



Non-Governmental Application for Massachusetts Case Mix and Charge Data [Exhibit A]

I. INSTRUCTIONS

This form is required for all Applicants, except Government Agencies as defined in [957 CMR 5.02](#), requesting protected health information. All Applicants must also complete the [Data Management Plan](#), attached to this Application. The Application and the Data Management Plan must be signed by an authorized signatory of the Organization. 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](#). Applicants 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.

All attachments must be uploaded to IRBNet with your Application. All Application documents can be found on the [CHIA website](#) in Word and in PDF format or on [IRBNet](#) in Word format. If you submit a PDF document, please also include a Word version in order to facilitate edits that may be needed.

Applications will not be reviewed until the Application and all supporting documents are complete and the required application fee is submitted. A [Fee Remittance Form](#) with instructions for submitting the application fee is available on the CHIA website and IRBNet. If you are requesting a fee waiver, a copy of the Fee Remittance Form and any supporting documentation must be uploaded to IRBNet.

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 AND INVESTIGATOR INFORMATION

Project Title:	Cape Cod Healthcare CHIA Case Mix Data Application 2019
IRBNet Number:	1509560-1
Organization Requesting Data (Recipient):	Cape Cod Healthcare
Organization Website:	www.capecodhealth.org
Authorized Signatory for Organization:	Paul Niedzwiecki
Title:	Vice President Strategy and Government Affairs
E-Mail Address:	pniedzwiecki@capecodhealth.org
Address, City/Town, State, Zip Code:	297 North Street, Bldg 3, 3 rd Floor Hyannis, MA 02601
Data Custodian: (individual responsible for organizing, storing, and archiving Data)	Brenda Foley
Title:	Sr. Manager Strategy and Government Affairs
E-Mail Address:	bfoley@capecodhealth.org
Telephone Number:	774-470-5502
Address, City/Town, State, Zip Code:	297 North Street, Bldg 3, 3 rd Floor Hyannis, MA 02601
Primary Investigator: (individual responsible for the research team using the Data)	Christine Shaw
Title:	Director Strategy and Government Affairs
E-Mail Address:	chshaw@capecodhealth.org
Telephone Number:	774-470-5510
Names of Co-Investigators:	Brenda Foley
E-Mail Addresses of Co-Investigators:	bfoley@capecodhealth.org

IV. PROJECT INFORMATION

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
- Surveillance
- Student research
- Utilization review of resources
- Inclusion in a product
- Other (describe in box below)

Other – inform strategic decision making to align point of care services and facilities with the community’s health care needs

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.

Cape Cod Healthcare requires data driven market research to:

- 1) Align services/facilities with community need.
By continuously aligning services with community health care needs, Cape Cod Healthcare will be able to improve points of access throughout its primary service area (Barnstable County)
- 2) Assess and identify its primary service area patients’ outmigration to higher cost, academic hospitals (Boston). Reducing

outmigration will lower the cost of care and provide care close to patients and families homes.

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:** Applicants must provide 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.

V. PUBLIC INTEREST

1. Briefly explain why completing your 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.*

Cape Cod Healthcare will be informed about market demand throughout its primary service area. Due to the rural nature and aging demographic of Barnstable County, it is vital for Cape Cod Healthcare to make informed, data driven decisions that improve access, quality, and lower the cost of care for its residents.

VI. DATASETS REQUESTED

The Massachusetts Case Mix and Charge Data 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 and Charge Data are updated each fiscal year (October 1 – September 30) and made available to approved data users. For more information about Case Mix and Charge 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 checked="" type="checkbox"/> 2016 <input checked="" type="checkbox"/> 2017 <input checked="" type="checkbox"/> 2018
Describe how your research objectives require Inpatient Discharge data: Inpatient discharge data will provide needed attributes about our resident and visitor patient population. Attributes such as acuity, length of stay, service lines, and diseases will inform Cape Cod Healthcare’s efforts to continuously assess and plan services and operations based on market demand.
<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 checked="" type="checkbox"/> 2016 <input checked="" type="checkbox"/> 2017 <input checked="" type="checkbox"/> 2018
Describe how your research objectives require Outpatient Hospital Observation Stay data: Observation discharge data will provide needed attributes and measures about our resident and visitor patient population. Attributes such as length of stay, service lines, and diseases will inform Cape Cod Healthcare’s efforts to assess and plan services and operations based on market demand.
<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 checked="" type="checkbox"/> 2016 <input checked="" type="checkbox"/> 2017 <input checked="" type="checkbox"/> 2018
Describe how your research objectives require Emergency Department data: Cape Cod Healthcare’s two acute hospitals, Falmouth Hospital and Cape Cod Hospital have a significant demand for emergency room services—especially during the summer months on Cape Cod; a resort destination. Emergency Department data will inform Cape Cod Healthcare about acuity, and diseases—all of which are important factors in determining not only the Emergency Departments’ operations but also the System’s four urgent care centers operations as lower-cost alternatives to the Emergency Departments.

