

Colorado All Payer Claims Database Data Release Application

Thank you for your interest in obtaining data from the CO APCD. As you fill out this application, please let us know if you have any questions or concerns by reaching out to ColoradoAPCD@civhc.org. We are here to help!

Also, please be aware that if you are requesting Protected Health Information (PHI), your request requires a recommendation for approval by the Data Release Review Committee (DRRC). Data elements that are considered PHI under HIPAA are indicated below. If PHI is requested, a CIVHC Account Executive will help you successfully complete an application and navigate the DRRC process.

Please use this application to submit information regarding your 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, answer any questions you have regarding your data request and assist us in helping you complete the data application form.

Note: Please reference the CO APCD Data Elements Request Form found at <http://www.civhc.org/get-data/data-release/> when completing this form.

Introduction: Section 10 CCR 2505-5-1.200.5 describes how the CO APCD Administrator addresses Requests for Data and Reports:

1.200.5.A. A state agency or private entity engaged in efforts to improve health care or public health outcomes for Colorado residents may request a specialized report from the CO APCD by submitting to the administrator a written request detailing the purpose of the project, the methodology, the qualifications of the research entity, and by executing a Data Use Agreement (DUA), to comply with the requirements of HIPAA.

1.200.5. B. A data release review committee shall review the request and advise the administrator on whether release of the data is consistent with the statutory purpose of the CO APCD, will contribute to efforts to improve health care for Colorado residents, and complies with the requirements of HIPAA. The administrator shall include a representative of a physician organization, hospital organization, non-physician provider organization and a payer organization on the data release review committee.

This Data Release Application serves as the written request for information noted in section 1.200.5.A.

PART ONE

Project Information	
Project Title:	22.53 Disaggregating Race/Ethnicity Data in Colorado's Data Systems to Understand Differences in Behavioral Health
Date:	February 18, 2022
Organization Requesting Data:	Colorado Health Institute and UCLA
Contact Person:	Jeff Bontrager
Title:	Director of Research and Evaluation
E-mail:	bontragerj@coloradohealthinstitute.org
Phone Number:	720.382.7075
Person Responsible for the Project (if different than above):	
Title:	
E-mail:	
Phone Number:	

Project Purpose:

Project questions to be discussed with client representative:

- Please describe your project and project goals/objectives.

Disparities in health outcomes, access to care, utilization, and quality of care between people of different races/ethnicities have been well documented. To understand these disparities — as well as strengths and areas where groups excel — data with accurate and robust reporting must be available to inform policy initiatives and other programmatic changes to address these inequities. Unfortunately, data quality and availability are often limited, making it hard to characterize existing differences or similarities.

In general, data sources used to quantify these disparities rely on aggregated racial categories: African American/Black, Asian American/Native Hawaiian/Pacific Islander, American Indian/Alaska Native, and white. Many data sources also include a separate indicator of Hispanic/Latinx ethnicity, which is often combined with the racial categories to create mutually exclusive groups such as non-Hispanic/Latinx African American/Black.

While some data sources use more categories, others must use fewer because of small population sizes and other reporting issues. Because these categories are so broad, they tend to mask differences within these groups. Understanding and addressing health disparities requires greater granularity within the data.

Gathering more specific race/ethnicity data — referred to as data disaggregation — provides visibility to groups that might otherwise be invisible in current estimates of health outcomes. Disaggregating data on race/ethnicity is a collaborative process between those who collect the data and those who are represented in the numbers. By making more specific race/ethnicity data available, communities can

inform policy to address existing disparities and highlight strengths that might be masked by current methods.

To address reporting issues at the local level, the Colorado Health Institute (CHI) is exploring a strategy of disaggregating health data in Colorado. CHI is focusing on key data systems that were rich sources of information about health outcomes and health care access. These data systems include the Colorado Health Access Survey (CHAS), a biennial survey of health data administered by CHI; the Colorado Health Observation Regional Data Service (CHORDS), a regional network of health systems and providers that bring together their electronic health records for public health research; and the Colorado All-Payer Claims Database (CO APCD), housed within the Center for Improving Value in Health Care (CIVHC).

In this project, CHI will develop a statistical model based on CHAS data to predict the likelihood that someone within the dataset identifies as a sub-group for those who identified as Hispanic or Latino. CHI will then attempt to apply that model to CIVHC and CHORDS data to expand existing systems with more granular, disaggregated data. CHI will also investigate imputation methods to expand race/ethnicity data that exist for race/ethnicity within all three data systems.

