

## Massachusetts Division of Health Care Finance and Policy Application for All-Payer Claims Database (APCD) Data

Applications for APCD data must meet the requirements set forth in regulation **114.5 CMR 22.00: Health Care Claims Data Release** and any Administrative Bulletins promulgated under this regulation. The regulation and bulletins are available online at <http://www.mass.gov/eohhs/gov/departments/hcf/regulations.html>. Information provided on pages 1-4 of this application will be posted on the internet for public comment.

A. APPLICANT INFORMATION	
Applicant Name:	Mark Paskowsky
Title:	Director of Surveillance and Evaluation
Organization:	Massachusetts Dept of Public Health, Tobacco Cessation and Prevention Program
Project Title:	Utilization of tobacco treatment in Massachusetts to quit smoking
Date of Application:	8/22/2012
Brief Description of Project (240 character limit)	Utilization of tobacco cessation medications and counseling will be analyzed to compare Medicaid with private health insurance plans and to identify populations underutilizing quit smoking evidence-based methods.

### B. DATA REQUESTED

1. PUBLIC USE			
File	SINGLE USE* '08 – '09 – '10	REPEATED USE* '08 – '09 – '10	MULTIPLE USE* '08 – '09 – '10
Medical Claims	x x x	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Pharmacy Claims	x x x	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Dental Claims	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Membership Eligibility	x x x	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Provider	x x x	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Product	x x x	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

2. RESTRICTED USE			
File	SINGLE USE* '08 – '09 – '10	REPEATED USE* '08 – '09 – '10	MULTIPLE USE* '08 – '09 – '10
Medical Claims	x x x	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Pharmacy Claims	x x x	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Dental Claims	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Membership Eligibility	x x x	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Provider	x x x	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Product	x x x	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

\* The Division reserves the right to change proposed “use level” after review of this application.

<p><b>Definitions:</b></p> <ul style="list-style-type: none"> <li>• <b>Single Use:</b> Use of the data for a project or study.</li> <li>• <b>Repeated Use:</b> Use of the data as an input to develop a report or product for sale to multiple clients or customers provided that it will NOT disclose APCD data. Examples include: development of a severity index tool, development of a reference tool used to inform multiple consulting engagements where no APCD data is disclosed.</li> <li>• <b>Multiple Use:</b> Use of the data to develop a product or service that will be sold in the marketplace and will disclose APCD data. Examples include: a benchmark report produced by analyzing APCD data, a query tool to ease access to APDC data.</li> </ul>
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3. **Filters:** If you are requesting data elements from the Restricted Use dataset, describe any filters you are requesting to use in order to limit your request to the minimum set of records necessary to complete your project. (For example, you may only need individuals whose age is less than 21, claims for hospital services only, or only claims from small group products.)

File	Data Element(s)	Range of Values Requested
Medical Claims	MC001, MC024, MC137	Records containing a tobacco cessation counseling code in MC055 (see list 1 in methodology)
Pharmacy Claims	PC001/PC107, PC043, PC056	Records containing a tobacco medication drug code in PC026 (see list 2 in methodology)
Dental Claims		
Membership Eligibility	ME001, ME040, ME041, ME042, ME107	All
Provider	PV001, PV002, PV056	Filter the records that match the providers who made a tobacco cessation counseling claim or a tobacco treatment pharmacy claim as determined based on list 1 and list 2 filters
Product	PR001, HD002, PR002, PR009, PR010	All

4. **Restricted data elements:** If you are requesting Data Elements from the Restricted Use dataset, list each restricted data element you are requesting on the attached Data Element List and explain why you need access to EACH Restricted Use data element for your project. Limit your request to the minimum data elements necessary to complete the project and be specific as to how each element relates to your proposed model/analytic plan. Add rows to this table as needed.

