

²⁵ HIT Policy Committee Transcript; August 14, 2009; pages 1, 72 and 73. Dr. Peel's comments are on pages 72 and 73

**HIT Policy Committee
Transcript
August 14, 2009**

Presentation

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

I want to first of all mention that there may be some members calling in: Dixie Baker, Latanya Sweeney, David Bates, Janet Corrigan, Floyd Eisenberg and Charles Kennedy.

Dixie Baker - Science Applications Intl. Corp. Health & Life Sciences - CTO

Yes, this is Dixie Baker.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

All right. Have they joined us yet, please?

David Bates - Brigham and Women's Hospital - Chief, Div. Internal Medicine

This is David Bates. I'm on the line.

Dixie Baker - Science Applications Intl. Corp. Health & Life Sciences - CTO

Dixie Baker, I'm on the line.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

They are online? Good, wonderful. Thank you. Okay. First action item would be to approve the minutes from July the 16th. Are there any amendments? Christine?

Christine Bechtel - National Partnership for Women & Families - VP

I just have one, on page five, just to clarify under action item two. It says that the committee adopted the Meaningful Use Workgroup's recommendations matrix by consensus, noting for inclusion in the final version a number of specific suggestions that used to say, and a reservation about its aggressive time frame, and I don't think that reflects -- "the entire committee" certainly doesn't reflect me, so if that could be changed to one member or a few members, depending on what folks would like, I'd appreciate it. And I'll give that to Judy.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

Okay. Any other amendments? I'll entertain a motion to approve, then.

Unidentified Male Speaker

So moved.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

Okay. And a second?

Unidentified Male Speaker

Second.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

Again, another concern of ours is, of course, privacy. The word privacy is used in all of these presentations and documents. We would urge you to adopt a definition of privacy because, to consumers and in the legal sense, the term means control over personal information. But because HHS and ONC have yet to adopt a definition, the proposals really can be very confusing and the meaning of them is not clear without an actual definition.

The problem of the legal concerns over health information exchange that Judy mentioned could all be solved. We don't have to do agreements. Don't have to do legal contracts, business agreements to exchange data, if you simply get informed, robust patient consent. You don't need all these agreements from stakeholders because the person who can move the data immediately where it belongs for care and for research really is the consumer, is the patient. So we would recommend that to you again.

And then listening to the comments about quality, I would expect that the top 20 conditions would certainly include depression that have the greatest prevalence, morbidity, mortality, and cost. Certainly depression would very likely be one of the top 20. I'm a psychiatrist. I know that depression is the second most common disease in the world, but I would have to caution you. If we have a system of electronic records that does not allow trust and segmentation of mental health information, we will never get that data.

We know from HHS's own findings that two million people a year refuse to get treatment for mental illnesses because they know it's not private. Six hundred thousand refuse early diagnosis and treatment of cancer because they know that the data is not private. If we don't have privacy, we won't get the data to find what is comparatively effective in my field. I would really like to know that. We will never get the data about psychoanalysis, psychotherapy, all the kinds of treatment that people get.

Probably a third of the patients with mental illnesses are off the grid. They pay someone privately like me, or they go to NA or AA, and we really have to think about this. If we design a system that doesn't allow segmentation in privacy, we'll get erroneous and missing data, and that would be a shame.

Judy Sparrow - Office of the National Coordinator - Executive Director

I'm sorry. Could we just have...?

Deborah Peel – Patient Privacy Rights – Founder

Yes, and the last thing that I would say is the comments that the woman made before me about how you shouldn't have to – patients shouldn't be able to block the transfer of data when they've paid out of pocket. That's actually a new right that HITECH conferred on American citizens. That's an important new right. If you pay for treatment, you should be able to decide who it goes to for purposes beyond such as healthcare operations. Thank you.

Judy Sparrow - Office of the National Coordinator - Executive Director

Thank you. And last, a short comment from Tom Leary.

Tom Leary - HIMSS - Staff Coordinator

Judy, I'll spare you the story of when I presented to the HIMSS board, and the bulb went out. I think Judy Faulkner was there. I think this has been a very valuable discussion today, particularly around the health information exchange activities. Whether it's DoD and VA having to share data outside their systems with 50% of their care going downtown or whatever, this committee is addressing then policy issues. You're not shying away from the policy issues that need to be addressed, so continue moving forward. Your

And I also, just in the perspective of talking about HIOs and HIE, whatever, and it's not really clear to me. I'm not a JD, so I can't really say. Section 13405 of ARRA where it starts talking about as of February 2010 where the individual has the right to request, do not disclose if you didn't pay, if the health insurance company did not pay for this. The scenario when somebody comes in for a routine physical or whatever and says, oh, by the way, can you check and see if I have herpes. They don't want that to go out, and they didn't pay for it. They did fee for service. It sets up the situation where they have to make a separate encounter, so that now I don't want to disclose this because if the situation comes up where someone can start cherry picking from a patient level, don't disclose this and this and this. You have an electronic healthcare record nightmare maintenance on your hand or mutiny going on in the HIM department.

And I just wanted to point out one other thing. I also noticed, because there is one enterprise certified product for 2008, and that the CEO of Epic is on this committee, that it's because just one vendor made it that CCHIT has even broadened their Web site to, so you know that there is more than one vendor out there that you can actually filter out and say 2007, 2008. Two others are, just for the record, premarket, which means they don't have a live site yet. I just want to point that out.

Judy Sparrow - Office of the National Coordinator - Executive Director

Thank you. We have time for two more comments. Dr. Peel.

Deborah Peel – Patient Privacy Rights – Founder

Hello. I thought I'd come in person today because I've tried to comment before on the phone, and I know many of you, but not all of you. I'm a practicing physician, and I had and founded Patient Privacy Rights as a volunteer. I'm still a volunteer, and I'm unpaid.

