

**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.*

**NOTE:** *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:	Tara Schmidt
Title:	Health Data Analyst
Organization:	Milliman, Inc
Project Title:	MA 2012, 2013, 2014 State Discharge Data
Mailing Address:	71 S. Wacker Dr, 31st Fl, Chicago, IL 60606
Telephone Number:	312.499.5749
Email Address:	tara.schmidt@milliman.com
Names of Co-Investigators:	
Email Addresses of Co-Investigators:	
Original Data Request Submission Date:	9.3.2014
Dates Data Request Revised:	4/29/2015, 7/20/2015, 9/1/2015
Project Objectives (240 character limit)	The data will be used in actuarial analyses performed on behalf of Milliman's clients, in actuarial tables and clinical guidelines published by the firm.
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.

The data will be used to provide estimates of the utilization & cost of various inpatient procedures. In addition, the data will be aggregated by key parameters such as geographic area, payer and DRG, allowing us to study utilization, cost and length of stay as compared with other reporting data sources (i.e. Marketscan). The data will be used on a continuing basis, there is not definitive end date.

**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
<b>Inpatient Discharge</b>	<input checked="" type="checkbox"/> Level 1 – No Identifiable Data Elements <input type="checkbox"/> Level 2 – Unique Physician Number (UPN) <input type="checkbox"/> Level 3 – Unique Health Information Number (UHIN) <input type="checkbox"/> Level 4 – UHIN and UPN <input type="checkbox"/> Level 5 – Date(s) of Admission; Discharge; Significant Procedures <input type="checkbox"/> Level 6 – Date of Birth; Medical Record Number; Billing Number <b>PLEASE PROVIDE JUSTIFICATION BELOW FOR REQUESTING THE CHOSEN LEVEL:</b> Milliman, Inc will use the data in actual analyses and in updates to actuarial tables and clinical guidelines published by the firm. The data will be used to provide estimates of the utilization and cost of various inpatient procedures.	<p><u>1998 – 2014 Available</u> (limited data 1989-1997)</p> <p>2012, 2013, 2014</p>
<b>Outpatient Observation</b>	<input type="checkbox"/> Level 1 – No Identifiable Data Elements <input type="checkbox"/> Level 2 – Unique Physician Number (UPN) <input type="checkbox"/> Level 3 – Unique Health Information Number (UHIN) <input type="checkbox"/> Level 4 – UHIN and UPN <input type="checkbox"/> Level 5 – Date(s) of Admission; Discharge; Significant Procedures <input type="checkbox"/> Level 6 – Date of Birth; Medical Record Number; Billing Number <b>PLEASE PROVIDE JUSTIFICATION BELOW FOR REQUESTING THE CHOSEN LEVEL:</b>	<p><u>2002 – 2014 Available</u></p>
<b>Emergency Department</b>	<input type="checkbox"/> Level 1 – No Identifiable Data Elements <input type="checkbox"/> Level 2 – Unique Physician Number (UPN) <input type="checkbox"/> Level 3 – Unique Health Information Number (UHIN) <input type="checkbox"/> Level 4 – UHIN and UPN <input type="checkbox"/> Level 5 – Date(s) of Admission; Discharge; Significant Procedures <input type="checkbox"/> Level 6 – Date of Birth; Medical Record Number; Billing Number <b>PLEASE PROVIDE JUSTIFICATION BELOW FOR REQUESTING THE CHOSEN LEVEL:</b>	<p><u>2000 – 2014 Available</u></p>

**IV. FEE INFORMATION**

Please consult the fee schedules for Case Mix data, available at [http://chiamass.gov/regulations/#957\\_5](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 [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.

**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.

See Addendum

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.

Work at our firm is performed under the supervision of senior actuarial consultants. Most of these consultants are actuaries, who are generally Fellows of the Society of Actuaries (the highest professional designation for actuaries) and Members of the American Academy of Actuaries. Other senior consultants include physicians, nurses and information technology professionals.

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:

The purpose of the linkage is to use the software tools using claims services code and diagnosis codes. Milliman shall provide a very high level abstract and reference for any published research material that will not in any way provide the identity of any patient.

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

Milliman will process the data using 3M Grouper and NTIS Grouper to attach DRG information.

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.

See Addendum

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.

Milliman does not redistribute or provide any detailed data to any external entity - clients or patients or otherwise. Milliman blends this data with multiple other CMS, health plan, state and vendor data sources to product the Health Cost Guidelines and for other client engagements and research. The HCGs can be licensed by qualified actuaries of firms that are not competitors of Milliman, Inc. The first

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.

Customers are Hospitals, Health Facilities, Insurers and Employers. Milliman will use the data in actuarial analyses performed on behalf of clients of our firm and in updates to actuarial tables and health cost guidelines published by Milliman. The data will be used to provide estimates of the utilization and cost of various inpatient procedures. In addition, the data will be aggregated by key parameters such as geographic area, payer and DRG, in order to study utilization, cost, and length of stay as compared with other reporting data sources, i.e. MarketScan.

**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:	There are no agents or contractors involved with this.
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.

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

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

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**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:	see below
Printed Name:	Tara Schmidt
Original Application Submission Date:	4/29/2015
Dates Application Revised:	9/1/2015



## ADDENDUM

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### Section VI

The public benefit of analyses performed by Milliman lies within the publication of the Milliman Health Cost Guidelines:

“The Milliman, Inc. Health Cost Guidelines – Commercial Rating Structures provide a flexible but consistent basis for the determination of claim costs and premium rates for a wide variety of health benefit plans. These Rating Structures can be used to anticipate future claim levels, evaluate past experience and establish interrelationships among various health coverages.”

“The Guidelines are developed as a result of Milliman’s continuing research on health care costs. First developed in 1954, the Guidelines have been updated and expanded annually since that time. These Guidelines are continually monitored as we use them in measuring the experience or evaluation the rates of our clients, and as we compare them to other data sources.”

“The Guidelines are a cooperative effort of all Milliman health actuaries and represent a combination of their experience, research and judgment. An extensive amount of data is used in developing these Guidelines, including published and unpublished data. In most instances, cost assumptions are based on our evaluation of several data sources and, hence, are not specifically attributable to a single source.”

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### Section IX

Specific studies/projects/products that utilize the inpatient data are:

1. Determination of the level of efficiency for a hospital or payer as compared to well-managed efficient experience as defined by Milliman’s Model of Efficient Care
2. Cost and utilization comparison by geographic area with other reporting data sources (i.e., AHA, CMS) and reconciliation of discrepancies
3. Determination of length of stay and charges by DRG
4. Research of migration patterns of patients

Customers are Hospitals, Health Facilities, Insurers and Employers.