



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

Comprehensive Data Use Agreement

Application(s) No. 2011-06-DVHA-Lawson-Application

The Department of Banking, Insurance, Securities, and Health Care Administration (Department) and Department of Vermont Health Access, enter into this Data Use Agreement in reference to the attached Application for a Comprehensive Health Care Claims Research Data Set (Application) from the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES). This Data Use Agreement is made and entered into pursuant to the Department's authority under 18 V.S.A. § 9410 and Department Administrative Regulation H-2008-01 to administer the Vermont Health Care Uniform Reporting and Evaluation System (VHCURES).

In consideration for the receipt of comprehensive use health care claims research data sets contained in the standard State of Vermont comprehensive data extract that will be released under this Agreement, The Dept of VT Health Access agrees to be bound by the terms and conditions of data use as approved by the Department and as set forth in the Application, which is attached and incorporated herein by reference and made part of this agreement.

IN WITNESS WHEREOF, this agreement has been executed by the parties hereto:

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

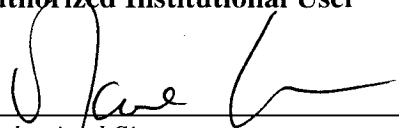
Stephen W. Kimbell
Authorized Signature

Date: 11/7/11

Printed Name: Stephen W. Kimbell

Title: Commissioner of Dept. of Banking, Insurance,
Securities & Health Care Administration

Authorized Institutional User



Authorized Signature

Date: 10/14/11

Printed Name: Mark Larson

Title: Commissioner

2011-06-DVHA-Lanson



**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
Authorized Institutional User**

INTRODUCTION

To the extent allowed by federal HIPAA provisions, the Vermont Legislature authorized the Department of Banking, Insurance, Securities and Health Care Administration (the Department, or BISHCA) 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. 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 contain unrestricted data elements that are available for public use, and restricted data elements that are only available if approved by the Department. Extracts containing restricted data elements are referred to as limited use health care claims research data sets (limited use data sets). Regulation H-2008-01, available on the Department's website (www.bishca.state.vt.us), provides specific requirements concerning the release of limited use health care claims research data.

To obtain a limited use health care claims research data set, requestors must complete this application and submit it to the Department for approval. If approved, the requestor enters into a data use agreement which cannot be amended without the express written consent of the Department or, in some instances, the submission and approval of a new application. 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.

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 concerns of the Commissioner of the Department (the Commissioner). Any adverse decision regarding an application may be appealed within 30 days by filing a request for hearing with the Commissioner pursuant to Department Regulation 82-1 (Revised).

The comprehensive standard State data set available to authorized State agencies includes all public and non-public data elements included in the core and supporting eligibility and medical and pharmacy claims files that are updated and consolidated on a quarterly basis starting from the initial incurred claims date of January 1, 2007. The comprehensive standard data set will also include a series of reference data sets. Reference sets may also include elements that allow the summarizing of core data. Reference data sets include data for nonstandard code values used by individual data reporters; these often are referred to as local or homegrown codes. When national codes are constrained behind pay walls or fee structures, they are not included in the released tables; arrangement for their licensing/acquisition is the responsibility of the user.

INSTRUCTIONS

Complete all required sections of the application and submit one (1) copy of the completed application, including all supplementary materials and attachments, in electronic format via electronic mail and one (1) hard copy to the Department contact at the address listed below. Incomplete applications will not be approved until the applicant has provided all required information.

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

For questions about the VHCURES program, including the application process and for routing completed applications, contact:

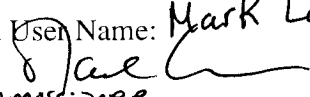
Dian Kahn
Director of Analysis and Data Management
BISHCA
89 Main Street, Drawer 20
Montpelier, VT 05620-3101
(802) 828-2906
Dian.Kahn@state.vt.us

Thomas Crompton
Senior Health Care Analyst
BISHCA
89 Main Street, Drawer 20
Montpelier, VT 05620-3101
(802) 828-2922
Thomas.Crompton@state.vt.us

SECTION 1: APPLICANT INFORMATION

1-1. Authorized Institutional User

The authorized institutional user is the licensee ultimately responsible for the approved use of the VHCURES limited use research health care claims data sets. The individual signing on behalf of the authorized institutional user must be in an executive position of authority within the agency, Department or organization. Upon approval of the application, the authorized user must sign the data use agreement, and at the termination of the project, must certify to BISHCA that the released data has been destroyed.

Authorized User Name: Mark Larson
Signatory: 
Title: Commissioner
Street/PO Address: 312 Hurricane Lane
City/State/ZIP: Williston, VT 05495
Phone Number: 802-879-5901
Email address: Mark.Larson@ahs.state.vt.us
Fax Number: 802-879-5962

1-2. Principal Investigator/Data Custodian

"Principal investigator" means the person in charge of a project that makes use of limited use research health care claims data sets. The principal investigator is the custodian of the data and is responsible for compliance with all restrictions, limitations and conditions of use associated with data release.

Principal Investigator: Richard Slusky
Title: Director of Payment Reform
Organization: DVHA
Street/PO Address: 312 Hurricane Ln
City/State/ZIP: Williston VT 05495
Phone Number: 802-879-5901
Email address: Richard.Slusky@ahs.state.vt.us
Fax Number:

1-3. Project Director

The project director is either the principal investigator/data custodian or an individual designated as the project director by the authorized institutional user. The project director is responsible for the physical security of the VHCURES data and for the access to and the approved use of the VHCURES data by the project staff.

Name: Mark Podrazik
Title: Principal
Organization: Burns & Associates Inc.
Street/PO Address: 3030 North Third St.
City/State/ZIP: Phoenix AZ 85012
Phone Number: 602-241-8500
Email address: M.Podrazik@burnshealthpolicy.com
Fax Number: 602-241-8529

1-4. All Project Staff with Access to the Limited Use Health Care Claims Research Data Set

All project staff, including contractors and subcontractors, who will have access to the data, must be identified prior to such access and must complete a notarized affidavit (attached), certifying that they understand and agree to the terms of use

of the data. In order to add any new users to this application, affidavits must be on file at the Department.

Mark A Podrazik
John D. Simon

Mark Larson
Lori Collins
Richard Slusky
Jeff Ross
Catherine West

Mary Andes

SECTION 2: RESEARCH PROTOCOL

Provide the information below in summary format. If you have obtained approvals from Institutional Review Boards (IRBs) for your studies, attach copies to this application.

