

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:	Strategic Planning and Business Development Analytics with CHIA Massachusetts All Payer Claims Database
IRBNet Number:	1964623-1
Organization Requesting Data (Recipient):	Baystate Health
Organization Website:	https://www.baystatehealth.org/
Authorized Signatory for Organization:	Judith Ward
Title:	Vice President
E-Mail Address:	Judith.Ward@baystatehealth.org
Telephone Number:	(413) 794-7651
Address, City/Town, State, Zip Code:	280 Chestnut St, Springfield, MA 01199
Data Custodian: (individual responsible for organizing, storing, and archiving Data)	Rian You
Title:	Senior Data Analyst Strategy
E-Mail Address:	Rian.you@baystatehealth.org
Telephone Number:	(413)794-7744
Address, City/Town, State, Zip Code:	280 Chestnut St, Springfield, MA, 01199
Primary Investigator (Applicant): (individual responsible for the research team using the Data)	Rian You
Title:	Senior Data Analyst Strategy
E-Mail Address:	Rian.you@baystatehealth.org
Telephone Number:	(413)794-7744
Address, City/Town, State, Zip Code:	280 Chestnut St, Springfield, MA, 01199
Names of Co-Investigators:	Melissa Bauman
E-Mail Addresses of Co-Investigators:	Melissa.Bauman@baystatehealth.org

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 **or** written request to CHIA, with approval being subject to CHIA’s regulatory restrictions and approval process. Unauthorized use is a material violation of your Organizations’s Data Use Agreement with CHIA.

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

- Epidemiological
- Longitudinal Research
- Reference tool
- Surveillance
- Inclusion in a product
- Health planning/resource allocation
- Quality of care assessment
- Research studies
- Student research
- Other (describe in box below)
- Cost trends
- Rate setting
- Severity index tool (or other derived input)
- Utilization review of resources

Market Analysis

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 CHIA data requested will inform Baystate Health's 5-year strategic planning. Baystate Health will use this data to

1. Assess market demand and utilization trends in order to properly adjust and allocate resources and ultimately to enhance and support patient experience and population health while decreasing costs.
2. Identify current and historic community health care needs and potential future demands.
3. Understand the age, geographic catchment area so that we can most appropriately tailor our programs to serve the region.
4. Identify gaps in the health care market that Baystate Health could be best positioned to fill to make an even greater impact on the lives of patients in Western Massachusetts.
5. Identify areas for quality and access improvement
4. Inform us of other providers in the market offering similar or complementary services that Baystate Health could partner with to make a greater impact.

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.

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.*

Baystate Health is committed to delivering cost-effective healthcare services that meet the needs of the communities and populations we serve. To achieve this objective, our department conduct comprehensive market analyses on an ongoing basis that are not limited to any specific project. The CHIA All-Payer Claims Databases will be a vital tool in our efforts, allowing us to gain a better understanding of the healthcare demands in Western Massachusetts and the state as a whole. We will use this data internally to inform executive-level decision-makers throughout our organization and to plan for future healthcare services. As healthcare services increasingly shift from inpatient to outpatient, the APCD will provide valuable insights into this trend. By filtering patient-level data based on factors such as age, gender, and zip code, we can generate more targeted and comprehensive population health statistics, usage metrics, and measures. This will enable us to make informed decisions about healthcare services that are cost-effective and responsive to the needs of our communities. In summary, completing this project will benefit the public by helping us to provide high-quality, cost-effective healthcare services that meet the needs of our communities.

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 fully-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 may not be available).

ANNUAL RELEASE 2020

- 2016
- 2017
- 2018
- 2019
- 2020

ANNUAL RELEASE 2021

- 2017
- 2018
- 2019
- 2020
- 2021

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

<input checked="" type="checkbox"/> Medical Claims
Describe how your research objectives require Medical Claims data: The objectives of our project require access to medical claims data to analyze utilization, costs, and outcomes of healthcare services for the population in western MA that we serve. This information is essential for making informed decisions about resource allocation and program development, by understanding how market demand has evolved over the last five years. In addition, the medical claims data can identify gaps in the market and potential areas for growth, which will help us conduct market analysis.
<input type="checkbox"/> Pharmacy Claims
Describe how your research objectives require Pharmacy Claims data: Click here to enter text.
<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:

Continuous enrollment in a health insurance plan or program can be challenging for patients with medical complexity, particularly those using Medicaid. Therefore, we are requesting access to member eligibility data to understand trends in health plan enrollment for a given population and identify opportunities to improve access to care, reduce health disparities, and optimize patient outcomes. Additionally, this information is critical for Baystate Health to better understand any trends in insurance enrollment/disenrollment over time that may impact Baystate’s patient population and future program design.

