

Application for Massachusetts Case Mix and Charge Data (Non-Government) [Exhibit A – Data Application]

I. INSTRUCTIONS

This form is required for all Applicants, Agencies, or Organizations, hereinafter referred to as “Organization”, except Government Agencies as defined in [957 CMR 5.02](#), requesting protected health information. All Organizations must also complete the [Data Management Plan](#), and attach it to this Application. The Application and the Data Management Plan must be signed by an authorized signatory. This Application and the Data Management Plan will be used by CHIA to determine whether the request meets the criteria for data release, pursuant to 957 CMR 5.00. Please complete the Application documents fully and accurately. Prior to receiving CHIA Data, the Organization must execute CHIA’s [Data Use Agreement](#). Organizations may wish to review that document prior to submitting this Application.

Before completing this Application, please review the data request information on CHIA’s website:

- [Data Availability](#)
- [Fee Schedule](#)
- [Data Request Process](#)

After reviewing the information on the website and this Application, please contact CHIA at casemix.data@state.ma.us if you have additional questions about how to complete this form.

The Application and all attachments must be uploaded to [IRBNet](#). All Application documents can be found on the [CHIA website](#).

Information submitted as part of the Application may be subject to verification during the review process or during any audit review conducted at CHIA’s discretion.

Applications will not be reviewed until the Application and all supporting documents are complete and the required application fee is received.

A [Fee Remittance Form](#) with instructions for submitting the application fee is available on the CHIA website. If you are requesting a fee waiver, a copy of the Fee Remittance Form and any supporting documentation must be uploaded to IRBNet. Please be aware that if your research is funded and under that funding you are required to release raw data to the funding source, you may not receive CHIA Data.

II. FEE INFORMATION

1. Consult the most current [Fee Schedule](#) for Case Mix and Charge Data.
2. After reviewing the Fee Schedule, if you have any questions about the application or data fees, contact casemix.data@state.ma.us.
3. If you believe that you qualify for a fee waiver, complete and submit the [Fee Remittance Form](#) and attach it and all required supporting documentation with your application. Refer to the [Fee Schedule](#) (effective Feb 1, 2017) for fee waiver criteria.
4. Applications will not be reviewed until the application fee is received.
5. Data for approved Applications will not be released until the payment for the Data is received.

III. ORGANIZATION & INVESTIGATOR INFORMATION

Project Title:	Market Research and Data Analysis
IRBNet Number:	Click here to enter text.
Organization Requesting Data (Recipient):	Tenet Business Services Corporation
Organization Website:	Tenethealth.com
Authorized Signatory for Organization:	Lisa Foo
Title:	EVP of Commercial Operations
E-Mail Address:	Lisa.Foo@tenethealth.com
Telephone Number:	415-613-9650
Address, City/Town, State, Zip Code:	14201 Dallas Pkwy, Dallas, TX 75254
Data Custodian: (Individual responsible for organizing, storing, and archiving Data)	Suhail Hirani
Title:	Director, Data & Analytics
E-Mail Address:	Suhail.Hirani@tenethealth.com
Telephone Number:	(734)730-0271
Address, City/Town, State, Zip Code:	14201 Dallas Pkwy, Dallas, TX 75254
Primary Investigator (Applicant): (Individual responsible for the research team using the Data)	Derek Collins
Title:	Sr. Director, Business Planning
E-Mail Address:	Derek.collins@tenethealth.com
Telephone Number:	469-903-8658
Address, City/Town, State, Zip Code:	14201 Dallas Pkwy, Dallas, TX 75254
Names of Co-Investigators:	
E-Mail Addresses of Co-Investigators:	

IV. PROJECT INFORMATION

IMPORTANT NOTE: Organization represents that the statements made below as well as in any study or research protocol or project plan, or other documents submitted to CHIA in support of the Data Application are complete and accurate and represent the total use of the CHIA Data requested. Any and all CHIA Data released to the Organization under an approved application may ONLY be used for the express purposes identified in this section by the Organization, and for no other purposes. Use of CHIA Data for other purposes requires a separate Data Application to CHIA written request to CHIA, with approval being subject to CHIA’s regulatory restrictions and approval process. Unauthorized use is a material violation of your institution’s Data Use Agreement with CHIA.

