

Meeting Minutes  
DATA GOVERNANCE COUNCIL (DGC)  
of the Green Mountain Care Board  
July 12, 2016  
2<sup>nd</sup> Floor Board Room  
89 Main Street, City Center  
Montpelier, Vermont 05620  
2:00 PM

Present (Voting Members)

Susan Barrett, Executive Director  
Mike Davis, Director of Health Systems Finances  
Allan Ramsay, Board Member  
Betty Rambur, Board Member

Non-Present (Voting Members)

Ena Backus, Director of Payment Reform

Present (Non-Voting Members)

Roger Tubby, Director of Data & Analytics  
Brian E J Martin, Associate General Counsel  
Zach Sullivan, Health Policy Analyst

Others Present

Liz Winterbauer, VPQHC  
Casey Cleary, DII/Info Architect  
Sean Judge, VAHHS/NSO  
Kate Jones, Director of Finance  
Jaime Fisher, Executive Assistant to the Chair  
Laura Doe, Administrative Assistant

**1) Call to Order and Approval of Minutes**

Susan Barrett (DGC Chair) called the meeting to order at 2:01 pm.

**June 14, 2016 Minutes**

<b>Member</b>	<b>Motion</b>	<b>Second</b>	<b>Vote</b>
Susan Barrett			Y
Allan Ramsay			Abstained from vote
Mike Davis		X	Y
Ena Backus			Not present for vote
Betty Rambur	X		Y

## **2) Chair's Report**

Susan Barrett (DGC Chair) announced that Ena Backus will not be participating in today's DGC Meeting due to a scheduling conflict.

## **3) Sensitive Data Flags**

Zach Sullivan informed the Council that Onpoint has inquired if flagged sensitive data should be removed from the data file. Some states don't include mental health, substance abuse, or HIV-related claims in their submissions. The VHCURES team feels that by omitting information from the data file, it does not represent true medical care information. Steve Kappel (Policy Integrity) suggested including flagged data in the file so they can be easily identified. For instance, where Medicare will not release certain data (such as substance abuse claims data), it allows for a better understanding of the information you have in the commercial data and Medicaid that is not present in Medicare. One principle risk is that it makes the claims easier to locate and increases the risk of casual examination.

The Council asked for clarification if substance abuse or mental health data is never included in claims (42 CFR Part 2.) That is true only of Medicare data. The Council stated that Vermont passed a mental health parity law in 1998. Six years later, Mathematica Research analyzed the impact of the VT mental health parity law on premiums and access to mental health. There was not much change in terms of access to mental health which resulted in not many people willing to admit to a mental health condition. For those that had more access through parity, premium costs increased by \$0.04. How will flagging this kind of data change the ability to look at whether or not mental health and substance abuse parity actually exists if VT is moving towards a new delivery system? It will not change the ability to look at it, but it will change the consistency of the way multiple people look at it.

The Council asked why the flagging of this information is necessarily more important than other sensitive information. Some of the information is historical and stigma-based such as the mental health and substance abuse information. An example is HIV which has had a lot of stigma in the past but has been significantly reduced. Concerns are raised when something is released that draws attention to itself. The status quo would be to send all of the information being requested and any possible sensitive data would not be flagged.

The Council raised the questions, "What would the VHCURES team recommend if they were looking at the decision from the viewpoint of the American Civil Liberties Union (ACLU)?", and "is the flagged information in the public use data set?" The public use file (PUF) would not have any information that could identify an individual. In relation to the question on the ACLU, it is concluded that the ACLU would feel the benefit isn't great enough to have certain information easily identified. Would there be an increased stigmatism to the flagged data being different? Because the flagged data is easier to find, it is easier to make it a priority.

If the All-Payer Model goes into effect, there will most likely be monitoring of expenditure information. The VHCURES team would accept Onpoint's definition of the flags since they are ready to go and at this point there would be no reason to spend time on resources to create a new definitions. If the definition of the flags are different than what VHCURES is held accountable for in the All-Payer Model, this becomes more important assuming the definition is similar to what Medicare uses to exclude that data.

