

**Commonwealth of Massachusetts
Center for Health Information & Analysis (CHIA)
Non-Government MA APCD Request for Data**

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

NOTE: In order for your application to be processed, you must submit the required application fee. Please consult the fee schedules for MA APCD 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:	Elena Tomov
Title:	Manager of Advanced Analytics
Organization:	Risk Management Foundation of Harvard Medical Institutions
Project Title:	APCD Pilot Project
Mailing Address:	101 Main Street, Cambridge, MA 02124
Telephone Number:	617.679.1230
Email Address:	etomov@rmf.harvard.edu
Names of Co-Investigators:	Astrid Babayan, PhD
Email Addresses of Co-Investigators:	ababayan@rmf.harvard.edu
Original Data Request Submission Date:	6/30/2015
Dates Data Request Revised:	7/20/2015, 11/10/2015
Project Objectives (240 character limit)	<p>We propose to use the All-Payer Claims Database to improve our Claims Risk Model and to make it more useful. The APCD provides the opportunity to incorporate into the CRM information about volume of care, the kinds of patients being seen, and the care being provided to them. We are specifically interested in using the APCD as a source of detailed information about:</p> <ul style="list-style-type: none"> • Patient volumes and visit volumes (inpatient and outpatient) • Sites of patient care • Diagnoses • Procedures <p>We expect that the improved CRM will allow us to better evaluate trends in claims, better assess risk and target interventions, and identify potential emerging risks.</p>

Project Research Questions (if applicable) or Business Use Case(s):	n/a
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II. PROJECT SUMMARY

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

CRICO’s Claims Risk Model (CRM) is designed to predict a provider’s likelihood of being named in a medical professional liability claim. The results show the relative riskiness of physicians based on their specialty, employer organization classification (academic or community), an approximation of their unique patient count, and their coverage year.

1. With the addition of All Payer Claims Database (APCD) data, the model will be improved to reflect:
 - o The organization where providers deliver care (currently their employer organization is used)
 - o Volume of care delivered (currently an approximate value is used for the two classifications – academic and community organizations)
 - o The kinds of patients seen (diagnoses) and procedures performed

III. FILES REQUESTED

Please indicate which MA APCD file(s) you are requesting, the year(s) of data requested, and your justification for requesting each file. Please refer to the MA APCD Release 4.0 Documentation Guides for details of the file contents.

MA ALL PAYER CLAIMS DATABASE FILES	Year(s) Of Data Requested Current Yrs. Available <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 <input type="checkbox"/> 2012 <input type="checkbox"/> 2013 <input type="checkbox"/> 2014
<input checked="" type="checkbox"/> Medical Claims	Please provide justification for requesting Medical Claims file: Some of the fields we will utilize to improve our Claims Risk Model: Diagnoses of patients seen – by building models for subsets of patients with specified ICD-9 diagnosis codes and/or ICD-9/CPT procedure codes, e.g. 724.9 spinal surgery, 401.9 hypertension. We will also use ICD-9 diagnosis codes (mapped to Elixhauser categories) to assess co-morbidities of a physician’s patients, incorporating a co-morbidity index for patients seen into our predictive model
<input type="checkbox"/> Pharmacy Claims	Please provide justification for requesting Pharmacy Claims file: n/a
<input type="checkbox"/> Dental Claims	Please provide justification for requesting Dental Claims file:

	n/a
<input type="checkbox"/> Member Eligibility	<p>Please provide justification for requesting Member Eligibility file:</p> <p>n/a</p>
<input type="checkbox"/> Provider (encrypted NPI) Standard or <input checked="" type="checkbox"/> Provider* (unencrypted NPI)	<p>Please provide justification for requesting Provider file:</p> <p>We will utilize the Provider file to enhance our Claims Risk Model. Specifically, we will use Physician specialty (field PV030) to accurately reflect the underlying exposure of each provider. We will also explore the usefulness of variable PV055 PCP Flag.</p> <p>APCD Provider Organization (field PV032) to determine where care is being delivered.</p> <p>Volume of care delivered based on counts of unique patients seen, numbers of inpatient/outpatient visits (based on Evaluation and Management Codes).</p> <p>*Please provide justification for requesting unencrypted NPI (if requested). Refer to specifics in your methodology:</p> <p>NPI is needed to join our medical malpractice claim data to APCD data.</p>
<input type="checkbox"/> Product	<p>Please provide justification for requesting Product file:</p> <p>n/a</p>

IV. GEOGRAPHIC DETAIL

Please choose one of the following geographic options for MA residents:

<input checked="" type="checkbox"/> 3 Digit Zip Code (MA)	<input type="checkbox"/> 5 Digit Zip Code (MA)
<p>***Please provide justification for requesting 5 digit zip code. Refer to specifics in your methodology:</p> <p>n/a</p>	

V. DATE DETAIL

Please choose one option from the following options for dates:

<input checked="" type="checkbox"/> Year (YYYY) (Standard)	<input type="checkbox"/> Month (YYYYMM) ***	<input type="checkbox"/> Day (YYYYMMDD) *** [for selected data elements only]
<p>*** If requested, please provide justification for requesting Month or Day. Refer to specifics in your methodology:</p> <p>n/a</p>		

VI. FEE INFORMATION

Please consult the fee schedules for MA APCD data, available at http://chiamass.gov/regulations/#957_5, and select from the following options:

APCD Applicants Only

- Academic Researcher
- Others (Single Use)
- Others (Multiple Use)

Are you requesting a fee waiver?

