



VHCURES OVERVIEW AND STATUS REPORT

Presented to the Green Mountain Care Board

October 11, 2011

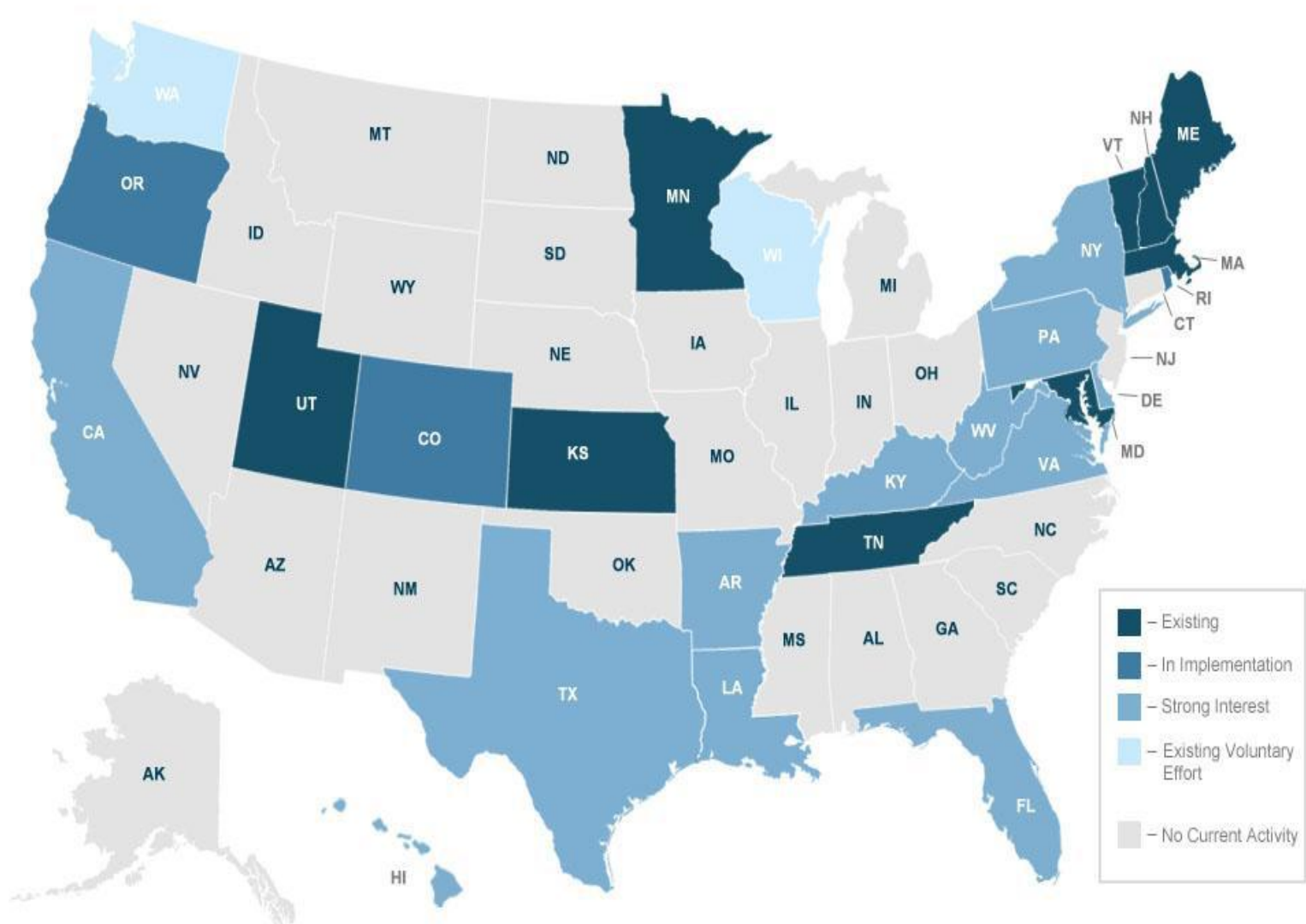
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Department of Banking, Insurance, Securities and Health Care Administration

Statewide Claims Data Programs

Prepared by APCDC in 2010



What is VHCURES?

Vermont Healthcare Claims Uniform Reporting & Evaluation System

18 V.S.A. §9410:

- All health insurers shall electronically provide to the commissioner (BISHCA)...their health insurance **claims...member, subscriber, policyholder information**, etc.
- Standards and procedures adopted by the Commissioner by **rule** (Admin. Rule H-2008-01)
- To the extent allowed by HIPAA, the data shall 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.

VHCURES Claims Data Key Concepts

All Payer: Commercial insurers (85% capture), Medicaid integration underway, Medicare integration as approved by CMS underway for Blueprint and seeking “added use” for broader data use.

De-identified member eligibility records with unique member identifier numbers assigned following encryption by each insurer.

Utilization and charges/paid amount for **all reimbursed services** including hospital, outpatient, prescription drugs, ancillaries

Master Provider Index to support attribution of institutional and professional claims across all payers to service providers at institutional, group, and individual practitioner levels. What is the future fit with the Vermont Health Information Exchange standards?

Reporting requirements harmonized with NH and ME (MN, TN, MA, OR are similar) to support pooling for comparative rates, averages, benchmarks.

Currently excludes denied claims, workers compensation, dental insurer claims, Medicare supplement claims, capitation payments, premiums, insurer administrative fees

What's inside the VHCURES box (1 of 3)?

Health Insurance Types

- **Comprehensive major medical** for insured and self-insured health benefit plans with a minimum of 200 Vermont lives covered (Over 80% of commercially insured or **292,014** average members in 2010). Data submitted by insurers including third party administrators (TPAs) and pharmacy benefits managers (PBMs)
- **Medicare Part C** also known as Medicare Advantage Plans with relatively low enrollment in Vermont (**1,500**)
- **Medicare Part D** pharmacy claims (**62,872** average members in 2010)
- **Medicare Supplement** data collection is limited to eligibility records due to complexity of claims and relationship to Medicare claims.

