



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Colorado All Payer Claims Database Data Release Application Part I

Part I of the Data Release Application should be used to submit background information related to your organization's request for data from the Colorado All Payer Claims Database (CO APCD). This information will help the Center for Improving Value in Health Care (CIVHC), the Administrator of the CO APCD, understand the questions you are trying to answer with your data request and assist us in helping you through the data request process. All CO APCD data requests go through a careful review and approval process and involve a licensing fee. CIVHC has a team of Health Data Solutions Consultant who will work closely with you throughout the data request process.

Prior to completing the questions below, please review the information on requesting data and reports located at <https://www.civhc.org/get-data/non-public-data/>.

Project Information	
Project Title:	
Date:	
Organization Requesting Data:	
Contact Person:	
Title:	
E-mail:	
Phone Number:	
Address:	
CIVHC Contact:	

Project Purpose

1. Describe your project and project goals/objectives in detail.
2. What specific research question(s) are you trying to answer or problem(s) are you trying to solve with this data request? (Please list and number the individual questions.)
3. How will this project benefit Colorado or Colorado residents? (This is a statutory requirement for all non-public releases of CO APCD data. Contributions to the generalizable knowledge is not sufficient.)
4. Describe how the project will meet one or more of the Triple Aim criteria below.
 - a. Improve the patient experience of care (including quality and satisfaction)
 - b. Improve the health of populations
 - c. Reduce the per capita cost of health care
5. The State of Colorado and CIVHC are committed to ensuring everyone, regardless of demographics, has access to the care they need when they need it. How might your project contribute to that?
6. Can CIVHC publicly share your organization's' name in the work we do to promote our Change Agent clients in our [Change Agent Index?](#) ☐ Yes ☐ No

Type of Output Requested: Select the level of detail that you are requesting. If you are unsure, please contact us at ColoradoAPCD@civhc.org.

- ☐ Standard De-identified Data Set
- ☐ Limited Data Set
- ☐ Identified Data Set
- ☐ Standard Report
- ☐ Custom Report

Lines of Business: Which payers do you need for your project purpose?

- ☐ **Commercial Payers (Includes Medicare Advantage)**
- ☐ **Health First Colorado (Colorado's Medicaid Program)** – Note: Medicaid only data requests must be reviewed by the Colorado Department of Health Care Policy and Financing (HCPF) to ensure alignment with administration of the Medicaid program as required by federal law.
- ☐ **Medicare Fee For Service (FFS)** – Note: Data requests for Medicare FFS are only available for authorized users for research purposes and must be approved by HCPF.

Years Requested: What years of claims do you need to meet your project purpose?

- | | |
|-------------------------------|-------------------------------|
| <input type="checkbox"/> 2012 | <input type="checkbox"/> 2017 |
| <input type="checkbox"/> 2013 | <input type="checkbox"/> 2018 |
| <input type="checkbox"/> 2014 | <input type="checkbox"/> 2019 |
| <input type="checkbox"/> 2015 | <input type="checkbox"/> 2020 |
| <input type="checkbox"/> 2016 | <input type="checkbox"/> 2021 |

Data Needs

The following questions are related to Protected Health Information (PHI) to determine if you need a Limited Data Set or an Identifiable Data Set. The Data Elements Dictionary detailing the fields available for both types of data can be found at <https://www.civhc.org/get-data/non-public-data/>. **Note that any data request including PHI will need Part 2 of the Application and approval by the Data Release Review Committee.**

1. Do you need patient-specific dates (e.g., dates of service or DOB) or 5 digit zip code? If so, this is a request for a **Limited Data Set**.

☐ Yes ☐ No
2. Do you need direct patient identifiers such as name, address, or city? If so, this is a request for an **Identifiable Data Set** (requires IRB approval).

☐ Yes ☐ No