



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, August 5, 2022
Meeting Time: 10:00 a.m. to 2:00 p.m.
Meeting Location: Microsoft TEAMS Meeting

Roll Call

Advisory Board Members

Ms. Pamela Clarke – Senior Director, Quality, Health Promotion Council
Mr. Martin Ciccocioppo – Director, PA eHealth Partnership Program, Department of Human Services
Mr. Joseph Fisne – VP/Associate Chief Information Officer, Geisinger Health System
Mr. Scott Frank – Chief Information Officer, Capital Blue Cross - **EXCUSED**
Dr. Brian Hannah – Vice President, Chief Medical Information Officer, Mercy Health
Dr. Timothy Heilmann – Chief Medical Information Officer, UPMC Susquehanna Health Medical Group
Ms. Teri Henning – CEO, Pennsylvania Homecare Association
Ms. Muneeza Iqbal, Deputy Secretary for Health Resources & Services PA Department of Health
Ms. Julie Korick – Chief Financial Officer, PA Association of Community Health Centers
Ms. Minta Livengood – Volunteer
Mr. Paul McGuire (Vice Chair) – Chief Operating Officer, Quality Life Services
Ms. Katie Merritt, Director of Policy & Planning – PA Insurance Department
Dr. Michael A. Sheinberg – Chief Medical Information Officer, Penn Medicine Lancaster General Health
Mr. David F. Simon (Chair) – Chief Legal Affairs Officer, Philadelphia College of Osteopathic Medicine

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

Erica Gipe, EHR Project Manager

PA Department of Human Services Staff

Kathleen Beani – PA eHealth Partnership Program
Dana Kaplan – PA eHealth Partnership Program
Dr. David Kelley, Chief Medical Officer, Office of Medical assistance Programs
Debra 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

Caolinn Martin, Department of Insurance
Doug Carroll, Mt. Nittany Health System
Julie Crouse, Vice President, Technology Operations, Solution and Technology – Cognosante.
Joel Lange, Project Manager, Cognosante
Mike Lundie, Sr. Director, Healthcare Interoperability, Cognosante
Tara Gensemer, Imprado

Alix Goss, Imprado

David Grinberg, Imprado

Patrick Weiss, Imprado

Laval Miller-Wilson, PA Health Law Project

Heather King, PA Medical Society

Susan Leitzell, Contract Compliance Coordinator, Geisinger

Joshua Muchler, Geisinger

Christina Roberts, Lehigh Valley Health Network

Michael Minear, Lehigh Valley Health Network

Richard Kerr, Lehigh Valley Health Network

Dr. Sushma Sharma, Hospital and Healthsystem Association of Pennsylvania

Dr. Margaret Zalon, Director, The University of Scranton Department of Nursing

Welcome and Introductions

The Minutes for the May 6, 2022, Advisory Board Meeting, were approved as distributed. Ms. Muneeza Iqbal was introduced as Mr. Jared Shinaberry's replacement on the board due to his departure from state employment. Ms. Iqbal has had numerous roles and accomplishments within the Wolf Administration and the DOH.

PA eHealth Partnership Program Initiatives

Mr. Martin Ciccocioppo reminded the board that Mr. Allen Price retired from the Commonwealth on July 1, 2022. Mr. Price may return to PA eHealth as an Annuitant, on a part-time basis, later this Summer. Several months ago, Ms. Kay Shaffer began her transition from the PA DHS Delivery Center to PA eHealth Partnership Program on a full-time basis as a Project Manager. Ms. Shaffer brings a wealth of experience to the PA eHealth team. Previously, she played an integral part in developing the HIE landscape in Pennsylvania, even before the PA eHealth Partnership *Authority* was organized.

Cognosante has been working with eHealth to transition the P3N from the current IBM platform to the Cognosante P3N platform. After verifying we are successfully connected to Cognosante's new P3N platform we will be shutting down the IBM connection and our IBM contract will end shortly thereafter.

Go-live for the new P3N is now scheduled for Thursday August 25th, and implementation will continue through the end of 2022. By January 2023, we expect Cognosante to do more system enhancements, including full integration of the Public Health Gateway (PHG) into the new P3N. As of now, QA is completed and testing is far along. There has been tremendous effort on the part of the 5 HIOs, DHIN and DOC in this new P3N project. For the past 6 weeks, in addition to PA eHealth's regular biweekly and tri-weekly HIO meetings, we have attended weekly one-hour meetings between each of the 7 Participants and Cognosante.

