**HSX MarketStreet Intake Form**

The HSX MarketStreet team will use this form to evaluate your proposed MarketStreet solution and to complete our due diligence on your company’s privacy and security policies and mechanisms, as your solution potentially uses identifiable personal health information.

Once this review is complete, you will be contacted by a member of the HSX MarketStreet team to address any additional questions and discuss the next steps to bring your solution to production on the HSX MarketStreet platform**.**

**Instructions: Requestor must complete PART A for further consideration**. Once completed, submit this form to [katie.logan@healthshareexchange.org](mailto:katie.logan@healthshareexchange.org). PART B will be completed by HSX MarketStreet in collaboration with the Requestor. PART C will be reviewed and documented by the HSX MarketStreet Team during an internal review.

**PART A. TO BE COMPLETED BY REQUESTOR**

1. **Solution Description**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Project Name | [Name of Pilot Project] | | | | |
| Partner Name | [Company Name] | | Date of Request | |  |
| Proposed Data Exchange | Please indicate from the below list the data you hope to exchange with HSX MarketStreet: | | | | |
| POST Data to HSX MarketStreet | GET Data from HSX MarketStreet | | | |
| Post Patient Activity  Post Patient Blood Pressure  Post Patient Glucose  Post Patient Oxygen  Post Patient Sleep  Post Patient Weight  Post Send DIRECT Message  Post Send DIRECT Message with CCDA | Get Patients  Get Patient by ID  Get Patient Allergies  Get Patient Allergy  Get Patient Attachments  Get Patient Attachment  Get Patient C32 CCD  Get Patient Summarization of Episode Note CCDA  Get Patient Diagnoses  Get Patient Diagnosis  Get Patient Encounters  Get Patient Encounter  Get Patient Immunizations  Get Patient Immunization  Get Patient Labs  Get Patient Lab  Get Patient Lab Observation Group  Get Patient Lab Observation Group Observation  Get Patient Lab Observation Group Specimen | | Get Patient Medications  Get Patient Medication  Get Patient Medication Prescriptions  Get Patient Prescriptions  Get Patient Prescription  Get Patient Problems  Get Patient Problem  Get Patient Procedures  Get Patient Procedure  Get Patient Readings  Get Patient Reading  Get Patient Social Histories  Get Patient Social History  Get Patient Vital Signs  Get Patient Vital Sign  Get Providers  Get Provider  Get Provider Patients  Get Repository Data Sources | |
| Transaction Volume | [Indicate expected transaction volume for your solution] | | | | |
| Data Storage | Data to be Stored by HSX MarketStreet: | Data to be Stored by Partner: | | | |
| [Include Data Points to be stored by HSX MarketStreet] | [Include Data Points to be stored by HSX MarketStreet Partner, including detail on privacy and security compliance for PHI storage, i.e. HIPAA Compliance, HITRUST Certification, etc.] | | | |
| Summary of Project | [Overview of the project workflow, project objectives, project deliverables, and project value proposition. If any customized development work or data feed is needed in addition to what is available in the HSX MarketStreet Sandbox, please include that here. Please include detail on specific objectives you aim to accomplish to bring your project to market on MarketStreet] | | | | |
| HSX Member Partnership | Please review list of HSX membership [here](https://www.healthshareexchange.org/current-participants). If you are in discussion with or have partnership with any of these members for the pilot project execution, please describe that relationship here. | | | | |
| Project Timeline | [Requested Project Start Date through Production Readiness. Include specific milestones and dates as needed.] | | | | |
| Workflow Diagram | Please diagram the data flow from start to finish for the proposed solution | | | | |

1. **Product Description**

|  |  |
| --- | --- |
| How long has the product been in existence? |  |
| Is the product currently being used by consumers? |  |
| What is the target audience of your product? Who will be using the product and how? |  |
| If it hasn’t already, when will the product achieve profitability? |  |
| How is this product funded, and for how long is that funding sustainable? Does that funding cover expenses related to HSX MarketStreet partnership? |  |
| What is the business model for the product between your company and your customers? Who pays for the product, i.e. hospitals, insurers? |  |
| Who are your competitors and what gives your product a competitive advantage? |  |
| What existing problem does your solution aim to address? |  |
| Please describe your qualifications to provide this service. |  |

1. **Terms of Data Usage**

|  |  |
| --- | --- |
| Please specify if the data requested is identified or de-identified data. |  |
| Please include if HSX information will be disclosed to an external party (specify the party) and for what purpose. |  |
| How does the Requestor plan to keep the disclosure of PHI to the minimum amount necessary to provide the product/services? |  |
| Additional Terms and Conditions | The Requestor is required to indemnify HSX if the Requestor improperly uses or discloses PHI. |
| The Requestor is required to maintain cyber-liability insurance coverage of at least $5M during the term of the production project with HSX MarketStreet. |
| HSX information that is comingled with other data/information must be able to be uniquely identified in case data must be destroyed (i.e. data must be tagged as sourced from HSX MarketStreet). |
| HSX is a steward of the data on behalf of the HSX membership for the data provided to the Requestor as part of this project. HSX can request at any time that the data be returned or destroyed. Any outcomes resulting from the processing or analysis of the data provided is owned by the Requestor. |
| If the requestor uses any vendor or third party that are anticipated to hold or touch the data shared by HSX (e.g. HIPAA compliant data center providng hosting service), a BAA is required with that third party that includes all terms and conditions as agreed to by the Requestor in the HSX BAA. |
| The termination of an agreement with HSX MarketStreet will end the Requestor’s access to the data shared by HSX, at which point the Requestor must return or provide proof of destruction for the data previously provided by HSX MarketStreet. |

**PART B. TO BE COMPLETED BY HSX MARKETSTREET WITH INPUT BY THE REQUESTOR**

1. **Resources**

|  |  |
| --- | --- |
| What internal resources will be required? |  |
| What external resources will be required? |  |
| Please check the following boxes if requesting and receiving access to PHI and denote if (and why) the requirement is not applicable: | 1. Has the requestor agreed to HSX’s business associate agreement?   Yes, the requestor has or will agree  No, the requestor will not agree  Not Applicable (Provide Rationale Below)   1. if THE REQUESTOR USES any vendor or third partY that is anticipated to hold or touch phi (e.g. hipaa compliant data center providng their hosting service), is there a baa in place?   Yes, there is a BAA in place  No, there is not a BAA in place  Not Applicable (Provide Rationale Below) |

**PART C. HSX MARKETSTREET INTERAL REVIEW**

1. **Privacy and Security**

|  |  |
| --- | --- |
| How does HSX MarketStreet plan to keep the disclosure of PHI to the minimum amount necessary for the Requestor to provide the product/services? Who within HSX MarketStreet will assure adherence to the minimum necessary standard? |  |
| Are there any comments/concerns on the terms of data use above? |  |
| Who has reviewed all of the above terms (including the terms of data use above) to determine that HSX MarketStreet can comply with reasonable cost and effort? |  |

1. **Open Questions/Discussion**

|  |
| --- |
|  |

1. **Is the Project Approved?**

|  |  |
| --- | --- |
| Approved |  |
| Not approved |  |
| Custom Work Not Approved |  |

1. **Artifacts to be used during Project Lifecycle**

Contracts

BAA

MNDA

SOW

MOU

MSA

HSX Project Request Form (For Custom Work)

Business Go Live Checklist

Change Management Request

Post Mortem

Other (Please specify)