CIVHC

CENTER FOR IMPROVING
VALUE IN HEALTH CARE

DATA RELEASE APPLICATION

LIMITED AND IDENTIFIABLE EXTRACT

APPLICATION NAVIGATION

CENTER FOR IMPROVING VALUE IN HEALTH CARE

Data Release Application
Limited and Identifiable 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
Date	V.01	Initial version drafted with client.	E. Costa Sr. HDC, Title
Date	V.02	Updates to remove Rx and Age @ YE	E.Costa, Sr. HDC
Date	V.03	Remove Value Groupers From App	E.Costa, Sr. HDC
Date	V.	Click or tap here to enter text.	Name, Title
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CENTER FOR IMPROVING VALUE IN HEALTH CARE

Data Release Application
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DATA REQUESTOR DETAILS

General Project Details

Project Title:	Effects of Negotiated Price Transparency Regulations: Evidence from Hospital Prices
Application Start Date:	7/7/2023
Requested Project Delivery Date:	9/15/2023
Client Organization:	Duke University
Client Organization Address:	2080 Duke University Road Durham, NC 27708
To be completed by CIVHC staff	
CIVHC Contact:	Everett E. Costa III, Senior Health Data Consultant
Project Number:	23.73
Condensed Project Title:	Price Transparency Regulations

Project Contacts

Project Contact Name:	Christopher Behrer
Title:	MD/PhD candidate
Email:	christopher.behrer@duke.edu
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Analytic Contact Name:	Neil Prentice
Title:	Senior Manager, IT
Email:	neil.prentice@duke.edu
Phone Number:	919-613-9355
Invoice Contact Name:	Uknown at this time
Title:	Click or tap here to enter text.
Email:	Click or tap here to enter text.
Phone Number:	Click or tap here to enter text.

Data Release Fee Signatory

Name:	Uknown at this time
Title:	Click or tap here to enter text.
Email:	Click or tap here to enter text.

Data Use Agreement Signatory

Name:	Keith Hurka-Owen
Title:	Executive Director, Office of Research Support
Email:	kpho@duke.edu

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CENTER FOR IMPROVING VALUE IN HEALTH CARE

Data Release Application
Limited and Identifiable Extract

PROJECT SCHEDULE AND PURPOSE

Proposed Project Start Date[1]:	9/15/2023
Anticipated Project End Date:	6/30/2026
Proposed Publication or Release Date:	2/28/2024

1. Detail the specific research question(s) are you trying to answer or problem(s) are you trying to solve with this data request. Please list and number the individual questions.

My specific research questions are:

1. What are the effects of mandated price transparency on hospital prices?

2. What does variation in effects across markets and prices suggest were the mechanisms of the effects of price transparency?

3. Did price transparency lead to follow-on effects such as changes in employer health care costs, individual marketplace premiums, and healthcare use, thereby affecting consumers?

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.

My project will study the effects of price transparency of hospital prices negotiated between health systems and private insurers by analyzing two policy changes: the state of Colorado's Shop for Care Tool and the Centers for Medicare and Medicaid Services' (CMS) 2021 Hospital Price Transparency Rule. I plan to study these effects with difference-in-differences techniques. First, I will compare changes before versus after prices were posted in the Shop for Care Tool for prices included in the tool versus prices for similar services not included. The first version of the Shop for Care Tool was posted in 2014, so I have requested data dating back to 2012 to have a 2-year pre-period. I will compare changes in prices before versus after 2014 for services with prices posted in the Shop for Care Tool (treatment) versus the same change over time in prices for services not posted in the Shop for Care Tool (control). I will use similar methods to study later versions of the Shop for Care Tool posted in 2019, 2020, and 2022.

