



April Data User Group | April 17, 2025

Using the Data Element Selection Form & Standard Data Sets



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Agenda

- ☑ CIVHC and CO APCD Overview
- ☑ New Data Elements in the CO APCD
- ☑ Data Element Selection Form (DESF)
- ☑ Value of De-Identified Data Sets
- ☑ Additional Resources
- ☑ Ways to Partner with Us



Our Mission

To equip partners and communities in Colorado and across the nation with the resources, services and unbiased data needed to improve health and health care.

Our Vision

Everyone has the opportunity to be healthy and has access to equitable, affordable, high-quality health care.

We Are

- ☑ Non-profit
- ☑ Independent and objective
- ☑ Service-oriented



Who We Serve

Change Agents

Individuals, communities, or organizations working to lower costs, improve care, and make Colorado healthier.



How We Serve



Public CO APCD Data

Identify opportunities for improvement in your community through interactive data, reports and publications



Non-Public CO APCD Data & Evaluation Services

License CO APCD data your specific project needs, or use our program evaluation services to measure the impact of your work

Data User Group Presenters

Alice Aguirre | CIVHC | Data Quality Manager

Danielle Evergreen | CIVHC | Compliance Project Manager

Martha Meyer, PhD, MPH | CIVHC | Data Research Liaison





New Data Elements in the CO APCD



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Data Submission Guide v15

Member Eligibility

- Vision Coverage Indicator

Medical Claims

- Vision Claim Indicator
- Denied Claim Reason

Pharmacy Claims

- Denied Claim Line Indicator
- Denial Reason

Provider

- Provider Health System Affiliation





Data Element Selection Form



CIVHC
CENTER FOR IMPROVING
VALUE IN HEALTH CARE



Agenda

Background

DESF Structural Enhancements

DESF Hard Launch Highlights

- Data Element Definitions
- Form Structure and Use
- Document Security

In the Numbers

What is the Data Element Selection Form?

- Launched in January 2025
- Replaces the Data Element Dictionary (DED) that many CO APCD users may be familiar with
- Incorporates significantly more detail about a project to add context and clarity to the data request



DED-to-DESF Structural Enhancements

- Addition of a substantial cover page (completed by CIVHC staff)
- Major expansion of data filtering options
- Incorporation of specifications for control groups and member match files
- Extensive enhancements throughout to improve the overall user experience



DED-to-DESF Content Enhancements

- ☑ Branding redesign for greater visual clarity and navigational ease for end users
- ☑ 27 data elements **added**, such as:
 - Member Eligibility elements
 - Medicare Repricer elements
 - Geocoding components
- ☑ 14 elements **removed**; those data are either no longer collected, or the new element additions provide better data.



DED-to-DESF Content Enhancements



All new data element definitions that include the following:

- Consistent definitions of elements found across multiple tables

Table	Element	Definition
Dental_Claims_Header	Allowed_Amt	Sum of all plan-covered amounts and member liability at the claim line level (\$USD, two decimals implied).
Dental_Claims_Line	Allowed_Amt	Sum of all plan-covered amounts and member liability at the claim line level (\$USD, two decimals implied).
Medical_Claims_Header	Allowed_Amt	Sum of all plan-covered amounts and member liability at the claim line level (\$USD, two decimals implied).
Medical_Claims_Line	Allowed_Amt	Sum of all plan-covered amounts and member liability at the claim line level (\$USD, two decimals implied).
Pharmacy_Claims_Header	Allowed_Amt	Sum of all plan-covered amounts and member liability at the claim line level (\$USD, two decimals implied).

DED-to-DESF Content Enhancements

All new data element definitions that include the following:

- Additional user references, such as Data Submission Guide (DSG) tables, Census resources, regulatory information, etc.

Table	Element	Definition
Member	Ethnicity_1_Cd	Code description of the member's ethnicity reported on the claim [code list found in DSG v.16, Exhibit A-1.1, Data Element #ME025 (pg.22)]. See table 'DIM_Ethnicities'.
Member_Eligibility	Census_Block_Group	Single-digit code indicating the group number of the Census Block. See complete definition of Block Group at https://www.census.gov/programs-surveys/geography/about/glossary.html#par_textimage_4 .
Member_Eligibility	Grandfather_Status	Yes/No flag indicating whether the member was enrolled in a Grandfathered health plan, as defined by 45 CFR 147.140. See https://www.ecfr.gov/current/title-45/part-147/section-147.140#p-147.140(a) .



DED-to-DESF Content Enhancements

All new data element definitions that include the following:

- Clearly defined integer substitutions assigned by the CO APCD Administrator

Table	Element	Definition
Member	Member_ID	CO APCD-generated code unique to the member across a single payer.
Member	Payer_Cd	CO APCD-generated code unique to each Payer.
Member_Eligibility	Employer_Tax_ID	CO APCD-assigned integer for Employer Identification Number (EIN) of the health plan subscriber's employer.




