

CDC-RFA-CE19-1904: Overdose Data to Action (OD2A) Inclusion of Funding Award Conditions to Connect to the RxCheck Hub Frequently Asked Questions (FAQs)

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The FAQs below contain questions and answers specific to the RxCheck Hub funding award conditions. We will continue to update the FAQs throughout the application process.

Questions not yet addressed should be sent to overdosedata2action@cdc.gov.

To find general FAQs and additional information visit the [CDC NOFO webpage](#).

Q: Why did CDC include these award conditions?

A: The award conditions reflect CDC's commitment to preserving state choice in selecting technology solutions that best address a state's needs. CDC is committed to ensuring that states have access to multiple platforms to support interstate and intrastate integration, regardless of state vendor choice. This includes providing options for prescription drug monitoring program (PDMP) interstate data sharing as well as supporting PDMP integration within electronic health records (EHRs) and health information exchanges (HIEs). The aim is to maximize interconnectivity of all innovative resources that exist within this space.

Q: What do the award conditions require?

A: The award conditions require that:

1. States maintain ownership of the PDMP data they collect. This will help ensure that the state (or the state entity that operates the PDMP) maintains control over its data, including the ability to promptly access the data from subrecipients or contractors.
2. States must establish and maintain access to the Bureau of Justice Assistance's (BJA) designated PDMP data sharing system, the RxCheck Hub. The intent behind Special Condition 2 is to give states an optional platform, and therefore greater flexibility, when initiating and/or responding to a data sharing request.

Q: Will a state be required to switch its data sharing and integration work to RxCheck hub?

A: No. The award conditions allow each state to determine its preferred hub for initiating interstate data sharing requests with another state or states. The award conditions do require a state to receive and respond to requests received using the preferred hub of the initiating state. A state that wishes to initiate queries using, for example, PMP Interconnect is fully compliant with the award conditions if the state initiates queries using PMP InterConnect. In this example, the responding state(s) must use PMP

InterConnect to send back the requested information. Likewise, if a state initiates a request using the RxCheck hub, the responding state(s) must use RxCheck hub to send back the requested information. This approach allows every state to exercise their choice of technology.

States remain free to use proprietary solutions such as the PMP Interconnect--Gateway connection as their technology of choice for interstate data sharing and intrastate integration work. CDC remains vendor agnostic and will continue to support states in maximizing and enhancing the use of PDMPs.

Q: What is the RxCheck hub?

A: The RxCheck hub is a fully operational data sharing system that enables states to securely and efficiently share PDMP data between states or with a Health Information Exchange/Electronic Health Record (HIE/EHR) system. The RxCheck hub was developed with support from BJA using the Prescription Monitoring Information Exchange (PMIX) National Architecture specifications. The RxCheck hub was designed with the involvement of state PDMP administrators, private industry, and the federal government. The RxCheck system infrastructure has been tested and validated and includes the latest design improvements to meet the needs of state PDMPs. The RxCheck hub is governed by states that are connected to the hub or have expressed interest in connecting to the hub.

Q: Is RxCheck a national PDMP?

A: No. RxCheck is not a national repository of PDMP data but rather a standardized gateway that allows states to exchange PDMP data between states or with a health information exchange or electronic health record. RxCheck provides PMIX-compliant service hosting, request/response message validation, role-based site authorization, full message routing, and has been certified via the PMIX Springboard Conformance Test process.

Q: Will RxCheck hub and DOJ access state data?

A: Neither the RxCheck hub nor, by extension, DOJ or its subcontractors, has access to any state's data. Each state maintains ownership and complete control over access to its PDMP data at each step of the process. Data is encrypted using x509 digital certificates to sign and encrypt messages. The message is encrypted at the source network before the message is submitted to the RxCheck hub. Only the receiving PDMP can decrypt the message.

BJA cannot access patient data shared using RxCheck; therefore, BJA cannot maintain patient data in the cloud. The only data that BJA backs up to the Azure Government Cloud are the following four items: user credentials, State Routing Service (SRS) configuration, certificates, and event logs.

Q: Will the special conditions require states to turn over data to BJA?

