

# HPD Data Request

**\* Request Type**

Select *New* if this is a HPD Data Request that has not been previously submitted in this Data Request Portal.

If you have submitted an HPD Data Request before, and are requesting additional years, or are adding additional information to your existing request, select *Supplemental*.

New     Supplemental

**\* Data Request Type**

Limited Data     Research Identifiable Data

**\* Requested Limited Data Set**

Standard Limited     Custom Limited

**\* Which method of data access are you requesting?**

Secure Data Enclave Environment     Direct Transmission

## Data Applicant Information

**\* First Name**

**\* Last Name**

**\* Title**

\* Organization Type

Organization Name

Department

\* Business Address

\* Phone number

\* Email

Are you a student?

Yes  No

\* Does your project involve more than one Data Applicant?

Yes  No

\* Co-Data Applicant(s) Information

Actions	First name	Last name	Title	Organization name	Department	Business Add
No data to display						

◀▶

Point of Contact Information (if different from Data Applicant/ PI)

\* Is the point of contact for the project different than the data applicant or Principal Investigator

Yes  No

\* First Name

\* Last Name

\* Title

\* Organization

Department

\* Business Address

\* Phone number

\* Email

### Organization Information

\* Do you submit data to the HCAI HPD program?

Yes  No

### Limited Data Product Selection Menu

Options

- Claims Medical
- Claims Pharmacy
- Member Eligibility
- Provider Information

\* Please indicate the timeframe of requested data for Claims Medical

\* Please indicate the timeframe of requested data for Claims Pharmacy

\* Please indicate the timeframe of requested data for Member Eligibility

\* Please indicate the timeframe of Provider Info

ex. 2019, 2021

\* Please Attach Variable Justification Grids for the requested datasets

 Upload

\* Are you requesting access to Medi-Cal data?

Yes  No

\* Please describe how the use of Medi-Cal data will contribute to your project.

## Medi-Cal Data


\* Please specify how the proposed project will benefit the administration of the Medi-Cal program.


\* Please specify the funding source for the project.


\* I assert that the research done for this project will not lead to the creation of a commercial product.

## Purpose

\* Project Title 

Project title must start with an alpha character and cannot contain any special characters 

\* Is your project for the purposes of research? 

Research is defined as a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge as stated in Section 164.501 of Title 45 of the Code of Federal Regulations. 

Yes  No

\* Clearly state the purpose and goals of your project. Please include details regarding your methodology, research questions, and expected results.

\* Describe how use of the requested data aligns with the goals of the HPD Program. Identify the specific goals your request aligns with below.

**\* HPD Program Goals**

- Provide public benefit for Californians and the state while protecting individual privacy.
- Increase transparency about health care costs, utilization, quality, and equity.
- Inform policy decisions on topics including the provision of quality health care, improving public health, reducing disparities, advancing health coverage, reducing health care costs, and oversight of the health care system and health care companies.
- Support the development of approaches, services and programs that deliver health care that is cost effective, responsive to the needs of enrollees, and recognizes the diversity of California and impacts of social determinants of health.
- Improve data transparency to achieve a sustainable health care system and more equitable access to affordable and quality health care for all.
- Learn about and seek to improve public health, population health, social determinants of health, and the health care system, not about individual patients.

**Data Access**

\* Please list all individuals who are anticipated to observe, use, or access confidential data, including yourself

AddRemove All

Actions	Data User Name	Data User Title	Data User Project Role	Data User Organizatic

\* Will a contractor or other third party be used for this project?

- Yes     No

\* Please attach a copy of the contract or other third party agreement(s)

Upload

\* Contractor or Other Third Party Access

AddRemove All

Actions	Contractor - Data User First and Last Name	Organization Name	Project Role

Actions	Contractor - Data User First and Last Name	Organization Name	Project Role
<div style="border: 1px solid #ccc; height: 20px; background-color: #f0f0f0; position: relative;"> <span style="position: absolute; left: -10px; top: 50%; transform: translateY(-50%);">◀</span> <span style="position: absolute; right: -10px; top: 50%; transform: translateY(-50%);">▶</span> </div>			

### Data Enclave Access

\* How long do you estimate you will require access to the HPD data in the Secure Data Enclave?