TEFCA has published the finalized Agreement, as well as the recently published QHIN Technical Framework (QTF). After discussions with the HIOs and Cognosante, it was decided we will not pursue becoming a QHIN, but may become a downstream participant of a QHIN in the future. Ms. Pamela Clarke asked if any of the HIOs intended to become a QHIN. Mr. Ciccocioppo stated they are all connected to the national eHealth Exchange, and that Exchange is going to become a QHIN. He also noted one controversial part of TEFCA: It is a 'network of networks' but you can only be part of 1 QHIN, and you would be in the Directory as such. In essence, if you connect to another QHIN or a downstream participant of a QHIN, you will be blocked. This would have a chilling effect on HIE: For example, if EPIC were to become a QHIN, then they would be blocked from connecting to HIOs and others.

A Care Plan Registry will exist in the new P3N and there are many Physical Health (PH) and Behavioral Health (BH) MCOs that use care plans. Work on this Care Plan Registry will be done during the second 6-month period of the new P3N implementation. Having Integrated Care Plans is supportive of Value Based Purchasing (VBP) for better outcomes and promoting whole-person care. There is a challenge in that each of the MCOs has their own template for their Care Plans. Vice-Chair Paul McGuire asked if it is difficult to standardize Care Plans, Mr. Ciccocioppo noted they currently share them by secure email; it will be a hub- and -spoke approach and documents will be a part of it. He gave the example of an Obstetrical Needs Assessment Form (ONAF), which follows the healthcare encounters of a pregnant woman, from 3rd trimester to post-partum. The ONAF is standardized and hosted by Optum.

PA Department of Human Services Priorities

Acting DHS Secretary Meg Snead was scheduled to speak today but had to attend another meeting. Dr. David Kelley provided an overview of DHS's current priorities:

RISE PA

DHS has been leading the procurement and path to implementation of RISE PA (Resources Information and Services Enterprise). This will be a Pennsylvania platform, not just a DHS platform, with a Resource & Referral Tool (RRT) used by entities regulated by DHS and adopted by local government agencies, non-profits, faith-based entities and healthcare providers throughout PA. This initiative is an effort aligned with DHS's focus on providing services that address the SDOH (Social Determinants of Health) needs of individuals and families. There was excellent response to the RRT RFA and DHS hopes to announce grant awards soon.

This initiative is an innovative approach to having Pennsylvania's Health Information Organizations (HIOs) collaborate to choose a single, statewide RRT to make their HIOs interoperable with that Tool, and additional grant money will be used to customize healthcare providers' EHRs and Community Based Organizations' (CBOs) case management systems to make them interoperable with the selected Tool. The goal of the RISE PA program is to make it easier for providers to identify unmet SDOH needs within their workflow and make electronic referrals to CBOs that can help address those needs. The interoperability among providers, HIOs, the RRT and CBOs will also allow CBOs to close the loop on referrals they receive from providers. RISE PA is a crucial part of DHS's focus on developing programs around the needs of people, not developing programs, then working to find ways for people to fit into them.

Advocating on Behalf of Vulnerable Populations

DHS oversees daily care and supportive services through residential licensing, oversight of day and residential treatment programs, supervision of a county-level child welfare system, and oversight of LTC (Long-Term Care) facilities. The work done by DHS can reach different segments of the population at different points in life: Children, from birth to early childcare years; children and youth in foster care; persons in behavioral health care systems; adults with disabilities; parents and grandparents in LTC. DHS takes their responsibility to protect the health and well-being of individuals and families seriously, and strives for continuous growth and quality of services by licensed facilities and providers in PA.

Housing

A person's home and living circumstance can have direct impact on their daily well-being and long-term health. If a person or family experiences chronic homelessness and housing insecurity, it can lead to (or worsen) chronic physical and/or behavioral health conditions. These can lead to quality-of-life concerns and high medical costs, which could be avoided or offset, if there were stabilizing housing supports.

Housing is a priority as DHS seeks to strengthen our health care system by embedding a whole -person focus.

Expanding Medicaid Coverage Post-Partum to Support Perinatal and Parenting Families

The US ranks last among industrialized nations in maternal mortality rates, and the PA Perinatal Quality Collaborative's Report on maternal mortality rates (2013-2018) found an extremely troubling, growing trend of pregnancy-related deaths, most of which occur after childbirth, and more common among black women.

