



# Data Release Application

## Limited and Identifiable Extract

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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
10/4/2023	V.01	Initial version drafted with client.	Paul Timmerman, Manager
10/11/2023	V.02	Analyst review	Tim Ginader, Analyst
10/13/2023	V.03	Convert to L/I template	Amanda Kim, DCSI
10/16/2023	V.04	Additional narrative, linkages	Chris Underwood, CAO
10/24/2023	V.05	Add Eligibility Date Justification	Amanda Kim, DCSI
Date	V.06	Click or tap here to enter text.	Name, Title
Date	V.07	Click or tap here to enter text.	Name, Title
Date	V.08	Click or tap here to enter text.	Name, Title
Date	V.09	Click or tap here to enter text.	Name, Title
Date	V.10	Click or tap here to enter text.	Name, Title
Date	V.11	Click or tap here to enter text.	Name, Title
Date	V.12	Click or tap here to enter text.	Name, Title
Date	V.13	Click or tap here to enter text.	Name, Title
Date	V.14	Click or tap here to enter text.	Name, Title
Date	V.15	Click or tap here to enter text.	Name, Title

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## Data Requestor Details

### General Project Details

Project Title:	DA Medicaid Enrollment Transition
Application Start Date:	10/4/2023
Requested Project Delivery Date:	12/8/2023
Client Organization:	HCPF
Client Organization Address:	Click or tap here to enter text.
To be completed by CIVHC staff	
CIVHC Contact:	Amanda Kim
Project Number:	24.100.8
Condensed Project Title:	Medicaid Enrollment Transition

### Project Contacts

<b>Project Contact Name:</b>	Chris Underwood
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.
<b>Analytic Contact Name:</b>	Click or tap here to enter text.
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.
<b>Invoice Contact Name:</b>	Click or tap here to enter text.
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:	N/A included in HCPF FY24 Direct Analytics Contract
Title:	Click or tap here to enter text.
Email:	Click or tap here to enter text.

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### Data Use Agreement Signatory

Name:	N/A
Title:	Click or tap here to enter text.
Email:	Click or tap here to enter text.

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### Project Schedule and Purpose

Proposed Project Start Date <sup>1</sup> :	11/1/2023
Anticipated Project End Date:	12/8/2023
Proposed Publication or Release Date:	Date

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.

To help the Department understand the transition of Medicaid members to other insurance coverage due to Medicaid unwinding. The Department has been working to assist members transition to other coverage when they are no longer eligible. The Department will use this information to measure how successful we have been in these efforts. In addition, the Department can use the report to understand how many of our members have other coverage while on Medicaid. The Department requests that the report start with the Departments May 2023 enrollment files sent to the Colorado APCD, and then track coverage on a monthly basis for one year (final comparison of the May 2023 data would be done for June 2024). Then repeat the process for each consecutive month.

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.

Data will be used from the Eligibility table in the Colorado APCD that includes Medicaid enrollees. The goal is to report movement of termed Medicaid members as of May 2023. The dataset will allow the Department to report on termed Medicaid members and if they enroll in Commercial (Exchange or Non-exchange), Medicare Advantage, Medicare FFS, and Dual Eligible plans.

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

This project will provide insight to the Department on Medicaid members' healthcare enrollment decisions once they are disenrolled. Beginning April 1, 2023 and following the end of the COVID PHE, states are able to terminate Medicaid enrollment for individuals who are no longer eligible.

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<sup>1</sup> 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.

<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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Tracking where these members go for healthcare coverage is important information for the Department to serve Colorado and understand if our communications and outreach efforts have been successful to keep the state's uninsured rate low.

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

Being able to determine where Medicaid members go for healthcare coverage when they are disenrolled from a Medicaid plan will help the Department better serve its members. This crucial information will lead to knowledge that can help determine how best to ensure everyone has adequate healthcare coverage which will improve health outcomes for Coloradans. The Department desires to help individuals transition to other healthcare coverage when their Medicaid coverage ends, and needs data to understand if our communications and outreach efforts have been successful or needs to be adjusted to for specific populations.

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.

Once people are no longer eligible for Medicaid services it is important to understand where they go to obtain healthcare coverage. This will ensure everyone has an opportunity to have healthcare coverage and obtain healthcare services. The Department can use the Colorado ACPD data to match our eligibility records to understand if individuals in specific regions of the state, or if individuals of different ethnic/race backgrounds are having trouble transitions to other healthcare coverage. If so, the Department can change the messaging and outreach to assist those populations.

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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 [Member Match File Data Element Selection Form](#). Answer the following:

Who will receive 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.

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

- ☒ No  
☐ Yes. Consult with your CIVHC Contact about completing a [Control Group Data Element Selection Form](#).

