

**Commonwealth of Massachusetts
Center for Health Information & Analysis (CHIA)
Non-Government Agency Application for Data**

This application is to be used by all applicants, except Government Agencies, as defined in 957 CMR 5.02.

NOTE: *In order for your application to be processed, you must submit the required application fee. Please consult the fee schedules for APCD and Case Mix data for the appropriate fee amount. A remittance form with instructions for submitting the application fee is available on the CHIA [website](#).*

I. GENERAL INFORMATION

APPLICANT INFORMATION	
Applicant Name:	David Bierschied
Title:	Director, Strategic Financial Planning
Organization:	UMass Memorial Healthcare Inc
Project Title:	FY13 Market Share Analysis
Date of Application:	
Project Objectives (240 character limit)	Provide de-identified data and analysis to UMass Memorial Healthcare internal service areas for the purposes of: a) market share by service area b) analysis by DRG, Diagnosis and Procedure categories.
Project Research Questions (if applicable)	1. 2. 3.

I. PROJECT SUMMARY

Briefly describe the purpose of your project and how you will use the requested CHIA data to accomplish your purpose.

Provide de-identified data and analysis to UMass Memorial Healthcare internal service areas for the purposes of: a) market share by service area b) analysis by DRG, Diagnosis, and Procedure categories.

II. FILES REQUESTED

Please indicate the databases from which you seek data, the Level(s) and Year(s) of data sought:

ALL PAYER CLAIMS DATABASE	Level 1 ¹ or 2 ² Level 2	Single or Multiple Use Single Use	Year(s) Of Data Requested Current Yrs. Available 2009 – 2012 x 2013

¹ Level 1 Data: De-identified data containing information that does not identify an individual patient and with respect to which there is no reasonable basis to believe the data can be used to identify an individual patient. This data is de-identified using standards and methods required by HIPAA.

² Level 2 (and above) Data: Includes those data elements that pose a risk of re-identification of an individual patient.

<input type="checkbox"/> Medical Claims	<input type="checkbox"/> Level 1 ³ <input type="checkbox"/> Level 2	<input type="text" value="Select..."/>	<input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 <input type="checkbox"/> 2012
<input type="checkbox"/> Pharmacy Claims	<input type="checkbox"/> Level 2	<input type="text" value="Select..."/>	<input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 <input type="checkbox"/> 2012
<input type="checkbox"/> Dental Claims	<input type="checkbox"/> Level 2	<input type="text" value="Select..."/>	<input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 <input type="checkbox"/> 2012
<input type="checkbox"/> Member Eligibility	<input type="checkbox"/> Level 2	<input type="text" value="Select..."/>	
<input type="checkbox"/> Provider	<input type="checkbox"/> Level 2	<input type="text" value="Select..."/>	
<input type="checkbox"/> Product	<input type="checkbox"/> Level 2	<input type="text" value="Select..."/>	

CASEMIX	Level 1 - 6	Fiscal Years Requested
Inpatient Discharge	<input type="checkbox"/> Level 1 – No Identifiable Data Elements <input checked="" type="checkbox"/> Level 2 – Unique Physician Number (UPN) <input type="checkbox"/> Level 3 – Unique Health Information Number (UHIN) <input type="checkbox"/> Level 4 – UHIN and UPN <input type="checkbox"/> Level 5 – Date(s) of Admission; Discharge; Significant Procedures <input type="checkbox"/> Level 6 – Date of Birth; Medical Record Number; Billing Number	1998-2013 Available (limited data 1989-1997) 2013
Outpatient Observation	<input type="checkbox"/> Level 1 – No Identifiable Data Elements <input checked="" type="checkbox"/> Level 2 – Unique Physician Number (UPN) <input type="checkbox"/> Level 3 – Unique Health Information Number (UHIN) <input type="checkbox"/> Level 4 – UHIN and UPN <input type="checkbox"/> Level 5 – Date(s) of Admission; Discharge; Significant Procedures <input type="checkbox"/> Level 6 – Date of Birth; Medical Record Number; Billing Number	2002-2012 Available (2013 available 8/1/14) 2013
Emergency Department	<input type="checkbox"/> Level 1 – No Identifiable Data Elements <input checked="" type="checkbox"/> Level 2 – Unique Physician Number (UPN) <input type="checkbox"/> Level 3 – Unique Health Information Number (UHIN) <input type="checkbox"/> Level 4 – UHIN and UPN; Stated Reason for Visit <input type="checkbox"/> Level 5 – Date(s) of Admission; Discharge; Significant Procedures <input type="checkbox"/> Level 6 – Date of Birth; Medical Record Number; Billing Number	2000-2012 Available (2013 available 9/1/14) 2013

³ Please note that Level 1 APCD data is not available as of 4/30/2014. This is scheduled to be available later in 2014.

III. FEE INFORMATION

Please consult the fee schedules for APCD (Administrative Bulletin 13-11) and Case Mix data (Administrative Bulletin 13-09) and select from the following options:

APCD Applicants Only

- Academic Researcher
- Others (Single Use)
- Others (Multiple Use)

Case Mix Applicants Only

- Single Use
- Limited Multiple Use
- Multiple Use

Are you requesting a fee waiver?

