CIVHC

CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Data Release Application

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Client Application Revision History

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

To be completed by CIVHC staff			
Date	New Version Number	Description of Change(s)	CIVHC Change Author (full name, complete title)
5/30/2024	V.01	Initial version drafted with client.	Lucía Sanders, Key Account Manager
6/17/2024	V.02	Updated requested project delivery date, proposed project start date, added planned publications, confirmed need for member match file and control group, added justifications for PHI data elements.	Lucía Sanders, Key Account Manager
11/14/2024	V.03	Clarified Linkage process.	Lucía Sanders, Key Account Manager
11/20/2024	V.04	Updated date ranges, age at time of service, PHI justification, and DRG needs.	Lucía Sanders, Key Account Manager
11/25/2024	V.05	Updated PHI justification section.	Lucía Sanders, Key Account Manager
	V.06		
	V.07		
	V.08		
	V.09		
	V.10		

Data Release Application

Custom De-Identified Extract

CIVHC
CENTER FOR IMPROVING VALUE IN HEALTH CARE

Data Requestor Details

General Project Details

Project Title:	The Impossible Choice: The Role of Insurance Design on Financial Toxicity and Access to Care for Individuals with Blood Cancer
Application Start Date:	4/16/2024
Requested Project Delivery Date:	12/1/2024
Client Organization (legal name):	University of Colorado Anschutz Medical Campus
Client Organization Address:	13001 E 17th Pl B119 Aurora, CO 80045
To be completed by CIVHC staff	
CIVHC Contact (full name, complete title):	Lucía Sanders, Key Account Manager
Project Number:	24.54
Condensed Project Title:	Insurance Blood Cancer

Project Contacts

Project Contact Name:	Marcelo C. Perraillon
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Phone Number:	N/A

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Invoice Contact Name:	Marcelo C. Perraillon
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Project Schedule and Purpose

Proposed Project Start Date[1]:	12/1/2024
Anticipated Project End Date:	6/1/2028
Proposed Publication or Release Date:	6/2/2029

1. Detail the specific research question(s) you are trying to answer or problem(s) you are trying to solve with this data request. Please list and number the individual questions.

Note: This application is not a request for a new claims data extract. Rather, this application is a new use case for a CO APCD data extracts previously delivered to University of Colorado Anschutz Medical Campus under projects 22.22 and 23.60. The CU research team will send CIVHC a finder file of blood cancer patients plus controls, for which CIVHC will use Experian's hashing algorithm to convert PII to encrypted data. CIVHC will send the encrypted finder file to Experian. Finally, Experian will then send the financial data for these individuals to the CU team.

The financial burden of cancer care has grown dramatically over the past decades,[1,2] with many new cancer drugs priced at $100,000 or higher annually.[3] Health insurers are increasingly shifting the cost of care to patients through higher out-of-pocket (OOP) costs, leading to increased rates of financial hardship, such as problems paying medical bills or delaying/forgoing needed medical care due to costs.[4] While survival after a cancer diagnosis has increased substantially,[5] the average annual cost of treating cancer is substantial. For example, in the 12 months after diagnosis the average cost of treating acute leukemia exceeds $463,000,[6] leading to thousands in patient OOP costs. While OOP costs remain an important barrier to access for all individuals diagnosed with cancer, these costs present unique barriers to working aged-adults (aged 18-64) who rely on their employer-sponsored health insurance for cancer treatment and who have historically experienced challenges remaining employed and maintaining health insurance during treatment and throughout survivorship.[7] Recent data suggest the number of working-aged individuals who experience high OOP costs is rising, including an estimated 40% of the population covered under high deductible health plans.[8] Higher cost-sharing increases financial burden and may impact cancer treatment decisions and treatment adherence.[9] This financial burden is now extending beyond working age, well into retirement as individual's transition to healthcare coverage through Medicare. As timely diagnosis and treatment of cancer is critical to promote optimal health-related quality of life and survival, understanding the role of health insurance benefit design (e.g.,

