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| CHISLogoSmall | Application for Access to New Hampshire Limited Use Commercial Health Care Claims Research Data Sets |

Commercial health care claims data sets are submitted to the State of New Hampshire by health insurance carriers under New Hampshire statute as part of the Comprehensive Health Care Information System project. Limited use versions of the data for health care research are available through application to the New Hampshire Department of Health and Human Services (NH DHHS) as specified in New Hampshire Administrative Rule He-W 950. Reference files and documentation for the data is available on the [NHCHIS.com](http://www.nhchis.org/) website. Be advised that, at present, support by the CHIS project team for use of the data is only minimally available and is directed towards improving documentation of the data. Neither the CHIS project team nor the NH DHHS is responsible for any adverse outcomes arising from the requestor’s use of the data.

Prior to receiving the data, requestors will be required to sign a legally binding data use agreement contract. If NH DHHS declines to release a limited use data set, it will provide within 60 days of receipt of the application a written statement identifying the specific criteria that are the basis for denial of the application.

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Please complete the application form below to request access to the commercial claims data. Please use as much space as needed. The NH DHHS will evaluate requests with the assistance from the Claims Data Release Advisory Committee. The application must be completed and may be returned if incomplete. All information you provide in the application will be publicly available as specified under New Hampshire Administrative Rule He-W 950.06(j). Please e-mail Mary Fields (Mary.Fields@dhhs.nh.gov) at the Department of Health and Human Services with any questions.

Please send your completed application materials to the following address:

Mary Fields

Bureau of Data & Systems Management

Office of Medicaid Business & Policy

NH Department of Health and Human Services

129 Pleasant St

Concord, NH 03301-3857

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***Research Title:***

#### Principal Investigator

*The person in charge of a project that makes use of limited use research health care claims data sets and who is the custodian of the data responsible for the observance of all conditions of use and for establishment and maintenance of security arrangements to prevent unauthorized use.*

A. Principal Investigator Name:

B. Principal Investigator Organization:

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| C. Principal Investigator Address: |  |

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| D. Principal Investigator for Delivery (*if different)*: |  |

E. Principal Investigator Phone Number:

E. Principal Investigator E-mail Address:

F. Principal Investigator Contact Person Name (*if any*):

G. Principal Investigator Contact Person Phone Number (*if any*):

F. Principal Investigator Contact Person E-mail Address (*if any*):

H. Description of Principal Investigator Professional Qualification (*Describe training and previous research, prior publications, affiliation with a university, private research organization, medical center, state agency, or other institution that will provide sufficient research resources. Attach resume instead if it provides adequate description of qualifications.)*:

#### Additional Research Staff with Access to Data (if any)

*List the names of all staff on project, including contractors, who will have access to the data and provide their qualifications.*

Research Staff Names and Qualifications (*attach CV’s or resumes)*:

#### Research Protocol

*If you have an existing research protocol, please summarize it below and attach a copy of the protocol to provide detailed information. If you have an approval from an Institutional Review Board for your study, please attach that information as well.*

A. Summary of background, purposes, and origin of the research:

B. Statement of the health-related problem or issue to be addressed by the research:

C. Research design and methodology, including either the topics of exploratory research or the specific research hypotheses to be tested:

D. Procedures that will be followed to maintain the confidentiality of any data or copies of records provided to the investigator and the technical and physical safeguards which will be performed to maintain security of the data files, including:

a. How inventory of data files will be maintained and updated      ;

b. That physical access to the data files will be restricted to only research staff      ;

c. That safeguards are in place for research staff, having access to the data files, including but not limited to confidentiality agreements and training on stewardship responsibilities      ;

d. Procedures for tracking active employment and project participation status of research staff throughout the life the project(s)      ;

e. The technical and physical safeguards which will be performed to maintain security of the data files, including but not limited to site and office access controls, secured file cabinets and locked offices      ;

f. The technical safeguards performed to protect data stored on local workstations and onsite and external servers      ;

g. The method of encryption used as the data sets are moved between computers      ; and

h. The technical safeguards performed to prevent the creation of additional copies of the data

E. Intended research completion date (*note: studies taking longer than 2 years shall require annual renewal)*:

#### Delivery

Data will be shipped via UPS or FedEx, unless otherwise requested. Please provide your UPS or FedEx billing number and any other relative shipping information.

