



# Data Release Application

## Limited and Identifiable Extracts

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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 (full name, complete title)
7/17/2024	V.01	Initial version drafted with client.	Mason Thaxton, Health Data Consultant
10/3/2024	V.02	Updates from client	Mason Thaxton, Health Data Consultant
11/6/2024	V.03	Updated application Version	Mason Thaxton, Health Data Consultant
1/30/2025	V.04	Updates to project details, schedule, linkage.	Lucía Sanders, Key Account Manager
2/6/2025	V.05	Updates to project purpose, project contacts and financial data elements.	Lucía Sanders, Key Account Manager
2/8/2025	V.06	Updates to PHI data elements and member filter criteria.	Lucía Sanders, Key Account Manager
3/11/2025	V.07	Updated for CIVHC team to complete merge with voter registration data prior to extract delivery.	Lucía Sanders, Key Account Manager
3/21/2025	V.08	Updates to Finder File, Linkage, Research Aims, and Methodology.	Lucía Sanders, Key Account Manager
	V.09		
	V.10		

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## Data Requestor Details

### General Project Details

Project Title:	Linking voter registration and health insurance claims data to facilitate novel analyses of politics and health
Application Start Date:	7/17/2024
Requested Project Delivery Date:	5/15/2025
Client Organization (legal name):	University of Minnesota
Client Organization Address:	
CIVHC can publicly share the Client Organization's name in its <a href="#">Change Agent Index</a> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
To be completed by CIVHC staff	
CIVHC Contact (full name, complete title):	Lucía Sanders, Key Account Manager
Project Number:	23.31
Condensed Project Title:	Health and Voter Registration

### Project Contacts

<b>Project Contact Name:</b>	Ezra Golberstein
Title:	Associate Professor
Email:	egolber@umn.edu
Phone Number:	612-626-2572
<b>Analytic Contact Name:</b>	Ezra Golberstein
Title:	Associate Professor
Email:	egolber@umn.edu
Phone Number:	612-626-2572

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Invoice Contact Name:	Ezra Golberstein
Title:	Associate Professor
Email:	egolber@umn.edu
Phone Number:	612-626-2572
Data Release Fee Signatory:	TBD
Title:	
Email:	
Phone Number:	
Data Use Agreement Signatory:	TBD
Title:	
Email:	
Phone Number:	

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### Project Schedule and Purpose

Proposed Project Start Date <sup>1</sup> :	5/15/2025
Anticipated Project End Date:	1/1/2030
Proposed Publication or Release Date:	5/15/2026

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.

Heightened partisan polarization is increasingly influencing who Americans interact with, where they live, who they trust, and where they seek health information. The American College of Preventive Medicine offered a definition of politicization as "the action of causing an activity or event to become political in character," further suggesting that health care, public health, and health policy decisions are increasingly being made through the lens of political beliefs and (mis)trust based on the source of information rather than what our best clinical evidence says. Political and social scientists have studied how party affiliation affects a range of social and economic outcomes, as well as some self-reported health behaviors and attitudes, but much less is known about how partisanship affects the critically important area of health care use.

As political polarization has grown in the US, partisanship has become an important factor explaining differences in some health-related disparities, such as asymmetric vaccine uptake as well as attitudes and beliefs about public health policy issues. Notably, research has demonstrated variation in excess death rates during the COVID-19 pandemic by party affiliation. However, research into the political determinants of health beyond the COVID-19 pandemic is generally limited because of the paucity of data sources that include data on both party affiliation and detailed information on health care use and/or health outcomes.

We propose to create the first-ever dataset in the US that links voter registration data, including party affiliation, with individual-level health care use and provider identifiers from all-payer health insurance claims data. Its construction will create opportunities to provide individual-level (as opposed to aggregate) insights into a suite of previously unanswerable research questions. This will allow us to shed light on how the politicization of health affects both the supply (e.g., provider practice patterns) and use of health care (e.g., type and volume of services used).

