[](http://mhdo.maine.gov/imhdo/)

Attachment A: MHDO Data Request Form

*Tracking Table (to be Filled Out by MHDO)*

|  |  |
| --- | --- |
| MHDO Data Request Number |  |
| Data Request Received |  |
| Data Request Approved |  |
| Comment Period Ends |  |

**NOTE: Before completing this form, review the following information on MHDO’s website:**

* Rules and Statutes, Chapter 120 Release of Data to the Public <https://mhdo.maine.gov/rules.htm>
* Data Availability <https://mhdo.maine.gov/tableau/data.cshtml>
  + MHDO Data Dictionary https://mhdo.maine.gov/mhdo-data-dictionary
* Data Pricing <https://mhdo.maine.gov/pricing_information.html>
* Data Enclave Access – information regarding NORC Data Enclave access and pricing <https://mhdo.maine.gov/faqs_data.html>
* Data Request Process <https://mhdo.maine.gov/data_rqst_process.htm>
  + MHDO’s [Data Use Agreement](https://mhdo.maine.gov/_dataRqstDocs/MHDO%20DUA%20V5.1%20220602.docx)
  + MHDO’s Data Management Attestation Questionnaire ([Appendix C](#_Appendix_C:_MHDO))
* Data Release Schedule <https://mhdo.maine.gov/datareleases.htm>

After reviewing the information on the website and this document if you have additional questions about how to complete the form, please contact MHDO at 207-287-6722.

Instructions

The following form must be completed for all data requests, including MHDO produced Ad Hoc Data Analysis. The form needs to be completed via the [MHDO Data Request Portal.](https://mhdo.maine.gov/de-management-portal/) MHDO will follow-up with you within 5 business days of submission to discuss any outstanding questions and/or provide a cost estimate.

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# SECTION 1. CONTACT INFORMATION

## Data Applicant

1. Provide the information below for the Data Applicant (the individual or organization requesting the data who is responsible for compliance with all the terms and conditions of the MHDO Data Use Agreement).

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Organization |  |
| Mailing Address |  |
| Telephone Number |  |
| Email Address |  |

## Data Recipient

1. Provide the information below for the Data Recipient(s) You must identify the technical person who will receive the e-mail from MHDO’s data vendor with the links to the authorized data for download into the authorized environment; and the person(s) who will be working with the MHDO data once it is available. The Data Recipient(s) may be a subcontractor for or consultant to the data applicant.

If the Data Recipient is the same as the Data Applicant, check the box below.

Data Recipient is the Data Applicant, skip to question 3.

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Organization |  |
| Mailing Address |  |
| Telephone Number |  |
| Email Address |  |
| Organization  Website |  |
| Term of Contract |  |
| Additional Individual(s) who Should Receive Data  Extract for Download | Name:  Email: |

## Subcontractor/Consultant

1. Provide the following information for all Subcontractors/Consultants who will work with the MHDO data. Use Attachment A if more than one Subcontractor/Consultant is to be used. If the Subcontractor/Consultant is the Data Recipient check the box below and fill out questions 5-9.

Subcontractor/consultant is the Data Recipient, skip to question 5.

|  |  |
| --- | --- |
| Company Name |  |
| Contact Person |  |
| Title |  |
| Address |  |
| Telephone Number |  |
| Email Address |  |
| Organization Website |  |
| Term of Contract |  |

1. Will the Subcontractor/Consultant have access to the data at a location other than your location, your off-site server, or your database?

Yes

No

1. Does this Subcontractor/Consultant already have a NORC Data Enclave account to access MHDO data?

Yes

No

1. Describe the tasks and products assigned to the Subcontractor/Consultant for this project.
2. Describe the qualifications of this Subcontractor/Consultant to perform such tasks or deliver such products.
3. Describe your oversight and monitoring of the activity and actions of this Subcontractor/Consultant.

## Previous Experience

1. Describe your previous experience using health care claims or hospital data. List past research, analysis, and products developed using health care claims or hospital data. This question should be answered in regard to the person who will actually be working with the MHDO data sets, whether they are the Data Applicant or the Data Recipient. If no previous experience with health care claims or hospital data, you may want to consider requesting an Ad Hoc Data Analysis (see [Section 3](#_SECTION_3._MHDO)).