In April 2022, DHS began implementing the Medicaid coverage extension, so that pregnant individuals now have coverage for 1 full year after the pregnancy ends, instead of the previous post-partum coverage, which was only 60 days after pregnancy ended. There are other initiatives in place (or in the planning stage) to help mothers, parents, children, and families grow and thrive.

Group Discussion

Chair Simon asked if there was a set timeline for RISE PA, and Dr. Kelley advised he could not say much about it at this point, but we are hoping to send awards out soon, so the HIOs can collaborate on selecting a single RRT. Dr. Tim Heilman asked when SDOH information would be available within the integrated systems. Dr. Kelley noted that, for PCMHs (Personal Care Medical Homes), we agreed SDOH screening must be done once per year. Mr. Ciccocioppo noted the timeframe looks like September 2022. We hope the RRT is ready in January 2023, and operational in Spring 2023. Since the HIOs are already connected to hospitals, the process should be straightforward once they have access. This Procurement states the work should be completed by January 2024, but in the future, that date may be extended.

Mr. Don Reed asked two questions: What did COVID-19 teach us? What about the Monkey Pox virus? Dr. Kelley noted in reply that DOH's IT systems were clearly not robust enough, and it was challenging. We put a lot of money into infrastructure and worked with HIOs and Providers on Use Cases and Outcomes. The big challenge was staffing in hospitals, LTC, Personal Care Homes (PCHs) and Home & Community Based Services (HCBS). He advised there is a need to build resiliency in HR and the budget puts money into this for LTC and direct care. He also stated that meetings have been held in Philadelphia and Pittsburgh with DOH Acting Secretary Denise Johnson about the Monkey Pox virus (also referred to as MPX) with efforts focused on making treatment modalities and a vaccine available to treat it (unlike what occurred with COVID-19).

Integrated Care Plans would be s a separate Use Case - the integrated Care Plan by a PH or BH MCO- and shared between them for one patient. Chair Simon asked if there are no documents in the Plan, would you need the medical record? Mr. Ciccocioppo noted there may be some documents in there. The Obstetrical Needs Assessment Form (ONAF) and its data elements are held by Optum, and the P3N could ingest the ONAF, so the discrete data elements will be available; also, the ONAF can be made interactive.

Dr. Kelley added that, in the Use Case, they fill out Care Plans for children who receive Shift Nurse care around the clock- complex cases of child patients- and the provider can get other pieces of data for the patient. He also noted that they are very excited about extension of Medicaid eligibility for pregnant individuals to a full 12 months after the pregnancy ends. The integrated Care Plans would be available to anyone with access to the P3N. Each BH MCO and CHC (Community Health Choices) as well as D-SNPs (Dual-Eligible Special Needs Plans) must join an HIO to get access to the P3N, however, the MCO must give Optum permission to send out the ONAF. Vice-Chair McGuire agreed that integrated Care Plans are needed; he was also excited about the post-partum period extension noted by Dr. Kelley.

It was noted that 78% of acute care hospitals and 88% of acute care hospital beds are connected to an HIO in PA, but a question was asked about BH and PH MCOs. Mr. Ciccocioppo said all of them are required to be contracted with an HIO, but we do not know how interoperable they are with that HIO. Thirty percent (30%) of LTCs belong to an HIO, but they get bought/sold so frequently it is hard to keep forward progress.

There are 690 licensed LTCs in PA that are not PCHs, and about 230 of those LTCs are connected to an HIO. Vice-Chair McGuire commented that they are grateful for the funds they have received via DHS/PA eHealth. Mr. Ciccocioppo offered a reminder that the HITECH program ended, along with that funding but we are now using ARPA funding and a federal match for this. Dr. Brian Hanna noted many places are still using faxes and meds lists – the information they have for LTCs is not ‘real time’ - and he urged talking to LTC owners.

Discussion ensued regarding the limitations in pursuing HIO connectivity and other interoperability projects because of the shortfall in LTC funding and the industry’s dated infrastructure. Despite the OLTL’s (Office of Long-Term Living) push for HIO prioritization, LTC owners often have other strategic and operational priorities so there is not a clear leverage point to pursue HIO connection funding.

