Application for

Requesting Health Care Claims Research Data Sets

Office of Health Strategy All Payer Claims Database ("APCD") requires data requestors to complete this application to request access to APCD data. This application is only for de-identified data sets, which conform to the HIPAA Privacy Rule 45 CFR 164.514 (a)-(b) with members de-identified to protect privacy.

Please note that some parts of your completed application will be publicly posted on the APCD's website. Research Methodology and Data Security details will not be posted publicly.

Please complete the application form below to request access to the APCD data. The APCD Data Review Committee (DRC) will evaluate all requests. Please submit your data request application, additional documents and/or spreadsheets and any questions to:

Attn: Data Request Application, APCD
OHS.APCD@ct.gov

1. GENERAL INFORMATION

Applicant Information	Details
Principal Investigator's Name and Title:	Charles Torre Jr. Chief Data & Analytics Officer
Organization Name:	Yale New Haven Health System and Yale School of Medicine
Street Address, City/Town, State, Zip Code:	789 Howard Ave., New Haven, CT 06510
E-mail:	Charles.TorreJr@ynhh.org
Phone Number:	203-688-3130
Date of Application (MM/DD/YYYY):	2/28/2022
Project / Research Title:	Population Health Total Cost of Care and Care Continuity Enhancement
Project / Research Objective(s) (100 words or less):	Our objectives: 1. To identify and understand gaps in care for patients we have treated 2. To understand patterns in care that may present

	opportunities to improve follow up, enhance quality of care, and reduce total cost of care
Project / Research Question(s) to be addressed via proposed research (if applicable, briefly)	1. Click or tap here to enter text. 2. Click or tap here to enter text. 3. Click or tap here to enter text.
Contact Name:	Charles Torre Jr.
Contact Phone Number:	203-688-3130
Contact E-Mail:	Charles.TorreJr@ynhh.org
Others Accessing Data:	1. Polly Vanderwoude, Director Population Health YNHHS 2. Dr. Brita Roy, Director Population Health, Yale Medicine 3. YNHHS and YM Total Cost of Care Steering Committee 4. Click or tap here to enter text.

2. PROJECT SUMMARY

Briefly describe the purpose of this project and how the requested data from Connecticut's APCD will accomplish your purpose.

Brief overview of research project (in 200 words or less): YNHHS and YM aim to improve the quality of care and reduce overall cost of care for those we serve. Through analysis of claims data, we will identify and assess patterns in care with the aim of identifying opportunities to close gaps in care, improve continuity and collaboration across the continuum of providers/services, and reduce overall cost of care as a result of these actions.

3. RESEARCH PROTOCOL

Please fill-in the following information.

A. Summary of background, purposes and origin of the research (in 200 words or less):

YNHHS and YM strive to enhance the lives of those we serve. We have a dedicated steering committee of senior clinical leaders and population health experts aimed at developing and implementing strategies to reduce the total cost of care. We believe that enhancing quality is inherent to reducing total cost and that care continuity is a key driver of quality. As our work has progressed over the last year, including in depth data analysis leveraging our internal data warehouse (including clinical, financial, and claims data for our service providers and hospitals) we have identified the need for a broader view of the care continuum and believe that the APCD provides that unique and needed view.

B. How does the research address health-related questions, particularly in the context of improving health and health equity? (in 100 words or less):

Identifying gaps in care and opportunities to improve care continuity across the spectrum of heatlh needs/services are the essence of population health management.

C. Please describe research design and methodology (in 200 words or less):

Claims data will be analyzed for sequence and chronology of health visits and services. Our expert physician and population health leaders will review the data chronology identify potential gaps or delays in care or follow-up. While the data are de-identified, this analysis will shed light on areas we can improve upon in the primary care, specialty care, and hospital based services that we provide and as an ACO, enable us to enhance quality while reducing cost.

D. Expected begin and end dates of the research:

We request claims for all patients with a YNHHS (including our NEMG physicians) or YM visit in the last 46 months and the claims generated in the 3 months prior and 6 months post that YNHHS/YM visit. From there, were requesting a data refresh for our longtidunal study moving forward.

E. Organizational qualifications: Briefly describe your organization's experience with projects of similar scale and scope:

YNHHS and YM represent a premier academic medical center. We operate an enterprise-wide data warehouse and support clinical and operational business, clinical and research needs of large scale and scope.

F. Funding Source:

What is the funding source of this project?

Operational funds

What is the duration of this funding?

One year and ongoing.

Do you intend to charge a fee for your reports or the results of your analyses?

No

If yes, to whom?

NA

G. Prior Review:

You are required to allow APCD's administrator to review your report or output (spreadsheet, data table, etc.) prior to any publication to ensure that the report is in compliance with the requirements for attributes, including cell suppression rules, risk of inferential reidentification, and consistency to methodology of the project. Please describe how you intend to comply with this requirement.

