Commonwealth of Massachusetts
Center for Health Information & Analysis (CHIA)
Non-Governmental Application for Case Mix Data

This form is required by all Applicants, except Government Agencies as defined in 957 CMR 5.02. All Applicants must also complete the Data Management Plan, attached to this Application. The Application and the Data Management Plan must be signed by an authorized signatory of the organization. This Application and the Data Management Plan will be used by CHIA to determine if your organization may receive CHIA data. Please be sure the documents are completed fully and accurately. You may wish to consult the Evaluation Guide that CHIA will use to review your documents. Prior to receiving CHIA Data, the organization must execute the Data Use Agreement. You may wish to review that document as you complete these forms.

NOTE: In order for your application to be processed, you must submit the required application fee. Please consult the fee schedule for the appropriate fee amount. A remittance form with instructions for submitting the application fee is available on the CHIA website.

All attachments must be uploaded to IRBNet with your Application. All applications documents can be found on the CHIA website in Word and/or PDF format.

I. GENERAL INFORMATION

APPLICANT INFORMATION	
Applicant Name:	Darrell J. Gaskin
Title:	William C. and Nancy F. Richardson Professor of Health Policy and Director of the Johns Hopkins Center for Health Disparities Solutions
Organization:	Johns Hopkins University Bloomberg School of Public Health
Project Title:	Measuring impact of the Medicare Readmissions Reduction Program (HRRP) on the volume services hospitals provide to low-income and minority communities.
IRBNet ID:	
Mailing Address:	624 N. Broadway Ave. Baltimore, MD, 21205
Telephone Number:	443-287-0306
Email Address:	dgaskin1@jhu.edu
Names of Co-Investigators:	Hossein Zare
Email Addresses of Co-Investigators:	hzare1@jhu.edu
Original Data Request Submission Date:	10/25/2016
Dates Data Request Revised:	
Project Objectives (240 character limit):	To explore the impact of the Medicare Hospital Readmissions Reduction Program (HRRP) on the volume services hospitals provide to low-income and minority communities. To conduct this research, we want use hospital discharge and emergency department visit data from 13 states for the calendar years 2010 to 2016. The states included in the study are AZ, CA, CO, FL, MA, MI, NC, NJ, NV, NY, SC, WA and WI. This request is specifically for 2013 data. We intend to use this data as part of our preliminarily

	analysis to support an NIH grant application to study the trend from 2010-2016. If that application is awarded we will purchase the other years.
Project Research Questions (if applicable) Business Use Case(s):	1. Minority serving hospital more likely to receive more penalty rate than majority white hospitals. 2. Minority serving patient more likely to receive lower quality services.

II. PUBLIC INTERST & PROJECT SUMMARY

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

> The Patient Protection and Affordable Care Act (ACA) requires payment reform in the Medicare, Medicaid, and CHIP (Children's Health Insurance Program) programs to improve quality. However, recent implementation of financial penalties for high rates of hospitals readmissions disproportionately fell on hospitals serving minority patients. In this project we are seeking to describe how the program impacts care for patients residing in low income and minority zip code to other zip codes.

2. Has an Institutional Review Board (IRB) reviewed your project?
    ☐ Yes, a copy of the approval letter and protocol must be **attached** to this Application
    ☒ No, this project is not human subject research and does not require IRB review.
3. If your project has not been reviewed by an IRB, please **attach** a brief (1-2 page) description of your project including the methodology, objectives, and research questions.

III. DATA FILES REQUESTED [*Applicants seeking 2015 data only should skip to Question 2*]

1. *FY 2004 – 2014 Data*: Please indicate the Case Mix files from which you seek data, the Level(s), the year(s) of data requested, and your justification for requesting *each* file. Please refer to the Case Mix Data Specifications for details of the file contents.

