STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD
Rule 6.000: Data Submission

6.100 General Provisions

6.101 Authority

The Board adopts this Rule pursuant to 18 V.S.A. §§ 9404 and 9410.

6.102 Purpose

The Green Mountain Care Board ("the Board") is charged in 18 V.S.A. § 9410 with establishing and maintaining a unified health care database reflecting health care utilization, costs, and resources in Vermont, and health care utilization and costs for services provided to Vermont residents in another state. Health insurers, health care providers, health care facilities, and governmental agencies are required to file reports, data, schedules, statistics, and other information determined by the Board to be necessary for this purpose. Subject to certain legal restrictions and limitations, the Board must make the data available as a resource for individuals and entities to review health care utilization, expenditures, and performance in Vermont. This rule sets forth requirements for reporting to the Board health care claims and eligibility data and other information relating to health care provided to Vermont residents or by Vermont health care providers and facilities. This rule also establishes processes by which the Board will make data available to support legitimate and beneficial research and analysis, while maintaining appropriate protections for confidential data.

6.103 Applicability

This rule applies to individuals or entities submitting Healthcare Claims and Eligibility Data to the Board under 18 V.S.A. § 9410.

6.104 Definitions

For purposes of this Rule:

(1) "Board" means the Green Mountain Care Board established in Title 18, chapter 220 of the Vermont Statutes Annotated, the Data Governance Council established by the Board, Board staff, or other designee of the Board.

(2) "Claims data" means adjudicated, service-level remittance information, both medical and pharmacy, generated from the interaction of patients and the healthcare delivery system. Claims data also includes "ghost claims," "shadow claims," or other claims data intended to represent an ACO-based payment reform model. Claims data may include, but is not limited to, member demographics, provider information, charge and payment information, clinical diagnosis and procedure codes, and national drug codes.

(3) "Data Governance Council" or "Council" means the committee established by the Board and given responsibility for data stewardship, data quality, data privacy and security, financial sustainability of VHCURES, and data release.

(4) "Data set" means a collection of logical individual data records, regardless of format.

(5) "Eligibility data" means demographic information for each individual member enrolled for medical or pharmacy benefits for one or more days of coverage at any time during a reporting period.

(6) "Council Chair" means the chair of the Data Governance Council.

(7) "Health care" has the same meaning as in 45 C.F.R. § 160.103.

(8) "Health care provider" has the same meaning as in 18 V.S.A. § 9432.

(9) "Health Insurer" has the same meaning as in 18 V.S.A. § 9410(j)(1).

(10) "Insured" has the same meaning as in 18 V.S.A. § 9418(a)(10).

(11) "Mandated Submitter" means a Health Insurer with an average of two hundred (200) or more members in each month over the last calendar year who are either Vermont residents or non-residents receiving covered services provided by Vermont health care providers or facilities.

(12) "Member" means the insured subscriber and any other person(s) eligible for health care benefits under the subscriber's policy, such as a spouse or dependent of the subscriber.

(13) "Patient" means any person in a data set that is the subject of the activities of the claim performed by the health care provider.

(14) "Person" means any natural person, corporation, municipality, the State of Vermont or any department, agency, or subdivision of the State, and any partnership, unincorporated association, or other legal entity.

(15) "Personally identifiable information" means information relating to an individual that contains direct or indirect identifiers to which a reasonable basis exists to believe that the information can be used to identify an individual.

(16) "Pharmacy Benefit Manager" or "PBM" has the same meaning as in 18 V.S.A. § 9471(5).

(17) "Submission and Release Schedule" or "SRS" means the manual approved by the Data Governance Council specifying additional data submission requirements, if any, and classifying data elements by the risk that release would pose for reidentification of individuals and disclosure of proprietary information.

(18) "Submitter" means a Health Insurer, and shall include Voluntary Submitter, as those terms are defined in this section.

(19) "Subscriber" means the individual responsible for payment of premiums or whose employment is the basis for eligibility for membership in a health benefit plan.

