



## Application for Data Extracts from the Maryland Medical Care Data Base Non-Governmental Applicants

MHCC Data Request Number	
Application Received	
Application Approved	
Data Obtained	

Non-Governmental Applicants may request MD APCD data extracts by submitting this completed Application, including attachments and the Data Management Plan. MHCC will review the application package to determine whether the request meets the criteria for data release, pursuant to COMAR [10.25.05](#). Review data availability and fees [here](#). Important notes:

- Incomplete applications will be returned to the Applicant and the request may be delayed.
- All applications require a non-refundable application fee, payable at the time of submission.
- All application attachments will be incorporated in the Approved Data Use Agreement (DUA).
- COMAR 10.25.05.07A requires that all completed applications will be published on the Commission’s website while the application is under review, without the data management plan and security measures.
- Requests that include Maryland Medicaid Managed Care data and Medicare Fee for Service data require special consideration that may increase the review timeline.

[Data Fee Calculator](#) available to estimate the fee for your data sets. The [Data Fee Waiver](#) is available to support those who are unable to access the data for financial hardship. If completing a Data Fee Waiver, please attach it to this application under Attachment H.

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**PROJECT INFORMATION****Project Title**

Assessing the Health Impacts of Guaranteed Income in Maryland

<b>Scheduled Project Start Date</b>	3/1/2025	<b>Scheduled Project End Date</b>	9/30/26
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**Project Overview:** *Provide an abstract or brief summary (150 words) of the specific purpose and objectives of the Project.*

In 2022, Baltimore launched the Baltimore Young Families Success Fund (BYFSF), becoming the first U.S. city to explore how reducing poverty through guaranteed income (GI; recurring supplemental cash payments) can impact health and health equity. Since then, Prince George's and Montgomery Counties have initiated similar projects targeting vulnerable populations. With a focus on racial equity, to date, Black/African American Marylanders have been the primary GI participants. This proposal aims to demonstrate the feasibility of linking healthcare claims to participants in Maryland as a means of evaluating GI's long-term effects on health. This data linkage will help evaluate health and equity outcomes, including adolescent health, addiction, and violence, providing policymakers with evidence for the broader health benefits of poverty reduction efforts.

**Applicant***(Agency, Academic Institution, Research Organization, Company, Individual etc.)*

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E-Mail Address	Lori.dean@jhu.edu		
Telephone Number	410-502-7205		
Mailing Address	615 N Wolfe St, E6650		
City/Town	Baltimore	State	MD
Zip Code	21205		

**Principal Investigator/Project Manager***(individual responsible for the research team using the data)*

Name	Lorraine Dean		
Title	Associate Professor of Epidemiology		
Organization Name	Johns Hopkins Bloomberg School of Public Health		
E-Mail Address	lori.dean@jhu.edu		
Telephone Number	410-502-7205 617-331-8981		
Mailing Address	615 N Wolfe St, Rm E6650		
City/Town	Baltimore	State	MD
Zip Code	21205		

**Data Custodian***(person responsible for receiving, organizing, storing, and archiving data)*

Name	Lorraine Dean		
Title	Associate Professor of Epidemiology		
Organization/Company <i>(if different from Applicant)</i>			
E-Mail Address	ldean9@jhu.edu		
Telephone Number	410-502-7205 617-331-8981		
Mailing Address	615 N Wolfe St, E6650		
City/Town	Baltimore	State	MD
Zip Code	21205		

Relationship to Applicant <i>(e.g., Contractor)</i>	Applicant
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<b>Project Contact</b> <i>(person responsible for all communications with MHCC)</i>			
Name		Lorraine Dean	
Title		Associate Professor of Epidemiology	
Organization Name		Johns Hopkins University	
E-Mail Address		ldean9@jhu.edu	
Telephone Number		410-502-7205 617-331-8981	
Mailing Address		615 N Wolfe St, E6650	
City/Town	Baltimore	State	MD
		Zip Code	21205

## ATTACHMENT A: PROJECT SCOPE

### Project Purpose

- a. Describe the specific research question(s) you are trying to answer or problem(s) you are trying to solve with the MD APCD data requested or describe the intended product or report that will be derived from the requested data. If a research project, please list each individual question or aim of the analysis.