Structural Overview

DESF Cover Page

- Indicates which components are part of a request: Extract, Control Group, Member Match File
- Identifies internal tracking details



CO APCD Data Element Selection Form (DESF) Cover Page				020-007.2.1-FOR 202501			
For Completion by CIVHC Staff							
		Selection Types Completed in this DESF: <ul style="list-style-type: none"> <input type="checkbox"/> Extract Inclusion Criteria (ORANGE tab) and Element Selection <input type="checkbox"/> Control Group Inclusion Criteria (GREEN tab) and Element Selection <input type="checkbox"/> Member Match Inclusion Criteria (BLUE tab) and Element Selection 					
Opportunity Number:				Post-Production Quality Control (use only when Extract passes QC)			
Condensed Project Title:				QC Analyst:	Do Not Use		
Client Project Contact:				Date of QC Completion:	Do Not Use		
CIVHC Contact:				Data Vintage:	Do Not Use		
Date of Application Review Presentation:							
Date of DRRC Presentation:							
Extract Recipient Contact Information							
Name	Title	Organization	Email				
Member Match File Recipient Contact Information							
Name	Title	Organization	Email				
Fulfillment Details							
Extract Type	Limited Extract PHI Elements		Identifiable Extract PII Elements		Delivery Iteration		
<input type="checkbox"/> De-Identified <input type="checkbox"/> Limited <input type="checkbox"/> Identifiable	Member 5-Digit Zip Code Member County Member City Member Dates of Service Member Eligibility Dates ClaimPaid Dates Employer Name Member Census Tract Member Census Block Member Census Block Group	<u>Requested</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>Approved by DRRC</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Member Name Member Date of Birth Member Street Address Member Latitude/Longitude	<u>Requested</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>Approved by DRRC</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Initial (new extract for this client) <input type="checkbox"/> Recurring, Elements Added <input type="checkbox"/> Recurring, Elements Removed <input type="checkbox"/> Recurring, Filters Changed <input type="checkbox"/> Repull
Other Considerations <input type="checkbox"/> Client Finder File received <input type="checkbox"/> HCPF approval required for Medicare FFS data use <input type="checkbox"/> HCPF approval required for Medicaid-only data use							
Related Opportunities							
Opportunity Number	Relevant Detail						
Document Revision History							
Date	New Document Version	Description of Change(s)			CIVHC Change Author (Full Name, Full Title)		
	V.01						
	V.02						
	V.03						
	V.04						
	V.05						
	V.06						
	V.07						
	V.08						
	V.09						

Structural Overview

Navigation



All tabs of the document are color-coded to match the DESF Cover Page:

CO APCD Data Element Selection Form (DESF) Cover Page		020-007.2.1-FOR 202501
For Completion by CIVHC Staff		
Selection Types Completed in this DESF:	<input type="checkbox"/>	Extract Inclusion Criteria (ORANGE tab) and Element Selection
	<input type="checkbox"/>	Control Group Inclusion Criteria (GREEN tab) and Element Selection
	<input type="checkbox"/>	Member Match Inclusion Criteria (BLUE tab) and Element Selection

Cover Page

EXTRACT Data Inclusion Criteria

CONTROL Data Inclusion Criteria

Data Elements Selection

MATCH Data Inclusion Criteria

MATCH Data Elements

Structural Overview

Inclusion Criteria Pages

- Doubles the data filtering options from DED V11!
- Groups options to more easily specify filtering by claims, providers, and members.
- Includes clarity about what the filter will do to the output.



