

## 25.07 – Adjustments based on April DRRC Discussion

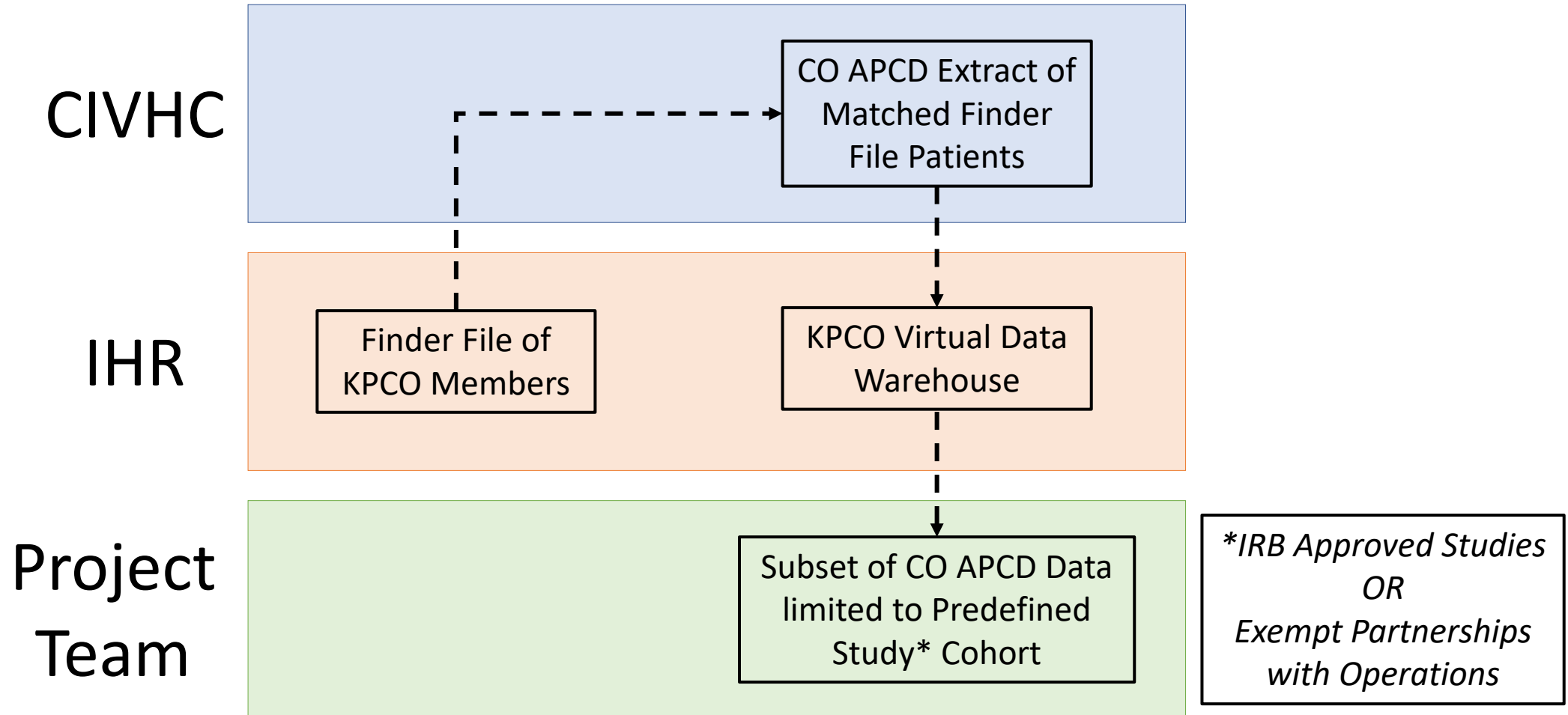
- Removal of primary research aim:
  - (xv.) Evaluation of market power (as determined by total charged vs. allowed) and its effect on patient and provider choices in health care services and referrals.
- Financial data elements reduced with the removal of Allowed Amount and Charged Amount
- Not requesting SUD data at this time (use case 002, *Health Insurance Instability and Mortality among Patients Treated for Opioid Use Disorder*)

## 25.07 – Refresh Process

Every 6 months, CIVHC will refresh the CO APCD data as follows:

- IHR destroys all previously delivered CO APCD data
- IHR returns certificate of data destruction to CIVHC
- IHR sends CIVHC a new finder file of KPCO members
- CIVHC generates CO APCD extract for matched finder file members
- New extract is delivered to IHR

# 25.07 - Data Flow



## 25.07 – Addressing April DRRC Concerns

We heard and have evaluated the concerns voiced last month:

1. Scope of the finder file and inclusion of KP members' data after disenrollment
2. Amount of data being requested
3. Potential conflicts with Antitrust Safety Zone guidelines

## 25.07 – Addressing April DRRC Concerns

### 1. Scope of the finder file and inclusion of KP members' data after disenrollment

CIVHC's Evaluation: This request meets the definition of use for Treatment, Payment and Health Care Operations (TPO) under HIPAA.

- The intended use of all data is to evaluate “processes of care, exposures, outcomes, and value/cost of care for KPCO patients with chronic health conditions.”
- HIPAA allows data released for TPO to subsequently be used for research with IRB approval.

## 25.07 – Addressing April DRRC Concerns

### 1. Scope of the finder file and inclusion of KP members' data after disenrollment

CIVHC's Evaluation: The request for inclusion of members' data after disenrollment is reasonable to evaluate the impact of treatment and operations.

- The Finder File will include a member for up to five (5) years after their disenrollment (e.g., a member terminated in 2015 would be present in the dataset through 2020 with no data included from 2021-2024).
- Colorado requires retention of patient records for seven (7) years.

# 25.07 – Addressing April DRRC Concerns

## 2. Amount of data being requested

CIVHC's Evaluation: Under HIPAA, covered entities are not required to apply the minimum necessary standard for disclosures under TPO.

- We recognize this is a large amount of data and have had multiple conversations with the IHR team about limiting access to the complete dataset as required by HIPAA.
- CIVHC has approved the Data Management Plan submitted by KPCO IHR and can confirm it meets both HIPAA requirements for data protection and Colorado regulatory requirements.

# 25.07 – Addressing April DRRC Concerns

## 3. Potential conflicts with Antitrust Safety Zone guidelines

CIVHC's Evaluation: The data being requested sufficiently masks other payers to prevent reengineering of negotiated rate information.

- ✓ Use of Third Parties: Data collection and aggregation is conducted by an independent third party.
- ✓ Data Age: The information exchanged is at least three months old.
- ✓ Data Aggregation: Data is aggregated such that payers' information cannot be identified.



# 25.07 – Another Kind of Data Mart

## **HCPF Data Mart**

*Unanimously approved by DRRC 5/5/2021*

- Data housed by CIVHC sub-contractor
- Limited number of individuals allowed access to the complete dataset
- Individual use cases require DRRC approval
- Project teams granted data access via SFTP

## **KPCO IHR Subscription**

- Data housed by IHR
- Limited number of individuals allowed access to the complete dataset
- Individual use cases require DRRC approval
- Project teams receive a subset of the complete extract limited only to the identified study cohort after use case approval