



# 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) |
| 11/22/2024                     | V.01               | Initial version drafted with client.                                    | Mason Thaxton, Health Data Consultant           |
| 12/19/2024                     | V.02               | Updates to multiple sections after client review.                       | Mason Thaxton, Health Data Consultant           |
| 1/10/2025                      | V.03               | Updated PHI data elements. Updated provider and member filter criteria. | Lucía Sanders, Key Account Manager              |
|                                | V.04               |   |   |
|                                | V.05               |   |   |
|                                | V.06               |   |   |
|                                | V.07               |   |   |
|                                | V.08               |   |   |
|                                | V.09               |   |   |
|                                | V.10               |   |   |

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## Data Requestor Details

### General Project Details

|  |   |
|--|---|
| Project Title:                             | Network Adequacy in Medicaid Behavioral Health Managed Care in Colorado: An Empirically-Based Test of Provider Directory Accuracy |
| Application Start Date:                    | 11/22/2024  |
| Requested Project Delivery Date:           | 4/30/2025   |
| Client Organization (legal name):          | Colorado Center on Law and Policy   |
| Client Organization Address:               | 789 Sherman St., Suite 300, Denver, CO, 80203   |
| To be completed by CIVHC staff             |   |
| CIVHC Contact (full name, complete title): | Mason Thaxton   |
| Project Number:                            | 25.10   |
| Condensed Project Title:                   | Network Adequacy in MBH   |

### Project Contacts

|                               |                                  |
|-------------------------------|----------------------------------|
| <b>Project Contact Name:</b>  | Andre Mansion, PhD, JD           |
| Title:                        | Associate Health Policy Director |
| Email:                        | amansion@copolicy.org            |
| Phone Number:                 | 248.761.1717                     |
| <b>Analytic Contact Name:</b> | Andre Mansion, PhD, JD           |
| Title:                        | Associate Health Policy Director |
| Email:                        | amansion@copolicy.org            |
| Phone Number:                 | 248.761.1717                     |

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|                                      |                                  |
|--------------------------------------|----------------------------------|
| <b>Invoice Contact Name:</b>         | Sancia McClennon                 |
| Title:                               | Office Manager and Paralegal     |
| Email:                               | Smcclennon@copolicy.org          |
| Phone Number:                        | 3035735669                       |
| <b>Data Release Fee Signatory:</b>   | Bethany Pray, Esq.               |
| Title:                               | Chief Legal and Policy Officer   |
| Email:                               | bpray@copolicy.org               |
| Phone Number:                        | 3035735669                       |
| <b>Data Use Agreement Signatory:</b> | Andre Mansion, PhD, JD           |
| Title:                               | Associate Health Policy Director |
| Email:                               | amansion@copolicy.org            |
| Phone Number:                        | 248.761.1717                     |

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### Project Schedule and Purpose

|  |           |
|--|-----------|
| Proposed Project Start Date <sup>1</sup> : | 4/30/2025 |
| Anticipated Project End Date:              | 5/25/2026 |
| Proposed Publication or Release Date:      | 7/24/2026 |

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.

The Colorado Center on Law and Policy (CCLP) is Colorado's leading anti-poverty legal and policy advocacy organization. At CCLP, we work to advance a strong and impactful community-driven and empirically-based policy agenda to address health equity, health disparities, and the social determinants of health, especially for low-income Coloradans. The adequacy and affordability of Medicaid's behavioral health care network in Colorado is essential to improving the mental health and substance use outcomes for low-income residents. To ensure that networks are adequate, accurate, and up-to-date requires consistent assessment and the use of multiple methods. The methodology proposed in this study offers an alternative, and unutilized means for testing network adequacy in Colorado. The long-term and overarching goal of this study is to promote improved health outcomes and prevent increases in behavioral health care costs for Medicaid enrollees.

*Individual research questions:*

- i. How effective is the use of medical claims data (MCD) as an alternative method for assessing network adequacy?
- ii. Can an empirically constructed provider network based on MCD for Medicaid behavioral health (MBH) care utilization be used to assess the accuracy of the information in Colorado's Regional Accountable Entities' (RAEs') behavioral health provider directories (BHPD)?
- iii. What is the degree of overlap between the empirically-constructed provider network (ECPN) and the RAEs' provider network directories (i.e., are the providers who made MBH claims also part of the corresponding RAE's network and listed in their BHPD and vice versa)? Among providers listed in the RAEs' BHPD MCD, how are Medicaid enrollees behavioral health care distributed among providers? Of providers that

<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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submitted a claim to Medicaid for behavioral health care services, are Medicaid claims for behavioral health care services spread evenly?

- iv. Do differences exist in the distribution, type, and volume of MBH care recipients and their service utilization among providers that made MBH care claims? Can these differences be attributed to, or associated with, patient-, provider-, or care-related factors (e.g., patient diagnosis, patient demographics, provider type, or procedure type?) or an inadequate network?
- v. Do differences exist, and to what extent, in the cost of behavioral health care services among the RAE's ?