Extract Data Inclusion Criteria		
Provide additional information here about what data should be included in this extract. Selections should match the Data Release Application .		
Requested by Client	Inclusion Condition	Condition Specifications
Finder File Criteria		
	Only include data for members provided in the Finder File.	If cell A8 is checked, CIVHC staff should enter file name and location here.
	Include all data with a crosswalk for members from the Finder File.	N/A
Line(s) of Business		
	Include Commercial Payer data.	N/A
	Include Health First Colorado (Colorado's Medicaid and CHP+ programs) data.	N/A
	Include Medicare Advantage data.	N/A
	Include Medicare Fee for Service (FFS) data (Note: Available data has approximately a 14-month	N/A
Claim Type(s)		
	Include inpatient facility (1) claims.	N/A
	Include outpatient facility (2) claims.	N/A
	Include professional (3) claims.	N/A
	Include dental (5) claims.	N/A
	Include pharmacy (6) claims.	N/A
Claim Dates and Services		
	Only include claims for services provided during this date range:	
	Only include claims with these ICD-9 diagnosis codes:	
	Only include claims with these ICD-9 procedure codes:	
	Only include claims with these ICD-10 diagnosis codes:	
	Only include claims with these ICD-10 procedure codes:	
	Only include claims with these Current Procedural Terminology (CPT) codes:	
	Only include claims with these Healthcare Common Procedure Coding System (HCPCS) codes:	
	Only include claims with these Diagnosis-Related Group (DRG) codes:	
	Only include claims with these Current Dental Terminology (CDT) codes:	
	Only include claims with these 11-digit National Drug Codes (NDCs):	
Providers		
	National Provider Identifier (NPI): Unique identification number for covered health care providers issued by the National Plan and Provider Enumeration System (NPPES).	
	Only include claims with these billing provider NPIs:	
	Only include claims with these service provider NPIs:	
	Only include claims with these billing or service provider NPIs:	
	Include all claims for members who have ever received services from providers with these NPIs:	
	Only include data for billing providers with these taxonomies:	
	Only include data for service providers with these taxonomies:	
	Only include data for billing or service providers with these taxonomies:	
	Only include data for billing providers from this/these geographical area(s): (E.g.: state, county, zip code, or census tract)	
	Only include data for service providers from this/these geographical area(s): (E.g.: state, county, zip code, or census tract)	
	Only include data for billing and service providers from this/these geographical area(s): (E.g.: state, county, zip code, or census tract)	
	Only include data for billing or service providers from this/these geographical area(s): (E.g.: state, county, zip code, or census tract)	
Members		
	Only include claims for members in this age range on the date of service:	
	Only include claims for members in this age range at the end of the calendar year:	
	Only include claims for members with these ICD-9 diagnosis codes:	
	Only include claims for members with these ICD-9 procedure codes:	
	Only include claims for members with these ICD-10 diagnosis codes:	
	Only include claims for members with these ICD-10 procedure codes:	
	Only include claims for members with these Current Procedural Terminology (CPT) codes:	
	Only include claims for members with these Healthcare Common Procedure Coding System (HCPCS) codes:	
	Only include claims for members with these Diagnosis-Related Group (DRG) codes:	
	Only include claims for members with these Current Dental Terminology (CDT) codes:	
	Only include claims for members who have filled prescriptions for these 11-digit National Drug Codes (NDCs):	
	Only include claims for members from this/these geographical area(s): (E.g.: state, county, zip code, census tract, Division of Insurance region, or Regional Accountable Care entity)	
	Only include claims for members with the specified gender(s):	
	Only include claims for members eligible for insurance coverage in this date range:	
Other Criteria not Listed Above		

Structural Overview

Data Element Selection Page

Concise user instructions added.

Selection Instructions

Indicate requested data elements by entering an "X" in the respective column on the left.

Request **GREEN** data elements if any other data elements from the same **Table** are selected.

Request **BLUE** elements if any other elements within the same **Element Category** (PURPLE buttons below) are selected.

Data Element Selection Form

Select the Element Category of data elements to view (reflected in PURPLE when selected):

Value-Add Groupers
People
Providers
Medical Claims
Pharmacy Claims
Dental Claims
DIM Tables

Requested by Client for CONTROL GROUP	Requested by Client for EXTRACT	Security Level	Table	Element	Definition	DSG Code
		De-Identified	Dental_Claims_Header	Allowed_Amt	Sum of all plan-covered amounts and member liability at the claim line level (\$USD, two decimals implied).	MC063 - MC067
		De-Identified	Dental_Claims_Header	Bill_Type_Cd	Alphanumeric code for institutional claims only. First digit of the code indicates type of facility, second digit indicates bill classification, and third digit indicates claim frequency [code lists found in DSG v.16, Exhibit B.1.D (pg.68)].	MC036
		De-Identified	Dental_Claims_Header	Bill_Type_Desc	Text description of element 'Bill_Type_Cd' [code lists found in DSG v.16, Exhibit B.1.D (pg.68)].	MC036
		De-Identified	Dental_Claims_Header	Billing_Provider_Composite_ID	CO APCD-generated code unique to the billing provider.	
		De-Identified	Dental_Claims_Header	Capitation_Flag	Yes/No flag indicating payment under a capitated agreement.	
		De-Identified	Dental_Claims_Header	Charge_Amt	Full cost of a service billed to a Payer (\$USD, two decimals implied).	MC062
		De-Identified	Dental_Claims_Header	Claim_ID	CO APCD-generated code for medical claim control number. Claim_IDs are unique throughout the CO APCD.	
		De-Identified	Dental_Claims_Header	Claim_Status_Cd	Code indicating claim status as processed, denied, reversed, or forwarded [code list found in DSG v.16, Exhibit B.1.F (pg.69)].	MC038
		De-Identified	Dental_Claims_Header	Claim_Type_Cd	Code describing the type of claim: 1 = Inpatient 2 = Outpatient 3 = Professional 5 = Dental 6 = Pharmacy	
		De-Identified	Dental_Claims_Header	COB_Flag	Flag indicating whether the paying plan is primary, secondary, or tertiary for the member.	
		De-Identified	Dental_Claims_Header	Coinsurance_Amt	Coinsurance portion of member liability for the claim (\$USD, two decimals implied).	MC066
		De-Identified	Dental_Claims_Header	Copay_Amt	Copay portion of member liability for the claim (\$USD, two decimals implied).	MC065
		De-Identified	Dental_Claims_Header	Deductible_Amt	Deductible portion of member liability for the claim (\$USD, two decimals implied).	MC067
		De-Identified	Dental_Claims_Header	Dental_Carrier_Flag	Flag indicating whether this insurer is a standalone dental carrier.	
		De-Identified	Dental_Claims_Header	Dental_Flag	Yes/No flag indicating whether a claim includes a dental service.	

