Getting Ready for CAA Section 115 APCD Grants

Protecting Individual Privacy and Reporting Financial Data

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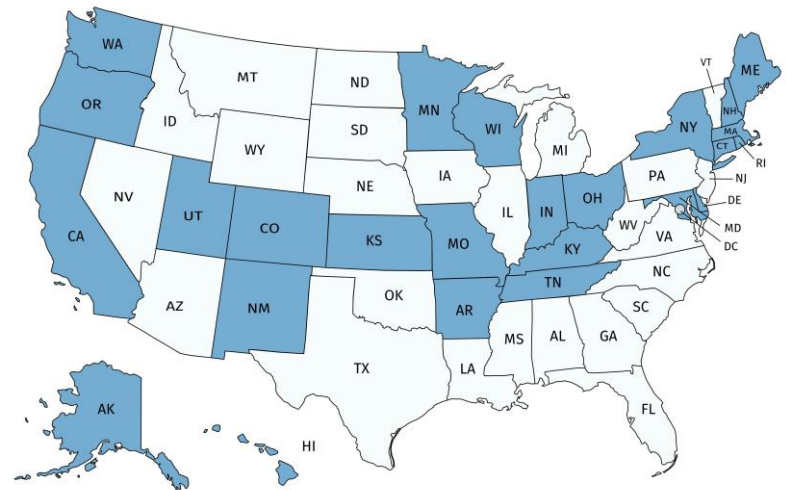Brian Boates
Dana Richardson – Wisconsin Health Information Organization (WHIO)

About Freedman HealthCare

▶ Founded in 2005

▶ Focus on government and nonprofit health data initiatives

▶ Experienced APCD managers and data analysts

▶ APCD "lifecyle" expertise: stakeholders, law, rule, RFPs, data quality, analytics, data access, sustainability

Freedman HealthCare States

Today's Presenters

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National Association of Health Data Organizations (NAHDO)

NAHDO is a national non-profit membership and educational association dedicated to improving health care data collection and use.

NAHDO members include state and private health data organizations that maintain statewide health care databases and stakeholders of these databases.
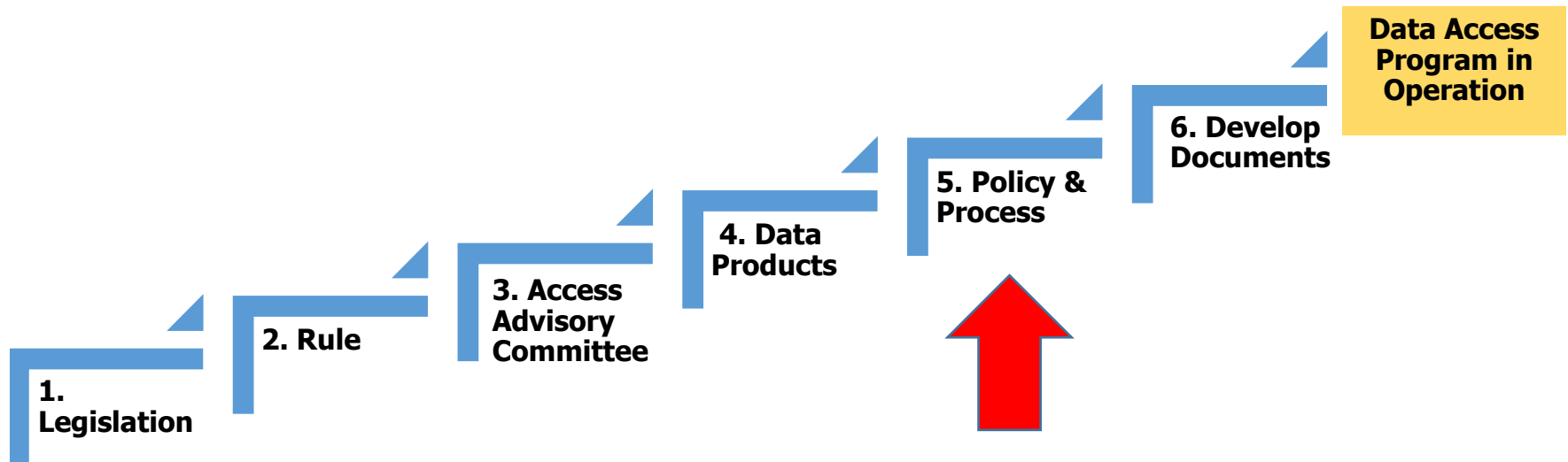
The APCD Council is a program of NAHDO in partnership with the Institute for Health Policy and Practice (IHPP) at the University of New Hampshire (UNH).