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 and Charge Data are grouped into six “Levels” or Limited Data Sets (LDS) for release, depending on the fiscal year. Data for FY 2004 – 2014 are organized into Levels. Level 6 Data will be released to Government Applicants only. CHIA staff will use the information provided in this section to determine the appropriate Level of Data justified for release.

Data for FY 2015 and later are organized into LDS’s. 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.

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 checked="" 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:</p> <p>Due to varying population demographics throughout Barnstable County (nine of the fifteen towns are rural), full five digit zip codes with City and Town will afford needed information to specifically identify the service needs and placement of services. Consider from Provincetown to Orleans compared to Hyannis—the lower and outer Cape are more remote and more isolated; the community's health needs in rural and isolated areas must be identified as part of strategic planning.</p>			

Demographic Data

Select one of the following options:

<input checked="" type="checkbox"/> Not Requested (Standard)	<input type="checkbox"/> Race & Ethnicity***
<p>** If requested, provide justification for requesting Race and Ethnicity. Refer to specifics in your methodology:</p>	

Date Resolution

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

<input checked="" type="checkbox"/> Year (YYYY)(Standard)	<input type="checkbox"/> Month (YYYYMM) ***	<input type="checkbox"/> Day (YYYYMMDD)***
<p>***If requested, provide justification for requesting Month or Day. Refer to specifics in your methodology:</p>		

PR actioner 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) ***
<p>***If requested, provide justification for requesting Hashed ID or BORIM Number. Refer to specifics in your methodology:</p>		

Unique Health Information Number (UHIN)

Select one of the following options.

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

Hashed Mother's Social Security Number

Select one of the following options:

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

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 data base(s) to which the CHIA Data will be linked, indicate which CHIA Data elements will be linked and the purpose for each linkage.

CHIA data will be compared with previous years' data to discern patterns and trends over time. Routine analyses will be used to look at market share over a three year historical span.

The following CHIA data elements will be linked to Sg2 methodology that groups data into service lines.

- Clinical Codes
- Diagnosis Codes
- Procedure Codes
- DRGs

Zip codes will link to Sg2 zip code reference file which then links the zip codes in the CHIA data set to specific geographies.

Hospital ID will link to the hospital reference file which contains all information on specific organizations, parent companies and affiliates.

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 are used to link CHIA data with the reference tables mentioned above, eg: unique zip codes, and DRG codes to produce the same output. Zip codes in the CHIA data will be mapped to our pre-defined service areas, regions/geographies as mentioned above in order to compare where CCHC patients are coming from compared to other hospitals in MA.

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

- Clinical Codes
- Diagnosis Codes
- Procedure Codes
- DRGs
- Zip codes
- Hospital ID

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

No disclosure or publication of data will occur that exposes individual identifiable data.

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.

The results will not be published or made publically available. Results are for internal planning purposes only.

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.

The results will not be otherwise disclosed on websites or at seminars. Results are for internal planning purposes only; furthermore, reports to Cape Cod Healthcare Leadership and its Board of Trustees will be highly summarized—consistent with small cell suppression guidelines and never at the patient level.

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?

At the zip code or DRG level—if available due to small cell suppression guidelines. All analyses are for internal use only, may be graphical in construct (Bar Graphs), and will be highly summarized—including maps, which will be presented by the four regions of Barnstable County—Upper, Mid, Lower, and Outer Cape Cod.

