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Colorado All Payer Claims Database
Data Release Application

Thank you for your interest in obtaining data from the CO APCD. As you fill out this application, please let us know if you have any questions or concerns by reaching out to ColoradoAPCD@civhc.org. We are here to help!

Also, please be aware that if you are requesting Protected Health Information (PHI), your request requires a recommendation for approval by the Data Release Review Committee (DRRC). Data elements that are considered PHI under HIPAA are indicated below. If PHI is requested, a CIVHC Account Executive will help you successfully complete an application and navigate the DRRC process.

Please use this application to submit information regarding your request for data from the Colorado All Payer Claims Database (CO APCD). This information will help the Center for Improving Value in Health Care (CIVHC), the Administrator of the CO APCD, answer any questions you have regarding your data request and assist us in helping you complete the data application form.

Note: Please reference the CO APCD Data Elements Request Form found at http://www.civhc.org/get-data/data-release/ when completing this form.

Introduction: Section 10 CCR 2505-5-1.200.5 describes how the CO APCD Administrator addresses Requests for Data and Reports:

1.200.5.A. A state agency or private entity engaged in efforts to improve health care or public health outcomes for Colorado residents may request a specialized report from the CO APCD by submitting to the administrator a written request detailing the purpose of the project, the methodology, the qualifications of the research entity, and by executing a Data Use Agreement (DUA), to comply with the requirements of HIPAA.

1.200.5. B. A data release review committee shall review the request and advise the administrator on whether release of the data is consistent with the statutory purpose of the CO APCD, will contribute to efforts to improve health care for Colorado residents, and complies with the requirements of HIPAA. The administrator shall include a representative of a physician organization, hospital organization, non-physician provider organization and a payer organization on the data release review committee.

This Data Release Application serves as the written request for information noted in section 1.200.5.A.

PART ONE

Project Information	
Project Title:	21.135 Health Care Transitions and the Health of Adolescents and Young Adults with Intellectual or Developmental Disabilities
Date:	7/14/21
Organization Requesting Data:	Boston Children's Hospital
Contact Person:	Yubo Zhang
Title:	Clinical Research Assistant I
E-mail:	Yubo.Zhang@childrens.harvard.edu
Phone Number:	857-218-4268
Person Responsible for the Project (if different than above):	Alyna T. Chien, MD, MS
Title:	Assistant Professor, Department of General Pediatrics, Harvard Medical School Research Director, Division of General Pediatrics, Boston Children's Hospital
E-mail:	alyna.chien@childrens.harvard.edu
Phone Number:	857-218-4074

Project Purpose:

Project questions to be discussed with client representative:

- **Please describe your project and project goals/objectives.**

  The main goal of this project is to improve our understanding of how health care is delivered to adolescents and young adults with intellectual or developmental disabilities and the roles that health insurance and health care providers may play in the experience of gaps or in care quality.

- **What 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.)**

  The specific research questions that we are trying to answer with this data request are:

  Question 1: What characterizes health care transitions for adolescents and young adults with intellectual or developmental disabilities (e.g., which types of physicians are involved; at which ages do health care transfers appear to occur)?

  Question 2: What is the quality of the care being delivered during the time that adolescents and young adults with intellectual or developmental disabilities are making health care transitions?

Question 3: Are there gaps in insurance coverage among those turning 19 years of age and how do the gaps associated with Medicaid insurance differ from those who are commercially insured?

Question 4: What relationship exists between insurance gaps following Medicaid's eligibility redetermination at age 19 and service utilization indicating lower quality care?

- **How will this project benefit Colorado or Colorado residents? (this is a statutory requirement for all non-public releases of CO APCD data)**

  This project will benefit Coloradoans in three main ways:

1. It will identify how many insured adolescents and young adults with intellectual or developmental disabilities are living in Colorado. Childhood-onset intellectual or developmental disabilities is a life-long condition. Adolescent and young adults with intellectual or developmental disabilities are an understudied group of "high cost high need" patients—their spending levels can be highest among all sub-populations of children (Chien 2017), the quality of the care being delivered to this population can be sub-optimal (Chien 2015, Chien 2017), and this population likely relies on additional disabilities-related state services. Knowing the size of this population will help state policymakers plan necessary resources and services as teenagers with intellectual or developmental disabilities grow into adults.

