

**Meridian Health Systems ACO**  
**Clinical Process and Patient Centeredness**  
**Quality Assurance and Improvement Program**  
Data Sharing and Confidentiality Policy and Procedure  
A1411\_DataSharing\_04112

**General rules.**

- (a) CMS shares aggregate reports with the ACO.
- (b) CMS shares beneficiary identifiable data with ACOs on the condition that the ACO, its ACO participants, ACO providers/suppliers, and other individuals or entities performing functions or services related to the ACO's activities observe all relevant statutory and regulatory provisions regarding the appropriate use of data and the confidentiality and privacy of individually identifiable health information and comply with the terms of the data use agreement described in this subpart.
- (c) The ACO must not limit or restrict appropriate sharing of medical record data with providers and suppliers both within and outside the ACO in accordance with applicable law.

**Aggregate reports.**

CMS shares aggregate reports with ACOs as follows:

- (a) Aggregate reports are shared at the start of the agreement period based on beneficiary claims data used to calculate the benchmark, and each quarter thereafter during the agreement period.
- (b) These aggregate reports include, when available, the following information, deidentified in accordance with 45 CFR 164.514(b):
  - (1) Aggregated metrics on the assigned beneficiary population.
  - (2) Utilization and expenditure data at the start of the agreement period based on historical beneficiaries used to calculate the benchmark.
- (c)(1) At the beginning of the agreement period, during each quarter (and in conjunction with the annual reconciliation), and at the beginning of each performance year, CMS, upon the ACO's request for the data for purposes of population-based activities relating to improving health or reducing growth in health care costs, process development, case management, and care coordination, will provide the ACO with information regarding preliminarily prospectively assigned beneficiaries whose data was used to generate the aggregate data reports under paragraphs (a) and (b) of this section. The information includes the following: (i) Beneficiary name. (ii) Date of birth. (iii) HICN. (iv) Sex.
- (2) In its request for these data, the ACO must certify that it is seeking the following information:
  - (i) As a HIPAA-covered entity, and the request reflects the minimum data necessary for the ACO to conduct its own health care operations work that falls within the first or second paragraph of the definition of health care operations at 45 CFR 164.501.
  - (ii) As the business associate of its ACO participants and ACO providers/ suppliers, who are HIPAA-covered entities, and the request reflects the minimum data necessary for the ACO to conduct health care operations work that falls within the first or second paragraph of the definition of health care operations at 45 CFR 164.501 on behalf of those participants.

**Meridian Health Systems ACO**  
**Clinical Process and Patient Centeredness**  
**Quality Assurance and Improvement Program**  
Data Sharing and Confidentiality Policy and Procedure  
A1411\_DataSharing\_04112

**Beneficiary-identifiable data.**

Subject to providing the beneficiary with the opportunity to decline data sharing as described in this § 425.708, and subject to having a valid DUA in place, CMS, upon the ACO's request for the data for purposes of evaluating the performance of its ACO participants or its ACO providers/suppliers, conducting quality assessment and improvement activities, and conducting population based activities relating to improved health, will provide the ACO with beneficiary identifiable claims data for preliminary prospective assigned beneficiaries and other beneficiaries who receive primary care services from an ACO participant upon whom assignment is based during the agreement period.

(a) If an ACO wishes to receive beneficiary identifiable claims data, it must sign a DUA and it must submit a formal request for data. ACOs may request data as often as once per month.

(b) The ACO must certify that it is requesting claims data about either of the following:

(1) Its own patients, as a HIPAA covered entity, and the request reflects the minimum data necessary for the ACO to conduct its own health care operations work that falls within the first or second paragraph of the definition of health care operations at 45 CFR 164.501.

(2) The patients of its HIPAA-covered entity ACO participants or its ACO providers/suppliers as the business associate of these HIPAA covered entities, and the request reflects the minimum data necessary for the ACO to conduct health care operations work that falls within the first or second paragraph of the definition of health care operations at 45 CFR 164.501 on behalf of those participants.

(c) The use of identifiers and claims data will be limited to developing processes and engaging in appropriate activities related to coordinating care and improving the quality and efficiency of care that are applied uniformly to all Medicare beneficiaries with primary care services at the ACO, and that these data will not be used to reduce, limit or restrict care for specific beneficiaries.

(d) To ensure that beneficiaries have a meaningful opportunity to decline having their claims data shared with the ACO, the ACO may only request claims data about a beneficiary if—

(1) The beneficiary name appears on the preliminary prospective assignment list found on the initial or quarterly aggregate report, or has received primary care services from an ACO participant upon whom assignment is based (under Subpart E of this part), during the agreement period.

