

**Commonwealth of Massachusetts  
Center for Health Information & Analysis (CHIA)  
APCD / Case Mix Application  
Fee Remittance Form**

Applicant name: \_\_\_\_\_

Organization: \_\_\_\_\_

Project Title: \_\_\_\_\_

Date Application Submitted on IRBNet: \_\_\_\_\_

IRBNet ID: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Level 1 Data Only (\$100) \*Level 1 data only available for Case Mix FY2004-2014\*

Level 2 Data (\$300)

This application fee covers the cost of reviewing the data request. An application will not be reviewed until an application fee has been received.

Please refer to the fee schedules for APCD data (Administrative Bulletin 16-13) and for Case Mix data (Administrative Bulletin 16-14) for information related to applicable data fees, which will be charged after an application has been approved.

Make checks payable to:

**Commonwealth of Massachusetts**

Mail payment and form to:

**Center for Health Information & Analysis  
501 Boylston Street, 5<sup>th</sup> Floor  
Boston, MA 02116**

*Applicants who meet fee waiver criteria may elect to submit the Fee Waiver Request Form found on the next page.*

**Commonwealth of Massachusetts**  
**Center for Health Information & Analysis (CHIA)**  
**Fee Waiver Request pursuant to 957 CMR 5.08**

The undersigned seeks to receive APCD and/or Case Mix data from the Center for Health Information & Analysis [CHIA], and hereby seeks full or partial waiver of any fees otherwise due to CHIA in payment for data requested under the provisions of Massachusetts General Laws chapter 12C and 957 CFR 5.08 (and as outlined in CHIA Administrative Bulletins 16-13 and 16-14.) In support of its request for this waiver, the applicant certifies as follows:

1. Are you a "Payer" (namely, an entity that submits health care claims data to CHIA pursuant to M.G.L. c. 12C, § 10) that is requesting the payer's own submitted data from CHIA?  
 Yes  No
  
2. Are you a "Provider" (namely, a health care provider that submits data to CHIA pursuant to M.G.L. c. 12C, §8 and/or §9) that is requesting the payer's own submitted data from CHIA?  
 Yes  No
  
3. Are you a Researcher and are you under contract with a State government agency conducting studies directly tied to evaluation or improvement of current State government initiatives?  
 Yes  No
  
4. Are you a Researcher who can demonstrate that the funding source for the research (i.e., grant or institutional funding) does not cover the cost of the Data?  
 Yes  No  
If "yes", please attach a statement and any relevant supporting documentation. Non-profit status alone is not sufficient evidence for a waiver on this basis.
  
5. Are you a non-profit Reseller and can demonstrate with financial statements that your product, report or project is in beta stage and not generating any income?  
 Yes  No  
If "yes", please attach a statement and any relevant supporting documentation.
  
6. Are you applying as a Payer, Provider or Provider Organization as defined under M.G.L. Chapter 12C, AND on the date of this request are all of your organization's CHIA filings complete as required by M.G.L. Chapter 12C, §§ 8-10, AND are on the date of this request are all of your organization's CHIA fees/ assessments paid in full?  
 Yes  No

In making this fee waiver request to CHIA, on my own behalf and on behalf of the organization/entity applying for release of CHIA data, I hereby certify that all statements made on this request form (and the contents of all attachments and supporting documents submitted in support of this request) are true and accurate to the best of my knowledge, information and belief.

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Signature

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Date

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Printed Name

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Organization/Entity Name