

**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:	Michael Monuteaux
Title:	Senior Epidemiologist
Organization:	Boston Children's Hospital
Project Title:	Variation and Trending in Charges for Pediatric Care in Massachusetts Emergency Departments, 2000-2011
Date of Application:	10/31/13
Project Objectives (240 character limit)	To examine the inter-hospital variability in charges for common pediatric conditions across all emergency departments (EDs) in Massachusetts from 2000 to 2011.
Project Research Questions	<ol style="list-style-type: none"> 1. To examine the inter-hospital variability in charges 2. To determine if any particular hospitals are consistently among the most or least expensive 3. To determine whether pediatric emergency department charges have changed over time in Massachusetts

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).

<input checked="" type="radio"/> Researcher <input type="radio"/> Payer <input type="radio"/> Provider / Provider Organization	<input type="radio"/> 957 CMR 5.04 (De-Identified Data) <input type="radio"/> 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?

Our objective is to examine the inter-hospital variability in charges for common pediatric conditions across all emergency departments (EDs) in Massachusetts from 2000 to 2011. We plan to use the CHIA data to conduct a comprehensive, state-wide review of visits from children aged 0-18 years evaluated in any of the state's emergency departments from 2000-2011. We will exclude patients with chronic medical conditions listed as any of their diagnoses

and those whose visit resulted in hospital admission. We will use a validated diagnostic grouping system specifically designed to classify pediatric emergency medicine patients into major diagnostic groups. We will calculate inflation-adjusted charges associated with each patient encounter (adjusted to 2011 dollars) using the annual Consumer Price Index inflation rate for the "Hospital and related services" expenditure category as published by the U.S. Department of Labor. We will calculate the hospital-level, severity-adjusted mean charges for each diagnostic grouping. We will then rank the de-identified hospitals according to their adjusted mean charges and examine the median and interquartile range of adjusted charges for each diagnostic grouping, by year. To determine whether pediatric emergency department charges have changed over time (2000 to 2011), we will examine the median and interquartile range of adjusted charges for each diagnostic grouping over all hospitals, by year.

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
<input type="checkbox"/> Medical Claims	<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2	Select...	<input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011
<input type="checkbox"/> Pharmacy Claims	<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2	Select...	<input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011
<input type="checkbox"/> Dental Claims	<input type="checkbox"/> Level 2	Select...	<input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011
<input type="checkbox"/> Member Eligibility	<input type="checkbox"/> Level 2	Select...	<input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011
<input type="checkbox"/> Provider	<input type="checkbox"/> Level 2	Select...	<input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011
<input type="checkbox"/> Product	<input type="checkbox"/> Level 2	Select...	<input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011
CASEMIX	Level 1 - 6		Fiscal Years Requested
<input type="checkbox"/> Inpatient Discharge	<input type="checkbox"/> Level 1 – No Identifiable Data Elements <input type="checkbox"/> Level 2 – Unique Physician Number (UPN) <input type="checkbox"/> Level 3 – Unique Health Information Number (UHIN) <input type="checkbox"/> Level 4 – UHIN and UPN <input type="checkbox"/> Level 5 – Date(s) of Admission; Discharge; Significant Procedures <input type="checkbox"/> Level 6 – Date of Birth; Medical Record Number; Billing Number		<u>1998-2012 Available</u> (limited data available 1989-1997)
<input type="checkbox"/> Outpatient Observation	<input type="checkbox"/> Level 1 – No Identifiable Data Elements <input type="checkbox"/> Level 2 – Unique Physician Number (UPN) <input type="checkbox"/> Level 3 – Unique Health Information Number (UHIN) <input type="checkbox"/> Level 4 – UHIN and UPN <input type="checkbox"/> Level 5 – Date(s) of Admission; Discharge; Significant Procedures <input type="checkbox"/> Level 6 – Date of Birth; Medical Record Number; Billing Number		<u>2002-2011 Available</u>

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	<input checked="" type="checkbox"/> Level 1 – No Identifiable Data Elements <input type="checkbox"/> Level 2 – Unique Physician Number (UPN) <input type="checkbox"/> Level 3 – Unique Health Information Number (UHIN) <input type="checkbox"/> Level 4 – UHIN and UPN; Stated Reason for Visit <input type="checkbox"/> Level 5 – Date(s) of Admision; Discharge; Significant Procedures <input type="checkbox"/> Level 6 – Date of Birth; Medical Record Number; Billing Number	<u>2000-2011 Available</u> 2000-2011
----------------------	---	---

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.

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.

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.

VIII. DIRECT PATIENT IDENTIFIERS³

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.

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.

We will use this data to quantify the variability in charges for pediatric emergency department visits across Massachusetts, with the intention of working towards standardization of care with lower state-wide charges.

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.

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.

Reducing the cost of and increasing the standardization of pediatric emergency care has economical and health benefits for the public.

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)?

- 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 received a doctorate in epidemiology with a minor in biostatistics from the Harvard School of Public Health in 2003. I am currently an Associate Professor of Pediatrics at Harvard Medical School. I am also Senior Epidemiologist and Biostatistician for the Division of Emergency Medicine

and the Scientific Director of the Design and Analysis Core of the Clinical Research Center at Boston Children's Hospital. I have been conducting research professionally for over ten years. I have extensive experience conducting data management and statistical analyses with large, administrative databases. Several of these projects have resulted in publications in peer-reviewed, scientific journals.

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.)

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.

We will link the CHIA data by the zip code of the hospitals to Census data. This is necessary to describe the demographic profiles of the neighborhoods where the hospitals are located.

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

No individual data will be used in the linkage of the CHIA data to the Census data, so there is no risk of identifying any individual patients.

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 plan to write a manuscript describing our study of the CHIA data and submit it to a peer-reviewed, scientific journal for publication.

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.

The results will be publicly available in the context of the published article that will result from our study.

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.

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:	
Contact Person:	
Title:	
Address:	
Telephone Number:	
E-mail Address:	
Organization Website:	

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.

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

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