(2) The beneficiary has been notified in writing how the ACO intends to use beneficiary identifiable claims data in order to improve the quality of care that is furnished to the beneficiary and, where applicable, coordinate care offered to the beneficiary; and

(3) The beneficiary did not exercise the opportunity to decline having his/ her claims data shared with the ACO as provided in § 425.708.

**Meridian Health Systems ACO**  
**Clinical Process and Patient Centeredness**  
**Quality Assurance and Improvement Program**  
Data Sharing and Confidentiality Policy and Procedure  
A1411\_DataSharing\_04112

(e) At the ACO's request, CMS continues to provide ACOs with updates to the requested beneficiary identifiable claims data, subject to beneficiary's opportunity to decline data sharing under § 425.708.

(f) If an ACO requests beneficiary identifiable information, compliance with the terms of the data use agreement described in § 425.710 is a condition of an ACO's participation in the Shared Savings Program.

**Minimum necessary data.**

(a) ACOs must limit their identifiable data requests to the minimum necessary to accomplish a permitted use of the data. The minimum necessary Parts A and B data elements may include but are not limited to the following data elements:

- (1) Beneficiary ID.
- (2) Procedure code.
- (3) Gender.
- (4) Diagnosis code.
- (5) Claim ID.
- (6) The from and through dates of service.
- (7) The provider or supplier ID.
- (8) The claim payment type.
- (9) Date of birth and death, if applicable.
- (10) TIN.
- (11) NPI.

(b) The minimum necessary Part D data elements may include but are not limited to the following data elements:

- (1) Beneficiary ID.
- (2) Prescriber ID.
- (3) Drug service date.
- (4) Drug product service ID.
- (5) Quantity dispensed.
- (6) Days supplied.
- (7) Brand name.
- (8) Generic name.
- (9) Drug strength.
- (10) TIN.
- (11) NPI.
- (12) Indication if on formulary.
- (13) Gross drug cost.

**Beneficiaries may decline data sharing.**

(a) Before requesting claims data about a particular beneficiary, the ACO must inform the beneficiary that it may request personal health information about the beneficiary for purposes of its care coordination and quality improvement work, and give the beneficiary meaningful opportunity to decline having his/her claims information shared with the ACO.

**Meridian Health Systems ACO**  
**Clinical Process and Patient Centeredness**  
**Quality Assurance and Improvement Program**  
Data Sharing and Confidentiality Policy and Procedure  
A1411\_DataSharing\_04112

(b) ACOs may contact preliminarily prospective assigned beneficiaries. In writing to request data sharing.

(1) If these beneficiaries do not decline within 30 days after the letter is sent, the ACO may request identifiable claims data from CMS.

(2) These beneficiaries must also be provided a form explaining the beneficiary's opportunity to decline data sharing as part of their first primary care service visit with an ACO participant upon whom assignment is based (under Subpart E of this part) during the agreement period.

(c) For beneficiaries that have a primary care service office visit with an ACO participant who provides primary care services, the ACO must supply the beneficiaries with a written notification explaining their opportunity to decline data sharing. The form must be provided to each beneficiary as part of their first primary care service visit with an ACO participant upon whom assignment is based (under Subpart E of this part) during the agreement period.

(d) The requirements specified in paragraphs (a) through (c) of this section do not apply to the initial identifiable data points that CMS provides to ACOs under § 425.702(d).

(e) CMS does not share beneficiary identifiable claims data relating to treatment for alcohol and substance abuse in accordance with 42 CFR 290dd-2 and the implementing regulations at 42 CFR part 2.

(f) The provisions of this section relate only to the sharing of Medicare claims data between the Medicare program and the ACO under the Shared Savings Program and are in no way intended to impede existing or future data sharing under other authorities.

**Data use agreement.**

(a)(1) Before receiving any beneficiary identifiable data, ACOs must enter into a DUA with CMS. Under the DUA, the ACO must comply with the limitations on use and disclosure that are imposed by HIPAA, the applicable DUA, and the statutory and regulatory requirements of the Shared Savings Program.

(2) If the ACO misuses or discloses data in a manner that violates any applicable statutory or regulatory requirements or that is otherwise noncompliant with the provisions of the DUA, it will no longer be eligible to receive data under subpart H of this part, may be terminated from the Shared Savings Program under § 425.218, and may be subject to additional sanctions and penalties available under the law.

**Meridian Health Systems ACO**  
**Clinical Process and Patient Centeredness**  
**Quality Assurance and Improvement Program**  
Data Sharing and Confidentiality Policy and Procedure  
A1411\_DataSharing\_04112  
**Our Policy and Procedure**

Meridian Health Systems ACO and all the ACO Providers/suppliers and Participants certifies that they are HIPAA-covered entity or associates of a HIPAA-covered entity and will abide by the above listed CMS policy regarding data sharing. All patient centric data will be maintained behind a firewall/Virtual Private Network. User access will be maintained and updated from time to time through the Enterprise Control Panel included in the ICE™ HealthCare Management Information System with full audit trail. ICE™ has a 12-tier security paradigm which offers industry leading confidentiality and control of information. Security "behavior" rules are fully configurable by privileged system administrator(s), without programming, through the underlying knowledge bases. ICE™'s embedded security is fully HIPAA (Health Insurance Portability and Accountability Act of 1996) and supports data compartmentalization down to the level of specific value in any data field.

