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

I. INSTRUCTIONS

This form is required for all Applicants, except Government Agencies as defined in 957 CMR 5.02, requesting protected health information. 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. FEE INFORMATION

1. Consult the most current Fee Schedule for All-Payer Claims Database data.

2. After reviewing the Fee Schedule, if you have any questions about the application or data fees, contact apcd.data@state.ma.us.

3. If you believe that you qualify for a fee waiver, complete and submit the Fee Remittance Form and attach it and all required supporting documentation with your application. Refer to the Fee Schedule (effective Feb 1, 2017) for fee waiver criteria.

4. Applications will not be reviewed until the application fee is received.

5. Data for approved Applications will not be released until the payment for the Data is received.

III. ORGANIZATION & INVESTIGATOR INFORMATION

Project Title:	Reliant Performance
IRBNet Number:	
Organization Requesting Data (Recipient):	OptumCare
Organization Website:	**Optum.com**
Authorized Signatory for Organization:	**Dewayne Ullsperger**
Title:	Senior Vice President, OptumCare HealthCare Economics
E-Mail Address:	Dewayne.Ullsperger@optum.com
Address, City/Town, State, Zip Code:	11000 Optum Circle, Eden Prairie, MN 55345
Data Custodian: (individual responsible for organizing, storing, and archiving Data)	**Diana Walter**
Title:	Director, OptumCare HealthCare Economics
E-Mail Address:	Diana.walter@optum.com
Telephone Number:	314-592-7262
Address, City/Town, State, Zip Code:	PO BOX 9472 MINNEAPOLIS MN 55440-9472
Primary Investigator (Applicant): (individual responsible for the research team using the Data)	Brian Phillips
Title:	Director, Actuarial
E-Mail Address:	Brian.Phillips@optum.com
Telephone Number:	952-205-0331
Names of Co-Investigators:	N/A
E-Mail Addresses of Co-Investigators:	N/A

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 an abstract or brief summary of the specific purpose and objectives of your Project. This description should include the research questions and/or hypotheses the project will attempt to address, or describe the intended product or report that will be derived from the requested data and how this product will be used. Include a brief summary of the pertinent literature with citations, if applicable.

Optum will use the CHIA data to study utilization and spending by patients seeking a majority of their care from Reliant Medical Group, as compared to other provider groups in Massachusetts. Results will be summarized in the exhibits provided in the Excel workbook (*Exhibits for Optum's CHIA application 08.20.2018.xlsx*). Briefly, we will apply generally-accepted attribution algorithms to the CHIA claims to identify patient cohorts attributable to specific provider groups, including Reliant Medical Group, as their preferred provider of medical care. We will use these cohorts to develop summary and descriptive statistics provided in the exhibits in the attached workbook. Calculated metrics will include utilization rates for many services including Avoidable

Admissions, Avoidable ER visits, ER Conversion to Inpatient, Specialist utilization, and site-of-care. We will also compare percent of total cost above annual claim thresholds. Results from each provider group may be stratified or adjusted to a standardized population (e.g., age-sex or disease burden) in order to provide a valid basis for comparisons across groups. Results will be summarized at the subgroup level and no patient-level data will be reported. All results will be kept internal to Optum and no results will be disclosed to third parties.

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

☐ Yes [*If yes, a copy of the approval letter and protocol <u>must</u> 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.
> ➢ ***Please find the Methodology discussion on the first Tab of the attached Excel workbook.***

V. PUBLIC INTEREST

1. Briefly explain why completing your Project is in the public interest. Use quantitative indicators of public health importance where possible, for example, numbers of deaths or incident cases; age-adjusted, age-specific, or crude rates; or years of potential life lost. *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.*

This investigation is aimed at construction of appropriate performance benchmarks and identifying potential opportunities to improve the efficiency and quality of care provided by a medical practice now under Optum's management. It will allow us to determine whether Reliant Medical Group is providing care that is consistent with community norms and practices, achieving outcomes that are best-in-class, and providing efficient high-value care for each premium dollar. All results from this investigation will be retained inside of Optum for its exclusive use and will not be distributed to third parties.

VI. DATA REQUESTED

The Massachusetts All-Payer Claims Database is comprised of medical, pharmacy, and dental claims and information from the member eligibility, provider, and product files that are collected from health insurance payers licensed to operate in the Commonwealth of Massachusetts. This information encompasses public and private payers as well as data from insured and self-insured plans. APCD data are refreshed and updated annually and made available to approved data users in Release Versions that contain five calendar years of data and three months of run-out. Data requests will be fulfilled using the most current Release Version. For more information about the most current APCD Release Version, including available years of data and a full list of elements in the release please refer to release layouts, data dictionaries and similar documentation included on CHIA's website.

Data requests are typically fulfilled on a one time basis, however; certain Projects may require future years of data that will become available in a subsequent release. Applicants who anticipate a need for future years of data may request to be considered for a subscription. Approved subscriptions will receive, upon request, the <u>same data files and data elements</u> included in the initial Release annually or as available. Please note that approved subscription request will be

subject to the Data Use Agreement, will require payment of fees for additional Data, and subject to the limitation that the Data can be used only in support of the approved Project.

1. List years of data requested (only list years available in the current Release Version): _____2012-2016_____

2. Please indicate below whether this is a one-time request, or if the described Project will require a subscription.

☐ One-Time Request   **OR**   ☒ Subscription

3. Specify below the data files requested for this Project, and provide your justification for requesting *each* file.

☒ **Medical Claims**
Describe how your research objectives require Medical Claims data: This investigation is aimed at construction of appropriate performance benchmarks and identifying potential opportunities to improve the efficiency and quality of care provided by a medical practice now under Optum's management. It will allow us to determine whether Reliant Medical Group is providing care that is consistent with community norms and practices, achieving outcomes that are best-in-class, and providing efficient high-value care for each premium dollar. The performance measures we will calculate require use of medical claims.

☒ **Pharmacy Claims**
Describe how your research objectives require Pharmacy Claims data: This investigation is aimed at construction of appropriate performance benchmarks and identifying potential opportunities to improve the efficiency and quality of care provided by a medical practice now under Optum's management. Many of the key quality indicators we propose to calculate require use of pharmacy benefit claims, such as the proportion of patients with a diagnosis of cardiovascular disease who are taking the combination of a beta blocker, ACE inhibitor and statin to manage their chronic condition. We are also interested in evaluating opioid prescribing patterns for management of patients with chronic pain. This will allow us to develop a better understanding of the prescribing practices across different provider groups. Finally, a key performance measure that we will calculate is Total Cost of Care (TCOC). All of these performance metrics require pharmacy claims data.

☐ **Dental Claims**
Describe how your research objectives require Dental Claims data: Not requesting Dental data

☒ **Member Eligibility**
Describe how your research objectives require Member Eligibility data: Eligibility data is needed to create a member month denominator for PMPM cost and utilization rate analyses and to create standardized comparison groups.

☒ **Provider**
Describe how your research objectives require Provider data: We will require provider identifiers in order to group patients into cohorts by preferred providers. We are specifically seeking to identify the experience of patients managed by Reliant Medical Group and compare this to results from patients managed by other practices.

☐ **Product**
Describe how your research objectives require Product data:

VII. DATA ENHANCEMENTS 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 the data enhancements listed below for inclusion in their analyses. Requests for enhancements 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 enhancements you are requesting in addition to the "Core" LDS, provide your justification for requesting each enhancement.

Geographic Subdivisions

The geographic subdivisions listed below are available for Massachusetts residents and providers only. Select one of the following 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: 5-Digit Zip Code is requested in order to optimize site-of-care analyses. As an example, we may identify localities with elevated emergency room utilization that would benefit from having a nearby urgent-care clinic. There may also be neighborhoods with high levels of minor surgeries being provided in the hospital due to lack of a nearby ASC.	

Date Resolution

Select one option from the following options.

☐ 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: Specific service date is needed to calculate certain performance metrics and to group encounters into episodes. These include calculation of readmission rates, follow-up care post-discharge and time elapsed between other services, identification of hospital acquired conditions and potential sequellae, etc. It is also required to identify "look back" periods for some quality and performance metrics.		

National Provider Identifier (NPI)

Select *one* of the following options.

☐ 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: NPI is requested for two reasons: 1) In order to identify the provider groups to which members are attributed. 2) In order to know referral patterns, including the specific hospitals and specialists that our patients are using.	