2. It will help state officials, health plans, health care providers, and patient stakeholder groups understand what health care transitions look like for Coloradoan teenagers with intellectual or developmental disabilities, how such transitions may vary in terms of timing or provider.

3. It will provide Coloradoans with better understanding of how frequently insurance gaps occur at age 19 (in conjunction with changes in Medicaid eligibility) and potentially affect health care access, quality, or spending.

- **Please answer all applicable questions below (Note that your project must meet one or more of the Triple Aim criteria below to generate a benefit for Colorado):**
  - **If applicable, how will your project support lowering health care costs?**
  - **If applicable, how will you project help improve the health of Coloradans?**
  - **If applicable, how will your project improve the quality of care or patient experience?**

The proposed project will address the Triple Aim because it:

1. Examines the degree to which those with intellectual or developmental disabilities may be generating higher than average levels of spending because of inconsistent health plan coverage versus or inefficient health care transitions;

2. Assesses the relationship between health insurance, health care transitions and the quality of the health care being delivered to this high cost high need population; and in doing so

3. May provide insights into how care quality may be improved or into the patient experience (e.g., when the timing of health care transitions may more optimally occur).

- **Do you need a claims data set or would you like a custom report generated by CIVHC that addresses the specific questions/problems your project seeks to address?**

  We need a claims data set.

- **Do you need Protected Health Information (PHI)?** Yes, we will need access to PHI.

  - **Do you need patient-specific dates (e.g., dates of service or DOB) or 5 digit zip code. If so, this is a request for a Limited Data Set.**

    Yes, we need patient-specific dates (e.g., dates of service, DOB) and 5-digit zip codes.

  - **Do you need direct patient identifiers such as name, address, or city? If so, this is a request for an Identifiable Data Set (requires IRB approval).**

    No, we do not need any direct patient identifiers such as name, address or city.

  - **If you do not require any PHI, please only complete PART ONE of the application.**

Please note: your CIVHC representative will work with you to complete **Addendum I – Analyst Supplement** to address data warehouse specific questions.

If you are requesting a Custom Report with analytics to be provided by CIVHC; please stop here and submit the information above to your CIVHC representative.

PART TWO

I. Type of CO APCD Analytic Data Set Requested

Please select the type of data set that you are requesting by checking one of the boxes below (**select only ONE option**). Details on each type of CO APCD data set can be found in *The CO APCD Companion Instruction Guide* (available from your CIVHC representative):

Types of Analytic Data Sets (Please select ONE below)

For users interested in a wide range of data to analyze on their own.

☐ De-Identified Data Set
☒ Limited Data Set*
☐ Identified Data Set *

*These types of data requests include Protected Health Information (PHI). Under HIPAA, PHI may only be released in limited circumstances for public health, health care operations, and research purposes under the terms of a HIPAA compliant data use agreement (DUA).

2. Requested Data Elements – Limited and Fully Identifiable Data Sets

The CO APCD is committed to protecting the privacy and security of Colorado's health care claims data. The CO APCD will limit the use of the data to purposes permitted under applicable laws, including APCD Statute/Rule and HIPAA/HITECH, to information reasonably necessary to accomplish the project purpose as described in this Application.

Data Element Selection and Justification

If you have not already done so, please use the Data Element Dictionary (DED) to identify the specific data elements that are required for this project. In keeping with the minimum necessary standard established under HIPAA, CO APCD policy is to release only those data elements that are required to complete your project.

Type of Data	Justification for Elements on the DED
Names	
Street Address	
City	
Zip Code	5-Digit, Link census data to the data set
Health Plan Beneficiary Numbers	
Dates (including Day and Month detail.) Specify which date fields are needed and why.	DOS & DOB – Produce Quality Measures based on the time service were provided
Provider Identifying Information	NPI – Link data set provider and system information

A. Counts, Totals and other Summary Statistics

The CO APCD seeks to provide aggregated summary data whenever possible. Applicants are encouraged to request counts, totals, rates and other summary values whenever such information can reasonably accomplish the purpose of the project (add rows to the table below if necessary). The CO APCD supports the federal CMS minimum cell size suppression policy that requires any cell in any report or data table, printed or electronic, with less than eleven records or observations to be replaced by "Less than eleven" or similar text. You must also apply complementary cell suppression techniques to ensure that cells with fewer than eleven records cannot be identified by manipulating data in adjacent rows and columns.