CASE MIX FILES	Levels 1 – 6	Years Available 2004 - 2014
Inpatient Discharge	☐Level 1 – 3 Digit Zip Code ☒Level 2 – Unique Physician Number (UPN) + 5 Digit Zip Code ☐Level 3 – Unique Health Information Number (UHIN) ☐Level 4 – UHIN and UPN ☒Level 5 – Date(s) of Admission; Discharge; Significant Procedures ☐Level 6 – Date of Birth; Medical Record Number; Billing Number **PLEASE PROVIDE JUSTIFICATION BELOW FOR REQUESTING THE CHOSEN LEVEL:** We need 5 digit zip code but do not need UPN. We will use State Inpatient Database (SID). We need the five digit patient zip-code to link the utilization data to Census and other geographic data to describe the hospital market. We need the Filer Organization identifier (IdOrgFiler) and Unique Health Identification Numbers (UHIN) to link data to American Hospital Association (AHA) and Medicare Cost Report (CMS) data. We are seeking to describe how the program impacts care for patients residing in low income and minority zip code to other zip codes.	**Year(s) of Data Requested:** 2013
Outpatient Observation	☐Level 1 – 3 Digit Zip Code	**Year(s) of Data Requested:**

	☐Level 2 – Unique Physician Number (UPN) ☐Level 3 – Unique Health Information Number (UHIN) ☐Level 4 – UHIN and UPN ☐Level 5 – Date(s) of Admission; Discharge; Significant Procedures ☐Level 6 – Date of Birth; Medical Record Number; Billing Number **PLEASE PROVIDE JUSTIFICATION BELOW FOR REQUESTING THE** **CHOSEN LEVEL:**	
Emergency Department	☐Level 1 – 3 Digit Zip Code ☐Level 2 – Unique Physician Number (UPN) ☐Level 3 – Unique Health Information Number (UHIN) ☐Level 4 – UHIN and UPN ☐Level 5 – Date(s) of Admission; Discharge; Significant Procedures ☐Level 6 – Date of Birth; Medical Record Number; Billing Number **PLEASE PROVIDE JUSTIFICATION BELOW FOR REQUESTING THE** **CHOSEN LEVEL:**	**Year(s) of Data Requested:**

2. _FY 2015 Data_: Beginning _with fiscal year 2015, Massachusetts Acute Care Hospital and Case Mix and Charge Data (collectively Case Mix Data) are released in **Limited Data Set (LDS) files**_. Please refer to the Case Mix Data Specifications for details of the file contents.

Please indicate the Case Mix files from which you seek data, the year(s) of data requested, and your justification for requesting _each_ file.

CASE MIX LIMITED DATA SET FILES	Year(s) Of Data Requested Current Yrs. Available ☐ 2015
☐ **Inpatient Discharge**	Please describe how your research objectives require Inpatient Discharge data: We would like to see the impact of ACA on patient flows, additionally for other States we are using 2013. We plan to identify the number of hospitals in Massachusetts that serve minority and low-income population. Additionally, we will compute the volume of services being provided to low-income minority zip-codes for the following six procedures/conditions covered by the HRRP: Acute myocardial infarction (MI), Pneumonia (PN), Heat Failure (HF), COPD, Total Hip Arthroplasty and Total Knee Arthroplasty.
	Please describe how your research objectives require Outpatient Observation data:

☐ **Emergency Department**	**Please describe how your research objectives require Emergency Department data:**

Sections IV-IX must be completed by all Applicants requesting 2015 data. Applications that only include requests for prior years of data can skip to Section X.

IV. GEOGRAPHIC DETAIL
Please choose *one* of the following geographic options for MA residents:

☐ 3 Digit Zip Code (Standard)	☐ 3 Digit Zip Code & City/Municipality ***	☒ 5 Digit Zip Code ***	☐ 5 Digit Zip Code & City/Municipality ***
***Please provide justification for the chosen level of geographic detail if requesting something other than 3-Digit Zip Code only. Refer to specifics in your methodology:* For this project we will utilize the State Inpatient Database. As a result, we need the five digit patient zip-code to link the utilization data to Census and other geographic data, such as Area Health Resource File (AHRF) to describe the hospital market. We also need the 5 digit zip code to compute the volume of services being provided to low-income minority zip-codes for the 6 procedures/conditions covered by the Readmissions Reduction Program.			

V. DEMOGRAPHIC DETAIL
Please choose *one* of the following demographic options:

☐ Not Requested (Standard)	☒ Race & Ethnicity***
*** **If requested please, provide justification for requesting Race and Ethnicity. Refer to specifics in your methodology:** We need race and ethnicity variables to generate the racial composition of patient admitted or discharged from hospitals.	