2-1. Summary of intended use for the limited use healthcare claims research data set included in the comprehensive standard State data extract. (Either provide the summary below or attach a file to this application. All attachments must be submitted in electronic format). In addition, users other than authorized Vermont State agencies shall attach a copy of the detailed research protocol that comprehensively describes the need for and intended uses of the requested limited use data. *see attached*

2-2. IRB Study Approval Filename (Not required but if applicable, files must be included in electronic submission of this application).

n/a

2-3. The security procedures that will be followed to maintain the confidentiality of any data or copies of records provided to all data users. (Either provide the information below or attach a file to this application. All attachments must be submitted in electronic format). *see attached*

2-4. Intended research completion date: 12/15/11
(Vermont State agencies may indicate that this application is for ongoing and continuing access to the approved data release).

SECTION 3: DATA PROCUREMENT

The limited use research health care claims data sets included in the comprehensive standard State data extract that will be made available to authorized Vermont state agencies can be provided on an ongoing quarterly basis, as approved by the Department, and will be shipped to Vermont State agencies by the Department's designated vendor. Authorized data recipients will be responsible for pursuant costs to be paid to the BISHCA vendor. Authorized State agencies are responsible for any redistribution to designated agents and contractors that are not State agencies. Authorized State agencies and their designated agents and contractors will be responsible for any additional programming and consulting services procured from the vendor. Approved users will be invoiced by, and directly pay the vendor for any additional vendor services. The BISHCA Designator Vendor is:

Onpoint Health Data
16 Association Drive
Manchester, ME 04351

207 430-0632
207 622-7086 fax
www.OnpointHealthData.org

SECTION 4: ROUTING AND DELIVERY

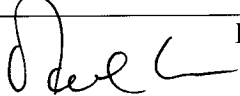
Data will be shipped via UPS or FedEx, unless otherwise requested. Please provide your UPS or FedEx billing number and any other relative shipping information.

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

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

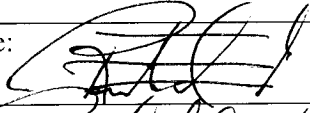
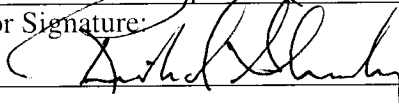
SECTION 5: AUTHORIZED INSTITUTIONAL USER SIGNATURE

I have reviewed the request form. All statements made in the request form are true, complete, and correct to the best of my knowledge.

Authorized Institutional User Name:	Mark Larson
Authorized Institutional User Signature:	 Date: 10/14/11

SECTION 6: PRINCIPAL INVESTIGATOR/DATA CUSTODIAN SIGNATURE

I have reviewed the request form. All statements made in the request form are true, complete, and correct to the best of my knowledge.

Principal Investigator Name:	 Richardo Slushy
Principal Investigator Signature:	 Date: 10/14/11

MEMORANDUM

September 22, 2011

To: Mary Andes, Catherine West, Richard Slusky
From: Karl Finison, Onpoint and Mark Podrazik, Burns & Associates (B&A)
RE: Calculating Differences between Medicaid and Commercial Payments for Hospital and Professional Services

This memo provides an outline of our proposed steps to calculate payment differences between commercial payers and Medicaid. From our discussion with you on September 14, we learned:

- There is strong interest in the State of Vermont to develop a rate commission that would set rates that would be used by all payers for hospital, professional and potentially other services.
- The Payment Reform Advisory Group, led by Richard Slusky, is leading discussion around how a commission would be established as well as conducting research for alternative payment methodologies.
- An interest of the Advisory Group, as well as others in the State, is to understand the differences in the rate of pay between Medicare, Medicaid and private insurers.

From our conversation, we agreed that there would be two different activities. First, B&A will conduct a calculation of the difference between Medicare and Medicaid rates for hospital and professional services. This will be done under B&A's contract with DVHA. Second, B&A, with assistance from Onpoint, will conduct a calculation of the difference between Medicaid and commercial payments. This will be considered the DVHA Focus Study that B&A has been authorized to complete as a subcontractor under Onpoint's contract with BISHCA and DVHA.

In both studies, the deliverable will not be a comparison of actual rates per se. Rather, it will be a comparison of the difference in payments for a selected set of claims. The difference in payments will be shown in the aggregate as well drilled down depending upon the service type.

- For inpatient services, the claims will be submitted to the MS-DRG Grouper Version 29 (that is in effect as of October 1, 2011). The payment differences will be categorized by DRG. Additionally, there will be a payment comparison by hospital for each in-state hospital and Dartmouth-Hitchcock. All other out-of-state hospitals will be rolled together into one group.
- For outpatient claims, the claims will be grouped into Ambulatory Payment Classifications (APCs) as used by DVHA which are based on Medicare's Outpatient Prospective Payment System (OPPS) that will be in effect as of January 1, 2012. B&A will use its customized program to group and pay outpatient claims rather than using an on-the-shelf grouper (such as 3M's APC grouper) since there are some situations where DVHA does not exactly follow Medicare grouping and payment policy. There will be a payment comparison by hospital for each in-state hospital and Dartmouth-Hitchcock. All other out-of-state hospitals will be rolled together into one group.

- For professional claims, the claim details will be analyzed at the CPT code level and also grouped into procedure code groups for ease of review as follows:
 - Integumentary (CPT 10000-19999)
 - Musculoskeletal (CPT 20000-29999)
 - Respiratory (CPT 30000-32999)
 - Cardiovascular (CPT 33000-39999)
 - Digestive (CPT 40000-49999)
 - Urinary (CPT 50000-53999)
 - Genital Systems (CPT 54000-58999)
 - Maternity Care and Delivery Services (CPT 59000-59871)
 - Endocrine and Nervous (CPT 60000-64999)
 - Eye and Ocular (CPT 65000-69999)
 - Radiology (CPT 70000-79999)
 - Pathology (CPT 80000-89999 and selected other codes)
 - Medicine codes will be further divided into more discrete categories:
 - ◆ Evaluation and Management (CPT 90471-90474, 99201-99480)
 - ◆ Behavioral Health (CPT 90801-90899, 96101-96155)
 - ◆ Chiropractic (CPT 98940-98943)
 - ◆ Other Medicine (CPT 90000-99999 not listed above)
 - Screening Services (G0101-G9139)
 - All Other HCPCS other than screening