The current project proposes to develop infrastructure to assess how reducing poverty, an underlying driver of poor health and inequity, through guaranteed income (GI) initiatives can impact the health of GI recipients, with a focus on the health of young families, including children, adolescents, and young adult participants. GI initiatives are cash transfer programs that offer recurring income supplements to low-income residents. Starting in 2022, Baltimore's GI program (the Baltimore Young Families Success Fund (BYFSF), led by the Baltimore City Mayor's Office) issued monthly recurring payments of \$1,000 per month for 24 months to ~200 residents who were caretakers of at least one child. Only a few self-reported health outcomes ...

- b. Briefly describe the purpose(s) for which MD APCD 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.

This project will evaluate the the feasibility of assess the health impacts of the BYFSF public policy initiative through linking claims data. Specific indicators we will attempt to link include, but are not limited to, are volume and types of of service utilization for physical, mental and behavioral health outcomes; health insurance stability; guideline-concordant receipt of vaccinations for adults and children; medication access; and premature morbidity and mortality among the young adults and children in the sample population. Many of these outcomes were pre-identified in our preliminary work during interviews with Baltimore City governmental agencies and BYFSF participants.

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

This proposal sets up a new way to expand evidence for GI's impact on health and health equity by linking GI projects to healthcare claims data. Our findings on the process and infrastructure needed to conduct claims linkages, as well as a community-based curated list of health variables to explore, will form a guide for conducting such linkages for similar projects locally and nationally. This project's impact is more than just documenting the feasibility of the data linkage itself; it paves the way to provide even more robust evidence for what impact poverty-reducing policies, such as GI, could have, as well as a way to assess that over the long term. Once we show which linkages are possible and curate a list of variables to use, this study will be foundational to our team and other scientists linking claims data to much larger samples and more or ...

- d. Explain why the planned project could not be practicably conducted without access to and use of protected health information.

The planned project requires access to and use of protected health information (PHI) because it aims to evaluate the impact of guaranteed income (GI) on health outcomes, which necessitates linking individual-level healthcare claims data to GI recipients and their families. Without PHI, it would be impossible to accurately identify and track the healthcare utilization patterns, diagnoses, and health status of these individuals over time. This linkage is essential for assessing the direct effects of GI on specific health metrics, such as adolescent health, addiction, and other health conditions relevant to the study. Furthermore, using PHI is crucial to ensure that the analysis accounts for individual-level variations and provides a robust ...

- e. Explain why the planned project could not be practicably conducted without waiving any individual authorization required by 45 CFR § 164.508.

Obtaining individual authorization from all participants would present significant barriers, including logistical challenges, time constraints, and potential biases that could arise from low response rates or participants opting out due to privacy concerns, or difficulty in reaching participants who may be experiencing housing insecurity in a population with very low income. This could result in incomplete data, limiting the ability to draw accurate conclusions about the impact of guaranteed income on health outcomes, perhaps especially among participants who may be hardest to reach and most influenced by poverty-reducing initiatives. A waiver is crucial to ensure that the data represents a comprehensive and unbiased sample of the GI recipients, allowing for a more accurate analysis of health and health equity outcomes. Without this waiver, the study would lack the necessary data integrity and completeness to evaluate the long-term effects of poverty ...

## Project Methodology

a. Describe the project methodology, including:

- Project objectives
- relevant study questions
- analysis methods
- software, groupers and other analytic tools

We will extract claims from the MCDB and Medicaid MCO datasets for guaranteed (GI) income recipients in Maryland and produce quantitative output with a list of available claims data variables that were able to be linked.

Sample: A convenience sample of 35 GI recipients in Maryland.