The group conversed about the lack of prioritization for LTC data modernization and interoperability despite the hard hit of COVID-19 over the past two years – and the industry’s needs that the pandemic further exposed. Appropriate and possible uses for the ARPA monies were discussed; it was noted that these funds are often being used by providers for wages and labor rather than data infrastructure advancements. Mr. David Grinberg asked whether a new legal agreement would remedy the LTC industry’s HIO stumbling block. Consensus seemed to be that this would not offer a considerable solution to the initial funding and ongoing expenses of modernizing the industry’s data infrastructure. Vice Chairman McGuire also noted that a majority of the LTC community utilizes Point Click Care for the EMR, which provides a link to care equality.

Health Information Exchange Trust Community Committee (HIETCC) Updates

Ms. Christina Roberts of LVHN served in the liaison role today to provide the HIETCC summary. Ms. Roberts noted LVHN’s status as the newest HIO, having onboarded earlier this year. She advised they would be connecting to the P3N ADT Service within the new P3N solution provided by Cognosante. She expressed that the Go-Live Simulation, held on August 4th went well and was a great opportunity for all the HIOs and DOC to be at ‘one table’ together, going through all the steps and processes anticipated for the Go-live on August 25th. Ms. Roberts gave the P3N Operations reporting: There were 17 unplanned HIO downtime events, with zero for the P3N during the past quarter (April-July 2022). There are currently 124 facilities that provide both ED and Inpatient ADTs to the P3N (others provide only ED or Inpatient ADTs) and there will be many more, once LVHN’s facilities are added to that total. She noted the HIOs may need to shift their support model, as there is a big difference with IBM compared to Cognosante. Ms. Roberts also stated HIETCC discussed the PAR and Policies, including updating links and definitions, format changes, and TECCA, with the possibility of adding its flow-down provisions to the HIOs’ set of Policies as ‘Policy #12’. This review of PAR and Policies will continue in subsequent HIETCC meetings; by October/November they will finalize them, to be effective January 1, 2023. It was also noted that the RRT/RISE PA is being worked on by HIOs to come up with a common Tool that can help with other pressing needs people have, in addition to healthcare concerns. She also stated that HHA Onboarding grants would be awarded soon; the EHR Customization RFA will be released very soon.

P3N Certified HIO Overview

Ms. Phyllis Szymanski of CCHIE has been promoted to President of the HIO this past Spring. She provided an overview of their HIO's services and accomplishments. CCHIE offers services very similar to that of the other HIOs. She noted their own features, such as ConnectAlert, currently their HIO's most popular service, providing ADT data based on patient panel; ConnectChart, a clinical data repository; ConnectDirect, for secure exchange of information, without the need for phone calls; and ConnectQuality, for Payers and MCOs to get data from multiple sources for public health reporting, such as NCQA and HEDIS. Out of 11 million people, 5 million of those have received treatment in one of CCHIE's member facilities. The Opt-out rate among their total of patients is less than 1%. CCHIE's members see the value in services the HIO provides, and how they have expanded those services; the HIO delivers the data their members want to receive, and CCHIE has flexibility in how that data is delivered to them. An ongoing challenge that was again noted is that most LTC facilities are limited by the technology they use; this was certainly highlighted among the HIOs during the COVID-19 Public Health Emergency over the past two years. CCHIE is connected to the national eHealth Exchange, which gives them access to data from entities outside of PA. In January 2023, the HIO anticipates having in place the Data Validation Service (DVS), which will help with HEDIS and NCQA. When Chair Simon asked if only UPMC Health Plan will be using this service, it was noted that others, such as PA Health & Wellness, and Absolute Care will also be using it.

PA eHealth Partnership Strategic Plan Accomplishments

Ms. Kay Shaffer provided an overview of what we have accomplished over the past year, noting how those accomplishments during Fiscal Year 2021-2022 directly aligned with the goals/objectives of our Strategic Plan:

Enabling Ubiquitous Robust HIE: LVHN onboarded as a new HIO in February 2022; sharing of ADTs with the DHIN; expansion of P3N access to FFS, BDD and ODP staff; increase in number of facilities in the P3N ADT Project via FFY 2021 HITECH Grants; development of 2 RFAs to onboard HHAs and offer them EHR incentives; assistance to BDCM for the Promoting Interoperability (PI) Program closeout; provision of outreach and education via meetings with stakeholders, state program areas and potential participants; restoration of P3N HIO participation with Allegheny Health Network and Wellspan; alignment of P3N HIE capabilities with TECCA through the Cognosante P3N /PHG procurement.

