CHIA
center for health information and analysis

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

I. INSTRUCTIONS

This form is required for all Applicants, Agencies, or Organizations, hereinafter referred to as "Organization", except Government Agencies as defined in 957 CMR 5.02, requesting protected health information. *All Organizations must also complete the Data Management Plan, and attach it to this Application. The Application and the Data Management Plan must be signed by an authorized signatory. 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. Organiations 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.

The Appliciaton and all attachments must be uploaded to IRBNet. All Application documents can be found on the CHIA website.

Information submitted as part of the Application may be subject to verification during the review process or during any audit review conducted at CHIA's discretion.

Applications will not be reviewed until the Application and all supporting documents are complete and the required application fee is received.

A Fee Remittance Form with instructions for submitting the application fee is available on the CHIA website. If you are requesting a fee waiver, a copy of the Fee Remittance Form and any supporting documentation must be uploaded to IRBNet. Please be aware that if your research is funded and under that funding you are required to release raw data to the funding source, you may not receive CHIA Data.

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:	Impact of Price Transparency on Healthcare Prices
IRBNet Number:	2089970-1
Organization Requesting Data (Recipient):	University of Pennsylvania
Organization Website:	https://www.upenn.edu/
Authorized Signatory for Organization:	Daniel Lynam
Title:	Business Manager
E-Mail Address:	dlynam@wharton.upenn.edu
Telephone Number:	215-746-3756
Address, City/Town, State, Zip Code:	3730 Walnut Street, Philadelphia, PA, 19104
Data Custodian: **(individual responsible for organizing, storing, and archiving Data)**	Jibby Kurichi
Title:	Director of Administrative Research
E-Mail Address:	jkurichi@pennmedicine.upenn.edu
Telephone Number:	215-573-9988
Address, City/Town, State, Zip Code:	1209 Blockley Hall, Philadelphia, PA, 19104
Primary Investigator (Applicant): **(individual responsible for the research team using the Data)**	Ron Berman
Title:	Associate Professor of Marketing
E-Mail Address:	ronber@wharton.upenn.edu
Telephone Number:	215-898-9092
Address, City/Town, State, Zip Code:	714 Jon M. Huntsman Hall, 3730 Walnut St, Philadelphia, PA 19104
Names of Co-Investigators:	Hangcheng Zhao
E-Mail Addresses of Co-Investigators:	zhaohc@wharton.upenn.edu

IV. PROJECT INFORMATION

IMPORTANT NOTE: Organization represents that the statements made below as well as in any study or research protocol or project plan, or other documents submitted to CHIA in support of the Data Application are complete and accurate and represent the total use of the CHIA Data requested. Any and all CHIA Data released to the Organization under an approved application may ONLY be used for the express purposes identified in this section by the Organization, and for no other purposes. Use of CHIA Data for other purposes requires a separate Data Application to CHIA **or** written request to CHIA, with approval being subject to CHIA's regulatory restrictions and approval process. Unauthorized use is a material violation of your Organizations's Data Use Agreement with CHIA.

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 (or other derived input)
☐ 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.

Purpose and objectives:

The US healthcare market is among the priciest in the world with the US ranked #1 in healthcare spending per capita and last in performance among 11 wealthy nations. One contributing factor to this issue is the lack of transparency and complexity surrounding healthcare prices, making it difficult for consumers to access and compare cost information. To address this problem, a proposed solution is the implementation of price transparency mandates for hospitals and insurance companies. As a step towards achieving this goal, the US government recently required all hospitals to publish clear and easily accessible pricing information online, starting in January 2021, with insurance companies following rule from July 2022.

The primary objective of our project is to conduct an in-depth analysis of the impact of the price transparency rules. There exists a combination of theories and evidence regarding whether transparent pricing can enhance market competition and guide consumers towards more affordable healthcare providers. On one hand, increased price transparency can enable effective price comparison and lead to reductions in healthcare spending. On the other hand, skeptics express concerns that enhanced transparency may foster collusion among providers or grant them greater bargaining power over insurers.

Our aim is to delve into these complex effects and provide comprehensive evaluations on the extent to which price transparency promotes consumer price shopping behavior and contributes to reduced healthcare expenditure. Furthermore, we seek to examine whether insurers obtain increased bargaining power, leading to lower equilibrium prices, or if hospitals gain a stronger negotiating position that facilitates collusion or other anticompetitive practices resulting in price increases. Lastly, we intend to quantify the overall welfare impact of heightened price transparency by assessing its joint effects on both consumers and healthcare providers.