Patient privacy rights has over 10,000 members in all 50 states, and I also lead the bipartisan coalition for patient privacy, which represents 10 million Americans. We have sent you all two detailed letters, very detailed comments about meaningful use, which I'm not sure the meaningful use workgroup has ever seen or heard from, and we're very concerned because the process is happening, and we're trying to participate. We're trying to send you letters, but there's no evidence that they're going anywhere. In the October hearing, for example, there's no place for consumers to be heard.

But the main thing that consumers want, the main thing that they want for EHRs to be meaningful and useful, is the ability to control the disclosure of their information. Anyway, we sent a detailed letter recommending both federal policy be used for meaningful use standards, the federal policy that's in 42 CFR part 2, which has worked for quite a long time to insure the privacy and trust for the exchange of sensitive mental health and addiction records for many years. And we recommended an open source consent, robust consent management system that's been in use for eight years, and it has enabled the exchange of four million patient records in eight states very effectively that complies with the standards in 42 CFR. This was developed by the National Data Information Infrastructure Consortium, NDIIC. I have to think about acronyms.

We think that there are very robust solutions to health information exchange, and to getting the benefits of health information technology with privacy. We're also really concerned that there were several votes today and have been votes every day on documents that we don't see until we get here. The problem, again, for public input, and for us trying to be a part of the process, is we really can't when we get documents the same day as votes. We can't be involved in the planning processes, and we have offered our organization, and the members of our coalition, including the Electronic Privacy Information Center, ACLU, consumer action and others. We would be happy to provide expertise and comments at the workgroup level.

²⁶ HIT Standards Committee Meeting Transcript; May 15, 2009; pages 1 and 40; my comments are on page 40.

HIT Standards Committee Meeting
Final Transcript
May 15, 2009

Participants

Janet Corrigan, President & CEO, The National Quality Forum
John Derr, Chief Technology Strategic Officer, Golden Living LLC
Anne Castro, Chief Design Architect, Blue Cross Blue Shield/South Carolina
Christopher Chute, Vice President Data & Health IT Standards, Mayo Clinic
Dixie Baker, CTO, Health & Life Sciences, Science Applications International Corp.
Jon Perlin, CMO & President of Clinical Services, HCA
David Blumenthal, National Coordinator, Office of the National Coordinator
John Halamka, Chief Information Officer, Harvard Medical School
Jodi Daniel, Director of Policy and Research, ONC
Jim Walker, Chief Health Information Officer, Geisinger Health Systems
Gina Perez, Executive Director, Delaware Health Information Network
Judy Murphy, Vice President of Applications, Aurora Healthcare
David McCallie, Vice President, Medical Informatics, Cerner Corp.
John Klimek, Senior Vice President, National Council for Prescription Drug Programs
Kevin Hutchinson, President & CEO, Prematics, Inc.
Elizabeth Johnson, Vice President Applied Clinical Informatics, Tenet Healthcare Corp
Stan Huff, Chief Medical Informatics Officer, Intermountain Healthcare
Douglas Fridsma, Arizona Biomedical Collaborative
Steven Finley, Senior Healthcare Policy Analyst, Consumers Union
Linda Dillman, VP, Benefits & Risk Management, Wal-Mart Stores
James Ferguson, Executive Director HIT Strategy & Policy, Kaiser Permanente
Marc Overhage, Regenstrief Institute & Indiana Health Information Exchange
Wes Rishel, Vice President, Gartner Corp.
Richard Stevens, The Boeing Corp.
Judy Sparrow, Programs and Coordination, ONC

Presentation

Judy Sparrow – ONC

Great thank you. Good morning everybody and welcome to the first meeting of the Health Information Technology Standards Committee, just to remind you that this is a committee that's operating under the Federal Advisory Committee Act, which means it is open to the public. We have members of the public here in the room at Switzer, in fact we have very many members of the public here in Switzer. We also have people listening on the telephone and on the web. At the conclusion of this meeting the public will be invited to make comments, those of you in the room will be invited to a microphone and on the phone if you care to dial in, a number will be given to you on the screen and you can make your comment via the phone. People on the web if you want to type in come comments we will make sure that they are made a part of the record. Also at the conclusion of the meeting the materials will be made public on the website, a transcript and summary of the meeting in about a weeks' time and a reminder to the members of the committee here in the room and on the telephone, if you would please identify yourself as you speak so the transcriber can duly note your comment. With that I think I will go

So as a committee we will all aim to be Prius drivers, no problem. But Allen to your point a part of the briefing that will arrange for the committee includes a, looking at all the HITSP work that has been done to date and mapping it into vulnerable populations. Actually I have a tiger team working on that so you will be briefed.

Jon Perlin – HCA – CMO & President of Clinical Services

Please let the record know that the Chair is married to a pediatrician and that if this is not addressed, there are more serious consequences. We have one more call on the line.

John Halamka – Harvard Medical School – Chief Information Officer

Ryan can you go ahead and open up another question.

Operator

Our next question comes from the line of Fred Buhr with Metasteward.

Fred Buhr – Metasteward

Yes, my name is Fred Buhr. I am a former employee of the State of Wisconsin. Back 10 years ago I worked on the HIPAA implementation and at that point I also was a member of the HIPAA Metadata registry correlation. And I recognize people who are working on the current situation as people who had worked at that point. I recognize Chris Chute and I recognize some of the people who are part of your USHIK team at this point. And the point I want to make is that the semantic interoperability as Chris has mentioned is very important both at the human level and also at the machine level. Back in 1994 when the web was being developed, the author of the web mentioned the semantic web, which is machine to machine. Both levels though, the human level and the machine level are built upon logic and essentially at the human level its symbolic logic, at the machine level it is a deeper level of logic and so taxonomies, ontologies and so on are very important and so I would suggest at the outset when I worked on the Metadata Registry back in when HIPAA was being implemented essentially I loaded it from the bottom up but I am suggesting is that at the outset you involve your USHIK team and identify the concepts that you are looking at right at the beginning of this process. Thank you.

