

**VHIE Claims Subcommittee
Agenda and Meeting Minutes**

Subcommittee Name: <i>VHIE Claims Pilot Subcommittee</i> [Health Information Exchange (HIE) Steering Committee]	Committee Chair: N/A
Meeting Agenda: 1. Role of Subcommittee Members Re: Use Cases 2. Timeline 3. Review Use Cases from Interview#1 with OCV 4. Subcommittee Discussion/Feedback 5. Debrief with Katie M. on Process 6. Reminders	Mtg. Facilitator: Emily Richards Mtg. Recorder: Emily Richards Where: Virtual Meeting
	Conference Room: none
	Date: March 26, 2021 Time: 2:00pm – 3:00pm
<input type="checkbox"/> May contain Confidential/Exempt information	Teams Meeting Information: +1 802-552-8456,,504634126#

Attendees (Present Bold)			
Name, Organization	Role	Name	Role
Lisa Schilling, DVHA, AHS	Medicaid Claims and Payer Operations SME	Tim Tremblay, Health Care Reform, AHS	Blueprint for Health SME
Ena Backus, Health Care Reform, AHS	Health Care Reform SME	Katie Muir, OneCare Vermont	ACO SME
Sarah Lindberg, Green Mountain Care Board	Claims Management/All-Payer Claims Database SME; Data Governance SME	Carolyn Stone, VITL	VHIE Technical Operations & Design SME
Mary Kate Mohlman, Health Care Reform, AHS	Health Data Research & Analytics SME; Data Governance SME	Beth Anderson, VITL	VHIE Policy and Governance SME
Erin Flynn, DVHA, AHS	Medicaid Payment Reform SME	Emily Richards, Health Care Reform, AHS	Subcommittee Operational Support

Non-Subcommittee Members present			
Name, Organization	Role	Name	Role
Mahesh ThopaSridharan, Health Care Reform, AHS	Subcommittee Operational Support		

	Agenda Topic	Topic Facilitator	NOTES <i>(notes are provided in italics and blue)</i>	Action Items
1	Meeting Introduction	Ena Backus / Emily Richards	<ul style="list-style-type: none"> • <i>Ena Backus, AHS Director of Health Care Reform, provided a vision for accelerating the integration of clinical and claims data on the VHIE to include commercial, Medicaid and Medicare claims. To support the ACO All Payer Model, it is anticipated that this effort will provide OneCare VT with usable data that reduces their need to clean and structure the data the APM relies upon.</i> • <i>The hope is to begin to offer an integrated clinical and claims data set in Fall 2020. VITL is assessing feasibility. The subcommittee may need to expand or refocus some of their work to ensure the needed use cases are captured and uses cases consider data from all payers.</i> 	
	N/A		<p><i>Note: below are details on the subcommittee’s discussion of the use cases. The use cases themselves are posted here:</i></p> <p>https://file.healthdata.vermont.gov/sites/healthdata/files/documents/ClaimsSubcommittee%20%232_2021HIESteeringComm_FINAL.pdf</p>	
2	Use Case Review	Katie Muir, OneCare VT (OCV), presented the use cases she developed with support from AHS Business Analyst and MaryKate Mohlman, health data SME.	<ul style="list-style-type: none"> ○ <i>Use Case #1: Improving support and Care management for individuals with Hypertension and Diabetes in the State</i> <ul style="list-style-type: none"> ▪ <i>There is potential to compare conditions between ACO-attributed and non-attributed patients.</i> ▪ <i>Q: What are adverse events? A: Examples: in-person stay, hypoglycemia results, amputation</i> ▪ <i>Claims help identify who has the condition and the clinical (data) grouper helps illustrate how the condition is being managed.</i> ▪ <i>OCV is currently using non-linked data but it would be useful to have a linked (clinical and claims) data set. There is a need to tie everything to the same encounter.</i> ▪ <i>Q: Is payment information relevant to this use case? Does the encounter information need to be linked with a claim? A: Yes, the</i> 	

		<p><i>data is needed to understand quality of care and the total cost of care.</i></p> <ul style="list-style-type: none"> ▪ <i>Katie noted that OCV sends an opt-out flag to VITL for those who do not wish to share data with OCV.</i> ▪ <i>Currently, OCV receives a weekly feed of claims data from DVHA, which works well. They can access clinical data in real-time (from linked systems and VHIE).</i> ▪ <i>Providers submit claims within 6 months of a service and have up to 2 years to adjust claims. 96-98% of claims are processed within 3 months of services. Claims are adjusted weekly. OCV allows for 3 months of “run out”.</i> ▪ <i>OCV receives claims from other payers (not Medicaid) every 3-4 weeks. There is a defined format for this data, but not be directly in line with the 837 format.</i> ▪ <i>Lisa noted that there is a lot of transformation of this data at Gainwell before OCV receives it.</i> ▪ <i>Q: What format are the claims provided in when sent to OCV? A: There are defined fields (sent to VITL via email). Katie Muir, Carolyn Stone, and Lisa Schilling agreed to meet to discuss the specifics. [Action Required]</i> ▪ <i>Q: Do the claims need to be sent to OCV post adjudication? A: Yes.</i> ▪ <i>There are still areas where OCV is not getting needed clinical data e.g., BMI – Katie to follow-up with her internal contact and then discuss with VITL.</i> ▪ <i>Real time data needs means as soon as it is possible to receive the data.</i> <ul style="list-style-type: none"> ○ Use Case #2: Improve Immunization Rate <ul style="list-style-type: none"> ▪ <i>Immunization rates are important to OCV because in patient flu costs are high and prevention activities are a priority.</i> ▪ <i>Currently, OCV uses claims and data from the VHIE to identify COVID vaccine recipients, but they do not have access to all vaccine records.</i> ▪ <i>OCV did have an agreement with the Dept of Health to provide OCV with flu immunization records; they are going to see if they can do the same with COVID</i> 	<p>Katie Muir, Carolyn Stone, and Lisa Schilling agreed to meet to discuss the specifics. Meeting will be scheduled.</p>
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3	Debrief on Use Case Gathering process -	Feedback from Katie M.	<ul style="list-style-type: none"> • <i>The structure for the use case development was helpful and well organized by Mary Kate and Varun.</i> 	