VI. DATE DETAIL
Please choose *one* option from the following options for dates:

☐ Year (YYYY)(Standard)	☒ Month (YYYYMM) ***	☐ Day (YYYYMMDD)***
***Please provide justification for the chosen level of date detail if requesting Month or Day. Refer to specifics in your methodology:* The project will require this level of data as a way to compute the flow of patients during a specific period of time and control for seasonal changes and utilizations		

VII. PHYSICIAN IDENTIFICATION NUMBERS (UPN)

Please choose *one* of the following options for Provider Identifier(s):

☐ Not Requested (Standard)	☐ Hashed ID ***	☐ Board of Registration in Medicine # (BORIM) ***
***If requested please, provide justification for requesting Hashed ID or BORIM #. Refer to specifics in your methodology:		

VIII. HASHED UNIQUE HEALTH IDENTIFICATION NUMBER (UHIN)

Please choose *one* of the following:

☐ Not Requested (Standard)	☒ UHIN Requested ***
*** If requested please, provide justification for requesting UHIN. Refer to specifics in your methodology: We need the Filer Organization identifier (IdOrgFiler) and Unique Health Identification Numbers (UHIN) to link data to American Hospital Association (AHA) and Medicare Cost Report (CMS) data.	

IX. HASHED MOTHER'S SOCIAL SECURITY NUMBER

Please choose *one* of the following:

☒ Not Requested (Standard)	☐ Hashed Mother's SSN Requested ***
*** If requested please, provide justification for requesting Hashed Mother's SSN. Refer to specifics in your methodology:	

X.   DATA LINKAGE AND FURTHER DATA ABSTRACTION

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

1. Do you intend to link or merge CHIA Data to other datasets?

    ☒ Yes

    ☐ No linkage or merger with any other database will occur

    We will merge this data with the Census data, AHA data, Medicare cost report data, Area Health Resource File (AHRF).

2. If yes, please indicate below the types of database to which CHIA Data 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 level (e.g., American Hospital Association data)

☐ Aggregate Data (e.g., Census data)

☐ Other (please describe):

3. If yes, describe the data base(s) to which the CHIA Data will be linked, which CHIA data elements will be linked; and the purpose for the linkage(s):

> For this project we plan to merge this data with Census data, American Hospital Association data, Medicare cost report data, and Area Health Resource File (AHRF). The Census data will link to community soco-economics variables to the data set and the we will use the AHRF data set to describe the hospital market. We will also merge this data to AHA and CMS for hospital characteristics and cost data.

4. If yes, for each proposed linkage above, please describe your method or selected algorithm (e.g., deterministic or probabilistic) for linking each dataset. If you intend to develop a unique algorithm, please describe how it will link each dataset.

> For merging CHIA with Census and AHRF will use five-digit-zip code and for merging CHIA to American Hospital Association data we will use hospital-id and to merge with county level data we will use county FIPS codes, we also use Medicare-id to merge this data with hospital cost report after merging with AHA.

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

> We have no interest in any identifying any individual patients and data only will use in hospital-level.

XI. PUBLICATION / DISSEMINATION / RE-RELEASE

1. Describe your plans to publish or otherwise disclose CHIA Data, or any data derived or extracted from such CHIA Data, in any paper, report, website, statistical tabulation, seminar, conference, or other setting. 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 display a cell less than 11, and no percentages or other mathematical formulas will be used if they result in the display of a cell less than 11.

> We plan to publish our findings in an academic journal and present our result in related health services research conferences. Similarly, we may submit the final paper to the following peer reviewed journals: Health Services Research, Health Affair Journal, Medical Care, and Medical Care Research and Review. We do not plan to use individual hospital or individual patient data tables and we will not report statistics for sample fewer than 30 observations.

2. Do you anticipate that the results of your analysis will be published and/or publically available to any interested party? Please describe how an interested party will obtain your analysis and, if applicable, the amount of the fee, that the third party must pay.

> No

3. Will you use CHIA Data for consulting purposes?
   ☐ Yes
   ☒ No

4. Will you be selling standard report products using CHIA Data?
   ☐ Yes
   ☒ No

5. Will you be selling a software product using CHIA Data?
   ☐ Yes
   ☒ No

6. Will you be reselling CHIA Data in any format?
   ☐ Yes
   ☒ No

If yes, in what format will you be reselling CHIA Data (e.g., as a standalone product, incorporated with a software product, with a subscription, etc.)?

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

8. If you have answered "yes" to questions 4, 5, or 6, what is the fee you will charge for such products, services or studies?