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 plan to use the data on Colorado Medicaid behavioral health claims similarly to that of a 2022 study on Network Adequacy (see, Zhu, J.M., et al. (2022) Phantom Networks: Discrepancies Between Reported and Realized Mental Health Care Access in Oregon Medicaid. Health Affairs, 41(7):1013-1022.), in which Medicaid behavioral health care claims were used to create an empirically-constructed provider network. The claims data will provide us with the name, location, and provider type, among other identifying variables, of providers who submitted behavioral health care claims to Medicaid during a specific period of time (one year), which will be compared to the corresponding provider directory that is accessible to members to determine the amount of overlap in providers and the accuracy of the provider information contained in the RAEs' provider directories. We will also use this claims data to identify potential disparities in mental health service provision by assessing differences among providers' claims by comparing data on utilization, diagnosis, procedure, patient demographics, and provider characteristics. We will also analyze differences in the cost of behavioral health services among the RAE's. We will use SPSS to perform statistical significance testing (e.g., T-tests, chi-square tests, correlations) to determine relationships between variables, where appropriate. We also plan to conduct these analyses for both the current (ACC Phase II – seven regional RAEs) and future (ACC Phase III – four regional RAEs, once the data is available) to evaluate the effect of these changes on network adequacy.

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

Medicaid enrollee populations consistently show an increased need for behavioral health care services (when compared to populations covered by other forms of insurance). It is essential that the RAEs have both an adequate behavioral health provider network that can meet the needs of

<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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its enrollees and an accurate behavioral health provider directory so that enrollees may find care. When networks are inadequate or directories are inaccurate or outdated, they become major barriers to receiving life-changing and lifesaving care. This study will provide an evaluation of past and current provider networks, as well as past and current provider directories, to identify areas of concern, and help highlight areas for improvement that have the potential to improve healthcare outcomes for hundreds of thousands of Coloradan Medicaid enrollees. This study may also support this method as another option for effectively testing network adequacy.

Per the ACC, each of its regions has one RAE that serves all those in their respective region, and which they are enrolled in automatically. Thus, RAEs are not pressured by competition to improve services or lower prices. However, RAEs are required to maintain statewide behavioral health networks and members are allowed to select into another RAE, but the process is rarely used. Significant differences in RAE pricing may give members reason to take advantage of their right to enroll in an alternative RAE.

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

As stated above, the availability of providers and the accuracy of information about them, are important first steps in obtaining behavioral health care services, and thus improving an individual's overall health.

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.

Our project focuses on a population that is often on the receiving end of inequitable health care, Medicaid enrollees. Increasing the chances that a Medicaid member receives behavioral health services improves on health equity.

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 plan to produce at least one, but possibly more, publications to disseminate our findings. This will be made publicly available through our website or through publication in a scholarly journal.

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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
- ☒ Yes. Answer the following:

|  |
|--|
| What is/are the other data source/s?                                     |
| RAE online provider directories  |
| Who will perform the data linkage?                                       |
| CCLP can perform the data linkage  |
| What identifying data elements will be used to perform the data linkage? |
| Provider number, Provider name, provider email, provider address         |
| What non-CO APCD data elements will appear in the new linked file?       |
| None   |

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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 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 type="checkbox"/> Member Eligibility Dates                                 | <input type="checkbox"/> Employer Name                             |
| <input 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                            |  |
| <input type="checkbox"/> Employer Tax ID   |   |  |
| 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>Member County will be used to confirm that members and providers are accurately attributed to their respective RAE in which they would be looking for and receiving services. We will also want to know if there are any consumers going outside of their region to obtain treatment.</p> <p>Member Dates of Service will be used to track service utilization (i.e., is utilization on par with best practices for treatment of the member's diagnosis, and if not, could this be associated with the adequacy of the network?).</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 type="checkbox"/> 2014 | <input type="checkbox"/> 2015            | <input type="checkbox"/> 2016            | <input type="checkbox"/> 2017                         |
| <input type="checkbox"/> 2018 | <input type="checkbox"/> 2019 | <input type="checkbox"/> 2020 | <input checked="" type="checkbox"/> 2021 | <input checked="" type="checkbox"/> 2022 | <input checked="" type="checkbox"/> 2023 <sup>6</sup> |

### Claim Type(s)

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

### Financial Detail by Line Item

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Charged Amount       | <input checked="" type="checkbox"/> Allowed Amount         | <input checked="" type="checkbox"/> Plan Paid Amount  |
| <input checked="" 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 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, <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:   |                                      |   |
| All ages  |                                      |   |
| <input checked="" type="checkbox"/> At the time of service                                    | <input type="checkbox"/> At year end | <input type="checkbox"/> By another anchor date:<br><i>Specify here</i> |
| With these ICD Diagnosis Code(s):   |                                      |   |
| See DESF  |                                      |   |
| Who have had the following procedure(s) (list CPT, HCPCS, DRG, ICD, and/or CDT codes):        |                                      |   |
| See DESF  |                                      |   |
| 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

### 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 [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 6/24/2026 based on the [Anticipated Project End Date](#).

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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                      |
|-----------------|------------------------------------|-----------------------------------|
| Andre Mansion   | Associate Health Policy Director   | Colorado Center on Law and Policy |
| Charles Brennan | Housing and Income Policy Director | Colorado Center on Law and Policy |
|                 |                                    |                                   |
|                 |                                    |                                   |
|                 |                                    |                                   |
|                 |                                    |                                   |
|                 |                                    |                                   |
|                 |                                    |                                   |
|                 |                                    |                                   |
|                 |                                    |                                   |

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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 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.03    | Presented at CIVHC Application Review                 |
| V.03    | 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:          |  | Name:                           |  |
| Title:         |  | Title:                          |  |
| 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.02    | Presented at CIVHC Application Review                 |
| V.02    | 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:          |  | Name:                           |  |
| Title:         |  | Title:                          |  |
| Date:          |  | Date:                           |  |