A: No. On November 8, 2018, BJA released a letter clarifying the intent of the special conditions. That letter can be found [here](#). Within the context of the CDC Cooperative Agreement, a state, which may include the state entity that operates the PDMP, must retain ownership of its PDMP data.

Q: Is RxCheck hub secure?

A: Data are encrypted using x509 digital certificates to sign and encrypt messages. The message is encrypted at the source network before the message is submitted to the RxCheck hub. Only the receiving PDMP can decrypt the message. BJA cannot access patient data shared using RxCheck; therefore, BJA cannot maintain patient data in the cloud. The only data that BJA backs up to the Azure Government Cloud are the following four items: user credentials, State Routing Service (SRS) configuration, certificates, and event logs. A state may sign up for a demo or schedule time to speak with RxCheck technical staff [here](#).

Q: Do the award conditions put the state PDMP in non-compliance with respect to state law and regulations?

A: No, the award conditions do not put a state in non-compliance. The RxCheck hub console is configurable so that each state can ensure compliance with state law and regulations (for example, RxCheck hub console can be configured to restrict access to specific provider roles authorized by state law or regulation). RxCheck also allows states to maintain an audit trail from every individual who queries the PDMP. A screenshot of the RxCheck console is available [here](#). A state may sign up for a demo or schedule time to speak with RxCheck technical staff [here](#).

Q: Does connecting to RxCheck mean that my state has to share its data with every state?

A: No. The RxCheck console is configurable so that each state can ensure compliance with state law and regulations regarding user access. RxCheck hub console can be configured to restrict access to specific provider roles authorized by state law or regulation. The intent is that if a state is sharing with another state via one platform, the state will also share with that same state via RxCheck, so that the data sharing is similar across platforms and in compliance with state law.

Q: Do the award conditions go against state contractual legal commitments?

A: Each state will need to make this determination based upon a review of both their existing legal commitments and the sub-contracts they may be entering into because of this new award. CDC anticipates many grantees will address this issue as part of a new

sub-contract to their vendor. Vendors that do not agree to comply with the award conditions may not receive federal funds as a sub-recipient of the grant award.

Q: Do the award conditions violate security protocols that are needed to ensure that the data within these systems is protected and maintained so that personal health information is not used or released inappropriately?

A: The premise of this question is whether the RxCheck hub is secure and/or whether the RxCheck hub has access to personal health information. It is important to understand at the outset that the RxCheck hub and, by extension, BJA and the Department of Justice, does not have access to a state's data at any point in the message exchange. Each state maintains ownership and complete control over access to its PDMP data at each step of the process. Data is encrypted using x509 digital certificates to sign and encrypt messages. The message is encrypted at the source network before the message is submitted to the RxCheck hub. Only the receiving PDMP can decrypt the message.

BJA cannot access patient data shared using RxCheck; therefore, BJA cannot maintain patient data in the cloud. The only data that BJA backs up to the Azure Government Cloud are the following four items: user credentials, State Routing Service (SRS) configuration, certificates, and event logs. Neither DOJ nor their contractors have access to state data; it is encrypted during the entire query and message process. RxCheck does not store the data. RxCheck exchanges encrypted data from state to another state and never collects or stores the data. Either the states or their vendors maintain and store the data.

There is an audit trail within the RxCheck hub system. All PMIX header fields and message IDs from WS-Addressing are logged within the RxCheck hub. The authorized PDMP administrator can access audit logs via the console.

If a state has additional security questions, BJA provides assistance and office hours with a technical support team to review security procedures.

Q: Do the award conditions undermine the progress and efforts made by the states in partnership with the National Association of Boards of Pharmacy (NABP) to maintain the current and existing process by which state PDMPs share data across state lines through NABP's PMP InterConnect, at no cost to the states for participating?

A: No these award conditions will not undermine the significant progress made towards interstate and intrastate data sharing. Almost every state, regardless of technology choice, is actively engaged in interstate information sharing. States have clearly seen the value of interstate data sharing and nothing about the award conditions would deter state or federal support for this activity. States can continue using their preferred method for interstate and intrastate data sharing. These award conditions may expand the interconnectedness of states and bring on additional states as information sharing partners.

Having largely addressed interstate data sharing, many states are moving towards a broader policy goal of integrating their PDMP with health information exchanges and electronic health records. CDC's interest is in working alongside federal partners to support all states by creating multiple pathways towards integration that are scalable, financially sustainable, and affordable to all users, including under-resourced communities and health systems.

