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| Logo  Description automatically generated | | **Pennsylvania Health Care Cost Containment Council**  **Special Requests Data Request Application** | | | | | |
| Please complete the application, complete and sign the Confidentiality and Data Use Agreement (attached), and email these documents to PHC4 Special Requests at [specialrequests@phc4.org](mailto:specialrequests@phc4.org).  ***Notice:*** *Failure to disclose information as requested in the application, or misrepresentation or omission as to intent will be grounds for refusal of the request.* | | | | | | | |
| **Applicant Information:** Please provide contact information for the applicant who is requesting data and will be responsible for the security of the data. | | | | | | | |
| **Name:** |  | | | | **Title:** | |  |
| **Organization:** |  | | | | | | |
| **Mission:** |  | | | | | | |
| **Address:** |  | | | | **Email:** | |  |
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| **Contractor(s) Information:** Please provide contact information for each third-party contractor(s) and/or sub-contractor(s) that will be working with the data, if additional contractors are involved. Please attach their contact information on a separate sheet. Please note each contractor representative is required to sign the Confidentiality and Data Use Agreement. | | | | | | | |
| **Contractor 1:** Please provide contact information for contractor/sub-contractor(s). | | | | | | | |
| **Name:** | | |  | **Title:** | |  | |
| **Organization:** | | |  | | | | |
| **Address:** | | |  | **Email:** | |  | |
|  | | |  | **Phone:** | |  | |
|  | | |  | **Fax:** | |  | |
| **Contractor 2:** Please provide contact information for contractor/sub-contractor(s). | | | | | | | |
| **Name:** | | |  | **Title:** | |  | |
| **Organization:** | | |  | | | | |
| **Address:** | | |  | **Email:** | |  | |
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| **Purpose of Request:** Please state the purpose of the data request and the scope of the project with complete and accurate description and explain in specific detail how the data will be used. If data is to be used for research, please provide a copy of the study protocol. Include the title of the study, description of the health topic that will be addressed by the study, the primary objectives and hypotheses, data collection methods, and description of any data files and source of the files that are intended to be linked with the PHC4 data. The names of the organizations and/or individuals who will have access to the data must be listed along with a description of their role in the project. | | |
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| **Use of Data:** Please answer the following questions. | | | |
| 1. Will the data or analysis from the data be resold in any form? | | YES | NO |
| 1. Will the data be used to produce a service or product to make a profit? | | YES | NO |
| 1. Will the data be used for consulting purposes? | | YES | NO |
| 1. Will the data be used for litigation or in any way to take legal action based on findings from the use of the data? | | YES | NO |
| 1. Will the data be used for a research study? | | YES | NO |
| *(Please provide a copy of the study protocol with the Data Request Application)* | |  |  |
| 1. Will the data be purchased with grant funds? Or, will the data requested be used to meet requirements for an awarded grant? | | YES | NO |
| 1. If yes, please provide the name of the sponsor(s) or funding organization | |  |  |
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| 1. Please provide the title of the study or project. | |  |  |
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| 1. Will the data or results of data analysis be used in some form of publication (hard copy or electronic format)? | | YES | NO |
| 1. Please provide the completion date of project. | |  |  |
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| *The PHC4 data must be destroyed upon completion of project. Refer to clause in the Confidentiality and Data Use Agreement.* | |  |  |

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| **Data Request:** Select the data files from the database selection on the next page. Standard predetermined data files are available as are custom data files that can be produced based on specific criteria provided in the application. |
| ***Standard Data:*** Pennsylvania statewide records, regional records, or specific facility records are available in standard data files. Statewide files include all records regardless of where a patient resides. Regional files are made available by PHC4’s nine assigned geographic areas of the state. Regional files include records from the facilities within that region, not patients who are residents of the regional area. A list of counties located within each region is listed below. Facility files are records from the specific facility.  ***Custom Data:*** A subset of records from the Pennsylvania statewide database selected based on the criteria provided by the applicant on page 6 of this application. |