**Data Analysis and Bench Marking**

Meridian Health Systems ACO plans to use the data as follows:

**1. To evaluate the performance of ACO participants, and ACO providers/suppliers:**

Meridian Health Systems ACO will perform an unparalleled breadth and depth analysis of quality healthcare services data, and provide meaningful insight into safety, efficacy, effectiveness, compliance, and clinical pathways, as well as the economic and patient-reported impact of pharmaceuticals, biotechnologies, and devices on real-world health outcomes, in light of the constant budgetary constraints that will impact the patient population we serve. The Data will assist the Utilization Management (UM) Program Team and other care managers in evaluating the appropriateness, medical need, and efficiency of healthcare services procedures and facilities, according to established criteria and under the provisions of applicable evidence based guidelines.

**2. To conduct quality assessment and improvement activities:**

Meridian proposed to use the data to reform the clinical care process, while orienting our providers and management staff to patient safety issues as well as unprecedented ability to provide accurate and actionable medical information in a secure and private form when and where it is needed-whether by patients themselves, or by the clinicians who care for patient. The end result of this specific initiative will be a heightened awareness of chronic disease management leading to the improved care of other conditions and the beginning of a safety culture. These activities will provide feedback regarding the care delivered as well as outcome measures to be used for future care delivery improvement.

**Meridian Health Systems ACO**  
**Clinical Process and Patient Centeredness**  
**Quality Assurance and Improvement Program**  
Data Sharing and Confidentiality Policy and Procedure  
A1411\_DataSharing\_04112

**3. To Conduct population-based activities to improve the health of our assigned beneficiaries.**

Meridian Health Systems ACO will offer a broad spectrum of population based health outcomes research data analysis ranging from traditional claims-based analyses (retrospective) to the definitive outcomes research design (prospective), that grows as the network expands. Coordinates the compilation of claims-based data from Healthcare providers and ensures data quality, security, and confidentiality. All claims data are converted into a standardized format to provide consistency across provider and or Health plans. These will assist the ACO in

1. Future community outreach program design.
2. Enable greater patient participation in collaborative health services,
3. Facilitate optimum health and safety
4. Promote cooperation with local district policy for communicable disease control,
5. Provide current and accessible medical reports for all health conditions and treatments required during emergencies.
6. Monitoring the disease burden amongst ACO beneficiaries we serve.

**Types of Data Analysis to be performed:**

Here are just some of the types of studies we can design and Implement within the scope of the aggregate data collected.

**a) Benchmarking**

- 1) Compliance and persistence with therapy assessment
- 2) Comparative effectiveness analysis
- 3) Economic evaluation
- 4) Cost-efficacy
- 5) Cost-benefit
- 6) Cost of Illness/Disease
- 7) Epidemiologic studies
- 8) Feasibility assessment for prospective outcomes trials
- 9) Integration of data from clinical trials with claims data in prospective design research
- 10) Intervention impact assessment 11) Market potential assessment

**b) Data Modeling:**

- 1) Disease
- 2) Markov
- 3) Clinical Trial
- 4) Field-ready intervention
- 5) Patient-reported outcomes
- 6) Health-related quality of life
- 7) Satisfaction with therapy
- 8) Adverse events and symptom severity
- 9) Nonprescription drug use 10) Health behaviors

**c) Retrospective administrative (claims) database analysis**

- 1) Risk management and product safety surveillance

**Meridian Health Systems ACO**  
**Clinical Process and Patient Centeredness**  
**Quality Assurance and Improvement Program**  
Data Sharing and Confidentiality Policy and Procedure  
A1411\_DataSharing\_04112

- 2) Treatment prevalence and incidence analysis
- 3) Treatment pattern analysis

**Meridian Health Systems ACO**  
**Clinical Process and Patient Centeredness**  
**Quality Assurance and Improvement Program**  
Data Sharing and Confidentiality Policy and Procedure  
A1411\_DataSharing\_04112

SAMPLE NOTIFICATION LETTER TO THE BENEFICIARY

Date:1/8/2012  
Ms Jane Doe  
123 Excellent Care Blvd  
Anywhere USA 00901

**Your Doctor Is Participating in a New Care Coordination Program**

This letter is to let you know that your doctor is participating in a Medicare Shared Savings Accountable Care Organization (ACO) program.