Summary of the pertinent literature:

The research builds on previous studies that explore the effects of price transparency rules implemented by particular employers or within specific markets. Notably, Lieber (2017), Whaley (2015), and Desai et al. (2016) assess the impact of initiatives by individual employers or insurers. On a market-level, Brown (2017; 2019) evaluate the impact of a price transparency initiative that was broadly available to all individuals in New Hampshire. These findings indicate that patient demand is responsive to price information, especially among those yet to meet their deductibles. Furthermore, if every consumer had access to pricing information, equilibrium prices might drop by up to 20%. Allcott et al. (2021) conduct a randomized-controlled trial in New York that provides information about negotiated prices to both consumers and providers. They found some negative evidence that providers use price information to benchmark their own negotiated rates, in some cases leading to increased prices. This research aspires to broaden the scope by probing the influence of price transparency on a national scale, diverging from prior studies which narrowed their focus to distinct markets. By examining both the intertemporal and geographical variations in compliance status and transparency level, we anticipate fresh perspectives on the interplay between transparency and pricing, and how this dynamic affects both consumer and society welfare.

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**: Applicantions must include 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 this 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.*

Completing this project serves the public interest by delving into *health cost and utilization analysis to formulate public policy*. The U.S. has seen a rapid escalation in healthcare costs, prompting the introduction of numerous measures. One such strategy is promoting consumer price-shopping through enforced price transparency. Yet, the efficacy of these measures remains ambiguous in the literature. In this project, we aim to assess the benefits of individuals utilizing lower-cost healthcare providers, identify barriers preventing such choices, and explore ways to motivate individuals to choose more cost-efficient providers - potentially reducing overall healthcare spending. This study thus provides a comprehensive examination of the impact of price transparency rules on consumer behavior, healthcare expenditure, and broader market dynamics. Our findings will shed light on both the potential benefits and challenges of price transparency, offering essential insights into tackling the pressing issue of surging healthcare costs.

Furthermore, this research delves into key facets of *healthcare quality and access* by analyzing patients' decision-making processes when choosing healthcare providers. To comprehensively understand these decisions, the project assesses healthcare provider characteristics. These include indicators for teaching hospitals and for-profit hospitals, the number of beds, and indicators for hospitals providing particular services, which serve as measurement for quality, helping investigate their influence on patients' provider preferences. We'll construct the set of providers accessible to patients based on their local market (i.e., hospital referral region (HRR)) and in-network options within their insurance plans. Additionally, factors like patients' diagnostic history and measurable health status parameters will be incorporated into our analysis to predict their hospital preferences. Thus, this research seeks to understand the impact of various facets of health care quality and access in influencing patients' hospital selections. Such findings will facilitate more precise estimations of the incentives necessary to nudge patients towards lower-cost providers, informing strategies dedicated to reducing overall healthcare expenditures.

VI. DATASETS 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 fully-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. For more information about APCD Release Versions, 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. Projects that 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 requests are subject to the Data Use Agreement, will require payment of fees for additional Data for Non-Government Entities, and subject to the limitation that the Data can be used only in support of the approved Project.

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

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

2. Select Release Version and years of data requested (Release Versions and years not listed may not be available).

   Should any data updates after 2022 become available, we would like to submit an application (one-time request or subscription) to incorporate the latest data into our study.

ANNUAL RELEASE 2020	**ANNUAL RELEASE 2021**
☐ 2016	☒ 2017
☐ 2017	☒ 2018
☐ 2018	☒ 2019
☐ 2019	☒ 2020
☐ 2020	☒ 2021

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:

Our research objectives require the use of commercial healthcare claims, as we need detailed information on the procedures patients underwent, their chosen providers, and the negotiated prices paid by both patients and insurance companies. This information will allow us to assess potential individual savings and to determine the average potential savings thanks to the price information available due to the price transparency rule. Specifically, our approach is as follows: for every patient in the medical claims dataset, we will calculate their maximum potential savings. This will take into consideration their geographic local healthcare markets, the providers available in their health plan network, and the amount of money they will save if they switch to a lower-cost providers.

We also require patient demographics, insurance plan benefit design, and provider characteristics within the medical claims dataset to understand the determinants of patients' provider choices and to inform public policy on health quality and access, as well as healthcare costs and utilization. We are going to estimate the potential likely savings of a shopping consumer while taking into account their location, health insurance plan and cost-sharing structure, which impose constraints about the options they will realistically choose from. We plan to use a demand model and a counterfactual exercise to understand the potential of these policies. We will estimate a demand logit choice model that takes into account the impact of additional features that affect the consumer's choice, e.g., healthcare provider fixed effects, distance between the consumer and each provider, etc. We will then compute a counterfactual that estimates how much more money a consumer would need in compensation in order for them to switch to a alternative and cheaper provider.