Because professionals can bill across many types of services, the classifications of provider type will vary across payers. For this analysis, we do not plan to run a comparison by provider type.¹

Medicaid to Medicare Comparison

To conduct the analysis, B&A will receive three data files from DVHA of Medicaid claims:

- Inpatient hospital claims with dates of discharge 1/1/10 – 12/31/10
- Outpatient hospital claims with dates of service 1/1/10 – 12/31/10
- Professional claims with dates of service 1/1/10 – 12/31/10

In all three cases, B&A will not use the Medicaid payment shown on file. This is because of payment methodology or rate changes in all three cases (the inpatient base rate increased significantly on 7/1/10, the outpatient rates will change in OPFS 2012, and the professional claims will not have DVHA's new RBRVS rates). B&A will model Medicaid's payments under the methodology that will be in place on January 1, 2012.

To compute the comparable Medicare payment, B&A will use the same data used to calculate the Medicaid payments. B&A already computes the Medicare allowed amount each year for outpatient and professional claims in order to determine how much DVHA needs to discount from the Medicare rate. For inpatient claims, B&A will model the payment for each claim using hospital-specific pricing features in place in the Medicare Inpatient Prospective Payment System

¹ Although a methodology could be developed to classify by provider type, it is beyond the resources and timeframe allocated for this project.

(IPPS) effective October 1, 2011. This will be done for all in-state hospitals and Dartmouth-Hitchcock. For all other out-of-state claims, B&A will make assumptions on standard pricing features rather than compute the payment using hospital-specific features.

Medicaid to Commercial Comparison

For this analysis, B&A will use the commercial claims database retained by Onpoint as the basis for the analysis. The commercial payer's allowed amount will be pulled from each claim. Then, B&A will model Medicaid's payments under the methodology that will be in place at DVHA on January 1, 2012. B&A and Onpoint will work collaboratively to review the comparisons between Medicaid and Commercial payments.

Onpoint will deliver to B&A data files, through DVHA, in a mutually agreed-upon format. The time periods will be the same as those specified in the Medicare-to-Medicaid comparison.

Onpoint will review with B&A potential data issues with commercial data for consideration and suggestions for resolution. This review may include additional exploration into the claims data for which Onpoint has allocated some limited hours for this project. Examples of issues for consideration in commercial claims data include:

- Professional payments included in hospital facility (inpatient and outpatient) claims
- Hospital claims for non-hospital services (e.g. office visits)
- Hospital outpatient service lines with no CPT/HCPC coding for APC assignment
- Coding of ICD-9 procedure codes on inpatient records
- Bundled payments (e.g. inpatient maternity)
- Use of servicing vs billing provider to identify providers
- Determination of outliers (e.g. outpatient hospital claim with payments of \$50,000)
- Payers with insufficient quality of data for inclusion

For the commercial data, other issues are beyond the scope of the proposed budget below. Examples include:

- Linking professional CPT coded claims for surgery and crosswalking to ICD-9 procedure codes when the ICD-9 procedure codes are missing on the inpatient claim
- Exploring non-standard CPT or other coding provided by payers
- Determining each commercial payer's capitation, global payment schemes, or retroactive reimbursement methods. Concerning capitation, a "prepaid" field is reported on claims and will be included in payments. Detailed evaluation of global/bundled payments could vary by combinations of hospital, specific service, and payer combinations and detailed evaluation would require a more substantial budget.

Depending upon the results of this analysis, Onpoint and B&A may jointly propose to DVHA to exclude some commercial claims from the analysis.

Commercial Data Provided by Onpoint.

Commercial data will be limited to age 0-64 and will not include payer data with Medicare product codes.

Hospital Inpatient. Onpoint will build a header record with ICD-9 diagnosis, ICD-9 procedure codes, and other information to be used for MS-DRG assignment. Present on admission is not available for use. Onpoint identifies Inpatient Claims as Claimtype=1. Onpoint will include an IPDISCHARGE identifier that rolls separate claims into a single discharge if there are interim billings. This will be used to determine all services that belong to the inpatient header record.

Hospital Outpatient. For outpatient hospital Onpoint will provide all detail service lines, diagnosis, CPT, revenue coding, and payments. It is understood that a significant volume of outpatient hospital service lines within a claim will have payments but will not have CPT/HCPC coding. For outpatient hospital, out-of-state hospitals (except Dartmouth-Hitchcock) will be grouped together. Onpoint identifies Hospital Outpatient as Claimtype=2.

Professional Claims. Provider type demographics will not be used for professional claims. Claims with non-standard codes in the CPT/HCPC field or missing CPT/HCPC codes may be excluded. Onpoint identifies Professional Claims as Claimtype=4.

Timeline

The Medicare-to-Medicaid comparison will commence immediately for the inpatient claims comparison. The outpatient and professional claims comparison is dependent upon the publication of the Final Rules for Medicare OPDS and RBRVS rates effective January 1, 2012. Therefore, B&A will intake and prepare the datasets ahead of time in order to be ready when these Final Rule rates are released.

- Medicare-to-Medicaid Inpatient comparison: Deliver Nov. 1, 2011
- Medicare-to-Medicaid Outpatient and Professional comparison: Deliver Dec. 1, 2011

While B&A is working on the Medicare-to-Medicaid comparison, Onpoint will be preparing the commercial files for the Medicaid-to-Commercial comparison. Again, since the Medicare Final Rule rates will not be published until November, we will not even know the DVHA 2012 rates until that time. This gives Onpoint time to prepare the files before B&A runs the calculations.

- Medicaid-to-Commercial Inpatient comparison: Deliver Nov. 15, 2011
- Medicaid-to-Commercial Outpatient and Professional comparison: Deliver Dec. 15, 2011

Cost Estimate

The Medicare-to-Medicaid comparison (B&A contract) is estimated at 100 hours, or \$20,000. The Medicaid-to-Commercial comparison (Onpoint contract) for B&A is estimated at 160 hours, or \$32,000 and for Onpoint at 72 hours, or \$12,000. Total under Onpoint contract for the Medicaid-to-Commercial is estimated at 232 hours, or \$44,000.

