Q. What is a network?
A. When Health Current uses the term “network” or “universe,” it’s referencing a group of organizations that have an established working or referral relationship.

Q. How do we sign up to be a pilot?
A. If interested in participating in the pilot program, please contact Andrew Terech at andrew.terech@healthcurrent.org or Clay Cummings at clay.cummings@healthcurrent.org. Additionally, if you would like more information, please complete the SDOH referral system interest form available on the Health Current website [here](#).

Q. Have the pilots been selected?
A. Health Current has had discussions with several organizations that have expressed interest in participating in the pilot phase. We are continuing to accept inquiries for pilot participation.

Q. What about those using Aunt Bertha currently?
A. Health Current is open to working with everyone in the community. The goal of Health Current, AHCCCS, 2-1-1 Arizona/Crisis Response Network and NowPow is to establish a single, statewide SDOH referral system that links all healthcare and community service providers, enabling them to meet the healthcare and social-economic needs of all Arizonans.

Q. Are MCOs in the initial scope?
A. Yes. Health Current welcomes all MCOs and commercial health plans to participate in the SDOH closed loop referral system. Please contact Andrew Terech at andrew.terech@healthcurrent.org or Clay
Cummings at clay.cummings@healthcurrent.org to setup an introductory meeting and/or discuss becoming a pilot participant.

Q. Can schools/school nurses use this system? Be a part of the system?
A. Yes. School counselors and nurses are among those within the state who can have access to the system to make and monitor referrals. It is important to note that all school-based use of the system must meet the requirements of the Family Educational Rights and Privacy Act (FERPA). NOTE: To access the system requires the organization to execute a participation agreement with Health Current; this agreement defines the terms and conditions for access and the permitted uses of the data.

HIPAA

Q. Is the referral system compliant with the Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part 2, and applicable statutes related to client rights and confidentiality?
A. Yes. The referral system will not require any additional layers of consent from the client. Covered entities, as defined by HIPAA, will still maintain their current consent structure for sharing client Protected Health Information (PHI). Non-covered entities (e.g., a food bank) will not have access to client health information but will still have a view of referrals and referral outcomes for their members. Providers who are solely Part 2 providers will have to be identified in the system, and their data will be cloaked from view of other organizations unless appropriate consent is obtained. We will work with Part 2 providers individually to develop a workflow that works best for that provider, complies with federal statutes, ensures appropriate protections of sensitive data and facilitates referrals without additional layers of consent.

Q. Does this platform comply with HIPAA/HITECH as Health Current does?
A. Yes, the platform meets all required state and federal regulations.

Q. Can you clarify consent and the sharing of information?
A. The referral system will not require any additional layers of consent from the client. Covered entities, as defined by HIPAA, will still maintain their current consent structure for sharing client Protected Health Information (PHI). Non-covered entities (e.g., food banks) will not have access to client health information but will still have a view of referrals and referral outcomes for their members. Providers who are solely Part 2 providers will have to be identified in the system, and their data will be cloaked
from view of other organizations unless appropriate consent is obtained. We will work with Part 2 providers individually to develop a workflow that works best for that provider, complies with federal statutes, ensures appropriate protections of sensitive data and facilitates referrals without additional layers of consent.

Q. Does the client need to give permission to be referred?
A. The referral system will not require any additional layers of consent from the client. Covered entities, as defined by HIPAA, will still maintain their current consent structure for sharing client Protected Health Information (PHI), and Community Based Organizations will continue to use their existing consent processes, if any.

AHCCCS

Q. Are AHCCCS MCOs and providers required to use NowPow?
A. NowPow is the AHCCCS preferred software vendor for the statewide SDOH closed loop referral system. While MCOs and providers are not currently required to use NowPow, providers are highly encouraged to do so. MCOs are expected to expand existing efforts with their provider networks to screen for social risk factors of health for members, incorporate ICD-10 social determinant diagnosis codes on claims utilizing z codes, properly refer members to community-based resources to address their needs, and document the completion of the referral and services provided.

Q. Will networks that manage AHCCCS patients be required to use NowPow?
A. NowPow is the AHCCCS-endorsed SDOH closed loop referral system and while there is no current mandate from AHCCCS for the MCOs to utilize the system, it is intended to be the single solution for the Arizona Medicaid program.

Q. Is this only available to AHCCCS patients?
A. No. Health Current’s SDOH referral system is a free, statewide initiative that aims to benefit all Arizonans and is open to Medicaid and non-Medicaid patients. AHCCCS has endorsed the referral system as part of their Whole Person Care Initiative, exemplifying the importance of addressing social risk factors as a critical part of a person’s overall health and wellness.
Q. Are AHCCCS providers part of the initial phase of implementation?
A. AHCCCS providers are part of the initial phase of implementation. Health Current welcomes all providers to participate in the statewide SDOH closed loop referral system. Please contact Andrew Terech at andrew.terech@healthcurrent.org or Clay Cummings at clay.cummings@healthcurrent.org to setup an introductory meeting.

