

Non-Government Application for Re-Use of Massachusetts All-Payer Claims Data Extract [Exhibit A: Data Application]

I. INSTRUCTIONS

*This form is required for all Applicants, except Government Agencies as defined in [957 CMR 5.02](#), who wish to re-use Data received pursuant to a previously approved Data Application (“Extract”). **If the applicant requires data not presently held by its Organization the applicant should not use this form.** Re-use of All-Payer Claims Database data is limited to data released in Limited Data Set format (i.e., Release Versions 4.0 and later).*

All attachments must be uploaded to IRBNet with your Application. All Application documents can be found on the [CHIA website](#) in Word and in PDF format or on [IRBNet](#) in Word format. If you submit a PDF document, please also include a Word version in order to facilitate edits that may be needed.

Applications will not be reviewed until the Application and all supporting documents are complete and the required application fee is submitted. A [Fee Remittance Form](#) with instructions for submitting the application fee is available on the CHIA website and IRBNet. A copy of the Fee Remittance Form and any supporting documentation must be uploaded to IRBNet.

II. ALL-PAYER CLAIMS DATABASE EXTRACT TO BE RE-USED

Project Title:	
Extract Number:	
IRBNet Number:	
Date of Data Use Agreement	

III. ORGANIZATION AND INVESTIGATOR INFORMATION

Project Title:	
IRBNet Number:	
Organization Name:	
Organization Website:	
Authorized Signatory for Organization	
Title:	
E-mail Address:	
Address, City/Town, State, Zip Code	
Primary Investigator:	
Title:	
E-mail Address:	
Telephone Number:	
Names of Co-Investigators:	
E-mail Address of Co-Investigators:	

IV. FEE INFORMATION

1. Consult the [Fee Schedule](#) for All-Payer Claims Database data and select from the following options:

- Researcher
 Other
 Reseller

2. Are you requesting a fee waiver?

- Yes
 No

3. Complete and submit the [Fee Remittance Form](#). If requesting a fee waiver, submit a letter stating the basis for your request (if required). Please refer to the [Fee Schedule](#) (effective Feb 1, 2017) for fee waiver criteria. (Please note that fee must be paid in order to re-use the Data, even if no new extract of data is required upon application approval.)

V. PROJECT INFORMATION

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 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 |
| <input type="checkbox"/> Surveillance | <input type="checkbox"/> Student research | <input type="checkbox"/> Utilization review of resources |
| <input type="checkbox"/> Inclusion in a product | <input type="checkbox"/> Other (describe in box below) | |

2. Provide a summary of the specific purpose and objectives of your Project. This may include research questions and/or business use Projects.

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:** Applicants must provide 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.

VI. PUBLIC INTEREST

1. Briefly explain why completing your Project is in the public interest. *Uses that serve the public interest under CHIA regulation 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.*

VII. DATASETS REQUESTED

The Recipient will use Data included in the Extract referenced above for use in this Project; no new Data will be released under this Application.

1. Specify below the dataset(s) and year(s) of data requested for this Project, and provide your justification for requesting each dataset.

<input type="checkbox"/> Medical Claims <input type="checkbox"/> 2011 <input type="checkbox"/> 2012 <input type="checkbox"/> 2013 <input type="checkbox"/> 2014 <input type="checkbox"/> 2015
Describer how your research objectives require Medical Claims data: <div style="border: 1px solid black; height: 100px;"></div>
<input type="checkbox"/> Pharmacy Claims <input type="checkbox"/> 2011 <input type="checkbox"/> 2012 <input type="checkbox"/> 2013 <input type="checkbox"/> 2014 <input type="checkbox"/> 2015
Describer how your research objectives require Pharmacy Claims data: <div style="border: 1px solid black; height: 100px;"></div>
<input type="checkbox"/> Dental Claims <input type="checkbox"/> 2011 <input type="checkbox"/> 2012 <input type="checkbox"/> 2013 <input type="checkbox"/> 2014 <input type="checkbox"/> 2015
Describer how your research objectives require Dental Claims data: <div style="border: 1px solid black; height: 100px;"></div>

<input type="checkbox"/> Member Eligibility <input type="checkbox"/> 2011 <input type="checkbox"/> 2012 <input type="checkbox"/> 2013 <input type="checkbox"/> 2014 <input type="checkbox"/> 2015
Describer how your research objectives require Member Eligibility data:
<input type="checkbox"/> Provider <input type="checkbox"/> 2011 <input type="checkbox"/> 2012 <input type="checkbox"/> 2013 <input type="checkbox"/> 2014 <input type="checkbox"/> 2015
Describer how your research objectives require Provider data:
<input type="checkbox"/> Product <input type="checkbox"/> 2011 <input type="checkbox"/> 2012 <input type="checkbox"/> 2013 <input type="checkbox"/> 2014 <input type="checkbox"/> 2015
Describer how your research objectives require Product data:

2. If there are datasets that are included in the Extract that **are not** required for this Project indicate below.

- Medical Claims
 Pharmacy Claims
 Dental Claims
 Member Eligibility
 Provider
 Product

3. If there are datasets included in the Extract that are not required for this Project, describe below how those datasets will be segregated and protected from use in this Project.