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| **Pennsylvania Counties by Region** | |
| **Region 1:** | Allegheny, Armstrong, Beaver, Butler, Fayette, Greene, Washington, and Westmoreland |
| **Region 2:** | Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, Lawrence, McKean, Mercer, Potter, Venango, and Warren |
| **Region 3:** | Bedford, Blair, Cambria, Indiana, and Somerset |
| **Region 4:** | Centre, Clinton, Columbia, Lycoming, Mifflin, Montour, Northumberland, Snyder, Tioga, and Union |
| **Region 5:** | Adams, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Perry, and York |
| **Region 6:** | Bradford, Lackawanna, Luzerne, Monroe, Pike, Sullivan, Susquehanna, Wayne, and Wyoming |
| **Region 7:** | Berks, Carbon, Lehigh, Northampton, and Schuylkill |
| **Region 8:** | Bucks, Chester, Delaware, and Montgomery |
| **Region 9:** | Philadelphia |
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| **Format Data:** Please specify the data file format. | | | | |
| *Please select one file format.* | | | |  |
| ASCII (.txt) Flat Text | | | | |
| ASCII (.txt) Comma Delimited | | | | |
| MS EXCEL (.xlsx) *Specify if an older version is needed:* | | |  |  |
| MS ACCESS (.accdb) *Specify if an older version is needed:* | | |  |  |
| DBASE (.dbf) | | |  |  |
| SAS (.sas7bdat) | | |  |  |
| Other\* *Please specify:* |  | | |  |
|  | *\*Contact Special Requests staff at* [*specialrequests@phc4.org*](mailto:specialrequests@phc4.org) *for feasibility.* | | |  |
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| **Databases:** Select a database(s). | | | | | | | |
| **Inpatient Discharge Data:** *Inpatient discharge records (1990 – most recently released quarter of data available).* | | | | | | | |
| *Please select one. Specify year(s) and/or quarter(s)\*:* | | | | | |  |  |
| Standard Statewide |  | | | | | | |
| Standard Regional (*specify region(s) 1-9):* | | | |  | | |  |
| Standard Facility *(specify facility):* | |  | | | | |  |
| Custom *Describe the criteria for select records and/or report on the next page.* | | | | | | |  |
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| **Ambulatory/Outpatient Procedure Data:** *Ambulatory/outpatient procedure records (1996 – most recently released quarter of data available).* | | | | | | | |
| *Please select one. Specify year(s) and/or quarter(s)\*:* | | | | | |  |  |
| Standard Statewide |  | | | | | | |
| Standard Region (*specify Region(s) 1-9):* | | |  | | | |  |
| Standard Facility *(specify facility):* | |  | | | | |  |
| Custom *Describe the criteria for select records and/or report on the next section/page.* | | | | | | |  |
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| **Revenue Code Detail Data:** *Distinct charge data records (1996 – most recently released quarter of data available). Format is limited; these files are too large for MS-Excel.* | | | | | | | |
| *Please select one or both. Specify year(s) and/or quarter(s)\*:* | | | | | |  |  |
| Inpatient Standard Statewide | | | | |  | | |
| Ambulatory/Outpatient Standard Statewide | | | | |  | |  |
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| **Financial Data:** *Financial, utilization, and payer data by facility (1996 – most recently released fiscal year of data available).* | | | | | | | |
| *Please select one. Specify year(s):* | | | | | |  |  |
| Standard Statewide *(only selection)* | | | | |  | | |
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| **MAPPED 1.0 Data:** *Ownership data by facility (2023 – most recently released fiscal year of data available).* | | | | | | | |
| *Please select one. Specify year(s):* | | | | | |  |  |
| Standard Statewide *(only selection)* | | | | |  | | |
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*\* Data is processed based on the date of discharge. For example, 2023 data represent records of patients who were discharged in calendar year 2023, including those who may have been admitted prior to January 1, 2023.*