\* Please describe the physical security measures in place to protect against unauthorized disclosure of confidential data.

\* Please describe controls in place to limit who can view the data.

\* Please describe the background screening process for Active Data Users.

\* Please provide the following information for each individual requiring access to the Secure Data Enclave

Add

Remove All

Actions	Data User First Name	Data User Last Name	Data User Title	Data User Organiz
<div style="border: 1px solid #ccc; height: 20px; background-color: #f0f0f0; position: relative;"> <span style="position: absolute; left: -10px; top: 50%; transform: translateY(-50%);">◀</span> <span style="position: absolute; right: -10px; top: 50%; transform: translateY(-50%);">▶</span> </div>				

Additional Redshift database storage


✕

### Linkage

\* Will the requested data be used to link record-level information?

✕

Yes  No

\* Please describe the proposed linkage. Include information on the dataset, method of linkage, and proposed variables to be used to accomplish the linkage. 

Only aggregate de-identified data is to be exported from the HPD Secure Data Enclave 

\* Will you be combining or merging the requested data with any external datasets?

Yes  No

\* Please list the external datasets and how you will be utilizing them to achieve your project goals.

\* Have you received approval to utilize and link the external data from the data owner/entity of the external data set?

Yes  No  N/A

\* Do you need to link your own data set(s) in the HPD Data Enclave?

Yes  No


\* Please describe the volume of data you will need to link within the HPD Data Enclave. Standard access allows upload of 160gb of data.

\* Please identify the Data User responsible for uploading data to the HPD Enclave.

## Data Products

\* What products will be developed from project? Please include a brief description of each product, including the level of detail to be contained in any charts, graphs, tables, or maps.


\* Do you plan to submit your findings for publication in any reports or scientific writings? 

CMS/DHCS data cannot be used for marketing product 

Yes  No

\* Please list the publications to which you plan to submit.

\* How will the results of the research be shared or published?

\* How do you plan to treat small cells (<11) to prevent identifying individuals? 

Small cells are considered <11



\* Please provide your de-identification methodology for any data tables, charts, graphs, and other aggregated data that will be released or published as a part this project. Please reference the California Health and Human Services (CHHS) Data De-Identification Guidelines in your response.

\* I agree to make the research from this project available to HCAI.

### Contractor or Other Third Party Security Measures

\* Please describe the security measures in place to protect the physical environment of the data. (e.g. monitor position, printer location, screensaver, etc.)

\* Please describe the access control measures in place to ensure all data users are accessing data securely. (e.g. password requirements policy, VPN use, WiFi use, file sharing, logs, etc.)

\* Please provide your de-identification methodology for any data tables, charts, graphs, and other aggregated data that will be released or published as a part this project. Please reference the California Health and Human Services (CHHS) Data De-Identification Guidelines in your response.

### Project Security

\* Have you previously applied for data from HCAI for another project?

Yes  No

\* Please list the request number(s) and project title(s) for your previous HCAI data application(s).



\* Has the data applicant been involved in a data breach, or other similar issue, in which Personally Identifiable Information (PII) and/or Protected Health Information (PHI) was misused or improperly disclosed, within the last 7 years?

Yes  No

\* Please explain the circumstances of the incident and include if any corrective measures were taken.

\* Has the data applicant been involved in any criminal convictions or substantiated violations of California, or other state, or federal laws regarding fraud, theft, data breach, data misuse or related offenses in the past 7 years? This includes civil or administrative penalties, civil judgements, or disciplinary actions.

Yes  No

\* Please disclose all convictions, and substantiated violations of California, or other state, or federal law regarding fraud, theft, data breach, data misuse or related offenses in the past 7 years.

### Price Reduction

\* Are you applying for a data price reduction?

Yes  No

Is your organization a non-profit?

Yes  No

 Add attachments