

D applications

**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:	<u>Principal Investigators:</u> Peter Amico, PhD Gregory Pope, MS <u>Co-Investigators:</u> Norma Gavin, PhD Leslie Greenwald, PhD
Title:	(Amico) Research Economist, Program on Health Care Financing and Payment (Pope) Director, Program on Health Care Financing and Payment (Gavin) Senior Research Public Health Analyst, Health Coverage for Low Income and Uninsured Populations (SIM – Project Director) (Greenwald) Chief Scientist, Division of Health Services and Social Policy Research
Organization:	RTI, International
Project Title:	State Innovation Models (SIM) Initiative Evaluation: Independent Evaluation of the Group Insurance Commission's (GIC) Integrated-Risk Bearing Organization (IRBO)
Date of Application:	March 31, 2014
Project Objectives (240 character limit)	The purpose of this Centers for Medicare & Medicaid Services (CMS)-funded project is to perform an independent evaluation of the Commonwealth's Group Insurance Commission's (GIC) Integrated-Risk Bearing Organization (IRBO) initiative as part of the larger Massachusetts SIM grant. This initiative is one of the alternative payment methodologies being tested by the Commonwealth. We propose to perform a prospective cohort study with matched controls of the impact under risk-bearing contracts over time. We plan to apply for future releases of the APCD in order to track and evaluate the impact on care coordination,

	<p>overall expenditures, utilization, and quality of care.</p> <p>The matched comparison group will be composed of commercial patients in Massachusetts identified through propensity score modeling using the MA APCD Data. We will use the APCD data to calculate an independent benchmark of the providers and beneficiaries in each of the IRBOs, analyze the utilization patterns of IRBO assigned beneficiaries to their comparison group and perform additional analysis on service patterns in the Commonwealth.</p>
<p>Project Research Questions (if applicable)</p>	<ol style="list-style-type: none"> <li>1. What is the impact on expenditure and utilization for GIC IRBO assigned beneficiaries and how do they relate to the expenditure and utilization trends of the matched Massachusetts commercial population?</li> <li>2. What is the impact on quality and care coordination for GIC IRBO assigned beneficiaries and how do they compare to their matched comparison group?</li> <li>3. Is there any geographic difference in utilization, expenditures or care coordination between the assigned GIC IRBO beneficiaries and their matched controls?</li> </ol>

Please indicate if you are a Researcher, Payer, Provider, Provider Organization or Other entity and whether you are seeking data pursuant to [957 CMR 5.04](#) (De-identified Data), [957 CMR 5.05](#) (Direct Patient Identifiers for Treatment or Coordination of Care), or [957 CMR 5.06](#) (Discretionary Release).

<input checked="" type="checkbox"/> Researcher	<input type="checkbox"/> 957 CMR 5.04 (De-identified Data)
<input type="checkbox"/> Payer	<input type="checkbox"/> 957 CMR 5.05 (Direct Patient Identifiers)
<input type="checkbox"/> Provider / Provider Organization	<input checked="" type="checkbox"/> 957 CMR 5.06 (Discretionary Release)
<input type="checkbox"/> Other	

**II. PROJECT SUMMARY**

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

The purpose of this Centers for Medicare & Medicaid Services (CMS)-funded project is to independently evaluate the State Innovation Models (SIM) initiative to test whether new payment and service delivery models will produce superior results when implemented in a state-sponsored comprehensive state Health Care Innovation Plan. The Commonwealth’s GIC-IRBO initiative is testing an alternative payment methodology using the state’s purchase power to coordinate risk-bearing contracts with providers and

health plans. In Fiscal Year 2014, the GIC covers more than 232,000 members and almost 413,000 lives.

The requested APCD data will allow us to perform this independent evaluation, by both analyzing current beneficiary utilization trends and calculating a baseline to which compare to expenditures and beneficiary utilization after the initiative has been implemented.

**III. 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 <input checked="" type="checkbox"/> Level 2	Single	<input checked="" type="checkbox"/> 2009 <input checked="" type="checkbox"/> 2010 <input checked="" type="checkbox"/> 2011 <input checked="" type="checkbox"/> 2012
<input checked="" type="checkbox"/> Pharmacy Claims	<input type="checkbox"/> Level 1 <input checked="" type="checkbox"/> Level 2	Single	<input checked="" type="checkbox"/> 2009 <input checked="" type="checkbox"/> 2010 <input checked="" type="checkbox"/> 2011 <input checked="" type="checkbox"/> 2012
<input type="checkbox"/> Dental Claims <input checked="" type="checkbox"/> Member Eligibility <input checked="" type="checkbox"/> Provider <input checked="" type="checkbox"/> Product	<input type="checkbox"/> Level 2 <input checked="" type="checkbox"/> Level 2 <input checked="" type="checkbox"/> Level 2 <input checked="" type="checkbox"/> Level 2	Single Single Single Single	<input checked="" type="checkbox"/> 2009 <input checked="" type="checkbox"/> 2010 <input checked="" type="checkbox"/> 2011 <input checked="" type="checkbox"/> 2012

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>1998-2012 Available</u> (limited data 1989-1997)
<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)	<u>2002-2012 Available</u>

<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.