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

- Yes
- No

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

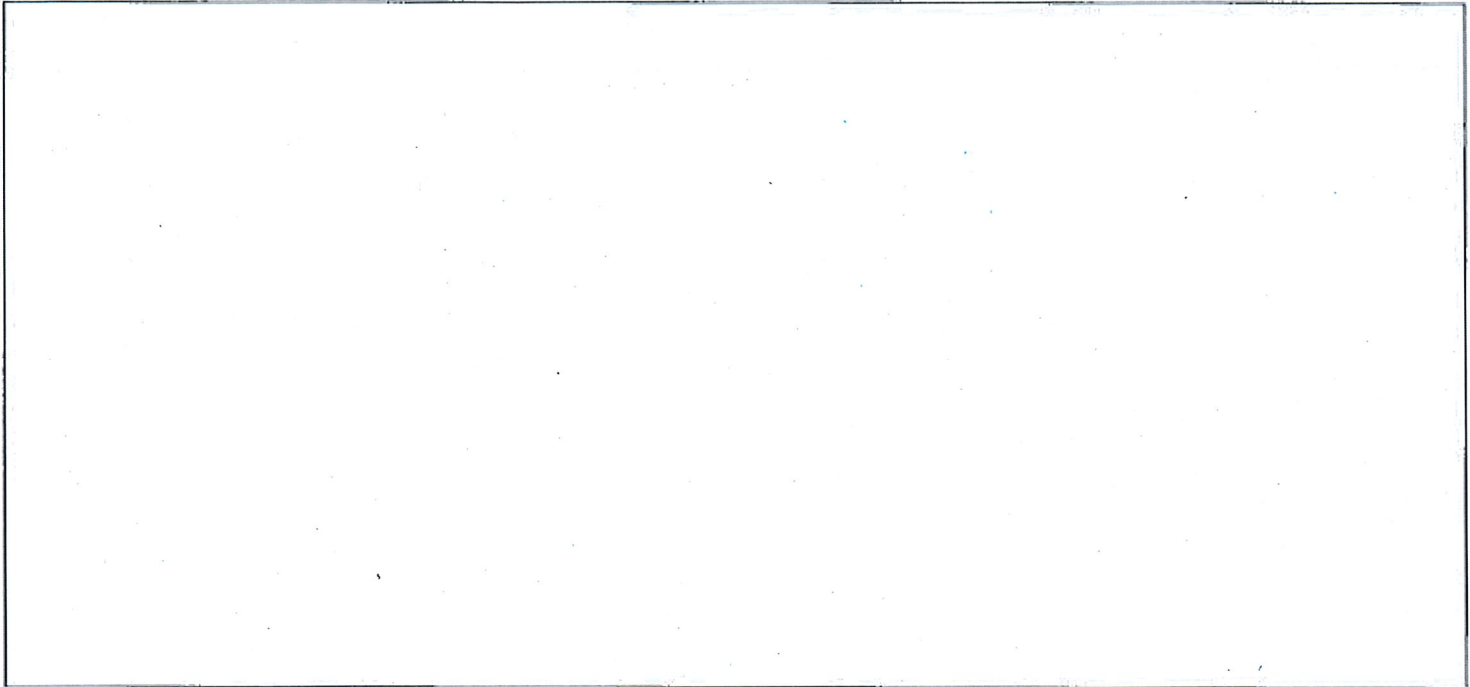
9. If you have answered "yes" to questions 5, 6, 7 or 8, provide the name and a description of the products, software, services, or tools.

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?

XI. INVESTIGATOR 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.

The Investigator has over 9 years and the Co-Investigator has over 8 years of health care provider market, market share, financial, and data analyses experience. They have the experience, education, and ability to transform the data into highly summarized information to facilitate Cape Cod Healthcare leadership strategic and operational decision making.



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.)

XII. USE OF AGENTS AND/OR CONTRACTORS

By signing this Application, the Agency assumes all responsibility for the use, security and maintenance of the CHIA Data by its agents, including but not limited to contractors. The Agency 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 work with the CHIA Data. *[Add agents or contractors as needed.]*

AGENT/CONTRACTOR #1 INFORMATION	
Company Name:	Sg2
Company Website:	www.sg2.com
Contact Person:	Stephanie Ting
Title:	Manager Data Operations
E-mail Address:	STing@sg2.com
Address, City/Town, State, Zip Code	5250 Old Orchard Road, Skokie, IL 60077
Telephone Number:	847-779-5620
Term of Contract:	3 years

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

Sg2 will develop 5 and 10 year forecasts using the CHIA data for Cape Cod Healthcare's internal reporting. Internal reporting from these forecasts will be summarized by service are, service lines, diseases, and procedure market data.

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.

Please refer to Sg2's data management plan; specifically details explaining how Sg2 will ensure the security of CHIA data. Additionally, Sg2 has other Massachusetts's customers and has been approved by CHIA

3. Will the agent or contractor have access to or 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:	
Company Website:	
Contact Person:	
Title:	
E-mail Address:	
Address, City/Town, Zip Code	
Telephone Number:	
Term of Contract:	

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

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.

3. Will the agent or contractor have access to or 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]

XIII. ATTESTATION

By submitting this Application, the Organization attests that it is aware of its data use, privacy and security obligations imposed by state and federal law *and* confirms that it is compliant with such use, privacy and security standards. The Organization further agrees and understands that it is solely responsible for any breaches or unauthorized access, disclosure or use of CHIA Data including, but not limited to, any breach or unauthorized access, disclosure or use by any third party to which it grants access.

Applicants approved to receive CHIA Data will be provided with Data following the payment of applicable fees and upon the execution of a Data Use Agreement requiring the Organization to adhere to processes and procedures designed to prevent unauthorized access, disclosure or use of data.

