



# 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
Date	V.01	Initial version drafted with client.	Riya Singh, Dir D&A
Date	V.02	Revisions after review	Riya Singh, Dir D&A
Date	V.03	Revisions after app review.	Amanda Kim, DCSI
Date	V.04	Additional revisions after app review	Riya Singh, Dir D&A
Date	V.05	Click or tap here to enter text.	Name, Title
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:	BHA Performance Hub
Application Start Date:	2/28/2022
Requested Project Delivery Date:	ASAP
Client Organization:	Colorado Behavioral Health Administration
Client Organization Address:	710 S Ash St C140, Denver, CO 80246
To be completed by CIVHC staff	
CIVHC Contact:	Amanda Kim
Project Number:	24.106.75
Condensed Project Title:	BHA Performance Hub

#### Project Contacts

Project Contact Name:	<a href="#">Janell Schafer Cody - BHA She Her</a>
Title:	Technology, Evaluation and Analytics Deputy Division Director
Email:	<a href="mailto:janell.schafercody@state.co.us">janell.schafercody@state.co.us</a>
Phone Number:	720-630-9159
Analytic Contact Name:	<a href="#">Jordan Bass - BHA She They</a>
Title:	Director of Data Science
Email:	<a href="mailto:jordan.bass@state.co.us">jordan.bass@state.co.us</a>
Phone Number:	303-242-0986
Invoice Contact Name:	Kim Stewart
Title:	Accountant
Email:	<a href="mailto:kim.stewart@state.co.us">kim.stewart@state.co.us</a>
Phone Number:	Click or tap here to enter text.

#### Data Release Fee Signatory

Name:	<a href="#">Janell Schafer Cody - BHA She Her</a>
Title:	Technology, Evaluation and Analytics Deputy Division Director
Email:	<a href="mailto:janell.schafercody@state.co.us">janell.schafercody@state.co.us</a>

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### Data Use Agreement Signatory

Name:	Lyn Snow
Title:	Privacy Officer
Email:	lyn.snow@state.co.us

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### Project Schedule and Purpose

Proposed Project Start Date <sup>1</sup> :	ASAP
Anticipated Project End Date:	N/A
Proposed Publication or Release Date:	Jun 3, 2024

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.

**Background:** Colorado State Legislation (27-50-201) requires that, by July 1, 2024, the BHA will establish a performance monitoring system (Performance Hub) “to track capacity and performance of all behavioral health providers, including those that contract with managed care entities or behavioral health administrative services organizations, and inform needed changes to the public and private behavioral health system in the state.” The legislation specifies that BHA has the ultimate authority for setting the measures, metrics, and standards included in the PMS to assess care for children, youth, and adults in the Colorado system, but should do so in collaboration with state agencies and subject matter experts.

Regarding what should be included in the Performance Hub, legislation suggests measures and metrics should include, but not be limited to, those which assess accessibility of care (e.g., availability of services, timeliness of service delivery, capacity tracking) and quality of care (e.g., appropriate triage processes, access to services based on client need, priority population care).

**Use of APCD data:** In order to gain a more comprehensive picture of performance across payer types, the BHA is eager to leverage APCD data. For the first iteration of the Performance Hub, we are aiming to answer the following research questions:

**Quality of Care: These are a subset of CMS core set metrics**

- Percentage of members who received follow-up care within 30 days of a positive depression screen finding (NCQA)
- Percentage of members who were screened for clinical depression using a standardized instrument (NCQA)
- Follow-Up After Hospitalization for Mental Illness (FUH)
- Follow-Up After Emergency Department Visit for Mental Illness
- Adherence to Antipsychotic Medications for Individuals With Schizophrenia
- Depression Response at 12 Months-Progress Towards Remission
- Depression Response at Six Months-Progress Towards Remission

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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.

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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.

The BHA will be leveraging this data to calculate key metrics listed above and will likely publish these metrics as part of the Performance Hub. This data will be ingested into BHA's data warehouse where analysts will calculate the above key metrics leveraging SQL code. Once developed, analysts will follow an intensive metric testing process which has been defined [here](#). Through this process, the utility of the metric given the available data, will be ascertained.

In public presentation of the data, we intend to aggregate the data by geographical region as specified through the BHA's upcoming BHASO initiative, defined [here](#).

Moreover, we intend to follow the same methodology leverage for national specifications on the calculation of CMS core set metrics in order to ensure integrity of metric calculation based on this data.

We seek demographic data (e.g. race, gender, etc) in order to conduct necessary stratification of the data. These steps are critical to ours and the public's understanding of the behavioral health ecosystem through the lens of health equity. Per our ethos and overall strategy at the BHA, such stratification of the data is essential.

