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# Introduction to Vermont's All-Payer Claims Database (APCD)

Kathryn O'Neill
Green Mountain Care Board

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# Types of Health Care Data

| | Purpose | Examples |
|---|---|---|
| Electronic Health Records | Organize patient health care information in one place for providers and health care organizations. | • Medical records<br>• Patient portals |
| Administrative | Mechanism for producing bills, transmitting payments, and supporting other health care operations. | • Insurance claims<br>• Hospital billing<br>APCDs |
| Public Health | Monitor populations, conditions, and other health-related activity. | • Immunization registry<br>• Lead screening<br>• Influenza |
| Surveys | Gather detailed information on specific topics. | • Behavioral Risk Factor Surveillance System<br>• Consumer Assessment of Healthcare Providers and Systems |

# APCDs

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- APCDs are databases containing health care claims.
- Vermont established its APCD, VHCURES (Vermont Health Care Uniform Reporting and Evaluation System), in 2009.[1] It was one of the first states to do so.
- Today, 31 states have or are implementing APCDs with additional states indicating strong interest.

[1] 18 V.S.A. § 9410

# VHCURES Overview

| | |
|---|---|
| Who? | Vermont residents with health insurance coverage by Vermont Medicaid, Medicare, and commercial health insurance |
| What? | Medical and pharmaceutical claims<br>Member enrollment<br>Provider data |
| Where? | Data are securely stored by vendor under SOV contract and by authorized users |
| When? | Data from calendar year 2007 to present |
| Why? | To support the GMCB's regulatory duties, provide resource to researchers, the public, and other authorized users |

# VHCURES Data Protection

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- Vermont statute (18 V.S.A. § 9410) requires the GMCB protect the privacy of APCD data, incorporating those outlined in HIPAA. It currently prohibits the public disclosure of any data that contains direct personal identifiers.

- In order to access data for analysis and research, users must successfully apply to ensure the use is allowable under HIPAA and the applicant can fulfill the data protection requirements.

