

Application for Massachusetts Case Mix and Charge 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 casemix.data@state.ma.us if you have additional questions about how to complete this form.

The Application 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 Case Mix and Charge Data.
2. After reviewing the Fee Schedule, if you have any questions about the application or data fees, contact casemix.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:	Direct and indirect costs and patient risks for non-traumatic dental care in a hospital setting.
IRBNet Number:	1949700-1
Organization Requesting Data (Recipient):	CareQuest Institute for Oral Health
Organization Website:	https://www.carequest.org/
Authorized Signatory for Organization:	Eric Tranby, PhD
Title:	Director of Analytics and Evaluation
E-Mail Address:	ETranby@carequest.org
Telephone Number:	202-597-2757
Address, City/Town, State, Zip Code:	465 Medford Street, Boston, MA 02129
Data Custodian: (individual responsible for organizing, storing, and archiving Data)	Eric Tranby, PhD
Title:	Director of Analytics and Evaluation
E-Mail Address:	ETranby@carequest.org
Telephone Number:	202-597-2757
Address, City/Town, State, Zip Code:	465 Medford Street, Boston, MA 02129
Primary Investigator (Applicant): (individual responsible for the research team using the Data)	Eric Tranby, PhD
Title:	Director of Analytics and Evaluation
E-Mail Address:	ETranby@carequest.org
Telephone Number:	202-597-2757
Address, City/Town, State, Zip Code:	465 Medford Street, Boston, MA 02129
Names of Co-Investigators:	N/A
E-Mail Addresses of Co-Investigators:	Click here to enter text.

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 written request to CHIA, with approval being subject to CHIA's regulatory restrictions and approval process. Unauthorized use is a material violation of your institution's Data Use Agreement with CHIA.

1. What will be the use of the CHIA Data requested? [Check all that apply]

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Epidemiological | <input type="checkbox"/> Health planning/resource allocation | <input checked="" type="checkbox"/> Cost trends |
| <input checked="" type="checkbox"/> Longitudinal Research | <input checked="" type="checkbox"/> Quality of care assessment | <input type="checkbox"/> Rate setting |
| <input type="checkbox"/> Reference tool | <input checked="" type="checkbox"/> Research studies | <input checked="" type="checkbox"/> Severity index tool (or other derived input) |
| <input type="checkbox"/> Surveillance | <input type="checkbox"/> Student research | <input checked="" type="checkbox"/> Utilization review of resources |
| <input type="checkbox"/> Inclusion in a product | <input type="checkbox"/> 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.

Studies have shown the effect of adult Medicaid benefits on emergency department (ED) use for non-traumatic dental care (NTDC) but there is a lack of research on the long-term sustainability of dental benefits and their effects on the use of inpatient hospitalization and ambulatory care for NTDC, especially during a pandemic. For some, going to the ED for NTDC non-traumatic dental care their only option due to social and economic factors that might make obtaining an appointment, paying for an appointment, or getting to an appointment difficult or impossible (Frantsve-Hawley, Mathews, and Brown 2020). Others who delay dental care or receive inadequate dental care may find themselves with an infection in their mouth, face, or neck that can lead to hospitalization (Frebel, Mugayar, and Tomar 2020; Tomar, Morón, and Alwalie 2020). The third and all too common means of hospital based dental care is when a child, person with a cognitive disability, or others need to have ambulatory care for their NTDC (Ensaldo-Carrasco et al. 2021).

In addition to not receiving definitive care for a dental problem in the ED or inpatient hospitalization for NTDC, these individuals, along with those receiving ambulatory care for NTDC are likely to receive an antibiotic and an opioid prescription, both of which could lead to long-term problems if used incorrectly (Amen et al. 2021; Ensaldo-Carrasco et al. 2021).

Hospital care for NTDC raises an additional concern of risks associated with hospitalization and surgery. Research is demonstrating a lack of continuity in the reporting of adverse effects related to NTDC in a hospital setting related to dental trauma definitions, reporting protocol, and types of adverse incidences related to hospital NTDC (Ensaldo-Carrasco et al. 2021). Factors such as nausea, vomiting, and death have been reported in relation to the use of general anesthesia for NTDC in a hospital setting. (Lee et al. 2013; Kocaturk, Keles, and Omurlu 2018).

Specific Aims (How will the product be used)

This study will utilize the Massachusetts Case Mix Data to identify direct and indirect costs, including patient risks for non-traumatic dental care in a hospital setting. The specific aims of this study are to:

1. Compare demographic and payer data for those who received NTDC in a hospital setting including emergency department, inpatient care, and ambulatory care.
2. Examine the impact of gaps in MA adult Medicaid dental coverage over time and using aggregated data, compare MA outcomes with other states with varying adult Medicaid dental coverage.
3. Evaluate the trends in MA hospital utilization before, during, and after the COVID-19 pandemic across patient demographics and insurance types.
4. Determine impact of direct and indirect costs of receiving NTDC in a hospital setting.
5. Identify additional risks of seeking NTDC in a hospital setting such as secondary infection, opioid prescription, antibiotic resistance, general anesthesia risk, etc....