NOWPOW

Q. Are the service categories fixed to what was shown, or can they be altered to add additional service categories, such as parenting support?
A. The categories are not fixed and can be customized. NowPow's proprietary taxonomy covers the breadth of service categories to support whole person care, including core health-related social needs, such as Food & Nutrition, Housing, Childcare and Parenting, Employment, Education and more. Additionally, there are service categories and types for prevalent chronic conditions, health care, mental health and substance use challenges. The directory includes 20 service categories and over 200 service types and is curated to only feature service categories and service types that are relevant for our customers.

Q. How do you measure outcomes for different programs and the effect they have on the member?
A. The data gathered through the NowPow platform can provide insights on process measures and impact against organization specific goals.

NowPow's standard reporting package covers key areas of program activities and performance, as well as member screening and service history. In addition, the NowPow solution can create data extracts that enable reporting at the individual client level, including the ability to report on all client demographics, service activities and status fields. Data extracts can also be created to provide system User information regarding User activities and behavior. Finally, custom data extracts can be created to include data fields unique to the service requestors’ and service providers’ programs.

NowPow’s dashboards are built to help manage referral processes and understand program outcomes, as well as understand referral partner performance across the network.
Q. Is PRAPARE the required screening tool?
A. The PRAPARE screening is not required. The NowPow platform has incorporated standardized and validated screening tools for customers to leverage, including the PRAPARE screening, Accountable Health Communities screening tool, Pathways Community Hub Model assessment, Hunger Vital Signs, Health Leads Tool Kit and ACEs (Adverse Childhood Experiences) screening. The NowPow platform can also accommodate any custom or validated questionnaire, with branching logic, pre-screening logic and all question types.

Q. I see that PRAPARE is one of the SDOH screening tools. Any suggestions on how to pick the right screening tool? What factors should be considered when choosing the screening tool?
A. The PRAPARE screening tool is featured in our presentation because it is currently the most widely accepted SDOH screening tool with evidenced-based research to support its efficacy. However, there are several other evidence-based screening tools loaded and available in the system. These tools can be customized to suit the needs of the organization or a custom tool can be built. We would recommend using one of the evidenced-based tools if possible. Health Current staff can provide information and contacts with organizations similar to yours that may be able to help with your selection of an appropriate screening tool appropriate for your needs and that will fit within your organization’s workflow.

Q. Do organizations have to buy into the platform to be listed as partners or are they automatically listed?
A. There are no fees for using the SDOH system; however, it does require the participating organizations to sign one of two forms of a Health Current participation agreement that outlines the permitted uses of the system and its data. If the organization wishing to use the system as a healthcare provider, it would sign an HIE Participation Agreement that would provide access to patient clinical data within the HIE database, and an SDOH Amendment that provides access to the SDOH system functionality and data. If the organization is a community service provider, they would sign an SDOH Participation Agreement that provides access to the SDOH system functionality and data.

Q. Will this platform coordinate with HMIS?
A. Yes. Health Current and NowPow will develop an integration with the HMIS system.
Q. When you say this is a free service, does that include the use of NowPow as well? Are there any user/subscription fees for using NowPow?
A. There are no fees associated with the use of the Arizona SDOH closed loop referral system operated by Health Current, based on the NowPow platform and hosted by NowPow. However, current HIE participants will need to sign a SDOH addendum to their HIE Participation Agreement; healthcare providers who are not HIE participants will need to execute a HIE Participation Agreement and the SDOH addendum. Non-healthcare related community service providers will need to execute a Health Current SDOH Participation Agreement.

Q. How are the membership details shared with NowPow – from each practice or through some other eligibility platform?
A. Membership details are owned and shared by each organization that adopts the platform. It will be the responsibility of individual organizations to report membership details in accordance with their internal policies. NowPow does have the capability to integrate with other systems and databases, including membership and eligibility platforms.

Q. Are there APIs from NowPow to load this data into our EHRs?
A. NowPow has successfully integrated with Epic, Cerner, Athena and Centricity using federated identity management (Single Sign-On), and data exchange through HL7 v2, FHIR APIs and other vendor-supported APIs.

The NowPow platform has standard offerings for many EHRs and can create custom options based on industry standards. Integration projects can include the exchange of client demographics, screening synchronization, referral generation and tracking, and document write-back. Optionally, data extracts can be created to feed business intelligence and analytic systems.