Provider

Describe how your research objectives require Provider data:

We are requesting access to the provider file in order to better understand the healthcare landscape and identify other providers who are offering similar or complementary services. This information is essential for Baystate Health to determine how to best partner with those practices and make a greater impact on the community we serve.

Product

Describe how your research objectives require Product data:

We are requesting access to the product file in order to analyze whether members are utilizing medical care through Commercial, Medicaid, or other forms of coverage. Service utilization patterns can vary significantly based on the type of insurance carried by members. By examining distinct trends and needs within the payer subpopulations, *e.g.*, Medicaid *etc.*, we can better assess and configure our services to meet the needs of the community we serve.

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

ZIP code and state geographic subdivisions are available for Massachusetts residents and providers only. Small population ZIP codes are combined with larger population ZIP codes. One ZIP Code per person (MEID) per year has been assigned based on the ZIP code/state reported in the member eligibility record’s earliest submission year month. If the record does not have an MEID, assignment is based on distinct OrgID/Carrier Specific Unique Member ID.

Non-Massachusetts ZIP codes and state codes except for CT, MA, ME, NH, NY, RI, and VT are suppressed.

Select one of the following options.

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

5-digit zip codes provide more accurate insights and enable targeting and addressing of population and public health issues in the community we serve. In contrast, 3-digit zip codes limit insights to a much larger area, making it impractical to drill down to specific zip codes and understand healthcare utilization for patients from a particular city or region. For instance, if we aimed to comprehend ED or health center utilization for patients residing in the city of Springfield, using a 3-digit zip code would only allow us to view the data at an aggregate level. On the other hand, by utilizing 5-digit zip codes, we could drill down to specific zip codes in metro Springfield and gain a more granular understanding of the utilization patterns for these healthcare services.

b. Date Resolution

Select one option from the following options.

<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: In the context of value-based care, it is essential to have a clear understanding of why patients are admitted to the hospital, the duration of their stay, and whether they experience re-admissions. Lack of length of stay (LOS) and date information makes it difficult to identify these details, especially in the case of low-acuity preventable admissions or re-admissions.</p>		

c. National Provider Identifier (NPI)

Select one of the following options.

<input type="checkbox"/> Encrypted National Provider Identifiers (standard)	<input checked="" type="checkbox"/> Decrypted National Provider Identifiers***
<p>*** If requested, provide justification for requesting decrypted National Provider Identifier(s). Refer to specifics in your methodology: Another crucial aspect in the context of value-based care is understanding which healthcare providers are caring for patients. The decrypted National Provider Identifier (NPI) allows us to link physician information and generate actionable insights regarding the implementation or sharing of best practices. For instance, if two physicians at the same hospital care for similar patient populations and one consistently achieves better outcomes (such as lower LOS, fewer readmissions, etc.), we may investigate to see if there are best practices that could be shared across other areas.</p>	

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.

MassHealth data is crucial for this project, as a significant portion of Baystate Health's patient population comprises Medicaid beneficiaries. Accurately understanding the healthcare needs of this population and incorporating this information into our strategic planning is essential for Baystate. The utilization trends of healthcare services by MassHealth members over time can help us identify

the services most needed by the population with complex medical needs. In addition, MassHealth data is important for evaluating patterns of healthcare utilization among Medicaid beneficiaries. For example, previous data have shown that our Medicaid patients have high rates of non-emergency visits to the ED. By using MassHealth data to identify the specific factors driving non-emergency ED visits, we can develop targeted interventions to address these root causes and decrease unnecessary admissions. This will be beneficial not only to our hospital but also to the state Medicaid program and ACOs participating in Medicaid that seek opportunities for cost savings without negative consequences for outcomes.

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): Zip code lookup table and ICD-10 lookup table (see description in part 3)

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.