Although this research focuses on measuring partisan differences, the project itself is inherently non-partisan. We hope our findings can be used to help health system leaders and policymakers in Colorado work against health misinformation and observed disparities in patients' and providers' use of available health services and technology.

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<sup>1</sup> 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.

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### *Individual research questions:*

- i. (Patient Focused) How does the use of health care services that could be characterized as ideologically charged (e.g., vaccine uptake, use of contraceptives, abortion, sterilization, end-of-life care) vary by party affiliation of patients (registered Democrats, Independents, and Republicans) and over time?
- ii. (Patient Focused) Do registered Democrats, Republicans, and Independents have different patterns of use of preventive services, outpatient care, mental health care, emergency care, inpatient admissions, and prescription medication fills? If so, how have these patterns changed over time?
- iii. (Patient Focused) Do registered Democrats, Republicans, and Independents have different patterns of diagnoses of depression and other mental health conditions, cardiovascular disease (e.g., myocardial infarction), and other health conditions? If so, how have these patterns changed over time?
- iv. (Provider Focused) Does provider party affiliation influence practice patterns, separately from patient needs (e.g., recorded diagnoses, comorbidity indices to capture health burdens) and patient panel composition (e.g., demographics)? If so, does it do so for ideologically charged and all other services (e.g., preventive care, prescription medications) equally? We will initially just look at the party affiliation of patients, but maybe subsequently examine consonance or dissonance (degree of matching) with patient panel as a deeper layer.
- v. (Provider Focused) Does use of ICD-10 Z codes for unmet health-related social needs and social determinants of health vary by provider party affiliation, separately from patient demographics, health status, insurance type, and/or place of service?
- vi. Note: Although these research questions do not explicitly mention cost, any utilization differences identified would have implications for provider revenue as well as plan expenditures and out-of-pocket costs. Cumulative out-of-pocket costs impact patients' decisions to use care so they are an important measure for adjustment or stratification potentially even if not used as an outcome.
- vii. (Provider Focused) How does party affiliation (and/or change in party registration affiliation) influence provider propensity to treat Medicaid patients?

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

Research team will share voter data via finder file. CIVHC will link these publicly available Colorado voter registration files, which include longitudinal data on party affiliation and voting activity, with the Colorado All Payer Claims Database (APCD), which contains health insurance claims for the vast majority of Colorado residents (over 70%), at the individual level, using name, sex, and ZIP code, for each year from 2014 to 2022. The project team will separately link voter registration with National Plan and Provider Enumeration System (NPPES) data in the CO APCD by clinician

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National Provider Identifier (NPI), name, sex, and location. Colorado is an ideal setting for this project as it has a high rate of voter registration and considerable variation in partisanship throughout the state and over time.

3. Explain how this project will benefit Colorado and its residents.<sup>2</sup>

As we move beyond the COVID-19 pandemic, government agencies, public health officials, philanthropies, and other stakeholders have recognized the dangers of increasing health politicization. The political determinants of health are an important dimension of health and health equity, separate from race, ethnicity, rurality, and other factors. Politically driven misinformation impacts what care is delivered and/or used, shapes the profile of health across the state, and interacts with and/or may be a driver of rural disparities. The novel data linkages that we are pursuing in this project will make it possible to be able to separate demographics, differential access, and other factors from the partisan divide, providing potentially localized understanding of successes and gaps in health care delivery relative to neighboring counties and the state as a whole. By documenting disparities in health care use and/or outcomes on the basis of party registration, we will be able to help health systems and providers better anticipate and navigate politically-motivated challenges to evidence-based medicine.

4. Describe how your project will improve health care quality, increase health care value, or improve health outcomes for Colorado residents.<sup>2</sup>

Developing this data linkage will provide new understanding for policymakers and health system leaders in Colorado about disparities in health care use and outcomes among state residents that need to be addressed. Specific examples include identifying where party affiliation and/or other factors are leading to over/under prescribing or utilization of certain types of care, which have implications for health care costs and outcomes in the state.

5. 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.

