LOUISIANA HEALTH CARE DATA REPORTING SYSTEM
305PUR-DHHRFI-DATASYSTEMS-OS
Addendum I
Questions and Answers

Item	Page #	Section	Question/Comment	Answer
1	7	II.A. – System Requirements 1st bullet	Does the DHH plan to expand on the outpatient claims to include, for example, ancillary providers and urgent care centers?	DHH may expand on the outpatient claims in the future to include other healthcare providers as long as these providers are licensed by the state. Urgent care centers are excluded as these are not licensed facilities.
2	7	II.A. – System Requirements 1st bullet	How many hospitals and ASC's operate in Louisiana? Are there 325 facilities or are there multiple users per facility? How many providers (hospitals and ASCs) are expected to submit data feeds? How many authorized 3rd party intermediaries are expected to submit data feeds?	As of March 2013, there are 225 licensed hospitals and 86 licensed ASCs in the state. Regarding hospitals, at least four have multiple campuses that currently submit their respective inpatient data to DHH separately. DHH expects all facilities to comply with data submittal as required by Act 537 of 2008. At this time, there is one authorized third-party intermediary submitting inpatient data on behalf of most compliant hospitals. There are no established limits as to the number of intermediaries DHH authorizes, and both hospitals and ASCs may use their services for their data submittal.
3	8	II.B. – Receipt and Processing of Datasets 7th bullet	Has DHH considered or implemented a methodology for unique patient identification?	DHH has extensively researched possible methodologies for unique patient identification, but has not yet determined a specific solution.
4	1	II.A. System Requirements 1st bullet	What forms of data outputs does the state envision providing. Web base reports? File extracts? Downloads?	DHH is open to proposed delivery methods which offer ease of use and convenience to all parties.
5	8	II.B. – Receipt and Processing of	"The contractor will be strictly prohibited from releasing or using for any purposes the health care data it collects and processes on behalf of DHH."	It is clear from Act 537 of 2008 that DHH has the sole authority to decide what data are released and how they are released, subject to HIPAA privacy standards. The

	Attachment I	Data Sets 9th bullet	Are there provisions in Act 537 of 2008 for contractor to make data available if repurpose of the data conforms to the law's intent? For example would 3rd parties be able to repurpose the data to facilitate "reporting to provide for Louisiana's health care consumers right to know?"	Department is required to comply with the following provisions in the statute: a. Identify the most practical methods to collect, transmit, and share data. b. Ensure patient confidentiality at least as stringently as the HIPAA Privacy Rule. c. Provide the process for Internet publication of data. d. Ensure that data released does not include any identifier listed by HIPAA. e. Promulgate rules and regulations (which, as drafted, keep DHH solely in charge of standards and procedures for releasing and reporting data). Therefore, contractors or other third parties have no authority under the law to decide what data are to be released or how they are to be released.
6	Attachment II		How will the project be funded? Will budget rest with DHH or the contributing providers?	The project is 100% state-funded. See Section B. 10. of the RFI for further clarification regarding potential facility contributions.
7	8	II. C. - Technical Requirements 1st bullet	While the RFI is clear that the contractor is directly responsible for the cost and licensure of any software program or module required for the development of the solution outlined in the RFI. However, our understanding and past experience is that 3M licenses its grouper software to government agencies and hospital systems at minimal to no cost for use in collection of public health data. Additionally the term of that licensure would allow a contractor, working on behalf of the agency/provider, access to provide risk assessments on legislatively mandated data collection efforts. Given the above, has the Louisiana Department of Health and Hospitals considered licensing this application for use in this project? It is our opinion that contractor costs, and	Answer pending further consultation and review.

			ultimately pricing, could be reduced significantly in that scenario.	
8	7	II. A. – System Requirements 9th bullet	The RFI lists a June 1th 2014 date that the product is required to be ready for testing. Has the Department of Health and Hospitals considered any other timeline benchmarks, such as contract award date or any other implementation deadlines?	June 1, 2014 was an estimated date used to convey a general timeline for this project. Once the RFI process is complete, DHH will have a better idea of the timeline for this project.
9	Attachment IV		Is the respondent expected to provide comments on the HIPAA Business Associate Addendum included in the RFI, or is the BAA included for our information only?	The BAA is for informational purposes only and was included to illustrate the federal guidelines and DHH policy mentioned in the RFI. Potential contractors should state whether their products are HIPAA compliant.
10	8	II. B. – Receipt and Processing of Data Sets 6th bullet	Regarding the question in Section B Question 6; "The contractor will perform matching of patient-specific records". Upon review of pages 73 and 74 of the Louisiana Health Care Data Specifications Manual dated September 2013 Data Elements Patient's Last Name and Patient's First name are indicated as Situational. Further in the notes section it indicates …"Although this data element is a requirement for the UB-04 and 837I versions, Louisiana does not require it and prefers that it be masked on the submission file. It will be ignored during processing". Note 2 indicates it is required if the patient is not the subscriber. Could you please elaborate on the extent and/or intent of the matching of patient-specific records intended by this question?	Following consultation with national partners, DHH has determined that subscriber and patient names should be required data elements rather than situational. Therefore, the data-specifications manual will be revised accordingly. Matching of patient-specific records serves important public-health/research purposes, such as the following: - Newborn screening. - Linking healthcare-facility records with vital records. - Surveillance of specific conditions (e.g., trauma, cancer). - Health systems performance. - Patient outcomes. - Utilization and cost for target conditions of interest (e.g., injuries, chronic diseases, complications of care).