



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

DATA RELEASE APPLICATION

LIMITED AND IDENTIFIABLE EXTRACT

APPLICATION NAVIGATION

Client Application Revision History	1
Data Requestor Details	2
Project Schedule and Purpose	3
Data Matching and Linkage	7
Data Inclusion Criteria.....	9
Additional Documentation.....	11
Client Acknowledgements and Signatures	12



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Data Release Application Limited and Identifiable Extract

CLIENT APPLICATION REVISION HISTORY

The following reflects the history of changes made to this document during the application process prior to project production. Once in production, any further changes to the application may result in additional cost and production delays.

To be completed by CIVHC staff			
Date	New Version Number	Description of Change(s)	CIVHC Change Author
1/29/2024	V.01	Initial version drafted with client.	Mason Thaxton, Health Data Consultant
2/1/2024	V.02	Updates after HDC Feedback	Mason Thaxton, Health Data Consultant
2/6/2024	V.03	Updated Methodology Client Initials	Mason Thaxton, Health Data Consultant
Date	V.	Click or tap here to enter text.	Name, Title
Date	V.	Click or tap here to enter text.	Name, Title
Date	V.	Click or tap here to enter text.	Name, Title
Date	V.	Click or tap here to enter text.	Name, Title
Date	V.	Click or tap here to enter text.	Name, Title
Date	V.	Click or tap here to enter text.	Name, Title
Date	V.	Click or tap here to enter text.	Name, Title
Date	V.	Click or tap here to enter text.	Name, Title
Date	V.	Click or tap here to enter text.	Name, Title
Date	V.	Click or tap here to enter text.	Name, Title
Date	V.	Click or tap here to enter text.	Name, Title



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Data Release Application Limited and Identifiable Extract

DATA REQUESTOR DETAILS

General Project Details

Project Title:	Colorado Older Adult Fall Related Injury Claims Assessment
Application Start Date:	1/22/2024
Requested Project Delivery Date:	3/15/2024
Client Organization:	Denver Regional Council of Governments
Client Organization Address:	1001 17 th St #700, Denver, CO 80202
To be completed by CIVHC staff	
CIVHC Contact:	Mason Thaxton
Project Number:	24.37
Condensed Project Title:	Fall Related Assessment

Project Contacts

Project Contact Name:	Dr Nathan Estrada
Title:	VP of Clinical
Email:	nathan@nymblscience.com
Phone Number:	3035182135
Analytic Contact Name:	Chris Slaybaugh
Title:	Principal and Consulting Actuary
Email:	chris.slaybaugh@axenehp.com
Phone Number:	412-927-3937
Invoice Contact Name:	Sharon Day
Title:	Manager, AAA Business Operations
Email:	SDay@drcog.org
Phone Number:	303-480-6705

Data Release Fee Signatory

Name:	Sharon Day
Title:	Manager, AAA Business Operatoins
Email:	sday@drcog.org

Data Use Agreement Signatory

Name:	Chris Slaybaugh
Title:	Principal and Consulting Actuary
Email:	Chris.slaybaugh@axenehp.com



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Data Release Application Limited and Identifiable Extract

PROJECT SCHEDULE AND PURPOSE

Proposed Project Start Date ¹ :	3/15/2024
Anticipated Project End Date:	4/15/2024
Proposed Publication or Release Date:	6/1/2024

- I. 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.

Overview: Nymbl is a digital health solution crafted to empower older adults in maintaining their activity and independence by averting falls. Utilizing engaging brain games and personalized exercises accessible via smartphones or tablets, Nymbl endeavors to enhance balance and diminish the risk of falling. The program is user-friendly and can be customized to individual needs following a straightforward assessment. By emphasizing activities that bolster balance and coordination, Nymbl seeks to foster safety and confidence among seniors in their daily routines. Additionally, Nymbl offers educational resources covering topics like communication with healthcare providers about fall prevention and encourages regular check-ups to uphold overall well-being. Ultimately, Nymbl's overarching mission is to enable older adults to embrace life to the fullest without fear of falling.

1. Claims Assessment: Nymbl has honed its capability not only to pinpoint individuals with historically documented fall-related claims but also to predict future occurrences based on ICD-10 code sets. While this data is well-established for Medicare Advantage, there is currently a lack of data concerning the prevalence of fall-related medical claims in broader population-wide deployments of fall risk reduction strategies. DRCOG seeks to assess the impact of program engagement on both engaged and non-engaged participants to inform decisions regarding return on investment (ROI) and future funding allocations.
2. Demographics: DRCOG and Nymbl share a commitment to addressing the needs of underrepresented populations and those with limited access to preventive services like fall prevention. This assessment aims to shed light on payer sources and how they vary concerning fall-related injuries. Are the program's outreach efforts effectively reaching individuals from lower socioeconomic backgrounds and Medicaid recipients?
3. Costs: DRCOG aims to ascertain the potential cost savings for the state of Colorado resulting from reduced medical care expenses, particularly within the Medicaid system. This includes understanding how cost savings correlate with major engagement milestones in the Nymbl program. Moreover, the assessment seeks to explore whether Nymbl's interventions reduce the likelihood of individuals transitioning from other payer sources to Medicaid due to severe fall-related injuries, thereby mitigating subsequent adverse outcomes such as loss of independence, medical bankruptcy, and the inability to age in place.

