



**Vermont Department of Banking, Insurance, Securities
and Health Care Administration
Division of Health Care Administration**

**VERMONT HEALTHCARE CLAIMS UNIFORM
REPORTING AND EVALUATION SYSTEM:**

**APPLICATION FOR A LIMITED USE
HEALTH CARE CLAIMS RESEARCH DATA SET**

INTRODUCTION

To the extent allowed by federal HIPAA provisions, the Vermont State Legislature authorized the Department of Banking, Insurance, Securities and Health Care Administration (the department) to collect health care eligibility and medical and pharmacy claims data from health insurers to be available as a resource for insurers, employers, providers, purchasers of health care, and state agencies to continuously review health care utilization, expenditures, and performance in Vermont. (18 V.S.A. § 9410) Provisions addressing releases from the claims data set are addressed in state regulation H-2008-01. Information and documentation about the VHCURES program are posted on the department's web site at www.bishca.state.vt.us.

The Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES) data collection program produces consolidated claims data sets that are updated on a periodic basis. Record-level files containing "unrestricted" data elements are available in a public use file (PUF). Limited use health care claims research data sets (limited use data sets) containing specified "restricted" data elements are available to users and for uses approved by the department. Approved users are responsible for covering the cost of the files or technical assistance provided by the department's designated contractor managing the consolidated VHCURES data set.

Requestors seeking the release of a limited use health care claims research data set must complete this application for review by the department and have a data use agreement with the department. Approved users wanting to retain and use limited use data sets for longer than 2 years may be required to reapply.

Authorized users conducting research and analysis on behalf of the department must complete another version of this application titled, "Authorized User Application" and have a data use agreement with the department.

If the department declines to release a requested limited use data set, it will provide within 60 days of receipt of the application a written statement identifying the specific criteria that are the basis for denial of the application. The requestor shall have leave to resubmit or supplement the application to address the Commissioner's concerns. Any adverse decision regarding an application may be appealed within 30 days by filing a request for hearing with the Commissioner pursuant to Department Rule 82-1.

INSTRUCTIONS FOR COMPLETING AND SUBMITTING THE APPLICATION

Applicants must complete all required sections of the application and include adequate detail to support a thorough review of the application by the department. Applications that are incomplete will not be reviewed until the applicant has provided all required information.

The Commissioner may request a review of an application by the VHCURES Data Release Advisory Committee. See Section 8 of state Regulation H-2008-01 for detailed information about the committee.

Applicants must submit one (1) copy of the completed application in electronic format via electronic mail and one (1) hard copy to the contact for the department listed below. The electronic filing of the completed application must include all supplementary materials and attachments being submitted as part of an application.

The contact at the department for questions about the VHCURES program including the application process and for routing completed applications is:

Dian Kahn
Director of Analysis and Data Management
BISCHA
89 Main Street, Drawer 20
Montpelier, VT 05620-3101
(802) 828-2906
Dian.Kahn@state.vt.us

SECTION 1: APPLICANT CONTACT AND QUALIFICATION INFORMATION

1-1. Principal Investigator

The person in charge of a project that makes use of limited use research health care claims data sets and who is the custodian of the data responsible for the observance of all conditions of use and for establishment and maintenance of security arrangements to prevent unauthorized use.

Principal Investigator Name: Steven Kappel
Title (if applicable):
Principal Investigator Organization: Policy Integrity LLC
Street/PO Address: 1855 North Street
City/State/ZIP: Montpelier, VT 05602
Phone Number: 802-522-0986
Email address: sjkappel@policyintegrity.com
Fax Number:
Web Address (if applicable):

1-2. Organizational Affiliation of Principal Investigator (if applicable)

Complete this section if the principal investigator is not a member or permanent employee of the organization that is requesting the research or study for which the limited use health care claims limited use data set is being requested.

