

**Commonwealth of Massachusetts
Center for Health Information & Analysis (CHIA)
Non-Governmental Application for Case Mix Data
[Exhibit A: Data Application]**

This form is required by all Applicants, except Government Agencies as defined in [957 CMR 5.02](#). 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 if your organization may receive CHIA data. Please be sure the documents are completed fully and accurately. You may wish to consult the Evaluation Guide that CHIA will use to review your documents. Prior to receiving CHIA Data, the organization must execute the [Data Use Agreement](#). You may wish to review that document as you complete these forms. This application should be completed by the Primary Investigator, and must be signed by a party with authority to bind the organization seeking CHIA Data for the purposes described herein.

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.*

All attachments must be uploaded to IRBNet with your Application. All applications documents can be found on the [CHIA website](#) in Word and/or PDF format.

I. GENERAL INFORMATION

APPLICANT INFORMATION	
Applicant Name: (Primary Investigator)	John Harrison
Title:	Senior VP of Client Experience
Organization Requesting Data: (Recipient)	WebMD Health Services Group, Inc.
Project Title:	WebMD MA Inpatient Hospital Data
IRBNet ID:	
Address, City/Town, Zip Code	2701 NW Vaughn Street Portland, OR 97210
Telephone Number:	503-416-2502
Email Address:	jharrison@webmd.net
Names of Co-Investigators:	N/A
Email Addresses of Co-Investigators:	N/A
Original Data Request Submission Date:	N/A
Dates Data Request Revised:	N/A
Project Objectives (240 character limit):	Utilize the MA hospital discharge data within decision support product WebMD Health Services has in the marketplace that allow health plans, hospitals, consulting organizations, and consumers to understand how hospitals compare to each other based on resource utilization and quality measures.
Project Research Questions (if applicable) Business Use Case(s):	N/A

II. PUBLIC INTEREST & PROJECT SUMMARY

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

WebMD has a decision support product in the marketplace that allows health plans, hospitals, consulting organizations, and consumers to understand how hospitals compare to each other based on resource utilization and quality measures.

The tool is consumer-directed and summarizes the record-level data into one of 161 mutually exclusive diagnoses and procedures defined by DRGs and ICD codes. We refer to this tool as the “Consumer Tool”. The Consumer Tool is typically purchased by health plans and large employers who host the Consumer Tool on their member/employer websites. For example, members of a health plan client may use the Consumer Tool to search for hospitals within X miles of a particular location, and then select up to 10 hospitals to compare and determine the relative importance of the measures including volume, risk-adjusted mortality, complications (AHRQ measures), severity-adjusted LOS, and severity-adjusted charges/case. Based on the selected ‘rankings,’ the Consumer Tool will display the results in the form of absolute rankings or quartiles (client preference), confidence intervals, and other results (e.g., relevant Leapfrog, etc.).

Potential benefits to consumers: Consumers may use the Consumer Tool to review aggregate, severity- and risk-adjusted provider performance to aid them in provider selection and evaluating various care delivery options.

2. Has an Institutional Review Board (IRB) reviewed your project?

- 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.

3. **Research Methodology:** Applicants must provide 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. Applications that do not include this methodology statement cannot be reviewed or approved.

III. DATA FILES REQUESTED *[Applicants seeking 2015 data only should skip to Question 2]*

1. **FY 2004 – 2014 Data:** Please indicate the Case Mix files from which you seek data, the Level(s), the year(s) of data requested, and your justification for requesting each file. Please refer to the [Case Mix Data Specifications](#) for details of the file contents.

CASE MIX FILES	Levels 1 – 6 All Levels contain Core Elements plus the following in each Level	Years Available 2004 - 2014
Hospital Inpatient Discharge Database	<input checked="" type="checkbox"/> Level 1: 3 Digit Zip Code, YYYYMM of Admission; Discharge; Significant Procedures	Year(s) of Data Requested: 2014
	<input type="checkbox"/> Level 2: 5 Digit Zip Code, Unique Physician Number (UPN), YYYYMM of Admission; Discharge; Significant Procedures	
	<input type="checkbox"/> Level 3: 5 Digit Zip Code, Unique Health Information Number (UHIN), YYYYMM of Admission; Discharge; Significant Procedures	
	<input type="checkbox"/> Level 4: 5 Digit Zip Code, UHIN, UPN, YYYYMM of Admission; Discharge; Significant Procedures	

