

Health IT Advisory Council
October 18, 2018

Medicaid HIT Plans Q&As

#	Council Member	Questions
1	Cindy Butterfield	N/A
2	Jake Star	<ol style="list-style-type: none"> 1. Will DSS commit to obtaining and duplicated data (ADT, eCQM, etc.) from a central HIE, or will they require providers to have duplicate feeds as is their current practice? 2. Will DSS commit to achieving HITRUST certification, or will they continue to implement insecure systems which violate basic IT best practices and put providers at risk of HIPAA violations? 3. If the independent HIE entity elects to use a DSS system in the overall HIE, will DSS transfer the ownership of the technology to the entity? If not, will DSS commit to shift ownership of the DEVELOPMENT of the technology to a joint-power group? (Addressing the prioritization of future requirements and development of any new platform). 4. Since DSS may only have "rights" to access Medicaid portions of the data in the HIE, how will DSS assure segregation of duties, privacy of data, and independent audit? 5. If DSS is a provider of services to the HIE entity, will they commit to being subject to contractual and audit clauses which would be required in a standard Business Associate Agreement under HIPAA?
3	Ted	<ol style="list-style-type: none"> 1. Is there a reason that Medicaid could not use a different HIE? 2. Assuming that the Medicaid system has been/is being built with CMS matching money, can such matching money be used for a portion of the state-wide system build?
4	Mark Raymond	<ol style="list-style-type: none"> 1. The Medicaid population is one of the largest communities to serve and one of the largest levers for improving through technology. Given that, do you see DSS having a more active and engaged role in the HIT Council?
5	Dina Berlyn	<ol style="list-style-type: none"> 1. Legislative intent is quite clear that there is to be ONE state HIE. It is unclear why DSS appears to be building an HIE that is separate and distinct from this. is there a rational explanation?
6	Alan Kaye	<ol style="list-style-type: none"> 1. As you no doubt are aware, there is a good deal of consternation among many of us with respect to the seemingly parallel efforts of DSS and this Council. To be sure, many of us were aware that there had been relevant, earnest and competent efforts under DSS as part of the SIM with respect to information exchange. I, for one, assumed that those efforts would be presented as options, but that going forward, the SIM HIT Committee would no longer exist and independent efforts would cease and going forward and that DSS' efforts would be subjugated to the efforts of this Council. What was your perception of the reasons for the merger of the SIM HIT Committee and this Council? Was it your understanding that DSS would continue with independent projects on exchange of health

		information? Are you now willing to abide by a "compact" that the HIT committee will be the exclusive state-run entity for development of a statewide platform for sharing health information and the exclusive conduit for funding towards this effort?
7	Rob Rioux	<ol style="list-style-type: none"> 1. Has DSS developed a communication plan to engage the provider community and if so how was that plan developed? 2. If not, is there a steering committee or cross-functional group charged with doing so?
8	Cheryl Cepelak	<ol style="list-style-type: none"> 1. What is the plan to add Community providers on their HIE?
9	Lisa Stump	<ol style="list-style-type: none"> 1. Can the Commissioner please explain the process used to develop the DSS plan - including consultants and funding streams used, as well as provide a detailed timeline for the plan overall? 2. Can the Commissioner please advise as to when the documents related to the plan will be available to the members? 3. How does the DSS plan intersect with the work already in process by the HIT Council? 4. How will the DSS plan complement what already exists in the form of data exchange between the hospitals and DSS, and between the hospitals via CHA, to ensure that unnecessary redundancy is avoided?
10	Nic Scibelli	<ol style="list-style-type: none"> 1. None really. I have supported DSS initiatives as part of a broad agenda to advance HIE action in the State and have felt informed of their activities through the IAPD review and approval process.
11	Joe Stanford	<ol style="list-style-type: none"> 1. None
12	Tekisha Everette	<ol style="list-style-type: none"> 1. The presentation provided in September made mention of collecting social data as well as clinical data. What social data are you collecting and how will this be made available for the work this Council is engaged in. 2. How, if at all, did DSS consider the effort, goals, and process that is moving forward under the HITO? 3. I would like clarification on the ADT vs Patient Ping discussion from the providers in September as well as clarification on any other "conflicting" or duplicative aspects.