



CENTER FOR IMPROVING  
**VALUE** IN HEALTH CARE



# Data Release Application

## Limited and Identifiable Extracts

### Navigation

|                                              |    |
|----------------------------------------------|----|
| Client Application Revision History .....    | 1  |
| Data Requestor Details.....                  | 2  |
| Project Schedule and Purpose .....           | 4  |
| Data Matching and Linkage.....               | 8  |
| Data Inclusion Criteria.....                 | 10 |
| Additional Documentation.....                | 14 |
| Client Acknowledgements and Signatures ..... | 15 |

# Data Release Application

## Custom De-Identified Extract



### 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) |
| 4/17/2024                      | V.01               | Initial version drafted with client.          | Mason Thaxton, Health Data Consultant           |
| 4/18/2024                      | V.02               | Suggested edits from HDC                      | Mason Thaxton, Health Data Consultant           |
| 5/13/2024                      | V.03               | Updates from client                           | Mason Thaxton, Health Data Consultant           |
| 5/25/2024                      | V.04               | Updates after client solutions initial review | Mason Thaxton, Health Data Consultant           |
| 6/6/2024                       | V.05               | Updates after client feedback                 | Mason Thaxton, Health Data Consultant           |
| 11/21/2023                     | V.06               | Updates after CS feedback                     | Mason Thaxton, Health Data Consultant           |
|                                | V.07               |                                               |                                                 |
|                                | V.08               |                                               |                                                 |
|                                | V.09               |                                               |                                                 |
|                                | V.10               |                                               |                                                 |

# Data Release Application

## Custom De-Identified Extract



### Data Requestor Details

#### General Project Details

|                                            |                                                                  |
|--------------------------------------------|------------------------------------------------------------------|
| Project Title:                             | Telluride Area Health Care Services Utilization Study            |
| Application Start Date:                    | 4/19/2024                                                        |
| Requested Project Delivery Date:           | 7/8/2024                                                         |
| Client Organization (legal name):          | Telluride Hospital District<br>Telluride Regional Medical Center |
| Client Organization Address:               | 500 West Pacific Ave. / PO Box 1229 Telluride, CO 81435          |
| <b>To be completed by CIVHC staff</b>      |                                                                  |
| CIVHC Contact (full name, complete title): | Mason Thaxton                                                    |
| Project Number:                            | 24.50                                                            |
| Condensed Project Title:                   | Telluride Utilization Study                                      |

#### Project Contacts

|                               |                             |
|-------------------------------|-----------------------------|
| <b>Project Contact Name:</b>  | Jeff Roberts                |
| Title:                        | Executive Director          |
| Email:                        | jroberts@tellmed.org        |
| Phone Number:                 | (970) 728-3848              |
| <b>Analytic Contact Name:</b> | Georgia Green               |
| Title:                        | Senior Manager              |
| Email:                        | Georgia.Green@mossadams.com |
| Phone Number:                 | 916-503-8251                |

# Data Release Application

## Custom De-Identified Extract



|                                      |                      |
|--------------------------------------|----------------------|
| <b>Invoice Contact Name:</b>         | Jeff Roberts         |
| Title:                               | Executive Director   |
| Email:                               | jroberts@tellmed.org |
| Phone Number:                        | (970) 728-3848       |
| <b>Data Release Fee Signatory:</b>   | Jeff Roberts         |
| Title:                               | Executive Director   |
| Email:                               | jroberts@tellmed.org |
| Phone Number:                        | (970) 728-3848       |
| <b>Data Use Agreement Signatory:</b> | Jeff Roberts         |
| Title:                               | Executive Director   |
| Email:                               | jroberts@tellmed.org |
| Phone Number:                        | (970) 728-3848       |

# Data Release Application

## Custom De-Identified Extract



### Project Schedule and Purpose

|                                            |            |
|--------------------------------------------|------------|
| Proposed Project Start Date <sup>1</sup> : | 7/8/2024   |
| Anticipated Project End Date:              | 11/30/2024 |
| Proposed Publication or Release Date:      | N/A        |

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.

---

<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.

# Data Release Application

## Custom De-Identified Extract



We will conduct a market study to inform decisions regarding what new services to provide to the Telluride, CO community. We would like to better understand the health care utilization patterns within the community. The CIVHC claims data analysis is part of a broader strategic planning effort that may include a survey of residents' needs and preferences, integrated with demographic and economic data and trends.

Telluride has roughly 2,500 full-time residents and 180,000 visitors per year. Given the unique nature of tourism to the area – outdoor activities, festivals – Telluride's health care utilization patterns will be unlike a typical rural or frontier area. Our chief concern is the financial stability of Telluride Regional Medical Center (TRMC), the primary care and urgent care facility. There is no hospital (inpatient) facility in Telluride, so all emergency care and many specialty services and procedures require lengthy transport out of the area (1 hour 20 min to Montrose; 2 hours 30 min to Grand Junction).

We want to use the APCD to better understand the service migration and utilization in and out of Telluride – particularly to determine which high-demand services TRMC could offer to residents and visitors, locally. Additionally, the claims data will help to confirm that services can be offered sustainably because anticipated volumes and reimbursement will offset the cost of providing the services.

