

HEALTH INFORMATION TECHNOLOGY EXCHANGE OF CONNECTICUT

POLICY AND PROCEDURE

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Policy Name/Subject: HITE-CT PURPOSE OF USE POLICY V1.0	Policy Number: 8	Approved By: HITE- CT Board
Approval Date: 11-21-2011	Effective Date: 11-21- 2011	Revision Date(s): 11-21- 2011

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PURPOSE:

The purpose of the policy is to define permissible uses of the HITE-CT information such as Patient Care, Public Health, and Quality.

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DEFINITIONS:

Business Associate

(A) An individual or entity who, on behalf of a covered entity or of an organized health care arrangement (as defined pursuant to 45 CFR 164.501) the covered entity participates in, excluding a member of the covered entity's workforce, performs, or assists in the performance of:

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- a. A function or activity involving the use or disclosure of PHI, including claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, billing, benefit management, practice management, and repricing; or
- b. Any other function or activity regulated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA); or

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(B) Provides, other than in the capacity of a member of the workforce of such covered entity, legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services to or for a covered entity, or to or for an organized health care arrangement, where the provision of the service involves the disclosure of PHI from the covered entity or arrangement, or from another business associate of the covered entity or arrangement, to the individual or entity.

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A covered entity may be a business associate of another covered entity. [45 CFR 160.103]

Clinical Information

Information about a person, relevant to his or her health or health care. [ISO/EN 13606-1:2008]

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Collected

Obtained and persisted. [ISO TS14625]

Emergency Access

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Access to data for the provision of care where threat of injury or death requires special permissions in order to ensure uninterrupted and urgent treatment. [SEE Consent policy for details surrounding permissions].

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Healthcare Consumer (Individual)

Person that is the receiver of health related services and that is a person in a health information system. Any person who uses or is a potential user of a health care service, subjects of care may also be referred to as patients, health care consumers or subject of cares. [ISO TS22220]. In the US, this

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45 may be referenced as an ‘individual’, which means the person who is the subject of protected health information.

Health Care Operations

50 Any of the following activities of the covered entity to the extent that the activities are related to covered functions: (1) Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment; (2) Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities; (3) Underwriting, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess of loss insurance), provided that the requirements of 45 CFR §164.514(g) are met, if applicable; (4) Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs; (5) Business planning and development, such as conducting cost-management and planning-related analyses related to managing and operating the entity, including formulary development and administration, development or improvement of methods of payment or coverage policies; and (6) Business management and general administrative activities of the entity, including, but not limited to: (i) Management activities relating to implementation of and compliance with the requirements of this subchapter; (ii) Customer service, including the provision of data analyses for policy holders, plan sponsors, or other customers, provided that protected health information is not disclosed to such policy holder, plan sponsor, or customer. (iii) Resolution of internal grievances; (iv) The sale, transfer, merger, or consolidation of all or part of the covered entity with another covered entity, or an entity that following such activity will become a covered entity and due diligence related to such activity; and (v) Consistent with the applicable requirements of 45 CFR §164.514, creating de-identified health information or a limited data set, and fundraising for the benefit of the covered entity. 45 CFR 164.501

80 **Health Information Technology Exchange of Connecticut (HITE-CT)**

A quasi-public agency of the State of Connecticut charged by statute with promoting, planning and designing, developing, assisting, acquiring, constructing, maintaining and equipping, reconstructing and improving healthcare information technology, including the electronic exchange of health information. Also, HITE-CT is a business associate of all participating members pursuant to the HITECH Act.

HITE-CT Infrastructure Service Provider

90 The entity operating and managing the core services supporting the HITE-CT systems (e.g. Provider Registry, Patient Identity Cross Reference Index Manager, Audit Record Repository, Document Registry, Document Repository, etc.).

Individually Identifiable Health Information

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95 Information that is a subset of health information including demographic information collected from
an individual, and: (1) Is created or received by a health care provider, health plan, employer, or
health care clearing house; and (2) 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 an individual; and (i) That identifies the individual; or (ii)
100 With respect to which there is a reasonable basis to believe the information can be used to identify
the individual. 45 CFR 160.103.

May

Permits the action to happen, but does not require it.

105 **Participating Health Care Subscriber (PHCS)**

Any healthcare provider that has executed an effective Data Use and Reciprocal Support Agreement (DURSA) with HITE-CT. See Member List (www.hitect.org/members).

