Application for Massachusetts Case Mix and Charge 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. Organiations 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 casemix.data@state.ma.us if you have additional questions about how to complete this form.

The Appliciaton 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 Case Mix and Charge Data.

2. After reviewing the Fee Schedule, if you have any questions about the application or data fees, contact casemix.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:	Click here to enter text.
IRBNet Number:	Click here to enter text.
Organization Requesting Data (Recipient):	Click here to enter text.
Organization Website:	Click here to enter text.
Authorized Signatory for Organization:	Click here to enter text.
Title:	Click here to enter text.
E-Mail Address:	Click here to enter text.
Telephone Number:	Click here to enter text.
Address, City/Town, State, Zip Code:	Click here to enter text.
Data Custodian: **(individual responsible for organizing, storing, and archiving Data)**	Click here to enter text.
Title:	Click here to enter text.
E-Mail Address:	Click here to enter text.
Telephone Number:	Click here to enter text.
Address, City/Town, State, Zip Code:	Click here to enter text.
Primary Investigator (Applicant): **(individual responsible for the research team using the Data)**	Click here to enter text.
Title:	Click here to enter text.
E-Mail Address:	Click here to enter text.
Telephone Number:	Click here to enter text.
Address, City/Town, State, Zip Code:	Click here to enter text.
Names of Co-Investigators:	Click here to enter text.
E-Mail Addresses of Co-Investigators:	Click here to enter text.

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 (the "Project"). 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, with approval being subject to CHIA's regulatory restrictions and approval process. Unauthorized use is a material violation of your Organization's Data Use Agreement with CHIA.

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

☐ Epidemiological	☐ Health planning/resource allocation	☐ Cost trends
☐ Longitudinal Research	☐ Quality of care assessment	☐ Rate setting
☐ Reference tool	☐ Research studies	☐ Severity index tool (or other derived input)
☐ Surveillance	☐ Student research	☐ 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.

Click here to enter text.

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

☐ Yes [*If yes, a copy of the approval letter and protocol <u>must</u> 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**: Applicantions must include either the IRB protocol or a written description of the Project methodology (typically 1-2 pages), which states the Project objectives and/or identifies 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.*

Click here to enter text.

VI.   DATASETS REQUESTED

The Massachusetts Case Mix and Charge Data ("Case Mix") are comprised of Hospital Inpatient Discharge, Emergency Department and Outpatient Hospital Observation Stay Data collected from Massachusetts' acute care hospitals, and satellite emergency facilities. Case Mix Data are updated each fiscal year (October 1 – September 30) and made available to approved data users. For more information about Case Mix Data, including a full list of available elements in the datasets 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 years of data not yet available. Applicants who anticipate a need for future years of data may request to be considered for a subscription. Approved subscriptions will receive, upon request, the <u>same data files and data elements</u> included in the initial release annually or as available. Please note that approved subscription request will be subject to the Data Use Agreement, will require payment of fees for additional Data, 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. Specify below the dataset(s) and year(s) of data requested for this Project, and your justification for requesting *each* dataset. Data prior to 2004 is not available.

☐ **Hospital Inpatient Discharge Data**
☐2004 ☐2005 ☐2006 ☐2007 ☐2008 ☐2009 ☐2010 ☐2011 ☐2012 ☐2013 ☐2014 ☐2015 ☐2016   ☐ 2017 ☐2018 ☐2019 ☐2020 ☐2021
Describe how your research objectives require Inpatient Discharge data:
Click here to enter text.
☐ **Outpatient Hospital Observation Stay Data**
☐2004 ☐2005 ☐2006 ☐2007 ☐2008 ☐2009 ☐2010 ☐2011 ☐2012 ☐2013 ☐2014 ☐2015 ☐2016   ☐ 2017 ☐2018 ☐2019 ☐2020 ☐2021
Describe how your research objectives require Outpatient Hospital Observation Stay data:
Click here to enter text.
☐ **Emergency Department Data**
☐2004 ☐2005 ☐2006 ☐2007 ☐2008 ☐2009 ☐2010 ☐2011 ☐2012 ☐2013 ☐2014 ☐2015 ☐2016   ☐ 2017 ☐2018 ☐2019 ☐2020 ☐2021
Describe how your research objectives require Emergency Department data:
Click here to enter text.