**We are Working together to Improve Your Care**

An ACO is a group of doctors, hospitals, and health care providers working together with Medicare to give you better service and care. The goal of an ACO is for your doctors to communicate and coordinate your care more effectively with your other health care providers. This ACO partnership will assist your doctor in delivering high-quality care and meeting your unique individual needs and preferences. For more information regarding ACO's please refer to [www.medicare.gov/aco.html](http://www.medicare.gov/aco.html).

**You Can Still See Any Doctor or Hospital**

Your Medicare benefits aren't changing, and this is not a Medicare Advantage plan or HMO plan. You still have the right to use any doctor or hospital who accepts Medicare, at any time. In an effort to provide enhanced care coordination, we can provide you recommendations on selecting a provider or facility for your specific health care needs, but when it comes to your care, it is always your choice that matters.

**You Control Your Personal Information**

To help us give you the right care, in the right place, at the right time, whenever and wherever you needed it, Medicare will start sharing information with us about your care by early April 2012. This information will be historical and include things like visits to doctors or hospitals, medical conditions, and prescriptions you have received in the past and moving forward. Medicare will also share similar information in the future. Having this information will help your doctor and your health care providers and hospitals in our ACO provide the best possible coordinated care, because we will have the most up to date information about your health. Your privacy is very important to us and you control the use of your personal information. Just like Medicare, we have put important safeguards in place to make sure all your medical information is safe.

**You Can Opt-out of Information Sharing**

If you choose , you can decline to have your personal information shared with us by doing one of the following:

**Meridian Health Systems ACO**  
**Clinical Process and Patient Centeredness**  
**Quality Assurance and Improvement Program**  
Data Sharing and Confidentiality Policy and Procedure  
A1411\_DataSharing\_04112

1. Call 1-800-MEDICARE (1-800-633-4227), TTY users should call 1-877-486-2048

If you choose to opt-out, you will miss the care coordination benefits offered through the ACO. Medicare will not share any information with us about treatment you have received for Alcohol and or substance abuse without your permission. To give this permission, you must complete the “Consent for the Release of Confidential Alcohol or Drug Treatment Information” form and return it to us.

Sincerely

Anthony C. Dike, MD, FACP  
Chief Medical officer  
Meridian Health Systems ACO

**Meridian Health Systems ACO**  
**Clinical Process and Patient Centeredness**  
**Quality Assurance and Improvement Program**  
Data Sharing and Confidentiality Policy and Procedure  
A1411\_DataSharing\_04112

**CONSENT FOR THE RELEASE OF CONFIDENTIAL ALCOHOL OR DRUG TREATMENT INFORMATION**

Medicare is working with groups of doctors and medical providers participating in Accountable Care Organization (ACOs). Under this program, Medicare shares information from claims submitted to Medicare to help your doctor(s) and health care providers give you the best possible care.

To protect your privacy, Medicare usually does not share information about alcohol or drug treatment with ACOs. However, having this information can help your doctor better coordinate your care. You can give Medicare permission to include alcohol or drug treatment records in the claims information Medicare shares with ACOs each month.

To give your permission for Medicare to share your alcohol or drug abuse treatment information with Meridian Health Systems ACO, complete this form and return it with the self addressed envelope included with this letter.

**MEDICARE WILL NOT SHARE YOUR ALCOHOL OR DRUG ABUSE TREATMENT INFORMATION UNLESS YOU COMPLETE, SIGN AND RETURN THIS FORM**

**A. Your Rights**

Medicare will not share any information with Meridian Health Systems ACO about alcohol or drug abuse treatment without your permission. You can give Medicare permission to share this information with Meridian Health Systems ACO by completing and returning this form. Your permission will take effect within 60 days and will remain in effect until April 30 2015. Your permission remains in effect unless you notify us that you no longer want Medicare to share this information. You can ask Medicare to stop sharing your information at any time by completing the “Consent to Change Data Sharing Preference” form and submitting it to the address listed in Section D of this form.

[ ] I have read this whole document and understand my rights. I understand that by completing this form, I am giving Medicare permission to share my alcohol or drug abuse treatment information with Meridian Health Systems ACO

Signature\_\_\_\_\_

Full Name\_\_\_\_\_

Date\_\_\_\_\_

**How to Submit this Form**

**Meridian Health Systems ACO**  
**Clinical Process and Patient Centeredness**  
**Quality Assurance and Improvement Program**  
Data Sharing and Confidentiality Policy and Procedure  
A1411\_DataSharing\_04112

Please return this form to the following Address

**Meridian Health Systems ACO**  
c/o Meridian Holdings, Inc  
4477 West 118<sup>th</sup> Street Suite 304  
Hawthorne California 90250

Please contact Medicare at 1-800-MEDICARE or 1-800-633-4227. For TTY users you can call 1-877-486-2048