Next, I will compare changes in prices before versus after CMS's policy for prices that were included in the Shop for Care Tool to prices for services not included in the tool, with similar difference-in-differences methods. This analysis will evaluate whether the complete transparency of prices due to CMS's policy had different effects than the posting of summary statistics of prices in the Shop for Care Tool. Third, ambulatory surgical centers were not subject to CMS's price transparency rule. This will allow me to compare changes in prices for the same services before vs after CMS's policy in hospitals (subject to the rule) versus the same change over time in ambulatory surgical centers (not subject to the rule) to estimate the effect of the rule. Finally, I plan to use a regression kink design to study whether hospitals that faced different fines for non-

[1] After all required documents have been signed and the Data Release Review Committee has approved the project, 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.

compliance as a function of their number of beds complied with the policy at different rates, and how prices changed for those likely induced to post prices by the increased fines.

I plan to study the likely mechanisms of any effect on prices in several ways. First, I will study whether consumers appear to respond to price information by studying consumers' choices of hospitals before versus after price information becomes available. Further, because the Shop for Care Tool included quality ratings, I will study whether consumers appear to respond to this quality information when choosing hospitals. Second, I will study how the relative market structure and market power of hospitals and insurers is associated with changes in the negotiated prices. Third, I will study variation in effects across different prices and different insurance plans to determine what sources of uncertainty price information resolved. Finally, I plan to study whether any price changes resulted in follow-on effects, for example changes in employer health care costs, individual marketplace premiums, or levels of utilization of care.

My objective is to study the effects of price transparency, so in all analyses, I will control for a variety of other factors to isolate changes in prices that can accurately be attributed to price transparency. Specifically, I will use Colorado Department of Public Health and Environment county-level data to control for the impact of the COVID-19 pandemic. I will also use publicly available data to control for zip-code average income, population, demographics, and distances to hospitals. Finally, I will control for hospital and insurance plan. Since prices are negotiated between a hospital and insurance company, and different prices are negotiated for different insurance plans offered by the same company, to ensure that I am comparing changes over time in the same prices, I need to be able to identify two prices in different years as belonging to the same hospital-insurance plan-service triplet. However, I do not need to know the true identity of the insurer or the true insurance plan information. As such, I have requested diagnosis/procedure/revenue codes, a hospital identifier, and the insurance company alias. If possible, I would also like to request an alias of the insurance plan policy number and group number, again to ensure that I compare prices from the same hospital-insurance plan-service triplet over time. I do need to know the true service information to identify which claims are for services included in the Shop for Care Tool.

Finally, I would like to convey that this project has been approved by my PhD dissertation committee in a formal dissertation proposal defense. My committee members, Professors Manoj Mohanan, Ryan McDevitt, M. Kate Bundorf, and James Roberts are all tenured professors and experts in economics and health policy who have published in leading academic journals including the American Economic Review, the Quarterly Journal of Economics, the Journal of Health Economics, Health Affairs, the Journal of the American Medical Association, and the Lancet.

METHODOLGY

This project will study the effect of price transparency on hospital prices, specifically the effects of Colorado's Shop for Care Tool and the Center for Medicare and Medicaid Services 2021 Hospital Price Transparency Rule. To do so, the project will use several quantitative methods including event studies and difference-in-differences methods. First, the project will conduct event studies, comparing the levels and trends of prices before versus after prices were added to the Shop for Care Tool, and before versus after CMS's policy.

Next, the project will use three difference-in-differences comparisons. These methods will study policies by comparing changes in prices affected by a policy before versus after the policy implementation versus changes in prices unaffected by the policy. By including a comparison to

changes in prices unaffected by the policy, this approach attempts to control for common unobserved trends.

