



Data Release Application

Limited and Identifiable Extracts

Table of Contents

[Client Application Revision History 3](#_Toc210379322)

[Data Requestor Details 4](#_Toc210379323)

[Project Schedule and Purpose 6](#_Toc210379327)

[Data Matching and Linkage 8](#_Toc210379328)

[Data Inclusion Criteria 10](#_Toc210379333)

[Additional Documentation 14](#_Toc210379342)

[Client Acknowledgements and Signatures 16](#_Toc210379349)

Client Application Revision History

The following reflects the history of changes made to this document during the application process prior to project production. Once in production, any further changes to the application may result in additional cost and production delays.

|  |  |  |  |
| --- | --- | --- | --- |
| **To be completed by CIVHC staff** | | | |
| Date | New Version Number | Description of Change(s) | CIVHC Change Author  (full name, complete title) |
|  | V.01 | Initial version drafted with client. |  |
|  | V.02 |  |  |
|  | V.03 |  |  |
|  | V.04 |  |  |
|  | V.05 |  |  |
|  | V.06 |  |  |
|  | V.07 |  |  |
|  | V.08 |  |  |
|  | V.09 |  |  |
|  | V.10 |  |  |

Data Requestor Details

General Project Details

|  |  |  |
| --- | --- | --- |
| Project Title: |  | |
| Application Start Date: |  | |
| Requested Project Delivery Date: |  | |
| Client Organization (legal name): |  | |
| Client Organization Address: |  | |
| CIVHC can publicly share the  Client Organization’s name  in its [Change Agent Index](https://www.civhc.org/change-agents/). | Yes | No |
| **To be completed by CIVHC staff** | | |
| CIVHC Contact (full name, complete title): |  | |
| Internal Project Code (IPC): |  | |
| Legacy Project Number (if applicable): |  | |
| Condensed Project Title: |  | |

Data Analysis Software

List specific software that will be used (e.g., R, SAS, SPSS, etc.) to conduct analysis with CO APCD data. Due to the size of CO APCD data files, Microsoft Excel is not recommended.

|  |
| --- |
|  |

Project Contacts

|  |  |
| --- | --- |
| **Project Contact Name:** |  |
| Title: |  |
| Email: |  |
| Phone Number: |  |
| **Analytic Contact Name:** |  |
| Title: |  |
| Email: |  |
| Phone Number: |  |
| **Invoice Contact Name:** |  |
| Title: |  |
| Email: |  |
| Phone Number: |  |
| **Data Release Fee Signatory:** |  |
| Signatory Organization (legal name): |  |
| Title: |  |
| Email: |  |
| Phone Number: |  |
| **Data Use Agreement Signatory:** |  |
| Signatory Organization (legal name): |  |
| Title: |  |
| Email: |  |
| Phone Number: |  |

Project Schedule and Purpose

|  |  |
| --- | --- |
| Proposed Project Start Date[[1]](#footnote-1): |  |
| Anticipated Project End Date: |  |
| Proposed Publication or Release Date: |  |

1. Explain the purpose of your project. If this project is related to a previous project, also explain how this project is related and whether the data or results of both projects will be combined.

|  |
| --- |
|  |

1. Detail the specific project aims, research question(s) you are trying to answer, or problem(s) you are trying to solve with this data request.

|  |
| --- |
|  |

1. Describe your methodology or how you will be using data from the Colorado All Payer Claims Database (CO APCD) to answer your research questions.

|  |
| --- |
|  |

1. Explain how this project will benefit Colorado and its residents.[[2]](#footnote-2)

|  |
| --- |
|  |

1. Describe how your project will improve health care quality, increase health care value, or improve health outcomes for Colorado residents.2

|  |
| --- |
|  |

1. Health equity is defined as the state in which everyone has a fair and just opportunity to attain their highest level of health. Explain how your project addresses health equity.

|  |
| --- |
|  |

1. Describe any publication you plan to develop based on your use of CO APCD data, its intended audience, and whether it will be made publicly available.

|  |
| --- |
|  |

Data Matching and Linkage

Finder File

A Finder File is a file you submit to CIVHC with information about a pre-selected cohort for matching to CO APCD data. Ask your CIVHC Contact for more information about this process and requirements for Finder File submission.

Will you provide CIVHC with a Finder File as part of this project?

No

Yes

Member Match File

A Member Match File is a file that CIVHC creates on your behalf to send to a registry or other outside entity to create a crosswalk connecting data from the CO APCD to the other entity’s data.

