## Commonwealth of Massachusetts
## Center for Health Information & Analysis (CHIA)
## Non-Government MA APCD Request for Data

*This form is to be used by all applicants, except Government Agencies as defined in 957 CMR 5.02.*

<u>**NOTE:**</u>  **In order for your application to be processed, you must submit the required application fee.  Please consult the fee schedules for MA APCD data for the appropriate fee amount.  A remittance form with instructions for submitting the application fee is available on the CHIA <u>website.</u>**

## I.  GENERAL INFORMATION

| APPLICANT INFORMATION | |
|---|---|
| Applicant Name: | Kelsey Stevens |
| Senior Title: | Senior Consulting Actuary |
| Organization: | Wakely Consulting Group |
| Project Title: | HNE/MHI Risk Adjustment Analysis |
| Mailing Address: | 7650 W. Courtney Campbell Causeway, Ste. 1250 Tampa, FL 33607 |
| Telephone Number: | 727.259.7465 |
| Email Address: | kelseys@wakely.com |
| Names of Co-Investigators: | |
| Email Addresses of Co-Investigators: | |
| Original Data Request Submission Date: | 5/3/2016 |
| Dates Data Request  Revised: | |
| Project Objectives (240 character limit) | To confirm the validity of the 2014 risk adjustment calculations for Health New England, Inc. and Minuteman Health, Inc. |
| Project Research Questions (if applicable) or Business Use Case(s): | 1.<br><br>2.<br><br>3. |

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

Health New England, Inc. (HNE) and Minuteman Health, Inc. (MHI) have submitted requests for reconsideration of their 2014 risk adjustment assessments.  Wakely has been engaged to confirm the validity of the 2014 risk adjustment calculations, and the data used to determine those assessments.

## III. FILES REQUESTED

Please indicate which MA APCD file(s) you are requesting, the year(s) of data requested, and your justification for requesting *each* file. Please refer to the MA APCD Release 4.0 Documentation Guides for details of the file contents.

| MA ALL PAYER CLAIMS DATABASE FILES | Year(s) Of Data Requested<br>Current Yrs. Available<br><br>☐ 2010 ☐ 2011 ☐ 2012 ☐ 2013 ☒ 2014 |
|---|---|
| ☒ **Medical Claims** | **Please provide justification for requesting Medical Claims file:**<br><br>Wakely will use the detailed (claim line level) Medical Claims file to calculate and validate individual member level risk scores. In addition, these data will enable Wakely to calculate individual loss ratios after risk adjustment in order to assess the statements made in both the requests for reconsideration and the subsequent decision letters. This file must include unique enrollee ID, plan ID, form type, claim ID, bill type, up to 25 diagnosis codes, date of service from and to, procedure codes, and paid date. It is imperative that this file include a unique member identifier that can be linked to the Member Eligibility file. |
| ☐ **Pharmacy Claims** | **Please provide justification for requesting Pharmacy Claims file:** |
| ☐ **Dental Claims** | **Please provide justification for requesting Dental Claims file:** |
| ☒ **Member Eligibility** | **Please provide justification for requesting Member Eligibility file:**<br><br>Wakely will use the Member Eligibility file to calculate member level risk scores, and to calculate and validate individual member level risk scores. In addition, these data will enable Wakely to calculate individual loss ratios after risk adjustment in order to assess the statements made in both the requests for reconsideration and the subsequent decision letters. This file must include unique enrollee ID, birthdate, gender, enrollment dates, subscriber indicator, subscriber ID, group type (individual, small group), metal level, CSR type, premium amount, plan ID, and rating area, as well as any other available fields. It is imperative that this file include a unique member identifier that can be linked to the Medical Claims file. |
| ☐ **Provider** (encrypted NPI)<br>    Standard or | **Please provide justification for requesting Provider file:** |

| ☐ **Provider\*** (unencrypted NPI) | |
|---|---|
| | **\*Please provide justification for requesting unencrypted NPI (if requested). Refer to specifics in your methodology:** |
| ☐ **Product** | **Please provide justification for requesting Product file:** |