[1] After all required documents have been signed, 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.

high deductible plans, managed care) on financial and cancer treatment outcomes is imperative for the more than 1.5 million people living with cancers.[5]

To understand the interplay between insurance benefit design, financial hardship, and cancer care outcomes, the Colorado All-Payers Claims Database (APCD) linked to the Colorado Central Cancer Registry (CCCR) offers a unique opportunity to study financial toxicity. We propose to expand these datasets by linking them to financial summaries from Experian credit report data. Unlike prior studies focused on a single insurer or point-in-time assessments of cancer care and financial outcomes, this linkage allows for a longitudinal assessment of individuals diagnosed cancer in the CCCR and an examination of how insurance types and plans influence financial hardship (e.g., bankruptcy, eviction, debt), treatment, and health outcomes over time. We will include individuals diagnosed with cancer and compare their financial and health outcomes relative to a representative sample of individuals without a cancer history, including those with other chronic diseases (e.g., heart disease).

References:

1. Guy GP, Jr., Ekwueme DU, Yabroff KR, et al. Economic burden of cancer survivorship among adults in the United States. J Clin Oncol 2013;31:3749-57.

2. Yabroff KR, Bradley C, Shih YT. Understanding Financial Hardship Among Cancer Survivors in the United States: Strategies for Prevention and Mitigation. J Clin Oncol 2020;38:292-301.

3. Shih YT, Xu Y, Liu L, Smieliauskas F. Rising Prices of Targeted Oral Anticancer Medications and Associated Financial Burden on Medicare Beneficiaries. J Clin Oncol 2017;35:2482-9.

4. Payments for cost sharing increasing rapidly over time. 2018. (Accessed December 2, 2022, at https://www.healthsystemtracker.org/brief/increases-in-cost-sharing-payments-have-far-outpaced-wage-growth/.)

5. Facts and Statistics Overview. (Accessed December 5, 2022, at https://www.lls.org/facts-and-statistics/facts-and-statistics-overview.)

6. The cost burden of blood cancer: a longitudinal analysis. 2018. (Accessed December 3, 2022, at https://www.lls.org/sites/default/files/Milliman%20study%20cost%20burden%20of%20blood%20cancer%20care.pdf.)

7. Yabroff KR, Dowling EC, Guy GP, Jr., et al. Financial Hardship Associated With Cancer in the United States: Findings From a Population-Based Sample of Adult Cancer Survivors. J Clin Oncol 2016;34:259-67.

8. Cohen RA, Zammitti EP. High-deductible Health Plan Enrollment Among Adults Aged 18-64 With Employment-based Insurance Coverage. NCHS Data Brief 2018:1-8.

9. Fu SJ, Rose L, Dawes AJ, Knowlton LM, Ruddy KJ, Morris AM. Out-of-Pocket Costs Among Patients With a New Cancer Diagnosis Enrolled in High-Deductible Health Plans vs Traditional Insurance. JAMA Netw Open 2021;4:e2134282.

Individual research questions:

i. Estimate the relationship between insurance type/characteristics (e.g., high deductible, managed care) and risk of financial hardship after diagnosis in individuals with cancer relative to individuals without a cancer history

ii. Estimate the relationship between insurance plan type/characteristics and quality of care, time to treatment, receipt of guideline-concordant treatment, and survival among individuals with cancer

iii. Evaluate geographic and racial/ethnic disparities in financial hardship and treatment outcomes (time to treatment, quality of care, and survival) by insurance type in individuals with cancer

iv.

v.