What's inside the VHCURES box (2 of 3)?

Medical and Pharmacy Claims

- Dates of service
- ICD-9 clinical diagnoses
- CPT, HCPC, ICD-9 procedure coding
- Billing and Service Provider information (facilities/care setting, clinicians, prescribers with names, NPI/identifiers, addresses, specialty type)
- Charges and payments (plan payments and member payments including deductible, coinsurance, copayments) for **covered** medical and pharmacy services
- NDC coding for pharmacy claims (generic vs brand)

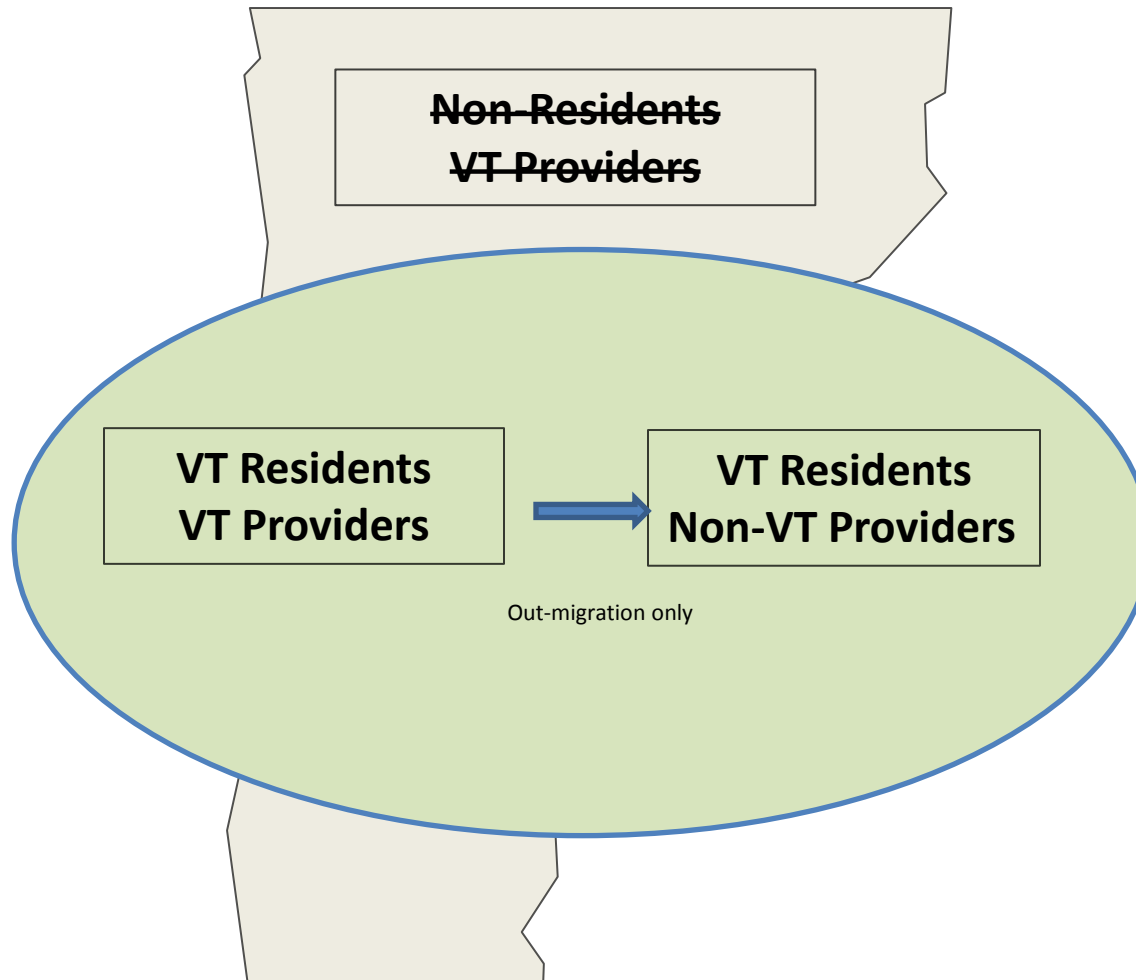
What's inside the VHCURES box (3 of 3)?

