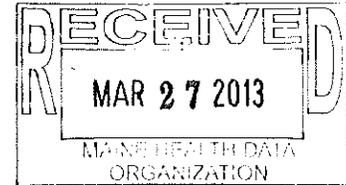


MAINE HEALTH DATA ORGANIZATION
DATA REQUEST FORM
DATA REQUEST NUMBER 809135



DATE OF REQUEST: March 26, 2013

REQUESTING PARTY: George Shaler, Muskie School of Public Service at the University of Southern Maine, P.O. Box 9300, 34 Bedford Street, Portland, ME 04104, (207) 228-8344

CUSTODIAN OF THE DATA: George Shaler, Muskie School of Public Service at USM

NAME OF ANY ENTITY WITH CONTROLLING INTEREST OVER DATA REQUESTER
(If Applicable): N/A

ULTIMATE RECIPIENT OR USER OF THE DATA: George Shaler, Muskie School of Public Service at the University of Southern Maine

SPECIFIC DATA REQUESTED: 2012 Restricted Medical and Pharmacy claims

MEDIA ON WHICH THE DATA ARE TO BE DELIVERED: Encrypted DVD

PURPOSE OF REQUEST: The data will be used to ascertain whether the Maine Fighting Increasing Risk Starting Today (ME FIRST) wellness program run by MaineGeneral Hospital has led to a reduction in medical and pharmacy claims related to the topics addressed by the wellness program. Claims from the year before the program started (2007 - baseline) will be compared with subsequent years.

TERM DURING WHICH THE RESEARCH WILL BE CONDUCTED OR THE DATA WILL BE UTILIZED:

WILL ANY OF THE DATA BE DISPLAYED ON THE INTERNET? YES NO

WILL AN INTERNAL REVIEW BOARD BE UTILIZED? YES NO

Note: The evaluation protocols ~~are being~~ have been reviewed and approved by both the MaineGeneral and USM IRBs

ESTABLISHED CONFIDENTIALITY PROCEDURES:

Do you or does your organization have established confidentiality procedures in effect? YES NO
If yes, please attach a copy of your confidentiality policy to this form.

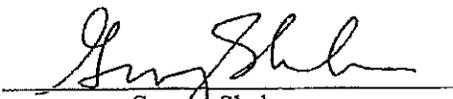
YOUR ORGANIZATION IS: FOR-PROFIT NOT-FOR-PROFIT

COST (Includes a \$25.00 Non-refundable Processing Fee): \$5,775 - Waiver requested

Note: Payment is the responsibility of the requesting party and is due within 30 days of receipt of data.
Please provide us with the appropriate billing information, if different from the requesting party.

AUTHORIZATION TO PROCEED WITH THIS DATA REQUEST: Please check the appropriate category and sign in the space provided:

- The summary of my request is accurate and no corrections/additions are required.
- I have made some corrections/additions as noted or attached to this document.
- I am withdrawing my request.


George Shaler