

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:	22.22 Linking Colorado APCD to Cancer Registry Data
Date:	08/18/2021
Organization Requesting Data:	Cancer Center, University of Colorado Anschutz Medical Campus
Contact Person:	Marcelo Coca Perrailon
Title:	Associate Professor
E-mail:	marcelo.perrailon@cuanschutz.edu
Phone Number:	303.724.4777
Person Responsible for the Project (if different than above):	
Title:	
E-mail:	
Phone Number:	

Project Purpose:

Project questions to be discussed with client representative:

- Please describe your project and project goals/objectives.

Cancer research has benefited from the availability of claims data linked to cancer registry information; the most well-known example is SEER-Medicare. Claims include patient-level longitudinal information on cancer screening, treatment, and payments. However, claims data alone are limited. Precise diagnosis date, stage, tumor characteristics, and vital status are not present. In contrast, data collected through cancer registries have excellent patient- and tumor-level diagnosis date and stage data. They also capture race and ethnicity but may not adequately capture treatment information beyond the first course of treatment. Linkage of claims to registry data can significantly expand the capability of each source. To date, most linkages are performed using data from a single payer, such as Medicare, Medicaid, or a handful of private payers. Some registries have linked to statewide hospital discharge databases, covering all payers, including uncompensated care, but these data are pertinent only to inpatient care.

The goal of this project is to repeat the linkage between the Colorado All-Payers Database (APCD) and the Colorado Central Cancer Registry (CCCR). In 2020, our team successfully linked these databases with support from a grant from the National Cancer Institute (R01CA229551, PIs: Bradley, Perrailon). We linked data from 2012 to most of 2017. Our goal is to now extend the data to 2021. This project is supported by a grant supplement from the National Cancer Institute. The National Cancer Institute is particularly interested in more research evaluating the cancer continuum of care in Geographically Underserved Areas (GUA), which have been defined by the Institute (<https://cancercontrol.cancer.gov/hdhe/research-emphasis/underserved-areas>). In collaboration with the CCCR, we have defined these areas using registry data.

In addition to repeating the linkage, there are two proposed enhancements to the study design:

Produce a Sample Cohort of Individuals without a Cancer Diagnosis

The goal is produce a 45% random sample of the Colorado APCD for individuals without a cancer diagnosis from 2012 to 2018. This sample will complement our existing linkage between the APCD and the Colorado Central Cancer Registry (CCCR). This new sample will allow us to create a control group for statistical analyses

Quantify the Effects of COVID-19 Lockdowns on Cancer Screening Utilization

We propose to estimate the reduction in cancer screening procedures. A delay in early detection of cancers has the potential to increase subsequent late-stage detection. We focus on cancer sites amenable to screening –and therefore, early detection-- as determined by the U.S. Preventive Services Task Force (USPSTF) following recommendations on age and frequency. Our analysis is restricted to the following cancer sites: breast, prostate, cervical, colorectal, lung, and melanoma.

- 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.)

Linking Colorado APCD to Cancer Registry Data, 2017-2021

Research plan:

Study sample. Diagnosed with a first primary lung, colorectal, breast, prostate, melanoma, cervical, or other cancer; age 21+ at diagnosis.

Outcomes. Cancer incidence, stage at diagnosis, time to treatment, guideline concordant care, treatment completion, healthcare spending, screening, and mortality.

Aim 1. Update the linkage between the CCCR and the APCD to include data covering cancer diagnoses and medical claims before and after March 2020, the onset of COVID-19 in Colorado. Preliminary assessments of the linkage show that claims data and registry data have good agreement for initial surgical and non-surgical treatment. The linkage is conducted as a probabilistic match using Match*Pro with manual review of records when necessary. The linkage will be performed by the CCCR registrar.

Aim 2. Measure the relationship between residing in geographically underserved areas and the outcomes listed. Outcomes are both dichotomous (e.g., late vs. early stage diagnosis) and continuous (e.g., time to first cancer-directed treatment). We will estimate logistic models for dichotomous outcomes and report marginal effects, which lend themselves to easy interpretation. We will estimate continuous outcomes using GLMM and Cox models or discrete time survival, allowing for time-varying covariates and non-proportional hazards.

Aim 3. Evaluate the impact of the COVID-19 pandemic on cancer outcomes in geographically underserved areas. We will estimate immediate outcomes and extrapolate future mortality using our model results complemented with previous literature showing the effect of late state at diagnosis and lack of prompt treatment on mortality. Immediate outcomes will be assessed using a difference-in-difference (DD) analysis where outcomes in the pre-period (pre-COVID-19 restrictions) are compared to the post-period (post-COVID-19) in both geographically underserved areas and other areas in Colorado

that serve as a pseudo-control group. DD models estimate the difference between the pre-post COVID-19 mean outcome in both areas.

The assumptions of DD models are less restrictive than that of randomized treatment-control experiments. The key assumption is that pre-COVID-19 outcomes in geographically underserved areas should have been trending in the same way as those of other areas (parallel trends assumptions), even if geographically underserved areas have worse outcomes. The DD models will provide an estimation of how COVID-19 has affected geographically underserved areas as compared to more affluent areas. Because the post-COVID-19 data will be limited, we cannot accurately capture all mortality. Therefore, using our models, we will extrapolate the effect the pandemic on mortality attributed to more diagnosis at a late stage and lack of appropriate treatment

Cohort of Non-Cancer Cases

Aim 1. Estimate insurance transitions after a cancer diagnosis. We will estimate insurance transitions between patients with a cancer diagnosis compared to a random sample of patients.