Structural Overview

Data Element Selection Page

Data elements color-coded to match user instructions.

Selection Instructions

Indicate requested data elements by entering an "X" in the respective column on the left.

Request **GREEN** data elements if any other data elements from the same **Table** are selected.

Request **BLUE** elements if any other elements within the same **Element Category** (PURPLE buttons below) are selected.

Data Element Selection Form

Select the Element Category of data elements to view (reflected in PURPLE when selected):

Value-Add Groupers
People
Providers
Medical Claims
Pharmacy Claims
Dental Claims
DIM Tables

Requested by Client for CONTROL GROUP	Requested by Client for EXTRACT	Security Level	Table	Element	Definition	DSG Code
		De-Identified	Dental_Claims_Header	Allowed_Amt	Sum of all plan-covered amounts and member liability at the claim line level (\$USD, two decimals implied).	MC063 - MC067
		De-Identified	Dental_Claims_Header	Bill_Type_Cd	Alphanumeric code for institutional claims only. First digit of the code indicates type of facility, second digit indicates bill classification, and third digit indicates claim frequency [code lists found in DSG v.16, Exhibit B.1.D (pg.68)].	MC036
		De-Identified	Dental_Claims_Header	Bill_Type_Desc	Text description of element 'Bill_Type_Cd' [code lists found in DSG v.16, Exhibit B.1.D (pg.68)].	MC036
		De-Identified	Dental_Claims_Header	Billing_Provider_Composite_ID	CO APCD-generated code unique to the billing provider.	
		De-Identified	Dental_Claims_Header	Capitation_Flag	Yes/No flag indicating payment under a capitated agreement.	
		De-Identified	Dental_Claims_Header	Charge_Amt	Full cost of a service billed to a Payer (\$USD, two decimals implied).	MC062
		De-Identified	Dental_Claims_Header	Claim_ID	CO APCD-generated code for medical claim control number. Claim_IDs are unique throughout the CO APCD.	
		De-Identified	Dental_Claims_Header	Claim_Status_Cd	Code indicating claim status as processed, denied, reversed, or forwarded [code list found in DSG v.16, Exhibit B.1.F (pg.69)].	MC038
		De-Identified	Dental_Claims_Header	Claim_Type_Cd	Code describing the type of claim: 1 = Inpatient 2 = Outpatient 3 = Professional 5 = Dental 6 = Pharmacy	
		De-Identified	Dental_Claims_Header	COB_Flag	Flag indicating whether the paying plan is primary, secondary, or tertiary for the member.	
		De-Identified	Dental_Claims_Header	Coinsurance_Amt	Coinsurance portion of member liability for the claim (\$USD, two decimals implied).	MC066
		De-Identified	Dental_Claims_Header	Copay_Amt	Copay portion of member liability for the claim (\$USD, two decimals implied).	MC065
		De-Identified	Dental_Claims_Header	Deductible_Amt	Deductible portion of member liability for the claim (\$USD, two decimals implied).	MC067
		De-Identified	Dental_Claims_Header	Dental_Carrier_Flag	Flag indicating whether this insurer is a standalone dental carrier.	
		De-Identified	Dental_Claims_Header	Dental_Flag	Yes/No flag indicating whether a claim includes a dental service.	

Structural Overview

Data Element Selection Page

Buttons added to improve filtering by data element type.

Selection Instructions

Indicate requested data elements by entering an "X" in the respective column on the left.

Request **GREEN** data elements if any other data elements from the same **Table** are selected.

Request **BLUE** elements if any other elements within the same **Element Category** (PURPLE buttons below) are selected.

Data Element Selection Form

Select the Element Category of data elements to view (reflected in PURPLE when selected):

Value-Add Groupers
People
Providers
Medical Claims
Pharmacy Claims
Dental Claims
DIM Tables