Does this project require the creation of a Member Match File?

No

Yes. Consult with your CIVHC Contact about completing a separate Data Element Selection Form specifying the data elements that should be used to create the Member Match File.

Answer the following:

|  |
| --- |
| Who will receive the Member Match File? |
|  |

Control Group

A Control Group is a group of individuals who can be used to compare against the cohort identified in the Finder File.

Will you need CIVHC to create a Control Group as part of this project?

No

Yes. Consult with your CIVHC Contact about completing a separate Control Group Data Element Selection Form specifying the data elements that should be used to define the Control Group.

Linkage

Data Linkage is a method of joining data from different sources together to create a new data set.

Will the CO APCD data be linked to another data source?

No

Yes. Answer the following:

|  |
| --- |
| What is/are the other data source/s? |
|  |
| Who will perform the data linkage? |
|  |
| What identifying data elements will be used to perform the data linkage? |
|  |
| What non-CO APCD data elements will appear in the new linked file? |
|  |

Data Inclusion Criteria

Make selections in the following sections based on what data you want to have included in this extract. If you will be creating a Control Group, complete this section for your study population and not the Control Group.

Protected Health Information (PHI)

Indicate which [Protected Health Information](https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html#protected) data elements you require for your project purpose:

|  |  |  |  |
| --- | --- | --- | --- |
| Available for Limited and Identifiable extracts: | | | |
| Member 5-Digit ZIP Code | | Member County | Member City |
| Member Dates of Service | | Member Eligibility Dates | Claim Paid Dates |
| Employer Name | | Member [Census Tract](https://www.census.gov/programs-surveys/geography/about/glossary.html#par_textimage_13) | Member [Census Block](https://www.census.gov/programs-surveys/geography/about/glossary.html#par_textimage_5) |
| Member [Census Block Group](https://www.census.gov/programs-surveys/geography/about/glossary.html#par_textimage_4) | |  |  |
| Available for Identifiable extracts only (see also [Identifiable Data Use Approval](#Identifiable_Data_Use_Approval)): | | | |
| Member Name | Member Date of Birth (if requesting more than year only) | | |
| Member Street Address | Member Latitude and Longitude | | |
| Provide detailed justification for the inclusion of all PHI data selected above, and explain how its inclusion meets the [Minimum Necessary Requirement](https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/minimum-necessary-requirement/index.html#:~:text=The%20minimum%20necessary%20standard%20requires%20covered%20entities%20to,access%20to%20and%20disclosure%20of%20protected%20health%20information.).[[3]](#footnote-3) | | | |
|  | | | |

Line(s) of Business

Commercial Payers

Health First Colorado (Colorado’s Medicaid and CHP+ programs)[[4]](#footnote-4)

Medicare Advantage

Medicare Fee for Service (FFS; only available for Level 3 extracts)[[5]](#footnote-5)

Year(s) of Data

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
| 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| 2024 | 2025[[6]](#footnote-6) |  |  |  |  |

Claim Type(s)

|  |  |  |
| --- | --- | --- |
| Inpatient Facility | Outpatient Facility | Professional |
| Pharmacy | Dental |  |

Financial Detail by Line Item

|  |  |  |
| --- | --- | --- |
| Charged Amount | Allowed Amount | Plan Paid Amount |
| Plan Pre-Paid Amount | Member Copay | Member Deductible |
| Member Coinsurance | Total Member Liability |  |

Filter Criteria – Services, Providers, Facilities

If you need data for specific services, providers and/or facilities, specify that filter criteria below (ask your CIVHC Contact about including an additional file with this application for large code lists):

|  |
| --- |
| ICD Diagnosis Code(s): |
|  |
| Procedure(s) (list CPT, HCPCS, DRG, ICD, and/or CDT codes): |
|  |
| Drug(s) (list pharmacy NDC and/or HCPCS codes): |
|  |
| Facility Type(s): |
|  |
| Facilities (list NPIs and/or Pharmacy IDs): |
|  |
| Facilities within these geographical areas (list county, zip code, [Census Tract](https://www.census.gov/geographies/reference-maps/2020/geo/2020pl-maps/2020-census-tract.html), etc.): |
|  |
| Provider Type(s): |
|  |
| Provider(s) (list NPIs): |
|  |
| Providers within these geographical areas (list county, zip code, [Census Tract](https://www.census.gov/geographies/reference-maps/2020/geo/2020pl-maps/2020-census-tract.html), etc.): |
|  |
| Specific payers (minimum of five): |
|  |
| Other claim specification: |
|  |