After expansion of the datasets of interest, CHI will investigate differences in mental health care utilization patterns and mental health outcomes, like depression diagnoses, among different racial and ethnic subpopulations. CHI aims to look at temporal changes in these patterns across multiple years of APCD data.

CHI's partner in this work is the UCLA Center for Health Policy Research. The UCLA Center for Health Policy Research will act as a technical advisor during the process. The UCLA Center for Health Policy Research will access the data as such to understand the process and contents within the Colorado APCD system.

CHI is submitting this project for expedited IRB review as well.

- 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.)
 1. To what extent can statistical modeling methods be used to disaggregate race and ethnicity data within the CO APCD?
 2. To what degree can CHI adjust for missing race/ethnicity data within the CO APCD system?
 3. How does utilization of health care services differ between different racial/ethnic groups in Colorado?
 4. Specifically, how do mental health diagnoses and utilization of mental health services differ between racial/ethnic groups in Colorado? Among people who identify as Hispanic/Latino?
 - a. To what extent have these differences changed over time?
 - b. Are certain groups more likely to receive behavioral health screenings/services compared to others?

- c. Are there differences in the mode in which care is delivered between racial/ethnic groups (telehealth vs. in-person visits)?
 - d. Are there differences in the types of providers delivering behavioral health care between racial/ethnic groups (physician, psychologist, nurse practitioner, etc.)?
- How will this project benefit Colorado or Colorado residents? (this is a statutory requirement for all non-public releases of CO APCD data)

Many Coloradans are hidden within current race and ethnicity data reporting categories. Expanding existing data will potentially allow analysis of health care utilization and insurance coverage among these individuals. Also, by developing an imputation strategy for these data in the CO APCD, we may understand additional trends that would have otherwise gone unnoticed due to missing data. These strategies will inform the case for disaggregating data in Colorado. The end goal is to understand the complex relationships between use of care, health outcomes, and health inequities that exist among more specific racial and ethnic groups. This analysis could then inform policy initiatives that attempt to bridge these gaps and improve health and well-being. This analysis will use mental health outcomes, like depression diagnoses, and use of mental health care services as a use case to understand how these differ across ethnic subgroups in Colorado.

- Please answer all applicable questions below (Note that your project must meet one or more of the Triple Aim criteria below to generate a benefit for Colorado):
 - If applicable, how will your project support lowering health care costs?
 - If applicable, how will your project help improve the health of Coloradans?
 - If applicable, how will your project improve the quality of care or patient experience?

This project will help improve the health of Coloradans by identifying potential gaps or successes in access to care, insurance coverage, and health outcomes for specific groups that are invisible in current data reporting systems. By identifying these differences among more granular populations, policy initiatives can be developed to impact these disparities so that health outcomes are more comparable across populations in Colorado. In addition, by understanding utilization patterns of specific groups, health systems can provide culturally responsive care to improve costs, quality, and experience of care for Coloradans.

- Do you need a claims data set or would you like a custom report generated by CIVHC that addresses the specific questions/problems your project seeks to address?

Claims data set

- Do you need Protected Health Information (PHI)? **NO**
 - 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**.
 - 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).

- If you do not require any PHI, please only complete PART ONE of the application.

Please note: your CIVHC representative will work with you to complete **Addendum I – Analyst Supplement** to address data warehouse specific questions.

PART TWO

I. Type of CO APCD Analytic Data Set Requested (Not applicable for Custom Report Requests)

Please select the type of data set that you are requesting by checking one of the boxes below (**select only ONE option**). Details on each type of CO APCD data set can be found in *The CO APCD Companion Instruction Guide* (available from your CIVHC representative):

Types of Analytic Data Sets (Please select ONE below)

For users interested in a wide range of data to analyze on their own.

- ☐ De-Identified Data Set
- ☒ Limited Data Set*
- ☐ Identified Data Set *

*These types of data requests include Protected Health Information (PHI). Under HIPAA, PHI may only be released in limited circumstances for public health, health care operations, and research purposes under the terms of a HIPAA compliant data use agreement (DUA).

2. Requested Data Elements – Limited and Fully Identifiable Data Sets

The CO APCD is committed to protecting the privacy and security of Colorado's health care claims data. The CO APCD will limit the use of the data to purposes permitted under applicable laws, including APCD Statute/Rule and HIPAA/HITECH, to information reasonably necessary to accomplish the project purpose as described in this Application.

