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| **Commonwealth of Massachusetts**  **Center for Health Information & Analysis (CHIA)**  **Non-Government MA APCD Request for 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 schedules for MA APCD data for the appropriate fee amount. A remittance form with instructions for submitting the application fee is available on the CHIA*** [***website.***](http://www.chiamass.gov/application-documents)

**I.  GENERAL INFORMATION**

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| **APPLICANT INFORMATION** | |
| Applicant Name: | Ed Bassin |
| Title: | Chief Analytics Officer |
| Organization: | Archway Health |
| Project Title: | Identifying High Efficiency Providers for Developing a Bundled Payment Market in Massachusetts |
| Mailing Address: | 311 Arsenal Street, MDP Suite Watertown, MA 02472 |
| Telephone Number: | 781-343-1475 |
| Email Address: | [ebassin@archwayha.com](mailto:ebassin@archwayha.com) |
| Names of Co-Investigators: | David Terry, Luc Pezet, Tony Cheng, Mike Fazio |
| Email Addresses of Co-Investigators: | [dterry@archwayha.com](mailto:dterry@archwayha.com), [lpezet@archwayha.com](mailto:lpezet@archwayha.com), [tcheng@archwayha.com](mailto:tcheng@archwayha.com), [mfazio@archwayha.com](mailto:mfazio@archwayha.com) |
| Original Data Request Submission Date: | 11/2/2015 |
| Dates Data Request Revised: | 6/16/2016 |
| Project Objectives (240 character limit) | Archway Health intends to use the APCD to create bundles of care and identify high-quality, high-efficiency providers in order to develop a bundled payment market in Massachusetts. |
| Project Research Questions (if applicable) or Business Use Case(s): | 1. How much care in Massachusetts is delivered through “episodes of care” that are amenable to bundled payment? 2. Who are the most-efficient, highest quality providers of bundled care in Massachusetts? 3. Will using episodic payment enable more accurate measurement of physician and hospital quality tied more directly to the procedure than to the provider of care? 4. What are the best pricing models and levels for high priority clinical bundles? 5. Where are the care improvement and cost savings opportunities in high priority clinical bundles? |

**II.  PROJECT SUMMARY**

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

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| Archway Health was created with the vision to utilize payment reform as a way to improve the current landscape in healthcare. We intend to use the APCD to identify the total spend that could be delivered to Massachusetts residents through bundled payment mechanisms. We will utilize the APCD to price episodes of care and identify providers that deliver bundles for lower cost and with higher quality. This will enable us to have a greater understanding of the opportunity for savings if bundles were more widely accepted, which will also help our company get a better idea of where and how we can apply our expertise to help payers and providers adopt bundled payments. Archway intends to examine bundles across the entire population including the pediatric population, adults and seniors. We also intend to make this data available to CHIA and the Health Policy Commission upon request for any price transparency or other initiatives they require. |

**III.  FILES REQUESTED**

Please indicate which MA APCD file(s) you are requesting, the year(s) of data requested, and your justification for requesting *each* file. Please refer to the MA APCD [Release 4.0 Documentation Guides](http://www.chiamass.gov/ma-apcd/) for details of the file contents.

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| **MA ALL PAYER CLAIMS DATABASE FILES** | **Year(s) Of Data Requested  Current Yrs. Available**  2010  2011  2012  2013  2014 |
| **Medical Claims** | **Please provide justification for requesting Medical Claims file:**  We need medical claims to create episodes of care and quantify both cost and quality of care delivered. |
| **Pharmacy Claims** | **Please provide justification for requesting Pharmacy Claims file:**  We need pharmacy claims to create episodes of care and quantify both cost and quality of care delivered. |
| **Dental Claims** | **Please provide justification for requesting Dental Claims file:** |
| **Member Eligibility** | **Please provide justification for requesting Member Eligibility file:**  We require member eligibility to ensure costs accurately reflect costs for covered members and to determine if patients were covered throughout the episode of care. We also need demographic information to adjust for demographic factors that may influence bundle cost. |
| **Provider** (encrypted NPI)  Standard or  **Provider\*** (unencrypted NPI) | **Please provide justification for requesting Provider file:**  We require the Provider unencrypted NPI to identify high-performing providers. We do not intend to make this data public at the provider level, but we do intend to reach out to specific providers with the intent of understanding how they deliver efficient high-quality care and their openness to engaging in bundled payment care delivery. |
| **\*Please provide justificaiton for requesting unencrpted NPI (if requested). Refer to specifics in your methodology:**  We require the Provider unencrypted NPI to identify high-performing providers. We do not intend to make this data public at the provider level, but we do intend to reach out to specific providers with the intent of understanding how they deliver efficient high-quality care and their openness to engaging in bundled payment care delivery. |
| **Product** | **Please provide justification for requsting Product file:** |

**IV. GEOGRAPHIC DETAIL**

Please choose *one* of the following geographic options for MA residents:

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| 3 Digit Zip Code (MA) | 5 Digit Zip Code (MA) |
| **\*\*\*Please provide justification for requesting 5 digit zip code. Refer to specifics in your methodology:** | |

**V. DATE DETAIL**

Please choose *one* option from the following options for dates:

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| --- | --- | --- |
| Year (YYYY) (Standard) | Month (YYYYMM) \*\*\* | Day (YYYYMMDD) \*\*\*  [[for selected data elements only](http://www.chiamass.gov/ma-apcd/)] |
| **\*\*\* If requested, lease provide justification for requesting Month or Day. Refer to specifics in your methodology:**  Episodes of care are highly dependent on time for accurate identification of episode cost. Episodes are generally defined by some period of time from a triggering event. We need exact data in order to apply episode definitions consistently across patients. | | |

**VI. FEE INFORMATION**

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

**APCD Applicants Only**

Academic Researcher

Others (Single Use)

Others (Multiple Use)

Are you requesting a fee waiver?

