

## 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 Demand Study of the Needs of Children in the Commonwealth to Inform Franciscan Children’s Program Development and Strategic Planning
IRBNet Number:	1402522-1
<b>Organization Requesting Data (Recipient):</b>	Franciscan Children’s
Organization Website:	<a href="https://franciscanchildrens.org/">https://franciscanchildrens.org/</a>
<b>Authorized Signatory for Organization:</b>	John Nash
Title:	Chief Executive Officer
E-Mail Address:	<a href="mailto:jnash@franciscanchildrens.org">jnash@franciscanchildrens.org</a>
Address, City/Town, State, Zip Code:	30 Warren Street Brighton, MA 02135
<b>Data Custodian: (individual responsible for organizing, storing, and archiving Data)</b>	Royce Cheng
Title:	Associate Principal
E-Mail Address:	<a href="mailto:rcheng@chartis.com">rcheng@chartis.com</a>
Telephone Number:	626-592-0213
Address, City/Town, State, Zip Code:	560 Harrison Ave Suite 501, Boston, MA 02118
<b>Primary Investigator (Applicant): (individual responsible for the research team using the Data)</b>	Jennifer Atlas
Title:	Director of Strategy and Special Projects
E-Mail Address:	<a href="mailto:jatlas@franciscanchildrens.org">jatlas@franciscanchildrens.org</a>
Telephone Number:	617-779-1125
Names of Co-Investigators:	Royce Cheng, Associate Principal, Chartis
E-Mail Addresses of Co-Investigators:	<a href="mailto:rcheng@chartis.com">rcheng@chartis.com</a>

**IV. PROJECT INFORMATION**

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

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

The CHIA data requested will inform Franciscan’s five-year strategic planning. Franciscan Children’s will use the data - with assistance from consulting firm Chartis - to assess market demand and utilization for its pediatric service lines for children with complex needs, including mental health services, dental surgery, pediatric post-acute care services, and primary care services. The CHIA data will provide Franciscan with a better of understanding of the age, geographic catchment area, and number of children most in need of these services so that we can most appropriately tailor our programs to serve these children. The CHIA data will also inform Franciscan of other pediatric services where there are gaps in the health care market that Franciscan could be best positioned to fill to make an even greater impact on the lives of children in the Commonwealth. Lastly, the CHIA data will inform Franciscan of other providers in the market offering similar or complementary services that Franciscan could partner with to make a greater impact.

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.

As mentioned above, the CHIA data will be used to inform Franciscan's five-year strategic planning. The research questions this project will address include the following:

- What are the five-year health care utilization trends for services that Franciscan offers, including primary care, mental health, pediatric rehabilitation and post-acute care services, and dental surgery? Has the demand in the market for these services remained constant, increased, or decreased?
- Is market demand for the programs specified concentrated within an age group (e.g. ages 0-12 vs. 13-18) or geographic area so that Franciscan can align its programs and services accordingly? Are there certain areas where there are gaps or excess supply relative to the demand for particular healthcare services?
- How have utilization trends (e.g., inpatient psychiatry admits per 1,000) changed between 2013 and 2017?
- Based on utilization trends associated with key services, how might the demand for services evolve over the next five years?
- Where are there gaps in services in the pediatric health care market that Franciscan could fill with its organizational expertise?
- Are there organizations providing similar or complementary services to Franciscan Children's that Franciscan could partner with to better serve children across the Commonwealth?

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.*

The mission of Franciscan Children's is to provide a compassionate and positive environment where children with complex medical, mental health and educational needs receive specialized care from people who are committed to excellence, innovation and family support so that children can reach their fullest potential and live their best lives. Franciscan Children's is the only pediatric post-acute care provider in Massachusetts that offers hospital level care for children with complex medical conditions. We are also one of the largest pediatric mental health providers in Massachusetts, offering a complete continuum of pediatric inpatient, residential, and outpatient mental health programming that ensures that children obtain ready access to the services that they need. Franciscan Children's is proud to be an independent, unaffiliated provider that coordinates across the health care system to deliver high quality, low cost specialty services to children who come to us from every major health system and ICU from across the state. Collectively, across our programs, we serve over 12,000 children a year. The majority of our patients - 60% - are on Medicaid.

Throughout its 70-year history, Franciscan has been committed to providing services that benefit the larger public. Having access to the information contained in the All Payer Claims Database will ensure that our strategic planning and future program development is further informed by and aligned with the needs of the Commonwealth. With the knowledge gleaned from the All Payer Claims Database, Franciscan will increase access to needed pediatric services and continue to improve the health of vulnerable children with complex needs across the Commonwealth.

## 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 information 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.

- List years of data requested (only list years available in the current Release Version): 2013-2017
- Please indicate below whether this is a one-time request, or if the described Project will require a subscription.  
 One-Time Request    **OR**     Subscription
- Specify below the data files requested for this Project, and provide your justification for requesting each file.

