

NCALHD Technology Committee Meeting
October 19, 2016 9:30 AM
Cardinal Room, NC DPH
minutes

1. **NC Health Information Exchange Authority:** Darryl Meeks shared with the group the answers to a few questions and made comments:
 - a. How will the HIE protect patient info? Patients can opt out, but may be a 14 day delay at present.
 - b. How will cost be funded? Currently fully funded by the State. They have not looked at cost structure past the current biennium budget.
 - c. The first Advisory Board meeting was held September 1. NCHIE has about 113 connections and 400 facilities.
 - d. Does the NCHIE connection meet Medicaid requirements for 2018? Contracts are currently being reviewed and hop to have something in November.
 - e. LHDs connecting with other facilities need to review their agreements regarding required data transfer (Medicaid) to the HIE.
 - f. NC HIE desire is to integrate rather than using a portal. This makes it easier for LHDs to use their system rather than having to access through a separate portal.
 - g. There was a question about the legality of the lag time period between the patient signing the opt out form and the 14 day delay of blocking the record. There were also questions about minors and their confidential services. No real answers to that as yet.
 - h. Good news – Immunization Registry is being piloted with a UNC and a Duke primary care practice, integrated within the electronic health record. These two were selected because of technology readiness and support in those practices. They will keep us posted.

2. **NC Alliance of Public Health Agency Cost Settlement: Potential LHD HIPAA Breach!** Jill Moore and Bob Martin informed the group about the concern.
 - a. **Problem summary:** Until last September, 2015, LHD Medicaid Cost Analysis/Settlement work was done through the NC Division of Public Health. We all have a HIPAA Business Associate Agreement with DPH through our Consolidated Agreement. As of September 1, 2015, DPH ceased providing that work to LHDs. At that point, LHDs began working with the NC Alliance for Public Health Agencies (NCAPHA) through their employee, S. Garner, for this same Medicaid Cost Analysis/Settlement work. This arrangement creates a need for a

Business Associate arrangement which must be outlined in a Business Associate Agreement. Bob noted that this change also impacted the State Lab.

- b. Current:** Lynette Tolson emailed every LHD the Business Associate Agreement (BAA) and the Memorandum of Understanding. Every LHD must review/sign these documents and return to Karen Davis in order for Medicaid Cost Analysis/Settlement work.
 - c. Jill Moore guidance:** The primary question is what, if any, disclosures were made to NCALPHA (S. Garner) prior to the BAA being executed?
 - i.** If LHD did release information between 09/01/2015 – the date the BAA was executed, then the LHD must complete a Breach Notification Risk Assessment using an analysis tool. (Jill provided 2 options.)
 - ii.** Jill verbally walked the group through the basic analysis, which leads us clearly through 1 – 4 (if any information was sent in the timeframe.) At item 5, the LHD needs to determine whether all processes were everything was as it should be, except for the BAA documentation which we know was not in place. It is possible (maybe likely) that the LHD can determine no need for breach notification.
 - 1.** Key issue – must do the breach assessment asap because if notification were to be required, it must be made within 60 days.
 - d. Decisions:** Lynette volunteered to lead a small workgroup, including S. Garner, to provide answers to specific questions such as if S. Garner received the data, how did he handle the data? Did he handle the data appropriately, i.e. as we expected him to manage for the Medicaid Cost Analysis? Could he create a statement that would inform the LHD's breach risk assessment?
 - e.** Work group will send out a summary email to all LHDs next week.
- 3. Batch Interface/Reporting Update:** John Bryant reports still working on FPAR (Family Planning) report. This report has been revised and Debbie Liverman has created a document outlining where each data point pulls from in HIS.
- 4. Update on HIS EHR transition tools for LHDs:** Phyllis Rocco reported that they expect to have the Agreement to those LHDs who are eligible for state dollars to move off of the HIS system and onto a vendor supported electronic health record by January 1. This will include the Scope of Work required for this funding.

Phyllis also reported that they have an updated analysis of the claims percentages for batch counties. She will send that out. Also noted is that the patch for current HIS on-line counties for reporting, label and schedule printing is still broken. The HIS team is working on this.