



STATE OF MARYLAND  
**DHMH**

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Maryland Department of Health and Mental Hygiene  
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

**MARYLAND MEDICAID OFFICE OF PLANNING DATA REQUEST FORM**

1) **DATE:**

2) **PROJECT NAME:**

3) **CONTACT INFORMATION:**

|                         |  |
|-------------------------|--|
| <b>Name</b>             |  |
| <b>Title</b>            |  |
| <b>Organization</b>     |  |
| <b>Address</b>          |  |
| <b>City, State, Zip</b> |  |
| <b>Phone</b>            |  |
| <b>Fax</b>              |  |
| <b>email</b>            |  |

4) **NATURE OF DATA REQUEST:**

- New request, or  
 New request using previously acquired data.  
Previous study title and IRB No.:

- 5) **RESEARCH PROPOSAL:**  
(A project abstract may be attached to answer questions 5 and 6)

6) **DATA REQUESTED:**

Time period:

Populations:

Diagnoses:

Services:

Service Location:

Providers:

7) **TYPE OF DATA:**

- Managed Care Organization encounter data
  - HealthChoice Program
  - PAC (Primary Adult Care) Program
- Fee-for-service claims data