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. Organizations 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@chiamass.gov 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@chiamass.gov.

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:	**Long-COVID and Disabilities Project – Claims Analysis**
IRBNet Number:	2156214-1
Organization Requesting Data (Recipient):	**University of New Hampshire**
Organization Website:	www.unh.edu
Authorized Signatory for Organization:	**Victor Sosa**
Title:	Director, Contracts & Export Controls
E-Mail Address:	Victor.Sosa@unh.edu
Telephone Number:	603-862-2001
Address, City/Town, State, Zip Code:	Service Bldg Room 111, 51 College Rd Durham, NH 03824
Data Custodian: **(individual responsible for organizing, storing, and archiving Data)**	**Huxley C. White**
Title:	Health Analytics Operations Manager
E-Mail Address:	H.Chris.White@unh.edu
Telephone Number:	603-862-0682
Address, City/Town, State, Zip Code:	4 Library Way, Hewitt Hall Suite 281, Durham, NH 03824
Primary Investigator (Applicant): **(individual responsible for the research team using the Data)**	**Vidya Sundar**
Title:	Associate Professor
E-Mail Address:	Vidya.Sundar@unh.edu
Telephone Number:	603-862-0284
Address, City/Town, State, Zip Code:	4 Library Way, 115 Hewitt Hall, Durham, NH 03824
Names of Co-Investigators:	**Debra Brucker** **Amy Costello (overseeing analytics)**
E-Mail Addresses of Co-Investigators:	Debra.Brucker@unh.edu Amy.Costello@unh.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)

Click here to enter text.

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 impact of the COVID-19 pandemic was disproportionately pronounced on vulnerable populations including individuals with disabilities. People with disabilities have risk factors that increase the likelihood of having COVID, such as being more likely than those without disabilities to have chronic health conditions, live in shared group (also called "congregate") settings, and face more barriers in accessing healthcare.[1] People with certain types of disabilities health care (e.g., people with intellectual and developmental disabilities) were more likely to get COVID-19 and have worse outcomes.[1] In addition to health impacts, the pandemic widened employment disparities between persons with and without disabilities.[2] It also impacted other areas of life. For example, during the pandemic, people with disabilities were more likely to experience challenges accessing food than others and people with disabilities who identified as lesbian/gay/bisexual, or transgender experienced worse mental health and more limited access to mental health treatment than others.[3,4]

For the purpose of this project, claims analysis will be conducted using administrative claims data from Massachusetts All-Payers Claims Database (APCD) to examine patterns of treatment. In order to understand the scope of long-COVID among individuals with disabilities, medical claims from January 2021 through December 2022 will be examined to produce measures of disease burden (e.g., the number of members with disabilities and long-COVID). Using SAS statistical software, analysts will approach analysis in four phases:

In phase 1 of the analysis, IHPP will focus on the development of methods to detect disability status and long-COVID in the claims data. IHPP will conduct a literature review that will include, but may not be limited to, peer-reviewed articles, white papers, policy briefs, and recommendations from government entities to aggregate the best methods for attributing a disability status and/or long-COVID diagnosis to an enrollee of commercial and Medicaid health plans. These methods may include the use of ICD-10 diagnosis codes as seen in administrative claims data, as well as indicators in enrollment data. IHPP will create and validate a method of assigning an individual a disabled or non-disabled status from 2021-2022. IHPP will also develop and validate a method to determine if an enrollee was diagnosed with long-COVID from 2021-2022 using ICD-10 diagnosis codes with inclusion and exclusionary methods.

In phase 2, medical claims and enrollment data will be used to identify individuals with disabilities, based on codes defined by the analysis in phase 1.

In phase 3, claims data will be used to measure the disease burden of long-COVID among individuals with disabilities. Codes for long-COVID will be defined through literature review.

In phase 4, claims data will be used to measure healthcare utilization among inidivudals with indication of disability and long-COVID. Number of visits among members with indication of disabling condition and long-COVID will be calculated separately by type of visit (e.g., emergency room visit using appropriate CPT and Revenue codes on claims data, primary care physician visits using appropriate CPT codes and taxonomy codes to identify primary care, and other interactions with the healthcare system not included in emergency room or primary care visits).