VII.   DATA ENHANCEMENTS 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.

Case Mix Data are released in Limited Data Sets (LDS). All applicants 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 enhancements), please refer to release layouts, data dictionaries and similar documentation included on CHIA's website.

Please note that CHIA Case Mix Data contain reports produced using proprietary computer software created, owned, and licensed by the 3M Company. All Copyrights in and to the 3M APR^{TM} Software, and to the 3M APR^{TM} DRG classification system(s) (including the selection, coordination and arrangement of all codes) are owned by 3M. All rights reserved.

1. Specify below which enhancements you are requesting in addition to the "Core" LDS.

Geographic Subdivisions

State code, five-digit ZIP code, and 3-digit ZIP code are available for patients residing in CT, MA, ME, NH, RI, VT, and NY. City or Town of residence is available for residents of MA only. States outside of this region will be coded as XX ("Other").

Select *one* of the following options:

☐ 3-Digit Zip Code (Standard)	☐ 3-Digit Zip Code & City/Town ***	☐ 5-Digit Zip Code ***	☐ 5-Digit Zip Code & City/Town ***
***If requested, provide justification for requesting 5-Digit Zip Code or City/Town. Refer to specifics in your methodology: Click here to enter text.			

Demographic Data

Selcect _one_ of the following options:

☐ Not Requested (Standard)	☐ Race & Ethnicity***
** If requested, provide justification for requesting Race and Ethnicity. Refer to specifics in your methodology: Click here to enter text.	

Date Resolution
Select _one_ of the following options for dates of admissions, discharges, and significant procedures.

☐ Year (YYYY)(Standard)	☐ Month (YYYYMM) ***	☐ Day (YYYYMMDD)***
***If requested, provide justification for requesting Month or Day. Refer to specifics in your methodology: Click here to enter text.		

Practioner Identifiers (UPN)
Select _one_ of the following options.

☐ Not Requested (Standard)	☐ Hashed ID ***	☐ Board of Registration in Medicine Number(BORIM) ***
***If requested, provide justification for requesting Hashed ID or BORIM Number. Refer to specifics in your methodology: Click here to enter text.		

Unique Health Information Number (UHIN)
Select _one_ of the following options.

☐ Not Requested (Standard)	☐ UHIN Requested ***
*** If requested, provide justification for requesting UHIN. Refer to specifics in your methodology: Click here to enter text.	

Hashed Mother's Social Security Number
Select _one_ of the following options:

☐ Not Requested (Standard)	☐ Hashed Mother's SSN Requested ***
*** If requested, provide justification for requesting Hashed Mother's SSN. Refer to specifics in your methodology: Click here to enter text.	

VIII.   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.

IX.   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.

Click here to enter text.

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.

Click here to enter text.

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?

Click here to enter text.

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 took, 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?

Click here to enter text.

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.

Click here to enter text.

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?

Click here to enter text.

X.   APPLICANT QUALIFICATIONS

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

Click here to enter text.

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.)

XI.   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:	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 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 #2 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 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.

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

XII.   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:	Click here to enter text.
Title:	Click here to enter text.
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.

Data Management Plan for Use of CHIA Data
[Attach to Data Application]

I. INSTRUCTIONS

Any Recipients, contractors, or agents receiving CHIA Data ("Data") must complete and execute this Data Management Plan. Certain CHIA Data includes Protected Health Information ("PHI" as defined under the Health Insurance Portability and Accountability Act [HIPAA] and its implementing regulations) and all CHIA Data contains elements that may be used to identify an individual. The Data Management Plan(s) will be incorporated within the Data Use Agreement that must be executed prior to receipt of the Data. You may wish to refer to the Data Use Agreement as you complete this Data Management Plan. This Data Management Plan should be completed by the Chief Information Security Officer, Chief Privacy Officer, legal counsel or another officer with sufficient knowledge of the Agency or Organization's data privacy and security practices and who has authority to bind the Agency or Organization.

==NOTE: This Data Management Plan is confidential and will not become a part of the public record.==

II. GENERAL INFORMATION

Project Title: (as it appears on Data Application)	Click here to enter text.
Primary Investigator: (as it appears on Data Application)	Click here to enter text.
Organization Requesting CHIA Data (Recipient): (as it appears on Data Application)	Click here to enter text.
Organization Holding CHIA Data under this Data Management Plan: (this entity must be either the Recipient or listed as an Agent/Contractor for the Recipient on the Data Application)	Click here to enter text.

