

# **GMCB Data Governance Council Staff Updates**

**October 3, 2023**

# Proposed Changes to Data Reporting Manual



# Process

When	What
10/3/2023	Data Governance Council meeting to present draft proposed changes, discuss, revise
By end of CY 2023	GMCB posts notice of proposed revisions, sends notice to affected submitters, starts 30-day public comment period, holds public hearing
DGC regular meeting (2/6, or 4/2/2024)	DGC meeting to VOTE on manual changes
Summer 2024 Implementation	If approved, GMCB Staff and vendor work to revise and publish Reporting Manual and Submission Guide.  Submitters start reporting new elements at minimum 120 days after vote to approve.

# Data Reporting Manual



## Summary of Proposed Additions for VHCURES Data Submitters:

Element	Description
<b>Voluntary Submission Flag</b>	Flag for voluntary submitted self-funded plans.
<b>High Deductible Plan Indicator</b>	High deductible plan as defined by the IRS at start of plan year.
<b>In Plan Network Indicator</b>	Specifies if the provider is within the health plan network.
<b>Plan State</b>	The state in which the plan is sold/sitused.
<b>Billing Provider Tax ID (to replace rendering provider tax ID)</b>	The federal taxpayer identification number of the billing provider.
<b>Attending provider NPI</b>	The NPI of the attending provider on an institutional claim.
<b>Purchased Through Exchange Indicator</b>	Whether or not the policy for this eligibility record was enrolled through Public Health Insurance Exchange.
<b>Exchange Metallic Tier Code</b>	Health benefit plan metal tier for qualified health plans (QHPs) and catastrophic plans as defined in the Patient Protection and Affordable Care Act, Public Law 111-148, Section 1302: Essential Health Benefits Requirements.
<b>ICD Procedure codes 2-6</b>	Additional ICD procedure codes as listed sequentially on inpatient claims only.
<b>Procedure modifiers 3 &amp; 4</b>	Indicates that a service or procedure has been altered by some specific circumstance but has not been changed in its definition or code.

# Discussion



# Overview of Data Integration Activity



# Open Meeting Law Reminder

## 5.1 Board Sponsorship and Vermont Open Meeting Law

On September 4, 2014, the Board approved the development of a data governance program and the formation of the Council to implement the program. With this approval, the Council will act as a public body within the definition of Vermont Open Meeting Law, since it is a committee of the Board. All meetings of the Council will comply with the Open Meeting Law requirements and will be open to the public. To meet these requirements, the Council will ensure:

- Advance public notice of all meetings. The schedule of meetings (with details on meeting date, time and location, etc.) will be made available to the public on the GMCB and Vermont Department of Libraries websites;
- Any gathering of a quorum of the voting members of the Council, for the purpose of discussing the business of the Council or taking action, will be held as a publicly noticed open meeting;
- The same procedures that guide how internal communications are conducted with the Board apply to the voting members of the Data Governance Council;
- Agendas are posted 48 hours in advance for all meetings;
- Special meetings will be announced at least 24 hours before the meeting;
- To the extent possible, the meeting agenda will indicate if the Council will be taking action on a particular topic;
- Minutes taken at meetings are made available five (5) days after each meeting;
- The opportunity for public comment (subject to reasonable rules, 1 V.S.A. § 312(h)) is made available at each meeting;
- Responses to alleged violations of the law are made in a timely manner 1 V.S.A. § 314(b);
- Documents created by and for the Council should be marked "For Discussion Only" while the document is being developed, or if the intent of the document is solely to support a discussion during a Council meeting. As the document approaches a draft for review by the Council, it should then be marked as "Draft". Documents that are final should not contain either of the aforementioned watermarks;
- Only final versions of documents are posted to the GMCB website. Other documents may be made available to the public upon request; and
- Working documents created for discussion by the Council will be maintained according to the Green Mountain Care Board records retention schedule.