UPS:

FedEx:

Shipping information if different than address given above:

#### Specification of Request for Limited Use Data

*Below the applicant should indicate the time period, minimum needed specific data elements, justify need for potentially indirect patient identifiers, and indicate minimum needed specificity needed for indirect patient identifiers, and selection criteria for the minimum needed data records required. Detailed information on the data elements collected can be found on the* [*NHCHIS.com*](http://www.nhchis.org/) *website and in* [*NH Administrative Rule Ins 4000*](http://www.gencourt.state.nh.us/rules/state_agencies/ins4000.html)*.*

A. Please indicate the type of data and time period requested. *Note: data is supplied on an incurred basis and will be available on quarter-by-quarter time periods. A sixth month lag on payments to account for claim payment run out is recommended.*

***Please note: Data is available from 2011 forward.***

| **Data Set** | **Incurred Time Period** |
| --- | --- |
| Member Eligibility – Medical |  |
| Member Eligibility – Pharmacy |  |
| Member Eligibility – Dental |  |
| Medical Claims |  |
| Pharmacy Claims |  |
| Dental Claims |  |

Note: in addition to the above tables our contractor will also supply related tables (e.g., provider).

If your study requires additional time periods beyond those noted above, please indicate period *(note: requests for receipt or retention of data beyond two years after receipt of initial data will require annual renewal.):*

B. Data will be supplied in a delimited text file format. Due to the size of the data this is the recommended format. For smaller subsets of records, other formats may work. Please indicate any special format or layout of data requested by the principal investigator and we will try to accommodate the need:

C. Below, please list the data elements required for your research (refer to https://nhchis.com/DataAndReport/DataSetDocumentation for information about elements). Request only those elements needed. Note: Group ID is not available unless it can be shown that it cannot be used to directly identify a person. *Note:* You may choose to utilize our *Optional Data Addendum Form to limited Use Data Sets* which has data elements already listed and can be found on the same page as the application.

For each element provide a justification for need and where possible specify any sub-selection of records or grouping of values you expect to use for each data elements. Note: after your request is approved our contractor will work with you on the data set extract for your request; at that time they may recommend additional data elements. *Please use as much space as you need.*

* ***Need****:* We will only provide the minimum set of information with the minimum specificity that you need. Please supply a need for potential indirect identifiers (elements below with Need listed to the right of element). Data elements may be denied if your application does not justify your need explicitly when required.
* ***Sub-selection of Records (*Filters*)****:* We will only release the minimum set of records needed for your study. Please provide any selection criteria for the records you are specifically interested in. For instance, if you are specifically studying heart disease, be sure to indicate you only require records where the diagnosis met your specified criteria for heart disease.
* ***Grouping of Values****:* Where relevant, we will provide data elements pre-grouped. Please indicate any grouping that is needed for your study. For instance, if you only need to know the patient's grouped by a state of residence or your own custom service area grouping based on zip code, indicate that, and we will supply it instead of the zip code. Another common example is grouping of patient age.

*Health Plan Member Eligibility File Data Element Request*

| **Element #** | **Element**  **Name** | **Element Description** | **Justification of Need** | **Filtering of Data Element (state “none” if none)** | **Grouping of Data Element (state “none” if none)** |
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*Medical Claim File Data Element Request*

| **Element #** | **Element**  **Name** | **Element Description** | **Justification of Need** | **Filtering of Data Element (state “none” if none)** | **Grouping of Data Element (state “none” if none)** |
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*Pharmacy Claim File Data Element Request*

| **Element #** | **Element**  **Name** | **Element Description** | **Justification of Need** | **Filtering of Data Element (state “none” if none)** | **Grouping of Data Element (state “none” if none)** |
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*Dental Claim File Data Element Request*

| **Element #** | **Element**  **Name** | **Element Description** | **Justification of Need** | **Filtering of Data Element (state “none” if none)** | **Grouping of Data Element (state “none” if none)** |
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#### Principal Investigator and Requestor Signatures

*I have reviewed the request form. All statements made in the request form are true, complete, and correct to the best of my knowledge.*

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| --- | --- |
| Principal Investigator Name: | |
| Principal Investigator Signature: | Date: |
| Requestor (if different than Principal Investigator) Name: |  |
| Requestor Signature: | Date: |