

**Commonwealth of Massachusetts
Center for Health Information & Analysis (CHIA)
Government Agency Request for Case Mix Data**

This request form is to be used by agencies, departments or authorities of the Commonwealth of Massachusetts, as well as federal agencies and departments of the United States of America ("Government Agencies"). Data requests from other states, as well as other political subdivisions of the Commonwealth of Massachusetts must use the Non-Government Agency Request form.

I. GENERAL INFORMATION

APPLICANT INFORMATION	
Applicant Name:	
Title:	
Organization:	
Project Title:	
Mailing Address:	
Telephone Number:	
Email Address:	
Names of Co-Investigators:	
Email Addresses of Co-Investigators:	
Original Request Submission Date:	
Dates Request Revised:	
Project Objectives (240 character limit)	
Project Research Questions (if applicable)	1. 2. 3.

II. PROJECT SUMMARY

Briefly identify the public purpose(s) for which CHIA data are sought and how you will use the requested data to accomplish your public purpose(s).

III. FILES REQUESTED

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

CASE MIX	Levels 1 – 6	Fiscal Years Requested
Inpatient Discharge	<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. YOUR JUSTIFICATION SHOULD IDENTIFY WHICH DATA ELEMENT(S) YOU NEED BUT CANNOT OBTAIN AT A LOWER LEVEL.	<u>1998 – 2014 Available</u> (limited data 1989-1997)
Outpatient Observation	<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. YOUR JUSTIFICATION SHOULD IDENTIFY WHICH DATA ELEMENT(S) YOU NEED BUT CANNOT OBTAIN AT A LOWER LEVEL.	<u>2002 – 2014 Available</u>
Emergency Department	<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. YOUR JUSTIFICATION SHOULD IDENTIFY WHICH DATA ELEMENT(S) YOU NEED BUT CANNOT OBTAIN AT A LOWER LEVEL.	<u>2000 – 2014 Available</u>

IV. RESEARCH METHODOLOGY

CHIA encourages government agencies to include a brief (1-2 page) description of their research methodology. The research methodology will help CHIA determine if agencies are seeking the appropriate data elements to achieve their project objectives.

V. DIRECT PATIENT IDENTIFIERS

State and federal privacy laws may require the consent of Data Subjects prior to the release of any Direct Patient Identifiers (namely personal information, such as name, Social Security number or date of birth, that uniquely identifies an individual or can be combined with other readily available information to identify an individual.) If you are requesting Level 6 data, or otherwise plan to use CHIA data to identify individual patients, please provide documentation of patient consent or your basis for asserting that patient consent is not required. Also, please provide a citation to specific statutory authority or further describe why your agency is authorized to use direct patient identifiers for the purposes identified in this request.

1. Are you requesting direct patient identifiers or do you plan to use CHIA data to identify individual patients?
 - Yes
 - No
2. If yes, for what purpose do you plan to use direct patient identifiers?
 - Linkage, only
 - Research
 - Surveillance
 - Other (please describe)

VI. 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 within one database that refer to a single person in CHIA data.

1. Do you intend to link or merge CHIA data to other datasets?
 - Yes, CHIA data will be linked or merged with individual patient level data
 - If yes, will CHIA data be merged or linked with direct patient identifiers?
 - Yes
 - No
 - Yes, CHIA data will be linked or merged with aggregate data
 - No linkage or merger with any other database will occur

2. If yes, what is the purpose of each linkage:

3. If yes, what databases are involved and which specific data elements will be used for each linkage:

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4. If yes, please identify how you will prevent the identification of individual patients in the linked dataset, if applicable.

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VII. 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:	

1. 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

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

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VIII. DATA SECURITY, TRANSMISSION AND STORAGE

CHIA expects all recipients of Protected Health Information to comply with the privacy and security standards set forth 45 CFR § 164.530(c) and any applicable federal or state privacy law, implementing regulation or executive order. In furtherance of this objective, please provide the following information.

1. *Data Location - Data will be located at more than one physical site*
- No
 Yes - Please specify sites_____
2. *Data Transmission - If you answered yes to data location, please provide additional information regarding data transmission.*

Please identify the data transmission method(s) you are using:

- VPN
 Secure FTP
 Encrypted email delivery system
 Other, please specify (and identify why this meets minimum data security requirements):

By checking the following statement, you are confirming compliance with the following data transfer encryption requirements:

- I understand that any data transmitted must be encrypted with a key length of at least 128 bits. I confirm that the method(s) that I am using has this encryption level.

3. *Data Storage - Answer questions for each physical site at which data will be stored.*

A. Stored on a network drive in a project - specific folder and not on your computer hard drive - I ensure that the following requirements will be met:

- Access will be restricted to authorized users by requiring computer log-on with unique user accounts and passwords
- Access will be restricted by limiting folder access to approved study staff only
- Any data included in the network backup will be encrypted
- I confirm that for this study/project data will not be stored on a network drive

Data will be segregated from other institutional data to ensure that at the conclusion of the study or project all data can be removed from institution computers and/or destroyed consistent with privacy, security and record retention requirements.

Yes - All of the options below are considered segregated data. Please identify which option(s) you are using:

- Data will be kept on media which will contain no other data OR
- Data will be stored in a logical container on electronic media, such as a partition or folder solely for the study data or project OR
- Data will be stored in a database that contains no other data
- Other (please specify why you deem the data appropriately segregated)

No - If study/project data cannot be segregated, it must be encrypted in order to prevent co-mingling with other institutional data

- I confirm that the study/project data will be encrypted with a key length of at least 256 bits

B. Stored on the local hard drive of a computer - I ensure that the following requirements will be met:

- Access will be restricted to authorized users by requiring computer log-on with unique user accounts and passwords
- When not in use, the computer will be locked in a physically secured office, drawer, cabinet or other container to which access is restricted to authorized study personnel
- When not in use, will be encrypted with a key length of at least 256 bits
- I confirm that for this study/project data will not be stored on a local hard drive or a computer

C. Paper documents - I ensure that the following requirements will be met:

- Stored in a secure area only accessible by authorized personnel
- When not in use, must be stored in locked container with access limited to authorized study personnel
- I confirm that for this study/project that confidential data will not be reduced to or stored in paper form.

D. Data will be stored on a CD/DVD/Flash Drive - I ensure that the following requirements will be met:

- Will not be transported out of restricted area
- Encrypted with a key length of at least 256 bits
- When not in use, must be locked in drawer, cabinet, or other container to which access is restricted to authorized personnel
- I confirm that for this study/project data will not be stored on CD/DVD/Flash Drive

IX. ATTESTATION

By submitting this application, the Government Agency requesting the data attests that it is aware of its data privacy and security obligations imposed by state and federal law *and* is compliant with the aforementioned privacy and security standards. The 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.

Government Agencies requesting data from CHIA will be provided with data following the execution of a Data Use Agreement, or pursuant to a specific data sharing agreement referenced herein, that requires the recipient 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) my agency's ability to meet the data privacy and security requirements described herein; and, (3) my authority to bind the agency seeking CHIA data for the purposes described herein.

Signature:	
Printed Name:	
Title:	
Agency:	
Original Request Submission Date:	
Dates Request Revised:	