



# **THE MARYLAND HEALTH CARE COMMISSION**

## **D.C. INPATIENT DISCHARGE – LIMITED ACCESS DATABASE DATA REQUEST APPLICATION**

*Updated January 2014*



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## MHCC Available Data

The Maryland Health Care Commission (MHCC or Commission) collects and maintains information on certain health care services provided to Maryland residents by physicians, pharmacies, and post-acute care services, as well as data on D.C. hospital inpatient admissions of Maryland residents. Researchers may request data from the various databases maintained by the MHCC, which are detailed below.

Prior to the release of data, the researcher must submit the *MHCC Data Request Application* (application) and enter into a data use agreement with the MHCC. An MHCC recognized Institutional Review Board (IRB) must review to assess safety, privacy, and confidentiality concerns and recommend approval for each data request that contains individually identifiable information. Requests from students must have the endorsement of the educational institution the student attends. The researcher must submit evidence of the IRB approval and a completed application for review and approval by the Commission. At the conclusion of the study, the researcher must provide MHCC with a copy of the study findings, information brief, etc. from the use of its data.

The MHCC maintains data from the following databases:

1. **Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)** – Data on patients’ perspectives on hospital care. Data are reported from 2009 to present and become available approximately six months after each quarter.
2. **Maryland Hospital Inpatient Quality Measures Database** – Data on hospitals’ clinical process data. Data are reported from 2009 to present and become available approximately six months after each quarter.
3. **Maryland Medical Care Database (MCDB)** – Data on health care claims and encounters collected by private insurance plans and health maintenance organizations (HMOs) that serve Maryland residents from 2001 to present. Data are available about eighteen months from the end of each year and include three categories:
  - a. *Hospital Inpatient and Outpatient Discharge Database* – Data on discharges from Maryland acute care hospitals that were paid by private insurance.
  - b. *Professional Services Database* – Data on services provided by health care professionals from private insurance companies and HMOs that provide coverage.
  - c. *Prescription Drugs Database* – Data on prescription drugs purchased from retail and mail order pharmacies and covered under private insurance plans and HMOs that provide coverage. Does not include prescriptions for persons covered by self-insured employers who use pharmacy benefit managers to handle drug claims.
4. **The District of Columbia Hospital (D.C.) Inpatient Discharge Database** - Data on Maryland resident inpatient hospital stays in D.C. hospitals are reported starting from 1999 to present. Data are available roughly ten months after the calendar year. A data request for variables from the D.C. Hospital Inpatient Discharge Database requires a review by an MHCC recognized IRB, does not go before the MHCC Commissioners for approval, and must be approved by MHCC staff.

## Application Instructions

Researchers must follow these steps in submitting the *MHCC Data Request Application* (application):

- **Step 1:** Complete Parts A through D of the application.
- **Step 3:** To submit your application electronically, please email your application to Srinivas Sridhara at [srinivas.sridhara@maryland.gov](mailto:srinivas.sridhara@maryland.gov). Please save a copy of your application for your record. The MHCC will acknowledge receipt of your application and return incomplete applications.

Consistent with Maryland law, applicants must make provisions for the destruction of records at the conclusion of their project. Certification of the data destruction is required at the end of the project. Studies that extend beyond two years must submit a formal update of the study to the MHCC, including a target date for completion. The MHCC reserves the right to request the return or destruction of the data at the end of two years. To certify data destruction, return *Part E: Certification of Data Destruction* to the MHCC to indicate the date and method used to destroy the data records requested.

At the conclusion of the research project, the researcher must provide MHCC with a copy of study findings, information brief, etc., from the use of its data.

## **PART A: Project Overview**

### **I. Project Main Contact**

Name:

Title:

Organization/Agency:

Mailing Address:

City:

State:

Zip:

Telephone Number:

Fax Number:

Email Address:

Supporting Organizations (Include name & role in study):

### **II. All Staff Accessing the Information**

List name, title, affiliation and role in the project for each staff person.

### **III. Project Summary**

1. Project or Study Title:
2. Purpose of project, study, or analysis. Describe the research primary goals, objectives, background, the analysis that will be performed using the data (study methods), and significance. If appropriate, include a description of the hypothesis to be tested. If additional space is required, include an attachment.

3. Summarize the study protocol or project activities. Conclude your summary by describing how data obtained from MHCC will be used.

4. How are the results of this research to be released? Will the results be published or presented in a Public Forum?

5. Describe the funding source for the project.

6. What is the timeframe for the study?

a. Does the study extend beyond two years?