### Medical Claims

#### Describe how your research objectives require Medical Claims data:

This project's research objectives require medical claims data to determine market demand for Franciscan's services, particularly in the areas of mental health, pediatric post-acute care, and primary care. Having access to this information will help us to determine whether market demand has stayed constant, increased, or decreased for these services over the last five years and if demand is concentrated to an age group or geographic area of children. Additionally, the medical claims data will help us determine if there are other pediatric clinical services where there is unmet market demand and Franciscan can develop corresponding programs to meet the needs of the Commonwealth.

Per CHIA's policy about APCD data release to those conducting market studies, we would not look to receive the following data elements: MC062, MC063, MC064, MC065, MC066, MC067, MC089, MC095, MC096, MC097, MC098, MC099, MC110, MC114, MC116, MC121, MC122

### Pharmacy Claims

#### Describe how your research objectives require Pharmacy Claims data:

*This project does not require pharmacy claims data.*

**Dental Claims**

**Describe how your research objectives require Dental Claims data:**

Franciscan provides outpatient dental services and dental surgery for children with complex medical needs. Determining market demand for dental services – and where that market demand is concentrated – will help ensure that we make informed investments across our services to meet current and future dental needs. This is a fundamental part of this project and Franciscan’s strategic planning.

Consistent with CHIA’s policy about APCD data release to those conducting market studies, we would not look to receive the following data elements: DC037, DC038, DC039, DC040, DC041, DC046

**Member Eligibility**

**Describe how your research objectives require Member Eligibility data:**

Children with medical complexity, especially those using Medicaid, may not have continuous enrollment in their health insurance plan or program during the study period. This information is critical to understand to ensure that we are not undercounting or underrepresenting health service use experienced by these children. Additionally, the member eligibility file will help us to better understand any trends in insurance enrollment/disenrollment over time that may impact Franciscan’s patient population and future program design.

Per CHIA’s policy about APCD data release to those conducting market studies, we would not look to receive the following data elements: ME049, ME050, ME111, ME112, ME113, ME114, ME115, ME116, ME120, ME121, ME122, ME123, ME131, ME132

**Provider**

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

The provider file will be necessary in this study to better understand the landscape of where children with complex medical and mental health needs are receiving health care services. Franciscan will use this information to determine how to best partner with these organizations and work to provide complementary, needed services in the Commonwealth.

**Product**

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

Select elements of the product file will be necessary to understand whether members are accessing medical and dental care under Commercial, Medicaid, or other sources of coverage. We understand that service utilization profiles often differ by the type of insurance that members carry, and would look to understand the distinct trends and needs of Medicaid and Commercial subpopulations as part of our efforts to assess and configure services to best meet needs across the Commonwealth.

We would request PR001, PR003, PR004, PR006, and PR008 as the minimum set of fields required for this purpose, with an understanding that the Risk Type data element (PR008) is needed to distinguish between self-insured and fully-insured claims. Given that statewide self-insured activity is not currently fully represented in the provided data, access to the Risk Type indicator would allow us to better estimate total population needs based on available fully-insured activity.

**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.

<input type="checkbox"/> 3-Digit Zip Code (standard)	<input checked="" type="checkbox"/> 5-Digit Zip Code***
<p><b>***If requested, provide justification for requesting 5-Digit Zip Code. Refer to specifics in your methodology:</b></p> <p>Five digit zip codes would provide the necessary precision to evaluate where market demand for a specific service may be concentrated in the greater Boston / eastern Massachusetts area. Franciscan would use that information to determine how best to configure and target services and resources within specific communities, which would not be possible if information were only available at the level of three-digit zip codes.</p>	

**Date Resolution**

Select one option from the following options.

<input type="checkbox"/> Year (YYYY) (Standard)	<input type="checkbox"/> Month (YYYYMM) ***	<input checked="" type="checkbox"/> Day (YYYYMMDD) *** [for selected data elements only]
<p><b>*** If requested, provide justification for requesting Month or Day. Refer to specifics in your methodology:</b></p> <p>Month and day data are requested to better understand the timing and duration of health care services utilized by children with complex medical and mental health needs. As part of our assessment of regional demand and utilization trends, we are looking to understand the length of stay associated with pediatric inpatient and residential services provided by Franciscan Children’s and its peers. This requires us to have access to admission and discharge dates. Additionally, our analysis of service and utilization trends would require that we organize claims lines into encounters and care episodes (e.g., grouping and analyzing care provided 30 days leading up to a pediatric post-acute care stay), using month and day data as essential input data elements.</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><b>*** If requested, provide justification for requesting decrypted National Provider Identifier(s). Refer to specifics in your methodology:</b></p> <p>We request decrypted national provider identifiers so that we can associate providers with specialties as identified via taxonomy</p>	

codes in the NPPES file. Furthermore, we are looking to understand which providers are delivering care to children with complex medical and mental health needs at which particular sites, so that we can best assess service gaps and determine how we might partner with and complement the services provided by other organizations in the region.

### 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.

The release of MassHealth data is essential for this project because 60% of Franciscan's patient population has MassHealth for their insurance coverage. In order for Franciscan to accurately understand the services most needed by the population of children with complex medical and mental health needs and to incorporate this information into our strategic planning, it is essential to understand trends in utilization of health care services by pediatric MassHealth members over time. Franciscan routinely collaborates with MassHealth as a high quality, low cost provider in the health care delivery system for MassHealth members. This project will help us to further develop needed medical and mental health programs that will serve pediatric MassHealth members.

### 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.

The APCD provider file will be linked with the National Plan & Provider Enumeration System (NPPES) data to access additional detail about individuals and organizations rendering clinical services. Specifically, the National Provider ID field in the Provider File (data element PV039) will be linked with the NPI field as defined in the NPPES file.

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.

The linkage of NPI fields will be deterministic.

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.

The fields contained in the NPPES file are defined at: [https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProidentStand/Downloads/Data\\_Dissemination\\_File-Readme.pdf](https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProidentStand/Downloads/Data_Dissemination_File-Readme.pdf)

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

The NPI linkage would not impact the identifiability of individual patients, as the NPPES file does not contain patient-level information.

## 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.

The results of this analysis will not be published or be made publically available, but will inform Franciscan's strategic planning. Results of this study will be provided to our senior management team and Board of Directors. As previously stated, the public will benefit from this study with regard to tailoring existing programs and creating programs that will meet the needs of the Commonwealth.



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.

The results of this study will be presented internally to the Franciscan senior management team and to the Franciscan Children's Board of Directors. The results of this study will also be incorporated in Franciscan's internal, institutional strategic plan.

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?

As aforementioned, the presentation of data will only be to Franciscan's senior management team and Board of Directors. Data will be presented at a city/town or state level, and will only indicate which services could be beneficial to the particular city/town or region of the state where Franciscan could develop future programming. Maps will be presented at a state/county level. No patient-level data will be presented at any point.

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.

Franciscan Children’s received approval to utilize the All Payer Claims Database in 2016 to conduct a research study led by Dr. Jane O’Brien and Dr. Jay Berry on children with medical complexity. The Chartis data analytics team also has previous experience working with the CHIA Hospital Discharge Database.

Jennifer Atlas, Director of Strategy and Special Projects for Franciscan Children’s, has extensive experience with data analysis and using data to draw strategic conclusions on program growth and development. Prior to her three years of strategic planning and strategic analysis at Franciscan Children’s, Jennifer worked at Children’s National Health System, where she also engaged in strategic planning and data analysis. Jennifer has a degree from the Harvard School of Public Health in Health Policy and Management.

Jennifer Atlas will work closely with Chartis, a leading healthcare consulting firm that will be housing, manipulating, and analyzing the data. Chartis has extensive experience working with national / multi-region claims datasets, including the Medicare Standard Analytical Files Limited Data Set, as well as All Payers Claims Databases from other states. Chartis also routinely works with the iVantage Market Intelligence™ platform, which draws from a number of public and proprietary claims data sources. Chartis has served other healthcare provider organizations with its claims analysis expertise to assess strategic and clinical opportunities, ranging from market trend analysis and utilization benchmarking to disease-specific clinical variation analysis and readmission pattern analysis. Resumes and CVs for members of the Chartis team supporting this project will be submitted as part of this application.

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:	Chartis
Company Website	<a href="https://www.chartis.com/">https://www.chartis.com/</a>
Contact Person:	Royce Cheng
Title:	Associate Principal
E-mail Address:	<a href="mailto:rcheng@chartis.com">rcheng@chartis.com</a>
Address, City/Town, State, Zip Code:	560 Harrison Ave Suite 501, Boston, MA 02118
Telephone Number:	626-592-0213
Term of Contract:	2 months

1. Describe the tasks and products assigned to the agent or contractor for this Project and their qualifications for completing the tasks.

Chartis will house, manipulate, and analyze the APCD data on Franciscan’s behalf. Chartis has a centralized Advanced Analytics and Research Team that is able to manipulate large databases. Chartis has previously worked with the CHIA Hospital Discharge Database and has extensive experience working with large claims datasets, including the Medicare Standard Analytical Files, other All Payer Claims Databases, and a range of multi-region, proprietary claims datasets. In addition, Chartis manages its own data platform, the Chartis Group’s iVantage Market Intelligence™ platform. iMI is a comprehensive strategic planning and market analytics platform that is designed to serve as a strategic analysis, synthesis, communication and management tool. iVantage’s extensive integrated data infrastructure includes claims data; state datasets; market physician/medical group data; demographics / psychographics data; cost, quality, and service data metrics; and other sources. Across all analytic products and services, Chartis takes extensive precautions to ensure data security and integrity, as well as privacy and security of protected health information. Its approach to data privacy and security are detailed in the Data Management Plan submitted with this application.

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.

Chartis was selected based on their prior experience and their capacity for this type of work. Franciscan’s arrangement with Chartis restricts Chartis’s usage of the APCD data to the data management plan that has been submitted.

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)	
Printed Name:	John Nash
Title:	President and Chief Executive Officer

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.**