John Halamka – Harvard Medical School – Chief Information Officer

I am happy to respond to that and that is HIPAA has embraced USHIK which stands for United States Health Information Knowledge base hosted by AHRQ Michael Fitzmaurice is in the audience and has been a real champion of us using that as a repository where we talk about data elements and functionality. USHIK has been a tool for all the HITSP work to date. So certainly that recommendation is very appropriate.

Fred Buhr – Metasteward

I would like to also volunteer as an older American to serve in terms of any feedback as a real live use case.

Jon Perlin – HCA – CMO & President of Clinical Services

Thank you very much for your comments and volunteerism. Well I want to thank the entire group for participation today. I want to thank to start by thanking the public which stood by online, on phone and in the room. Thank you very, very much. As you, I think the statute is very clear that this is very open process and I want to thank the members of the committee who traveled, really made this a priority on short order and are making a very serious commitment of time over the next few months initially to meet some of the requirements that are before us. I know that everyone in this room is driven by a recognition of the current shortcomings and a passion for resolving those to deliver a safer, more effective, more efficient, more accessible healthcare. I would, before I do adjourn the meeting formally,

²⁷ Copy of my email dated 05/15/2009 to the Office of the National Coordinator (ONC) offering to be a “volunteer use case”

Fred Buhr, MSSW

From: metasteward [metasteward@metasteward.net]
Sent: Friday, May 15, 2009 3:22 PM
To: 'Sparrow, Judy (HHS/ONC)'
Subject: Re: Volunteer to be "Real Life Use Case"
Attachments: Resume 2009.doc

Hello Ms. Sparrow,

During the public comment period at the end of today's HIT Standards Committee meeting (held in Washington) which I attended by phone, I volunteered to be a "real life use case". My volunteering followed my comments concerning the importance of semantic interoperability, both at the human level as well as at the machine level (computer to computer).

Ten years ago, as the Data Administrator/Consultant for the Center for Uniformity, Security and Privacy (CUSP) in the (then) Department of Health and Family Services (DHFS) I participated as a beta tester for a distributable metadata registry called MetaPro sponsored by the (then) Health Care Financing Administration (HCFA) and Environmental Protection Agency (EPA). At the time I was also the representative from DHFS to Health Level 7 (HL7).

In anticipation of what I thought would be an opportunity, but never visualizing the "amazing opportunity of an alignment that has never occurred in history" I joined the American National Standards Institute (ANSI) in January, in order to participate in developing standards that will personally benefit me and many others, who are, or will be senior citizens. I already had been participating via Webex in meetings of the Health Information Technology Standards Panel (HITSP) which didn't require being an ANSI member. But given my mission, I joined in order to have a "seat at the table" in discussion of any or all standards affecting senior citizens.

My company's name is Metasteward LLC and has the following mission statement:

Metasteward LLC's mission is to be recognized as the organization of choice for consultation on defining and recommending consumer empowerment and protection standards for senior citizens.

I hope my past life experiences in all areas, as well as my current experiences in trying to make sense of and navigate all the electronic and manual systems (both beneficial and harmful) that confront me on a daily basis will cause me to be selected as a volunteer "use case". I'd also like to mention that I do not have a day job.

Since my experiences over the last year with administrators in Wisconsin's Department of Health Services (DHS) - my former employer - have been so very disappointing, in addition to my resume which I have attached, I would also direct your attention to my Web site: <http://www.metasteward.net>.

If selected as a volunteer use case, I would not bring these issues into my participation in any standards discussions. But, you should be aware that I do intend, apart from my (potential) participation, to pursue remediation of what I feel are egregious privacy and security violations being committed by Wisconsin's Department of Health Services (DHS).

Sincerely,

Fred Buhr, President
Metasteward LLC

metasteward@metasteward.net

5/13/2010

Print Page

²⁸ Copy of letter from Governor Doyle to Secretary Michael Morgan (dated April 15, 2008) releasing Metavante's privacy assessment of the State of Wisconsin's information systems. The complete report can be found on my website at: <http://www.metasteward.net/MetavantePrivacyAssessment041408.pdf>



JIM DOYLE
GOVERNOR
STATE OF WISCONSIN

April 15, 2008

Secretary Michael L. Morgan
WI Department of Administration
101 East Wilson Street, 10th Floor
Madison, WI 53703

Dear Secretary Morgan:

Every day government has to collect sensitive information about its citizens in order to provide services like issuing a fishing license, calculating a tax refund or confirming eligibility for health care services. We have a serious responsibility to protect Wisconsin's citizens by ensuring their personal information is secure. The State of Wisconsin is committed to protecting sensitive information at every step from its collection to its destruction and to continually work on ways to safeguard Wisconsin citizens' personal information.

Across state service, I know that agencies have put in place privacy protection policies designed to meet the state and federal requirements of the programs and services they provide. It is important to stay vigilant and to do everything we can do to protect sensitive information.

In January, I asked representatives from Metavante Corporation, a leading expert in financial services and privacy protection, to identify how we can improve our privacy protection efforts by reviewing the state's practices for securing and handling sensitive information. Metavante has completed its assessment and issued a report summarizing its findings and recommendations. I have reviewed that report and am sharing it with you today along with a plan to implement the recommendations.

I would like to thank Metavante for the time and resources it has dedicated to helping the State of Wisconsin evaluate its sensitive data protection practices. The State is fortunate to benefit from Metavante's considerable expertise and experience in this area.

As Metavante recognizes in its report, state agencies already have some strong policies and practices in place for protecting sensitive information. With Metavante's recommendations, we can build on our strengths. Metavante's report makes a number of recommendations for improvement. The key recommendations include:

- Develop a more standardized privacy program across state agencies to ensure consistent practices and a more standardized privacy education and training program for state employees. While state agencies currently have such policies, this effort will support employees with better understanding their role and responsibilities in protecting sensitive information.
- Conduct privacy program risk assessments on a regular basis. State agencies recently completed such an audit.
- Enhance the current process for managing vendor relationships for greater consistency across agencies.
- Continue work on IT server consolidation to allow for strong controls over centralized data and also take advantage of economies of scale and efficiencies of operation.