Data Element Selection and Justification

If you have not already done so, please use the Data Element Dictionary (DED) to identify the specific data elements that are required for this project. In keeping with the minimum necessary standard established under HIPAA, CO APCD policy is to release only those data elements that are required to complete your project.

Type of Data	Justification for Elements on the DED
Names	
Street Address	
City	
Zip Code	
Health Plan Beneficiary Numbers	

Dates (including Day and Month detail.) Specify which date fields are needed and why.	To understand the general sequence and patterns of health care utilization, CHI is requesting the following Month fields: Service_End_Dt_Month, Admit_Dt_Month, Service_Start_Dt_Month, and Procedure_Dt_Month.
Provider Identifying Information	

A. **Counts, Totals and other Summary Statistics**

The CO APCD seeks to provide aggregated summary data whenever possible. Applicants are encouraged to request counts, totals, rates and other summary values whenever such information can reasonably accomplish the purpose of the project (add rows to the table below if necessary). The CO APCD supports the federal CMS minimum cell size suppression policy that requires any cell in any report or data table, printed or electronic, with less than eleven records or observations to be replaced by “Less than eleven” or similar text. You must also apply complementary cell suppression techniques to ensure that cells with fewer than eleven records cannot be identified by manipulating data in adjacent rows and columns.

Field Number and Name	Requested Count or Sum
	<i>[add rows as needed]</i>

B. **Linkages to Other Data Sets**

The CO APCD seeks to ensure that data cannot be re-identified if it is linked to or combined with information obtained from other sources. If this project requires claims line level detail or includes linkages to other databases, or if CO APCD data will be combined with other information, provide a justification for each proposed linkage. Be sure to describe how this will contribute to achieving the project purpose, including whether the project can be completed without this linkage, and the steps you will take to prevent the identification of individual patients:

Will you link the CO APCD data to another data source?

☒ No.

☐ Yes. If yes, please answer the following questions.

- Which CO APCD identifying data elements will be used to perform the linkage?
- Once the linkage is made, what non-CO APCD data elements will appear in the new linked file?
- Have all necessary approvals been obtained to receive and link with the other data files (e.g., IRB or Privacy Board approval)?
 - ☐ Yes, if so please provide copy
 - ☐ In progress, anticipated approval date: _____

☐ No or N/A, reason: _____

C. Distribution of the Report or Product:
Prior Review by the CO APCD Administrator

If you are producing a report for publication in any medium (print, electronic, lecture, slides, etc.) the CO APCD Administrator must review the report prior to public release. The CO APCD Administrator will review the report for compliance with CMS cell suppression rules; risk of inferential identification; and consistency with the purpose and methodology described in this Application.

- Please describe your audience and how you will make your project publicly available?

This audience for this analysis falls in two primary categories. The first audience are researchers, database administrators, analysts, and methodologists who we anticipate will take special interest in the methods applied to disaggregate the data on race and ethnicity. The second primary audience will be representatives of community-based organizations, consumer groups, foundations, and health care providers who will inform the process of analyzing the disaggregated data, help interpret the results, and use the behavioral health findings. We anticipate that the first group will be a subset of the second.

We anticipate making the findings available in a report published on CHI's website. Throughout the project, CHI will engage stakeholders in the progress and the findings. In addition, the UCLA Center for Health Policy Research would like us present the findings in a webinar format once the project is complete. In none of these venues will CHI share any raw data; we will only present summary data that comply with cell suppression standards.

- If the report is not to be made publicly available, then briefly describe how the information derived from this data will be used and by whom:

Other Organizations: Do you intend to engage third parties who will have access to the data requested as part of this project? If so, list the organizations below, describe their role(s); and explain why they will be granted access to the requested data.

Organization/Company Name:	
Contact Person:	
Title:	
Address:	
Telephone Number:	
E-mail Address:	
Role or responsibility in this project	<i>[add rows as needed]</i>

Project Schedule:

Proposed Project Start Date:	February 18, 2022
Project End Date:	June 30, 2023
Proposed Publication or Release Date:	December 9, 2022
End of Date Retention Period:	December 31, 2023

D. Frequency

Data in the CO APCD Warehouse is refreshed every other month and data products can be provided on a one time basis or under a subscription model (e.g., quarterly, bi-annually or annually). Please select frequency below.

☒ One Time

OR

Subscription (Please select subscription model below)

- ☐ Quarterly
- ☐ Bi-annually
- ☐ Annually

E. Project Reporting

CIVHC highlights projects and data analysis on the public website: www.civhc.org/change-agents. This display of CO APCD projects provides future data requesters with ideas of how they can structure their analysis, and allows CIVHC's stakeholders to see how CO APCD data recipients are working to accomplish the Triple Aim for Colorado. Data recipients have the option of choosing whether to be identified or to not be identified.

