

## **URGENT ALERT**

### **Minnesota Department of Health is Planning to Steal Your Private Medical Data to Conduct Government Health Surveillance, Control Your Doctors and Ration Your Health Care**

The Minnesota Department of Health (MDH) sought for and received access to patient “encounter data” in the 2008 health care reform law. The law (SF 3780/Chapter 358) authorizes *expedited review*, stripping away from citizens their right to have a public hearing about the proposed rules to collect and use medical record and insurance eligibility data. Expedited review is used to disempower the public. The last time MDH tried to implement this data collection in 2002, the public was outraged, a public hearing was held, and the rule was withdrawn in 2003.

MDH has contracted with the Maine Health Information Center (MHIC) for the collection and warehousing of Minnesotan’s medical data. The Center expects to begin collecting data in June 2009. The proposed MDH rule, yet to be published, will require all reporters of data (insurers, etc.) to send private patient data to the MHIC, where the MN Department of Health will have full online access to it for various surveillance, profiling and reporting purposes. Treatment decisions will be analyzed and physicians scored according to the department’s determination of “cost, quality, value and efficiency.” Physicians will be listed in “peer groups” and patients will be encouraged only to see the “high quality, low cost” doctors. Patient and subscriber names will be loosely deidentified because the Department thought the stronger procedure in the federal HIPAA rule was “overly conservative,” potentially enabling re-identification.

Bottomline, this data will be used to centralize decision-making in the health department and financially penalize physicians who fail to comply with MDH’s definitions of one-size-fits-all “evidence-based medicine.”

**The deadline for public comments is Friday, February 6, 2009.** The Chief Administrative Law Judge will receive the public’s comments for his consideration in deciding whether or not to approve the rule. However, citizens are not allowed to request a public hearing on the rule. Comments are important. *The Minnesota legislature may however overturn the law, or amend it if enough outrage is expressed by the public!*

To Comment on the Proposed “MDH Collection and Use of Patient ‘Encounter Data’ (M.S. 62U.04)”

Email:

will.wilson@state.mn.us

Or by Mail:

Minnesota Department of Health  
Division of Health Policy  
65 East Seventh Place, Suite 220  
St. Paul, MN 55164-0882  
Attn: Will Wilson

*Please include your name, address, and phone number.*

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## THE DATA THEY PLAN TO STEAL

### Sources of the Data:

- Insurers must send one insurance record for each covered member for each month eligible for services (eg. 24 records sent for a family of four covered January to June 2008)
- Insurers must send a record of every medical encounter and every prescription filled.
- Third Party Payers (insurers, employers, Medicare, Medicaid) must send a record of every medical encounter and every prescription filled.
- Pharmaceutical Benefit Managers (PBMs) working for health plans and others must send a record of every medication filled.

### The Actual Data To Be Taken, Analyzed & Linked into Doctor *and* Patient Profiles:

Insurance/Eligibility

*One record per member sent per month*

- Payer
- National Plan ID

**Data Elements Taken from** “Minnesota Health Care Claims Reporting System Data Element Recommendations,” January 16, 2009, Maine Health Information Center (Manchester, ME, contractor for the Minnesota Department of Health)

- Insurance type (HMO, PPO, Fee for Service)
- Year
- Month
- Coverage Level
- Plan Specific Contract Number
- Member Suffix or Sequence Number
- Gender
- Relationship of patient to health plan subscriber
- Date of Birth (to calculate age)
- City
- State
- Zip code (to assign geographic area)
- Medical Coverage
- Prescription Drug Coverage
- Primary Insurance Indicator
- Medical Home Assigned – yes or no
- Subscriber First Name
- Subscriber Last Name
- Subscriber Middle Initial
- Member Last Name
- Member First Name
- Member Middle Initial
- Record Type

Medical Record Data

*One record sent to MHIC for each reimbursed service*

- Payer
- National Plan ID
- Insurance Type/Product Code
- Payer Claim Control Number
- Line Counter
- Version Number
- Plan Specific Contract Number
- Member Suffix or Sequence Number
- Individual Relationship Code (child, spouse, etc.)
- Member Gender
- Member Date of Birth
- Member City Name
- Member State
- Member Zip Code
- Date Service Approved
- Admission Date

**Data Elements Taken from** *“Minnesota Health Care Claims Reporting System Data Element Recommendations,”* January 16, 2009, Maine Health Information Center (Manchester, ME, contractor for the Minnesota Department of Health)

