

# Alabama One Health Record®



## Alabama's Health Data Interstate

### A Primer on Alabama's Health Information Exchange

March 5, 2026

Health Leaders Association of Alabama 2026 Annual Conference

Presenter: Gary D. Parker, Chief Data Officer  
Director, Alabama One Health Record®  
Alabama Medicaid Agency

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## Agenda



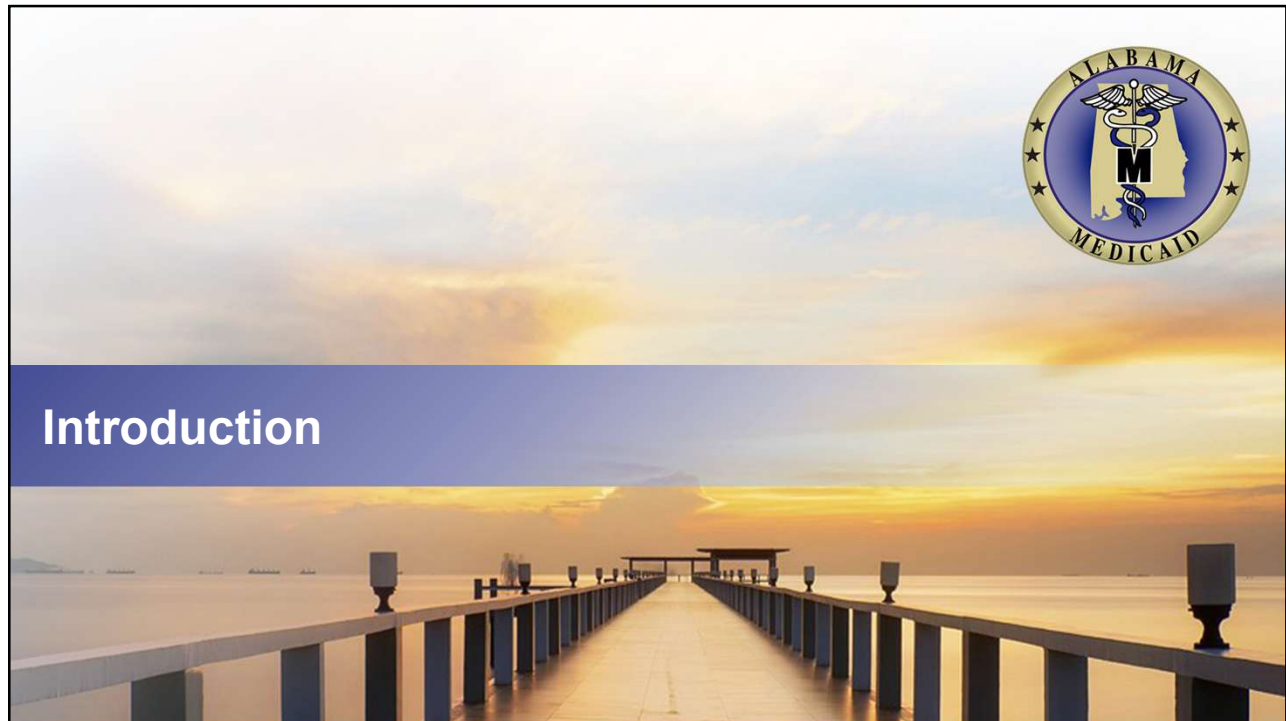
- Introduction
- Overview
  - What is Alabama One Health Record®?
  - Mission and Role
  - History: Past and Present
- HIE Integration: Why it's important to be interoperable.
  - Path forward in 2026
  - Get connected!
- Closing



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## Thoughtful Introduction -----

### The reality of your world today:

"With **the time constraints** on practice administrators, the **reimbursement concerns**, and the **consolidation** that is happening, these independent practice administrators are looking for **actionable** and **meaningful projects** that can **improve our operations**." (quote by David Carmichael, 1/7/2026)

**Awareness** ..leads to

**Hope**....which inspires...

**Action**...which creates,

**Opportunities to Excel** ....

(or perhaps EXHALE!)