- ☒ Yes, it is okay for CIVHC to identify my organization
- ☐ No, I do NOT wish for CIVHC to identify my organization

If you are requesting a Custom Report with analytics to be provided by CIVHC; please stop here and submit the information above to your CIVHC representative.

PART THREE

DATA MANAGEMENT PLAN (Not applicable for Custom Report Requests)

I. Organizational Capacity

As an Attachment, please provide copies of the Data Privacy and Security Policies and Procedures for the Requesting Organization as well as those of any third parties that will have access to the requested CO APCD data.

- Has the Requesting Organization or any member of the project team ever been involved with a project that experienced a data security incident? If so, describe the incident, the response procedures that were followed and any subsequent changes in procedures, processes or protocols to mitigate the risk of further events. NO

To the extent that the Data Privacy and Security Policies and Procedures, provided as an Attachment, do not already do so, please answer or attach answers for the following:

- **Physical Possession and Storage of CO APCD Data Files:**
 - Describe how you will maintain an inventory of CO APCD data files and manage physical access to them for the duration of the project: **CHI MAINTAINS A SECURED SERVER WITH VERY LIMITED ACCESS (ONLY SERVER ADMINISTRATOR AND RELEVANT PROJECT TEAM MEMBERS ARE ALLOWED ACCESS TO IT).**
 - Describe your personnel/staffing safeguards, including:
 - Confidentiality agreements in place with individuals identified as being assigned to this study. Include, for example, agreements between the Principal Investigator or Data Custodian and others, including research team members, and information technology and administrative staff: **EACH CHI EMPLOYEE IS REQUIRED TO SIGN A HIPAA CONFIDENTIALITY AGREEMENT AND A CONFIDENTIALITY REQUIREMENT IN OUR EMPLOYEE HANDBOOK (SEE ATTACHMENT).**
 - Staff training programs you have in place to ensure data protections and stewardship responsibilities are communicated to the research team: **PRINCIPAL INVESTIGATOR AND LEAD ANALYST HAVE HAD HUMAN SUBJECTS TRAINING AS PART OF IRB REVIEW OF THIS PROJECT. NO OTHER SPECIFIC TRAINING CURRENTLY.**
 - Procedures to track the active status and roles of each member of the research team throughout the project and a process for notifying the CO APCD of any changes to the team: **SECURED SERVER ADMINISTRATOR TRACKS ACCESS. THE END DATE OF THE PROJECT IS ALSO TRACKED TO ENSURE TIMELY DESTRUCTION OF DATA AFTER USE.**
 - Describe your technical and physical safeguards. Examples include:
 - Actions taken to physically secure data files, such as site and office access controls, secured file cabinets and locked offices. **CHI MAINTAINS A SECURED SERVER WITH VERY LIMITED ACCESS (ONLY**

SERVER ADMIN AND RELEVANT PROJECT TEAM MEMBERS ARE ALLOWED ACCESS TO IT).

- Safeguards to limit access to CO APCD data and analytical extracts among the research team (Note: if the distribution of analytical data extracts among the researcher team is part of your data management plan, the extracts remain subject to the terms of your Data Use Agreement). **LIMIT ACCESS TO SECURED SERVER CONTROLLED BY SERVER ADMINISTRATOR (CURRENTLY CHI'S MANAGING DIRECTOR OF FINANCE AND ADMINISTRATION).**
- Provide a brief description of your policies and procedures for ensuring that CO APCD data are protected when stored on a server.
 - Describe how your organization prevents the copying or transfer of data to local workstations and other hard media devices (CDs, DVDs, hard drives, etc.). Note that Applicants are required to encrypt CO APCD data both in motion and at rest: **SIGNED HIPAA CONFIDENTIALITY AGREEMENT, WHICH COVERS HOW THE DATA SHOULD BE HANDLED.**
- Data Reporting and Publication
 - Your organization must ensure that all analytic extracts, analyses, findings, presentations, reports, and publications based on CO APCD data files adhere to specific requirements of the Data Use Agreement (DUA: refer to sections 6, 7 and 8 in the Data Use Agreement). **Briefly describe your plan for demonstrating that data reporting and publication processes will be consistent with the DUA, including adhering to CO APCD cell suppression policies: CHI HAS MULTIPLE CONTROLS ESTABLISHED TO ENSURE COMPLIANCE WITH THE DATA REPORTING AND PUBLICATION PROCESS IN THE DUA. ANY FINDINGS THAT WE PLAN TO REPORT OR PUBLISH WILL FIRST UNDERGO SCRUTINY BY THE PROJECT TEAM. WE WILL THEN HAVE AN OUTSIDE COLLEAGUE WITHIN CHI REVIEW FINDINGS AS PART OF OUR QUALITY CONTROL PROCESSES. CHI PLANS TO MAINTAIN CONSISTENT COMMUNICATION WITH THE APCD ADMINISTRATOR THROUGHOUT THE PROJECT AND WILL BUILD IN THE APCD ADMINISTRATOR'S REVIEW AND APPROVAL INTO PUBLICATIONS TIMELINES.**

