

Application for Massachusetts All-Payer Claims Data (Non-Government)

[Exhibit A – Data Application]

I. INSTRUCTIONS

This form is required for all Applicants, Agencies, or Organizations, hereinafter referred to as “Organization”, except Government Agencies as defined in [957 CMR 5.02](#), requesting protected health information. All Organizations must also complete the [Data Management Plan](#), and attach it to this Application. The Application and the Data Management Plan must be signed by an authorized signatory. 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](#). Organizations 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.

The Application and all attachments must be uploaded to IRBNet. All Application documents can be found on the [CHIA website](#).

Information submitted as part of the Application may be subject to verification during the review process or during any audit review conducted at CHIA’s discretion.

Applications will not be reviewed until the Application and all supporting documents are complete and the required application fee is received.

A [Fee Remittance Form](#) with instructions for submitting the application fee is available on the CHIA website. If you are requesting a fee waiver, a copy of the Fee Remittance Form and any supporting documentation must be uploaded to IRBNet. Please be aware that if your research is funded and under that funding you are required to release raw data to the funding source, you may not receive CHIA Data.

II. FEE INFORMATION

1. Consult the most current [Fee Schedule](#) for All-Payer Claims Database data.
2. After reviewing the Fee Schedule, if you have any questions about the application or data fees, contact apcd.data@state.ma.us.
3. If you believe that you qualify for a fee waiver, complete and submit the [Fee Remittance Form](#) and attach it and all required supporting documentation with your application. Refer to the [Fee Schedule](#) (effective Feb 1, 2017) for fee waiver criteria.
4. Applications will not be reviewed until the application fee is received.
5. Data for approved Applications will not be released until the payment for the Data is received.

III. ORGANIZATION & INVESTIGATOR INFORMATION

Project Title:	Behavioral Health Benchmarking
IRBNet Number:	Click here to enter text.
Organization Requesting Data (Recipient):	Rhode Island Office of the Health Insurance Commissioner
Organization Website:	ohic.ri.gov
Authorized Signatory for Organization:	Cory King
Title:	Chief of Staff
E-Mail Address:	cory.king@ohic.ri.gov
Telephone Number:	401-462-9658
Address, City/Town, State, Zip Code:	1511 Pontiac Avenue, Building 69-1, Cranston, RI 02920
Data Custodian: (individual responsible for organizing, storing, and archiving Data)	Jesse Eng
Title:	SAS Programmer
E-Mail Address:	jeng@healthmanagement.com
Telephone Number:	(602) 466-9840
Address, City/Town, State, Zip Code:	2398 East Camelback Road, Suite 840, Phoenix, AZ 85016
Primary Investigator (Applicant): (individual responsible for the research team using the Data)	Cory King
Title:	Chief of Staff
E-Mail Address:	Cory.king@ohic.ri.gov
Telephone Number:	401-462-9658
Address, City/Town, State, Zip Code:	1511 Pontiac Avenue, Building 69-1, Cranston, RI 02920
Names of Co-Investigators:	Mark Podrazik and Jesse Eng
E-Mail Addresses of Co-Investigators:	mpodrazik@healthmanagemnt.com jeng@healthmanagement.com

IV. PROJECT INFORMATION

IMPORTANT NOTE: Organization represents that the statements made below as well as in any study or research protocol or project plan, or other documents submitted to CHIA in support of the Data Application are complete and accurate and represent the total use of the CHIA Data requested. Any and all CHIA Data released to the Organization under an approved application may ONLY be used for the express purposes identified in this section by the Organization, and for no other purposes. Use of CHIA Data for other purposes requires a separate Data Application to CHIA written request to CHIA, with approval being subject to CHIA's regulatory restrictions and approval process. Unauthorized use is a material violation of your institution's Data Use Agreement with CHIA.

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 type="checkbox"/> Research studies | <input type="checkbox"/> Severity index tool (or other derived input) |
| <input type="checkbox"/> Surveillance | <input type="checkbox"/> Student research | <input checked="" type="checkbox"/> Utilization review of resources |

- Inclusion in a product Other (describe in box below)

[Click here to enter text.](#)

2. Provide an abstract or brief summary of the specific purpose and objectives of your Project. This description should include the research questions and/or hypotheses the project will attempt to address, or describe the intended product or report that will be derived from the requested data and how this product will be used. Include a brief summary of the pertinent literature with citations, if applicable.

