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# 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)		
9/23/2024	V.01	Initial version drafted with client.	Mason Thaxton, Health Data Consultant		
10/31/2024	V.02	Updates after initial review	Mason Thaxton, Health Data Consultant		
1/30/2025	V.03	Updates to filter criteria.	Lucía Sanders, Key Account Manager		
2/6/2025	V.04	Updates to PHI data elements.	Lucía Sanders, Key Account Manager		
2/6/2025	V.05	Added detail to project scope and objectives.	Lucía Sanders, Key Account Manager		
2/8/2025	V.06	Clarified participants enrolled in study may or may not be Kaiser members.	Lucía Sanders, Key Account Manager		
2/14/2025	V.07	Updated references to provider data requested.	Lucía Sanders, Key Account Manager		
	V.08				
	V.09				
	V.10				

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### Data Requestor Details

### **General Project Details**

Project Title:	Structural Conditions and Health After Release from Prison (SCHARP) Study
Application Start Date:	9/23/2024
Requested Project Delivery Date:	5/15/2025
Client Organization (legal name):	Institute for Health Research, Kaiser Permanente Colorado
Client Organization Address:	16601 East Centretech Parkway, Aurora, CO 80011
To be co	mpleted by CIVHC staff
CIVHC Contact (full name, complete title):	Lucía Sanders, Key Account Manager
Project Number:	25.06
Condensed Project Title:	SCHARP Study

### Project Contacts

Project Contact Name:	Morgan Ford
Title:	Research Project Manager
Email:	Morgan.ford@kp.org
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Analytic Contact Name:	James Lagrotteria
Title:	Data Specialist
Title: Email:	Data Specialist James.X.Lagrotteria@kp.org



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Invoice Contact Name:	Christina Schnell
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Data Release Fee Signatory:	Kelly Knight
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Phone Number:	720-948-6418
Data Use Agreement Signatory:	Claudia Steiner
Title:	Executive Director, Institute for Health Research
Email:	Claudia.Steiner@kp.org
Phone Number:	303-903-8199



### Project Schedule and Purpose

Proposed Project Start Date <sup>1</sup> :	1/1/2025
Anticipated Project End Date:	7/1/2028
Proposed Publication or Release Date:	7/1/2029

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.

Upon release from prison, people face numerous challenges including unstable housing, limited employment, stigma, and poor health. Structural conditions in healthcare systems, including policies, practices and attitudes around healthcare access, transition programs, culture, support of social determinants of health, and specialized services for people released from prison, may influence access and health outcomes for people released from prison. We will enroll people released from prison in Colorado into a prospective cohort study to examine the association between exposure to structural conditions (measured via participant surveys) and 12-month primary outcomes of healthcare utilization (clinic visits, emergency visits, hospitalization) and secondary outcomes of cardiovascular hospitalization and all-cause mortality. Moderation by participant characteristics such as self-reported race, ethnicity, gender, age and baseline cardiovascular health will be tested.

We will send CIVHC a finder file of patients enrolled in the study and are requesting all claims data for matched patients. We will not have a control group. Study participants may or may not be Kaiser members. As such, we are requesting provider information, such as NPI and zip code.

Individual research questions:

i.	How does exposure to healthcare organizational structural conditions following release from prison affect access to healthcare and health outcomes?
ii.	
iii.	
iv.	
۷.	

<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.



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.

We are recruiting 400-600 people released from a Colorado prison in the prior 6 months into a longitudinal cohort study to assess their exposure to healthcare structural conditions since their release. Using the Colorado All-Payer Claims Database, we will examine the association between self-reported exposure to structural conditions and 12-month primary outcomes of healthcare utilization (clinic visits, emergency visits, hospitalization) and secondary outcomes of cardiovascular hospitalization and all-cause mortality. Moderation by self-reported race, ethnicity and baseline cardiovascular health will be tested.

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

Our central hypothesis is that exposure to healthcare organizational structural conditions following release from prison can limit or facilitate access to healthcare and health outcomes. We will use our results to develop practice and policy recommendations to improve healthcare access and outcomes for people released from prison in Colorado. Recommendations will be iteratively revised with our study Community Advisory Board and finalized using national expert input. Final recommendations will be broadly disseminated to Colorado healthcare organizations, community organizations, the state Department of Corrections, and policy makers.