References

- Amen, T. B., I. Kim, G. Peters, A. Gutiérrez-Sacristán, N. Palmer, and L. Simon. 2021. 'Emergency department visits for dental problems among adults with private dental insurance: A national observational study', *Am J Emerg Med*, 44: 166-70.
- Association of State and Territorial Dental Directors. 2022. "Guidance on assessing emergency department data for non-traumatic dental conditions July 2017 (Last update July 2022)." In.
- Dental Quality Alliance. 2022. "Dental Quality Alliance: 2022 annual measures review." In.
- Ensaldo-Carrasco, E., M. F. Suarez-Ortega, A. Carson-Stevens, K. Cresswell, R. Bedi, and A. Sheikh. 2021. 'Patient Safety Incidents and Adverse Events in Ambulatory Dental Care: A Systematic Scoping Review', *J Patient Saf*, 17: 381-91.
- Frantsve-Hawley, Julie, Rebekah Mathews, and Carolyn Brown. 2020. 'The wicked problem of the oral health care system', *Journal of Public Health Dentistry*, 80: S5-S7.

- Frebel, H., L. Mugayar, and S. L. Tomar. 2020. 'Hospital Inpatient Admissions of Children and Adolescents for Nontraumatic Dental Conditions in Florida', *Pediatr Dent*, 42: 212-16.
- Kocaturk, O., S. Keles, and I. K. Omurlu. 2018. 'Risk factors for postoperative nausea and vomiting in pediatric patients undergoing ambulatory dental treatment', *Niger J Clin Pract*, 21: 597-602.
- Lee, H. H., P. Milgrom, H. Starks, and W. Burke. 2013. 'Trends in death associated with pediatric dental sedation and general anesthesia', *Paediatr Anaesth*, 23: 741-6.
- Morón, E. M., S. Tomar, J. Balzer, and R. Souza. 2019. 'Hospital inpatient admissions for nontraumatic dental conditions among Florida adults, 2006 through 2016', *J Am Dent Assoc*, 150: 514-21.
- National Academy for State Health Policy. 2022. 'Medicaid adult dental benefits: Massachusetts case study', Accessed 07/12/2022. <https://www.nashp.org/wp-content/uploads/2015/07/Massachusetts-Case-Study-Adult-Dental-Benefits-in-Medicaid-Recent-Experiences-from-Seven-States.pdf>.
- Ranade, A., G. Young, R. Garcia, J. Griffith, A. Singhal, and J. McGuire. 2020. 'Changes in Dental Benefits and Use of Emergency Departments for Nontraumatic Dental Conditions in Massachusetts', *Public Health Rep*, 135: 571-77.
- Ranade, A., G. J. Young, R. Garcia, J. Griffith, A. Singhal, and J. McGuire. 2019. 'Emergency department revisits for nontraumatic dental conditions in Massachusetts', *J Am Dent Assoc*, 150: 656-63.
- Ranade, A., G. J. Young, J. Griffith, R. Garcia, A. Singhal, and J. McGuire. 2019. 'Determinants of emergency department utilization for non-traumatic dental conditions in Massachusetts', *J Public Health Dent*, 79: 71-78.
- Sanghavi A, Ortiz Wolfe J, and Patil G,. 2019. 'Oral health in Texas. The need for a value-based, systems approach to improve oral health', Accessed 07/12/2022. https://www.texashealthinstitute.org/uploads/3/9/5/2/39521365/10_year_inpatient_report_-_april_2019_-_texas_health_institute.pdf.
- Tomar, S. L., E. Morón, and A. Alwalie. 2020. 'Hospital use for non-traumatic dental conditions among older adults in Florida', *Gerodontology*, 37: 66-71.

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:** 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.*

Studies consistently demonstrate an increase in hospital utilization for NTDC among all age ranges, with a staggering financial cost that continues to increase over time (Sanghavi A 2019; Tomar, Morón, and Alwalie 2020; Morón et al. 2019; Frebel, Mugayar, and Tomar 2020). An oral health report by the Texas Health Institute (2019) showed an increase in hospital care utilization with the cost of care increasing by 61% from 2007 to 2016 (Sanghavi A 2019). Indirect costs identified when using hospital services for NTDC include loss of wages for patients and families, loss of production for employers, financial loss to communities, unnecessary and inflated costs to payers and hospitals, and loss of life

(Sanghavi A 2019). Massachusetts has had a varied history with range of dental benefits granted to adult Medicaid recipients (National Academy for State Health Policy 2022). Social determinants of oral health are contributing factors for ED visits and revisits for NTDC, most notably uninsured males who are Medicaid recipients between the ages of 26 and 35 (Ranade, Young, Garcia, et al. 2019; Ranade, Young, Griffith, et al. 2019). Data from MA APACD 2013 found ED utilization decreased for NTDC when adult dental benefits for Medicaid recipients covered restorative dental care for anterior and posterior teeth (Ranade et al. 2020). Public interest for this study is receiving the right dental care at the right time for optimum patient outcomes and downstream community financial benefits.

