

Vermont Information Technology Leaders	
Name:	Policy on Secondary Use of Protected Health Information on the VHIE by Health Plans and Accountable Care Organizations (“Secondary Use Policy”)
Type of Document:	Policy
Type of Policy:	VHIE Data Access
Sponsoring Department(s):	Administration
Sponsor:	President & CEO
Approving Official or Body:	CEO & Board of Directors
Effective Date:	May 20, 2024
Review Cycle:	Every three years, and every time a significant change to laws or regulations related to PHI access occurs

Purpose

The purpose of this policy is to specify the requirements relevant to Health Plans and Accountable Care Organizations relative to their access to and use of Protected Health Information (PHI) from the Vermont Health Information Exchange (VHIE).

Scope

This policy applies to all Health Plans and Accountable Care Organizations (ACOs) accessing data on the VHIE; and all subsequent use and disclosure of data obtained from the VHIE. This policy must be incorporated into any Data Use Agreements that VITL enters into that allow for access to VHIE data by Health Plans or ACOs, including contracts with third parties that may make VHIE data available to those entities.

Definitions

“Accountable Care Organization” (“ACO”) shall mean a legal entity that is recognized and authorized under applicable state and federal law, is identified by a tax identification number, and is formed by one or more providers that agree to work together to be accountable for providing coordinated high quality care to patients as established and authorized by the applicable federal, state or private health plan program contracting with the ACO.

“Authorized Users” means individuals designated by a Health Plan or ACO who are authorized to access or use VHIE Data for the purposes described in the Data Use Agreement between VITL and either the Health Plan or ACO.

“Data” means the patient record data elements relevant to the scope of work of VITL pursuant to its VHIE Service Agreements with Participating Health Care Organizations to make such elements available on the VHIE and includes all written or electronic patient information relating to the patient’s identity or to the patient’s medical history, diagnosis, treatment, tests or prognosis which is accessible to Participating Health Care Organizations in the VHIE, and otherwise obtained from the VHIE. Data is Protected Health Information, which may include, but not be limited to, admission, discharge, transfer, medical, prescription, billing, and/or other data for patients seen, or provided laboratory services or prescription medication, at a Health Care Organization’s facilities or offices.

“Data Use Agreement” means the agreement between VITL and a Health Plan or ACO that authorizes the Health Plan or ACO to access and/or use Data as described in the Data Use Agreement.

“Health Care Operations” shall have the definition assigned to it by the HIPAA Privacy and Security Regulations at 45 C.F.R. § 164.501 except that it and shall be limited to the following activities:

1. Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines (not research);
2. Patient safety activities;
3. Population-based activities relating to improving health or reducing health care costs;
4. Protocol development; and
5. Case management and care coordination.

Appendix A includes a table that specifies the allowed and unallowed uses of VHIE Data for Health Care Operations purposes by Health Plans and ACOs under this Policy.

“Health Plan” shall mean a group health plan, health insurance company, health maintenance organization, a government health program, employee health benefit plan or other third party payer of health care as defined in the HIPAA Privacy Regulations, 45 CFR 160.103 and who qualify as a Covered Entity under 45 CFR 160.103.

“HIPAA Privacy and Security Regulations” means the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164 and the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Parts 160 and 164.

“Participating Health Care Organization” means a hospital, medical practice, physician practice, home health care agency or other health care provider, who has entered into a VHIE Services Agreement with VITL to participate in the exchange of Data on the VHIE.

“Protected Health Information” (“PHI”) shall mean identifiable personal information in any form or medium about the past, present or future physical or mental health or condition of

an individual as defined in the HIPAA Privacy Regulations, 45 CFR § 160.103.

“Payment” shall have the definition assigned to it by the HIPAA Privacy and Security Regulations at 45 C.F.R. § 164.501 including precertification and preauthorization of services. Payment does not include the use of Data for post-payment audits of services rendered, or for any disclosures to consumer reporting agencies.

“Treatment” shall have the definition assigned to it by the HIPAA Privacy and Security Regulations at 45 C.F.R. § 164.501, namely the provision, coordination, or management of health care and related services by one or more health care providers, including but not limited to, services for the diagnosis, prevention, cure or relief of a health care injury or disease. It may also include 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.

“Vermont Health Information Exchange”, or “VHIE,” means the Vermont Health Information Exchange, an integrated electronic health information infrastructure for the sharing of PHI and Data among Participating Health Care Organizations operated by VITL.

Policy

Secondary Use of Protected Health information (PHI) Data

Consistent with the current Protocols for Access to Protected Health Information on VHIE, which are included in the annual Health Information Exchange Strategic Plan that is developed by the Agency of Human Services and approved by the Green Mountain Care Board, and as updated each year. Data as defined herein shall be made available for secondary use as authorized by this policy unless the patient has affirmatively elected not to have the patient’s electronic health information shared on the VHIE (opted out).

1. VITL may make Data of a Health Plan’s or ACO’s beneficiaries or attributed lives available from the VHIE to Health Plans or Accountable Care Organizations for purposes related to Treatment, Payment, and Health Care Operations, as defined above and in Appendix A, under a Data Use Agreement between VITL and a Health Plan or Accountable Care Organization.
2. VITL may make Data available from the VHIE to Health Plans or Accountable Care Organizations for the purpose of populating a clinical or health registry or other system for a use that is authorized by this policy. The requirements of this policy and other applicable VHIE requirements will continue to apply to the Data after it has been used to populate a registry or system unless the continued application of such requirements is incompatible with intended use of the Data such as providing the Data to the individual who is the subject of the information.
3. The VITL Board of Directors may authorize a Data Use Agreement where a Health Plan or

ACO proposes a Secondary Use of Data that is not explicitly authorized by this policy as long as such use is otherwise consistent with the Permissible Purposes of the use of VHIE Data as defined by VITL policies and agreements with Health Care Organizations.

