

Non-Government Application for Massachusetts All-Payer Claims Data [Exhibit A: Data Application]

I. INSTRUCTIONS

This form is required for all Applicants, except Government Agencies as defined in [957 CMR 5.02](#). All Applicants must also complete the [Data Management Plan](#), attached to this Application. The Application and the Data Management Plan must be signed by an authorized signatory of the Organization. This Application and the Data Management Plan will be used by CHIA to determine whether the request meets the criteria for data release, pursuant to 957 CMR 5.00. Please complete the Application documents fully and accurately. Prior to receiving CHIA Data, the Organization must execute CHIA’s [Data Use Agreement](#). Applicants may wish to review that document prior to submitting this Application.

Before completing this Application, please review the data request information on CHIA’s website:

- [Data Availability](#)
- [Fee Schedule](#)
- [Data Request Process](#)

After reviewing the information on the website and this Application, please contact CHIA at apcd.data@state.ma.us if you have additional questions about how to complete this form.

All attachments must be uploaded to IRBNet with your Application. All Application documents can be found on the [CHIA website](#) in Word and in PDF format or on [IRBNet](#) in Word format. If you submit a PDF document, please also include a Word version in order to facilitate edits that may be needed.

Applications will not be reviewed until the Application and all supporting documents are complete and the required application fee is submitted. A [Fee Remittance Form](#) with instructions for submitting the application fee is available on the CHIA website and IRBNet. If you are requesting a fee waiver, a copy of the Fee Remittance Form and any supporting documentation must be uploaded to IRBNet.

II. ORGANIZATION AND INVESTIGATOR INFORMATION

Project Title:	Massachusetts MRI Price Variation
IRBNet Number:	
Organization Requesting Data:	Pioneer Institute for Public Policy Research
Organization Website:	www.pioneerinstitute.org
Authorized Signatory for Organization:	James Stergios
Title:	Executive Director
E-mail Address:	jstergios@pioneerinstitute.org
Address, City/Town, State, Zip Code:	185 Devonshire St, Suite 1101, Boston, MA 02110
Primary Investigator:	Scott Haller
Title:	Lovett C. Peters Fellow in Healthcare
E-mail Address:	shaller@pioneerinstitute.org
Telephone Number:	617-723-2277x215
Names of Co-Investigators:	Barbara Anthony, Josh Archambault
E-mail Addresses of Co-Investigators:	banthony@pioneerinstitute.org ; josh@pioneerinstitute.org

III. FEE INFORMATION

1. Consult the [Fee Schedule](#) for All-Payer Claims Database data and select one of the following options:

- Researcher
 Other
 Reseller

2. Are you requesting a fee waiver?

- Yes
 No

3. Complete and submit the [Fee Remittance Form](#). If requesting a fee waiver, submit a letter stating the basis for your request (if required). Please refer to the [Fee Schedule](#) (effective Feb 1, 2017) for fee waiver criteria.

IV. PROJECT INFORMATION

1. What will be the use of the CHIA Data requested? [Check all that apply]

- | | | |
|---|--|--|
| <input type="checkbox"/> Epidemiological | <input type="checkbox"/> Health planning/resource allocation | <input checked="" type="checkbox"/> Cost trends |
| <input type="checkbox"/> Longitudinal Research | <input type="checkbox"/> Quality of care assessment | <input type="checkbox"/> Rate setting |
| <input type="checkbox"/> Reference tool | <input checked="" type="checkbox"/> Research studies | <input type="checkbox"/> Severity index tool |
| <input type="checkbox"/> Surveillance | <input type="checkbox"/> Student research | <input type="checkbox"/> Utilization review of resources |
| <input type="checkbox"/> Inclusion in a product | <input type="checkbox"/> Other (describe in box below) | |

2. Provide a summary of the specific purpose and objectives of your Project. This may include research questions and/or business use Projects.

The primary goal of this project is to investigate MRI price variation in Massachusetts and attempt to understand the underlying causes of healthcare price variation. We want to be able to see what an average consumer would be charged, and pay, at hospitals and imaging centers across the state so that inferences can be made from demographics, geographic spread, and other factors.

3. Has an Institutional Review Board (IRB) reviewed your Project?

- Yes [If yes, a copy of the approval letter and protocol must be included with the Application package on IRBNet.]
 No, this Project is not human subject research and does not require IRB review.