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

Datasets

We will use three unique, complementary data sources to answer our research questions. First, we will use the Colorado Central Cancer Registry (CCCR), which provides detailed information on all cancer diagnoses in Colorado. The CCCR includes cancer site, stage of disease, month and year of diagnosis, initial treatment, insurance at diagnosis, and demographic characteristics, including age, sex, race, Hispanic ethnicity, marital status, and county of residence. Second, we will use Experian credit report data. This data source includes summary information collected and aggregated on more than 230 million individual US consumers, including demographics such as estimated income and financial events such as liens and bankruptcies. Finally, we will use the Colorado all-payer claims database (CO-APCD) which serves as a repository for public and private claims for health care services provided to insured individuals within the state. Administered by the Center for Improving Value in Health Care (CIVHC), the APCD includes medical claims and dates of service from commercial health plans, Medicare, and Colorado's Medicaid Program. The CO-APCD contains all claims for health services by individuals covered by plans that submit data, including longitudinal data on individual procedure and diagnosis codes for each service, insurance plan payments, patient OOP costs and plan information.

Linkage Process

The CU Anschutz team will prepare a list of all individuals (e.g., finders file) with- and without a cancer history from 2012-2020 according to the CCCR and submit the CO-APCD identifiers to CIVHC based on those identified from our current dataset. We will choose 10 controls per cancer case. Experian will not know the proportion of cancer to non-cancer cases. The random selection of control patients will be done stratified by sex, age category, rural residency, and payer. In this way, the probability that a person has cancer does not depend on sex, age, rural residentcy, and payer, which mimizes the risk of identification.

CIVHC will prepare a file of all individuals with a cancer history plus a random sample of individuals without a history of cancer (controls) for linkage with Experian using hashing methodology. Hashing is the practice of transforming a given key or string of characters into another value for the purpose of security, which removes the need to send identifiable information between entities for data linkage. Rather, CIVHC will create a file that includes key data elements (e.g., name, date of birth, social security number). Experian will then send a hashing software to transform the data into de-identified codes for each individual. CIVHC will then send the hashes to Experian (which do not include any identifiable data or codes to de-identify it) to Experian who will look for matching hashes in their database. CIVHC and Experian will then send the data with hashed identifiers for each unique person to CU Anschutz who will link the data. CIVHC will send a separate file with a crosswalk between the hashed identifiers and CIVHC identifiers for CU Anschutz to complete the linkage between all three data sources. At no time will Experian know the identity of who has a cancer diagnosis or receive identifiable data. Finally, to obtain characteristics of the communities in which individuals live, we plan to link to the American Community Survey and Social Vulnerability Index based on zip code.

Cohort

For our analysis, we will limit focus on individuals in the 2012-2020 linkage of the CCCR to APCD and Experian data who have a blood cancer diagnosis as well as non-cancer controls.

Primary Measures

Insurance Type and Characteristics: Based on enrollment files in the APCD, we will characterize insurance status for all individuals across several dimensions such as 1) public vs. private, 2) fee-for-service vs. managed care (HMO), 3) high-deductible vs. low-deductible, 4) capitated vs. non-capitated. We will look at other characteristics such as out-out-pocket costs, co-insurance, deductibles and other characteristics of the health plan they are enrolled in.

Financial Hardship: Based on information from the APCD, we plan to characterize individual out-of-pocket costs, plan payments, co-insurance, deductibles and total costs of care. From Experian data, we plan to look at the presence of severe negative financial impact such as bankruptcy, liens, eviction or new debt greater than 25% of income and medical debt.

Time to treatment: Time-to-treatment is defined as the time from diagnosis to first cancer-directed therapy.

Quality of care: This measure will be defined as receiving components of care recommended for the treatment of cancer or cancer survivorship according to guideline-recommending bodies or

quality measurement organizations such as the American Society for Clinical Oncology, the National Comprehensive Cancer Network or the National Committee for Quality Assurance.

Survival: We define survival as the time from cancer diagnosis until death.

Cancer Characteristics: The CCCR includes information on the characteristics of the cancer including cancer type, stage at diagnosis, and cancer subtype.

Individual Socio-demographics: Specifically, we plan to examine variation in outcomes across individual's age, race/ethnicity, sex, urban/rural residence, education, occupation, marital status and estimated income from a combination of CCCR and Experian data.