Field Number and Name	Requested Count or Sum
	[add rows as needed]

B. Linkages to Other Data Sets

The CO APCD seeks to ensure that data cannot be re-identified if it is linked to or combined with information obtained from other sources. If this project requires claims line level detail or includes linkages to other databases, or if CO APCD data will be combined with other information, provide a justification for each proposed linkage. Be sure to describe how this will contribute to achieving the project purpose, including whether the project can be completed without this linkage, and the steps you will take to prevent the identification of individual patients:

Will you link the CO APCD data to another data source?

☐ No.
☒ Yes. If yes, please answer the following questions.

- **What will be the purpose for linking these variables to the Health Systems and Providers Database (HSPD)? What is the purpose for this database?**
  - Database part of the U19
    - CIVIC part of the U19 that created the HSPD – have previously linked TIN to systems
    - TIN mandatory to describe organizations and their relationships with each other
    - Can characterize the type of provider a patient is seeing, e.g., specialty, part of large or small system, etc.
  - Main CIVIC collaborator for this project: Maria de Jesus Diaz-Perez
- **What will be the purpose for each variable, e.g. how will the taxonomy codes be used?**
  - Physician taxonomy code describes health care provider type, e.g. pediatrician, OT, PT, etc.
  - The PI is wondering if there are any specific variables you want her to clarify about on their purpose

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- Which CO APCD identifying data elements will be used to perform the linkage? See above
- Once the linkage is made, what non-CO APCD data elements will appear in the new linked file? None
- Have all necessary approvals been obtained to receive and link with the other data files (e.g., IRB or Privacy Board approval)?
  ☒ Yes, if so please provide copy
  ☐ In progress, anticipated approval date: _____
  ☐ No or N/A, reason: _____

C. Distribution of the Report or Product:
Prior Review by the CO APCD Administrator

If you are producing a report for publication in any medium (print, electronic, lecture, slides, etc.) the CO APCD Administrator must review the report prior to public release. The CO APCD Administrator will review the report for compliance with CMS cell suppression rules; risk of inferential identification; and consistency with the purpose and methodology described in this Application.

- Please describe your audience and how to you will make your project publicly available?

- If the report is not to be made publicly available, then briefly describe how the information derived from this data will be used and by whom:

Other Organizations: Do you intend to engage third parties who will have access to the data requested as part of this project? If so, list the organizations below, describe their role(s); and explain why they will be granted access to the requested data.

Organization/Company Name:	
Contact Person:	
Title:	
Address:	
Telephone Number:	
E-mail Address:	
Role or responsibility in this project	*[add rows as needed]*

Project Schedule:

Proposed Project Start Date:	
Project End Date:	
Proposed Publication or Release Date:	
End of Date Retention Period:	

D. Frequency

Data in the CO APCD Warehouse is refreshed every other month and data products can be provided on a one time basis or under a subscription model (e.g., quarterly, bi-annually or annually). Please select frequency below.

☒ One Time

OR

Subscription (Please select subscription model below)

☐ Quarterly
☐ Bi-annually
☐ Annually

E. Project Reporting

CIVHC highlights projects and data analysis on the public website: www.civhc.org/change-agents. This display of CO APCD projects provides future data requesters with ideas of how they can structure their analysis, and allows CIVHC's stakeholders to see how CO APCD data recipients are working to accomplish the Triple Aim for Colorado. Data recipients have the option of choosing whether to be identified or to not be identified.

☒ Yes, it is okay for CIVHC to identify my organization
☐ No, I do NOT wish for CIVHC to identify my organization

PART THREE

DATA MANAGEMENT PLAN (Not applicable for Custom Report Requests)

I. Organizational Capacity

As an Attachment, please provide copies of the Data Privacy and Security Policies and Procedures for the Requesting Organization as well as those of any third parties that will have access to the requested CO APCD data.

- Has the Requesting Organization or any member of the project team ever been involved with a project that experienced a data security incident? If so, describe the incident, the response procedures that were followed and any subsequent changes in procedures, processes or protocols to mitigate the risk of further events.

  To the extent that the Data Privacy and Security Policies and Procedures, provided as an Attachment, do not already do so, please answer or attach answers for the following:

- **Physical Possession and Storage of CO APCD Data Files:**
  - Describe how you will maintain an inventory of CO APCD data files and manage physical access to them for the duration of the project:
  - Describe your personnel/staffing safeguards, including:
    - Confidentiality agreements in place with individuals identified as being assigned to this study. Include, for example, agreements between the Principal Investigator or Data Custodian and others, including research team members, and information technology and administrative staff:
    - Staff training programs you have in place to ensure data protections and stewardship responsibilities are communicated to the research team:
    - Procedures to track the active status and roles of each member of the research team throughout the project and a process for notifying the CO APCD of any changes to the team:
  - Describe your technical and physical safeguards. Examples include:
    - Actions taken to physically secure data files, such as site and office access controls, secured file cabinets and locked offices.
    - Safeguards to limit access to CO APCD data and analytical extracts among the research team (Note: if the distribution of analytical data extracts among the researcher team is part of your data management plan, the extracts remain subject to the terms of your Data Use Agreement).
  - Provide a brief description of your policies and procedures for ensuring that CO APCD data are protected when stored on a server.
    - Describe how your organization prevents the copying or transfer of data to local workstations and other hard media devices (CDs, DVDs, hard drives, etc.). Note that Applicants are required to encrypt CO APCD data both in motion and at rest:
  - Data Reporting and Publication
    - Your organization must ensure that all analytic extracts, analyses, findings, presentations, reports, and publications based on CO APCD

data files adhere to specific requirements of the Data Use Agreement (DUA: refer to sections 6, 7 and 8 in the Data Use Agreement). **Briefly describe your plan for demonstrating that data reporting and publication processes will be consistent with the DUA, including adhering to CO APCD cell suppression policies:**

2. Completion of Research Tasks and Data Destruction

Your organization must ensure that it has policies and procedures in place to destroy the CO APCD data files upon completion of the project and that you have safeguards to ensure the data are protected when researchers terminate their participation in the research project. Describe your plan for demonstrating that your organization has policies and procedures in place to reliably destroy the data files upon completion of the research:

3. Request for Privacy Board Approval *(Only Applicable to Identifiable Data Requests)*

Projects that request Identifiable information for a research purpose may require approval from the DRRC acting as a Privacy Board if an IRB is not available.

- The DRRC, acting as a Privacy Board, may approve a waiver of the individual authorization normally required to release PHI under CFR § 164.508 if:
- It would be impracticable for researchers to obtain written authorization from patients that are the subject of the research; and
- The research could not practicably be conducted without access to and use of the PHI.
- The DRRC, acting as a Privacy Board, is required to evaluate certain criteria in considering whether to approve an authorization waiver. If you are requesting Identifiable Information for a research purpose, explain why your proposed use of PHI involves no more than a minimal risk to the privacy of patients that are the subject of the research. Evidence of minimal risk to the privacy of patients that should be addressed in your explanation includes:
- An adequate plan to protect PHI identifiers from improper use and disclosure;
- An adequate plan to destroy PHI identifiers at the earliest opportunity; and
- Adequate written assurances that PHI will not be reused or disclosed.

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Appendix I
Certification of Project Completion and Destruction or Retention of Data
(Please Save)

Name:	
Title:	
Organization:	
Address:	
Tel Number:	
Fax Number:	
E-mail Address;	
Project Title:	
Data Sets:	
Years:	
❒ Certification of Data Destruction	Date the Data was Destroyed:
❒ Request to Retain Data	Date Until Data Will Be Retained:

Instructions: Data must be destroyed so that it cannot be recovered from electronic storage media in accordance with the methods established by the "Guidance to Render Unsecured Protected Health Information Unusable, Unreadable, or Indecipherable to Unauthorized Individuals," as established by the U.S. Department of Health and Human Services (HHS).
I hereby certify that the project described in the Application is complete as of this date _____, ___, 20__.

Complete the appropriate section, below:

☐ I/we certify that we have destroyed all Data received from the CO APCD Administrator in connection with this project, in all media that were used during the research project. This includes, but is not limited to data maintained on hard drive(s), diskettes, CDs, etc.

☐ I/we certify that we are retaining the data received in connection with the aforementioned project, pursuant to the following health or research justification (provide detail, use as much additional space as necessary and state how long the data will be retained).

☐ I/we hereby certify that we are retaining the Data received from the APCD Administrator in connection with the aforementioned project, as required by the following law. [Reference the appropriate law and indicate the timeframe].

