

Agenda V: Use Case Scenarios

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Legal Requirements for DRC Review

- Per HPD Statute, in making recommendations, the DRC is required to consider one or more of the following:
 - whether the use of the data is consistent with the goals of the system,
 - whether it provides greater transparency regarding health care costs, utilization, quality, or equity, or
 - how the information may be used to inform policy decisions regarding the provision of quality health care, improving public health, reducing health disparities, advancing health coverage, or reducing health care costs.
- These considerations are broad and open to interpretation.
- There are no regulations or specific criteria the DRC must use.

Optional DRC Considerations

- Privacy:
 - Is reason or justification provided for all confidential or sensitive data elements requested?
 - Does the request satisfy minimum data necessary standards?
 - Does the requestor demonstrate ability to protect data privacy and security for requests that include direct personal identifiers?
- Anticompetitive Use & Commercialization of HPD Data:
 - Is there potential for anticompetitive use of the data?
 - Could the data be used for commercialization or marketing?

Optional DRC Considerations

- Results and Information Products:
 - Any concerns about the proposed objectives, methodologies, or potential limitations of the data?
 - What are the expected findings/outputs?
 - How will results be made available to policymakers or the public?
 - What level of aggregation will be applied to reports, presentations, and other information products intended for public dissemination?
 - How does the proposed project generate a public benefit for California?

- What is the state's involvement, if any?

Making Recommendations

- There are few statutory requirements, rules, or specific criteria
- Context is Key:
 - Who is requesting the data?
 - At what level of detail?
 - For what purpose, e.g., specific analysis needs/research questions?
 - Anticipated results?
 - How will results be shared or disseminated:
 - At what level of detail?
 - To what end?
- Requests will often raise unique questions and considerations

Entity and Financial Information (EFI)

- Payer Identifiers – submitter name, submitter code, payer code, National Association of Insurance Commissioners (NAIC) code, insurance type, product code (POS, HMO, PPO)
- Provider Identifiers – names (organization, first, MI, last), city, state, zip code, National Provider Identifier (NPI), Tax ID, National Council for Prescription Drug Program (NCPDP) code, DEA number
- Financial Information – charge amount, plan paid, co-pay, coinsurance, deductible, and allowed amounts (plan and patient paid)

Payer Use Case

- Requestor: A commercial health plan operating in California.
- Data Requested: EFI, including payer identifiers, provider identifiers, and detailed payment information.
- Purpose/Goal: Inform the design of value-based insurance products for the individual and small group markets where consumer choices are often limited.
- Benefit: Additional, value-based insurance product choices for Californians seeking individual or small group coverage.

Considerations

- Sharing Payer Identifiers
 - What concerns do you have?
 - Do these concerns vary depending on the:
 - Requestor?
 - Proposed use case?
- Alternatives
 - Provide payer codes that allow differentiation without identification or reidentification risk (e.g., SLD)
 - Supports analysis of variation in cost, utilization, quality, etc. across payers and plan types (HMO, PPO, POS)

Provider Use Case

- Requestor: A large healthcare system or provider group.
- Data Requested: EFI, including payer identifiers, provider identifiers, and detailed payment information.
- Purpose/Goal: Identify regions/subregions where Californians face challenges accessing specific types of health services or specialty care providers. Identify opportunities to expand service offerings to better serve residents.
- Benefit: Improved access to health services and specialty providers in currently underserved areas.

Considerations

- Sharing Provider Identifiers
 - What concerns do you have?
 - Do these concerns vary depending on the:
 - Requestor?
 - Proposed use case?
- Alternatives
 - Provider codes that allow differentiation without identification or reidentification risk (e.g., SLD)
 - Mask or redact Location, Tax ID, NPI, NCPDP, DEA numbers
 - Supports analysis of variation in cost, utilization, quality, etc. across anonymous providers

Payment Data Use Case

- Requestor: An Information Technology (IT) Company.
- Data Requested: EFI, including payer identifiers, provider identifiers, and detailed payment information.
- Purpose/Goal: Develop analytic tools to group claims by service and other categories to support analysis and reporting on spending, cost drivers, utilization, quality, access to care, and other dimensions.
- Benefit: What factors would influence the potential benefits of this use case?

Payment Data Use Case (alt.)

- Requestor: An Information Technology (IT) Company.
- Data Requested: EFI, including payer identifiers, provider identifiers, and detailed payment information.
- Purpose/Goal: Develop a healthcare shopping tool that helps consumers make better informed choices regarding where to seek high value (low cost & high quality) care.
- Benefit: What factors would influence the potential benefits of this use case?

Considerations

- Sharing Detailed Payment Information
 - What concerns do you have?
 - Do these concerns vary depending on the:
 - Requestor?
 - Proposed use case?
- Alternatives
 - Withhold charged amounts to prevent calculation of discounts
 - Aggregate data fields to mask details (SLD and/or SLD+?)
 - Patient Paid Amount = Co-pay + Coinsurance + Deductible
 - Total Allowed Amount = Plan Paid Amount + Patient Paid Amount
 - Supports analysis of variation in costs/payments across care settings, providers, payer/insurance types, product codes

Direct Transmission

Statutory Language/Provisions

- HPD statute directs HCAI to "develop a comprehensive program for data use, access, and release." [Section 127673.82]
- Section 127673.83(c) requires that HCAI policies, "limit release or transmittal of personal information outside the secure environment" or Data Enclave

Direct Transmission

- Applicants requesting release of HPD files (outside the Data Enclave) must document:
 - Expertise in the protection of patient privacy
 - Experience analyzing large sets of confidential data
 - Data security protections meet department standards and all state and federal requirements
- Direct transmission of data would require both DRC approval and HCAI internal review/approval

Potential Reasons for Direct Transmission

- Costs that impact project feasibility or probability of success
 - Software licensing
 - Large or ongoing/multi-year projects requiring multiple researcher/analyst Enclave seats
- Contractual or regulatory limits on data sharing with other sources or government agencies
 - An essential data source could not be loaded into a state agency-maintained Enclave

Direct Transmission Use Case

- Requestor: Researcher from non-profit policy research organization
- Data Requested: 5 years of research identifiable custom datasets with PII and EFI, including payer identifiers, provider identifiers, and detailed payment information.
- Purpose/Goal: Determine if people's financial status have any relation to access to care and health outcomes. Identify gaps in health care access and make policy recommendations to California legislators.
- Reason for requesting Direct Transmission: Researcher linking HCAI data with financial data; contractually obligated to not release financial data to third party
- Benefit: Could provide CA legislators useful data on gaps in access to care.

Considerations

- Direct Transmission over Enclave Access
 - Is there another way for requestor to get necessary data without direct transmission?
 - Could researcher work with a CA government agency (franchise tax board, EDD) and get similar consumer financial info, then give researcher access?
 - Does the request for PII and EFI matter and if not requested, or the request modified, would this change the DRCs determination?
 - Does it matter if it is confidential data or aggregate data?
 - Could HCAI prepare comparable aggregate data to circumvent sharing of sensitive data
- Variations on scenario
 - Would determination change if only requesting one year of data?
 - If request was from government agency, would determination change?

Discussion Questions?

- Any concerns with this request fulfilling statutory mandates that the DRC is required to consider?
- What potential privacy concerns should be considered?
 - Is PII (direct or indirect) and EFI needed, and what would be the concerns and committee considerations?
- What potential anti-competitive or commercialization concerns should be considered?
- What could be some concerns with the analysis, results and information products?
 - Mode of data access/transmission, data limitations, data uses (example, linkages), methods that would be of concern, vulnerable populations, minimum data necessary, etc.
- What else would the DRC potentially have to consider?