Restricted Data Element Name	Restricted Data Element Description	Data File (Medical, Pharmacy,	Justification (reason this data element is necessary for your project)
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		Dental, Eligibility, Provider, Product)	
MC001 Payer	Identifies the health insurance plan and company and allows for linking from the medical claims file to member eligibility and payer files.	Medical Claims	Health plan coverage is an important factor in the utilization of tobacco treatment. We plan to report on utilization by health plan coverage.
MC137 CarrierSpecific UniqueMemberID	Member ID is for linking to the member eligibility file		This allows us to report on the number of people who have various categories of tobacco cessation insurance coverage and relate it to the number who have used tobacco treatment.
MC024 Service provider number	Identifies medical services provider to link to the provider file	Medical Claims	This allows us to see which health care providers – types and affiliations – that provide the highest/lowest level of tobacco treatment (counseling and medications)
PC001/PC107	Payer / CarrierSpecificUniqueMemberID. This allows for linking from the payer to the member eligibility and payer files.	Pharmacy	This allows us to report on insurance coverage category by the number of tobacco cessation medications prescribed.
PC043 Prescribing provider id	Prescriber info - Links to provider file	Pharmacy	This allows us to run analyses on the number of medications prescribed by a provider – type and affiliation.
PC056	Product ID number – Links to product file	Pharmacy	This allows us to run analyses on the number of medications prescribed by the type of health insurance product for improvement to their coverage.
ME001/ME107	Payer/ CarrierSpecificUniqueMemberID - Links member with other files including medical claims, pharmacy, and files.	Member Eligibility	This allows us to report on the number of people who have various categories of tobacco cessation coverage.
ME040	Product ID number - Links to product file	Member Eligibility	This allows us to report on the number of people who use tobacco treatment by specific

			type of health insurance product.
ME041 ME042	Begin eligibility date End eligibility date	Member Eligibility	This allows us to determine the percentage of people during a time period who have tobacco treatment insurance coverage.
PV001	Payer – links provider file to medical claims and pharmacy files.	Provider	This allows us to analyze utilization by health insurance payer to identify low/high levels .
PV002	Plan provider id – links provider file to medical claims and pharmacy files	Provider	This allows us to analyze utilization by health care provider – type and affiliation - to identify low/high levels .
PV056	Provider affiliation	Provider	This allows us to break down utilization patterns by provider affiliation.
PR001	Product ID – Links to provider file	Product	This allows us to analyze utilization patterns by health insurance product.
HD002	Payer – Links to provider file	Product	This allows us to analyze utilization by health insurance product.
PR002	Product name	Product	This allows us to identify the name of the product when reporting information on health insurance plans
PR009 PR010	Product Start Date Product End Date	Product	This allows us to identify the health insurance products that will be grandfathered under the ACA and will be required to provide prevention services

**C. PURPOSE AND INTENDED USE**

1. Please describe the purpose of your project and how you will use the APCD.

The purpose is to improve tobacco treatment in Massachusetts. We plan to analyze use of quit smoking methods that are evidence-based (counseling, FDA-approved medications) among Massachusetts residents. Certain groups – those in health plans with poor coverage, those of certain racial/ethnic groups, age groups, or others – may use counseling or medications at a low level. By identifying these needs among these populations, the Massachusetts Dept of Public

Health (MDPH) can encourage people to quit smoking by collaborating with partner organizations, running targeted media and other promotional campaigns, and providing quitline telephone counseling to underutilizing population groups. The APCD provides a more complete picture of utilization of tobacco treatment among those on private insurance. To date, we've only measured utilization among the MassHealth (Medicaid) population. A report will be created on tobacco treatment utilization in Massachusetts and posted to the Mass.gov website.

The MDPH tobacco cessation and prevention program is also planning a public-private initiative in three phases: 1) reporting, 2) convening, and 3) technical assistance. MDPH plans to create specific reports for private health plans that will summarize utilization of tobacco cessation as well as other indicators related to tobacco treatment and services. MDPH will convene private insurance plans and possibly large employers to help them understand the information presented, ask for feedback on the usefulness of the information, and potentially use other available data from insurance plans to get a more complete understanding of tobacco cessation. Finally, the MDPH tobacco cessation program will provide technical assistance to health insurance plans and large employers to help them promote tobacco treatment to help smokers use evidence-based methods to quit smoking.

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

The analysis can identify gaps in utilization of tobacco treatment for specific groups such as age groups, race/ethnicity groups, those with disability, and those in certain geographic areas. The MDPH tobacco cessation and prevention program can run targeted campaigns to promote evidence-based quitting methods, helping people to successfully quit smoking for good, and thereby reducing health care costs for all residents.

The health plan analysis results can help the Massachusetts Dept of Public Health (MDPH) provide technical assistance to private health insurance plans and to large employers on use of services to quit smoking. Information about utilization can allow the MDPH tobacco cessation program to work with health plans to improve coverage and reduce the barriers to tobacco treatment. For example, health insurance coverage with no co-pay for tobacco treatment doubles utilization of evidence-based quit smoking methods. The results from the utilization data analysis can demonstrate these findings for Massachusetts health insurance plans.