## IV. GEOGRAPHIC DETAIL
Please choose *one* of the following geographic options for MA residents:

| ☒ 3 Digit Zip Code (MA) | ☐ 5 Digit Zip Code (MA) |
|---|---|
| **\*\*\*Please provide justification for requesting 5 digit zip code. Refer to specifics in your methodology:** | |

## V. DATE DETAIL
Please choose *one* option from the following options for dates:

| ☐ Year (YYYY) (Standard) | ☐ Month (YYYYMM) \*\*\* | ☒ Day (YYYYMMDD) \*\*\* [for selected data elements only] |
|---|---|---|
| **\*\*\* If requested, lease provide justification for requesting Month or Day. Refer to specifics in your methodology:**<br><br>Wakely requests dates to be specific to the day in order to accurately assess plan eligibility at the time of claim incurred and age for the calculation and validation of risk scores. Furthermore, it is important to have specific date fields when conducting analyses related to utilization levels. | | |

## VI. FEE INFORMATION
Please consult the fee schedules for MA APCD data, available at http://chiamass.gov/regulations/#957_5, and select from the following options:

**APCD Applicants Only**
☐ Academic Researcher
☒ Others (Single Use)
☐ Others (Multiple Use)

Are you requesting a fee waiver?

☒　　　Yes

☐　　　No

If yes, please refer to the [Application Fee Remittance Form](#) and submit a letter stating the basis for your request (if required).　Please refer to the [fee schedule](#) for qualifications for receiving a fee waiver.　If you are requesting a waiver based on the financial hardship provision, please provide documentation of your financial situation.　Please note that non-profit status alone isn't sufficient to qualify for a fee waiver.

## VII.　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.

## VIII.　PURPOSE AND INTENDED USE

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

HNE and MHI have engaged Wakely to confirm the validity of their 2014 risk adjustment calculations.　This project is in the public interest because it will help to fully implement the Affordable Care Act Risk Adjustment Program, to assess whether the stated goals of the Program have been achieved, and to improve the accuracy and effectiveness of the Program.　These goals include both mitigating the impact of possible adverse selection and stabilizing the premiums in the individual and small group markets as and after insurance market reforms are implemented.　By effectuating an integral part of the Risk Adjsutment Program, and helping to test and improve its operation, the release of the data will improve the operation of the individual and small group health coverage markets to which the Risk Adjustment Program applies.　It will also assist HNE and MHI to fulfill their administrative obligations, which includes mandatory participation in the Risk Adjustment Program for these markets.　As a result, the release of the data is consistent with the provisions of M.G.L. c. 12C, section 12 and 957 CMR 5.04, which provide that CHIA will fulfill requests from Payers for quality analysis* and administrative purposes.

　*A well-functioning and more accurate risk adjustment program will tend to reduce uncertainty and errors in risk adjustment transfers, thus tending to reduce consumer premiums by reducing risk to payers.

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

3.  Has your project received approval from your organization's Institutional Review Board (IRB)?  Please note that CHIA will not review your application until IRB documentation has been received (if applicable).
    ☐ Yes, and a copy of the approval letter is attached to this application.
    ☐ No, the IRB will review the project on  _____.
    ☐ No, this project is not subject to IRB review.
    ☒ No, my organization does not have an IRB.

## IX.  APPLICANT QUALIFICATIONS

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

I, Kelsey L. Stevens, FSA, am associated with the firm of Wakely Consulting Group.  I am a member of the American Academy of Actuaries and have been retained by HNE and MHI to confirm the validity of their 2014 risk adjustment calculations.  I am qualified to perform this work and will ensure compliance with all applicable Actuarial Standards of Practice.

2.  Attach résumés or curricula vitae of the applicant/principal investigator, key contributors, and of all individuals who will have access to the data.   (These attachments will not be posted on the internet.)