These reports are intended for internal use only. Any intent to publish will be reviewed with the HIT Officer and/or his designee.

On what date do you expect to release/publish this report?

We have no intent to publish outside our organization at this time.

By what date do you intend to file it with APCD's administrator? (at least 4-week review period needed)

As soon as possible.

4. Data Selection(s)

    A. Data sets – each type of data set will have one standard format unless the requestor wants to customize it further (at additional cost.) The data sets are -
- i. ☒ Eligibility
- ii. ☒ Medical Claims
- iii. ☒ Pharmacy Claims
- iv. ☒ Inpatient Discharge Data
- v. ☒ ED Data
- vi. ☒ Outpatient Facility Data
- vii. ☒ Professional Data

    B. Filters

Applicants can request filters on the data for limited extraction, if necessary for their research project. A list of common filters is given below.

Common Filters	Data Set	Requested Filter
Eligibility Dates	Elig	January 1, 2018 – December 31, 2021
Zip Codes	Elig	All
Members' Age	Elig	All
Service Dates	Med	January 1, 2018 – December 31, 2021
Diagnoses	Med	All
Procedures	Med	All
Inpatient Admissions	Med	All
Medications (NDCs)	Pharm	All
Add rows for others		Click or tap here to enter text.

C. Aggregated Data

Applicants can request that data is aggregated into summary tables. Doing so will provide an applicant with total counts, average, standard deviation, rates, and other meaningful statistical measures. Applicants will have to provide information on the following tables.

Data Set or Field Names	Count, Sum, Average, Dev, Range, Rate	Description of Summary	Group By Variable(s)
For all data sets	Record count	Used for control totals to verify ETL process	N/A
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

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Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

5. DATA SECURITY AND INTEGRITY

(Information from this section will not be posted on the APCD's public website.)

> 1. Where will be the data be located physically? (Provide the delivery address for the data including building and floor.)
>
> Data will be electronically stored in the Primary data center with appropriate back up to our alternate data center, both located in New Haven, CT.

> 2. Please provide name and information of the organization that will host and manage APCD data, including the name of the custodian.
>
> Yale New Haven Health System, Information Technology Services. Custodian, Dr. Allen Hsiao, Chief Medical Information Officer

> 3. Describe how you will maintain an inventory of APCD data, derived analytic files and scratch files, and how you will manage physical access to such data during the duration of the project. (Please describe and attach documents supporting your policies and procedures.)
>
> Source data files that are received will be moved from secure landing zone to staging area. The Extract, Transform and Load (ETL) jobs will move the files into SQL staging area. Source files will be moved to archive location. ETL job(s) will then load files into YNHHS Enterprise Data Warehouse (EDW) called Helix. Access to the data will be permitted via Active Directory (AD) approved Data Architect team and the Joint Data Analytics Team (JDAT) within ITS.

> 4. Do you have confidentiality agreements with the principal investigator, the data custodian or other research individuals or technical (IT) team members, particularly those with access to the APCD data? (Please describe and attach documents supporting your policies and procedures.)
>
> All members of the ITS Data Architect and JDAT teams have signed confidentiality agreements (attached to original application).

5. Technical Safeguards:

   a) Describe the steps do you have to physically secure data, such as site or office access controls, secured file cabinets, and locked offices?

All source file data will be stored on secure Storage Area Network (SAN) backed up nightly and secure via appropriate AD groups.

   b) What safeguards are in place to restrict data access among the research team? Describe your password-protected access system?

Database and schema access to the data are controlled by approved AD groups.

   c) Describe your policies and procedures for ensuring APCD data is protected while stored on server(s). Describe how your organization ensures that APCD data on servers cannot be copied to local workstations, laptops, smartphones, and other media (CDs, DVDs, hard drives, thumb drives, etc.).

YNHHS has a complete set of HIPAA policies that have been reviewed by multiple external 3rd parties including OCR. YNHHS also employs Symantec DLP which prevents the movement of PHI across the enterprise.

   d) Provide your organization's written information security program (WISP) or its policies & procedures regarding security provisions, particularly security or privacy safeguards against unauthorized access to or use of health data.

Attached to original application

6. SIGNATURES

By signing this application, you certify that the information enclosed herein is true and correct and if this Application is approved you agree to the terms and conditions of the Data Use Agreement (DUA) for the use of the APCD Data.

For the Applicant:

Signature:

Name: Charles Torre Jr
Title: CDO & CAO YNHHS YSM
Date: 02/25/2022
Organization: Yale New Haven Health System

APPENDIX 1: SPECIFICATIONS FOR DATA RELEASE APPLICATION

General Information & Instructions

1. OHS may deliver APCD data via the following options:
    a. Secured File Transfer: An approved applicant will be allowed to access data at approved levels for an established time period.
    b. Disk drives: An approved applicant will be allowed to access data encrypted on a device – DVD drives, CD drives or Disk / USB Flash drive.
    c. Email: For summary data, only.

