

Non-Government Application for Massachusetts All-Payer Claims Data [Exhibit A: Data Application]

I. INSTRUCTIONS

This form is required for all Applicants, except Government Agencies as defined in [957 CMR 5.02](#). All Applicants must also complete the [Data Management Plan](#), attached to this Application. The Application and the Data Management Plan must be signed by an authorized signatory of the Organization. This Application and the Data Management Plan will be used by CHIA to determine whether the request meets the criteria for data release, pursuant to 957 CMR 5.00. Please complete the Application documents fully and accurately. Prior to receiving CHIA Data, the Organization must execute CHIA’s [Data Use Agreement](#). Applicants may wish to review that document prior to submitting this Application.

Before completing this Application, please review the data request information on CHIA’s website:

- [Data Availability](#)
- [Fee Schedule](#)
- [Data Request Process](#)

After reviewing the information on the website and this Application, please contact CHIA at apcd.data@state.ma.us if you have additional questions about how to complete this form.

All attachments must be uploaded to IRBNet with your Application. All Application documents can be found on the [CHIA website](#) in Word and in PDF format or on [IRBNet](#) in Word format. If you submit a PDF document, please also include a Word version in order to facilitate edits that may be needed.

Applications will not be reviewed until the Application and all supporting documents are complete and the required application fee is submitted. A [Fee Remittance Form](#) with instructions for submitting the application fee is available on the CHIA website and IRBNet. If you are requesting a fee waiver, a copy of the Fee Remittance Form and any supporting documentation must be uploaded to IRBNet.

II. ORGANIZATION AND INVESTIGATOR INFORMATION

Project Title:	MyMedicalShopper Massachusetts Expansion Feasibility Study
IRBNet Number:	966131-1
Organization Requesting Data:	MMS Analytics, Inc. dba MyMedicalShopper
Organization Website:	www.mymedicalshopper.com
Authorized Signatory for Organization:	Mark Galvin
Title:	President & CEO
E-mail Address:	mark@mymedicalshopper.com
Address, City/Town, State, Zip Code:	99 Bow Street, Suite 100 East, Portsmouth, NH 03801
Primary Investigator:	Evan Young
Title:	Head of Data Analytics
E-mail Address:	evan@mymedicalshopper.com
Telephone Number:	(603) 502-4691
Names of Co-Investigators:	Matt Robinson, Mark Galvin
E-mail Addresses of Co-Investigators:	matt@mymedicalshopper.com , mark@mymedicalshopper.com

III. FEE INFORMATION

1. Consult the [Fee Schedule](#) for All-Payer Claims Database data and select one of the following options:

- Researcher
 Other
 Reseller

2. Are you requesting a fee waiver?

- Yes
 No

3. Complete and submit the [Fee Remittance Form](#). If requesting a fee waiver, submit a letter stating the basis for your request (if required). Please refer to the [Fee Schedule](#) (effective Feb 1, 2017) for fee waiver criteria.

IV. PROJECT INFORMATION

1. What will be the use of the CHIA Data requested? [Check all that apply]

- | | | |
|--|--|--|
| <input type="checkbox"/> Epidemiological | <input type="checkbox"/> Health planning/resource allocation | <input type="checkbox"/> Cost trends |
| <input type="checkbox"/> Longitudinal Research | <input checked="" type="checkbox"/> Quality of care assessment | <input type="checkbox"/> Rate setting |
| <input checked="" type="checkbox"/> Reference tool | <input checked="" type="checkbox"/> Research studies | <input type="checkbox"/> Severity index tool |
| <input type="checkbox"/> Surveillance | <input type="checkbox"/> Student research | <input type="checkbox"/> Utilization review of resources |
| <input type="checkbox"/> Inclusion in a product | <input type="checkbox"/> Other (describe in box below) | |

2. Provide a summary of the specific purpose and objectives of your Project. This may include research questions and/or business use Projects.

1. Study the feasibility of using CHIA data to power the MyMedicalShopper Comparison Shopping Platform. Upon completion, and pending CHIA approval for an expansion of scope in use of the data to include incorporation in our larger, publically available product, the Platform will enable consumers statewide to shop for their healthcare services based on the merits of cost, quality, and convenience.

2. Study the feasibility of using CHIA data to compute our proprietary quality metric, to be shown alongside the pricing data to further inform consumer decisions, pending later approval for use of the data in a publically available product.