XII. APPLICANT QUALIFICATIONS

1. Describe your qualifications (and the qualifications of your co-investigators) to perform the research described.

Darrell J. Gaskin, PhD, is the principal investigator for this project and he has more than 85 publication in field of health economics, disparities. He is the William C. and Nancy F. Richardson Professor of Health Policy and Director of the Johns Hopkins Center for Health Disparities Solutions.

Hossein Zare, PhD, is a research data analyst in the Department of Health Policy and Management at the Johns Hopkins Bloomberg School of Public Health and Adjunct Assistant Professor at the University of Maryland University College.

2. **Attach** résumés or curricula vitae of the Applicant/principal investigator, and co-investigators. (These attachments will not be posted on the internet.)

XIII.   USE OF AGENTS AND/OR CONTRACTORS

Please note: 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.

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

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

1. Will the agent have access to the CHIA Data at a location other than your location, your off-site server and/or your database?
☐ Yes, a separate Data Management Plan must be completed by each agent who will store CHIA Data
☒ No

2. Describe the tasks and products assigned to this agent for this project; their qualifications for completing the tasks; and the Organization's oversight of the agent, including how the Organization will ensure the security of the CHIA Data to which the agent has access.

XIV.   FEE INFORMATION
Please consult the fee schedules for Case Mix Data and select from the following options:

☒   Single Use
☐   Limited Multiple Use
☐   Multiple Use

Are you requesting a fee waiver?

☒ Yes

☐ No

If yes, please refer to the [Application Fee Remittance Form](#) and submit a letter stating the basis for your request (if required).   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.

By submitting this Application, the Data Applicant attests that it is aware of its data use, privacy and security obligations imposed by state and federal law *and* is compliant with such use, privacy and security standards. The Data Applicant further agrees and understands that it is solely responsible for any breaches or unauthorized access, disclosure or use of any CHIA Data provided in connection with an approved Application, including, but not limited to, any breach or unauthorized access, disclosure or use by its agents.

Applicants requesting data from CHIA will be provided with data following the execution of a Data Use Agreement that requires the Data Applicant to adhere to processes and procedures aimed at preventing unauthorized access, disclosure or use of data.

By my signature below, I attest to: (1) the accuracy of the information provided herein; (2) that the requested data is the minimum necessary to accomplish the purposes described herein; (3) the Data Applicant will meet the data privacy and security requirements describe in this Application and supporting documents, and will ensure that any third party with access to the data meets the data use, privacy and security requirements; and (4) my authority to bind the organization seeking CHIA Data for the purposes described herein.

Signature: (Authorized Agent)	
Printed Name :	Jennifer Barron
Title:	Executive Director, JHU Research Administration
Applicant's Signature:	
Name:	Darrell J. Gaskin
Title:	William C. and Nancy F. Richardson Professor of Health Policy and Management and Director of the Johns Hopkins Center for Health Disparities Solutions
Original Data Request Submission Date:	10/25/2016
Dates Data Request Revised:	

Attachments. Please indicate below which documents have been attached to the Application and uploaded to IRBNet:

☐ 1. IRB approval letter or summary of project (if applicable)

X 2. Resumes of Applicant and co-investigators

X 3. Data Management Plan (for each institution that will store CHIA Data)

DATA MANAGEMENT PLAN

Any Applicants, contractors, or agents receiving CHIA data that includes Protected Health Information ("PHI" as defined under the Health Information and Portability Act [HIPAA] and its implementing regulations) as well as additional elements that may be used to identify an individual (the "Data") must complete and execute this Data Management Plan. The Data Management Plan(s) will be incorporated within the Data Use Agreement that must be executed prior to receipt of the Data. You may wish to refer to the Data Use Agreement as you complete this Data Management Plan. This Data Management Plan should be completed by the Chief Information Security Officer, Chief Privacy Officer, legal counsel or another officer of the organization with sufficient knowledge of the organization's data privacy and security practices and who has authority to bind the organization.

NOTE: This Data Management Plan is confidential and will not become a part of the public record.

I.   GENERAL INFORMAITON

Project Title: (should appear the same as on the Data Application)	Measuring the impact of the Medicare Readmissions Reduction Program (HRRP) on the volume services hospitals provide to low-income and minority communities.