By signing this Agreement, the Receiving Organization agrees to abide by all provisions set out in this Agreement.

SIGNATURES:

For the CO APCD: CIVHC	For Receiving Organization:
Signature: 	**Signature:**
Name: Pete Sheehan	**Name:**
Title: VP of Client Solutions & State Initiatives	**Title:**

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Addendum I – Analyst Supplement
Colorado All Payer Claims Database Application

Project Description and Data Objective

Project Title and number:
21.135 Health Care Transitions and the Health of Adolescents and Young Adults with Intellectual or Developmental Disabilities

Date Range or Years Requested – *What years of claims do you need to meet your project purpose? (If you want a range of data with specific month and day start and end dates, please supply the start and end dates next to the appropriate year.)*
Check all that apply:

- ☐ 2012
- ☐ 2013
- ☒ 2014
- ☒ 2015
- ☒ 2016
- ☒ 2017
- ☒ 2018
- ☐ 2019
- ☐ 2020*

*Please consult the Data Warehouse refresh schedule to learn what is currently available for 2020

Medicare FFS data: Data requests are only available for research purposes and must be approved and financially supported by HCPF.
Check all that apply:

- ☐ 2012
- ☐ 2013
- ☐ 2014
- ☐ 2015
- ☐ 2016
- ☐ 2017
- ☐ 2018

Lines of Business: *Which payers do you need for your project purpose?*
Please check all that apply

- ☒ **Commercial Payer Claims** - Data available with appropriate levels of aggregation
  Need to discuss appropriate level of aggregation for client request type; would need analyst input
  - ☒ **Individual**
  - ☒ **Small Group Plans**
  - ☒ **Large Group Plans**
    - ***Currently available:*** Medical Claims AND Pharmacy Claims from 2012-2020

- **Claims**
- **Eligibility**
- **Servicing and Billing Provider information**

☒ **Fully insured Employer Plans**

☒ **Self-Insured ERISA and non-ERISA based Employer Plans (note: ERISA-based plans are voluntary submitters and are not all represented in the CO APCD)**

- ***Currently available:*** Medical Claims AND Pharmacy claims
  - **Claims**
  - **Eligibility**
  - **Servicing and Billing Provider information**

☐ **Medicare Advantage** - data is available with appropriate levels of aggregation
Need to discuss appropriate level of aggregation for client request type; would need analyst input

- ***Currently available:*** Medical AND Pharmacy claims from 2012-2020
  - **Claims**
  - **Eligibility**
  - **Servicing and Billing Provider information**

☒ **Health First Colorado (Colorado's Medicaid Program)** - Data requests must be reviewed by the Colorado Department of Health Care Policy and Financing (HCPF) to ensure alignment with administration of the Medicaid program as required by federal law

- ***Currently available:*** Medical Claims AND Pharmacy Claims from 2012-2020
  - **Claims**
  - **Eligibility**
  - **Servicing and Billing Provider information**

The following lines of business, when requested, require CIVHC Data Release Review Committee review as well as HCPF review, approval, and financial support.

☐ **Medicare Fee For Service (FFS) -** Data requests are only available for research purposes and must be approved and financially supported by HCPF.

- ***Currently available:*** Medical Claims AND Pharmacy Claims from 2012-2018
  - **Claims**
  - **Eligibility**
  - **Servicing and Billing Provider information**

Payer-Specific Details – Do you need to limit claims to particular health insurance coverage types?

☐ **Yes**

☒ **No**

- **If YES,** please indicate the specific information you would like to include:
  - **Payer Line of Business**
    - ☐ **Commercial**
      - **Payer Name: Please note Anti-trust guidelines will be followed. (DRRC review maybe also be required)**

- *Please provide listing of payer names and health plans*

- **Commercial Product Line(s):**
  - ☐ **PPO**
  - ☐ **HMO**
  - ☐ **POS**
  - ☐ **Supplemental**
  - ☐ **Indemnity**
  - ☐ **Other- Please specify**
    - *Please provide listing of other product lines*

☐ **Colorado's Exchange, Connect for Health Colorado, Product Lines**:
- ☐ **Gold**
- ☐ **Silver**
- ☐ **Bronze**

Payment Type – *Which elements of total paid amount on each claim do you need to support your project purpose? (Check all that apply)*