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| **Criteria for custom data:** Based on the database selected, providespecific detailed criteria necessary to identify the subset of records to be abstracted. Such as, geographic scope (by county or zip codes) and/or clinical/condition scope (MDCs, DRGs, diagnosis codes, or combination).  Specify any calculated or derived data fields that are not part of the public use dataset, if any; and, if ordering a data report, indicate the type of aggregated groupings. If possible, please provide a sample layout of the data file. | | | |
|  | *Please select one.* | |  |
|  | Dataset (record-level) | |  |
|  | Data Report (aggregated data) | |  |
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PHC4 Data Request

Confidentiality and Data Use Agreement

For Commercial Users

This Agreement is made on the      day of                , 20      by and between the Pennsylvania Health Care Cost Containment Council (“PHC4”) and                           (the “Applicant”) (and collectively referenced herein as the “Parties”).

This Agreement sets forth the terms and conditions of PHC4 permitted access to and use of PHC4 data pursuant to Act 89 of 1986, as amended from time to time by the General Assembly of the Commonwealth of Pennsylvania.

The Parties agree as follows:

**1. CONFIDENTIALITY**

1. All applicants, agents, contractors, and sub-contractors of every tier, are prohibited from releasing, sharing or granting access to PHC4 data which a.) could reasonably be expected to reveal the identity of an individual patient, b.) does not simultaneously disclose payment, as well as provider quality and provider service effectiveness, c.) could reasonably be expected to reveal the identity of any purchaser, d.) relate actual payments to any identified provider made by any purchaser, and/or e.) disclose discounts or allowances between identified payors and providers*.*
2. Applicants, agents, contractors, or sub-contractors of every tier securing access to PHC4 data pursuant to this Agreement are prohibited from using PHC4 data to identify or attempt to identify any individual or protected entity. Use of PHC4 data for the purpose of promoting, retaining, disciplining, discharging, demoting or penalizing an employee or agent of the Applicant is also prohibited.
3. Applicants, agents, contractors, or sub-contractors of every tier handling or with access to PHC4 data shall use appropriate safeguards to prevent use or disclosure of data other than as permitted by this Agreement.

**2. USE OF DATA**

Applicants are prohibited from duplicating, selling, exchanging, publishing or otherwise releasing all, or any part of, PHC4’s raw, patient level data in any form, including linked data sets. The Applicant, its agents, contractors, and sub-contractors of every tier may not use or further disclose PHC4 data received under this Agreement for any other projects or purposes without prior written approval of the PHC4. The Applicant, its agents, contractors, and sub-contractors of every tier may not use or further disclose PHC4 data for any purpose beyond that specifically identified in the approved application that is the subject of this Agreement. Prior written consent of PHC4 must be obtained to use the data for reasons other than the Applicant’s approved application that is the subject of this Agreement. Any unauthorized use will be subject to the Penalties of Section 10 of Act 89 of 1986, as amended.

**3. Disclosure Required by Law**

No person may release PHC4 data in response to a Subpoena or Court Order without prior reasonable written notification to PHC4 of such potential release. PHC4 reserves the right to respond and intervene in any matter in order to ensure the protection of Section 10 of Act 89 of 1986 as amended.

**4. REPORT OF BREACH**

The Applicant, its agents, contractors, or sub-contractors of every tier must provide PHC4 with immediate written notice if they, or any of them, become aware of any violations of the understandings herein or of any related actual or potential such violations.

**5. Hold Harmless**

Applicant agrees to indemnify, defend and hold harmless PHC4, its directors, officers, agents, and employees against all claims, demands, actions or causes of action that may arise from Applicant’s employees, agents, vendors or contractors improper or non-permitted disclosure of the data that is subject to this Agreement and from any intentional or negligent acts, errors or omissions. Indemnification includes, but is not limited to, reimbursement to PHC4 of reasonable attorneys’ fees for counsel designated by PHC4 for these purposes.

**6. Termination**

1. This Agreement may be terminated, without cause, by PHC4 upon 30 days prior written notice to Applicant.
2. PHC4 may terminate this Agreement, for cause, immediately upon written notice to the Applicant or, in the event that PHC4 determines that the Applicant has breached or violated a material term of this Agreement.

**7. DISCLAIMER**

The Pennsylvania Health Care Cost Containment Council’s database contains statewide hospital discharge and ambulatory/outpatient procedure data. Every reasonable effort has been made to ensure the accuracy of the information obtained from the Uniform Claims and Billing Form (UB-82/92/04) data elements. Computer collection edits and validation edits provide opportunity to correct financial, patient, payor, and physician specific errors that may have occurred prior to, during or after submission of data. The ultimate responsibility for data accuracy lies with individual providers.

The Pennsylvania Health Care Cost Containment Council, its agents and staff make no representation, guarantee, or warranty, expressed or implied, that the data—including financial, patient, payor, and/or physician specific information—are error-free, or that the use of this data will prevent differences of opinion or disputes with those who use published reports or purchased data. The Pennsylvania Health Care Cost Containment Council bears no responsibility or liability for the results or consequences of its use.

By signing this Agreement, I am attesting that I have read the above disclaimer along with all other terms of this Agreement and understand and agree to its content. I understand that the Pennsylvania Health Care Cost Containment Council may not be held liable for the results or consequences of using Pennsylvania Health Care Cost Containment Council data. I am also attesting that the specifications and purpose I have provided on the referenced Application are true and complete and will satisfy my needs for this request. I will not utilize the data for any purposes other than that stated in the referenced Application unless I have notified and received prior written approval from PHC4.

**8. PURCHASER STATEMENT OF EMPLOYEE NOTIFICATION (Applies to Health Care Purchasers Only)**

All Applicants who are Purchasers, as defined by Act 89 of 1986, as amended, must carefully read and sign the statement below. A Purchaser as defined by Act 89 of 1986, as amended is “All corporations, labor organizations and other entities that purchase benefits which provide covered services for their employees or members, either through a health care insurer or by means of a self-funded program of benefits, and a certified bargaining representative that represents a group or groups of employees for whom employers purchase a program of benefits which provide covered services, but excluding entities defined in this Act as health care insurers.”

I understand that notice will be given to my employees that information has been requested on the health care services, which they, or dependents that are covered under the purchaser’s health care insurance, have received. I agree to post this notice in a prominent location where other similar employee notices are posted. I also understand that I am prohibited from using the data to attempt to identify any individual or to use the data for purposes of disciplining, discharging, demoting or penalizing an employee.

**9. Penalties**

Penalties for non-compliance are described in Act 89 of 1986, as amended in its Section 10.

As an Applicant, agent, contractor, or sub-contractor of every tier of the Pennsylvania Health Care Cost Containment Council data, I have read and understand the above terms and conditions associated with access to Pennsylvania Health Care Cost Containment Council data. All statements entered in this Agreement and the underlying Application are true, complete, and correct to the best of my knowledge, information and belief. Further, I agree to abide by all limitations and/or restrictions noted in this Agreement. As a Party to this Agreement, I agree to pay such reasonable charges as the Pennsylvania Health Care Cost Containment Council shall deem appropriate, within thirty days of submission of an invoice.

**IN WITNESS WHEREOF,** the parties have executed this Confidentiality and Data Use Agreement the day and year first written above. Signatures are required by the Applicant, person responsible for the project, and any person involved in the project who will have access to the PHC4 data, including agents, contractors and sub-contractors of any tier.

The requesting entity recognizes and acknowledges the confidentiality requirements of 35 P.S. § 449.10, incorporated herein by this reference. All signatories to this understanding acknowledge and agree to abide by the confidentiality requirements of this Agreement and both federal and Pennsylvania law including, but not limited to, 35 P.S., section 449.10.

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