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HPD Data Request

* Request Type 

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

Add

Remove All

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

* Standardized Limited Data Set

Commercial Only Commercial & DHCS Medi-Cal

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

* Please indicate the timeframe of requested data

* Please describe how your use of the data is in alignment with the purpose of the requested standardized Limited Data Set.

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 

*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

Add

Remove All

Actions	Data User Name	Data User Title	Data User Project Role	Data User Organizatic
No data				

* 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

Actions	Contractor - Data User First and Last Name	Organization Name	Project Role	
No data				

Direct Transmission

* Please explain why accessing the data via the HPD Data Enclave is not sufficient for your data needs.

* What is the anticipated length of time you will require access to the data?

YYYY-MM-DD 

* Please list the name, title, phone number and email address for the individual responsible for information security of the data.

Actions	Name	Title	Phone number	Email address
No data to display				

Direct Transmission Security Requirements

Describe, in detail, the security measures under which you propose to use, maintain, and store, and transmit the requested data. Address each of the main categories below. Please review 'HPD's Data Security Standards for Confidential Data' for guidelines.

* 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 describe the type of system the data will be stored on and the security patch policy in place for that system. (e.g. stand-alone, host-based, networked)

* Please describe how the data storage will be managed. (e.g. removal media storage, hard-drive encryption, backups of the data, etc.)

* Please describe the level and type of encryption used for data storage purposes (FIPS-140).


* Please describe your signature based and non-signature based malicious code protection mechanisms at system entry and exit points. Please include product names and current versions of the product.


* Please describe the media sanitization policies in place for your organization (e.g. NIST 800-88, secure wiping, degaussing, physical destruction, etc.).

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


* Will personal identifiers be stored separately from other confidential data? Please elaborate.


* I acknowledge that I have read and understand HPD's Data Security Standards for Confidential Data Linkage

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

This includes linking patients within the HPD datasets 

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

* Please upload an approval letter to utilize and link external data

 Upload

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.

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 describe the specific data access method the contractor or other third party will utilizing to access the approved HPD data?

* 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.

* Please describe your expertise with privacy protection and with the analysis of large sets of confidential information.

Price Reduction

* Are you applying for a data price reduction?

Yes No

Is your organization a non-profit?

Yes No