

**Commonwealth of Massachusetts
Center for Health Information & Analysis (CHIA)
APCD / CASE MIX Application
Fee Remittance Form**

Applicant name: _____

Organization: _____

Project Title: _____

Date Application Submitted on IRBNet: _____

IRBNet ID: _____

Address: _____

Phone number: _____

Email address: _____

Level 1 Data Only (\$100) *Level 1 data only available for Case Mix FY2004-2014*

Level 2 Data (\$300)

Please refer to the fee schedules for APCD data ([Administrative Bulletin 16-02](#)) and for Case Mix data ([Administrative Bulletin 15-07](#)) for information related to applicable fees.

Make checks payable to:

Commonwealth of Massachusetts

Mail payment and form to:

Center for Health Information & Analysis

501 Boylston Street, 5th Floor

Boston, MA 02116

Applicants who meet fee waiver criteria may elect to submit the Fee Waiver Request Form found on the next page.

Commonwealth of Massachusetts
Center for Health Information & Analysis (CHIA)
Fee Waiver Request pursuant to 957 CMR 5.08

The undersigned seeks to receive APCD and/or Case Mix data from the Center for Health Information & Analysis [CHIA], and hereby seeks full or partial waiver of any fees otherwise due to CHIA in payment for data requested under the provisions of Massachusetts General Laws chapter 12C and 957 CFR 5.08 (and as outlined in CHIA Administrative Bulletins 16-02 and 15-07.) In support of its request for this waiver, the applicant certifies as follows:

1. Are you a "Payer" (namely, an entity that submits health care claims data to CHIA pursuant to M.G.L. c. 12C, § 10) that is requesting the payer's own submitted data from CHIA?
 Yes No

2. Are you a "Provider" (namely, a health care provider that submits data to CHIA pursuant to M.G.L. c. 12C, §8 and/or §9) that is requesting the payer's own submitted data from CHIA?
 Yes No

3. Are you a researcher and is your proposed study directly tied to the evaluation or improvement of current State government initiatives?
 Yes No

4. Are you a researcher proposing to use the data for non-commercial purposes and can you demonstrate that the imposition of CHIA fees, in whole or in part, would constitute an undue financial hardship?
 Yes No
If "yes", please attach a statement and any relevant supporting documentation that you believe demonstrates undue financial hardship. Non-profit status alone is not sufficient evidence for a waiver on this basis.

5. Are you applying as a Payer, Provider or Provider Organization as defined under M.G.L. Chapter 12C, AND on the date of this request are all of your organization's CHIA filings complete as required by M.G.L. Chapter 12C, §§ 8-10, AND are on the date of this request are all of your organization's CHIA fees/ assessments paid in full?
 Yes No

In making this fee waiver request to CHIA, on my own behalf and on behalf of the organization/entity applying for release of CHIA data, I hereby certify that all statements made on this request form (and the contents of all attachments and supporting documents submitted in support of this request) are true and accurate to the best of my knowledge, information and belief.

Signature

Date

Printed Name

Organization/Entity Name