

**Commonwealth of Massachusetts
Center for Health Information & Analysis (CHIA)
Non-Government MA APCD Request for Data**

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

NOTE: *In order for your application to be processed, you must submit the required application fee. Please consult the fee schedules for MA APCD data 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:	Arlene Ash
Title:	Professor and Division Chief, Dept. of QHS
Organization:	University of Massachusetts Medical School
Project Title:	High Intensity ED Use in Massachusetts
Mailing Address:	ASC 9.2071, 368 Plantation Street, Worcester, MA 01605
Telephone Number:	(508)856-8922
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Names of Co-Investigators:	Edwin Boudreaux
Email Addresses of Co-Investigators:	edwin.boudreaux@umassmed.edu
Original Data Request Submission Date:	March 31, 2016
Dates Data Request Revised:	
Project Objectives (240 character limit)	Describe and predict the future course of patients who experience a sentinel ED visit that has been preceded by at least 4 ED visits in the previous 12 months.
Project Research Questions (if applicable) or Business Use Case(s):	<ol style="list-style-type: none"> 1. Summarize the clinical characteristics, health care utilization, and cost of individuals during the 12 months preceding (PRE) and 12 months following (POST) a sentinel ED visit. 2. Identify PRE- and INDEX (sentinel) visit characteristics associated with health care utilization and costs in the POST period. 3. Build models to predict health care utilization and costs during the POST period as a function of information available from the PRE period and the INDEX visit.

II. PROJECT SUMMARY

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

To understand patterns of use of people who are heavy utilizers of the ED and to learn how to predict their future course. This will provide benchmarks for determining when interventions are able to reduce dysfunctional use of the health care system.

III. FILES REQUESTED

Please indicate which MA APCD file(s) you are requesting, the year(s) of data requested, and your justification for requesting each file. Please refer to the MA APCD [Release 4.0 Documentation Guides](#) for details of the file contents.

MA ALL PAYER CLAIMS DATABASE FILES	Year(s) Of Data Requested Current Yrs. Available
<input type="checkbox"/> 2010 <input type="checkbox"/> 2011 <input checked="" type="checkbox"/> 2012 <input checked="" type="checkbox"/> 2013 <input checked="" type="checkbox"/> 2014	
<input type="checkbox"/> <input checked="" type="checkbox"/> Medical Claims	Please provide justification for requesting Medical Claims file: Necessary to identify and understand ED use, hospital care, and other utilization.
<input checked="" type="checkbox"/> Pharmacy Claims	Please provide justification for requesting Pharmacy Claims file: Necessary to identify psychotropic and opioid prescription use and other utilization.
<input type="checkbox"/> Dental Claims	Please provide justification for requesting Dental Claims file: n/a
<input type="checkbox"/> <input checked="" type="checkbox"/> Member Eligibility	Please provide justification for requesting Member Eligibility file: Need to distinguish between periods when there is no utilization because the person is not eligible and periods when the person is eligible but not using services.
<input type="checkbox"/> <input checked="" type="checkbox"/> Provider (encrypted NPI) Standard or <input type="checkbox"/> Provider* (unencrypted NPI)	Please provide justification for requesting Provider file: We're trying to understand cross-system use. *Please provide justification for requesting unencrypted NPI (if requested). Refer to specifics in your methodology: n/a
<input type="checkbox"/> Product	Please provide justification for requesting Product file: n/a

IV. GEOGRAPHIC DETAIL

Please choose one of the following geographic options for MA residents:

<input type="checkbox"/> 3 Digit Zip Code (MA)	<input checked="" type="checkbox"/> 5 Digit Zip Code (MA)
<p>***Please provide justification for requesting 5 digit zip code. Refer to specifics in your methodology: We want to understand the extent to which high intensity users of the ED tend to go to their nearest ED versus visiting several EDs in a wider geographical area.</p>	

V. DATE DETAIL

Please choose one option from the following options for dates:

<input type="checkbox"/> Year (YYYY) (Standard)	<input type="checkbox"/> Month (YYYYMM) ***	<input checked="" type="checkbox"/> Day (YYYYMMDD) *** [for selected data elements only]
<p>*** If requested, please provide justification for requesting Month or Day. Refer to specifics in your methodology: Our modeling will involve asking questions like: How long has it been between the last ED visit and the sentinel visit? and How long is it before the next visit to the ED? Therefore we will need the most granular date data. Furthermore, all analyses will require being able to go backward and forward exactly 12 months in order to measure utilization in the PRE and POST periods.</p>		

VI. FEE INFORMATION

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

APCD Applicants Only

- Academic Researcher
- Others (Single Use)
- Others (Multiple Use)

Are you requesting a fee waiver?

- Yes
- No

If yes, please refer to the [Application Fee Remittance Form](#) and submit a letter stating the basis for your request (if required). Please refer to the [fee schedule](#) 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.

VII. MEDICAID DATA [APCD Only]

Please indicate here whether you are seeking Medicaid Data:

- Yes
- No

Federal law (42 USC 1396a(a)7) restricts the use of individually identifiable data of Medicaid recipients to uses that are directly connected with the administration of the Medicaid program. If you are requesting Medicaid data from Level 2 or above, please describe in detail why your use of the data meets this requirement. Applications requesting Medicaid

data will be forwarded to MassHealth for a determination as to whether the proposed use of the data is directly connected to the administration of the Medicaid program. MassHealth may impose additional requirements on applicants for Medicaid data as necessary to ensure compliance with federal laws and regulations regarding Medicaid.

We're not interested in identifying individual Medicaid enrollees. However, we do need to have a unique person identifier allowing us to describe individual longitudinal histories involving 24 months of utilization. These data will be used to guide and help evaluate an intervention for Medicaid and other high intensity users of emergency departments.

VIII. PURPOSE AND INTENDED USE

1. Please explain why completing your project is in the public interest.

Reducing dysfunctional use of emergency departments is a state and national priority. Our study will establish tools for predicting future utilization of high intensity ED users and providing benchmarks for determining when interventions succeed at reducing subsequent use. The issues examined here are particularly pertinent for Medicaid enrollees.

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.Our IRB has determined that this is not human research.
 - No, my organization does not have an IRB.

IX. APPLICANT QUALIFICATIONS

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

Dr. Ash has analyzed claims data for public policy purposes since 1984. She most recently worked with CHIA data to examine the value of personal, medical, and extra-medical information in predicting ED utilization.

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.)

When the data are received, we will be assigning analysts to this project, and prior to their touching the data, we will be sharing this information.

X. 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:

n/a

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

n/a

- Individual Provider Level Data

What is the purpose of the linkage:

n/a

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

n/a

- 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:

Linkage to census data will be used to infer contextual social determinants of health by zip code. For example, we will look at percent of families below 100% poverty level, percent of households with an individual living alone, and percent of adults over age 25 with no high school degree.

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

Zip code from US census data.

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 it will link each dataset .

Standard census methodology will be used.

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

Linkage of the zip code to census data in no way enhances anyone’s ability to identify individuals.

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.

XI. 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.

We will not publish any individual data. All papers and reports will reveal only aggregate data and no subpopulations reported upon will have fewer than 100 individuals.

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.

We intend to make the results of our study widely available. In all publications we will adhere to the guidelines that supplemental material shall have sufficient detail to enable replication by any person with access to CHIA data. We do not intend to charge anything for access to our analyses.

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.)?

n/a

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

n/a

XII. USE OF AGENTS AND/OR CONTRACTORS

None at this time.

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.

n/a

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

n/a

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


n/a

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, as detailed in the DUA and the applicant’s CHIA-approved Data Management Plan.

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 procedures designed to protect CHIA data in a manner consistent with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

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:	Arlene Ash
Title	Professor and Division Chief, UMass Medical School, Dept. of QHS
Original Data Request Submission Date:	March 31, 2016
Dates Data Request Revised:	