MyHealth Specifications for Clinical Data Delivery to Payers

Validity: This criteria is considered effective as of March 11, 2021.

Purpose: This document is designed to provide MyHealth’s clinical data sources with details about data that may be delivered to insurance companies for healthcare operations purposes, in accordance with the approved data use #1045 (as described in the [MyHealth Approved Active Data Use Purposes](https://myhealth.sharefile.com/d-sd7996dc2b51e45a8a9bcc25ab7977d36) document). Compliance and technical team members can use this information to ensure the data they send is being handled as they expect.

MyHealth committees have discussed the need data sources have to comply when patients request their health information not be shared with health plans (referred to in MyHealth committees as “Self Pay Events” – addressed in HIPAA at 45 CFR §164.522(a)(1)(vi). The filters MyHealth uses to identify these events are based on observations and confirmed practices by MyHealth sources over several years. MyHealth data sources need to contact MyHealth if these filters need to be modified in order to account for the way they internally handle these rare situations.

Specification: Consistent with approved policies, MyHealth may deliver data to health plans under the following conditions:

1) **Health plan subscription.** A health plan may subscribe to one or more of the approved data delivery programs offered by MyHealth. These programs include data that satisfies the terms of each program, along with the other following criteria. Plans include:

a) ADT messages. Plans may elect to receive HL7 ADT messages which will alert the plan when their member has sought healthcare services from a healthcare provider in the MyHealth network.

b) Laboratory results. Plans may elect to receive ORU lab feeds for their members from MyHealth lab data sources who align with the other requirements below.

c) Care Fragmentation Alert reports. Plans may elect to receive regular compiled reports from MyHealth identifying care delivered to their members as reported in the MyHealth system, consistent with the other requirements below.

d) Quality Measure reports. Plans may request datasets from MyHealth for the purpose of calculating quality measures for HEDIS, CMS Star Ratings, core quality measures, risk adjustment/data validation, and other such programs. Health plans must specify 1) the specific measure(s) they are calculating and 2) the clinical data elements they are seeking. Datasets will be produced in accordance with the sadditional criteria in this specification.

2) **Data source cooperation**. A data source may instruct MyHealth not to include its data in datasets it sends to payers. Data sources who have not given this instruction may be included.

3) **Patient is a member of the health plan.** Health plans who wish to receive data from MyHealth sources must furnish a regularly-updated roster of its active members with participation dates. MyHealth uses patient demographics from the source and from the payer with its Master Patient Index matching system to determine which patient records are potentially eligible for inclusion in data for each health plan.

4) **Patient preference**. If a patient has filed an opt out request form with MyHealth, the patient’s information is excluded from data that may be included in delivery to the health plan.

5) **Self pay filter**. MyHealth will exclude patient information from the report to a health plan if any of the information identified in the insurance fields identified in Table 1 below match any of the search patterns identified in Table 2 below.

Table 1: Locations of identified of insurance information

|  |  |  |
| --- | --- | --- |
| **Data file specification** | **Field identifier** | **Field name** |
| HL7 v2.x message | IN1.3 | Insurance Company ID |
| HL7 v2.x message | IN1.4 | Insurance Company Name |
| HL7 v2.x message | IN1.5 | Insurance Company Address |
| HL7 v2.x message | IN1.7 | Insurance Company Phone Number |
| HL7 v3 (CCD) | 48768-6 segment (<name> tag) | Represented Organization Name |

Table 2: If contents of any of the above-identified insurance fields contain any of these search strings (case insensitive), the patient is flagged as a potential “self-pay” patient from that source, and is excluded from a given delivery:

|  |
| --- |
| **Trigger values:** |
| SELF |
| CHARITY |
| PRIVATE |
| WORK COMP |
| WORKER COMPENSATION |
| WORKERCOMPENSATION |
| WORKERS COMP |
| HARDSHIP |
| CASH |
| HITECH |
| UNINSURED |