Politically-driven health disparities are important to public health and particularly to health equity. This is especially pronounced when the spread of health misinformation correlates with political predispositions and can influence health care and health behaviors. Other streams of research have documented how socioeconomic status, race, and racism play profound roles in determining health care use and health outcomes in the US; however, they have remained largely distinct from the limited research into the political determinants of health. Our project will explicitly allow us to

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<sup>2</sup> 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.

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separate party affiliation from race, ethnicity, rurality, and other factors that often lead to discrimination and/or systemic reductions in access. We could also explore improving upon or filling in gaps in the racial and ethnic identification in the data through the use of validated tools, such as RAND's Bayesian Improved Surname Geocoding algorithm, in partnership with CIVHC.

6. 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.

Our goal is to publish several peer-reviewed research articles, at least one for each of the research questions outlined above, by the end of the study period. We would also seek to share our findings at relevant policy and health care conferences (e.g., AcademyHealth, American Society of Health Economists, American Political Science Association, Association for Public Policy Analysis and Management, Society of General Internal Medicine, SXSW Health), translate them for non-academic audiences (e.g., through social media, blogs, policy briefs), and engage with health journalists in our networks. All of these products will be publicly available and we will pursue open access options where possible.



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## 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.

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### 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?
Colorado voter registration data (via finder file)
Who will perform the data linkage?
CIVHC
What identifying data elements will be used to perform the data linkage?
Patient First name, last name, year of birth, gender, Address
What non-CO APCD data elements will appear in the new linked file?
CIVHC will add the CO APCD Composite ID and remove identifiers (name and address), all other fields in the provided data will be retained

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### 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](#) data elements you require for your project purpose:

Available for Limited and Identifiable extracts:		
<input checked="" type="checkbox"/> Member 5-Digit Zip Code	<input checked="" type="checkbox"/> Member County	<input type="checkbox"/> Member City
<input checked="" type="checkbox"/> Member Dates of Service	<input checked="" type="checkbox"/> Member Eligibility Dates	<input type="checkbox"/> Claim Paid Dates
<input type="checkbox"/> Employer Name	<input checked="" type="checkbox"/> Member <a href="#">Census Tract</a>	<input type="checkbox"/> Member <a href="#">Census Block</a>
<input type="checkbox"/> Member <a href="#">Census Block Group</a>		
Available for Identifiable extracts only (see also <a href="#">Identifiable Data Use Approval</a> ):		
<input type="checkbox"/> Member Name	<input type="checkbox"/> Member Date of Birth (if requesting more than year only)	
<input type="checkbox"/> Member Street Address	<input type="checkbox"/> Member Latitude and Longitude	
Provide detailed justification for the inclusion of all PHI data selected above, and explain how its inclusion meets the <a href="#">Minimum Necessary Requirement</a> . <sup>3</sup>		
<p>5-digit ZIP code will be needed for matching individuals to the voter registration files, county is needed for merging with potential auxiliary data sources (e.g., Area Health Resources Files).</p> <p>Census tract will be used to for merging on measures from the American Community Survey.</p> <p>Dates of services are needed to establish temporality of health care use, and eligibility dates are used to determine length of health insurance enrollment spells.</p>		

<sup>3</sup> Limited and Identifiable extracts must adhere to the [Minimum Necessary Requirement](#) under the [HIPAA Privacy Rule](#); only that data required to answer the project purpose can be included in the request.

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### Line(s) of Business

- ☒ Commercial Payers
- ☒ Health First Colorado (Colorado's Medicaid and CHP+ programs)<sup>4</sup>
- ☒ Medicare Advantage
- ☒ Medicare Fee for Service (FFS)<sup>5</sup>

