

**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:	Don Dornblaser
Title:	VP Technology
Organization:	WebMD Health Services Group, Inc.
Project Title:	WebMD/MA Hospital Data
Date of Application:	12/15/14
Project Objectives (240 character limit)	Utilize the MA hospital discharge data within 2 decision support products WebMD has in the marketplace that allow health plans, hospitals, consulting organizations, and consumers to understand how hospitals compare to each other based on resource utilization and quality measures
Project Research Questions (if applicable)	1. N/A 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.

WebMD has two decision support products in the marketplace that allow health plans, hospitals, consulting organizations, and consumers to understand how hospitals compare to each other based on resource utilization and quality measures.

WebMD does not intend to use the data for a particular research project or protocol but, as has been the case historically, will use the data in its hospital comparison software tools as further described below.

The first tool is professional-directed and typically used by WebMD's hospital, health plan, consultant and employer clients. WebMD refers to this tool as the "Professional Tool." WebMD loads the data into the Professional Tool which generates comparative summaries and reports based on available data fields. For example, users of the Professional Tool can specify patient demographic, financial, or clinical criteria (e.g., total discharges, ALOS, average charge, etc. by provider by service line), and then run reports, typically presented in rows and/or columns and using calculation options such as count or average. WebMD may add variables to the data such as DRGs based on the CMS grouper and APR-DRGs based on the 3M grouper. WebMD may add a feature to the Professional Tool whereby a user can calculate costs based on a Ratio of

Costs to Charges using each hospital's Medicare Cost Report submissions. Users of the Professional Tool can opt to look at aggregate results, or severity-adjusted data based on the aforementioned groupers as well as standard case weights. Finally, WebMD uses the data to calculate benchmarks (average, median and quartile) so that users can compare actual performance to a local, state, regional or national performance level. The Professional Tool allows for adjustments using Direct or Indirect Standardization based on user preference and report selected.

The second tool is consumer-directed and summarizes the record-level data into one of 161 mutually exclusive diagnoses and procedures defined by DRGs and ICD-9s. We refer to this tool as the "Consumer Tool". The Consumer Tool is typically purchased by health plans and large employers who host the Consumer Tool on their member/employer websites. For example, members of a health plan client may use the Consumer Tool to search for hospitals within X miles of a particular location, and then select up to 10 hospitals to compare and determine the relative importance of the measures including volume, risk-adjusted mortality, complications (AHRQ measures), severity-adjusted LOS, and severity-adjusted charges/case. Based on the selected 'rankings,' the Consumer Tool will display the results in the form of absolute rankings or quartiles (client preference), confidence intervals, and other results (e.g., relevant Leapfrog and CMS-HQA measures, network status, co-pay, etc.).

**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 type="checkbox"/> Medical Claims	<input type="checkbox"/> Level 1 <sup>3</sup> <input type="checkbox"/> Level 2	Select... ▼	<input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 <input type="checkbox"/> 2012
<input type="checkbox"/> Pharmacy Claims	<input type="checkbox"/> Level 2	Select... ▼	<input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 <input type="checkbox"/> 2012
<input type="checkbox"/> Dental Claims	<input type="checkbox"/> Level 2	Select... ▼	<input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 <input type="checkbox"/> 2012
<input type="checkbox"/> Member Eligibility	<input type="checkbox"/> Level 2	Select... ▼	
<input type="checkbox"/> Provider	<input type="checkbox"/> Level 2	Select... ▼	
<input type="checkbox"/> Product	<input type="checkbox"/> Level 2	Select... ▼	

<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
Inpatient Discharge	<input checked="" 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)  2013
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	<u>2002-2012 Available</u> (2013 available 8/1/14)
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; 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)

**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.

**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.

**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
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Medical Claims		
Pharmacy Claims		
Dental Claims		
Membership Eligibility		
Provider		
Product		

**VIII. PURPOSE AND INTENDED USE**

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

WebMD has two decision support products in the marketplace that allow health plans, hospitals, consulting organizations, and consumers to understand how hospitals compare to each other based on resource utilization and quality measures. These tools are described in more detail under Section I above.

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

WebMD has extensive experience in working with large comprehensive state and federal inpatient data sets, and expertise in the area of data security. WebMD regularly works with confidential data, including HIPAA-protected personal health information, in connection with its private portal business, and has in place appropriate security safeguards for handling and storing such data. Also, WebMD requires each of its employees to execute a confidentiality agreement, and also requires its employees to undergo annual HIPAA training that addresses data security practices.

Further, Health Share Technology, a wholly-owned subsidiary of WebMD, has been receiving and utilizing the discharge data in connection with the Consumer and Professional Tools for many years.

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 vvhich 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.

WebMD does not intend to publish the data for a particular research project or protocol but, as has been the case historically, will use the data in its hospital comparison software tools as further described below. The software tool assist consumers as well as organizations involved in providing and managing patient care, including health plans, hospitals and consulting organizations, in better understanding how hospitals compare to one another based on their relative resource utilization and quality measures.

- 1) The first tool is professional-directed and typically used by WebMD's hospital, health plan, consultant and employer clients. WebMD refers to this tool as the "Professional Tool." WebMD loads the data into the Professional Tool which generates comparative summaries and reports based on available data fields. For example, users of the Professional Tool can specify patient demographic, financial, or clinical criteria (e.g., total discharges, ALOS, average charge, etc. by provider by service line), and then run reports, typically presented in rows and/or columns and using calculation options such as count or average. WebMD may add variables to the data such as DRGs based on the CMS grouper and APR-DRGs based on the 3M grouper. WebMD may add a feature to the Professional Tool whereby a user can calculate costs based on a Ratio of Costs to Charges using each hospital's Medicare Cost Report submissions. Users of the Professional Tool can opt to look at aggregate results, or severity-adjusted data based on the aforementioned groupers as well as standard case weights. Finally,

WebMD uses the data to calculate benchmarks (average, median and quartile) so that users can compare actual performance to a local, state, regional or national performance level. The Professional Tool allows for adjustments using Direct or Indirect Standardization based on user preference and report selected.

- 2) The second tool is consumer-directed and summarizes the record-level data into one of 161 mutually exclusive diagnoses and procedures defined by DRGs and ICD-9s. WebMD refers to this tool as the "Consumer Tool". The Consumer Tool is typically purchased by health plans and large employers who host the Consumer Tool on their member/employer websites. For example, members of a health plan client may use the Consumer Tool to search for hospitals within X miles of a particular location, and then select up to 10 hospitals to compare and determine the relative importance of the measures including volume, risk-adjusted mortality, complications (AHRQ measures), severity-adjusted LOS, and severity-adjusted charges/case. Based on the selected 'rankings,' the Consumer Tool will display the results in the form of absolute rankings or quartiles (client preference), confidence intervals, and other results (e.g., relevant Leapfrog and CMS-HQA measures, network status, co-pay, etc.).

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.

It will not be publicly available. The only access is via secured log in to the Hospital performance monitoring tool

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.

See the description of the WebMD Professional Tool and Consumer Tool set forth above.

## 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.

Company Name:	n/a
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?

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

n/a
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