3. Study the feasibility of using CHIA data to populate reports used by providers to assess their competitive landscape.

3. Has an Institutional Review Board (IRB) reviewed your Project?

- Yes [If yes, a copy of the approval letter and protocol must be included with the Application package on IRBNet.]
 No, this Project is not human subject research and does not require IRB review.

4. **Research Methodology:** Applicants must provide either the IRB protocol or a written description of the Project methodology (typically 1-2 pages), which should state the Project objectives and/or identify relevant research questions. This document must be included with the Application package on IRBNet and must provide sufficient detail to allow CHIA to understand how the Data will be used to meet objectives or address research questions.

V. PUBLIC INTEREST

1. Briefly explain why completing your Project is in the public interest. *Uses that serve the public interest under CHIA regulations include, but are not limited to: health cost and utilization analysis to formulate public policy; studies that promote improvement in population health, health care quality or access; and health planning tied to evaluation or improvement of Massachusetts state government initiatives.*

Initially this project will study the feasibility of using CHIA data to power the MyMedicalShopper Comparison Shopping Platform, a tool already delivering transparency in pricing to thousands of medical consumers in New Hampshire. Pending approval by CHIA to include the aggregated pricing information in our larger, publically available product, users will be able to evaluate their options for care based on the merits of cost, quality, and convenience at providers throughout the state and beyond. Information on over 9,000 procedures will be aggregated to display the total estimated cost for the incident of care, including all applicable facility fees, professional fees, and commonly bundled procedures.

At the current time, tools available to inform consumers’ healthcare consumption are limited and mainly owned by the carriers themselves. To our knowledge, there are no tools available to the uninsured in the state of Massachusetts that provide any insight into the cost of care, only an antiquated and unreliable process for consumers to request prices directly from providers. We will be offering free, instant access to procedure pricing derived from actual claims data across all providers performing the procedure in question. The platform will be accessible from any web or mobile browser, far more convenient than calling facilities individually and waiting two days or more for results.

VI. DATASETS REQUESTED

1. Specify below the dataset(s) and year(s) of data requested for this Project, and provide your justification for requesting each dataset.

<input checked="" type="checkbox"/> Medical Claims <input type="checkbox"/> 2011 <input type="checkbox"/> 2012 <input type="checkbox"/> 2013 <input type="checkbox"/> 2014 <input type="checkbox"/> 2015
Describe how your research objectives require Medical Claims data: We plan to analyze medical claims to show pricing, by facility, of the total cost of care for a given procedure searched. We would like to use 2016 data for this study when available.
<input type="checkbox"/> Pharmacy Claims <input type="checkbox"/> 2011 <input type="checkbox"/> 2012 <input type="checkbox"/> 2013 <input type="checkbox"/> 2014 <input type="checkbox"/> 2015
Describe how your research objectives require Pharmacy Claims data:

<input type="checkbox"/> Dental Claims
<input type="checkbox"/> 2011 <input type="checkbox"/> 2012 <input type="checkbox"/> 2013 <input type="checkbox"/> 2014 <input type="checkbox"/> 2015
Describe how your research objectives require Dental Claims data:
<input type="checkbox"/> Member Eligibility
<input type="checkbox"/> 2011 <input type="checkbox"/> 2012 <input type="checkbox"/> 2013 <input type="checkbox"/> 2014 <input type="checkbox"/> 2015
Describe how your research objectives require Member Eligibility data:
<input type="checkbox"/> Provider
<input type="checkbox"/> 2011 <input type="checkbox"/> 2012 <input type="checkbox"/> 2013 <input type="checkbox"/> 2014 <input type="checkbox"/> 2015
Describe how your research objectives require Provider data:
<input type="checkbox"/> Product
<input type="checkbox"/> 2011 <input type="checkbox"/> 2012 <input type="checkbox"/> 2013 <input type="checkbox"/> 2014 <input type="checkbox"/> 2015
Describe how your research objectives require Product data:

2. All-Payer Claims Database data are refreshed and updated periodically and made available in Release Versions that contain the most recent five calendar years of data. As certain Project objectives may require future years of data not yet available, CHIA will consider requests for additional Release Versions of the *same data (i.e., same elements and files)* without the need to submit a new application. Please note that approved requests will be subject to applicable terms in the Data Use Agreement and fees for additional data. Please indicate below whether this is a one-time request, or if the described Project will require future Release Versions of data and if so, which Versions

One-Time **OR** 2016 2017 2018 2019 2020

VII. DATA ELEMENTS REQUESTED

State and federal privacy laws limit the release and use of Data to the minimum amount of data needed to accomplish a specific Project objective.

