CHIA.
center for health information and analysis

Application for Massachusetts All-Payer Claims Data (Non-Government)
[Exhibit A – Data Application]

I. INSTRUCTIONS

This form is required for all Applicants, Agencies, or Organizations, hereinafter referred to as "Organization", except Government Agencies as defined in 957 CMR 5.02, requesting protected health information. *All Organizations must also complete the Data Management Plan, and attach it to this Application. The Application and the Data Management Plan must be signed by an authorized signatory. 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. Organiations 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 if you have additional questions about how to complete this form.

The Appliciaton and all attachments must be uploaded to IRBNet. All Application documents can be found on the CHIA website.

Information submitted as part of the Application may be subject to verification during the review process or during any audit review conducted at CHIA's discretion.

Applications will not be reviewed until the Application and all supporting documents are complete and the required application fee is received.

A Fee Remittance Form with instructions for submitting the application fee is available on the CHIA website. If you are requesting a fee waiver, a copy of the Fee Remittance Form and any supporting documentation must be uploaded to IRBNet. Please be aware that if your research is funded and under that funding you are required to release raw data to the funding source, you may not receive CHIA Data.

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.

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

Project Title:	The economics of urgent care center entry
IRBNet Number:	2019130-1
Organization Requesting Data (Recipient):	**The Trustees of the University of Pennsylvania**
Organization Website:	**Upenn.edu**
Authorized Signatory for Organization:	**Kyle Wolfe**
Title:	**Assistant Director, AOR**
E-Mail Address:	PennAORs@lists.upenn.edu
Telephone Number:	**215-746-2812**
Address, City/Town, State, Zip Code:	3451 Walnut Street 5th Floor, Franklin Building Philadelphia, PA 19104
Data Custodian: **(individual responsible for organizing, storing, and archiving Data)**	**Jibby Kurichi**
Title:	Associate Director of Research
E-Mail Address:	Jkurichi@pennmedicine.upenn.edu
Telephone Number:	215-573-9988
Address, City/Town, State, Zip Code:	423 Guardian Drive, 1209 Blockely Hall, Philadelphia, PA 19104
Primary Investigator (Applicant): **(individual responsible for the research team using the Data)**	Ari B. Friedman, M.D., Ph.D.
Title:	Assistant Professor of Emergency Medicine
E-Mail Address:	ari.friedman@pennmedicine.upenn.edu
Telephone Number:	215-746-5619
Address, City/Town, State, Zip Code:	Department of Emergency Medicine; Blockley Hall; 423 Guardian Drive, Room 408; Philadelphia, PA 19104
Names of Co-Investigators:	David A. Rosenkranz and Natalia Serna
E-Mail Addresses of Co-Investigators:	darosenkranz@gmail.com; nserna@wisc.edu

IV. PROJECT INFORMATION

IMPORTANT NOTE: Organization represents that the statements made below as well as in any study or research protocol or project plan, or other documents submitted to CHIA in support of the Data Application are complete and accurate and represent the total use of the CHIA Data requested. Any and all CHIA Data released to the Organization under an approved application may ONLY be used for the express purposes identified in this section by the Organization, and for no other purposes. Use of CHIA Data for other purposes requires a separate Data Application to CHIA **or** written request to CHIA, with approval being subject to CHIA's regulatory restrictions and approval process. Unauthorized use is a material violation of your Organizations's Data Use Agreement with CHIA.

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 (or other derived input)
☐ Surveillance	☐ Student research	☐ Utilization review of resources

☐ Inclusion in a product ☐ Other (describe in box below)

The CHIA Data will be used to conduct an academic research project.

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.

