

## 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](mailto: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](mailto: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**

<b>Project Title:</b>	Ambulance Payment & Rate Analysis
IRBNet Number:	
<b>Organization Requesting Data (Recipient):</b>	Massachusetts Ambulance Association
Organization Website:	maa@ambulance.org
<b>Authorized Signatory for Organization:</b>	<b>Patrick Sean Tyler</b>
Title:	President & Chief Executive Officer
E-Mail Address:	<a href="mailto:styler@fallonambulance.com">styler@fallonambulance.com</a>
Address, City/Town, State, Zip Code:	62 Walnut Street, Suite 300, Wellesley Hills, MA 02481
<b>Data Custodian: (individual responsible for organizing, storing, and archiving Data)</b>	
Title:	Remle P. Crowe PhD
E-Mail Address:	<a href="mailto:maa@ambulance.org">maa@ambulance.org</a>
Telephone Number:	866-766-9471 ext 1198
Address, City/Town, State, Zip Code:	62 Walnut Street, Suite 300, Wellesley Hills, MA 02481
<b>Primary Investigator (Applicant): (individual responsible for the research team using the Data)</b>	
Title:	Remle P. Crowe PhD
E-Mail Address:	maa@ambulance.org
Telephone Number:	866-766-9471 ext 1198
Names of Co-Investigators:	Randie DeHerrera, Bradford Stansbury (contractors)
E-Mail Addresses of Co-Investigators:	<a href="mailto:rdeherrera@sellersdorsey.com">rdeherrera@sellersdorsey.com</a> , <a href="mailto:bstansbury@sellersdorsey.com">bstansbury@sellersdorsey.com</a>

**IV. PROJECT INFORMATION**

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

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

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.

The project is attempting to identify what supplemental opportunities may exist for emergency medical services (EMS) providers and gain data necessary to model the provider tax that will fund any supplemental opportunity. The intended results include the maximum allowable charges for the EMS providers serving Medicaid clients, the Medicaid Reimbursement as a percentage of the maximum allowable charges and minimum and maximum payment by commercial and Medicaid reimbursement. The results of

this analysis will be used to collaborate with the *Executive Office of Health and Human Services* to examine opportunities to enhance EMS services provided to Medicaid clients.

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 completion of this project will allow for collaboration and partnership with the *Executive Office of Health and Human Services* in examining a supplemental opportunity for ambulance services supported by a provider tax. Medicaid enrollees are associated with increased odds of ambulance use compared to individuals covered under other types of health insurance.<sup>1</sup> However, EMS providers experience poor reimbursement from Medicaid, receiving only 30-40% of the Medicare rates. Even with the last rate increase in Massachusetts of approximately 7%, EMS rates remain below cost and access to services is threatened. A supplemental opportunity for EMS providers would serve the public interest by significantly improving the cost of care, access to care, and quality of care for Medicaid clients in the MassHealth program. In its current state, EMS providers are paid only for transportation of clients and not paid when a client is not transported to an ED. As such, current rates may not capture the true volume and extent of current emergency services' labor costs and thus negatively impact the work force.

Massachusetts has been particularly hard hit by the opioid crisis. The Commonwealth ranks among the top ten states with the highest rates of drug overdose deaths involving opioids<sup>2</sup>; in 2019, approximately four Massachusetts die every day due to opioid-related overdoses.<sup>3</sup> With this tragic rise in opioid use and overdose rates, so too has the amount of uncompensated treatment performed by EMS providers.<sup>4</sup> The inability for "treat and release" policies to appropriately reimburse providers has created disincentives for the provision of appropriate care in the appropriate setting for a reasonable price. This not only increases the burden of cost of the healthcare system but also reduces the quality of care to patients. Supplemental opportunity programs may help to alleviate these currently underfunded services.

Additionally, supplemental opportunities and provider taxes create the environment for developing improvements to emergency services access and the overall quality of the system. The development of these taxes, and the resulting federal match dollars they create, can be used to increase the overall reimbursement rates for ambulance services providers. Several states that have implemented such ambulance services provider taxes have correspondingly increased rates for emergency services.<sup>5</sup> Studies for multiple provider types have demonstrated that increased Medicaid rates result in increased provider participation, health care

<sup>1</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3196627/>

<sup>2</sup> <https://www.drugabuse.gov/opioid-summaries-by-state/massachusetts-opioid-summary>

<sup>3</sup> <https://www.mass.gov/doc/opioid-related-overdose-deaths-among-ma-residents-november-2019/download>