NAHDO.ORG & APCDCOUNCIL.ORG

Recap CAA Section 115 Data Access Requirements

▶ To be eligible for grants, State APCDs must have (or intend to have) a data access process

▶ Law offers guidance on:
- Who must be allowed to request data
- Purposes that must be supported
- Types of data products
- **Policy & Process**

1. Legislation
2. Rule
3. Access Advisory Committee
4. Data Products
5. Policy & Process
6. Develop Documents

Data Access Program in Operation

Topics for Today's Webinar

- ▶ What does Section 115 say about:
  - Reporting proprietary financial information?
  - Protecting individual privacy?

- ▶ How do these provisions align with FHC best practices?

- ▶ WHIO Case Study: Creating value with de-identified data

The CAA and Proprietary Financial Information

▶ CAA Section 115 includes a prohibition on disclosure of "proprietary financial information"

▶ <u>CAA Section 115 definition</u>: "*data that would disclose the terms of a specific contract between an individual health care provider or facility and a specific group health plan, managed care organization, managed care entity [SSA Section 1932(a)(1)(B)] or other managed care organization, or health insurance issuer offering group or individual health insurance coverage*"

▶ <u>More Simply</u>: Proprietary information is the amount paid for a specific service by a named payer to a named provider

APCDs and Financial Information

- ▶ APCDs collect, use and release financial information
  - (Note: *CAA requirements do not pertain to information <u>collection</u>*)

- ▶ APCDs collect: Plan Paid Amount, Copay, Coinsurance, and Deductible

- ▶ Plan Paid Amounts are negotiated between payers and providers and are considered contract terms

- ▶ APCD uses of financial information
  - Support cost transparency
  - Highlight cost/price variation
  - Measure Total Cost of Care
  - Identify cost drivers and opportunities to reduce spending

Disclosure of Financial Information

▶ APCD Approaches:
- Publish or release only median or average prices
- Mask identities of payers, providers or both
- Release detailed financial information only if justified _and_ consistent with FTC/DOJ guidelines
- _All appear consistent with the CAA_

▶ APCDs also look to FTC/DOJ Statement 6: Exchanges of heath care price or cost information will not be challenged under anti-trust law if data is:
- Collected by a third party
- At least three months old
- Sufficiently aggregated (not defined in regulation)
- APCDs will always satisfy the first two conditions

CAA and Individually Identifiable Health Information (IIHI)

▷ CAA Section 115 includes a prohibition on attempts to "reidentify and disclose IIHI"

▷ IIHI "means any information, including demographic information collected from an individual, that--

- • (A) is created or received by a health care provider, health plan, employer, or health care clearinghouse; and
- • (B) relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to the individual, and--
  - • (i) identifies the individual; or
  - • (ii) ...can be used to identify the individual."
- • *Source: SSA Section 1171(6)*

APCDs and IIHI

▶ Most APCDs collect, use, and (some) release IIHI

- (Note: *CAA requirements do not pertain to information <u>collection</u>*)

▶ APCD IIHI includes names, street address, zip code, detailed date information, SSN, other person-specific IDs

▶ APCD Uses of IIHI:

- Create Master Patient IDs to support analysis across payers/over time
- Support research and other advanced data uses
- Link the APCD to other sources, e.g., clinical/EHR, social determinants

Disclosure of IIHI

▶ **APCD Approaches:**

- Develop data products without IIHI, e.g., Public Use Files, De-identified Data sets, Customized and Standard Reports
- Ensure the Data Access Program complies with all state and federal requirements regarding IIHI
- Release IIHI only to qualified users and if justified/necessary to support the intended use