	<p><input type="checkbox"/> <u>Level 5</u>: 5 Digit Zip Code , UHIN, UPN, YYYYMMDD of Admission; Discharge; Significant Procedures</p> <p>Please describe how your research objectives require the requested Level of Hospital Inpatient Discharge data:</p> <p>No identifiable data needed.</p>	
<p>Outpatient Observation Database</p>	<p><input type="checkbox"/> <u>Level 1</u>: 3 Digit Zip Code, YYYYMM of Admission; Discharge; Significant Procedures</p> <p><input type="checkbox"/> <u>Level 2</u>: 5 Digit Zip Code, Unique Physician Number (UPN), YYYYMM of Admission; Discharge; Significant Procedures</p> <p><input type="checkbox"/> <u>Level 3</u>: 5 Digit Zip Code, Unique Health Information Number (UHIN), YYYYMM of Admission; Discharge; Significant Procedures</p> <p><input type="checkbox"/> <u>Level 4</u>: 5 Digit Zip Code, UHIN, UPN, YYYYMM of Admission; Discharge; Significant Procedures</p> <p><input type="checkbox"/> <u>Level 5</u>: 5 Digit Zip Code , UHIN, UPN, YYYYMMDD of Admission; Discharge; Significant Procedures</p> <p>Please describe how your research objectives require the requested Level of Outpatient Observation data:</p>	<p>Year(s) of Data Requested:</p>
<p>Emergency Department Database</p>	<p><input type="checkbox"/> <u>Level 1</u>: 3 Digit Zip Code, YYYYMM of Admission; Discharge; Significant Procedures</p> <p><input type="checkbox"/> <u>Level 2</u>: 5 Digit Zip Code, Unique Physician Number (UPN), YYYYMM of Admission; Discharge; Significant Procedures</p> <p><input type="checkbox"/> <u>Level 3</u>: 5 Digit Zip Code, Unique Health Information Number (UHIN), YYYYMM of Admission; Discharge; Significant Procedures</p> <p><input type="checkbox"/> <u>Level 4</u>: 5 Digit Zip Code, UHIN, UPN, YYYYMM of Admission; Discharge; Significant Procedures</p> <p><input type="checkbox"/> <u>Level 5</u>: 5 Digit Zip Code , UHIN, UPN, YYYYMMDD of Admission; Discharge; Significant Procedures</p>	<p>Year(s) of Data Requested:</p>

	Please describe how your research objectives require the requested Level of Emergency Department data:	
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2. *FY 2015 Data*: Beginning with fiscal year 2015, Massachusetts Acute Care Hospital and Case Mix and Charge Data (collectively Case Mix Data) are released in **Limited Data Set (LDS) files**. Please refer to the [Case Mix Data Specifications](#) for details of the file contents.

Please indicate the Case Mix files from which you seek data, the year(s) of data requested, and your justification for requesting *each* file.

CASE MIX LIMITED DATA SET FILES	Year(s) Of Data Requested Current Yrs. Available in LDS <input type="checkbox"/> 2015
<input type="checkbox"/> Hospital Inpatient Discharge Database	Please describe how your research objectives require Inpatient Discharge data:
<input type="checkbox"/> Outpatient Observation Database	Please describe how your research objectives require Outpatient Observation data:
<input type="checkbox"/> Emergency Department Database	Please describe how your research objectives require Emergency Department data:

Sections IV-IX must be completed by all Applicants requesting 2015 data. Applications that only include requests for prior years of data can skip to Section X.

IV. GEOGRAPHIC DETAIL

Limited Data Set files include zip codes in the following formats for CT, MA, ME, NH, RI, VT, and NY only. Please choose one of the following geographic options.

<input type="checkbox"/> 3 Digit Zip Code (Standard)	<input type="checkbox"/> 3 Digit Zip Code & City/Town ***	<input type="checkbox"/> 5 Digit Zip Code ***	<input type="checkbox"/> 5 Digit Zip Code & City/Town ***
<p>***Please provide justification for the chosen level of geographic detail if requesting something other than 3-Digit Zip Code only. Refer to specifics in your methodology: Zip Code data fields are essential to detecting local variations in practice pattern.</p>			

V. DEMOGRAPHIC DETAIL

Please choose one of the following demographic options:

<input type="checkbox"/> Not Requested (Standard)	<input type="checkbox"/> Race & Ethnicity***
<p>*** If requested please, provide justification for requesting Race and Ethnicity. Refer to specifics in your methodology: These are used in calculating difference in incidence rates by race and ethnicity.</p>	

VI. DATE DETAIL

Please choose one option from the following options for dates of admissions, discharges, and significant procedures:

<input type="checkbox"/> Year (YYYY)(Standard)	<input type="checkbox"/> Month (YYYYMM) ***	<input type="checkbox"/> Day (YYYYMMDD)***
<p>***Please provide justification for the chosen level of date detail if requesting Month or Day. Refer to specifics in your methodology:</p>		