Health care expenditures in the United States are rising, continuing a decades-long trend (CMS, 2022). The market for unscheduled health care services is a focal point for much of this spending. In 2016, 5 percent of total health care spending ($137 billion) occurred in hospital EDs (Scott et al., 2021). Hospital EDs are also the source of the majority of hospital admissions, one of the most expensive health services (Schuur and Venkatesh, 2012). Although EDs are equipped to treat a variety of complex health conditions, they also often see patients with mild cases that could be treated elsewhere (Uscher-Pines et al., 2013; Weinick, Burns, and Mehrotra, 2010; Clancy and Eisenberg, 1997). UCCs have emerged as freestanding, lower-cost alternatives to EDs for low-acuity patients (Ho et al., 2017). UCCs typically do not provide preventive or emergency care, but they treat mild conditions such as sinus infections, strains, and urinary tract infections (Weinick, Burns, and Mehrotra, 2010). Despite the importance of the market for unscheduled health care services, recent developments—including the closures of hundreds of EDs (Friedman, Owen, and Perez 2016; Hsia et al., 2011) and the proliferation of thousands of UCCs (Magnolfi et al., 2022; Poon et al., 2018)—remain understudied. In particular, research shows that UCCs affect ED utilization and spending (e.g., Allen, Cummings, and Hockenberry, 2021; and Wang, Mehrotra, and Friedman, 2021), but their impacts on access, utilization of primary care and other ambulatory care services, market-wide spending, and health are unknown. We will fill this gap by using the Massachusetts All-payer Claims Database ("MA APCD") to study access, utilization, spending, and health outcomes for a large population and the universe of their health care claims.
Literature cited: [1] Allen, L., Cummings, J., and Hockenberry, J. (2021). Urgent care centers and the demand for non-emergent emergency department visits. NBER Working Paper Series # 25428. [2] Clancy, C., and Eisenberg, J. (1997). Emergency medicine in population-based systems of care, *Annals of Emergency Medicine*, vol. 30(6): 800-803. [3] Friedman, A.B., Owen, D.D., and Perez, V.E. 2016. Trends in hospital ED closures nationwide and across Medicaid expansion, 2006-2013. *American Journal of Emergency Medicine*, vol. 34(7): 1262-1264. [4] Hsia, R., Kellerman, A. and Shen, Y. (2011). Factors Associated With Closures of Emergency Departments in the United States, *JAMA*, 305(19), 1978-1985. [5] Ho, V., Metcalfe, L., Dark, C., Vu, L., Weber, E., Shelton, G., and Underwood, H. (2017). Comparing Utilization and Costs of Care in Freestanding Emergency Departments, Hospital Emergency Departments, and Urgent Care Centers, *Annals of Emergency Medicine*, 70(6), 846-857. [6] Magnolfi, L., Mommaerts, C., Serna, N., and Sullivan, C. (2022). The Rise of Urgent Care Centers: Implications for Competition and Access to Care. [7] Poon, S., Schuur, J., and Mehrotra, A. (2018). Trends in visits to acute care venues for treatment of low-acuity conditions in the United States from 2008 to 2015, *JAMA Internal Medicine*, 178(10), 1342-1349. [8] Schuur, J.D. and A.K. Venkatesh. 2012. The growing role of emergency departments in hospital admissions. *The New England Journal of Medicine*, vol. 367(5): 391-393. [9] Scott, K. W., Liu, A., Chen, C., Kaldjian, A. S., Sabbatini, A. K., Duber, H. C., and Dieleman, J. L. (2021). Healthcare spending in US emergency departments by health condition, 2006–2016, *PLoS one*, 16(10). [10] Uscher-Pines, L., Pines, J., Kellermann, A., Gillen, E., and Mehrotra, A. (2013). Deciding to visit the emergency department for non-urgent conditions: a systematic review of the literature, *American Journal of Managed Care*, 19(1), 47-59. [11] Wang, B., Mehrotra, A., and Friedman, A. (2021). Urgent Care Centers Deter Some Emergency Department Visits But, On Net, Increase Spending, *Health Affairs*, 40(4), 587-595. [12] Weinick, R., Burns, R., and Mehrotra, A. (2010). Many emergency department visits could be managed at urgent care centers and retail clinics, *Health Affairs*, 29(9), 1630-1636.

