

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:

- Data Availability <https://mhdo.maine.gov/tableau/data.cshhtml>
- Data Pricing https://mhdo.maine.gov/pricing_information.html
- Data Request Process https://mhdo.maine.gov/data_rqst_process.htm
 - MHDO's Data Use Agreement
 - Demo Video of the MHDO Data Request Portal
- Data Dictionary: <https://mhdo.maine.gov/mhdo-data-dictionary>
- Data Enclave Access – information regarding NORC Data Enclave access and pricing https://mhdo.maine.gov/faqs_data.html
- Data Release Schedule <https://mhdo.maine.gov/datareleases.htm>
- Rules and Statutes, Chapter 120 Release of Data to the Public <https://mhdo.maine.gov/rules.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](#). 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	

ORGANIZATION OR AFFILIATION TYPE

2. Select the type of organization the Data Applicant represents. Check all that apply:

- Non-profit organization, include your tax-exempt ID #: _____
- Private company/corporation
- Federal, Maine State, or Maine local agency
- Out of State agency
- Other, please describe: _____

DATA RECIPIENT

3. 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 4.

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:
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SUBCONTRACTOR/CONSULTANT

4. 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	

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

- Yes - please attach information about the Subcontractor/Consultant's data governance policy.
- No

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

- Yes
- No

7. Describe the tasks and products assigned to the Subcontractor/Consultant for this project.

8. Describe the qualifications of this Subcontractor/Consultant to perform such tasks or deliver such products.

9. Describe your oversight and monitoring of the activity and actions of this Subcontractor/Consultant.

PREVIOUS EXPERIENCE

10. 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).

TYPE OF REQUEST

11. 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))
- MHDO Standard Data Set; Commercial Redistribution (as defined in MHDO Rule Chapter 120)
- MHDO Standard Data Set; Non-Commercial Redistribution (as defined in MHDO Rule Chapter 120)

SECTION 2. PROJECT INFORMATION

12. Project Title:

INTENDED USE

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

- Epidemiological
- Financial
- Health planning and resource allocation
- Longitudinal Research
- Quality of care assessment
- Rate setting
- Research studies
- Surveillance
- Utilization review of resources
- Student researcher, if used for a course or your curriculum (e.g., dissertation/research paper)
- Other, please describe:

14. 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 Chapter 120](#) for rules regarding public comment and data releases.

15. Do you have approval for your project 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 (enter date submitted)
- No, this project is not subject to IRB review.

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

Yes.

What was the data request ID that this request was copied from?

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 if you are requesting a raw Data File.

DATA ANALYSIS REQUESTED

17. For the Ad-Hoc Analysis:

a. Describe your research question. Include the specific time frame(s) and any other information that will assist the MHDO in understanding the request

b. Attach a template or mockup for the data analysis or results table you are requesting (if applicable).

RESTRICTIONS/FILTERS

18. 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 Data Dictionary](#).

INSTRUCTIONS

- I. Start by selecting the dataset(s) of interest (Medical Claims, Pharmacy Eligibility, Hospital Inpatient, etc.)
- II. Then select the level of data release (described above)
 - a. 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.
- III. Next, choose if you would like to request any Special Request fields.
 - a. The MHDO includes information most requesters need by default, but if more information is required the Special Request Fields can be requested.
 - b. **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.**
- IV. 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.
 - a. 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.

19. 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](#) for special request field definitions.

Dataset	Level	Special Request Fields	Start Year/ Quarter	End Year/ Quarter
<input type="checkbox"/> Medical Claims (APCD)	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III	<input type="checkbox"/> Member City/Zip (not available for Level I requests) <input type="checkbox"/> Member Date of Birth (not available for Level I requests) <input type="checkbox"/> Member FIPS Code (not available in Level I requests) <input type="checkbox"/> Race and Ethnicity (not available for Level I requests) <input type="checkbox"/> Practitioner Identifiable (includes the In-Plan Network Flag) <input type="checkbox"/> Payer Group ID <input type="checkbox"/> Payer Name/ID <input type="checkbox"/> Anonymous Payer Name/ID <input type="checkbox"/> Cancer-Incidence Registry Data <input type="checkbox"/> Vital Statistics Birth Data <input type="checkbox"/> Vital Statistics Death Data		
<input type="checkbox"/> Medical Eligibility (APCD)	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III	<input type="checkbox"/> Member City/Zip (not available for Level I requests) <input type="checkbox"/> Member Date of Birth (not available for Level I requests) <input type="checkbox"/> Member FIPS Code (not available in Level I requests) <input type="checkbox"/> Race and Ethnicity (not available for Level I requests)		