Recruitment: First, we will explore whether a waiver of consent is allowable to access relevant data. Alternatively, Dr. Lorraine Dean, project PI and social epidemiologist and director of The Guaranteed Income & Health Consortium (GIHC) at the Johns Hopkins Bloomberg School of Public Health, has already cultivated a list of potential participants who want to be involved in future research beyond the BYFSF GI project. Additionally, we may work with our partners at CASH Campaign of Maryland and the Urban Institute (implementing partners in Baltimore and Montgomery and Prince George's County GI initiatives, respectively) to reach out to additional Maryland GI participants whose data may be eligible to be linked. The study team would obtain identifiable information for participants (e.g., names, dates of birth, and social security numbers) and their child(ren) to access and link their health claims data. ...

b. If required by your funding source or home institution to obtain Institutional Review Board review for your project, provide the information regarding the IRB approval below and attach a copy of the current IRB approval on tab "Attachment H".

- **IRB Approval End Date** 11-05-2027
- **IRB Name and Location** Johns Hopkins University, Baltimore, MD

## Publication and Dissemination

- a. Do you anticipate that the results of your analysis will be published or made publicly available? 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.)?

Summary results (no identifiable, individual data) may be made available through reports to the Baltimore City Mayor's Office, professional journals in public health, and public health conference abstracts; however, we emphasize that this is a small data project intended to assess feasibility so our results will focus on the process of linking the data and how successful it is, not on particular health outcomes.

- b. All public displays of MD APCD data, regardless of the medium, must comply with MD APCD's cell size suppression policy, as set forth in the Data Use Agreement. Describe how you will ensure that any public display will suppress every cell containing s less than 11 observations and suppress percentages or other mathematical formulas that result in the display of every cell with less than 11 observations.

Only summaries of data will be presented; we seek to link 35 participants and would only report on the 35 in sum. Furthermore, as previously mentioned, this project's outcomes are about feasibility of the linkage, thus there is no reason to report on small cell values. In the event that an issue of small values does arise, we will not redact those data with the note "[redacted due to small sample]."

- c. Identify the lowest geographical level of analysis of data you will 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 re-identified in this publication or presentation?

We will not use individual-level geographic identifiers for this project. No maps will be presented. Data reported will be summary data at the ZIP level at the smallest, and be de-identified such that they cannot be re-identified. We will remove and discard any potential identifiers after the linkage and replace with them with our own assigned study identifiers.

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

- a. Will the MD APCD data be used for consulting purposes?

No

- b. Will report(s), website(s) or a statistical tabulation(s) using MD APCD data be shared or sold?

None

c. Will a software product using MD APCD data be shared or sold?  
No

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

e. Will MD APCD data be sold or shared in any format not noted above? If yes, in what format and who are the purchaser of the data?  
No

f. Will the project result in disclosing MD APCD 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?  
No

g. Will the results from the project be used for the purpose of price transparency?  
No

h. Will health care providers be individually identified? If yes, describe your protocol for informing health care providers prior to publication of this data/report.  
No



## **Funding Sources**

- a. What is the source of funding that supports this project? Provide detailed information about potential and actual sources.

We have received a small pilot set of funds from the Bloomberg American Health Initiative, which is an internal funding source through Johns Hopkins University. As a pilot fund mechanism, this fund supports primarily salary efforts for the investigators and research assistants; we note that it does not include sufficient funds for the MCDB data purchase, beyond the application fee, thus our government partner, the Baltimore Mayor's Office, is requesting a data fee waiver on our behalf.

- b. Describe any data sharing or other requirements imposed by the above funding sources as a condition for receipt of funding?

There are no conditional data sharing requirements imposed by the funder.

- c. Please upload documentation that includes grant number, a budget, and any information that shows the available funding for this project.

## **Data Security**

- a. Explain how your use of the data will involve no more than a minimal risk to the privacy of individuals. As part of your response, please address how you will protect the data from improper use or disclosure and assure that the data will not be reused or disclosed to any other person or entity, except as required by law, for authorized oversight of the research for which the data was requested, or for other research for which the use or disclosure of PHI would be permitted under 45 CFR 164.512(i)(2)(ii).

Our only purposes for using PHI will be to conduct the claims linkage. With the APCD files, information on participant ZIP, race, and other identifiers are provided; the raw dataset we receive will be kept in a locked password-protected file on a secure server reserved that is HIPAA-compliant. Beyond verifying the accuracy of our linkages, we will not retain these data in the dataset used for analysis. After making the linkage, we will delete all identifiers and proceed with an analysis of a de-identified dataset. All PHI will be saved in a password-protected Excel sheet on a secure server at Hopkins that is used explicitly for housing PHI. We have also applied for a Certificate of Confidentiality, which offers further protection of data such that we are not able to be compelled to disclose it, unless required by law.

## ATTACHMENT B: MD APCD DATASET REQUESTED

The MD APCD contains fully processed records for eligibility and professional, institutional, and pharmacy claims for privately fully-insured and non-ERISA self-insured health insurance plans licensed in Maryland for both in-state and out-of-state covered members. Please review the data dictionary before completing this section. Calendar years 2010-2021 are currently available.

### MD APCD Data Dictionary

**Standard Analytic Files:** Formerly known as the Standard Data Extract. The Standard Analytics Files contain four fixed (i.e., non-customizable) files- the Medicaid Eligibility File, the Professional Services File, and the Pharmacy File. Information about the specific data elements provided within each of the four files, can be found in the Data Dictionary. this data set does not include data from Medicare.

**Custom Data Sets:** A custom data extract can be created based on criteria provided by an applicant as long as it is deemed the minimum amount necessary for an applicant's proposed use of the data and consists of:

- a. Indirect individual identifiers that cannot be used to identify individuals when combined with other information or data; or
- b. Aggregate, summary data in which the risk of identifying individuals is minimal.

Custom Data Sets can also include requests for linkage across data sets.

This application should only be completed and submitted for Standard Analytic Files. All requests for Custom Data Files should be sent directly to MHCC at [mhcc.datarelease@maryland.gov](mailto:mhcc.datarelease@maryland.gov).

1. Which MD APCD files are you requesting? Provide a brief justification (1-3 sentences) for each one. Specifically address why this is the minimum necessary data to accomplish the study.

Dataset	Year(s)
<b>Institutional Claims</b> <input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> Commercial	2022
These data will allow us to assess the volume of health services used, and the type of facilities in which patients are being treated, such that we can calculate health care usage rates.	
<b>Professional Claims</b> <input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> Commercial	2022
We will need specific diagnosis codes to assess health conditions patients are facing. Knowing this information will enable us to see which types of prevalent health conditions are important to track or monitor for this population, and whether the population of young adults and children are facing premature morbidity.	
<b>Pharmacy Claims</b> <input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> Commercial	2022
These data will allow us to assess the types of treatments patients may or may not be receiving, and assess whether high-cost treatments are available for this population with low-incomes. It will also enable us to assess whether patients are receiving timely preventive treatments, such as vaccinations.	
<b>Member Eligibility</b> <input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> Commercial	2022
To assess health insurance stability need to know start and end of health insurance coverage dates and relationship to policy holder in order to assess children/family outcomes.	

## ATTACHMENT C: ADDITIONAL DATA SOURCES AND LINKAGE

### 1. Medicaid Data

Applications for access to Medicaid Managed Care data are sent to the Maryland Medicaid Administration for review and comment. The fields available on the Medicaid MCO data sets have been aligned with MD APCD fields to the extent possible.

- a. Are you requesting Medicaid data:  Yes  No
- b. Do you intend to merge or link MCBDB data with Medicaid data?  Yes  No  
If **yes**, provide a brief justification.

The members our sample were participants in a program that was only available to low-income residents. As Medicaid largely serves residents with low incomes, a large number of participants are likely to have Medicaid as their primary insurance. Most of these participants work and also may be commercially insured. In order to get a comprehensive set of healthcare claims on participants, we will need to include Medicaid-based claims.

- c. Describe how the requested Medicaid Managed Care Data meet the minimum necessary standard.

We request these PHI in partnership with the City of Baltimore's Mayor's Office as a way to understand the impact of their program; thus this request is part of evaluation needed by a public agency. As a team of researchers, we have appropriate documentation from our Institutional Review Board to access these data, analyze them in a de-identified way, and report them in summary (not individually).

- d. 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.

The purpose of this project is to assess the degree to which healthcare services were administered by Medicaid to individuals in the Baltimore City Mayor's Office guaranteed income initiative.

### 2. Medicare Data

If requesting Medicare data, the request will be reviewed in accordance with the [State Agency DUA](#) and [CMS State Data Request Memo](#). Per the CMS State Data Request Memo, researchers that are not doing work under the direction of the state will need to request the data through the current CMS research request process. Additionally, researchers in states that receive data under this process for studies that are under the direction of, and are partially funded by a state, will still be required to request the data through the current CMS research request process for other studies that are conducted under different authorities or funding.

- a. Are you requesting Medicare Data:  Yes  No
- b. If yes, identify the Maryland agency or official under whose direction you are conducting this research and receiving funding:

We request these data in partnership with the City of Baltimore Mayor's Office.

### 3. Other Linkages

a. Do you intend to merge or link MCBBD Data with other data?  Yes  No

i. What are the files to be linked?

We will link a "finder file" of self-reported data provided by participants in the Baltimore GI initiative.

ii. Why is this linkage needed?

The purpose of this project is to assess the feasibility of accessing healthcare claims for participants in the Baltimore GI initiative. In order to identify the 35 participants, we will need to use data they provided in the survey, for example, their names, address, names of children, or other information that will help us know whose healthcare claims to request and ....

b. Which MD APCD data elements will be linked to the data elements in the external file?

APCD elements to include will be those listed in the Member Eligibility file, Pharmacy Claims, Institutional Services Claims, and Professional Services Claims files. The external file.

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

We will develop a "finder file" that lists the identifying information needed to determine which APCD records to access. We will use those data to match to APCD information to ensure we have accurately navigated to the correct healthcare claims record(s).

After verifying the linkage, the finder file and identifiable information will be decoupled and destroyed from APCD data. We will proceed with a de-identified dataset for analysis.

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

The final linked analytic file will not include identifiable data; identifiers will be destroyed after we have verified that we have correctly linked to the correct participant's data. The final file will include healthcare claims from the GI program participants identified. De-identified data will be stored under a uniquely assigned study ID that will not be linked back to the original data.

e. Explain why the linkages are needed.

The purpose of this project is to assess the degree to which healthcare services were administered by Medicaid to participants in the Baltimore City Mayor's Office guaranteed income initiative. Without linking data on who the participants in the program were, we cannot know which healthcare claims records to access.

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

The raw APCD, Medicaid, and Medicare datasets we receive will be kept in a locked password-protected file on a secure server reserved that is HIPAA-compliant. Beyond verifying the accuracy of our linkages, we will not retain identifiable data in the dataset used for analysis. After making the linkage, we will delete all identifiers and proceed with an analysis of a de-identified dataset using a unique study-assigned ID for each participants; data on individuals will not be reported as results will only be reported in summary. All PHI will be saved in a password-protected Excel sheet on a secure server at Hopkins that is used explicitly for housing PHI. We have also applied for a Certificate of Confidentiality, which offers further protection of data such ...

**ATTACHMENT E: USE OF CONTRACTORS AND/OR CONSULTANTS (External Entities)**

Provide the following information for all consultants and contractors who will have access to the MD APCD data. The Requesting Organization must have a written agreement with the contractor/consultant to ensure the use of MD APCD data to the approved project(s) of this application as well as the privacy and security standards set forth in the Data Use Agreement. MD APCD data may not be shared with any third party without prior written consent from MHCC, or an amendment to this Application.