## Type of Request

1. Select the type of request:

MHDO Produced Ad Hoc custom data analysis (MHDO produces the report on behalf of the data requester, information is deidentified)

MHDO Custom Data Set (this may include a select set of data elements defined in Chapter 120

and or a request that MHDO internally links the identity of persons between two or more data sources and produces a deidentified Custom Data Set)

MHDO Standard Data Set; Single Use (One project/study)

MHDO Standard Data Set; Multi Use (Multiple projects/studies that utilize the same dataset(s))

# SECTION 2. PROJECT INFORMATION

1. Project Title:

## Intended Use

1. What is the intended use of the MHDO data you request? Check all that apply:

Research studies

Longitudinal Research

Student Research (e.g., dissertation/research paper)

Epidemiological

Understanding Healthcare Disparities

Quality of Care Assessment

Financial

Rate Setting

Administrative Review of Health Resources and Allocations

Surveillance

Commercial Redistribution (as defined in MHDO Rule Chapter 120)

Non-Commercial Redistribution (as defined in MHDO Rule Chapter 120)

Other, please describe:

1. Describe the **specific** purpose and objectives of your project and how the MHDO data will be used to accomplish your purpose. Please identify any non-MHDO records or data bases you plan to link MHDO data to and describe how this linkage will not lead to the identification of individuals. **You must also describe how this project will benefit the people of Maine.** The information provided here will be posted on the MHDO website for public comment. See [Rule](https://mhdo.maine.gov/_finalStatutesRules/Chapter%20120%20Data%20Release%20Eff_220528.docx) [Chapter 120](https://mhdo.maine.gov/_finalStatutesRules/Chapter%20120%20Data%20Release%20Eff_220528.docx) for rules regarding public comment and data releases.
2. Does your project require approval from an Institutional Review Board (IRB)? An IRB is a committee established to review and approve research that involves human subjects.

Yes (attach a copy of the approval to this application)

No

1. Was this request copied from a previously approved data request?

Yes

1. Please list the previously approved data request number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Has the specific purpose and objectives of your project changed from the previously approved request?

Yes

No

No

# SECTION 3. MHDO PRODUCED AD HOC DATA ANALYSIS (MHDO PRODUCES THE REPORT ON BEHALF OF APPLICANT)

*Skip to* [*Section 4*](#_SECTION_4._STANDARD) *if you are requesting a raw Data File.*

## Data Analysis Requested

1. For the Ad-Hoc Analysis:
2. Describe your research question. Include the specific time frame(s) and any other information that will assist the MHDO in understanding the request.
3. Attach a template or mockup for the data analysis or results table you are requesting.

## Restrictions/Filters

1. Please specify what filters you may require. Examples include: Sex (Male, Female), Age (0-18, 65+), Location (City, State, ZIP), Provider, Facility, Procedure Codes, Diagnosis Codes, NDC Codes etc. If one of your filters is for a specific list or range of codes (procedure, diagnosis, NDC etc.), please provide the list or range below or attach.

## Cost Estimate

You will receive a formal cost estimate once we review your request. Pricing is determined based on the estimated number of hours required to produce the requested report.

End of Request Form if Not Requesting a Dataset.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

# SECTION 4. STANDARD OR CUSTOM MHDO DATASET REQUEST

If you are requesting access to a MHDO dataset this section must be completed. All MHDO Data Applicants and or Recipients receiving MHDO data are required to comply with the provisions of 90- 590 CMR Chapter 120, Release of Data to the Public, and those listed in this form as well as in the MHDO Data Use Agreement.

## MHDO Data Types

There are three levels of MHDO data defined in Rule Chapter 120 that can be requested:

* Level I-MHDO De-Identified Data Set
* Level II-MHDO Limited Data Set (includes data elements available in Level I)
* Level III-MHDO Direct Identifier Data Set (includes data elements available in Level II)
  + Note: Level III data releases are restrictive –see Rule Chapter 120 for the limited circumstances this level of data would be considered for release.

Additional resources can be found on the MHDO website in the Data Users section and the [MHDO](https://mhdo.maine.gov/mhdo-data-dictionary/) [Data Dictionary.](https://mhdo.maine.gov/mhdo-data-dictionary/)

## Instructions

1. Start by selecting the dataset(s) of interest (Medical Claims, Pharmacy Eligibility, Hospital Inpatient, etc.)
2. Then select the level of data release (described above)
   1. By default, Level I and II datasets will include member/patient county, top-coded age (90+ will appear as 90), and excludes Payer Name/ID.
3. Next, choose if you would like to request any Special Request fields.
   1. The MHDO includes information most requesters need by default, but if more information is required the Special Request Fields can be requested.
   2. **If you do select special request fields, you must indicate why the field(s) are needed in your use of the data in the appropriate section(s) below.**
4. Next indicate the data period- Start Year, End Year and Quarters (1-4) of each dataset you are requesting. These dates should reflect the study period of interest.
   1. For APCD data requests we use the date in which the claim was incurred to provide your data. For example, if the data period requested is July 1, 2018-June 30, 2021. The data for this data period will by default include claims incurred in this period and paid through June 30, 2021. If you are interest in run-out for 3-6 months it is available as described below.

### IMPORTANT NOTES:

**Copied Applications:** If you have copied this request solely for the purpose of requesting additional data periods, please do not include data periods already received. For example, if your previously approved and received request included 2015-2021 data you only need to select 2022 forward in this new request.

**Emergency Department Data:** If you are interested in Emergency Department (ED) data, request both the Inpatient and Outpatient Hospital Encounter data sets.

