

| Maine Health Data Organization | | | | | | | |
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| Review of SFY-2016 Sale of Data requests - as of 11/30/15 | | | | | | | |
| Request Number | Requesting Party | Affiliation | Date Posted | Comment Close Date | Specific Data Request | Purpose Of Request | Public Comments Received |
| 251555 | Sheehy, Alfred, Data Analyst | Maine Health Center for Enterprise Reporting | 11/30/2015 | 12/11/2015 | 2014-2017 Restricted Inpatient and Outpatient Data | Purpose of Request: The data will be used for data analyses to examine preventable hospitalization trends among MaineHealth hospitals to inform quality improvement efforts. Examples of past data analyses include: CHF and COPD hospital discharges and readmissions including diagnosis specific and all cause readmission; Ambulatory Care Sensitive Condition (ASCS) hospital discharges by Health Service Area and County in the MaineHealth service area for the MaineHealth Health Index Report; Substance abuse related hospital discharges for comparison to a consultant's report using older MHDO hospital discharge datasets; ASCS emergency room discharges; Fall related hospital and emergency room discharges. Benefit to Citizens of Maine: The work I do with the MHDO data is undertaken with the intent to improve the quality of care provided to the portion of Maine citizens who receive care through MaineHealth members and affiliates. In some instances (e.g. the ASCS work for the MaineHealth Health Index report) the benefit potentially extends beyond Maine citizens' who are cared for by MaineHealth. The Health Index Report aims for a population health perspective. The analysis is confined to counties and HSAs within the MaineHealth service area but the report focuses on all Maine citizens who were discharged from a hospital (not restricted to MaineHealth hospitals) for an ASCS. | 11/30/15 Comment received from P.Morissette - Requesting clarification who the Requesting Party is employed by |
| 301585 | Morse, Nathan, Program Coordinator | Diabetes Prevention & Control Program, Division of Population Health, Maine CDC | 11/23/2015 | 12/9/2015 | MaineCare (only) claims for fiscal year 2014 from the following sources in this complete data extraction; Medical eligibility-restricted, Medical Claims-restricted, Rx claims-restricted, and Rx eligibility-restricted. | Purpose of Request: SIM grant deliverable for Year 3; to support a formal analysis of MaineCare claims cost for diabetes/pre-diabetes/no-diabetes to support a prospective cost analysis and recommendations to inform policy decisions for State Plan Amendment that would include providing health plan coverage for eligible plan members to receive the National Diabetes Prevention Program as a covered benefit. Benefit to Citizens of Maine: Goal is to prevent progression into Type 2 Diabetes. | |
| 261555 | Whitaker, Berton | Calais Regional Hospital | 10/19/2015 | 11/2/2015 | CY 2012 and CY 2013 Restricted Inpatient and Outpatient Data | Purpose of Request: The data will be used for business planning activities such as the hospital strategic planning. The data will help in determining patient origin and market share for QHR managed hospitals in Maine. Benefit to Citizens of Maine: The data will be used to analyze service line trends and assess utilization patterns to better determine patient demand and needs for services and plan for future resource allocation. | None Received |
| 211555 | Strunk, Jim | iVantage Health Analytics | 10/19/2015 | 11/2/2015 | 2014 Restricted Inpatient and Outpatient data | Purpose of Request: iVantage Health Analytics uses patient level data to calculate utilization rates and to produce aggregate market share reports that hospitals use in marketing and strategic and operations planning. These reports also provide forecasting of future demand. Benefit to Citizens of Maine: iVantage Health Analytics reporting allows hospitals to make strategic and operational decisions so that they may better service their community members in the future. This is the benefit that citizens in the state of Maine will incur as a result of this use of the data. | None Received |
| 151515 | Borans, Peter | Advanced Medical Solutions | 10/19/2015 | 11/2/2015 | 2012 Restricted Hospital Discharge Inpatient Data | Purpose of Request: Analysis of billed/paid charge trends for specific high-dollar diagnoses. The purpose of AMS' seeking of access to ME Hospital Inpatient data is aimed at supporting the rapidly growing self-funded insurance industry through better understanding costs to payers as well as the relationship between costs and treatments that are associated with specific diagnoses. With this better (and more accurate) understanding of cost trends for these specific diagnoses, carriers and payers that are responsible for setting premiums in anticipation for high-cost diagnoses can more accurately reflect real-world outcomes and costs in their premiums. This translates to overall lower premiums, from which employer groups that are self-funded directly benefit. Benefit to Citizens of Maine: The amount of firms who stand to benefit from overall lower premiums in the self-funded industry is significant. Furthermore, employees who work in a self-funded employer environment stand to benefit directly as well, as they will experience lower premiums, less lasers (a process which increases the cost directly to the employer through a much higher out of pocket deductible) and quicker reimbursement times. All in all, this knowledge and insight into claims costs can directly benefit all three major tiers of the self-funded insurance in Maine: the carriers, the employer groups, and lastly (and perhaps most importantly) citizens of Maine who work for one of the many self-funded employers in the state. | None Received |
| 201585 | Ramanujan, Mohan | National Bureau of Economic Research | 10/19/2015 | 11/2/2015 | Q1 2014 and Q1 2015 Restricted Medical Claims, Medical Eligibility and Pharmacy Data | Purpose of Request: The broader research project seeks to understand systemic determinants of life-cycle patterns in individuals' healthcare utilization. Understanding which aspects of the healthcare system and healthcare policies impact individuals' health behavior, healthcare consumption, and healthcare costs from a life-long perspective, is central for public policies in social insurance. The purpose of the MHDO data request is to use the data to investigate a sub-question related to the broader research agenda outlined above. In particular, we ask how Affordable Care Act policies that regulate the coverage of preventive care, may have changed the utilization of cancer screening among the pre-elderly adults, and subsequently affected the healthcare costs of the elderly adults. Benefit to Citizens of Maine: The learnings from these models will add to the academic literature in health economics and health services research. They will also benefit the State of Maine, as the analysis will be able to inform the state policy-makers on 1) determinants and incidence of utilization of preventive cancer screening in Maine, and whether there was an expected increase in the screening post-ACA reforms; 2) frameworks for predicting how future healthcare costs in Maine may be affected by the observed take up of preventive services in the population today. | None Received |

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| 81514501 | Waldman, Colin | Stride Health, Inc | 10/19/2015 | 11/2/2015 | 2014 Q2, Q3 & Q4 Restricted Medical Claims, Medical Eligibility and Pharmacy data | Purpose of Request: Our product is a health insurance recommendation engine, which helps our customers choose the best insurance plan based on their individual demographics and diseases. The Claims dataset will be used to determine historical health care utilizations of similar patients to help us make future utilization predictions. Our recommendations will be based partially on these annual utilization predictions. Our customers are individual consumers who must purchase their own health coverage, notably those who do not receive benefits from an employer and are affected by the individual mandate of the Affordable Care act. Stride Health allows a consumer to choose from all available Qualified Health Plans (QHP) available in the individual market, either direct from a carrier "off-exchange" or through the Federally Facilitated Marketplace (FFM) "on-exchange". Benefit to Citizens of Maine: Stride Health providers individual consumers personalized health plan recommendations, including annual forecasting of service types and associated out-of-pocket costs. In addition, Stride helps to ensure individuals can effectively use their plan for care, helping consumers to build personalized provider visit plans, notably around preventative services. Additionally, Stride helps individuals efficiently search for in-network providers that accept their health plan and search for prescription drug formulary coverage with local pharmacy pricing (~70k nationwide). Currently Stride Health currently operates in 24 states covering 69% of the U.S. population. The state of Maine, along with an additional 12 states, will be released for individual consumer use in early September 2015. Stride will be covering all 50 states plus the District of Columbia by November 2015. Stride is currently licensed as a health insurance broker in all 50 states. All recommendations are based exclusively on the expected costs to the consumer, provider network availability, and other consumer-stated preferences. There is no cost to use Stride Health. | None Received |
| 80714501 | Sherburne Hawkins, Summer, PhD,MS | Boston College, School of Social Work | 8/17/2015 | 8/28/2015 | CY 2014 Restricted Medical Claims Data. | Purpose of Request: The overarching goals of this project are to identify gaps in the coverage of preventive care provisions between the ACA and Medicaid as well as help close those gaps through policy recommendations. While we intend to publish our findings in a peer-reviewed journal, we will also prepare a 1-page summary of the project and results, which can be posted online. We will check with the journal editor whether we can post the article online as well. We also plan to send copies of the journal article and summary to the WIC Nutrition program and Office of MaineCare Services. Benefits to Citizens of Maine: Our results based on the APCD will be directly applicable to current policies and practices in Maine, which we hope will contribute to the debate about health insurance and Medicaid coverage of preventive items and services. | None Received |