1. What will be the use of the CHIA Data requested? [Check all that apply]

- Epidemiological
- Health planning/resource allocation
- Cost trends
- Longitudinal Research
- Quality of care assessment
- Rate setting
- Reference tool
- Research studies
- Severity index tool (or other derived input)
- Surveillance
- Student research
- Utilization review of resources
- Inclusion in a product
- Other (describe in box below)

[Click here to enter text.](#)

2. Provide an abstract or brief summary of the specific purpose and objectives of your Project. This description should include the research questions and/or hypotheses the Project will attempt to address, or describe the intended product or report that will be derived from the requested data and how this product will be used. Include a brief summary of the pertinent literature with citations, if applicable.

The overall objective of Market Research and Data Analysis is for Tenet Healthcare to understand current healthcare needs of the people of Massachusetts. The research and analysis will allow Tenet Healthcare to make better and more informed strategic decisions that align with the community's healthcare needs.

3. Has an Institutional Review Board (IRB) reviewed your Project?

- Yes [*If yes, a copy of the approval letter and protocol must be included with the Application package on IRBNet.*]
 No, this Project is not human subject research and does not require IRB review.

4. **Research Methodology:** Applications must include either the IRB protocol or a written description of the Project methodology (typically 1-2 pages), which should state the Project objectives and/or identify relevant research questions. This document must be included with the Application package on IRBNet and must provide sufficient detail to allow CHIA to understand how the Data will be used to meet objectives or address research questions.

The inpatient, outpatient, and ED datasets will be utilized by Tenet Healthcare to analyze trends in volume by service, payor, age, gender, health system, and geographic area. These different analyses will help Tenet Healthcare better understand the competitive and complex Massachusetts healthcare market.

Below are some of the different research questions Tenet Healthcare plans to address by utilizing the case mix datasets:

- How has Tenet's volume, inpatient/outpatient/emergency, trended over time and how does that compare to other health systems?
- How has inpatient, outpatient, and ED volumes trend over time? And what does that look like by service line? Based on this, are we meeting the current and expected future health needs of the community?
- What is Tenet's different service areas and have those changed over time?
- Are there specific service patterns based on patients' geographic area? Where are patients from a geographic area going for inpatient, outpatient, and/or emergency care?
- What are the trends over time for inpatient care based on DRG and primary diagnosis code?
- How does Tenet and its hospitals compare to other health systems/hospitals as it relates to volume, length of stay, payor mix, and CMI

V. PUBLIC INTEREST

1. Briefly explain why completing this Project is in the public interest. Use quantitative indicators of public health importance where possible, for example, numbers of deaths or incident cases; age-adjusted, age-specific, or crude rates; or years of potential life lost. *Uses that serve the public interest under CHIA regulations include, but are not limited to: health cost and utilization analysis to formulate public policy; studies that promote improvement in population health, health care quality or access; and health planning tied to evaluation or improvement of Massachusetts state government initiatives.*

Tenet Business Services Corporation will analyze current market conditions and demands to better meet the needs of the communities we serve. This includes introducing/offering services that improve the overall quality of care.

VI. DATASETS REQUESTED

The Massachusetts Case Mix (“Case Mix”) are comprised of Hospital Inpatient Discharge, Emergency Department and Outpatient Hospital Observation Stay Data collected from Massachusetts’ acute care hospitals, and satellite emergency facilities. Case Mix Data are updated each fiscal year (October 1 – September 30) and made available to approved data users. For more information about Case Mix Data, including a full list of available elements in the datasets please refer to release layouts, data dictionaries and similar documentation included on [CHIA’s website](#).

Data requests are typically fulfilled on a one time basis, however; certain Projects may require years of data not yet available. Applicants who anticipate a need for future years of data may request to be considered for a subscription. Approved subscriptions will receive, upon request, the same data files and data elements included in the initial release annually or as available. Please note that approved subscription request will be subject to the Data Use Agreement, will require payment of fees for additional Data, and subject to the limitation that the Data can be used only in support of the approved Project.

1. Please indicate below whether this is a one-time request, or if the described Project will require a subscription.

One-Time Request **OR** Subscription

2. Specify below the dataset(s) and year(s) of data requested for this Project, and your justification for requesting *each* dataset. Data prior to 2004 is not available.

