

Commonwealth of Massachusetts
Center for Health Information & Analysis (CHIA)
Non-Governmental Application for Case Mix Data

This form 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 schedule 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:	Holli Boetcher
Title:	Data Custodian
Organization:	Optum
Project Title:	Hospital Benchmarking & Analysis
Mailing Address:	9200 Worthington Rd, Suite 300, 3NW15
Telephone Number:	614 410 7804
Email Address:	holli.boetcher@optum.com
Names of Co-Investigators:	Eric Anderson, Jami Schupp
Email Addresses of Co-Investigators:	eric.anderson@optum.com , jami.schupp@optum.com
Original Data Request Submission Date:	2-10-15, 3-31-15
Dates Data Request Revised:	
Project Objectives (240 character limit)	Optum intends to use the data to support several benchmarking projects which focus on helping consumers make better health care decisions and assisting health-care professionals with qualitative research. Our goal is to make the health care system work better for everyone, and this data is a key step in helping us achieve that goal.
Project Research Questions (if applicable)	1.

II. PROJECT SUMMARY

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

Optum intends to use the data to support several benchmarking projects which focus on helping consumers make better health care decisions and assisting health-care professionals with qualitative research. Our goal is to make the health care system work better for everyone, and this data is a key step in helping us achieve that goal.

The primary consumer component is a web-based tool that provides quality of care measures giving consumers the information needed to make informed decisions about their health care choices. The website allows the consumer to select areas of interest such as the availability of certain hospital services by categories of care and examine user-selected conditions within each category. The consumer has access to information such as a hospital's charges/ cost, length of stay, mortality, complications, and volume. Comparison of these metrics by condition can be made among and between different hospitals selected by the consumer. The reports aggregate data.

For health care professionals, Optum uses the data for consulting purposes. As with consumers, we provide charges, costs, volumes, length of stay, by comparing their facility with other facilities of their choosing. At a more in-depth level, we benchmark to help professionals identify coding practices and understand the intensity of care compared with benchmarks. See IX for more details.

III. FILES REQUESTED

Please indicate the databases from which you seek data, and the Level(s) and year(s) of data requested.

CASE MIX	Levels 1 – 6	Fiscal Years Requested
<p>Inpatient Discharge</p>	<p> <input checked="" type="checkbox"/> Level 1 – No Identifiable Data Elements <input 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 PLEASE PROVIDE JUSTIFICATION BELOW FOR REQUESTING THE CHOSEN LEVEL: No Identifiable Data Elements. OptumInsight will be using the data for consulting purposes. The data will be used to produce reports that are used by Health Care Professionals/consumers to analyze their inpatient charges, costs, volumes, length of stay, by comparing their facility with other facilities of their choosing. OptumInsight follows the CMS mandated cell size guidelines and does not release any aggregated result (Hospital, State, CBSA) less than 11. </p>	<p> <u>1998 – 2013 Available</u> (limited data 1989-1997) 2013 </p>
<p>Outpatient Observation</p>	<p> <input type="checkbox"/> Level 1 – No Identifiable Data Elements <input 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 PLEASE PROVIDE JUSTIFICATION BELOW FOR REQUESTING THE CHOSEN LEVEL: </p>	<p><u>2002 – 2013 Available</u></p>
<p>Emergency Department</p>	<p> <input type="checkbox"/> Level 1 – No Identifiable Data Elements <input 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 PLEASE PROVIDE JUSTIFICATION BELOW FOR REQUESTING THE CHOSEN LEVEL: </p>	<p><u>2000 – 2013 Available</u></p>

IV. FEE INFORMATION

Please consult the fee schedules for Case Mix data, available at http://chiamass.gov/regulations/#957_5, and select from the following options:

- 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.

V. REQUESTS PURSUANT TO 957 CMR 5.04 (Researchers, Payers, Providers, and Provider Organizations)

Please complete only if you are requesting Level 1 (de-identified) Case Mix.

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.

VI. ALL OTHER REQUESTS - PURPOSE AND INTENDED USE

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

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

4.

VII. APPLICANT QUALIFICATIONS

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

Optum has purchased the State of Massachusetts Level I hospital discharge data for years 2004 – 2012. No significant changes are expected in the use of the data from the requested 2013 year file. Optum is experienced in dealing with health data issues and have provided hospital benchmarking and analysis for over two decades.

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.)

See CV & Resume file uploaded to irbnet

VIII. DATA LINKAGE AND FURTHER DATA ABSTRACTION

Note: Data linkage involves combining CHIA data with other databases to create one extensive database for analysis. Data linkage is typically used to link multiple events or characteristics that refer to a single person in CHIA data within one database.

1. Do you intend to link or merge CHIA Data to other datasets?

Yes

No linkage or merger with any other database will occur

2. If yes, will the CHIA Data be linked or merged to other individual patient level data (e.g. disease registries, death data), individual provider level data (e.g., American Medical Association Physician Masterfile), facility level (e.g., American Hospital Association data) or with aggregate data (e.g., Census data)? [check all that apply]

Individual Patient Level Data

What is the purpose of the linkage:

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

Individual Provider Level Data

What is the purpose of the linkage:

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

Individual Facility Level Data

What is the purpose of the linkage:

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

Aggregate Data

What is the purpose of the linkage:

Data may be linked in aggregate to CMS Medicare data(which Optum purchases from CMS) by hospital and/or diagnosis, procedure of MSDRG codes to cross-check quality results. Further, this data may be linked to CMS Provider of Services file to help identify hospital names and physical addresses. We do not release data where cell sizes are less than 11.

