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## **Connecticut State Medical Society Comments on Draft Policies and Procedures: All-Payer Claims Database**

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On behalf of the physicians and physicians in training of the Connecticut State Medical Society (CSMS), thank you for the opportunity to submit these comments to you today regarding the Draft Policies and Procedures related to the All-Payer Claims Database (APCD).

At the outset, CSMS would like to comment on issuances of policies and procedures relative to the APCD. While CSMS appreciates the time and work put into these Draft Policies and Procedures by the Connecticut Health Insurance Exchange (the "Exchange"), the Draft Policies and Procedures contain substantive content and purport to be binding guidance for the entities subject to the APCD. Given the highly confidential nature of both patient and physician data that will be reported to the APCD, CSMS believes that the directives concerning such submission should come in the form of formally promulgated regulations that are subject to a more formal oversight process including hearings and comment periods. While policies and procedures can be helpful from time to time to clarify some questions or holes in a process, the Draft Policies and Procedures relative to the APCD contain significant directives and are more than simple clarifications relating to the operation of the APCD. There is little to no guidance in Connecticut law as to the authoritative and legal weight that policies and procedures carry and similarly little to no guidance under Connecticut law as to how policies and procedures must be maintained and amended. As such, CSMS strongly believes that this guidance issued by the Exchange, should be in the form of properly promulgated regulations that are transparent, carry legal and authoritative weight and are subject to certain procedures regarding their issuance and future modification.

While the Draft Policies and Procedures include references to data protection and HIPAA safeguards, CSMS still has concern regarding the collection of physician data at the individual level. CSMS strongly believes that any regulations and/or policies and procedures must clearly state that data collection regarding physicians (anything contained in the "Provider File") must be based on the National Physician Identification number (NPI) and not on a Social Security Number (SSN) or any other personal identification that if stolen could cause irreparable harm to a physician's identity and/or jeopardize patient care and patient safety. The use of the NPI number, as opposed to the SSN number, is essential for physician identification to be safeguarded and protected in a manner consistent with federal requirements for physician identification. At a point in time when all physicians have an NPI number for

identification, the Connecticut APCD should adhere to this federal standard of identification, in order to protect physician and other provider personal information from potential misapplication and misuse.

As the Exchange is aware, matters of health equity and racial and ethnic challenges to healthcare access are of extreme importance in this state. CSMS has been actively involved in teaching and educating Connecticut physicians about the importance of health equity and health literacy and how providing culturally sensitive care can help increase the quality of care provided to cultural minorities. As such, CSMS believes that the Reporting Entities should be required to report any and all racial, cultural and ethnic data currently available to the APCD. Data collection is the best means we have to analyze how we as a state are doing when it comes to breaking down racial and ethnic barriers in healthcare and mandating such reporting by Reporting Entities to the APCD for information and data research purposes would enhance the availability of such information and help further promote culturally competent health care. CSMS is well aware that the information presently collected may not represent the majority of patients or majority of claims, but provides at least an initial data set from which to start comparing and contrasting care access and care provision to better determine if health care disparities exist and more importantly how to address them in a matter that improves access to quality of care in Connecticut.

Lastly, the Draft Policies and Procedures state that APCD data will be made available to appropriate entities in accordance with future policies and procedures to be promulgated by the Exchange. The dissemination of data contained in the APCD has the potential to be used inappropriately by not only by those with ill motives “fishing” for information, but also by entities looking for information on health care claims data. CSMS asks that the information regarding data dissemination and disclosure be made available immediately to the public for review and comment as this is a key point in the operation of the APCD. Further, as suggested above, CSMS continues to strongly believe that this information should be promulgated through authoritative and legally-binding regulations and not through policies and procedures. The general public, as well as applicable regulatory entities, should be involved in promulgating these regulations with the standard transparency that exists today in regulatory review.