- Admission Hour
- Admission Type
- Admission Source
- Discharge Hour
- Discharge Status
- Service Provider Number
- Service Provider Tax ID Number
- National Service Provider ID
- Service Provider Entity Type Qualifier
- Service Provider First Name
- Service Provider Middle Name
- Service Provider Last Name or Organization Name
- Service Provider Suffix
- Service Provider Specialty
- Service Provider City Name
- Service Provider State or Province
- Service Provider Zip code
- Type of Bill – Institutional
- Site of Service on professional claim
- Claim Status
- Admitting Diagnosis
- E-Code (describes an injury, poisoning or adverse effect)
- Principal Diagnosis
- Diagnosis
- Other Diagnosis - 1
- Other Diagnosis - 2
- Other Diagnosis - 3
- Other Diagnosis - 4
- Other Diagnosis - 5
- Other Diagnosis - 6
- Other Diagnosis - 7
- Other Diagnosis - 8
- Other Diagnosis - 9
- Other Diagnosis - 10
- Other Diagnosis - 11
- Other Diagnosis - 12
- Revenue Code (National Uniform Billing Committee Codes)
- Procedure Code
- Procedure Modifier – 1
- Procedure Modifier – 2
- ICD-9-CM Procedure Code
- Date of Service - from
- Date of service - Thru

**Data Elements Taken from** *“Minnesota Health Care Claims Reporting System Data Element Recommendations,”* January 16, 2009, Maine Health Information Center (Manchester, ME, contractor for the Minnesota Department of Health)

- Quantity – count of services performed
- Charge Amount
- Paid Amount
- Prepaid Amount
- Coopay Amount
- Coinsurance Amount
- Deductible Amount
- Discharge Date
- Service Provider Country Name
- Billing Provider Number
- National Billing Provider ID
- Billing Provider Last Name
- Referring Provider Number
- Referring Provider Tax ID Number
- National Referring Provider ID
- Referring Provider First Name
- Referring Provider Middle Name
- Referring Provider Last Name
- Subscriber Last Name
- Subscriber First Name
- Subscriber Middle Initial
- Member Last Name
- Member First Name
- Member Middle Initial
- Record Type (ie. “Medical Claim”)

Pharmacy/Medication Data

*One record sent to MHIE without patient consent for each filled prescription*

- Payer
- Plan ID
- Insurance Type/Product Code
- Payer Claim Control Number
- Line Counter
- Plan Specific Contract Number
- Member Suffix or Sequence Number
- Individual Relationship Code
- Member Gender
- Member Date of Birth
- Member City Name
- Member State
- Member Zip Code
- Date Service Approved

**Data Elements Taken from** *“Minnesota Health Care Claims Reporting System Data Element Recommendations,”* January 16, 2009, Maine Health Information Center (Manchester, ME, contractor for the Minnesota Department of Health)

- Pharmacy Number
- Pharmacy Tax ID Number
- Pharmacy Name
- National Pharmacy ID Number
- Pharmacy Location City
- Pharmacy Location State
- Pharmacy Location Zip code
- Pharmacy Country Name
- Claim Status
- Drug Code
- Drug Name
- New Prescription or Refill
- Generic Drug Indicator
- Dispense as Written Code
- Compound Drug Indicator
- Date Prescription Filled
- Quantity Dispensed
- Days Supply
- Charge amount
- Paid amount
- Ingredient cost/List Price
- Postage amount claimed
- Dispensing fee
- Copay amount
- Coinsurance Amount
- Deductible Amount
- Prescribing Physician First Name
- Prescribing Physician Middle Name
- Prescribing Physician Last Name
- Prescribing Physician DEA Number
- Prescribing Physician National Provider ID number
- Subscriber Last Name
- Subscriber First Name
- Subscriber Middle Initial
- Member Last Name
- Member First Name
- Member Middle Initial
- Record Type
- Date prescription filled
- Prescribing provider
- Drug Enforcement Administration number
- National prescribing provider ID
- Name of provider

**Data Elements Taken from** *"Minnesota Health Care Claims Reporting System Data Element Recommendations,"* January 16, 2009, Maine Health Information Center (Manchester, ME, contractor for the Minnesota Department of Health)

### Information Not Collected<sup>1</sup>

- Services provided to uninsured
- Fully denied claims
- Workers' compensation bills
- Premium information
- Administrative fees
- Test results from lab work, imaging, etc. ["We can tell you an A1c [blood test] was administered, but we can't tell you the result" –Maine Health Information Center presenter]

### Summary<sup>2</sup>

- Eligibility data
  - One record for each member for each covered month whether services were received that month or not
- Medical claims
  - One record for each billed service eligible for payment by data reporter or member through co-pay, coinsurance or deductible
- Pharmacy claims
  - One record for each filled prescription eligible for payment by data reporter or member through co-pay, coinsurance or deductible.

### **SIDE NOTE:**

It was mentioned during the January 29<sup>th</sup> public meeting, attended mostly by government officials and industry employees, that the Minnesota Department of Health is developing a **Master Patient Index**. The MPI is essentially a triangulation tool, allowing health officials to use various data to identify the medical records of individuals wherever they are and link them all together into one comprehensive medical record on each individual.

Why would MDH want a comprehensive medical record on each citizen? For unconsented medical and genetic research on the Minnesota public.

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<sup>1</sup> 1/29/09 MHCCRS Stakeholder Meeting Powerpoint

<sup>2</sup> 1/29/09 MHCCRS Stakeholder Meeting Powerpoint