4. **Research Methodology:** Applicants must provide either the IRB protocol or a written description of the Project methodology (typically 1-2 pages), which should state the Project objectives and/or identify relevant research questions. This document must be included with the Application package on IRBNet and must provide sufficient detail to allow CHIA to understand how the Data will be used to meet objectives or address research questions.

V. PUBLIC INTEREST

1. Briefly explain why completing your Project is in the public interest. *Uses that serve the public interest under CHIA regulations include, but are not limited to: health cost and utilization analysis to formulate public policy; studies that promote improvement in population health, health care quality or access; and health planning tied to evaluation or improvement of Massachusetts state government initiatives.*

This study will help provide insight into the pressing problem of healthcare price transparency, an issue currently being studied by a state legislative commission. By better understanding the variation in price, and patient responsibility, across the Commonwealth for this simple procedure, we can try to identify the causes of price variation and offer recommendations, which may inform coming policy changes, about how consumers can most efficiently allocate healthcare dollars for non-emergent outpatient procedures.

VI. DATASETS REQUESTED

1. Specify below the dataset(s) and year(s) of data requested for this Project, and provide your justification for requesting *each* dataset.

Medical Claims

2011 2012 2013 2014 2015

Describe how your research objectives require Medical Claims data:

The core analysis of this project revolves around analyzing medical claims data for the specific MRI procedure which was the focus of Pioneer's previous transparency surveys.

Pharmacy Claims

2011 2012 2013 2014 2015

Describe how your research objectives require Pharmacy Claims data:

Dental Claims

2011 2012 2013 2014 2015

Describe how your research objectives require Dental Claims data:

Member Eligibility

2011 2012 2013 2014 2015

Describe how your research objectives require Member Eligibility data:

Provider
 2011 2012 2013 2014 2015

Describe how your research objectives require Provider data:

Part of our analysis will center around pricing at different types of providers, and we would like to be able to match providers in the data with those that we have surveyed in our previous studies to see if quotes prices match actual prices.

Product
 2011 2012 2013 2014 2015

Describe how your research objectives require Product data:

2. All-Payer Claims Database data are refreshed and updated periodically and made available in Release Versions that contain the most recent five calendar years of data. As certain Project objectives may require future years of data not yet available, CHIA will consider requests for additional Release Versions of the *same data (i.e., same elements and files)* without the need to submit a new application. Please note that approved requests will be subject to applicable terms in the Data Use Agreement and fees for additional data. Please indicate below whether this is a one-time request, or if the described Project will require future Release Versions of data and if so, which Versions

One-Time **OR** 2016 2017 2018 2019 2020

VII. DATA ELEMENTS REQUESTED

State and federal privacy laws limit the release and use of Data to the minimum amount of data needed to accomplish a specific Project objective.

All-Payer Claims Database data is released in Limited Data Sets (LDS). All applicants receive the “Core” LDS, but may also request additional elements listed below for inclusion in their analyses. Requests for additional elements will be reviewed by CHIA to determine whether each represents the minimum data necessary to complete the specific Project objective.

For a full list of elements in the release (i.e., the core elements and additional elements), please refer to [release layouts](#), [data dictionaries](#) and similar documentation included on CHIA’s website.

1. Specify below which elements you are requesting in addition to the “Core” LDS, provide your justification for requesting each element.

Geographic Data

The geographic sub-divisions listed below are available for Massachusetts residents and providers only. Choose one of the following geographic options. *[For releases with 5 digit zip code, CHIA will apply a substance abuse filter which will remove all claims that include a substance abuse diagnosis or treatment.]*

<input type="checkbox"/> 3-Digit Zip Code (standard)	<input checked="" type="checkbox"/> 5-Digit Zip Code***
<p>***If requested, provide justification for requesting 5-Digit Zip Code. Refer to specifics in your methodology: One of the specific aims of this study is to examine geographic differences in price. Using 5-digit zip codes instead of 3-digit codes will allow us to examine geographic trends with greater specificity. This way we can define our own regions if necessary, based on demographics and socioeconomic factors that are not captured by 3-digit zip code regions.</p>	

Dates

Choose one option from the following options for dates:

<input type="checkbox"/> Year (YYYY) (Standard)	<input type="checkbox"/> Month (YYYYMM) ***	<input checked="" type="checkbox"/> Day (YYYYMMDD) *** [for selected data elements only]
<p>*** If requested, provide justification for requesting Month or Day. Refer to specifics in your methodology: We want to study cost trends associated with this particular MRI scan, and seeing if the same price is being consistently charged, or the nature of its variation across time, is important for us to be able to draw conclusions to our research questions. It is important to see how often the price is changing, and how much variation there is around that price.</p>		

