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 Data Release Application
 Standard De-Identified Extract

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# 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 |
| Date | V.01 | Initial version drafted with client.  | Name, Title |
| Date | V.02 | Click or tap here to enter text. | Name, Title |
| Date | V.03 | Click or tap here to enter text. | Name, Title |
| Date | V.04 | Click or tap here to enter text. | Name, Title |
| Date | V.05 | Click or tap here to enter text. | Name, Title |
| Date | V.06 | Click or tap here to enter text. | Name, Title |
| Date | V.07 | Click or tap here to enter text. | Name, Title |
| Date | V.08 | Click or tap here to enter text. | Name, Title |
| Date | V.09 | Click or tap here to enter text. | Name, Title |
| Date | V.10 | Click or tap here to enter text. | Name, Title |
| Date | V.11 | Click or tap here to enter text. | Name, Title |
| Date | V.12 | Click or tap here to enter text. | Name, Title |
| Date | V.13 | Click or tap here to enter text. | Name, Title |
| Date | V.14 | Click or tap here to enter text. | Name, Title |
| Date | V.15 | Click or tap here to enter text. | Name, Title |

# Data Requestor Details

## General Project Details

|  |  |
| --- | --- |
| Project Title:  | Click or tap here to enter text. |
| Application Start Date:  | Date |
| Requested Project Delivery Date:  | Date |
| Client Organization:  | Click or tap here to enter text. |
| Client Organization Address:  | Click or tap here to enter text. |
| To be completed by CIVHC staff |
| CIVHC Contact:  | Click or tap here to enter text. |
| Project Number: | Click or tap here to enter text. |
| Condensed Project Title:  | Click or tap here to enter text. |

## Project Contacts

|  |  |
| --- | --- |
| **Project Contact Name:**  | Click or tap here to enter text. |
| Title:  | Click or tap here to enter text. |
| Email:  | Click or tap here to enter text. |
| Phone Number:  | Click or tap here to enter text. |
| **Analytic Contact Name:**  | Click or tap here to enter text. |
| Title:  | Click or tap here to enter text. |
| Email:  | Click or tap here to enter text. |
| Phone Number:  | Click or tap here to enter text. |
| **Invoice Contact Name:**  | Click or tap here to enter text. |
| Title:  | Click or tap here to enter text. |
| Email:  | Click or tap here to enter text. |
| Phone Number:  | Click or tap here to enter text. |

## Data Release Fee Signatory

|  |  |
| --- | --- |
| Name:  | Click or tap here to enter text. |
| Title:  | Click or tap here to enter text. |
| Email:  | Click or tap here to enter text. |

## Data Use Agreement Signatory

|  |  |
| --- | --- |
| Name:  | Click or tap here to enter text. |
| Title:  | Click or tap here to enter text. |
| Email:  | Click or tap here to enter text. |

#

# Project Schedule and Purpose

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

1. Detail the specific research question(s) you are trying to answer or problem(s) you are trying to solve with this data request. Please list and number the individual questions.

|  |
| --- |
| Click or tap here to enter text. |

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.

|  |
| --- |
| Click or tap here to enter text. |

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

|  |
| --- |
| Click or tap here to enter text. |

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

|  |
| --- |
| Click or tap here to enter text. |

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.

|  |
| --- |
| Click or tap here to enter text. |

# Standard Extract Type

Standard De-Identified Extracts come with a standard set of data elements and are not customizable. Consult with your CIVHC Contact if you are interested in a customized product.

Select the type of standard extract you are requesting:

[ ]  Level 1 – Fully de-identified data set without payer- or provider-specific data
[ ]  Level 2a – Includes some payer data (not available to health care providers)
[ ]  Level 2b – Includes some provider data (not available to health care payers)
[ ]  Level 3 – Includes both payer and provider data (for research use)

# Data 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)?  |
| Please specify here. |
| Who will perform the data linkage?  |
| Please specify here. |
| What identifying data elements will be used to perform the data linkage?  |
| Please specify here. |
| What non-CO APCD data elements will appear in the new linked file?  |
| Please specify here. |

# Data Inclusion Criteria

Make selections in the following sections based on what data you want to have included in this extract.

## Line(s) of Business

[ ]  Commercial Payers
[ ]  Health First Colorado (Colorado’s Medicaid and CHP+ programs)[[3]](#footnote-3)
[ ]  Medicare Advantage
[ ]  Medicare Fee for Service (FFS)[[4]](#footnote-4)

## Year(s) of Data

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  2012 | [ ]  2013 | [ ]  2014 | [ ]  2015 | [ ]  2016 | [ ]  2017 |
| [ ]  2018 | [ ]  2019 | [ ]  2020 | [ ]  2021 | [ ]  2022 | [ ]  2023[[5]](#footnote-5) |

## Value-Add Data Elements

Indicate which (if any) of the following value-add options you would like included with this extract:

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

|  |
| --- |
| Please specify here. |

# Additional Documentation

## 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.

[ ]  Submitted to CIVHC on Date
[ ]  Approved by CIVHC on Date

# Client Acknowledgements and Signatures

## Change Agent Index

CIVHC can publicly share the Client Organization’s name in its [Change Agent Index](https://www.civhc.org/change-agents/).

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

## 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 [CMS cell suppression rules](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 this application, please reach out to your CIVHC Contact for a project extension request form.

[ ]  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)[[6]](#footnote-6) must be completed and returned to DataCompliance@CIVHC.org by Date based on the [Anticipated Project End Date](#AnticipatedProjectEndDate).

## Data Users

List any individuals that will be working with the data. The Data Use Agreement must be updated through your CIVHC Contact every time individuals are granted access to the data during the course of the project.

|  |  |  |
| --- | --- | --- |
| Name  | Role | Organization |
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## Data Release Application Version Approvals

### Checkpoint 1: Preparation for CIVHC’s internal Application Review Meeting

The Client Organization has reviewed and confirms that V.00 of this Data Release Application represents the correct details to meet the project objectives.

|  |  |
| --- | --- |
| CIVHC Sign-Off | Receiving Organization Sign-Off |
| Initials:  | Click or tap here to enter text. | Initials:  | Click or tap here to enter text. |
| Name:  | Click or tap here to enter text. | Name:  | Click or tap here to enter text. |
| Title:  | Click or tap here to enter text. | Title:  | Click or tap here to enter text. |
| Date:  | Date | Date:  | Date |

### Checkpoint 2: Final approval to begin project production

The Client Organization has reviewed and confirms that V.00 of this Data Release Application represents the correct details to meet the project objectives.

|  |  |
| --- | --- |
| CIVHC Sign-Off | Receiving Organization Sign-Off |
| Signature:  |  | Signature:  |  |
| Name:  | Click or tap here to enter text. | Name:  | Click or tap here to enter text. |
| Title:  | Click or tap here to enter text. | Title:  | Click or tap here to enter text. |
| Date:  | Date | Date:  | Date |

1. After all required documents have been signed and the Data Release Review Committee has approved the project, 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. Medicaid-only data requests must be approved by the Colorado Department of Health Care Policy and Financing. [↑](#footnote-ref-3)
4. Medicare FFS data are not available for all requests and must go through a separate approval process. [↑](#footnote-ref-4)
5. This year’s data is incomplete. Consult with your CIVHC Contact to find out what data is available at the time of your request. [↑](#footnote-ref-5)
6. 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-6)