II.   CERTIFICATIONS

Applicant certifies and agrees as follows:
- The Data will be **encrypted at rest encrypted on storage media (backup tapes, local hard drives, network storage, et al) with at least AES-256 standard or stronger**.
- The Data will **be encrypted in transit consistent with the approved method described in this Data Management plan at section IV.3-b**.
- Anti-virus software or service is active on any server or endpoint containing the Data
- The Organization is in full compliance with the privacy and security requirements of HIPAA
- The Organization has policies and procedures in place to address: YES
    - The sharing, transmission and distribution of PHI
    - The physical removal, transport and transmission of PHI
    - The physical possession and storage of PHI
    - The training of all staff who will access PHI on the requirements of HIPPA
    - The destruction of PHI upon the completion of its use.
    - Confidentiality agreements will all individuals, including contractors, who will access PHI
    - Business Associate Agreements with all non- employees who will access PHI

III.   RESPONSIBLE PARTIES

Please identify the following individuals within your organization:

1. The individual responsible for organizing, storing and archiving the Data. This individual is the Custodian of the CHIA Data required under Section 20 of the Data Use Agreement.

Name:	Dr. Darrell Gaskin and Dr. Hossein Zare
Title:	William C. and Nancy F. Richardson Professor in Health Policy and Management and Director of the Johns Hopkins Center for Health Disparities Solutions.
Phone:	443-287-0306
Address:	624 N. Broadway, Room 441, Baltimore, Maryland, 21205
Email:	dgaskin1@jhu.edu
Reports to (name and title):	

2. The individual(s) responsible for the research team using the Data, including ensuring each individual (i) has a signed confidentiality agreement, (ii) accesses and uses only the minimal Data necessary to achieve the research purpose, (iii) accesses the Data only on a secured server according to Applicant's policies. This individual is also responsible for maintaining the access log required under Section 5 of the Data Use Agreement.

Name:	Darrell J. Gaskin
Title:	William C. and Nancy F. Richardson Professor of Health Policy and Director of the Johns Hopkins Center for Health Disparities Solutions.
Phone:	443-287-0306
Address:	624 N. Broadway, Room 441, Baltimore, Maryland, 21205
Email:	dgaskin1@jhu.edu
Reports to (name and title):	

3. The individual responsible for notifying CHIA of any breach of the Data Use Agreement or this Data Management Plan.

Name:	Dr. Darrell Gaskin
Title:	William C. and Nancy F. Richardson Professor of Health Policy and Director of the Johns Hopkins Center for Health Disparities Solutions.
Phone:	443-287-0306
Address:	624 N. Broadway, Room 441, Baltimore, Maryland, 21205
Email:	dgaskin1@jhu.edu
Reports to (name and title):	

4. The individual responsible for ensuring the Data is destroyed upon termination of the Data Use Agreement, completing the Data Destruction Form and providing that Form to CHIA.

Name:	Dr. Darrell Gaskin and Dr. Hossein Zare
Title:	William C. and Nancy F. Richardson Professor of Health Policy and Director of the Johns Hopkins Center for Health Disparities Solutions.
Phone:	443-287-0306
Address:	624 N. Broadway, Room 441, Baltimore, Maryland, 21205
Email:	dgaskin1@jhu.edu
Reports to (name and title):	

IV.   DATA SECURITY AND INTEGRITY

Complete this section for each location where the Data will be stored or accessed. If you plan to use an agent/contractor that has access to the Data at a location other than your location or in an off-site server and/or database, the agent/contractor must also complete this section.

1. *Physical Location of the Data*:

    a. Please provide the delivery address for the Data, as well as the full address, including building and floor, of each location where Data will be stored.

Organization:	Johns Hopkins University Bloomberg School of Public Health			
Street Address: 615 N. Wolf Street, Room EB302		City: Baltimore	State: MD	ZIP Code: 21205
Office Telephone *(Include Area Code)*: 443-287-0306				

If the storage location above is managed by a third party then answer the following:

i. Will the Data be stored by the third party on a system in the cloud (reachable via the Internet)?
☐ Yes   ☒ No

ii. If you answered yes to (a): Has this Cloud Service Provider passed a FedRAMP 3PAO assessment *for the specific cloud system* which will host the data*?*
☐ Yes   ☐ No

    iii.   If you answered yes to (b): What is the name of the provider *and* the FedRAMP level the specific cloud system hosting the data is operating at?