<sup>4</sup> <https://www.mass.gov/files/documents/2019/02/12/Emergency-Medical-Services-Data-February-2019.pdf>

<sup>5</sup> See, e.g., <https://www.senate.michigan.gov/sfa/Publications/Notes/2019Notes/NotesSpr19jm.pdf>

quality and access of care.<sup>6</sup> The data being requested will be used to develop a provider tax and reimbursement model, which will ultimately result in improved ambulance services access and quality. Supplemental initiatives can be tailored to reflect improvements in quality, development of paramedicine activities, and improved wages for EMTs. Each of these could have a significant impact of the quality of care provided to Medicaid clients receiving EMS, access to care, and ultimately reduce the cost and frequency of Ed visits.

## 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](#)): January 1, 2018-December 31, 2018

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.

<input checked="" type="checkbox"/> <b>Medical Claims</b>
<b>Describe how your research objectives require Medical Claims data:</b> The medical claims data will be utilized to analyze the Medicaid payment, commercial allowable charges, and utilization for Emergency Medical Services (EMS) in MA and aid in the examination of opportunities to improve EMS Medicaid services.
<input type="checkbox"/> <b>Pharmacy Claims</b>
<b>Describe how your research objectives require Pharmacy Claims data:</b>
<input type="checkbox"/> <b>Dental Claims</b>
<b>Describe how your research objectives require Dental Claims data:</b>

<sup>6</sup> [https://economics.stanford.edu/sites/g/files/sbiybj9386/f/alexander\\_schnell\\_2018.pdf](https://economics.stanford.edu/sites/g/files/sbiybj9386/f/alexander_schnell_2018.pdf) and <https://faculty.fuqua.duke.edu/~dbr1/health/Buchmueller.pdf>

<input type="checkbox"/> <b>Member Eligibility</b>
Describe how your research objectives require Member Eligibility data:
<input type="checkbox"/> <b>Provider</b>
Describe how your research objectives require Provider data:
<input type="checkbox"/> <b>Product</b>
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.

<input type="checkbox"/> 3-Digit Zip Code (standard)	<input type="checkbox"/> 5-Digit Zip Code***
***If requested, provide justification for requesting 5-Digit Zip Code. Refer to specifics in your methodology:	

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**Date Resolution**

Select one option from the following options.

<input type="checkbox"/> Year (YYYY) (Standard)	<input checked="" type="checkbox"/> Month (YYYYMM) ***	<input type="checkbox"/> Day (YYYYMMDD) *** <a href="#">[for selected data elements only]</a>
<p><b>*** If requested, provide justification for requesting Month or Day. Refer to specifics in your methodology:</b></p> <p>Please provide Month (YYYYMM) to ensure and document that all claims are within a two year timeframe and can be aggregated by fiscal year rather than calendar year (while it is understood the files will be calendar year)</p>		

**National Provider Identifier (NPI)**

Select one of the following options.

<input type="checkbox"/> Encrypted National Provider Identifier(s) (standard)	<input checked="" type="checkbox"/> Decrypted National Provider Identifier(s)***
<p><b>*** If requested, provide justification for requesting decrypted National Provider Identifier(s). Refer to specifics in your methodology:</b></p> <p>To evaluate the the Medicaid Reimbursement as a percentage of the maximum allowable charges and minimum and maximum payment by commercial and Medicaid reimbursement claims data atthe CPT code/modifier and EMS Medicaid provider NPIs level to include units, Medicaid reimbursement, commercial allowed amount for all payers and clients for Emergency Medical Services (EMS) Medicaid provider NPIs is necessary. Information by provider NPI is necessary for modeling of the provider tax to support the possible supplemental opportunity from the Medicaid Reimbursement as a percentage of the maximum allowable charges and minimum and maximum payment by commercial and Medicaid reimbursement calculated from the Medical claims data. The data requested is the minimum necessary to allow for proper calculation of estimates so that evaluation of a policy for enhanced payments to EMS provider may begin.</p>	

**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.

<p>The results of the analysis may be used to aid the the <i>Executive Office of Health and Human Services</i> in supplementing existing EMS Medicaid reimbursement without the use of state funds. A supplemental opportunity for EMS provider supported by a provider tax will allow for improvements to both quality and access through new federal funding and no additional state funding.</p>
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**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.

The CHIA data will be linked with the MAA EMS provider master list to add more granular detail regarding provider specifics. The NPI ID will be linked with the MAA EMS provider master list and the provider name, DBA, and address information will be included in the MAA EMS provider master list linked to the CHIA data.

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.

Utilizing VLOOKUP or similar function the NPI ID will serve as the primary key to link the CHIA data with the MAA EMS provider master list.

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.

The variables included in the file that will be linked with CHIA data include Provider NPI ID, Provider Name, Provider DBA, Provider Address (Street Address, City, State, 5 digit zip code).

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

The NPI IDs will be encrypted and labeled numerically with all claims level data to prevent the identification of individual patients in the linked data set. A separate table for lookup to the NPI ID and additional provider information will be created and stored separately.

## 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.

Only the results of the analysis: Total Medicaid Reimbursement, commercial allowed amounts as % of Medicaid, Payment at Commercial Reimbursement, and minimum and maximum payment from commercial and Medicaid, estimated provider tax and model may be made public through presentation and partnership with the *Executive Office of Health and Human Services* in examination of a possible provider tax to support an EMS supplemental to existing Medicaid reimbursement and with submission to CMS for approval.

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.

The results of the analysis: Total Medicaid Reimbursement, commercial allowed amount as % of Medicaid, minimum and maximum payment from commercial and Medicaid, estimated provider tax model may be submitted to CMS in the form of a demonstration and for methodological review of calculation of results of Medicaid for approval of a supplemental opportunity and supporting provider tax. This results of the data may also be provided to CMS in discussion and for response to Informal Requests for Additional Information (IRAI) and Requests for Additional Information (RAI).

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?

All data will be presented at the state level or provider level. Provider level data presented for publication or presentation would include only total reimbursement, estimated provider tax, and commercial allowed amount as % of Medicaid. Data presented will not include individual CHIA data.

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 tool, 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.

As an EMS research scientists I have had extensive experience in the extraction, analysis, and summary of claims data for the purposes of developing quality models and design for EMS services. With the publication of 21 peer reviewed papers the use of claims data was essential to gaining both an understanding of the EMS environment and the data necessary to design models and measure potential results of these models. Please see CV for additional claims experience information.

Co-Investigators: Randie DeHerrera, Bradford Stansbury provided qualification under the agent/contractor section and CVs are attached.

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	
<b>Company Name:</b>	Sellers Dorsey
Company Website:	<a href="https://www.sellersdorsey.com">https://www.sellersdorsey.com</a>
<b>Contact Person:</b>	Kinsey Joliff
Title:	Senior Consultant
E-mail Address:	kjoliff@sellersdorsey.com
Address, City/Town, State, Zip Code:	1635 Market Street, Philadelphia, PA 19103
Telephone Number:	(614) 348-7608
Term of Contract:	February 1, 2020-January 1, 2027

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

Kinsey Joliff will be directing the review and analysis of CHIA data provided. Kinsey's qualifications include over 10 years experience in Medicaid policy development, including analyzing claims data for the purposes of managed care rate setting, Medicaid policy analysis, and budget appropriation requests. In his role at Sellers Dorsey, Kinsey has evaluated, reviewed, and analyzed provider and MMIS claims data for the purposes of determining and implementing supplemental initiatives in Ohio, Tennessee, New Mexico, and Iowa.

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.

*CHIA data will be secured in a HIPAA and HITECH Act-compliant cloud-based system protected by password and multifactor authentication. Access will be available only to Dr Crowe and our contracted analysts at Sellers Dorsey, which holds a compliant business associate agreement (BAA) with Massachusetts Ambulance Association covering the protection of protected health information (PHI).*

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	
<b>Company Name:</b>	Sellers Dorsey
Company Website:	<a href="https://www.sellersdorsey.com">https://www.sellersdorsey.com</a>
<b>Contact Person:</b>	Randie DeHerrera
Title:	Senior Consultant

E-mail Address:	rdeherrera@sellersdorsey.com
Address, City/Town, State, Zip Code:	1635 Market Street, Philadelphia, PA 19103
Telephone Number:	(970)-420-9059
Term of Contract:	February 1, 2020-January 1, 2027

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

Randie will be providing support in the review and analysis of CHIA data provided to calculate the the Medicaid Reimbursement as a percentage of the maximum allowable charges and minimum and maximum payment by commercial and Medicaid reimbursement, explore potential supplemental opportunities and develop models of estimates of potential provider taxes to support the supplemental opportunity. Randie's qualifications include 8 years of experience analyzing and reviewing claims data for the purposes of rate setting, budget forecasting and fiscal appropriation requests. In Randie's position as Rate Operations Section Manager with Health Care Policy and Financing (Colorado Medicaid) she spent significant time working with the MMIS to perform claim data extraction, claims analysis for auditing and payment troubleshooting and design, testing, implementation and post implementation clean-up fo the new MMIS implemented in March of 2017. In her year with Sellers Dorsey Randie has evaluated, reviewed, and analyzed provider and MMIS claims data for the purposes of deteriming and implementing supplemental initiatives in Maryland, Kentucky, Indiana, Georgia, and Arizona.