VIII. MEDICAID (MASSHEALTH) 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 MassHealth Data, please describe, in the space below, why your use of the Data meets this requirement. *Your description should focus on how the results of your project could be used by the Executive Office of Health and Human Services in connection with the administering the MassHealth program*. Requests for MassHealth 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 MassHealth program. CHIA cannot release MassHealth Data without approval from MassHealth. This may introduce significant delays in the receipt of MassHealth 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.

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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.

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5. If yes, attach or provide below a complete listing of the variables from all sources to be included in the final linked analytic file.

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

X. PUBLICATION / DISSEMINATION / RE-RELEASE

1. Do you anticipate that the results of your analysis will be published or made publically available? If so, how do you intend to disseminate the results of the study (e.g.; publication in professional journal, poster presentation, newsletter, web page, seminar, conference, statistical tabulation)? 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 result in the display of a cell less than 11.

> At this time, we do not propose to publish the results of this analysis. All results will be retained internal to Optum.

2. Describe your plans to use or otherwise disclose CHIA Data, or any Data derived or extracted from such Data, in any paper, report, website, statistical tabulation, seminar, or other setting that is not disseminated to the public.

> We may, depending on the results of these analyses, share high-level findings with (1) Reliant Medical Group; (2) Other Optum provider groups; (3) third-party payers. All results will be summarized and reported at the provider group level and no patient-level data will be shared externally. No information summarized for a cell size of less than 12 will be reported externally and appropriate measure will be taken to ensure that audiences cannot infer results for a cell size of less than 12.

3. What will be the lowest geographical level of analysis of data you expect to present for publication or presentation (e.g., state level, city/town level, zip code level, etc.)? Will maps be presented? If so, what methods will be used to ensure that individuals cannot be identified?

> We do not intend to publish our results. Any geographic depiction of results will be for internal use at Optum only, and not available to third parties.

4. Will you be using CHIA Data for consulting purposes?
   ☐ Yes
   ☒ No

5. Will you be selling standard report products using CHIA Data?
   ☐ Yes
   ☒ No

6. Will you be selling a software product using CHIA Data?
   ☐ Yes
   ☒ No

7. Will you be using CHIA Data as in input to develop a product (i.e., severity index took, risk adjustment tool, reference tool, etc.)
   ☐ Yes
   ☒ No

8. Will you be reselling CHIA Data in any format not noted above?
   ☐ Yes
   ☒ No

If yes, in what format will you be reselling CHIA Data?

>

9. If you have answered "yes" to questions 5, 6, 7 or 8, please describe the types of products, software, services, or tools.

>

10. If you have answered "yes" to questions 5, 6, 7 or 8, what is the fee you will charge for such products, software, services or tools?

>

XII. 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.

> The Primary Investigator (Brian Phillips) has had over twenty years of experience working with payer and provider administrative claims data. This experience includes several years of work with the CMS 5% Sample (also a Limited Data Set).
>
> Reliant Medical Group was recently acquired by OptumCare, a branch of Optum. OptumCare owns several provider groups around the country, and employs a team of analysts and actuaries to study the performance of these groups and identify areas for improvement. The Primary Investigator is an employee of OptumCare, and would use CHIA data to gain an understanding of Reliant performance from a total cost perspective.

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.)

XIII. 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:	
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.

> No agents or contractors will be used.

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.

No agents or contractors will be used.

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.

No agents or contractors will be used.

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.

No agents or contractors will be used.

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.
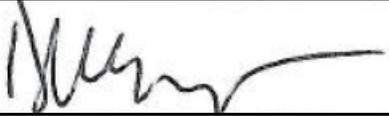
[INSERT A NEW SECTION FOR ADDITIONAL AGENTS/CONTRACTORS AS NEEDED]

IVX. 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:	Dewayne Ullsperger
Title:	VPA Actuary

Attachments
A completed Application must have the following documents attached to the Application or uploaded separately to IRBNet:
☐ 1. IRB approval letter and protocol (if applicable), or research methodology (if protocol is not attached)
☐ 2. 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
☐ 3. CVs of Investigators (upload to IRBnet)

APPLICATIONS WILL NOT BE REVIEWED UNTIL THEY ARE COMPLETE, INCLUDING ALL ATTACHMENTS.