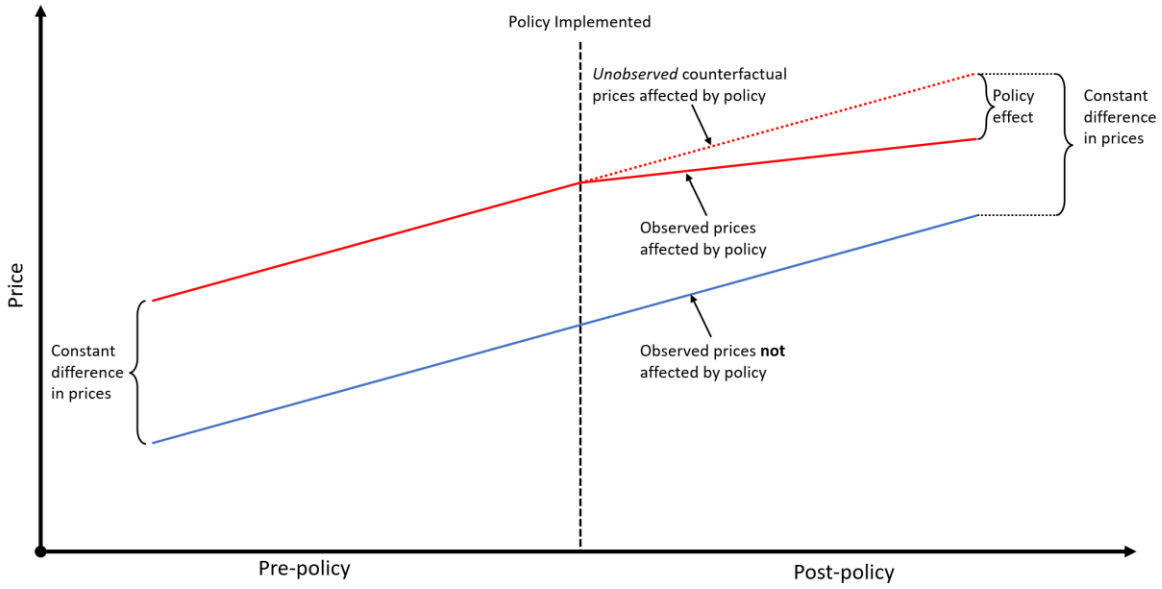
For example, prices for 4 medical services were displayed in the Shop for Care Tool starting in 2014. The difference -in-differences approach will compare how prices for these 4 services change from before to after 2014 versus the same difference for other similar services not included in the tool. Let P(tool) represent average prices for the 4 services included in the Shop for Care Tool, and P(Not tool) indicated average prices for similar services not included in the tool. Then the difference-in-differences estimate of the effect of the Shop for Care Tool is:

Effect = [P(tool, post 2014) - P(tool, pre 2014)] - [P(not tool, post 2014) - P(not tool, pre 2014)]

This simplified example is intended to illustrate the fundamental comparisons used in a difference-in-differences approach. In quantitative analyses, this project will control for trends over time, hospital, insurer, service, and geographic characteristics, as well as for additional prices added to the Shop for Care Tool.

The second difference-in-differences analysis will use a similar approach, and compare prices before vs after CMS's rule for services never included in the Shop for Care Tool vs those included in the tool. Finally, ambulatory surgical centers were not subject to CMS's price transparency rule. This will allow the project to compare changes in prices before vs after CMS's policy in hospitals (subject to the rule) versus the same change over time in ambulatory surgical centers (not subject to the rule) to estimate the effect of the rule.

The figure below provides a graphical representation of the difference-in-differences method.



CONTROL GROUP:

There will not be a control group of any population for this project. This project will lend itself to analyzing and comparing healthcare care prices only.

3. Explain how this project will benefit Colorado and its residents.[2]

This project will benefit Colorado and Colorado residents by generating evidence on policies that were designed to reduce health care prices and health care costs. Rising health care costs are a major policy concern and both the State of Colorado and the federal government have enacted policies to make hospital prices more transparent in an effort to control health care costs. However, the effects of these policies are unknown. This research will provide evidence on the effects of these policies. This evidence will contribute to improvements in future policies and regulations to control health care costs, directly benefiting Colorado and Colorado residents by making health care more affordable and accessible and allowing savings to be reallocated to other beneficial investments.

4. Describe how your project will improve health care quality, increase health care value, or improve health outcomes for Colorado residents.[2]

This project will improve understanding of the effects of policies intended to reduce the per capita cost of health care. The project will do so by generating evidence on both state and federal policies intended to reduce health care costs. These policies aimed to reduce costs by making prices transparent, facilitating consumer price shopping, and promoting competition. However, the effects of these policies are not known. This research will study the effects of these policies and provide evidence to policymakers to inform future efforts to control the cost of health care. The project will also study how consumers respond to quality information, which has the potential to inform policy on quality information disclosure to improve the patient experience of care. Finally, by contributing to efforts to reduce health care costs, the project will facilitate increased affordability of care, which has the potential to improve the health of Colorado residents.

5. Health equity is 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 could contribute to equitable access by contributing to efforts to reduce health care costs, as described above. High health care costs can discourage individuals from seeking care, so reducing these costs has the potential to increase individuals' ability to access necessary care. Further, by studying variation in health care prices and effects of both federal and state price transparency policies, this research has the potential to identify unequal cost burdens experienced by different sociodemographic groups. This evidence could contribute to targeted policy to reduce cost and improve access to care for populations most exposed to high health care costs.

[2] 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 MATCHING

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. Answer the following:

Who will receive the Member Match File?
Please specify here.
What data elements will be required in the Member Match File?
Please specify here.

Control Group

A Control Group is a group of individuals who can be used to compare against the cohort identified in the Finder File or Member Match File.

Will you need to create a Control Group as part of this project?

☒ No
☐ Yes. Consult with your CIVHC Contact about completion of an additional Data Element Selection form for your Control Group.

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)?
1) Turquoise Health data on when and for which services hospitals posted prices to comply with CMS's Hospital Price Transparency rule. 2) Publicly available data on hospitals from CMS Health Cost Report Information System (HCRIS), the National Academy for State Health Policy (NASHP), and CMS star ratings.

3) Hospital trauma level from CO Department of Public Health and Environment (CDPHE)
4) Data on Hospital Referral Regions (HRR) and Health Services Areas (HSA) from the Dartmouth Atlas
5) Distance to hospitals from zip-code centroid latitude and longitude coordinates from the National Bureau of Economic Research.
6) Zip-code level income, population, and race/ethnicity demographic information from the US Census Bureau American Community Survey
7) County-day COVID-19 incidence data from CDPHE

Who will perform the data linkage?

The applicant, Christopher Behrer, PI (under the guidance of Dr. Kate Bundorf

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

- I will use Medicare facility number, name, and/or address to link hospitals to Turquoise Health, HCRIS, trauma level, and CMS data.
- I will use zip-code to link CO APCD data to HRR, HSA, distance to hospital, and census data.
- I will use facility county to link CO APCD data to CDPHE COVID-19 incidence data

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

1) Turquoise Health data: publicly posted prices and a compliance score (1-5) created by Turquoise measuring compliance with CMS's Hospital Price Transparency rule
2) HCRIS, NASHP, CMS: hospital number of beds, teaching hospital affiliation, hospital service availability (e.g. cardiac catheterization lab, intensive care unit, nursery, etc.) ownership type, independent vs within a health system, payer mix, and hospital-by-year financial information on revenue, costs, profit, and number of discharges, CMS's overall and patient survey star ratings.
3) CO DPHE: hospital trauma level
4) Dartmouth Atlas: HSA number, HRR number
5) Distances from a zip-code centroid to each hospital in CO.
6) Census: zip-code level population, racial/ethnic demographic estimates, mean and median household income.
7) CDPHE COVID data: county-day one- and two-week cumulative incidence and one- and two-week average positive test probability

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

Indicate which Protected Health Information data elements you require for your project purpose:

Available for Limited and Identifiable extracts:		
☒ Member 5-Digit Zip Code	☐ Member Census Tract	☐ Member County
☐ Member City	☐ Member Eligibility Date	☒ Employer Tax ID
☐ Member Dates of Service		
Available for Identifiable extracts only (see also Identifiable Data Use Approval):		
☐ Member Name	☐ Member Date of Birth (if requesting more than year only)	
☐ Member Street Address	☐ Member Geocoded Address	