Organization Name:
Organization Contact Name:
Organization Contact Title:
Street/PO Address:
City/State/ZIP:
Phone Number:
Email address:
Fax Number:
Web Address (if applicable):

1-3 Principal Investigator Contact Person (if different from Principal Investigator)

Name:
Title:

Complete if different from the Principal Investigator information under 1-1:
Street/PO Address:
City/State/ZIP:
Phone Number:
Email address:
Fax Number:

1-4. Description of Principal Investigator Professional Qualifications

Describe education, training and previous research experience, publications, affiliation with a university, private research organization, medical center, government agency, or other institution that will provide sufficient research resources. Attach resume for this section if it provides adequate description of qualifications.

Attachment Filename (File must be included in electronic submission of this application):
2011-04_Kappel_JFO_Qualifications_03172011.doc

2. Additional Project Staff with Access to the Limited Use Health Care Claims Research Data Set (if any)

List the names of all staff on project, including contractors, who will have access to the data and provide their qualifications. The Principal Investigator is required to provide copies of the signed data use agreement to all project staff listed below.

2 (a). Additional Project Staff Person #1

Name: Nolan Langweil
Title: Fiscal Analyst
Organizational Affiliation/Employer: Joint Fiscal Office
Project Role: Client / requestor
Qualifications:

2 (b). Additional Project Staff Person #2

Name: Carrie Hathaway
Title: Director of Fiscal Operations
Organizational Affiliation/Employer: DHVA
Project Role: Reviewer
Qualifications:

2 (c). Additional Project Staff Person #3

Name: Betsy Forrest
Title: Health Care Reform Project Director
Organizational Affiliation/Employer: DHVA
Project Role: Reviewer
Qualifications:

2 (d). Additional Project Staff Person #4

Name:
Title:
Organizational Affiliation/Employer:
Project Role:
Qualifications:

2 (e). Additional Project Staff Person #5

Name:

Title:

Organizational Affiliation/Employer:

Project Role:

Qualifications:

SECTION 2: RESEARCH PROTOCOL

Complete the information below in summary format and attach a copy of the research protocol to provide detailed information. In addition, If you have an approval from an Institutional Review Board for your study, attach that information to this application.

2-1. Research Protocol Filename (File must be included in electronic submission of this application): 2011-04_Kappel_JFO_Research Protocol

2-2. IRB Study Approval Filename (If applicable, file must be included in electronic submission of this application):
Not applicable

2-3. Summary of background, purposes, and origin of the research:
The Vermont legislature is considering reforms to the Catamount Health insurance program. They are asking for estimates of savings and impacts on provider classes.

2-4. Statement of the health-related problem or issue to be addressed by the research:
Costs of the Catamount Health program

2-5. Research design and methodology, including either the topics of exploratory research or the specific research hypotheses to be tested:
This analysis will inform that consideration by measuring state savings and impacts on categories of providers by repricing Catamount Health claims using the current Medicaid fee schedule.

2-6. Describe the procedures that will be followed to maintain the confidentiality of any data or copies of records provided to the principal investigator. Provide details related to the following items as applicable to this application:

Who will have direct access to the released file of record-level data? Kappel
Who will have access and how will access to the data extracted from the original released file containing any tabulations derived from restricted data elements be limited? Kappel, Langweil, Hathaway, Forrest
What provisions are being made to hold people accountable for security of the data being released or extracted from the released dataset?

How will access to any personal computers and removable hard drives be controlled and limited? Data will be stored on a single laptop. Both the laptop itself and the software used to manage the data are password-protected.

Will data (original file or extracted/copied files) be transferred to laptops and/or thumbdrives or other storage devices? How will access to that be controlled and limited? No

How will the released data be expunged and destroyed once the approved use of the data is completed? Generally-accepted "data scrubbing" protocols.