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**: Applicantions must include 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 this 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.*

We aim to fill three knowledge gaps. First, existing studies of whether UCCs improve access to care have examined how UCC entry correlates with market characteristics such as health professional shortages, insurance rates, and income (Magnolfi et al., 2022; Le and Hsia, 2016). We will analyze how UCC entry affects **access** to care through its effects on ED entry and exit rates. That UCCs may draw patients from EDs and thereby contribute to ED closures implies that UCCs may worsen **health equity** because uninsured populations rely on EDs (Zhou et al., 2017). Second, several studies demonstrate that UCCs reduce ED visits from commercially insured individuals (Allen, Cummings, and Hockenberry, 2021; and Wang, Mehrotra, and Friedman, 2021), but, in one case, by so little that spending across both UCCs and EDs increases (Wang, Mehrotra, and Friedman, 2021). We will examine how UCC entry affects total utilization and spending in the entire market for unscheduled health care services, including outcomes at both EDs, UCCs, and private physicians' offices. We will also examine how this effect covaries with **insurance coverage**. Third, whether UCCs improve patient welfare depends on their effect on **population health**. This question is important in several decision-making domains. For instance, insurers can promote UCCs as alternatives to EDs by adjusting copays and sending enrollees mailers about nearby UCCs. CMS can also promote UCC entry and availability to Medicare patients by increasing its reimbursement rates to UCCs. Nevertheless, no studies have examined UCCs' effects on patient health outcomes to the best of our knowledge. We will examine their effects on prescription drug use, hospitalization rates, and mortality rates. We will also investigate how often patients go to an ED shortly after a UCC visit.

VI. DATASETS 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 fully-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. For more information about APCD Release Versions, 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. Projects that 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 requests are subject to the Data Use Agreement, will require payment of fees for additional Data for Non-Government Entities, and subject to the limitation that the Data can be used only in support of the approved Project.

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

☒ One-Time Request **OR** ☐ Subscription

2. Select Release Version and years of data requested (Release Versions and years not listed are not available).

☐ **Release MA APCD CY 2018 (R 8.0)**	☒ **Release MA APCD CY 2020**
☒ 2014	☒ 2016
☒ 2015	☒ 2017
☐ 2016	☒ 2018
☐ 2017	☒ 2019
☐ 2018	☒ 2020

Please release all years 2014-2020.

3. 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: These data enable accurate measurement of utilization and spending at urgent care centers, physicians' offices, emergency departments, and hospitals, as well as individual health.
☒ **Pharmacy Claims**
Describe how your research objectives require Pharmacy Claims data: These data enable accurate measurement of utilization and spending on pharmaceutical products arising from visits to urgent care centers, physicians' offices, emergency departments, and hospitals, as well as individual health.
☐ **Dental Claims**
Describe how your research objectives require Dental Claims data: Click here to enter text.
☒ **Member Eligibility**
Describe how your research objectives require Member Eligibility data: These data enable measuring the sample of enrollees whose health care claims are included in the MA APCD.
☒ **Provider**
Describe how your research objectives require Provider data: These data enable measuring the sample of providers in the MA APCD.
☐ **Product**
Describe how your research objectives require Product data: Click here to enter text.

VII. DATA ENHANCEMENTS REQUESTED

State and federal privacy laws limit the release and use of CHIA 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 Organizations 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.

a. Geographic Subdivisions

ZIP code and state geographic subdivisions are available for Massachusetts residents and providers only. Small population ZIP codes are combined with larger population ZIP codes. One ZIP Code per person (MEID) per year has been assigned based on the ZIP code/state reported in the member eligibility record's earliest submission year month. If the record does not have an MEID, assignment is based on distinct OrgID/Carrier Specific Unique Member ID.

Non-Massachusetts ZIP codes and sate codes except for CT, MA, ME, NH, NY, RI, and VT are suppressed.

Select *one* of the following options.

☐ 3-Digit Zip Codes (standard)	☒ 5-Digit Zip Codes***
***If requested, provide justification for requesting 5-Digit Zip Code. Refer to specifics in your methodology: 5-digit ZIP codes enable accurate measurement of enrollees' proximities to health care providers such as urgent care centers, private physicians' offices, emergency departments, and hospitals.	

b. Date Resolution

Select *one* option from the following options.

☐ Year (YYYY) (Standard)	☐ Month (YYYYMM) ***	☒ Day (YYYYMMDD) *** [for selected data elements only]
*** If requested, provide justification for requesting Month or Day. Refer to specifics in your methodology: Day-level date resolution enables accurate measurement of enrollees' health care episodes. For instance, it enables measurement of episodes that involve a visit to both an urgent care center and an emergency department on the same day.		

c. National Provider Identifier (NPI)

Select *one* of the following options.