The State of Rhode Island is conducting an analysis benchmarking our behavioral health spending to patterns and trends in other States. Our request is consistent with the goals of the Triple Aim; by looking at spending based on restrictive settings of care to inform future policy goals. We are writing to formally request Commercial and Medicaid claims data for 2017, 2018, and 2019, inclusive of the following data components:

- Claims where last service date (medical) or prescription filled date (pharmacy) in the range 2017-01-01 to 2019-12-31
- Claims detail for all services, including hospital, outpatient hospital and professional services.
- Eligibility file data to validate and aggregate member months totals by carrier and by month.

The data will be used to answer the following policy questions:

1. Quantify what percent of health care spend is on behavioral health services?
2. Within the behavioral health spend, what ratio is spent on less restrictive services, such as community-based outpatient, and how much is spent on more restrictive services, such as inpatient and ED? How does this ratio compare across mental health and substance use?
3. Understand the impact of behavioral health spending on behavioral health outcomes and cost – what key outcome measures correlate with changes in spending on different types of behavioral healthcare?

The State of Rhode Island is partnering with consultants Faulkner Consulting Group and Health Management Associates to answer these questions.

The final deliverable will be a summary report that compares the percent of behavioral health spend against total health care spend by major payer category within each state. The analytic team will also distinguish behavioral health expenditures based on provider type and place of service (e.g., hospital, IMD, community providers). A report will be released to the public on the Rhode Island Insurance Commissioner's website. It is anticipated that individual states will be identified in the summary tables shown, but the individual commercial payers from each state will not be identified in the report. Rather, the commercial payers will be labeled as Commercial Payer #1, Commercial Payer #2, etc. The Medicaid and Medicare (if available from a state) categories will be separately identified.

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:** Applications must include 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.

Data from CHIA will be read into SAS for analytic purposes. Upon intake, the data will be queried to segment service utilization separately billed on institutional claim type, professional claim type, and pharmacy claim type. Dental claims will not be examined. Utilization from each claim type will be segmented based on date of

service to isolate services delivered in Calendar Years 2017, 2018, and 2019 separately. Utilization data will be filtered to include paid claims/encounters only.

The analytic team will work with CHIA to determine the best approach to compile data submitted by individual payers. Two large payer groups will be used in the analysis—Medicaid and private commercial insurers. For the commercial insurers, data will be segmented into individual insurers representing the majority of the commercial market in Massachusetts with a final category representing the combination of all lower-volume commercial payers. Although the segmentation by major commercial payer will be conducted during the analytic process for data validation purposes, any commercial data will only be reported in a public document out unifying all commercial payers together. No individual commercial payer will be identified.

The total enrollment months will be tabulated by major payer for adults and children/adolescents (defined as age 18 and under) by month for Calendar Years 2017, 2018, and 2019 in order to compute per member per month payments for service utilization. Each enrolled member in a health plan will also be tagged with a gender flag and an age flag (age 0-3, age 4-9, age 10-18, age 19-50, age 51-64, age 65 and over).

The primary diagnosis field on the institutional and professional claims will be interrogated to identify services where the principal diagnosis is mental health (MH). Individual claims will be tagged with a MH marker. A pre-determined list of MH diagnosis codes will be used to complete this task. This includes ICD-10 diagnoses between F01 and F69 (includes all diagnoses that start with this nomenclature), F90 and F99, X710 and X838, 2900 and 3149, E9550 and E9559, E9580 and E9589 or Diagnosis = E9518, E9520, E9528, E9529, E9500, E9511, E9530, E9531, E9538, E9539, E954, E956, E9570, E9571, E9572, E9579, E959, V6284. Pharmacy scripts will also be tagged with a MH marker. The analytic team will use CHIA's pre-defined list of MH NDCs to complete this task.

Once claims/encounters are tagged with the MH flag, the total payments for MH services will be totaled for institutional claim services, professional claim services, and pharmacy scripts by Calendar Year and by payer. Payments will then be further segmented by gender and by age group. Using the member months previously summed, a per member per month value for MH service expenditures will be computed by payer/year/gender and by payer/year/age group. Separately, the total payments for all services in the study—including the MH services—will be totaled in the same manner. A total per member per month value for all service expenditures will be computed in the same manner. Then, the MH PMPM will be computed as a percentage of the total service PMPM for each cohort population, payer and calendar year. A dashboard report will be produced to compare the PMPM values and percentage that MH services represent of total services for institutional claim services, professional claims services, pharmacy scripts, and all three combined. This will be reported out by major payer (Medicaid, All Commercial), by year, by gender, and by age group. It is understood that substance use disorder service claims are not in the data. As a result, if MH services appear on the same claim as SUD services, these data will also not be in the dataset provided.