Q: How many states are currently using RxCheck for interstate data sharing?

A: Twenty-six states are either live, undergoing testing, or in the process of authorizing their memorandum of understanding (MOU) and connecting with RxCheck. An additional six states have expressed interest in using RxCheck. BJA maintains a map that was most recently updated in March 2019, which is located [here](#).

Q: When you require that the states keep ownership of PDMP data, do you consider integration (stored on another system) of PDMP to still meet "maintaining ownership" of the data? The state would still have their files but this would be a copy of that data on another system.

A: A state must maintain ownership of its PDMP data. A state is permitted to use third-party contractors to store its data as long as the contract or other agreement for storage of the data clearly states that the state owns and can access its data.

Q: Can you provide a high-level overview of expectations for local applicants relative to the PDMP Strategy 4 requirements? We have spoken with state partners and are willing to collaborate, but are largely unable to influence the state PDMP strategies at the local level.

A: Regarding local access, there are numerous clinical decision support (CDS) tools that integrate PDMP data into EHRs. This enables providers to have access to PDMP data within clinical workflow (i.e., at the point of care), which informs clinical decision making and healthcare system response at the local level.

Q: How is this an expansion of choice? Isn't this in fact a mandate to switch to a wholly different system?

A: No. This is not a mandate to switch to another PDMP system. CDC remains vendor agnostic and the award conditions do not limit the range of state choices in initiating interstate data sharing requests. All states still have autonomy in deciding their state approach for inter- and intrastate integration. CDC wants every state to have the capacity to respond to PDMP data queries from other states. A state that wishes to initiate queries using, for example, PMP Interconnect is fully compliant with the award conditions if the state initiates queries using PMP InterConnect. In this example, the

responding state(s) must use PMP InterConnect to send back the requested information. Likewise, if a state initiates a request using the RxCheck hub, the responding state(s) must use RxCheck hub to send back the requested information. This approach allows every state to exercise their choice of technology. States remain free to use proprietary solutions such as the PMP Interconnect--Gateway connection as their technology of choice for interstate data sharing and intrastate integration work. CDC remains vendor agnostic and will continue to support states in maximizing and enhancing the use of PDMPs.

Q: If the goal is to ensure that all states can request PDMP data from all other states, then why not use the system that 47 states currently use?

A: Having largely addressed interstate data sharing, many states are moving towards a broader policy goal of leveraging these data sharing platforms to integrate PDMP with health information exchanges and electronic health records. CDC's interest is in working alongside federal partners to support all states by creating multiple pathways towards integration that are scalable, financially sustainable, and affordable to all users, including under-resourced communities and health systems.

States are free to continue using PMP Interconnect for both inter- and intrastate data sharing. The award conditions allow each state to determine its preferred hub for initiating inter- and intrastate data sharing with another state or states. The award conditions do require a state to establish and maintain a connection to RxCheck in order to ensure the state can receive and respond to requests from states that have initiated a request using RxCheck hub (in accordance with state law).

Q: Will states need to use RxCheck Hub to be in compliance with award conditions?

A: States are required to use RxCheck to respond to a state that has initiated a request via RxCheck hub, but are not required to use RxCheck for any inter- or intrastate PDMP requests that the state itself initiates. The award conditions allow each state to determine its preferred hub for initiating inter- and intrastate data sharing with another state or states. The award conditions require a state to establish and maintain a connection to RxCheck in order to ensure it can receive and respond to requests from states that have initiated a request using RxCheck hub (in accordance with state law).

Q: What is to prevent BJA from changing their "designated" data-sharing hub?

A: CDC defers to BJA on processes governing technical contracts and subvendors. The award conditions do reflect the intent that states maintain a connection to the BJA-designated platform, which is currently RxCheck.

Q: Regarding the last sentence in Appendix 11 Special Condition 1, is the "recipient" the awardee of CDC funds or the state's PDMP authority?