Security Procedures

Burns & Associates, Inc. follows HIPAA guidelines with respect to the intake and transmission of Protected Health Information (PHI). PHI is stored on a secure server in our office or on a password-protected local drive while the project is being completed. Once the project is over, PHI is removed from the server either sent back to the client or stored on password-protected DVDs that are locked in a safe.

PHI is only shared with team members on a need-to-know basis. All B&A employees are given training on HIPAA guidelines and sign a confidentiality agreement upon hire stating that they understand HIPPA guidelines.

VHCURES Limited Use Healthcare Claims Research Data Set: Data Users Affidavit

Project Staff

FOR BISHCA USE:

Approved Application # 2011-06-DVH-1-2011
Authorization Initial: DK

STATE: Vermont

COUNTY: CHITHENDEN

I, MARK LARSON, being duly sworn, deposes and says:

1. I am identified in the attached Application for a VHCURES limited use healthcare claims research data set as an individual who will use or have access to the provided information.
2. The data I may receive is confidential and is subject to the data release and use provisions specified in the VHCURES Admin. Rule H-2008-01. I have been informed by the Vermont Department of Banking, Insurance, Securities and Health Care Administration (the Department) and am aware that under Vermont law and regulations I am required to adhere to the provisions specified below.
3. I understand and agree to the following restrictions on use of any data/information to which I am granted access:
 - a. Use of the data for any purpose other than as specified in the Application and as approved by the Department is prohibited;
 - b. Appropriate safeguards to protect the confidentiality of the data and prevent unauthorized use of the data must be established;
 - c. Access to record-level data is limited to the individual(s) who have signed affidavits on file with the Department;
 - d. The use or disclosure, sale, or dissemination of the data set or statistical tabulations derived from the data set to any person or organization for any other purpose than as described in the Application and as permitted by the data use agreement is prohibited without the express written consent of the Department;
 - e. The use or disclosure, sale or dissemination of any information contrary to law is prohibited;
 - f. No person shall disclose the identity of patients, employer groups or purchaser groups from information contained in the limited use data set, or disclose any of the information that has been encrypted or removed from the data;
 - g. The content of cells that contain counts of persons in statistical tables in which the cell size is more than 0 and less than 5 shall not be disclosed, published or made public in any manner except as "<5";
 - h. The publication, dissemination or disclosure of any information that could be used to identify providers of abortion services is prohibited;
 - i. Any use or disclosure of the information that is contrary to the Agreement must be reported to the Principal Investigator, Project Director and the Department within five (5) days of when I became aware of the disclosure;
 - j. Data elements shall not be retained for any period of time beyond that necessary to fulfill the requirements of the data request as approved by the Department;
 - k. Within 30 days after the scheduled completion date of the project, the Principal Investigator, Project Director and/or I shall delete, destroy or otherwise render the data unreadable, and so certify by submitting a written notice to

VHCURES Limited Use Healthcare Claims Research Data Set: Data Users Affidavit

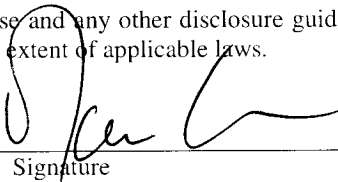
the Department or reapply for approval if the end date of the project needs to be extended; and

1. Failure to adhere to the terms of this Agreement or the limitations and restrictions detailed herein will be cause for immediate recall by the Department of the data, revocation of permission to use the data, and grounds for civil or administrative enforcement action by the Department under applicable Vermont law.

4. I am aware and understand that 18 V.S.A. § 9410 and Admin. Rule H-2008-01 prohibits any unauthorized disclosure of the approved VHCURES limited use healthcare claims data set.

5. Furthermore, I understand that violations of these and any other disclosure guidelines are punishable by monetary fines, and that the Department will prosecute to the fullest extent of applicable laws.

10/14/11
Date


Signature

Mark Larson
Name (Printed)

Commissioner
Title

312 Hurricane Lane, Suite 201
Address

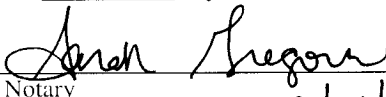
802-879-5901
Phone Number

Mark.larson@ahs.state.vt.us
Email Address

DVHA
Organization/Employer

Subscribed and sworn to before me on

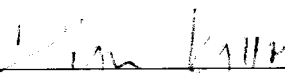
This 14 day of October, 2011


Notary

My commission expires 2/11/15

FOR DEPARTMENT USE ONLY:

As a representative of the Department, I have approved the access and usage of the data for this Application approved by the Department for the requesting individual above.


Project Director Signature

Jim Kane
Name (Printed)

11/4/2011
Date

VHCURES Limited Use Healthcare Claims Research Data Set: Data Users Affidavit

Project Staff

FOR BISHCA USE:

Approved Application # 2011-06-DV11
Authorization Initial: DK

STATE: VERMONT

COUNTY: CHITTENDEN

I, Richard Slusky, being duly sworn, deposes and says:

1. I am identified in the attached Application for a VHCURES limited use healthcare claims research data set as an individual who will use or have access to the provided information.

2. The data I may receive is confidential and is subject to the data release and use provisions specified in the VHCURES Admin. Rule H-2008-01. I have been informed by the Vermont Department of Banking, Insurance, Securities and Health Care Administration (the Department) and am aware that under Vermont law and regulations I am required to adhere to the provisions specified below.

3. I understand and agree to the following restrictions on use of any data/information to which I am granted access:

- a. Use of the data for any purpose other than as specified in the Application and as approved by the Department is prohibited;
- b. Appropriate safeguards to protect the confidentiality of the data and prevent unauthorized use of the data must be established;
- c. Access to record-level data is limited to the individual(s) who have signed affidavits on file with the Department;
- d. The use or disclosure, sale, or dissemination of the data set or statistical tabulations derived from the data set to any person or organization for any other purpose than as described in the Application and as permitted by the data use agreement is prohibited without the express written consent of the Department;
- e. The use or disclosure, sale or dissemination of any information contrary to law is prohibited;
- f. No person shall disclose the identity of patients, employer groups or purchaser groups from information contained in the limited use data set, or disclose any of the information that has been encrypted or removed from the data;
- g. The content of cells that contain counts of persons in statistical tables in which the cell size is more than 0 and less than 5 shall not be disclosed, published or made public in any manner except as "<5";
- h. The publication, dissemination or disclosure of any information that could be used to identify providers of abortion services is prohibited;
- i. Any use or disclosure of the information that is contrary to the Agreement must be reported to the Principal Investigator, Project Director and the Department within five (5) days of when I became aware of the disclosure;
- j. Data elements shall not be retained for any period of time beyond that necessary to fulfill the requirements of the data request as approved by the Department;
- k. Within 30 days after the scheduled completion date of the project, the Principal Investigator, Project Director and/or I shall delete, destroy or otherwise render the data unreadable, and so certify by submitting a written notice to

