CIVHC

CENTER FOR IMPROVING
VALUE IN HEALTH CARE

DATA RELEASE APPLICATION

LIMITED AND IDENTIFIABLE EXTRACT

APPLICATION NAVIGATION

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
7/11/2023	V.01	Initial version drafted with client.	HDuBreuil, PM
7/14/2023	V.02	Transferred to new template	AKim, Dir CO SI
7/21/2023	V.03	Updated version by HSRI, add methodology, adjust PHI elements and justifications.	HDuBreuil, PM
7/27/2023	V.04	Updated version by HSRI,	HDuBreuil, PM
Date	V.	Click or tap here to enter text.	Name, Title
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Data Requestor Details

General Project Details

Project Title:	CO Behavioral Health Gap Analysis
Application Start Date:	6/29/2023
Requested Project Delivery Date:	8/31/2023
Client Organization:	Human Services Research Institute
Client Organization Address:	2336 Massachusetts Ave, Cambridge, MA 02140
To be completed by CIVHC staff	
CIVHC Contact:	Amanda Kim
Project Number:	24.93
Condensed Project Title:	Behavioral Health Gap

Project Contacts

Project Contact Name:	Hailey DuBreuil
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Title:	Project Manager
Email:	hdubreuil@hsri.org
Phone Number:	1-617-844-2313

Data Release Fee Signatory

Name:	Click or tap here to enter text.
Title:	Click or tap here to enter text.
Email:	Click or tap here to enter text.

Data Use Agreement Signatory

Name:	Leanne Candura
Title:	Vice President
Email:	lcandura@hsri.org

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Data Release Application
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PROJECT SCHEDULE AND PURPOSE

Proposed Project Start Date[1]:	7/10/2023
Anticipated Project End Date:	6/30/2024
Proposed Publication or Release Date:	Click or tap to enter a date.

1. 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.

    1. What are the demographic characteristics of all enrolled Health First Colorado (Medicaid) members and among those receiving behavioral health services? Characteristics of interest by HCPF include disability status, age, gender, race, ethnicity, and language.

    2. What are the behavioral health diagnoses categories among enrolled Medicaid members, overall and by demographic characteristics?

    3. What are the physical health diagnoses coexisting with behavioral health diagnoses among enrolled Medicaid members receiving behavioral health services?

    4. What is the volume of enrolled Medicaid members who utilized behavioral health services compared to all enrolled Medicaid members?

    5. What behavioral health services are Medicaid members receiving and from what types of providers?

    6. What is the percentage of Medicaid members with any behavioral health practitioner located within Colorado Department of Health Care Policy & Financing (HCPF) time and distance standards?

    7. What is the percentage of contracted Medicaid behavioral health practitioners that have delivered services to enrolled Medicaid members? What types of providers are they and what type of services do they offer? What providers, among those contracted to do so, are not serving members (i.e., phantom providers) and where are they located?

    8. What is the impact on time and distance results from behavioral health practitioners who are not delivering services to Medicaid members?

    9. How are Medicaid members using telehealth for behavioral health services?

[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.

10. How does telehealth utilization compare among Medicaid members with and without behavioral health practitioners located within HCPF's time and distance standards?

11. What are the year-over-year utilization trends among contracted network provider locations? Are there any overutilization or underutilization patterns?

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.

HSRI will be conducting a behavioral health network gap analysis of the Regional Accountable Entities (RAEs) and Managed Care Organizations (MCOs) for the Colorado Department of Health Care Policy & Financing (HCPF). HCPF seeks to:

- Expand current Network Adequacy measurements to identify Behavioral Health Network gaps.
- Establish a Network Penetration Rate Report to evaluate licensed providers to contracted providers.
- Develop alternative Network Adequacy measurement standards based on enrolled population clinical needs.

For this project, we propose to use the CO APCD as the primary data source for this work, as it is the state's most comprehensive source of health care insurance claims information representing the majority of covered lives in the state. HSRI will utilize Medicaid medical and pharmacy claims (including substance use disorder claims), enrollment data, and provider data from the CO APCD for the time period of SFYs 2020 – 2022 (July 1, 2019 through June 30, 2022). The CO APCD person and provider addresses that are mapped to geographic coordinates (latitude and longitude) will be utilized as well, as well as the RAE crosswalk (includes RAE, county, zip code).

