

**REQUEST FOR DATA
CMSP LOCAL HEALTH CONNECTIONS PILOT PROJECT**

Instructions: To the extent possible, the County Medical Services Program (CMSP) Governing Board office would like to support potential applicants in the development of a Planning or Implementation proposal. To request additional CMSP data beyond the data available at www.cmspcounties.org/data/data.html, please complete this form and return it to via fax to **(916) 848-3349** no later than **Tuesday, January 26, 2010**. The CMSP Governing Board office will attempt to respond to all data requests, subject to data availability and confidentiality limitations, no later than **Friday, February 12, 2010**. If you have questions about this form, please contact Alison Kellen at (916) 649-2631, ext. 19 or at akellen@cmspcounties.org.

Name: _____ Title: _____

Organization: _____

E-mail: _____ Phone: (____) _____

CMSP County(ies) For Which Data is Being Requested: _____

Desired Grant Type (please circle): **Implementation Grant** **Planning Grant**

Requesting Data?		Description of Data Request
Yes	No	
		Member demographics (age, race, & gender)
		Top providers of medical care, utilization and cost
		Pharmacy services utilization and cost by drug class
		Other (<i>please thoroughly explain</i>):
		Other (<i>please thoroughly explain</i>):
		Other (<i>please thoroughly explain</i>):

Additional Comments: