Commonwealth of Massachusetts
Center for Health Information & Analysis (CHIA)
Non-Government Agency Application for Data

NOTE: This application is to be used by all applicants, except Government Agencies, as defined in 957 CMR 5.02.

I. GENERAL INFORMATION

APPLICANT INFORMATION	
Applicant Name:	Melissa Keating
Title:	Manager, Medical Economics – Contract Finance
Organization:	Neighborhood Health Plan
Project Title:	Hospital Re-Contracting Initiative
Date of Application:	8/8/2013
Project Objectives (240 character limit)	Benchmark hospital casemix and reimbursement vs. MassHealth
Project Research Questions	How do Neighborhood Health Plan's casemix and volume compare to those of MassHealth at each hospital?

Please indicate if you are a Researcher, Payer, Provider or Provider Organization and you are seeking data pursuant to 957 CMR 5.04 (De-Identified Data) or 957 CMR 5.05 (Direct Patient Identifiers for Treatment or Coordination of Care).

○ Researcher ◉ Payer ○ Provider / Provider Organization	◉ 957 CMR 5.04 (De-identified Data) ○ 957 CMR 5.05 (Direct Patient Identifiers)

All other requests are subject to 957 CMR 5.06.

II. PROJECT SUMMARY

Briefly describe the purpose of your project and how you will use the CHIA data?

NHP continues to review hospital reimbursement methods by analyzing the case mix by facility and comparing NHP's results to various benchmarks.

III. FILES REQUESTED

Please indicate the databases from which you seek data, the Level(s) and Year(s) of data sought.

DATABASE	Level 1[1] or 2[2]	Single or Multiple Use	Year(s) Of Data Requested Current Yrs. Available 2009 - 2011
☐ Medical Claims	☐ Level 1 ☐ Level 2	Select...	☐ 2009 ☐ 2010 ☐ 2011
☐ Pharmacy Claims	☐ Level 1 ☐ Level 2	Select...	☐ 2009 ☐ 2010 ☐ 2011
☐ Dental Claims	☐ Level 2	Select...	☐ 2009 ☐ 2010 ☐ 2011
☐ Member Eligibility	☐ Level 2	Select...	☐ 2009 ☐ 2010 ☐ 2011
☐ Provider	☐ Level 2	Select...	☐ 2009 ☐ 2010 ☐ 2011
☐ Product	☐ Level 2	Select...	☐ 2009 ☐ 2010 ☐ 2011

CASEMIX	Level 1 - 6	Fiscal Years Requested
Inpatient Discharge	☑ Level 1 – No Identifiable Data Elements ☐ Level 2 – Unique Physician Number (UPN) ☐ Level 3 – Unique Health Information Number (UHIN) ☐ Level 4 – UHIN and UPN ☐ Level 5 – Date(s) of Admission; Discharge; Significant Procedures ☐ Level 6 – Date of Birth; Medical Record Number; Billing Number	1998-2012 Available (limited data available 1989-1997) **2012**
Outpatient Observation	☐ Level 1 – No Identifiable Data Elements ☐ Level 2 – Unique Physician Number (UPN) ☐ Level 3 – Unique Health Information Number (UHIN) ☐ Level 4 – UHIN and UPN ☐ Level 5 – Date(s) of Admission; Discharge; Significant Procedures ☐ Level 6 – Date of Birth; Medical Record Number; Billing Number	2002-2011 Available

[1] Level 1 Data: De-identified data containing information that does not identify an individual patient and with respect to which there is no reasonable basis to believe the data can be used to identify an individual patient. This data is de-identified using standards and methods required by HIPAA.

[2] Level 2 (and above) Data: Includes those data elements that pose a risk of re-identification of an individual patient.

Emergency Department	☐ Level 1 – No Identifiable Data Elements ☐ Level 2 – Unique Physician Number (UPN) ☐ Level 3 – Unique Health Information Number (UHIN) ☐ Level 4 – UHIN and UPN; Stated Reason for Visit ☐ Level 5 – Date(s) of Admission; Discharge; Significant Procedures ☐ Level 6 – Date of Birth; Medical Record Number; Billing Number	2000-2011 Available

IV. REQUESTED DATA ELEMENTS [APCD]

State and federal privacy laws limit the use of individually identifiable data to the minimum amount of data needed to accomplish a specific project objective. Please use the APCD Data Specification Workbook to identify which data elements you would like to request and attach this document to your application.