Filter Criteria – Members/Patients

If you need data for specific member/patient groups, specify that filter criteria below (ask your CIVHC Contact about including an additional file with this application for large code lists):

|  |  |  |
| --- | --- | --- |
| Ages: | | |
|  | | |
| At the time of service | At year end | By another anchor date:  Specify here |
| With these ICD Diagnosis Code(s): | | |
|  | | |
| Who have had the following procedure(s) (list CPT, HCPCS, DRG, ICD, and/or CDT codes): | | |
|  | | |
| Within these geographical areas (list county, zip code, [Census Tract](https://www.census.gov/geographies/reference-maps/2020/geo/2020pl-maps/2020-census-tract.html), etc.): | | |
|  | | |

Value-Add Data Elements

[Medicare Severity Diagnosis Related Group](https://www.scp-health.com/blog/understanding-ms-drg-and-its-effect-on-the-case-mix-index/) Codes (MS-DRGs)

[3M All Patient Refined Diagnosis Related Group](https://www.3m.com/3M/en_US/health-information-systems-us/drive-value-based-care/patient-classification-methodologies/apr-drgs/) Codes (3M APR DRGs)

[Medicare Repricer](https://www.milliman.com/en/products/Medicare-Repricer#:~:text=The%20Medicare%20Repricer%20includes%20inpatient%2C%20outpatient%2C%20Ambulatory%20Surgical,group%20%28DRG%29%20and%20ambulatory%20payment%20classification%20%28APC%29%20grouping.) (available at the claim line level)

Fields from the [American Community Survey](https://www.census.gov/programs-surveys/acs) (available at the Census Tract level):

|  |
| --- |
| *Specify here* |

Additional Documentation

Data Element Selection Form (DESF)

The Data Release Application must be accompanied by a completed Data Element Selection Form. Ask your CIVHC Contact for more information about completing this form.

By checking this box, the Client Organization confirms that the Data Element Selection Form has been completed.

If applicable, by checking this box the Client Organization confirms that a separate Member Match File Data Element Selection Form has been completed.

If applicable, by checking this box the Client Organization confirms that a separate Control Group Data Element Selection Form has been completed.

Identifiable Data Use Approval

If you are requesting [Identifiable](#Identifiable) information, approval from an [Institutional Review Board (IRB)](https://privacyruleandresearch.nih.gov/irbandprivacyrule.asp) or a [Privacy Board](https://privacyruleandresearch.nih.gov/privacy_boards_hipaa_privacy_rule.asp) is required before such data can be released.

Not applicable; the Client Organization is requesting a Limited Extract.

Not applicable; the Client Organization is a Public Health Authority[[7]](#footnote-7) requesting a Limited or Identifiable Extract for Public Health Activities[[8]](#footnote-8).

Approval Type

IRB Approval

Privacy Board Approval

Approval Status

Approval request not yet submitted.   
Anticipated submission date: \_\_\_\_\_\_\_

Approval request submitted and under review.   
Anticipated project approval date: \_\_\_\_\_\_\_

Approval already received.

Approval Documentation

By checking this box, the Client Organization confirms that the IRB or Privacy Board **application and approval documents** have been provided to CIVHC.

Data Management Plan

An organization requesting CO APCD data must submit an organizational Data Management Plan to CIVHC outlining the organization’s data security and data management policies and procedures to safeguard the data. This Data Management Plan must be approved by CIVHC prior to any data release.

|  |  |
| --- | --- |
| Date Submitted to CIVHC: |  |
| Date Approved by CIVHC: |  |

Client Acknowledgements and Signatures

Report or Product Distribution

If your project results in the production of a report for public distribution in any format (print, electronic, lecture, slides, etc.), including peer-reviewed publication, it must be submitted to CIVHC for review prior to public release. CIVHC will assess compliance with the [CMS Cell Size Suppression Policy](https://resdac.org/articles/cms-cell-size-suppression-policy), risk of inferential identification, CIVHC and CO APCD citations, and consistency with the purpose and methodology described in this Data Release Application. CIVHC will not assess the accuracy of the study results or attempt to recreate results.

This requirement is further defined in the Data Use Agreement. Failure to pursue and obtain CIVHC approval prior to publication will be a violation of the Data Use Agreement and may put the organization’s future access to data from the CO APCD at risk.

