

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

*This application 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 APCD and Case Mix data for the appropriate fee amount. A remittance form with instructions for submitting the application fee is available on the CHIA [website](#).*

**I. GENERAL INFORMATION**

APPLICANT INFORMATION	
Applicant Name:	Barry G. Zallen, MD
Title:	Chief Medical Officer
Organization:	Children’s Hospital Integrated Care Organization (CHICO)
Project Title:	Understanding the Value of Pediatric Care
Date of Application:	12/03/14
Project Objectives (240 character limit)	Evaluate the value of the care provided to our patients and all children in the state to find opportunities for improvement. Our focus is only on pediatric populations: primary care, condition-specific, and complex conditions.
Project Research Questions (if applicable)	1. 2. 3.

**I. PROJECT SUMMARY**

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

In order to achieve the highest levels of clinical outcomes, patient and family experience, and cost-effectiveness for the patients we care for and for the newborns, children and young adults of the Commonwealth, CHICO seeks to evaluate the value of the care provided to our patients and to all of the state’s pediatric population in order to identify opportunities for improvement and sources of best practice. Populations we intend to focus on include various aspects of our primary care population (well, moderate complexity, very ill), populations of patients with specific conditions cared for primarily by specialty providers, and patients with complex conditions. For all of these populations we will study utilization data and all categories of medical and pharmacy expenses, as well as “episode” costs, including the care and services patients receive across all providers and payers, and over time (a holistic view), adjusting for health status as appropriate, and comparing care at Children’s and in CHICO with care across the state, accounting for care that may involve multiple provider systems.

Of particular importance will be the pediatric-specific focus of this work. The pediatric population of the state is poorly understood and presents significant differences from the adult population in many key areas. For example, in the adult world there are many adults with a few, well studied, well understood conditions (e.g., heart failure, stroke, dementia, etc.) and there are evidence based guidelines and tools to care for these patients. In contrast, the population of pediatric patients with complex conditions is

very heterogeneous; there are small numbers of children with many different complex and severe conditions (e.g., congenital defects, neurological and developmental impairments, physical disabilities, genetic and metabolic disorders, technology dependence, consequences of prematurity, etc.). Our pediatric-specific focused analyses using the APCD (and the greater number of such patients it includes) will allow us to better understand the opportunities to improve care and better the lives of these children and their families.

In addition, Chapter 224 prioritizes the implementation of Medicaid accountable care arrangements with the Commonwealth and the insights described above for the Medicaid population in particular will be quite helpful in identifying the opportunities to improve outcomes for this vulnerable population as we consider such opportunities.

We may also gain insight into the accuracy of health status adjustment for various pediatric-specific populations, potentially identifying ways to improve such adjustment for these populations in order to be more targeted in our efforts to improve care.

Please note that our data request is filtered for patients 26 years of age and under for males, but not for females because we want to have all data relevant to newborns, especially those admitted to the neonatal intensive care unit. Since the claims for these patients are often billed in the mother's name we need the data for all adult women in addition to the data on the 26 and under population.

If 2013 data is also available as of the time of our application we request data for 2013 for all the claim types indicated below, in addition to data for the years checked.

**II. FILES REQUESTED**

Please indicate the databases from which you seek data, the Level(s) and Year(s) of data sought.

ALL PAYER CLAIMS DATABASE	Level 1 <sup>1</sup> or 2 <sup>2</sup>	Single or Multiple Use	Year(s) Of Data Requested Current Yrs. Available 2009 - 2012
<input checked="" type="checkbox"/> Medical Claims	<input type="checkbox"/> Level 1 <sup>3</sup> <input checked="" type="checkbox"/> Level 2	Multiple	<input checked="" type="checkbox"/> 2009 <input checked="" type="checkbox"/> 2010 <input checked="" type="checkbox"/> 2011 <input type="checkbox"/> 2012
<input checked="" type="checkbox"/> Pharmacy Claims	<input checked="" type="checkbox"/> Level 2	Multiple	<input checked="" type="checkbox"/> 2009 <input checked="" type="checkbox"/> 2010 <input checked="" type="checkbox"/> 2011 <input type="checkbox"/> 2012
<input type="checkbox"/> Dental Claims	<input type="checkbox"/> Level 2	Select...	
<input checked="" type="checkbox"/> Member Eligibility	<input checked="" type="checkbox"/> Level 2	Multiple	<input checked="" type="checkbox"/> 2009 <input checked="" type="checkbox"/> 2010 <input checked="" type="checkbox"/> 2011 <input type="checkbox"/> 2012
<input checked="" type="checkbox"/> Provider	<input checked="" type="checkbox"/> Level 2	Multiple	
<input checked="" type="checkbox"/> Product	<input checked="" type="checkbox"/> Level 2	Multiple	

<sup>1</sup> Level 1 Data: De-identified data containing information that does not identify an individual patient and with respect to which there is no reasonable basis to believe the data can be used to identify an individual patient. This data is de-identified using standards and methods required by HIPAA.