VIII. DATA ELEMENTS 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.

All-Payer Claims Database data is released in Limited Data Sets (LDS). Applicants receive the “Core” LDS, but may also request additional elements listed below for inclusion in their analyses. Requests for additional elements will be reviewed by CHIA to determine whether each represents the minimum data necessary to complete the specific Project objective.

1. Specify below which elements you are requesting in addition to the “Core” LDS and provide your justification for requesting each element.

Geographic Data

The geographic sub-divisions listed below are available for Massachusetts residents and providers only. Choose one of the following geographic options. *[Extracts with 5 digit zip code, have been filter to remove all claims that include a substance abuse diagnosis or treatment.]*

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

Dates

Choose one option from the following options for dates:

<input type="checkbox"/> Year (YYYY) (Standard)	<input 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:		

National Provider Identifier (NPI)

Choose one of the following options for National Provider Identifier(s):

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

2. If there are data elements that are included in the Extract that **are not** required for this Project indicate below.

5-Digit Zip Code Month (YYYYMM) Day (YYYYMMDD) Decrypted National Provider Identifier(s)

3. If there are data elements included in the Extract that are not required for this Project, describe below how the data elements will be segregated and protected from use in this Project.

IX. MEDICAID DATA

1. Is Medicaid Data included in the Extract?

Yes
 No

2. Indicate whether you are seeking to use Medicaid Data for this Project:

Yes
 No

3. 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 Medicaid Data, please describe, in the space below, why your use of the data meets this requirement. Requests for 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. This may introduce significant delays in the receipt of Medicaid Data.

Recipient may not use the Medicaid data for the new Project until Recipient is notified of MassHealth approval.

4. If the Extract contains Medicaid Data and you are not seeking to use Medicaid Data for this Project, or this Application is not approved by MassHealth, describe below how Medicaid Data will be segregated and protected from use in this Project.

X. DATA LINKAGE AND FURTHER DATA ABSTRACTION

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.

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.

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

XI. PUBLICATION / DISSEMINATION / RE-RELEASE

1. Describe your plans to publish or otherwise disclose CHIA Data, or any data derived or extracted from CHIA Data, in any paper, report, website, statistical tabulation, seminar, conference, or other setting. 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 will result in the display of a cell less than 11.

2. Do you anticipate that the results of your analysis will be published and/or made publically available? If yes, describe how an interested party will obtain your analysis and, if applicable, the amount of the fee, that the third party must pay.

3. Will you use CHIA Data for consulting purposes?

- Yes
 No

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

- Yes
 No

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

- Yes
 No

6. Will you be reselling CHIA Data in any format?

- Yes
 No

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

7. If you have answered “yes” to questions 4, 5 or 6, please describe the types of products, services or studies.

8. If you have answered “yes” to questions 4, 5, or 6, what is the fee you will charge for such products, services or studies?

XII. 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.

2. **Resumes/CVs:** If not submitted with a prior approved Application, 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.)

XIII. USE OF AGENTS AND/OR CONTRACTORS

Please note: 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.

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:	
Company Website:	
Contact Person:	
Title:	
E-mail Address:	
Address, City/Town, State, Zip Code:	
Telephone Number:	
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.

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.

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 and a Data Management Plan for this agent or contractor is not part of the Data Use Agreement, a separate Data Management Plan **must** be completed by the agent or contractor.

AGENT/CONTRACTOR #2 INFORMATION	
Company Name:	
Company Website:	
Contact Person:	
Title:	
E-mail Address:	
Address, City/Town, State, Zip Code:	
Telephone Number:	
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.

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.

3. Will the agent or contractor have access to or store the CHIA Data at a location other than the Applicant's location, off-site server and/or database?

Yes

No

4. If yes and a Data Management Plan for this agent or contractor is not part of the Data Use Agreement, a separate Data Management Plan **must** be completed by the agent or contractor.

XIV. 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 its agents.

The Organization's use of the Data for this Project will be governed by the executed Data Management Plan(s), Data Use Agreement, and any Amendment thereto.

By my signature below, I attest: (1) to the accuracy of the information provided herein; (2) that the requested Data is the minimum necessary to accomplish the purposes described herein; (3) 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 (4) to my authority to bind the Organization.

Signature: (Authorized Signatory for Organization)	
Printed Name :	

Attachments

A completed Application must have the following documents attached to the Application:

- 1. IRB approval letter and protocol (if applicable)
- 2. Research Methodology (if protocol is not attached)
- 3. CVs of Investigators (if not submitted previously)
- 5. Data Use Agreement

Applications will not be reviewed until they are complete, including all attachments. Applicant may not use the Extract for this Project until CHIA approval and the execution of an amendment to the Recipient's Data Use Agreement.

TRACKING TABLE (to be completed by CHIA staff only)	
Complete Application Received	
Application Fee Received	
Data Privacy Committee Review	
Data Release Committee Review	
Linkages Approved (as described)	
Executive Director Approval	
Data Fee Received	
Data of First Audit	
IT Extract #	

Attachment #1 – IRB Approval Letter & Protocol or Research Methodology

Attachment #2 – Data Management Plan(s)