Application for Access to the HSCRC Statewide Inpatient and Outpatient Uncompensated Care (UCC) Write-off Research-Level Data Sets

For Use in Technical Papers and Analyses for Implementation of the Uncompensated Care Policy

Access to the HSCRC Uncompensated Care (UCC) Write-off, Research-Level Data Sets is restricted exclusively for analyses and reports that pertain to the FY 2017 Uncompensated Care (UCC) policy being considered by the HSCRC. The HSCRC Uncompensated Care (UCC) Write-off, Research-Level Data Sets are available only for FY 2015.

All requests for access are reviewed by the HSCRC Review Board, which makes the final decisions on the release of the White Paper datasets. The review process may take up to 1 week from submission of the complete letter of request and supporting materials to the Commission for consideration.

The following conditions apply to users of Research-Level Data Sets:

1) compliance with Health General Article Section 4-101 et. seq.;
2) compliance with HSCRC Statutory law, Health General Article Section 19-201 et. seq., COMAR 10.37.04 and COMAR 10.37.06;
3) the data shall be used only for the purposes specified by the Commission;
4) the results of data analysis and reports must be submitted to the Commission prior to public release;
5) other restrictions may apply as deemed appropriate

All requests must include a formal letter (on letterhead) of requests, must be submitted and contain in detail the information identified below. In addition, please provide copies of the letter of intent already submitted to the HSCRC for consideration of the white paper. The HSCRC reserves the right to require additional information to determine whether access should be granted to the requesting organization or individual.
Send completed letter of application to:

Health Services Cost Review Commission  
Attn: Oscar Ibarra  
Chief, Program Administration and Information Management  
4160 Patterson Avenue  
Baltimore, MD 21215  
Ph: (410) 764-2566  
Fax: (410) 358-6217  
Email: oscar.ibarra@maryland.gov

1. Identify the organization of individual requesting data access. Include the following information:
   
   Name and Title of Representative
   Name of the Organization
   Mailing Address
   Telephone and Fax Numbers
   E-mail address

2. Specify in detail the purpose for which the data are requested. (A copy of the letter of intent will be sufficient).

3. State in detail the applicant’s qualifications to perform proposed studies and analyses. Specify experience using sensitive medical information, HIPAA training, qualification of investigators, and funding source(s)

4. Provide a detailed description of your data security and confidentiality plan as it pertains to the use and storage of the data requested (HIPAA implementation and security system, confidentiality regulations), and the FIPS 140-2 NIST validated encryption method and certificate number that can be found at:  
   http://csrc.nist.gov/groups/STM/cmvp/validation.html#02
   
   If a computer vendor is used, please specify.

5. Provide documentation that your entity/business unit is a covered entity under HIPAA Regulations, and that it complies with HIPAA Privacy Rules. Please explain in detail.

Please, read and sign the Data Use Agreement, as well as completing the Certificate of Destruction by March 31, 2016 the HSCRC Uncompensated Care (UCC) Write-off, Research-Level Data Sets, and this can be found at:  
http://hscrc.maryland.gov/gbr-adjustments.cfm