Today I am calling on Department of Administration Secretary Michael Morgan to work with all state agencies to implement the recommendations of the Metavante report. Under his leadership, the state will develop a plan to accomplish the following:

- Replace social security numbers with randomly generated ID numbers wherever possible as quickly as possible
- Appoint a privacy officer in each agency to be responsible for the oversight of their agency's program to protect sensitive information
- Conduct annual risk assessments of each agency's policies and practices for protecting sensitive data
- Provide a training program for state employees on their roles and responsibilities in protecting sensitive information
- Develop standardized vendor contract language and due diligence processes which specifically address issues relating to the protection of sensitive information

The DOA privacy officer will seek input and work with the privacy officers from the other state agencies to advise Secretary Morgan on implementation of the recommendations of the Metavante report and to establish consistency in privacy protection policies across state agencies.

I am extremely grateful to Metavante for providing the State of Wisconsin with practical recommendations to improve our privacy protection policies and procedures. Implementing the recommendations will be a priority for every state agency.

The citizens of Wisconsin trust that state government is doing everything possible to protect their sensitive information. We will work diligently as an Administration to ensure their trust is well placed.

Sincerely,



Jim Doyle
Governor

We are pleased to present to you our observations and recommendations identified during our review of the State of Wisconsin's practices for securing and handling sensitive information. This review required strong collaboration between our professionals and numerous personnel in cabinet level State Agencies. This effort could not have been completed without the immense support and dedication of those State of Wisconsin (State) personnel who assisted us throughout this process.

1. Executive Summary

Scope and Approach

Our review was designed to be a high level overall assessment of the program, policies and practices that are in place to protect sensitive information. This review was not intended to modify or implement revised or new practices, systems or controls, but rather to provide the State with observations and recommendations for planning and potential adoption into their program to safeguard sensitive information.

We compared the State's practices for safeguarding sensitive information against accepted industry practices, specifically controls and requirements specified within the Gramm-Leach-Bliley Act (GLBA), Health Information Portability and Accountability Act (HIPAA) and the FTC Safeguarding rules. To complete this comparison we performed the following steps:

- Reviewed results of the State of Wisconsin Confidential Information Audit for those State Agencies in scope.
- Obtained and reviewed documentation supporting policies, procedures and controls.
- Conducted interviews with personnel from seven State Agencies.
- Performed site visits and observations at three State Agencies.
- Assessed observations and documentation obtained in comparison to applicable regulatory frameworks.

The information identified within this report is based solely on the steps above. No control testing was performed to assess the existence, adequacy or operating effectiveness of controls and observations.

Key Strengths

During our assessment we identified numerous strengths within current practices deployed by State Agencies for the protection of sensitive information. The top strengths are listed below along with opportunities for leveraging those strengths. See section two of this report for detailed information relating to identified strengths and opportunities.

Program Definition

One State Agency out of those we reviewed has developed a formalized privacy office that includes definitions of responsibility and accountability for the direction and oversight of the program to protect sensitive information. Additionally, it was noted that the majority of State Agencies reviewed have developed privacy policies and procedures.

These elements of privacy program definition can be expanded and customized for State Agencies that have not developed, or do not have as robust of a privacy management program. Further, the State could utilize this program definition as the basis for an overall centralized privacy program and standard for all State Agencies.

Information Technology (IT) Server Consolidation

IT server consolidation initiatives were identified that can facilitate the implementation of strong controls and allow the State to take advantage of economies of scale and efficiencies of operation. Initiatives include:

- Several State Agencies are in the process of migrating their IT infrastructure to a state of the art centralized data center that utilizes robust policies and processes for infrastructure and security management.
- The State network is centrally controlled, monitored and protected.

These initiatives give the State the opportunity to review existing data center operations each time incremental expenditures are required for a specific State Agency infrastructure or data center modernization and to assess the most cost effective path for moving forward between function centralization and maintaining existing functions in place. Further, beyond this potential economic benefit these centralized functions maintain strong controls which can enhance the overall protection of sensitive information and potential reduction in the amount of replicated data between State Agencies by facilitating the use of common databases where allowed by law.

Risk Assessment

In 2007 – 2008 the State performed a Confidential Information Audit (overall risk-self assessment) designed to capture information about the protection of sensitive information within State Agencies and to baseline the adequacy of controls to protect sensitive information.

The process deployed by the State in 2007 – 2008 can be utilized as the foundation for the development of an ongoing privacy program risk assessment process that helps to ensure emerging threats to sensitive data are considered and that safeguarding practices are in place to meet the privacy program expectations.

Key Recommendations

The State has implemented many effective practices for the protection of sensitive information as stated in the 'Key Strength' section above. We see these efforts as a foundation to build upon to continue maturing a process that will provide sound policies, standards and controls across State Agencies. The following key recommendations represent the next layer of the building process toward enhancing the program for safeguarding sensitive information.

Develop a Centralized Privacy Management Charter

In order to provide a sound program infrastructure, it is recommended that Privacy Program(s) be established either at the State level or at the State Agency level. The program should be charged with the establishment and oversight of privacy policies, responsibilities and oversight of privacy initiatives, risk assessment and mitigation and effectiveness of implemented information protection controls. This would provide for a cohesive and consistent implementation of required security controls, and foster enterprise wide monitoring and reporting on effectiveness of those controls.

Establish an Annual Privacy Program Risk Assessment Process

The recent Confidential Information Audits that were completed by the State Agencies represent a significant effort towards establishing a baseline for the State Agencies that collect, process, store and transmit sensitive information. This could be expanded into a formal risk assessment process that considers threats and scenarios that could result in a compromise of sensitive information and that assess required controls and practices against a minimum standard for controls. The minimum standard for controls that is utilized in the risk assessment should be based upon accepted industry practices and regulatory frameworks.