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## Health IT Primer - Terms and Definitions

- ▶ **Health Information Exchange (“HIE”):**
  - ▶ A system and framework that interoperable exchange of clinical PHI between a patient’s providers to remove data gaps so as to improve outcomes with improved care coordination. (A noun and a verb)
  - ▶ It is a certified, standards-base technology that is HIPAA compliant for both connectivity and exchange.
- ▶ **Admission, Discharge, and Transfer (ADT):** A Hospital notification when a person is admitted, discharged, or transfer to or from the site facility. (26 flavors, we primarily focus on **A01 (Admit)**, **A04 (Patient Registration)**, **A03 (Discharge)**, and **A06 (Transfer)**. [Hospital CoP under 21<sup>st</sup> Century Cures ACT](#).)
- ▶ **Continuity Care Document (CCD):** Patient’s clinical record summary in the form of a digital document. These documents are generated by Electronic Health Record (EHR) systems.
- ▶ **Fast Healthcare Interoperable Resource (FHIR):** New standard for health information query and retrieval interface developed to use a defined set of Application Program Interfaces (API). FHIR version 4.0 is baseline for CMS Interoperability Rules.
- ▶ **United States Core Data of Interoperability (USCDI 3.0+):** ONC certified Health Data Standard required for rendering and sharing PHI, claims and/or clinical, in the form of a digital document using Fast Healthcare Interoperable Resource (FHIR) 4.0.
- ▶ **Health Data Standards and associated Protocols:**
  - ▶ Health Level 7 (HL7 / ADT 2.5 messages (*Push*))
  - ▶ Integrated Health Enterprise (IHE) / C-CDA (CCD’s, Clinical Notes, Referrals, etc. – *Pull or Query*)
  - ▶ Fast Healthcare Interoperable Resource 4.0 (FHIR) / USCDI (Specific data query; *Person centric or population (bulk)*)
    - ▶ *FHIR Messaging protocol*
    - ▶ *Application Program Interface (API)*
    - ▶ *United States Core Data for Interoperability (USCDI) V3.0+*



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## Alabama One Health Record®



## An Overview



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## One Health Record®: Progressing forward in CY 2026

### What is ALOHR?

Alabama's One Health Record®, our state-wide Health Information Exchange network, is the framework and infrastructure to share and exchange personal health information at the point of care delivery ***at any point, at any time, and at any place*** along the continuum of the individual's health and wellness journey.

### MISSION Statement

To provide the capability to support and enable improvement in both health care outcomes and quality of life by eliminating the gaps of health information in care delivery to facilitate better decisions and accountability for all.



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## One Health Record®: An Overview

- The Health Information Technology ACT (HITECH) passed in 2009. (Part of the ARRA)
- In February 2010, the Alabama Medicaid Agency (AMA) received the grant from the Federal Office of National Coordinator (ONC) to plan, develop, and launch Alabama's HIE.
- In April 2012, the State's HIE, Alabama One Health Record (ALOHR) became operational for live limited data exchange utilizing just Medicaid and CHIP Claims data.
- In January 2018, AMA developed and implemented a new Strategic Plan for Phase II of ALOHR .
- In May 2018, ALOHR began sending its ADT alerts to Medicare providers in North Alabama.
- In November 2019, ALOHR began sending ADT alerts to the 7 Alabama Coordinated Health Networks for Medicaid's 975,000 members enrolled.
- In 2021, first HIE to pilot/achieve the CMS MITRE certification.
- In 2023, first HIE to successfully exchange data across the TEFCA QHIN framework.
- In 2025, began send electronic case reports to Association of Public Health Labs (APHL) and exceeded 217M patient discovery requests.



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## One Health Record®: An Overview

### • Core Services:

- Centralized Repository for clinical data supporting point of care.
- **Centralized Master Patient Registry Index & Record Locator Service.**
- Provider Portal: Patient Query and Record Viewer, Direct Secured Email Accounts
- Clinical Record Query and Exchange. (“HIEDI”)
- Care Coordination: Admission, Discharge, & Alert notifications from Hospitals to providers. (“ALPINES”)
- **Patient Access mobile application. (eSante “MyHealth”)**
- **FHIR Enabled Platform: FHIR API Server and ODS.**
- Data Analysis and Reporting