2. Completion of Research Tasks and Data Destruction

Your organization must ensure that it has policies and procedures in place to destroy the CO APCD data files upon completion of the project and that you have safeguards to ensure the data are protected when researchers terminate their participation in the research project. Describe your plan for demonstrating that your organization has policies and procedures in place to reliably destroy the data files upon completion of the research: **CHI'S ADMINISTRATOR OF OUR SECURED SERVER TRACKS THE ACCESS AND END DATE OF THE PROJECT TO ENSURE TIMELY DESTRUCTION OF DATA AFTER USE. ADDITIONAL DESTRUCTION PROTOCOLS ARE DESCRIBED IN THE ATTACHMENT.**

3. Request for Privacy Board Approval *(Only Applicable to Identifiable Data Requests)*

Projects that request Identifiable information for a research purpose may require approval from the DRRC acting as a Privacy Board if an IRB is not available. **CHI IS PREPARING AN APPLICATION FOR IRB REVIEW.**

- The DRRC, acting as a Privacy Board, may approve a waiver of the individual authorization normally required to release PHI under CFR § 164.508 if:
- It would be impracticable for researchers to obtain written authorization from patients that are the subject of the research; and
- The research could not practicably be conducted without access to and use of the PHI.
- The DRRC, acting as a Privacy Board, is required to evaluate certain criteria in considering whether to approve an authorization waiver. If you are requesting Identifiable Information for a research purpose, explain why your proposed use of PHI involves no more than a minimal risk to the privacy of patients that are the subject of the research. Evidence of minimal risk to the privacy of patients that should be addressed in your explanation includes:
 - An adequate plan to protect PHI identifiers from improper use and disclosure;
 - An adequate plan to destroy PHI identifiers at the earliest opportunity; and
 - Adequate written assurances that PHI will not be reused or disclosed.

Appendix I

Certification of Project Completion and Destruction or Retention of Data

(Please Save)

Name:	Jeff Bontrager
Title:	Director of Research and Evaluation
Organization:	Colorado Health Institute
Address:	1999 Broadway Suite 600, Denver, CO 80222
Tel Number:	303.720.7075
Fax Number:	
E-mail Address;	bontragerj@coloradohealthinstitute.org
Project Title:	
Data Sets:	
Years:	
<input type="checkbox"/> Certification of Data Destruction	Date the Data was Destroyed:
<input type="checkbox"/> Request to Retain Data	Date Until Data Will Be Retained:

Instructions: Data must be destroyed so that it cannot be recovered from electronic storage media in accordance with the methods established by the "Guidance to Render Unsecured Protected Health Information Unusable, Unreadable, or Indecipherable to Unauthorized Individuals," as established by the U.S. Department of Health and Human Services (HHS).

I hereby certify that the project described in the Application is complete as of this date
_____, ___, 20__.

Complete the appropriate section, below:

☐ I/we certify that we have destroyed all Data received from the CO APCD Administrator in connection with this project, in all media that were used during the research project. This includes, but is not limited to data maintained on hard drive(s), diskettes, CDs, etc.

☐ I/we certify that we are retaining the data received in connection with the aforementioned project, pursuant to the following health or research justification (provide detail, use as much additional space as necessary and state how long the data will be retained).

☐ I/we hereby certify that we are retaining the Data received from the APCD Administrator in connection with the aforementioned project, as required by the following law. [Reference the appropriate law and indicate the timeframe].

By signing this Agreement, the Receiving Organization agrees to abide by all provisions set out in this Agreement.

SIGNATURES:

For the CO APCD:	For Receiving Organization:
Signature:	Signature:
Name: Pete Sheehan	Name:
Title: VP of Client Solutions & State Initiatives	Title: