CHIA.
center for health information and analysis

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:	**ATLAS OF INTEGRATIVE HEALTH**
IRBNet Number:	**1065686**
Organization Requesting Data:	**Southern California University of Health Sciences**
Organization Website:	**http://www.scuhs.edu/**
Authorized Signatory for Organization:	**Tim Farris**
Title:	Chief information Officer
E-mail Address:	TimFarris@scuhs.edu
Address, City/Town, State, Zip Code:	16200 Amber Valley Drive Whittier, CA 90604
Primary Investigator:	**James M Whedon**
Title:	Director of Health Services Research
E-mail Address:	jameswhedon@scuhs.edu
Telephone Number:	603 863 8749
Names of Co-Investigators:	Andrew Toler
E-mail Addresses of Co-Investigators:	andrewwjtoler@gmail.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]

☐ Epidemiological	☐ Health planning/resource allocation	☐ Cost trends
☐ Longitudinal Research	☐ Quality of care assessment	☐ Rate setting
☐ Reference tool	☒ Research studies	☐ Severity index tool
☐ Surveillance	☐ Student research	☐ Utilization review of resources
☐ Inclusion in a product	☐ 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.

We intend to build upon recent research on New Hampshire all-payer claims data through analysis of claims data from multiple New England states (applications have been submitted and are pending with NH and CT), with the following aims:

Specific Aim #1: to (A) describe the availability, utilization, and cost of integrative healthcare services, and (B) evaluate differences in patient access to integrative healthcare services by provider specialty and by state

The purpose of Specific Aim #1 is to describe the availability, utilization, and cost of integrative healthcare services and evaluate differences in patient access to integrative healthcare services by provider specialty. It is our long-term strategic Aim to aggregate and compare health claims data from multiple years and multiple states for the purpose of developing a pilot version of the *Atlas of Integrative Health (Atlas Project)*. *The Atlas Project* will use data from health insurance claims and public and private agencies to document and map access to integrative healthcare services. The *Atlas Project* will help healthcare consumers, providers, and policy makers monitor progress toward achievement of healthcare justice with regard to equitable access to integrative health care services.

Specific Aim #2: to evaluate the association between utilization of chiropractic services and likelihood of prescription fill for opioid medication

The purpose of Specific Aim #2 is to compare users of chiropractic services versus non-users with regard to the likelihood of prescription fills for opioid medication. Evidentiary support for the hypothesis of Specific Aim #2 may help identify a high value non-pharmacologic alternative to prescription opioids for spinal pain.

Strategic Aim: to aggregate and compare health claims data from multiple states for the purpose of developing a pilot version of the *Atlas of Integrative Health (Atlas Project)*

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.*

Accomplishing the goals of Specific Aim #1 may help healthcare consumers, providers, and policy makers monitor progress toward achievement of healthcare justice with regard to equitable access to integrative health care services.

Evidentiary support for the hypothesis of Specific Aim #2 may help identify a high value nonpharmacologic alternative to prescription opioids for spinal pain.

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.

☒ Medical Claims
☒2011 ☒2012 ☒2013 ☒2014 ☒2015

Describe how your research objectives require Medical Claims data:

Access to claims data will allow us to analyze for expenditures, utilization and availability of specific clinical services as well as identify prescription drug fills, and to compare those metrics across groups of patients categorized according to their use of specific provider specialties. Analysis of medical claims data is the only practical way to perform such analyses and thus accomplish our research objectives.

☒ Pharmacy Claims

☒2011 ☒2012 ☒2013 ☒2014 ☒2015
Describe how your research objectives require Pharmacy Claims data: C Access to pharmacy claims data will allow us to evaluate the association between utilization of services by selected provider specialties and the likelihood of prescription fill for opioid medication. Analysis of pharmacy claims data is the only practical way to perform such an analyses and thus accomplish our research objective.
☐ **Dental Claims** ☐2011 ☐2012 ☐2013 ☐2014 ☐2015
Describe how your research objectives require Dental Claims data: n/a
☒ **Member Eligibility** ☒2011 ☒2012 ☒2013 ☒2014 ☒2015
Describe how your research objectives require Member Eligibility data: Member Eligibility data will provide member demographics that are essential covariates for our regression models. Member Eligibility data will also provide unique identifiers that will allow linking to claims datasets, which is essential for development of the analytic dataset needed to accomplish our research objectives.
☒ **Provider** ☒2011 ☒2012 ☒2013 ☒2014 ☒2015
Describe how your research objectives require Provider data: Provider data will provide provider demographics that are essential covariates for our regression models, particularly provider location and specialty. Provider data will also provide unique identifiers that will allow linking to claims datasets, which is essential for development of the analytic dataset needed to accomplish our research objectives.
☐ **Product** ☐2011 ☐2012 ☐2013 ☐2014 ☐2015
Describe how your research objectives require Product data: n/a

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.