By checking this box, the Client Organization acknowledges this requirement.

Data Destruction Period

All data must be destroyed within 30 days of the project end date. If your project end date changes from the date identified in this application, please reach out to your CIVHC Contact for information requesting a data retention period extension. Extensions are subject to CIVHC’s approval and will incur additional fees.

By checking this box, the Client Organization acknowledges that CIVHC’s [Data Destruction Certificate](https://civhc.org/wp-content/uploads/2023/05/CO-APCD-Data-Destruction-Form.pdf)[[9]](#footnote-9) must be completed and returned to [DataCompliance@CIVHC.org](mailto:DataCompliance@CIVHC.org) by \_\_\_\_\_\_\_ based on the [Anticipated Project End Date](#AnticipatedProjectEndDate).

Data Users

List any individuals that will be working with the data and whether they should receive ongoing communications from CIVHC regarding use of CO APCD data (data warehouse release notes, data user group communications, etc.).

The Data Use Agreement must be updated every time an individual is granted access to the data during the project. Reach out to your CIVHC Contact for information about the amendment process.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Receive Data User Communications from CIVHC | Full Name | Title/Role | Organization | Email Address |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Data Release Application Version Approvals

The Client Organization has reviewed and confirms that the final version number of the Data Release Application reflected below correctly represents the project objectives.

|  |  |
| --- | --- |
| **Version** | **Checkpoint** |
| V.00 | Presented at CIVHC Application Review |
| V.00 | Presented to the Data Release Review Committee (DRRC) |
| V.00 | Final version for production |

|  |  |  |  |
| --- | --- | --- | --- |
| CIVHC Sign-Off | | Receiving Organization Sign-Off | |
| Signature: |  | Signature: |  |
| Name: |  | Name: |  |
| Title: |  | Title: |  |
| Date: |  | Date: |  |

Data Element Selection Form Version Approvals

The Client Organization has reviewed and confirms that the final version number of the Data Element Selection Form reflected below correctly represents the data specifications needed to meet the project objectives.

|  |  |
| --- | --- |
| **Version** | **Checkpoint** |
| V.00 | Presented at CIVHC Application Review |
| V.00 | Presented to the Data Release Review Committee (DRRC) |
| V.00 | Final version for production |

|  |  |  |  |
| --- | --- | --- | --- |
| CIVHC Sign-Off | | Receiving Organization Sign-Off | |
| Signature: |  | Signature: |  |
| Name: |  | Name: |  |
| Title: |  | Title: |  |
| Date: |  | Date: |  |

1. After all required documents have been signed, typical production time is 30-60 days for a Limited or Identifiable Extract. Anticipate a longer production period for projects including a Finder File or creation of a Member Match File. [↑](#footnote-ref-1)
2. It is a statutory requirement for all non-public releases of CO APCD data to benefit Colorado or its residents. Contributions to generalizable knowledge alone are not sufficient to satisfy this requirement. [↑](#footnote-ref-2)
3. Limited and Identifiable extracts must adhere to the [Minimum Necessary Requirement](https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/minimum-necessary-requirement/index.html#:~:text=The%20minimum%20necessary%20standard%20requires%20covered%20entities%20to,access%20to%20and%20disclosure%20of%20protected%20health%20information.) under the [HIPAA Privacy Rule](https://www.hhs.gov/hipaa/for-professionals/privacy/index.html); only that data required to answer the project purpose can be included in the request. [↑](#footnote-ref-3)
4. Medicaid-only data requests must be approved by the Colorado Department of Health Care Policy and Financing. [↑](#footnote-ref-4)
5. Medicare FFS data are available through 2022. Requests must go through a separate approval process. [↑](#footnote-ref-5)
6. This year’s data is incomplete and not fully adjudicated. Consult with your CIVHC Contact to find out what data is available at the time of your request. [↑](#footnote-ref-6)
7. As defined by [45 CFR 164.501](https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-C/part-164/subpart-E/section-164.501), a Public Health Authority is “an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandate.” [↑](#footnote-ref-7)
8. See [45 CFR 164.512(b)](https://www.ecfr.gov/current/title-45/part-164/subpart-E#p-164.512(b)) for the complete definition of Public Health Activities and permitted uses and disclosures. [↑](#footnote-ref-8)
9. Available on the [Data Release Application and Documents](https://civhc.org/data-release-application-and-documents/) page of CIVHC’s website under *Privacy, Security, and Regulatory Information*. [↑](#footnote-ref-9)