

## VHCURES Capabilities

Type of Information	Type of Information Available in VHCURES	Type of Information NOT Available in VHCURES	What You Cannot Do with VHCURES	What you CAN Do with VHCURES
<b>Claims, Eligibility, Enrollment</b>	<ul style="list-style-type: none"> <li>• Medical claims (paid) including many carve-out vendors.</li> <li>• Pharmacy claims (paid)</li> <li>• Enrollment records</li> <li>• Eligibility information (Medicaid)</li> </ul>	<ul style="list-style-type: none"> <li>• Denied claims</li> <li>• Pre-adjudicated claims</li> <li>• Test results from lab and radiology/imaging</li> <li>• Claims for services at Vermont providers delivered to non-Vermont residents</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical data analyses</li> <li>• Some quality measures (non-claims)</li> </ul>	<p>VHCURES data is available to users with an approved Data Use Agreement, a legal agreement between data users and the GMCB. Users with the appropriate experience, technical skills, and data management resources can analyze:</p> <ul style="list-style-type: none"> <li>• Enrollment data</li> <li>• Health expenditures, e.g., inpatient expenditures PMPM, outpatient ED expenditures PMPM</li> <li>• Geographic differences, e.g., Geographic variations in cost PMPM</li> <li>• Variation in payments by service type</li> <li>• Utilization, e.g. inpatient discharges, outpatient ED discharges</li> <li>• Claims-based quality measures</li> </ul> <p>NOTE: The technical requirements and knowledge required vary depending on the analysis.</p>
<b>Payers</b>	<ul style="list-style-type: none"> <li>• Commercial</li> <li>• Certain Third-Party Administrators/Self-funded:               <ul style="list-style-type: none"> <li>○ State of Vermont health plan</li> <li>○ UVM</li> <li>○ VEHI</li> <li>○ Opt-in employers</li> </ul> </li> <li>• Medicaid</li> <li>• Medicare and Medicare Advantage</li> </ul>	<p>Data for the following categories of individuals:</p> <ul style="list-style-type: none"> <li>• Most non-government self-insured employers</li> <li>• Uninsured and self-paying individuals</li> <li>• Individuals covered under VA, TRICARE and FEHBP</li> <li>• Payers with Vermont resident enrollment less than 200</li> </ul>	<ul style="list-style-type: none"> <li>• Complete statewide analyses (enrollment, services, etc.)</li> <li>• Analyses of services provided to the uninsured</li> </ul>	
<b>Plan Details</b>	<ul style="list-style-type: none"> <li>• Insurer name</li> <li>• Insurance product type</li> <li>• Primary insurance indicator</li> <li>• Linked enrollment across multiple plans, including Medicare / Medicaid dual-eligible members.</li> </ul>	<ul style="list-style-type: none"> <li>• Premium and benefit design information</li> <li>• Claims and eligibility data for dental carriers</li> <li>• Financial performance data (e.g. RBC)</li> </ul>	<ul style="list-style-type: none"> <li>• Analyze benefit design trends</li> </ul>	
<b>Payments</b>	<ul style="list-style-type: none"> <li>• Payer payments</li> <li>• Deductible amount</li> <li>• Coinsurance and copay amounts</li> <li>• Estimated “prepaid” amount for claims that are included in capitation</li> </ul>	<ul style="list-style-type: none"> <li>• Non-claims payments including capitation, shared savings, and incentive payments</li> </ul>	<ul style="list-style-type: none"> <li>• Calculate comprehensive PMPM (by payer or provider)</li> </ul>	

<b>Providers</b>	<ul style="list-style-type: none"> <li>• Provider charges</li> <li>• Unique provider identifiers</li> <li>• Rendering service provider</li> <li>• Prescribing provider</li> <li>• Professional identity code (specialty)</li> <li>• Blueprint medical home indicator</li> <li>• Vermont ACO indicator</li> </ul>	<ul style="list-style-type: none"> <li>• Certain data about substance use and abortion services is omitted by law.</li> <li>• Complete information about provider affiliations (e.g. common ownership)</li> </ul>	<ul style="list-style-type: none"> <li>• Count the total number of providers (there are duplicates and exclusions)</li> <li>• Easily group individual providers to practices or parent organizations. (i.e., identify all practices associated with a larger medical group).</li> </ul>	
<b>Members</b>	<ul style="list-style-type: none"> <li>• Encrypted member ID, linked across enrollment records</li> <li>• Member demographics (e.g., age, sex, zip code)</li> </ul>	<ul style="list-style-type: none"> <li>• Members of Vermont health plans who do not reside in Vermont.</li> <li>• Birth and death records</li> <li>• Risk scores</li> <li>• Demographic information not included in claims data (e.g. income, education). Race/ethnicity data is available but is inconsistently populated.</li> <li>• Some demographic data (e.g. date of birth) is not released for privacy reasons.</li> </ul>	<ul style="list-style-type: none"> <li>• Risk-adjusted comparisons between providers.</li> </ul>	

For more information, please visit the [VHCURES website](#) or contact the GMCB analytical team at [gmcb.data@vermont.gov](mailto:gmcb.data@vermont.gov). The website also provides additional information about privacy restrictions and the data use agreement application and process. If VHCURES will not meet your needs, a [Data Encyclopedia](#) maintained by the Department of Health provides an overview of other health data sources available from the State of Vermont.

Notes on acronyms:

- VHCURES: Vermont Health Care Uniform Reporting and Evaluation System, Vermont’s All-Payer Claims Database (APCD)
- UVM: University of Vermont
- VEHI: Vermont Education Health Initiative
- ERISA: Federal law exempting certain employer-sponsored health plans from reporting to VHCURES
- VA, TRICARE and FEBHP: various federal sources of insurance that are not required to report to VHCURES
- RBC: Risk-Based Capital, which is a metric related to insurance company financial health