Increase Timely Access, Accuracy, and Availability: Securing of ARPA funding for a new RISE PA/RRT Procurement to integrate closed-loop referrals for unmet SDOH needs; work with HSX and PA SIIS to onboard additional providers through the PHG; assistance to DOH in developing the eLR (electronic Cases Reporting) system; inclusion of PHG integration in Procurement for new P3N; transition of the PHG Coordinator position from DOH to PA eHealth.

Improve Upon Our Existing P3N Services: Secured a contract with Cognosante to replace the legacy P3N and enhance the new P3N by integrating the PHG into it, creating a Care Plan Registry and providing patient access to their own health data via the P3N; co-located with the staff responsible for the Medicaid Management Information System (MMIS)-Bureau of Data Claims Management (BDCM); provided P3N access to staff in the Office of Developmental Programs (ODP) within DHS and the Bureau of Disability Determination (BDD) within Labor & Industry (L&I).

Alert Patient Care Teams to Relevant Patient Encounters: Expanded the ADT Service to additional hospitals, LTC and some ambulatory facilities in PA and Delaware; directed Cognosante to include the full ADT messages in the new P3N ADT Service; developed PA eHealth staff resources capable of using

Tableau for enhanced P3N data analytics and visualizations for monitoring and communicating P3N operations data to key stakeholders.

Support Care Coordination to Improve Quality: Grew participation in the P3N, PHG and ADT Service to reduce duplicative or unnecessary services; contracted with Cognosante to build a Care Plan Registry in the new P3N to support better care coordination between care teams, payers and patients; strictly enforced requirement for MA Patient Centered Medical Homes (PCMHs) to participate with a P3N Certified HIO; public health reporting and access to patient-specific public health data will be streamlined through the integration of the PHG into the new P3N.

Improve Patient Outcomes and Satisfaction: The new Cognosante P3N /PHG contract includes building a Care Plan Registry to enable the sharing of care plans and treatment data with a patient's care team; improving record matching in the new P3N by contracting with Verato to use referential data in the master patient index (MPI). Met regularly with HIOs and the PA State Immunization Information Registry (PA SIIS) regarding the need and approaches to improve COVID immunization record matching; coordinated communication with the HIOs throughout the PDNP vendor transition.

Optimize HIE Stakeholders' Experience: User Experience (UX) optimization is a key component of the new P3N design process; offering 24/7 access to on-demand training in the new P3N; provided additional training for existing P3N users in FFS, ODP and L&I; provided funding in the RRT Grant program to customize provider EHRs for deep integration with the statewide RRT vendor through their HIOs.

Chair Simon commented that a lot of work has been done over the past year. Ms. Shaffer offered kudos to all the HIOs for their efforts. Ms. Clarke and others noted the work done during the past year was especially remarkable, having been accomplished despite the dual challenges of the COVID Public Health Emergency and working remotely.

Ms. Shaffer noted the transition from IBM to Cognosante, and that Cognosante was using Verato to run the MPI from the beginning. Mr. Mike Lundie stated with MPI matching, you can use algorithms and formulae based on certain types of information. They work with Verato using referential matching (such as the entire population of a country); when Cognosante adds patients to the MPI, it bounces against a reference set based on demographics, which is much better than probabilistic matching. So far, they have loaded 21 million patients as of June 2022. They ran the HIOs' patients through Verato, and they will tune the match based on that HIO. Dr Sheinberg thanked Mr. Lundie, appreciating they were not too technical.

Mr. Lundie also remarked on Cognosante's focus on data stewardship and working with HIOs on patient merging to reduce the number of duplicate patients. Mr. Ciccocioppo advised that we had no insight about IBM's matching algorithms, so dealing with Cognosante and Verato is a great step forward for us. Mr. Joseph Fisne asked if Cognosante will share reports with the HIOs, so HIOs can take advantage of their matching work with Verato, to help ensure the HIOs have quality data. Mr. Lundie said they will be doing that.

Chair Simon noted that in past meetings, we provided graphics to show strides and improvements in HIE in the state, and he asked how this information is disseminated out to the public. Mr. Ciccocioppo noted that the data is included in the Annual Report, which is provided to the state legislature, and that Report is posted on the DHS website. He also noted that after the August 25, 2022 go-live of the new P3N, DHS will be sending out a news release. Chair Simon said that should include what it is supporting, and why it is important.

Vice-Chair McGuire asked if Quality Outcomes could be pointed to as one of our Goals. Mr. Ciccocioppo noted that in the role we play, we do not aggregate data in a clinical repository. He also noted that HSX, CCHIE, and KeyHIE are working on data aggregator validation.

Chair Simon then asked if there was anything in the Strategic Plan that is missing or has not been accomplished over this past year. Getting LTCs connected to HIOs was noted by Ms. Shaffer as a challenge. It was agreed that it is aspirational to expand to 100% on any of the Strategic Goals in our Plan. Dr. Sheinberg commented that we need to keep pushing toward that, and Ms. Shaffer added that we need funding to do it as well.

Project Progress Report on New P3N/PHG

Mr. Lundie and Mr. Joel Lange of Cognosante provided updates on the Project: Cognosante's five-year contract started Feb. 1, 2022. The original plan was for a 6-month transition, 1-year implementation period, then Maintenance and Operations (M&O) in years 2-5. The first 3 months were to prepare 3 HIOs to transition from the old to new P3N, followed by the other 2 HIOs, DOC and DHIN. Cognosante is now preparing for Transition go-live from IBM to the new Cognosante Solution, with requirement and design features to be delivered during the implementation phase, and operational readiness as we enter the M&O phase of the Project.

The Go-Live date for the cutover from IBM to Cognosante was to be July 27, 2022; this was changed to Thursday, August 25, 2022. This additional four weeks of time is being used to finalize HIO connections and obtain final approvals on testing results, such as: HIO connections in QA and Production; performance tuning, end-to-end integration, user acceptance and security. Cognosante has been using the additional time to further prepare for Go-Live production readiness, including a go-live simulation/walkthrough of events as they are expected to occur on the actual Go-Live date.

The need for several improvements/changes in the onboarding process for the new P3N was also cited in Cognosante's presentation: such as changing the format of weekly meetings with the HIOs, DHIN and DOC; formatting and other issues with VPN forms; the HIOs' ability to access secure communications; anticipating delays due to Certificate issues, IBM resources, HIO Code freezes and initially using a 'cookie cutter' approach, while each HIO, DOC and DHIN have different ways of operating.

Mr. Lundie noted they are working on the Care Plan Registry and Provider Directory enhancements, as well as Consent Management. They will also be working on Outcomes Analysis for MA patients and revealed they can shift to things that change as DHS's priorities change. For all back-end processing such as ADTs and ADT forwarding, along with Query and Retrieve, the interface is now built in, and the Health Service Bus is testing in QA environment. Cognosante is moving on to Stage/Prod with additional testing. Cognosante needs to handle a lot of volume on the Go-Live date, August 25. So far, they have 3 million per week (ADTs, queries, etc.) which comes out to about 5-10 items per second; they will do a load test to try and reach 300 per second. They can test that either by simulating it at the HIO level or use what they call 'application program interface'- services that process all transactional data. They are also doing end-to-end integration and final security testing as well. Dr. Michael Sheinberg asked about the cutover. Mr. Lundie stated that when you have one vendor – such as CareEvolution, it is all embedded in one system- but this is not the best way to do things. For example, if PA decides on another vendor years from now, they want to preserve the interfaces they now have, so you do not have to go through this entire process again. Just as Cognosante did with their Alabama project, PA now has the Enterprise/Healthcare Service Bus architecture in place. Mr. Lundie noted that one of their main challenges for this Project, was discovering they would not be able to implement parallel connections

(bifurcated feeds) with IBM, which was initially planned, to assist in testing validation and cutover. IBM had no control over source code- they could only give them patient identity information and what was stored in their repository. Cognosante then had to go to 'Plan B": getting patient identities from the HIOs, so they could build the MPI.