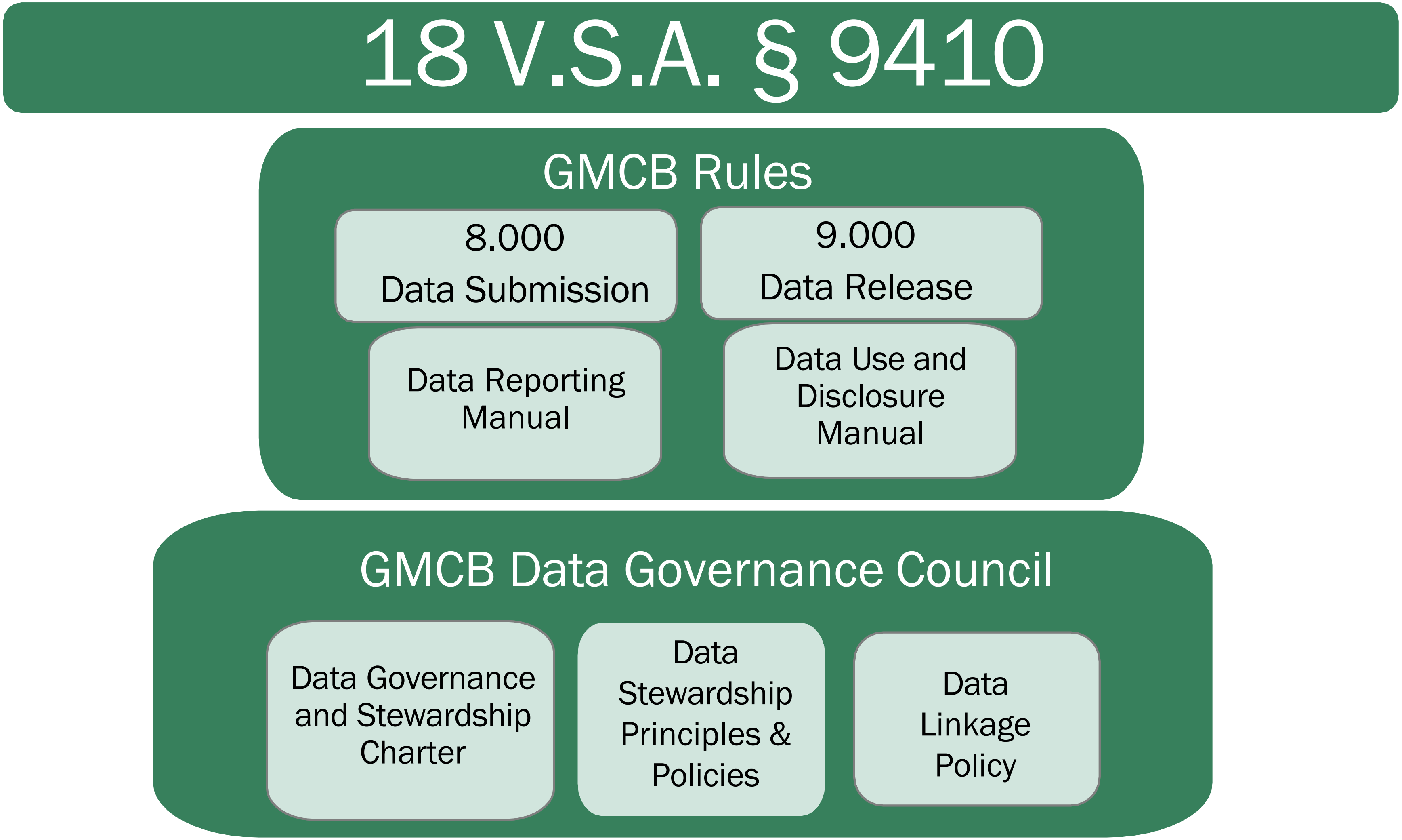
# VHCURES Contract Protections

Contract protections are broader than state statute and cite both the federal and state statutes that Vermont's VHCURES vendor must comply with (e.g., HIPAA, NIST, Vermont laws)

Current contract includes requirements for:

- Maintenance of Information Security Policy
- Annual testing of the Information Security Incident Response Plan (ISIRP)
- State authority to conduct an audit (if requested)
- Passwords, encryption, networking, intrusion detection, system architecture
- Breach notification and reporting
- Vulnerability testing and reporting

# VHCURES Oversight



18 V.S.A. § 9410

GMCB Rules

8.000 Data Submission

9.000 Data Release

Data Reporting Manual

Data Use and Disclosure Manual

GMCB Data Governance Council

Data Governance and Stewardship Charter

Data Stewardship Principles & Policies

Data Linkage Policy

# Privacy and Security Protections

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| Type of Protection | Description |
|---|---|
| Legislative | Statute requires that the Board protect the privacy of this data; it incorporates protections from HIPAA and, notwithstanding HIPAA, prohibits public disclosure of any data that contain direct personal identifiers (*18 V.S.A. § 9410*) |
| | Security Breach Notice Act (9 VSA § 2435)<br>Social Security Number Protection Act (9 VSA § 2440)<br>Confidentiality of prescription information (18 VSA § 4631) |
| Security standards and certifications | HITRUST Certification |
| | HIPAA and CMS Qualified Entity Certification Program security standard-compliant |
| | Service Organization Center 3 (SOC-3) Certification |
| | National Institute of Standard and Technology (NIST) security guidance-compliant |
| | Certified Information Systems Security Professional (CISSP) |