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2. *Data Privacy Training and Awareness:*

    a.   Has every individual who will access the data received training on the proper handling of protected health information and/or personal data within the last year?
☒ Yes   ☐ No

3. *Encryption of Data*:   The answer to this question is yes but please checkw ith IT Department or Dr. Gaskin

    a.   Will all CHIA Data at rest be encrypted on storage media (backup tapes, local hard drives, network storage, et al) with **encryption at least AES-256 or stronger.**
X☐ Yes (Backup Tapes) X☐ No (Network Storage)

    b.   Will CHIA Data transmitted by your organization over the Internet?
☐ Yes   ☒ No

    If you answered yes to (b): which of the following if any are used when transmitting data over the internet? If selecting *other* please describe method in space provided below.
☐ SSL (meets or exceeds TSL 1.1 or TSL 1.2)   ☐ SFTP   ☐ Other

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4. *Information Security:*

    a.   Does your organization have published information security policies which are followed and accessible to all staff accessing or handling CHIA Data?
X☐ Yes ☐ No

    b.   Has every individual who will access the CHIA Data received cyber security awareness training in the last year?
X☐ Yes ☐ No

    c.   Has your IT organization experienced a breach of PHI or PII in the last seven (7) years?☐ Yes X☐ No

    If you answered yes to (c): how was the breach resolved?

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5. *Technical and Physical Controls:*
   a. Are all the user accounts that log on to any machine (server or endpoint) that accesses the Data uniquely assigned to individual users (i.e., the user accounts are not shared)?
      ☒ Yes   ☐ No
   b. Is an audit log maintained of all user log-ons to the system hosting the CHIA Data?☐ Yes ☐X No
   c. What is the minimum password length and character complexity (uppercase, lowercase, numeric, and special characters) required for new passwords on the user accounts logging on to the system accessing the CHIA Data?

   > JHSPH account password rules:
   > Passwords are case-sensitive. ; Passwords must be at least 8 characters long with a maximum length of 40 characters.; Passwords must contain at least one alphabetic character, at least one number and at least one special character.

   d. Describe any additional authentication technical security controls you employ to defend the system against unauthorized logon, e.g. maximum failed login attempts, lockout period, etc.:

   > We will use a work station and will also install the most updated version of anti-virus and anti-malware on the system, with a password protected screen and printer, in the same office.
   > The account lwill ockout for 10 failed logins within 15 minutes. Lockout period 15 minutes. Password locking screen-saver after 15 minutes of inactivity.

   e. Do you run a current version of a commercial off-the-shelf anti-virus or anti-malware product on the server that will host the CHIA Data?
      ☒ Yes   ☐ No
   f. If the CHIA Data will be on a server or network accessible storage drive, then check all the security features present in the room containing CHIA Data:
      i.   ☐X Recorded video
      ii. ☐X Access log of all individuals entering the room
      iii. ☐ Secure server rack
      iv. ☐ X Access control limiting access only to authorized individuals
   g. What additional specific physical or technical safeguards (not mentioned in prior answers) will be used to *mitigate* the risk of unauthorized access to CHIA Data?

   > Regular patching via SCCM; System access monitoring with Varonis, Network firewalls and intrusion detection systems.

h. When was the last information security risk assessment performed in your organization? Who conducted it?

> August 2016, Microsoft Off-line Security Assessment

i. When was the last IT audit performed in your organization? Who conducted it?

> June 2016, Hopkins Internal Audits

V.   DATA RETURN OR DESTRUCTION

Applicants are required to attest that the CHIA Data and all copies of the CHIA Data used by the Applicant or its employees, contractors or agents will be destroyed by the Retention Date as specified in the Data Use Agreement, or upon completion of the project described in your Application, whichever occurs first. All data destruction must conform to the requirements of M.G.L. c. 93I and to the Data Use Agreement. Please specify below the technical measures you will use to meet these requirements.

> We will return OSHPD data 3-5 years after publishing paper, sometime we need to answer some questions after publishing papers.

VI.   SIGNATORY

The undersigned is an authorized signatory of the organization. The organization hereby agrees to hold and/or access CHIA Data at all times in compliance with all provisions of this Data Management Plan.

Name:	Jennifer Barron
Title:	Executive Director, JHU Research Administration
Organization:	Johns Hopkins University
Signature:	
Date:	10/28/2016