All-Payer Claims Database data is released in Limited Data Sets (LDS). All applicants receive the “Core” LDS, but may also request additional elements listed below for inclusion in their analyses. Requests for additional elements will be reviewed by CHIA to determine whether each represents the minimum data necessary to complete the specific Project objective.

For a full list of elements in the release (i.e., the core elements and additional elements), please refer to [release layouts](#), [data dictionaries](#) and similar documentation included on CHIA’s website.

1. Specify below which elements you are requesting in addition to the “Core” LDS, provide your justification for requesting each element.

Geographic Data

The geographic sub-divisions listed below are available for Massachusetts residents and providers only. Choose one of the following geographic options. *[For releases with 5 digit zip code, CHIA will apply a substance abuse filter which will remove all claims that include a substance abuse diagnosis or treatment.]*

3-Digit Zip Code (standard)

5-Digit Zip Code***

***If requested, provide justification for requesting 5-Digit Zip Code. Refer to specifics in your methodology:

Dates

Choose one option from the following options for dates. *[For releases with YYYYMM or YYYYMMDD, CHIA will apply a substance abuse filter which will remove all claims that include a substance abuse diagnosis or treatment.]*

Year (YYYY) (Standard)

Month (YYYYMM) ***

Day (YYYYMMDD) ***

[\[for selected data elements only\]](#)

*** If requested, provide justification for requesting Month or Day. Refer to specifics in your methodology:

National Provider Identifier (NPI)

Choose one of the following options for National Provider Identifier(s):

Encrypted National Provider Identifier(s) (standard)

Decrypted National Provider Identifier(s)***

*** If requested, provide justification for requesting decrypted National Provider Identifier(s). Refer to specifics in your methodology:

Our product provides procedure pricing information to consumers, including the amount they are likely to pay at each provider for their total incident of care. To be able to display data at a level of granularity that enables informed decision making and comparison shopping, we need to know where the care is delivered. All of the data shown on our consumer-facing site will be aggregated, showing only a facility, the procedure being searched, a typical amount paid for care, and the procedure names and amounts typically bundled with the searched procedure.

VIII. MEDICAID DATA

1. Please indicate whether you are seeking Medicaid Data:

Yes No

2. Federal law (42 USC 1396a(a)7) restricts the use of individually identifiable data of Medicaid recipients to uses that are directly connected to the administration of the Medicaid program. If you are requesting Medicaid Data, please describe, in the space below, why your use of the Data meets this requirement. Requests for 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. CHIA cannot release Medicaid Data without approval from MassHealth. This may introduce significant delays in the receipt of Medicaid Data.

IX. DATA LINKAGE

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

1. Do you intend to link or merge CHIA Data to other data?

 Yes No linkage or merger with any other data will occur

2. If yes, please indicate below the types of data to which CHIA Data will be linked. [Check all that apply]

 Individual Patient Level Data (e.g. disease registries, death data) Individual Provider Level Data (e.g., American Medical Association Physician Masterfile) Individual Facility Level Data (e.g., American Hospital Association data) Aggregate Data (e.g., Census data) Other (please describe):

3. If yes, describe the dataset(s) to which the CHIA Data will be linked, indicate which CHIA Data elements will be linked and the purpose for each linkage.

We plan to use the decrypted NPI element to link to the National Plan and Provider Enumeration System NPI file, allowing us to compute the cost of care for facilities/providers throughout the state of Massachusetts.

4. 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.

The linkage will be simple join on National Provider Identifier between the claims dataset and the NPPES NPI file.

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

The linked dataset only describes providers. Minimum cell size rules will prevent the calculation of prices for provider-procedure combinations that had fewer than 11 records in a given year.

X. PUBLICATION / DISSEMINATION / RE-RELEASE

1. Describe your plans to publish or otherwise disclose CHIA Data, or any data derived or extracted from CHIA Data, in any paper, report, website, statistical tabulation, seminar, conference, or other setting. Any and all publication of CHIA Data must comply with CHIA's cell size suppression policy, as set forth in the Data Use Agreement. Please explain how you will ensure that any publications will not disclose a cell less than 11, and percentages or other mathematical formulas that in the display of a cell less than 11.

