

**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:	Susan C. Moss
Title:	Director, Business Planning and Market Development
Organization:	Partners HealthCare System
Project Title:	Market Data Warehouse – Data update
Date of Application:	1/21/2015
Project Objectives (240 character limit)	PHS wants to use case mix data to understand the healthcare marketplace. It will aid in planning efforts aimed at efficient use of resources to improve population health. It will help us assess quality of care delivered through analysis of avoidable admissions and readmissions, support DON applications and clinical and facility planning, and help us understand the impact of population health management efforts on utilization.
Project Research Questions (if applicable)	<ol style="list-style-type: none"> 1. How are utilization patterns changing due to new models of care such as the Patient Centered Medical Home and Accountable Care Organizations? 2. Where are there high rates of potentially avoidable admissions, readmissions, and avoidable readmissions? 3. What is the impact of population health management? How can we evaluate how effectively utilization is distributed across different sites of care? 4. Who are our patients? Where are patients coming from? Where should we allocate scarce healthcare resources?

I. PROJECT SUMMARY

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

Partners HealthCare intends to use Case Mix Data for planning purposes and to help understand the healthcare marketplace in Massachusetts. Our plans will be focused on delivering the best health care we can while controlling total medical expense.

The healthcare market is changing rapidly. This data will help us understand how utilization patterns are changing due to new models of care such as the Patient Centered Medical Home and Accountable Care Organizations. Partners will use this data to better understand potentially avoidable admissions, readmissions, and avoidable readmissions, with the aim of increasing quality and efficiency. Partners also plans to use this data to understand the impact of population health management and to evaluate how effectively utilization is distributed across different sites of care.

For planning, this data will help us understand patient origin and market position, and help us determine where to allocate healthcare resources. For service-line and facility planning, it will help us understand service mix, length of stay, and the demographics profile of patient populations. This data will also provide critical support for any “Determination of Need” applications.

The following are examples of some of the uses to which the data will be put:

- Analyzing preventable admissions and readmissions
- Analyzing utilization of ED, observation and inpatient services
- Map services to population needs
- Analyze the reasons for use of EDs and identify geographies where urgent care may be provided in less expensive settings
- Comparing beds to patient days to identify capacity issues in a market
- Implementing quality monitoring with a new level of specificity
- Identifying utilization patterns for particular clinical services (e.g., cardiac, oncology, orthopedics), for a range of years
- Analyzing tertiary versus secondary case mix at particular hospitals
- Identifying patient origin for users of a particular clinical service
- Investigating the change in patient length of stay over time

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 ¹ or 2 ²	Single or Multiple Use	Year(s) Of Data Requested Current Yrs. Available 2009 - 2012
<input type="checkbox"/> Medical Claims	<input type="checkbox"/> Level 1 ³ <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"/> Level 2	Select... ▼	

¹ 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.

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

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

Product			
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CASEMIX	Level 1 - 6	Fiscal Years Requested
Inpatient Discharge	<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 checked="" 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	<p><u>1998-2013 Available</u> (limited data 1989-1997)</p> <p style="text-align: center;"><u>2013</u></p>
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 checked="" 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	<p><u>2002-2012 Available</u> (2013 available 8/1/14)</p> <p style="text-align: center;"><u>2013</u></p>
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 checked="" 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	<p><u>2000-2012 Available</u> (2013 available 9/1/14)</p> <p style="text-align: center;"><u>2013</u></p>

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
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.

Partners HealthCare intends to use Case Mix Data for planning purposes and to help understand the healthcare marketplace in Massachusetts. Our plans will be focused on delivering the best health care we can while keeping care affordable for our patients.

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

We use these data in a straightforward way. We report on trends in healthcare utilization (e.g., ER visits, Observation stays, Inpatient Discharges, Readmissions, Preventable Admissions and Readmissions) along the following dimensions: geographies; hospitals; doctors; diagnoses, procedures; and acuity.

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.

Health care utilization analysis is a core skill of the users who will have access to the information. These users have the education and experience to understand what the data mean and work in teams that include clinicians and administrators to apply the data to improving healthcare for the communities we serve.

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.)

First	Last
JENNY	ANDREWS
DONNA	ANTONELLI
ILMYRDE	BOSQUET* ♦
TAYLAN	BOZKURT
LYNNE	BROCCO
HELEN	CHAN
DERON	ESTES
BECKA	FRIEDMAN DESMIDT
SUSAN	MOSS ♦
MICHAEL	FRENI
TIFFANY	GAVIN
KATIE	GOULD
LISA-MARIE	GUZMAN ♦
FREDERICK	HAIGIS
MICHAEL	HUMPHREY*
ANTHONY	JENNINGS
SUSAN	KANANOVICH**
ROBERT	KANAN**
BRIAN	KEEFE
BRADLEY	KEITH
SARAH	KESSEL
ELIZABETH	LANGFORD
PIN-CHEN	LIN
JOHN	LLAMAS
SARA	LONG
STEVEN	LOVERING**

First	Last
DOUGLAS	MARPLE
GWEN	MCCOY
DENISE	MCFADDEN
EILEEN	MCLAUGHLIN
FRANK	MELANSON
WENDY	MORRIS**
LEIGH	MURRAY ♦
GEORGE	NISOTEL
PAUL	NORDBERG
BRIAN	O'DEA
DAN	PETERSON
TAVINDER	PHULL
MICHAEL	PIERCE
DEAN	SERRENTINO
AARTI	SHUKLA
ANDREW	SMITH ♦
NEIL	STOLZENBACH*
MELINDA	STYLOS-ALLAN
KERRIE	URBAN
LINDA	VIZY
CHRISTINE	VOGELI ♦
NORA	WELLS
Diane	O'Conner

Highlighted cells = new users since last application

♦ Denotes users with access to UHIN field

** Denotes data processors*

***Denotes users in the PHS Information Systems Department responsible for giving access and ensuring data security*

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.

The data is not used for publications, and will only be used internally.

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.

No.

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.

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:	Sg2
Contact Person:	Mike Humphrey
Title:	Regional Vice President
Address:	5250 Old Orchard Road Skokie, IL 60077
Telephone Number:	(847)779-5300
E-mail Address:	MHumphrey@sg2.com
Organization Website:	http://www.sg2.com/

Company Name:	Parallax Consulting
Contact Person:	Neil Stolzenbach
Title:	Partner
Address:	325 Wood Road, Suite 107, Braintree MA, 02184
Telephone Number:	(781)535-6004 ext. 228
E-mail Address:	ncs@parallax-consulting.com
Organization Website:	http://www.parallax-consulting.com/

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.

Sg2 is responsible for service line tagging, and for using the data to develop a custom utilization forecast for Massachusetts and Partners HealthCare. Parallax Consulting is responsible for extracting, transforming and loading data into the data warehouse.

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

Sg2, a firm with analytics-based health care expertise, helps hospitals and health systems integrate, prioritize and drive growth and performance across the continuum of care. Over 1,200 organizations around the world rely on Sg2's analytics, intelligence, consulting and educational services.

Parallax Consulting builds custom applications to meet a wide range of business and technology requirements for their clients.