☐ Encrypted National Provider Identifiers (standard)	☒ Decrypted National Provider Identifiers***
*** If requested, provide justification for requesting decrypted National Provider Identifier(s). Refer to specifics in your methodology:	

Decrypted national provider identifiers enable linking records in the MA APCD to public provider registries. This link enables accurate measurement of the place-of-service, location, and institutional characteristics of health care providers associated with each record in the MA APCD.

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 Massachusetts Medicaid program covers visits to urgent care centers. Consequently, urgent care centers may influence access, spending, utilization, and health among its enrollees. The Executive Office of Health and Human Services may use the results of our project in connection with administering the MassHealth program to understand the role of urgent care centers in the market for unscheduled health care services (e.g., relative to emergency departments and private physicians' offices) and design its benefits plan or enrollee communications to influence demand for urgent care center visits relative to the alternatives. It may also use the results of our research to forecast future spending based on projections of urgent care centers' ongoing market expansion.

3. Organizations approved to receive Medicaid Data will be required to execute a Medicaid Aknowlegment of Conditions MassHealth may impose additional requirements on applicants for Medicaid Data as necessary to ensure compliance with federal laws and regulations regarding Medicaid.

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.

We will link the CHIA data to the National Plan and Provider Enumeration System ("NPPES") published by the Centers for Medicare and Medicaid Services using the decrypted national provider identifiers in the MA APCD. The purpose of this linkage is to enable accurate measurement of the place-of-service, location, and institutional characteristics of health care providers associated with each record in the MA APCD.

We will link the CHIA data to the Your Economy Time Series ("YTS") database supported by the Business Dynamics Research Consortium (BDRC) at the University of Wisconsin's Institute for Business and Entrepreneurship using the ZIP codes in the MA APCD. The YTS database contains geolocation data, years of operation, SIC and NAICS codes, company names, parent company names, and staffing data for all business establishments in the United States between 1997 and 2022. The purpose of this linkage is to enable accurate measurement of urgent care center availability and proximity to patients and providers in the MA APCD.

We will link the CHIA data to the UDS Mapper ZIP to ZCTA crosswalk using the ZIP codes in the MA APCD. This crosswalk links ZIP codes (sometimes disjointed areas designated by the U.S. post office to streamline mail delivery) to ZIP code tabulation areas ("ZCTAs"), nicely-shaped, small areas of geography used by researchers to analyze geographic data that correspond to ZIP codes. The purpose of this linkage is to enable linking ZIP codes to data available at the ZCTA-level.

We will link the CHIA data to the ZCTA distances database published by the National Bureau of Economic Research ("NBER") using the ZIP codes in the MA APCD. The purpose of this linkage is to enable accurate measurement of distances between ZCTAs associated with each record in the MA APCD.

We will link the CHIA data to the Natoinal Historical Geographic Information System published by Integrated Public Use Microdata Series ("IPUMS NHGIS") using the ZIP codes in the MA APCD. The purpose of this linkage is to enable accurate measurement of ZIP code-level census and survey data associated with each record in the MA APCD.

We will link the CHIA data to other publicly available databases which provide information on the historical number of urgent care clinics operating in an area, as well as other unscheduled health are entities, including primary care clinics, retail clinics, freestanding emergency departments, and emergency departments. These databases are the Urgent Care Association of American codebook, the Centers for Medicare and Medicaid

Provider of Service files, the American Hospital Association annual survey of hospitals, and the SK&A healthcare database.

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.

We will use deterministic merges between like-named records.

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.

Please see the attached data dictionaries for a list of variables in each supplemental dataset.

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

The researchers (Friedman, Rosenkranz, and Serna) will make no attempt to identify individual patients in the linked dataset. To protect individuals' privacy, the linked dataset will be stored on the Health Services Research Data Center ("HSRDC," hereafter) at the University of Pennsylvania. The HSRDC is "comprised of secure high-performance servers within the University of Pennsylvania's Perelman School of Medicine that have the necessary security protections to permit storage and analysis of data containing Protected Health Information by LDI-affiliated investigators and research staff." See here for more information: https://ldi.upenn.edu/fellows/fellows-resources/data-and-analytics-support/.