2-7. The intended research completion date (Studies that take longer than 2 years shall require annual approval and renewal from the department): 6/30/2011

SECTION 3: PRICES FOR DATA SETS

Limited use research health care claims data sets approved by the Department shall be made available to the requesting party at the cost set below by the Department's designated vendor to process the approved data extract. The price below does not include the cost of additional programming and consulting services that requestors may procure from the vendor. Approved users will be invoiced by the vendor and are responsible for their own payment arrangements with the vendor. Payment for the data and any additional consulting services procured from the vendor are to be made directly to the vendor.

BISHCA Designator Vendor:

Onpoint Health Data

16 Association Drive

Manchester, ME 04351

207 430-0632

207 622-7086 fax

www.OnpointHealthData.org

The extract price is \$5,200 for an extract of multiple years of incurred claims and eligibility data including the services and products listed below from the designated vendor. This includes extracts only from existing warehouse data sets for up to 5 years of incurred data. The Vermont warehouse has a start date of January 2007 for incurred claims and eligibility files.

- Define data output specifications
- Data extract of claims and eligibility records up to 5 years incurred
- Provider master table extract
- Local CPT/Diagnosis table extract
- Client review and release of extract including dictionary documentation

The extract price does not include any conditional programming on the part of the vendor to meet clients' customized conditions or research methodologies. For example, the

vendor will not extract diabetic patients or radiology services or other defined subsets without additional cost as required for vendor consultation and programming.

SECTION 4: ROUTING AND DELIVERY

Data will be shipped via UPS or FedEx, unless otherwise requested. Please provide your UPS or FedEx billing number and any other relative shipping information.

UPS Billing Number:
FedEx Billing Number:
Other Shipping Options:

Ship to the attention of (Name):
Shipping Address:

SECTION 5: SPECIFICATION OF REQUEST FOR LIMITED USE DATA SET

In the subsections below below, the applicant needs to indicate the time period, minimum needed specific data elements, justify need for potentially indirect patient identifiers, and indicate minimum needed specificity needed for indirect patient identifiers, and selection criteria for the minimum needed data records required.

5-1. Please indicate the type of data and time period requested. *Note: data is collected on an incurred basis starting with January 2007 and will be available on quarter-by-quarter time periods. A sixth month lag on payments to account for claim payment run out is recommended.*

Data Set	Incurred Time Period
(X) Member Eligibility	Calendar 2009
(X) Medical Claims	Calendar 2009
() Pharmacy Claims	

5-2. If your study requires additional time periods beyond those noted above, please indicate period (*note: requests for receipt or retention of data beyond two years after receipt of initial data will require annual renewal.*):

5-3. Data will be supplied in a delimited text file format. Due to the size of the data this is the recommended format. For smaller subsets of records, other formats may work. Please indicate any special format or layout of data requested by the principal investigator and we will try to accommodate the need:

5-4. If applicable, provide a detailed specification for any customized flagging and coding, summary data tables, and reports that you are requesting the Department's designated vendor, Onpoint Health Data to generate *at your cost* for your research using restricted (R) data elements per tables 1-3 in this section. This includes all summary data tables and reports that include information using calculated variables based on restricted data elements:

5-5. Tables 1-3 below include a listing of public use (P) and restricted (R) data elements. Check the both the public (P) and restricted (R) data elements that you are requesting for your research. This is applicable to both data extracts and customized summary data tables and reports that you are requesting the Department's designated vendor to generate for your research as described in sections 2 and 5-4 (if applicable). Select only those elements needed for your research and provide a justification for need. Specify any sub-selection of records or grouping of values you expect to use for each data elements.

Applicants must provide complete information in Tables 1, 2, and 3 below regarding Need/Filter/Group for every data element requested regardless of release status.

Please use as much space as you need.

- *Need:* We will only provide the minimum set of information with the minimum specificity that you need. Please supply a need for elements below with Need listed to the right of element. Data elements may be denied if your application does not justify your need explicitly when required.
- *Sub-selection of Records (Filters):* We will only release the minimum set of records needed for your study. Please provide any selection criteria for the records you are specifically interested in. For instance, if you specifically want to study children, we would release records for the specified age range. If you are studying women's health, we would only release records for adult females.
- *Grouping of Values:* Where relevant, we will provide data elements pre-grouped. Please indicate any grouping that is needed for your study. For instance, if you only need to know information based on specified age groups, we can recode single-year age into relevant age groupings.

