



All-Payer Claims Database

Data Privacy, Security, and Confidentiality Subcommittee

Meeting Minutes

Date: January 23, 2014

Time: 1:00 p.m. to 3:00 p.m.

Location: Legislative Office Building, Room 1C

Members Present

Dr. Robert Scalettar, , Robert Aseltine, Matt Katz, Dr. Victor Villagra, James Iacobellis, Josh Wojcik, Demian Fontenella, Shawn Rutchick, Mary Taylor, Jean Rexford

Other Participants

Access Health CT: Matt Salner, Robert Blundo, Tamim Ahmed

I. Welcome and Introductions

Robert Scalettar called the meeting to order at 1:00 p.m.

II. Public Comment

No public comments were made.

III. Review of Public Comments on Policies and Procedures

Dr. Scalettar asked the group if they received the documents sent out earlier. They included the public comments received in response to the APCD Policies and Procedures in 2013.

The following topics were raised in the public comments:

- Individual Privacy Rights – Matt Katz wants AHA to suspend use of all individual identifiers for both members and providers. Mary Taylor added that although NPI (national provider ID) can be a substitute for provider identifier, it also has problems in accurately identifying providers. Robert Blundo clarified that only reason for collecting SS# for providers is to enable us to map NPIs more accurately, nor for retaining it on analytic data sets. The same concern was raised by Mr. Katz when he learned that TIN (tax identification number) will also be collected. At this

stage Dr. Scalettar asked whether individual patients should have the ability to opt out of having their claims data collected by the APCD. Victor Villagra, Jean Rexford, Robert Aseltine, Shawn Rutchick and Dr. Scalettar all opposed an opt-out policy. Moreover, Dr. Villagra explained that a lot of data use will not involve patient level information disclosure but creating population level statistics. Mr. Rutchick pointed out that PHI data retention is important for various public health purposes as done routinely in Department of Public Health. All agreed that significant data protection for PHI disclosures must be in place.

- Data Release Policy – members discussed what would construe definition of ‘promotional and marketing’ use of the data. Ms. Taylor suggested that we should use NCQA guideline. Mr. Rutchick added that that we need to consider how we define promotional and marketing concepts since we want its definition to include activities that would be disagreeable, but certain activities such as coordinating outreach efforts to reach underserved population should be an acceptable criterion. Ms. Rexford added that even some of the non-profit research foundations may be funded by the for profit organizations. Dr. Scalettar suggested that the Data Review Committee (to be created later) will craft appropriate strategy. Dr. Villagra added that it will be the product or output that will decide whether the data is being abused for marketing or not. Tamim Ahmed suggested pre-publication scrutiny as a way of preventing data abuse.
- Anti-Trust Issue – FTC/DOJ. Ms. Taylor mentioned that this aspect of the law is there to protect people from learning reimbursement rates to the providers by carriers.
- Data Recipients – AHA needs to identify those stakeholders who can receive data from the APCD. There need to be regulations governing how data is requested and provided.
- Data Pricing Model – Jim Iacobellis recommended that data prices must be low in order to allow stakeholders to use the data. Members suggested that the price must include cost of producing data with some margin. Mr. Aseltine added that the value of using this data is not from the sale of it but the overall benefit we can derive from the market and for various users. Dr. Villagra asked whether it will be very expensive to self-fund it.
- Data Disbursement Review Process – Much discussion ensued regarding the appeal process for data denials. The Data Review Committee (DRC) should determine which proposals can be denied and then address it via an appeal process should there be an appeal. There were some members who suggested forming a separate group review the denials. Mr. Aseltine and Mr. Rutchick suggested that the DRC should be in a unique position to make a better determination of the appeal than another appeal body separate from DRC. Mr. Rutchick described how the appeal process works at DPH. Members felt strongly that the DRC should conduct business transparently, including holding public meetings and posting information regarding data requests on the AHA website.
- APCD Entity Status – Mr. Iacobellis asked how HIPAA applies to the APCD. He was concerned that AHA is not a Covered Entity. Mr. Katz mentioned that the legislature has indicated the APCD to be guided by HIPAA rules and regulations. Other members joined in the discussion about AHA’s status. Mr. Aseltine suggested that AHA may be a clearinghouse which is a CE. Matt Salner said that AHCT is working with legal counsel to address this issue.