We will use a combination of medical claims and pharmacy claims to determine the Medicaid members who received behavioral health services. There may be members who have a pharmacy claim for a behavioral health medication but do not have a corresponding medical claim. By using the pharmacy claims in conjunction with the medical claims, we will be able to cast the widest net to capture behavioral health utilization among members.

We will identify behavioral health services by reviewing claims rendered by contracted Medicaid behavioral health practitioners, claims rendered by providers with a behavioral health taxonomy code, claims containing CPT/HCPCS codes of behavioral health services covered by the Medicaid Capitated Behavioral Health Benefit and the Medicaid 1915(b)(3) Waiver, and claims with a behavioral health related diagnosis.

<u>Evaluating Time and Distance Standards</u>
The person and provider geocoded locations from the CO APCD extract will be input into ArcGIS Pro within the secure NORC data enclave to calculate the most efficient travel route between member locations and the nearest relevant provider; that route will then be evaluated against the current Colorado Medicaid behavioral health time and distance standards. We will use the Origin-Destination Cost Matrix (OD Cost Matrix) and Service Time functions in ArcGIS Pro. The OD Cost Matrix takes every origin (member address) and calculates the drive time and

distance to every destination (provider addresses). The OD Cost Matrix function then returns the fastest time and shortest distance to a provider for each member. From this function, we can calculate the average drive time and distance of members to a provider. The Service Time function, which computes an area shape file representing the area in which a certain destination or destinations (provider addresses) can be reached within a specified time, will be used to visualize the data.

For each member's location, we will create a flag identifying the member's county designation (urban, rural, frontier). Using the driving distance and drive time between member location and provider location from the ArcGIS Pro OD Cost Matrix output, we will create a flag for each member-provider pair that identifies whether or not the member is within Colorado's time and distance standards for the provider type, based on a categorization of behavioral health providers into provider types (e.g., acute care hospital, prescribers serving adults, etc.). This flag will also incorporate the members' county designation. The flag will be set to 1 if the member is within the time and distance standards for the provider type/county combination and the flag will be set to 0 if the member is outside of the time and distance standards. For example, if an adult member is located in Pueblo County, Colorado, they would be assigned the "Urban" county designation. According to the Colorado Behavioral Health Network time and distance standards, a person must be within 30 minutes of a mental health provider serving adults. If this member is within 30 minutes of a mental health provider serving adults, their "mental health provider serving adults" flag would be set to 1 and if they are within 45 minutes of a mental health provider serving adults, their flag would be set to 0. The member would have a flag for each behavioral health provider type. Using these flags, we will then calculate a percentage of members with any practitioner, by behavioral health provider type, within the time and distance standards.

Phantom Provider Network Assessment

A phantom provider is a contracted provider who has not provided at least one service encounter within the time period of interest. We will obtain a list of all contracted Medicaid behavioral health providers from HCPF to merge with the CO APCD extract. Among the total number of contract Medicaid behavioral health practitioners, we will calculate the percentage who had at least one claim for a service delivered to an enrolled Medicaid member during the time period of interest, by each relevant provider type. We will obtain the provider business location street addresses of contract Medicaid behavioral health practitioners who we determined did not provide services to Medicaid members from the National Plan and Provider Enumeration System (NPPES). To evaluate the impact of these phantom providers, we will examine how network adequacy rates would be improved if these providers had been among those rendering services. For example, among the members identified in the evaluation of time and distance standards analysis whose location is not within Colorado's network adequacy standards, we will calculate time and distance to the location of the phantom provider, reporting the number and percentage of members who would be within the standards if these providers had rendered services. Using RAE assignments for each Medicaid members, constructed using a member zip code to RAE crosswalk, we will be able to stratify results by RAE, as well as by county.

Telehealth Utilization Assessment

This assessment will provide a detailed comparison of the volume of telehealth and non-telehealth claims (per 1,000 members) for behavioral health services across two groups: 1) members with a

provider/practitioner located within Colorado's time and distance standards, and 2) members without a provider/practitioner located within the time and distance standards. For each of those member groupings, we plan to calculate the number of unique members, the number of telehealth behavioral health claims, the number of non-telehealth behavioral health claims, the number of telehealth behavioral health claims per 1,000 members, and the number of non-telehealth behavioral health claims per 1,000 members. We will also calculate the data points for each provider type/provider county type combination and we will stratify the results by member demographic characteristics (such as gender, race, and ethnicity), RAEs, MCOs, and county. We will group the identified behavioral health claims into service categories and will report on what types of behavioral health services Medicaid members receive by telehealth and non-telehealth. We will identify telehealth claims using a list of procedure codes and modifier codes, as well as place of service codes.