III. CERTIFICATIONS

The undersigned certifies and agrees as follows:

- The Data will be **encrypted at rest on storage media (backup tapes, local hard drives, network storage, et al) with at least AES-256 standard or stronger**.
- The Data will **be encrypted in transit consistent with the approved method(s) described in this Data Management plan at section V.3-b**.
- Anti-malware software or service is active on any server or endpoint containing or accessing the Data or other controls mitigating malware infection and propagation are in place.
- If a Covered Entity or Business Associate under HIPAA, the Agency or Organization is in full compliance with the privacy and security requirements of HIPAA; trains all staff who access PHI on the requirements of HIPAA; and has Business Associate Agreements with all non-employees who access PHI.
- The Agency or Organization has policies and procedures in place to address:
    - The sharing, transmission and distribution of PHI

- o   The physical removal, transport and transmission of PHI
- o   The physical possession and storage of PHI
- o   The destruction of PHI upon the completion of its use
- o   Confidentiality agreements with all individuals, including contractors, who will access PHI
- o   Agreements governing the use and disclosure of PHI with all non-employees who will access PHI

IV. RESPONSIBLE PARTIES

Please identify the following individuals within your Agency or Organization:

1. The individual responsible for organizing, storing and archiving the Data. This individual is the Custodian of the CHIA Data required under Article XI of the Data Use Agreement.

Name:	Click here to enter text.
Agency/Organization:	Click here to enter text.
Title:	Click here to enter text.
Phone:	Click here to enter text.
Address, City/Town, State, Zip Code:	Click here to enter text.
Email:	Click here to enter text.
Reports to (name and title):	Click here to enter text.

2. The individual(s) responsible for the research team using the Data, including ensuring each individual (i) has a signed confidentiality agreement, (ii) accesses and uses only the minimal Data necessary to achieve the research purpose, (iii) accesses the Data only on a secured server according to Applicant's policies. This individual is also responsible for maintaining the access log required under Article II, Section 5 of the Data Use Agreement.

Name:	Click here to enter text.
Agency/Organization	Click here to enter text.
Title:	Click here to enter text.
Phone:	Click here to enter text.
Address, City/Town, State, Zip Code:	Click here to enter text.
Email:	Click here to enter text.
Reports to (name and title):	Click here to enter text.

3. The individual responsible for notifying CHIA of any breach of the Data Use Agreement or this Data Management Plan.

Name:	Click here to enter text.
Organization:	Click here to enter text.
Title:	Click here to enter text.
Phone:	Click here to enter text.
Address, City/Town, State, Zip Code:	Click here to enter text.
Email:	Click here to enter text.
Reports to (name and title):	Click here to enter text.

4. The individual responsible for ensuring the Data is destroyed upon termination of the Data Use Agreement, completing the Data Destruction Form and providing that Form to CHIA.

Name:	Click here to enter text.
Organization:	Click here to enter text.
Title:	Click here to enter text.
Phone:	Click here to enter text.
Address, City/Town, State, Zip Code:	Click here to enter text.
Email:	Click here to enter text.
Reports to (name and title):	Click here to enter text.

V. DATA SECURITY AND INTEGRITY

Agents or contractors that will have access to or store the CHIA Data at a location other than the Recipient's location, or in an off-site server and/or database, must complete a separate Data Management Plan.

1. *Physical Location of the Data*:

    a. Please provide the delivery address for the Data, as well as the full address, including building and floor, of each location where Data will be delivered and stored.

Delivery:

Organization: Click here to enter text.			
Street Address: Click here to enter text.	City: Click here to enter text.	State: Click here to enter text.	ZIP Code: Click here to enter text.
Office Telephone *(Include Area Code)*: Click here to enter text.			

Storage:

Organization: Click here to enter text.			
Street Address: Click here to enter text.	City: Click here to enter text.	State: Click here to enter text.	ZIP Code: Click here to enter text.
Office Telephone *(Include Area Code)*: Click here to enter text.			

    b. Will the Data be stored by the third party on a system in the cloud (reachable via the Internet)?
       ☐ Yes   ☐ No

        i. If you answered yes to (b): Has this Cloud Service Provider passed a FedRAMP 3PAO assessment *for the specific cloud system* which will host the data*?*
           ☐ Yes   ☐ No

ii. If you answered yes to (b): What is the name of the provider *and* the FedRAMP level the specific cloud system hosting the data is operating at?

