

Green Mountain Care Board Rule 8.000 Data Submission (21-P019)

Legislative Committee on Administrative Rules

December 16, 2021

Introduction to GMCB Health Care Series VERMONT GREEN MOUNTAIN CARE BOARD

- The Board stewards two sets of health care data:
 - VHCURES (Vermont's all-payer claims database) and VUHDDS (hospital discharge data).
 - Data is collected from payers and hospitals and utilized in health care analysis.
 - Rules, together with data submission and data release manuals, will instruct submitters on what data to submit and how to submit it, and specify standards and process for disclosure of datasets to users.
 - Data governance at GMCB includes oversight by the Board's Data Governance Council.

Summary of the Rule



- Health insurers, health care providers, hospitals and other health care facilities, and governmental agencies must submit data for inclusion in the databases stewarded by the Board.
- The rule sets out the requirements for reporting certain health care data relating to health care provided in Vermont and to Vermonters.

Authority / Legal context



- 18 V.S.A. §9375: GMCB must collect and review data from ASCs and psychiatric hospitals.
- 18 V.S.A. §9410: Requires GMCB to establish and maintain a unified health care database and requires health insurers, health care providers, health care facilities, and governmental agencies to file reports, data, statistics, and other information specified by the GMCB.
- 18 V.S.A. §§9453 and 9454: Requires GMCB to adopt uniform formats that "hospitals" (general hospitals and psychiatric hospitals other than VPCH) must use to report financial, scope-of-services, and utilization data and information. Requires GMCB to designate an organization to collect data and requires hospitals to file information at the time and place and in the manner required by the GMCB.
- Rule 8.000 is an amendment of existing Regulation H-2008-01, Vermont Healthcare Claims Uniform Reporting and Evaluation System.

Necessity for the Rule



- Combining submission requirements for both data sets into one rule (currently VHCURES governed by Regulation H-2008-01 and VUHDDS by contractual terms).
- Update to reflect new technology and methods for data submission.
- Update to increase flexibility to modify data submission requirements to respond to changes in the health care industry.
- 18 V.S.A. § 9410(c) authorizes Board to collect information regarding health insurance claims and enrollment, hospital data including scope of service and utilization, and other information relating to health care costs, prices, quality, utilization, or resources as determined by the Board to carry out the purposes of 18 V.S.A. § 9410.
- Rule and submission manuals are needed to tell payers what and how to submit.

Content of the Rule



- VHCURES Registration and Submission
 - Registration
 - Required Submitters
 - Reporting Manual
 - Quality Assurance
- VUHDDS Submission
 - Required Submitters
 - Reporting Manual
 - Quality Assurance
- Changes to a Reporting Manual
- Enforcement

Affected Parties and Impact



- Parties affected: Health Insurers, General Hospitals, Ambulatory Surgery Centers, Psychiatric Hospitals.
- Economic impact only on required submitters who need to comply and voluntary submitters who choose to comply. Burden is consistent with current rule.
- Benefit to state in having data available for analysis of health care quality, cost, utilization.
- No environmental impact.

Outreach and public engagement VERMONT GREEN MOUNTAIN CARE BOARD

- Board has engaged in multi-step process for more than a year developing the proposed rule:
- Drafts of the rule were presented for review and discussion at various public meetings on the Data Governance Council during 2020 to gather stakeholder and Council input on the rule.
- On December 1, 2020, the draft was presented for approval, reviewed and discussed at a public meeting of the Board's Data Governance Council.
- On February 2, 2021, at a public meeting the Data Governance Council voted to approve the draft proposed rule and send to the Board for review.
- On February 11, 2021, the draft circulated to specific stakeholders, including payers and other data submitters, soliciting review and comment
- On April 21, 2021, the draft reviewed at a public meeting of the Board.
- On May 5, 2021, Board approved draft in public meeting.
- Public hearing August 2, 2021 (no additional public comments).