A: The language refers to the state more broadly. States maintain ownership of the PDMP data they collect. This will help ensure that the state (or the state entity that operates the PDMP) maintains control over its data, including the ability to promptly access the data from subrecipients or contractors. CDC understands that the state Department of Health (DOH) will not always be the owner and administrator of the state PDMP. This condition specifically refers to the operating authority (e.g., Board of Pharmacy, Law Enforcement, and Professional Licensing) of the PDMP in your state.

Q: Is the PDMP vendor obligated to deliver analytic data (from the production system) only, or is the vendor obligated to deliver any/all fields collected on the state's behalf?

A: The special conditions require that a state retain ownership of PDMP data that it collects itself or through its vendors. Contracts that the state may enter into with third-party vendors must clearly say that the state owns this data, and that the vendor must promptly deliver the PDMP data to the state upon request. Any other obligations between the state and vendors, including the provision of analytic data that the state may want the vendor to generate, are not implicated by the award conditions.

Q: Can any funding be used to pay the PDMP to connect to the RxCheck hub? If so, how much?

A: Connection to the RxCheck hub is free. CDC will include a \$215,000 enhancement in the award to cover vendor fees associated with connecting to RxCheck. The state may choose to expend other funds on the PDMP; however, these funds would be associated with the base level activities or the continuation of enhancing and maximizing the PDMP.

Q: Can the enhancement funds be used to pay the PDMP vendor or health systems to integrate?

A: Yes. There are funds that can be used to pay for vendor and health care systems to integrate PDMP data into health IT (e.g., EHRs, HIEs, Pharmacy Dispensing Software systems).

Q: Would CDC be willing to organize a call with all State PDMP Directors to discuss our concerns about RxCheck?

A: CDC will participate in a future call with the state PDMP directors and the RxCheck technical contractors (Integrated Justice Information Systems Institute and Tetras, Inc.).

Since CDC does not directly fund the state PDMP directors, the PDMP Training and Technical Assistance Center (TTAC) will organize and host the call. Meeting invites for this call will be sent to the state PDMP directors from TTAC.

Q: What if a state has legal concerns with the control of PDMP Data?

A: The award conditions require that the state retain ownership of PDMP data. Any state contracts with third-party vendors should ensure that the state retains data ownership, that the vendor will promptly deliver the PDMP data to the state upon request, and that outside storage is limited to custody. CDC is available for additional consultation on this subject, if needed. States may also wish to consult their legal counsel.

Q: What does CDC mean by requiring a connection to RxCheck?

A: The award conditions require a state to establish and maintain a connection to RxCheck in order to receive and respond to states initiating requests via the RxCheck hub (in accordance with state law).

The RxCheck hub console is configurable, so states can customize the console to allow data sharing with those states in compliance with state law and regulations. A screenshot of the RxCheck console is available [here](#). States can sign up for a demo or schedule time to speak with RxCheck technical staff [here](#).

Q: What if the state cannot or does not wish to connect with another state?

A: The intent is that if a state is already sharing with another state via one platform, the state would also share via RxCheck, so the data sharing is similar across platforms and in compliance with state law.

Q: The award conditions indicate that states must allow other states to exchange data. Are there are no exceptions for inappropriate use, difference in state laws, etc.?

A: The award conditions allow each state to determine its preferred hub for initiating interstate data sharing with another state or states. States are required to receive and respond to requests received using the preferred hub of the initiating state. The RxCheck hub console is configurable so a state can customize the console to only allow data sharing with those states in compliance with state law and regulations. The intent is that if a state is sharing with another state via one platform, the state will also share with that same state via RxCheck, so that the data sharing is similar across platforms and in compliance with state law.

Q: The award conditions do not say, "If you have an MOU" - it says you must exchange data. Where is the MOU option codified in the grant conditions?

A: The RxCheck hub console is configurable so a state can customize the console to only allow data sharing with those states in compliance with state law and regulations. The intent is that if a state is sharing with another state via one platform, the state will also share with that same state via RxCheck, so that the data sharing is similar across platforms and in compliance with state law. The award conditions allow each state to determine its preferred hub for initiating interstate data sharing with another state or states. States are required to receive and respond to requests received using the preferred hub of the initiating state.

Q: When using the RxCheck Hub, can a user search multiple states at the same time?