Special Request for Sub-selection of Records (Filters)

We will only release the minimum set of records needed for your study. Identify selection criteria below for any sub-selection of records that you want included in the file. A sub-selection may be specified by gender, age range, insurance market or product type, etc. Per Regulation H-2008-01, VHCURES data may not be used in any manner that identifies individual employer groups or purchaser groups from information contained in a limited use data set. Requesting the VHCURES data set to be filtered to select a subset may require a processing cost in addition to the file price. See section 3 in this application for information about pricing.

Specify selection criteria for a sub-selection of records if applicable:

Table 1: Member Eligibility File Data Element Request

Release Status Key:

P= Public or unrestricted data elements but requires Need/Filter/Group information

R= Restricted elements require department approval

Request (X)	BISCHA Approval (BISHCA use only)	Element #	Release Status	Element Description	Need/Filter/Group
(X)	(X)	ME001 & 2	R	Payer and Payer National Plan ID	Need: 1 Filter: Grouping:
(X)	(X)	ME006	R	Encrypted Insured Group or Policy Number (specify at right if grouping or filtering by number of members in group)	Need: 2 Filter: Grouping:
(X)	(X)	ME007	P	Benefit Coverage Level Code	Not applicable
(X)	(X)	ME013	P	Member Gender	Filter:
()	()	ME015	R	Member City	Need: Filter: Grouping:
(X)	(X)	ME016	P	Member State	Not applicable
()	()	ME017	R	Member ZIP Code	Need: Filter: Grouping:
(X)	(X)	ME018	P	Medical Coverage Flag	Filter:
()	()	ME019	P	Prescription Drug Coverage Flag	Filter:
(X)	(X)	ME028	P	Primary Insurance Indicator	Not applicable
(X)	(X)	ME029	P	Coverage Type	Not applicable
()	()	ME030	P	Market Category Code	Not applicable
(X)	(X)	ME901	P	Member Age: Aggregate 90+	Filter: Grouping:
(X)	(X)	ME902	P	Record ID#	Not applicable
()	()	ME905	P	Medicare Coverage Flag	Filter:
()	()	ME907	R	Double Encrypted Subscriber SSN	Need:
()	()	ME908	R	Double Encrypted Plan Specific Contract Number	Need:
(X)	(X)	ME911	P	Standardized Individual Relationship to Insured Code	Not applicable
(X)	(X)	ME912	P	Standardized Insurance Type Code/Product Code	Not applicable
(X)	(X)	ME914	P	Eligibility Year and Month	Not applicable
(X)	(X)	ME915	P	Member Vermont County	Filter: Grouping:
(X)	(X)	ME916	P	Composite Unique Member ID# (required for linking to claim tables)	Need:
()	()	ME032	R	Insured Group Name	Need: Filter: Grouping:

Table 2: Medical Claims File Data Element Request

Release Status Key:

P= Public or unrestricted data elements but requires Need/Filter/Group information

R= Restricted elements require department approval

*=Provider detail not released where the medical abortion or medication abortion flag=1