▶ **Data Use Agreement (DUA) language:**

- Prohibits attempts to re-identify individuals and disseminate IIHI
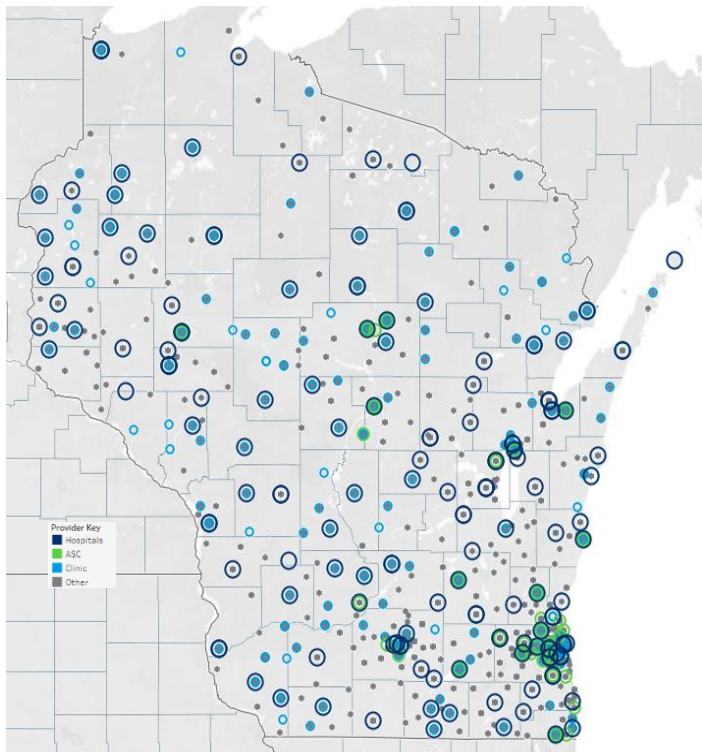- *Would be consistent with CAA requirements*

Uses of an eMPI:
De-identification and Products

BETTER INFORMATION. BETTER DECISIONS.

Wisconsin Health Information Organization (WHIO)

Vision: Better health, health care and health care value gained from objective information.

Mission: To create more health data and better information to advance actions.

- In 2008, enabling legislation was passed requiring the WI Department of Health Services (DHS) to maintain a claims repository with voluntary data submission and to provide information to the public in an "easy to understand" format.

- The WHIO was formed as a public-private partnership between the State of Wisconsin and visionary private sector leaders to fulfill the DHS requirement via a contract.

- The WHIO is governed by a volunteer, multi-stakeholder Board of Directors consisting of provider, payer, employer and state agency representatives, as well as individuals with specific expertise.

eMPI Background

- In 2018-2019, the WHIO transitioned to a new data vendor, SymphonyCare
    - Cloud base "Big data" warehouse
    - Ability to integrate multiple data types (e.g., claims, clinical, socio-economic)
    - Ability to use identifiable and de-identified data and create a variety of products

- The eMPI creates a unique, persistent, non-intelligent WHIO ID that is used in our de-identification methodology and as a primary key in the data model.
    - All eligibility data files passed through the eMPI

- eMPI characteristics
    - 7 member identifying data elements (e.g., first name, last name, address, date of birth)
    - 127 vector combinations to determine match, probable match or no match
    - IF a match or probable match is found, the existing WHIO ID is applied
    - IF no match is found, the eMPI randomly assigns a WHIO ID to that member
    - IF the eMPI cannot assign the member to one of these categories, the member is placed in a file and assessed manually

COVID-19 High Risk Member Reports

In early March 2020, the DHS asked WHIO to identify Medicaid members at high risk for serious COVID-19. A report was produced for Medicaid and 6 of 14 additional data contributors. Turn around time was 3-4 weeks.

1. Define High Risk
   - High risk = CDC's 10 underlying conditions plus advanced age
   - Identify 4,200 ICD-10 diagnosis codes, 1,800 NDC codes, 37 HCPC codes and age ≥ 65 year
2. Identify people at high risk via the de-identified Standard Integrated Data file. This resulted in 1.9M high-risk people.
3. Matched the WHIO ID of each high-risk person with their health plan ID using the eMPI application files
   - Ensure each person was in their health plans most recent eligibility file
4. Created COVID-19 High-Risk Member Report template (excel)
5. Populated the report for Medicaid and each health plan with Member Name, Health Plan ID and indicator of which underlying condition(s) or advanced age led to their high-risk designation
6. Distributed reports via sFTP portal

Medicaid and the health plans used the report to:

- Communicate via a letter and/or outreach calls to each high-risk person on how to seek medical care, insurance coverage and other resources available in the state
- Prioritize care coordination resources

Uses of the WHIO ID

Service Type by System - Cardiovascular ETGs
Severity Level 1 (Lowest)
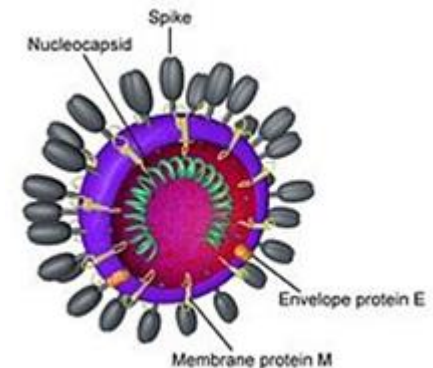
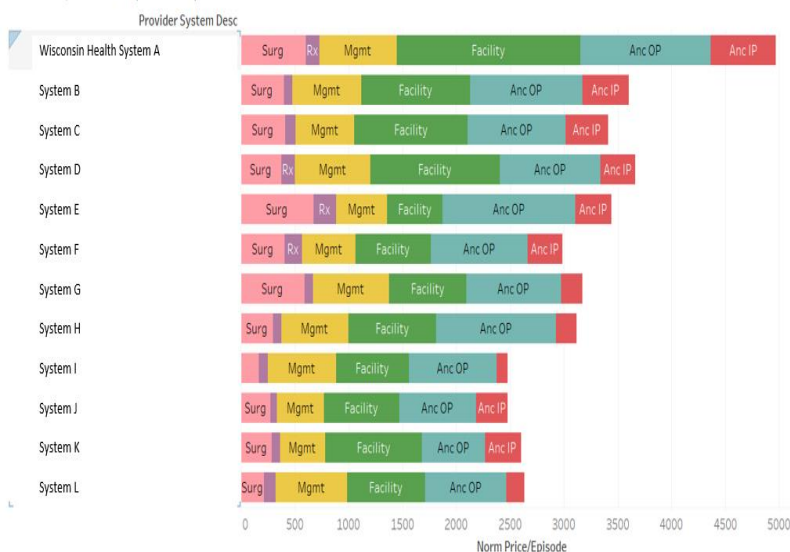▷ **Intelligence Bank: De-identified data files**

Standard Integrated Data (SID) file

- Unique purpose: longitudinal evaluations; before and after comparisons
- 228 data elements plus reference files
- Historical data with quarterly data updates that auto append to the historical data files
- WHIO ID is used to evaluate an individuals care over time and for population-based analyses
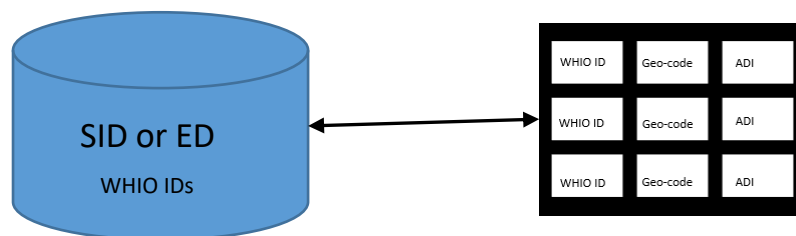
Enhance Data (ED) file

- Unique purpose: quality and cost evaluation
- 225 data elements plus derived data elements (ETG, ERG and Normalized Price)
- 27 months of data to norm the derived data elements
- WHIO ID used to move from data file release to data file release

- Socio-economic data reference file
- Claims and clinical data integration at the person level

How to Get Started

Existing APCDs	• Assess alignment of current data access policies and procedures with CAA prohibitions on:
	    • Disclosure of proprietary financial information
	    • Attempts to reidentify and disclose IIHI
	• Determine necessary changes and develop a plan, timeline, and process to engage stakeholders

APCDs in Development (Includes Voluntaries or entities contemplating an APCD)	• Assess whether existing (or planned) Data Use Agreements align with CAA prohibitions • If changes are necessary, engage stakeholders and data providers and determine how to align with CAA • Learn from existing APCDs, seek expert assistance

Questions?

New Resources Available on FreedmanHealthCare.com

FHC's Resources page https://freedmanhealthcare.com/data-resources/ , including:

- Your questions, answered: https://freedmanhealthcare.com/wp-content/uploads/2017/11/CAA-APCD-Grant-Q-and-A.pdf

- Find slides from our first three webinars:
  - Getting Ready to Win Your State's Grant
  - Developing Data Access Programs
  - Data Product Types and Requirements

- Pointers to best practices and sample materials https://freedmanhealthcare.com/wp-content/uploads/2017/11/APCD-Data-Access-Programs-What-to-Read.pdf

Upcoming Webinars

▶ Upcoming in our Complimentary Webinar Series: Getting Ready for Federal Grants – all at 1 PM ET

April 28	Elements of a "Common Data Request Application"
May 12	Regional/Voluntary APCDs
May 26	Learning Community: Progress and Updates

▶ Sign up at https://us02web.zoom.us/webinar/register/WN_UXLQHkLfRAuQDgbI_SthoQ

➡ Watch for our follow up email with slides and signup information