2. For de-identified claim level data filters, use Table 4(B) to select filters from Eligibility, Medical, and Pharmacy claims. Also indicate the selection, the data tables and/fields you are requesting in the *Request Sheet* of the following APCD data dictionary and request Excel workbook:

    Request-sheet-CT-A
    PCD-Data-Dictionary. Submit the filled workbook with your Word application.

3. For summary data, specify on Table 4(C) of the application and/or work closely with APCD's staff to ensure accuracy of the methodology. Use the data dictionary in #2 above.

4. OHS will contact you to set you up with an account to enable you pay the $50 application fee, electronically.

5. Your application will be subject to administrative completeness review, APCD Data Release Committee (DRC) public review and approval process and OHS final approval.

6. You will be invited to the DRC monthly public review to respond to questions on the application, including, but not limited to, the research objective, methodology, data and computation infrastructure, data security provisions and release.

7. The DRC may approve the application or request more information at the review. A special meeting may be set for reviewing the additional information.

8. Upon DRC recommended approval, and OHS review and acceptance, you will be required to execute a data use agreement (DUA) with OHS.

9. Data extract payment is due upon OHS receipt of a fully executed DUA. See Appendix 3 for the data fee schedule for data extracts, OHS will provide a cost estimate which will include the cost of any customized analytics, if any.

10. OHS must receive full payments ($50 application, analytics and/or extract fees) before it will issue the Applicant access to the data summary or extract.

 APPENDIX 2: Certification of Project Completion, Destruction, or Retention of Data

Name:	
Title:	
Organization:	
Address:	
Telephone:	
E-mail:	
Project Title:	
Data Sets:	
Years:	
☐ Certification of data Destruction – date when data destroyed:	
☐ Request to Retain Data	Date until data will be retained:

I hereby certify that the project described in the applications is complete as of ___/___/20__. Please select one or more of the following options:

☐I/We certify that we have destroyed all data received from the APCD in connection with this project in any media, form, or format. This includes, but not limited to: data maintained on hard or USB flash drive(s), DVDs/CDs, or any other printed materials.

☐I/We certify that we have retained all data received from the APCD's administrator in connection with this project, pursuant to the following health or research justification (provide detail on why it is necessary to retain data and for how long:

_____
_____

☐I/We certify that we have retained all Data received from APCD's administrator in connection with this project, as required by the data use agreement.

_____
_____

SIGNATURE:

For the Receiving Organization: _____
Date: _____

APPENDIX 3: Data Fee Schedule

Data Fee Schedule

Types of Files	Commercial		Non-Profit / Educational		State Agencies		Assessed	
	Initial Extract	Additional Extract	Initial Extract	Additional Extract	Initial Extract	Additional Extract	Initial Extract	Additional Extract
Inpatient Facility	$3,000	$1,500	$1,000	$500	$750	$375	$2,500	$1,250
ER Facility	$3,000	$1,500	$1,000	$500	$750	$375	$2,500	$1,250
Outpatient Facility	$3,000	$1,500	$1,000	$500	$750	$375	$2,500	$1,250
Professional Claims	$6,000	$3,000	$2,000	$1,000	$1,500	$750	$5,000	$2,500
All Medical Claims	$12,000	$6,000	$4,000	$2,000	$3,000	$1,500	$10,000	$5,000
Pharmacy Claims	$3,000	$1,500	$1,000	$500	$750	$375	$2,500	$1,250
Member Eligibility	$5,000	$2,500	$1,650	$825	$1,250	$625	$4,170	$2,085

Note: Initial extract can be of multiple years. Additional extract is for 1 year or less.

Fees may include cost for analytic services if any analytics or aggregation is requested.

APPENDIX 4: Data Sources, Claim Types and Years in CT APCD

Payer Source	Claim Type	Years Available
Commercial** - Fully insured claims - State employees & Retirees - Medicare Advantage (No Pharmacy)	Eligibility/Enrollment Medical claims Pharmacy claims	1/1/2012 – 3/31/2020
Medicaid	Eligibility/Enrollment Medical claims Pharmacy claims	1/1/2012 – 12/31/2020
Medicare	Eligibility/Enrollment 'Medical claims Pharmacy claims	1/1/2012- 12/31/2019 1/1/2012 – 12/31/2018

**Anthem, Aetna, Cigna East, Cigna West, ConnectiCare, United Healthcare, HealthyCT, Harvard Pilgrim, Optum Health, Oxford, WellCare Health, eviCORE Healthcare, Express Scripts, Caremark
Reporting threshold – 3,000 members

For non-CT State Agencies, only de-identified commercial data is available for request.