☒ **Charged Amount**
☒ **Plan Paid Amount***
☒ **Member Liability, i.e., amount the member is responsible for (check all that apply)**
- ☐ **Coinsurance**
- ☐ **Deductible**
- ☐ **Copay**

☒ **Total Allowed Amount** – (summation of plan paid and member liability)
☒ **Prepaid Amount** – (*to be considered for capitated payment plans only*)

Medical Claims – *Which types of claims do you need for your project purpose?*

- Check all that apply

☒ **Inpatient (IP)** – Related to individuals who receive care in hospital settings
☒ **Outpatient (OP)** – Related to an individual receiving medical treatment in any setting other than a hospital admission (i.e. ambulatory surgery center; doctor's office, imaging center, Emergency Room, home health, etc.)
☒ **Professional (PROF)** – Related to medical procedures within professional settings (e.g. physician office, imaging center, etc.) and clinics

Pharmacy Claims – *Do you need prescription drug-based claims for your project purpose?*

☒ **Yes**
☐ **No**

- **If YES**, and you need pharmacy claims limited to specific drug types, ***please list the 11-digit NDC codes you would like to receive (DO NOT INCLUDE DASHES AND PROVIDE LEADING ZEROS):***

- *Please provide listing*

TBD

Dental Claims – *Do you need dental claims for your project purpose?*

☐ **Yes**
☒ **No**

Site of Service Detail – *Do you need to look at claims that occurred in specific care settings for your project purpose? i.e., do you need to limit services by site of service?*

☐ **Yes**
☒ **No**

- **If YES,** please indicate the specific information you would like to include:
  - ☐ **Hospital**
  - ☐ **Ambulatory Surgery Centers**
  - ☐ **Outpatient Facilities**
  - ☐ **Physician offices**
  - ☐ **Specialty offices**
  - ☐ **Home Health**
  - ☐ **Urgent Care**
  - ☐ **Emergency Room (Note: cannot differentiate between majority of Free-Standing and hospital-based ERs)**
  - ☐ **Other** (specify)
    - *Please list other site of service details*

Provider-level Detail – *Do you need claims limited to specific providers or provider type(s) ie. (Provider IDs, locations, hospitals, medical groups, etc.) for your project purpose?*

☐ **Yes**
☒ **No**

- **If YES,** please indicate the specific provider types you would like to include or provide a list of providers:
  - ☐ **Facilities (hospitals, ambulatory surgery centers, etc.)**
    - *Please provide listing*
  - ☐ **Professionals**
    - *Please provide listing*
  - ☐ **Provider Taxonomy - Specialty Designations**
    - *Please provide listing*
  - ☐ **National Provider Identifier**
    - *Please provide listing*
  - ☐ **Other**
    - *Please provide listing*

Geography– *Do you need claims data limited by geography or location for your project purpose?*

- ☐ **Yes**
- ☒ **No**

- **If YES,** please indicate the geographic groupings you would like to include:
  - ☐ **Provider location address**
    - *Need full address of all providers in CO*
  - ☐ **Member location address**
    - *Please provide listing*
  - ☐ **Zip 3**
    - *Please provide listing*
  - ☐ **Health Statistic Region**
    http://www.cohid.dphe.state.co.us/brfssdata.html
    - *Please provide listing*
  - ☐ **County (Potential PHI)**
    - *Please provide listing*
  - ☐ **Zip 5 (PHI)**
    - *Please provide listing*
  - ☐ **Other**
    - *Please provide listing*

Age and/or Gender – *Do you need claims data limited by age or gender for your project purpose?*

- ☒ **Yes**
- ☐ **No**

- **If YES,** please indicate the groupings you would like to include:
  - ☒ **Age bands/range (in years) requested (i.e. 0-21, 22-39, 40-55, etc.)**
    Please specify specific bands and/or ranges
    9-30
    Please specify how you would like age to be calculated (i.e. Patient age at the end of year, at the time of service, etc.)
  - ☐ **Gender**
    - ☐ **Male**
    - ☐ **Female**
    - ☐ **Unspecified**

Member-level Detail – *Do you need claims filtered at the member level for your project purpose? i.e., do you need claims limited to specific members for your project?*

- ☒ **Yes**
- ☐ **No**

- **If YES,** please indicate the information you would like to include:
  - ☒ **De-identified member information**