Having the definition of what would have been dropped had this been Medicare could be an important window to what Medicare isn't providing.

The Council mentioned that they want to avoid having any interested party argue the removal of these claims from the All Payer Claims Database (APCD.) If any party does argue this issue, would flagging sensitive data (that Onpoint has capability to do) reduce the risk or improve the ability to debate the argument that this claim information should be included in the APCD? There is the ability to control, limit and secure information through the PUF and DUA. In terms of releasing the data without flagging and since Onpoint has these flags internally, VHCURES could ask Onpoint to remove the flagged claims in the data extract. No other states use the flagging system. Onpoint has the claims information flagged because some states are asking them to remove the information and so they inquired with the VHCURES team if they should remove it. The majority of the Council feels that staying with the status quo is best for now.

#### **4) RFP for Public Use File Expert Determination Released**

Roger Tubby stated that there has been one question submitted so far and it is unclear how many bidders there will be. Proposals are due on July 18, 2016. There will be a one week evaluation period. Letters will be sent to the potential evaluators shortly and then a selection will be made. The position is essentially someone who can assist with the evaluation of VHCURES and the public use file. There is the safe harbor option or a broader definition while still staying compliant with the HIPAA rules.

The Council inquired if August 15, 2016 is the official contract date for this position and the VHCURES team confirmed this. This contract will allow the review of the current VHCURES database and will decide how the gathered information can be used most effectively in a public use file.

Brian E J Martin added that the contract would help develop a public use file which may or may not be released and also create standards that VHCURES could incorporate in future public use file releases.

#### **5) VHCURES Status**

Roger Tubby explained the VHCURES team is in the process of rewriting the VHCURES Rule. The Individual User Affidavit (IUA) has been rewritten which can be applied to both the VCHURES and VUHHDS. The Data Use Agreement (DUA) has yet to be rewritten which is contingent upon the final outcome of the VHCURES Rule. The VHCURES team is working with Onpoint to get a new format layout of the VHCURES database released to the state. This has been a long process. Currently there is at least a three month delay in being able to view VHCURES data from the end of 2015.

The Council mentioned that although the new GMCB website is very impressive it is somewhat difficult to locate certain documents. One might become frustrated unless knowing how to navigate the website correctly. Perhaps the GMCB website could be modified to accompany this.

There is the possibility that the VHCURES team could obtain Medicare data for Human Services (AHS) as the AHS servers are certified to NIST standards. We will wait until the next extract to pursue this possibility.. The National Association of Health Data Organizations (NAHDO) and the APCD Council has

been working with states in order to create a common definition of fields for payers to submit their data. This is to be presented to the Department of Labor (DOL.)

**6) Blue Cross / Blue Shield of Vermont Update**

Brian E J Martin informed the Council that earlier in the year Blue Cross Blue Shield of VT notified the GMCB that it would no longer submit all of its claims data to VHCURES pending a legal review of the Gobeille decision on whether insurers need to submit claims data to state APCDs. The GMCBs own internal review as well as BCBSVTs final conclusion determined that they do need to submit claims data as required by law. However, they will not be submitting the ERISA self-insured plans claims data which is supported by the Gobeille decision outcome.

The Council raised the question of how much will be added to insurance premiums for BCBS to develop software to exclude self-funded ERISA covered lives. How much of an administrative cost is the software programs to remove certain data? The GMCB will be reviewing this subject next week.

**7) Public Comment**

No public comment.

The Council moved to adjourn this meeting.

<b>Member</b>	<b>Motion</b>	<b>Second</b>	<b>Vote</b>
Susan Barrett			Y
Allan Ramsay			Y
Mike Davis	X		Y
Ena Backus			Not present for vote
Betty Rambur		X	Y

**8) Adjourn**

Meeting adjourned at 2:46 pm.

\*The next DGC meeting is scheduled for August 9, 2016.