### • Privacy and Security

- Direct access via Provider EHR or ALOHR provider portal (Stringent vetting process)
- HIPPA and HITRUST certified – SRA assessments are available.
- AWS Cloud SOC 2 Certified .
- 42 CFR Part II protections as indicated by provider designations



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## One Health Record®: An Overview

### Core Purposes of Use :

Provider-to-Provider Clinical Data exchange

Care Coordination for Community Care Teams (*Medicare enhancement applies*)

Data Aggregation for Population Health Analysis

PHI Disaster Recovery of displaced populations

Public Health support and data access

Government benefits determination

OUD/SUD Assessments and Peer Specialist Support (CHIPSS)

Medical Examiners for locating Next-of-Kin or Diagnosis at Time of Death

Health Care Operations and Value-based care needs.

First Responders point-of-care delivery and enroute notifications.

Merit Based Incentive Payments (MIPS) and Quality Payment Program (QPP)



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### Alabama One Health Record A Health Data "Interstate"

Type of Connection	Jan 2018 (baseline)	December 2025
Ambulatory Clinics/Provider Facilities/Care Sites	63	800+
FQHC's/RHC's/HIN's/CMHC's (4 W-I-P)	0	15 (300+ sites)
Hospitals (5+5+3+1+1+1+1=16 WIP)	6	57(46)
State HHS Agency Facilities (ADPH Health Clinics & ADRS-CRS) (ADMH W-I-P)	0	89
Peer State HIEs	0	23
National Network Connections	0	4
Federal Government (SSA, DoD, VA, IHS, & APHL)	0	5
MCO/ACO Care Groups	0	17
Alabama Coordinated Health Networks (Medicaid)	0	7
Home Health Organizations (1) & Skilled Nursing Facilities (2)	0	3
Municipalities ( Fire and Rescue; Jeff Co ME Office);	0	2
Commercial Payers	0	5

#### ALOHR Stakeholders Exchanging Information via the Network

- AL-OHR Stakeholders
- ACHN/ICN Providers
- State HHS Agencies
- First Responders/EMTs
- Hospital/Clinic
- VA/SSA
- Labs
- Wellness Community
- Regional HIE/HIO/HINS
- Severe Weather Centers

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## ALOHR Architecture - Core Services Technology