☒ **Unique member and person ID**
☒ **Gender**
☒ **Age: (at time of service)**
☐ **3-digit zip**

☒ **Protected Health Information (PHI)** – Any of the below requires DRRC approval process
☐ **Names (first, last, middle) (PHI)**
☐ **Street Address (PHI)**
☐ **City (PHI)**
☒ **5 Digit Zip (PHI)**
☒ **DOB-Dates of Birth (PHI)**
☒ **DOS-Dates of Service (PHI)**

Diagnosis Detail – *Do you need claims limited to a specific diagnosis or multiple diagnoses for your project purpose?*

☐ **Yes**
☒ **No**

- **If YES,** please indicate the specific diagnosis code(s) you would like to include (DO NOT USE DECIMAL POINTS AND DO NOT REMOVE LEADING AND TRAILING ZEROS):
  - *Please provide listing*

Procedure/Revenue Code Detail – *Do you need claims limited to specific procedure or revenue code(s) for your project purpose?*

☒ **Yes**
☐ **No**

- **If YES,** please indicate the specific procedure/revenue code(s) you would like to include under each type requested:

☐ **CPT4**
Please provide listing

☐ **CDT**
Please provide listing

☐ **Revenue code**
Please provide listing

☐ **APR-DRG**
Please provide listing

☐ **ICD9 or ICD10**
(Please indicate whether the codes you provide are ICD 9 or 10 codes)
List provided on the DED

Additional Requests/Info Not Included Above – *Is there any additional information you would like for us to know to fulfill your request?*

We would like to link CO APCD to other state service, e.g. disability services member file - TINs, Physician Taxonomy Codes, NPIs, and Provider Taxonomy codes available linked to our Health Systems and Providers Database (HSPD).

Protocol snippet provided by Boston Children's Hospital for research purposes:

3.6 Clinical care quality during HCTs. We will use National Academies of Medicine (formerly the Institute of Medicine) paradigms and both established and exploratory to assess clinical care quality for young adults with IDD, including detection rates for potentially concerning issues, and avoidance of undesired clinical events such as avoidable emergency or inpatient care (**Table 2**).

Currently, **Table 2** is restricted to diagnoses, measures and algorithms that can be reliably ascertained in claims data, or occur at frequencies in which change can be measured. However, we will also explore the feasibility of including co-morbidities for which claims have historically been less reliable (e.g., obesity) or for which frequencies may be low (e.g., rates of detecting injury, abuse, or neglect). Where possible, we will draw on established methods endorsed by the Agency for Healthcare Research and Quality (AHRQ), the National Committee for Quality Assurance (aka NCQA), and Healthcare Effectiveness Data and Information Set (aka HEDIS). […]

Table 2. Clinical care quality measure examples

Recommended clinical care	
General health maintenance	Adolescent well-visit measure (12-21 year olds) Annual influenza immunization At least 1 dental exam annually
Rates of screening for at-risk conditions	Hyperlipidemia testing Hemoglobin A1c testing Pap smears when >21 years Pregnancy screening Sexually transmitted infection testing
Chronic disease management (if condition is present)	Asthma (e.g., controller medications if persistent) Follow-up visits when new psychotropic medications are prescribed (e.g,. ADHD, depression) Diabetes (e.g., hemoglobin A1c testing twice annually) Epilepsy (e.g., annual visit)
Potentially concerning issues	
Rates well above or below average	Abuse, neglect, domestic violence Contraception prescription rates Polypharmacy rates, number of sedative, hypnotic, anti-depressant and anti-psychotic medication classes being filled Sedation for routine dental care, imaging tests or diagnostic procedures
Undesired clinical events	
Emergency and inpatient services	Avoidable emergency department visits Avoidable hospitalizations Hospital 30-day readmission rate

*In the post-October 2015 dates, we may be able to examine body mass index via International Classification of Disease-Version 10.

Acknowledgement of Review and Approval of the Data Elements Dictionary that Accompanies the Project-

Initials: _____
DED filename and/or version number: _____

By signing this Agreement, the Receiving Organization agrees to abide by all provisions set out in this Agreement.

SIGNATURES:

For the CO APCD: CIVHC	**For Receiving Organization:**
Signature:	**Signature:**
Name: Pete Sheehan	**Name:**
Title: VP of Client Solutions & State Initiatives	**Title:**