Initially, there will be no public disclosure as this first phase is only a study of the feasibility of using CHIA data to power an existing product. Pending approval from CHIA to offer aggregate pricing information publically after the feasibility study, we plan to publish a consumer-facing product called the MyMedicalShopper Comparison Shopping Platform, enabling consumers to shop for care on the merits of cost, quality, and convenience and a custom report available to providers, called the Competitive Pricing Analysis, to visualize their competitive landscape. Our aggregation method already requires more than 10 records in the source data (provider, procedure, price combinations) to compute a price that can be displayed to our users, complying with CHIA's cell size suppression policy. As a final step, we check the resultant aggregation before publication to ensure that no provider-procedure combinations with fewer than 11 records in the source data are displayed.

2. Do you anticipate that the results of your analysis will be published and/or made publically available? If yes, describe how an interested party will obtain your analysis and, if applicable, the amount of the fee, that the third party must pay.

Initially, there will be no publically accessible derivative report or publication. However, pending approval by CHIA for public disclosure, we plan to make publically available:

1. **Freemium version:** Any person may currently and will continue to be allowed to access our comparison shopping platform with procedure bundle insights, healthcare/insurance resources including money-saving tips and intelligent plan design suggestions, our proprietary quality score, and provider contact info. Users may register for this access any time at MyMedicalShopper.com for FREE.
2. **Premium Version:** Employers/Third-party administrators contract with MyMedicalShopper to provide an enhanced service to their employees at a cost of \$1.50–\$5.00 per employee per month (PEPM). The features include all of those mentioned under the Freemium version plus:
 - Insurance integration with real-time deductible tracking
 - Estimate of the employee’s out-of-pocket liability for every procedure at every provider, based on plan design and current deductible level
 - Easy access to adjudicated claims records, describing the provider and service rendered
 - In/out-of-network guidance for every procedure at every provider
 - Tax-advantaged account administration automation
 - Debit card tied to employee Health Savings Account, Health Reimbursement Arrangement, or Flexible Spending Account
 - Targeted email campaigns to drive consumerism and engagement with MMS

Please note that none of these features would use CHIA data as we source the information and resources required to power these services independently.

3. Will you use CHIA Data for consulting purposes?

- Yes
 No

4. Will you be selling standard report products using CHIA Data?

- Yes
 No

5. Will you be selling a software product using CHIA Data?

- Yes
 No

6. Will you be reselling CHIA Data in any format?

- Yes
 No

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

N/A

7. If you have answered “yes” to questions 4, 5 or 6, please describe the types of products, services or studies.

Although we answered “No” to all three questions, pending future approval by CHIA to use the data in publically available reports and tools, we will both use the data for reporting purposes and we will be selling a software product that uses CHIA data.

Our consumer-facing product, MyMedicalShopper Comparison Shopping Platform, aggregates medical claims data to display median amounts paid as reimbursement to providers for procedures described by CPT/HCPCS codes. Additionally, we use medical claims data to compute a proprietary quality score, displayed alongside the typical amount paid for care for every provider-procedure combination.

Another product called the Competitive Pricing Analysis is sold only to providers. The report enables providers to visualize their competitive position in the marketplace, including quartile prices, ranges, market share, and amounts paid for specified peer providers. Our belief and expectation from our experience offering this product in the New Hampshire market is that providers will use this information to strategically decrease prices to support their goal of gaining market share.

8. If you have answered “yes” to questions 4, 5, or 6, what is the fee you will charge for such products, services or studies?

Although we answered “No” to all three questions, pending future approval by CHIA to use the data in publically available reports and tools, we will both use the data for reporting purposes and we will be selling a software product that uses CHIA data. Pricing would be as follows:

MyMedicalShopper Comparison Shopping Platform

- Freemium: free to anyone with an email address and internet access
- Premium: \$1.50–\$5.00 PEPM (expanded functionality detailed in the answer to question XI.2)

Competitive Pricing Analysis

- Pricing is determined on a per report basis

XI. APPLICANT QUALIFICATIONS

1. Describe your previous experience using claims data. This question should be answered by the primary investigator and any co-investigators who will be using the Data.

Evan Young has a background in financial and data analysis and is a data visualization expert. He has used these skills to interpret complex databases and deliver actionable insights on which thousands of consumers in the New England area have based their healthcare decisions. He is currently the Head of Data Analytics at MMS Analytics, Inc., and is responsible for all of the analysis powering the company’s medical price transparency platform.