Member Eligibility Records

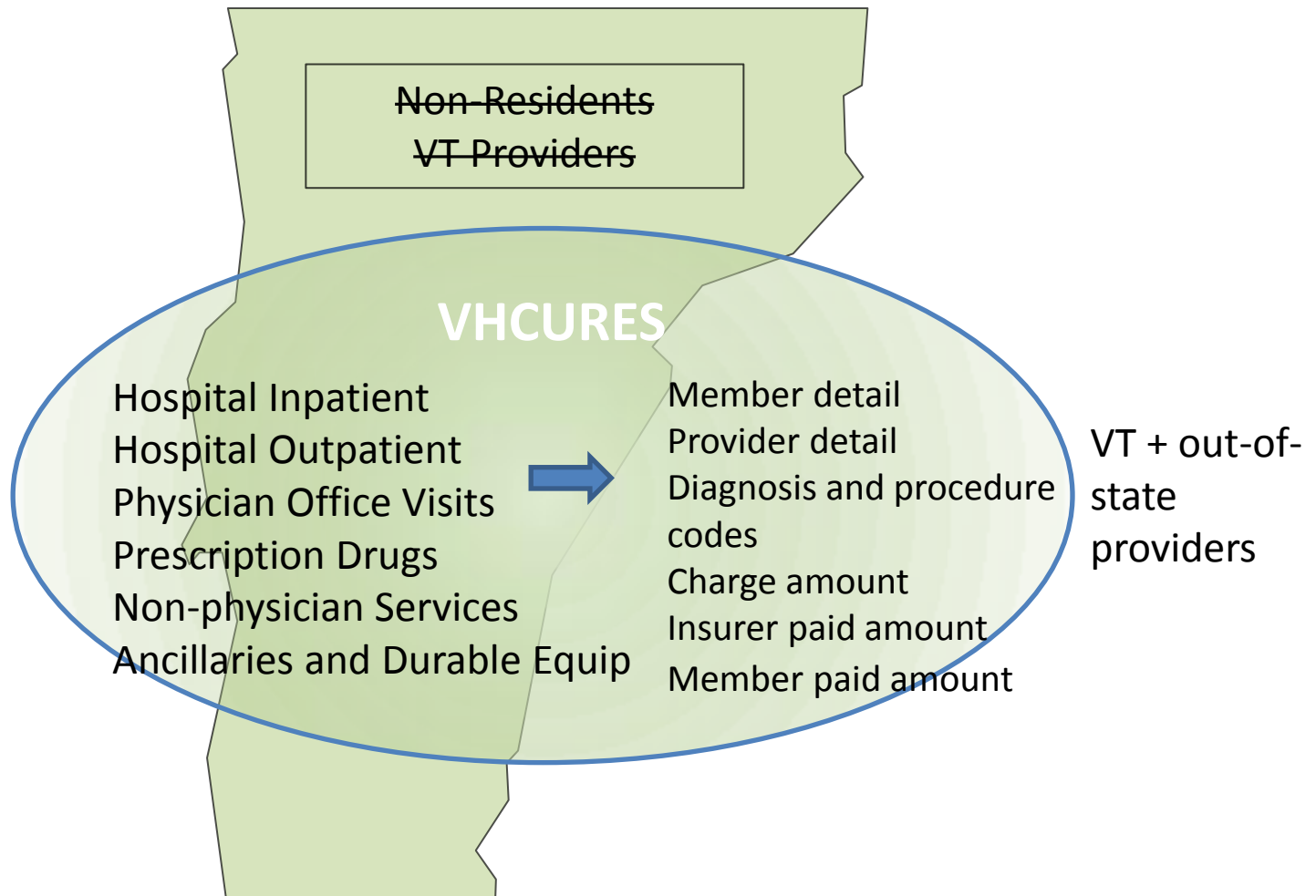
- Age, Gender
- Geocoding- Town, ZIP, Hospital Service Area Assignment
- Insurer, Insurance Product Type, Insurance Market Segment, Coverage Tiers
- No information on benefit design due to non-standardization. Individual and Group Policy Numbers could be linked back to specific products and plans.

VHCURES Data Capture:

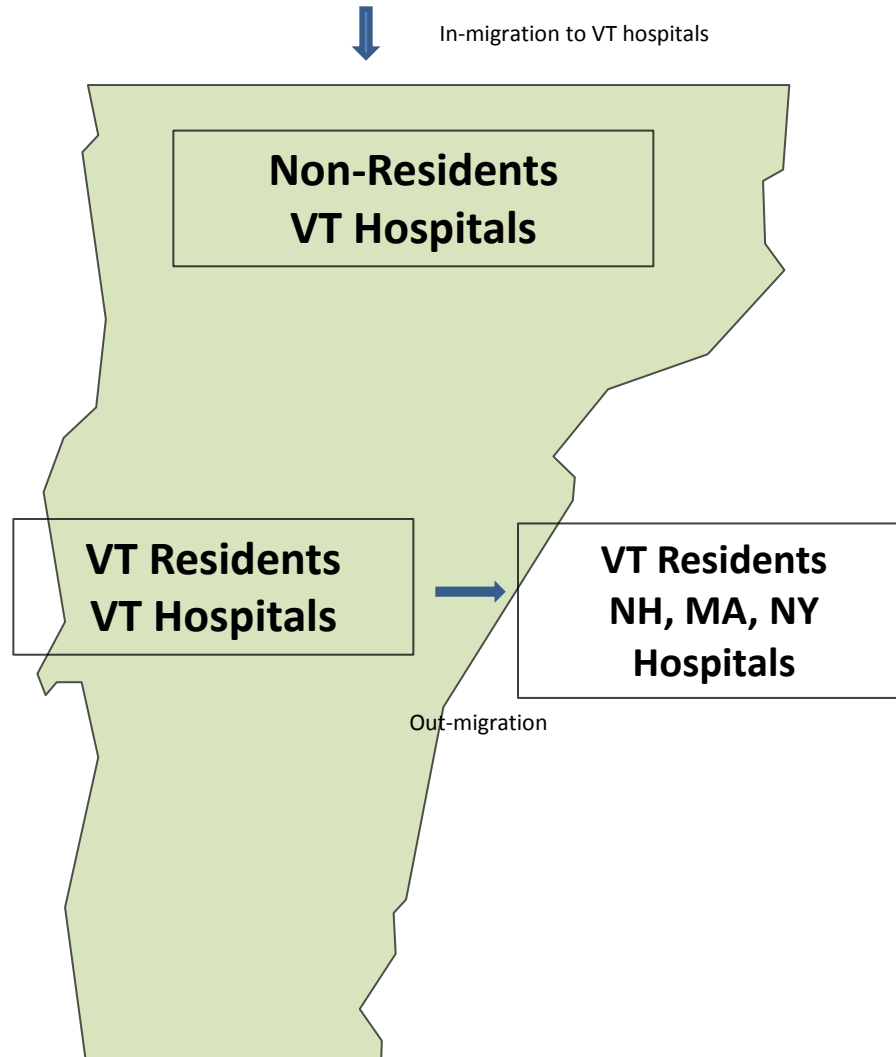
VT Resident Perspective- VT and Out-of-state Providers