- Yes
- No

If yes, please refer to the [Application Fee Remittance Form](#) and submit a letter stating the basis for your request (if required). Please refer to the [fee schedule](#) for qualifications for receiving a fee waiver. If you are requesting a waiver based on the financial hardship provision, please provide documentation of your financial situation. Please note that non-profit status alone isn't sufficient to qualify for a fee waiver.

VII. MEDICAID DATA [APCD Only]

Please indicate here whether you are seeking Medicaid Data:

- Yes
- 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.

n/a

VIII. PURPOSE AND INTENDED USE

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

The purpose of this project is to enhance and expand CRICO's existing Claims Risk Model (CRM) by incorporating data available in the All Payer Claims Database (APCD). The ultimate application of CRM findings is to design and implement educational programs and interventions for enhanced patient safety across the CRICO insured entities (all Harvard-affiliated organizations). In addition, CRICO's patient safety programs are freely available to a nationwide

audience through our web site, publications, conferences, and multiple other channels focused on patient safety and healthcare quality.

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)? Please note that CHIA will not review your application until IRB documentation has been received (if applicable).
 - 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.

IX. APPLICANT QUALIFICATIONS

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

Elena Tomov, MBA, Manager of Advanced Analytics
Astrid Babayan, PhD, Senior Quantitative Analyst

2. Attach résumés or curricula 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.)

X. DATA LINKAGE AND FURTHER DATA ABSTRACTION

Note: Data linkage involves combining CHIA data with other databases to create one extensive database for analysis. Data linkage is typically used to link multiple events or characteristics that refer to a single person in CHIA data within one database.

1. Do you intend to link or merge CHIA Data to other datasets?
 - Yes
 - No linkage or merger with any other database will occur
2. If yes, will the CHIA Data be linked or merged to other individual patient level data (e.g. disease registries, death data), individual provider level data (e.g., American Medical Association Physician Masterfile) , facility level (e.g., American Hospital Association data) or with aggregate data (e.g., Census data)? [check all that apply]
 - Individual Patient Level DataWhat is the purpose of the linkage:

n/a

What databases are involved, who owns the data and which specific data elements will be used for linkage:

n/a

Individual Provider Level Data

What is the purpose of the linkage:

To identify and quantify medical malpractice risk related to individual providers' characteristics.

What databases are involved, who owns the data and which specific data elements will be used for linkage:

RMF's own data will be used. The data represents medical malpractice claims and suits filed against our insured providers.

Individual Facility Level Data

What is the purpose of the linkage:

n/a

What databases are involved, who owns the data and which specific data elements will be used for linkage:

n/a

Aggregate Data

What is the purpose of the linkage:

n/a

What databases are involved, who owns the data and which specific data elements will be used for linkage:

n/a

3. If yes, for each proposed linkage above, please describe your method or selected algorithm (e.g., deterministic or probabilistic) for linking each dataset. If you intend to develop a unique algorithm, please describe how it will link each dataset .

Deterministic, based on provider NPI number

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

n/a

5. If yes, and the data mentioned above is not in the public domain, please attach a letter of agreement or other appropriate documentation on restrictions of use from the data owner corroborating that they agree to have you initiate linkage of their data with CHIA data and include the data owner's website.

XI. 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.

Findings from our analysis will be distributed internally within our company or our insured organizations. The findings will be at highly aggregated level and contextually unidentifiable to patient, provider, or facility.

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.

If we have meaningful and actionable findings from the analysis, the results will be distributed through our web site and free publications.

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. Will you be reselling the data?

- Yes
- No

If yes, in what format will you be reselling the data (e.g., as a standalone product, incorporated with a software product, with a subscription, etc.)?

n/a

7. If you have answered “yes” to questions 3, 4 or 5, please describe the types of products, services or studies.

n/a

XII. 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:	n/a
Contact Person:	
Title:	
Address:	
Telephone Number:	
E-mail Address:	
Organization Website:	

8. Will the agent/contractor have access to the data at a location other than your location, your off-site server and/or your database?

- Yes
- No

If yes, please provide information about the agent/contractor’s data management practices, policies and procedures in your Data Management Plan.

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

n/a

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

n/a

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

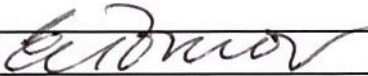
n/a

XIII. ASSURANCES

Applicants requesting and receiving data from CHIA pursuant to 957 CMR 5.00 (“Data Recipients”) will be provided with data following the execution of a data use agreement that requires the Data Recipient to adhere to processes and procedures aimed at preventing unauthorized access, disclosure or use of data, as detailed in the DUA and the applicant’s CHIA-approved Data Management Plan.

Data Recipients are further subject to the requirements and restrictions contained in applicable state and federal laws protecting privacy and data security, and will be required to adopt and implement policies and procedures designed to protect CHIA data in a manner consistent with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

By my signature below, I attest to: (1) the accuracy of the information provided herein; (2) my organization’s ability to meet CHIA’s minimum data security requirements; and (3) my authority to bind the organization seeking CHIA data for the purposes described herein.

Signature:	
Printed Name:	Elena Tomov
Title	Manager of Advanced Analytics
Original Data Request Submission Date:	6/30/2015
Dates Data Request Revised:	7/20/2015, 11/10/2015