Click here to enter text.

2. *Data Privacy Training and Awareness:*

   a. Has every individual who will access the Data received training on the proper handling of protected health information and/or personal data within the last year?
   ☐ Yes   ☐ No

3. *Encryption of Data*:

   a. Will all CHIA Data at rest be encrypted on storage media (backup tapes, local hard drives, network storage, et al) with **encryption at least AES-256 or stronger.** *All recipients of CHIA Data must encrypt data at rest a Data Management Plan indicating otherwise <u>will not</u> be approved and returned for revisions.*
   ☐ Yes   ☐ No

   b. Will CHIA Data be transmitted by your Agency or Organization over the Internet?
   ☐ Yes   ☐ No

   If you answered yes to (b): which of the following if any are used when transmitting data over the internet? If selecting *other* please describe the method in space provided below.
   ☐ SSL (meets or exceeds TLS 1.1 or TLS 1.2)   ☐ SFTP   ☐ other

Click here to enter text.

4. *Information Security:*

   a. Does your Agency or Organization have published information security policies which are followed and accessible to all staff accessing or handling CHIA Data?
   ☐ Yes   ☐ No

   b. Has every individual who will access the CHIA Data received cyber security awareness training in the last year?
   ☐ Yes   ☐ No

   c. Has your Agency or Organization experienced a breach of PHI or Personally Identifiable Information in the last seven (7) years?
   ☐ Yes   ☐ No

      i. *If you answered yes to (c): how was the breach resolved and what steps were taken to prevent a recurrence?*

Click here to enter text.

5. *Technical and Physical Controls:*

    a. Are all the user accounts that log on to any machine (server or endpoint) that accesses the Data uniquely assigned to individual users (i.e., the user accounts are not shared)?
       ☐ Yes   ☐ No

    b. Is an audit log maintained of all user log-on attempts to the system hosting the CHIA Data?
       ☐ Yes   ☐ No

    c. What is the minimum password length and character complexity (uppercase, lowercase, numeric, and special characters) required for new passwords on the user accounts logging on to the system accessing the CHIA Data?

Click here to enter text.

    d. Describe any additional authentication technical security controls you employ to defend the system against unauthorized logon, e.g. maximum failed login attempts, lockout period, etc.:

Click here to enter text.

    e. Do you run a current version of a commercial off-the-shelf anti-virus or anti-malware product on the systems that will host or access the CHIA Data?
       ☐ Yes   ☐ No

    If you answered no to (e), please provide details within your response in question (g) regarding additional controls implemented to prevent malware infection and propagation.

    f. If the CHIA Data will be on a server or network accessible storage drive, then check all the security features present in the room containing CHIA Data:
       i. ☐ Recorded video
       ii. ☐ Access log of all individuals entering the room
       iii. ☐ Secure server rack
       iv. ☐ Access control limiting access only to authorized individuals

    g. What additional specific physical or technical safeguards (not mentioned in prior answers) will be used to *mitigate* the risk of unauthorized access to CHIA Data?

Click here to enter text.

    h. When was the last information security risk assessment performed in your Agency or Organization? Who conducted it?

Click here to enter text.

     i.   When was the last IT audit performed in your Agency or Organization? Who conducted it?

Click here to enter text.

VI. DATA DESTRUCTION

The Recipient attests that the CHIA Data and all copies of the CHIA Data used by the Applicant or its employees, contractors, or agents will be destroyed upon Project Completion or termination of the Data Use Agreement. All data destruction must conform to the requirements of M.G.L. c. 93I and to the Data Use Agreement. Please specify below the technical measures you will use to meet these requirements.

Click here to enter text.

VII. ATTESTATION

By submitting this Data Management Plan, the Agency or 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 Agency or 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.

By signature below, I attest: (1) to the accuracy of the information provided herein (2) that the Agency or Organization agrees to hold and/or access CHIA Data at all times in compliance with all provisions of this Data Management Plan and the Data Use Agreement; and (3) to my authority to bind the Agency or Organization undersigned as an authorized signatory of the Agency or Organization.

Signature: (Authorized Signatory for Agency or Organization holding CHIA Data)	Drag signature image here or delete and physically sign
Printed Name:	Click here to enter text.
Title:	Click here to enter text.
Agency or Organization Holding CHIA Data:	Click here to enter text.
Date:	Click here to enter text.