

## Non-Government Application for Massachusetts All-Payer Claims 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 [apcd.data@state.ma.us](mailto:apcd.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 All-Payer Claims Database data.
2. After reviewing the Fee Schedule, if you have any questions about the application or data fees, contact [apcd.data@state.ma.us](mailto:apcd.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 & INVESTIGATOR INFORMATION**

<b>Project Title:</b>	Market, Medical and Product Cost Analysis
IRBNet Number:	
<b>Organization Requesting Data (Recipient):</b>	Neighborhood Health Plan
Organization Website:	www.nhp.org
<b>Authorized Signatory for Organization:</b>	Christine Murphy
Title:	Director, PPDIS
E-Mail Address:	Christine_murphy@nhp.org
Address, City/Town, State, Zip Code:	399 Revolution Drive, Somerville MA 02145
<b>Data Custodian:</b> (individual responsible for organizing, storing, and archiving Data)	Senthil Parthasarasy
Title:	Manager, IT Operations
E-Mail Address:	Senthil Parthasarathy <senthil_parthasarathy@nhp.org>
Telephone Number:	857-282-2890
Address, City/Town, State, Zip Code:	399 Revolution Drive, Somerville MA 02145
<b>Primary Investigator (Applicant):</b> (individual responsible for the research team using the Data)	Christine Murphy
Title:	Director, PPDIS
E-Mail Address:	Christine_murphy@nhp.org
Telephone Number:	399 Revolution Drive, Somerville MA 02145
Names of Co-Investigators:	Melissa Keating
E-Mail Addresses of Co-Investigators:	Melissa_keating@nhp.org

**IV. PROJECT INFORMATION**

1. What will be the use of the CHIA Data requested? [Check all that apply]

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Epidemiological                  | <input checked="" type="checkbox"/> Health planning/resource allocation | <input checked="" type="checkbox"/> Cost trends          |
| <input checked="" type="checkbox"/> Longitudinal Research | <input checked="" type="checkbox"/> Quality of care assessment          | <input type="checkbox"/> Rate setting                    |
| <input type="checkbox"/> Reference tool                   | <input type="checkbox"/> Research studies                               | <input type="checkbox"/> Severity index tool             |
| <input type="checkbox"/> Surveillance                     | <input type="checkbox"/> Student research                               | <input type="checkbox"/> Utilization review of resources |
| <input type="checkbox"/> Inclusion in a product           | <input type="checkbox"/> Other (describe in box below)                  |  |

We would like access to CHIA data to identify areas in which our medical cost structure, including payment/reimbursement models, varies from Massachusetts industry standards.

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.

We plan to take a comprehensive look across medical claims, provider networks, member eligibility, and product/benefit structures to identify areas of organizational improvement that will benefit consumers. The benefit to consumers will be gained by: increased efficiencies, which will help to reduce premiums; better medical management, which will allow NHP to provide better care management and care plans to sicker members. Finally,

the research will benefit consumers by allowing to scrutinize our plan designs, driving modifications to plans in response to consumer needs. Better plan design will drive down cost and drive up in-network utilization, which again drives down cost.

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.*

This project will promote improvement in population health, health care quality and access, by allowing NHP insight into utilization, quality, and healthcare access at a granular data level.

The project will help NHP to focus utilization management at sicker members. It will also help NHP assess areas of over-utilization or waste, and to assess and improve the mechanics of various NHP products as they compare with market peers.

For over 25 years, NHP has been a Managed Care Organization for MassHealth, with a small Commercial business. Most of NHP's policies and procedures were informed by the MCO contract. Recently NHP has shifted its strategic focus to serving the Commercial insurance market, and as such lacks depth of experience and data knowledge in the Commercial market. The data analysis project will allow NHP to more carefully craft its benefit plans, policies and medical management programs to suit commercial membership needs.

## VI. DATA REQUESTED

The Massachusetts All-Payer Claims Database is comprised of medical, pharmacy, and dental claims and information from the member eligibility, provider, and product files that are collected from health insurance payers licensed to operate in the Commonwealth of Massachusetts. This encompasses public and private payers as well as data from insured and self-insured plans. APCD data are refreshed and updated annually and made available to approved data

users in Release Versions that contain five calendar years of data and three months of run-out. Data requests will be fulfilled using the most current Release Version. For more information about the most current APCD Release Version, including available years of data and a full list of elements in the release 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 future years of data that will become available in a subsequent release. 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. List years of data requested (only list years available in the current Release Version): 2015, 2016

2. Please indicate below whether this is a one-time request, or if the described Project will require a subscription.

One-Time Request OR  Subscription

3. Specify below the data files requested for this Project, and provide your justification for requesting each file.

<input checked="" type="checkbox"/> <b>Medical Claims</b>
<b>Describe how your research objectives require Medical Claims data:</b>  NHP wants to ascertain that it is preferring lowest cost services to its Commercial membership. Claims analysis will allow visibility into our care and utilization management mechanisms relative to peers. NHP has a thirty-year history of performing as an MCO, and as such needs to perform some research around structuring products in such a way as to maximize care and minimize cost.
<input checked="" type="checkbox"/> <b>Pharmacy Claims</b>
<b>Describe how your research objectives require Pharmacy Claims data:</b>  Pharma data will guide NHP's medical cost assessment by indicating areas for improvement in medical management, prescribing patterns, and outreach to members requiring care management.
<input type="checkbox"/> <b>Dental Claims</b>
<b>Describe how your research objectives require Dental Claims data:</b>  NHP will not utilize dental claims data in this project.
<input checked="" type="checkbox"/> <b>Member Eligibility</b>
<b>Describe how your research objectives require Member Eligibility data:</b>  NHP would like to track member's utilizations patterns by provider, and / or by system. This information will enable NHP to control costs by way of product design, and by and member education. Insight into this data will allow NHP to tailor its products and to accurately assess physician performance over time.