- Yes
- No

If yes, please submit a letter stating the basis for your request. Please refer to the fee schedule for qualifications for receiving a fee waiver. If you are requesting a waiver based on the financial hardship provision, please provide documentation of your financial situation. Please note that non-profit status alone isn't sufficient to qualify for a fee waiver.

IV. REQUESTED DATA ELEMENTS [APCD Only]

State and federal privacy laws limit the use of individually identifiable data to the minimum amount of data needed to accomplish a specific project objective. Please use the APCD Data Specification Workbook to identify which data elements you would like to request and attach this document to your application.

V. MEDICAID DATA [APCD Only]

Please indicate here whether you are seeking Medicaid Data:

- Yes
- No

Federal law (42 USC 1396a(a)7) restricts the use of individually identifiable data of Medicaid recipients to uses that are directly connected with the administration of the Medicaid program. If you are requesting Medicaid data from Level 2 or above, please describe in detail why your use of the data meets this requirement. Applications requesting Medicaid data will be forwarded to MassHealth for a determination as to whether the proposed use of the data is directly connected to the administration of the Medicaid program. MassHealth may impose additional requirements on applicants for Medicaid data as necessary to ensure compliance with federal laws and regulations regarding Medicaid.

n/a

VI. REQUESTS PURSUANT TO 957 CMR 5.04

If you are a payer, provider, provider organization or researcher seeking access to Level 1 (de-identified) data, please describe how you will use such data for the purposes of lowering total medical expenses, coordinating care, benchmarking, quality analysis or other administrative research purposes. Please provide this information below.

n/a

VII. FILTERS

If you are requesting APCD elements from Level 2 or above, describe any filters you are requesting to use in order to limit your request to the minimum set of records necessary to complete your project. (For example, you may only need individuals whose age is less than 21, claims for hospital services only, or only claims from small group projects.)

APCD FILE	DATA ELEMENT(S) FOR WHICH FILTERS ARE REQUESTED	RANGE OF VALUES REQUESTED
Medical Claims		
Pharmacy Claims		
Dental Claims		
Membership Eligibility		
Provider		
Product		

VIII. PURPOSE AND INTENDED USE

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

Providing inpatient analytics to internal providers promotes programmatic investment in services increasing our community presence to deliver exceptional value (quality/cost) to the patients we serve.

2. Attach a brief (1-2 pages) description of your research methodology. (This description will not be posted on the internet.)

Please see document "Section VIII 2 updated February 2015" posted to IRB. This document includes responses to the February 17th action items email.

3. Has your project received approval from your organization's Institutional Review Board (IRB)? Please note that CHIA will not review your application until IRB documentation has been received (if applicable).

- Yes, and a copy of the approval letter is attached to this application.
- No, the IRB will review the project on _____.
- No, this project is not subject to IRB review.
- No, my organization does not have an IRB.

IX. APPLICANT QUALIFICATIONS

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

The two principal investigators have over 38 years of combined hospital Finance experience and have participated for many years in analysis directly related to this project. The CHIA data will be used to provide inpatient analytics for internal use only.

2. Attach résumés or curricula vitae of the applicant/principal investigator, key contributors, and of all individuals who will have access to the data. (These attachments will not be posted on the internet.)

X. DATA LINKAGE AND FURTHER DATA ABSTRACTION

1. Does your project require linking the CHIA Data to another dataset?

Yes
 No

2. If yes, will the CHIA Data be linked to other patient level data or with aggregate data (e.g. Census data)?

Patient Level Data
 Aggregate Data

3. If yes, please identify all linkages proposed and explain the reasons(s) that the linkage is necessary to accomplish the purpose of the project. Please be specific in describing vvhich data elements will be linked to outside datasets and how this will be accomplished.

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

XI. PUBLICATION / DISSEMINATION / RE-RELEASE

1. Describe your plans to publish or otherwise disclose CHIA Data, or any data derived or extracted from such data, in any paper, report, website, statistical tabulation, seminar, conference, or other setting.

n/a

2. Will the results of your analysis be publicly available to any interested party? Please describe how an interested party will obtain your analysis and, if applicable, the amount of the fee.

n/a

3. Will you use the data for consulting purposes?

Yes

No

4. Will you be selling standard report products using the data?

Yes

No

5. Will you be selling a software product using the data?

Yes

No

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

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XII. USE OF AGENTS AND/OR CONTRACTORS

Third-Party Vendors. Provide the following information for all agents and contractors who will work with the CHIA Data.

Company Name:	n/a
Contact Person:	
Title:	
Address:	
Telephone Number:	
E-mail Address:	
Organization Website:	

7. Will the agent/contractor have access to the data at a location other than your location or in an off-site server and/or database?

Yes

No

8. Describe the tasks and products assigned to this agent or contractor for this project.

n/a

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

n/a

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

n/a