### 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)?

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The Department will link the data returned from the Colorado APCD to our internal eligibility records. This will allow the Department to track when the individual disenrolled from Medicaid, their medical usage while on Medicaid, and demographics.

Who will perform the data linkage?

The Department staff will perform this work.

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

The Department will use the Medicaid ID, which is already provided to the Colorado APCD.

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

The Department can use the Medicaid ID to link to our internal records regarding eligibility and claims history. The Department will not release individual sepecific information and will only release summary information.



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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

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 type="checkbox"/> Member <a href="#">Census Tract</a>	<input type="checkbox"/> Member County
<input type="checkbox"/> Member City	<input checked="" type="checkbox"/> Member Eligibility Date	<input type="checkbox"/> Employer Tax ID
<input type="checkbox"/> Member Dates of Service		
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 Geocoded Address	<input type="checkbox"/> Member Geocoded 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>Medicaid ID</p> <p>Justification: The Department can use the Medicaid ID to link to our internal records regarding eligibility and claims history. The Department will not release individual sepecific information and will only release summary information. This will allow the Department to track when the individual disenrolled from Medicaid, their medical usage while on Medicaid, and demographics.</p> <p>Member Eligibility Date</p> <p>Justification: The Department wants to understand the amount of time between disenrollment from Medicaid and enrollment into a new plan.</p>		

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<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 type="checkbox"/> 2021 | <input type="checkbox"/> 2022 | <input checked="" type="checkbox"/> 2023 <sup>6</sup> |

### Claim Types

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

### Financial Detail by Line Item

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

<b>ICD Diagnosis Code(s):</b>
Please specify here.
<b>Procedure(s) (list CPT, HCPCS, DRG, ICD, and/or CDT codes):</b>
Please specify here.

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

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

<sup>6</sup> This year's data is incomplete. Consult with your CIVHC Contact to find out what data is available at the time of your request.

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<b>Drug(s) (list pharmacy NDC and/or HCPCS codes):</b>
Please specify here.
<b>Facility Type(s):</b>
Please specify here.
<b>Facilities (list NPIs and/or Pharmacy IDs):</b>
Please specify here.
<b>Facilities within these geographical areas (list county, zip code, <a href="#">Census Tract</a>, etc.):</b>
Please specify here.
<b>Provider Type(s):</b>
Please specify here.
<b>Provider(s) (list NPIs):</b>
Please specify here.
<b>Providers within these geographical areas (list county, zip code, <a href="#">Census Tract</a>, etc.):</b>
Please specify here.
<b>Specific payers (minimum of five):</b>
Please specify here.
<b>Other claim specification:</b>
Please specify here.

### Filter Criteria – Members/Patients

If you need data for specific member/patient groups, specify that filter criteria below (ask your CIVHC Contact about including an additional file with this application for large code lists):

<b>Ages:</b>		
Please specify here.		
<input type="checkbox"/> At the time of service.	<input type="checkbox"/> At year end	<input type="checkbox"/> By another anchor date: Please specify here.
<b>With these ICD Diagnosis Code(s):</b>		

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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, <a href="#">Census Tract</a> , etc., in keeping with your selected <a href="#">Protected Health Information</a> ):
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.
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# Data Release Application

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## 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.
- ☐ 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, if applicable.

### 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: Date
- ☐ Approval request submitted and under review.  
Anticipated project approval date: 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.

- ☐ Submitted to CIVHC on Date
- ☐ Approved by CIVHC on 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.

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### 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 Date 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
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
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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<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

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

The Client Organization has reviewed and confirms that V.04 of this Data Release Application represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Initials:	AK	Initials:	CU
Name:	Amanda Kim	Name:	Chris Underwood
Title:	Director of Colorado State Initiatives	Title:	Chief Administrative Officer
Date:	10/24/2023	Date:	10/24/2023

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

The Client Organization has reviewed and confirms that V.05 of this Data Release Application represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Initials:	AK	Initials:	CU
Name:	Amanda Kim	Name:	Chris Underwood
Title:	Director of Colorado State Initiatives	Title:	Chief Administrative Officer
Date:	10/24/2023	Date:	10/24/2023

#### Checkpoint 3: Final approval to begin project production

The Client Organization has reviewed and confirms that V.00 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:	Date	Date:	Date



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### 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.00 of this Data Release Application represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Initials:	Click or tap here to enter text.	Initials:	Click or tap here to enter text.
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:	Date	Date:	Date

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

The Client Organization has reviewed and confirms that V.00 of this Data Release Application represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Initials:	Click or tap here to enter text.	Initials:	Click or tap here to enter text.
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:	Date	Date:	Date

#### Checkpoint 3: Final approval to begin production

The Client Organization has reviewed and confirms that V.00 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:	Date	Date:	Date