VITL Approval and Data Use Agreements

In the event that access to Data on the VHIE is requested by a Health Plan or Accountable Care Organization (“Recipient Organization”), VITL may authorize the Recipient Organization access to Data on the VHIE for its beneficiaries or attributed lives who receive treatment in Vermont so long as it enters into a written VHIE Data Use Agreement with VITL. The Data Use Agreement authorizes the proposed use and obligates the Recipient Organization to the following provisions:

1. to use and limit access to the Data only for its beneficiaries or attributed lives for purposes related to Treatment, Payment and Health Care Operations, including Quality Review, subject to minimum necessary requirements as provided in the HIPAA Privacy and Security Regulations;
2. to use and maintain appropriate safeguards to prevent use, access, or disclosure of VHIE Data other than as permitted by the Data Use Agreement or required by law;
3. to comply with the HIPAA Privacy and Security Regulations and all other applicable federal and state laws and regulations protecting the confidentiality of PHI;
4. to designate staff or authorized users, as specified in the Data Use Agreement, who may access VHIE Data for permitted purposes as described in this Policy;
5. to provide information regarding any registry or system that would be populated by VHIE Data, including the access, use, and administrative and technical safeguards that would apply to VHIE data;
6. to maintain policies and procedures for the appropriate access, training, and discipline of staff with regard to access to the VHIE;
7. to maintain policies and procedures to prohibit any discrimination against an individual who has opted out of the VHIE;
8. to acknowledge that no Data for care for which an individual has self- paid and that is subject to the individual’s requested restriction to prevent disclosure to a Health Plan will be released from the VHIE;
9. to update its Notice of Privacy Practices and/or beneficiary information, to describe its use of Data from the VHIE for Treatment, Payment, or health care operation purposes relating to its beneficiaries or attributed lives only;
10. to agree that it is prohibited from processing, transmitting, storing or transferring any Data from the VHIE by any means outside the United States, without the express written permission of VITL;
11. to comply with applicable VITL policies and procedures as updated from time to time; and
12. to agree to update its Data Use Agreement with VITL when necessary to comply with any changes to the terms and conditions for accessing Data on the VHIE as provided in the Participating Health Care Organization VHIE Services Agreement or with any requirements of the Green Mountain Care Board or other Vermont Agency or as a result of changes in state or federal law.

Enforcement

Any entity or individual who is subject to a Data Use Agreement, or any employee, vendor, client, or contractor found to have violated this policy may be subject to access termination, disciplinary action, and/or legal action.

References

Agency of Human Services, Health Information Exchange Strategic Plan, <https://gmcboard.vermont.gov/health-information-technology/health-it-plan>

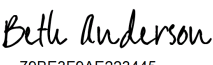

HIPAA Health Care Operations, 45 CFR § 164.501

HIPAA Covered Entity, Health Plan, Protected Health Information, 45 CFR § 160.103

Review and Revision History

Date	Changes Made	Completed By
05/20/2027	Next Review Due	Scheduled
05/20/2024	Approval by VITL Board	VITL Board of Directors
05/13/2024	Policy updated to reflect expanded use of data, moved to new template	Beth Anderson
11/23/2021	Last update approved	VITL Staff

Approvals

Reviewed by Sponsor DocuSigned by:  79BE3F9AE223445	Date 5/22/2024
Approved by CEO DocuSigned by:  B006C61ABA274D3	Date 5/22/2024
Approved by Board of Directors	Date

Appendix A to VITL Secondary Use Policy

Access, Use and Disclosure of Data on the VHIE for Health Care Operations by Health Plans and Accountable Care Organizations

Operations as defined by HIPAA 45 CFR 501 Administrative, financial, legal, and quality improvement activities of a covered entity that are necessary to run its business and support the core functions of treatment and payment.	ACO	Health Plan
A. Quality assessment and improvement		
1. Outcomes evaluation and development of clinical guidelines (not research)	Yes	Yes
2. Patient safety activities	Yes	Yes
3. Population-based activities relating to improving health or reducing health care costs	Yes	Yes
4. Protocol development	Yes	Yes
5. Case management and care coordination	Yes	Yes
6. Contacting providers and patients with information about treatment alternatives	No	No
B. Review and training of health care professionals	No	No
1. Review of competence or qualifications of health care professionals	No	No
2. Evaluating practitioner and provider performance	No	No
3. Evaluating health plan performance	No	No
4. Conducting training programs in which trainees learn under supervision	No	No
5. Accreditation	No	No
6. Certification	No	No
7. Licensing	No	No
8. Credentialing activities	No	No
C. Health insurance management		
1. Underwriting	No	No
2. Enrollment	No	No
3. Premium Rating	No	No
4. Activities related to creation, renewal, or replacement of a contract for health insurance or benefits	No	No
5. Contracting for reinsurance or risk relating to claims for health care including stop-loss insurance (except no use of genetic information)	No	No
D. Conducting medical review, legal services, and auditing including fraud and abuse detection	No	No
E. Business planning and development	No	No
1. Cost management and planning related analyses related to managing an entity	No	No
2. Formulary development and administration	No	No
3. Development or improvement of payment methods or coverage policies	No	No
F. Business management	No	No

1. Management activities	No	No
2. Customer service including data analyses for policy holders, plan sponsors, other customers	No	No
3. Resolution of internal grievances	No	No
4. Sale, transfer, merger, consolidation of all or part of CE with another CE	No	No
5. Creation of de-identified health information or limited data set, or fundraising for Covered entity	No	No