Yes    No

*If no, please continue to the following page.*

b. Studies that extend beyond two years must submit a formal update of the study to the MHCC at least 30 days prior to the two year date of receiving the data, including a target date for completion. This update may be provided via e-mail to the MHCC.

**IV. Data Confidentiality and Security**

Evidence of procedures and protocols to maintain data security and prevent a breach of confidentiality is required for record-level data requests. Include a description of the management of hardware/software; methods used for accessing information (i.e., password protection); storage of information and security measures to safeguard electronic data from unwanted exposure; and mode for safe transmittal of physical and electronic data. If additional space is required, include an attachment.

**V. Data Destruction Schedule**

Consistent with Maryland law, applicants must make provisions for the destruction of records at the conclusion of their project, when the data is no longer required, or two years following the receipt of data. Maintaining the privacy of the individuals whose personal information is included in vital records is essential to preserving the integrity of the data sharing process.

Please detail the manner and timeline for data destruction. If you are following a data destruction policy set by your organization or agency, please attach that policy to your application.



## **VI. Data Transfer**

The MHCC has requested IT-CNP's guidance on the processes and procedures to deliver the safe and secure data transfer of Personal Health Information (PHI) on portable media between MHCC facilities and appropriate third parties (medical providers, researchers, etc.) as determined by MHCC and complying with HIPAA requirements. Please review the recommendations for sharing data containing PHI, available online here: [http://mhcc.maryland.gov/mhcc/pages/apcd/apcd\\_datamanuals/apcd\\_datamanuals\\_irb\\_approval](http://mhcc.maryland.gov/mhcc/pages/apcd/apcd_datamanuals/apcd_datamanuals_irb_approval).

The organization making the request for data should provide a storage media that will be compatible with the MHCC's hardware and operating system. The storage media shall have enough capacity to store the data requested. The requestor will provide encryption software specified by the MHCC on the media. Finally, the organization requesting the data will absorb all of the costs for the storage media, encryption software, shipping costs, and the transfer of data.

Provide a description as to how you will meet the recommendations for data transfer, including identifying the hardware for the data transfer and the software that will be used for data encryption.

## PART B: MHCC Agreement for Use of Data

### ACCORDING TO COMAR 10.25.11.12

1. This is an Agreement between hereafter referred to as "Requestor," and the Maryland Health Care Commission (MHCC). It is for the purpose of ensuring the confidentiality, integrity, and security of data maintained in the MHCC system of records while allowing for a partial, restricted disclosure of enumerated information and/or records to the Requestor, subject to conditions.
2. **Conditions stating Scope of Use:** The Requestor warrants that the facts, statements, and other representations made in its Application to the MHCC Institutional Review Board (IRB) (referred to as "Agreement" hereafter) regarding the projected scope of use of the information and all other aspects of the information are complete and accurate.
3. **Conditions Establishing Safeguards for Protection of Data Confidentiality:** The Requestor warrants that all patient-specific information will be maintained on a password-protected computer and in a locked office. No patient-specific information will be disclosed to any person or entity outside of the parties stated in the application and all supporting documentation. Requestor shall not disclose, release, reveal, show, sell, lease, loan, or otherwise grant access to the data covered by this Agreement except as expressly authorized under the terms of the Application. Within Requestor's organization, access to the data shall be limited to the minimum number of individuals necessary to achieve the purpose and access shall be granted only on a need-to-know basis.
4. **Breach of Agreement:** Any breach of security or any unauthorized use or disclosure of the data provided by virtue of this Agreement shall constitute a breach of the Agreement. Any violation of state or federal law with respect to disclosure of this data shall constitute a breach of this Agreement. Notwithstanding the breaches specifically enumerated above, any other failure by the Requestor to comply with the terms and obligations of this Agreement may constitute a breach of the Agreement. Any alleged failure of the MHCC to immediately claim or act upon a breach does not constitute a waiver of a breach.
5. **Consequences upon Breach of Agreement:** In the event that the MHCC, in its sole discretion, has a reasonable belief that the Requestor is in breach of this Agreement, the MHCC may choose among the following options: a) to investigate the matter, including on-site inspection for which Requestor shall provide access; b) to resolve the dispute by a plan of correction or other alternative; or c) to declare a breach and demand the return of any and all data released under this Agreement and to provide no further data.
6. **Other Remedies:** Notwithstanding and in addition to the special provisions referenced in paragraph 4 above, the MHCC may exercise any and all legal, equitable, and criminal referral remedies in the event of a breach of this Agreement. In the event that the MHCC succeeds in a court action to invoke injunctive relief for a violation of this Agreement, the Requestor shall pay reasonable attorney's fees and costs to the MHCC. The Requestor agrees to indemnify and hold the MHCC harmless for any harm to third parties resulting from any breach by the Requestor of the terms of this Agreement and to cooperate with the MHCC in its defense of any third party claim involving the Requestor's activities under this Agreement.
7. **Rights to Data:** The Requestor agrees that the MHCC retains all ownership rights to the data files referenced by this Agreement and does not obtain any right, title, or interest to the data furnished by the MHCC. The Requestor agrees to provide a copy of its study findings to the MHCC prior to publishing. The Requestor must obtain approval from the MHCC before study findings are published.