Provide detailed justification for the inclusion of all PHI data selected above.[3]

Zip-code:

One of my proposed analyses is to study whether consumers become more responsive to hospital prices when price information is transparent. To conduct this analysis I will study which hospitals consumers choose from the set of hospitals that they could have chosen. One important factor that prior work has documented influences consumer choice of hospital is distance from their residence to the hospital. I would like to use member zip-code to calculate the distance from the centroid of each member zip-code to each hospital to be able to include this distance in analyses of hospital choice.

Alias of Employer Tax ID:

One hypothesis regarding price transparency is that it will allow employers to see if their insurance provider has negotiated low or high prices for the employer's insurance plan, and to demand more effort from the insurer to negotiate low prices. Larger employers likely have more leverage in these negotiations, so may see larger price decreases from price transparency than small employers. I would like to be able to identify different claims and beneficiaries as belonging to the same employer to test this hypothesis. I do not need the true employer tax ID, an alias is sufficient.

Gender:

I also require member gender. Individuals of different genders have different medical needs. I would like to be able to conduct heterogeneity analyses to test whether prices or price changes due to price transparency are different for health services used by individuals of different genders.

[3] 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.

Line(s) of Business

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

Year(s) of Data

☒ 2012	☒ 2013	☒ 2014	☒ 2015	☒ 2016	☒ 2017
☒ 2018	☒ 2019	☒ 2020	☒ 2021	☒ 2022	☒ 2023[6]

Claim Type(s)

☒ Inpatient Facility	☒ Outpatient Facility	☒ Professional
☐ Pharmacy	☐ Dental	

Financial Detail by Line Item

☒ Charged Amount	☒ Allowed Amount	☒ Plan Paid Amount
☒ Plan Pre-Paid Amount	☒ Member Copay	☒ Member Deductible
☒ Member Coinsurance	☒ Total Member Liability	

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):
Diagnosis:
Procedure(s) (list CPT, HCPCS, DRG, ICD, and/or CDT codes):
Procedure/Revenue Code:
Drug(s) (list pharmacy NDC and/or HCPCS codes):
Please specify here.
Facility Type(s):
Please specify here.
Facilities (list NPIs and/or Pharmacy IDs):
Please specify here.
Facilities within these geographical areas (list county, zip code, Census Tract, etc.):
Please specify here.
Provider Type(s):

[4] Medicaid-only data requests must be approved by the Colorado Department of Health Care Policy and Financing.
[5] Medicare FFS data are not available for all requests and must go through a separate approval process.
[6] This year's data is incomplete. Consult with your CIVHC Contact to find out what data is available at the time of your request.

Please specify here.
Provider(s) (list NPIs):
Please specify here.
Providers within these geographical areas (list county, zip code, Census Tract, etc.):
Provider location address Provider Zip 3 Provider Health Statistic Region http://www.cohid.dphe.state.co.us/brfssdata.html Provider County Provider Zip 5
Specific payers (minimum of five):
Payer Alias only
Other claim specification:
Charged Amount Plan Paid Amount Member Liability, i.e., amount the member is responsible for Coinsurance Deductible Copay Total Allowed Amount – (summation of plan paid and member liability) Prepaid Amount – (to be considered for capitated payment plans only)

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:		
AGES 5-75 years of age only Age: Individuals of different ages have different medical needs. I would like to be able to conduct heterogeneity analyses to test whether prices or price changes due to price transparency are different for health services used by individuals of different ages.		
☒ At the time of service.	☐ At year end	☐ By another anchor date: Please specify here.
With these ICD Diagnosis Code(s):		
Please specify here.		
Who have had the following procedure(s) (list CPT, HCPCS, DRG, ICD, and/or CDT codes):		
Please specify here.		
Within these geographical areas (list county, zip code, Census Tract, etc., in keeping you're your selected Protected Health Information):		
Please specify here.		

Value-Add Data Elements

Indicate which (if any) of the following value-add options you would like included with this extract:

- ☐ Medicare Severity Diagnosis Related Group Codes (MS-DRGs)
- ☐ 3M All Patient Refined Diagnosis Related Group Codes (3M APR DRGs)
- ☐ Medicare Repricer
- ☐ Fields from the American Community Survey:

  Please specify here.

ADDITIONAL DOCUMENTATION

Data Element Selection Form

The Data Release Application must be accompanied by a completed Data Element Selection Form to be reviewed internally and by the Data Release Review Committee. 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.

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

State of Approval

- ☐ Approval request not yet submitted.
  Anticipated submission date: Click or tap to enter a date.
- ☒ Approval request submitted and under review.
  Anticipated project approval date: 8/15/2023
- ☐ 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 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.

☒ Submitted to CIVHC on 7/26/2023
☐ Approved by CIVHC on Click or tap to enter a date.

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 suppression rules, 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[7] must be completed and returned to DataCompliance@CIVHC.org by 7/30/2026 based on the Anticipated Project End Date.

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.

Name	Role	Organization
Christopher Behrer	Principal Investigator, data analyst	Duke University
Manoj Mohanan	Advisor	Duke University
Ryan McDevitt	Advisor	Duke University
M. Kate Bundorf	Advisor	Duke University
James Roberts	Advisor	Duke University
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[7] Available on the Data Release Application and Documents page of CIVHC's website under *Privacy, Security, and Regulatory Information*.

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Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
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Data Release Application Version Approvals

Checkpoint 1: Preparation for CIVHC's internal Application Review Meeting

The Client Organization has reviewed and confirms that V.1 of this Data Release Application represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Initials:	EC	Initials:	CB
Name:	Everett Costa Sr.	Name:	Chris Behrer
Title:	SR. HDC	Title:	PI
Date:	7/26/2023	Date:	7/26/2023

Checkpoint 2: Preparation for presentation to the Data Release Review Committee

The Client Organization has reviewed and confirms that V. of this Data Release Application represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Initials:	EC	Initials:	CB
Name:	E. Costa	Name:	Chris Behrer
Title:	PI	Title:	PI
Date:	7/26/2023	Date:	7/26/2023

Checkpoint 3: Final approval to begin project production

The Client Organization has reviewed and confirms that V. of this Data Release Application represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Signature:		Signature:	
Name:	Click or tap here to enter text.	Name:	Click or tap here to enter text.
Title:	Click or tap here to enter text.	Title:	Click or tap here to enter text.
Date:	Click or tap to enter a date.	Date:	Click or tap to enter a date.

Data Element Selection Form Version Approvals

Checkpoint 1: Preparation for CIVHC's internal Application Review Meeting

The Client Organization has reviewed and confirms that V. of the Data Element Selection Form represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Initials:	EC	Initials:	CB
Name:	E. Costa	Name:	Chris Behrer
Title:	Sr. HDC	Title:	PI
Date:	7/13/2023	Date:	7/13/2023

Checkpoint 2: Preparation for presentation to the Data Release Review Committee

The Client Organization has reviewed and confirms that V. of the Data Element Selection Form represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Initials:	EC	Initials:	CB
Name:	E. Costa	Name:	Chris Behrer
Title:	Sr. HDC	Title:	PI
Date:	7/26/2023	Date:	7/26/2023

Checkpoint 3: Final approval to begin production

The Client Organization has reviewed and confirms that V. of the Data Element Selection Form represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Signature:		Signature:	
Name:	Click or tap here to enter text.	Name:	Click or tap here to enter text.
Title:	Click or tap here to enter text.	Title:	Click or tap here to enter text.
Date:	Click or tap to enter a date.	Date:	Click or tap to enter a date.