1. Indicate the dataset from which you seek the MHDO standard data extract(s), the level of data you need, any special request for identifiable information you need in the data, and the year(s)/quarter(s) of data requested by filling in each row for the applicable dataset. Please see [Appendix B](#_APPENDIX_B:_SPECIAL) for special request field definitions.

\* Special request field not available for Level I requests, must request at least Level II data

\*\* Includes the in-plan network flag

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dataset** | **Level** | **Start Year/ Quarter** | **End Year/ Quarter** | **Special Request Fields** |
| **Medical Claims (APCD)** | Level I  Level II  Level III |  |  | Member City/Zip\*  Member Date of Birth\*  Member FIPS Code\*  Race and Ethnicity \*  Practitioner Identifiable\*\*  Payer Group ID  Payer Name/ID  Anonymous Payer Name/ID  Cancer-Incidence Registry Data  Vital Statistics Birth Data  Vital Statistics Death Data |
| **Medical Eligibility (APCD)** | Level I  Level II  Level III |  |  | Member City/Zip\*  Member Date of Birth\*  Member FIPS Code\*  Race and Ethnicity\*  Payer Group ID  Payer Name/ID  Anonymous Payer Name/ID  Cancer-Incidence Registry Data  Vital Statistics Birth Data  Vital Statistics Death Data |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dataset** | **Level** | **Start Year/ Quarter** | **End Year/ Quarter** | **Special Request Fields** |
| **Pharmacy Claims (APCD)** | Level I  Level II  Level III |  |  | Member City/Zip\*  Member Date of Birth\*  Member FIPS Code\*  Race and Ethnicity\*  Practitioner Identifiable\*\*  Payer Group ID  Payer Name/ID  Anonymous Payer Name/ID  Cancer-Incidence Registry Data  Vital Statistics Birth Data  Vital Statistics Death Data |
| **Pharmacy Eligibility**  **(APCD)** | Level I  Level II  Level III |  |  | Member City/Zip\*  Member Date of Birth\*  Member FIPS Code\*  Race and Ethnicity\*  Payer Group ID  Payer Name/ID  Anonymous Payer Name/ID  Cancer-Incidence Registry Data  Vital Statistics Birth Data  Vital Statistics Death Data |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dataset** | **Level** | **Start Year/ Quarter** | **End Year/ Quarter** | **Special Request Fields** |
| **Dental Claims (APCD)** | Level I  Level II  Level III |  |  | Member City/Zip\*  Member Date of Birth\*  Member FIPS Code\*  Race and Ethnicity\*  Practitioner Identifiable\*\*  Payer Group ID  Payer Name/ID  Anonymous Payer Name/ID  Cancer-Incidence Registry Data  Vital Statistics Birth Data  Vital Statistics Death Data |
| **Dental Eligibility (APCD)** | Level I  Level II  Level III |  |  | Member City/Zip\*  Member Date of Birth\*  Member FIPS Code\*  Race and Ethnicity\*  Payer Group ID  Payer Name/ID  Anonymous Payer Name/ID  Cancer-Incidence Registry Data  Vital Statistics Birth Data  Vital Statistics Death Data |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dataset** | **Level** | **Start Year/ Quarter** | **End Year/ Quarter** | **Special Request Fields** |
| **Hospital Inpatient Encounters** | Level I  Level II  Level III |  |  | Patient City/Zip\*  Patient Date of Birth\*  Patient FIPS Code\*  Race and Ethnicity\*  Practitioner Identifiable  Normalized NAIC  Payer Name  Cancer-Incidence Registry Data  Vital Statistics Birth Data  Vital Statistics Death Data |
| **Hospital Outpatient Encounters** | Level I  Level II  Level III |  |  | Patient City/Zip\*  Patient Date of Birth\*  Patient FIPS Code\*  Race and Ethnicity\*  Practitioner Identifiable  Normalized NAIC  Payer Name  Cancer-Incidence Registry Data  Vital Statistics Birth Data  Vital Statistics Death Data |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dataset** | **Level** | **Start Year/ Quarter** | **End Year/ Quarter** | **Special Request Fields** |
| **MHDO De-Identified Person Directory** | Level II |  |  | Patient Date of Birth\*  Race and Ethnicity\* |
| **MHDO Provider Directory** | Level I  Level II  Level III |  |  |  |
| **Hospital Financial Data** |  |  |  |  |
| **Healthcare Associated Infections** |  |  |  |  |
| **Hospital Healthcare**  **Quality Data (CMS Measures)** |  |  |  |  |
| **Nursing Sensitive Indicator Data** |  |  |  |  |
| **Care Transition Measure Data** |  |  |  |  |

1. **Claims Data Requests Only:** Indicate if you would like to receive 6 months of runout past your study period. If selected, we include 3-6 months of runout data, so for data periods that are in the future you will continue to receive quarterly data releases for 6 months past your study period. Medicare data availability is contingent upon when MHDO receives data from CMS. Medicare data availability typically lags 6-months behind the availability of Commercial and Medicaid data. Please check the [MHDO Release Schedule](https://mhdo.maine.gov/datareleases.htm) for updates.