Establish Global Privacy Education Program

State employees are required to sign a confidentiality agreement when they are hired. In order to ensure consistency, standardization and adequate dissemination of current privacy practices it is recommended that this initial awareness be expanded into a formalized education program that is performed on a periodic basis. Development of an education program detailing the need for protection of sensitive information and related controls will foster a better understanding by employees of the requirements and commitment the State has towards safeguarding information.

²⁹ Cover, pages 1-4 and Appendix F of the Family Care Infrastructure Request for Information (RFI). The complete document can be viewed at: <http://dhs.wi.gov/lc/PDFs/RFI-1682.pdf>

State of Wisconsin
Department of Health Services

Long-term Care Managed Care Infrastructure Project

Business Operations Infrastructure
Request for Information (RFI)

1682-RFI-PM

Issued: August 17, 2009

Responses Due: October 16, 2009 at 1:00 PM CDT

Questions concerning this RFI should be directed to:

Steve Harvancik
Bureau of Information & Technology Services (BITS)
Department of Health Services
1 W. Wilson, Room B150
PO Box 7850
Madison, WI 53707-7850
Phone: (608) 267-3787
E-Mail: FamilyCareInfrastructure@wisconsin.gov

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1. Introduction

The State of Wisconsin has been pursuing redesign of its Medicaid long-term care and health service programs for several years, with an emphasis on developing home and community-based programs that provide effective alternatives to institutional and large residential settings whenever possible, for target populations that include the elderly and adults with physical or developmentally disabilities . These efforts have been manifested in a new long-term care service delivery structure that is currently being implemented statewide. This new structure offers program choices for Medicaid-eligible individuals, including managed care programs (Family Care, Family Care Partnership, PACE) and a self-directed support program (IRIS). The new structure also created Aging and Disability Resource Centers (ADRCs) to provide long-term care information and assistance to all state citizens, support program choice counseling, complete initial functional eligibility screening, and perform program enrollment.

The new managed care programs are member-focused, with individualized care plans based on defining the personal long-term care outcomes of each member, in addition to meeting his/her health and safety needs. Care management is accomplished through an interdisciplinary team that includes social service, nurse, and at times other health or human service professionals needed to address the member's specific concerns. Care management includes a full assessment of needs, development of a care plan focused on personal outcomes, preparation of a service plan, provision of internal and outsourced services, and measurement of results. Managed Care Organizations (MCOs) contract with the state Medicaid agency (Department of Health Services) to operate these programs, receiving per-member-per-month capitated revenue. Statewide implementation has been accomplished across the geographic area of 47 counties, with 23 remaining counties in various stages of planning for implementation over the next two years. The Wisconsin Department of Health Services has the responsibility to perform management and oversight of these Medicaid waiver programs, and support the eligibility determination, enrollment and capitation payment systems for these programs. The generic 2009 state issued contracts to MCOs and ADRCs are located at: <http://dhs.wisconsin.gov/lrcare/StateFedReqs/FC-RC-CMO-Contracts.htm>.

2. Purpose of the RFI

This RFI is intended to explore the potential for establishing a common system infrastructure that can support an array of Family Care, Family Care Partnership, PACE, and IRIS business and program operations in an integrated manner. Currently these needs are being addressed by each individual organization, which results in the redundancy of infrastructure investments. Core functions necessary for all MCO and ADRC organizations could be addressed by sharing some common systems, providing an opportunity for cost savings, improved commonality of program delivery, and greater efficiency for Department of Health Service oversight responsibilities. A system(s) that can be shared among all the Family Care partners also allows better access to the information needed for successful program implementation.

The information received from vendors in response to this RFI will be useful in understanding the current "state of the art" systems that could support the multiple functions carried out by MCOs, ADRCs, and the Department of Health Services. This information will first be useful in defining the scope of common systems that may be practical to consider, and subsequently to inform the development of one or more Requests for Proposals (RFPs) to solicit system solutions to support these functions. This RFI requests that vendors provide information regarding their systems and expertise that could support the business functions outlined in this document.

3. Family Care Overview

3.1 Background and Strategic Approach

In 2008, under the direction of the Secretary of the Department of Health Services (DHS), an independent consultant advised that greater program efficiency and effectiveness could be obtained through expanded collaboration between program delivery agencies and the Department.

The Family Care Business Infrastructure and Systems Project offered an approach that could prove to be advantageous for both the State's stewardship responsibilities and the service delivery responsibilities of program agencies, which include:

- Statewide program consistency; uniformity in member experiences.
- Higher efficiency; opportunities to reduce administrative costs.
- Improved member outcomes; opportunities to develop, share and systemically sustain better best-practices.
- Standardized processes to facilitate technical support opportunities across organizations.
- Reduced risk; the DHS becomes more proactive in ensuring the operational needs of program delivery agencies are met.

3.2 Summary of Needs

Overall, the Department needs to consider the best long-term strategic direction for sustaining the infrastructure necessary to support the entire Family Care delivery model, seek ways to control administrative costs, and ensure uniformity in program delivery. We are challenged to take advantage of opportunities to use consolidated outsourced and shared services, consistent with a more proactive collaborative approach, through:

- Use of common information technology systems to reduce costs and promote standard practices, where feasible and of value.
- Use of cooperative purchasing to take advantage of procuring in greater volume.
- Outsourcing of some Managed Care Organization (MCO) and Self-Directed Supports (SDS) business functions to promote focusing on core program responsibilities and take advantage of specialized expertise to perform other operations.

The Department's action items in this area are to explore broad system packaging opportunities in the market place and to leverage existing Department systems that could benefit MCO, Aging and Disability Resource Center (ADRC), and SDS operations' support while sustaining use of locally implemented Health and Human Services systems where appropriate. These initiatives are seen as touching all of the above points, using common information systems, seeking volume discounting, and outsourcing to take advantage of specialized expertise.

The result is Family Care partners who work closely together to accomplish a shared goal. The Department can be successful only if the MCOs and ADRCs are successful. This approach is intended to be a collaborative work effort with the MCOs and ADRCs to define common specifications, processes, and systems to ensure consistency of outcomes.