Characteristics of the Communities in Which Individuals Live and receive care: We are particularly interested in how financial burden varies across communities in which individuals live. To do this, we will need unencrypted zip codes for both patients and providers to 1) create a measure of distance to care (travel-time from patient zip code to provider zip code and 2) characterize the communities in which patients live and receive care. We plan to link to the American Community Survey based on these zip codes to obtain aggregate-level measures of community characteristics socio-demographics such as % of population living below the poverty line and % with a college education. We also plan to link to the area-level measures of medical debt from the Urban Institute to evaluate how they correspond with individual-level measures of debt.

Analysis

For **Aim 1**, we will describe the proportion of individuals experiencing financial hardship at one- and five-years post-diagnosis (or pseudo-diagnosis for non-cancer controls) and examine unadjusted distributions of financial hardship across insurance plan types, patient demographics, community characteristics and, when applicable, cancer characteristics. We will use multivariable regression to examine the association between insurance plan type and financial hardship.

For **Aim 2**, we will describe the distributions of time-to-treatment, quality of care and survival by insurance plan type, patient demographics, community characteristics, and cancer characteristics. While specification of the models will depend on the distribution of the data, we plan to use Cox Proportional Hazards regression models to estimate the association between insurance plan type and time to treatment initiation as well as survival and multivariable regression for guideline-concordant care. Alternatives models will be used if the proportional hazards assumption is not met.

For **Aim 3,** we will conduct our analyses according to the specifications outlined in Aims 1 and 2, with the addition of exploring the interaction between insurance plan type and 1) urban/rural residence, 2) race/ethnicity (each in separate models) and other characteristics of the communities in which individuals live based on information from the American Community Survey.

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

This research will benefit Colorado and its residents by providing policymakers with information on the impact of insurance on estimated out-of-pocket burden and financial hardship after a cancer diagnosis. This information will allow for more informed decision-making around healthcare plans and development of policies to reduce the burden of financial hardship after diagnosis. To date, this information is not available in Colorado.

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

This research will significantly contribute to our understanding of how insurance characteristics in Colorado affects patient outcomes and financial security, which pose higher financial risk to working aged adults undergoing treatment for cancer. Research findings will also identify populations who may be of greatest risk of financial hardship and poor cancer outcomes. Our findings will inform development of policy-relevant solutions related to benefit design in individuals with blood cancer in Colorado, including policies governing insurance regulations for working-aged adults (e.g., Healthcare Marketplace, Medicaid, and private insurance regulations). With the Centers for Medicare and Medicaid's new guidance on the collection of social determinants of health, this work can also inform strategies for how providers and payers can support value-based care for their beneficiaries with blood cancer.

5. Health equity is defined as the state in which everyone has a fair and just opportunity to attain their highest level of health. Explain how your project addresses health equity.

Our research is focused on improving health equity in Colorado by identifying populations who may be of greatest risk of financial hardship and poor cancer outcomes. These findings can then be used to develop policies and programs to address identified disparities and improve health equity.

[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.

6. Describe any publication you plan to develop based on your use of CO APCD data, its intended audience, and whether it will be made publicly available.

We plan to develop peer-reviewed manuscripts, posters and presentations to present to a wide variety of audiences including other researchers, policymakers, health advocates and other stakeholders. These products will be made publically available.

Data Matching and Linkage

Finder File

A Finder File is a file you submit to CIVHC with information about a pre-selected cohort for matching to CO APCD data. Ask your CIVHC Contact for more information about this process and requirements for Finder File submission.

Will you provide CIVHC with a Finder File as part of this project?

- ☐ No
- ☒ Yes

Member Match File

A Member Match File is a file that CIVHC creates on your behalf to send to a registry or other outside entity to create a crosswalk connecting data from the CO APCD to the other entity's data.

Does this project require the creation of a Member Match File?