Requested by Client for CONTROL GROUP	Requested by Client for EXTRACT	Security Level	Table	Element	Definition	DSG Code
		De-Identified	Dental_Claims_Header	Allowed_Amt	Sum of all plan-covered amounts and member liability at the claim line level (\$USD, two decimals implied).	MC063 - MC067
		De-Identified	Dental_Claims_Header	Bill_Type_Cd	Alphanumeric code for institutional claims only. First digit of the code indicates type of facility, second digit indicates bill classification, and third digit indicates claim frequency [code lists found in DSG v.16, Exhibit B.1.D (pg.68)].	MC036
		De-Identified	Dental_Claims_Header	Bill_Type_Desc	Text description of element 'Bill_Type_Cd' [code lists found in DSG v.16, Exhibit B.1.D (pg.68)].	MC036
		De-Identified	Dental_Claims_Header	Billing_Provider_Composite_ID	CO APCD-generated code unique to the billing provider.	
		De-Identified	Dental_Claims_Header	Capitation_Flag	Yes/No flag indicating payment under a capitated agreement.	
		De-Identified	Dental_Claims_Header	Charge_Amt	Full cost of a service billed to a Payer (\$USD, two decimals implied).	MC062
		De-Identified	Dental_Claims_Header	Claim_ID	CO APCD-generated code for medical claim control number. Claim_IDs are unique throughout the CO APCD.	
		De-Identified	Dental_Claims_Header	Claim_Status_Cd	Code indicating claim status as processed, denied, reversed, or forwarded [code list found in DSG v.16, Exhibit B.1.F (pg.69)].	MC038
		De-Identified	Dental_Claims_Header	Claim_Type_Cd	Code describing the type of claim: 1 = Inpatient 2 = Outpatient 3 = Professional 5 = Dental 6 = Pharmacy	
		De-Identified	Dental_Claims_Header	COB_Flag	Flag indicating whether the paying plan is primary, secondary, or tertiary for the member.	
		De-Identified	Dental_Claims_Header	Coinsurance_Amt	Coinsurance portion of member liability for the claim (\$USD, two decimals implied).	MC066
		De-Identified	Dental_Claims_Header	Copay_Amt	Copay portion of member liability for the claim (\$USD, two decimals implied).	MC065
		De-Identified	Dental_Claims_Header	Deductible_Amt	Deductible portion of member liability for the claim (\$USD, two decimals implied).	MC067
		De-Identified	Dental_Claims_Header	Dental_Carrier_Flag	Flag indicating whether this insurer is a standalone dental carrier.	
		De-Identified	Dental_Claims_Header	Dental_Flag	Yes/No flag indicating whether a claim includes a dental service.	

Structural Overview

Data Element Selection Page

Value-Add Groupers combined into the full data elements list.

Selection Instructions

Indicate requested data elements by entering an "X" in the respective column on the left.

Request **GREEN** data elements if any other data elements from the same **Table** are selected.

Request **BLUE** elements if any other elements within the same **Element Category** (PURPLE buttons below) are selected.

Data Element Selection Form

Select the Element Category of data elements to view (reflected in PURPLE when selected):

Value-Add Groupers
Providers
Medical Claims
Pharmacy Claims
Dental Claims
DIM Tables

Requested by Client for CONTROL GROUP	Requested by Client for EXTRACT	Security Level	Table	Element	Definition	DSG Code
		De-Identified	Dental_Claims_Header	Allowed_Amt	Sum of all plan-covered amounts and member liability at the claim line level (\$USD, two decimals implied).	MC063 - MC067
		De-Identified	Dental_Claims_Header	Bill_Type_Cd	Alphanumeric code for institutional claims only. First digit of the code indicates type of facility, second digit indicates bill classification, and third digit indicates claim frequency [code lists found in DSG v.16, Exhibit B.1.D (pg.68)].	MC036
		De-Identified	Dental_Claims_Header	Bill_Type_Desc	Text description of element 'Bill_Type_Cd' [code lists found in DSG v.16, Exhibit B.1.D (pg.68)].	MC036
		De-Identified	Dental_Claims_Header	Billing_Provider_Composite_ID	CO APCD-generated code unique to the billing provider.	
		De-Identified	Dental_Claims_Header	Capitation_Flag	Yes/No flag indicating payment under a capitated agreement.	
		De-Identified	Dental_Claims_Header	Charge_Amt	Full cost of a service billed to a Payer (\$USD, two decimals implied).	MC062
		De-Identified	Dental_Claims_Header	Claim_ID	CO APCD-generated code for medical claim control number. Claim_IDs are unique throughout the CO APCD.	
		De-Identified	Dental_Claims_Header	Claim_Status_Cd	Code indicating claim status as processed, denied, reversed, or forwarded [code list found in DSG v.16, Exhibit B.1.F (pg.69)].	MC038
		De-Identified	Dental_Claims_Header	Claim_Type_Cd	Code describing the type of claim: 1 = Inpatient 2 = Outpatient 3 = Professional 5 = Dental 6 = Pharmacy	
		De-Identified	Dental_Claims_Header	COB_Flag	Flag indicating whether the paying plan is primary, secondary, or tertiary for the member.	
		De-Identified	Dental_Claims_Header	Coinsurance_Amt	Coinsurance portion of member liability for the claim (\$USD, two decimals implied).	MC066
		De-Identified	Dental_Claims_Header	Copay_Amt	Copay portion of member liability for the claim (\$USD, two decimals implied).	MC065
		De-Identified	Dental_Claims_Header	Deductible_Amt	Deductible portion of member liability for the claim (\$USD, two decimals implied).	MC067
		De-Identified	Dental_Claims_Header	Dental_Carrier_Flag	Flag indicating whether this insurer is a standalone dental carrier.	
		De-Identified	Dental_Claims_Header	Dental_Flag	Yes/No flag indicating whether a claim includes a dental service.	

