DATA RELEASE APPLICATION

LIMITED AND IDENTIFIABLE EXTRACT

APPLICATION NAVIGATION

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.	Dwayne Aaron, HCPF
Date	V.02	Refinement after initial meeting.	Randall, KPMG
Date	V.03	Further refinement	Randall, KPMG
Date	V.04	Clean -up for app review	Amanda Kim, DCSI
Date	V.	Click or tap here to enter text.	Name, Title
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DATA REQUESTOR DETAILS

General Project Details

Project Title:	Colorado Providers of Distinction and Value Based Payments
Application Start Date:	9/29/2023
Requested Project Delivery Date:	12/22/2023
Client Organization:	State of Colorado – Health Care Policy and Financing
Client Organization Address:	303 East 17th Ave, Denver, Colorado 80203
To be completed by CIVHC staff	
CIVHC Contact:	Amanda Kim
Project Number:	24.105.75
Condensed Project Title:	Providers of Distinction

Project Contacts

Project Contact Name:	Dwayne Aaron
Title:	Senior Project Manager
Email:	Dwayne.aaron@state.co.us
Phone Number:	303-332-6071
Analytic Contact Name:	Randall Walker
Title:	Data Engineering Lead
Email:	Randall.walker@state.co.us
Phone Number:	
Invoice Contact Name:	Eriko Mori
Title:	Contract Administrator
Email:	Eriko.mori@state.co.us
Phone Number:	Click or tap here to enter text.

Data Release Fee Signatory

Name:	Eriko Mori
Title:	Contract Administrator
Email:	Eriko.mori@state.co.us

Data Use Agreement Signatory

Name:	Click or tap here to enter text.
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[1]:	November 2023
Anticipated Project End Date:	July 2024
Proposed Publication or Release Date:	N/A – internal project work

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.

> This data request is in support of State of Colorado Contract #24-183277 between the Department of Health Care Policy and Financing (the Department) and KPMG LLP (Contractor).
>
> See Appendix 1 for a project overview and a listing of research questions for each program within the Providers of Distinction and Value-Based Payments project. Programs include:
>
> - Primary Care Alternative Payment Models (APM)
> - Pediatric
> - Maternity
> - Colorado Providers of Distinction (COPOD)

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 from the CO APCD will be used to create Procedure Episode Plans to evaluate whether the episodes can be created for non-Medicaid members using claims data from other lines of business. Evaluate whether CO APCD data can be used to create valid episodes.
>
> See Appendix 1 for methodology description for each program.

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

> There is an opportunity to build upon existing momentum in the value-based payments space in Colorado and move closer to a more holistic value-based system of health care in Health First Colorado that meets the needs of more Members and a wider variety of Members across the continuum of health care. With an appropriation from the Colorado legislature, the Department has received funding to assist in moving value-based payments from a start-up environment to a more established system of payments. The funding in this Contract goes towards establishing new and building upon existing APMs and building a system that brings value-based payment data into a comprehensive technical solution that can be scaled up to meet rising demand for these

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[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.

[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.

programs and deliver consistent performance feedback to Providers. Once implemented in Contractor's Technology Solution, the funding will continue to assist in the operation of each value-based payment program utilizing Contractor's Technology Solution.

See Appendix 1 for an explanation of how data will be used to benefit Colorado residents within each program.

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

The project objectives are to utilize claims data to identify improved payment models that tie health care outcomes to provider payment and move away from fee for service as the primary provider payment model.

The project will help to identify hospitals who provide services for the highest quality and an effective price and will be able to compare Medicaid utilization to other payers. The work would help connect members with high performing facilities to receive care and help drive change in providers that are shown to be of lower value.

See Appendix 1 for an explanation of how data will be used to achieve improved quality and value.

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.

Health equity is a major objective for creating providers of distinction within the Medicaid provider community. In addition, Alternative Payment Model analysis will be used to inform recommendations about practice patterns and opportunities for improvement in quality and health equity within primary care APMs.

The solution will also provide the ability to conduct drill down analyses to identify cost drivers and interventions to improve cost, quality, and health equity.

See Appendix 1 (Maternity) for an explanation of how data will be used to achieve improved health equity.

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. Answer the following:

Who will receive the Member Match File?
N/A

What data elements will be required in the Member Match File?
N/A

Control Group

A Control Group is a group of individuals who can be used to compare against the cohort identified in the Finder File 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)?
Please specify here.

Who will perform the data linkage?

Please specify here.

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

Please specify here.

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

Please specify here.

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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:		
☒ 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]		
See Appendix 1 for detailed justifications.		

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

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[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.

[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.

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☒ 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):
Please specify here.
Procedure(s) (list CPT, HCPCS, DRG, ICD, and/or CDT codes):
Please specify here.
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):
Please specify here.
Provider(s) (list NPIs):
Please specify here.
Providers within these geographical areas (list county, zip code, Census Tract, etc.):
Please specify here.
Specific payers (minimum of five):
Please specify here.
Other claim specification:
Please specify here.

Filter Criteria – Members/Patients

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

Ages:		
Please specify here.		
☐ 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.

X 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: Click or tap to enter a 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 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 Click or tap to enter a date.
☐ 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 Click or tap to enter a date based on the Anticipated Project End Date.

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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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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.
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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.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:	DEA
Name:	Amanda Kim	Name:	Dwayne Aaron
Title:	Director of Colorado State Initiatives	Title:	Senior Project Manager
Date:	11/10/23	Date:	11/10/2023

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:	Click or tap here to enter text.	Initials:	DEA
Name:	Click or tap here to enter text.	Name:	Dwayne Aaron
Title:	Click or tap here to enter text.	Title:	Senior Project Manager
Date:	Click or tap to enter a date.	Date:	11/27/2023

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.

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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.0.5   of the Data Element Selection Form represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Initials:	AK	Initials:	DEA
Name:	Amanda Kim	Name:	Dwayne Aaron
Title:	Director of Colorado State Initiatives	Title:	Senior Project Manager
Date:	11/10/23	Date:	11/10/2023

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

The Client Organization has reviewed and confirms that V.0.6   of the Data Element Selection Form 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:	DEA
Name:	Click or tap here to enter text.	Name:	Dwayne Aaron
Title:	Click or tap here to enter text.	Title:	Senior Project Manager
Date:	Click or tap to enter a date.	Date:	11/27/2023

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.