<input checked="" type="checkbox"/> Hospital Inpatient Discharge Data <input type="checkbox"/> 2004 <input type="checkbox"/> 2005 <input type="checkbox"/> 2006 <input type="checkbox"/> 2007 <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 <input type="checkbox"/> 2012 <input type="checkbox"/> 2013 <input type="checkbox"/> 2014 <input type="checkbox"/> 2015 <input type="checkbox"/> 2016 <input type="checkbox"/> 2017 <input type="checkbox"/> 2018 <input checked="" type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
Describe how your research objectives require Inpatient Discharge data: The Hospital Inpatient Discharge Data will allow Tenet to analyze inpatient specific data that includes such things as length of stay trends, acuity trends, inpatient services trends, inpatient surgical trends.
<input checked="" type="checkbox"/> Outpatient Hospital Observation Stay Data <input type="checkbox"/> 2004 <input type="checkbox"/> 2005 <input type="checkbox"/> 2006 <input type="checkbox"/> 2007 <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 <input type="checkbox"/> 2012 <input type="checkbox"/> 2013 <input type="checkbox"/> 2014 <input type="checkbox"/> 2015 <input type="checkbox"/> 2016 <input type="checkbox"/> 2017 <input type="checkbox"/> 2018 <input checked="" type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
Describe how your research objectives require Outpatient Hospital Observation Stay data: The Outpatient Hospital Observation Stay Data will be used to identify market healthcare needs and trends. In addition to providing trends within length of stay, acuity and outpatient service types.
<input checked="" type="checkbox"/> Emergency Department Data <input type="checkbox"/> 2004 <input type="checkbox"/> 2005 <input type="checkbox"/> 2006 <input type="checkbox"/> 2007 <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 <input type="checkbox"/> 2012 <input type="checkbox"/> 2013 <input type="checkbox"/> 2014 <input type="checkbox"/> 2015 <input type="checkbox"/> 2016 <input type="checkbox"/> 2017 <input type="checkbox"/> 2018 <input checked="" type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
Describe how your research objectives require Emergency Department data: The Emergency Department Data will allow Tenet to better understand the emergency department needs of the market, trends in ED volumes, ED acuity trends, ED durations.

VII. DATA ENHANCEMENTS REQUESTED

State and federal privacy laws limit the release and use of Data to the minimum amount of data needed to accomplish a specific Project objective.

Case Mix Data are released in Limited Data Sets (LDS). All applicants receive the “Core” LDS, but may also request the data enhancements listed below for inclusion in their analyses. Requests for enhancements will be reviewed by CHIA to determine whether each represents the minimum data necessary to complete the specific Project objective.

For a full list of elements in the release (i.e., the “Core” elements and enhancements), please refer to [release layouts, data dictionaries](#) and similar documentation included on CHIA’s website.

Please note that CHIA Case Mix Data contain reports produced using proprietary computer software created, owned, and licensed by the 3M Company. All Copyrights in and to the 3M APR™ Software, and to the 3M APR™ DRG classification system(s) (including the selection, coordination and arrangement of all codes) are owned by 3M. All rights reserved.

1. Specify below which enhancements you are requesting in addition to the “Core” LDS. CHIA will use this information to determine what Level of data is needed for pre-FY 2015 data requests.

Geographic Subdivisions

State, five-digit zip code, and 3-digit code are available for patients residing in CT, MA, ME, NH, RI, VT, and NY. City or Town of residence is available for residents of MA only. States outside of this region will be coded as XX (“Other”).

Select one of the following options:

<input type="checkbox"/> 3-Digit Zip Code (Standard)	<input type="checkbox"/> 3-Digit Zip Code & City/Town ***	<input type="checkbox"/> 5-Digit Zip Code ***	<input checked="" type="checkbox"/> 5-Digit Zip Code & City/Town ***
<p>***If requested, provide justification for requesting 5-Digit Zip Code or City/Town. Refer to specifics in your methodology: We are requesting the 5-digit zip codes with City/Town so that we can better identify and define our current markets and surrounding cities/zip codes.</p>			

Demographic Data

Select one of the following options:

<input type="checkbox"/> Not Requested (Standard)	<input checked="" type="checkbox"/> Race & Ethnicity***
<p>** If requested, provide justification for requesting Race and Ethnicity. Refer to specifics in your methodology: We are requesting Race & Ethnicity data so that we can better understand the demographic trends within the market to better provide the specific needs of the market and its communities.</p>	

Date Resolution

Select one of the following options for dates of admissions, discharges, and significant procedures.

<input type="checkbox"/> Year (YYYY)(Standard)	<input type="checkbox"/> Month (YYYYMM) ***	<input checked="" type="checkbox"/> Day (YYYYMMDD)***
<p>***If requested, provide justification for requesting Month or Day. Refer to specifics in your methodology: Tenet is looking for Day/Month/Year specifics so to analyze length of stay, daily trends, discharge/admissions by day of week.</p>		

Practioner Identifiers (UPN)Select *one* of the following options.