Structural Overview

Data Element Selection Page

Filtering made available for all columns.

Selection Instructions

Indicate requested data elements by entering an "X" in the respective column on the left.

Request **GREEN** data elements if any other data elements from the same **Table** are selected.

Request **BLUE** elements if any other elements within the same **Element Category** (PURPLE buttons below) are selected.

Data Element Selection Form

Select the Element Category of data elements to view (reflected in PURPLE when selected):

Value-Add Groupers
People
Providers
Medical Claims
Pharmacy Claims
Dental Claims
DIM Tables

Requested by Client for CONTROL GROUP	Requested by Client for EXTRACT	Security Level	Table	Element	Definition	DSG Code
		De-Identified	Dental_Claims_Header	Allowed_Amt	Sum of all plan-covered amounts and member liability at the claim line level (\$USD, two decimals implied).	MC063 - MC067
		De-Identified	Dental_Claims_Header	Bill_Type_Cd	Alphanumeric code for institutional claims only. First digit of the code indicates type of facility, second digit indicates bill classification, and third digit indicates claim frequency [code lists found in DSG v.16, Exhibit B.1.D (pg.68)].	MC036
		De-Identified	Dental_Claims_Header	Bill_Type_Desc	Text description of element 'Bill_Type_Cd' [code lists found in DSG v.16, Exhibit B.1.D (pg.68)].	MC036
		De-Identified	Dental_Claims_Header	Billing_Provider_Composite_ID	CO APCD-generated code unique to the billing provider.	
		De-Identified	Dental_Claims_Header	Capitation_Flag	Yes/No flag indicating payment under a capitated agreement.	
		De-Identified	Dental_Claims_Header	Charge_Amt	Full cost of a service billed to a Payer (\$USD, two decimals implied).	MC062
		De-Identified	Dental_Claims_Header	Claim_ID	CO APCD-generated code for medical claim control number. Claim_IDs are unique throughout the CO APCD.	
		De-Identified	Dental_Claims_Header	Claim_Status_Cd	Code indicating claim status as processed, denied, reversed, or forwarded [code list found in DSG v.16, Exhibit B.1.F (pg.69)].	MC038
		De-Identified	Dental_Claims_Header	Claim_Type_Cd	Code describing the type of claim: 1 = Inpatient 2 = Outpatient 3 = Professional 5 = Dental 6 = Pharmacy	
		De-Identified	Dental_Claims_Header	COB_Flag	Flag indicating whether the paying plan is primary, secondary, or tertiary for the member.	
		De-Identified	Dental_Claims_Header	Coinsurance_Amt	Coinsurance portion of member liability for the claim (\$USD, two decimals implied).	MC066
		De-Identified	Dental_Claims_Header	Copay_Amt	Copay portion of member liability for the claim (\$USD, two decimals implied).	MC065
		De-Identified	Dental_Claims_Header	Deductible_Amt	Deductible portion of member liability for the claim (\$USD, two decimals implied).	MC067
		De-Identified	Dental_Claims_Header	Dental_Carrier_Flag	Flag indicating whether this insurer is a standalone dental carrier.	
		De-Identified	Dental_Claims_Header	Dental_Flag	Yes/No flag indicating whether a claim includes a dental service.	

Structural Overview

Data Element Selection Page

Selection column for Control Group added.

Selection Instructions

Indicate requested data elements by entering an "X" in the respective column on the left.

Request **GREEN** data elements if any other data elements from the same **Table** are selected.

Request **BLUE** elements if any other elements within the same **Element Category** (PURPLE buttons below) are selected.

Data Element Selection Form

Select the Element Category of data elements to view (reflected in PURPLE when selected):

Value-Add Groupers
People
Providers
Medical Claims
Pharmacy Claims
Dental Claims
DIM Tables