V. PUBLIC INTEREST

1. Briefly explain why completing this Project is in the public interest. Use quantitative indicators of public health importance where possible, for example, numbers of deaths or incident cases; age-adjusted, age-specific, or crude rates; or years of potential life lost. *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.*

The Rhode Island Office of the Insurance Commissioner is interested in understanding the percent of total expenditures for behavioral health services as compared to all covered services in the state. This analysis will be examined by each major payer type (Medicaid, Medicare and Commercial) and for high-volume payers within the Commercial category. In addition to understand the volume and variation across payers within Rhode Island, the Commissioner's Office is interested in understanding how Rhode Island payers compare to other state payers within each category.

As a result, Rhode Island has outreached to other states with All Payer Claims Databases to determine the availability of data for use in a state-by-state analysis. Other than providing the authority to release the data to conduct the analysis, there is no additional level of effort asked of the other states.

VI. DATASETS REQUESTED

The Massachusetts All-Payer Claims Database is comprised of medical, pharmacy, and dental claims and information from the member eligibility, provider, and product files that are collected from health insurance payers licensed to operate in the Commonwealth of Massachusetts. This information encompasses public and private payers as well as data from insured and self-insured plans. APCD data are refreshed and updated annually and made available to approved data users in Release Versions that contain five calendar years of data and three months of run-out. For more information about APCD Release Versions, including available years of data and a full list of elements in the release please refer to release layouts, data dictionaries and similar documentation included on [CHIA's website](#).

Data requests are typically fulfilled on a one time basis, however; certain Projects may require future years of data that will become available in a subsequent release. Projects that anticipate a need for future years of data may request to be considered for a subscription. Approved subscriptions will receive, upon request, the same data files and data elements included in the initial Release annually or as available. Please note that approved subscription requests are subject to the Data Use Agreement, will require payment of fees for additional Data for Non-Government Entities, and subject to the limitation that the Data can be used only in support of the approved Project.

1. Please indicate below whether this is a one-time request, or if the described Project will require a subscription.

One-Time Request **OR** Subscription

2. Select Release Version and years of data requested (Release Versions and years not listed are not available).

<input type="checkbox"/> Release Version 8.0	<input type="checkbox"/> Release Version 10.0
<input type="checkbox"/> 2014	<input type="checkbox"/> 2015
<input type="checkbox"/> 2015	<input type="checkbox"/> 2016
<input type="checkbox"/> 2016	<input checked="" type="checkbox"/> 2017
<input checked="" type="checkbox"/> 2017	<input checked="" type="checkbox"/> 2018
<input checked="" type="checkbox"/> 2018	<input checked="" type="checkbox"/> 2019
	<input type="checkbox"/> 2020

3. Specify below the data files requested for this Project, and provide your justification for requesting each file.

Medical Claims

Describe how your research objectives require Medical Claims data: As part of our state-by-state analysis, we require BH medical claims data in order to understand the percent of total expenditures for behavioral health services as compared to all covered services in MA versus Rhode Island.
<input checked="" type="checkbox"/> Pharmacy Claims
Describe how your research objectives require Pharmacy Claims data: As part of our state-by-state analysis, we require BH pharmacy claims data in order to understand the percent of total expenditures for behavioral health services as compared to all covered services in MA versus Rhode Island.
<input type="checkbox"/> Dental Claims
Describe how your research objectives require Dental Claims data: Click here to enter text.
<input checked="" type="checkbox"/> Member Eligibility
Describe how your research objectives require Member Eligibility data: The member eligibility file will be used to compute total enrollment months at the person level for each of the three years of the study in order to compute per member per month metrics across the statewide and subpopulations in the study.
<input type="checkbox"/> Provider
Describe how your research objectives require Provider data: Click here to enter text.
<input type="checkbox"/> Product
Describe how your research objectives require Product data: Click here to enter text.

VII. DATA ENHANCEMENTS REQUESTED

State and federal privacy laws limit the release and use of CHIA 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 Organizations receive the “Core” LDS, but may also request the data enhancements listed below for inclusion in their analyses. Requests for enhancements 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 enhancements you are requesting in addition to the “Core” LDS, provide your justification for requesting each enhancement.

a. Geographic Subdivisions

The geographic subdivisions listed below are available for Massachusetts residents and providers only. Select one of the following options.

<input checked="" type="checkbox"/> 3-Digit Zip Codes (standard)	<input type="checkbox"/> 5-Digit Zip Codes***
***If requested, provide justification for requesting 5-Digit Zip Code. Refer to specifics in your methodology: Click here to enter text.	

b. Date Resolution

Select one option from the following options.