<sup>2</sup> Level 2 (and above) Data: Includes those data elements that pose a risk of re-identification of an individual patient.

<sup>3</sup> Please note that Level 1 APCD data is not available as of 4/30/2014. This is scheduled to be available later in 2014.

CASEMIX	Level 1 - 6	Fiscal Years Requested
<b>Inpatient Discharge</b>	<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	<u>1998-2013 Available</u> (limited data 1989-1997) 2008-2013
<b>Outpatient Observation</b>	<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	<u>2002-2012 Available</u> (2013 available 8/1/14)  <u>2008-2013</u>
<b>Emergency Department</b>	<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; Stated Reason for Visit <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	<u>2000-2012 Available</u> (2013 available 9/1/14) <u>2008-2013</u>

**III. FEE INFORMATION**

Please consult the fee schedules for APCD (Administrative Bulletin 13-11) and Case Mix data (Administrative Bulletin 13-09) and select from the following options:

**APCD Applicants Only**

- Academic Researcher
- Others (Single Use)
- Others (Multiple Use)

**Case Mix Applicants Only**

- Single Use
- Limited Multiple Use
- Multiple Use

Are you requesting a fee waiver?

- Yes  
 No

If yes, please submit a letter stating the basis for your request. Please refer to the fee schedule 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.

#### IV. REQUESTED DATA ELEMENTS [APCD Only]

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. Please use the [APCD Data Specification Workbook](#) to identify which data elements you would like to request and attach this document to your application.

#### V. 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.

CHICO members (Boston Children's Hospital, Boston Children's Physicians' Organization (PO), and Pediatric Physicians' Organization at Childrens (PPOC)) are significant providers to children enrolled in MassHealth. Given the requirements of Chapter 224 that MassHealth enter into accountable care arrangements, CHICO is very likely to pursue a pediatric-specific Medicaid accountable care arrangement with the Commonwealth and the insights described above for the Medicaid population in particular will be quite helpful in identifying the opportunities to improve outcomes for this vulnerable population.

#### VI. REQUESTS PURSUANT TO 957 CMR 5.04

If you are a payer, provider, provider organization or researcher seeking access to Level 1 (de-identified) data, please describe how you will use such data for the purposes of lowering total medical expenses, coordinating care, benchmarking, quality analysis or other administrative research purposes. Please provide this information below.

n/a – De-identified data is not being requested at this time

**VII. FILTERS**

If you are requesting APCD elements from Level 2 or above, 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 projects.)

APCD FILE	DATA ELEMENT(S) FOR WHICH FILTERS ARE REQUESTED	RANGE OF VALUES REQUESTED
Medical Claims	Member DOB	Male patients <= 26 for each calendar year requested Female patients <=60 for each calendar year
Pharmacy Claims	Member DOB	Male patients <= 26 for each calendar year requested Female patients <=60 for each calendar year
Dental Claims		
Membership Eligibility	Member DOB	Male patients <= 26 for each calendar year requested Female patients <=60 for each calendar year
Provider		
Product		

**VIII. PURPOSE AND INTENDED USE**

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

The pediatric population of the state is poorly understood and presents significant differences from the adult population in many key areas. Our pediatric-specific focused analyses using the APCD will allow us to better understand the opportunities to improve care and better the lives of these children and their families. This work would be novel in the state and could be used to understand the impact of new payment models and care models in several vulnerable populations. This is especially important because there is a risk that the impact of the Commonwealth’s health reform on the pediatric population will go un-described, presenting a mixed-opportunity for the residents of our state and beyond.

2. **Attach** a brief (1-2 pages) description of your research methodology. (This description will not be posted on the internet CHICO’s analytic plan is attached.
3. 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:

CHICO has a robust analytics division with several years experience working with claims-based data. CHICO routinely uses claims data for our population, and for segments of our population, to track medical expenses, quality initiatives, and identify opportunities for cost and care management. Analytical capabilities include biostatisticians, health data analysts, clinical experts, and health economists.

2. 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**

1. Does your project require linking the CHIA Data to another dataset?  
 Yes  
 No
2. If yes, will the CHIA Data 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. Please be specific in describing which data elements will be linked to outside datasets and how this will be accomplished.

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

**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.

We do not anticipate this at this time.

2. 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.

We do not anticipate this at this time.

3. Will you use the data for consulting purposes?

- Yes
- No

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 describe the types of products, services or studies.

n/a
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**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.

**Not planned at this time.**

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

7. 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?      n/a

- Yes
- No

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

n/a
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9. Describe the qualifications of this agent or contractor to perform such tasks or deliver such products.

n/a
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