Yes

3 months  6 months

No

1. Indicate the format in which you would like the MHDO extract files to be segregated (e.g., do you want two years of Medical Claims and Eligibility Data (APCD) to be segregated into annual, quarterly, or monthly files). Eligibility data is typically segregated based on the eligibility year and month. Claims data is typically segregated based on incurred date for historical, initial, or final runout pulls; they are segregated based on paid date for interim releases because the vast majority of claims in a given quarterly release will be paid in that quarter:

Annually

Quarterly

Monthly

## Custom Extract

1. Criteria for **Custom MHDO Data Extract**: Specify the data elements and or filters that you would like included in your custom MHDO data extract. For example: Sex (Male, Female), Age (0-18, 65+), Location (City, State, ZIP), Provider, Facility, Procedure Codes, Diagnosis Codes, NDC Codes. If one of your filters is for a specific list or range of codes (procedure, diagnosis, NDC etc.), please provide the list or range.
2. For **Level III** data requests detail below how your request complies with the requirements of 90-590 CMR Chapter 120, sections 8 & 9.
3. If you are requesting any of the **Special Request Data Fields** in either a Standard Data Extract or a Custom Data Extract, such as City or Zip Code, Date of Birth, MHDO De-Identified Person Directory, Cancer Incidence-Registry, and Vital Statistics Birth & Death data, you must include a description of your research methodology that supports the use of the data elements(s). *Note:* *This description may be posted on the Internet*.

Any Other Special Request

1. Please describe your request.

## Cost Estimate

You will receive a formal cost estimate from MHDO once we have reviewed your application. Pricing for data can be found on the MHDO website at [https://mhdo.maine.gov/pricing\_information.html.](https://mhdo.maine.gov/pricing_information.html)

Continue to the Next Applicable Section.

# SECTION 5. PUBLIC DISSEMINATION (IF APPLICABLE)

As described in the MHDO Data Use Agreement: Prior to releasing any manuscript, report, or website universal resource locator (URL) intended for public dissemination that contains MHDO data, the data applicant must provide the MHDO with a copy of the manuscript, report, or the URL at least twenty (20) days in advance. If the MHDO determines that the manuscript, report, or any other type of document violates the MHDO DUA or does not provide adequate data suppression, the Data Recipient will be notified and must modify the report prior to its release.

1. Will you be publicly disseminating this data?

Yes

No

1. If yes, describe your plans to publicly release information as described in Section 5 above.
2. Please provide the publication/disclosure date: (Month/Year) \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_
3. Please provide the date you will send the report to MHDO for advance review prior to the public dissemination of the report: (Month/Year) \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

# SECTION 6. DISSEMINATION, NOT PUBLIC (IF APPLICABLE)

1. Do you have any plans to use or otherwise disclose MHDO 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.

Yes

No

1. If yes, describe your plans to use or otherwise disclose MHDO 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.

# SECTION 7. REDISTRIBUTION (IF APPLICABLE)

## Commercial

If you are using the data for Commercial redistribution, please answer the following questions. *(Commercial redistribution is when a for-profit or not-for-profit business or organization purchases MHDO data or information for inclusion in a larger composite database for resale in any form.)*

1. Will you use the data for consulting purposes?

Yes

No

1. Will you be selling standard report products using the data?

Yes

No

1. Will you be selling a software product using the data?

Yes

No

1. Will you be reselling the data?

Yes

No

1. If yes, in what format will you be reselling the data (e.g., as a standalone product, incorporated with a software product, with a subscription, etc.)?

## Non-Commercial

If you are using the data for Non-Commercial redistribution, please answer the following questions. *(Non-Commercial redistribution is when an entity purchases MHDO data for inclusion in a larger composite database that is publicly released and available at no cost.)*

1. Will you be publicly releasing the data?

Yes

No

1. Will you be providing standard report products using the data?

Yes

No

1. Will you be providing a software product using the data?

Yes

No

1. Will you be making the data available at no cost?

Yes

No

1. If yes, in what format will you be releasing the data (e.g., as a standalone product, incorporated with a software product, with a subscription, etc.)?

# SECTION 8. DATA GOVERNANCE

## Security, Transmission, Storage, and Data Destruction

All data users should refer to [90-590 CMR Chapter 120](https://mhdo.maine.gov/rules.htm) and the [MHDO Data Use Agreement](https://mhdo.maine.gov/_dataRqstDocs/MHDO%20DUA%20V5.1%20220602.docx) for the requirements regarding Data Security, Transmission, Storage, and Destruction of the MHDO Data.