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.



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Data Release Application Limited and Identifiable Extract

3. Describe your methodology or how you will be using data from the Colorado All Payer Claims Database (CO APCD) to answer your research questions.

Nymbl will provide the enrollment file with first name, last name, Date of Birth where present in the current 28K older adult participants in the program since 2/2021 to current. This information will also include engagement milestones for each user as a flag for later assessment when deidentified. This should allow for a match in the all payers claims database for Nymbl participants and anonymization can be completed on this list. The deidentified claims data can be returned to Nymbl for claims assessment to answer the above questions, along with the original engagement milestones. The engagement milestones are broad enough to not empower any future mapping back to any specific user.

There are two main ways to address the use of a control group. The first of which is to use the existing participants' historical fall related data as self control where there are 12-months of prior claims data present.

Where appropriate historical claims data is missing it is vital that a control group be formed and appropriately matched across multiple domains. This includes matching for comorbidities that are predictive of both mortality / morbidity across the lifespan. If a simple pre- and post-intervention assessment methodology is to be used, a multi-staged validation is necessary to ensure that the control group represents the prior behaviors, disease burden, RAF (Risk adjustment factor), utilization and medical spend dynamics. Comorbidity assessment can be achieved by using either of the following ICD-10 methodologies.

Baseline demographics information that must be considered for matching:

- Demographics – Geographic location, age, gender, and health plan type
- Comorbidity – Elixhauser Comorbidity Index sScores (ECIS) or Charlston comorbidity index for common and costly chronic conditions, as well as fall-related claims history (ICD-10 intervention and diagnostic codes)⁷

The Elixhauser Comorbidity Index Score (ECIS) for 30 common and costly chronic conditions, as well as fall-related claims history will be utilized to match the control and intervention groups.

Charlston Comorbidity Index a weighted index that includes 16 comorbid conditions that can be used as a predictor of risk of death for patients within 1 year of hospitalization.

- Baseline utilization – ED, IP, SNF, and outpatient (OP) visits in the previous 12 months before intervention and monthly medical spend in the previous 12 months before



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Data Release Application Limited and Identifiable Extract

intervention

- Co-management with Plan programs- Participation in care/case management services, and or programs that incorporate hospitalists as co-managers as examples⁸

4. Explain how this project will benefit Colorado and its residents.²

Colorado has nearly 1 million older adults and prior to Nymbl there were only 500 in the Denver Metro area in a balance class, yet research indicates there would be 150k older adult fallers in the Denver region alone. This fact facilitated the launch of a novel more scalable approach to close this gap in care and access to fall prevention with a program called Nymbl Training. The program has impacted more older adult lives in the Denver area than the entire Nation's evidence based programs combined in the last 3 years. Concurrently, Nymbl has completed 3 actuarial studies in Medicare Advantage and the country of New Zealand demonstrating significant cost savings. This study is designed to both validate this impact locally and facilitate clear return on investment for future funding as many older adult programs are experiencing decreased support from state and federal sources. It is vital that the programs impact be known by those who determine funding amounts as investing in ROI positive programs are fiducially responsible actions to take. The claims assessment will also illuminate opportunities to further address any unknown health equity issues for underrepresented populations engaged or not engaged in the program.

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

50% of all older adults will not discuss their falls with a medical provider resulting in a significant gap in ability to identify those at greatest risk prior to the emergency department visit for an injurious fall. This project has the ability to enhance the predictive quality for future serious fall injuries in Colorado and connect them with the appropriate level of services to avoid the catastrophic consequences of a fall to the person, their family and the support system required to care for an older adult no longer able to age in place. While older adult falls are common they are not normal and represent the greatest preventable cause of injury and death. Nymbl has demonstrated a 35% reduction in fall related claims in prior studies and validation of this in Colorado would pave the way for broader access to the program outside of the Denver Metro Area. Understanding the local impact of the program would further develop the investment strategy to meet the needs of a growing older adult population in Colorado.

6. 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.

While Nymbl is proud of the industry leading engagement in the Denver Area, we are just as pleased to report our impact more broadly. Nymbl is the only program in the State of Colorado

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.



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Data Release Application Limited and Identifiable Extract

that expands access to rural older adults where no viable balance class exists. We recently presented at Public Health of the Rockies conference on closing the health equity gap for fall prevention outlining some of our successes.

Nymbl addresses social determinants of health by providing a fully digital fall prevention program, ensuring accessibility regardless of geographical location or socioeconomic factors. By enabling users to engage from the comfort of their homes using common devices, Nymbl breaks down barriers related to transportation, income, and physical accessibility. This inclusive approach enhances participation among diverse populations, promoting equitable access to preventive healthcare. Additionally, Nymbl's targeted outreach campaigns consider various demographics, fostering engagement across different communities and addressing social determinants that may impact health outcomes.



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Data Release Application Limited and Identifiable Extract

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?

