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:	Therese Fitzgerald, PhD, MSW
Title:	Director, Women's Health Policy and Advocacy Program
Organization:	Connors Center for Women's Health and Gender Biology at Brigham and Women's Hospital
Project Title:	Sex Differences in the Utilization of "No-cost" Preventive Services Post Affordable Care Act (ACA) Implementation – Findings from a Case Study of Massachusetts Claims Data
Date of Application:	October 31, 2013
Project Objectives (240 character limit)	The project will investigate utilization rates of recommended preventive services by sex and sex-race/ethnicity groups pre- and post-national health care reform (i.e., the Affordable Care Act (ACA)).
Project Research Questions	1. What is the impact of the no-cost preventive services provision on utilization by sex, sex-race/ethnicity, and sex-socioeconomic status groups? 2. Do differences exist in utilization of certain recommended preventive services by sex and sex-race/ethnicity before and after ACA implementation of the no-cost preventive services provision? 3. What is the cost/cost-effectiveness for providing recommended no-cost preventive services compared with the prevalence and associated costs of disease?

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	○ 957 CMR 5.04 (De-identified Data) ○ 957 CMR 5.05 (Direct Patient Identifiers)

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 Patient Protection and Affordable Care Act (ACA) aims to improve access to and utilization of preventive care in the United States. Section 2713 of the ACA requires group health plans and small group and individual health insurance issuers without grandfathered status to cover recommended preventive services without cost-sharing to consumers. To date, 71 million Americans and over 1.7 million Massachusetts residents have gained preventive service coverage without cost-sharing.

The goal of the study is to investigate utilization rates of recommended preventive services by sex and whether the growth rate in screening for a selected group of diseases (please see attached Methodology) changes after the introduction of the no-cost preventive services provision and whether this change in the growth rate differs by sex. We will also explore whether the break in trend differs by ethnicity and socioeconomic status within and across sexes.

We will examine Massachusetts All-Payer Claims Database (APCD) data from January 2009 to December 2011. The analysis focused on two points in time: 1) pre-ACA (2009) and post-ACA (2010, 2011). Massachusetts APCD data will be used to understand no-cost preventive services utilization, such as the type and frequency of services patients received, whether or not a co-payment was required, and whether there are differences in utilization associated with sex, sex-race/ethnicity, and other subgroups. Massachusetts will be an important case study and model for no-cost preventive services implementation at the national level given its historic and innovative role in implementing health reform coverage and because Chapter 58, Massachusetts' health reform law, is the model for the ACA.

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	Single	☑ 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	Single	☑ 2009 ☑ 2010 ☑ 2011
☐ Provider	☐ Level 2	Select...	☐ 2009 ☐ 2010 ☐ 2011
☑ Product	☑ Level 2	Single	☑ 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)
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.

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[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.

IX. REQUESTS PURSUANT TO 957 CMR 5.04

[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.

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.

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.

The implementation of the no-cost preventive services provision under the Affordable Care Act (ACA) in 2010 provides a landmark opportunity to improve access and utilization of preventive care. Certain preventive services such as screenings and counseling are provided without cost-sharing to consumers, greatly removing prior cost barriers that may have existed. As ACA implementation moves forward, it will be important to measure the impact of the no-cost preventive services provision on the utilization of preventive services for different populations and subpopulations of women and men, including certain sex and sex-race/ethnicity groups.

Our analysis will allow policymakers, researchers, and stakeholders to gain more accurate insight into how preventive service utilization may differ between men and women and subgroups, including racial/ethnic minorities, within sex in Massachusetts. This information will help Massachusetts understand the full impact of the no-cost preventive care provision and whether there are populations that are experiencing access barriers to these no-cost services. This project will provide valuable information for Massachusetts policymakers as they seek to efficiently target resources for underserved populations and improve chronic disease outcomes.

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 November 14, 2013.
- ☐ 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.

Thérèse Fitzgerald, PhD, MSW is the Director of the Women's Health Policy and Advocacy Program at the Connors Center for Women's Health at Brigham and Women's Hospital. Prior to joining the Program, Thérèse served as Health Policy Research Director for the Massachusetts Medical Society, where she was responsible for research efforts in health policy, health systems, health care quality and cost, and practice environment issues. Prior to joining the Massachusetts Medical Society, Thérèse served as the Associate Director of the Center for Addictions Research and Services at Boston University School of Social Work. She holds a PhD in Sociology and Social Work from Boston University and a Masters Degree in Social Work from Boston University.

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.

The results of our analysis will be published in a report made publicly available on the researchers' websites and/or submitted for academic publication. All information from the study will be summarized from our analyses. We will not publish or disclose raw, sensitive or identifiable patient information at any point before, during, or after the study is complete.

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 of our analysis will be published in a report made publicly available at no fee on the researchers' websites and/or submitted for academic publication.

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:	Harvard School of Public Health
Contact Person:	Jessica Lee Cohen
Title:	Assistant Professor of Global Health Department of Global Health and Population
Address:	665 Huntington Avenue Boston, Massachusetts 02115
Telephone Number:	617-733-6470
E-mail Address:	cohenj@hsph.harvard.edu
Organization Website:	http://www.hsph.harvard.edu/jessica-cohen/

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.

Jessica Cohen, PhD, Assistant Professor of Global Health at Harvard School of Public Health, will

oversee the data analysis. She will be responsible for cleaning and analyzing the data in STATA, as well as overseeing a graduate student who will assist in cleaning and analyzing the data.

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

Dr. Cohen is Assistant Professor of Global Health at the Harvard School of Public Health, Non-Resident Fellow at the Brookings Institution, Faculty Affiliate at the Harvard Center for International Development and Malaria Technical Adviser with the Clinton Health Access Initiative. She is also the co-founder of TAMTAM Africa, Inc. (Together Against Malaria), an NGO operating in East Africa since 2003 working on malaria prevention among pregnant women. Her current research applies the methods of program design, randomized trials, and impact evaluation to maternal and child health programs and policies in sub-Saharan Africa. She has expertise in conducting interrupted time series regression analysis.

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

As the PI, Dr. Therese Fitzgerald will consult with Dr. Cohen on the research analyses and findings on a weekly basis. Dr. Fitzgerald will ensure that any issues or concerns raised are appropriately addressed and ensure that compliance with CHIA's data use requirements are met.