National Provider Identifier (NPI)

Choose one of the following options for National Provider Identifier(s):

<input type="checkbox"/> Encrypted National Provider Identifier(s) (standard)	<input checked="" type="checkbox"/> Decrypted National Provider Identifier(s)***
<p>*** If requested, provide justification for requesting decrypted National Provider Identifier(s). Refer to specifics in your methodology: We have conducted multiple surveys in the past regarding the price of this specific procedure, and we need to be able to identify specific providers to see how they perform compared to the quotes that we received in our survey. Drawing conclusions about different kinds of providers is also an important part of this study which will be aided by this data.</p>	

VIII. MEDICAID DATA

1. Please indicate whether you are seeking Medicaid Data:

- Yes
 No

2. Federal law (42 USC 1396a(a)7) restricts the use of individually identifiable data of Medicaid recipients to uses that are directly connected to the administration of the Medicaid program. If you are requesting Medicaid Data, please describe, in the space below, why your use of the Data meets this requirement. Requests for 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. CHIA cannot release Medicaid Data without approval from MassHealth. This may introduce significant delays in the receipt of Medicaid Data.

IX. DATA LINKAGE

Data linkage involves combining CHIA Data with other data to create a more extensive database for analysis. Data linkage is typically used to link multiple events or characteristics within one database that refer to a single person within CHIA Data.

1. Do you intend to link or merge CHIA Data to other data?

Yes

No linkage or merger with any other data will occur

2. If yes, please indicate below the types of data to which CHIA Data will be linked. [Check all that apply]

Individual Patient Level Data (e.g. disease registries, death data)

Individual Provider Level Data (e.g., American Medical Association Physician Masterfile)

Individual Facility Level Data (e.g., American Hospital Association data)

Aggregate Data (e.g., Census data)

Other (please describe):

3. If yes, describe the dataset(s) to which the CHIA Data will be linked, indicate which CHIA Data elements will be linked and the purpose for each linkage.

Census data will be used to link CHIA Data with demographic factors, and the CMS registry will be used to link CHIA Data with individual providers.

4. If yes, for each proposed linkage above, please describe your method or selected algorithm (e.g., deterministic or probabilistic) for linking each dataset. If you intend to develop a unique algorithm, please describe how it will link each dataset.

These linkages will be deterministic.

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

This analysis will not focus on small scale individual patient factors, but rather on area level sociodemographic trends, the cost of care, and the care providers.

X. PUBLICATION / DISSEMINATION / RE-RELEASE

1. Describe your plans to publish or otherwise disclose CHIA Data, or any data derived or extracted from CHIA Data, in any paper, report, website, statistical tabulation, seminar, conference, or other setting. Any and all publication of CHIA Data must comply with CHIA's cell size suppression policy, as set forth in the Data Use Agreement. Please explain how you will ensure that any publications will not disclose a cell less than 11, and percentages or other mathematical formulas that in the display of a cell less than 11.

The data will be used to produce at least one report/white paper, and potentially multiple shorter blogs. The data will not be released directly, but our analysis of the data will be the focus of the work product. Qualitative analysis will be paired with data analysis to draw conclusions without using specific claims as examples. This study will not report patient counts but, as described in the methodology attachment, focuses on providers, aggregated patient effects, and the cost of care.

2. Do you anticipate that the results of your analysis will be published and/or made publically available? If yes, describe how an interested party will obtain your analysis and, if applicable, the amount of the fee, that the third party must pay.

Any and all reports that are created through our analysis of this data will be made available on Pioneer Institute's website at no charge.

3. Will you use CHIA Data for consulting purposes?

- Yes
 No

4. Will you be selling standard report products using CHIA Data?

- Yes
 No

5. Will you be selling a software product using CHIA Data?

- Yes
 No

6. Will you be reselling CHIA Data in any format?

- Yes
 No

If yes, in what format will you be reselling CHIA Data (e.g., as a standalone product, incorporated with a software product, by a subscription, etc.)?

7. If you have answered “yes” to questions 4, 5 or 6, please describe the types of products, services or studies.

8. If you have answered “yes” to questions 4, 5, or 6, what is the fee you will charge for such products, services or studies?