VII. PHYSICIAN IDENTIFICATION NUMBERS (UPN)

Please choose one of the following options for Provider Identifier(s):

<input type="checkbox"/> Not Requested (Standard)	<input type="checkbox"/> Hashed ID ***	<input type="checkbox"/> Board of Registration in Medicine # (BORIM) ***
<p>***If requested please, provide justification for requesting Hashed ID or BORIM #. Refer to specifics in your methodology:</p>		

VIII. HASHED UNIQUE HEALTH IDENTIFICATION NUMBER (UHIN)

Please choose one of the following:

<input type="checkbox"/> Not Requested (Standard)	<input type="checkbox"/> UHIN Requested ***
*** If requested please, provide justification for requesting UHIN. Refer to specifics in your methodology:	

IX. HASHED MOTHER’S SOCIAL SECURITY NUMBER

Please choose one of the following:

<input type="checkbox"/> Not Requested (Standard)	<input type="checkbox"/> Hashed Mother’s SSN Requested ***
*** If requested please, provide justification for requesting Hashed Mother’s SSN. Refer to specifics in your methodology:	

X. DATA LINKAGE AND FURTHER DATA ABSTRACTION

Note: Data linkage involves combining CHIA data with other databases 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 datasets?

- Yes
- No linkage or merger with any other database will occur

2. If yes, please indicate below the types of database to which CHIA Data 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 level (e.g., American Hospital Association data)
- Aggregate Data (e.g., Census data)
- Other (please describe):

3. If yes, describe the data base(s) to which the CHIA Data will be linked, which CHIA data elements will be linked; and the purpose for the linkage(s):

N/A

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.

N/A

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

N/A

6. Once the linkage/merge is made, what non-MA Case Mix data elements will appear in the new linked file?

N/A

XI. PUBLICATION / DISSEMINATION / RE-RELEASE

1. Describe your plans to publish or otherwise disclose CHIA Data, or any data derived or extracted from such CHIA Data, in any paper, report, website, statistical tabulation, seminar, conference, or other setting. 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 display a cell less than 11, and no percentages or other mathematical formulas will be used if they result in the display of a cell less than 11.

WebMD does not intend to publish the data for a particular research project or protocol but, as has been the case historically, will use the data in its hospital comparison software tool as further described in Project Summary. The software tool assists consumers as well as organizations involved in providing and managing patient care, including health plans, hospitals and consulting organizations, in better understanding how hospitals compare to one another based on their relative resource utilization and quality measures.

2. Do you anticipate that the results of your analysis will be published and/or publically available to any interested party? Please describe how an interested party will obtain your analysis and, if applicable, the amount of the fee, that the third party must pay.

Yes. The results of aggregating the data are included in the Consumer Tool in which employees or members of employers or health plans that license the Consumer Tool from WebMD can view. No data is available to the general public. A user must be affiliated with an employer or health plan that licenses the tool.

3. Will you use CHIA Data for consulting purposes?

- Yes
 No

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

- Yes
 No

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

- Yes
 No

6. Will you be reselling CHIA Data in any format?

- Yes
 No

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

N/A

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

See the description of the WebMD Consumer Tool set forth above.

8. If you have answered “yes” to questions 4, 5, or 6, what is the fee you will charge for such products, services or studies?

The fee varies based on the WebMD tools licensed by the particular health plan or employer and tiers based on number of consumers using the tool through such health plan or employer.

XII. APPLICANT QUALIFICATIONS

1. Describe your qualifications (and the qualifications of your co-investigators) to perform the research described.

WebMD has been receiving and utilizing the Massachusetts Inpatient data for the purposes of hospital comparison for more than 15 years. In addition, to John Harrison, SR VP of Client Experience, several other individuals will also have access to the data in order to make it available in an aggregated form in the hospital comparison tool. Below is a list of individuals that will have temporary access to the data:

- Eli Drain, Sr Manager, Data Services
- Tim Wong, Software Developer, Data Services

WebMD overall and the individuals that will have access to the Massachusetts Inpatient data set have significant experience with large data sets. In addition, to the Massachusetts Inpatient data, WebMD, also utilizes all-payor data from 20 other states as well as the CMS MedPar data sets for the same purposes. These data sets are often subject to data use agreements that place legal restrictions on their use.

WebMD has HIPAA privacy policies and procedures in place and all employees participate in HIPAA training. WebMD also has policies and procedures that apply to statistically de-identified data handling to prevent re-identification of the data.

2. **Attach** résumés or curricula vitae of the Applicant/principal investigator, and co-investigators. (These attachments will not be posted on the internet.)