☐ 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:**

For our regression modelling, we intend to use 5-digit ZIP code-level population demographics (such as measures of socioeconomic status) derived from 2010 U.S. Census data, as exposure variables. We also intend to use 5-digit ZIP codes as a covariate in propensity scoring, as described in the following excerpt from the study protocol:

"To reduce the potential for selection bias because the cohorts may differ with regard to their disposition toward use of prescription medications, we will employ weighted propensity scoring to create equivalent cohorts for comparison. We will first use multinomial logistic regression to calculate the estimated probability of each subject to be in each cohort using socio-demographic measures... After inversely weighting each subject by their propensity to be in their cohort, we will use logistic regression to compare outcomes for recipients of chiropractic services vs. non-recipients."

Dates

Choose *one* option from the following options for dates.

☐ 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:**

Specificity in dates of clinical encounters and pharmacy fills is important for establishing temporal relationships between interventions and outcomes. Analysis of such temporal relationships is important to the support of hypotheses regarding causality.

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:**

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.

N/A

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.

2010 U.S. Census data, for group level patient demographics

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.

Using 5-digit ZIP code as the linking variable, we plan to perform deterministic linkage by of: (A) selected group level patient demographic variables derived from 2010 U.S. Census data to (B) the Member Residence ZIP Code variable contained in Member Eligibility data.

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

Linking to aggregate census data by ZIP code will not facilitate identification of individual patients, so no additional

steps will be needed to prevent the identification of individual patients in the linked dataset. Because patient residence ZIP code is protected health information, we will follow the accepted guideline of not reporting results for ZIP codes that contain fewer than 11 individuals. In fact we do not plan to report any results by ZIP code. For reporting purposes, the unit of geographic analysis will be the state. CHIA Data (Massachusetts APCD Data) will not be stacked into one longitudinal file based on shared data elements with the databases from other states. The Massachusetts APCD Data will remain quarantined as a discrete database.

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.

We plan to present the results at scientific conferences and publish in peer reviewed journals. The likelihood of reportable cell sizes <11 is low, because we plan to report results at the state level. Nevertheless, as noted in Section IX.5 above, all cell sizes <11 will be suppressed. To ensure that cell sizes <11 will be suppressed, all presentations and publications will be reviewed for that specific purpose by an SCU IRB review board member who is not a team member on this project.

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.

We plan to present the results at scientific conferences and publish in peer reviewed journals. We may also publish selected results on a website intended to serve as a demonstration site to serve the development of the *Atlas of Integrative Health*. The concept for this *Atlas* project is adapted from the *Dartmouth Atlas of Healthcare*, which documents unwarranted variations in the delivery of conventional healthcare services in the US. *The Atlas of Integrative Health* will use data from health insurance claims and public and private agencies to document and map access to integrative healthcare services. The web-based *Atlas of Integrative Health* will be open to the general public and free of charge. Thus we will charge no fees for access to our research results, regardless of the form of publication. However, publication in a medical journal may require assignment of copyright, which would subject the published content to the access policies (and fees, if any) of the copyright holder(s).

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.

n/a

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?

n/a

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.

James Whedon received education and training in methods for claims research at the Dartmouth Institute for Health Policy and Clinical Practice, and received additional training in claims research through the SAS Institute. He was principal investigator of the NIH-funded research project, *Utilization and Safety of Chiropractic Care in Older Adults,* in which all three specific aims involved analysis of Medicare claims. Dr. Whedon also advised on a secondary analysis of a Medicare demonstration project. He acquired extensive additional experience in claims analysis as a health care research analyst for Dartmouth's accountable-care organization. Using the all-payer claims database administered by the State of New Hampshire, he recently completed an evaluation of the association between utilization of chiropractic care and the use of high-risk drugs (including opioids), and the risk of adverse drug events. These research projects have resulted in multiple publications in peer-reviewed journals.

Andrew Toler was a co-investigator in the above-mentioned evaluations using New Hampshire claims data. He was trained in methods for health claims research at The Dartmouth Institute for Health Policy and Clinical Practice. As an epidemiologic research analyst with The Dartmouth Atlas of Health Care, he analyzed Medicare claims and US Census data for demographic trends and rates of procedures, and applied biostatistical techniques for cross-sectional and longitudinal analysis of Medicare claims data, including indirect adjustment of rates, logistic and Poisson regression, survival analysis, hierarchical modeling and generalized non-linear mixed effects models. He coauthored two high-impact reports of Medicare claims analysis: *The Dartmouth Atlas of Medicare Prescription Drug Use*, and a report to the Secretary, U.S. Department of Health and Human Services: *Medicare's Demonstration of Expanded Coverage for Chiropractic Services: Limitations of the Demonstration and an Alternative Direct Cost Estimate*.