The risks to individual participants include a loss of confidentiality. Our IRB has approved our procedures to protect against this risk. We believe these risks are outweighed by the potential benefit to the participant of being given the opportunity to help in the development of best practices to improve their access to health care services. If this research results in knowledge or changes in local policies to improve access to health services for people released from prison, the participant may benefit from those changes.

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

Prior studies suggest people released from state prison suffer two times higher cardiovascular (CV) mortality than the general population. People released from prison have a high prevalence of poor CV health and an increased risk of CV events within 2 years of release. Access to high quality healthcare following release from prison is key to preventing poor health and CV outcomes.

Our group has collaborated with Colorado Medicaid and the Department of Corrections (DOC) on their efforts to evaluate healthcare access and outcomes among people

<sup>&</sup>lt;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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released from prison. We have found that approximately 66% of people released from prisons in Colorado have a medical condition requiring ongoing healthcare. Despite high rates of Medicaid coverage (over 90%), most people released from Colorado prisons initially access medical care through acute care locations (e.g., Emergency Department). *Therefore, insurance coverage alone does not ensure access – structural conditions in health systems are likely playing a role in how individuals access care.* 

To develop effective interventions to improve health outcomes among people released from prison, the first step is understanding what health systems are currently doing (or not doing) that is influencing access and health outcomes. These organizational conditions have not been assessed comprehensively and the ways in which they are linked to health outcomes among people released from prison is not well known. *We propose to address these critical knowledge gaps by directly measuring which healthcare system policies and practices either limit or facilitate access and health outcomes among people released from prison to inform future interventions. Based on these findings, we will develop and disseminate best practices to improve health for people released from prison in Colorado.* 

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.

We propose exposure to organizational structural conditions in healthcare systems following release can limit access and contribute to poor health for people released from prison. Organizational structural conditions are rarely named or measured in health equity studies. We are conducting a systematic investigation of these structural conditions in diverse healthcare systems to understand the extent to which structural conditions limit or perpetuate disparities in access and health outcomes among people released from prison. The Structural Conditions and Health After Release from Prison (SCHARP) study is an important first step in helping define best practices and policies for health systems and other organizations to ensure people released from prison in Colorado have the opportunity to attain their highest level of health.

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.

We will publish results in internal (to KPCO) and external presentations and in journal manuscripts. Journal manuscripts will be publicly available.

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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?

N/A

#### 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 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

 $\boxtimes$  Yes. Answer the following:

#### What is/are the other data source/s?

Study data collected from participants who have consented to be enrolled. Study data includes surveys and point of care health measures. Participant consent includes a plan to link to CO APCD data sources for longitudinal health outcomes.

Who will perform the data linkage?

The SCHARP study Data Specialist at KPCO.

What identifying data elements will be used to perform the data linkage?

Data available for linkage include participant first and last names; date of birth, sex/gender, and insurance ID.

What non-CO APCD data elements will appear in the new linked file?

Study collected measures including survey reponses and point of care health measures.



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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 <u>Protected Health Information</u> data elements you require for your project purpose:

Available for Limited and Identifiable extracts:				
Member 5-Digt Zip Code	Member County     Member City			
☑ Member Dates of Service	⊠ Member Eligibility Dates □ Employer Tax ID			
Member <u>FIPS Code</u>	Member <u>Census Tract</u> Member <u>Census Block</u>			
Member <u>Census Block Grou</u>	<u>dı</u>			
Available for Identifiable extrac	ts only (see also <u>Identifiable Dat</u>	a Use Approval):		
Member Name	☑ Member Date of Birth (if requesting more than year only)			
Member Street Address	Member Latitude and Longitude			
Provide detailed justification for the inclusion of all PHI data selected above, and explain how its inclusion meets the Minimum Necessary Requirement. <sup>3</sup>				
We are requesting CIVHC to "match" on their end based on our (study collected) participant name, gender/sex, and DOB, and return to us matched data identified by our study ID (which we can link to name, DOB on our end). We will use DOB from APCD to help verify this match. Member Census Tract, Block, and Group will help with neighborhood measures. Member dates of service and eligibility dates are needed to confirm health care utilization within our observation period.				