(20) "Third-Party Administrator" or "TPA" means any person who receives or collects charges, contributions or premiums for, or adjusts or settles claims on or for residents of Vermont or Vermont health care providers or facilities.

(21) "Vermont Health Care Uniform Reporting and Evaluation System" or "VHCURES" means the system for the collection, management and reporting of eligibility, claims and related data.

(22) "Vermont Uniform Hospital Discharge Data Set" or "VUHDDS" means the data set consisting of inpatient discharge data, outpatient procedures and services data, and emergency department data.

(23) "Voluntary Submitter" includes any person other than a Mandated Submitter, including any health benefit plan offered or administered by or on behalf of the federal government or a self-insured employer, that voluntarily submits data to the Board for inclusion in the database.

6.200 Registration and Submission

6.201 Submission and Release Schedule

(a) The Board, through its Data Governance Council, shall issue and maintain a publicly-accessible "Submission and Release Schedule" that:

(1) specifies additional data submission requirements, if any;

(2) establishes specifications for the member eligibility file, medical claims file, and pharmacy claims file; and

(3) classifies data elements by the risk that release would pose for reidentification of individuals and disclosure of proprietary information.

(b) The Data Governance Council may, in the Submission and Release Schedule, exempt Submitters from reporting data that reflects utilization and costs for services provided in Vermont to non-residents or other required data under this Rule.

(c) The Data Governance Council may review and approve modifications to the Submission and Release Schedule. Prior to approving any such modifications, the Council will send each Mandated Submitter and each Voluntary Submitter a notice and a copy of the proposed modifications. The Board will also post these documents on its website. The Council will accept public comments on the proposed modifications for thirty (30) days from the date of posting and will review and consider all comments received before making final modifications to the Submission and Release Schedule.

(d) The Data Governance Council may hold a public hearing to discuss and receive comments on proposed revisions to the Submission and Release Schedule. Such meetings, if held, must be held in accordance with the Vermont Open Meeting Law.

(e) Revisions to the Submission and Release Schedule shall become effective after a 180-day implementation period.

6.202 Registration

(a) The Data Governance Council shall issue and maintain registration forms for Health Insurers, including TPAs and PBMs. The forms shall require Health Insurers to provide the Board with information on their organization and lines of business, including information regarding whether the Health Insurer is a Mandated Submitter and, for all Submitters, the data they will be reporting to the Board.

(b) Each Health Insurer shall resubmit or amend its registration form whenever modifications occur to either the data files or contact information.

(c) Prior to doing business in Vermont and by each December 31 thereafter, a Health Insurer shall register with the Board on the form(s) described in subsection (a) of this section.

Submitters shall also identify whether health care claims are being paid for non-residents receiving covered services from Vermont health care providers or facilities.

6.203 Reporting

(a)(1) Mandated Submitters. A Mandated Submitter must, for each health line of business (e.g., Comprehensive Major Medical, Third-Party Administrator (TPA)/Administrative Services Only (ASO), Medicare Supplement, Medicare Part C, and Medicare Part D), regularly submit to the Board medical claims data, dental claims data, pharmacy claims data, member eligibility data, provider data, and other non-claims information for all members who are Vermont residents and all non-residents who received covered services from Vermont health care providers.

(2) A Mandated Submitter must submit the data specified in subsection (a)(1) of this section in the manner and formats, and at the times, specified by the Board in the Submission and Release Schedule or this Rule.

(3) Each Mandated Submitter is responsible for the submission of data relating to all health care claims processed by a contractor or subcontractor on its behalf unless such contractor or subcontractor is already submitting the identical data as a Mandated Submitter in its own right.

(b)(1) Voluntary Submitters. A Voluntary Submitter may submit the data specified in subsection (a)(1) of this section to the Board.

(2) A Voluntary Submitter submitting information to the Board must do so in the manner and formats, and at the times, specified by the Board in the Submission and Release Schedule.