V. REQUESTED DATA ELEMENTS [CASE MIX]

Please use the CASE MIX DATA SPECIFICATION WORKBOOK to identify which deniable data elements (from Level 2 or above) you would like to request and attach this to your application.

Not applicable. We are requesting Level 1 data.

VI. MEDICAID DATA

Federal law (42 USC 1396a(a)7) restricts the use of individually identifiable data of Medicaid recipients to uses that benefit 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 benefits the administration of the Medicaid program.

Not applicable. We are requesting Level 1 data.

VII. MEDICARE DATA

Medicare data may be disseminated to state agencies and/or entities conducting research projects that are directed and partially funded by the state if such research projects would allow for a Privacy Board or an IRB to make the findings listed at 45 CFR 164.512(i)(2)(ii) if the anticipated data recipient were to apply for the data from CMS directly. If you are requesting Medicare data, please explain how your research project is directed and partially funded by the state and describe in detail why your proposed project meets the criteria set forth in 45 CFR 164.512(i)(2)(ii). Applicants must describe how they will use the data and inform CHIA where the data will be housed. CHIA must be informed if the data has been physically moved, transmitted, or disclosed.

Not applicable. We are not requesting Medicare data.

VIII. DIRECT PATIENT IDENTIFIERS[3]

State and federal privacy laws may require the consent of Data Subjects prior to the release of any Direct Patient Identifiers. If you are requesting data that includes Direct Patient Identifiers, please provide documentation of patient consent or your basis for asserting that patient consent is not required.

Not applicable. We are not requesting direct patient identifiers.

[3] Direct Patient Identifiers. Personal information, such as name, social security number, and date of birth, that uniquely identifies an individual or that can be combined with other readily available information to uniquely identify an individual.

IX. REQUESTS PURSUANT TO 957 CMR 5.04

Payers, providers, provider organizations and researchers seeking access to Level 1 (de-identified) data are required to describe how they will use such data for the purposes of lowering total medical expenses, coordinating care, benchmarking, quality analysis or other administrative research purposes. Please provide this information below.

NHP will use this data to benchmark casemix and utilization for contracted facilities against MassHealth.

X. FILTERS

If you are requesting APCD elements from Level 2 or above, describe any filters you are requesting to use in order to limit your request to the minimum set of records necessary to complete your project. (For example, you may only need individuals whose age is less than 21, claims for hospital services only, or only claims from small group projects.

N/A – We are not applying for APCD data.

APCD FILE	DATA ELEMENT(S) FOR WHICH FILTERS ARE REQUESTED	RANGE OF VALUES REQUESTED
Medical Claims		
Pharmacy Claims		
Dental Claims		
Membership Eligibility		
Provider		
Product		

XI. PURPOSE AND INTENDED USE

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

This data will be used to benchmark hospital casemix and will be used to inform reimbursement strategy.

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

See attached file: XI.2.CMA factor development.pdf.

3. Has your project received approval from your organization's Institutional Review Board (IRB)?

- ☐ 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.

XII. APPLICANT QUALIFICATIONS

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

I have a Master of Public Health degree and 15 years health care experience, in both the public and private sectors. As the manager of a contract finance team, I am responsible for benchmarking hospitals as part of our efforts to mitigate unit cost increases.

2. Attach résumés or curriculum 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.)
See attached file: XII.2.Resumes.pdf.

XIII. DATA LINKAGE AND FURTHER DATA ABSTRACTION

1. Does your project require linking the CHIA Data to another dataset? YES ☐ NO ☑

2. If yes, will the CHIA Data be linked to other patient level data or with aggregate data (e.g. Census data)?
Patient Level Data ☐ Aggregate Data ☐

3. If yes, please identify all linkages proposed and explain the reasons(s) that the linkage is necessary to accomplish the purpose of the project.

Not applicable. We are not linking to another dataset.

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

Not applicable. We are not linking to another dataset.

XIV. 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, or similar document.

We will use this data for internal company business only.

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.

We will not make the results of our analysis 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. If you have answered "yes" to questions 3, 4 or 5, please describe the types of products, services or studies.

Not applicable.

XV. 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:	N/A
Contact Person:	N/A
Title:	N/A
Address:	N/A
Telephone Number:	N/A
E-mail Address:	N/A
Organization Website:	N/A

1. Will the agent/contractor have access to the data at a location other than your location or in an off-site server and/or database? YES ☐ NO ☑

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

Not applicable. We will not work with any third-party vendors.

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

Not applicable. We will not work with any third-party vendors.

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

Not applicable. We will not work with any third-party vendors.