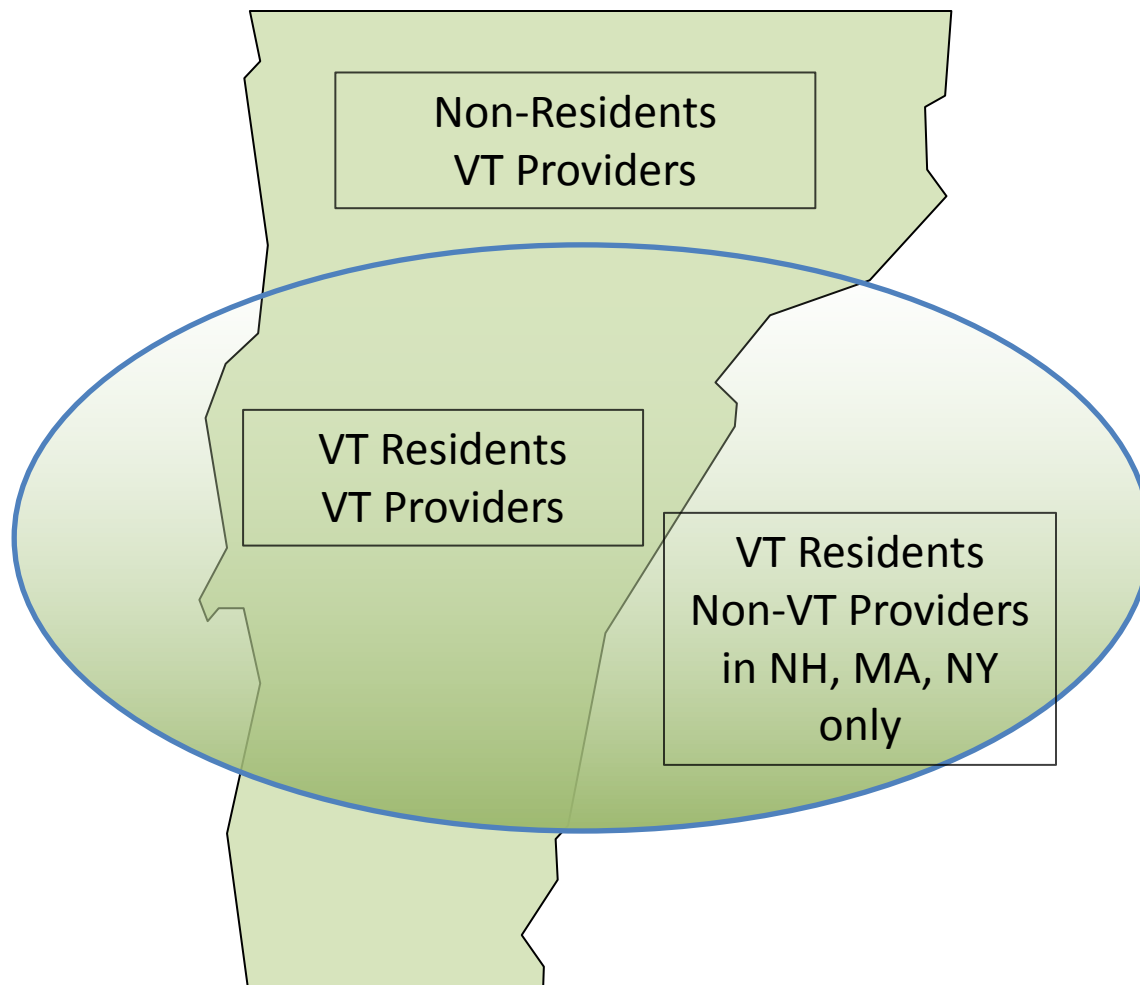
VHCURES- Resident Claims Data Capture



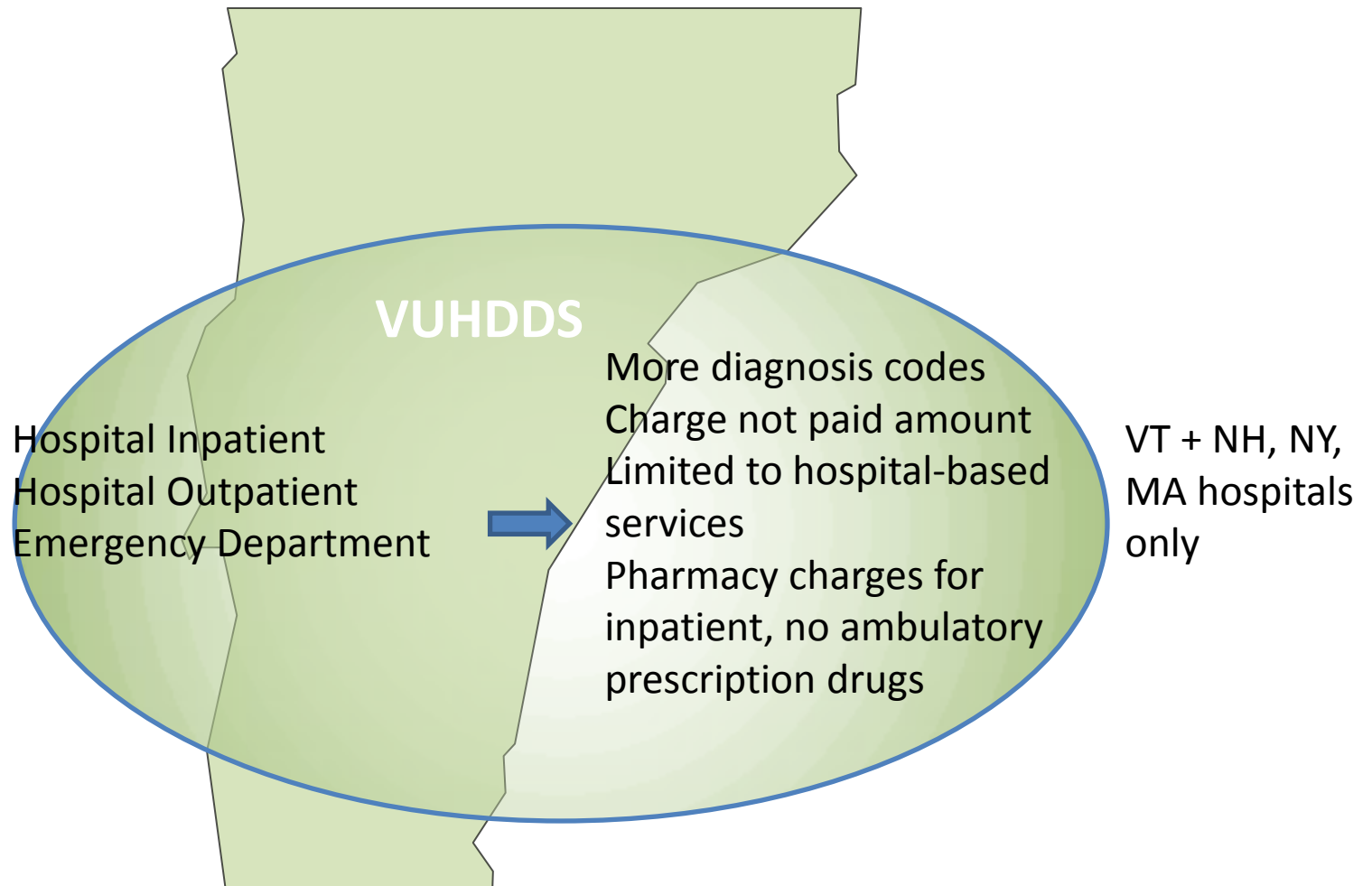
Vermont Uniform Hospital Discharge Data Set (VUHDDS)