### Year(s) of Data

- |  |  |  |  |  |  |
|--|--|--|--|--|--|
| <input type="checkbox"/> 2012              | <input type="checkbox"/> 2013            | <input checked="" type="checkbox"/> 2014 | <input checked="" type="checkbox"/> 2015 | <input checked="" type="checkbox"/> 2016 | <input checked="" type="checkbox"/> 2017 |
| <input checked="" type="checkbox"/> 2018   | <input checked="" type="checkbox"/> 2019 | <input checked="" type="checkbox"/> 2020 | <input checked="" type="checkbox"/> 2021 | <input checked="" type="checkbox"/> 2022 | <input type="checkbox"/> 2023            |
| <input type="checkbox"/> 2024 <sup>6</sup> |  |  |  |  |  |

### Claim Type(s)

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Inpatient Facility | <input checked="" type="checkbox"/> Outpatient Facility | <input checked="" type="checkbox"/> Professional |
| <input checked="" type="checkbox"/> Pharmacy           | <input type="checkbox"/> Dental                         |  |

### Financial Detail by Line Item

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Charged Amount                | <input checked="" type="checkbox"/> Allowed Amount         | <input checked="" type="checkbox"/> Plan Paid Amount  |
| <input type="checkbox"/> Plan Pre-Paid Amount          | <input checked="" type="checkbox"/> Member Copay           | <input checked="" type="checkbox"/> Member Deductible |
| <input checked="" type="checkbox"/> Member Coinsurance | <input checked="" type="checkbox"/> Total Member Liability |   |

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<sup>4</sup> Medicaid-only data requests must be approved by the Colorado Department of Health Care Policy and Financing.

<sup>5</sup> Medicare FFS data are not available for all requests and must go through a separate approval process.

<sup>6</sup> 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.

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### 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, <a href="#">Census Tract</a> , etc.):
Provider Type(s):
Provider(s) (list NPIs):
Providers within these geographical areas (list county, zip code, <a href="#">Census Tract</a> , etc.):
Specific payers (minimum of five):

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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:		
18 and older		
<input checked="" type="checkbox"/> At the time of service	<input type="checkbox"/> At year end	<input type="checkbox"/> By another anchor date: <i>Specify here</i>
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, <a href="#">Census Tract</a> , etc.):		

### Value-Add Data Elements

- ☐ [Medicare Severity Diagnosis Related Group](#) Codes (MS-DRGs)
- ☐ [3M All Patient Refined Diagnosis Related Group](#) Codes (3M APR DRGs)
- ☐ [Medicare Repricer](#) (available at the claim line level)
- ☐ Fields from the [American Community Survey](#) (available at the Census Tract level):

*Specify here*

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## 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](#) information, approval from an [Institutional Review Board \(IRB\)](#) or a [Privacy Board](#) is required before such data can be released.

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

### Approval Type

- ☐ IRB Approval
- ☐ Privacy Board Approval

### Approval Type

- ☐ 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.

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### 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 [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](#)<sup>7</sup> must be completed and returned to [DataCompliance@CIVHC.org](mailto:DataCompliance@CIVHC.org) by 1/31/2030 based on the [Anticipated Project End Date](#).

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<sup>7</sup> Available on the [Data Release Application and Documents](#) page of CIVHC's website under *Privacy, Security, and Regulatory Information*.



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### 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.

Full Name	Title/Role	Organization
Paul Shafer	Assistant Professor/Co-PI	Boston University
Ezra Golberstein	Associate Professor/Co-PI	University of Minnesota

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### 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.08	Presented at CIVHC Application Review
V.00	Presented to the Data Release Review Committee (DRRC)
V.00	Final version approved for production

CIVHC Sign-Off		Receiving Organization Sign-Off	
Signature:		Signature:	
Name:	Lucía Sanders	Name:	Ezra Golberstein
Title:	Key Account Manager	Title:	Associate Professor
Date:		Date:	

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### 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.07	Presented at CIVHC Application Review
V.00	Presented to the Data Release Review Committee (DRRC)
V.00	Final version approved for production

CIVHC Sign-Off		Receiving Organization Sign-Off	
Signature:		Signature:	
Name:	Lucía Sanders	Name:	Ezra Golberstein
Title:	Key Account Manager	Title:	Associate Professor
Date:		Date:	