

Publication Review Request



GREEN MOUNTAIN CARE BOARD

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PURPOSE OF THIS FORM

Principal Investigators (PI) who may also be Authorized Users (AU) for data use agreements (DUA) review draft reports or publications containing information derived from the limited use data set disclosed to the AU under a data use agreement (DUA) prior to public disclosure. The PI determines whether the reports and publications meet the DUA requirements and address the project description research purpose identified in the DUA application. **PIs must submit a Publication Review Form** with a copy of or link to the impending publication to the Green Mountain Care Board (GMCB). Following the review of an impending publication, **GMCB may not require any further action or may require additional actions to be taken prior to public disclosure**. GMCB may also prohibit the public disclosure of a publication if the requirements of the DUA have not been met. GMCB may revoke the DUA if the PI or AU publicly disclose any publication that GMCB did not approve for release following a formal review.

GENERAL INSTRUCTIONS

At least fifteen (15) days prior to intended date for public disclosure of the publication, Principal Investigators (PI) must file this form and a copy of or link to the publication electronically with GMCB via gmcb.data@vermont.gov.

GMCB requests that forms with attached reports or publications be filed in a timely and complete manner to ensure timely publication reviews.

DEFINITIONS

Authorized User: The Authorized User (AU) is an organization or agency that is applying or has obtained a data use agreement (DUA). The AU signatory on the DUA has the authority to sign legally binding agreements on behalf of the organization or institution.

Principal Investigator: The Principal Investigator (PI) means the individual designated by the Authorized User to be responsible for ensuring compliance with all the restrictions, limitations, and conditions of use and disclosure specified in the DUA. The PI may delegate technical responsibility to other personnel for the establishment and maintenance of security arrangements to prevent unauthorized access to and use of the data.

CURRENT DATA USE AGREEMENT INFORMATION

DUA Identifier (Assigned by the GMCB to the DUA):
DUA Agency or Organization Name:
DUA Project Name (As stated in the DUA application and DUA):
Brief Description of Project (As stated in the DUA application including research purpose):
Current DUA Start Date:
Current DUA Expiration Date:
DUA Authorized User Name & Title:
DUA Principal Investigator Name & Title (if different from Authorized User):
Title of Report or Impending Publication:
Target Date for Public Disclosure of Publication:
Brief Description of the Content of the Report or Publication:
Project Lead or Author of Impending Publication: Name, Title, Organizational Affiliation:

PUBLICATION REVIEW

The Principal Investigator and GMCB will complete the following items as indicated.

1. PI Filing Date of Publication Review Form: Click or tap to enter a date.
2. I am confirming that an electronic copy or link to the impending publication has been submitted with this form:
PI response:
 YES NO If NO, provide explanation:
3. Summary of the Impending Publication. Respond to all:
 - a) How the limited use data set was used to support production of the publication:
 - b) Credentials/affiliation of project team:
 - c) Research purpose/questions and issues explored:
 - d) Findings, conclusions:
 - e) Planned mode or venue of public disclosure:
4. The data and information to be publicly disclosed is based on use or the data for the purpose expressly specified in the data use agreement application and as permitted under the data use agreement or under subsequent express written consent as approved by the GMCB and, if applicable pertaining to Medicaid data, by DVHA.

PI response:

- Agree
 Disagree with explanation as follows:

5. The information to be publicly disclosed does not include any direct findings, listings, or other information from the data that could be used to identify enrollees, members, beneficiaries, patients, employer groups, purchaser groups, or abortion services providers.

PI response:

- Agree
 Disagree with explanation as follows:

6. The information to be publicly disclosed displays aggregated values based on observations or elements and censors any cell in a data table with a count of 10 or fewer along with another cell in the same row and another cell in the same column to prevent the identification of the cell with a count of 10 or fewer in a table.

PI response:

- Not Applicable. The disclosed information will not include any display individual observations or elements.
- Agree
- Disagree with explanation as follows:

7. The information to be publicly disclosed does not include any direct findings, listings, or information derived from Medicare data, if such findings, listings, or information can, by themselves or in combination with other data, be used to deduce a physician's total Medicare reimbursements.

PI response:

- Not Applicable. The disclosed information was not derived from Medicare data.
- Agree
- Disagree with explanation as follows:

8. The information to be publicly disclosed will not include any information that could be used to determine or ascertain information about insurers or providers that would be deemed proprietary, such as the amount paid by identified insurers or to identified providers for individual procedure codes.

PI response:

- Agree
- Disagree with explanation as follows:

9. The information to be publicly disclosed acknowledge the Green Mountain Care Board as the owner of the data and the Vermont Health Care Uniform Reporting and Evaluation System as the source of the data in any public reports, publications, presentations, or other materials generated from the data set.

PI response:

- Agree
- Disagree with explanation as follows:

10. The information to be publicly disclosed prominently states that the analyses, conclusions, and recommendations drawn from the data are solely those of the Authorized User or the Principal Investigator and are not necessarily those of the GMCB.

PI response:

- Agree
- Disagree with explanation as follows:

11. I agree that the reports and publications of concern will not be publicly disclosed until after GMCB has either notified me that no further action is required or that the review as requested or required has been completed and GMCB has approved public disclosure of the publication.

PI response:

YES NO

SIGNATURES

All statements made in this application are true, complete, and correct to the best of my knowledge.

DUA Principal Investigator (or Authorized User) Name:

Signature:

Date:

GMCB PROCESSING SECTION

For GMCB Use Only

Date the Publication Review Request received by GMCB/Initial: *Click or tap to enter a date.*

GMCB overall comments on the publication:

Approved and no further action is required: *Click or tap to enter a date.*

Approved with Conditions: *Click or tap to enter a date.*

Describe conditions that must be met prior to public disclosure:

Not Approved: *Click or tap to enter a date.*

Describe reasons for disapproval of public disclosure: