## 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.*

<u>**NOTE:**</u> **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: | Bill Wyatt |
| Title: | Director, Research and Development, Quality Measurement |
| Organization: | Healthgrades |
| Project Title: | Hospital Risk Adjusted Mortality and Complications MA |
| Mailing Address: | 999 18th Ste. 600 St. Denver, CO 80202 |
| Telephone Number: | 303-716-6540 |
| Email Address: | bwyatt@healthgrades.com |
| Names of Co-Investigators: | N/A |
| Email Addresses of Co-Investigators: | N/A |
| Original Data Request Submission Date: | 11/5/2015 |
| Dates Data Request Revised: | 1/11/20015, 1/29/16 |
| Project Objectives (240 character limit) | To evaluate hospital quality through de-identified administrative data. |
| Project Research Questions (if applicable) or Business Use Case(s): | 1.<br><br>2.<br><br>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 purpose of this study is to increase transparency and improve consumer awareness of variation in clinical quality. Healthgrades clinical evaluations or "ratings" are publically available and free of charge. They are updated every year

and hospitals cannot opt in or out of our analysis.

## 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<br>Current Yrs. Available<br><br>☐ 2010 ☐ 2011 ☒ 2012 ☒ 2013 ☒ 2014 |
|---|---|
| ☒ **Medical Claims** | **Please provide justification for requesting Medical Claims file:**  The Medical Claims file contains the minimum identifiers necessary to conduct the analysis and appropriate risk adjustment at the patient level. Dycripted NPI (facility level) is needed for the facility level analysis |
| ☐ **Pharmacy Claims** | **Please provide justification for requesting Pharmacy Claims file:** |
| ☐ **Dental Claims** | **Please provide justification for requesting Dental Claims file:** |
| ☐ **Member Eligibility** | **Please provide justification for requesting Member Eligibility file:** |
| ☐ **Provider** (encrypted NPI) Standard or<br>☒ **Provider\*** (unencrypted NPI) | **Please provide justification for requesting Provider file:** The goal of our analysis is to evaluate variation in hospital performance. In order to conduct this anlaysis we need to be able to aggregate patients at the hospital level and identify hospitals for evaluation and display.<br><br>**\*Please provide justificaiton for requesting unencrpted NPI (if requested).  Refer to specifics in your methodology:** |

| ☐ **Product** | **Please provide justification for requsting Product file:** |
|---|---|
| | |

## IV. GEOGRAPHIC DETAIL

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

| ☒ 3 Digit Zip Code (MA) | ☐ 5 Digit Zip Code (MA) |
|---|---|
| **\*\*\*Please provide justification for requesting 5 digit zip code.  Refer to specifics in your methodology:** ||
| ||

## V. DATE DETAIL

Please choose *one* option from the following options for dates:

| ☐ Year (YYYY) (Standard) | ☐ Month (YYYYMM) \*\*\* | ☒ Day (YYYYMMDD) \*\*\* [for selected data elements only] |
|---|---|---|
| **\*\*\* If requested, lease provide justification for requesting Month or Day.  Refer to specifics in your methodology:** "YYYYMMDD" is needed for the variable 1) Admission date and 2) Discharge date. The detailed dates are needed to calculate the "Length of Stay" for each patient, which is then used for risk adjustment. At the completion of processing the data is aggregated at the hospital level. ||||

## 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.

**VIII. PURPOSE AND INTENDED USE**

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

> The major benefit of this work is that individuals in the state of Massachusettes will have access to statistically sound easy to understand information regarding the clinical quality of hospitals in the state. This will allow consumers to make informed decisions regarding their healthcare needs. Additionally, if consumers utilize this information other research conducted by Healthgrades suggests that payers will experience decreases in hospital cost. Hospitals can also use this information. Many hospitals lack the resources or skills to truly evaluate quality or performance outside of the required governement measures. This additional level of information which will be publically available and free of charge can help provide insight into problem areas for a facility.

     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.

**IX. APPLICANT QUALIFICATIONS**

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

> Currently Healthgrades evaluates clinical quality for over 4,500 hospitals in the U.S. annually using the MedPAR inpatient LDS file. Additionally a subset of 17 states also provide data to Healthgrades. The principle investigator has over 8+ years of experience in health related research and 2.5 years of experience working with Healthgrades

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.)

## 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:

   |  |
   |---|
   |  |

   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:

   |  |
   |---|

☒      <u>Individual Facility Level Data</u>

What is the purpose of the linkage:

The data will be linked with hospital facility level data (e.g., address, state, and city) to appropriately associate patients to facilities where they received care.

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

In this context we will only be linking facility NPI to the facility point of service file supplied by CMS. This is because our facilities are mapped by medicare provider identifier. This linkiage will only occur at the facility level for purposes of aggregation and identification.

☒      <u>Aggregate Data</u>

What is the purpose of the linkage:

The patient level data will be reported as a hospital quality indicator and aggregated to 30 patients of more.

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 it will link each dataset .

The logic to aggregate the data at the hospital level and link hospital demographics is deterministic. Patient level data is aggregated under the associated hospital and demographic data applied based on the hospitals reporting to the Centers for Medicare and Medicaid services.

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

Identifying variables such as first and last name, address, and social security number are not being requested and are

not included in the linked data. Once linked and the processing conducted, data is aggregated at the hospital level.

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.

Quality Reporting: The data will be aggregated and reported as hospital level indicators on Healthgrades.com (www.healthgrades.com) to allow consumers to assess risk when visiting hospitals for certain conditions or procedures.

Quality Consulting: Aggregated state level benchmarks, not publically reported, will be utilized to allow clients to assess how they compare on a state level.

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.

Yes, the ratings, actual to predicated rates, and volume of patient data is available www.healthgrades.com for consumers to view.

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.)?

<br>

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

For questions 3 & 4, the products offered are "Quality Ratings Analyses" and "Quality Performance Review". These analyses provide hospitals insights into their specific ratings conducted by Healthgrades. Data is reported and viewed at the hospital level and compared to state benchmarks that are derived from the analysis.

## XII. 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.

<br>

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

<br>

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

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<br>

**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: | Bill Wyatt |
| Title | Director, Research & Development Quality Measurement |
| Original Data Request Submission Date: | 11/5/2015 |
| Dates Data Request Revised: | 1/11/2015 |