Q. Are the member level, data extracts provided to the health plan via SFTP? How often? Daily/weekly?
A. Batch data extracts can be available based on a member list provided by a participating organization. Frequency of data feeds can be configured to match user preferences as can the method of delivery of the data.
Q. Have you rolled something out like this before? What has made it successful, or what have been some roadblocks?
A. Health Current has extensive experience in delivering technology solutions to the Arizona healthcare community. Today the Health Current health information exchange (HIE) platform serves more than 860 healthcare organizations across Arizona, covering 97 percent of all acute inpatient discharges and 99 percent of all ED discharges. The HIE platform has more than 2,000 active portal users each month accessing hundreds of thousands of patients, and the platform delivers more than 10 million patient alerts to providers and health plans each month.

NowPow has extensive experience in standing up closed loop referral systems in all sectors and sizes. They have successfully launched in many different settings, from low-population rural communities to cities serving millions to complex statewide projects. These successful implementations are due, in part, to NowPow’s strategic and custom planning for each initiative. They understand that although addressing SDOH needs is critical across every community, one’s approach in order to drive a successful outcome must be tailored to that population, their needs and resource availability, which is prone to vary across a state. The Health Current and NowPow partnership brings two successful organizations together to initiate, operate and manage the Arizona SDOH closed loop referral system.

Q. Are there custom fields for the client file?
A. Yes, there is an option to include up to 10 custom fields in the client profile in addition to the contact consent management, client contact, demographic and insurance fields. Additionally, NowPow's Raw Data package enables reporting at the individual client level, which includes ability to report on all client demographic/status/custom fields.

Q. Is the platform inclusive of persons with I/DD?
A. Yes. The platform will be available for all Arizonans. Health Current will work with service providers who support people with Intellectual and Developmental Disability (I/DD) and other stakeholders to ensure that the referral platform is able to meet the unique referral needs of the I/DD community.

Q. Will the system identify if a person has a case manager or support coordinator, or if the person has requested the service previously?
A. Healthcare providers will have access to a client’s referral history, service history and social risk factor screening results. Community service providers will have access to a client’s non-medical referral history,
service history and social risk factor screening results. Additional client information, such as assigned case manager or support coordinator, can be added to the client file.

Q. Will clients be able to scan and store documents in their portal and share them with service providers (once that is integrated) to help them store documents (e.g., social security card, photo ID, insurance card, etc.)?
A. Upon the initial implementation of the Client Portal, clients will not be able to upload and store personal documents or create a digital wallet. Health Current and NowPow are aware of the value of a digital wallet feature, and we are working on a solution to provide that to clients at a future time. However, service requestors and service providers can upload documents onto the referral platform (including items like a social security card or photo ID) and exchange relevant documents on the referral platform as part of the referral process.

Q. Is this something that each office signs up for and we get access to this system, or is this something the patient has to give us permission to use for their referrals?
A. Each provider organization desiring access and use of the system will be able to register with Health Current and then use the system for any or all their patients. The provider will obtain the appropriate patient consent/permission to use the system to make and track their referrals. The registration process for organizations that are not currently participating in the Health Current’s health information exchange (HIE) does include the one-time execution of an HIE Participation Agreement and an SDOH Use Amendment. For those organizations that are already participating in the HIE, they will just need to execute the SDOH Amendment.

Q. Are there tools integrated within the platform that would allow providers to run their own custom real-time analytical queries (rather than contacting the analytics team)? Will the platform support local/provider-wide client IDs as well as unique IDs to help close the gaps between multiple database systems?
A. The SDOH platform will produce a unique client identifier to minimize instances of duplicate records. In addition, the system will integrate with Health Current’s HIE Master Person Index as an additional tool for generating a unique client identifier that will link an individual’s healthcare data with their SDOH service date. The SDOH platform will have reports and dashboards that organizations can use to run organization-based reports, outcomes and analytics. In addition, organizations can request a data extract at any time or on a specific cadence (i.e., daily, weekly, monthly, etc.) to pull any data set about
their client population in a preferred format to conduct their own internal analytics. Custom reports and analytics are available. However, these may result in some initial, one-time costs for the requesting organization based on their complexity.

Q. We are a predominantly surgery-based healthcare practice. Post-operative stability is important for our patients and physicians. How can we use this to help our patients?

We are an Internal and Family Medicine clinic, and we send referrals for patients to many specialists. Is this something our referral coordinators can find useful for getting patients to the correct specialists? Or is this more useful for getting patients resources for food, shelter, etc.?

A. Health Current and NowPow understand that supporting an individual in their whole-person care requires care professionals to address social risk factors in addition to clinical needs. With this in mind, the system was designed with resources to support both SDOH and chronic health conditions. A care professional can utilize the platform to refer out to specialty services, in addition to community SDOH services. A care professional can also utilize the platform to refer individuals to support post-operative stability such as meal/grocery delivery, home health aide, home modifications, etc.