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.

*CHIA data will be secured in a HIPAA and HITECH Act-compliant cloud-based system protected by password and multifactor authentication. Access will be available only to Dr Crowe and our contracted analysts at Sellers Dorsey, which holds a compliant business associate agreement (BAA) with Massachusetts Ambulance Association covering the protection of protected health information (PHI).*

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]**

AGENT/CONTRACTOR #3 INFORMATION	
Company Name:	Sellers Dorsey
Company Website:	<a href="https://www.sellersdorsey.com">https://www.sellersdorsey.com</a>
Contact Person:	Bradford Stansbury
Title:	Senior Consultant
E-mail Address:	bstansbury@sellersdorsey.com
Address, City/Town, State, Zip Code:	1635 Market Street, Philadelphia, PA 19103
Telephone Number:	(303)-579-6642

Term of Contract:	February 1, 2020-January 1, 2027
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1. Describe the tasks and products assigned to the agent or contractor for this Project and their qualifications for completing the tasks.

Brad will be providing support in the review and analysis of CHIA data provided to calculate the provided to calculate the the Medicaid Reimbursement as a percentage of the maximum allowable charges and minimum and maximum payment by commercial and Medicaid reimbursement, explore potential supplemental opportunities and develop models of estimates of potential provider taxes to support the supplemental opportunity. Brad's qualifications include 4 years of experience analyzing and reviewing claims data for the purposes of fee-for service and managed care rate setting, budget forecasting and fiscal appropriation requests. In Brad's position under the Rate Operations Section with Health Care Policy and Financing (Colorado Medicaid) he spent significant time working with the MMIS to perform claim data extraction, claims analysis for auditing and payment troubleshooting. In his last year at Colorado Medicaid Brad was the primay data analyst for the Rocky Prime Managed Care contract.

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.

*CHIA data will be secured in a HIPAA and HITECH Act-compliant cloud-based system protected by password and multifactor authentication. Access will be available only to Dr Crowe and our contracted analysts at Sellers Dorsey, which holds a compliant business associate agreement (BAA) with Massachusetts Ambulance Association covering the protection of protected health information (PHI).*

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)	
<b>Printed Name:</b>	<b>Patrick Sean Tyler</b>
<b>Title:</b>	President & Chief Executive Officer

#### 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]

## Project Methodology

The project involves two components: the provider tax and the average commercial rates. The methodology for each is described below.

### Average Commercial Allowed Amount & Medicaid Payments

To determine the reimbursement at commercial rates and perform the demonstration required with submission of the pre-print Sellers Dorsey utilized the [CMS Qualified Medicaid Practitioner Enhanced Payment and Average Commercial Rate \(ACR\) Supplemental Payment Demonstration Guidance](#) for FFS supplemental payment models. To determine the Upper Payment Limit and resulting supplemental payment Sellers Dorsey employs the following steps:

1. Determine the average commercial allowed amount per code by taking the average of each of the payer's commercial rates,
2. Utilizing the difference between payment at the average commercial allowed amount and the Medicaid payment is determined,
3. The Medicaid paid amounts and payment at the average commercial allowed amount are aggregated across procedure codes to calculate the Total Medicaid and Average Commercial Reimbursement,
4. The Total Average Commercial Reimbursement is divided by the Total Medicaid Reimbursement to determine the average commercial allowed amount as % of Medicaid
5. The average commercial allowed % is then applied to the Medicaid Reimbursement for all claims
6. The Medicaid Reimbursement for all claims is subtracted from the average commercial reimbursement to determine a potential or supplemental opportunity

### Provider Tax

CMS allows for provider taxes not to exceed 6% of total patient reimbursement. Using cost reports for total reimbursement will allow for modeling of potential methods for determining an appropriate tax. The four methods include a percentage of total reimbursement, total Medicare reimbursement, total Medicaid Reimbursement, or total reimbursement minus Medicare reimbursement. Each of the models will be calculated and reviewed to determine how the tax model will redistributed the supplemental payment across providers.