# Privacy and Security Protections

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| Type of Protection | Description |
|---|---|
| Data management | Data encrypted at rest and in motion |
| | Regular third-party penetration test and firewall reviews |
| | Real-time firewall and system monitoring |
| | Weekly vulnerability scans |
| | Network tiered and segmented to reduce vulnerability |
| | 24x7 monitoring and alerting |
| | Secure File Transfer Protocol (SFTP) with PGP encryption |
| Data release | Application process to review intended use is authorized |
| | Approved applicants complete an enforceable Data Use Agreement (DUA) with accompanying affidavits for all users |
| | Data released in a deidentified format, as required by HIPAA |
| | GMCB performs prepublication review to ensure published results compliant with DUA |
| | Attestation of data destruction upon termination of DUA |

# Current VHCURES Authorized Users

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| | |
|---|---|
| Vermont Department of Health | Utilization patterns and trends of chronic diseases |
| Department of Vermont Health Access | Blueprint for Health, Payment Reform |
| Department of Aging and Independent Living | Outcome and performance measures for programs and services |
| Joint Fiscal Office | Legislative Task Force on Affordable, Accessible Health Care |
| Department of Financial Regulation | Essential Health Benefit Plans, Wait Time investigation |
| University of Vermont College of Medicine | Health services analysis |
| NORC | Evaluation of Vermont's All-Payer Model |
| RAND | National Hospital Price Transparent Study |
| Archway Health Advisors | Development of episodic payments |

# S.285 Proposal

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- Repeal subsection (e) of Sec. 4. 18 V.S.A. § 9410, would allow the future collection of direct identifiers (e.g. name), while maintaining privacy protection.

- Current data protections remain in place.
  - Secure Data file transfer
  - Authorized data users only have access to *de-identified* data

# Other States Collect Direct Identifiers

Such as: Oregon, Utah, Colorado, Maine, Connecticut,

Washington, Delaware, New York, California

# Data Linkage – Hashed Identifiers

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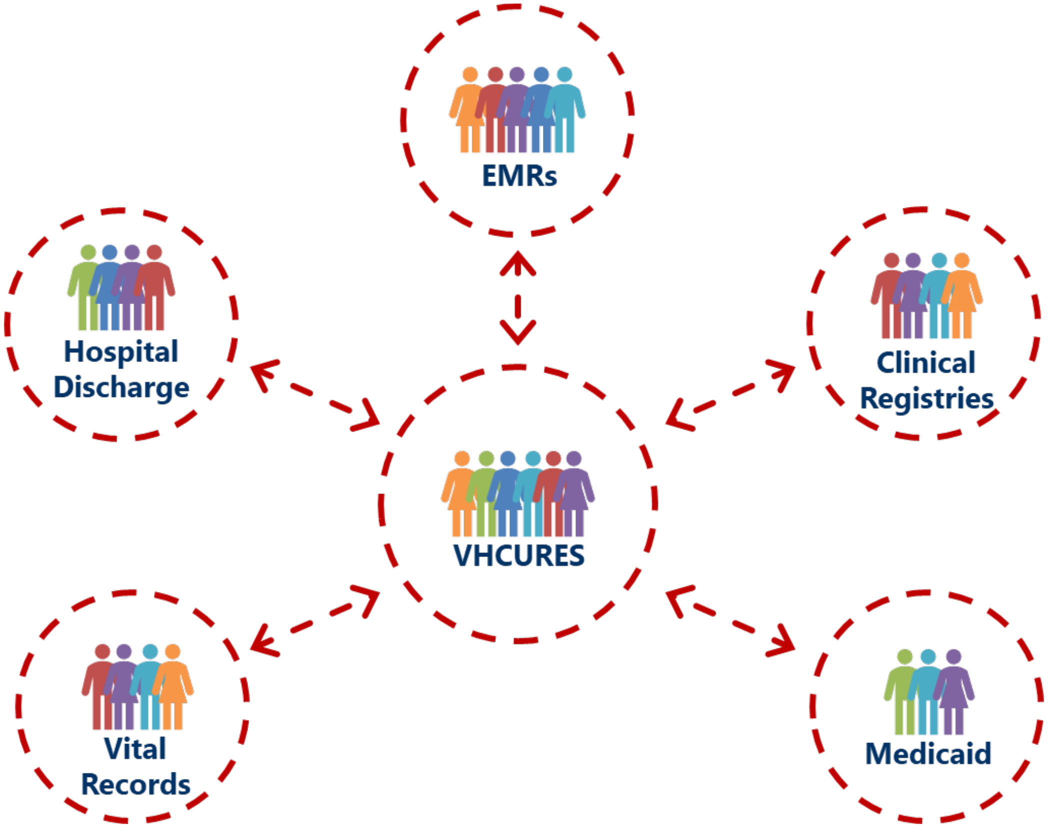

