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:	*1.David P. Smith, MHSA* *2. Patricia M. Noga, PhD, RN*
Title:	*1.Senior Director, Health Data Analysis & Research* *2. Vice President, Clinical Affairs*
Organization:	*Massachusetts Hospital Association*
Project Title:	*Tracking Aggregate Potentially Preventable Readmission Trends in Massachusetts Acute Care Hospitals*
Date of Application:	*October XX, 2013*
Project Objectives (240 character limit)	*To gauge aggregate MA acute care hospital performance in reducing Potentially Preventable Readmissions from FY 2012 through FY 2015*
Project Research Questions	*1. What is the trend/change in aggregate MA acute care hospital Potentially Preventable Readmissions from FY2 2012 through FY 2015?* *2. What can we learn about the profile of aggregate MA acute care hospital Potentially Preventable Readmissions that can guide collaborative efforts to reduce them?* *3. What can we learn about the profile of individual MA acute care hospital Potentially Preventable Readmissions that can help individual hospitals to reduce them?*

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	( ) 957 CMR 5.04 (De-identified Data)
( ) Payer	( ) 957 CMR 5.05 (Direct Patient Identifiers) **X**
( ) Provider / Provider Organization	

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?

The Massachusetts Hospital Association board of trustees approved a goal in January 2013 for Massachusetts acute care hospitals to reduce preventable readmissions by 20 percent by 2015. The first step in the process of establishing a measurement program to gauge progress in meeting the goal is to establish a baseline measure of preventable readmissions in FY 2012 (OCT'11 - SEP'12). MHA staff, with the support of MHA's Clinical Issues Advisory Council, has elected to contract with 3M Health Information Systems to use 3M's Potentially Preventable Readmission analytical and reporting system to measure statewide aggregate preventable readmissions in the base year and in fiscal years 13, 14, and 15. The agreement with 3M HIS will also allow MHA to provide analytical reports for each Massachusetts acute care hospital to assist the hospitals in their preventable readmission reduction efforts, part of a broader program of support that MHA will provide to hospitals. The FY 2012 case mix data, including importantly the UHIN and other key data elements, will allow MHA and hospitals to capture readmissions that occur in hospitals other than the hospital where the index admission took place, thereby providing a more comprehensive and accurate profile of readmissions than can be obtained from self-reporting of readmissions by individual hospitals. The project will mimic closely the work done by the then MA DHCFP and its Potentially Preventable Readmissions Steering Committee in 2008 -2009, in which MHA and the applicant were participants.

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

[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.

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) *FY 2012 (we plan to make the same application for FYs 2013, 2014, and 2015). We do not seek the UPN or the billing number. A calculated age field/variable can serve as an alternative to Date of Birth*.
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
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 Only]

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. 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.

We are not seeking Direct Patient Identifiers (i.e., 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), except as explained above in Item #III (calculated age can substitute for date of birth). Irrespective of whether any requested variables are classified as "Direct Patient Identifiers" or "individually identifiable data," the purposes of the study would benefit the Medicaid program by reducing Potentially Preventable Readmissions of Medicaid beneficiaries with the attendant improvement in their quality of care and cost savings to the Medicaid program.

VI. 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.

We are not applying for data that is supplied by CMS/Medicare program.

VII. 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.

We are not seeking Direct Patient Identifiers (i.e., 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), except as explained above in Item #III (calculated age can substitute for date of birth).

VIII. 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.

*The objectives of the project, research questions, and project summary provided above in Items #*I *and #*II *illustrate how we will use the data for benchmarking and quality analysis. The success of the project and related efforts will promote coordination of care as a strategy to reduce Potentially Preventable Readmissions and should lower or reduce the rate of increase in total medical expenditures as Potentially Preventable Readmissions are reduced.*

IX. 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

[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.

Medical Claims		
Pharmacy Claims		
Dental Claims		
Membership Eligibility		
Provider		
Product		

X. PURPOSE AND INTENDED USE

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

*See response to Item #*VIII *above.*

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

A description of the project objectives, scope of work, and deliverables is attached. The 3M Potentially Preventable Readmission (PPR) methods are described in Goldfield, N.I., McCullough, E.C., *et al***.:** Identifying Potentially Preventable Readmissions**.** *Health Care Financing Review***,** Fall 2008, Volume 30, Number 1 (also attached).