In his Project Management update, Mr. Lange noted the last Cognosante update on the new P3N was given to the Board by Ms. Julie Crouse in May 2022. Today he showed a graphic for the Year 1 Schedule update, with information current as of last week, as well as a chart showing the Integration Onboarding Status for LVHN, CPCHIE, KeyHIE, HSX, CCHIE, DOC and DHIN, pertaining to VPN, mTLS and QA Integration Testing. (Some participants achieved more progress since the chart was last updated). It was noted that for HIO integration testing in QA so far, 2 out of the 7 Participants have done at least 50% of all scenarios in QA and 5 out of 7 Participants reached at least 75% of all testing scenarios in QA. In a schedule update, he also noted that 72% of tasks are done, and Cognosante is on a pretty good rhythm at this point.

Chair Simon asked about one of the HIO regarding this testing. Mr. Lange noted that HIO did not want to test in Prod until the actual Go-Live date, so it cannot be done before then. Mr. Lundie said they will test in QA as much as they can, then in Prod will turn that HIO on with the same configuration they had in QA. He noted Cognosante must work around all the HIOs and their schedules and accommodate those factors as well.

Cognosante also provided a Risk & Issue Dashboard graphic to illustrate how they ensure mitigation is in place for risks to the Project, such as schedule delays. On the topic of Go-Live readiness, Cognosante pointed out the numerous benefits of the Go-Live simulation held on August 4, 2022. During that event, they were able to validate the Go-Live steps for completeness; detect possible issues prior to Go-Live; review internal HIO go-live activities; to ensure a smooth transition on August 25th. The agenda for the simulation on August 4, 2022, allowed for the seven participants to understand their roles and responsibilities in the Go-Live process and to ask questions prior to the actual Go-Live. During the walkthrough of the simulation, each of the 5 HIOs, DOC and DHIN were asked to present the steps their team will take for each activity and approximate duration of tasks, as each Participant has their own unique environment to navigate. They were also informed of a Cognosante team member assigned to each HIO and DOC, to help them through the Go-live day, track their progress and any issues/problems they encounter on the Go-Live day.

Cognosante's Go-Live Roadmap to Success includes these factors: Performance testing efforts are underway supporting current transaction load and determining where they break beyond current load; security testing, such as infrastructure scanning through NESSUS and Web Application Security Assessment (WASA); Data migration completion; Go-Live Playbook; and Go-Live Communication.

The Go-Live Playbook graphic was used on August 4, 2022, to familiarize everyone with each step of the Go-Live process, and this Playbook will be used on August 25, 2022, to document and track the progress of each participant as they move through each Go-Live step and progress to the next steps throughout the Go-Live event. On the day of Go-Live, all 7 Participants will begin the cutover process at 12 Noon.

Mr. Ciccocioppo noted that the simulation event on August 4, 2022, was a good facilitation of the Go-Live walkthrough, and was very encouraging and interactive with the HIOs, DOC and DHIN. We learned a lot and the HIOs were much more aware of what to expect during the Go-Live day.

Chair Simon then asked for HIO Representatives on the Advisory Board to weigh in on the simulation event and overall progress in the new P3N Project. Ms. Roberts of LVHN noted it went well and was very

helpful. Mr. Don Reed of HSX noted that Mr. Brian Wells participated in the simulation event and had positive feedback on it. Mr. Reed also noted HSX still has a few issues in the Project, but at this point, they feel pretty good about it.

It was noted that, throughout this new P3N Project, communication has been critical for success at every point. IBM, particularly Ms. Lara Cole and her team, were lauded by Cognosante and PA eHealth for their invaluable collaboration and support for this new P3N project. Mr. Ciccocioppo and Ms. Crouse are distributing weekly communications about progress of the new P3N Project to key stakeholders who are engaged in the success of this Project.

Vice-Chair Nominations

Chair Simon asked for nominations for the office of Vice Chair. So far, Mr. Paul McGuire has been nominated to serve another term. Board members can submit other nominations for that office to Chair Simon, so that a final vote can be held at the next meeting on November 4, 2022.

New Business

None.

Public Comment

There was no Public Comment offered at this meeting.

Action Items

- Submit nominations for office of Vice Chair – Advisory Board members
- Determine/confirm attendance (in-person/virtual) for 11-04-2022 meeting - ALL
- Provide status update on Cognosante's Security documentation – PA eHealth

Remaining 2022 Advisory Board Meetings

Friday, November 4, 2022 in-person at 2525 Seventh Street, Harrisburg, PA 17110, 10 a.m. – 2 p.m. (room location TBD)

Adjournment

The meeting was adjourned at 2 p.m.

Approved: November 4, 2022