Hospital Discharge Data: All Payers/Hospital-based Services: Commercial, Medicare, Medicaid, CHAMPUS/Tricare, Workers Compensation, Self-pay /Uninsured



Hospital Discharge Data- Scope of Data Capture



How does VHCURES work?

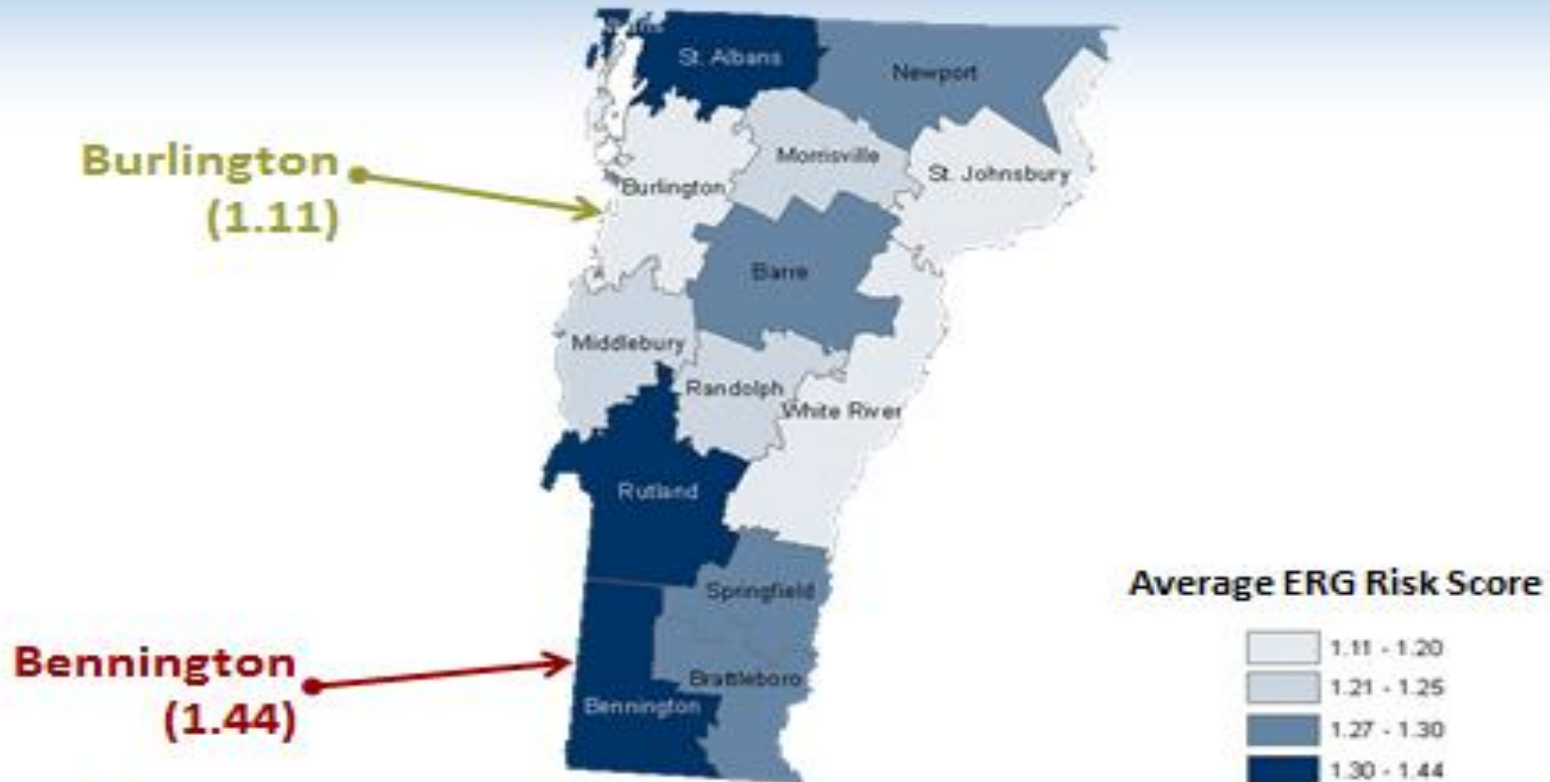
- **BISHCA** is responsible for the mandate/rule, insurer compliance, data use agreements, contract management for data collection and specified analytical deliverables for the commercial data, collaboration with other VT agencies/organizations and other state and federal initiatives.
- **State contractor** collects, processes, consolidates, warehouses, and provides data extracts to approved users.
- **VT, NH, ME are harmonizing** reporting requirements and error thresholds to support regional reporting capability and efficiencies for multistate insurers.
- VHCURES data set spans incurred claims period starting **January 1, 2007 and rolls forward** with monthly submissions by major insurers and quarterly and annual by smaller insurers. **Medicaid will start with 2007** and roll forward. **Medicare will start with 2009** and roll forward. We are requesting 2007-2008 for consistency.
- The commercial data set is currently consolidated through Q2 2011 with paid claims run-out through March 2011.