- ☐ No
- ☒ Yes. Consult with your CIVHC Contact about completing a separate Data Element Selection Form specifying the data elements that should be used to create the Member Match File.

  Answer the following:

Who will receive the Member Match File?
Experian will receive a member match file using only hashed data (no PHI will be sent).

Control Group

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

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

- ☐ No
- ☒ Yes. Consult with your CIVHC Contact about completing a separate Control Group Data Element Selection Form specifying the data elements that should be used to define the 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?
Experian credit report data with summary scores for the matched invididuals. American Community Survey (ACS). Social Vulnerability Index (SVI).
Who will perform the data linkage?
CIVHC will prepare a file of all individuals with a cancer history plus a random sample of individuals without a history of cancer (controls) for linkage with Experian using hashing methodology. Experian will then send a hashing software to transform the data into de-identified codes for each individual. CIVHC will then send the hashes to Experian (which do not include any identifiable data or codes to de-identify it) to Experian who will look for matching hashes in their database. CIVHC and Experian will then send the data with hashed identifiers for each unique person to CU Anschutz who will link the data. CIVHC will send a separate file with a crosswalk between the hashed identifiers and CIVHC identifiers for CU Anschutz to complete the linkage between all three data sources. At no time will Experian know the identity of who has a cancer diagnosis or receive identifiable data. Finally, to obtain characteristics of the communities in which individuals live, the CU Anschutz research team will perform the linkage to the American Community Survey and Social Vulnerability Index based on zip code.
What identifying data elements will be used to perform the data linkage?
Encrypted (hashed) data based on social security number, DOB, name, last name, and sex. Member 5-digit zip code
What non-CO APCD data elements will appear in the new linked file?
A summary score of financial health by year (before and after diagnosis). Socioeconomic data via ACS and SVI.

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 (PHI)

Indicate which Protected Health Information data elements you require for your project purpose:

Available for Limited and Identifiable extracts:		
☒ Member 5-Digit Zip Code	☐ Member County	☒ Member City
☒ Member Dates of Service	☒ Member Eligibility Dates	☐ Employer Name
☒ Member Census Tract	☐ Member Census Block	☐ Member Census Block Group
Available for Identifiable extracts only (see also Identifiable Data Use Approval):		
☐ Member Name	☒ Member Date of Birth (if requesting more than year only)	
☐ Member Street Address	☐ Member Latitude and Longitude	
☒ Employer Tax ID		
Provide detailed justification for the inclusion of all PHI data selected above, and explain how its inclusion meets the Minimum Necessary Requirement.[3]		
Geographic location (member 5-digit zip code and census tract) is of interest to understand social determinants of health. We need precise dates of services and date of birth to understand utilization before and after cancer diagnosis. We also need member eligibility dates to ensure individuals are eligible for enrollment in health plans around the time of cancer diagnosis to look for utilization and costs before and diagnosis. The remaining PHI data elements (member city, employer tax ID) that were previously delivered to the client via extracts 22.22 and 23.60 will not be used for this project.		

[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.

Line(s) of Business

- ☒ Commercial Payers
- ☒ Health First Colorado (Colorado's Medicaid and CHP+ programs)[4]
- ☒ Medicare Advantage
- ☒ Medicare Fee for Service (FFS)[5]

Year(s) of Data

☒ 2012	☒ 2013	☒ 2014	☒ 2015	☒ 2016	☒ 2017
☒ 2018	☒ 2019	☒ 2020	☐ 2021	☐ 2022	☐ 2023[6]

Claim Type(s)

☒ Inpatient Facility	☒ Outpatient Facility	☒ Professional
☒ Pharmacy	☐ Dental	

Financial Detail by Line Item

☒ Charged Amount	☒ Allowed Amount	☒ Plan Paid Amount
☒ Plan Pre-Paid Amount	☒ Member Copay	☒ Member Deductible
☒ Member Coinsurance	☒ Total Member Liability	

[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 not fully adjudicated.

