

VHCURES Data Linkage Request



GREEN MOUNTAIN CARE BOARD

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INSTRUCTIONS

Introduction

The Vermont legislature authorized the collection of eligibility and claims data for Vermont residents to enable the Green Mountain Care Board (GMCB) to carry out its statutory duties that include determining the capacity and distribution of existing resources; identifying health care needs and informing health care policy; evaluating the effectiveness of intervention programs on improving patient outcomes; comparing costs between various treatment settings and approaches; providing information to consumers and purchasers of health care; and improving the quality and affordability of patient health care and health care coverage. (18 V.S.A. § 9410) The GMCB can make the VHCURES data set available to the extent permitted by the Health Information Portability and Accountability Act (HIPAA) and other pertinent state and federal laws and regulations.

The claims and eligibility data available under a data use agreement can be broadly grouped into three lines of business including commercial, Medicaid, and Medicare. The GMCB has independent discretion to make decisions regarding the use and disclosure of commercial insurer data. The Department of Vermont Health Access (DVHA) and the GMCB share discretion with respect to the Medicaid data subset. DVHA must approve the use and disclosure of Medicaid data and must sign the Data Use Agreement (DUA) for authorized users of the Medicaid data subset. Per an agreement with the federal Centers for Medicare and Medicaid Services (CMS), the Medicare data subset is available only to Vermont State Agencies and entities performing research that is directed and partially funded by the State of Vermont. CMS has granted GMCB independent discretion to make decisions regarding the use and disclosure of the Medicare data subset by Vermont state agencies.

The GMCB must approve all requests from state agencies and other organizations to link the VHCURES data with other identifiable data sources or any other data sources that could be used to reidentify individuals in the VHCURES data set.

Data Governance Council

The GMCB chartered the [Data Governance Council](#) (DGC) to oversee the stewardship of VHCURES including the development and revision of principles and policies to guide decisions on data use and disclosure. The DGC supports the GMCB decision-making process for applications requesting use, disclosure, and redisclosures of VHCURES data.

Data Linkage Request Process

This Data Linkage Request Form (DLRF) must be filed by agencies and organizations with DUAs wanting to link the VHCURES data with any identifiable record-level data sources (records with personally identifying information (PII)) or other data sources that could result in the identification of individuals in the VHCURES data set. DVHA will review requests for linkages that include Medicaid data. The GMCB must approve all requests for these linkages before the linkages are performed by data users. Unauthorized linking of VHCURES data with other data sources without prior approval of the GMCB could result in forfeiture of the DUA. Entities responsible for disclosures of VHCURES data with PII will be subject to civil and criminal sanctions under applicable state and federal laws and regulations.

Requestors (Vermont state agencies or non-state entities with VHCURES DUAs) must provide a list of data sources to which the VHCURES data would be linked and identify which data sources include personally identifiable information including the specific identifiers within those data sources.

The Principal Investigator (PI) identified on the DUA must ensure that Individual User Affidavits (IUAs) are filed with GMCB for all data users involved in the data linkage project who have not already filed IUAs under the DUA. When signing the IUA, each data user attests to understanding the appropriate use and disclosure of the data set and agrees to comply with the requirements.

If after reviewing the DLRF GMCB disapproves any data linkages, the GMCB will provide a written explanation to the requesting organization holding the DUA identifying the reasons for denying any data linkages.

General Instructions

Requestors must complete all required sections of the DLRF and submit an electronic copy of the completed request form, including all attachments, to gmcb.data@vermont.gov

Incomplete forms will not be reviewed until the requestor has provided all required information. A checklist is provided to help ensure that your form is complete. For questions about the data linkage request process, contact gmcb.data@vermont.gov

Definitions

Agent: Means any individual or entity (e.g., a contractor, subcontractor, grantee, or subgrantee) acting on behalf of the Authorized User and subject to the Authorized User's control or accessing the Data Set on behalf of the Authorized User.

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.

Data Custodian: The data custodian is responsible for the establishment and maintenance of physical and technical safeguards to prevent unauthorized access to and use of the data set. Agencies and organizations may designate multiple data custodians for different departments and programs. The data custodian(s) typically coordinate the receipt of the approved data set from GMCB's data consolidation vendor. The principal investigator may also be the data custodian. External agents approved by the GMCB through this Data Redisclosure Request Form to receive the data set or custom extracts must identify and file contact information for their data custodian(s) with the GMCB.

Institutional Review Board (IRB): An institutional review board (IRB), also known as an independent ethics committee (IEC), ethical review board (ERB), or research ethics board (REB), is a committee that has been formally designated to approve, monitor, and review biomedical and behavioral research involving humans.