### ISC HEALTHSHARE: VERSION 2025.2

#### ALOHR Architecture - Core Services Technology

ISC HEALTHSHARE: VERSION 2023.1

#### Health Insight

Dashboards  
Clinical Measures  
Performance

#### Unified Care Record

Normalization of Data  
Service Data to Viewers  
Clinical Logic

#### Patient Index

Person Identity  
Probabilistic Matching  
Deterministic Matching

#### Patient Portal

Viewing Clinical Data  
Viewing Claims Data

#### Provider Directory

Provider Identity  
Provider Relationships

#### Provider Portal

Viewing Clinical Data  
Viewing Claims Data  
Consent Management

**IRIS for Health**

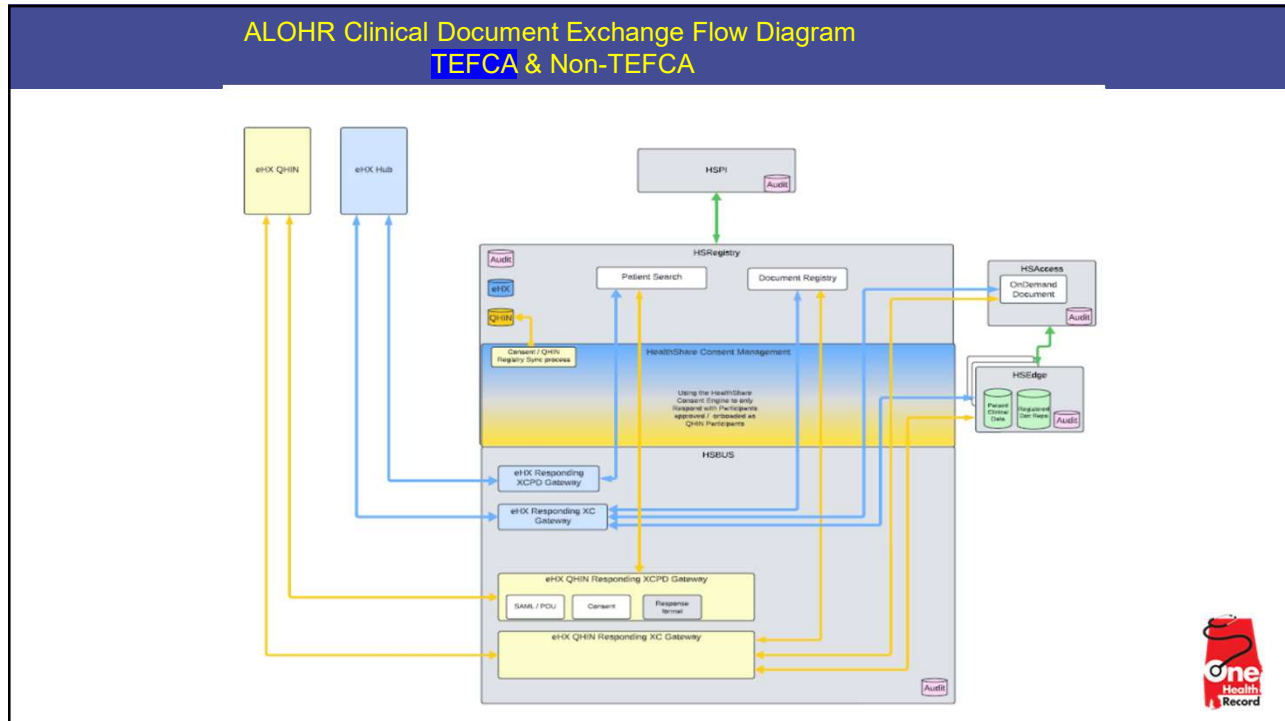
Massive Scalability  
Message Oriented Middleware  
Heterogeneous Health Data

Message and Queue Management  
Standards-based Interoperability  
FHIR

Adapters | Interfaces | Standards

4912-026

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# Alabama One Health Record®



Today...We are here....

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# Alabama One Health Record®

## Demonstrated Clinical Content

- ALOHR Primary Services - Calendar Year 2025 (January-December)
- **HIEDI** (Health Information, Exchange, & Data Integration Services)
  - Patient Queries:
  - **Previous Years:**
    - CY 2023: 10,627 provider groups ran 89M queries, found 6.9M documents, & pulled 4.1M records.
    - CY2024: 13,316 provider groups ran 103M queries, found 7.6M documents & pulled 5.8M records.
  - **For CY 2025,**
  - **24,329 (+85%)** Provider Groups ran **217,486,609 (+111%)** patient find requests. *(125,000+ Providers accessing ALOHR)*
  - **10,875 (+37%)** Provider Groups ran **18,186,203 (+137%)** document queries.
  - **8,441 (+21%)** Provider Groups pulled **8,918,234 (+53%)** document retrievals. *(78% pulling 50% of the records found)*
  - **26,773,487** clinical documents published/available in the HIE repository
- **ALPINES** (Alabama Patient Information, Notification & Event System) (Avg: 475,334/month)
  - CY 2025 Hospital ADT Discharges (A03) received: **5,531,800 (46 Hospitals)**
    - CY 2024: 5,368,844
    - CY 2023: 3,808,637
  - CY2025 (A03) Alerts Notifications Sent: **1,722,858 (31% of the total of total received)**
    - CY 2024 1,975,096 (37% of Total ADT's received)
    - CY 2023: 1,340,816 (35% of the total ADT's received)
- Patient Registrations (eMPI): 10,441,599
- Patient App (MyHealth): 708



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# Alabama One Health Record®

## Demonstrated Clinical Content

- ALOHR Primary Services - Calendar Year 2026 (January)
- **HIEDI** (Health Information, Exchange, & Data Integration Services)
  - Patient Queries:
  - **Previous Years:**
    - CY2024: 13,316 provider groups ran 103M queries, found 7.6M documents & pulled 5.8M records.
    - CY2025: 24,329 provider groups ran 217M queries, found 18M documents & pulled 9M records.
  - **For CY 2026:**
  - **18,895** Provider Groups ran **20,567,773** patient find requests. *(130,000+ Providers accessing ALOHR)*
  - **4,239** Provider Groups ran **1,954,467** document queries.
  - **3,039** Provider Groups pulled **1,072,789** document retrievals. *(78% pulling 52% of the records found)*
  - **27,347,385** clinical documents published/available in the HIE repository
- **ALPINES** (Alabama Patient Information, Notification & Event System) (Avg: 531,591/month)
  - CY 2026 Hospital ADT Discharges (A03) received: **531,591 (47 Hospitals)**
    - CY 2025: 5,724,044
    - CY 2024: 5,368,844
  - CY2026 (A03) Alerts Notifications Sent: **223,080 (42% of the total of total received)**
    - CY 2025 1,722,858 (31% of Total ADT's received)
    - CY 2024: 1,975,096 (37% of the total ADT's received)
- Patient Registrations (eMPI): 10,504,242
- Patient App (MyHealth): 727



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**eHealth Exchange**  
Alabama One Health Record® was elected eHX Coordinating Committee

## Coordinating Committee

<b>FEDERAL</b>					
<b>NON-FEDERAL</b>					




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## One Health Record®: An Overview


eHealth Exchange

### QHIN Governance Committee


QHIN PARTICIPANT REPRESENTATIVES




**Gary Parker**  
Alabama One Health Record  
Chair




**Nichole Sweeney**  
CRISP Shared Services  
Vice Chair



**Michelle Meigs**  
Association of Public Health  
Laboratories (APHL)




**Jim Hoag**  
CSHIE




**Erica Galvez**  
Manifest Medex

QHIN SUB PARTICIPANT REPRESENTATIVES




**Alan Daniels**  
Huntsville Hospital Health  
System




**Sheena Patel, MD**  
CRISP - Maryland


OTHER




**John Kansky**  
Indiana Health  
Information Network  
Representing eHealth Exchange  
Coordinating Committee



**Pam Matthews, RN**  
East Tennessee Health  
Information Network  
Representing eHealth Exchange Board



**Jayme Piffa**  
eHealth Exchange  
Representing eHealth Exchange Staff  
Secretary



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## One Health Record®: An Overview

### Alabama's Health Information Exchange National Network Hub Activity January 2026

	eHX	CQ	TEFCA (QHIN)	Match Rates
As a Responding HIE				
Patient Discovery	7,491,119	5,219,694	1,086,439	18%
Document Query	38,743	735,239	925,349	99%
Document/Record Retrieval	32,455	414,409	44,102	65%
Electronic Case Reporting (cCR)	4,845			
As an Initiating HIE				
Patient Discovery	605,054	1,210,190	2,775	19%
Document Query	12,034	72,624	17,869	52%
Document/Record Retrieval	17,468	1,046,151	16,119	99%
Electronic Case Reporting (cCR)	22,457			

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### One Health Record®: An Overview

**Alabama's Health Information Exchange  
National Network Hub Activity  
2025 YTD**


	eHX	CQ	TEFCA (QHIN)	Match Rates
<b>As a Responding HIE</b>				
Patient Discovery	74,743,560	36,690,623	12,306,821	16%
Document Query	157,114	10,292,461	3,884,580	99%
Document/Record Retrieval	963,600	6,214,886	272,569	99%
Electronic Case Reporting (cCR)	25,386			
<b>As an Initiating HIE</b>				
Patient Discovery	6,779,456	15,274,134	125,023	18%
Document Query	342,473	1,868,821	198,799	61%
Document/Record Retrieval	61,922	2,026,456	90,060	99%
Electronic Case Reporting (cCR)	22,852			

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## Alabama One Health Record®



**Tomorrow...Where we are going....everywhere!**

*“Why is this important and its possible impact”*



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## One Health Record®: Progressing forward in CY 2026

- On-going HIE integration/implementation.
  - Community Health (CHS - 6)
    - Technical Framework approved Prod ETA: Feb-Mar 2026.
  - Orlando Health (5) - Technology Kick-off 10/3/2205: Prod ETA: May 2026
    - EHR upgrade in progress.
  - EAMC (5) - In Production 10/30/2025.
  - Green County Medical Center: ADT Production 1/8/2026'; Bi-Directional Query: W-I-P
  - Baptist First Health System (3 – MGM River Region) – ETA: Spring 2026
  - "All of US" Patient Access pilot. ETA: March 2026