VI. DATASETS REQUESTED

The Massachusetts Case Mix (“Case Mix”) are comprised of Hospital Inpatient Discharge, Emergency Department and Outpatient Hospital Observation Stay Data collected from Massachusetts’ acute care hospitals, and satellite emergency facilities. Case Mix Data are updated each fiscal year (October 1 – September 30) and made available to approved data users. For more information about Case Mix Data, including a full list of available elements in the datasets 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 years of data not yet available. Applicants who 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 request will be subject to the Data Use Agreement, will require payment of fees for additional Data, 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. Specify below the dataset(s) and year(s) of data requested for this Project, and your justification for requesting *each* dataset. Data prior to 2004 is not available.

<p><input checked="" type="checkbox"/> Hospital Inpatient Discharge Data</p> <p><input type="checkbox"/>2004 <input type="checkbox"/>2005 <input type="checkbox"/>2006 <input type="checkbox"/>2007 <input checked="" type="checkbox"/>2008 <input checked="" type="checkbox"/>2009 <input checked="" type="checkbox"/>2010 <input checked="" type="checkbox"/>2011 <input checked="" type="checkbox"/>2012 <input checked="" type="checkbox"/>2013 <input checked="" type="checkbox"/>2014 <input checked="" type="checkbox"/>2015 <input checked="" type="checkbox"/>2016 <input checked="" type="checkbox"/>2017 <input checked="" type="checkbox"/>2018 <input checked="" type="checkbox"/>2019 <input checked="" type="checkbox"/>2020 <input checked="" type="checkbox"/>2021</p> <p>Describe how your research objectives require Inpatient Discharge data: This data will assist in an adjusted timeline comparison of hospital utilization for NTDC along with changes in MA adult Medicaid dental benefit and other state and national legislative changes.</p>
<p><input type="checkbox"/> Outpatient Hospital Observation Stay Data</p> <p><input type="checkbox"/>2004 <input type="checkbox"/>2005 <input type="checkbox"/>2006 <input type="checkbox"/>2007 <input type="checkbox"/>2008 <input type="checkbox"/>2009 <input type="checkbox"/>2010 <input type="checkbox"/>2011 <input type="checkbox"/>2012 <input type="checkbox"/>2013 <input type="checkbox"/>2014 <input type="checkbox"/>2015 <input type="checkbox"/>2016 <input type="checkbox"/>2017 <input type="checkbox"/>2018 <input type="checkbox"/>2019 <input type="checkbox"/>2020 <input type="checkbox"/>2021</p> <p>Describe how your research objectives require Outpatient Hospital Observation Stay data: Click here to enter text.</p>
<p><input checked="" type="checkbox"/> Emergency Department Data</p> <p><input type="checkbox"/>2004 <input type="checkbox"/>2005 <input type="checkbox"/>2006 <input type="checkbox"/>2007 <input checked="" type="checkbox"/>2008 <input checked="" type="checkbox"/>2009 <input checked="" type="checkbox"/>2010 <input checked="" type="checkbox"/>2011 <input checked="" type="checkbox"/>2012 <input checked="" type="checkbox"/>2013 <input checked="" type="checkbox"/>2014 <input checked="" type="checkbox"/>2015 <input checked="" type="checkbox"/>2016 <input checked="" type="checkbox"/>2017 <input checked="" type="checkbox"/>2018 <input checked="" type="checkbox"/>2019 <input checked="" type="checkbox"/>2020 <input checked="" type="checkbox"/>2021</p>

Describe how your research objectives require Emergency Department data:

This data will assist in an adjusted timeline comparison of Emergency Department utilization for NTDC along with changes in MA adult Medicaid dental benefit and other state and national legislative changes. Also severity of NTDC from ED utilization to hospital utilization will be compared.

VII. DATA ENHANCEMENTS REQUESTED

State and federal privacy laws limit the release and use of Data to the minimum amount of data needed to accomplish a specific Project objective.

Case Mix Data are released in Limited Data Sets (LDS). All applicants 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 enhancements), please refer to [release layouts, data dictionaries](#) and similar documentation included on CHIA’s website.