<input type="checkbox"/> Year (YYYY) (Standard)	<input checked="" type="checkbox"/> Month (YYYYMM) ***	<input type="checkbox"/> Day (YYYYMMDD) *** [for selected data elements only]
*** If requested, provide justification for requesting Month or Day. Refer to specifics in your methodology: This is needed for our per member pre month analysis.		

c. National Provider Identifier (NPI)

Select one of the following options.

<input type="checkbox"/> Encrypted National Provider Identifiers (standard)	<input type="checkbox"/> Decrypted National Provider Identifiers***
*** If requested, provide justification for requesting decrypted National Provider Identifier(s). Refer to specifics in your methodology: Click here to enter text.	

VIII. MEDICAID (MASSHEALTH) 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 MassHealth Data, please describe, in the space below, why your use of the Data meets this requirement. *Your description should focus on how the results of your project could be used by the Executive Office of Health and Human Services in connection with the administering the MassHealth program.* Requests for MassHealth 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 MassHealth program. CHIA cannot release MassHealth Data without approval from MassHealth. This may introduce significant delays in the receipt of MassHealth Data.

The data requested will be utilized in order to understand the percent of total expenditures for behavioral health services as compared to all covered services in Massachusetts versus Rhode Island. We are working in collaboration with the Massachusetts EOHHS in order to offer a comparison of behavioral health Medicaid expenditures on a per member per month basis for the child/adolescent and adult populations discretely in order to compare these data between the experience in MassHealth and Rhode Island's Medicaid program. Further, we intend to work with the Insurance Commissioner's office in Massachusetts to compare behavioral health expenditures on a per member per month basis in the commercial market between Rhode Island and

Massachusetts. For both the Medicaid and commercial market results, our per member per month computations will examine expenditures delivered by institutional providers vs professional services.

3. Organizations approved to receive Medicaid Data will be required to execute a [Medicaid Acknowledgment of Conditions](#). MassHealth may impose additional requirements on applicants for Medicaid Data as necessary to ensure compliance with federal laws and regulations regarding Medicaid.

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.

Click here to enter text.

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.

Click here to enter text.

5. If yes, attach or provide below a complete listing of the variables from all sources to be included in the final linked analytic file.

Click here to enter text.

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

Click here to enter text.

X. PUBLICATION / DISSEMINATION / RE-RELEASE

1. Do you anticipate that the results of your analysis will be published or made publicly available? If so, how do you intend to disseminate the results of the study (e.g.; publication in professional journal, poster presentation, newsletter, web page, seminar, conference, statistical tabulation)? 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 result in the display of a cell less than 11.

The final deliverable will be a summary report that compares the percent of behavioral health spend against total health care spend by major payer category within each state.

2. Describe your plans to use or otherwise disclose CHIA Data, or any Data derived or extracted from such Data, in any paper, report, website, statistical tabulation, seminar, or other setting that is not disseminated to the public.

The analytic team will distinguish behavioral health expenditures based on provider type and place of service (e.g., hospital, community providers). A report will be released to the public on the Rhode Island Insurance Commissioner's website. It is anticipated that individual states will be identified in the summary tables shown, but the individual commercial payers from each state will not be identified in the report. Rather, the commercial payers will be labeled as Commercial Payer #1, Commercial Payer #2, etc. The Medicaid and Medicare (if available from a state) categories will be separately identified.

3. What will be the lowest geographical level of analysis of data you expect to present for publication or presentation (e.g., state level, city/town level, zip code level, etc.)? Will maps be presented? If so, what methods will be used to ensure that individuals cannot be identified?

The lowest level of geographical analysis will be at the state level. Maps will not be presented.

4. Will you be using CHIA Data for consulting purposes?

- Yes
 No

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

- Yes
 No

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

- Yes
 No

7. Will you be using CHIA Data as in input to develop a product (i.e., severity index tool, risk adjustment tool, reference tool, etc.)

- Yes
 No

8. Will you be reselling CHIA Data in any format not noted above?

- Yes
 No

If yes, in what format will you be reselling CHIA Data?

N/A

9. If you have answered “yes” to questions 5, 6, 7 or 8, please provide the name and a description of the products, software, services, or tools.

N/A

10. If you have answered “yes” to questions 5, 6, 7 or 8, what is the fee you will charge for such products, software, services or tools?

N/A

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.

