHIP) by the end of this year.

Eighty-one percent (81%) of hospitals with an ED are connected to an HIO, and 89% of Acute beds are connected to a P3N HIO. Indiana Regional and Conemaugh have signed agreements with CCHIE, they will be connecting soon. It was noted that Millcreek recently went live with ADTs for CCHIE. Uniontown hospital is already sharing ADTs via the WVHIN (West Virginia) with CCHIE.

The process of a new RFP has begun for the next vendor/contract for the P3N, as we are in the third year of a five-year Cognosante contract. We have a patient portal, but there are identity verification problems with Keystone Login-based Single Sign On (SSO). Only a small number of staff members and others have used the Portal because the Keystone Login is not identification proof.

In Pennsylvania, OBs for expecting and new Medicaid mothers fill out Obstetrics Needs Assessment Forms (ONAF) forms online through an Optum portal. Optum then provides the MCOs with the information that they receive via the ONAF form. The MCOs are currently modifying their agreements so Optum can forward the ONAF forms to the P3N. We anticipate this starting in the upcoming quarter.

When questioned about the potential to distribute the ONAF to the HIOs, Mr. Ciccocioppo said that although we hadn't thought about it, we could investigate to see if there was a way to push it out, like with the ADT service. He also noted we are looking to add SAMS Care plan information from the PA Department of Aging to the P3N.

Mr. Ciccocioppo reviewed the P3N Inbound ADT activity totals over the months of February, March, and April, during which there were over 19 million messages, representing over one million Unique Persons. When the P3N receives an ADT message, it looks to see if any other HIO has a clinical relationship with that patient, then sends those ADTs to that HIO. For 60% of those 1 million Unique Patients, there were connections to other HIOs. The patient also may have an insurer who is connected to another HIO. During that same quarter, there were more than 5.5 million document queries, and 5.26 million document retrieves. Mr. Ciccocioppo also shared the P3N Participant XCA Retrieve Timing Report for April 2024.

All throughput restrictions on PHG to PIERS have been lifted. PIERS does not appear to have the same issues that came up under PA SIIS. In an update on eLR (electronic Lab Registry), it was noted that Washington Health has successfully sent production messages to eLR through CCHIE and PHG. Currently they only send 1 Lab, but there are more than 70 reportable Labs they will eventually be sending through CCHIE and the PHG. Penn Medicine in Philadelphia was onboarded to the PDMP through CPCHIE, saving the health system \$250,000 per year (for a 3-year contract) in Bamboo Health licensing fees. When questioned if fees were completely avoided, Mr. Cromwell responded that the annual PDMP fee for CPCHIE is less than \$1,000. HIOs were asked whether they had any members whose Bamboo renewals were approaching and suggested that the PDMP might provide them greater value.

CMS provided the initial 90% financing for the P3N to connect to a new MMIS system. Since moving from implementation to maintenance and operations in February 2023, CMS has been funding 50% of the P3N costs. In order to get an enhanced MMIS federal match of 75%, PA eHealth has pursued Streamlined Modular Certification from CMS by providing monthly performance metrics on 9 state-specific measures that demonstrate the value of the P3N to Medicaid. After SMC reporting for certification for more than a year, our CMS state officer recently informed us that our 75% federal match should be received soon.

### **Trusted Exchange Framework and Common Agreement (TEFCA) Discussion**

There are 7 QHINs, five designated in December 2023 and 2 more designated in February 2024. They are: *Commonwell Health Alliance, eHealth Exchange, Epic Nexus, Health Gorilla, Kno2, KONZA, and MedAllies*. Current QHIN candidates are eClinicalWorks and Surescripts Health Information Network. Common Agreement v1 took into effect in January 2022 and showed policies created with significant public involvement. The second iteration of the Common Agreement, v1.1, was released in December 2023 and contained modifications mandated by HHS before the TEFCA exchange could operate. The Common Agreement v2.0 was published by ONC in April 2024 and was published in the Federal Register on May 1, 2024, with a 60-day effective period. The most significant changes in CA 2.0 were made to facilitate HL7 FHIR-based transactions. There is a timeline for those who are already online to embrace the new Framework Agreements during the Version 1.1 to 2.0 transition. The Common Agreement has 60 days and the Terms of Participation have 180 days. For QHINs, the Common Agreement 2.0 is in effect beginning June 30, 2024. In June 2024, Version 2.0 of the FHIR Standard and the final QHIN Technical Framework (QTF) are anticipated to be released and put into production. Additional SOPs will be provided progressively starting in the summer of 2024. The Terms of Participation will be applicable to all Participants and Sub-participants by December 2024.

CA v2.0 had additional changes: the flow-down provisions in version 2.0 are contained in a single document. Two exchange purposes (XPs) that required a response were Treatment and IAS (Individual Access Services) in v1.1, and Health Care Operations Sub XP-1 (FHIR only) was added as a third XP in v2.0. Participants and Sub-participants can only be connected to one QHIN, unless the organizations have multiple, distinct EHRs, in which case the EHRs can be connected to different QHINs. The TEFCA Users Guide was replaced in April 2024 with a Draft TEFCA Explainer. It is an educational tool designed with Participants and Sub-participants in mind. Goals and advantages, TEFCA elements, technical details, exchange objectives, sample use cases, and privacy and security requirements are all included.

Over the past few months TEFCA has been active but with extremely limited query and retrieve use case functionality. Health information exchange in Pennsylvania, which is currently far stronger, is threatened by the growth of TEFCA participation since healthcare provider EHRs can only be connected to a single QHIN. HIOs have many of their provider members utilize EHR suppliers that are designated QHINs, or soon will be. It was reported that all 5 P3N-certified HIOs have opted out of both the national eHealth Exchange (eHX) QHIN and the Epic QHIN. Participation in Epic's QHIN is not required of its clients. However, to be eligible for up to 10% in Epic fee rebates, Epic is requiring its Epic-based HIOs to enroll in the Epic QHIN in order to stay on the Epic Honor Roll. Not only does the strict rule that an EHR belonging to a health care provider can only be a participant, or downstream participant, in one QHIN, seriously jeopardize our statewide and regional HIEs, but also multiple local HIEs across the nation.

The HIOs agree there will be extended pressure for the HIOs to join a QHIN. MaryAnn Yeager was quoted (from a different gathering) as predicting it may take 6 years to get everything in place as it has been envisioned. Nationally, BC/BS plans are still looking at an HIO model, such as HSX, while Epic is always pushing them to go another way. Mr. Reed noted that HSX can support its members with direct connections, independent of them joining the QHINs, so HSX is in a different position than the other 4 HIOs. Mr. Cromwell said the key is that the HIE is not looking to join the QHIN, but their providers are, or may be.

### **New Business**

None

### **Public Comment**

None

**Action Items**

- Examine whether it is possible to obtain reports on vaccination data in bulk – Rae Ann Ginter
- Review HIO request regarding ONAF accessibility – PA eHealth

**Remaining Advisory Board Meetings Scheduled for 2024.**

August 2, 2024, In-person at 2525 N. Seventh Street, Harrisburg, 10 a.m. - 2 p.m.

November 1, 2024, In-person at 2525 N. Seventh Street, Harrisburg, 10 a.m. - 2 p.m.

**Adjournment**

The meeting was adjourned at 1:48 p.m.

**APPROVED: August 2, 2024**