XIII. USE OF AGENTS AND/OR CONTRACTORS

Please note: 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.

Provide the following information for all agents and contractors who will work with the CHIA Data. *Add agents or contractors as needed.*

Company Name:	N/A
Contact Person:	
Title:	
Address, City/Town, Zip Code	
Telephone Number:	
E-mail Address:	
Organization Website:	

1. Will the agent or contractor have access to or store the CHIA Data at a location other than the Applicant’s location, off-site server and/or database?

- Yes, a separate Data Management Plan **must** be completed by each agent or contractor
- No

2. Describe the tasks and products assigned to this agent for this project; their qualifications for completing the tasks; and the Organization’s oversight of the agent, including how the Organization will ensure the security of the CHIA Data to which the agent has access.

Company Name:	
Contact Person:	

Title:	
Address, City/Town, Zip Code	
Telephone Number:	
E-mail Address:	
Organization Website:	

1. Will the agent or contractor have access to or store the CHIA Data at a location other than the Applicant’s location, off-site server and/or database?

- Yes, a separate Data Management Plan **must** be completed by each agent or contractor
- No

2. Describe the tasks and products assigned to this agent for this project; their qualifications for completing the tasks; and the Organization’s oversight of the agent, including how the Organization will ensure the security of the CHIA Data to which the agent has access.

N/A

XIV. FEE INFORMATION

Please consult the [fee schedules](#) for Case Mix Data and select from the following options:

- Single Use
- Limited Multiple Use
- Multiple Use

Are you requesting a fee waiver?

- Yes
- No

If yes, please refer to the [Application Fee Remittance Form](#) and submit a letter stating the basis for your request (if required). 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.

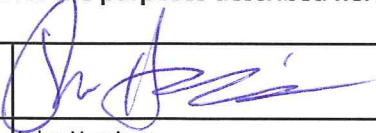
XV. ATTESTATION

By submitting this Application, the Data Applicant attests that it is aware of its data use, privacy and security obligations imposed by state and federal law *and* is compliant with such use, privacy and security standards. The Data Applicant further agrees and understands that it is solely responsible for any breaches or unauthorized access, disclosure or use of any CHIA Data provided in connection with an approved Application, including, but not limited to, any breach or unauthorized access, disclosure or use by its agents.

Applicants requesting data from CHIA will be provided with data following the execution of a Data Use Agreement that requires the Data Applicant to adhere to processes and procedures aimed at preventing unauthorized access, disclosure or use of data.

By my signature below, I attest to: (1) the accuracy of the information provided herein; (2) that the requested data is the minimum necessary to accomplish the purposes described herein; (3) the Data Applicant will meet the data

privacy and security requirements describe 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) my authority to bind the organization seeking CHIA Data for the purposes described herein.

Signature: (Authorized Agent)	
Printed Name :	John Harrison
Title:	Senior VP of Client Experience
Signature (Applicant/Primary Investigator)	
Name:	
Title:	
Original Data Request Submission Date:	
Dates Data Request Revised:	

Attachments. Please indicate below which documents have been attached to the Application and uploaded to IRBNet:

- 1. IRB approval letter and protocol (if applicable)
- 2. 1-2 page Research Methodology
- 3. Resumes of Applicant and co-investigators
- 4. Data Management Plan (including one for each agent of contractor that will have access to or store the CHIA Data at a location other than the Applicant's location, off-site server and/or database)
- 5. Fee Remittance Form (including any required documentation if a fee waiver is being requested)

II. PUBLIC INTEREST & PROJECT SUMMARY

3. Research Methodology:

WebMD utilizes the Massachusetts Inpatient data in a consumer-directed tool and summarizes the record-level data into one of 161 mutually exclusive diagnoses and procedures defined by DRGs and ICD Codes. We refer to this tool as the “Consumer Tool”. The Consumer Tool is typically purchased by health plans and large employers who host the Consumer Tool on their member/employer websites. For example, members of a health plan client may use the Consumer Tool to search for hospitals within X miles of a particular location, and then select up to 10 hospitals to compare and determine the relative importance of the measures including volume, risk-adjusted mortality, complications (AHRQ measures), severity-adjusted LOS, and severity-adjusted charges/case. Based on the selected ‘rankings,’ the Consumer Tool will display the results in the form of quartiles, confidence intervals, and other results (e.g., relevant Leapfrog and CMS-HQA measures, network status, co-pay, etc.).

The Consumer Tool is not a research project that has specific, broader research questions to be answered. The Consumer Tool is displaying comparative data for end-users to view as they are looking at which hospitals have provided services for specific conditions and procedures in the past year (year of the data set).