VHCURES Limited Use Healthcare Claims Research Data Set: Data Users Affidavit

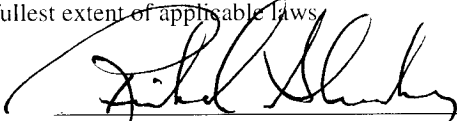
the Department or reapply for approval if the end date of the project needs to be extended; and

1. Failure to adhere to the terms of this Agreement or the limitations and restrictions detailed herein will be cause for immediate recall by the Department of the data, revocation of permission to use the data, and grounds for civil or administrative enforcement action by the Department under applicable Vermont law.

4. I am aware and understand that 18 V.S.A. § 9410 and Admin. Rule H-2008-01 prohibits any unauthorized disclosure of the approved VHCURES limited use healthcare claims data set.

5. Furthermore, I understand that violations of these and any other disclosure guidelines are punishable by monetary fines, and that the Department will prosecute to the fullest extent of applicable laws.

10/14/2011
Date


Signature

Richard Slusky
Name (Printed)

DIRECTOR OF PAYMENT REFORM (DVHA)
Title

312 HURRICANE LANE, WILLISTON, VT. 05495
Address

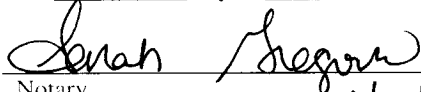
802-879-5901
Phone Number

Richard.Slusky@ahs.state.vt.us
Email Address

STATE OF VERMONT (DVHA)
Organization/Employer

Subscribed and sworn to before me on


This 14 day of October, 2011


Notary

My commission expires 2/11/15

FOR DEPARTMENT USE ONLY:

As a representative of the Department, I have approved the access and usage of the data for this Application approved by the Department for the requesting individual above.


Project Director Signature

Dan Kimm
Name (Printed)

11/4/2011
Date

VHCURES Limited Use Healthcare Claims Research Data Set: Data Users Affidavit

Project Staff

FOR BISHCA USE:

Approved Application # 2011-06 DV111
Authorization Initial: dlc

STATE: Vermont

COUNTY: Chittenden

I, Mary Andes, being duly sworn, deposes and says:

1. I am identified in the attached Application for a VHCURES limited use healthcare claims research data set as an individual who will use or have access to the provided information.

2. The data I may receive is confidential and is subject to the data release and use provisions specified in the VHCURES Admin. Rule H-2008-01. I have been informed by the Vermont Department of Banking, Insurance, Securities and Health Care Administration (the Department) and am aware that under Vermont law and regulations I am required to adhere to the provisions specified below.

3. I understand and agree to the following restrictions on use of any data/information to which I am granted access:

- a. Use of the data for any purpose other than as specified in the Application and as approved by the Department is prohibited;
- b. Appropriate safeguards to protect the confidentiality of the data and prevent unauthorized use of the data must be established;
- c. Access to record-level data is limited to the individual(s) who have signed affidavits on file with the Department;
- d. The use or disclosure, sale, or dissemination of the data set or statistical tabulations derived from the data set to any person or organization for any other purpose than as described in the Application and as permitted by the data use agreement is prohibited without the express written consent of the Department;
- e. The use or disclosure, sale or dissemination of any information contrary to law is prohibited;
- f. No person shall disclose the identity of patients, employer groups or purchaser groups from information contained in the limited use data set, or disclose any of the information that has been encrypted or removed from the data;
- g. The content of cells that contain counts of persons in statistical tables in which the cell size is more than 0 and less than 5 shall not be disclosed, published or made public in any manner except as "<5";
- h. The publication, dissemination or disclosure of any information that could be used to identify providers of abortion services is prohibited;
- i. Any use or disclosure of the information that is contrary to the Agreement must be reported to the Principal Investigator, Project Director and the Department within five (5) days of when I became aware of the disclosure;
- j. Data elements shall not be retained for any period of time beyond that necessary to fulfill the requirements of the data request as approved by the Department;
- k. Within 30 days after the scheduled completion date of the project, the Principal Investigator, Project Director and/or I shall delete, destroy or otherwise render the data unreadable, and so certify by submitting a written notice to

VHCURES Limited Use Healthcare Claims Research Data Set: Data Users Affidavit

the Department or reapply for approval if the end date of the project needs to be extended; and

1. Failure to adhere to the terms of this Agreement or the limitations and restrictions detailed herein will be cause for immediate recall by the Department of the data, revocation of permission to use the data, and grounds for civil or administrative enforcement action by the Department under applicable Vermont law.

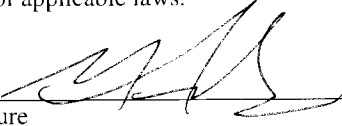
4. I am aware and understand that 18 V.S.A. § 9410 and Admin. Rule H-2008-01 prohibits any unauthorized disclosure of the approved VHCURES limited use healthcare claims data set.

5. Furthermore, I understand that violations of these and any other disclosure guidelines are punishable by monetary fines, and that the Department will prosecute to the fullest extent of applicable laws.

Date

10/19/11

Signature



Name (Printed)

Mary Andes

Title

Director, Data Analysis

Address

312 Hurricane Lane Williston

Phone Number

802-879-5900

Email Address

Mary.andes@ahs.state.vt.us

Organization/Employer

DVHA

Subscribed and sworn to before me on

This

19

day of

October 2011

Notary

My commission expires

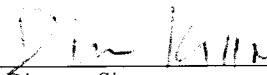


2/11/15

FOR DEPARTMENT USE ONLY:

As a representative of the Department, I have approved the access and usage of the data for this Application approved by the Department for the requesting individual above.

