

Analytic Services Request



Green Mountain Care Board
144 State Street
Montpelier, VT 05602
802-828- 2177
gmcboard.vermont.gov



The Green Mountain Care Board (GMCB) can assist organizations and individuals with requests for analytic and information services. Services may be directly provided by the GMCB or requestors may be referred to vendors approved to use the GMCB's data resources to support requests. The GMCB may require requestors to obtain a data use agreement (DUA) if requests could result in the disclosure of data subsets and tables with restricted data elements as identified by rule. Vendors may charge fees for the provision of analytic services that are not provided by GMCB. This may include developing specifications for analytics and reporting output.

Requestor Information

Name:
Title (if applicable):
Agency/Organization Affiliation:
Contact Email Address:
Contact Phone #:
Date of Request:
Estimated Deadline for Receipt of Services:

Data Sources for Analysis and Information Requested

YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE <input type="checkbox"/>	VHCURES (Vermont Healthcare Claims Uniform Reporting & Evaluation System) http://gmcboard.vermont.gov/health-data-resources/vhcures	Eligibility and Claims Data: Commercial <input type="checkbox"/> Medicaid ¹ <input type="checkbox"/> Medicare ² <input type="checkbox"/>
YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE <input type="checkbox"/>	VUHDDS (Vermont Uniform Hospital Discharge Data Sets) http://www.healthvermont.gov/health-statistics-vital-records/health-care-systems-reporting/hospital-discharge-data	Hospital Discharge File Type: Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Emergency Department <input type="checkbox"/>
OTHER (Please describe):		

¹ The Department of Vermont Health Access (DVHA) must approve uses and disclosure of Medicaid data.

² Medicare data may only be used for research directed and partially funded by the state of Vermont.

Research Question(s) and Specifications

Questions/Data Queries	Data Date Range	Technical considerations including filtering, exclusions, grouping, etc.

Are you interested in consulting with GMCB analytics staff for technical assistance specifying your final request?

- NO
- YES- Email gmc.data@vermont.gov to schedule a consultation.

Requested Reporting Format

- I have attached a sample file layout for reporting output to this request (See Reference Table: Schedule of Available Data)
- I would prefer that GMCB or approved vendor assist with the design for the reporting output

Requirements Signature Section

The person signing this request hereby represents that he or she is authorized by the organization on whose behalf he or she is signing to enter into this agreement to comply with the requirements of the GMCB delineated below.

I, _____ (the Requestor) agree to the following requirements if this request for analytic and information services is approved by the GMCB:

I will obtain prior approval of GMCB if I wish to expand the scope of analytic and reporting services beyond the initial agreement if services are provided by external vendors approved by GMCB to fulfill this request.

I will acknowledge the Green Mountain Care Board and VHCURES (or VUHDDS) as the data source in public reports, publications, presentations, or other materials generated from the analytic services provided under an agreement with GMCB.

I will prominently state in written materials, publications, and presentations that the analyses, conclusions, and recommendations drawn from this request for analytics and information services are solely those of the Requestor or the Requestor's affiliated organization and are not necessarily those of GMCB.

Requestor (Must be the same individual identified under Requestor Information on this request form)

Requestor's Signature: _____

Requestor's Name: _____

Date: _____

Route this request form to: gmcb.data@vermont.gov

GMCB Use Only

Date request received: _____

GMCB staff initials: _____

Date GMCB decision on request communicated to requestor: _____

Referred for internal fulfillment: YES NO

Referred for vendor fulfillment: YES NO

Date request fulfilled by GMCB (if applicable): _____