

Summary

The Green Mountain Care Board (GMCB) maintains and manages several data sources, including the Vermont Health Care Uniform Reporting and Evaluation System (VHCURES) which is Vermont's all-payer claims database, and the Vermont Uniform Hospital Discharge Data System (VUHDDS) which is Vermont's hospital discharge database. In addition to these rich databases, the GMCB collects and uses a vast amount of data through its various regulatory functions. The GMCB's analytical team uses these available data to provide high quality and timely information to support the Board, its staff, and the public.

18 V.S.A. § 9410; 18 V.S.A. § 9453; 18 V.S.A. § 9454; 18 V.S.A. § 9457

Background

The GMCB uses a variety of data sources to support its regulatory duties and produces data resources to enhance health system transparency. This summary introduces the two main databases that GMCB maintains and manages, as well as several other data sets that GMCB uses to support its work, and the variety of products and services provided by GMCB's analytical team.

VHCURES

The Vermont Health Care Uniform Reporting and Evaluation System (VHCURES, pronounced "vee-cures") is the State's all-payer claims database (APCD). An all-payer claims database is a place where certain types of health care information (see below) is collected from multiple insurance companies ("payers"). Today, 18 states have all-payer claims databases and many more are interested in creating an APCD. VHCURES includes whether a patient is eligible for insurance coverage (called "eligibility") as well as medical and pharmacy claims provided by private health insurers, Medicaid, and Medicare.

What Is a Claim?

Claims are bills or receipts from health care interactions – including visits with providers and clinicians, procedures, and prescriptions – which are sent from health care practices, hospitals, pharmacies, or other organizations ("billing organizations") to a patient's insurer. VHCURES collects a record of each claim submitted by the insurer on behalf of a Vermont resident.

What Is Included in VHCURES? What Is Not Included in VHCURES?

VHCURES contains information about Vermont residents that come from private health insurers, companies known as third-party administrators (TPAs) that administer health plans for private employers paying employees' health care costs themselves (known as "self-insured employers"), and companies that manage prescription drug benefits (known as pharmacy benefit managers or PBMs). State regulations require that plans that cover more than 200 Vermont residents must submit health care eligibility and claims data to

Green Mountain Care Board

The purpose of the Green Mountain Care Board is to promote the general good of the State by:

1. Improving the health of the population;
2. Reducing the per-capita rate of growth in expenditures for health services in Vermont across all payers while ensuring that access to care and quality of care are not compromised;
3. Enhancing the patient and health care professional experience of care;
4. Recruiting and retaining high-quality health care professionals; and
5. Achieving administrative simplification in health care financing and delivery.

18 V.S.A. § 9372

VHCURES. VHCURES also contains information about Vermont residents who are enrolled in Medicaid and Medicare.

VHCURES does not represent the entire Vermont population. VHCURES only includes claims from Medicaid, Medicare, and private health insurance companies that submit to VHCURES, either by law or voluntarily. Under federal law, private sector self-insured employers cannot be required to submit data to APCDs, and many in Vermont do not, though the exact number is challenging to estimate. Data are also not available in VHCURES for people who are uninsured or pay for care out-of-pocket; individuals covered by military and federal employee health plans; and payers with very few Vermont residents (less than 200) enrolled. If a patient has never had any insurance, they do not have a claims history and are not in VHCURES. Even patients who elect to self-pay may not be in the database if they do not also have some insurance coverage that would be captured.

By law, all claims in VHCURES are de-identified. This means that no one looking at the data knows who received what kinds of health care, or any other information that could be used to identify an individual.

VUHDDS

The Vermont Uniform Hospital Discharge Data System (VUHDDS, pronounced “vuds”) is Vermont’s hospital discharge database. VUHDDS includes data about every discharge from a Vermont hospital – every time a patient leaves the hospital – as well as information about outpatient procedures and services (services provided by hospitals for which patients do not have to stay overnight), and data about care in emergency departments. Vermont has been collecting and reporting hospital discharge data since the early 1980s. All 14 of Vermont's general (community) acute care hospitals currently contribute records for Vermont residents and non-residents to VUHDDS.

What Is Included in VUHDDS?

VUHDDS includes admission and discharge data, including the medical reason for each admission, a list of the treatment and services provided to the patient, the length of time and status of the patient’s stay in the hospital, and the charges for these services that are billed by the hospital.

How Are the Data Used?

VHCURES and VUHDDS data are used by state agencies, state and federal contractors, and researchers to support research and analysis in the areas of health care access, spending, usage, and quality. These partners can use data by accessing **public use files**, or by securing a data use agreement which authorizes them to access a **limited data set**.

Public Use Files

Public Use Files are research files that include aggregate-level data only (data that are grouped together or “clustered”). Information that could be used to try to identify individuals are removed or obscured to create a “de-identified” data file, so that the risk of sharing sensitive information about individuals or providers is very low. These de-identified data files can support general analyses. Some examples might be patterns in how Vermonters and out-of-state residents are using Vermont hospitals, the portion of the health care marketplace delivered by each hospital and tracking use of health care services over time.

Limited Data Sets

Limited Data Set (LDS) files contain individual-level protected health information (known as “PHI”). Limited data set files are considered identifiable because of the potential to re-identify patients and consumers or to generate information about insurers and providers that could be proprietary or confidential business records. Researchers who want to use a limited data set file must be approved by the GMCB and must enter

into a legal agreement with the State of Vermont known as a data use agreement. The data use agreement ensures that there are safeguards in place to prevent an unauthorized use or disclosure of the data.

Other Data Sources

The Green Mountain Care Board collects and uses a variety of other data through its regulatory processes.

Data from GMCB Regulatory Processes

The GMCB directly collects data from the entities and processes that it regulates, including financial information, and data on health care quality and performance. Examples include:

- [Hospital Budget Review](#): Financial data and information from hospitals, as well as data on quality and long-term planning and financial sustainability.
- [Health Insurance Premium Rate Review](#): Data from health care insurance companies focused on costs to provide care to plan members in prior years, and projecting costs in future years, as well as data on “reserves” (the insurance company’s financial assets which allow them to run their business and pay for plan members’ medical expenses), health care quality, and access to care.
- [Certificate of Need](#): A variety of data from Certificate of Need applicants (hospitals and other health care organizations), specific to a proposed project.
- [Accountable Care Organization \(ACO\) Oversight](#): Financial and performance data from regulated ACOs to monitor their finances, activities, and performance throughout the year.
- [Vermont’s All-Payer Model](#): Health care cost and performance data related to the All-Payer Model.

Data Collected by Other State Agencies

The GMCB also uses data collected and produced by many other Vermont and federal agencies, private-sector research organizations, and national surveys to support the Board's work and produce public reports like the GMCB’s *Vermont Health Care Expenditure Analysis* report. Examples include:

- Department of Vermont Health Access clinical and health screening measures for preventive care.
- Vermont Department of Labor provider employment information.
- Kaiser Family Foundation prescription drug statistics for Vermont.
- US Bureau of Economic Analysis economic measures and personal income statistics in Vermont.

Data Stewardship

The GMCB has a Data Governance Council, which is a committee of the Board responsible for overseeing GMCB’s data resources. The Data Governance Council makes decisions in four key areas: risk, data quality, finance, and data release. The Data Governance Council has seven voting members, including non-state government stakeholders, and convenes every other month in an open, public meeting.

Public Reports and Key Products

The GMCB produces a variety of public reports. Many of these reports are interactive and have public-use data available for download. GMCB’s analytical team presents data and analyses to the Board, upon request, at their public meetings. Examples of key products are below. For more information, see the GMCB Data and Analytics Public Reports webpage (link provided below under Additional Resources).

Health Resource Allocation Plan (HRAP)

The Health Resource Allocation Plan (HRAP) identifies Vermont’s critical health needs, goods, services, and resources. It looks at the following areas for Vermont residents’:

- Needs for health care services, programs, and facilities.
- Resources available to realistically meet health care needs.
- Resources available for access to services, programs, and facilities affordable for consumers.
- Additional resources required for affordable access to services, programs, and facilities.
- Priorities for addressing health care needs on a statewide basis.

By law, HRAP informs the Board's regulatory processes, statewide efforts to address affordability of health care, statewide quality of care improvements, health care payment and delivery reform, and location of health resources in Vermont.

Vermont Health Care Expenditure Analysis

The Vermont Health Care Expenditure Analysis is an annual report that helps us to understand health care spending in Vermont. It describes what payers spend on Vermonters for health care services within Vermont and out-of-state. It also describes revenue received by Vermont providers for services delivered in Vermont.

Interactive Public Reports and Dashboards

GMCB produces a variety of public reports that provide statistics and information describing the Vermont health care system. Each public report is available on the GMCB website and includes public use data available for download. Examples of reports include: All-Payer Total Cost of Care, Enrollment Trend, Expenditure Analysis, OneCare Vermont ACO Network Provider Participation, Patient Migration, Patient Origin, Vermont Hospital System Financials, and Primary Care Access.

Data Summary Briefs

GMCB produces data summary briefs aimed at analysts and researchers to describe analytic projects underway or planned, including background information on the research question, explanations of key data points, details on methodology, and results where applicable.

Additional Resources

- [GMCB Public Reports and Analyses](#)
- [GMCB Data Stewardship and Governance](#)

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