	<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	
<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>

**IV. 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.

**V. 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.

Please see Appendix A - APCD Data Specification Workbook to our Application. Note that the Dental Claims File has been left blank/untouched.

**VI. 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.

**VII. MEDICARE DATA**

Please indicate here 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) if the anticipated data recipient were to apply for the data from CMS directly. If you are requesting Medicare data, please explain how your research project is directed and partially funded by the state and describe in detail why your proposed project meets the criteria set forth in 45 CFR 164.512(i)(2)(ii). Applicants must describe how they will use the data and inform CHIA where the data will be housed. CHIA must be informed if the data has been physically moved, transmitted, or disclosed.

Applicants seeking Medicare data must complete a Medicare Request Form.

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. DIRECT PATIENT IDENTIFIERS<sup>3</sup>**

State and federal privacy laws may require the consent of Data Subjects prior to the release of any Direct Patient Identifiers. If you are requesting data that includes Direct Patient Identifiers, please provide documentation of patient consent or your basis for asserting that patient consent is not required.

We are not requesting Direct Patient Identifiers.

**IX. REQUESTS PURSUANT TO 957 CMR 5.04**

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<sup>3</sup> Direct Patient Identifiers. Personal information, such as name, social security number, and date of birth, that uniquely identifies an individual or that can be combined with other readily available information to uniquely identify an individual.

Payers, providers, provider organizations and researchers seeking access to Level 1 (de-identified) data are required to describe how they 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.

We are not requesting Level 1 Data.

**X. 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	N/A	0-64 years old, non-Medicaid, non-Medicare
Pharmacy Claims	N/A	0-64 years old, non-Medicaid, non-Medicare
Dental Claims	N/A	0-64 years old, non-Medicaid, non-Medicare
Membership Eligibility	N/A	0-64 years old, non-Medicaid, non-Medicare
Provider	N/A	0-64 years old, non-Medicaid, non-Medicare
Product	N/A	0-64 years old, non-Medicaid, non-Medicare

**XI. PURPOSE AND INTENDED USE**

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

We will perform analyses evaluating the impact of risk-based contracts on expenditures, utilization, quality and care coordination. These results will inform CMS and the Commonwealth of the strengths of the GIC-IRBO initiative. Our analyses may also inform areas which could benefit from improvement. These analyses could have federal implications as CMS considers how to scale the SIM grants.

These analyses will serve to educate SIM Design or Applicant states on advantages and disadvantages of various models based on evidence-based feedback from this report. This information and analysis on beneficiaries, providers, and expenditure and utilization trends will help them determine if an initiative, such as IRBOs, will be beneficial to take on in their state or how to modify the initiative to work in the context of their state’s health care industry taking into account relationships between beneficiaries, providers, and health plans.

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

Please see Appendix B - Research Methodology to our Application.

3. 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. See Appendix D – IRB Approval.
  - 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.

## XII. APPLICANT QUALIFICATIONS

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

Our project team is comprised of individuals very experienced with analyzing claims data, payment policies, and utilization metrics.

1. Mr. Greg Pope, the director of RTI’s Health Care Financing and Payment Program, has more than 25 years of experience in health economics and health policy research. His experience involves Medicare and commercial claims data, statistical modelling, and large-scale health policy programs. This project is focused on the independent evaluation of integrated risk-bearing organizations, and his research and management experience with accountable care organizations – including risk-sharing payment arrangements, patient assignment to organizations, and patient expenditure and utilization patterns will help guide and shape the comparison group propensity model and impact analysis of the implementation of these organizations.

2. Dr. Peter Amico, a health economist, has more than 5 years of experience in health services and health policy research. He is leading the independent evaluation of the SIM grant initiatives in the Commonwealth. He has extensive knowledge of the Commonwealth’s health care reforms, the health care industry in Massachusetts. He has led research and evaluation projects which focused on comparison group modeling, risk-adjustment, and alternative payment systems. He has experience analyzing Medicare claims and MarketScan commercial claims.

3. Dr. Norma Gavin, is a senior research public health analyst as well as the Project Director for the State Innovation Models Initiative Evaluation. She has knowledge of various health care market structures and the reforms being designed and tested therein, claims database and management, and health care utilization and expenditure analyses and trends. Her oversight and guidance to these analyses will give multi-state perspective and context to the pre- and post- SIM implementation analyses and results.

4. Dr. Leslie Greenwald, a chief scientist in the division of health services and social policy research at RTI, has more than 20 years of experience in conducting health services research. Her background and knowledge lies in the quantitative and qualitative research areas of managed care plans, health care reform initiatives, and alternative payment models. Her experiences will provide insights to the measurement and context of the GIC-IRBO SIM initiative.

2. 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.)

Please see Appendix C for our resumes.

**XIII. 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.

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

**XIV. 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 plan to present our results in a report prepared for CMS.

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.

CMS will determine the publication status of the internal report. At the time of this application, the results of our analysis will not be publically available.

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.

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**XV. 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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