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.

Yes. We may disseminate the results of the study in professional journals, poster presentations, newsletters, web pages, seminar presentations, and conference presentations. We will ensure that any publications will not disclose a cell less than 11 by carefully examining each individual published statistic. We believe that all of our research questions will be answered by statistics calculated from cells of more than 11 admittances, discharges, patients, or services.

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.

We may disseminate project results in a small number of non-public channels, including (1) submissions to journals, conferences, or other professional institutions that do not lead to public dissemination; and (2) circulation through informal professional networks for peer review.

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?

We may present maps with zip code-level statistics. For instance, we may present maps plotting annual zip code-level urgent care center and emergency department visits per capita. We will ensure that individuals cannot be identified from maps by carefully examining the cell size underlying each zip code's statistic. If a ZIP code's statistic is derived from cells of fewer than 11 admittances, discharges, patients, or services, then we will omit that ZIP code from our map. We believe that all of our research questions will be answered by statistics calculated from cells of more than 11 admittances, discharges, patients, or services.

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 took, 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?

N/A

9. If you have answered "yes" to questions 5, 6, 7 or 8, please provide the name and a description of the products, software, services, or tools.

N/A

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?

N/A

XI. 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.

Ari Friedman, M.D., Ph.D., has worked extensively with claims data in the past, including work co-authored with commercial health insurer teams, and work on urgent care. For instance: [1] Friedman AB, Gervasi S, Song H, Bond AM, Chen AT, Bergman A, David G, Bailey JM, Brooks R, Smith-McLallen A. Telemedicine catches on: Changes in the utilization of telemedicine services during the COVID-19 pandemic. Am J Managed Care. 2021. [2] Wang B, Mehrotra A, Friedman AB. The Missing Evidence: Urgent Care Centers Deter Some Emergency Department Visits But, On Net, Increase Spending. Health Aff. 2021. [3] Friedman AB, Barfield D, David G, et al. Delayed emergencies: The composition and magnitude of non-respiratory emergency department visits during the COVID-19 pandemic. J Am Coll Emerg Phys Open. 2021. David Rosenkranz, Ph.D., has worked with claims data distributed by the U.S. Renal Data System in connection with his dissertation research, "Entry Barriers in Provider Markets: Evidence from Dialysis Certificate-of-need Programs." He has also worked with the 100% sample of Medicare claims at the University of Pennsylvania in connection with ongoing end-of-life care research. Natalia Serna, M.S., has conducted several research projects using de-identified claims-level data from all the population covered by Colombia's contributory health care system. The claims data was provided by the Colombian Ministry of Health.

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.)

XII. USE OF AGENTS AND/OR CONTRACTORS

By signing this Application, the Organization assumes all responsibility for the use, security and maintenance of the CHIA Data by its agents, including but not limited to contractors. The Organization 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:	**N/A**
Company Website	**N/A**
Contact Person:	**N/A**
Title:	**N/A**
E-mail Address:	**N/A**
Address, City/Town, State, Zip Code:	**N/A**
Telephone Number:	**N/A**
Term of Contract:	**N/A**

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

N/A

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

3. Will the agent or contractor have access to and 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 #1 INFORMATION	
Company Name:	**N/A**
Company Website	**N/A**
Contact Person:	**N/A**
Title:	**N/A**
E-mail Address:	**N/A**
Address, City/Town, State, Zip Code:	**N/A**
Telephone Number:	**N/A**
Term of Contract:	**N/A**

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

N/A

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

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]

XIII. 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.

Organizations 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) this research is not funded by a source requiring the release of raw data to that source; (3) that the requested Data is the minimum necessary to accomplish the purposes described herein; (4) 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 (5) to my authority to bind the Organization.

Signature: (Authorized Signatory for Organization)	Kyle Wolfe Digitally signed by Kyle Wolfe Date: 2023.04.05 11:22:26 -04'00' Click here to enter text.
Printed Name:	**Kyle Wolfe**
Title:	**Asssistant Director**
Date:	**4/5/2023**

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.