6.204 Data Submission

(a) File Organization. The member eligibility file, medical claims file, and pharmacy claims file shall be submitted in the format specified by the Board's designated vendor.

(b) Submission Protocol. Files shall be submitted electronically by either secure SSL web upload interface, or secure file transfer protocol. Email attachments shall not be accepted. If electronic submission is unavailable or infeasible, files may be submitted utilizing a secure physical media format.

(c) Transmittal Sheet. All file submissions on physical media shall be accompanied by a hard copy transmittal sheet that includes the information on the header and trailer records.

(d) Testing of Files. At least sixty days prior to the initial submission of files or whenever the data element content of the files as described in the Submission and Release Schedule is subsequently altered, each Submitter shall submit to the Board's designated vendor a data set for testing and validation.

(e) Rejection of Files. Failure to conform to subsections (a), (b), or (c) of this section shall result in the rejection and return of the applicable data file(s). All rejected and returned files shall be resubmitted in the appropriate corrected form to the Board within 10 days.

(f) Replacement of Data Files. In the event a complete data file submission is replaced more than one year after the end of the month in which the file was submitted, the submitter must

notify the Data Governance Council. Individual adjustment records may be submitted with any monthly data file submission.

(g) Run-Out Period. Submitters shall submit medical and pharmacy claims files for at least a six-month period following the termination of coverage date for all members who are Vermont residents or non-residents receiving covered services provided by Vermont health care providers or facilities.

(h) Reporting Period. The reporting period for submission for all required data shall be determined on a separate basis for Vermont members and non-resident members by the highest total number of Vermont members or non-resident members receiving covered services provided by Vermont providers or facilities for which claims are being paid for any one month of the calendar year. Data files are to be submitted in accordance with the following schedule:

Total # of Members	Reporting Period	Reporting Schedule
≥ 2,000	Monthly	Prior to the end of the month following the month in which claims were paid
1000 – 1,999	Quarterly	Prior to April 30, July 31, October 31, January 31 for each preceding calendar quarter in which claims were paid
201 – 999	Annually	Prior to April 30 of the following year for the preceding twelve months in which claims were paid
≤ 200	N/A	

If the data files submitted by an individual Submitter support or are related to the files submitted by another Submitter, the Data Governance Council shall establish a filing period for the parties involved.

6.205 Data Quality Assurance

The Data Governance Council shall work in collaboration with the Board's designated vendor to ensure that submitted data is accurate, consistent with the Submission and Release Schedule, and not unreasonably manipulated.

6.300 Enforcement

6.301 Sanctions for Violations

(a) Violations of data submission requirements, confidentiality requirements, or any other provisions of 18 V.S.A. § 9410, this Rule, the Submission and Release Schedule, or the DUA shall be subject to sanction by the Board as set out in 18 V.S.A. § 9410(g) and any other powers granted to the Board to investigate, subpoena, or seek other legal or equitable

remedies, including the power of the Board to enforce the terms of a DUA after written notice and an opportunity for review or hearing.

(b) Hearings under this section shall be conducted by the Board in accordance with 3 V.S.A. §§ 809, 809a, 809b, and 810. Decisions of the Board under this section shall comply with the requirements of 3 V.S.A. § 812 and may be appealed pursuant to 18 V.S.A. § 9381.

6.400 Other Matters

6.401 Waiver of Rules

In order to prevent unnecessary hardship or delay, in order to prevent injustice, or for other good cause, the Board may waive the application of any provision of this rule upon such conditions as it may require, unless precluded by the rule itself or by statute.

6.402 Conflict

In the event this Rule or any section thereof conflicts with a Vermont statute or a federal statute, rule, or regulation, the Vermont statute or federal statute, rule, or regulation shall govern.

6.403 Severability

If any provision of this regulation or the application thereof to any person or circumstance is for any reason held to be invalid, the remainder of the regulation and the application of such provisions to other persons or circumstances shall be not affected thereby.

6.404 Effective Date

This rule shall become effective _____.