

**Green Mountain Care Board**  
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December 5, 2016

Phyllis C. Borzi, Assistant Secretary of Labor  
Employee Benefits Security Administration (EBSA)  
200 Constitution Ave., NW, Suite S-2524  
Washington, DC 20210

RE: RIN 1210-AB63 EBSA-2016-0010: Annual Reporting and Disclosure

Dear Assistant Secretary Borzi:

The Green Mountain Care Board (GMCB) is responsible for maintaining Vermont's All-Payer Claims Database (APCD), known as the Vermont Health Care Uniform Reporting and Evaluation System (VHCURES). As outlined in Section 9410 of Title 18 of the Vermont Statutes, the GMCB collects and monitors medical claims data from commercial, Medicaid, and Medicare payers.

VHCURES data has proven a critical tool for measuring and analyzing the State's health care system performance. Data garnered from VHCURES has been used to assist the GMCB in its regulatory role in the areas of hospital budget review and health insurance rate review; have supported Vermont's price transparency efforts, and support the work of the Vermont Blueprint for Health, a nationally-recognized initiative that assists providers in meeting the medical and social needs of the people residing in their communities. Additionally, VHCURES data has been utilized in research efforts concerning a variety of subjects including childhood health, healthcare workforce evaluation, and performance and outcome measures.

Following the United State Supreme Court decision in *Gobeille v. Liberty Mutual Insurance Co.*, claims filings by commercial payers have decreased significantly. Payers of self-insured ERISA plans have generally ceased claims filings altogether. Some payers have voiced difficulty segregating their ERISA members from their total membership for filing purposes and have stopped submitting any claims at this time. We estimate that the reduction in claims filing, excluding the claims that payers will again begin to submit once they are segregated from ERISA-related claims, is approximately 30 percent.

The loss of the claims data for the self-insured ERISA members is significant for our state, not just based on the percentage of claims that are no longer filed. Indeed, the claims that are no longer submitted through VHCURES likely represent a different population than that of Vermont as a whole in terms of factors such as income, employment, health, and age. Without this important data, the analytical work supported by VHCURES is less complete and less reliable.



Finally, Vermont has recently signed an All-Payer Accountable Care Organization Model Agreement with the Center for Medicaid and Medicare Services (CMS). The agreement will allow Vermont to start to move from the fee-for-service model that has predominated health care to a model that encourages population health through a capitated per-member per-month payment. The ability to monitor the performance of this agreement over its six-year term will rely heavily on our ability to access complete claims data as well as other metrics. We surmise that the loss of the self-insured ERISA plans will negatively impact the State's and CMS's ability to accurately perform the measurements and take corrective action as needed.

We encourage the Department of Labor to support the reporting of claims and other health care data across all the employment sectors. We have been working with the National Association of Health Data Organizations to formalize a Common Data Layout that can simplify the filings across payers and provide a consistent set of data for the various states' processing requirements.

Sincerely,



Susan J. Barrett, JD  
Executive Director  
Green Mountain Care Board

