



## Pre-Application Feasibility Assessment

### Instructions:

- Submission of this request for a pre-application feasibility assessment is an optional step prior to submitting an Application for Maryland Medical Care Data Base (MCDB) data
- A feasibility assessment is an advisory opinion issued by MHCC staff, which is not binding on the Commission's ultimate decision on an Application for MCDB data
- Potential applicants for MCDB data are strongly encouraged to review all of the information, requirements, and fee schedule associated with filing an Application for MCDB data at [MHCC's website](#)
- Questions? Please email [mhcc.datarelease@maryland.gov](mailto:mhcc.datarelease@maryland.gov)
- Submit this completed form to [mhcc.datarelease@maryland.gov](mailto:mhcc.datarelease@maryland.gov)
- MHCC staff will respond to this request with 10 business days of receipt.

Requestor <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	

Project Summary – Briefly describe the project and how you plan to use MCDB data. (150 - 200 words)																		
What is the anticipated timeline for the project? Start date: End date:																		
Type of Project What will be the use of the MCDB data requested? [Check all that apply] <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> Epidemiological</td> <td><input type="checkbox"/> Health planning/resource allocation</td> <td><input type="checkbox"/> Cost trends</td> </tr> <tr> <td><input type="checkbox"/> Longitudinal Research</td> <td><input type="checkbox"/> Quality of care assessment</td> <td><input type="checkbox"/> Rate setting</td> </tr> <tr> <td><input type="checkbox"/> Reference tool</td> <td><input type="checkbox"/> Research studies</td> <td><input type="checkbox"/> Severity index tool</td> </tr> <tr> <td><input type="checkbox"/> Surveillance</td> <td><input type="checkbox"/> Student research</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Utilization review of resources</td> <td><input type="checkbox"/> Inclusion in a product</td> <td></td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other (3-5 word description)</td> </tr> </table>	<input type="checkbox"/> Epidemiological	<input type="checkbox"/> Health planning/resource allocation	<input type="checkbox"/> Cost trends	<input type="checkbox"/> Longitudinal Research	<input type="checkbox"/> Quality of care assessment	<input type="checkbox"/> Rate setting	<input type="checkbox"/> Reference tool	<input type="checkbox"/> Research studies	<input type="checkbox"/> Severity index tool	<input type="checkbox"/> Surveillance	<input type="checkbox"/> Student research		<input type="checkbox"/> Utilization review of resources	<input type="checkbox"/> Inclusion in a product		<input type="checkbox"/> Other (3-5 word description)		
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<input type="checkbox"/> Other (3-5 word description)																		
Linkages: Will MCDB data be linked to any other data sources? <input type="checkbox"/> Yes <input type="checkbox"/> No																		
If the answer is "Yes" to the preceding question, specify the other data sources and how these sources will be linked. (100 words)																		

Optional Additional Information: Please submit any other information or documents about the individual(s) and the organization that you believe would be helpful to MHCC staff in responding to this request for a feasibility assessment to [mhcc.datarelease@maryland.gov](mailto:mhcc.datarelease@maryland.gov).

Requestor's signature:	
<b>Printed Name:</b>	
Title:	
Date:	