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

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

<u>NOTE</u>: **In order for your application to be processed, you must submit the required application fee. Please consult the fee schedules for APCD and Case Mix data for the appropriate fee amount. A remittance form with instructions for submitting the application fee is available on the CHIA website.**

I. GENERAL INFORMATION

APPLICANT INFORMATION	
Applicant Name:	Pranav Mehta
Title:	SVP Product and Massachusetts Market
Organization:	Harvard Pilgrim Health Care
Project Title:	MA Market and Medical Cost Assessments
Date of Application:	Friday February 28, 2014; Revised May 6, 2014
Project Objectives (240 character limit)	Our objective is to apply the data we receive to inform us on how we might continue making our plans affordable and accessible, particularly in providing consumers with what they want in terms of network-based products.
Project Research Questions (if applicable)	1. 2. 3.

Please indicate if you are a Researcher, Payer, Provider, Provider Organization or Other entity and whether you are seeking data pursuant to 957 CMR 5.04 (De-Identified Data), 957 CMR 5.05 (Direct Patient Identifiers for Treatment or Coordination of Care), or 957 CMR 5.06 (Discretionary Release).

☐	Researcher	x	957 CMR 5.04 (De-identified Data)
x	Payer	☐	957 CMR 5.05 (Direct Patient Identifiers)
☐	Provider / Provider Organization	☐	957 CMR 5.06 (Discretionary Release)
☐	Other		

II. PROJECT SUMMARY
Briefly describe the purpose of your project and how you will use the requested CHIA data to accomplish your purpose.

> We would like access to CHIA data to identify both areas where our medical cost structure, including payment/reimbursement models, varies with Massachusetts industry standards and how travel for service patterns aligns with our expectations.   We plan to look across medical claims, provider networks, member eligibility, and product/benefit structures to specify where

> we can make internal improvements that will benefit consumers through either reduced premiums or plan designs better suited to their needs when seeking in-network care.

III. FILES REQUESTED

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

ALL PAYER CLAIMS DATABASE	Level 1[1] or 2[2]	Single or Multiple Use	Year(s) Of Data Requested Current Yrs. Available 2009 - 2012
☑ Medical Claims	☐ Level 1 ☑ Level 2	Single ▼	☑ 2009 ☑ 2010 ☑ 2011 ☑ 2012
☐ Pharmacy Claims	☐ Level 1 ☐ Level 2	Single ▼	☐ 2009 ☐ 2010 ☐ 2011 ☐ 2012
☐ Dental Claims ☑ Member Eligibility ☑ Provider ☑ Product	☐ Level 2 ☑ Level 2 ☑ Level 2 ☑ Level 2	Select... ▼ Single ▼ Single ▼ Single ▼	☑ 2009 ☑ 2010 ☑ 2011 ☑ 2012

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	
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	

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[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.

	☐ Level 5 – Date(s) of Admission; Discharge; Significant Procedures	
	☐ Level 6 – Date of Birth; Medical Record Number; Billing Number	
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	

IV. FEE INFORMATION

Please consult the fee schedules for APCD (Administrative Bulletin 13-11) and Case Mix data (Administrative Bulletin 13-09) and select from the following options:

APCD Applicants Only

☐　　Academic Researcher

x　　Others (Single Use)

☐　　Others (Multiple Use)

Case Mix Applicants Only

x　　　　Single Use

☐　　　　Limited Multiple Use

☐　　　　Multiple Use

Are you requesting a fee waiver?

　　　　Yes

x　　　　No

If yes, please submit a letter stating the basis for your request.

V. 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.

VI. MEDICAID DATA [APCD Only]

Please indicate here whether you are seeking Medicaid Data:

☐　　Yes

x　　No

Federal law (42 USC 1396a(a)7) restricts the use of individually identifiable data of Medicaid recipients to uses that are directly connected with 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 meets this requirement. Applications requesting Medicaid data will be forwarded to MassHealth for a determination as to whether the proposed use of the data is directly connected to the administration of the Medicaid program. MassHealth may impose additional requirements on applicants for Medicaid data as necessary to ensure compliance with federal laws and regulations regarding Medicaid.

VII. MEDICARE DATA

Please indicate here whether you are seeking Medicare Data:

☐ Yes

x No

Medicare data may only 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.

Applicants seeking Medicare data must complete a Medicare Request Form.

Applicants approved to receive Medicare data will be required to execute an Addendum to CHIA's standard data use agreement, containing terms and conditions required by CHIA's data use agreement with CMS.

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

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.

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[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.

> Benchmarking medical spend and utilization across geographies and products, disease states and provider types with an eye on lowering medical costs and designing better products while better meeting market needs

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.

> With an increased understanding of both our relative medical cost structure and consumers' referral patterns, we will be in a better position to pinpoint areas for improvement that can translate to reduced healthcare expenditures and more cost effective insurance premiums for Massachusetts residents.

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.

- HPHC is a payer with significant analytical and clinical expertise to analyze and drive to the right conclusions
- HPHC will leverage both its internal informatics, clinical and other resources as well as rely selectively on external consultants to complete the analysis in a timely manner

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.)

Pranav Mehta
RESUME 2014-Feb.dc

XIII.   DATA LINKAGE AND FURTHER DATA ABSTRACTION

1. Does your project require linking the CHIA Data to another dataset?
   ☐ Yes
   x   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, seminar, conference, or other setting.

   Reports from this project will be for HPHC's internal use and will not be published. Data will not be disclosed.

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.

   Reports are for internal purposes only, however HPHC will be willing to brief CHIA on our

findings.

3. Will you use the data for consulting purposes?

☐ Yes

X No – while a consulting firm is supporting analytics, they will not use the data for any purpose other than to support HPHC research

4. Will you be selling standard report products using the data?

☐ Yes

X No

5. Will you be selling a software product using the data?

☐ Yes

X 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:	Boston Consulting Group
Contact Person:	Giridhar Rao
Title:	Partner and Managing Director
Address:	315 Park Avenue South, NY,NY 10010
Telephone Number:	646 448 7699
E-mail Address:	Rao.giri@bcg.com
Organization Website:	www.bcg.com

7. 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

X No

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

Contractor will be supporting analytics involving the requested data and jointly work with the Harvard Pilgrim team to synthesize the analysis

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

> Healthcare consultants and analysts with significant experience in analytics and benchmarking assessments for health care companies at the national and regional level

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

> Sub-contractor team is onsite at HPHC with daily oversight from HPHC