Request (X)	BISCHA Approval (BISHCA use only)	Element #	Release Status	Element Description	Need/Filter/Group
(X)	(X)	MC001 & 2	R	Payer and Payer National Plan ID	Need: 1 Filter: Grouping:
(X)	(X)	MC005A	P	Version Number	Need: Filter: Grouping:
(X)	(X)	MC006	R	Encrypted Insured Group or Policy Number (specify at right if grouping or filtering by number of members in group)	Need: 2 Filter: Grouping:
(X)	(X)	MC011	P	Member Relationship to Insured Code	Filter: Grouping:
(X)	(X)	MC012	P	Member Gender	Filter:
()	()	MC014	R	Member City	Need: Filter: Grouping:
(X)	(X)	MC015	P	Member State	Not applicable
()	()	MC016	R	Member ZIP Code	Need: Filter: Grouping:
()	()	MC017	R	Date Service Approved (AP Date)	Need: Filter: Grouping:
()	()	MC018	R	Inpatient Admission Date	Need: Filter: Grouping:
()	()	MC019	R	Admission Hour	Need: Filter: Grouping:
(X)	(X)	MC020	P	Admission Type	Need: Filter: Grouping:
(X)	(X)	MC021	P	Admission Source	Filter: Grouping:
()	()	MC022	R	Discharge Hour	Need: Filter: Grouping:
(X)	(X)	MC023	P	Member Status at Discharge	Filter: Grouping:
()	()	MC024 & MC026 & MC912	R*	Payer Service, National Service Provider, Standardized Provider ID# Numbers	Need: Filter: Grouping:
(X)	(X)	MC027	R	Service Provider Entity Type Qualifier (Person or Non-Person Entity)	Need: Filter:
()	()	MC028 - 31	R*	Service Provider Name or Organization Name	Need: Filter: Grouping:

Request (X)	BISCHA Approval (BISHCA use only)	Element #	Release Status	Element Description	Need/Filter/Group
(X)	(X)	MC032	P*	Payer Service Provider Specialty Code	Filter: Grouping:
()	()	MC033	P*	Service Provider City	Need: Filter: Grouping:
()	()	MC034	P*	Service Provider State	Filter:
()	()	MC035	P*	Service Provider ZIP Code	Need: Filter: Grouping:
(X)	(X)	MC036	P	Type of Bill – Institutional	Filter: Grouping:
(X)	(X)	MC037	P	Facility Type – Professional	Filter: Grouping:
()	()	MC038	P	Claim Status (payment status of specific service line record)	Filter: Grouping:
(X)	(X)	MC039	P	Inpatient Admitting Diagnosis	Filter:
(X)	(X)	MC040	P	E-Code	Filter:
(X)	(X)	MC041	P	Principal Diagnosis	Filter:
(X)	(X)	MC042 - 53	P	Other Diagnosis – 1 to 12	Filter:
(X)	(X)	MC054	P	NUBC Revenue Code	Filter:
(X)	(X)	MC055 - 57	P	HCPCS/CPT Procedure Code and Modifiers	Filter:
(X)	(X)	MC058	P	ICD-9-CM Procedure Code	Filter:
(X)	(X)	MC059	R	Date of Service – From	Need: 3 Filter: Grouping:
()	()	MC060	R	Date of Service – Thru	Need: Filter: Grouping:
(X)	(X)	MC061	P	Quantity	Filter:
()	()	MC062	R	Charge Amount	Need: Filter:
(X)	(X)	MC063	P	Paid Amount	Filter:
(X)	(X)	MC064	P	Prepaid Amount (and for capitated services the fee for service equivalent)	Filter:
(X)	(X)	MC065	P	Copay Amount	Filter:
(X)	(X)	MC066	P	Coinsurance Amount	Filter:
(X)	(X)	MC067	P	Deductible Amount	Filter:
()	()	MC069	R	Discharge Date	Need: Filter: Grouping:
()	()	MC070	P*	Service Provider Country Name	Filter:
(X)	(X)	MC071	P	DRG	Filter:
(X)	(X)	MC072	P	DRG Version	Filter:
(X)	(X)	MC073	P	APC	Filter:
(X)	(X)	MC074	P	APC Version	Filter:
()	()	MC075	P	Drug Code	Need:
(X)	(X)	MC076	R*	Billing Provider Number	Need: 4 Filter: Grouping:
()	()	MC077	R*	National Billing Provider ID	Need: Filter: Grouping:

