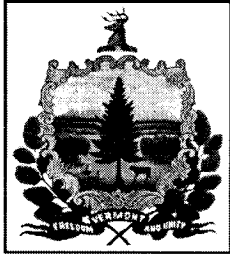


2011-08-GMCB



**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 LIMITED USE  
HEALTH CARE CLAIMS RESEARCH DATA SETS  
Authorized State 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](http://www.bishca.state.vt.us)), provides specific requirements concerning the release of limited use health care claims research data.

To obtain the limited use health care claims research data sets, 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 sets.

If the Department declines to release the requested limited use data sets, 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: Anya Rader Wallack  
Signatory:  
Title: Chair  
Street/PO Address: Green Mountain Care Board, 89 Main Street  
City/State/ZIP: Montpelier, VT 05602  
Phone Number: 802-828-  
Email address: [anya.wallack@state.vt.us](mailto:anya.wallack@state.vt.us)  
Fax Number:NA

**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: Georgia J. Maheras  
Title: Executive Director  
Organization: Green Mountain Care Board  
Street/PO Address: 89 Main Street  
City/State/ZIP: Montpelier, VT 05602  
Phone Number:802-828-2919  
Email address: [Georgia.maheras@state.vt.us](mailto:Georgia.maheras@state.vt.us)  
Fax Number:NA

**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 security of the VHCURES data and for the access to and the approved use of the VHCURES data by the project staff. The Project Director may be the same person as the Principal Investigator.*

Principal Investigator: Georgia J. Maheras  
Title: Executive Director  
Organization: Green Mountain Care Board  
Street/PO Address: 89 Main Street  
City/State/ZIP: Montpelier, VT 05602  
Phone Number:802-828-2919  
Email address: [Georgia.maheras@state.vt.us](mailto:Georgia.maheras@state.vt.us)  
Fax Number:NA

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

*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.*

## **SECTION 2: RESEARCH PROTOCOL**

*Provide the information below in summary format. All attachments must be submitted in electronic format. If you have obtained approvals from Institutional Review Boards for your studies, attach copies to this application.*

**2-1.** Summary of intended use for the limited use healthcare claims research data sets included in the comprehensive standard State data extract. Either provide the summary below or attach a file to this application.

The Green Mountain Care Board (GMCB) will use this data in the review processes for hospital budgets, rate review applications and CONs. The GMCB will also use these data to monitor the access, quality and affordability within the health care system. These data will form the foundation for system trends and processes developed by the GMCB.

**2-2.** 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 this information below or attach a file to this application.

The GMCB will require all users of these data to sign the affidavit and certify they understand the confidential nature of the data. The GMCB will ensure that the data is securely housed.

**2-3.** Intended research completion date: \_\_\_\_\_ ongoing and continuing \_\_\_\_\_  
Instead of identifying a specific completion date, 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.*

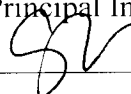
Authorized Institutional User Name:	
Anya Rader Wallack, Chair	
Authorized Institutional User Signature:	Date:

12/10/11

**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:
Georgia J. Maheras, Executive Director

Principal Investigator Signature:  Date: 12/10/11