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:	David Bierschied
Title:	Director, Strategic Financial Planning
Organization:	UMass Memorial Health Care Inc
Project Title:	Community Needs Planning
Mailing Address:	306 Belmont St, Suite 120, Worcester MA 01604
Telephone Number:	508-334-0463
Email Address:	David.Bierschied@umassmemorial.org
Names of Co-Investigators:	Ian Copland, Thomas Jagling
Email Addresses of Co-Investigators:	Ian.Copland@ umassmemorial.org Thomas.Jagling@umassmemorial.org
Original Data Request Submission Date:	October 14, 2015
Dates Data Request Revised:	January 8, 2016
Project Objectives (240 character limit)	Provide de-identified data and analysis to UMass Memorial Health Care internal service areas for purposes of: a) market share by service area; b) community needs assessment by service line; and c) analysis by Diagnosis and Procedure categories.
Project Research Questions (if applicable) or Business Use Case(s):	1. 2. 3.

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

> The purpose of this project is to provide a better understanding of our inpatient and outpatient market to assist strategic planning initiatives in a changing healthcare environment. We will use CHIA data to identify market strengths and weaknesses, strategic placement of services based on need and demand, and identification of market/utilization patterns.

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 ☐ 2010 2011 x 2012 x 2013 x 2014
x **Medical Claims**	**Please provide justification for requesting Medical Claims file:** The purpose of this project is to provide a better understanding of our inpatient and outpatient market to assist strategic planning initiatives in a changing healthcare environment. We will use CHIA data to identify market strengths and weaknesses, strategic placement of services based on need and demand, and identification of market/utilization patterns.
☐ **Pharmacy Claims**	**Please provide justification for requesting Pharmacy Claims file:**
☐ **Dental Claims**	**Please provide justification for requesting Dental Claims file:**
☐ **Member Eligibility**	**Please provide justification for requesting Member Eligibility file:**
☐ **Provider** (encrypted NPI) Standard or ☐ **Provider*** (unencrypted NPI)	**Please provide justification for requesting Provider file:** ***Please provide justificaiton for requesting unencrpted NPI (if requested). Refer to specifics in your methodology:**

☐ **Product**	**Please provide justification for requsting Product file:**

IV. GEOGRAPHIC DETAIL

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

☐ 3 Digit Zip Code (MA)	x 5 Digit Zip Code (MA)
***Please provide justification for requesting 5 digit zip code. Refer to specifics in your methodology:** We are requesting the full five digit zip code. Without the full five digit zip code we will not be able to identify utilization at our regional service areas or identify strategic placement of services based on need and demand. No reporting or analysis is done at the individual patient level but aggregated at the service area and hospital grouping. At the data record level we identify by zip code our four regions within our total service area. This allows us to identify community needs and demand as well as market share by region or total service area.	

V. DATE DETAIL

Please choose _one_ option from the following options for dates:

☐ Year (YYYY) (Standard)	x Month (YYYYMM) ***	☐ Day (YYYYMMDD) *** [for selected data elements only]
*** If requested, please provide justification for requesting Month or Day. Refer to specifics in your methodology: Inclusion of the month will allow us to identify seasonality trends.		

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
x   Others (Single Use)
☐   Others (Multiple Use)

Are you requesting a fee waiver?

☐   Yes

x   No

If yes, please refer to the <u>Application Fee Remittance Form</u> and submit a letter stating the basis for your request (if required). Please refer to the <u>fee schedule</u> 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:

x   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.

> UMass Memorial Health Care is the largest health care system in Central Massachusetts. We are the clinical partner of UMass Medical School, the state's first and only public academic health sciences center, and are the teaching hospital of the Commonwealth. As a Disproportionate Share hospital, we serve a large Medicaid population and their health is an integral part of our mission. CHIA data will allow us to understand and identify community needs and assist our strategic planning to better serve this population.