Project Director Signature



Name (Printed)

Dan Kane

Date

11/4/2011

VHCURES Limited Use Healthcare Claims Research Data Set: Data Users Affidavit

Project Staff

FOR BISHCA USE:

Approved Application # 2011-06-0111
Authorization Initial: DK

STATE: Vermont

COUNTY: Chittenden

I, Lori Collins, being duly sworn, deposes and says:

1. I am identified in the attached Application for a VHCURES limited use healthcare claims research data set as an individual who will use or have access to the provided information.

2. The data I may receive is confidential and is subject to the data release and use provisions specified in the VHCURES Admin. Rule H-2008-01. I have been informed by the Vermont Department of Banking, Insurance, Securities and Health Care Administration (the Department) and am aware that under Vermont law and regulations I am required to adhere to the provisions specified below.

3. I understand and agree to the following restrictions on use of any data/information to which I am granted access:

a. Use of the data for any purpose other than as specified in the Application and as approved by the Department is prohibited;

b. Appropriate safeguards to protect the confidentiality of the data and prevent unauthorized use of the data must be established;

c. Access to record-level data is limited to the individual(s) who have signed affidavits on file with the Department;

d. The use or disclosure, sale, or dissemination of the data set or statistical tabulations derived from the data set to any person or organization for any other purpose than as described in the Application and as permitted by the data use agreement is prohibited without the express written consent of the Department;

e. The use or disclosure, sale or dissemination of any information contrary to law is prohibited;

f. No person shall disclose the identity of patients, employer groups or purchaser groups from information contained in the limited use data set, or disclose any of the information that has been encrypted or removed from the data;

g. The content of cells that contain counts of persons in statistical tables in which the cell size is more than 0 and less than 5 shall not be disclosed, published or made public in any manner except as "<5";

h. The publication, dissemination or disclosure of any information that could be used to identify providers of abortion services is prohibited;

i. Any use or disclosure of the information that is contrary to the Agreement must be reported to the Principal Investigator, Project Director and the Department within five (5) days of when I became aware of the disclosure;

j. Data elements shall not be retained for any period of time beyond that necessary to fulfill the requirements of the data request as approved by the Department;

k. Within 30 days after the scheduled completion date of the project, the Principal Investigator, Project Director and/or I shall delete, destroy or otherwise render the data unreadable, and so certify by submitting a written notice to

VHCURES Limited Use Healthcare Claims Research Data Set: Data Users Affidavit

the Department or reapply for approval if the end date of the project needs to be extended; and

1. Failure to adhere to the terms of this Agreement or the limitations and restrictions detailed herein will be cause for immediate recall by the Department of the data, revocation of permission to use the data, and grounds for civil or administrative enforcement action by the Department under applicable Vermont law.

4. I am aware and understand that 18 V.S.A. § 9410 and Admin. Rule H-2008-01 prohibits any unauthorized disclosure of the approved VHCURES limited use healthcare claims data set.

5. Furthermore, I understand that violations of these and any other disclosure guidelines are punishable by monetary fines, and that the Department will prosecute to the fullest extent of applicable laws.

10/17/11
Date

[Signature]
Signature

Lois Collins
Name (Printed)

Deputy Commissioner VT Dept of Health
Title Access

312 Hurricane Lane Sudt 201
Address

802-577-5955
Phone Number

Lois.Collins@AHS.STATE.VT.US
Email Address

Department of VT Health Access
Organization/Employer

Subscribed and sworn to before me on

This 17 day of October 2011

[Signature]
Notary

My commission expires 2/11/15

FOR DEPARTMENT USE ONLY:

As a representative of the Department, I have approved the access and usage of the data for this Application approved by the Department for the requesting individual above.

[Signature]
Project Director Signature

[Signature]
Name (Printed)

11/11/2011
Date

VHCURES Limited Use Healthcare Claims Research Data Set: Data Users Affidavit

Project Staff

FOR BISHCA USE:

Approved Application # 2011-06-DK/H.T
Authorization Initial: DK

STATE: Vermont

COUNTY: Washington/Chittenden

I, Catherine West, being duly sworn, deposes and says:

1. I am identified in the attached Application for a VHCURES limited use healthcare claims research data set as an individual who will use or have access to the provided information.
2. The data I may receive is confidential and is subject to the data release and use provisions specified in the VHCURES Admin. Rule H-2008-01. I have been informed by the Vermont Department of Banking, Insurance, Securities and Health Care Administration (the Department) and am aware that under Vermont law and regulations I am required to adhere to the provisions specified below.
3. I understand and agree to the following restrictions on use of any data/information to which I am granted access:
 - a. Use of the data for any purpose other than as specified in the Application and as approved by the Department is prohibited;
 - b. Appropriate safeguards to protect the confidentiality of the data and prevent unauthorized use of the data must be established;
 - c. Access to record-level data is limited to the individual(s) who have signed affidavits on file with the Department;
 - d. The use or disclosure, sale, or dissemination of the data set or statistical tabulations derived from the data set to any person or organization for any other purpose than as described in the Application and as permitted by the data use agreement is prohibited without the express written consent of the Department;
 - e. The use or disclosure, sale or dissemination of any information contrary to law is prohibited;
 - f. No person shall disclose the identity of patients, employer groups or purchaser groups from information contained in the limited use data set, or disclose any of the information that has been encrypted or removed from the data;
 - g. The content of cells that contain counts of persons in statistical tables in which the cell size is more than 0 and less than 5 shall not be disclosed, published or made public in any manner except as "<5";
 - h. The publication, dissemination or disclosure of any information that could be used to identify providers of abortion services is prohibited;
 - i. Any use or disclosure of the information that is contrary to the Agreement must be reported to the Principal Investigator, Project Director and the Department within five (5) days of when I became aware of the disclosure;
 - j. Data elements shall not be retained for any period of time beyond that necessary to fulfill the requirements of the data request as approved by the Department;
 - k. Within 30 days after the scheduled completion date of the project, the Principal Investigator, Project Director and/or I shall delete, destroy or otherwise render the data unreadable, and so certify by submitting a written notice to

VHCURES Limited Use Healthcare Claims Research Data Set: Data Users Affidavit

the Department or reapply for approval if the end date of the project needs to be extended; and

1. Failure to adhere to the terms of this Agreement or the limitations and restrictions detailed herein will be cause for immediate recall by the Department of the data, revocation of permission to use the data, and grounds for civil or administrative enforcement action by the Department under applicable Vermont law.

4. I am aware and understand that 18 V.S.A. § 9410 and Admin. Rule H-2008-01 prohibits any unauthorized disclosure of the approved VHCURES limited use healthcare claims data set.

5. Furthermore, I understand that violations of these and any other disclosure guidelines are punishable by monetary fines, and that the Department will prosecute to the fullest extent of applicable laws.

10-14-11
Date

Catherine West
Signature

Catherine West
Name (Printed)

Reimbursement Director
Title

312 Hurricane Lane, Ste 201
Address Williston VT 05495

802-879-5937
Phone Number

Catherine.West@abs.state.vt.us
Email Address

DVHA
Organization/Employer

Subscribed and sworn to before me on

This 14 day of October, 2011

Janah Peregou
Notary

My commission expires 2/11/15

FOR DEPARTMENT USE ONLY:

As a representative of the Department, I have approved the access and usage of the data for this Application approved by the Department for the requesting individual above.

Don Kinn
Project Director Signature

Don Kinn
Name (Printed)

11/9/2011
Date

VHCURES Limited Use Healthcare Claims Research Data Set: Data Users Affidavit

Project Staff

FOR BISHCA USE:

Approved Application # 2011-06-DVH

Authorization Initial: DK

STATE: VERMONT

COUNTY: Chittenden

I, Jeffrey Ross, being duly sworn, deposes and says:

1. I am identified in the attached Application for a VHCURES limited use healthcare claims research data set as an individual who will use or have access to the provided information.

2. The data I may receive is confidential and is subject to the data release and use provisions specified in the VHCURES Admin. Rule H-2008-01. I have been informed by the Vermont Department of Banking, Insurance, Securities and Health Care Administration (the Department) and am aware that under Vermont law and regulations I am required to adhere to the provisions specified below.

3. I understand and agree to the following restrictions on use of any data/information to which I am granted access:

a. Use of the data for any purpose other than as specified in the Application and as approved by the Department is prohibited;

b. Appropriate safeguards to protect the confidentiality of the data and prevent unauthorized use of the data must be established;

c. Access to record-level data is limited to the individual(s) who have signed affidavits on file with the Department;

d. The use or disclosure, sale, or dissemination of the data set or statistical tabulations derived from the data set to any person or organization for any other purpose than as described in the Application and as permitted by the data use agreement is prohibited without the express written consent of the Department;

e. The use or disclosure, sale or dissemination of any information contrary to law is prohibited;

f. No person shall disclose the identity of patients, employer groups or purchaser groups from information contained in the limited use data set, or disclose any of the information that has been encrypted or removed from the data;

g. The content of cells that contain counts of persons in statistical tables in which the cell size is more than 0 and less than 5 shall not be disclosed, published or made public in any manner except as "<5";

h. The publication, dissemination or disclosure of any information that could be used to identify providers of abortion services is prohibited;

i. Any use or disclosure of the information that is contrary to the Agreement must be reported to the Principal Investigator, Project Director and the Department within five (5) days of when I became aware of the disclosure;

j. Data elements shall not be retained for any period of time beyond that necessary to fulfill the requirements of the data request as approved by the Department;

k. Within 30 days after the scheduled completion date of the project, the Principal Investigator, Project Director and/or I shall delete, destroy or otherwise render the data unreadable, and so certify by submitting a written notice to

VHCURES Limited Use Healthcare Claims Research Data Set: Data Users Affidavit

the Department or reapply for approval if the end date of the project needs to be extended; and

1. Failure to adhere to the terms of this Agreement or the limitations and restrictions detailed herein will be cause for immediate recall by the Department of the data, revocation of permission to use the data, and grounds for civil or administrative enforcement action by the Department under applicable Vermont law.

4. I am aware and understand that 18 V.S.A. § 9410 and Admin. Rule H-2008-01 prohibits any unauthorized disclosure of the approved VHCURES limited use healthcare claims data set.

5. Furthermore, I understand that violations of these and any other disclosure guidelines are punishable by monetary fines, and that the Department will prosecute to the fullest extent of applicable laws.

10/14/2011
Date

Jeffrey T. Ross
Signature

JEFFREY T. ROSS
Name (Printed)

Director of DATA Analysis
Title

312 HURRICANE CANYON, WILLISTON, VT 05495
Address

802-879-8201
Phone Number

jeffrey.ross@abs.state.vt.us
Email Address

Department of Vermont Health Access
Organization/Employer

Subscribed and sworn to before me on

This 14 day of October, 2011

Dorah Segon
Notary

My commission expires 2/11/15

FOR DEPARTMENT USE ONLY:

As a representative of the Department, I have approved the access and usage of the data for this Application approved by the Department for the requesting individual above.

[Signature]
Project Director Signature

[Signature]
Name (Printed)

11/9/2011
Date

VHCURES Limited Use Healthcare Claims Research Data Set: Data Users Affidavit

Project Staff

FOR BISHCA USE:

Approved Application # 2011-06-DUAT

Authorization Initial: DK

STATE: Maryland

COUNTY: Montgomery

I, Mark A. Podrazik, being duly sworn, deposes and says:

1. I am identified in the attached Application for a VHCURES limited use healthcare claims research data set as an individual who will use or have access to the provided information.

2. The data I may receive is confidential and is subject to the data release and use provisions specified in the VHCURES Admin. Rule H-2008-01. I have been informed by the Vermont Department of Banking, Insurance, Securities and Health Care Administration (the Department) and am aware that under Vermont law and regulations I am required to adhere to the provisions specified below.