Dataset	Level	Special Request Fields	Start Year/ Quarter	End Year/ Quarter
		<input type="checkbox"/> Payer Group ID <input type="checkbox"/> Payer Name/ID <input type="checkbox"/> Anonymous Payer Name/ID <input type="checkbox"/> Cancer-Incidence Registry Data <input type="checkbox"/> Vital Statistics Birth Data <input type="checkbox"/> Vital Statistics Death Data		
<input type="checkbox"/> Pharmacy Claims (APCD)	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III	<input type="checkbox"/> Member City/Zip (not available for Level I requests) <input type="checkbox"/> Member Date of Birth (not available for Level I requests) <input type="checkbox"/> Member FIPS Code (not available in Level I requests) <input type="checkbox"/> Race and Ethnicity (not available for Level I requests) <input type="checkbox"/> Practitioner Identifiable (includes the In-Plan Network Flag) <input type="checkbox"/> Payer Group ID <input type="checkbox"/> Payer Name/ID <input type="checkbox"/> Anonymous Payer Name/ID <input type="checkbox"/> Cancer-Incidence Registry Data <input type="checkbox"/> Vital Statistics Birth Data <input type="checkbox"/> Vital Statistics Death Data		
<input type="checkbox"/> Pharmacy Eligibility (APCD)	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III	<input type="checkbox"/> Member City/Zip (not available for Level I requests) <input type="checkbox"/> Member Date of Birth (not available for Level I requests) <input type="checkbox"/> Member FIPS Code (not available in Level I requests)		

Dataset	Level	Special Request Fields	Start Year/ Quarter	End Year/ Quarter
		<input type="checkbox"/> Race and Ethnicity (not available for Level I requests) <input type="checkbox"/> Payer Group ID <input type="checkbox"/> Payer Name/ID <input type="checkbox"/> Anonymous Payer Name/ID <input type="checkbox"/> Cancer-Incidence Registry Data <input type="checkbox"/> Vital Statistics Birth Data <input type="checkbox"/> Vital Statistics Death Data		
<input type="checkbox"/> Dental Claims (APCD)	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III	<input type="checkbox"/> Member City/Zip (not available for Level I requests) <input type="checkbox"/> Member Date of Birth (not available for Level I requests) <input type="checkbox"/> Member FIPS Code (not available in Level I requests) <input type="checkbox"/> Race and Ethnicity (not available for Level I requests) <input type="checkbox"/> Practitioner Identifiable (includes the In-Plan Network Flag) <input type="checkbox"/> Payer Group ID <input type="checkbox"/> Payer Name/ID <input type="checkbox"/> Anonymous Payer Name/ID <input type="checkbox"/> Cancer-Incidence Registry Data <input type="checkbox"/> Vital Statistics Birth Data <input type="checkbox"/> Vital Statistics Death Data		
<input type="checkbox"/> Dental Eligibility (APCD)	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III	<input type="checkbox"/> Member City/Zip (not available for Level I requests) <input type="checkbox"/> Member Date of Birth (not available for Level I requests)		

Dataset	Level	Special Request Fields	Start Year/ Quarter	End Year/ Quarter
		<input type="checkbox"/> Member FIPS Code (not available in Level I requests) <input type="checkbox"/> Race and Ethnicity (not available for Level I requests) <input type="checkbox"/> Payer Group ID <input type="checkbox"/> Payer Name/ID <input type="checkbox"/> Anonymous Payer Name/ID <input type="checkbox"/> Cancer-Incidence Registry Data <input type="checkbox"/> Vital Statistics Birth Data <input type="checkbox"/> Vital Statistics Death Data		
<input type="checkbox"/> Hospital Inpatient Encounters*	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III	<input type="checkbox"/> Patient City/Zip (not available for Level I requests) <input type="checkbox"/> Patient Date of Birth (not available for Level I requests) <input type="checkbox"/> Patient FIPS Code (not available in Level I requests) <input type="checkbox"/> Race and Ethnicity (not available for Level I requests) <input type="checkbox"/> Practitioner Identifiable <input type="checkbox"/> Normalized NAIC <input type="checkbox"/> Payer Name <input type="checkbox"/> Cancer-Incidence Registry Data <input type="checkbox"/> Vital Statistics Birth Data <input type="checkbox"/> Vital Statistics Death Data		
<input type="checkbox"/> Hospital Outpatient Encounters*	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III	<input type="checkbox"/> Patient City/Zip (not available for Level I requests) <input type="checkbox"/> Patient Date of Birth (not available for Level I requests)		

Dataset	Level	Special Request Fields	Start Year/ Quarter	End Year/ Quarter
		<input type="checkbox"/> Patient FIPS Code (not available in Level I requests) <input type="checkbox"/> Race and Ethnicity (not available for Level I requests) <input type="checkbox"/> Practitioner Identifiable <input type="checkbox"/> Normalized NAIC <input type="checkbox"/> Payer Name <input type="checkbox"/> Cancer-Incidence Registry Data <input type="checkbox"/> Vital Statistics Birth Data <input type="checkbox"/> Vital Statistics Death Data		
<input type="checkbox"/> MHDO De-Identified Person Directory	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III	<input type="checkbox"/> Patient Date of Birth (not available for Level I requests) <input type="checkbox"/> Race and Ethnicity (not available for Level I requests)	N/A	N/A
<input type="checkbox"/> MHDO Provider Directory	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III		N/A	N/A
<input type="checkbox"/> Hospital Financial Data				
<input type="checkbox"/> Healthcare Associated Infections				
<input type="checkbox"/> Hospital Healthcare Quality Data (CMS Measures)				
<input type="checkbox"/> Nursing Sensitive Indicator Data				
<input type="checkbox"/> Care Transition Measure Data				

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](#) for updates.