Behavioral Health Network Gap Analysis

The CO APCD enrollment records will be used for analyses of Health First Colorado membership, overall and by year and demographic characteristics, including by age group, race, ethnicity, and gender. By linking to data supplied by HCPF, we can also report disability status and language of members.

From the claims data, we will report on behavioral health diagnoses among members with behavioral health service utilization, and we will create person-year-level assignments of physical health comorbidities through the use of the Center for Medicare & Medicaid Services (CMS) Chronic Conditions methodology in conjunction with the claims data to look at co-occurring physical health diagnoses to determine member needs.

We will analyze behavioral health service utilization by service type, and plan to work with HCPF to come up with a categorization of service types based on CPT codes. Categories might include, but are not limited to:

- Diagnostic testing/mental health assessment
- Alcohol and/or drug use screening/assessment
- Psychotherapy (individual, group, family)
- Routine office visit with BH provider
- Pharmacological management
- Emergency services/crisis care
- Medication-assisted treatment
- Psychiatric inpatient
- Detox services
- School-based mental health services

We will examine these utilization patterns by member demographic characteristics, RAE regions, county, and provider type. We will use this output to identify gaps in existing behavioral health services and in behavioral health networks and to make recommendation to HCPF about how to best address these gaps.

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

Network adequacy refers to whether a health plan contracts with a sufficient number and type of qualified health care providers to ensure members have access to covered benefits within a reasonable travel distance and appointment wait time[3]. Adequate provider networks in Colorado are essential for Colorado healthcare consumers to obtain accessible, timely, and affordable care. A lack of sufficient numbers or types of providers in a plan's network forces patients to wait or travel long distances for care, pay higher costs to receive care from an out-of-network provider, or forgo care all together.

CMS establishes standards for Medicare Advantage Programs and, as specified in the Affordable Care Act, requires that Qualified Health Plans (i.e. those provided through federal or state Marketplaces, QHPs) must maintain a provider network that is "sufficient in numbers and types of providers, including providers that specialize in mental health and substance abuse services, to assure that all services will be accessible without unreasonable delay."

For QHPs and Medicaid managed care plans, Colorado's behavioral health network standards are promulgated through Health First, the state's Medicaid program administered by HCPF. HCPF requires Regional RAEs to incorporate the standards into contracts with providers.[4] HCPF standards include both qualitative and quantitative requirements standards and the time and distance standards are relatively comprehensive, differentiated by urban, rural, and frontier counties, adult and child providers, and provider types, including hospitals, prescribers, mental health providers, and substance use disorder providers[5].

By using CO APCD data to assess whether Colorado members are located within HCPF's defined time and distance standards and to evaluate the existence of phantom providers, HSRI will identify gaps in the behavioral health network by behavioral health service type and geographic location so that HCPF can work to fill them in order to better serve Coloradans' healthcare needs.

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

As described above, adequate behavioral health provider networks are essential for Coloradans to obtain accessible, timely, and affordable care, as well as allow for adequate freedom of choice among providers. HCPF's defined time and distance standards are meant to provide a behavioral health network that ensures timely access to care and

[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.
[3] National Association of Insurance Commissioners. (2019). Network Adequacy. https://content.naic.org/cipr-topics/network-adequacy
[4] Colorado Association of Health Plans. (November 2021). Network Adequacy Requirements for Behavioral Health Services for Colorado Medicaid. https://colohealthplans.org/network-adequacy-requirements-for-behavioral-health-services-for-colorado-medicaid/
[5] https://www.commonwealthfund.org/medicaid-managed-care-database#/topics/primary-care-access-network-adequacy

services that are within a reasonable travel time to members. The United States Department of Health and Human Services believes that "strong network adequacy standards are necessary to achieve greater equity in health care and enhance consumer access to quality, affordable care through the Exchanges".[6] By conducting a behavioral health network gap analysis, HSRI will monitor network adequacy and identify service gaps in order to protect consumers from narrow networks and improve the patient experience of care.

5. 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.

