Commonwealth of Massachusetts
Center for Health Information & Analysis (CHIA)
Request for Supplement to a Non-Government Application for Data

This form is to be used only to request de minimis changes to the data specifications in connection with a previously-fulfilled Non-Government application for APCD or Case Mix data. Applicants requesting more than a de minimis change may be required to submit a new application for data. For example, requests for additional years of data for a previously-approved project or requests to use existing datasets for a new project or purpose are not de minimis, and such applicants must submit a new application form.

Applicants receiving a supplemental extract may be invoiced for a Support/Production fee in connection with the creation of the extract, in accordance with the applicable fee schedule.

I. General Information

APPLICANT INFORMATION	
Applicant Name:	James Strunk
Title:	VP Product Development, Data & Innovation
Organization:	iVantage Health Analytics
Project Title:	Vantage Points / INVISION
Date of Original Application:	11/18/2014
Date of Request for Supplement:	3/27/2015
Objectives (240 character limit)	We need access to the Inpatient (HDD) and ED (EDD) data sets with the full 5 digit patient zip codes and encrypted physician identifiers

II. Requested Supplemental Data Element(s)

Please summarize requested changes to the data specifications for this project and describe why access to the requested data element(s) or Case Mix levels are necessary to achieve the project's objectives. Please attach a data specification worksheet identifying the supplemental element(s) requested (for APCD), including any elements required to link the supplemental element(s) to the existing dataset.

I believe what is needed to link an additional set of data is the "RecordType20ID" value for each record. This implies though that the value in RecordType20ID is consistent and persistent across different sets of extracts. If this is not the unique row level identifier for EDD and HDD data sets, please advise.

We need the full 5 digit zip code that is available in Level 2 and not in Level 1 to be able to geo-code patients and be able to track patient in- and out-migration patterns for a hospital's service area. A full 5 digit zip code is required for this as a 3 digit zip code isn't specific enough to allow mapping to a hospitals' Service Area.

We need physician identifiers to be able to track patient mix across hospitals by each physician. Even without being able to ID physicians by name, having a unique identifier allows us to be able to analyze a physicians practice – are they sending certain types of patients and not others to selected hospitals?

The attached worksheet Case Mix Level_SupplementalRequest.xlsx documents the values being requested.

Details on additional linkages:
We determine a service area for all hospitals in the nation by reviewing the CMS data set "Hospital Service Area File". This data set is a highly summarized set of data that has no patient details at all – it is simply the hospital ID, the patient zip code, and how many patients the hospitals saw from each patient zip code. There is no clinical or patient identifiers of any kind other than the hospital and patient zip code combination.

Once we do this determination, we then have a list of a hospital and the set of zip codes we want to examine. There will be two service areas for each hospital - a primary and secondary. The primary are the zip codes that (for the Medicare HSAF) made up 75% of the hospitals patients. The secondary are the additional zip codes that get us to 90%. Data gets rolled up into primary and/or secondary service areas. There is no other information passed back and forth between CMS's HSAF data and the MA state data.

There is nothing in these service area definitions that will tell us anything about a specific patient or that could provide more information that could be used to do this. Generally, data use agreements are concerned about "linkage" to other sources of information that could help to identify a person based on that linkage. This use of the data is more like a cross reference using the DRG to determine the patient's MDC – it is taking a data element and using it to assign a higher level category. From a zip code to a service area, from a DRG to an MDC. The concern other states/agencies have is linking to a source that provides a more detailed level of information. For example, trying to examine all of the ICD diagnostic codes on a patient record to match it to a hospitals own internal records to pick up payment information. We are not doing anything like this.

Because of this past experience with other states and agencies, I would not call using zip code to determine a service area a linkage – it is more of a categorization process (just like going from DRG to MDC Categories for example). It in no way exposes the data to being linked to another source that could provide more information about the patient than what is already on the record we receive from you. It gives a way to create higher level aggregations that are meaningful to clients.

III. Assurances

The undersigned acknowledges that any data provided by the Center for Health Information and Analysis pursuant to this Request for Supplement is subject to the terms and conditions of the data use agreement executed in connection with the original application identified above in Section I. Applicants are further subject to the requirements and restrictions contained in applicable state and federal laws regarding data privacy and security.

IV. Signature

For: iVantage Health Analytics
Organization

April 27, 2015

Authorized Signature Date

Print Name: James Strunk
Title: VP Product Development, Data & Innovation
Address: 509 Forest Avenue, Suite 250, Portland, Maine 04101
Telephone: 207 245-6751 E-Mail: jstrunk@ivantagehealth.com