# Data Linkage – Direct Identifiers

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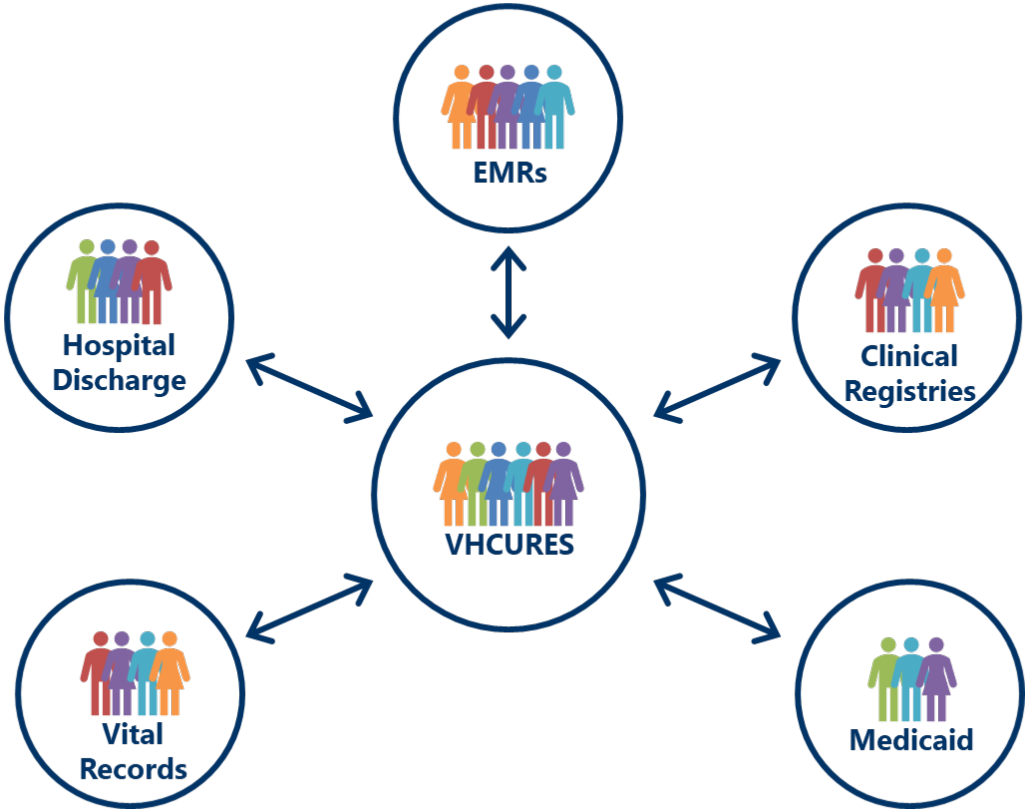
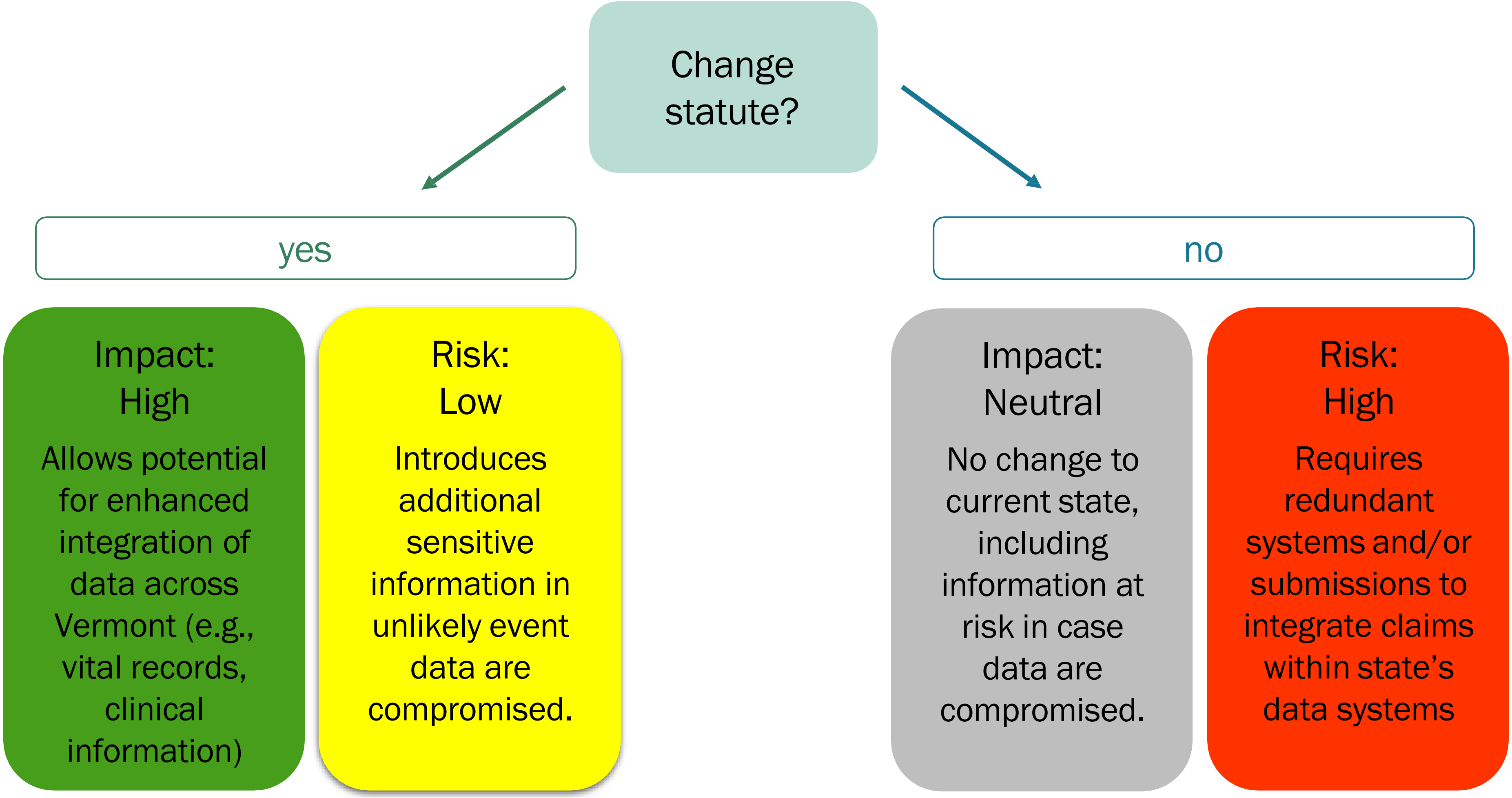


# S.285 Rationale



Change statute?

yes

Impact: High

Allows potential for enhanced integration of data across Vermont (e.g., vital records, clinical information)

Risk: Low

Introduces additional sensitive information in unlikely event data are compromised.

no

Impact: Neutral

No change to current state, including information at risk in case data are compromised.

Risk: High

Requires redundant systems and/or submissions to integrate claims within state's data systems