By my signature below, I attest: (1) to the accuracy of the information provided herein; (2) that the requested Data is the minimum necessary to accomplish the purposes described herein; (3) that the Organization will meet the data privacy and security requirements described in this Application and supporting documents, and will ensure that any third party with access to the Data meets the data use, privacy and security requirements; and (4) to my authority to bind the Organization.

Signature: (Authorized Signatory for Organization)	
Printed Name :	Paul Niedzwiecki
Title: VP Strategy & GA	Cape Cod Healthcare Vice President Strategy and Government Affairs

Attachments

A completed Application must have the following documents attached to the Application or uploaded separately to IRBNet:

- 1. IRB approval letter and protocol (if applicable), or research methodology (if protocol is not attached)
- 2. Data Management Plan (including one for each agent or contractor that will have access to or store the CHIA Data at a location other than the Organization's location, off-site server and/or database)
- 3. CVs of Investigators (upload to IRBnet)

APPLICATIONS WILL NOT BE REVIEWED UNTIL THEY ARE COMPLETE, INCLUDING ALL ATTACHMENTS.

[INSERT IRB approval letter and protocol, or research methodology]

Attachment to Exhibit A, Section IV Project Information, Sub-Section 4 Research Methodology

Project Objectives:

Primary objectives using a data-driven approach are:

- Align services with community need
- Reduce Cape Cod Healthcare's primary service area outmigration to higher-cost, Boston Hospitals

Methodology

CHIA data will be securely sent to our partner, Sg2. Sg2 will load the data into its Market Demand Forecast Analytics application. Cape Cod Healthcare Investigator and Co-Investigator will access the summarized (by Service Lines) and organized (by Zip Code into Regions) data from Sg2's Market Demand Forecast Analytics application.

Inpatient, Observation, and Emergency Room data in Sg2 will be organized by Cape Cod Healthcare's custom service lines—service lines that support the community's residents and visitors with high quality and cost effective care on Cape Cod.

The service line approach will inform Cape Cod Healthcare what services it should expand (both access and capacity), maintain, or reduce and, what new services are needed. Access points (regions) will be identified by zip codes summarized into the four regions of Barnstable County, upper Cape, mid Cape, lower Cape, and outer Cape. Regionalizing utilization will provide data driven information to determine if current facilities and sites are adequate or if there are population areas with unmet needs. Importantly, nine of the fifteen Barnstable County towns are rural.

Service lines combined with regions will provide insight into what service lines and demographic are outmigrating to higher cost providers from Cape Cod Healthcare's primary service area, Barnstable County. Identified service needs and placement of services will inform Cape Cod Healthcare's strategic planning.

Zip Code Reference and Sg2 Hospital Reference File Data Elements

Fields from the Zip code file. **Only fields highlighted in yellow appear in the tool.**

- [ZIPCODE] = 5 digit zip code
- [ResZip] = Maps a non-residential zip code to a residential zip code so that proper growth rates can be applied.
- [IsResidential] = Flag that indicates if zip code is residential, commercial or PO box
- [STATE] = State Code
- [COUNTY] = County Code
- [CBSA_CODE] = CBSA code
- [STNAME] = State Name
- [CTYNAME] = County Name
- [CBSA_NAME] = CBSA Name
- [GEONAME] = Geo
- [YCOORD] = Latitude assigned to Zip Code
- [XCOORD] = Longitude assigned to the Zip Code
- [HRR] = Hospital Referral Region Code
- [STATECODE] = State Abbreviations

Hospital File

- [HospitalName] = Hospital Name
- [InstitutionType] = Competitor Flag (Competitor or Client are the only values)
- [HospMedicareID] = Medicare ID if available
- [ClientHospMedicareIDSuffix] = if provided
- [ChildrensHosp] = indicated whether or not a hospital is a children's hospital.
- [UseInForecast] = flag to indicate whether or not institution should appear in the forecast.
- [HealthSystem] = Name of the health system that the facility belongs to.

Sg2:

Sg2 uses the patient's zip code field to add the county, state, and CBSA descriptions for each zip code based a US postal service crosswalk which Sg2 purchases. Sg2 also use a combination of the patient's zip code, age, gender, primary diagnosis and primary procedure codes in order to apply Sg2's proprietary utilization and growth rates. In either scenario no "data linking" occurs that would in any way make it easier for an end user to identify any one individual from the CHIA dataset.

US Postal Service Zip Code Attributes file – Sg2 uses the patient's 5 digit zip code to add the following fields

- Patient County description,
- Patient State
- Patient CBSA (Core-Based Statistical Area)

*All fields which may have specific patient identifier information are excluded from Sg2's platform.