- Yes
 - 3 months
 - 6 months
- No

20. 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

21. 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.

22. For Level III data requests detail below how your request complies with the requirements of 90-590 CMR Chapter 120, sections 8 & 9.

23. 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 element(s). (This description may be posted on the Internet.)

ANY OTHER SPECIAL REQUEST

24. 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.

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.

25. Describe your plans to publicly release information as described in Section 5 above.

26. Please provide the publication/disclosure date: (Month/Year) _____

Please provide the date you will send the report to MHDO for advance review prior to the public dissemination of the report.

SECTION 6. DISSEMINATION, NOT PUBLIC (IF APPLICABLE)

27. 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.)

28. Will you use the data for consulting purposes?

- Yes
- No

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

- Yes
- No

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

- Yes
- No

31. Will you be reselling the data?

- Yes
- No

32. 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.)

33. Will you be publicly releasing the data?

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

37. 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 and the MHDO Data Use Agreement 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.

You must attach your organization's Data Governance Policy, which must include your organization's data security, data transmission and data storage policies. Failure to do so will result in a denial of this request.

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

38. Please attach your organization's Data Governance Policy. **Please note:** Human Resource Policies are not acceptable. The Governance Policy must address the following areas:

- a. Data Security
- b. Data Location and Storage
- c. Cloud Storage (if applicable)
- d. Data Transmission
- e. Data Destruction

39. Data Applicant attests that its submitted policies comply with the requirement defined within [MHDO's 90-590 CMR Chapter 120: Release of Data to the Public](#) and MHDO's Data Use Agreement.

DATA LOCATION

40. Where will the data be physically located? If the data will be in a computing environment that is not owned or managed by the applicant, please identify those sites.

- Location of data applicant (skip question 41)
- Different location
- NORC Data Enclave

41. For applicants utilizing off-site or cloud providers please specify the name and physical street address of the other data center location.

Site Name	Site Address

Site Name	Site Address

DATA STORAGE

Answer questions for each computing environment where MHDO data will be stored.

42. Site Name:

43. Will data be segregated from other institutional data to ensure that, at the conclusion of the study or project, all data can be removed from institution computers and/or destroyed—consistent with privacy, security, and record retention requirements?

- Yes - All of the options below are considered segregated data. Please identify which option(s) you are using and answer the corresponding question(s) below (44-46)
- network drive (question 44)
 - local hard drive of a computer (question 45)
 - cloud storage (question 46)

- No – Note: If study/project data cannot be segregated, it must be encrypted in order to prevent co-mingling with other institutional data.

44. For data stored on a **network drive and not on your computer hard drive**, by checking the following statements, you are confirming that the following requirements will be met.

- Access will be restricted to authorized users by requiring computer log-on with unique user accounts and passwords.
- Access will be restricted by limiting folder access to approved study staff only.
- Any data included in the network backup will be encrypted.

45. For data stored on the **local hard drive of a computer**, by checking the following statements, you are confirming that the following requirements will be met:

- Access will be restricted to authorized users by requiring computer log-on with unique user accounts and passwords.
- When not in use, the computer will be locked in a physically secured office, drawer, cabinet or other container to which access is restricted to authorized study personnel.
- When not in use, data will be encrypted with a key length of at least 256 bits.

46. **Cloud Storage Requirements.** Any Data Applicant who intends to store or analyze MHDO data in a computing environment where the Data Applicant is not solely responsible for the implementation of data security requirements under this agreement must provide evidence that the proposed computing environment 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

Other evidence supporting compliance with data security requirements will be considered by MHDO on a case-by-case basis. Please submit evidence with your application.

DATA TRANSMISSION

If you are sharing information between sites, please provide additional information regarding data transmission.

47. Please identify the data transmission method(s) you plan to use.

- VPN
- Secure FTP
- Encrypted email delivery system
- Other, please specify and identify why this meets minimum data security requirements below:

48. By checking the following statement, you are confirming compliance with the following data transfer encryption requirements:

- I understand that any MHDO data transmitted must be encrypted with a key length of at least 256 bits. I confirm that the method(s) that I am using has this encryption level.

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.

49. Please indicate the completion date of the project: _____

50. Please indicate the date you will destroy the data: _____

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: _____

51. 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	

ATTACHMENT 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 Plan.

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 Plan.

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 #4

Provide the following information for all subcontractor/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 Plan.

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.