☐ Pharmacy Claims

Describe how your research objectives require Pharmacy Claims data:

☐ Dental Claims

Describe how your research objectives require Dental Claims data:

☒ Member Eligibility

Describe how your research objectives require Member Eligibility data:

Our research objectives require the access to the member eligibility dataset. The information on payers is needed to determine the insurance company for constructing choice sets and estimating provider choice. The period of eligibility, which indicates the duration of the effective year plan, is needed for calculating potential savings from provider switches within the policy framework. Key data fields, such as encrypted insured group, claim filing status, and in-network status are needed for the interpretation of patients' choice set. We will analyze individuals with the same encrypted group number and their chosen providers. Providers that are consistently chosen, or display a unique pricing structure, are considered part of that group's "network". Then, we evaluate potential savings from price comparison of individuals that use "in network" providers.

☐ **Provider**

Describe how your research objectives require Provider data:

☒ **Product**

Describe how your research objectives require Product data:

To estimate potential cost savings more accurately, we kindly request the product file for the benefit design details. The product ID and benefit information in this file are crucial for identifying patients' network under their curent insurance plans, as well as for determining their out-of-pocket costs.

However, we are currently uncertain about the availability of funds for purchasing this file, as well as the committee's decision on our fee waiver application. We would prefer to initially apply for the approval of the dataset and decide at a later stage. We greatly appreciate your understanding.

VII. DATA ENHANCEMENTS REQUESTED

State and federal privacy laws limit the release and use of CHIA 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 Organizations 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.

a. Geographic Subdivisions

ZIP code and state geographic subdivisions are available for Massachusetts residents and providers only. Small population ZIP codes are combined with larger population ZIP codes. One ZIP Code per person (MEID) per year has been assigned based on the ZIP code/state reported in the member eligibility record's earliest submission year month. If the record does not have an MEID, assignment is based on distinct OrgID/Carrier Specific Unique Member ID.

Non-Massachusetts ZIP codes and sate codes except for CT, MA, ME, NH, NY, RI, and VT are suppressed.

Select *one* of the following options.

☐ 3-Digit Zip Codes (standard)	☒ 5-Digit Zip Codes***
***If requested, provide justification for requesting 5-Digit Zip Code. Refer to specifics in your methodology: To obtain demographic information and better estimate patients' preference for provider choice, we plan to link the Census American Community Survey data using the 5-digit ZIP. This data is not currently available within the MA APCD dataset.	

b. 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:		

c. National Provider Identifier (NPI)

Select *one* of the following options.

☐ Encrypted National Provider Identifiers (standard)	☒ Decrypted National Provider Identifiers***
*** If requested, provide justification for requesting decrypted National Provider Identifier(s). Refer to specifics in your methodology: We need the decrypted national provider identifiers to identify the hospitals mandated by the price transparency rule to publish their pricing information. So that we can assess the potential savings if patients choose an alternative lower-cost provider, leveraging the available price information from the transparency rule.	

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 identifiable 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.

Researchers must provide the following information for MassHealth to determire how the disclosure of indentifiable MassHeath claims data is directly related to the administration of the MassHealth program:

- How does the project relate directly to the administration of the Medicaid program?
- What specific Medicaid program, policy, rule or law will be affected or changed based on the outcome of this project?

- How will MassHealth's objectives be helped or impaired by approving this project?
- Will the results of the research have the potential for:
  - reducing cost of the Medicaid program,
  - improving access for recipients, and/or
  - increasing quality of care to recipients?
- Please describe the project deliverables the researchers will provide to MassHealth
- Please describe how MassHealth can use the project deliverables in administration of the MassHealth program.

3. Organizations approved to receive Medicaid Data will be required to execute a Medicaid Aknowlegment of Conditions MassHealth may impose additional requirements on applicants for Medicaid Data as necessary to ensure compliance with federal laws and regulations regarding Medicaid.

IX. DATA LINKAGE

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

1. Do you intend to link or merge CHIA Data to other data?
   - ☒ Yes
   - ☐ No linkage or merger with any other data will occur

2. If yes, please indicate below the types of data to which CHIA Data will be linked. [Check all that apply]
   - ☐ Individual Patient Level Data (e.g. disease registries, death data)
   - ☐ Individual Provider Level Data (e.g., American Medical Association Physician Masterfile)
   - ☒ Individual Facility Level Data (e.g., American Hospital Association data)
   - ☒ Aggregate Data (e.g., Census data)
   - ☐ Other (please describe):

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

We plan to link the CHIA Data with American Hospital Association (AHA) annual survey data. This linkage is needed for identifying the specific hospitals mandated by the price transparency rule to disclose their pricing details. Additionally, we aim to investigate how certain healthcare provider characteristics, including indicators for teaching hospitals and for-profit hospitals, number of beds, and indicators for hospitals offering specialized services, influence patient choices.