## X.  DATA LINKAGE AND FURTHER DATA ABSTRACTION

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

1.  Do you intend to link or merge CHIA Data to other datasets?
    ☐      Yes
    ☒      No linkage or merger with any other database will occur

2.  If yes, will the CHIA Data be linked or merged to other individual patient level data (e.g. disease registries, death data), individual provider level data (e.g., American Medical Association Physician Masterfile) , facility level (e.g., American Hospital Association data) or with aggregate data (e.g., Census data)? [check all that apply]
    ☐      Individual Patient Level Data
    What is the purpose of the linkage:

What databases are involved, who owns the data and which specific data elements will be used for linkage:

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☐ Individual Provider Level Data

What is the purpose of the linkage:

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What databases are involved, who owns the data and which specific data elements will be used for linkage:

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☐ Individual Facility Level Data

What is the purpose of the linkage:

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What databases are involved, who owns the data and which specific data elements will be used for linkage:

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☐ Aggregate Data

What is the purpose of the linkage:

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What databases are involved, who owns the data and which specific data elements will be used for linkage:

<br><br><br><br><br>

3. 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.

<br><br><br><br><br>

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

<br><br><br><br><br>

5. If yes, and the data mentioned above is not in the public domain, please attach a letter of agreement or other appropriate documentation on restrictions of use from the data owner corroborating that they agree to have you initiate linkage of their data with CHIA data and include the data owner's website.

## XI. PUBLICATION / DISSEMINATION / RE-RELEASE

1. Describe your plans to publish or otherwise disclose CHIA Data, or any data derived or extracted from such data, in any paper, report, website, statistical tabulation, seminar, conference, or other setting.

> The findings of Wakely's analyses, but not the data itself, will be presented to the Principals in this engagement; namely, HNE and MHI and their attorneys in the risk adjustment reconsideration proceedings.* Furthermore, any findings may appear in direct oral and/or written testimony or reports in connection with the administrative hearing on the risk adjustment reconsideration proceedings and any subsequent proceedings. The findings are intended solely for use in the administrative hearings, and for purposes of communication with the Massachusetts Health Connector and other government officials involved with the Risk Adjustment Program.
>
> *Wakely has been retained by the HNE and MHI attorneys, and will release findings to the attorneys, and not directly to MHI or HNE. The attorneys will disclose the findings to HNE and MHI to the extent needed to pursue the administrative hearing on risk adjustment.

2. Will the results of your analysis be publicly available to any interested party? Please describe how an interested party will obtain your analysis and, if applicable, the amount of the fee.

> No, the results of the analysis will not be made publicly 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. Will you be reselling the data?
☐ Yes
☒ No

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

7. If you have answered "yes" to questions 3, 4 or 5, please describe the types of products, services or studies.

> Attorneys for HNE and MHI have engaged Wakely to confirm the validity of their 2014 risk adjustment calculations. As such, Wakely will use the data in connection with providing consulting services to these clients.

## XII. USE OF AGENTS AND/OR CONTRACTORS

Third-Party Vendors. Provide the following information for all agents and contractors who will work with the CHIA Data.

| | |
|---|---|
| Company Name: | |
| Contact Person: | |
| Title: | |
| Address: | |
| Telephone Number: | |
| E-mail Address: | |

| Organization Website: | |
|---|---|

8.  Will the agent/contractor have access to the data at a location other than your location, your off-site server and/or your database?

☐   Yes
☐   No

If yes, please provide information about the agent/contractor's data management practices, policies and procedures in your Data Management Plan.

9.  Describe the tasks and products assigned to this agent or contractor for this project.

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

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11. Describe your oversight and monitoring of the activity and actions of this agent or subcontractor.

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**XIII.  ASSURANCES**

Applicants requesting and receiving data from CHIA pursuant to 957 CMR 5.00 ("Data Recipients") will be provided with data following the execution of a data use agreement that requires the Data Recipient to adhere to processes and procedures aimed at preventing unauthorized access, disclosure or use of data, as detailed in the  DUA and the applicant's CHIA-approved Data Management Plan.

Data Recipients are further subject to the requirements and restrictions contained in applicable state and federal laws protecting privacy and data security, and will be required to adopt and implement policies and procedures designed to protect CHIA data in a manner consistent with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**By my signature below, I attest to: (1)  the accuracy of the information provided herein; (2)  my organization's ability to  meet  CHIA's minimum data security requirements; and (3) my authority to bind the organization seeking CHIA data for the purposes described herein.**

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|---|---|
| Signature: | *Kelsey Stevens* |
| Printed Name: | Kelsey Stevens |
| Title | Senior Consulting Actuary |
| Original Data Request Submission Date: | 5/3/16 |
| Dates Data Request Revised: | 7/22/16 |