

**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:	Mike Cirillo
Title:	Quality Assurance Engineer
Organization:	Comparion Medical Analytics, Inc.
Project Title:	N/A
Date of Application:	November 20, 2013
Project Objectives (240 character limit)	<i>This data will be used to support Comparion Medical Analytics's Healthcare Operations in creating products and tools that measure utilization and quality.</i>
Project Research Questions	1.N/A 2.N/A 3.N/A

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 type="radio"/> Researcher <input type="radio"/> Payer <input type="radio"/> Provider / Provider Organization	<input checked="" type="radio"/> 957 CMR 5.04 (De-identified Data) <input type="radio"/> 957 CMR 5.05 (Direct Patient Identifiers)
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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?

*Comparion Medical Analytics, Inc. is a healthcare information services and consulting company located in Greenville, SC. We provide both utilization and clinical outcome analytics via an online software application to our clients (primarily hospitals and hospital systems). These analytics show the hospital's inpatient competitive position in charge/costs and length of stay by service line, DRG, and department and/or inpatient performance in complications and mortality by service line and DRG compared to other hospitals – locally, regionally, or nationally. These analyses also compare the hospitals across the country and also quantify the effect of complication benchmark variance on resource consumption. In order to make a valid comparison, Comparion Medical Analytics clinically adjusts the data for differences in patient severity, intensity, and complexity, and charges/costs are adjusted for cost of living differences across metropolitan areas. All complication and mortality values are risk-adjusted and tested for statistical significance at a confidence level of 95%. Hospitals use this information to assist them in quality improvement efforts, cost reduction, and strategic planning and marketing.*

**III. FILES REQUESTED**

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

DATABASE	Level 1 <sup>1</sup> or 2 <sup>2</sup>	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
<b>CASEMIX</b>	<b>Level 1 - 6</b>		<b>Fiscal Years Requested</b>
<b>Inpatient Discharge</b>	<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 <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		<i>FY2012</i>
<b>Outpatient Observation</b>	<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>

<sup>1</sup> 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.

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

<p><b>Emergency Department</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Level 1 – No Identifiable Data Elements</li> <li><input type="checkbox"/> Level 2 – Unique Physician Number (UPN)</li> <li><input type="checkbox"/> Level 3 – Unique Health Information Number (UHIN)</li> <li><input type="checkbox"/> Level 4 – UHIN and UPN; Stated Reason for Visit</li> <li><input type="checkbox"/> Level 5 – Date(s) of Admission; Discharge; Significant Procedures</li> <li><input type="checkbox"/> Level 6 – Date of Birth; Medical Record Number; Billing Number</li> </ul>	<p><u>2000-2011 Available</u></p>
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**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 IDENTIFIERS<sup>3</sup>**

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.

<sup>3</sup> 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.

*Comparion Medical Analytics, Inc. using MA Hospital Inpatient State Data, provides interested MA facilities (hospitals and hospital systems) with both utilization and clinical outcome analytics via an online software application. These analytics show the hospital's inpatient competitive position in charge/costs and length of stay by service line, DRG, and department and/or inpatient performance in complications and mortality by service line and DRG compared to other hospitals – locally, regionally, or nationally. These analyses also compare the hospitals across the country and also quantify the effect of complication benchmark variance on resource consumption. In order to make a valid comparison, Comparion Medical Analytics clinically adjusts the data for differences in patient severity, intensity, and complexity, and charges/costs are adjusted for cost of living differences across metropolitan areas. All complication and mortality values are risk-adjusted and tested for statistical significance at a confidence level of 95%. Hospitals use this information to assist them in quality improvement efforts, cost reduction, and strategic planning and marketing.*

**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.

Hospitals can use this information to assist them in quality improvement efforts, cost reduction, and strategic planning and marketing, inevitably benefiting the public when using these facilities.

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.

*The principal investigator of this data is Rick Henderson, Vice President of Comparion Medical Analytics, Inc. Mr. Henderson manages the operations and product development of the company. For more than twenty years, Mr. Henderson has been involved with hospitals, management companies, and consulting firms to effect positive, quantified results in the delivery of efficient and effective healthcare. Prior to Comparion, he served as a management consultant with HCIA, Inc. (Baltimore, MD) as well as McGraw-Hill Healthcare Management Group (New York, NY). Mr. Henderson’s expertise includes the application of clinically-adjusted outcomes data for effective clinical resource management, quality improvement, and managed care contracting. He is fully certified by The George Group in the use of Lean Six Sigma performance improvement techniques. Mr. Henderson received his MBA from the University of Georgia.*

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.

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

*Currently we are making our product available to three (3) acute care, inpatient Massachusetts hospitals. This number may increase/decrease over time. Our product using this dataset is geared towards short-term, acute, inpatient hospitals and/or hospital systems located in Massachusetts. Example reports have been included with our request. These reports are representative of how this data for which CMA is applying will be used.*

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.

*Our web-based software product using this dataset is available to hospitals and hospital systems located in Massachusetts. An interested organization can either contact us directly by visiting our website (<http://www.companionanalytics.com>) for our contact information or may request information (brochures, web meeting, or on-site software demonstration) as a result of receiving a phone call from our sales staff. Fees are subject to contract duration and scope of contract agreement and are handled strictly by the sales department.*

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.

5. *CMA’s web-based software application can only be accessed by means of a user id and password combination that is created by CMA for our application website once a contract with a MA facility has been implemented. Example reports have been included with our request. These reports are representative of how this data for which CMA is applying will be used by MA hospitals or hospital systems.*

**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:	<b>N/A – WE USE NO THIRD-PARTY VENDORS.</b>
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.