We plan to link the Census American Community Survey data using the 5-digit ZIP. This linkage is needed for obtaining demographic information and better estimating patients' preference for provider choice.

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.

We plan to use (deterministic) m:1 matching using decrypted national provider identifier to link the AHA data with CHIA Data, and m:1 matching using 5-digit ZIP to link the the Census American Community Survey data with CHIA Data.

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 following variables in the AHA datasets will be included in our linked file: indicators for teaching hospitals and for-profit hospitals, the number of beds, and indicators for hospitals providing particular services.

The American Community Survey by the Census Bureau encompasses a wide range of demographic, social, economic, and housing characteristics. A full list of the available variables can be found at https://www.census.gov/programs-surveys/acs/technical-documentation/code-lists.html

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

We plan to link the CHIA Data with the American Hospital Association (AHA) annual survey data, using the national provider identifier (NPI) solely for the purpose of obtaining hospital-level characteristic information. The linkage is aggregated at the provider level, making it sufficiently broad to ensure that individual patient identification is impossible. Additionally, we guarantee that no other information will be used combined with NPI to identify individual patients.

We plan to link the CHIA Data with Census American Community Survey data solely for the purpose of obtaining zip-level demographcis information. The linkage is aggregated at the zip level and there is no idenfitication of individual.

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.

Yes, we plan to disseminate our study's findings through publications in professional journals, seminars, and conferences. In all disseminations, we will adhere to strict privacy standards. In all our tabulated results and graphical representations, we'll ensure that no cell with a count of fewer than 11 is disclosed, by verifying for each cell in every table or number reported how many observaions are used. This will help to mitigate the risks of patient re-identification from small data samples. When the data computations lead to percentages or results that would inadvertently reveal a cell size smaller than 11, we will aggregate the data at a higher level to ensure patient identities remain protected.

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.

All formats for disseminating our findings are detailed in the previous response.

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 geographical level of analysis of data we expect to present for publication or presentation is hospital referral region (HRR). Map visualizations of prices accross different HRRs will be presented. Given that there are only 306 HRRs across the U.S., it is sufficiently broad to prevent the identification of individual institutions or patients.

Additionally, we'll use the following techniques to ensure individual data protection:
We'll aggregate data, grouping them in such a way (for example, more similar procedures within a larger category) that individual data become indistinguishable within a larger set.
We will be cautious about providing other geographical identifiers that, when combined, could narrow down identification.
We might introduce small, statistical noise or controlled alterations to further prevent re-identification.

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 provide the name and a description of the 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?

XI. APPLICANT QUALIFICATIONS

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

Both the primary investigator and the co-investigator have the experience using with claims data provided the Real World Data (RWD) dataset provided by Clarivate https://clarivate.com/products/real-world-data/.

The data contains information about healthcare charges (submits) and payments (remits). The dataset includes private insurance, Medicare, and Medicaid healthcare plans. The data includes a unique identifier for every health service provider (NPI: National Plan and Provider Enumeration System Identifiers), a unique patient identifier, a unique payer/insurer identifier, the date services were provided, the date payments were processed, the hospital's charges and pre-negotiated prices, and the split of the payment into the amount paid by the insurance company and the patient. In addition, the data contain full diagnosis information in terms of International Classification of Disease (ICD) codes; medical procedures in terms of Current Procedural Terminology (CPT); each patient's demographic information such as the 3-digit zip code prefix of their residence, gender and age; the insurance company's type (Commercial, Medicare, or Medicaid); and types of patients' insurance plans (HMO, PPO etc.).

This experience equips both the investigator and co-investigator with the requisite qualifications to securely store and handle healthcare claims data, safeguard protected health information, and adeptly analyze insurance claims data.

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

XII. USE OF AGENTS AND/OR CONTRACTORS

By signing this Application, the Organization assumes all responsibility for the use, security and maintenance of the CHIA Data by its agents, including but not limited to contractors. The Organization 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.

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 and 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 #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.

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.

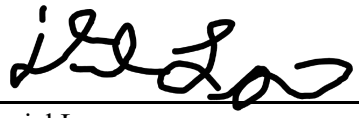
[INSERT A NEW SECTION FOR ADDITIONAL AGENTS/CONTRACTORS AS NEEDED]

XIII. ATTESTATION

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

Organizations 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) this research is not funded by a source requiring the release of raw data to that source; (3) that the requested Data is the minimum necessary to accomplish the purposes described herein; (4) 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 (5) to my authority to bind the Organization.

Signature: (Authorized Signatory for Organization)	
Printed Name:	Daniel Lynam
Title:	Business Manager
Date:	Nov 2, 2023

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.