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

4. Has your project received approval from your organization's Institutional Review Board (IRB)?

- 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

## D. APPLICANT QUALIFICATIONS

1. Describe your qualifications to perform the research described or accomplish the intended use.

I have analyzed tobacco cessation Medicaid claims data from Massachusetts for the past 4 years. As a result, I'm familiar with the technical issues around medical and pharmacy claims data. At MDPH, we received approval from the Executive Office of Health and Human Services to receive a limited data set to analyze Medicaid data. I was a co-author on a publication related to this Medicaid data (Land T, Rigotti NA, Levy DE, Paskowsky M, Warner D, et al. (2010) A Longitudinal Study of Medicaid Coverage for Tobacco Dependence Treatments in Massachusetts and Associated Decreases in Hospitalizations for Cardiovascular Disease. PLoS Med 7(12): e1000375. doi:10.1371/journal.pmed.1000375). I have more than 15 years of experience as a research analyst. I have a Master of Public Policy degree from the University of Michigan.

My direct supervisor, Dr. Lois Keithly (Director of the Massachusetts Tobacco Cessation and Prevention program) will provide general oversight of the project. Dr. Keithly will be informed of the project's progress and will review and approve any reports created from this project. Reports created will be submitted for departmental review through the Massachusetts Department of Public Health's peer review process for data and evaluation reports.

2. Describe the software you plan to use to analyze the data and the experience that the applicant's team members have in using that software.

I plan to use the SAS version 9.3 software to analyze the all payer claims data. I have used SAS software as a research analyst as part of my work for more than 15 years. Specifically, I used SAS to run analyses on MassHealth medical and pharmacy claims data for the Land et al. study cited above.

3. Attach résumés or curriculum 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.)

## E. DATA LINKAGE AND FURTHER DATA ABSTRACTION

1. Does your project require linking the APCD to another dataset?  
YES  NO
2. If yes, will the APCD be linked to other patient level data or with aggregate data (e.g. Census data)?  
Patient Level Data  Aggregate Data
3. If yes, please identify all linkages proposed and explain the reasons(s) that the linkage is necessary to accomplish the purpose of the project.

4. If yes, specify the specific steps you will take to prevent the identification of individual patients in the linked dataset.

**F. RE-RELEASE OF DATA**

Applicants must obtain prior approval from the Division to publish reports that use APCD files. Applicants must provide the Division with a copy of any report at least 30 days prior to release to outside parties, including peer review and prepublication analysis by anyone other than the individuals named in this Application. The Division will review the report to ensure that the publication will not permit identification of an individual patient or permit identification of a specific payment by individual payer. The Division may prohibit release of reports that may permit identification of individual patients or specific payment by individual payer.

1. Describe your plans to publish or otherwise disclose any APCD data elements, or any data derived or extracted from such data, in any paper, report, website, statistical tabulation, or similar document.

We plan to publish the results of the data analysis in a report on Mass.gov under the Dept of Public Health, tobacco cessation and prevention program website on the reports page.

2. Will the results of your analysis be publicly available to any interested party? Will you charge a fee for the reports or analysis? Please describe how an interested party will obtain your analysis and, if applicable, the amount of the fee.

The report will be available to the public on the Massachusetts Department of Public Health's website for no fee.

3. Will you use the data for consulting purposes?  
YES  NO

We will not use the data for private consulting. Health plans will be consulted about data findings in our role working for the Massachusetts Department of Public Health to promote tobacco treatment in the health care system.

4. Will you be selling standard report products using the data?  
YES  NO

5. Will you be selling a software product using the data?  
YES  NO

6. If you have answered “yes” to questions 3, 4 or 5, please (i) describe the types of products, services or studies; (ii) estimate the number and types of clients for which the data will be used and (iii) describe any rerelease of data by your clients.

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**G. USE OF AGENTS OR CONTRACTORS**

Third-Party Vendors. Provide the following information for all agents and contractors who will work with the APCD data.

Company Name:	
Contact Person:	
Title:	
Address:	
Telephone Number:	
Fax 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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3. Describe the qualifications of this agent or contractor to perform such tasks or deliver such products.

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

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