At HSRI, we believe the primary goal of a behavioral health gap analysis is to provide governments with a platform for short-term, intermediate, and long-term planning for establishing a behavioral health system that is a) driven by quality, efficiency, and scientific merit; b) effective in coordinating services over levels of care and with intersecting systems; c) able to identify and address disparities in engagement, access, quality, and outcomes for communities that have been historically underrepresented and underserved; and d) focused on outcomes that lead to recovery with minimal barriers to access.

HCPF requires that the RAEs develop and maintain a sufficient network of behavioral health providers that includes providers with specialized training and expertise across all ages, levels of ability, gender identities, cultural identities, limited English proficiency, and members with physical or mental disabilities[7]. Additionally, the RAEs are prohibited from discriminating against providers serving high-risk populations or who specialize in conditions that require costly treatment.

By using CO APCD data, in conjunction with HCPF data, to identify the demographic characteristics (including disability status, age, gender, race, ethnicity, location, and language) of enrolled Medicaid members as well as their behavioral health diagnoses and co-existing physical health diagnoses, and reviewing these characteristics with an eye towards who does and does not live within range of a practitioner that meets Colorado's time and distance standards and who is and is not receiving telehealth services, HSRI will identify populations who may be experiencing a gap in their ability to receive behavioral healthcare services in Colorado so that HCPF can fill these service gaps.

[6] https://www.federalregister.gov/documents/2022/05/06/2022-09438/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2023

[7] Colorado Association of Health Plans. (November 2021). Network Adequacy Requirements for Behavioral Health Services for Colorado Medicaid. https://colohealthplans.org/network-adequacy-requirements-for-behavioral-health-services-for-colorado-medicaid/

DATA MATCHING

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.

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:		
☒ Member 5-Digit Zip Code	☐ Member Census Tract	☐ Member County
☒ Member City	☒ Member Eligibility Date	☐ Employer Tax ID
☒ Member Dates of Service		
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 Geocoded Address	
Provide detailed justification for the inclusion of all PHI data selected above.[8]		

[8] 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.

We require the city, 5-digit zip code, and geocoded output of members to perform the time and distance calculations. Geocoding is the process of finding the coordinate location of an address. Before a list of addresses can be drawn on a map, those addresses must first be geocoded. To calculate the drive time and drive distance measures, we need the geocoded address of both members and providers. Without geocoding, we cannot calculate these measures.

The geocoded addresses are necessary to calculate the drive time and drive distance of members to the nearest provider. With those metrics, we will be able to calculate measures of interest for HCPF that are central to the behavioral health network gap analyses. These measures include the percentage of members in an RAE or county that meet HCPF's behavioral health drive time and distance standards and the average drive time and distance of members to a provider.

Using the geocoded addresses, we plan to calculate a) driving distance and b) driving time using ArcGIS Pro software. Specifically, we will be using the following ESRI-developed functions within the secure enclave: Origin-Destination Cost Matrix Analysis and Service Time. In future iterations of the project, we may also use the Location-Allocation function. See below for more detail on what these functions do.

- Origin-Destination Cost Matrix: This function takes every origin (member address) and calculates the drive time (and distance) to every destination (provider address). This function then returns the fastest time and shortest distance to a provider for each member. From this function, we can calculate the average drive time and distance of members to a provider. We need to calculate these averages at the state, county, and RAE level. This data is essential for determining whether or not the behavioral health network meets standards. In no report would we display member addresses or routes from members to providers. The cost matrix is used to calculate statistics.

- Service Time: This function computes an area shape representing the area in which a certain destination or set of destinations (provider addresses) can be reached within a specified time. This function will be used to visualize the data. For example, we are interested in what area can be reached within 90 minutes of an adult behavioral health provider. We would input the set of adult behavioral health provider addresses as the destination, and 90 minutes as the maximum drive time, as well as a couple other parameters (ex, mode of transport is driving by car, not walking or public transit), and this function will return a map with the areas that can reach an adult behavioral health provider within 90 minutes driving. We would display these maps in a report for HCPF. This map could display current provider locations but does not have to. The information we get from this function can also be used to calculate percentage of members that meet HCPF's behavioral health drive time and distance standards. This function is essential for visualizing which areas meet standards, and which do not.

