

**Commonwealth of Massachusetts  
Center for Health Information & Analysis (CHIA)  
Government Agency Application for MA APCD Data**

*This Application 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 Application](#). The Application must be signed by an authorized signatory of the Agency. This Application will be used by CHIA to determine if your Agency may receive the CHIA data requested. 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 Agency 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 Agency seeking CHIA Data for the purposes described herein.*

*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)	
Title:	
Government Agency:	
Project Title:	
IRBNet ID:	
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. PUBLIC PURPOSE & PROJECT SUMMARY**

1. 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).

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

- Yes, a copy of the approval letter and protocol must be **attached** to this Application.
- No, this project is not human subject research and does not require IRB review.

3. Do you plan to use CHIA data to identify individuals? If so, please describe your justification or research need clearly in the research methodology. (See Section II.4 below)

- Yes
- No

4. If your project has not been reviewed by an IRB, please **attach** a brief (1-2 pages) description of your project including the methodology, objectives, and research questions. If you plan to identify individuals in conducting the project, please include your justification.

**III. DATA FILES REQUESTED**

1. Please indicate the MA APCD databases from which you seek data, the year(s) of data requested, and your justification for requesting each file. Please refer to the [MA APCD Release 5.0 Data Specifications](#) for details of the file contents.

MA ALL-PAYER CLAIMS DATABASE	Year(s) Of Data Requested Current Yrs. Available <input type="checkbox"/> 2011 <input type="checkbox"/> 2012 <input type="checkbox"/> 2013 <input type="checkbox"/> 2014 <input type="checkbox"/> 2015
<b>Medical Claims</b> <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3	Please describe how your research objectives require Medical Claims data:
<b>Pharmacy Claims</b> <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3	Please describe how your research objectives require Pharmacy Claims data:
<b>Dental Claims</b> <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3	Please describe how your research objectives require Dental Claims data:
<b>Member Eligibility</b> <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3	Please describe how your research objectives require Member Eligibility data:

<b>Provider</b> <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3	<b>Please describe how your research objectives require Provider data:</b>
<b>Product</b> <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3	<b>Please describe how your research objectives require Product data:</b>
<b>Benefit Plan<sup>1</sup></b> <input type="checkbox"/> Level 3	<b>Please describe how your research objectives require Benefit Plan data:</b>
<b>MassHealth Enhanced Eligibility File<sup>2</sup></b> <input type="checkbox"/> Level 3	<b>Please describe how your research objectives require MassHealth Enhanced Eligibility data:</b>

**IV. REQUESTED DATA ELEMENTS**

1. State and federal privacy laws limit the use of individually identifiable data to the minimum amount of data needed to accomplish a specific project objective. CHIA requires Applicants to justify individually identifiable elements in order to conform with these privacy laws. Please use the [APCD Government Data Specification Workbook](#) (Excel) to identify which data elements you are requesting and **attach** this document to your Application. Further, please provide justifications for those individually identifiable elements where it is required, as indicated in the APCD Data Specification Workbook.

**V. SUBSTANCE ABUSE RECORDS**

Are you requesting substance abuse records subject to 42 CFR Part 2? *Understanding the limitations under federal law (42 CFR Part 2) for the release of substance abuse data, if the Agency is requesting such data, we request that the Agency cite its authority under 42 CFR Part 2 that allows the release.*

- Yes (Written authority pursuant to 42 CFR Part 2 provided by Agency’s legal counsel must be **attached**)
- No

**VI. MEDICAID DATA**

Please indicate 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 to the administration of the Medicaid program. If you are requesting Medicaid data from Level 2 or above, please describe, in the space below, why your use of the data meets this requirement. Requests for 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.

<sup>1</sup> Benefit Plan file data has only been submitted starting in October 2013 and contains only Level 3 elements.

<sup>2</sup> MassHealth Enhanced Eligibility has only been submitted starting in 2012 and contains only Level 3 elements.

Government agencies approved to receive Medicaid data will be required to execute an [Addendum](#) [available on CHIA website and in the IRBNet document library] to CHIA’s standard data use agreement, containing terms and conditions required by CHIA’s data sharing agreement with MassHealth. MassHealth may impose additional requirements on applicants for Medicaid data as necessary to ensure compliance with federal laws and regulations regarding Medicaid.