XI. APPLICANT QUALIFICATIONS

1. Describe your previous experience using claims data. This question should be answered by the primary investigator and any co-investigators who will be using the Data.

I, Scott Haller, Barbara Anthony, and Josh Archambault have no previous experience using or handling medical claims data. We have, however, engaged extensively in cost analysis in the past through our numerous healthcare price surveys (found on Pioneer Institute’s [website](#)). We will review claims analysis literature and the CHIA website for insight on best practices while handling claims data.

2. **Resumes/CVs:** When submitting your Application package on IRBNet, include résumés or curricula vitae of the principal investigator and co-investigators. (These attachments will not be posted on the internet.)

XII. USE OF AGENTS AND/OR CONTRACTORS

Please note: By signing this Application, the Organization assumes all responsibility for the use, security and maintenance of the CHIA Data by its agents, including but not limited to contractors.

Provide the following information for all agents and contractors who will have access to the CHIA Data. *[Add agents or contractors as needed.]*

AGENT/CONTRACTOR #1 INFORMATION	
Company Name:	
Company Website	
Contact Person:	
Title:	
E-mail Address:	
Address, City/Town, State, Zip Code:	
Telephone Number:	
Term of Contract:	

1. Describe the tasks and products assigned to the agent or contractor for this Project and their qualifications for completing the tasks.

2. Describe the Organization’s oversight and monitoring of the activities and actions of the agent or contractor for this Project, including how the Organization will ensure the security of the CHIA Data to which the agent or contractor has access.

3. Will the agent or contractor have access to or store the CHIA Data at a location other than the Organization’s location, off-site server and/or database?

- Yes
- No

4. If yes, a separate Data Management Plan **must** be completed by the agent or contractor.

AGENT/CONTRACTOR #2 INFORMATION	
Company Name:	
Company Website:	
Contact Person:	

Title:	
E-mail Address:	
Address, City/Town, State, Zip Code:	
Telephone Number:	
Term of Contract:	

1. Describe the tasks and products assigned to the agent or contractor for this Project and their qualifications for completing the tasks.

2. Describe the Organization's oversight and monitoring of the activities and actions of the agent or contractor for this Project, including how the Organization will ensure the security of the CHIA Data to which the agent or contractor has access.

3. Will the agent or contractor have access to or store the CHIA Data at a location other than the Organization's location, off-site server and/or database?

Yes

No

4. If yes, a separate Data Management Plan **must** be completed by the agent or contractor.

XIII. ATTESTATION

By submitting this Application, the Organization attests that it is aware of its data use, privacy and security obligations imposed by state and federal law *and* confirms that it is compliant with such use, privacy and security standards. The

Organization further agrees and understands that it is solely responsible for any breaches or unauthorized access, disclosure or use of CHIA Data, including, but not limited to, any breach or unauthorized access, disclosure or use by its agents.

Applicants approved to receive CHIA Data will be provided with Data following the payment of applicable fees and upon the execution of a Data Use Agreement requiring the Organization to adhere to processes and procedures designed to prevent unauthorized access, disclosure or use of data.

By my signature below, I attest: (1) to the accuracy of the information provided herein; (2) that the requested Data is the minimum necessary to accomplish the purposes described herein; (3) that the Organization will meet the data privacy and security requirements described in this Application and supporting documents, and will ensure that any third party with access to the Data meets the data use, privacy and security requirements; and (4) to my authority to bind the Organization.

Signature: (Authorized Signatory for Organization)	
Printed Name:	James Stergios, Executive Director Pioneer Institute

Attachments

A completed Application must have the following documents attached to the Application:

- 1. IRB approval letter and protocol (if applicable)
- 2. Research Methodology (if protocol is not attached)
- 3. CVs of Investigators
- 4. Data Management Plan (including one for each agent or contractor that will have access to or store the CHIA Data at a location other than the Organization’s location, off-site server and/or database)

Applications will not be reviewed until they are complete, including all attachments.

TRACKING TABLE (to be completed by CHIA staff only)	
Complete Application Received	
Application Fee Received	
Data Privacy Committee Review	
Data Release Committee Review	
Linkages Approved (as described)	
Approved for additional Release Versions	
Executive Director Approval	
Data Fee Received	
Date of First Audit	
Extract Number:	

Attachment #1 – IRB Approval Letter & Protocol or Research Methodology

