

**STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD
Rule 8.000: Data Submission**

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8.100 General Provisions

8.101 Authority

The Board adopts this rule pursuant to 18 V.S.A. §§ 9404, 9410, 9456, and 9457.

8.102 Purpose

The Green Mountain Care Board (“Board” or “GMCB”) stewards two databases (collectively “databases”) containing information related to health care treatment, utilization, costs, and resources in Vermont. The Vermont Health Care Uniform Reporting and Evaluation System (“VHCURES”) database contains information related to health care utilization, costs, and resources provided in Vermont and to Vermont residents in other states. The Vermont Uniform Hospital Discharge Data Set (“VUHDDS”) database contains information related to patients discharged from Vermont hospitals and Vermont residents discharged from hospitals in New York, New Hampshire, and Massachusetts.

Under its authority granted in 18 V.S.A. §§ 9410, 9456, and 9547, the Board collects and maintains the data in the databases. Health insurers, health care providers, hospitals, and other health care facilities, and governmental agencies must submit reports, data, schedules, statistics, and other information determined by the Board to be necessary to achieve the Board’s objectives. Subject to certain legal restrictions and limitations, the Board makes the data available as a resource for individuals and entities to analyze health care treatment, utilization, expenditures, and performance in Vermont. This rule sets forth the Board’s requirements for reporting health care claims and eligibility data and other information relating to health care provided in Vermont and to Vermont residents outside the State. Green Mountain Care Board Rule 9.000 governs the process(es) by which the Board will make data available to support legitimate and beneficial research and analysis, while maintaining appropriate protections for confidential data.

8.103 Applicability

This rule applies to persons submitting data to the databases.

8.104 Definitions

For purposes of this rule:

- (1) “Board” or “GMCB” means the Green Mountain Care Board established in Title 18, Chapter 220 of the Vermont Statutes Annotated, the Board’s staff, or other designee of the Board.
- (2) “Claims data” means service-level remittance information, both medical and pharmacy, generated from the interaction of patients and the health care delivery system. Claims data also includes information intended to represent payments made under an accountable care organization-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) “Council Chair” means the chair of the Data Governance Council.

- (4) “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, and data release related to the databases.
- (5) “Data set” means a collection of logical individual data records, regardless of format.
- (6) “Data collection vendor” means the vendors with whom the Board contracts to manage data collection, cleansing, validation, integration, consolidation, and analytic extract construction related to the Databases.
- (7) “Databases” means the VHCURES and VUHDDS databases, collectively.
- (8) “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.
- (9) “General hospital” has the same meaning as in 18 V.S.A. § 1902(1)(A).
- (10) “GMCB VHCURES Guidance” means the guidance document entitled GMCB VHCURES Data Submission Guidance, created and maintained by the Data Governance Council, that specifies data submission requirements, including the required data submission schedule, required fields, file layouts, file components, edit specifications, instructions, and other technical information.
- (11) “GMCB VUHDDS Guidance” means the guidance document entitled GMCB VUHDDS Data Submission Guidance, that may be created and maintained by the Data Governance Council, that specifies data submission requirements, including but not limited to, the required data submission schedule, required fields, file layouts, file components, edit specifications, instructions, and other technical information.
- (12) “Guidance document(s)” means either the GMCB VHCURES Guidance or GMCB VUHDDS Guidance documents or the two documents collectively.
- (13) “Health care” has the same meaning as in 45 C.F.R. § 160.103.
- (14) “Health care facility” has the same meaning as in 18 V.S.A. § 9432(8).
- (15) “Health care provider” has the same meaning as in 18 V.S.A. § 9432(9).
- (16) “Health insurer” has the same meaning as in 18 V.S.A. § 9410(j)(1).
- (17) “Insured” has the same meaning as in 18 V.S.A. § 9418(a)(10).
- (18) “Mandatory submitter” means any person required to submit data for inclusion in either of the databases.
- (19) “Member” means the insured subscriber and any other person(s) eligible for health care benefits under the subscriber’s policy, such as the subscriber’s spouse or dependent.
- (20) “Patient” means any person in a data set that is the subject of the activities of the claim performed by the health care provider.

- (21) “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.
- (22) “Pharmacy benefit manager” or “PBM” has the same meaning as in 18 V.S.A. § 9471(5).
- (23) “Submitters” means mandatory submitters and voluntary submitters collectively.
- (24) “Subscriber” means the individual responsible for payment of premiums or whose employment is the basis for eligibility for membership in a health benefit plan.
- (25) “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 health insurers.
- (26) “VHCURES members” means Vermont residents receiving health care services paid for by a health insurer.
- (27) “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 as contemplated in 18 V.S.A. § 9410.
- (28) “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 that is maintained by the Vermont Department of Health.
- (29) “Voluntary submitter” includes persons other than mandatory submitters, 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 either of the databases.

