Commonwealth of Massachusetts Center for Health Information & Analysis (CHIA) Non-Governmental Application for Case Mix Data

This form is to be used by all applicants, except Government Agencies, as defined in 957 CMR 5.02.

<u>NOTE</u>: **In order for your application to be processed, you must submit the required application fee. Please consult the fee schedule for the appropriate fee amount. A remittance form with instructions for submitting the application fee is available on the CHIA *website*.**

I. GENERAL INFORMATION

APPLICANT INFORMATION	
Applicant Name:	
Title:	
Organization:	
Project Title:	
Mailing Address:	
Telephone Number:	
Email Address:	
Names of Co-Investigators:	
Email Addresses of Co-Investigators:	
Original Data Request Submission Date:	
Dates Data Request Revised:	
Project Objectives (240 character limit)	
Project Research Questions (if applicable)	1. 2. 3.

II. PROJECT SUMMARY

Briefly describe the purpose of your project and how you will use the requested CHIA data to accomplish your purpose.

III. FILES REQUESTED

Please indicate the databases from which you seek data, and the Level(s) and year(s) of data requested.

CASE MIX	Levels 1 – 6	Fiscal Years Requested
Inpatient Discharge	☐ Level 1 – No Identifiable Data Elements ☐ Level 2 – Unique Physician Number (UPN) ☐ Level 3 – Unique Health Information Number (UHIN) ☐ Level 4 – UHIN and UPN ☐ Level 5 – Date(s) of Admission; Discharge; Significant Procedures ☐ Level 6 – Date of Birth; Medical Record Number; Billing Number **PLEASE PROVIDE JUSTIFICATION BELOW FOR REQUESTING THE CHOSEN LEVEL:**	<u>1998 – 2013 Available</u> (limited data 1989-1997)
Outpatient Observation	☐ Level 1 – No Identifiable Data Elements ☐ Level 2 – Unique Physician Number (UPN) ☐ Level 3 – Unique Health Information Number (UHIN) ☐ Level 4 – UHIN and UPN ☐ Level 5 – Date(s) of Admission; Discharge; Significant Procedures ☐ Level 6 – Date of Birth; Medical Record Number; Billing Number **PLEASE PROVIDE JUSTIFICATION BELOW FOR REQUESTING THE CHOSEN LEVEL:**	<u>2002 – 2013 Available</u>
Emergency Department	☐ Level 1 – No Identifiable Data Elements ☐ Level 2 – Unique Physician Number (UPN) ☐ Level 3 – Unique Health Information Number (UHIN) ☐ Level 4 – UHIN and UPN ☐ Level 5 – Date(s) of Admission; Discharge; Significant Procedures ☐ Level 6 – Date of Birth; Medical Record Number; Billing Number **PLEASE PROVIDE JUSTIFICATION BELOW FOR REQUESTING THE CHOSEN LEVEL:**	<u>2000 – 2013 Available</u>

IV. FEE INFORMATION

Please consult the fee schedules for Case Mix data, available at http://chiamass.gov/regulations/#957_5, and select from the following options:

☐   Single Use
☐   Limited Multiple Use
☐   Multiple Use

Are you requesting a fee waiver?
☐   Yes
☐   No

If yes, please submit a letter stating the basis for your request.   Please refer to the <u>fee schedule</u> for qualifications for receiving a fee waiver. If you are requesting a waiver based on the financial hardship provision, please provide documentation of your financial situation. Please note that non-profit status alone isn't sufficient to qualify for a fee waiver.

V. REQUESTS PURSUANT TO 957 CMR 5.04 (Researchers, Payers, Providers, and Provider Organizations)
Please complete only if you are requesting Level 1 (de-identified) Case Mix.
Please describe how you will use such data for the purposes of lowering total medical expenses, coordinating care, benchmarking, quality analysis or other administrative research purposes.

VI. ALL OTHER REQUESTS - PURPOSE AND INTENDED USE
    1.   Please explain why completing your project is in the public interest.

    2.   **Attach** a brief (1-2 pages) description of your research methodology. (This description will not be posted on the internet.)

    3.   Has your project received approval from your organization's Institutional Review Board (IRB)? Please note that CHIA will not review your application until IRB documentation has been received (if applicable).
       ☐ Yes, and a copy of the approval letter is attached to this application.
       ☐ No, the IRB will review the project on _____.
       ☐ No, this project is not subject to IRB review.
       ☐ No, my organization does not have an IRB.
    4.

VII. APPLICANT QUALIFICATIONS
    1.   Describe your qualifications to perform the research described or accomplish the intended use of CHIA data.

    2.   Attach résumés or curricula vitae of the applicant/principal investigator, key contributors, and of all individuals who will have access to the data.   (These attachments will not be posted on the internet.)

VIII. DATA LINKAGE AND FURTHER DATA ABSTRACTION
Note: Data linkage involves combining CHIA data with other databases to create one extensive database for analysis. Data linkage is typically used to link multiple events or characteristics that refer to a single person in CHIA data within one database.

1. Do you intend to link or merge CHIA Data to other datasets?
    ☐　　Yes
    ☐　　No linkage or merger with any other database will occur

2. If yes, will the CHIA Data be linked or merged to other individual patient level data (e.g. disease registries, death data), individual provider level data (e.g., American Medical Association Physician Masterfile) , facility level (e.g., American Hospital Association data) or with aggregate data (e.g., Census data)? [check all that apply]
    ☐　　Individual Patient Level Data
    What is the purpose of the linkage:

    What databases are involved, who owns the data and which specific data elements will be used for linkage:

    ☐　　Individual Provider Level Data
    What is the purpose of the linkage:

    What databases are involved, who owns the data and which specific data elements will be used for linkage:

    ☐　　Individual Facility Level Data
    What is the purpose of the linkage:

    What databases are involved, who owns the data and which specific data elements will be used for linkage:

☐   Aggregate Data

What is the purpose of the linkage:

What databases are involved, who owns the data and which specific data elements will be used for linkage:

3. 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 that algorithm will link each dataset.

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

5. If yes, and the data mentioned above is not in the public domain, please attach a letter of agreement or other appropriate documentation on restrictions of use from the data owner corroborating that they agree to have you initiate linkage of their data with CHIA data and include the data owner's website.

IX. PUBLICATION / DISSEMINATION / RE-RELEASE

1. Describe your plans to publish or otherwise disclose CHIA Data, or any data derived or extracted from such data, in any paper, report, website, statistical tabulation, seminar, conference, or other setting.

2. Will the results of your analysis be publicly available to any interested party? Please describe how an interested party will obtain your analysis and, if applicable, the amount of the fee.

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3. Will you use the data for consulting purposes?
☐   Yes
☐   No

4. Will you be selling standard report products using the data?
☐   Yes
☐   No

5. Will you be selling a software product using the data?
☐   Yes
☐   No

6. Will you be reselling the data?
☐   Yes
☐   No
If yes, in what format will you be reselling the data (e.g., as a standalone product, incorporated with a software product, with a subscription, etc.)?

7. If you have answered "yes" to questions 3, 4 or 5, please describe the types of products, services or studies.

X. USE OF AGENTS AND/OR CONTRACTORS

Third-Party Vendors. Provide the following information for all agents and contractors who will work with the CHIA Data.

Company Name:	
Contact Person:	
Title:	
Address:	
Telephone Number:	
E-mail Address:	
Organization Website:	

8. Will the agent/contractor have access to the data at a location other than your location, your off-site server and/or your database?

☐   Yes
☐   No

If yes, please provide information about the agent/contractor's data management practices, policies and procedures in your Data Management Plan.

9. Describe the tasks and products assigned to this agent or contractor for this project.

10. Describe the qualifications of this agent or contractor to perform such tasks or deliver such products.

11. Describe your oversight and monitoring of the activity and actions of this agent or subcontractor.

XIII. ASSURANCES

Applicants requesting and receiving data from CHIA pursuant to 957 CMR 5.00 ("Data Recipients") will be provided with data following the execution of a data use agreement that requires the Data Recipient to adhere to processes and procedures aimed at preventing unauthorized access, disclosure or use of data.

Data Recipients are further subject to the requirements and restrictions contained in applicable state and federal laws protecting privacy and data security, and will be required to adopt and implement policies and practices to protect CHIA data in a manner consistent with the requirements of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Data Recipients must promptly notify CHIA of any unauthorized use or disclosure of CHIA data.

By my signature below, I attest to: (1) the accuracy of the information provided herein; (2) my organization's ability to meet CHIA's minimum data security requirements; and (3) my authority to bind the organization seeking CHIA data for the purposes described herein.

Signature:	
Printed Name:	
Original Application Submission Date:	
Dates Application Revised:	