It's important to note that the researchers are interested in utilizing Massachusetts CHIA data because of the larger sample size, the maturity of the MA APCD, and the diversity of the MA population, as compared to NH. Researchers will only be using Massachusetts data for this study; no other states data is going to be included in this study.

[1] Centers for Disease Control and Prevention. (2023). Underlying Medical Conditions.
https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html
[2] Andrew J. Houtenville, Shreya Paul, Debra L. Brucker. (2021). Changes in the employment status of people with and without disabilities in the United States during the COVID-19 pandemic, Archives of Physical Medicine and Rehabilitation. https://doi.org/10.1016/j.apmr.2021.03.019.
[3] Debra L. Brucker, Grace Stott, Kimberly G. Phillips (2021) Food sufficiency and the utilization of free food resources for working-age Americans with disabilities during the COVID-19 pandemic. Disability and Health Journal, 101153. https://doi.org/10.1015/j.dhjo.2021.101153.
[4] Brucker, D. L., Surfus, C., & Henly, M. (2023). Mental health experiences in 2021 for adults with disabilities who are lesbian, gay, bisexual, or transgender. Rehabilitation Psychology, 68(4), 374–384. https://doi.org/10.1037/rep0000511.

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

☒ Yes [*If yes, a copy of the approval letter and protocol <u>must</u> be included with the Application package on IRBNet.*]
☐ No, this Project is not human subject research and does not require IRB review.

4. **Research Methodology**: Applications 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.*

This project aims to analyze healthcare utilization to inform and improve systems-based public health approaches, rather than individually focused strategies that systemically excluded individuals living with disabilities (specific to the COVID-19 pandemic and early efforts to contain the pandemic).

This project will narrowly focus on an underserved population of people with disabilities and the unique impact that COVID-19 had on this population. Analysis of claims will allow us to better understand healthcare utilization patterns of this population in order to address any gaps in services for this population as it pertains to COVID and potentially future pandemics.

Specifically, we will be able to estimate the percent of commercial and Medicaid members with a disability, the number and percent of that population that have long-COVID, as well as describe the types of services provided to members with disabilities and long-COVID (e.g., primary care, emergency room, in-patient).

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. For more information about APCD Data, including available years of data and a full list of elements in the database please refer to 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. CHIA is currently supporting requests for claims data from 2016 to 2022. Requests made outside of these years may not be supported by CHIA and will be considered on a case-by-case basis. Please specify the years of data that are being requested: __2021-2022__ .

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:
The research objectives require Medical Claims data as we seek to select members with disabilities, with or without long-COVID, and analyze the healthcare utilization of these members to better understand their associated health, function, and outcomes, and inform/improve public health approaches.

☐ **Pharmacy Claims**
Describe how your research objectives require Pharmacy Claims data:
Click here to enter text.

☐ **Dental Claims**
Describe how your research objectives require Dental Claims data:
Click here to enter text.

☒ **Member Eligibility**
Describe how your research objectives require Member Eligibility data:
Member eligibility will be required for member selection criteria (amount of continuous enrollment to ensure the detection of diagnosis/treatment, demographic/geographic features, and possibly, in Medicaid, a flag for disability status, for descriptive categorization of the data (age groups, rurality) and for any potential statistical comparisons in analysis in which we need a comparison population.

☐ **Provider**
Describe how your research objectives require Provider data:
Click here to enter text.

☐ **Product**
Describe how your research objectives require Product data:
Click here to enter text.

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 state 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: Requesting 5-digit zip code for linkage to HRSA zip code rural-designation database (csv file) and to subset for MA residents only (according to residence during the member's earliest submission each year). For example, the HRSA database contains 5-digit zip codes identified as having a rural-designation; we will require the 5-digit zip codes from MA CHIA to link these two sources to identify rural vs. non-rural zip codes. The purpose of identifying this designation is to better understand health care access and utilization among residents living in rural areas compared to those in non-rural areas.	

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: Requesting day-level dates in order to:		

1. Distinguish and count distinct events, the order of events, and/or temporal relationships between events to confirm health conditions and/or condition severity (i.e., in order to examine temporal order of claims with particular conditions, day-level date of service is required).
2. Combine facility inpatient interim bills in order to calculate an accurate length of stay; length of stay may also be used to measure severity of health conditions.
3. Determine all services associated with a particular event (i.e., non-facility inpatient services would not be able to be associated with an inpatient stay without the day-level service dates).