Request (X)	BISCHA Approval (BISHCA use only)	Element #	Release Status	Element Description	Need/Filter/Group
()	()	MC078	R*	Billing Provider Last Name or Organization	Need: 4 Filter: Grouping:
(X)	(X)	MC901	P	Member Age: Aggregate 90+	Filter: Grouping:
(X)	(X)	MC902	P	Record ID#	Not Applicable
()	()	MC905	P	Medicare Coverage Flag	Filter:
()	()	MC907	R	Double Encrypted Payer Claim Control Number	Need:
()	()	MC908	R	Double Encrypted Subscriber Social Security Number	Need:
()	()	MC909	R	Double Encrypted Plan Specific Contract Number	Need:
(X)	(X)	MC910	P	Composite Unique Member ID# (required for linking to member and pharmacy claim tables)	Need:
(X)	(X)	MC913	P	Standardized Insurance Type/Product Code	Not Applicable
()	()	MC914	P*	Medical Abortion Flag	Need:
(X)	(X)	MC915	P	Year Paid	Need: Filter: Grouping:
()	()	MC916	R	Month Paid	Need: Filter: Grouping:
(X)	(X)	MC917	P	Year of Service	Need: Filter: Grouping:
(X)	(X)	MC918	R	Month of Service	Need: 3 Filter: Grouping:
(X)	(X)	MC919	P	Payment Quarter	Need: Filter: Grouping:
(X)	(X)	MC920	P	Quarter Service Performed	Need: Filter: Grouping:
()	()	MC921	P*	Medication Abortion Flag	Need:
()	()	MC922	P	Member County Code	Filter: Grouping:
()	()	MC923	P	Admission Year	Filter:
()	()	MC924	P	Discharge Year	Filter:
()	()	MC925	P	Length of Stay	Filter: Grouping:
()	()	MC926	P	Service Event Primary Key	Not Applicable
()	()	MC928	P*	Service Provider County Code	Need: Filter: Grouping:

Table 3: Pharmacy Claims File Data Element Request

Release Status Key:

P= Public or unrestricted data elements but requires Need/Filter/Group information

R= Restricted elements require department approval

*=Provider detail not released where the medical abortion or medication abortion flag=1

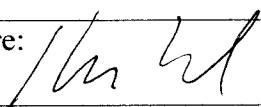
Request (X)	BISCHA Approval (BISHCA use only)	Element #	Release Status	Element Description	Need/Filter/Group
()	()	PC001 & 2	R	Payer and Payer National Plan ID	Need: Filter: Grouping:
()	()	PC003 & PC912	P	Insurance Type/Product Code & Standardized Code	Filter: Grouping:
()	()	PC006	R	Encrypted Insured Group or Policy Number (specify at right if grouping or filtering by number of members in group)	Need: Filter: Grouping:
()	()	PC011	P	Member Relationship to Insured Code	Filter: Grouping:
()	()	PC014	R	Member City	Need: Filter: Grouping:
()	()	PC015	P	Member State or Province	Filter: Grouping:
()	()	PC016	R	Member ZIP Code	Need: Filter: Grouping:
()	()	PC017	R	Date Service Approved	Need: Filter: Grouping:
()	()	PC018 & PC913	R	Payer Pharmacy Number & Standardized Pharmacy ID# Number	Need: Filter: Grouping:
()	()	PC020	R	Pharmacy Name	Need: Filter: Grouping:
()	()	PC021	R	National Pharmacy ID Number	Need: Filter: Grouping:
()	()	PC022	R	Pharmacy Location City	Need: Filter: Grouping:
()	()	PC023	P	Pharmacy Location State	Filter:
()	()	PC024	R	Pharmacy ZIP Code	Need: Filter: Grouping:
()	()	PC024A	P	Pharmacy Country Name	
()	()	PC025	P	Claim Status (payment status of specific service line record)	Filter: Grouping:
()	()	PC026	P	Drug Code (NDC)	Filter: Grouping:
()	()	PC027	P	Drug Name	Filter: Grouping:
()	()	PC028	P	New Prescription/Refill Number	Filter: Grouping:
()	()	PC029	P	Generic Drug Indicator	Filter:
()	()	PC030	P	Dispense as Written Code	Filter:
()	()	PC031	P	Compound Drug Indicator	Filter:
()	()	PC032	R	Date Prescription Filled	Need: Filter: Grouping:

