

<b>Subcommittee Name: <i>VHIE Claims Pilot Subcommittee</i></b> [Health Information Exchange (HIE) Steering Committee]	<b>Committee Chair:</b> N/A
<b>Meeting Agenda:</b> 1. Review New Use Cases: Green Mountain Care Board (GMCB) 2. Next Steps	<b>Mtg. Facilitator:</b> Emily Richards <b>Mtg. Recorder:</b> Mahesh ThopaSridharan <b>Where:</b> Virtual Meeting <hr/> Conference Room: none <hr/> <b>Date:</b> May 28, 2021 <b>Time:</b> 2:00pm – 3:00pm
<input type="checkbox"/> <b>May contain Confidential/Exempt information</b>	<b>Teams Meeting Information:</b> +1 802-552-8456,504634126#

**Attendees (Present Bold)**

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

**Non-Subcommittee Members (Present Bold)**

Name, Organization	Role	Name	Role
<b>Mahesh ThopaSridharan</b> , Health Care Reform, AHS	Subcommittee Operational Support	<b>Dan Chavez</b> Health Tech Solutions	HIE Steering Committee Consultant
<b>Varun Manohar</b> ADS	Subcommittee Operational Support		

#	Agenda Topic	Topic Facilitator	NOTES <i>(notes are provided in italics and blue)</i>	Action Items
1.	Meeting Introduction	Emily Richards	<p><i>Introduction from Emily R.</i></p> <ul style="list-style-type: none"> <li>• <b><u>[Slide#2 - Agenda]</u></b> <i>Today we are going to review the use cases developed by Sarah Lindberg &amp; Lindsay Kill from the Green Mountain Care Board (GMCB).</i></li> <li>• <b><u>[Slide#3 - Role of Subcommittee Members Re: Use Cases]</u></b> <i>As a reminder - the subcommittee is tasked with assessing the VHIE Claims Use Cases, identifying areas of priority and areas of overlap.</i></li> <li>• <b><u>[Slide#4 - Use Case Categories Definition]</u></b> <i>This is just a reminder of the taxonomy that we are using, our categorization of the use cases that Mary Kate put together. We are thinking about them in four categories.</i> <ul style="list-style-type: none"> <li>○ <i>Clinical uses Individual</i></li> <li>○ <i>QI/operational Organization</i></li> <li>○ <i>Evaluation Population health</i></li> <li>○ <i>Reporting Population Health</i></li> </ul> </li> </ul>	
2.	Review New Use Cases: Green Mountain Care Board (GMCB)	Sarah Lindberg	<p><i>Over to Sarah Lindberg to explain the use cases - <b><u>[Slide#5]</u></b></i></p> <ul style="list-style-type: none"> <li>• <b><u>[Slide#6 - Use Case 1: Defining more precise scope of a Health Care Organization (e.g. Provider landscape)]</u></b></li> <li>• <i>GMCB has five board members appointed by the Governor and they have several duties. Their roles include regulating hospital budgets - each year hospitals come to find how much their net patient revenue can grow overall and then how much their charges on the commercial charges can grow each year. They also approve certificates of need for hospital development projects. They also regulate health insurance premiums for certain populations - they approve actual amounts of the premium of the qualified health plans offered through the Affordable Care Act reforms. They also approve the manual rates used for fully insured health insurance groups. And they are signatory on the All-Payer Model - they support implementation, reporting and oversight of the ACO.</i> <i>One of our priorities is better understanding provider data. One of the ways that comes up for a lot is that if you think about a way like at a system as a way of system of healthcare providers, it's a much different way when you put them together when you are looking at it from a fiscal regulatory lens for a hospital budget than it might be, when you are trying to look at it from the care delivery system implemented by the ACO. Understanding provider data and how data systems interrelate is a bedrock that we know has a lot of opportunity for improvement.</i></li> <li>• <i>One the major goals for the State that the GMCB want to support is learning to reimburse based on value instead of what services are provided, and I know we have talked about this at other times, but I think its little bit of extrapolated exercise when you are talking about the value that the hospital provides and so the traditional equation for value is Quality divided by Cost. Quality is one of those areas where Clinical Data would really help us out to think through new payment mechanisms. To do that we need to be able to define what the hospital is as a collection of providers. That is one of the Goals that we really have. Some of the ways we talk about Quality are the things like adverse events. Quality might be associated with the satisfaction of the patients or the Payer. There also might be Quality associated with the individual provider and it gets tricky with the Claims lens. You can think about how tricky a corrective surgery might be. You have to make up lot of assumptions to decide what the criteria might be to call it a</i></li> </ul>	

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3.	Next Steps	Emily Richards	<p><b><u>[Slide#14 - Next Steps]</u></b></p> <ul style="list-style-type: none"> <li>• We have two more groups to go, 'Point of Care' and the 'Medicaid Operations' group. Complete the remaining (two) use case gathering sessions in June.</li> <li>• We would like to come back together to figure out the taxonomy or matrix for prioritizing Use Cases.</li> <li>• Carolyn and Beth discussed about their ideas for Use Case prioritization, test a particular Use Case, need for considering legal agreements and consents.</li> </ul>	