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

3. If yes, for each proposed linkage above, please describe your method or selected algorithm (e.g., deterministic or probabilistic) for linking each dataset. If you intend to develop a unique algorithm, please describe how that algorithm will link each dataset.

If we link CHIA data with Medicare data it will be by Medicare provider ID and MS-DRG.

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

Optum follows the CMS mandated cell size guidelines and does not release any aggregated result (Hospital, State, CBSA) less than 11.

5. If yes, and the data mentioned above is not in the public domain, please attach a letter of agreement or other appropriate documentation on restrictions of use from the data owner corroborating that they agree to have you initiate linkage of their data with CHIA data and include the data owner’s website.

IX. 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.

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- 1) Financial: How well do hospitals perform from a cost and efficiency perspective?
- 2) Clinical: What are the range of clinical outcomes of care, and how do these outcomes affect cost and efficiency? Clinical care happens at:
 - * the DRG level
 - * at the individual diagnosis code level
 - * at the procedural code level

- We consider demographic, co-morbidity, length-of-stay, cost, and clinical outcome benchmarks for the key cardiovascular clinical conditions and/or procedures revolving: Acute Coronary Syndromes, Cardiac Catheterization, Cardiac Surgery, Electrophysiology, Congestive Heart Failure, Peripheral Vascular Disease, and Cerebral Vascular Disease.
- Profiling of individual facilities utilizing the above noted benchmarks.

Individual facility data will only be reported with appropriate sample size (>11) and will only be reported in aggregate. No individual patient data will be reported.

- 3) Coding / Reimbursement:
 - * The data will be used for examining coding issues relating to completeness of coding
 - * Examining rates of diagnosis code usage, procedure code usage, and discharge status usage
 - * Data would also be used to do comparative reimbursement modeling for clients.

We believe our analyses benefit and further the Health Care mission because the analytics enable health care providers, hospitals and others, such as medical device companies, to better understand the components and costs of health care, and to find more efficient ways of delivering higher quality care at a reasonable cost. Benchmarking health care is an important role in helping keep health care affordable for all Americans as well.

Some clients may choose to re-release the aggregated data supplied by Optum. It should be noted that no result less than 11 is released by/to clients. Example of two clients' intended uses of the data follows. (see Excel Spreadsheet examples in the attachments. We ask that these attachments not be posted to the internet)

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.

The number of customers who purchase standard reports is relatively small, estimated at around 10 by HiQ Management and about 10 for CDS. In general the products are designed around quality measures including Quality of care, cost efficiency and volumes. A more detailed explanation of these indicators is attached to the back of the packet as Appendix 3: Ratings. (One of our attachments we do not wish to be posted on the internet.)

3. Will you use the data for consulting purposes?
 - Yes
 - No
4. Will you be selling standard report products using the data?
 - Yes
 - No
5. Will you be selling a software product using the data?
 - Yes
 - No

6. Will you be reselling the data?

- Yes
- No

If yes, in what format will you be reselling the data (e.g., as a standalone product, incorporated with a software product, with a subscription, etc.)?

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

See #1 and attached samples and attachments. We ask that these samples and attachments not be posted on the internet. Optum will use the data in commercial products and projects. Our customer base includes hospitals, hospital systems, consultants and medical device manufacturers. As stated above, some of these clients may re-sell the aggregate data they receive from Optum but no result < 11 is released by Optum to any commercial client.

X. USE OF AGENTS AND/OR CONTRACTORS

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

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

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

- Yes
- No

If yes, please provide information about the agent/contractor’s data management practices, policies and procedures in your Data Management Plan.

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

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

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

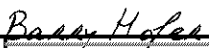
XIII. ASSURANCES

Applicants requesting and receiving data from CHIA pursuant to 957 CMR 5.00 (“Data Recipients”) will be provided with data following the execution of a data use agreement that requires the Data Recipient to adhere to processes and procedures aimed at preventing unauthorized access, disclosure or use of data.

Data Recipients are further subject to the requirements and restrictions contained in applicable state and federal laws protecting privacy and data security, and will be required to adopt and implement policies and practices to protect CHIA data in a manner consistent with the requirements of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Data Recipients must promptly notify CHIA of any unauthorized use or disclosure of CHIA data.

By my signature below, I attest to: (1) the accuracy of the information provided herein; (2) my organization’s ability to meet CHIA’s minimum data security requirements; and (3) my authority to bind the organization seeking CHIA data for the purposes described herein.

Signature:	 Barry Hofer (Mar 19, 2015)
Printed Name:	Barry Hofer
Original Application Submission Date:	2-10-15
Dates Application Revised:	Mar 19, 2015 Apr 29 2015

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