Request (X)	BISCHA Approval (BISHCA use only)	Element #	Release Status	Element Description	Need/Filter/Group
()	()	PC033	P	Quantity Dispensed	Filter:
()	()	PC034	P	Days Supply	Filter:
()	()	PC035	R	Charge Amount	Need: Filter:
()	()	PC036	P	Health Paid Amount	Filter:
()	()	PC037	P	Ingredient Cost/List Price	Filter:
()	()	PC038	P	Postage Amount Claimed	Filter:
()	()	PC039	P	Dispensing Fee	Filter:
()	()	PC040	P	Copay Amount	Filter:
()	()	PC041	P	Coinsurance Amount	Filter:
()	()	PC042	P	Deductible Amount	Filter:
()	()	PC044	R*	Prescribing Physician First Name	Need: Filter: Grouping:
()	()	PC045	R*	Prescribing Physician Middle Name	Need: Filter: Grouping:
()	()	PC046	R*	Prescribing Physician Last Name	Need: Filter: Grouping:
()	()	PC901	P	Member Age: Aggregate 90+	Filter: Grouping:
()	()	PC902	P	Record ID#	Not Applicable
()	()	PC906	R	Double Encrypted Payer Claim Control Number	Need:
()	()	PC907	R	Double Encrypted Subscriber Social Security Number	Need:
()	()	PC908	R	Double Encrypted Plan Specific Contract Number	Need:
()	()	PC910	P	Composite Unique Member ID# (required for linking to member and medical claim tables)	Filter:
()	()	PC911	P	Standardized Member Gender	Filter:
()	()	PC912	P	Standardized Insurance Type/Product Code	Not Applicable
()	()	PC913	R	Pharmacy ID#	Need:
()	()	PC914	P	Year Paid	Need: Filter: Grouping:
()	()	PC915	R	Month Paid	Need: Filter: Grouping:
()	()	PC916	P	Year Prescription Filled	Need: Filter: Grouping:
()	()	PC917	R	Month Prescription Filled	Need: Filter: Grouping:
()	()	PC918	P	Payment Quarter	Need: Filter: Grouping:
()	()	PC919	P	Quarter Prescription Filled	Need: Filter: Grouping:

Request (X)	BISCHA Approval (BISHCA use only)	Element #	Release Status	Element Description	Need/Filter/Group
()	()	PC920	R*	Prescribing Physician ID#	Need: Filter: Grouping:
()	()	PC921	P*	Medication Abortion Flag	Need:
()	()	PC922	P	Member Vermont County	Filter: Grouping:

Section 6: Principal Investigator and Requestor Signatures

I have reviewed the request form. I shall provide a copy of the signed data use agreement to all project staff identified under section 1 of this application. All statements made in the request form are true, complete, and correct to the best of my knowledge.

Principal Investigator Name:	STEVEN KAPPEL	
Principal Investigator Signature:		Date: 3/22/2011
Requestor (if different than Principal Investigator) Name:		
Requestor Signature:	Date:	

Mr. Steven Kappel, MPA is the founder of Policy Integrity LLC, which specializes in the development and evaluation of health policy. Mr. Kappel has been involved in the development of health data and health policy in Vermont for nearly 30 years. Since 1993, he has provided analytical support to both the legislature and executive branch on every health care reform initiative within the state. He has worked on the design and implementation of several major state data resources, including the hospital discharge data system, the state Expenditure Analysis and the Vermont Household Health Insurance Survey. He has extensive experience in claims analysis, including both private insurer and public coverage (Medicare and Medicaid).