How is VHCURES being used?

- **Standard report series** measuring commercial population-based rates, trends, and variation in risk status, utilization, spending, and care process measures (HEDIS claims-based process measures).
- **Act 49 Tri-state Variation Report** with regional averages and hospital service area rates for utilization, expenditures for commercially insured. One-time report but could be updated.
- Data use agreements in place or in process **with UVM Center for Clinical Translational Science** and other Vermont state agencies including DVHA, VDH, DMH to support diverse State analytics and reporting.
- Supporting data and analytical needs of the Blueprint for Health
- To potentially enhance **health insurance rate review** under federal grant to BISHCA with multiple moving parts and claims analysis as a component.
- Provides paid claims and enrollment reports for **AHS assessments**: HIT Reinvestment Fund, Act 45 Insurer Paid Claims Assessment, VDH Vaccine Pooled Purchasing Pilot

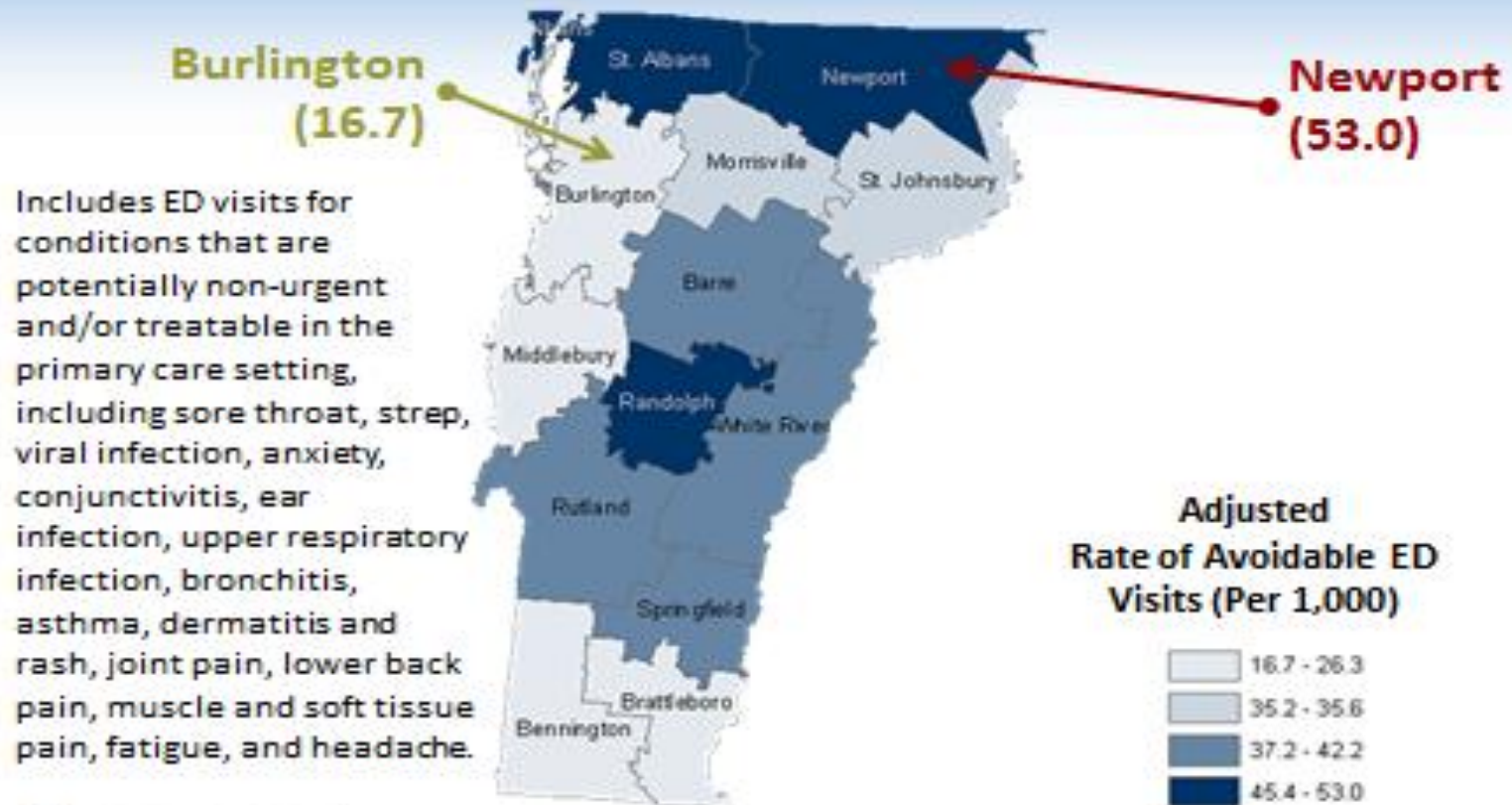
2009 VT commercially insured population-based variation and trends

Health Status: Episode Risk Group Score



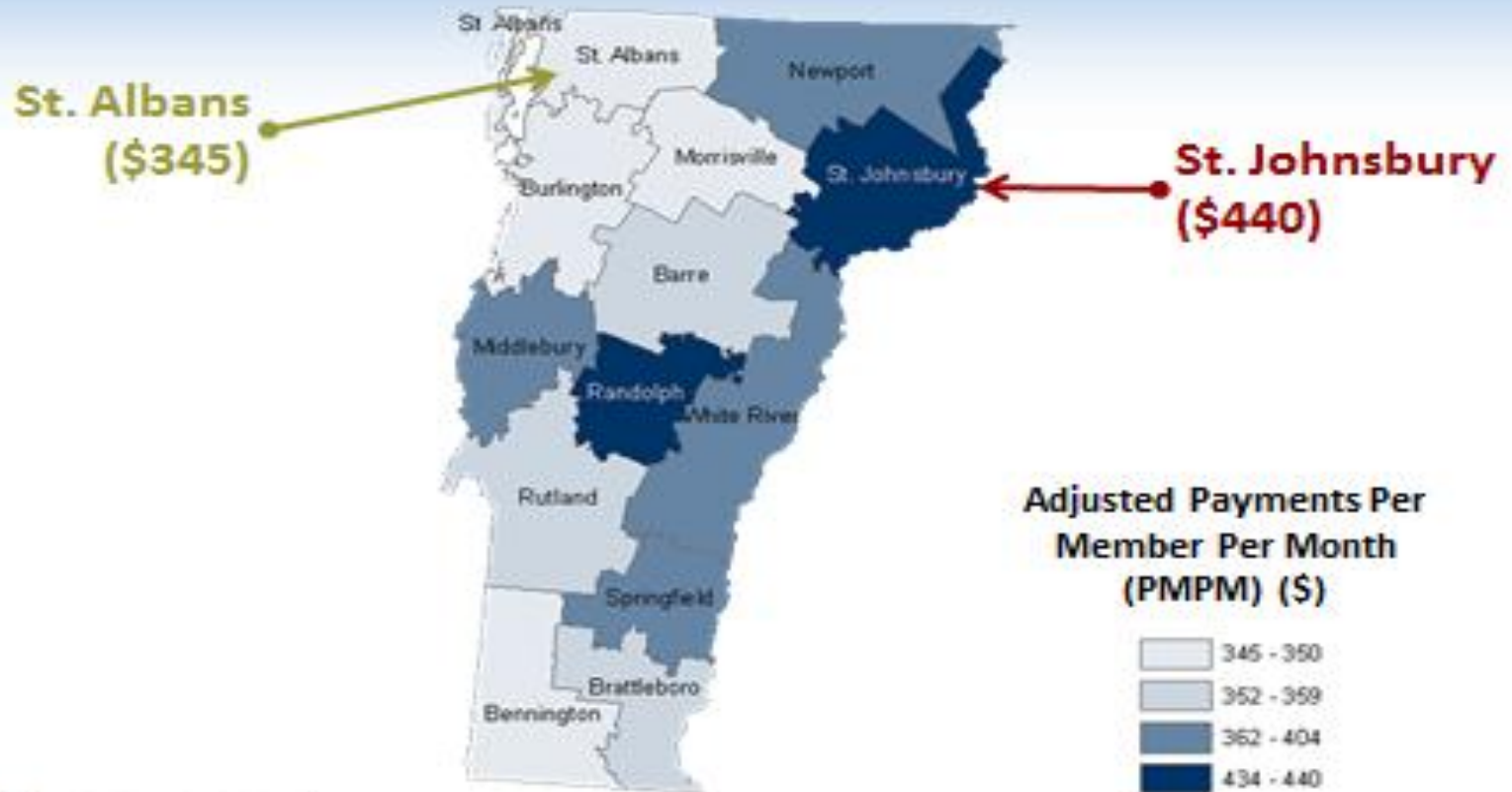
2009 VT commercially insured population-based variation and trends

Potentially Avoidable Outpatient ED Visits



2009 VT commercially insured population-based variation and trends

Payments PMPM



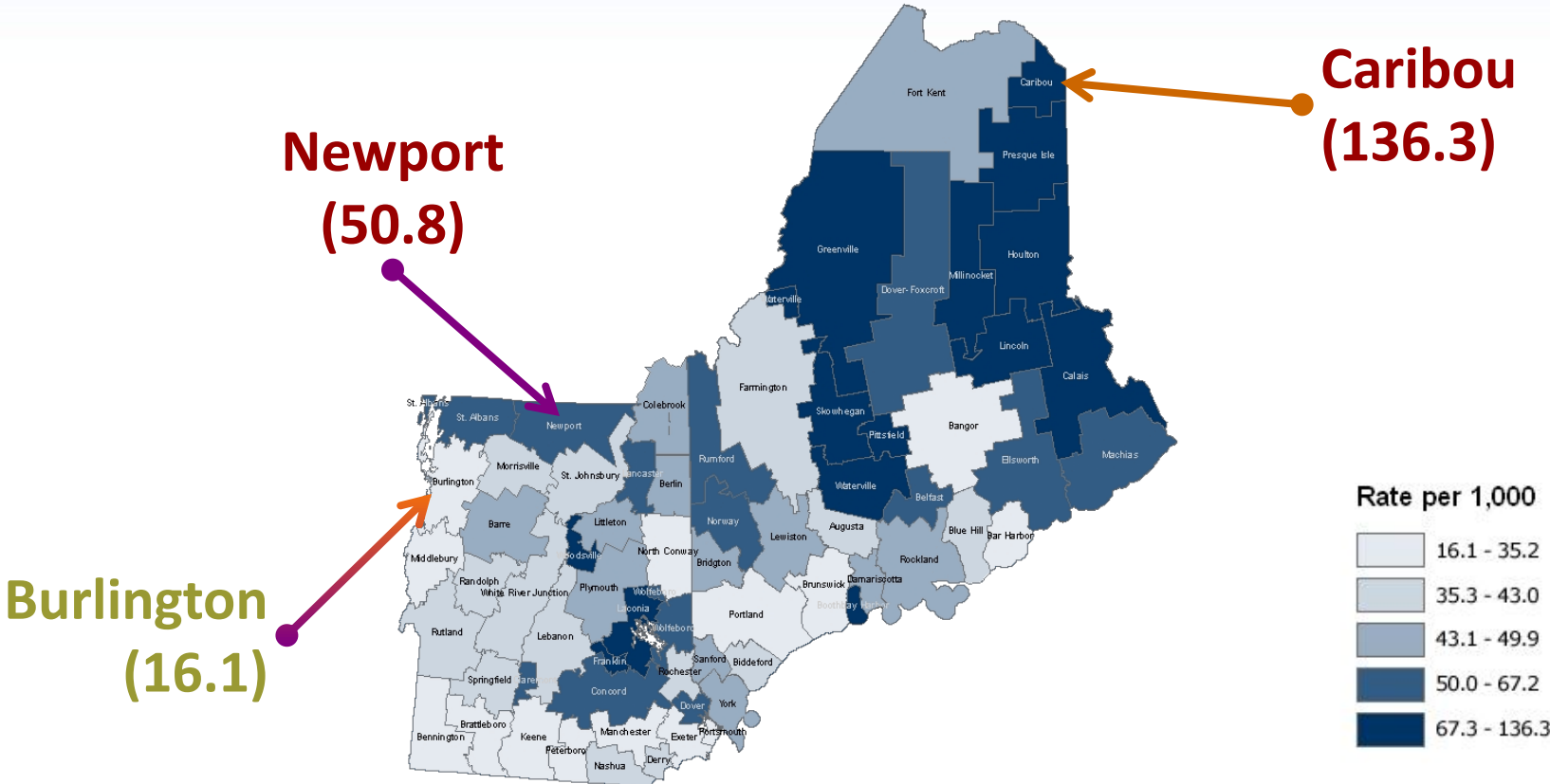
2009 VT commercially insured population-based variation and trends