| 181585 | DeSoto, Maushami | Agency for Healthcare Research and Quality (AHRQ) | 8/17/2015 | 8/28/2015 | CY 2013 Maine APCD (tables and variables available on LDS are requested) | Purpose of Request: We intend to conduct a comprehensive evaluation of APCDs, including all populations covered under the APCD. In addition, we want to identify and better understand any variation in data completeness and quality that may stem from the type of payer or data contributor. Benefits to Citizens of Maine: We believe that the use of data and analytics are important to the administration of effective care and to better manage a population. This analysis will help MHDO understand any current limitations, biases and gaps in their data for the current application of measures, for the application of measures and reports to come, and possibly to additional metrics that are in use by MHDO. | None Received |
| 111544 | Berkowitz, Claire | Maine Children's Alliance | 8/3/2015 | 8/14/2015 | CY 2012, 2013 & 2014 Outpatient attempted suicide/self-inflicted injuries for ages 10-19 and hospital visits for mental/substance abuse diagnoses for ages 0-19. | The data will be used in the annual publishing of Maine Children's Alliance KIDS COUNT book. | None Received |
| 101555 | Poquette, Gary, CEO | Penobscot Valley Hospital | 7/27/2015 | 8/7/2015 | Restricted CY 2011 and CY 2012 Inpatient and Outpatient Data. | The data will be used for business planning activities such as hospital strategic planning. The data will help in determining patient origin and market share for QHR managed hospitals in Maine. | None Received |
| 141586 | Ford, Sherine | Harvard Pilgrim Health Care | 7/27/2015 | 9/4/2015 | CY 2014 Restricted Medical Claims with Practitioner Identifiers, Eligibility and Pharmacy Claims. | Purpose of Request: This data will be used to support corporate planning by analyzing hospital and professional utilization and reimbursement patterns with respect to identified diagnosis and/or procedure codes by geographic region. Benefit to the Citizens of Maine: Requesting access to MHDO data to identify both areas where our medical cost structure, including payment/reimbursement models, varies with Maine industry standards and how travel for service patterns aligns with our expectations. We plan to look across medical claims, provider networks, member eligibility, and product/benefit structures to specify where we can use the data to make internal improvements that will benefit consumers through either reduced premiums or plan designs better suited to their needs when seeking in-network care. | 7/28/15 - Comment received from Neil Korsen - The request describes the questions that are being asked as relating to payment models and travel for services by patients requesting detail on why the specific provider identifiers are required. 8/6/15 -Comment received from UnitedHealth Care regarding Statement 6 from the joint DOJ/FTC Statements |
| 131556 | Zhang, Kun, PhD | Div. of Unintentional Injury Prevention, Nat'l Center for Injury Prev. and Control, CDC | 7/20/2015 | 8/28/2015 | Restricted CY 2012 and CY 2013 Medical Claims with Practitioner Identifiers, Medical Eligibility, Pharmacy and Emergency Department | Purpose of Request: To evaluate the impact of MaineCares's innovative Prior Authorization (PA) policy for opioids. Benefit to the Citizens of Maine: The intended goals of the PA policy are more appropriate providing and use of opioids and better pain management among MaineCares's patients. | 7/28/15 Comment received from Neil Korsen - Questioning the need to identify Providers |

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| 161574 | Strosnider, Heather | Nat'l Environmental Public Health Tracking, Div of Environmental Hazards & Health Effect, NCEH, CDC | 7/20/2015 | 7/31/2015 | CY 2001 through CY 2014 Emergency Room data | Requesting Respiratory - related ED visits. Ambient air pollution is associated with an increased risk of mortality and morbidity. Policies aimed at reducing the public health burden and associated health care costs require a clear understanding of the effect of specific air pollutants on specific mortality and morbidity outcomes. This understanding requires epidemiologic studies which, preferably, are current, cover multiple years and multiple cities, evaluate single and co-pollutant impact, and include estimates of effect among sensitive populations. A gap currently exists for the association between air pollution and respiratory morbidity due to the lack of a national source for ED and hospitalization data. CDC's Tracking Program will collaborate with state and local health departments (SLHD) to address this gap by pooling ED visit data for respiratory outcomes from multiple states to generate nationally-relevant estimates of effect. | None Received |
| 61556 | Moylan, Christina, AAG | Maine Office of Attorney General | 6/8/2015 | 7/17/2015 | Restricted APCD – CY 2013 Medical Claims with Practitioner Identifiable and Restricted CY 2012 Outpatient data. | Competitive analysis for merger and non-merger reviews by the Maine Attorney General pursuant to antitrust laws. | None Received |
| 91586 | Brannigan, Michael | Anthem BCBS ME | 5/19/2015 | 6/30/2015 | Restricted APCD – Medical Claims with Practitioner Identifiable, Medical Eligibility, Pharmacy data for CY 2014, 2015 & 2016. | To explore the impacts of regional variations in care; Assist with the development of payment innovation models; Understand the dynamics of the market as a result of the Affordable Care Act. | 6/24/15 received a Public Comment from United Healthcare requesting Paid Amount Field (MC063), the Prepaid Amount field (MC064), and the payer' identification number field (MC002) not be provided to Anthem. |