<input checked="" type="checkbox"/> Not Requested (Standard)	<input type="checkbox"/> Hashed ID ***	<input type="checkbox"/> Board of Registration in Medicine Number(BORIM) ***
***If requested, provide justification for requesting Hashed ID or BORIM Number. Refer to specifics in your methodology: Click here to enter text.		

Unique Health Information Number (UHIN)Select *one* of the following options.

<input checked="" type="checkbox"/> Not Requested (Standard)	<input type="checkbox"/> UHIN Requested ***
*** If requested, provide justification for requesting UHIN. Refer to specifics in your methodology: Click here to enter text.	

Hashed Mother's Social Security NumberSelect *one* of the following options:

<input checked="" type="checkbox"/> Not Requested (Standard)	<input type="checkbox"/> Hashed Mother's SSN Requested ***
*** If requested, provide justification for requesting Hashed Mother's SSN. Refer to specifics in your methodology: Click here to enter text.	

VIII. DATA LINKAGE

Data linkage involves combining CHIA Data with other data to create a more extensive database for analysis. Data linkage is typically used to link multiple events or characteristics within one database that refer to a single person within CHIA Data.

1. Do you intend to link or merge CHIA Data to other data?

- Yes
 No linkage or merger with any other data will occur

2. If yes, please indicate below the types of data to which CHIA Data will be linked. [Check all that apply]

- Individual Patient Level Data (e.g. disease registries, death data)
 Individual Provider Level Data (e.g., American Medical Association Physician Masterfile)
 Individual Facility Level Data (e.g., American Hospital Association data)
 Aggregate Data (e.g., Census data)
 Other (please describe):

3. If yes, describe the dataset(s) to which the CHIA Data will be linked, indicate which CHIA Data elements will be linked and the purpose for each linkage.

The following CHIA data elements will be linked:

- 1) DRG and Primary Diagnosis Code will be linked to our internal Tenet Service Line file, which will link any given DRG/Diagnosis Code to an internal Tenet defined Service Line. These service line groupings will be utilized for our internal service line analyses.
- 2) Zip Code will be linked to our internal Tenet Service Area file, which will link a zip code to our internal Tenet defined Primary Service Area, Secondary Service Area.
- 3) Hospital ID will be linked to an internal hospital reference file which contains hospital and parent entity information.

4. If yes, for each proposed linkage above, please describe your method or selected algorithm (e.g., deterministic or probabilistic) for linking each dataset. If you intend to develop a unique algorithm, please describe how it will link each dataset.

Deterministic algorithms will be used to link CHIA data with the referenced internal files above, e.g., Diagnosis Code, DRG Code, Zip Code, and Hospital ID. For example, DRG will be mapped to our internal pre-defined service lines in order to compare our volumes to other hospital in Massachusetts.

5. If yes, attach or provide below a complete listing of the variables from all sources to be included in the final linked analytic file.

DRG Code – Internal Tenet Service Line reference file
Primary ICD-10 Diagnosis Code – Internal Tenet Service Line reference file
Zip Code – Internal Tenet Service Area reference file
Procedure Code – Internal Tenet Procedure reference file
Hospital ID – Internal Hospital reference file

6. If yes, please identify the specific steps you will take to prevent the identification of individual patients in the linked dataset.

No publication of data will occur.

IX. PUBLICATION / DISSEMINATION / RE-RELEASE

1. Do you anticipate that the results of your analysis will be published or made publically available? If so, how do you intend to disseminate the results of the study (e.g.; publication in professional journal, poster presentation, newsletter, web page, seminar, conference, statistical tabulation)? Any and all publication of CHIA Data must comply with CHIA's cell size suppression policy, as set forth in the Data Use Agreement. Please explain how you will ensure that any publications ***will not disclose a cell less than 11***, and percentages or other mathematical formulas that result in the display of a cell less than 11.

No, the results will not be published or made publicly available

2. Describe your plans to use or otherwise disclose CHIA Data, or any Data derived or extracted from such Data, in any paper, report, website, statistical tabulation, seminar, or other setting that is not disseminated to the public.

We do not anticipate using or otherwise disclose CHIA Data in any paper, report, website, statistical tabulation, seminar, or other setting that is disseminated to the public.