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):
Procedure(s) (list CPT, HCPCS, DRG, ICD, and/or CDT codes):
Drug(s) (list pharmacy NDC and/or HCPCS codes):
Facility Type(s):
Facilities (list NPIs and/or Pharmacy IDs):
Facilities within these geographical areas (list county, zip code, Census Tract, etc.):
Provider Type(s):
Provider(s) (list NPIs):
Providers within these geographical areas (list county, zip code, Census Tract, etc.):
Specific payers (minimum of five):

Other claim specification:

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:		
21 years and older		
☒ At the time of service	☐ At year end	☐ By another anchor date: *Specify here*
With these ICD Diagnosis Code(s):		
Who have had the following procedure(s) (list CPT, HCPCS, DRG, ICD, and/or CDT codes):		
Within these geographical areas (list county, zip code, Census Tract, etc.):		

Value-Add Data Elements

- ☒ Medicare Severity Diagnosis Related Group Codes (MS-DRGs)
- ☐ 3M All Patient Refined Diagnosis Related Group Codes (3M APR DRGs)
- ☐ Medicare Repricer (available at the claim line level)
- ☐ Fields from the American Community Survey (available at the Census Tract level):

Specify here

Additional Documentation

Data Element Selection Form (DESF)

The Data Release Application must be accompanied by a completed Data Element Selection Form. 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.

☐ If applicable, by checking this box the Client Organization confirms that a separate Member Match File Data Element Selection Form has been completed.

☐ If applicable, by checking this box the Client Organization confirms that a separate Control Group Data Element Selection Form has been completed.

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

Approval Type

☐ Approval request not yet submitted.
Anticipated submission date:

☐ Approval request submitted and under review.
Anticipated project approval 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.

Date Submitted to CIVHC:	3/5/2024
Date Approved by CIVHC:	

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 Size Suppression Policy, risk of inferential identification, CIVHC and CO APCD citations, and consistency with the purpose and methodology described in this Data Release Application. CIVHC will not assess the accuracy of the study results or attempt to recreate results.

This requirement is further defined in the Data Use Agreement. Failure to pursue and obtain CIVHC approval prior to publication will be a violation of the Data Use Agreement and may put the organization's future access to data from the CO APCD at risk.

☒ By checking this box, the Client Organization acknowledges this requirement.

Data Destruction Period

All data must be destroyed within 30 days of the project end date. If your project end date changes from this application, please reach out to your CIVHC Contact for a project extension request form.

☒ By checking this box, the Client Organization acknowledges that CIVHC's Data Destruction Certificate[7] must be completed and returned to DataCompliance@CIVHC.org by 7/1/2028 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.

Full Name	Title/Role	Organization
Faye Liang	Statistical Analyst	University of Colorado Anschutz Medical Campus
Marcelo C. Perraillon	Associate Professor	University of Colorado Anschutz Medical Campus

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

Data Release Application Version Approvals

The Client Organization has reviewed and confirms that the final version number of the Data Release Application reflected below correctly represents the project objectives.

Version	Checkpoint
V.03	Presented at CIVHC Application Review
V.05	Presented to the Data Release Review Committee (DRRC)
V.00	Final version approved for production

CIVHC Sign-Off		Receiving Organization Sign-Off	
Signature:		Signature:	
Name:		Name:	
Title:		Title:	
Date:		Date:	

Data Element Selection Form Version Approvals

The Client Organization has reviewed and confirms that the final version number of the Data Element Selection Form reflected below correctly represents the data specifications needed to meet the project objectives.

Version	Checkpoint
V.00	Presented at CIVHC Application Review
V.00	Presented to the Data Release Review Committee (DRRC)
V.00	Final version approved for production

CIVHC Sign-Off		Receiving Organization Sign-Off	
Signature:		Signature:	
Name:		Name:	
Title:		Title:	
Date:		Date:	