[Data Governance and Stewardship Charter](#)

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# Act 167

Sec. 5. 18 V.S.A. § 9410 is amended to read:  
§ 9410. HEALTH CARE DATABASE

~~(e) Records or information protected by the provisions of the physician-~~

~~patient privilege under 12 V.S.A. § 1612(a), or otherwise required by law to be~~

~~held confidential, shall be filed in a manner that does not disclose the identity of the protected person. [Repealed.]~~

This repeal allowed the GMCB to change data submission into VHCURES by requiring submitters to submit data with direct identifiers (not hashing the identifiable data before submitting).

**GMCB's intent with this change was to simplify linkage to other data sources and improve match rates with integrated/linked data files.**



# Act 167



## Sec. 4. HEALTH INFORMATION EXCHANGE STEERING COMMITTEE; DATA STRATEGY

The Health Information Exchange (HIE) Steering Committee shall continue its work to create one health record for each person that integrates data types to include health care claims data; clinical, mental health, and substance use disorder services data; and social determinants of health data. In furtherance of these goals, the HIE Steering Committee shall **include a data integration strategy in its 2023 HIE Strategic Plan to merge and consolidate claims data in the Vermont Health Care Uniform Reporting and Evaluation System (VHCURES) with the clinical data in the HIE.**

# How to Proceed



*“...merge and consolidate claims data in the Vermont Health Care Uniform Reporting and Evaluation System (VHCURES) with the clinical data in the HIE”*

- This fundamentally means different things to GMCB and AHS.

## 18 V.S.A. § 9410

### GMCB Rules

8.000

Data Submission

9.000

Data Release

VHCURES Data  
Reporting  
Manual

Data Use and  
Disclosure  
Manual

### GMCB Data Governance Resources

Data Governance  
and Stewardship  
Charter

Data  
Stewardship  
Principles &  
Policies

Data  
Linkage  
Policy

# Limitations/Issues

## With Integrated VHCURES-VHIE Data



Statute that establishes VHCURES ( <a href="#">18 V.S.A. § 9410</a> )	Prohibits public disclosure of any data that contain direct personal identifiers GMCB's interpretation of its statute is that the statute prevents sharing data that includes personal identifiers (name, address, SSN, etc.) outside of VHCURES.
GMCB Release Rule 9.000	Prohibits linkage with data sources containing personally identifiable information or other data sources that could result in the identification of individuals without the express written consent of the Board. Data elements classified as "unavailable," are not available for use or release outside the Board in any circumstance.
Data Linkage Policy	Allowable linkage is limited to a specific research question, and not for use to create a new, novel, or "master" database.
GMCB Data Use and Disclosure Manual	Specifies the procedures for review of applications for data from the VHCURES data set, limitations on the availability of such data, and requirements that persons seeking or receiving such data must comply with to ensure that the privacy and security of the data is maintained.
Data Lag	Lag of nine months to 1 year from the date of service, sometimes more, and data are not final (resubmissions occur).
Payer Groups	Commercial Claims: VHCURES contains only some (limited self-funded, no payers with fewer than 200 VT resident members, no self-pay, no uninsured). In total, about 60% of the commercially-insured population. Medicare claims: Medicare data in VHCURES is subject to a DUA between GMCB and CMS with data use and sharing limitations. Sharing Medicare claims into HIE would not be permissible without consent/amendment from CMS.
Consent	Vermonters cannot opt-out of VHCURES claims data collection, use and disclosure.

# Use Case Options

## [VHCURES-VHIE Integration 09-05-2023 Meeting Use Cases Summary](#)

### GMCB suggestions:

Research, public health, population health use cases:

- use integrated de-identified data extracts that we bring together using common identifiers. Easier route, doesn't require direct identifiers.

Clinical case management and direct patient care use cases:

- More challenging to do with statute, rule and governance structures, but consider “proof of concept” approach:
  - Start with fully integrating with Medicaid data to learn usefulness, value, quality, etc.
  - Study benefits and costs of doing integration for a specific clinical use case to see how technical limitations play out and learn relative completeness of the records.

# Discussion