Personally Identifiable Information (PII): The term PII refers to information that can be used to distinguish or trace an individual's identity, either alone or when combined with other personal or identifying information that is linked or linkable to a specific individual. The definition of PII is not anchored to any single category of

information or technology. Rather, it requires a case-by-case assessment of the specific risk that an individual can be identified. It is important to recognize that non-PII can become PII whenever additional information is made publicly available when combined with other available information.

Source: <https://www.gsa.gov/reference/gsa-privacy-program/rules-and-policies-protecting-pii-privacy-act>

Principal Investigator (PI): 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 VHCURES 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.

Requestor: The requestor is the Vermont state agency, organization, or entity requesting authorization from the GMCB to re-disclose the VHCURES data available under the data use agreement (DUA) to an external agent to perform work directed and funded by the Requestor. External agents may include contractors, subcontractors, grantees, sub-grantees, and other types of entities as identified by the GMCB.

Research: A systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge.

State Entity: Vermont agencies, contractors, or other organizations performing work directed and partially financed by the State of Vermont.

Data Linkage Request Checklist

(For use by the Requestor. Requestors must include all required attachments and applicable optional attachments)

Completed Form

- Data Linkage Project Description Including External Data Sources
- Linkage Data Management Plan
- Data Linkage Project Team
- Signatures

Required Attachments

- Attachment 1:** If this linkage project requires a redisclosure of VHCURES data to an external agent (contractor, subcontractor, grantee, sub-grantee), you must file a VHCURES Data Redisclosure Request Form unless one has already been filed and approved by the GMCB.
- Attachment 2:** If applicable to this data linkage request, attach Institutional Review Board approval document pertaining to the project for which the VHCURES data would be linked with other identifiable data sources.
- Attachment 3:** Other materials that may be requested by the GMCB for reviewing this form.

DATA LINKAGE REQUEST FORM

Data Linkage Project Description

Describes the project for linking VHCURES DUA with data sources with personally identifiable information or with other data sources that could result in identifying individuals in the VHCURES data set. Answer every question in this section. If a question does not apply to the project, indicate that the item is “Not Applicable.” Do not leave a question blank or the form will be deemed incomplete.

Overview of VHCURES Linkage Project

DATA USE AGREEMENT INFORMATION FOR REQUESTOR
DUA Identifier (Assigned by the GMCB to the DUA):
DUA Agency or Organization Name:
DUA Project Name (As stated in the DUA application or DUA):
DUA Authorized User Signatory Name & Title:
DUA Principal Investigator Name & Title (if different from Authorized User):
Data Linkage Project Lead’s Name and Title (Contact managing the data linkage project for the organization with the DUA):
Brief Description of the Data Linkage Project (Summary of subsections 1-2-1 and 1-2-2):
Linkage Project Start Date:
Linkage Project End Date (Indicate if the project will be ongoing for the term of the DUA):
Does the linkage project require redisclosure of VHCURES data to an external agent? <input type="checkbox"/> No- Skip the External Agent Information Section below. <input type="checkbox"/> Yes- Complete the External Agent Information section below. You must file a VHCURES Data Redisclosure Request Form or already have had the data redisclosure approved by the GMCB.
EXTERNAL AGENT INFORMATION
External Agent’s Project Lead- Name and Title (External agent to whom VHCURES data would be redisclosed for the to support the data linkage project):
External Agent’s Organization or Company Name:

Description of Data Linkage Project

Answer the following questions about the project that requires linkage of VHCURES data with other data sources.

1. Summarize the purpose and objectives of the proposed research requiring linkage of VHCURES data with other data sources.
2. List and describe identifiable record-level data source(s) (records with personally identifiable information (PII)) you are planning to link with VHCURES data. List all personally identifiable information in the external data sources that would be linked with the VHCURES data. may Explain the matching methodology for linking the data. If the VHCURES records could become identifiable during the linkage process, explain how the identity of individuals and their PHI will be protected from potential opportunities for disclosure.
3. Explain whether the proposed linkage project was review and approved by an Institutional Review Board (IRB). If yes, attach the IRB approval document as Attachment 2 to this form.

VHCURES Data for Linkage with Other Data Sources

Indicate the VHCURES data files that would be linked for this project.

File Type	Commercial Insurers	Medicaid ¹		Medicare ²	Data Subset Specifications: Date Range and Gender, Age, Other Cohorts as applicable. ³
Medical Eligibility-VT Residents	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Medical Claims-VT Residents	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Medical Eligibility- 5% National Sample	Not applicable	Not applicable		<input type="checkbox"/>	
Medical Claims- 5% National Sample	Not applicable	Not applicable		<input type="checkbox"/>	
Pharmacy Eligibility	<input type="checkbox"/>	<input type="checkbox"/>		Not applicable	
Pharmacy Claims	<input type="checkbox"/>	<input type="checkbox"/>		Not applicable	
Medicare Part D Event - VT Residents	Not applicable	Not applicable		<input type="checkbox"/>	
Medicare Part D Event - 5% National Sample	Not applicable	Not applicable		<input type="checkbox"/>	
Medicare MEDPAR	Not applicable	Not applicable		<input type="checkbox"/>	

¹ The Department of Vermont Health Access (DVHA) must approve uses and disclosure of Medicaid data..