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:
Requesting decrypted NPI in order to link to NPPES to identify provider taxonomies as it may become part of the reverse engineering methodology to identify individuals with disabilities in the claims and the types of services provided to them. Furthermore, NPPES provides provider's primary and secondary taxonomies; a provider's primary taxonomy may be very generalized, but their secondary taxonomies may identify very specific specialties and/or may be necessary in identifying disability and/or long-COVID in the claims data. Secondary taxonomy is not currently available in the MA CHIA provider file, therefore it is critical for us to receive the decrypted NPI to link to NPPES.

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?
  The study of individuals with disabilities and long-COVID is directly related to the Medicaid population and improving public and population health strategies. The proposed study is looking to develop a methodology for identifying individuals with disability from administrative claims data, which would not only assist with MassHealth administration to identify individuals with disabilities but also help to manage the medical complexities of that population. Understanding patterns of health care utilization among persons with and without disabilities who have long-COVID may identify opportunities for cost savings that can also improve quality of

care for individuals who have long-COVID. This project may also highlight health equity issues for persons with disabilities, providing information that MassHealth can use to improve health care access for this population.

- What specific Medicaid program, policy, rule or law will be affected or changed based on the outcome of this project?
  As this is a preliminary study, we do not anticipate that the results will lead to specific changes in the MassHealth Medicaid program, policies, rules or laws at this time.

- How will MassHealth's objectives be helped or impaired by approving this project?
  MassHealth's objectives will be helped by approving this project, as the anticipated results will allow the Executive Office to support alignment and transparency across programs, synchronize quality program and payment reform activities, and evaluate quality program activities, including those related to healthcare access and delivery, and make recommendations for improvement and best practices.

- 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?

  As mentioned above, understanding patterns of health care utilization among persons with and without disabilities who have long-COVID may identify opportunities for cost savings that can also improve quality of care for individuals who have long-COVID. For example, this project will explore patterns of acute vs. routine health care visits for these populations which can have implications for the overall cost and quality of healthcare for these populations. This project may also highlight health equity issues for persons with disabilities, providing information that MassHealth can use to improve health care access for this population. For example, people with disabilities and long-COVID may face limitations in the types of health care they can readily access, compared to people without disabilities who have long-COVID.

- Please describe the project deliverables the researchers will provide to MassHealth.
  The summary of findings and analysis can be provided to MassHealth upon project completion.

- Please describe how MassHealth can use the project deliverables in administration of the MassHealth program.
  The MassHealth program may use the project deliverables to understand patterns of health care utilization among persons with and without disabilities who have long-COVID and help identify opportunities for cost savings that can also improve quality of care for these individuals.

3. Organizations approved to receive Medicaid Data will be required to execute a Medicaid Acknowlegment 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): *Linking to files that provide descriptions for coded values (described below).*

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 datasets to which the CHIA data will be linked include:

● **National Plan & Provider Enumeration System (NPPES)** – Link from National Provider Identifier (NPI) in claims data to provider taxonomies (primary, secondary) in NPPES database. We will utilize NPI from the NPPES database for consistency across our analytic process. The purpose of having the provider taxonomies via this linking is for production of the deliverable (i.e., to provide plain-English descriptions of provider taxonomies and describe provider specialties that may not be captured solely by the primary taxonomy identified in the claims data).

● **National Uniform Claim Committee (NUCC)** – Link from provider taxonomy in NPPES database to NUCC for provider taxonomy descriptions. The purpose of having the provider taxonomy description via this linking is for production of the deliverable (i.e., to provide plain-English descriptions of provider taxonomies).

● **American Medical Association (AMA) –** Link from procedure codes in medical claims to AMA procedure code descriptions. The purpose of having the procedure code descriptions via this linking is for the identification of specific types of office visits and other medical procedures, as well as for production of the deliverable (i.e., to provide plain-English descriptions of procedure codes). For example, we may identify procedure code 99211 in the claims data, but this linking is required to understand the description of this code (office or other outpatient visit for the evaluation and management of an established patient).

