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:	Comparing Health Insurance Types and Understanding Churn: Evidence from Longitudinal Analysis and Natural Experiments
IRBNet Number:	1418242-1
Organization Requesting Data (Recipient):	National Bureau of Economic Research (NBER)
Organization Website:	https://www.nber.org/
Authorized Signatory for Organization:	**Alterra Milone**
Title:	Director, Research and Grants Management
E-Mail Address:	alterra@nber.org
Address, City/Town, State, Zip Code:	National Bureau of Economic Research 1050 Massachusetts Avenue Cambridge, MA 02138
Data Custodian: (individual responsible for organizing, storing, and archiving Data)	**Mohan Ramanujan**
Title:	Unix Systems Administrator
E-Mail Address:	mohan@nber.org
Telephone Number:	617-588-0367
Address, City/Town, State, Zip Code:	National Bureau of Economic Research 1050 Massachusetts Avenue Cambridge, MA 02138
Primary Investigator (Applicant): (individual responsible for the research team using the Data)	Mark Shepard, PhD
Title:	Assistant Professor of Public Policy
E-Mail Address:	mark_shepard@hks.harvard.edu
Telephone Number:	617-496-5062
Names of Co-Investigators:	Anna L. Goldman MD, MPA, MPH Benjamin Sommers MD PhD; Grace McCormack B.A. Gisel Acquatella B.A.
E-Mail Addresses of Co-Investigators:	anna.goldman@mail.harvard.edu ; bsommers@hsph.harvard.edu ; gamccormack@g.harvard.edu; acquatella@g.harvard.edu

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.

In the United States, there are several different types of health insurance coverage such as Medicaid, Medicare, employer sponsored insurance, and private exchanges. Within each coverage type, individual plans may differ by cost-sharing, provider networks, and other characteristics. In particular, there is significant policy interest in whether public or private insurance represents the most effective way to expand coverage to uninsured populations. This debate includes policymakers examining a Medicaid or Medicare buy-in, a public option in the Affordable Care Act's insurance exchanges, and so-called "partial expansions" of Medicaid in which some higher-income individuals would be placed in private plans in lieu of Medicaid. Our objectives are threefold.

(1) First, we seek to document the characteristics of plans provided through these different coverage types, where characteristics of interest include cost-sharing, coverage of treatments, and provider reimbursement. Because different insurance types may have different patient compositions, competitive environments, and regulations, plan characteristics likely differ significantly across channels.

(2) Our second objective is to characterize transitions ("churning") between plans both within and across different types of coverage. Transitions are likely to vary by consumer characteristics, such as income and health status, as well as the regulatory environment, such as changing ACA regulations on enrollment periods.

(3) Third, we hope to understand how different types of insurance ultimately affect outcomes. Outcomes of interest include quality of care, health care utilization and costs, provider availability, administrative costs, adoption of new treatments, and continuity of care across payer types in Massachusetts. Using MA-APCD data our analysis will proceed in multiple parts and involve both descriptive exercises as well as several quasi-experimental analyses. We are also interested in spillovers across insurer types.

These research questions speak to three different strands of literature within health economics: the design of insurance plans, the frequency and nature of insurance transitions, and the comparative impact of coverage types on patient outcomes. The study of endogenous health insurance contracts in selection began with theoretical work that showed that principal-agent issues in physician behavior and the presence of adverse selection could significantly impact the design of plan characteristics (Rothschild, Stiglitz 1976, Ellis McGuire 1986). The constant evolution of insurance in the United States has prompted empirical work to address new challenges such as open enrollment periods (Diamond et al. 2018) or drug formulary design (Geruso et al 2017). However, more research is needed to fully understand the design of insurance plans offered through different types of coverage.

Similarly, the literature on transitions between insurance has found that churning is prevalent especially among certain populations and that this churning can result in health impacts. Studies have found that while a minority of Americans are continuously uninsured, a sizeable portion of Americans experienced short-term

gaps in coverage over time (Short & Graefe 2003, Cutler & Gelber 2009). A 2017 paper has found that women experienced high rates of insurance transitions before and after deliver (Daw et al. 2017). A 2016 paper found that the ACA had no observable impacts on the rate of churning of low-income individuals, but that churning was associated with disruptions in care and adverse health effects (Sommers et al. 2016). A 2019 paper found high rates of disenrollment in Colorado ACA marketplaces, especially for high-income individuals (Gordon et al 2019).

Finally, the literature on the comparative impact of different types of insurance still requires additional research. A study from 2014 found that, among adults that visited emergency departments, adults with private insurance were equally likely to visit with a non-emergent issue as those with Medicaid or Medicare (Capp 2014). Studies of high-deductible plans have shown that higher copays reduce use of screening and preventive health care (Mazurenko 2018), and diabetics with higher copays tend to delay care (Wharam 2018). More research is needed to further elucidate to how varying plan structures, premium levels, and copayment amounts affect health-outcomes, churning, and cost of care.

Regarding the third aim of our proposal, use of the APCD will allow our research group to study a unique natural experiment generated by the implementation of the Affordable Care Act in 2014. In Massachusetts, the ACA caused substantial changes in the state's health insurance market and significant movement of enrollees across types of insurance. These changes included a shift of approximately 100,000 enrollees from the Connector to Medicaid due to the Medicaid expansion, a diversion of approximately 300,000 people into MassHealth in 2014 due to Connector website difficulties, and a significant reduction in the share of people covered by employer-sponsored insurance. These enrollment changes gave rise to natural experiment which will allow us to examine differences in the effects of Medicaid, Marketplace insurance, and employer-sponsored insurance (ESI) using longitudinal data on a consistent group of enrollees. Our objective is to understand how these different categories of insurance (as well as different plans within each category) affect outcomes such as quality of care, health care costs, provider availability, administrative costs, and continuity across payer types in Massachusetts prior to and after implementation of the Affordable Care Act (ACA). We are also interested in quantifying and examining the impact of enrollment churning across types of insurance, including Marketplace and Medicaid, and studying how this churn interacts with state policies. Lastly, we intend to compare administrative costs in varying insurance types.

This work will build on a growing body of evidence exists comparing the effects of insurance and insurance type on a range of health and health-related effects. Studies of the Medicaid expansion have exploited the natural experiment that occurred when a subset of U.S. states expanded their Medicaid programs through the Affordable Care Act to include all low-income adults while other states continued to cover only children, pregnant women, parents of young children, and low-income people with disabilities. These studies have found improved access to care (Miller 2017); increased diagnosis of common chronic conditions (Wherry 2016); increased use of preventive care (Sommers 2016); better adherence to medication (Ghosh 2017); improved self-reported well-being (Sommers 2016); and decreased mortality (Swaminathan 2012). Meanwhile, a series of papers comparing traditional Medicaid expansion with the use of private insurance expansion via Marketplace coverage has demonstrated that both programs produced similar benefits in affordability and access to care for low-income adults (Sommers et al 2016, 2017).

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. 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.*

The impact of health insurance on patient experience and cost are of great concern for the public and policy makers. The Affordable Care Act, passed in 2010 and largely implemented between 2010-2014, was the largest and most sweeping series of health reforms since Medicare and Medicaid were created in 1965.   The law created several new policy approaches to health insurance. A large body of literature has studied the effects of the ACA's insurance, but few have been able to compare the ACA insurance-types to each other and to private coverage using longitudinal data, as we intend to do. Our series of studies will inform public policy by examining the impact of differing insurance types of patient-experience of health care, patient-centered outcomes such as access to care, health-related outcomes such as screening rates, and cost-effectiveness. The results will have the potential to inform key policy questions such as appropriate design of copayment policies; how to optimal structure the design of public insurance programs and subsidized private coverage; and how to lessen the negative impact of insurance churn.

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 same data files and data elements 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): 2013, 2014, 2015, 2016, 2017

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:
  -     We will use Medical Claims data to identify chronic conditions, preventive care uptake; medical service utilization; "low-value care; health care quality metrics; continuity of care by provider and provider organization; and cost of care.

☒ **Pharmacy Claims**
Describe how your research objectives require Pharmacy Claims data:
-     We will use Pharmacy Claims data to evaluate drug utilization, adherence, and cost.

☒ **Dental Claims**
Describe how your research objectives require Dental Claims data:
-     We can use dental claims to characterize the costs and health benefits of various types of insurance

☒ **Member Eligibility**
Describe how your research objectives require Member Eligibility data:

- We will use member eligibility data to classify the study subjects into study groups by income, disability and other eligibility criteria.

☒ **Provider**

Describe how your research objectives require Provider data:

- The provider file will be useful to characterize utilization of enrollees, including the number and type of providers seen by enrollees in different insurers

☒ **Product**

Describe how your research objectives require Product data:

- This file will help characterize the characteristics of plans being offered to individuals, including their cost sharing schedules.

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 underline 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:	

- Travel distance has been shown to be a large determining factor in patient utilization. Because we are interested in plan choice as well as health and utilization conditional on plan choice, precise geographic location is an important piece of individual variation to incorporate in choice models

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:		

- Needed to assess exact timing of utilization, enrollment, diagnosis, etc. This is especially important because we propose to follow enrollees over time as they transition across types of insurance (e.g., MassHealth to Connector). We need to know the exact dates of service to understand how utilization evolves around these insurance transitions. We also plan to track metrics such as 30-day readmission rates as an indication of plan quality, which requires specific dates of hospital visits and discharges.

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:	

We are interested in comparing types of insurance on the type and breadth of physicians that patients utilize. To do this, we want the true NPIs to be able to merge on information from the NPPES NPI registry kept by CMS.

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.

> Our project will provide comparative evidence on patient outcomes in MassHealth vs. other types of insurance, such as employer sponsored insurance or private exchange insurance, using longitudinal data to follow the same patients' experience in MassHealth vs. other insurance types. It will also help characterize patient utilization and rates of insurance churning under Medicaid compared to other types of insurance. This analysis will generate insights to understand not only how the MassHealth program is currently performing but also how it could be improved.

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.

> 1) Provider level data:
>   - We will link individual providers (by NPI) to the Medicare Provider Utilization and Payment Data: Physician and other supplier PUF, which contains Medicare payments to physicians.
>   - Medicare Physician and Other Supplier Aggregate Table, which contains information on physician specialty and the number of patients from traditional Medicare as well as total number of patients seen by each physician.
>   - We will also link to the National Plan and Provider Enumeration System (NPPES) NPI registry. This is necessary to characterize for the type of physicians patients end up seeing under different insurance schemes. We will merge based on NPI.
>
> 2) Facility level data: We will link hospitals to the American Hospital Association Annual Survey Database for hospital characteristics, and to the Medicare Hospital Compare dataset for quality and aggregate health outcome data. This

is needed to describe provider characteristics and understand physicians' referral choices. The variable used for linkage will be the National Provider Identifier (NPI). For observations where the NPI is incomplete or invalid we will use the Entity Name to match hospitals.

3) Aggregate data: We will link member geographic data (ZIP, city, county) to the Area Resource File (publicly available from the US Department of Health and Human Services, Health Resource and Services Administration) and the American Communities Survey/Census data (publicly available from US Census bureau) to provide information on healthcare supply, socioeconomic status, and regional characteristics. This is needed to account for patient characteristics and geographic characteristics such as local physician supply that might affect medical care utilization or choice of provider. We do not need to identify individual patients, merely to link characteristics of their ZIP code.

Note: we are also planning on potentially merging the APCD to MassHealth enrollment and eligibility data as well as Connector enrollment and eligibility data, depending on data availability. If we ultimately gain access to MassHealth and Connector data, we will submit an amendment.

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.

1) merge based on npi
2) merge based on npi or entity name
3) merge based on zip code and/or county

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.

Please see attached excel document APCD_MergeVariables.xlsx for a comprehensive list of variables

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

We will not be merging any information onto the individual patients.

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.

We propose to disseminate our work through published peer-reviewed economics journals, working papers, and conferences. The results will include summary statistics and analyses completed using the data; however we will aggregate all statistics to groups (all of which will be >=11 patients) so that no identification of patients will be possible from our published results.

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.

N/A

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?

The lowest level of geography displayed in public presentations will be city or 3-digit zip codes, which can be larger or smaller, depending on the circumstance. If maps are presented, we will make sure that the minimum number of observations per cell (always >=11) is maintained for each distinct geography.

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.

Mark Shepard, PhD is an assistant professor of public policy at the Harvard Kennedy School and faculty research fellow at the National Bureau of Economic Research. He holds a Ph.D. in Economics from Harvard University and a B.A. in Applied Math from Harvard University. Mark has experience analyzing claims data for several projects including: • Work with claims data from the Commonwealth Care program (from 2006-2013) MCOs for his dissertation research, used via a DUA with the Massachusetts Health Connector.   • Work on the Massachusetts All-Payer Claims Data (versions 2.0 and 3.0) as a co-investigator on an ongoing project, "Prices, Incentives and Hospital-Physician Integration in Health Care" (the PI is Ariel Pakes).   Anna L. Goldman MD, MPA, MPH is a general internal medicine fellow based at the Harvard School of Public Health and a primary care doctor practicing at Cambridge Health Alliance. Her research interests include the comparative effects of health insurance, with a special focus on Medicaid, and access to care for vulnerable populations. She has not previously worked with claims data. She has significant experience working with the Medical Expenditure Panel (MEPS) and has Special Sworn Status from the Census

Bureau to work with restricted MEPS data.

Benjamin Sommers MD PhD is Professor of Health Policy and Economics in the Department of Health Policy and Management at the Harvard T.H. Chan School of Public Health, as well as Associate Professor of Medicine at Harvard Medical School/Brigham & Women's Hospital (BWH). He is a health economist and primary care physician by training. Dr. Sommers has substantial experience studying health policy implications for vulnerable populations, the uninsured, and the health care safety net, and currently leads a project analyzing all-payer claims data from Colorado to assess insurance plan quality, funded by the Robert Wood Johnson Foundaiton.

Gisel Acquatella is a PhD candidate in the Harvard Economics department. She holds a B.A. in applied mathematics from the University of Texas. While she has not worked directly with claims data in the past, she has worked as a researcher on a number of projects.

Grace McCormack is a PhD candidate in public policy at the Harvard Kennedy School. She holds a B.A. in Economics from the University of Notre Dame and has worked with Commonwealth Care MCO claims data and MA-APCD claims data (version 3.0) as a research assistant for Prof. Mark Shepard.

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.

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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.

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.

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:	
Title:	

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.

[INSERT IRB approval letter and protocol, or research methodology]