- Data Security (HIPAA Compliance) – Mr. Iacobellis wanted to know how AHA can protect and secure data. Mr. Blundo provided a broad plan for encryption at source of transmission, and preserving data at destination (APCD vendor) through encryption of member identifiers.

IV. Discussion of Supplement Information Documents

Discussion ensued about the distributed use cases from AHA. Ms. Taylor has distributed it to other commercial carriers in order to get their perspectives. Dr. Villagra, Mr. Katz, Mr. Iacobellis and Mr. Rutchick all agreed the value of developing use cases and understanding how APCD data can be used in various forms. Mr. Rutchick further added that various state agencies may require timely data availability to make it a valuable resource for monitoring various aspects of care. Mr. Katz suggested that AHA perform some additional research for other data needs for various state agencies. Mr. Iacobellis suggested that collection of data by the APCD will hopefully eliminate the need for providers and other entities to provide data to multiple state entities.

V. Dialogue Regarding Proposed Goal and Objectives of the PSC Committee

Dr. Scalettar presented a draft outline of the charter for this subcommittee. The documents showed the overall objectives of the Database Privacy, Confidentiality, and Data Security Workgroup:

- to create effective and transparent data release policy,
- in the light of various use cases distributed earlier by Access Health Analytics (AHA)
- Matt Katz suggested considering protection of providers, insurers and others. He also wanted to know how PHI will be protected.
- To create data use agreements (DUAs) – Dr. Scalettar cited various states as examples
- To instill data protection policies, and
- To ensure knowledge about legal limits & boundaries, as Mr. Iacobellis reminded that AHA is not a Covered Entity (CE) as far as HIPAA regulation

Dr. Scalettar added that he has spoken with Kevin Counihan and Mr. Ahmed on these issues and that AHA will get legal support shortly. Mr. Iacobellis and Mr. Katz expressed support and satisfaction with this news. Ms. Taylor added that health plans are regulated by the state's insurance department which can receive PHI data under HIPAA, but AHA is not a regulator or a Covered Entity. Mary Taylor wants to understand the legal implications on this issue. Dr. Scalettar agreed that this is a threshold issue that needs immediate attention. Mr. Katz added provider and insurer IDs along with PHI in the list of protected information. Dr. Villagra asked about the equivalent protection for the consumers. Dr. Villagra added a set of coordinated rules to ensure a roadmap for data disclosure. Dr. Scalettar wants to get a broader consensus regarding data disclosure and legal ramifications of various arrangements for data disclosures. Mr. Rutchick wanted to know how data will be disclosed. Mr. Rutchick wanted to add patient privacy into consideration. These items will be addressed in the very near future with legal counsel.

Members discussed about how data will be used for reporting. Mr. Iacobellis asked how patient data can be used to improve health. Ms. Taylor suggested adding improvements of health care quality and efficiency for added emphasis. Dr. Scalettar added that the objectives are directionally correct but will need to be cleaned up with legal support.

VI. Next Steps

Dr. Scalettar again emphasized that AHA must work with legal counsel to craft language around HIPAA. Secondly, use cases will continue to develop which will provide a clear indication of how data governance, distribution, and pricing policies will be created. Lastly, he wanted to also learn what other states are doing in this area.

VII. Future Meetings

Dr. Scalettar said that AHA staff would contact members regarding scheduling future meetings.

VIII. Adjournment

Dr. Scalettar requested a motion to adjourn. The meeting was adjourned at 3:00 p.m.