



Application for Maryland Medical Care Data Base

TRACKING TABLE (For MHCC Use Only)

MHCC Data Request Number	
Application Received	
Application Approved	
Data Obtained	

INSTRUCTIONS

This form is required for all Applicants requesting MCDB data. Applicants must also complete all the attachments. The completed Application and the Data Management Plan will be used by MHCC to determine whether the request meets the criteria for data release, pursuant to COMAR 10.26.06. Incomplete Applications will be returned to the Applicant, and the request will be delayed. All Applications require a nonrefundable application fee, payable at the time of submission.

Where to submit documents:

- Completed application packages should be scanned and emailed to: mhcc.datarelease@maryland.gov
- A hard copy Application is acceptable and should be sent, with the application fee, to:
Maryland Health Care Commission
4160 Patterson Avenue,
Baltimore, MD 21215,
ATTN: MHCC Data Release
- Please enclose a cover note page that includes the project title, requesting organization's name, and applicant's name.
- If an invoice is needed, please send a request to: mhcc.datarelease@maryland.gov

Note to Applicants:

- Review [data availability and fees](#)
- All Application attachments will be incorporated into the Approved Data Use Agreement (DUA)

Questions? Email mhcc.datarelease@maryland.gov

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PROJECT INFORMATION

Project Title			
Scheduled Project Start Date		Scheduled Project End Date	
MHCC Staff Approved Pre-Application Number			
Project Overview: <i>Provide an abstract or brief summary (150 words) of the specific purpose and objectives of the Project.</i>			

Applicant <i>(principal investigator, project manager, individual responsible for the research team using the data)</i>			
Name			
Title			
E-Mail Address			
Telephone Number			
Organization Name			
Mailing Address			
City/Town		State	
		Zip Code	

Requesting Organization <i>(Agency, Academic Institution, Research Organization, Company, etc.)</i>			
Organization Name			
Website			
E-Mail Address			
Telephone Number			
Mailing Address			
City/Town		State	
		Zip Code	

Data Custodian <i>(person responsible for receiving, organizing, storing, and archiving data)</i>			
Name			
Title			
E-Mail Address			
Telephone Number			
Organization/Company <i>(if different from Requesting Organization)</i>			
Mailing Address			
City/Town		State	
		Zip Code	
Relationship to Requesting Organization <i>(e.g., Contractor)</i>			

Project Contact <i>(person responsible for all communications with MHCC)</i>			
Name			
Title			
E-Mail Address			
Telephone Number			
Organization Name			
Mailing Address			
City/Town		State	
		Zip Code	

ATTACHMENT A: SCOPE OF WORK

1. Project Purpose

- a. Describe the specific research question(s) you are trying to answer or problem(s) you are trying to solve with the MCDB data requested (Please list and number the individual questions), or describe the intended product or report that will be derived from the requested data.

- b. Briefly describe the purpose(s) for which MCDB data are sought. Use quantitative indicators of public health importance where possible, for example, variation in costs of care; rates of under or over service utilization; health system performance measures, the effect of public health initiatives, health insurance, etc.

- c. Explain in detail how the planned project that will use MCDB data is in the public interest and give specific examples of how the project will serves the public interest.

2. Project Methodology

- a. Provide a written description of the project methodology, state the project objectives, the protocol, software and/or identify relevant study questions and analysis method to allow MHCC to understand how the MCDB Data will be used to meet project objectives or address research questions.

- b. Do you have approval for your project from an Institutional Review Board (IRB)? All Applicant must obtain review by an Institutional Review Board that has been or will be recognized by the MHCC.
- Yes (attach a copy of the approval to this application)
 - No

Enter date submitted to IRB Name of the IRB

3. Publication and Dissemination

Briefly (1-3 sentences) explain any "Yes" answer.

- a. Do you anticipate that the results of your analysis will be published or made publicly available?
- Yes
 - No

- i. If yes, how do you intend to disseminate the results of the study (e.g., publication in a professional journal, poster presentation, newsletter, web page, seminar, conference, statistical tabulation, etc.)?

- ii. All public displays of MCDB data, regardless of the medium must comply with MCDB's cell size suppression policy, as set forth in the Data Use Agreement. Please explain how you will ensure that any public display will not disclose a cell size (suppression) that is less than 11, and percentages or other mathematical formulas that result in the display of a cell size (suppression) that is less than 11.