Payment

110 (1) The activities undertaken by: (i) A health plan to obtain premiums or to determine or fulfill its
responsibility for coverage and provision of benefits under the health plan; or (ii) A health care
provider or health plan to obtain or provide reimbursement for the provision of health care; and (2)
The activities in paragraph (1) of this definition relate to the individual to whom health care is
provided and include, but are not limited to: (i) Determinations of eligibility or coverage (including
115 coordination of benefits or the determination of cost sharing amounts), and adjudication or
subrogation of health benefit claims; (ii) Risk adjusting amounts due based on enrollee health status
and demographic characteristics; (iii) Billing, claims management, collection activities, obtaining
payment under a contract for reinsurance (including stop-loss insurance and excess of loss
insurance), and related health care data processing; (iv) Review of health care services with respect
120 to medical necessity, coverage under a health plan, appropriateness of care, or justification of
charges; (v) Utilization review activities, including precertification and preauthorization of services,
concurrent and retrospective review of services; and (vi) Disclosure to consumer reporting agencies
of any of the following protected health information relating to collection of premiums or
reimbursement: (A) Name and address; (B) Date of birth; (C) Social security number; (D) Payment
125 history; (E) Account number; and (F) Name and address of the health care provider and/or health
plan. 45 CFR 164.501

Protected Health Information (PHI)

130 Individually identifiable personal information in any form or medium about the past, present or
future physical or mental health or condition of an individual, or the past, present or future payment
for the provision of healthcare to an individual, [pursuant to federal and state law]. 45 CFR 160.103

Shall

The action must be taken.

135

Should

It is a recommendation that an action ought to be done, but it is not required.

Treatment

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140 The provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another. 45 CFR 164.501

145 **SCOPE/APPLICABILITY:**

150 This policy applies to HITE-CT, to all persons and organizations who have access to HITE-CT managed health records, including those connected to the HITE-CT HIE (PHCSs), their Business Associates, as well as any subcontractors of Business Associates that perform functions or provide services involving the use and disclosure of PHI, the HITE-CT Infrastructure Service Provider, and any other subcontractors of HITE-CT. This policy applies to all Information provided to or retrieved from the HITE-CT systems.

155 **POLICY:**

Protected health information (“PHI”) shall not be made available on the Exchange for any purposes other than Treatment, Payment, Healthcare Operations, and Public Health as defined by HIPAA, and corresponding to the international standard classifications purposes for processing health information [ISO 14625] :

- 160 • **Treatment**
 - *Clinical care provision to an individual Healthcare Consumer:* To inform persons or processes responsible for providing health care services to the Healthcare Consumer
 - 165 ○ *Emergency care provision to an individual Healthcare Consumer:* To inform persons needing to provide health care services to the Healthcare Consumer urgently treating a condition that poses an immediate and serious threat to the health and safety of the individual, and that requires immediate medical intervention, SEE HITE-CT Access Control Policy and the HITE-CT Affinity Domain Policy for detailed control provisions.
 - 170 ○ *Support of care activities within the provider organization for an individual Healthcare Consumer:* To inform persons or processes enabling others to provide health care services to the Healthcare Consumer.
 - *Healthcare Consumer Uses:* To inform the Healthcare Consumer in support of his or her own interests.
- 175 • **Payment**
 - *Administration of care for an individual Healthcare Consumer:* To inform persons or processes responsible for enabling the availability of resources or funding or permissions for providing health care services to the Healthcare Consumer (e.g. payment).
- 180 • **Operations**
 - *Health service management and quality assurance:* To inform persons or processes responsible for determining the availability, quality, safety, equity and cost-effectiveness of health care services.

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- 185 • **Public Health**
- *Public Health Surveillance, Disease Control:* To inform persons or processes with responsibility to monitor populations or sub-populations for significant health events and then intervene to provide health care or preventive care services to relevant individuals.
 - 190 ○ *Public safety emergency:* To inform persons with responsibility for the protection of the public in a situation in which there is considered to be a significant risk to one or more members of the public, possibly needing to over-ride the policies and consents pertaining to Public Health Surveillance, and Disease Control (examples include: prevention of harm to another, outbreak management, containment of a bio-terrorism attack).
 - 195 ○ *Population health management:* To inform persons or processes with responsibility to monitor populations or sub-populations for health events, trends or outcomes in order to inform relevant strategy and policy.

200 The following uses of HITE-CT systems are not permitted at this time:

- **Research**
 - To support the discovery of generalizable knowledge.
- **Market Studies**
 - To support the discovery of product or organization specific knowledge.
- 205 • **Legal Investigation or Inquiry**
 - To inform persons or processes responsible for enforcing jurisdictional legislation, or undertaking legal or forensic investigation.
- **Education**
 - To support the learning and professional development.
- 210 • **Not Specified or Unknown**
 - Disclosure on the basis of authorizations not requiring a purpose to be declared, or where the purpose is not known, or purposes for which the other categories in this clause do not apply.

215 **Policy Maintenance**

The Legal and Policy Committee is responsible for monitoring and maintenance of policies.