- Location-Allocation (future project phase possibility): This function begins by calculating an Origin-Destination Cost Matrix, but it then conducts an iterative process to find points that would suggest locations of new facilities to maximize coverage, based on a number of parameters (ex, drive time standards, "maximize coverage, minimize facilities" method or "Maximize Attendance" method, etc.). This function would be used to produce a map with the service areas from the service time function above and

hypothetical suggested locations (not actual locations) for new behavioral health service providers.

If it is determined that we cannot received geocoded addresses, member and provider street address is an alternative element we would like to receive. However, we would have to go through the process of geocoding the street addresses ourselves in order to use them. For this, we would need to export the addresses from the NORC data enclave and use Geocodio or ArcGIS ourselves to geocode the addresses. To have HSRI repeat the process feels duplicative and would be an additional cost to the state that would be duplicative of costs they've already incurred from having HSRI geocode addresses for the CO APCD. Additionally, it is not an ideal scenario for data stewardship as it involves export of sensitive information from the secure enclave. The justification for needing member and provider street address is the same as the justification provided for needing geocoded output of these elements, that is, being able to calculate the drive time and drive distance of members to providers.

Member 5-digit zip code is also needed to assign counties and RAE regions to members for stratification purposes.

We require member eligibility dates and member dates of service in order to link a member's address based on eligibility date to a date of service and for deduplication of claims.

We would also like to request Medicaid ID in order to link to supplemental provider and member data provided by HCPF.

We are requesting data from all Medicaid members, rather than a subset, so that we can obtain denominators to more accurately calculate percentages to HCPF, for example, the percentage of all Medicaid members who received behavioral health services. Because our time frame request is not based on the calendar year, denominator data from the Insights Dashboard or similar would not be as accurate.

Line(s) of Business

- ☐ Commercial Payers
- ☒ Health First Colorado (Colorado's Medicaid and CHP+ programs)[9]
- ☐ Medicare Advantage
- ☐ Medicare Fee for Service (FFS)[10]

Year(s) of Data

☐ 2012	☐ 2013	☐ 2014	☐ 2015	☐ 2016	☐ 2017
☐ 2018	☒ 2019	☒ 2020	☒ 2021	☒ 2022	

Claim Type(s)

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

[9] Medicaid-only data requests must be approved by the Colorado Department of Health Care Policy and Financing.
[10] Medicare FFS data are not available for all requests and must go through a separate approval process.

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):
Still in determination.
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):
Still in determination.
Provider(s) (list NPIs):
Please specify here.
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:		
Please specify here.		
☐ At the time of service.	☐ At year end	☐ 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.

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 7/21/2023
☐ 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.

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[11] must be completed and returned to DataCompliance@CIVHC.org by 7/30/2024 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
Kristin Battis	Data Analyst	HSRI
Jaime Ransohoff	Data Analyst	HSRI
Ioana Crisan	Data Analyst	HSRI

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

Valerie Garrison	Data Analyst	CIVHC
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Data Release Application Version Approvals

Checkpoint 1: Preparation for CIVHC's internal Application Review Meeting

The Client Organization has reviewed and confirms that V.03 of this Data Release Application represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Initials:	AK	Initials:	HD
Name:	Amanda Kim	Name:	Hailey DuBreuil
Title:	Director of Colorado State Initiatives	Title:	PM
Date:	7/24/2023	Date:	7/20/2023

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

The Client Organization has reviewed and confirms that V.04 of this Data Release Application represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Initials:	AK	Initials:	HD
Name:	Amanda Kim	Name:	Hailey DuBreuil
Title:	Director of Colorado State Initiatives	Title:	PM
Date:	7/28/2023	Date:	7/27/2023

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.

Data Element Selection Form Version Approvals

Checkpoint 1: Preparation for CIVHC's internal Application Review Meeting

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

CIVHC Sign-Off		Receiving Organization Sign-Off	
Initials:	AK	Initials:	HD
Name:	Amanda Kim	Name:	Hailey DuBreuil
Title:	Director of Colorado State Initiatives	Title:	PM
Date:	7/24/2023	Date:	7/20/2023

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

The Client Organization has reviewed and confirms that V.05 of the Data Element Selection Form represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Initials:	AK	Initials:	HD
Name:	Amanda Kim	Name:	Hailey DuBreuil
Title:	Director of Colorado State Initiatives	Title:	PM
Date:	7/28/2023	Date:	7/27/2023

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.