8. **Two-Year Retention:** The terms of this Agreement are valid for two years from the date of signing and additional time for data use will require the Requestor to submit a new IRB application. *Upon expiration of this Agreement, the Requestor must provide the MHCC with verification that the data has been destroyed (see Part E of this Agreement).*
9. **Modification:** The terms of this Agreement shall be submitted in writing, or by the parties adopting or submitting a new Agreement.
10. **Jurisdiction:** The terms of this Agreement shall be governed by the laws of the State of Maryland. The Requestor acknowledges doing business in Maryland and agrees to submit to the jurisdiction of the courts of Maryland in the event of an alleged breach of this Agreement.
11. **Custodian:** The "Custodian" of the files, who acts on behalf of the Requestor, will be personally responsible for the protection of confidentiality, security of the data, and all other obligations under this Agreement.
12. **Acknowledgements and Signatures.**

**The undersigned Requestor hereby attests authorization to enter into this Agreement and agrees to all the terms specified herein.**

**Name (print or type)**

**Title (print or type)**

**Signature**

**Date**

**The Custodian acknowledges appointment as Custodian of the aforesaid data, files and information on behalf of the Requestor, and agrees personally and in a representative capacity to comply with all of the provisions, conditions, and terms of this Agreement.**

**Name (print or type)**

**Title (print or type)**

**Signature**

**Date**

**On behalf of the MHCC, the undersigned individual hereby attests authorization to enter into this Agreement.**

**Name (print or type)**

**Title (print or type)**

**Signature**

**Date**

Ben Steffen, Executive Director  
Maryland Health Care Commission

## **PART C: MHCC Statement of Confidentiality**

The Maryland Health Care Commission (MHCC) follows strict procedures to protect the confidentiality of information in the databases it maintains. The undersigned certifies that the confidentiality of information provided from the MHCC will be carefully guarded with access limited to only the participants named in this data Application. It is the responsibility of the undersigned to obtain a statement of confidentiality from their organization for the individuals with access to the data supplied by the MHCC.

This statement affirms that this application contains no willful misrepresentations or falsifications and that the information provided in this application is true and complete to the best of knowledge and belief.

I fully understand that should the IRB become aware of misrepresentations or falsifications of this organization, this application will be discarded.

**Organization Name:**

**Requestor/ Appointed Authority (printed name):**

**Requestor/ Appointed Authority (signature):**

**Date:**

## PART D: Data Requested

Identify the database(s) and data elements that you would like to access for your study. For each of the databases, complete and submit the relevant Excel form to indicate which database, variables, and years are needed for your study in the tables below. Links have been provided to the corresponding data dictionaries for your convenience.

*Please note that the Maryland Medical Care Database contains three separate data sets.*

The MHCC is able to respond to data requests from the following databases:

### 1) Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

- *Summary:* Data on the patients' perspectives on hospital care.
- *Dates Available:* Data are reported from calendar year 2009 to the present and become available approximately six months after each quarter.
- *Request Data:* To request data from the HCAHPS database, please complete the Excel table located at the following link, *Sheet 1*:  
[http://mhcc.dhmh.maryland.gov/hit/Documents/data\\_requests/data\\_request\\_table.xls](http://mhcc.dhmh.maryland.gov/hit/Documents/data_requests/data_request_table.xls).
- *Data Elements:* The HCAHPS technical specifications manual will assist you in selecting the required data elements and is located at the following link:  
<http://www.hcahponline.org/techspecs.aspx>.
  - Scroll down to XML File Specifications
  - Click on the link that directs the user to the most current version of XML File Specifications, the XML File Sample Layout without DSRS and the XML File Sample Layout with DSRS

*For further information on the HCAHPS Hospital Survey, please contact Mariam Rahman, Health Policy Analyst, at (410)764-3377.*

### 2) Maryland Hospital Inpatient Quality Measures Database

- *Summary:* Data on the hospitals' clinical process data.
- *Dates Available:* Data become available approximately six months after each quarter.
- *Request Data:* To request data from the Maryland Hospital Inpatient Quality Measures Database, please complete the Excel table located at the following link, *Sheet 2*: [http://mhcc.dhmh.maryland.gov/hit/Documents/data\\_requests/data\\_request\\_table.xls](http://mhcc.dhmh.maryland.gov/hit/Documents/data_requests/data_request_table.xls).
- *Data Elements:* The Maryland Hospital Inpatient Quality Measures specifications manual will assist you in completing the required data elements and is located at the following link:  
<http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1141662756099>.