He has worked extensively with both public and private-sector organizations in Vermont, including insurers, hospitals, the Vermont Program for Quality in Health Care, and several different state agencies. Mr. Kappel is also an adjunct instructor in health policy at the University of Vermont. He holds a Master's Degree in Public Administration from the University of Vermont and is a graduate of the Vermont Leadership Institute.

Research Protocol

To the extent possible, claims will be repriced using DHVA reimbursement methodologies and VHAP benefits. State spending under this scenario will be compared to state spending on premium subsidies.

Impact on broad groups of providers will be reported. Categories will include hospitals, primary care physicians, and specialist physicians.

No information on individual providers will be released.

Explanation of Needs Codes

1. Payer ID is needed to distinguish MVP from Blue Cross
2. Group number is used to identify Catamount beneficiaries
3. Date of Service is needed to correctly price services in cases where the DHVA fee schedule has changed during the experience period.
4. Provider identification is necessary in case any DHVA payment rates are provider-specific

Commissioner's Decision: Application for a VHCURES Limited Use Healthcare Claims Research Data Set

Application: 2011-04_Kappel_JFO_Submitted_03222011.pdf

Date Principal Investigator Submitted the Application: March 22, 2011

Principal Investigator: Steven Kappel (Under contract with Joint Fiscal Office)

Purpose of the proposed research as stated by the applicant:

The Vermont legislature is considering reforms to the Catamount Health insurance program. They are asking for estimates of savings and impacts on provider classes. This analysis will inform that consideration by measuring state savings and impacts on categories of providers by repricing Catamount Health claims using the current Medicaid fee schedule.

BISHCA staff synopsis of the application:

Nolan Langweil from JFO contacted BISHCA requesting access to VHCURES data for the purpose of modeling the potential cost impact of moving the Catamount Health program into the VHAP program administered by DVHA. Steve Kappel is already is the custodian of a VHCURES data set under the data use agreement in place for the Act 128 Hsiao Report and is submitting this application to be approved to continue to use the file for the purpose of doing the research identified in this application and to also receive additional tables that will allow the principal investigator to identify the eligibility and claims records for Catamount Health enrollees for BCBS VT and MVP Health Plan. The data request is limited to medical claims and excludes pharmacy claims and includes the data elements necessary to reprice the claims using Medicaid reimbursement schedule. Per the project staff on this application, the draft reporting will be shared with JFO and DVHA and BISHCA will review the draft reports before released to parties outside of this application per H-2008-01.

BISHCA Staff Recommendation to the Commissioner:

This research supports the informational needs of policy makers and DVHA executives related to estimating the cost impact of moving the Catamount Health program into VHAP administered by DVHA. The data requested is appropriate to support the research objective.

Summary of Data Release Advisory Committee Reviews

Reviewer	Review Received	Notes
Don George	Not applicable	
William V. Little	Not applicable	
Susan W. Besio, PhD	Not applicable	
Paul Bengston	Not applicable	
John Brumsted, MD	Not applicable	
Paul Harrington	Not applicable	
Mitch Fleischer	Not applicable	
Harold Schwartz	Not applicable	

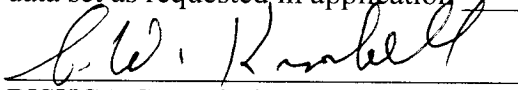
Jeanne Keller	Not applicable	
John Pandiani, PhD	Not applicable	
Richard A. Galbraith, MD, PhD, FRCP	Not applicable	

I approve application 2001-04_KippelJF0 as submitted and have waived a review of the application by the Data Release Advisory Committee.

I approve application _____ as submitted and reviewed by the Data Release Advisory Committee without further requirements.

I approve application _____ under the condition that the applicant modify the application as recommended under BISHCA Staff Recommendations above.

I do not approve the release of a VHCURES limited use healthcare claims research data set as requested in application _____.



BISHCA Commissioner

3/24/11
Date