Effective & Preventive Care



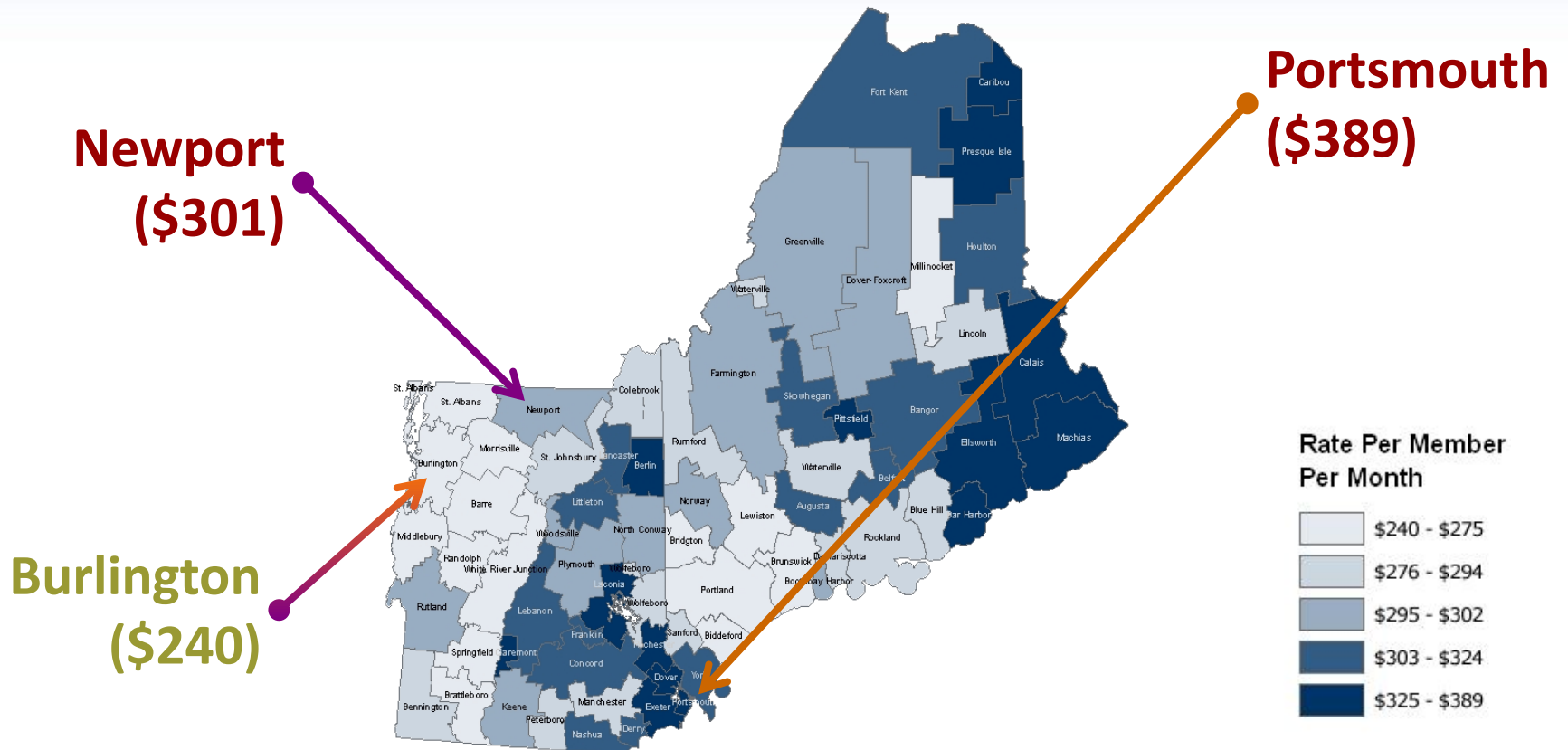
Tri-State Variation in Health Services

Outpatient Use – Potentially Avoidable Outpatient ED Visits



Tri-State Variation in Health Services

Expenditures – Medical Payments PMPM



VHCURES Program:

<http://www.bishca.state.vt.us/health-care/health-insurers/vermont-healthcare-claims-uniform-reporting-and-evaluation-system-vhcure>

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