3.3 Current Programs Description

Current service delivery programs include the Family Care program, the Family Care Partnership program, PACE (Program of All-Inclusive Care for the Elderly), and IRIS (Include, Respect, I Self-Direct) all of which are for Medicaid eligible individuals. These Medicaid home and community-based waiver programs, and other long-term support programs are comprehensive, flexible long-term care service systems that strive to foster independence and quality of life, while recognizing the need for health, safety and support services. These programs attempt to provide high quality care that supports member outcomes in the most cost-effective way possible. The Family Care programs and IRIS serve three target populations: frail elderly individuals and adults with physical or developmental disabilities. Enrollment totals for Family Care, Family Care Partnership, PACE, and IRIS are expected to reach 53,000 members. For more information: <http://dhs.wisconsin.gov/lcicare>.

Family Care Program

The goals of Family Care are to:

- Give people better choices about the services and supports available to meet their needs.
- Improve people's access to services.
- Improve the overall quality of the long-term care system by focusing on achieving people's health and social outcomes.
- Create a cost-effective long-term care system for the future.

The Family Care benefit package includes medical and non-medical services as defined in Wisconsin's s. 1915 (b/c) home and community-based waivers approved by CMS, as well as Wisconsin state plan services. Services defined under Wisconsin statutes and administrative code may be further clarified in Wisconsin Medicaid Program Provider Handbooks and Bulletins, MCO Contract Interpretation Bulletins, and as otherwise specified in contracts between DHS and MCOs. For more information: <http://dhs.wisconsin.gov/lcicare>.

Family Care Partnership Program

The Family Care Partnership Program is a fully integrated Medicare and Medicaid program that integrates health and long-term support services for people who are elderly or disabled. The goals of Partnership are to:

- Improve quality of health care and service delivery while containing costs.
- Reduce fragmentation and inefficiency in the existing health care delivery system.

- Increase the ability of people to live in the community and participate in decisions regarding their own health care.

The Family Care Partnership Program integrates Medicare, Medicaid, and home and community-based waiver services into a single health plan with coordinated coverage for a range of services from clinic visits and home health care to hospital and nursing home stays. For more information: <http://dhs.wisconsin.gov/wipartnership>.

Program of All-inclusive Care for the Elderly

The Program of All-inclusive Care for the Elderly (PACE) also provides fully integrated acute and primary, and long-term care to frail elderly individuals. Covered benefits are the same as those for Family Care Partnership. Detailed information regarding the Family Care and Family Care Partnership programs can be found on the DHS web site at <http://dhs.wisconsin.gov/lc/lcindex.htm>.

Include, Respect, I Self-Direct

IRIS (Include, Respect, I Self-Direct) has been developed as an option to provide more choice to consumers eligible for publicly funded long-term care. IRIS is a Wisconsin statewide, self-directed, home and community-based waiver program. Within their individually assigned monthly budget allocation, IRIS participants use public funds and natural supports to wisely craft creative support and service plans that meet their self-identified long-term care outcomes, maximize their independence and ultimately help achieve the lives they want.

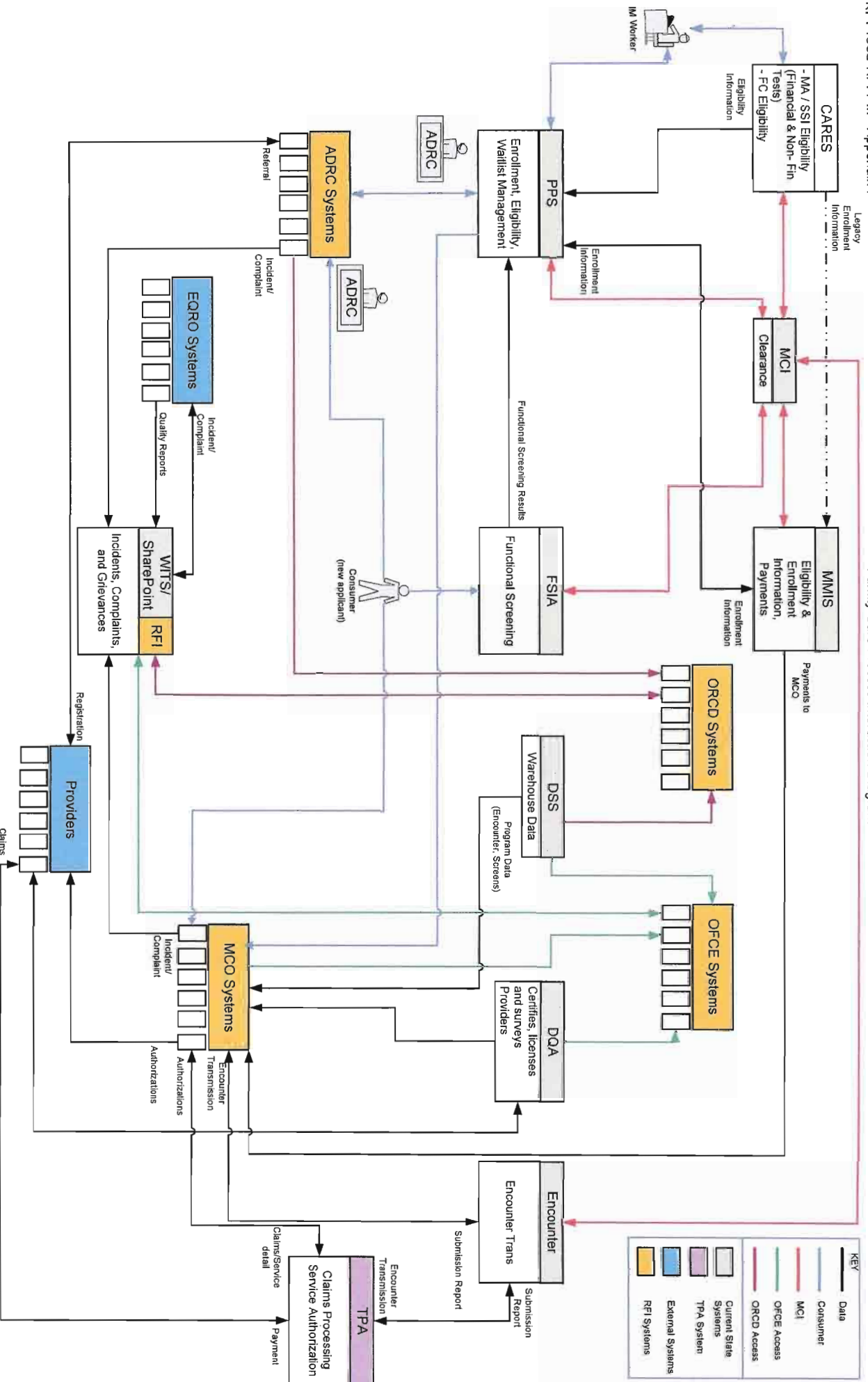
Within IRIS, participants have a budget based on their individual needs and use this budget for their services and supports. They work with an Independent Consultant Agency and a Financial Service Agency to develop a plan and purchase services and supports, such as hiring in-home workers. The IRIS program covers only services available under home and community-based waivers; participants receive other services through the Medicaid "card" fee-for-service system. Detailed information regarding IRIS can be found on the DHS web site at <http://dhs.wisconsin.gov/bdds/IRIS/index.htm>.