Please note that CHIA Case Mix Data contain reports produced using proprietary computer software created, owned, and licensed by the 3M Company. All Copyrights in and to the 3M APR™ Software, and to the 3M APR™ DRG classification system(s) (including the selection, coordination and arrangement of all codes) are owned by 3M. All rights reserved.

1. Specify below which enhancements you are requesting in addition to the “Core” LDS. CHIA will use this information to determine what Level of data is needed for pre-FY 2015 data requests.

Geographic Subdivisions

State, five-digit zip code, and 3-digit code are available for patients residing in CT, MA, ME, NH, RI, VT, and NY. City or Town of residence is available for residents of MA only. States outside of this region will be coded as XX (“Other”).

Select *one* of the following options:

<input type="checkbox"/> 3-Digit Zip Code (Standard)	<input type="checkbox"/> 3-Digit Zip Code & City/Town ***	<input checked="" type="checkbox"/> 5-Digit Zip Code ***	<input type="checkbox"/> 5-Digit Zip Code & City/Town ***
<p>***If requested, provide justification for requesting 5-Digit Zip Code or City/Town. Refer to specifics in your methodology: Geographical locations of individuals receiving hospital care for NTDC will be determined by zip code.</p>			

Demographic Data

Select *one* of the following options:

<input type="checkbox"/> Not Requested (Standard)	<input checked="" type="checkbox"/> Race & Ethnicity***
<p>** If requested, provide justification for requesting Race and Ethnicity. Refer to specifics in your methodology:</p>	

To determine disparities in care, the analysis will look at reporting measures as recommended by the Dental Quality Alliance (DQA) for population characteristics including age, race and ethnicity, geographic location, and payer type.

Date Resolution

Select one of the following options for dates of admissions, discharges, and significant procedures.

Year (YYYY)(Standard) Month (YYYYMM) *** Day (YYYYMMDD)***

*****If requested, provide justification for requesting Month or Day. Refer to specifics in your methodology:**

Hospital admission dates will further be used to determine if care was sought in a hospital setting due to oral health needs occurring outside of standard dental office or medical office hours.

Practioner Identifiers (UPN)

Select one of the following options.

Not Requested (Standard) Hashed ID *** Board of Registration in Medicine Number(BORIM) ***

*****If requested, provide justification for requesting Hashed ID or BORIM Number. Refer to specifics in your methodology:**

[Click here to enter text.](#)

Unique Health Information Number (UHIN)

Select one of the following options.

Not Requested (Standard) UHIN Requested ***

***** If requested, provide justification for requesting UHIN. Refer to specifics in your methodology:**

Specific patients who use hospital settings for NTDC will be followed across various hospital settings to determine if there is a trend among certain individuals with specific health diagnosis who require or seek hospital care utilization.

Hashed Mother's Social Security Number

Select one of the following options:

Not Requested (Standard) Hashed Mother's SSN Requested ***

***** If requested, provide justification for requesting Hashed Mother's SSN. Refer to specifics in your methodology:**

[Click here to enter text.](#)

VIII. 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.

Patient zip codes will be aggregated then compared with Dental Health Professional Shortage Areas as reported by Health Resources & Services Administration. www.data.HRSA.gov.

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.

Click here to enter text.

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.

Click here to enter text.

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

Click here to enter text.

IX. 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.

All data will be presented in aggregated format.

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 data will be presented in aggregated format in adherence to CHIA's small-cell suppression policy (no cell less than 11 will be displayed). Summarized data includes counts; totals; rates per thousand; index values; and other standardized metrics. All of CareQuest Institute's internal and external publications are subjected to a rigorous peer-review process. Publication submissions and seminars will be determined based on evidence based rigor of relevant institutions. The best fit for scientific institutions will be decided once data is analyzed and best fit for public health interest and oral health and systemic health policy support is determined.

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?

Data will be analyzed to determine trends in specific geographic locations. We expect to see a higher usage of hospital care in areas closest to hospitals and in areas identified as dental health professional shortage areas. Data may be reported at a city/town level but most likely will be reported at the county level. All data will be in aggregate form and personal identification will be difficult and very unlikely.

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 tool, 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.

X. APPLICANT QUALIFICATIONS

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

PI has engaged in extensive research using hospital administrative records from 20 states, resulting in 5 peer reviewed publications, 3 reports to state legislatures, and 20+ self-published reports. PI has 8 years of experience processing and analyzing hospital administrative records.

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.)

XI. 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:	N/A
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.

N/A

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.

N/A

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 #2 INFORMATION	
Company Name:	N/A
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.

N/A

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.

N/A

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.


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

XII. 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:	Eric Tranby, PhD
Title:	Director of Analytics and Evaluation
Date:	10/19/2022

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.