3. What will be the lowest geographical level of analysis of data you expect to present for publication or presentation (e.g., state level, city/town level, zip code level, etc.)? Will maps be presented? If so, what methods will be used to ensure that individuals cannot be identified?

The lowest geographical level of analysis will be done at the zip code level and maps will be used but only associated with percentage of market share/volume.

4. Will you be using CHIA Data for consulting purposes?

- Yes
 No

5. Will you be selling standard report products using CHIA Data?

- Yes
 No

6. Will you be selling a software product using CHIA Data?

- Yes
 No

7. Will you be using CHIA Data as in input to develop a product (i.e., severity index tool, risk adjustment tool, reference tool, etc.)

- Yes
 No

8. Will you be reselling CHIA Data in any format not noted above?

- Yes
 No

If yes, in what format will you be reselling CHIA Data?

Click here to enter text.

9. If you have answered “yes” to questions 5, 6, 7 or 8, please provide the name and a description of the products, software, services, or tools.

Click here to enter text.

10. If you have answered “yes” to questions 5, 6, 7 or 8, what is the fee you will charge for such products, software, services or tools?

Click here to enter text.

X. APPLICANT QUALIFICATIONS

1. Describe your previous experience using hospital data. This question should be answered by the primary investigator and any co-investigators who will be using the Data.

Previous experience includes the utilization and analysis of state hospital data from seven other states across the country. These analyses have been used to better understand market share, market trends, community needs, and other strategic planning questions. Additionally, the investigator has an extensive background in hospital business analytics and has been leveraged to answer internal questions around volumes, financials, length of stay, throughput, and quality just to name a few.

2. **Resumes/CVs:** When submitting your Application package on IRBNet, include résumés or curricula vitae of the principal investigator and co-investigators. (These attachments will not be posted on the internet.)

XI. USE OF AGENTS AND/OR CONTRACTORS

By signing this Application, the Organization assumes all responsibility for the use, security and maintenance of the CHIA Data by its agents, including but not limited to contractors. The Organization must have a written agreement with the agent of contractor limiting the use of CHIA Data to the use approved under this Application as well as the privacy and security standards set forth in the Data Use Agreement. CHIA Data may not be shared with any third party without prior written consent from CHIA, or an amendment to this Application. CHIA may audit any entity with access to CHIA Data.

Provide the following information for **all** agents and contractors who will have access to the CHIA Data. [*Add agents or contractors as needed.*]

AGENT/CONTRACTOR #1 INFORMATION	
Company Name:	Click here to enter text.
Company Website	Click here to enter text.
Contact Person:	Click here to enter text.
Title:	Click here to enter text.
E-mail Address:	Click here to enter text.
Address, City/Town, State, Zip Code:	Click here to enter text.
Telephone Number:	Click here to enter text.
Term of Contract:	Click here to enter text.

1. Describe the tasks and products assigned to the agent or contractor for this Project and their qualifications for completing the tasks.

Click here to enter text.

2. Describe the Organization’s oversight and monitoring of the activities and actions of the agent or contractor for this Project, including how the Organization will ensure the security of the CHIA Data to which the agent or contractor has access.

Click here to enter text.

3. Will the agent or contractor have access to and store the CHIA Data at a location other than the Organization’s location, off-site server and/or database?

- Yes
- No

4. If yes, a separate Data Management Plan **must** be completed by the agent or contractor.

AGENT/CONTRACTOR #2 INFORMATION	
Company Name:	Click here to enter text.
Company Website	Click here to enter text.
Contact Person:	Click here to enter text.
Title:	Click here to enter text.
E-mail Address:	Click here to enter text.
Address, City/Town, State, Zip Code:	Click here to enter text.
Telephone Number:	Click here to enter text.
Term of Contract:	Click here to enter text.

1. Describe the tasks and products assigned to the agent or contractor for this Project and their qualifications for completing the tasks.

Click here to enter text.

2. Describe the Organization's oversight and monitoring of the activities and actions of the agent or contractor for this Project, including how the Organization will ensure the security of the CHIA Data to which the agent or contractor has access.

Click here to enter text.

3. Will the agent or contractor have access to and store the CHIA Data at a location other than the Organization's location, off-site server and/or database?

Yes

No

4. If yes, a separate Data Management Plan **must** be completed by the agent or contractor.

[INSERT A NEW SECTION FOR ADDITIONAL AGENTS/CONTRACTORS AS NEEDED]