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## One Health Record®: Progressing forward in CY 2026

- On-going HIE integration/implementation.
  - Scion Health (2) - Technology Kick-off 10/3/2205: Prod ETA: May 2026
    - Vaughn Medical Center (Selma)
    - Andalusia Medical Center (Andalusia)
  - Russellville Medical Center HIE Discovery meeting on 2/19/2026.
  - Green County Medical Center: ADT in Production January 2026
  - Jefferson-Blount-Shelby CMHC – HIE integration ETA: April 2026
  - Baldwin Bone and Joint (6 clinics): ETA : Spring 2026
- Coordinated Health Information for Peer Specialist Support (CHIPSS) Subsystem
  - Finalizing Requirements: School-based services progressing – ETA July 2026.
  - Development to begin January 2026.



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## One Health Record®: Progressing forward in CY 2026

### Interoperability Landscape

- CMS Digital Health Eco-System (June 2025)
  - CMS Interoperability Framework – Launched July 2026)
    - National Provider Directory
    - Certification for API's rather than EHR's.
- CMS Interoperability Rule: CMS 0057 (PA's & Care plans):
  - ALOHR Patient Access mobile app update.
  - ALOHR API's for Payer-to-Payer; Provider-to-Payer exchange.
- Third party mobile applications and AI tools
  - Patient apps to access health information across all spectrums (claims, formulary/rug pricing, appointments, auto re-fills...etc.; pilot projects in Utah)
  - AI tools that support pre-encounter triage for medical summaries. (improves the doctor/patient interaction if a summary is available beforehand.
  - Expansion of Tele-health/Tele-medicine options.
  - ALOHR – AI "Proof of Concept" with Care Plans needs.

More to come.....



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## Program Initiatives progressing forward in CY 2026

### RHT (Rural Health Transformation Grant Program – 11 Initiatives - \$203M for year 1)

1. Collaborative EHR, IT, and Cybersecurity;
2. Rural Health (for specialty and emergent care);
3. Maternal and Fetal Health Initiative – Obstetric Digital Regionalization;
4. Rural Workforce;
5. Cancer Digital Regionalization Initiative - Prevention, Screening and Treatment;
6. Simulation Training;
7. Statewide EMS Trauma and Stroke;
8. EMS Treat-in-place;
9. Mental Health;
10. Community Medicine;
11. Rural Health Practice (expanding networked rural health clinics in rural, underserved areas).



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## Program Initiatives progressing forward in CY 2026

- TMAH (Transforming Maternal Health Program)
  - Medicaid 7-year grant *with expansive HIE interoperability* to improve Maternal Health outcomes for Medicaid beneficiaries.
- CCBHC (Certified Community Behavioral Health Center)
  - SAMHSA s (ADMH program to improve BH/MH/SU outcomes (3-year program to transform Community Mental Health Centers *with HIE interoperability requirements*).
- RMOMS (Rural Maternity and Obstetrics Management Strategies)
  - Working closely with Alabama's Rural Obstetrics Alliance for Accessible, Affordable Deliveries. (AL-ROAD)
  - Grant to improve maternal outcomes in specific Rural Alabama black belt counties *has specific HIE objectives*. (Britta Cedergren, Dr. Allen Perkins, Christian Kettle, Dr. John Waits)
- University of Alabama Cardiology project
  - CDC grant to improve cardiology outcomes in 8 West Alabama counties utilizing the HIE framework. Dr. Sharlene Newman is the Program Director.



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## Opportunities to Excel: Positive Impact Hospital ADT's

Medicare reimbursement for post-hospital discharge follow-up uses 2 Transitional Care Management (TCM) codes, which pay significantly more than standard office visits to incentivize prompt, coordinated care.

As of 2025, the national average reimbursement for high-complexity TCM (CPT 99496) is **\$272.68**. TCM requires contact within 2 business days and a visit within 7–14 days of discharge.