NHP is a relatively new entrant to the Commercial market, and as such requires a better insight into the ACA population and its resource needs. The member eligibility information will allow a better view of how members move within the NHP network, and whether our product design and network penetration is best maximizing value to members.

**Provider**

**Describe how your research objectives require Provider data:**

NHP wants to rationalize its provider data dictionary in order to maximize accuracy in its member-facing provider directory. This data enhancement will also lower administrative costs by centralizing provider data, and by providing an enterprise-wide data dictionary for articulating provider records. The data will also give NHP better insight into provider systems, allowing better assessment of risk-sharing arrangements and optimizing referral patterns.

NHP is a relatively new entrant to the Commercial market, and as such requires a better insight into the ACA population and its resource needs. The provider data dictionary rationalization will allow NHP to get a handle on provider affiliation, referral patterns, and cost patterns within the provider network.

**Product**

**Describe how your research objectives require Product data:**

NHP's research requires product data in order to benchmark the efficacy of NHP's products to the market, in order to maximize value for NHP members. NHP is moving from its 25 year legacy as an MCO, and more broadly into the Commercial market; as such, NHP needs to align closely with Commercial industry standards and best practices.

**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.

All-Payer Claims Database data is released in Limited Data Sets (LDS). 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 additional elements), 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, provide your justification for requesting each enhancement.

**Geographic Subdivisions**

The geographic subdivisions listed below are available for Massachusetts residents and providers only. Select one of the following options.

3-Digit Zip Code (standard)

5-Digit Zip Code\*\*\*

\*\*\*If requested, provide justification for requesting 5-Digit Zip Code. Refer to specifics in your methodology:

**Date Resolution**

Select one option from the following options.

<input checked="" type="checkbox"/> Year (YYYY) (Standard)	<input checked="" type="checkbox"/> Month (YYYYMM) ***	<input type="checkbox"/> Day (YYYYMMDD) *** [for selected data elements only]
<p>*** If requested, provide justification for requesting Month or Day. Refer to specifics in your methodology:</p> <p>NHP will need to gauge the impact of seasonality on claims data, therefore would utilize the Month variable in the data. Additionally, member affiliations with provider networks can change more frequently than annually, and are generally not tied to calendar year but to plan year, therefore the Month variable is critical to understanding utilization, member engagement, and trend analysis.</p>		

**National Provider Identifier (NPI)**

Select one of the following options.

<input type="checkbox"/> Encrypted National Provider Identifier(s) (standard)	<input checked="" type="checkbox"/> Decrypted National Provider Identifier(s)***
<p>*** If requested, provide justification for requesting decrypted National Provider Identifier(s). Refer to specifics in your methodology:</p> <p>NHP will be assessing movement of members from provider to provider as a function of benefit design, outcomes, and other variables. Therefore, the decrypted NPI information will be critical to understanding how to better manage trend, improve member incentives, and normalize provider billing patterns and care delivery mechanisms.</p>	

**VIII. MEDICAID (MASSHEALTH) DATA**

1. Please indicate whether you are seeking Medicaid Data:

- Yes
- No

2. Federal law (42 USC 1396a(a)7) restricts the use of individually identifiable data of Medicaid recipients to uses that are **directly connected to the administration of the Medicaid program**. If you are requesting MassHealth Data, please describe, in the space below, why your use of the Data meets this requirement. *Your description should focus on how the results of your project could be used by the Executive Office of Health and Human Services in connection with the administering the MassHealth program.* Requests for MassHealth 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 MassHealth program. CHIA cannot release MassHealth Data without approval from MassHealth. This may introduce significant delays in the receipt of MassHealth Data.

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

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.

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

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

#### X. 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.

No

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.

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?

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

- Yes  
 No

5. Will you be selling standard report products using CHIA Data?

- Yes  
 No

6. Will you be selling a software product using CHIA Data?

- Yes



No

7. Will you be using CHIA Data as in input to develop a product (i.e., severity index tool, risk adjustment tool, reference tool, etc.)

Yes

No

8. Will you be reselling CHIA Data in any format not noted above?

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, please describe the types of 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?

## XII. APPLICANT QUALIFICATIONS

1. Describe your previous experience using claims data. This question should be answered by the primary investigator and any co-investigators who will be using the Data.

NHP is a healthcare payer and as such works extensively with claims data in a variety of contexts. Additionally, NHP is an APCD submitter.

The primary investigator utilizes claims data in the course of normal duties at NHP. The secondary investigator has been utilizing claims data for In nearly 20 years of industry experience, the secondary investigator has used health plan claims data, in roles ranging from analyst to manager in both the public and private sectors. She has extracted data from secured data warehouses using a variety of data extraction and analytic software (SQL Server, SAS, SPSS, etc.). We followed all requirements of HIPAA in using the minimum data necessary, ensuring that we did not disclose protected health information (PHI) or personally identifiable information (PII) inappropriately

NHP's IT shop has broad experience with electronic data management, transfer, and normalization.

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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.)

**XIII. 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 have access to the CHIA Data. [Add agents or contractors as needed.]

AGENT/CONTRACTOR #1 INFORMATION	
Company Name:	
Company Website	
Contact Person:	
Title:	
E-mail Address:	
Address, City/Town, State, 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.

N/A
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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.

N/A
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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, State, 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]**

**IVX. 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)	<i>Christine F. Murphy</i>
Printed Name:	Christine F. Murphy
Title:	Director, Policy Payment and Data Integrity

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.**