

**Commonwealth of Massachusetts  
Center for Health Information & Analysis (CHIA)  
Non-Government Agency Application for Data**

*This application is to be used by all applicants, except Government Agencies, as defined in 957 CMR 5.02.*

**NOTE:** *In order for your application to be processed, you must submit the required application fee. Please consult the fee schedules for APCD and Case Mix data for the appropriate fee amount. A remittance form with instructions for submitting the application fee is available on the CHIA [website](#).*

**I. GENERAL INFORMATION**

APPLICANT INFORMATION	
Applicant Name:	James Strunk
Title:	VP Product Development, Data & Innovation
Organization:	iVantage Health Analytics
Project Title:	Inpatient and ED Data for 2013
Date of Application:	10/15/2014
Project Objectives (240 character limit)	Use the data to provide our clients with Hospital Analytics derived from the data.
Project Research Questions (if applicable)	1. 2. 3.

**I. PROJECT SUMMARY**

Briefly describe the purpose of your project and how you will use the requested CHIA data to accomplish your purpose.

iVantage Health Analytics collects and uses publicly available data sets to assist hospitals and health agencies in their strategic planning, operational improvement, quality and marketing initiatives. Databases from CHIA purchased as part of this application are the basis for the reporting and analysis done for the hospitals in the state of Massachusetts.

**II. FILES REQUESTED**

Please indicate the databases from which you seek data, the Level(s) and Year(s) of data sought.

ALL PAYER CLAIMS DATABASE	Level <sup>1</sup> or <sup>2</sup>	Single or Multiple Use	Year(s) Of Data Requested Current Yrs. Available
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<sup>1</sup> Level 1 Data: De-identified data containing information that does not identify an individual patient and with respect to which there is no reasonable basis to believe the data can be used to identify an individual patient. This data is de-identified using standards and methods required by HIPAA.

<sup>2</sup> Level 2 (and above) Data: Includes those data elements that pose a risk of re-identification of an individual patient.

			2009 - 2012
<input type="checkbox"/> Medical Claims	<input type="checkbox"/> Level 1 <sup>3</sup> <input type="checkbox"/> Level 2	Select...	<input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 <input type="checkbox"/> 2012
<input type="checkbox"/> Pharmacy Claims	<input type="checkbox"/> Level 2	Select...	<input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 <input type="checkbox"/> 2012
<input type="checkbox"/> Dental Claims	<input type="checkbox"/> Level 2	Select...	<input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 <input type="checkbox"/> 2012
<input type="checkbox"/> Member Eligibility	<input type="checkbox"/> Level 2	Select...	
<input type="checkbox"/> Provider	<input type="checkbox"/> Level 2	Select...	
<input type="checkbox"/> Product	<input type="checkbox"/> Level 2	Select...	

CASEMIX	Level 1 - 6	Fiscal Years Requested
<b>Inpatient Discharge</b>	<input checked="" type="checkbox"/> Level 1 – No Identifiable Data Elements <input type="checkbox"/> Level 2 – Unique Physician Number (UPN) <input type="checkbox"/> Level 3 – Unique Health Information Number (UHIN) <input type="checkbox"/> Level 4 – UHIN and UPN <input type="checkbox"/> Level 5 – Date(s) of Admission; Discharge; Significant Procedures <input type="checkbox"/> Level 6 – Date of Birth; Medical Record Number; Billing Number	<u>1998-2013 Available</u> (limited data 1989-1997)  2013
<b>Outpatient Observation</b>	<input type="checkbox"/> Level 1 – No Identifiable Data Elements <input type="checkbox"/> Level 2 – Unique Physician Number (UPN) <input type="checkbox"/> Level 3 – Unique Health Information Number (UHIN) <input type="checkbox"/> Level 4 – UHIN and UPN <input type="checkbox"/> Level 5 – Date(s) of Admission; Discharge; Significant Procedures <input type="checkbox"/> Level 6 – Date of Birth; Medical Record Number; Billing Number	<u>2002-2012 Available</u> (2013 available 8/1/14)
<b>Emergency Department</b>	<input checked="" type="checkbox"/> Level 1 – No Identifiable Data Elements <input type="checkbox"/> Level 2 – Unique Physician Number (UPN) <input type="checkbox"/> Level 3 – Unique Health Information Number (UHIN) <input type="checkbox"/> Level 4 – UHIN and UPN; Stated Reason for Visit <input type="checkbox"/> Level 5 – Date(s) of Admission; Discharge; Significant Procedures <input type="checkbox"/> Level 6 – Date of Birth; Medical Record Number; Billing Number	<u>2000-2012 Available</u> (2013 available 9/1/14)  2013

<sup>3</sup> Please note that Level 1 APCD data is not available as of 4/30/2014. This is scheduled to be available later in 2014.

**III. FEE INFORMATION**

Please consult the fee schedules for APCD ([Administrative Bulletin 13-11](#)) and Case Mix data ([Administrative Bulletin 13-09](#)) and select from the following options:

**APCD Applicants Only**

- Academic Researcher
- Others (Single Use)
- Others (Multiple Use)

**Case Mix Applicants Only**

- Single Use
- Limited Multiple Use
- Multiple Use

Are you requesting a fee waiver?

- Yes
- No

If yes, please submit a letter stating the basis for your request. Please refer to the fee schedule for qualifications for receiving a fee waiver. If you are requesting a waiver based on the financial hardship provision, please provide documentation of your financial situation. Please note that non-profit status alone isn't sufficient to qualify for a fee waiver.