All data releases will be governed by an MHDO Data Use Agreement that provides adequate privacy and security measures including accountability and breach notification requirements. Until the data are destroyed, every copy of the data must be maintained in effect with the policies and procedures outlined in MHDO’s Data Use Agreement which can be found on the MHDO website: [https://mhdo.maine.gov/data\_rqst\_process.htm.](https://mhdo.maine.gov/data_rqst_process.htm)

MHDO security requirements for data requesters receiving and storing MHDO data can be found here: <https://mhdo.maine.gov/securityRequirements.htm>

1. **You must complete the MHDO Data Management Attestation Questionnaire (**[**Appendix C**](#_Appendix_C:_MHDO)**). Failure to do so will result in an automatic denial of this request.**

Data Destruction

The requesting party agrees that the data may be retained only for the period of time necessary to fulfill the requirements of the data request. After that time, data must be destroyed. Please note that applicants must follow NIST Special Publications 800-88, Guidelines for Media Sanitization, Revision 1 (<https://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-88r1.pdf>).

The data destruction must occur within 30 days of the scheduled completion date of the project.

42. Please indicate the completion date of the project: \_\_\_\_\_\_\_\_\_\_\_

43. Please indicate the date you will destroy the data: \_\_\_\_\_\_\_\_\_\_\_

44. If a copy of the data is needed to be maintained for a longer period, please provide the reason a longer time period is necessary:

45. Describe method(s) of data destruction:

# SECTION 9. ASSURANCES / ATTESTATION

By submitting this data request form, the Applicant and Recipient attest that it is aware of its data privacy and security requirements imposed by MHDO’s Chapter 120: Release of Data to the Public and MHDO’s Data Use Agreement. The Applicant and Recipient further agrees and understands that it is solely responsible for any breaches or unauthorized access, disclosure, or use of any MHDO data provided in connection with an approved application.

Government Agencies requesting data from the MHDO will be provided with data following the execution of an MHDO Data Use Agreement, or pursuant to a specific data sharing agreement referenced herein, that requires the recipient to adhere to processes and procedures aimed at preventing unauthorized access, disclosure, or use of data.

By my signature below, I attest to (1) the accuracy of the information provided herein; (2) my agency’s ability to meet the data privacy and security requirements described in this data request form, the MHDO’s Data Use Agreement, and 90-590 Chapter 120; and, (3) my authority to bind the agency seeking MHDO data for the purposes described herein.

## Data Applicant

|  |  |
| --- | --- |
| Signature |  |
| Printed Name |  |
| Title |  |
| Agency |  |
| Original Request Date |  |
| Date Request Revised |  |

## Data Recipient

|  |  |
| --- | --- |
| Signature |  |
| Printed Name |  |
| Title |  |
| Agency |  |
| Original Request Date |  |
| Date Request Revised |  |

# Appendix A. ADDITIONAL SUBCONTRACTORS/CONSULTANTS

## Subcontractor/Consultant #2

Provide the following information for all subcontractors/consultants who will work with the MHDO data.

|  |  |
| --- | --- |
| Company Name |  |
| Contact Person |  |
| Title |  |
| Address |  |
| Telephone Number |  |
| Email Address |  |
| Organization Website |  |
| Term of Contract |  |

Will the subcontractor/consultant have access to the data at a location other than your location, your off-site server, or your database?

Yes

No

If yes, please provide information about the subcontractor/consultant’s data management practices, policies, and procedures in your Data Management Attestation Questionnaire.

Describe the tasks and products assigned to this subcontractor/consultant for this project.

Describe the qualifications of this subcontractor/consultant to perform such tasks or deliver such products.

Describe your oversight and monitoring of the activity and actions of this subcontractor/consultant.

## Subcontractor/Consultant #3

Provide the following information for all subcontractors/consultants who will work with the MHDO data.

|  |  |
| --- | --- |
| Company Name |  |
| Contact Person |  |
| Title |  |
| Address |  |
| Telephone Number |  |
| Email Address |  |
| Organization Website |  |
| Term of Contract |  |

Will the subcontractor/consultant have access to the data at a location other than your location, your off-site server, or your database?

Yes

No

If yes, please provide information about the subcontractor/consultant‘s data management practices, policies, and procedures in your Data Management Attestation Questionnaire.

Describe the tasks and products assigned to this subcontractor/consultant for this project.

Describe the qualifications of this subcontractor/consultant to perform such tasks or deliver such products.

Describe your oversight and monitoring of the activity and actions of this subcontractor/consultant.

# APPENDIX B: SPECIAL REQUEST FIELD DEFINITIONS

## APCD

**Member City/Zip (not available for Level I requests):** The user will receive the member County, City, ZIP, and County FIPS.

**Member Date of Birth (not available for Level I requests):** The user will receive the month, day, and year of birth for the member. Dates of birth for member who are 90+ appear as NULL and the age is recoded to be 90.

**Member FIPS Code (not available in Level I requests):** The user will receive Census Tract FIPS code (11 digits) for the patient address on the submitted record and related metadata fields.