### ▶ **ADT Exercise (CY 2025)**

- ▶ A 3-provider practice
- ▶ So, for 2025:
  - ▶ 8,149 ADT's received in 2025 for their submitted rosters.
  - ▶ 408 are consider TCM patient types (5%); (estimated)
  - ▶ Assumption: 1 ER Discharge per year:
    - ▶ 408 ADT's x \$272.68 each = \$110,980. annually
    - ▶ Breakout: Provider #1 (44%) = \$48,840
    - Provider #2 (44%) = \$48,840
    - Provider #3 (12%) = \$13,300.



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## Opportunities to Excel: Positive Impact Merit-based Incentive Program (MIPS 2026)

- Initiation and Engagement of Substance Use Disorder Treatment (MATS)
  - Percentage of patients who initiated treatment, including either an intervention or medication for the treatment of SUD, within 14 days of the new SUD episode.
  - Percentage of patients who engaged in ongoing treatment, including two additional interventions or medication treatment events for SUD, or one long-acting medication event for the treatment of SUD, within 34 days of the initiation.
- Improvement or Maintenance of Functioning for Individuals with a Mental and/or Substance Use Disorder
  - Transitions of Care (availability of Clinical Notes particularly from the CCBHC Program)
- **Hospital Re-admissions (30 Days) – “Avoidance” (more to follow in the ADT example)**
- Emergency Department Utilization (CT for Minor Blunt Head Trauma – Adults & Children)
- Care transition documentation practice improvements (MIPS)
  - MIPS eligible clinician or group carried out an action plan for the patient with the patient’s preferences in mind (that is, a “patient-centered” plan) during the first 30 days following a discharge.
- Care coordination agreements that promote improvements in patient tracking across settings. (ToC)
  - Establish effective care coordination and active referral management ....that could include one or more of the following:
    - that set expectations for documented flow of information



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## Opportunities to Excel: HIE Impact Measures MIPS Guide and Example

- **Health Information Exchange (HIE) Objectives:**
  - Measures often include "Support Electronic Referral Loops by Sending Health Information" and "Support Electronic Referral Loops by Receiving and Incorporating Health Information".
    - Example 1: A specialist sends a digital referral and relevant clinical notes via Certified EHR Technology (CEHRT) to a primary care provider, meeting the "Sending Health Information" measure.
    - Example 2: A hospitalist, upon admitting a patient, uses the EHR to electronically query and receive a summary of care record from an external, unaffiliated provider (receiving/incorporating), satisfying PI requirements. either an intervention or medication for the treatment of SUD, within 14 days of the new SUD episode.



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# Alabama One Health Record®



What's the next steps...

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## Opportunities to Excel: Get Connecting to Alabama One Health Record®

### The ALOHR On-boarding process:

1. Complete the ALOHR Business Questionnaire.
2. Review the ALOHR Policies and Procedures Manual.
3. We will schedule a Discovery meeting to discuss needs and use case.
- 3a. Complete the HIE document packet and submit. (We can work concurrently)
  - a. Data Use and Participation Agreement (DURSA)
  - b. Business Associate Agreement (BAA)
  - c. Qualified Services Organization Agreement (QSOA – Sensitive data).
5. We will have a Technical Kick-off meeting. (**Start Date**)
6. Duration 6-10 weeks depending on how engaged your EHR tech lead is engaged.
  - a. We usually set up the ADT's interface in Phase I. (2-3 weeks)
  - b. We set up the Query Exchange in Phase II. (4-8 weeks)
7. Testing
8. Live Production
9. 30-day Post-production period.



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## Opportunities to Excel: Get Connecting to Alabama One Health Record®

The HIE document packet and other information is located at the following:

Website: [www.onehealthrecord.alabama.gov](http://www.onehealthrecord.alabama.gov).

OR,

You can reach out for the documents via email at

Email: [Onehealthrecord@medicaid.alabama.gov](mailto:Onehealthrecord@medicaid.alabama.gov)

[stella.stewart@medicaid.alabama.gov](mailto:stella.stewart@medicaid.alabama.gov).

Contact: Gary D. Parker

[gary.parker@medicaid.alabama.gov](mailto:gary.parker@medicaid.alabama.gov)

(334) 242-5011. (Please leave a message.)



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## Discussion and Q&A

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## Contact Information



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Thank you for attending!



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