Requested by Client for CONTROL GROUP	Requested by Client for EXTRACT	Security Level	Table	Element	Definition	DSG Code
		De-Identified	Dental_Claims_Header	Allowed_Amt	Sum of all plan-covered amounts and member liability at the claim line level (\$USD, two decimals implied).	MC063 - MC067
		De-Identified	Dental_Claims_Header	Bill_Type_Cd	Alphanumeric code for institutional claims only. First digit of the code indicates type of facility, second digit indicates bill classification, and third digit indicates claim frequency [code lists found in DSG v.16, Exhibit B.1.D (pg.68)].	MC036
		De-Identified	Dental_Claims_Header	Bill_Type_Desc	Text description of element 'Bill_Type_Cd' [code lists found in DSG v.16, Exhibit B.1.D (pg.68)].	MC036
		De-Identified	Dental_Claims_Header	Billing_Provider_Composite_ID	CO APCD-generated code unique to the billing provider.	
		De-Identified	Dental_Claims_Header	Capitation_Flag	Yes/No flag indicating payment under a capitated agreement.	
		De-Identified	Dental_Claims_Header	Charge_Amt	Full cost of a service billed to a Payer (\$USD, two decimals implied).	MC062
		De-Identified	Dental_Claims_Header	Claim_ID	CO APCD-generated code for medical claim control number. Claim_IDs are unique throughout the CO APCD.	
		De-Identified	Dental_Claims_Header	Claim_Status_Cd	Code indicating claim status as processed, denied, reversed, or forwarded [code list found in DSG v.16, Exhibit B.1.F (pg.69)].	MC038
		De-Identified	Dental_Claims_Header	Claim_Type_Cd	Code describing the type of claim: 1 = Inpatient 2 = Outpatient 3 = Professional 5 = Dental 6 = Pharmacy	
		De-Identified	Dental_Claims_Header	COB_Flag	Flag indicating whether the paying plan is primary, secondary, or tertiary for the member.	
		De-Identified	Dental_Claims_Header	Coinsurance_Amt	Coinsurance portion of member liability for the claim (\$USD, two decimals implied).	MC066
		De-Identified	Dental_Claims_Header	Copay_Amt	Copay portion of member liability for the claim (\$USD, two decimals implied).	MC065
		De-Identified	Dental_Claims_Header	Deductible_Amt	Deductible portion of member liability for the claim (\$USD, two decimals implied).	MC067
		De-Identified	Dental_Claims_Header	Dental_Carrier_Flag	Flag indicating whether this insurer is a standalone dental carrier.	
		De-Identified	Dental_Claims_Header	Dental_Flag	Yes/No flag indicating whether a claim includes a dental service.	

Structural Overview

Member Match File Data Element Selection Page

Selection Instructions			Member Match File Data Elements		
Indicate the data elements that CIVHC should provide to an external source for matching by entering an "X" in the column on the left.					
Requested by Client	Security Level	Table	Elements	Definition	DSG Code
	Limited	Member	Member_City_Nm	Member's city of residence.	ME015
	Identifiable	Member	Member_DOB	Full member date of birth (DDMMYYYY).	
	De-Identified	Member	Member_Gender_Cd	Flag indicating the member's gender: F = Female M = Male X = Non-binary U = Unknown	ME013
	De-Identified	Member	Member_ID	CO APCD-generated code unique to the member across a single payer.	
	De-Identified	Member	Member_State_Cd	Two-letter state code.	ME016
	De-Identified	Member	Member_Subscriber_Rlp_Cd	Code indicating member's relationship to the insured [code list found in DSG v16, Exhibit B.1.B (pg.66)].	ME012
	Limited	Member	Member_Zip_Cd	5-digit alphanumeric ZIP code of member residence (may be non-US zip).	ME017
	De-Identified	Member_Composite	Member_Composite_ID	CO APCD-generated code consolidating element 'Member_ID' from various payers and assigned to all eligibility and claims records associated with a single individual.	
	Identifiable	Member_Composite	Member_DOB	Full member date of birth (DDMMYYYY).	
	De-Identified	Member_Composite	Member_Gender_Cd	Flag indicating the member's gender: F = Female M = Male X = Non-binary U = Unknown	ME013
	De-Identified	Member_Composite	Member_State_Cd	Two-letter state code.	ME016
	De-Identified	Member_Composite	Member_Subscriber_Rlp_Cd	Code indicating member's relationship to the insured [code list found in DSG v16, Exhibit B.1.B (pg.66)].	ME012
	Limited	Member_Composite	Member_Zip_Cd	5-digit alphanumeric ZIP code of member residence (may be non-US zip).	ME017
	De-Identified	Member_Eligibility	Member_Composite_ID	CO APCD-generated code consolidating element 'Member_ID' from various payers and assigned to all eligibility and claims records associated with a single individual.	
	Identifiable	Member_Eligibility	Member_First_Nm	First name of member.	ME105
	De-Identified	Member_Eligibility	Member_ID	CO APCD-generated code unique to the member across a single payer.	
	Identifiable	Member_Eligibility	Member_Last_Nm	Last name of member.	ME104
	Identifiable	Member_Eligibility	Member_Street_Address	Street address of the member.	

Same overall structure as the Data Element Selection Page

By the Numbers

46 data filtering options

14 DED V11 data elements removed

27 data elements added

482 total data elements available for Extracts

88 PHI data elements available for Extracts

22 data elements available for Member Match Files





CO APCD Product Offerings

CO APCD Data Offerings

Public Reports

- Available on our website
- Aggregated data is available for download

Custom Reports

- Static or interactive report containing data elements identified by the client and presented in an easy-to-use format (Excel or Tableau)

Data Sets (custom or standard)

- Extract of data elements identified by the client that can be aggregated and analyzed by the requester
- Comprehensive Data Element Selection Form with over 450 data elements



A decorative graphic on the left side of the slide consists of a grid of hexagons in various colors (orange, blue, green, grey). Some hexagons contain medical-related icons: a nurse's head, a heart with an ECG line, and a plus sign.

Types of CO APCD Data Sets

De-Identified Standard and Custom Data Sets

- No Protected Health Information (PHI)
- Standard or Custom Options
- Four “Standard” De-identified Data Sets - Faster turnaround time and lower fee

Limited Data Sets

- Contains at least one element of PHI, no direct identifiers
- Must go through additional review and approval

Fully Identifiable Data Sets

- Contains one or more direct identifiers
- Must go through additional review and approval
- Must have IRB approval

Standard De-identified Data Set Features

Payers and Years Available:

- Years available include 2012 to 2023
- Lines of business include commercial, Medicare Advantage, Medicaid, and
- Medicare FFS (HCPF review required)

Value-Add Features:

- MS-DRGs included
- Emergency Department flag
- Sequencing logic to allow for timing of events/utilization

Delivery Timeframe:

- Typical delivery within 30 calendar days after all documents are signed

Data Elements Included

	Level 1	Level 2A	Level 2B	Level 3
Mental & Physical Health Info.	✓	✓	✓	✓
Paid Amounts (Plan & Member)	✓	✓	✓	✓
Diagnosis & Procedure Codes	✓	✓	✓	✓
Basic Member Demographics	✓	✓	✓	✓
Out-of-Network Flag	✓	✓	✓	✓
Prescription & Pharmacy Info	✓	✓	✓	✓
Dental Data	✓	✓	✓	✓
Payer-Specific Information		✓		✓
Provider-Specific Information			✓	✓

More information is available here:

<https://www.civhc.org/get-data/custom-data/products/standard-data-sets/>

Value Add Through Sequencing

No dates of service, no problem with claim sequencing

- Provides claim order for the member over the year
- Provides time between claims for the member over the year
- All a patient's claims on a given day will have the same number

Scope

- Tied to Member Composite ID and service date
- Resets January 1 every year
- Generated for medical and pharmacy claims
- Generated for each selected line of business.

Analyst Details

- Dense rank coding results in no gaps in the sequence numbers



Sequencing Use Cases

30-day hospital readmission

- Sequence of claims
- Number of days between claims
- Claim type to identify inpatient vs. outpatient

Maternal health care

- Sequence of claims
- Number of days between claims
- Diagnosis code of interest

Surgery follow-up care

- Sequence of claims
- Number of days between claims
- Procedure code of interest



Additional Resources

About the CO APCD <https://civhc.org/get-data/whats-in-the-co-apcd/>

Use this interactive dashboard to understand how the data in the CO APCD has changed over time, what percent of the population it represents, trends in claims volume for dental and behavioral health services, and much more.

Non-Public Data <https://civhc.org/get-data/non-public-data/>

The CO APCD is [one of the only APCDs in the country](#) that provides non-public access to comprehensive, high quality, medical, pharmacy and dental data to help local and national stakeholders analyze health care cost, utilization, quality and access.

Public Data <https://civhc.org/get-data/public-data/>

We provide public data based on information from the Colorado All Payer Claims Database (CO APCD) to help consumers shop for care, and support other Change Agents in their efforts to make health care more equitable, affordable and high quality.

Program Evaluation <https://civhc.org/programs-and-services/program-evaluation/>

Our evaluation services are tailored to meet your specific needs, and we will work with you to determine what output will best serve you and your constituents or community.



AcademyHealth Resources

As the professional home and leading national organization for health services researchers, policymakers, and health care practitioners and stakeholders, AcademyHealth – together with its members – increases the understanding of methods and data used in the field, enhances the professional skills of researchers and research users, and expands awareness.

Freely Accessible Resources

We're pleased to offer these free resource, and if you'd like to support our efforts to keep it going, we'd truly appreciate your donation. You can contribute [here](#).

- Situation Reports
 - Regular updates to provide clarity and insight for the field during a period of rapid change at the federal level.
- Blog Posts
 - Important perspectives from people passionate about expanding access to care, reducing costs and improving quality, as well as updates on AcademyHealth activities relevant to the community.

Members-Only Resources

Want to join the virtual events? Become a member [today](#).

- Virtual Town Halls
 - Hosted by President and CEO Aaron Carroll along with Director of Advocacy Josh Caplan, the town halls offer crucial insights into the policy and funding challenges impacting the health services and health policy research sectors.
- Field in Focus
 - These events spotlight invited guest speakers who lead content-specific sessions tailored to meet current needs in the field. Topics, including crucial subjects like securing private funding, are explored in depth.

Questions and Feedback



Reach out to: info@civhc.org



Connect with CIVHC on LinkedIn and Instagram



Join CIVHC's email list at www.civhc.org