² Medicare data may only be used for research directed and partially funded by the state of Vermont.

³ Refers to Custom Extracts defined under Definitions in this form supporting the data stewardship principle of using the "minimum necessary" data to support the stated research purpose of the project.

Linkage Data Management Plan

Section 2 relates to the policies and procedures to ensure the proper management of VHCURES data that may include personally identifiable information after being linked with other data sources. The GMCB recognizes the applicability of best practices for information security and privacy used in the CMS Data Privacy Safeguard Program (DPSP)¹. Respond to every question about the technical and administrative safeguards over the data.

Physical Possession and Storage of Data Files

4. Describe how the Principal Investigator and project leads will maintain an accurate and timely inventory of the users and locations of VHCURES data and any derived files that may contain personally identifiable information.
5. Describe any training that linkage project staff have had on protection of sensitive data with personally identifiable information protected health information, and other sensitive financial, economic, and personal information.
6. Describe the protocol that would be followed by the linkage project staff to report and mitigate a breach in the security of data with personally identifiable information.
7. What actions will be taken to physically secure the data files that may contain PII during or following the linkage? This includes files on servers, local workstations, and hard media.
8. Please explain if there is any plan to transmit, store, or transfer the data set or any derived files following the linkage between files outside the continental United States.

¹ “Data Privacy Safeguard Program Information Security and Privacy Best Practices” listed under Additional Resources published on <https://www.resdac.org/resconnect/articles/158>

Data Sharing, Electronic Transmission, Distribution

9. Describe what the policies and procedures will be for sharing, transmitting, and distributing the VHCURES data set and any derived files that may include PII with members of the linkage project team.
10. The GMCB's preferred method of transmission of the data files is through a secure File Transfer Protocol (SFTP) transmission. If you anticipate requesting or transferring files for this linkage project via encrypted hard media, please explain the reasons that SFTP is not an option.
11. Describe methods for tracking, monitoring, and auditing access and use of the VHCURES data set or derived extracts of the data set in use for this data linkage project.
12. Describe the policies and procedures and procedures that will be used to define data access privileges for individual users of the data, including the project leads, data custodians, analysts and researchers, and IT support.
13. Explain your technical safeguards for data access (which may include password protocols, log-on/log-off protocols, session time out protocols, and encryption for data in motion and data at rest).
14. If additional copies of the VHCURES data used in this linkage project will be housed in separate locations, please describe how the data will be transferred to these locations.

Completion of Research Tasks and Data Destruction

15. Describe how the PI for the DUA will complete the Certificate of Data Destruction for the data and derived files used in this linkage project will be deleted, destroyed or rendered unreadable upon completion of the project.
16. Describe the policies and procedures that will be used to protect the data and derived files from this linkage project when individual members of the project team terminate their participation in this project.

Data Linkage Project Team

Data Linkage Project Lead (From agency or organization with the GMCB VHCURES DUA)

Please provide contact information for the project lead for data linkage as identified in the table under 1-1 in this form.

Name and Title of the Data Linkage Project Lead		
Project Lead's Agency or Organization Name		
Street Address		
City	State	Zip
Telephone		Email

Data Custodian(s) for Data Linkage Project

Please provide contact information for the data custodian(s) who will be storing and managing the VHCURES data set or derived files during and following the data linkage.

Name and Title of Data Custodian		
Organization		
Street Address		
City	State	Zip
Telephone		Email

Name and Title of Data Custodian

Organization

Street Address

City	State	Zip
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Telephone	Email
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Name and Title of Data Custodian

Organization

Street Address

City	State	Zip
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Telephone	Email
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Signatures

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

DUA Principal Investigator (Requestor)/Name:	
Signature:	Date:

Data Linkage Project Lead Name (if different from Principal Investigator):	
Signature:	Date:

GMCB Processing Section

For GMCB Use Only

VHCURES Data Linkage Project Request Form received: *Click or tap to enter a date.*

DVHA Medicaid Data Linkage Approval Date (Applicable to Medicaid data): *Click or tap to enter a date.*

GMCB overall comments:

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 term extension:

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

Describe reasons for disapproval of term extension:

Date Requestor Notified: *Click or tap to enter a date.*