The Primary Investigator’s contracted consultants have worked primarily with State Medicaid Agencies in the last 25 years in various capacities, but most often on rate setting, fiscal modeling, and program evaluation projects. Through this work, Rhode Island’s consulting team have utilized large, multi-year claim/encounter and Medicaid enrollment files for 14 Medicaid agencies. Also, the consulting team and named Custodian of the data have housed and used claims from two other state’s All Payer Claims Databases.

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

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. The Organization must have a written agreement with the agent of contractor limiting the use of CHIA Data to the use

approved under this Application as well as the privacy and security standards set forth in the Data Use Agreement. CHIA Data may not be shared with any third party without prior written consent from CHIA, or an amendment to this Application. CHIA may audit any entity with access to CHIA Data.

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:	Health Management Associates
Company Website	Healthmanagement.com
Contact Person:	Joshua Henry
Title:	Information Security Administrator
E-mail Address:	jhenry@healthmanagement.com
Address, City/Town, State, Zip Code:	120 North Washington Square, Suite 705, Lansing, MI, 48933
Telephone Number:	517-318-4804
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.

The Contractor will analyze the claims utilization in the APCD to sum total medical payments and pharmacy payments by major payer (Medicare, Medicaid, and all Commercial payers combined). From this universe of data, a subset of the data will be identified using diagnosis codes to flag mental health services. Pharmacy claims will be identified as mental health using CHIA's mapping of mental health pharmacy. Summary reports will be created to track mental health expenditures as a percent of total medical and pharmacy expenditures by major payer. These results will also be filtered separately for the child and adult populations. Using the enrollment data from the APCD, per member per month costs for mental health services will be compared between the Medicaid and Commercial populations. Rhode Island's contracted consultants have completed this analysis already using two other state APCDs.

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.

Rhode Island's consultants (the Organization) has established requirements, under bound signatures, that the Contractor maintains its own APCD data behind a secure firewall on its server. The Custodian from the Contractor responsible for the Organization's APCD data only accesses the dataset within the secure server environment. Data is not downloaded onto drives external to the server. The Organization will ensure that this practice is established for CHIA data as well.

3. Will the agent or contractor have access to and 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 #1 INFORMATION	
Company Name:	Click here to enter text.
Company Website	Click here to enter text.
Contact Person:	Click here to enter text.
Title:	Click here to enter text.
E-mail Address:	Click here to enter text.
Address, City/Town, State, Zip Code:	Click here to enter text.
Telephone Number:	Click here to enter text.
Term of Contract:	Click here to enter text.

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

The Contractor will analyze the claims utilization in the APCD to sum total medical payments and pharmacy payments by major payer (Medicaid and all Commercial payers combined). From this universe of data, a subset of the data will be identified using diagnosis codes to flag mental health services. Pharmacy claims will be identified as mental health using CHIA's mapping of mental health pharmacy. Summary reports will be created to track mental health expenditures as a percent of total medical and pharmacy expenditures by major payer. These results will also be filtered separately for the child and adult populations. Using the enrollment data from the APCD, per member per month costs for mental health services will be compared between the Medicaid and Commercial populations. Rhode Island's contracted consultants have completed this specific analysis already using two other state APCDs and similar studies for six other State Medicaid Agencies.

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.

The Organization has established requirements, under bound signatures, that the Contractor maintains its own APCD data behind a secure firewall on its server. The Custodian from the Contractor responsible for the Organization's APCD data only accesses the dataset within the secure server environment. Data is not downloaded onto drives external to the server. The Organization will ensure that this practice is established for CHIA data as well.

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.

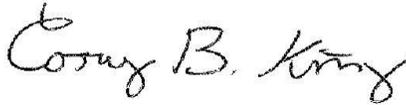
[INSERT A NEW SECTION FOR ADDITIONAL AGENTS/CONTRACTORS AS NEEDED]

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 any third party to which it grants access.

Organizations 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) this research is not funded by a source requiring the release of raw data to that source; (3) that the requested Data is the minimum necessary to accomplish the purposes described herein; (4) 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 (5) to my authority to bind the Organization.

Signature: (Authorized Signatory for Organization)	
Printed Name:	Cory B. King
Title:	Chief of Staff, RI Office of the Health Insurance Commissioner
Date:	2/16/2022.

Attachments:

A completed Application must have the following documents attached to the Application or uploaded separately to IRBNet:

- 1. IRB approval letter and protocol (if applicable), or research methodology (if protocol is not attached)
- 2. 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);
- 3. CVs of Investigators (upload to IRBNet)

APPLICATIONS WILL NOT BE REVIEWED UNTIL THEY ARE COMPLETE, INCLUDING ALL ATTACHMENTS.