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:	Toler Training Institute, LCC
Company Website	n/a
Contact Person:	Andrew Toler
Title:	Owner/Principal
E-mail Address:	andrewwjtoler@gmail.com
Address, City/Town, State, Zip Code:	11 Windfern Pl., The Woodlands, TX 77382
Telephone Number:	(346)218-4648
Term of Contract:	will set to correspond with term of data release

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

In collaboration with Dr. Whedon, Andrew Toler will perform programming and data analysis required to achieve the proposed research aims. Mr. Toler is an experienced health claims analyst, epidemiologist, SAS programmer, and data science professional.

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.

Andrew Toler will work at the direction of Dr. Whedon. When actively engaged with the project, he will consult with and report to Dr. Whedon on a daily basis. Dr. Whedon will closely monitor Mr. Toler's work by teleconferencing and e-mail: discussing methods, examining analytic code, and reviewing results. As an SCU adjunct professor, Mr. Toler will have access to the project's CHIA data release, which will be entirely maintained and protected within the secure environment of the SCU Research Data Warehouse for the duration of the project. Mr. Toler will gain access via a secure remote connection. As an authorized user, Mr. Toler will comply with all data safeguards.

Management and analysis of research datasets are conducted within the secure environment of the research data warehouse, which provides assurance that, when working with health claims data, electronic health records, summary data, metadata, and other datasets used as either principal data sources or in conjunction with the principal source, these data will be properly managed and protected. The data warehouse has extensive data security systems in place to prevent inadvertent or unauthorized access to Protected Health Information (PHI). The data warehouse is administered by the SCU Information Technology (IT) Department, in cooperation with the Director of Health Services Research.

Data Access and Security
The physical security of all data is maintained through careful inventories and processing/handling procedures. SCU

implements a set of restrictions on access to health data in the SCU research data warehouse. All study personnel given access to study data are assigned an access capability commensurate with the need to access unrefined or refined data to support the research. All users and administrators are required to sign an internal data use agreement for each project that involves protected data. All SCU staff members are required to receive training and certification in HIPAA compliance, and all researchers authorized to access data stored in the warehouse are required to be certified in both HIPAA compliance as well as the responsible conduct of research.

Safeguards against Unauthorized Downloads

Utilizing a Secure SAS RDP connection all non-essential ports are locked down. An SFTP dropbox with no output allows SAS users to send in needed files, but allows no capacity for outbound SFTP file transfers. File downloads through RDP and copy-paste operations through RDP to remote connections are disallowed. Internet access is limited to an approved list of web sites.

Other Technical Safeguards

The technical safeguards in place to protect data stored on local workstations and servers include password protected user accounts and Active Directory domain-based access control lists. User accounts are unique to each employee/project participant and include a predefined password expiration policy. Login IP addresses are audited. Strong passwords and regular password changes are required. Data files are protected via user specific access control lists. Local workstations and servers are secured via the Active Directory domain (for user accounts and access control lists) and by the campus network firewall. SAS metadata permissions may be used to deny selected users from viewing certain data: under data properties, such users are denied the authorization, "*ReadMetadata*". SAS SECURE provides strong built-in encryption support for securing client/server communications and protecting sensitive data. Researchers utilize the SAS software package & Microsoft SQL server to access datasets from their workstations. Connections from the SAS server and workstations to the Microsoft SQL server are encrypted using the TLS standard. Data files copied between workstations on the local network are encrypted with AES-CCM via SMB.

The external contractor accesses the research datasets only via Microsoft Remote Desktop session, and therefore has no ability to transfer data into the system from his desktop. The system is thus locked down, and the external contractor is prevented from moving anything into the system. He cannot copy, move, ftp or otherwise transfer anything into the SCU system remotely. Also, the web browsers available in the remote session can only visit web sites on an approved list of IP addresses. If the external contractor needs to upload files to the system, he must email them to the onsite network administrator, who then screens the files, scans them, and uploads them. Industry leading NextGen malware prevention utilizing CrowdStrike provides real time protection of all systems.

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: **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

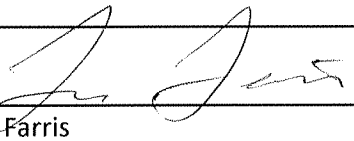
4. If yes, a separate Data Management Plan **must** be completed by the agent or contractor.

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:	Tim Farris

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:	

Attachment #1 – IRB Approval
Attachment #2 – IRB Application with Research Methodology
Attachment #3 – Data Management Plan
Attachment #4 – Whedon CV
Attachment #5 – Toler CV
Attachment #6 – Fee Remittance and Waiver Form