VIII. PURPOSE AND INTENDED USE

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

> Analysis of the CHIA data will assist our strategic planning effort to determine appropriate services to provide to the community based on customer needs and demand while also helping us strive to achieve the Commonwealth's Total Healthcare Expenditures cost growth benchmark of 3.6%.

2. **Attach** a brief (1-2 pages) description of your research methodology. (This description will not be posted on the internet.) Please see document "Section VIII 2" posted on IRBNet.

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.

x 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.

> The principal investigator and two co-investigators have over 50 years of hospital Finance experience. The individuals have been involved with understanding and planning for the healthcare community's needs.

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?
   - X   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]
   - ☐   <u>Individual Patient Level Data</u>

   What is the purpose of the linkage:

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

   - ☐   <u>Individual Provider Level Data</u>

   What is the purpose of the linkage:

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

X   Individual Facility Level Data

What is the purpose of the linkage:

The purpose of the linkage is to identify the Facility providing the service.

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

Link APCD field MC077 National Billing Provider ID to the CMS NPI data field NPI.

☐   Aggregate Data

What is the purpose of the linkage:

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

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 .

Link APCD field MC077 National Billing Provider ID to the CMS NPI data field NPI.

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

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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.

> CHIA data will be used in strategic planning to meet community needs and market analysis presentations to internal users of UMass Memorial Healthcare following CHIA data use protocols.

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 not be publicly available.

3. Will you use the data for consulting purposes?
☐   Yes
X   No

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. Will you be reselling the data?
☐   Yes
X   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.)?

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

XII. USE OF AGENTS AND/OR CONTRACTORS

<u>Third-Party Vendors</u>. 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.

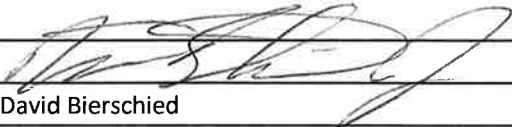10. Describe the qualifications of this agent or contractor to perform such tasks or deliver such products.

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

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:	David Bierschied
Title	Director, Strategic Financial Planning
Original Data Request Submission Date:	October 14, 2015
Dates Data Request Revised:	January 8, 2016

UMass Memorial Health Care Inc

CHIA APCD Limited Data Set Application

January, 2016

Section VIII #2: Research Methodology

At the data record level we identify by zip code our four regions within our total service area. This allows us to identify community needs and demand as well as market share by region or total service area at either the aggregate or service line level.

We are requesting the full five digit zip code. Without the full five digit zip code we will not be able to identify utilization at our regional service areas or identify strategic placement of services based on need and demand. No reporting or analysis is done at the individual patient level but aggregated at the service area and hospital grouping.

Regional Service Areas

Our Regional Service areas are defined based on hospital locations within our system.

Hospital Grouping

We aggregate where a patient living within each regional service area receives patient services by these Hospital groups:

1) UMMMC – UMass Memorial Medical Center
2) Member – Clinton Hospital, HealthAlliance Hospital, Marlboro Hospital
3) Affiliate –Harrington, Heywood-Athol, Holyoke, Milford Regional and Noble
4) Tenet – Saint Vincent Hospital and MetroWest Medical Center
5) Out Migration – all other hospitals

Market Share

Using the five digit zip code we identify patients receiving inpatient and outpatient services within our service areas and group them by the five Hospital Groups listed above. For example, in FY12, there were a total of 114,956 discharges within our service areas. Of these, the Medical Center had 37,556 discharges or 32.7% market share. All CHIA data is limited to the Market Share Review and will not be linked to other internal or external files nor reported at an individual patient level.

Our request for APCD data is to build our population health capabilities to meet the challenges of a fully integrated delivery system managing the overall quality and cost of care for defined populations. We are an academic health system which desires to assess our community-based primary care network and community based specialist programs to ensure adequate services. This will allow us to continue our efforts to provide convenient low cost office based practices and enhanced integration of care. We believe the APCD data will help to guide the placement of services to adequately meet the needs of our community.