3.4 Managed Care Entities

Appendix B (Long Term Care Consumer View – Summary Level) and Appendix C (Long Term Care Consumer View – Functional Level) show the high level functionality with the corresponding organization as the consumer moves through the Family Care process, from the initial request for information to receiving services from a provider. Entities involved in this process are defined below, as are others.

DHS Division of Long-Term Care

The Wisconsin Department of Health Services, Division of Long Term Care (DLTC) oversees the provision of long-term support options for the elderly and people with disabilities. The DLTC also operates the Department's institutions for persons with developmental disabilities.



³⁰ Email from Steve Harvancik project manager of the long-term support infrastructure project answering my question concerning BADR and also noting that Harmony was interested in the request for information (RFI) process.

Fred Buhr, MSSW

From: Harvancik, Steve - DHS [Steve.Harvancik@dhs.wisconsin.gov]
Sent: Monday, September 28, 2009 9:12 AM
To: 'Fred Buhr'
Subject: RE: Request for Information (RFI) 1682-RFI-PM

Mr. Buhr;

Regarding if the systems contracted for by BADR are in scope, they are in scope. In fact there is a section of the RFI that includes the functionality at the ADRCs. Here is the attached email as it went out on 9/15/2009:

----- I want to thank you for attending the Family Care Infrastructure RFI Vendor Q&A Webinar yesterday. I hope that we were able to address all of your questions. The Webinar can be seen in its entirety at <http://media1.wi.gov/DHFS/Viewer/?peid=2310f1af-4922-4fc2-808f-6e6f8e9a71c4>.

The following questions were submitted during the Webinar and were responded to. Please see the recorded Webinar (above URL link) for the response to these questions.

Will a summary of the questions and answers be provided to attendees of this webcast?

Are there overriding state or departmental technical guidelines to which the solution needs to adhere? For example, existing standards for database, EAI, BI, ETL. Is service-oriented architecture compliance a consideration?

Will the Department provide a list of all attendees participating in today's RFI discussion?

Does Wisconsin anticipate the resulting system from this RFI process and eventual RFP to link in the future with any HIE initiatives? Or is this Infrastructure project seen as a stand-alone?

Which data systems does the Department view as the most critical going forward with this effort? Can the program staff explain their goals and objectives?

What is your expected timeline for issuing an RFP after you have received the RFI results - understanding budget needs to be appropriated?

Does Wisconsin have a budget for this initiative?

Is it the intent to replace the Information & referral system currently used for the ADRC?

Can you provide an overview of the existing IT environment, which software programs are considered "Tier 1" priority, and if you know, which systems are planned to persist and which you are looking to replace? Please focus on the systems storing the data today.

If any vendor wishes to ask additional questions or wishes to meet with the Family Care Infrastructure team, please send an email to FamilyCareInfrastructure@wisconsin.gov. We will

address your emails as soon as possible.

RFI Responses are due October 16th, 2009 at 1:00pm. Those responses will then be analyzed. Vendors who responded may be contacted for more information.

All meetings and email responses will be concluded by the time the team shifts into the RFP phase of the project. The team is expected to move from analysis of the responses to development of the RFP(s) by the first of the year (01/01/2010). This is an estimated date and could change, so please get your requests in early.

Any RFPs as a result of this analysis are expected to be published in the second half of 2010.

A list of the organizations that attended the Webinar or are interested in responding to the RFI include the following:

Organizations potentially interested in responding to the RFI include the following:

ACS / Bowers
AllScripts
Casenet
CIBER Inc.
Deloitte
eVerge Group
GIT Llc
Greystone Consumer Empowerment Systems
GTI
Harmony
IBM
Ingenix Government Solutions
JSI
Landacorp
MEDecision, Inc.
Oracle
Vestica Healthcare / Wonderbox Technologies WPS Health Insurance

Vendors are encouraged to collaborate with each other in providing a response to this RFI.

Steve Harvancik (OMNI Resources, Inc.)
Project Manager/Business Analyst
Bureau of Information & Technology Services (BITS) State of Wisconsin Department of Health Services (DHS)
E-mail: Steve.Harvancik@wisconsin.gov
Office: (608) 267-3787
Fax: (608) 267-3600
Cell: (608) 957-9340

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the email; and do not use, disclose or store the information it contains.