**Race and Ethnicity (not available for Level I requests):** The user will receive this information at the record level for the selected dataset.

**Practitioner Identifiable (includes the In-Plan Network Flag):** The user will receive the practitioners first name, last name, middle initial, NPI, and in-plan network flag.

**Payer Group ID:** The insured group or policy number allows the user to potentially identify records associated with a single policy or employer group.

**Payer Name/ID:** The submitted payer name and ID can be used to differentiate records between payers and identify the specific name of the payer.

**Anonymous Payer Name/ID:** The anonymized payer name and ID allows the user to differentiate records between payers without identifying the specific name of the payer as well as the categorization of payers as Commercial, Medicaid, or Medicare.

**Cancer-Incidence Registry Data:** These data can be released once integrated with MHDO’s claims (APCD) dataset. Special request selections made above for APCD data will be provided for Cancer- Incidence Registry Data to the extent available.

**Vital Statistics Birth Data:** These data can be released once integrated with MHDO’s claims (APCD) dataset. Special request selections made above for APCD data will be provided Vital Statistics Birth Data to the extent available.

**Vital Statistics Death Data:** These data can be released once integrated with MHDO’s claims (APCD) dataset. Special request selections made above for APCD data will be provided Vital Statistics Death Data to the extent available.

## Hospital Encounter

**Patient City/Zip (not available for Level I requests):** The user will receive the Patient County, City, ZIP, and County FIPS.

**Patient Date of Birth (not available for Level I requests):** The user will receive the month, day, and year of birth for the member. Dates of birth for member who are 90+ appear as NULL and the age is recoded to be 90.

**Patient FIPS Code (not available in Level I requests):** The user will receive Census Tract FIPS code (11 digits) for the patient address on the submitted record and related metadata fields.

**Race and Ethnicity (not available for Level I requests):** The user will receive this information at the record level for the selected dataset.

**Practitioner Identifiable:** The user will receive the practitioners first name, last name, middle initial, and NPI.

**Normalized NAIC:** The reviewed and categorized North American Industry Classification System (NAICS) code.

**Payer Name:** The submitted payer name can be used to differentiate records between payers and identify the specific name of the payer.

**Cancer-Incidence Registry Data:** These data can be released once integrated with MHDO’s hospital dataset. Special request selections made above for hospital encounter data will be provided for Cancer-Incidence Registry Data to the extent available.

**Vital Statistics Birth Data:** These data can be released once integrated with MHDO’s hospital dataset. Special request selections made above for hospital encounter data will be provided Vital Statistics Birth Data to the extent available.

**Vital Statistics Death Data:** These data can be released once integrated with MHDO’s hospital dataset. Special request selections made above for hospital encounter data will be provided Vital Statistics Death Data to the extent available.

## MHDO De-Identified Person Directory

**Date of Birth:** The user will receive the most common value for date of birth for the MHDO De- Identified Person ID.

**Race and Ethnicity:** The user will receive a single composite set of race and ethnicity fields for MHDO De-Identified Person ID.

# Appendix C: MHDO Data Management Attestation Questionnaire

MHDO Data Management Attestation Questionnaire

**PURPOSE:** The Maine Health Data Organization (MHDO) data contains sensitive information that requires evidence that adequate data security and privacy safeguards are in place to protect the confidentiality, integrity, and availability of MHDO data. The following questionnaire will support your request in attesting and demonstrating your compliance with MHDO data management requirements, specifically the MHDO requirements outlined in [MHDO Rule Chapter 120](https://mhdo.maine.gov/rules.htm) and the [MHDO Data Use Agreement (DUA).](https://mhdo.maine.gov/_dataRqstDocs/MHDO%20DUA%20V5.1%20220602.docx)

**1. DATA APPLICANT AND DATA RECIPIENT INFORMATION**

The Data Applicant is the Individual/Organization requesting MHDO data for their stated project and purpose in the MHDO application. The Data Recipient is the Individual/Organization responsible for the storage of the MHDO data. Both the Applicant and Recipient are responsible for the observance of all the conditions of use for the environment identified in this document, including the establishment and maintenance of security arrangements to prevent unauthorized use.

***Note****: the data applicant and data recipient may be the same Individual/Organization.*

|  |  |
| --- | --- |
| **DATA APPLICANT NAME** |  |
| **DATA APPLICANT ORGANIZATION** |  |
| **DATA RECIPIENT NAME** |  |
| **DATA RECIPIENT ORGANIZATION** |  |
| **DATA RECIPIENT OFFICE ADDRESS** |  |
| **DATA RECIPIENT PHONE NUMBER** |  |
| **DATA RECIPIENT EMAIL ADDRESS** |  |
| **COMPUTING ENVIRONMENT TYPE** | Cloud Service Provider (CSP)  Onsite (local hard drive or network drive)  Hybrid: Uses CSP & Exists Onsite |

Please provide the information for a secondary Point of Contact (POC) in the event the Data Recipient changes or cannot be reached.

|  |  |
| --- | --- |
| **SECONDARY POC** |  |
| **SECONDARY POC PHONE NUMBER** |  |
| **SECONDARY POC EMAIL ADDRESS** |  |

**2. INSTRUCTIONS FOR COMPLETING THIS FORM**

This form is derived from the CMS Data Privacy Safeguard Program, Data Management Plan Self-Attestation Questionnaire and contains data security and privacy controls based on the NIST SP 800-53, Revision 4, *Security and Privacy Controls for Federal Information Systems and Organizations* control reference structure.

**Security Controls:** The National Institute of Standards and Technology (NIST) defines a compensating security control as a management, operational, or technical control used by an organization instead of a recommended security control that provides equivalent or comparable protection for an information system.

**Privacy Controls:** The National Institute of Standards and Technology (NIST) defines a privacy control is an administrative, technical, and physical safeguard employed within an organization to protect and ensure the proper handling of PII or prevent activities that create privacy risks.

**Rationale and policies:** If the answer is YES to any of the questions below, check the corresponding box and move on to the next question. If the answer is **NO,** check the corresponding box and please include a rationale in the textbox provided. A rationale should reference or describe how a control will be addressed by the Data Applicant and Data Recipient. Where applicable, reference specific organizational policies.

**Guidance:** For supplementary guidance on the MHDO data management requirements, refer to the MHDO requirements outlined in [MHDO Rule Chapter 120](https://mhdo.maine.gov/rules.htm) and the [MHDO Data Use Agreement (DUA).](https://mhdo.maine.gov/_dataRqstDocs/MHDO%20DUA%20V5.1%20220602.docx)

**3. SECURITY & PRIVACY CONTROLS**

#### 1. Security & Privacy Management

|  |  |  |
| --- | --- | --- |
| **#** | **Question** | **Responses** |
| 1.1 | Has your organization appointed and/or identified a senior information security officer with the authority to coordinate, develop, implement, and maintain an organization-wide information security program? | Yes  No |
|  | |
| 1.2 | Does your organization have a security policy that identifies the purpose, scope, roles, responsibilities, management commitment, and procedures to facilitate the implementation of the policy for the storage and processing of PII/PHI? | Yes  No |
|  | |
| 1.3 | Does your organization have an office or department responsible for overseeing data privacy, the monitoring of privacy laws and policies, and the development of a strategic organizational privacy plan? | Yes  No |
|  | |
| 1.4 | Does your organization ensure that rules of behavior (e.g., user agreements, system use agreements, etc.) are signed by all users and administrators? | Yes  No |
|  | |
| 1.5 | Does your organization ensure that personnel are trained to carry out their assigned information security-related duties and responsibilities prior to them assuming their security specific roles and responsibilities?  Do they receive training on the terms and conditions of the [MHDO Data User Agreement](https://mhdo.maine.gov/_dataRqstDocs/MHDO%20DUA%20V5.1%20220602.docx)?  Do they receive additional training based on system changes (e.g., statute, regulation or policy changes) and at least once a year for refreshed role-based security awareness training? | Yes  No |
|  | |
| 1.6 | Does your organization develop, implement, and routinely update a comprehensive privacy training and awareness strategy aimed at ensuring that personnel understand privacy responsibilities and procedures? | Yes  No |
|  | |

#### 2. System Access, Authentication & Security

|  |  |  |
| --- | --- | --- |
| **#** | **Question** | **Response** |
| 2.1 | Does your organization authenticate the identities of users, processes, or devices prior to granting access to organizational systems? | Yes  No |
|  | |
| 2.2 | Does your organization use logical access controls (e.g., roles, groups, file permissions) to restrict access to MHDO data to authorized users by requiring computer log-on with unique user accounts and passwords and multi-factor authentication? | Yes  No |
|  | |
| 2.3 | Does your organization have the ability to segregate MHDO data from other institutional data? | Yes  No |
|  | |
| 2.4 | Does your organization have a process for approved information-sharing circumstances that determines what is shared with authorized external users (e.g., collaborators) and ensures that access authorizations assigned to these users aligns with the organization’s access restrictions? | Yes  No |
|  | |
| 2.5 | Does your organization ensure that MHDO data-in-motion (data transmission) meet the minimum TLS protocol level of TLS1.2 and data-at-rest (data storage) will be encrypted with a key length of at least 256 bits? | Yes  No |
|  | |
| 2.6 | Does your organization ensure that any device which contains MHDO data stored on a local hard drive, when not in use, will be physically secured so that access is restricted to authorized personnel (i.e., locked in an authorized user’s office)? | Yes  No |
|  | |
| 2.7 | For data stored using a Cloud Service Provider (CSP), a computing environment where your organization is not solely responsible for the implementation of data security requirements: Does your organization have evidence that the proposed computing environment (CSP) meets or exceeds NIST 800-53v4 security standards at the moderate control level? Examples of acceptable evidence for demonstrating NIST 800-53 compliance include:   * Certification audit against ISO 27001 * Assessment and audit against HIPAA standards * SSAE 16 Overview * Statement on Standards for Attestation Engagements (SSAE) No. 16, Reporting on Controls at a Service Organization * FedRAMP Certification   If your organization does not utilize a CSP, please select N/A. | Yes  No  N/A |
|  | |
| 2.8 | Does your organization ensure the information systems retains information in accordance with HIPAA requirements? | Yes  No |
|  | |

