

VHCURES

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What is VHCURES?

- Vermont Healthcare Claims Uniform Reporting and Evaluation System
- All Payer Claims Database*
 - 10-15 active in the nation
- Established in 2007
- Types of Insurance covered: comprehensive major medical health benefit plans that may be insured or self-insured, Medicare Supplement, and Medicare Parts C and D
- Includes data from 2007-2012 from the following:
 - health insurers including TPAs and PBMs
 - Medicaid
 - Medicare

Statutory Goals

- (A) Determining the capacity and distribution of existing resources.
- (B) Identifying health care needs and informing health care policy.
- (C) Evaluating the effectiveness of intervention programs on improving patient outcomes.
- (D) Comparing costs between various treatment settings and approaches.
- (E) Providing information to consumers and purchasers of health care.
- (F) Improving the quality and affordability of patient health care and health care coverage.

What do we do with this data?

- Warehousing:
 - Onpoint Health Data stores and validates the data
 - Develops extracts of datasets for analysis
 - Ensure encryption and suppression standards are followed
- Analysis:
 - New contract eff. 2/1/13 with Truven Health Analytics

What do we use it for?

- Claims Data:
 - If it is on a claim, it is here
 - Vermont resident view regardless of where data was gathered
- Annual Utilization and Expenditure Report and Report Card on population health
- Ad Hoc Reports: Prescription Drugs, Mental Health
- Used as a basis for:
 - Claims assessments
 - Primary care health service area mapping

What is on the horizon?

- Increased Medicare access
- Using it as basis for Annual Expenditure Analysis
- Comparing Vermont to other states and national, not just year over year trends
- Using it to support Exchange analysis
- Underlies the Financial forecast under development
- Cost trends
- Variation analyses
- Payment reform pilot development