We will link the CHIA data to the following lookup tables, which are all internally owned by our department:

1. Zip Code Lookup Table: this database contains all of the counties and towns of Massachusetts by zip code and aggregates them into pre-defined service areas. 5-digit zip code field in APCD will be used for the linkage.
2. Facility Lookup Table: this table incorporates additional details about facilities, e.g. American Hospital Association, and customized groupings of the facilities. Linking OrgID Member Eligibility, Linking OrgID Provider and Linking OrgID Product fields in APCD will be used for the linkage.
3. Provider Lookup Table: this table incorporates additional details about individual providers from various sources, e.g., National Plan & Provider Enumeration System (NPPES), Massachusetts Board of Registration in Medicine (BoRIM), physician roster from Baycare Health Partners, intelligence from Baystate Health's physician liaison team or web search. This linkage facilitates updating provider information as needed to ensure most up-to-date information for individuals. NPI field (Data Element PV039) in the Provider File will be used for the linkage
4. ICD-10/CPT Code Lookup table: the table contain the ICD and CPT/HCPCS codes and descriptions. They consist of both the procedure and diagnosis codes. MC041 – MC053 for diagnosis, MC055 and MC083 – MC088 for procedure will be used for the linkage.

Subject to the specific request, we may leverage morbidity data from CDC's National Center for Health Statistics to facilitate a comprehensive supply and demand analysis for the designated service. For diagnosis, we will refer to MC041 – MC053, and for procedures, we will consider MC055 and MC083 – MC088 to define the scope of the service.

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.

All linkage will be deterministic.

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.

See attached file "Linked Analytic File to APCD - Meta Data.docx"

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

All of the linkages will be made on the Premier server, the 3rd party storage provider, by authorized stakeholders. Access to the linked dataset will be limited to only the data analysts, who have had both HIPAA and information security trainings. Access log will be maintained to record all personnel who have access to the linked dataset. The security of the Baystate's internal hard drives and Premier server are described in the session *V. DATA SECURITY AND INTEGRITY* of DMP for this application. All queries are done at an aggregated level and any aggregated volume <11 will be masked at all levels of analysis.

X. PUBLICATION / DISSEMINATION / RE-RELEASE

1. Do you anticipate that the results of your analysis will be published or made publically 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.

Data from our department are considered confidential, and are used for internal Baystate Health purposes only. Data in the form of high level bar charts, pie charts or tables may be presented (via PowerPoint) on a larger scale in the system and made available in a flat form (pdf). No data in our office are ever presented at the patient level. We are interested in population, public, and community health, and therefore do not report out or make available data at the patient level.

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 presentation of data will be for internal Baystate Health purposes only. The result of this study will also be incorporated in Baystate's internal system strategy plan.

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?

As aforementioned, the presentation of data will be for internal Baystate Health purposes only. The data will be presented primarily at a city/town or county level, with occasional presentations at the zip code level for areas with complex demographic compositions, such as the Springfield metropolitan area. Map will be presented as low as in zip code level. Any analysis related to aggregated volume < 11 will be masked. No patient-level data will be presented at any point.

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?

Not Applicable

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.

Not Applicable

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?

Not Applicable

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 Strategy team at Baystate Health was granted approval to request the CHIA Case Mix data in 2015 and has been utilizing this data since then to conduct rigorous studies for strategy and marketing analysis.

Rian You has been the leading analyst on the strategy team at Baystate Health since 2019, with extensive experience in utilizing the CHIA Case Mix data and third-party all payer claims data to provide rigorous qualitative and quantitative analytics for strategy planning and market analysis. Rian holds a PhD in Chemical Physics with a focus on computation and data analysis from the University of Maryland, College Park. Prior to joining Baystate Health, she worked as a data analyst on the World Well-Being project at the University of Pennsylvania, where she gained valuable experience in data analysis and psychological insights from demographic attributes and social health outcomes.

Melissa Bauman joined Baystate Health in April 2022 as a Data Analyst for Strategy. Prior to this she spent over 3 years working as an Analyst on the Claims Control team at Progressive Insurance. Here she worked within the nuances of insurance regulations while encouraging best practices and finding space for improvement in the Subrogation process. Along with a total of 6 years Data Analysis experience, Melissa holds a Bachelor in Applied Mathematics from Kent State University. In college she worked in IT where she developed an interest in Security and leverages this perspective to better understand limitations and risks of data use.

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:	DOES NOT APPLY
Company Website	DOES NOT APPLY
Contact Person:	DOES NOT APPLY
Title:	DOES NOT APPLY
E-mail Address:	DOES NOT APPLY
Address, City/Town, State, Zip Code:	DOES NOT APPLY
Telephone Number:	DOES NOT APPLY
Term of Contract:	DOES NOT APPLY

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

Click here to enter text.

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.

Click here to enter text.

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.

Click here to enter text.

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.

Click here to enter text.

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)	Drag signature image here or delete and physically sign
Printed Name:	Judith Ward
Title:	Vice President
Date:	Click here to enter text.

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.



center
for health
information
and analysis