3. I understand and agree to the following restrictions on use of any data/information to which I am granted access:

- a. Use of the data for any purpose other than as specified in the Application and as approved by the Department is prohibited;
- b. Appropriate safeguards to protect the confidentiality of the data and prevent unauthorized use of the data must be established;
- c. Access to record-level data is limited to the individual(s) who have signed affidavits on file with the Department;
- d. The use or disclosure, sale, or dissemination of the data set or statistical tabulations derived from the data set to any person or organization for any other purpose than as described in the Application and as permitted by the data use agreement is prohibited without the express written consent of the Department;
- e. The use or disclosure, sale or dissemination of any information contrary to law is prohibited;
- f. No person shall disclose the identity of patients, employer groups or purchaser groups from information contained in the limited use data set, or disclose any of the information that has been encrypted or removed from the data;
- g. The content of cells that contain counts of persons in statistical tables in which the cell size is more than 0 and less than 5 shall not be disclosed, published or made public in any manner except as "<5";
- h. The publication, dissemination or disclosure of any information that could be used to identify providers of abortion services is prohibited;
- i. Any use or disclosure of the information that is contrary to the Agreement must be reported to the Principal Investigator, Project Director and the Department within five (5) days of when I became aware of the disclosure;
- j. Data elements shall not be retained for any period of time beyond that necessary to fulfill the requirements of the data request as approved by the Department;
- k. Within 30 days after the scheduled completion date of the project, the Principal Investigator, Project Director and/or I shall delete, destroy or otherwise render the data unreadable, and so certify by submitting a written notice to

VHCURES Limited Use Healthcare Claims Research Data Set: Data Users Affidavit

the Department or reapply for approval if the end date of the project needs to be extended; and

I. Failure to adhere to the terms of this Agreement or the limitations and restrictions detailed herein will be cause for immediate recall by the Department of the data, revocation of permission to use the data, and grounds for civil or administrative enforcement action by the Department under applicable Vermont law.

4. I am aware and understand that 18 V.S.A. § 9410 and Admin. Rule H-2008-01 prohibits any unauthorized disclosure of the approved VHCURES limited use healthcare claims data set.

5. Furthermore, I understand that violations of these and any other disclosure guidelines are punishable by monetary fines, and that the Department will prosecute to the fullest extent of applicable laws.

10/14/11
Date

Mark A. Podrazik
Signature

Mark A - Podrazik
Name (Printed)

Principal
Title

527 Woodland Place
Address

703 785-2371
Phone Number

mpodrazik@burnshealthpolicy.com
Email Address

Burns & Associates, Inc.
Organization/Employer

Subscribed and sworn to before me on

This 14th day of October, 2011

Sheryn Yuan
Notary
My commission expires 6/23/2012



FOR DEPARTMENT USE ONLY:

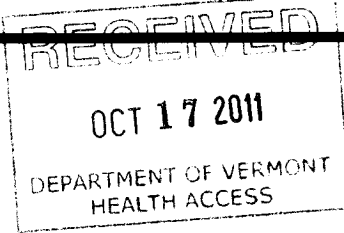
As a representative of the Department, I have approved the access and usage of the data for this Application approved by the Department for the requesting individual above.

[Signature]
Project Director Signature

[Printed Name]
Name (Printed)

11/11/2011
Date

VHCURES Limited Use Healthcare Claims
Research Data Set: Data Users Affidavit



Project Staff

FOR BISHCA USE: Approved Application # <u>2011-06-DVH/t</u> Authorization Initial: <u>DK</u>

STATE: Arizona

COUNTY: Maricopa

I, John Daniel Simon, being duly sworn, deposes and says:

1. I am identified in the attached Application for a VHCURES limited use healthcare claims research data set as an individual who will use or have access to the provided information.
2. The data I may receive is confidential and is subject to the data release and use provisions specified in the VHCURES Admin. Rule H-2008-01. I have been informed by the Vermont Department of Banking, Insurance, Securities and Health Care Administration (the Department) and am aware that under Vermont law and regulations I am required to adhere to the provisions specified below.
3. I understand and agree to the following restrictions on use of any data/information to which I am granted access:
 - a. Use of the data for any purpose other than as specified in the Application and as approved by the Department is prohibited;
 - b. Appropriate safeguards to protect the confidentiality of the data and prevent unauthorized use of the data must be established;
 - c. Access to record-level data is limited to the individual(s) who have signed affidavits on file with the Department;
 - d. The use or disclosure, sale, or dissemination of the data set or statistical tabulations derived from the data set to any person or organization for any other purpose than as described in the Application and as permitted by the data use agreement is prohibited without the express written consent of the Department;
 - e. The use or disclosure, sale or dissemination of any information contrary to law is prohibited;
 - f. No person shall disclose the identity of patients, employer groups or purchaser groups from information contained in the limited use data set, or disclose any of the information that has been encrypted or removed from the data;
 - g. The content of cells that contain counts of persons in statistical tables in which the cell size is more than 0 and less than 5 shall not be disclosed, published or made public in any manner except as "<5";
 - h. The publication, dissemination or disclosure of any information that could be used to identify providers of abortion services is prohibited;
 - i. Any use or disclosure of the information that is contrary to the Agreement must be reported to the Principal Investigator, Project Director and the Department within five (5) days of when I became aware of the disclosure;
 - j. Data elements shall not be retained for any period of time beyond that necessary to fulfill the requirements of the data request as approved by the Department;
 - k. Within 30 days after the scheduled completion date of the project, the Principal Investigator, Project Director and/or I shall delete, destroy or otherwise render the data unreadable, and so certify by submitting a written notice to

VHCURES Limited Use Healthcare Claims Research Data Set: Data Users Affidavit

the Department or reapply for approval if the end date of the project needs to be extended; and

1. Failure to adhere to the terms of this Agreement or the limitations and restrictions detailed herein will be cause for immediate recall by the Department of the data, revocation of permission to use the data, and grounds for civil or administrative enforcement action by the Department under applicable Vermont law.

4. I am aware and understand that 18 V.S.A. § 9410 and Admin. Rule H-2008-01 prohibits any unauthorized disclosure of the approved VHCURES limited use healthcare claims data set.

5. Furthermore, I understand that violations of these and any other disclosure guidelines are punishable by monetary fines, and that the Department will prosecute to the fullest extent of applicable laws.

10/13/2011
Date

[Signature]
Signature

John D. Simon
Name (Printed)

Title

3030 N. Third St. Suite 200 Phoenix, AZ 85012
Address

602 241 8520
Phone Number

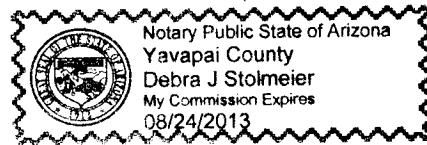
jsimon@burnshealthpolicy.com
Email Address

Burns & Associates, Inc
Organization/Employer

Subscribed and sworn to before me on

This 13th day of October 2011

[Signature]
Notary
My commission expires 8/24/2013



FOR DEPARTMENT USE ONLY:

As a representative of the Department, I have approved the access and usage of the data for this Application approved by the Department for the requesting individual above.

[Signature]
Project Director Signature

[Signature]
Name (Printed)

11/9/2011
Date