**VII. MEDICARE DATA**

Please indicate whether you are seeking Medicare Data:

- Yes
- No

Medicare data may only be disseminated to state agencies and/or entities conducting research projects that are directed and partially funded by the state if such research projects would allow for a Privacy Board or an IRB to make the findings listed at 45 CFR 164.512(i)(2)(ii) (“Waiver Requirements”) if the anticipated data recipient were to apply for the data from CMS directly. Please **attach** the IRB or Privacy Board waiver letter. If the Applicant does not have a waiver letter, CHIA may be able to determine that the research project meets the Waiver Requirements. Please answer the following questions and provide any additional information that may be helpful in making this determination:

1. The Agency has a plan, and will abide by the plan, to protect all Protected Health Information (PHI) (as defined under HIPAA) from use or disclosure not expressly permitted under this Application:

- Yes
- No

2. The Agency will destroy all PHI at the earliest opportunity, consistent with the executed Data Use Agreement with CHIA:

- Yes
- No

3. The Agency will not disclose any PHI to any individual not authorized or legally required to use the PHI:

- Yes
- No

4. The Applicant cannot conduct the research without access to the PHI requested:

- Yes
- No

5. Briefly describe how you will use the Medicare data in the space below:

6. The Agency must inform CHIA of the location where the data will be stored and may not move the data to any other location without first informing CHIA.

*Street Address (where Medicare data will be stored):*

7. Applicants seeking Medicare data must complete a Medicare Request Form available on the CHIA website and in the IRBNet document library. Applicants approved to receive Medicare data will be required to execute an [Addendum](#) to CHIA's standard Data Use Agreement, containing terms and conditions required by CHIA's Data Use Agreement with CMS.

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

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

- Yes, CHIA data will be linked or merged with individual patient level data  
If yes, will CHIA data be merged or linked using individually identifiable elements?
  - 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, 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:

3. If yes, please describe the method or selected algorithm (e.g. deterministic or probabilistic) that will be used for linking each data set for each proposed linkage:

4. If yes, please describe how your project methodology will prevent the identification of individuals in the linked dataset.

**X. APPLICANT QUALIFICATIONS**

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

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

**XI. USE OF AGENTS**

**Please Note: by signing this Application, the Agency assumes all responsibility for the use, security and maintenance of the CHIA data by its Agents, including but not limited to contractors.**

Third-Party Agents. Provide the following information for all agents and contracotrs who will have access to the CHIA data.

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

1. Will the agent have access to the data at a location other than the Agency location or in an off-site server and/or database?

- Yes
- No

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

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**XII. DATA SECURITY, TRANSMISSION AND STORAGE**

All Recipients of CHIA data, including third parties, must comply with the privacy and security standards set forth under 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. Address where data will be stored:

2. Other data Location(s) – Will data will be located at more than one physical site?

- No
- Yes - Please specify addresses

3. Data Transmission – If data will be transmitted between sites, please identify the data transmission method(s) the Agency will use:

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

By checking the following statement, you are attesting to the Agency's compliance with the following data transfer encryption requirements:

- CHIA data will be encrypted with a key length of at least 128 bits in transit.

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

A. For data stored on a network drive - I attest that the following requirements will be met:

- The data will be stored in project specific folder;
- Access to the data will be restricted to authorized personnel by requiring computer log-on with unique user accounts and passwords;
- Access to the data will be restricted by limiting folder access to authorized personnel only;
- Any data included in the network backup will be encrypted with a key length of at least 256 bits.
- Data must be segregated from other Agency data to ensure that at the conclusion of the study or project all data can be removed from Agency computers and/or destroyed consistent with privacy, security and record retention requirements. Please identify which option(s) the Agency will use to segregate the data:
  - 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 identify the method and specify why you deem the data appropriately segregated).
- For this study/project data will not be stored on a network drive

B. For Data stored on the local hard drive of a computer - I attest that the following requirements will be met:

- Access will be restricted to authorized personnel by requiring computer log-on with unique user accounts and passwords;
- When not in use, the computer will be stored in a locked container or locked room to which access is restricted to authorized personnel;
- When not in use, the data will be encrypted with a key length of at least 256 bits;
- For this study/project data will not be stored on a local hard drive or a computer.

C. For data on paper documents - I ensure that the following requirements will be met:

- The data will be stored in a secure area only accessible by authorized personnel;
- When not in use, the data will be stored in locked container or locked room with access limited to authorized personnel;
- For this study/project data will not be reduced to or stored in paper form.

D. For data that is being stored on a CD/DVD/Flash Drive - I attest that the following requirements will be met:

- The data will not be transported out of a secure area only accessible by authorized personnel;
- The data will be encrypted with a key length of at least 256 bits;
- When not in use, the data will be stored in a locked cabinet or locked room to which access is restricted to authorized personnel.
- For this study/project data will not be stored on CD/DVD/Flash Drive

**XIII. ATTESTATION**

By submitting this Application, the Agency 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 Agency 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.

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, that requires the Agency 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 Agency will meet the data privacy and security requirements described 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 Agency seeking CHIA data for the purposes described herein.**

Signature: (Authorized Agent)	
Printed Name:	

Title:	
Government Agency:	
Original Request Submission Date:	
Dates Request Revised:	

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

- IRB approval letter and protocol or summary of project
- APCD Data Specification Workbook with all requested individually identifiable elements justified
- Agency's legal counsel opinion re: requested 42 CFR Part 2 data
- Medicare data IRB or privacy board waiver letter
- Resumes of Applicant and co-investigators