● **Centers for Medicare and Medicaid Services (CMS) –** Link from the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) diagnosis codes in medical claims to CMS diagnosis code, procedure codes, revenue codes, procedure modifiers, place of service, and type of bill descriptions. The purpose of having these descriptions via this linking is for identification of specific types of conditions (etc.), as well as for the production of the deliverable (i.e., to provide plain-English descriptions of procedures codes). For example, we may identify diagnosis code U.099 in the claims data, but this linking is required to understand the description of this code (Post COVID-19 condition).

● **Health Resources and Services Administration (HRSA) –** Link from zip code in member eligibility file to HRSA's list of zip codes with rural-designation (csv file), to identify if a member lives in a rural area. The purpose of having these designations for zip codes via this linking is to better understand health care access and utilization among residents living in rural areas. For example, we may identify zip code 01029 in the claims data, but this linking is required to understand that this zip code is located in a HRSA-designated rural area in western Massachusetts.

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.

- **National Plan & Provider Enumeration System (NPPES)** – Deterministic link matched on unique provider NPI to their corresponding taxonomies.
- **National Uniform Claim Committee (NUCC)** – Deterministic link matched on unique provider taxonomy code (from NPPES database) to their corresponding provider taxonomy descriptions.
- **American Medical Association (AMA)** – Deterministic link on matched unique procedure codes (CPT and HCPC) to their corresponding descriptions.
- **Centers for Medicare and Medicaid Services (CMS)** – Deterministic link on matched unique ICD-10 diagnosis codes, ICD-10 procedure codes, revenue codes, procedure modifiers, place of service, and type of bill to their corresponding descriptions.
- **Health Resources and Services Administration (HRSA)** – Deterministic link on unique member zip code to their corresponding rural-designation.

---

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

Source	Variables
National Plan & Provider Enumeration System (NPPES)	Provider primary and second taxonomy codes
National Uniform Claim Committee (NUCC)	Description of taxonomy code elements (provider type, provider specialty, and provider subspecialty)
American Medical Association (AMA)	Long, mediums and short descriptions (when available) of CPT and HCPC codes
Centers for Medicare and Medicaid Services (CMS)	Long, mediums and short descriptions (when available) for ICD-10 diagnosis codes, ICD-10 procedure codes, revenue codes, procedure modifiers, place of service, and type of bill
Health Resources and Services Administration (HRSA)	Assignment of rurality (non-rurality will be imputed by lack of deterministic match on 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 additional linked information is descriptive in nature only and descriptive of information provided in the MA CHIA database. The linkage does not add metadata about the individual; it does not enhance the ability to constructively identify an 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.

Results may be shared in presentations, webinars, and publications (peer-reviewed articles, reports, summaries).

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.

Data will only be reported at the aggregate level. Small cell sizes (less than 11) will be suppressed in accordance with the MA CHIA DUA.

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?

State-level and rural/urban areas; city/town/zip level will not be published. No maps will be utilized.

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?

Click here to enter text.

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.

Click here to enter text.

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?

Click here to enter text.

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.

Co-PI Amy Costello will be guiding and overseeing all analytic work and the use of claims data for this project. As the Director of Health Analytics at IHPP, Amy has more than 14 years of experience with administrative claims data. She also sits on the Leadership Team of the APCD Council.

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:	Click here to enter text.
Company Website	Click here to enter text.
Contact Person:	Click here to enter text.
Title:	Click here to enter text.
E-mail Address:	Click here to enter text.
Address, City/Town, State, Zip Code:	Click here to enter text.
Telephone Number:	Click here to enter text.
Term of Contract:	Click here to enter text.

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

Click here to enter text.

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.

Click here to enter text.

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:	Click here to enter text.
Company Website	Click here to enter text.
Contact Person:	Click here to enter text.
Title:	Click here to enter text.
E-mail Address:	Click here to enter text.
Address, City/Town, State, Zip Code:	Click here to enter text.
Telephone Number:	Click here to enter text.
Term of Contract:	Click here to enter text.

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

Click here to enter text.

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.

Click here to enter text.

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 **<u>must</u>** 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)	*Victor G. Sosa*
Printed Name:	**Victor Sosa**
Title:	Director, Contracts & Export Controls
Date:	1/25/2024

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)

<mark>APPLICATIONS WILL NOT BE REVIEWED UNTIL THEY ARE COMPLETE, INCLUDING ALL ATTACHMENTS.</mark>