Yes

No

If yes, please refer to the [Application Fee Remittance Form](http://www.chiamass.gov/application-documents) and submit a letter stating the basis for your request (if required). Please refer to the [fee schedule](http://www.chiamass.gov/application-documents) 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.

**VII.**  **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.

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| We have already received a great deal of interest in both maternity and NICU episodes of care. We need Medicaid data to assess the feasibility and impact of bundles for conditions like neonatal abstinence syndrome for which most patients are covered by Medicaid. |

**VIII. PURPOSE AND INTENDED USE**

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

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| Massachusetts has one of the most progressive payment landscapes in the United States with the proliferation of value-based payments, but continues to struggle with increasing costs1. Primary care risk models are part of the answer to reducing cost growth, but PCP control over specialist spend continues to be limited. Bundled payment has been proven2 to help control specialist-driven spend which accounts for 60-70% of total healthcare spending. Medicare has developed several comprehensive bundled payment initiatives, but the commercial market for bundled payment is underdeveloped as no forcing mechanism exists to bring payers and providers together to develop bundled payment arrangments. A key barrier to the initiation of bundled payment contracts is the lack of data necessary to create payments and evaluate quality. The APCD is necessary to enable providers to understand the opportunities and risks and promote bundled payment to payer partners. Archway Health has been through this process several times with Medicare and now wishes to create a bundled payment market in Massachusetts that will increase both the efficiency of care delivery and the quality of care delivered.  1 See <http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/2014-cost-trends-report.pdf>  2 See <https://innovation.cms.gov/Files/reports/BPCI-EvalRpt1.pdf> and http://www.arthroplastyjournal.org/article/S0883-5403(15)00050-9/abstract |

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

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| The lead investigator is a published author with a Ph.D. in Sociology (minor in Mathematical Statistics) and has devoted the last 20 years to advancing the application of episodes of care to both analytics and payment methodologies. He began with analytic application of episode-based analysis and moved to episode-based bundled payments around 2010. Ed participates in a number of forums focused on bundled payment mechanics and policy. He is a member of the Health Care Payment Learning Action Network’s (HCP-LAN) Bundled Payment Work Group.  Archway Health is a convener in the CMS Bundled Payment for Care Improvement Initiative and a vendor to Oncology Care Model applicants. Additionally, Archway is working with payers and providers in the commercial market to pilot bundled payment reporting and payment methods. As a convener in the BPCI program Archway has been provided access to 6 years of BPCI participant data and 4 years of the Medicare Limited Data Set, which includes claims data from across the entire US. We have been using that data for the last several years to develop bundles, identify efficient providers, assess and create bundle prices, and identify opportunities for improvement. |

1. 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***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

1. 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:

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

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Individual Provider Level Data

What is the purpose of the linkage:

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| We will use provider information provided from the NPI registry, CMS provider of services files and other public data to understand associations between providers both geographically and organizationally. |

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

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| NPI registry  CMS provider of service files  The data is publicly available. |

Individual Facility Level Data

What is the purpose of the linkage:

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| We will use provider information provided from the NPI registry, CMS provider of services files and other public data to understand associations between providers both geographically and organizationally and understand provider specialties and sub-specialties. |

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

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| NPI registry  CMS provider of service files  The data is publicly available. |

Aggregate Data

What is the purpose of the linkage:

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| We will use elements of the Area Resource File to adjust for socio-economic factors that may impact resource utilization within episodes of care. We will use the Dartmouth Atlas hospital referral regions to identify service areas. |

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

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| Area Resource File  HRSA  Publicly available.  Linking will be at the Zip Code level  HRR to Zip Map  Dartmouth Atlas  Publically available  Linking at the Zip Code level |

1. 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 .

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| Deterministic.  Not proprietary  Exact match on Zip, NPI, TIN or CCN. |

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

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| We will not publish information at the zip code or provider level that includes 10 or fewer patients. |

1. 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.

**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.

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| We will work with CHIA and HPC to make available information they deem important and necessary. |

1. 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.

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| Fees for these services have not been determined. At first, we will be using the data to generate interest from providers and payers.  In general, our fees will be based on services provided within bundled payment arrangements. We may require funding to perform specific analyses for providers or payers to maintain our financial viability prior to the launch of a bundled payment initiative, but these fees will be included as part of an effort to generate a bundled payment contract, and not as a stand-alone reporting effort in and of itself. |

1. Will you use the data for consulting purposes?

Yes

No

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

Yes

No

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

Yes

No

1. 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.)?

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

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| The data will be used to create benchmarks for providers and payers so they can understand their opportunities with bundled payment. Once we have negotiated bundled payment deals we will use other data for reporting and reconciliation. Our contracts require a payer and provider partner. We intend to use data provided by the at-risk payer during the performance of the bundled payment contract. APCD data will be used only for pricing episodes of care and determining quality benchmarks. |

**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.

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

1. 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.

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

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

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

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**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, as detailed in the DUA and the applicant’s CHIA-approved Data Management Plan.

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 procedures designed to protect CHIA data in a manner consistent with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**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.**

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| Signature: |  |
| Printed Name: | Ed Bassin |
| Title | Chief Analytics Officer |
| Original Data Request Submission Date: | 11/4/2015 |
| Dates Data Request Revised: | 6/16/2016 |