<b>Entity</b>	<input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor <input type="checkbox"/> Consultant		
Organization Name			
Title			
Website			
Contact Person			
E-Mail Address			
Telephone Number			
Mailing Address			
City/Town		State	Zip Code
Term of Contract			

- a. Describe the tasks and products assigned to this entity for this project.
  
- b. Describe the qualifications of this entity to perform and complete the tasks.
  
- c. Describe the Requesting Organization’s oversight and monitoring of the activities and actions of this entity for this project, including how you will ensure the privacy and security of the MD APCD data to which the consultant or contractor has access.
  
- d. Will this entity have access to or store the MD APCD data at a location other than the data custodian location, off-site server, and/or database?  Yes  No.  
 If **yes**, a separate Data Management Plan **must** be completed by this contractor/consultant.

## ATTACHMENT F: APPLICANT QUALIFICATIONS

- a. Describe previous experience using claims data. This question should be answered by the primary investigator/project manager and should encompass the experience of the entire project team who will be using the data.

Dr. Lorraine Dean (PI) is Associate Professor of Epidemiology at Johns Hopkins Bloomberg School of Public Health. She has had several extramurally- and intramurally-funded studies using full lifecycle pharmaceutical claims datasets. These national claims datasets were proprietary datasets that were used for assessing adherence to HIV prevention medications for over 50,000 patients in the US and modeling how factors such as geography and out-of-pocket costs affected whether ...

- b. Resumes/CVs: When submitting your Application package, include résumés or curricula vitae of the principal investigator/project manager and any project team with relevant experience.

### Project Personnel

Has the Applicant or any person or entity that is an officer, owner, operator, or part of management of the applicant's organization who will have access and use of the data been subject of or a party to a state or federal regulatory agency action or civil or criminal action involving a data breach, HIPAA violation, or other matter involving unauthorized access, use, and disclosure of data regardless of whether there has been a finding or admission of guilt, including being:

- Convicted of a felony or pleading guilty, nolo contendere, entering a best interest plea of guilty, or receiving a diversionary disposition regarding a felony;
- A subject of an investigation conducted by, or a pending complaint, charge, or indictment issued by, a local, state, or federal governmental regulatory agency or other state or federal law enforcement agency; or
- A party to a final dispositive action in a state or federal governmental agency regulatory action or a civil action that resulted in entry into a settlement agreement, consent agreement, decree or order, corporate integrity agreement, corrective action agreement, or other similar agreement or other disposition in a civil action regardless of whether there has been an admission or finding of guilt or liability.

If **yes**, provide additional information here:


N/A

**ATTACHMENT G: ATTESTATION**

**ATTESTATION OF APPLICANT**

I, Lorraine Dean, solemnly affirm under penalties of perjury that:

1. I am either submitting this application in my individual capacity or am an officer of the applicant's organization that has signatory authority to bind the applicant;
2. The contents of this Application and any supplementary information are true and correct to the best of my knowledge, information, and belief; and
3. The requested MD APCD data is the minimum necessary to accomplish the Project.

<b>Signature:</b>	
<b>Printed Name:</b>	Lorraine Dean
<b>Title:</b>	Associate Profess of Epidemiology
<b>Date:</b>	01-08-2024



## **ATTACHMENT H: INSTITUTIONAL REVIEW BOARD AND DATA FEE DOCUMENTS**

### **A. Institutional Review Board Determination**

Letter and Supporting Materials

If applicable, insert a copy of a current IRB determination letter accompanied by documentation submitted by the Applicant for that determination. All project information fields on the IRB materials must match those submitted on this data request.

### **B. Data Fee Quote**

If you have completed the Data Fee Calculator and saved the PDF, upload the PDF as a cost quote for our records. If this application is approved, the final total cost will be sent by MHCC.

### **C. Data Fee Waiver**

If you have completed the Data Fee Waiver and saved the PDF, upload it below for our review. MHCC will reach out to you to discuss next steps.

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When you submit this application, a draft DUA will be produced for your review of the terms and conditions. There is no action needed on the DUA at this time. If your application is approved, MHCC will send you a final formal DUA for execution.