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.

XI. APPLICANT QUALIFICATIONS

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

- Mr. Smith served on the MA DHCFP Potentially Preventable Readmissions Steering Committee in 2008-09. He reports on readmission data trends on PatientCareLink incorporating data from CMS and STAAR Project readmission measures.
- Ms. Noga was responsible for coordinating MA hospital participation in the Commonwealth Fund/IHI STAAR Project (State Action on Avoidable Rehospitalizations), represents MHA on the MHDC Care Transitions Workgroup, and directs the MHA Hospital Engagement Network effort to reduce readmissions and patient harm under a grant from the CMS Partnership for Patients.

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.)

XII. 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.

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

XIII. 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 communicate with our member hospitals and the public on our websites mhalink.org & patientcarelink.org and through member communication vehicles (electronic newsletters, advisories and special publications as needed) on the trends in aggregate Potentially Preventable Readmissions. We will also supply individual hospitals with their organizational Potentially Preventable Readmission profiles to assist their efforts to reduce readmissions.

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 report on public websites (see Item #XIII above) the aggregate rates of Potentially Preventable Readmissions in MA acute care hospitals over the life of the study. We do not plan to provide the detailed aggregate state level profile report to any party outside of our membership. Individual hospital profile reports will not be released to the public by MHA or our contractor as the purpose of the reports is to aid internal hospital improvement efforts.

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.

We plan to use the individual hospital profile reports to assist hospitals in reducing readmissions. Some of that assistance to hospitals may involve interactions with MHA staff who serve as quality improvement coaches, although such assistance is provided as a general membership service and not on a fee basis. It is also possible that a hospital may wish to engage our contractor, 3M HIS, in some consulting capacity as a consequence of receiving the project reports.

XIV. 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:	3M Health Information Services
Contact Person:	Lisa Lyons
Title:	Product Manager – Applied Research
Address:	12215 Plum Orchard Dr. Silver Spring, MD 20904
Telephone Number:	Cell: 435-215-8723
E-mail Address:	lmlyons@MMM.com
Organization Website:	http://solutions.3m.com/wps/portal/3M/en_US/Health-Information-Systems/HIS/

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.

CORE PROJECT

Scope of Work

For four years, beginning October 2013, 3M HIS will conduct a PPR analysis including generation of norms of the inpatient data in the Massachusetts State-wide Hospital Discharge Database ("the State Database") and generate reports for MHA's use in their "Reduce Preventable Readmissions by 20% by 2015" program.

Deliverables

This analysis will be used to generate eight PPR performance reports which are described in Appendix I (the "Core Reports") of the MHA/3M engagement letter. The reports are modeled after reports produced for the MA DHCFP Potentially Preventable Readmissions Steering Committee in 2008 -2009. The Core Reports will be delivered to MHA in a mutually agreeable medium. 3M will also educate MHA's staff via a webinar on the PPR methodology and reports.

HOSPITAL REPORT PROJECT

Scope of Work

Massachusetts Hospital Association would like the engagement to include a supplemental provision of annual comparative PPR performance reports to individual member facilities.

Deliverables

3M will generate four PPR performance reports for each MHA member facility and distribute a PDF of the reports to each facility via MHA. The four facility PPR reports are described in Appendix II (the "Optional Reports"). The reports are modeled after reports produced for the MA DHCFP Potentially Preventable Readmissions Steering Committee and MA acute care hospitals in 2008 -2009. 3M will also provide five webinars to the facilities on the PPR methodology and reports over the course of sixty (60) days or less.

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

3M designed the Potentially Preventable Readmissions (PPR) methodology and has produced PPR reports and analyses for numerous hospitals across the country, often in conjunction with state government agencies, including the MA DHCFP. Its methods, tools, and analyses have been employed by the federal MedPAC commission/staff to assess the dimensions and causes of Medicare beneficiary readmissions.

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

MHA's relationship with 3M HIS with respect to this project and our mutual expectations and responsibilities are described in an Engagement Letter between the two organizations. The Engagement Letter includes 3M HIS' Standard Business Terms and Conditions and a Business Associate Agreement to satisfy certain standards and requirements of HIPAA, the Privacy Rule and the Security Rule (as those terms are defined below), and the HIPAA Final Rule, including, but not limited to, Title 45, §§ 164.314(a)(2)(i), 164.502(e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.").