Aim 2. Estimate rates of cancer screening by geographical area in Colorado. We focus on cancer sites amenable to screening as determined by the U.S. Preventive Services Task Force (USPSTF). This aim is restricted to screening procedures for breast, prostate, cervical, colorectal, lung, and melanoma. The random sample will allow us to compare screening rates by geographical location between patients with cancer and patients without a cancer diagnosis. We are especially interested in urban-rural differences.

Sampling details

The process to obtain the random sample follows the methodology used by SEER-Medicare to obtain a sample of patients without cancer. An important aspect of this sampling process is that it allows us to obtain longitudinal data for each person. If the APCD ID that identifies an individual is a random number, a 40% sample can be obtained by, each year, selecting individuals with an identifier ending in some predetermined digits – for example 1, 3, 5, and 7. This process also allows us to use our linkage to determine which of the patients who develop cancer would have been in the random sample (we simply check the last digit of the identifier).

Quantifying the effects of COVID-19 Lockdown on Cancer Screening Utilization

Aim 1: Estimate the rate of change in cancer screening procedures before and after March 2020. We focus on screening amenable cancer sites as determined by the U.S. Preventive Services Task Force (USPSTF) following recommendations on age and frequency: breast, prostate, cervical, colorectal, lung, and melanoma.

H1.1 The COVID-19 pandemic resulted in a decline in cancer screening procedures after March 2020.

For this aim, we will use an interrupted time series design. Interrupted time series analysis is a quasi-experimental design used to estimate the impact of a sudden change on the expected value of an outcome – in this case, screening rates. We will estimate screening rates by month using several years

(2017-March 2020) of data prior to March 2020 to obtain a baseline screening rates and to account for seasonality. After March 2020, we expect to observe a decline in monthly screening rates. We will conduct an aggregate analysis and an analysis by cancer site.

Aim 2. Estimate the rate of change in cancer screening procedures before and after March 2020 by geographical area and use of telemedicine.

H2.1 The reduction in screening rates is larger in rural areas but the decline is mediated by the use of telemedicine.

An important requirement for this analysis is that we need information on age (at least at some point in during a calendar year), sex, procedure codes (Current Procedural Terminology, CPT, Healthcare Common Procedure Coding System, HCPCS), geographical area, and several years of data so we can estimate a baseline screening rate prior to March 2020. Age and sex information are needed since screening recommendations vary for age.

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

Cancer is a leading cause of death in Colorado. Understanding changes in cancer screening rates has important implications for survival, particularly in Geographically Underserved Areas. It has been documented that insurance transitions at the time of diagnosis and cancer screening rates have important implications for the quality of treatment care. Furthermore, understanding that the COVID lockdowns likely resulted in an unprecedented reduction in routine cancer screening since these services were not available by telemedicine. The most likely consequence is that late-stage detection of cancer will increase in Colorado in 2021 and beyond. Understanding the decline in cancer screening can help increase awareness of this problem in Colorado and encourage patients to visit physicians for routine screening. In addition, health care providers could prioritize cancer screening appointments.

The proposed study will generate new data towards a comprehensive view of cancer care across health insurance, delivery systems and geographic location in Colorado. This research is part of an R01 grant entitle “Addressing Urban-Rural Disparities in Cancer: The Case for Registry Expansion” (R01CA22599, Bradley and Perrailon, Principal Investigators). This research is also supported by the University of Colorado Comprehensive Cancer Center.

- 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?

Early detection of cancer greatly increases the chances of survival, but also reduces the high expenditure of care require for treating later stage cancers.

- If applicable, how will you project help improve the health of Coloradans?

Identifying gaps in cancer screening can substantially improve early detection, and consequently, outcomes.

- If applicable, how will your project improve the quality of care or patient experience?

Early detection of cancer is easier to treat than late-stage cancer. Previous research has shown that insurance disruptions lead to poor outcomes.

- 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?

Claims Data Set

- Do you need Protected Health Information (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
 - 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).
 - 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.

PART TWO

I. Type of CO APCD Analytic Data Set Requested (Not applicable for Custom Report Requests)

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	To understand distance traveled to receive care and how patients in urban or rural locations are receiving care in other settings
Health Plan Beneficiary Numbers	
Dates (including Day and Month detail.) Specify which date fields are needed and why.	Distance and time are important considerations to specialized treatment. Understanding dates of service and prescription fill dates are vital to determining outcomes
Provider Identifying Information	Provider type and location to identify how provider-level factors affect prescription of traditional and new therapies and the role of distance to specialized care

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
	<i>[add rows as needed]</i>

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.
- Which CO APCD identifying data elements will be used to perform the linkage?
 - Once the linkage is made, what non-CO APCD data elements will appear in the new linked file?
 - 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	<i>[add rows as needed]</i>

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

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 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.

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:	
<input type="checkbox"/> Certification of Data Destruction	Date the Data was Destroyed:
<input type="checkbox"/> 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:	For Receiving Organization:
Signature: 	Signature: 
Name: Pete Sheehan	Name: Marcelo Perrillon 10/6/2021
Title: VP of Client Solutions & State Initiatives	Title: Associate professor, UC AMC

Addendum I – Analyst Supplement Colorado All Payer Claims Database Application

Project Description and Data Objective

Project Title and number: *(matches Project Title on CO APCD Application)*

22.22 CU Linking Colorado APCD to Cancer Registry

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
- ☒ 2019

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

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)**

▪ Include 5 digit zip in the request

☐ **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

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)
Please provide listing

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



Initials: _____

DED filename and/or version number: _____

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

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

SIGNATURES:

For the CO APCD:	For Receiving Organization:
Signature: 	Signature: 
Name: Pete Sheehan	Name: Marcelo Perrillon
Title: VP of Client Solutions & State Initiatives	Title: Associate professor, UC AMC