Matt Robinson, Director of Engineering for MMS Analytics, is a full-stack developer with special experience in database management and security. He holds a bachelor’s and master’s degree in Computer Science from UNH.

2. **Resumes/CVs:** When submitting your Application package on IRBNet, include résumés or curricula vitae of the principal investigator and co-investigators. (These attachments will not be posted on the internet.)

XII. USE OF AGENTS AND/OR CONTRACTORS

By signing this Application, the Agency assumes all responsibility for the use, security and maintenance of the CHIA Data by its agents, including but not limited to contractors. The Agency must have a written agreement with the agent of contractor limiting the use of CHIA Data to the use approved under this Application as well as the privacy and security standards set forth in the Data Use Agreement. CHIA Data may not be shared with any third party without prior written consent from CHIA, or an amendment to this Application. CHIA may audit any entity with access to CHIA Data.

Provide the following information for all agents and contractors who will have access to the CHIA Data. [*Add agents or contractors as needed.*]

AGENT/CONTRACTOR #1 INFORMATION	
Company Name:	N/A
Company Website	
Contact Person:	
Title:	
E-mail Address:	
Address, City/Town, State, Zip Code:	
Telephone Number:	
Term of Contract:	

1. Describe the tasks and products assigned to the agent or contractor for this Project and their qualifications for completing the tasks.

2. Describe the Organization's oversight and monitoring of the activities and actions of the agent or contractor for this Project, including how the Organization will ensure the security of the CHIA Data to which the agent or contractor has access.

3. Will the agent or contractor have access to or store the CHIA Data at a location other than the Organization's location, off-site server and/or database?

- Yes
 No

4. If yes, a separate Data Management Plan **must** be completed by the agent or contractor.

AGENT/CONTRACTOR #2 INFORMATION	
Company Name:	
Company Website:	
Contact Person:	
Title:	
E-mail Address:	
Address, City/Town, State, Zip Code:	
Telephone Number:	
Term of Contract:	

1. Describe the tasks and products assigned to the agent or contractor for this Project and their qualifications for completing the tasks.

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2. Describe the Organization's oversight and monitoring of the activities and actions of the agent or contractor for this Project, including how the Organization will ensure the security of the CHIA Data to which the agent or contractor has access.

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3. Will the agent or contractor have access to or store the CHIA Data at a location other than the Organization's location, off-site server and/or database?

Yes

No

4. If yes, a separate Data Management Plan **must** be completed by the agent or contractor.

XIII. ATTESTATION

By submitting this Application, the Organization attests that it is aware of its data use, privacy and security obligations imposed by state and federal law *and* confirms that it is compliant with such use, privacy and security standards. The Organization further agrees and understands that it is solely responsible for any breaches or unauthorized access, disclosure or use of CHIA Data, including, but not limited to, any breach or unauthorized access, disclosure or use by any third party to which it grants access.

Applicants approved to receive CHIA Data will be provided with Data following the payment of applicable fees and upon the execution of a Data Use Agreement requiring the Organization to adhere to processes and procedures designed to prevent unauthorized access, disclosure or use of data.

By my signature below, I attest: (1) to the accuracy of the information provided herein; (2) that the requested Data is the minimum necessary to accomplish the purposes described herein; (3) that the Organization will meet the data privacy and security requirements described in this Application and supporting documents, and will ensure that any third party with access to the Data meets the data use, privacy and security requirements; and (4) to my authority to bind the Organization.

Signature: (Authorized Signatory for Organization)	
Printed Name:	Mark Galvin

Attachments

A completed Application must have the following documents attached to the Application:

- 1. IRB approval letter and protocol (if applicable)
- 2. Research Methodology (if protocol is not attached)
- 3. CVs of Investigators
- 4. Data Management Plan (including one for each agent or contractor that will have access to or store the CHIA Data at a location other than the Organization's location, off-site server and/or database)

Applications will not be reviewed until they are complete, including all attachments.

TRACKING TABLE (to be completed by CHIA staff only)	
Complete Application Received	
Application Fee Received	
Data Privacy Committee Review	
Data Release Committee Review	
Linkages Approved (as described)	
Approved for additional Release Versions	
Executive Director Approval	
Data Fee Received	
Date of First Audit	
Extract Number:	