### *Individual research questions:*

- i. What services do residents of Telluride use, and where do they receive these services?
- ii. What services do visitors to Telluride receive, when they are in Telluride?
- iii. Understanding the items above, what services should TRMC provide (or stop providing) in order to serve the community's needs and maintain financial sustainability?
- iv.
- v.

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.

Quantifying volumes and revenue from various types of services (primary, specialty, urgent/emergency care, etc.), over the past 3 years, by-location. We will summarize patterns and trends.

# Data Release Application

## Custom De-Identified Extract



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

Telluride residents currently rely on services provided outside the geographic region in several health care service categories (particularly, emergency care). Traveling to receive these services causes strain, both physically and financially for Telluride residents. This analysis aims to bring the right mix/size of services and providers into the Telluride region, to better serve the community. This will lead to better health outcomes and reduce healthcare costs for the population living in the Telluride region.

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

Accessibility is currently an issue in rural Colorado. Telluride is no stranger to this issue; many residents need to travel long distances to access care. Not being able to access services when needed reduces health care value and outcomes. With this project, we aim to improve value and outcomes for the residents of Telluride by providing a more comprehensive, coordinated healthcare ecosystem within Telluride's geographic footprint.

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.

This project will have the greatest benefit for underserved residents of Telluride, who struggle with the cost and time required for lengthy transportation to receive the health care services that they need. If we can provide care locally, it will improve 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 do not intend to create a publication – information will be used internally by TRMC's management and the Telluride Hospital District Board of Directors.

---

<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.

# Data Release Application

## Custom De-Identified Extract





## 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 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.

# Data Release Application

## Custom De-Identified Extract



### 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?                                     |
|                                                                          |
| Who will perform the data linkage?                                       |
|                                                                          |
| What identifying data elements will be used to perform the data linkage? |
|                                                                          |
| What non-CO APCD data elements will appear in the new linked file?       |
|                                                                          |

# Data Release Application

## Custom De-Identified Extract



### 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-Digt Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> Member County                                 | <input checked="" type="checkbox"/> Member City              |
| <input checked="" type="checkbox"/> Member Dates of Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> Member Eligibility Dates                      | <input type="checkbox"/> Employer Tax ID                     |
| <input type="checkbox"/> Member <a href="#">FIPS Code</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <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                            |                                                              |
| 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>The member 5-digit zip code, county and city will allow us to confirm that the member is a resident of Telluride, and allows us to distinguish these people from those who receive services in Telluride but live elsewhere because patients, members and visitors are seasonal.</p> <p>The Dates of Service will allow us to see trends in utilization around specific dates such as holidays, Open and close of ski season and festivals.</p> <p>Member Eligibility Dates: This allows the tracking of seasonality of people who are coming to Telluride for seasonal employment.</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.

# Data Release Application

## Custom De-Identified Extract



### 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 checked="" 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 checked="" 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 |                                                       |

---

<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.

# Data Release Application

## Custom De-Identified Extract



### 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):                                                                       |
|                                                                                                          |

# Data Release Application

## Custom De-Identified Extract



|                            |
|----------------------------|
| Other claim specification: |
| <br>                       |

### 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:                                                                                         |                                      |                                                                         |
| <br>                                                                                          |                                      |                                                                         |
| <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):                                                             |                                      |                                                                         |
| <br>                                                                                          |                                      |                                                                         |
| Who have had the following procedure(s) (list CPT, HCPCS, DRG, ICD, and/or CDT codes):        |                                      |                                                                         |
| <br>                                                                                          |                                      |                                                                         |
| Within these geographical areas (list county, zip code, <a href="#">Census Tract</a> , etc.): |                                      |                                                                         |
| 81435, 81426, 81430, 81332, 81423, 81432                                                      |                                      |                                                                         |

### 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):

|                     |
|---------------------|
| <i>Specify here</i> |
|---------------------|

# Data Release Application

## Custom De-Identified Extract



### 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.

# Data Release Application

## Custom De-Identified Extract



### 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: | 5/13/2024 |
| 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 12/30/2024 based on the [Anticipated Project End Date](#).



# Data Release Application

## Custom De-Identified Extract



### 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                      |
|------------------|-----------------------|-----------------------------------|
| Karl Rebay       | Partner, Project Lead | Moss Adams LLP                    |
| Georgia Green    | Senior Manager        | Moss Adams LLP                    |
| Justin Stewart   | Manager               | Moss Adams LLP                    |
| Mandy Mori       | Senior Manager        | Moss Adams LLP                    |
| Rachael Peterson | Staff                 | Moss Adams LLP                    |
| Jerry Wei        | Staff                 | Moss Adams LLP                    |
| Jake Marshall    | Staff                 | Moss Adams LLP                    |
| Jeff Roberts     | Executive Director    | Telluride Regional Medical Center |
| Robbi Hudson     | Finance Director      | Telluride Regional Medical Center |
| Shayni Saftler   | Privacy Officer       | Telluride Regional Medical Center |

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

# Data Release Application

## Custom De-Identified Extract



### 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.05    | 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:          | Mason Thaxton          | Name:                           | Georgia Green  |
| Title:         | Health Data Consultant | Title:                          | Senior Manager |
| Date:          |                        | Date:                           |                |

# Data Release Application

## Custom De-Identified Extract



### 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.04    | 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:          |  | Name:                           |  |
| Title:         |  | Title:                          |  |
| Date:          |  | Date:                           |  |