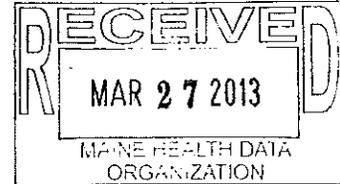


MAINE HEALTH DATA ORGANIZATION  
DATA REQUEST FORM  
DATA REQUEST NUMBER 809135



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.

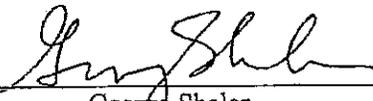
YOUR ORGANIZATION IS: FOR-PROFIT NOT-FOR-PROFIT

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

# MHDO Data Fee Reduction or Waiver Request

Contact Person: George Shaler

Date of Request: March 27, 2013

Party Requesting Reduction or Waiver: Muskie School of Public Service at USM

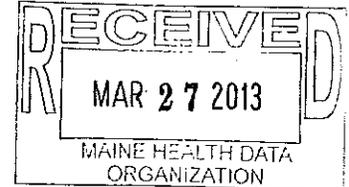
E-mail address: gshaler@usm.maine.edu

Phone: 228-8344

## A. Fee Reduction or Waiver Request

1. Fee Reduction amount: \$ \_\_\_\_\_

2. Fee Waiver amount: \$ \$5,775



## B. Determination of Eligibility

The Maine Health Data Organization Board may reduce or waive the fees as established in 90-590 Chapter 50 in the event it determines that the entity requesting data has demonstrated either or both of the following provisions. Please provide a detailed explanation under the provision(s) that apply to your waiver request.

### 1. Inability to pay.

Please explain inability to pay for data, in detail, and document any extenuating circumstances that exist preventing payment for the data. If the analysis is being funded by a grant, please attach the associated budget information.

The Muskie School is requesting claims data on individuals who are participating in the Maine Fighting Increasing Risk Starting Today (ME FIRST) wellness program run by MaineGeneral Hospital. *ME FIRST* is a comprehensive wellness program that combines nutrition education, physical fitness, and cognitive behavior sessions to bring about meaningful lifestyle changes. The *ME FIRST* program is five year pilot program funded by the ME Workers' Compensation Board. Currently, the program is in its fourth year. The Muskie School is evaluating the program and would like claims data from 2007 to 2011 on the 1,000 or so individuals participating in the program. Further, the Muskie School will categorize these participants by the year they joined the wellness program so that we can analyze difference among cohorts. The Muskie School will provide MHDO with the social security number, first name, last name, and date of birth so that the MHDO can identify the specific claims data.

The Muskie School's contract with ME General is very modestly priced. Funding for the evaluation comes from the ME Workers' Compensation Board.

### 2. Information/analysis publicly accessible.

Please explain how the requested data will be used to improve the health of Maine residents.

The claims data will be analyzed to ascertain whether the wellness program has led to a reduction in claims related to the topics addressed by the wellness program. 2012 medical and pharmacy claims will be compared with subsequent years (2007-11).

These data will be used in conjunction with program data to determine whether the program should be continued and/or modified.

Please describe how the resulting information, reports, and/or analytical products will be available in the public domain without charge.

The final report will be shared with ME FIRST staff and the ME Workers' Compensation Board. The ME FIRST and Muskie School may opt to publish findings from the evaluation as well. Presentations will be made as well.

Please propose a date by which the resulting information, reports, and/or analytical products will be available to the public in an easily accessible format.

The final project evaluation which will include claims data analysis will be made available to ME FIRST and ME Workers' Compensation Board staff in June of 2013.

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**For Internal Use Only**

Waiver Granted     Fee Reduced     Conditional Wavier Granted     Waiver Denied