- iii. Identify the lowest geographical level of analysis of data you will to present for publication or presentation (e.g., state level, city/town level, zip code level, etc.). Will maps be presented? What methods will be used to ensure that individuals cannot be identified?

- b. If you answer "yes" to any of the following questions, describe the types of products, software, services, or tools and the corresponding fees will for such products, software, services, or tools.

- i. Will the MCDB data be used for consulting purposes? Yes No

- ii. Will report(s), website(s) or a statistical tabulation(s) using MCDB data be shared or sold? Yes No

iii. Will a software product using MCDB data be shared or sold? Yes No

iv. Will MCDB data be used as input to develop a product (i.e., severity index tool, a risk adjustment tool, a reference tool, etc.)? Yes No

v. Will MCDB data be sold or shared in any format not noted above? Yes No

If yes, in what format and who are the purchaser of the data?

vi. Will the project result in disclosing MCDB data, or any data derived or extracted from such data, in any paper, report, website, a statistical tabulation, seminar, or another setting that is not disseminated to the public? Yes No

vii. Will the results from the project be used for price transparency? Yes No

viii. Will health care providers be individually identified? Yes No. Please describe your protocol for informing health care providers.

ATTACHMENT B: MCDB DATASET REQUESTED

MHCC collects privately insured data (claims and membership), known as the Medical Care Data Base (MCDB), on a quarterly basis from life and health insurance carriers, health maintenance organizations (HMOs), third party administrators (TPAs), and pharmacy benefits managers (PBMs) that are licensed to do business in Maryland. The MCDB data that is available for release contains eligibility and professional, institutional, and pharmacy claims. Starting in 2015, the Medical Care Data Base (MCDB) excludes private plan data for self-insured ERISA due to the Gobeille v. Liberty Mutual Supreme Court ruling.

The data which is refreshed and updated annually contains only privately fully-insured and self-insured non-ERISA health insurance plans for Maryland and non-Maryland residents. The MCDB comprises of about 90-95% of the privately fully insured market and just about 25% - 30% of the self-insured market (post-Gobeille, primarily non-ERISA). To determine the years for which data are available check on the [MHCC website](#). That site also contains information about the most current MCDB Release Version and a full list of elements in the release including the release record layouts, data dictionaries, and supporting documentation.

1. Which MCDB files are you requesting? Provide a brief justification (1-3 sentences) for each one.

Dataset	Year(s)
<input type="checkbox"/> Institutional Claims	
<input type="checkbox"/> Professional Claims	
<input type="checkbox"/> Pharmacy Claims	
<input type="checkbox"/> Member Eligibility	

ATTACHMENT C: ADDITIONAL DATA SOURCES AND LINKAGE

1. Medicaid Data

Applications for access to Medicaid Managed Care data for studies comparing the privately insured to Medicaid Managed Care patients can be submitted, but require a separate approval from the Maryland Medicaid Administration. The fields available on the Medicaid MCO data sets have been aligned with MCDB fields to the extent possible.

- a. Indicate whether you are seeking Medicaid data: Yes No
- b. Do you intend to merge or link MCBDB data with Medicaid data? Yes No
If yes, provide brief justification.

- c. Federal law (42 USC 1396a (a) 7) restricts the use of individually identifiable data of Medicaid recipients to uses that are directly connected to the administration of the Medicaid program. If you are requesting Maryland Medicaid Data, please describe, in the space below, why your use of the Data meets this requirement.

2. Other Linkages

Data linkage involves combining MCDB data with other data to create a more extensive database for analysis.

1. Do you intend to merge or link MCBDB Data with other data? Yes No

If **Yes**:

- a. What are the files to be linked?

- b. Why is this linkage needed?

- c. Which MCDB data elements will be linked to the data elements in the external file?

- d. What methodology or algorithm will be used to create this match? If you intend to create a unique algorithm, please describe how it will link each dataset.

e. What variables from each of the source files will be included in the final linked analytic file?

2. Explain why the linkages are needed.

3. Describe the specific steps the Organization will take to prevent the identification of individuals in the linked files.