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

As part of the legislative mandate, the BHA intends to provide much needed transparency to Colorado and its residents through the Performance Hub. We intend to begin with the areas of Availability and Quality of Services. This is beneficial in the following specific ways:

Availability of Services: This domain measures potential access to providers and services, regardless of whether providers or services are used.

Utilization of mental health care among all Coloradans (realized access and access-related outcomes):

- Coloradan's use of the providers and services available to them, thus "realized," as opposed to "potential," access
- Provide more robust analysis on the outcomes of utilization, not just if care was received
- Identify inequities in access that go beyond just care availability in an acknowledgement that for some communities, available care is nonetheless inaccessible

Quality: This domain measures appropriate access to the treatment continuum based on client need and for priority populations.

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

The Behavioral Health Administration (BHA)'s vision for Colorado is to have a comprehensive, accountable, equitable, and effective continuum of behavioral health services that meets the needs of all Coloradans in the right place at the right time to achieve whole person health and wellbeing.

The BHA Performance Hub will serve as a foundational accountability, transparency, and quality foundation for the BHA and the state of Colorado. There is much anticipation around the development of the Hub and a clear articulation of how it intersects with other efforts and the ways in which it can be used to monitor and improve BH services and quality across state agencies, BH providers, and intermediaries for Colorado residents.

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.

The BHA is committed to naming and addressing root causes of injustices. The BHA's strategic approach centers equity as a system-wide practice and advocates for whole person health. The BHA acknowledges that some populations have not only been underserved but have experienced greater barriers, harm, and lack of access to necessary behavioral health services based on their identity/identities. Compared with people who are white, Black, Indigenous and other people of color are less likely to have access to mental health services, seek out services, receive the care they need and are more likely to receive poor quality of care and end services prematurely. These truths are not evident in traditional analyses, where data representing oppressed populations are under collected, grouped with other populations, or under-reported. The BHA is building a responsive behavioral health system where all Colorado stories, especially the stories of Black, Indigenous and other People of Color, are represented in data and its interpretation. The BHA will utilize its existing co-creation structures, including the BHAAC, Colorado Black Health Collaborative, Tribal organizations, public comment, and community sessions to seek input on data measures that reflect improved behavioral health outcomes.

The Performance Hub will fill a key gap required to ensure health equity from the behavioral health ecosystem in Colorado. By providing essential data transparency to the public, state agencies, BH providers and intermediaries will be held accountable in a critical manner.

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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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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:		
<input checked="" 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 type="checkbox"/> Member Eligibility Date	<input type="checkbox"/> Employer Tax ID
<input checked="" 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><b>Member 5-Digit Zip Code:</b> This data element will be used to aggregate de-identified client level data into regions (associated with the forthcoming BHA BHASO program).</p> <p><b>Member Dates of Service:</b> This data element will be used to calculate and conduct further analysis on core quality measures, derived from the national standard, CMS core set of indicators (e.g. Percentage of members who received follow-up care within 30 days of a positive depression screen finding).</p> <p><b>Member Eligibility Date:</b> This data element will be used to understand which plan was active when a service was received.</p>		

#### 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>

<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.

<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.

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### 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 Types

- |  |   |  |
|--|---|--|
| <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 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):

ICD Diagnosis Code(s):
List in development
Procedure(s) (list CPT, HCPCS, DRG, ICD, and/or CDT codes):
List in development
Drug(s) (list pharmacy NDC and/or HCPCS codes):
Please specify here.
Facility Type(s):
List in development
Facilities (list NPIs and/or Pharmacy IDs):
List in development
Facilities within these geographical areas (list county, zip code, <a href="#">Census Tract</a> , etc.):

<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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Please specify here.
<b>Provider Type(s):</b>
List in development
<b>Provider(s) (list NPIs):</b>
List in development
<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>		
Please specify here.		
<b>Who have had the following procedure(s) (list CPT, HCPCS, DRG, ICD, and/or CDT codes):</b>		
Please specify here.		
<b>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>):</b>		
Please specify here.		

### Value-Add Data Elements

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

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- ☐ [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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## 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.
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.02 of this Data Release Application represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Initials:	AK	Initials:	RS
Name:	Amanda Kim	Name:	Riya Singh
Title:	Director of Colorado State Initiatives	Title:	BHA Contractor - Performance Hub Lead
Date:	3/6/24	Date:	March 5th, 2024

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

CIVHC Sign-Off		Receiving Organization Sign-Off	
Initials:	AK	Initials:	RS
Name:	Amanda Kim	Name:	Riya Singh
Title:	Director of Colorado State Initiatives	Title:	BHA Contractor - Performance Hub Lead
Date:	3/6/24	Date:	March 5th, 2024

#### 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.

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Date:	Date	Date:	Date
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