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

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Line(	s) of Busines	S					
<ul> <li>Commercial Payers</li> <li>Health First Colorado (Colorado's Medicaid and CHP+ programs)<sup>4</sup></li> <li>Medicare Advantage</li> <li>Medicare Fee for Service (FFS)<sup>5</sup></li> </ul>							
Year(	s) of Data						
	□ 2012	□ 2013	□ 2014	2015		2016	□ 2017
	□ 2018	□ 2019	□ 2020	□ 2021		2022	⊠ 2023 <sup>6</sup>
Claim	n Type(s)						
	⊠ Inpatient Fa	acility	⊠ Outpatient	: Facility	$\boxtimes$	Professiona	al
	🛛 Pharmacy		Dental				
Finar	ncial Detail by	y Line Item					
	Charged Ar	nount	Allowed Ai	nount		Plan Paid A	mount
	🗌 Plan Pre-Pa	id Amount	Member C	орау		Member De	eductible
	Member Co	oinsurance	Total Mem	ber Liability			

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

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

<sup>&</sup>lt;sup>6</sup> This year's data is not fully adjudicated.

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



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Other claim specification:

Please specify here.

### 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:				
All patients in finder file				
$\Box$ At the time of service	□ At year end	<ul> <li>By another anchor date:</li> <li>Please specify here.</li> </ul>		
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, <u>Census Tract</u> , etc.):				

#### Value-Add Data Elements

- Medicare Severity Diagnosis Related Group Codes (MS-DRGs)
- 3M All Patient Refined Diagnosis Related Group Codes (3M APR DRGs)
- □ <u>Medicare Repricer</u> (available at the claim line level)
- □ Fields from the <u>American Community Survey</u> (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 <u>Identifiable</u> information, approval from an <u>Institutional Review Board (IRB)</u> or a <u>Privacy Board</u> 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:
- $\boxtimes$  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

#### **Change Agent Index**

CIVHC can publicly share the Client Organization's name in its Change Agent Index?

- Yes
- 🗆 No

#### Report or Product Distribution

If your project results in the production of a report for public distribution in any format (print, electronic, lecture, slides, etc.), including peer-reviewed publication, it must be submitted to CIVHC for review prior to public release. CIVHC will assess compliance with <u>CMS Cell Size Suppression Policy</u>, 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 <u>Data Destruction</u> <u>Certificate<sup>7</sup></u> must be completed and returned to <u>DataCompliance@CIVHC.org</u> by 7/31/2028 based on the <u>Anticipated Project End Date</u>.

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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
James Lagrotteria	Data Specialist	Kaiser Permanente Colorado
Komal Narwaney	Biostatistician	Kaiser Permanente Colorado
Stacie Daugherty	Senior Clinician Investigator	Kaiser Permanente Colorado
Ingrid Binswanger	Senior Clinician Investigator	Kaiser Permanente Colorado
Morgan Clennin	Investigator	Kaiser Permanente Colorado
Morgan Ford Shane Mueller	Research Project Manager Research Project Manager	Kaiser Permanente Colorado Kaiser Permanente Colorado
Tobie McPhail	Research Specialist	Kaiser Permanente Colorado
Kathy Gleason Kayla Tuteur	Research Specialist Research Specialist	Kaiser Permanente Colorado Kaiser Permanente Colorado
America Elias Martinez	Research Specialist	Kaiser Permanente Colorado
Michelle Odelberg	Sr. Professional Research Asst	Kaiser Permanente Colorado

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



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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.06	Presented at CIVHC Application Review
V.07	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:	Morgan Ford
Title:	Key Account Manager	Title:	Research Project Manager
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.06	Presented at CIVHC Application Review
V.07	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:	Morgan Ford
Title:	Key Account Manager	Title:	Research Project Manager
Date:		Date:	