8.200 VHCURES Registration and Submission

8.201 Registration

- (a) Prior to doing business in Vermont and by each December 31 thereafter, health insurers shall register with the Board on the form(s) described in subsection (b) of this section. Health insurers that are VHCURES submitters shall also identify whether they are paying health care claims for VHCURES members.
- (b) The Board, in conjunction with the data collection vendor, shall issue and maintain registration forms for health insurers. 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 VHCURES mandatory submitter and, for all VHCURES submitters, the data they will report to the Board.
- (c) Health insurers shall submit an amended registration form to the Board when changes are made to any of the health insurer’s contact information or the data being submitted to the Board. The amended registration form shall be submitted no later than 15 days after the applicable change goes into effect.

8.202 VHCURES Submitters

- (a)(1) VHCURES Mandatory Submitters. VHCURES mandatory submitters are health insurers with an average of two hundred (200) or more members in each month of the last calendar year who are VHCURES members.
- (2) A VHCURES mandatory submitter, as defined in subpart (a)(1) of this subsection, must, for each health line of business (i.e., 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 VHCURES members. The data must be submitted in the manner and format(s) and at the times specified by the Board.
- (3) Each VHCURES mandatory 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 identical data as a VHCURES mandatory submitter in its own right.
- (b)(1) VHCURES Voluntary Submitters. A VHCURES voluntary submitter may submit the data specified in subpart (a)(2) of this subsection to VHCURES.
- (2) The Board encourages VHCURES voluntary submitters to follow the data submission specifications and schedule discussed in subsections 8.203 and 8.204 of this rule.

8.203 VHCURES Data Submission

- (a) File Organization. The member eligibility data, medical claims data, and pharmacy claims data shall be submitted in the format specified by the data collection vendor.
- (b) Submission Protocol. Files shall be submitted electronically by either secure sockets layer (SSL) web upload interface or secure file transfer protocol (FTP), as specified in the GMCB VHCURES Guidance. Email attachments shall not be accepted. If the approved electronic submission methods are unavailable or infeasible, files may be submitted utilizing a secure physical media format.
- (c) Transmittal Sheet. All file submissions on secure 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 (60) days prior to the initial submission of files or whenever the data element content of the files as described in the GMCB VHCURES Guidance is subsequently altered, each VHCURES submitter shall submit a sample data set for testing and validation to the data collection vendor.
- (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 data collection vendor within ten (10) days.
- (f) Replacement of Data Files. In the event a complete data file submission is replaced more than one (1) year after the end of the month in which the file was submitted, the VHCURES submitter must notify the Board. Individual adjustment records may be submitted with any monthly data file submission.

(g) Run-Out Period. VHCURES submitters shall submit medical and pharmacy claims files for at least a six (6) months following the termination of coverage date for the particular VHCURES member.

(h)(1) Reporting Period. The reporting period for submission for all VHCURES mandatory submitters shall be determined by the highest total number of VHCURES members for any one month of the calendar year. Data files are to be submitted in accordance with the following schedule:

Total # of VHCURES Members	Reporting Period	Reporting Schedule
≥ 2,000	Monthly	Prior to the end of the month following the month in which claims were paid
1,000 – 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	N/A

(2) If data files submitted by an individual VHCURES submitter support or are related to files submitted by another VHCURES submitter, the Data Governance Council may establish a different reporting period for the parties involved.

(i) Data Collection Vendor’s Submission Requirements. The data collection vendor may provide additional guidelines, information, and instructions regarding the submission of data to VHCURES. VHCURES mandatory submitters shall comply with the guidelines, information, and instructions the data collection vendor sets, to the extent they are not contrary to this rule or the GMCB VHCURES Guidance.

(j) VHCURES Voluntary Submitters. The Board encourages VHCURES voluntary submitters to submit data in accordance with the timing and specifications enumerated in this section.

8.204 GMCB VHCURES Data Submission Guidance

GMCB VHCURES Guidance. The Board, through its Data Governance Council, shall issue and maintain a publicly-accessible guidance document, entitled “GMCB VHCURES Data Submission Guidance” that:

- (a) Specifies data VHCURES mandatory submitters shall submit;
- (b) Establishes technical specifications for the member eligibility data, medical claims data, and pharmacy claims data; and
- (c) Specifies the reporting schedule for VHCURES mandatory submitters.

8.205 Data Quality Assurance

The Board shall work in collaboration with the data collection vendor to ensure that submitted data are accurate and consistent with the GMCB VHCURES Guidance and the data collection vendor's submission requirements.

8.300 VUHDDS Submission

8.301 VUHDDS Submitters

- (a)(1) VUHDDS Mandatory Submitters. General hospitals in Vermont shall submit data to VUHDDS in accordance with the specifications and schedule outlined in subsection 8.302.
 - (2) A VUHDDS mandatory submitter, as defined in subsection 8.301(a)(1), must submit or make available information related to its finances, scope-of-services, and utilization to the data collection vendor. The data must be submitted in the manner and format(s) and at the times specified by the VUHDDS data collection vendor.
- (b)(1) VUHDDS Voluntary Submitters. A VUHDDS voluntary submitter may submit the data specified in subsection 8.301(a)(2) to VUHDDS.
 - (2) The Board encourages VUHDDS voluntary submitters to follow the data submission specifications and schedule discussed in subsections 8.302 and 8.303 of this rule.

8.303 VUHDDS Data Submission

Unless the Board determines otherwise, matters related to the procedures and processes for submitting data to the VUHDDS database shall be specified by the data collection vendor. These matters include but are not limited to file organization, submission protocols, file testing, rejection of data files, replacement of data files, and reporting and runout periods.

Mandatory submitters shall comply with the procedures and processes specified by the data collection vendor.

Voluntary submitters are encouraged to comply with the procedures and processes specified by the data collection vendor.

8.304 GMCB VUHDDS Data Submission Guidance

The Board, through its Data Governance Council, may issue and maintain a publicly-accessible guidance document addressing topics including:

- (a) The data VUHDDS mandatory submitters shall submit;
- (b) Technical specifications for the data submitted to VUHDDS;
- (c) The reporting schedule for VUHDDS mandatory submitters; and
- (d) Any other matters the Board deems appropriate.

8.305 Data Quality Assurance

The Board shall work in collaboration with its data collection vendor to ensure that submitted data are accurate and consistent with the GMCB VUHDDS Guidance and any additional guidelines, information, and instructions the data collection vendor may issue.

8.400 Changes to a Guidance Document

8.401 Modifications and Revisions to a Guidance Document

The Data Governance Council may revise or modify guidance documents as appropriate. Prior to approving any revisions or modifications, the Council will send each affected submitter notice and a copy of the proposed revisions or modifications. The Board will also post the notice and proposed revisions or modifications on its website. The Council will accept public comments on the proposed revisions or modifications for thirty (30) days from the date of posting and will review and consider all comments received before approving revisions or modifications to the guidance documents.

8.402 Public Meeting

The Data Governance Council may hold a public meeting to discuss and receive comments on proposed revisions or modifications to guidance documents. Such meetings, if held, must be held in accordance with the Vermont Open Meeting Law, 1 V.S.A. §§ 310, *et seq.*

8.403 Implementation

Revisions or modifications to guidance documents shall become effective ninety (90) days after the Data Governance Council votes to approve them. During that 90-day period, affected mandatory submitters shall work with the Board and the data collection vendor to ensure the revisions or modifications can be implemented smoothly. For good cause, affected submitters may request reasonable extensions to the 90-day implementation period, which the Council may grant as it deems appropriate. Any such requests shall be submitted to the Board in writing and contain the length of the extension requested and a detailed explanation as to why there is good cause to grant the extension.

8.404 Appeal Procedure

- (a) Procedure to Appeal Decision to the Board. Within thirty (30) days of the Council approval of a revision or modification to a guidance document, any affected submitter may appeal by filing a written request for hearing with the Board.
- (b) Hearings. 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.
- (c) The Board's decision shall be stayed pending appeal.

8.500 Enforcement

8.501 Sanctions for Violations

- (a) Violations of data submission requirements, confidentiality requirements, or any other

provisions of 18 V.S.A. § 9410, this rule, guidance documents, and other governing laws or contracts 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 governing contract after written notice and an opportunity for review or hearing.

(b) Hearings under section 8.500 shall be conducted by the Board in accordance with 3 V.S.A. §§ 809, 809a, 809b, and 810. Decisions of the Board under section 8.500 shall comply with the requirements of 3 V.S.A. § 812 and may be appealed pursuant to 18 V.S.A. § 9381.

8.600 Other Matters

8.601 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.

8.602 Conflict

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

8.603 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.

8.604 Effective Date

This rule shall become effective _____ and supersedes all previously-issued rules and policies including, but not limited to, Regulation H-2008-01 issue by the Vermont Department of Banking, Insurance, Securities and Health Care Administration.