#### 3. Personnel Security

|  |  |  |
| --- | --- | --- |
| **#** | **Question** | **Response** |
| 3.1 | Does your organization ensure that employee termination follows the following steps:   * Disables information system access before or during termination. * Terminates/revokes any authenticators/credentials associated with the individual. * Conducts exit interviews that include a discussion of non-disclosure of information security and privacy information. * Retrieves all security-related organizational information system-related property. * Retains access to organizational information and information systems formerly controlled by the terminated individual | Yes  No |
|  | |
| 3.2 | Does your organization ensure that the organization has a formal sanction process for employees who violate security policies or procedures? | Yes  No |
|  | |
| 3.3 | Does your organization have an individual participation and redress policy that identifies the purpose, scope, roles, responsibilities, management commitment, and procedures to facilitate the implementation of the policy for the storage and processing of PII/PHI? | Yes  No |
|  | |

#### 4. Data Quality and Integrity

|  |  |  |
| --- | --- | --- |
| **#** | **Question** | **Response** |
| 4.1 | Does your organization have a data quality and integrity policy that identifies the purpose, scope, roles, responsibilities, management commitment, and procedures to facilitate the implementation of the policy for the storage and processing of PII/PHI? | Yes  No |
|  | |

#### 5. Media Protection & Data Destruction

|  |  |  |
| --- | --- | --- |
| **#** | **Question** | **Response** |
| 5.1 | Does your organization protect media:   * While being transported, to include hand-carried – uses a securable container (e.g., locked briefcase) via authorized personnel. * Maintains accountability for information system media during transport outside of controlled areas. * Documents activities associated with the transport of information system media. * Restricts the activities associated with the transport of information system media to authorized personnel. | Yes  No |
|  |  | |
| 5.2 | Does your organization follow NIST Special Publications 800-88, Guidelines for Media Sanitization, Revision 1?  <https://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-88r1.pdf> | Yes  No |
|  |  | |
| 5.3 | Does your organization ensure that records of disposed media which contain sensitive information are maintained? | Yes  No |
|  |  | |

#### 6. Incidence Monitoring, Response & Auditing

|  |  |  |
| --- | --- | --- |
| **#** | **Question** | **Response** |
| 6.1 | Does your organization have an accountability, audit, and risk management policy that identifies the purpose, scope, roles, responsibilities, management commitment, and procedures to facilitate the implementation of the policy for the storage and processing of PII/PHI? | Yes  No |
|  | |
| 6.2 | Does your organization have a continuous monitoring program that manages identified vulnerabilities, remediation, and ongoing security assessments? | Yes  No |
|  | |
| 6.3 | Does your organization investigate (e.g., preparation, detection, analysis, containment, eradication, and recovery) and track security incidents (e.g., physical, technical, and privacy)? | Yes  No |
|  | |
| 6.4 | Does your organization have the capability to audit events on the information system? Including:   * User logon and logoff (successful and unsuccessful) * All system administration activities * Application alerts and error messages * Audit logging service configuration changes | Yes  No |
|  | |
| 6.5 | Does your organization ensure that the audit records from the information system contain the following metadata to support the detection, monitoring, investigation, response, and remediation of security and privacy incidents? Including:   * Date and time of the event (e.g., a timestamp) * User or account that initiated the event (unique username/identifier) * Event type * Event outcome (succeed/failure) * Any privileged system functions executed | Yes  No |
|  | |
| 6.6 | Does your organization ensure audit records are searchable and retained for at least one (1) year in archive storage? | Yes  No |
|  | |

**4. DATA APPLICANT AND DATA RECIPIENT ATTESTATION**

1. I acknowledge my responsibility as Data Applicant on behalf of the requesting organization and agree to comply with the provisions of the MHDO Data Use Agreement.
2. I acknowledge my responsibility as Data Recipient on behalf of the requesting organization and agree to comply with the provisions of the MHDO Data Use Agreement.
3. All the information provided in this form is accurate, true, and complete to the best of my knowledge.
4. I will notify the MHDO of any changes to the information provided in this Data Management Attestation Questionnaire (DMAQ) within fifteen (15) days of the changes, by submitting an updated DMAQ and a letter identifying the section(s) of this form that have changed through the Data Request Portal.
5. I further understand that any false information or failure to make appropriate notifications to MHDO will result in the denial or revocation of my organization’s access to MHDO data.

**Data Applicant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Data Recipient Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_