Health Current  
Data Submission Policy

I. Purpose
This Policy describes the formatting requirements and restrictions on submitting Data to Health Current. This Policy sets forth the obligations that apply to a Participant that is a “Data Supplier,” in addition to the obligations set forth in the Health Current Participation Agreement. This Policy does not apply to a Participant that is only a “Data Recipient.”

II. Definitions
Unless otherwise defined in this Policy, all capitalized terms in this Policy will have the same meaning as provided under HIPAA or in the Health Current Participation Agreement, both as amended from time to time.

**Advanced Directive** means a legal document signed by a living competent person in order to provide guidance for medical and healthcare decisions in the event that the person becomes incompetent to make such decisions.

**Applicable Law** means federal, state and local statutes and regulations that are applicable to Participants in the HIE, or those applicable to Health Current.

**Claims Data** means those standard transactions between two parties to carry out financial or administrative activities related to healthcare, including bills sent by healthcare providers to a health plan to request payment for medical services and payment of such bills by a health plan.

**Data** means any information transmitted to the HIE by Data Suppliers, including but not limited to Protected Health Information (PHI).

**Data Recipient** means the legal entity that has entered into a Participation Agreement and whose Authorized Users will access or retrieve Data using the HIE.

**Data Supplier** means an entity that makes Data available for access through the HIE and has entered into a Participation Agreement.

**Genetic Information** includes, but is not limited to, an individual’s genetic tests; the genetic tests of family members of the individual, including any fetus carried and embryo legally held for utilization in assisted reproductive technology; the manifestation of a disease or disorder in family members of such individual; any request for, or receipt of, genetic services, or participation in clinical research which includes genetic services, by the individual or any family member of the individual. Genetic tests include, but are not limited to, analysis of DNA, gene products or chromosomes that indicates a propensity for or susceptibility to illness, disease, impairment or other disorders, whether physical or mental, or that demonstrates genetic or chromosomal damage due to environmental factors, or carrier status for a disease or disorder. Genetic Information excludes information about the sex or age of any individual.
HIPAA means the Health Insurance Portability and Accountability Act and its implementing regulations, all as amended from time to time.

HIPAA-Restricted Self-Pay Data means Data pertaining to a healthcare item or service for which a patient has fully paid for out-of-pocket and which the patient requested not to be disclosed to a health plan.

Part 2 Data means information protected by the federal Confidentiality of Substance Use Disorder Patient Records regulations at 42 C.F.R. Part 2, called the Part 2 regulations. The Part 2 regulations apply to information obtained from Part 2 Programs that would identify an individual as a substance abuser either directly or by reference to publicly available information, or through verification of such an identification by another person.

Part 2 Program is a federally-assisted individual or entity (including an identified unit within a general medical facility) that holds itself out as providing, and provides, substance use disorder treatment. A Part 2 Program also includes federally-assisted medical personnel or staff in a general medical facility whose primary function is providing substance use disorder treatment and who are identified as such providers. A Participant is federally-assisted if it is run in whole or part by the federal government, is carried out under a license or other authorization granted by the federal government, is supported by federal funds, or is a 501(c)(3) non-profit organization or otherwise assisted by the IRS with income tax deductions for contributions to the program or through the granting of tax exempt status.

Participant means a person or a legal entity that has signed a Health Current Participation Agreement.

Physical and General Behavioral Health Data means all Data related to a patient’s physical or mental health or condition, excluding Part 2 Data.

Psychotherapy Notes means notes recorded (in any medium) by a healthcare provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual’s medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: Diagnosis; functional status; the treatment plan; symptoms; prognosis; and progress to date.

III. Acceptable Data Format

Health Current can accept Data in the following formats:

1. HL7 V2
2. HL7 V3
3. Claims Claims Line Feed (CCLF) (claims data only)
4. EDI/X12 (claims data only)
5. Flat file formats (e.g., comma delimited)
IV. Types of General Data Submissions

Subject to the restrictions in Section V (Prohibited Data Submissions) and Section VI (Requirements for Protected Data Submissions), all Participants may submit Data to the HIE including, but not limited to:

- **Physical and General Behavioral Health Data; Part 2 Data.** Participants may submit Physical and General Behavioral Health Data and Part 2 Data to the HIE. As an example, this may include laboratory and radiology results; admission, discharge and transfer information (ADTs); certified clinical documents (CCDs); allergies; procedures; medications; immunizations; treatment plans; progress notes; social history; vital signs; family history; history of past illness; payors; complications; functional status; crisis line phone calls; incarceration history; and other health-related documents.

- **Advanced Directives.** Participants may submit the following types of Advanced Directives, including, but not limited to: living wills; general powers of attorney; healthcare powers of attorney; and mental healthcare powers of attorneys. See Title 36, Chapter 32 of the Arizona Revised Statutes.

- **Claims Data.** Participants may submit Claims Data.

These Data submissions must be formatted as required by this Policy and are subject to any and all restrictions and limitations as required by Applicable Law and this Policy. For public health reporting purposes, Data submissions must conform to any additional standards required by the public health authority receiving the Data.

V. Prohibited Data Submissions

Applicable Law limits the circumstances under which certain types of Data may be disclosed to the HIE or that may be disclosed through the HIE to Participants. Because of these legal restrictions, Participants must **NOT** submit the following types of Data to the HIE in any form:

- Genetic Information;

- Psychotherapy Notes;

- Immunization information of children where the parent has provided Participant with a form that prohibits disclosure of the immunization information under A.R.S. § 36-135(I); and

- Any other Data that Participant is not permitted by Applicable Law to disclose to Health Current.

VI. Requirements for Protected Data Submissions

A. Part 2 Data
Federal law gives greater confidentiality protection to Part 2 Data. Health Current must segregate the Part 2 Data to comply with these more restrictive legal requirements. Due to the current state of technology and medical record keeping practices, it is often impossible to separate Part 2 Data from Physical and General Behavioral Health Data that flows from Part 2 Programs. Thus, Health Current segregates all Data flowing from Part 2 Programs, unless the Participant is able to segment the Data appropriately. Participants are required to inform Health Current whether they have a Part 2 Program and must notify Health Current before they provide Part 2 Data so that Health Current can properly segregate that Data.

Requirements for Part 2 Programs: A Participant must notify Health Current in writing if it operates a Part 2 Program before submitting any Data to the HIE.

Requirements for All Other Participants: Participants that are not Part 2 Programs but are in possession of Part 2 Data must NOT disclose the Part 2 Data to Health Current without (1) a mechanism to segregate that Part 2 Data; and (2) advance consent of Health Current to receive the Part 2 Data.

How to Give Notification: Participants must notify their Health Current Account Manager of their status as a Part 2 Program in writing. Participants that are not Part 2 Programs may seek advance consent from Health Current to send Part 2 Data to Health Current.

B. HIPAA-Restricted Self-Pay Data

HIPAA provides a right to individuals to ask their healthcare providers not to disclose PHI to health plans, where individuals have paid for healthcare services in full out-of-pocket and the PHI relates to those healthcare services. In order for the Data Supplier and Health Current to comply with such restrictions, the Data Supplier must notify Health Current of HIPAA-Restricted Self-Pay Data.

Requirements for HIPAA-Restricted Self-Pay Transactions: A Data Supplier must notify Health Current of HIPAA-Restricted Self-Pay Data at the time of submission to Health Current. If an individual designates Data as HIPAA-Restricted Self-Pay Data after the Data Supplier has supplied that Data to Health Current, Data Supplier must promptly notify Health Current of the new designation.

How to Notify Health Current: Data Supplier must:

1. Determine the language Data Supplier will use to flag HIPAA-Restricted Self-Pay Data (e.g., “HIPAA-Restricted Self-Pay,” or alternative language selected by Data Supplier);
2. Notify their Health Current Account Manager of the language Data Supplier will use to flag HIPAA-Restricted Self-Pay Data; and
3. Ensure that all HIPAA-Restricted Self-Pay Data submitted to Health Current is tagged with the designated flag.

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