A: Yes. The RxCheck console is configurable for both data sharing with states and authorized provider roles. Multiple requests can be issued in sequence to as many states as needed. The PDMP administrator selects the states that are allowed to query their state. In addition, the PDMP administrator may also authorize the specific provider roles (e.g., Clinicians, Pharmacists, Delegates) who are allowed to access and query the state PDMP. A screenshot of the RxCheck console is available [here](#).

Q: How long does it take to connect to RxCheck?

A: This depends on how a state vendor or IT department prioritizes the work. BJA provides a timeline for the RxCheck connection process [here](#), and the estimated timeline to completion is listed as 2-6 weeks (i.e., 7 to 42 days). Due to the BJA grant conditions, it is also likely that approximately half the states will be connected to the RxCheck hub prior to the CDC funding awards being made.

Q: What is the plan for helping each state pay the ongoing costs of maintaining the connection to RxCheck?

A: There is no cost charged by BJA to connect or use the RxCheck hub. The RxCheck hub is provided for free. Some states reported that their vendor has indicated they intend to charge their state \$20,000 per year to maintain the connection to the RxCheck hub in addition to a \$60,000 connection fee. Connecting to the RxCheck hub is considered an enhanced PDMP activity. Awardees can use a portion of the \$215,000 funding for this activity.

Q: Many states would like to connect to RxCheck but their PDMP vendor has created barriers (financial and otherwise) to connecting. Does the CDC have any recommendations for how to deal with such a vendor?

A: CDC is explicitly vendor agnostic. CDC can provide technical assistance to certain questions; however, CDC is unable to provide legal guidance or any specific language on how to work with vendors. CDC is available for additional consultation on this subject, if needed. States may also wish to consult with their legal counsel.

Q: Is there any guidance (contract language, etc.) to provide to the agency that holds the contract for our PDMP vendor? Specifically, how to prevent the RxCheck hub integration from costing \$50 per provider per year? Also, once we are connected to RxCheck hub I am assuming groups that are not integrated (HIE/EHR) could then connect to the RxCheck hub at no yearly cost, correct?

A: The successful integrations with HIEs/EHRs on the RxCheck hub to date have been made at no cost to the state. To date, federal funding has been used to support these integrations. States that wish to pursue integration with HIEs/EHRs through the RxCheck hub should reach out to IJIS Institute, BJA's current vendor for the RxCheck hub, to determine the complexity of the proposed project and what, if any, costs may be associated with the work. There is not a per provider pricing structure used for the RxCheck hub. Both CDC and BJA grant funds are available to support integration on the RxCheck hub. States may also wish to contact their legal counsel. CDC will allow states to use the \$215,000 enhancement in the grant award to cover vendor fees associated with connecting to the RxCheck hub.

Q: If we obtain the \$215,000 for enhanced funding, must it all be spent on intra or interoperability or can it be used to increase the functionality of the PDMP?

A: Yes, in order to qualify for the enhanced funding the \$215,000 should be used attain intra- and interstate interoperability.

Q: Special Condition 1 in Appendix 11 states that recipients will comply with additional Requirement 25. Additional Requirement 25 addresses CDC's access to state data. Does Special Condition 1, additional Requirement 25 or any other condition or requirement of this grant allow for federal government access to state PDMP data?

A: The federal government will not have access to state PDMP data through Additional Requirement 25 or any other condition or requirement of this grant.

Additional Requirement 25 requires that award recipients submit and comply with a Data Management Plan. CDC's intent behind Special Condition 1 is to ensure that the state (or the state entity that operates the PDMP) maintains ownership and access to its PDMP data. This will help ensure that the state (or the state entity that operates the PDMP) maintains control over its data, including the ability to promptly access the data from subrecipients or contractors.

Additional Links

PDMP Data Sharing Hub Connectivity Information

<https://coapresources.org/pdmp/RxCheck>

Frequently Asked Questions about the RxCheck Hub

<https://coapresources.org/Content/Documents/pdmpDataSharing/RxCheckHubFAQ.pdf>

RxCheck Hub Console Role Authorization

https://www.coapresources.org/Content/Documents/pdmpDataSharing/Role_Authorization_RxConsole.pdf

Technical Office Hours

<https://www.coapresources.org/PDMP/TechnicalOfficeHours>

Health IT Feedback Form

<https://www.healthit.gov/form/healthit-feedback-form>