**Request Form for Use of Restricted Medicaid Data for Research**

**Study Title:**

**Principle Investigator:**

**By law, the release of identifiable/restricted Medicaid data must be of direct benefit to the administration of the Medicaid State Plan (see below).**

**Regulatory Requirements**

* The disclosure of Medicaid confidential data is governed by §1902(a)(7) of the Social Security Act (42 USC §1396a(a)(7)). The law requires that a “State plan for medical assistance must: *(7) provide safeguards which restrict the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of the plan.”*  This standard is achieved by compliance with 42 CFR §431.300 et seq. 42 CFR §431.302 These regulations define “Medicaid program administration” to be limited to:

(A) Establishing Eligibility;

(B) Determining the amount of Medical Assistance;

(C) Providing services for recipients; and

(D) Conducting or assisting an investigation, prosecution, or civil or criminal proceeding related to the administration of the plan

* The Patient Protection and Affordable Care Act of 2010 (hereafter simply the “Affordable Care Act” or “ACA”), applies to all ACA Administering Entities, including state Medicaid agencies, Children’s Health Insurance Program (CHIP) agencies, or state agencies administering the Basic Health Program. Guidance, standards and templates for compliance with this mandate are outlined in the Catalog of Minimum Acceptable Risk Security and Privacy Controls for Exchanges (MARS-E) v.2, 2015
* The Health Insurance Portability and Accountability Act (HIPAA) 45 CFR 164.512(i) sets a similar standard under, “Uses and Disclosure [of PHI] for Research Purposes; and, 45 CFR 165.114(d)(1) Minimum Necessary Uses of Protected Health Information.

**Demonstration of Compliance with Regulatory Standards**

1. **How will the results of this research directly contribute to one or more of the four specific purposes listed below that are directly related to the administration of the Utah Medicaid State Plan? Will the project include an analysis of a Medicaid- specific cohort? The requester must describe one or more specific relevant ways the study will accomplish these purposes. 42 CFR §431.300 et seq., and 42 CFR §431.302**
2. **Establishing Eligibility**
3. **Determining the amount of Medical Assistance**
4. **Providing services for recipients, and**
5. **Conducting or assisting an investigation, prosecution, or civil or criminal proceeding related to the administration of the plan**

1. **Explain why de-identified data will not suffice for the intended purpose of the research. 45 CFR 164.512(i) and 45 CFR 165.114(d)(1)**
2. **What individually identifying data elements are being requested?** (Please provide a list/ or attach a spreadsheet showing the data fields you are requesting that are PHI/PII?
3. **Where will the PHI be stored**? (Consider the following: facility/data center security; protection of paper files, if applicable; servers, back-up systems and computing equipment with information storage capability)
4. **Who will have access to the data? How will you limit access to the PHI to authorized workforce members and persons? Will users have remote access to the data? (**Consider the following: encrypting PHI stored on any mobile media and computing devices that allow remote access.)
5. **Have users been provided appropriate privacy and security training about the use, handling and storage of the data? Please provide the course name, or a brief description of the privacy and security-specific training.**
6. **Will access to the identifiable data be documented and/or audited? If so, please describe the method of tracking access.**
7. **How long will you keep the data you are requesting?**
8. **When you no longer need the data, what process will be used to return or destroy the data?**
9. **Will the user report the results of their study specifically to the Medicaid program? If so, how?**
10. **Do you plan to publish your findings? If so, where?**