*For further information on the Maryland Hospital Inpatient Quality Measures, please contact Mariam Rahman, Health Policy Analyst, at (410)764-3377.*

### 3) Maryland Medical Care Database (MCDB)

- *Summary:* Data on health care claims and encounters collected by private insurance plans and health maintenance organizations (HMOs) that serve residents in the State of Maryland. For a list of the data available on the MCDB, please refer to the *MCDB Data Submission Manual* for the appropriate year in question, which is located at the following link:

<http://mhcc.dhmfh.maryland.gov/payercompliance/Pages/payercompliance/default.aspx>.

*Please contact Mr. Larry Monroe at (410)764-3390 if the year for the Data Submission Manual requested is not available on the MHCC website.*

- *Dates Available:* Data are available from 2001 to the present and become available approximately six months after each quarter.
- *Request Data:* The MCDB includes data for the following databases. If you would like to request data from the Maryland Medical Care Database, please complete the corresponding Excel table(s) for each database within the MCDB.

- a) **Hospital Inpatient and Outpatient Discharge Database** - Data on discharge forms from Maryland acute care hospitals that were paid by private insurance. To request data from this database, complete the Excel table located at the following link, *Sheet 3*:

[http://mhcc.dhmfh.maryland.gov/hit/Documents/data\\_requests/data\\_request\\_table.xls](http://mhcc.dhmfh.maryland.gov/hit/Documents/data_requests/data_request_table.xls).

- b) **Professional Services Database** – Data on services provided by health care professionals from private insurance companies and HMOs that provide coverage. To request data from this database, complete the Excel table located at the following link, *Sheet 4*:

[http://mhcc.dhmfh.maryland.gov/hit/Documents/data\\_requests/data\\_request\\_table.xls](http://mhcc.dhmfh.maryland.gov/hit/Documents/data_requests/data_request_table.xls).

- c) **Prescription Drugs Database** – Data on prescription drugs purchased from mail order pharmacies and covered under private insurance plans and HMOs that provide coverage. This does not include prescriptions for persons covered by self-insured employers who use pharmacy benefit managers to handle drug claims. To request data from this database, complete the Excel table located at the following link, *Sheet 5*:

[http://mhcc.dhmfh.maryland.gov/hit/Documents/data\\_requests/data\\_request\\_table.xls](http://mhcc.dhmfh.maryland.gov/hit/Documents/data_requests/data_request_table.xls).

#### 4) The District of Columbia Hospital Inpatient Discharge

- *Summary:* Data on Maryland resident inpatient hospital stays in D.C. hospitals are reported via an agreement with the D.C. Hospital Association.
- *Dates Available:* Data are available beginning with calendar year 1999 to present. The data become available ten months after the calendar year.
- *Data Elements:* A list of the data elements is located in the *DC Hospital Inpatient Discharge Database Limited Access Data Request Application* at the following link: [http://mhcc.dhmfh.maryland.gov/hit/Documents/data\\_requests/dc\\_hospital\\_discharge\\_variables.doc](http://mhcc.dhmfh.maryland.gov/hit/Documents/data_requests/dc_hospital_discharge_variables.doc).

## PART E: Certification of Data Destruction

Consistent with Maryland law, applicants must make provisions for the destruction of records at the conclusion of their project. Certification of the data destruction is required at the end of the project. Studies that extend beyond two years must submit a formal update of the study to the MHCC, including a target date for completion. The MHCC reserves the right to request return or destruction of the data at the end of two years. To certify data destruction, return *Part E: Certification of Data Destruction* to the MHCC to indicate the date and method used to destroy the data records requested.

I, **(Name of Custodian)** representing  
**(Name of Organization)** certify the following:

Maryland Health Care Commission data records used for the project entitled  
**(Name of Project)** have been destroyed as follows: (Please identify destruction method)

**This Certificate of Destruction closes the corresponding Data Use Agreement(s).**

**Organization Name:**

**Requestor/Appointed Authority (printed name):**

**Requestor/Appointed Authority (signature):**

**Date:**