**IV. REQUESTED DATA ELEMENTS [APCD Only]**

State and federal privacy laws limit the use of individually identifiable data to the minimum amount of data needed to accomplish a specific project objective. Please use the [APCD Data Specification Workbook](#) to identify which data elements you would like to request and attach this document to your application.

**V. MEDICAID DATA [APCD Only]**

Please indicate here whether you are seeking Medicaid Data:

- Yes
- No

Federal law (42 USC 1396a(a)7) restricts the use of individually identifiable data of Medicaid recipients to uses that are directly connected with the administration of the Medicaid program. If you are requesting Medicaid data from Level 2 or above, please describe in detail why your use of the data meets this requirement. Applications requesting Medicaid 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 Medicaid program. MassHealth may impose additional requirements on applicants for Medicaid data as necessary to ensure compliance with federal laws and regulations regarding Medicaid.

N/A
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**VI. REQUESTS PURSUANT TO 957 CMR 5.04**

If you are a payer, provider, provider organization or researcher seeking access to Level 1 (de-identified) data, please describe how you will use such data for the purposes of lowering total medical expenses, coordinating care, benchmarking, quality analysis or other administrative research purposes. Please provide this information below.

**VII. FILTERS**

If you are requesting APCD elements from Level 2 or above, describe any filters you are requesting to use in order to limit your request to the minimum set of records necessary to complete your project. (For example, you may only need individuals whose age is less than 21, claims for hospital services only, or only claims from small group projects.)

APCD FILE	DATA ELEMENT(S) FOR WHICH FILTERS ARE REQUESTED	RANGE OF VALUES REQUESTED
Medical Claims		
Pharmacy Claims		
Dental Claims		
Membership Eligibility		
Provider		
Product		

**VIII. PURPOSE AND INTENDED USE**

1. Please explain why completing your project is in the public interest.

iVantage Health Analytics reporting allows hospitals to make strategic and operational decisions so that they may better service their community members in the future. Results of the project can be used by hospitals to better understand the patient population they serve, improve access to care, reduce cost of providing care to patients, and improve quality of care.

2. **Attach** a brief (1-2 pages) description of your research methodology. (This description will not be posted on the internet.)

3. Has your project received approval from your organization's Institutional Review Board (IRB)? Please note that CHIA will not review your application until IRB documentation has been received (if applicable).

- Yes, and a copy of the approval letter is attached to this application.
- No, the IRB will review the project on \_\_\_\_\_.
- No, this project is not subject to IRB review.
- No, my organization does not have an IRB.

#### IX. APPLICANT QUALIFICATIONS

1. Describe your qualifications to perform the research described or accomplish the intended use of CHIA data.

iVantage has decades of experience working with public sources of health care data. The data requested here is a small part of our data collection efforts. We have statisticians and health care experts on staff to assist in designing, building, and maintaining our applications that process and prepare data for use for our clients. In addition to working with public sources of data, we have extensive experience working with identifiable data (PHI) from hospital clients.

2. Attach résumés or curricula vitae of the applicant/principal investigator, key contributors, and of all individuals who will have access to the data. (These attachments will not be posted on the internet.)

#### X. DATA LINKAGE AND FURTHER DATA ABSTRACTION

1. Does your project require linking the CHIA Data to another dataset?

- Yes  
 No

2. If yes, will the CHIA Data be linked to other patient level data or with aggregate data (e.g. Census data)?

- Patient Level Data  
 Aggregate Data

3. If yes, please identify all linkages proposed and explain the reasons(s) that the linkage is necessary to accomplish the purpose of the project. Please be specific in describing which data elements will be linked to outside datasets and how this will be accomplished.

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

#### XI. PUBLICATION / DISSEMINATION / RE-RELEASE

1. Describe your plans to publish or otherwise disclose CHIA Data, or any data derived or extracted from such data, in any paper, report, website, statistical tabulation, seminar, conference, or other setting.

The results of the studies we create are made available to clients via a secure web site.

2. Will the results of your analysis be publicly available to any interested party? Please describe how an interested party will obtain your analysis and, if applicable, the amount of the fee.

Hospitals interested in obtaining the results of studies can purchase access to the iVantage products utilizing the data. Fees are adjustable based on hospital size and nature of product use.

3. Will you use the data for consulting purposes?

- Yes  
 No

4. Will you be selling standard report products using the data?

- Yes  
 No

5. Will you be selling a software product using the data?

- Yes  
 No

6. If you have answered "yes" to questions 3, 4 or 5, please describe the types of products, services or studies.

iVantage Health Analytics uses patient level data to calculate utilization rates and to produce aggregate market share reports that hospitals use in marketing and strategic and operations planning. These reports also provide forecasting of future demand. The standard reports are available from a web site for clients. We also have an internal consulting group that may use these reports as the basis for studies to provide conclusions and plans of actions for our clients.

## XII. USE OF AGENTS AND/OR CONTRACTORS

Third-Party Vendors. Provide the following information for all agents and contractors who will work with the CHIA Data.

Company Name:	N/A
Contact Person:	
Title:	
Address:	
Telephone Number:	
E-mail Address:	
Organization Website:	

7. Will the agent/contractor have access to the data at a location other than your location or in an off-site server and/or database?