-----Original Message-----

From: Fred Buhr [mailto:fredbuhr@metasteward.net]
Sent: Sunday, September 27, 2009 7:59 PM
To: DHS FamilyCareInfrastructure
Subject: Request for Information (RFI) 1682-RFI-PM

Dear Mr. Harvancik:

I was unable to participate in the RFI Webinar when it was originally broadcast but I did view the recorded Webinar this week end.

I would appreciate receiving a copy of the list of participants along with a summary of the questions and responses.

If it is not too late to ask; Are systems contracted for by the Bureau of Aging and Disability Resources (BADR) either in scope or outside the scope of the RFI?

Thank you,

Fred Buhr, MSSW
Metasteward LLC

fredbuhr@metasteward.net

³¹ Copy of email to Steve Harvancik project manager informing him of the opportunity to comment on the Consumer Preferences Draft Requirements Document.

Fred Buhr, MSSW

From: Fred Buhr, MSSW [metasteward@metasteward.net]
Sent: Tuesday, October 06, 2009 7:06 PM
To: 'Harvancik, Steve - DHS'
Subject: FW: ONC Consumer Preferences Requirements Document

Dear Mr. Harvancik:

The Office of the National Coordinator for Health Information Technology (ONC) has officially announced the release of the "Consumer Preferences Draft Requirements Document". Please see the announcement below along with a link to the document.

I am a member of the Health Information Technology Standards Panel (HITSP) and participate on the Consumer Preferences Tiger Team. Our team has been providing reactions to ONC on preliminary drafts of the "Consumer Preferences" document during weekly Webinars. We are now meeting twice a week and will conclude our review on October 14th.

In the past, the Department of Health Services (DHS) has participated in the development of national standards. I am drawing your attention to the document as there is only limited opportunity to comment (if the Department wishes to do so) since the deadline is October 16, 2009.

Regards,

Fred Buhr, MSSW
 Metasteward LLC

fredbuhr@metasteward.net

----- ONC Announcement -----

Consumer Preferences Draft Requirements Document - *Public Feedback Period Now Open*

The Office of Interoperability and Standards and ONC are pleased to announce the release of the **Consumer Preferences Draft Requirements Document** for public input. The document will be available for public feedback for a period of 10 business days, ending **October 16, 2009**. The Requirements Document and instructions for providing feedback can be found at <http://healthit.hhs.gov/consumerpreferences>.

The Consumer Preferences Draft Requirements Document addresses the processes, information exchanges, stakeholders, functional requirements, and issues and obstacles surrounding consumer preferences. This requirements document is intended to address the various types of consumer preferences and be supportive of current and potential future policies. This requirements document will assist the Healthcare Information Technology Standards Panel (HITSP) in identifying, harmonizing, and/or facilitating the development of standards which address consumer preferences.

The OIS Consumer Preference Team would greatly appreciate your feedback on the requirements document. Please review the requirements document at your convenience and provide any feedback you may have by **October 16, 2009**. Please note that submissions should not contain any proprietary or private information as they may be made available for public inspection.

All comments will be analyzed, dispositioned and utilized where appropriate in the development of the final Consumer Preferences Requirements Document. A disposition report outlining how comments were addressed will be made publicly available after the publication of the final document.

Thank you for your time, attention and input regarding this important matter.

Carol A. Bean, PhD, MLS, MPH
 Acting Director
 Office of Interoperability and Standards
 Office of the National Coordinator for Health Information Technology

³² Email from SAMS administrator advising me that any/all security issues had been addressed and that future security enhancements would be implemented

Date: March 3, 2008

To: Fred Buhr

Cc: Gail Schwersenska, Jim Schmidlkofer, Janie Riebe, Ingrid Thompson

Fred -

Amy Ramsey mentioned to me that you told her via telephone that you do not intend to pursue your AgingNetwork.com/SAMS security concerns any further. Although I don't know what brought about this reversal, I promised you that I'd follow up and so that is what I am doing.

Please know that I take your concerns very seriously; I will continue working to ensure that all/any security issues related to AgingNetwork.com are quickly addressed. If you encounter any potential security problems in the future, please notify me immediately. Although on occasion I may deem it inappropriate to discuss specific security details with you, I will always investigate any claim and seek to immediately remedy any possible security hole.

I hope that your confidence is further bolstered by the following additional, albeit unsolicited, information:

- On a personal level, I strongly advocate for privacy and data protection. I maintain this attitude in a job which, ironically, involves the collection of personal data. I am unyieldingly fierce in my desire to protect this particular set of (SAMS) data which - as I see things, anyway - pertains to a subset of society who might be more vulnerable than others were their personal information accessed by the wrong persons. It is this attitude (some might call it misguided idealism) which gave me the courage to stand up in the middle of a room full of Synergy Software user conference attendees and - somewhat to Synergy's chagrin - loudly declare that a significant security hole existed and must be immediately addressed. (That particular hole was fixed within the same week.) Since that date I have maintained my status as an overly squeaky wheel - a label I wear with some pride.

- The security concerns you raised were already known to me before you mentioned them. I have been working with Synergy/Harmony to tighten down AgingNetwork.com/SAMS so that it is as secure as it can possibly be. I did not then (and will not now) discuss previously known concern(s) in detail with you, since I do not believe that you should bear the responsibility of tracking this process from beginning to end. Suffice to say that I have involved multiple persons at various levels; this list includes my supervisor, and persons from Synergy, and persons from Harmony, and DHFS security officers.

- As a result of recent conversations with Synergy/Harmony, I discovered that they are now implementing several new security enhancements. A development environment has been created and will be made available for me to personally test - hopefully within the next couple of weeks. Within this dev environment they have, among other things,

already addressed your/my security concern(s). I look forward to performing multiple tests in the dev environment which would likely be deemed over the line (read: hacking) were they to be performed in production.

As I have previously stated, please contact me if you encounter any future security concerns. (Just remember to use my correct e-mail address!)

Best regards from one squeaky wheel to another,

Karl Schlenker
Bureau of Aging and Disability Resources
State of Wisconsin DHFS
schlekm@dhfs.state.wi.us
(608) 266-2537