Please specify here.

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

Please specify here.

Control Group

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

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

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

Linkage

Data Linkage is a method of joining data from different sources together to create a new data set.

Will the CO APCD data be linked to another data source?

- ☒ No
☐ Yes. Answer the following:

What is (are) the other data source(s)?

Please specify here.

Who will perform the data linkage?

Please specify here.



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Data Release Application Limited and Identifiable Extract

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.



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Data Release Application

Limited and Identifiable Extract

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 Census Tract	<input checked="" type="checkbox"/> Member County
<input type="checkbox"/> Member City	<input checked="" 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 Identifiable Data Use Approval):		
<input type="checkbox"/> Member Name	<input type="checkbox"/> Member Date of Birth (if requesting more than year only)	
<input type="checkbox"/> Member Street Address	<input type="checkbox"/> Member Geocoded Address	
Provide detailed justification for the inclusion of all PHI data selected above. ³		
<p>5 Digit Zip: This data empowers the completion of an assessment of Health Equity using the ADI index which is noted at the zip code level. Furthermore, the data empowers a direct assessment of Rural vs Urban to understand the amount of individuals that would most likely have lacked access to fall prevention who gained and utilized access to a novel digital fall prevention program, NymbL.</p> <p>Member County: This is to directly attribute value to the 8 primary covered counties that DRCOG is accountable to provide county level data to local Area Agency on Aging managers, city managers ect.</p> <p>Member Dates of Service: The actuarial assessment of value generation is calculated in Member Months of data, the inclusion of dates of service empowers the in-year cost savings to be assessed and to see the possible seasonality of claims for future deployment of effective contextual messaging targeting for fall risk reduction.</p> <p>Member Eligibility Date: This data empowers the inclusion of those with appropriate claims history to be entered as part of the control as a aged in older adult for medicare or an under aged disabled individual.</p>		

Line(s) of Business

- ☒ Commercial Payers
- ☒ Health First Colorado (Colorado's Medicaid and CHP+ programs)⁴

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.



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Data Release Application Limited and Identifiable Extract

- ☒ Medicare Advantage
- ☒ Medicare Fee for Service (FFS)⁵

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 checked="" type="checkbox"/> 2018 | <input checked="" type="checkbox"/> 2019 | <input checked="" type="checkbox"/> 2020 | <input checked="" type="checkbox"/> 2021 | <input checked="" type="checkbox"/> 2022 | <input checked="" type="checkbox"/> 2023 ⁶ |

Claim Type(s)

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

Financial Detail by Line Item

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

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.



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Data Release Application Limited and Identifiable Extract

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:		
Members from the finder file and 55 and older		
<input checked="" type="checkbox"/> At the time of service.	<input type="checkbox"/> At year end	<input type="checkbox"/> 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.



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Data Release Application Limited and Identifiable Extract

Identifiable Data Use Approval

If you are requesting [Identifiable](#) information, approval from an [Institutional Review Board \(IRB\)](#) or a [Privacy Board](#) is required before such data can be released.

- ☒ Not applicable; the Client Organization is requesting a Limited Extract.

Approval Type

- ☐ IRB approval
☐ Privacy Board approval

State of Approval

- ☐ Approval request not yet submitted.
Anticipated submission date: [Click or tap to enter a date.](#)
- ☐ Approval request submitted and under review.
Anticipated project approval date: [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 1/29/2024
☐ 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.



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Data Release Application Limited and Identifiable Extract

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](#).

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
Chris McLaughlin	Lead Analytics Engineer	Nymbl Science
Chris Slaybaugh	Principal and Consulting Actuary	Axene Health Partners, LLC
Nathan Estrada	VP of Clinical	Nymbl Science
AJ Diamontopoulos	Integrated Health Manager	DRCOG
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.

⁷ Available on the [Data Release Application and Documents](#) page of CIVHC's website under *Privacy, Security, and Regulatory Information*.



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Data Release Application Limited and Identifiable Extract

Data Release Application 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:	MT	Initials:	NE
Name:	Mason Thaxton	Name:	Dr. Nathan Estrada
Title:	Health Data Consultant	Title:	Health Data Consultant
Date:	2/6/2024	Date:	2/6/2024

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

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:	MT	Initials:	NE
Name:	Mason Thaxton	Name:	Dr. Nathan Estrada
Title:	Health Data Consultant	Title:	VP of Clinical
Date:	2/23/2024	Date:	2/23/2024

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.



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Data Release Application Limited and Identifiable Extract

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

CIVHC Sign-Off		Receiving Organization Sign-Off	
Initials:	MT	Initials:	NE
Name:	Mason Thaxton	Name:	Dr. Nathan Estrada
Title:	Health Data Consultant	Title:	Health Data Consultant
Date:	2/6/2024	Date:	2/6/2024

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

The Client Organization has reviewed and confirms that V.03 of the Data Element Selection Form represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Initials:	MT	Initials:	NE
Name:	Mason THaxton	Name:	Dr. Nathan Estrada
Title:	Health Data Consultant	Title:	VP of Clinical
Date:	2/23/2024	Date:	2/23/2024

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.