



# Data Release Application

## Limited and Identifiable Extracts

### Navigation

Client Application Revision History .....	1
Data Requestor Details.....	2
Project Schedule and Purpose .....	4
Data Matching and Linkage.....	7
Data Inclusion Criteria.....	9
Additional Documentation.....	13
Client Acknowledgements and Signatures .....	14

# Data Release Application

## Limited and Identifiable Extracts



### 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)
7/15/2024	V.01	Initial version drafted with client.	Maggie Mueller, Dir Data Ops
10/10/2024	V.02	Updated purpose, Data Element Selection	Amanda Kim, DCSI
10/28/2024	V.03	Update years, justifications	Amanda Kim, DCSI
	V.04		
	V.05		
	V.06		
	V.07		
	V.08		
	V.09		
	V.10		

# Data Release Application

## Limited and Identifiable Extracts



## Data Requestor Details

### General Project Details

Project Title:	Episode Grouper Data Set Support and Integration
Application Start Date:	10/1/2024
Requested Project Delivery Date:	12/22/2023
Client Organization (legal name):	KPMG
Client Organization Address:	
CIVHC can publicly share the Client Organization's name in its <a href="#">Change Agent Index</a> .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
To be completed by CIVHC staff	
CIVHC Contact (full name, complete title):	Amanda Kim, Director of Colorado State Initiatives
Project Number:	25.105.55
Condensed Project Title:	Episode Grouper Data Set

### Project Contacts

<b>Project Contact Name:</b>	
Title:	
Email:	
Phone Number:	
<b>Analytic Contact Name:</b>	
Title:	
Email:	
Phone Number:	

# Data Release Application

## Limited and Identifiable Extracts



<b>Invoice Contact Name:</b>	Eriko Mori
Title:	
Email:	
Phone Number:	
<b>Data Release Fee Signatory:</b>	N/A Enhancements Fund Contract
Title:	
Email:	
Phone Number:	
<b>Data Use Agreement Signatory:</b>	Eveline Van Beek
Title:	Payment Reform Contractor
Email:	Eveline.vanbeek1@state.co.us
Phone Number:	917-200-1532

# Data Release Application

## Limited and Identifiable Extracts



### Project Schedule and Purpose

Proposed Project Start Date <sup>1</sup> :	9/1/2024
Anticipated Project End Date:	6/30/2026
Proposed Publication or Release Date:	N/A

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.

This request is for HCPF subcontractor KPMG to process CO APCD claims through PACES Episode Grouper. The output from that processing will be sent back to CIVHC, for use in public reporting and other use cases to be defined at a later date.

The goal of this data processing understand costs associated with episodes of care. An episode of medical care consists of all the events and services related to an illness, an injury, the treatment thereof, or even a routine check-up. Each episode can last a specific period of time or a long duration. Each episode is defined by a set of codes – diagnosis codes that are used to specify the nature of the disease, illness, or injury; and procedure codes that are used to define the types of services or treatments that are provided in the context of a disease, illness, or injury. Accounting for the resources used during an episode requires processing all the claims data generated for any patient through the PACES software application that will group each claim to one or more episodes to which it is relevant.

Integrating the episodes of care into the suite of available enhancements in the CO APCD will enable CIVHC and its partners to conduct more robust analyses of patient care. CIVHC will provide KPMG with member, claim, pharmacy, provider, and other available data from the CO APCD and receive episodic information including start and end dates, triggered diagnosis codes, provider attribution, cost, risk adjusted data, and more.

*Individual research questions:*

- i. To be defined by CIVHC at a later date.

<sup>1</sup> 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.

# Data Release Application

## Limited and Identifiable Extracts

- ii.
- iii.
- 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.

CIVHC will provide KPMG with member, claim, pharmacy, provider, and other available data from the CO APCD and receive episodic information including start and end dates, triggered diagnosis codes, provider attribution, cost, risk adjusted data, and more. Specific data categories that will be sent and received are listed below. For additional information, refer to the following documents:

PACES Grouper Data Specifications v3.0.0

3. Explain how this project will benefit Colorado and its residents.<sup>2</sup>

Integrating PACES into the suite of available enhancements in the CO APCD will enable CIVHC and its partners to conduct more robust analyses of patient care and associated costs. Two primary benefits of episodes of care programs, quality of care and cost reduction, are interrelated. This is because financial incentives offered for episodes of care are based on improved patient outcomes. This means that better patient care lowers costs while also making the entire healthcare process more efficient.

4. Describe how your project will improve health care quality, increase health care value, or improve health outcomes for Colorado residents.<sup>2</sup>

Increased transparency into the total cost for an episode of care will help Coloradans empower Colorado consumers by allowing them to compare procedure costs at hospitals and facilities across the state. Equipped with transparent price and quality information, consumers can select facilities that provide the highest value care, while facilities and providers themselves can use the data to understand how their prices compare, and to make informed referral decisions.

---

<sup>2</sup> 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.

# Data Release Application

## Limited and Identifiable Extracts



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.

Reporting opportunities related to health equity will be determined once CIVHC is able to analyze the episode of care data.

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.

All publications will be created by CIVHC.

# Data Release Application

## Limited and Identifiable Extracts



## 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?

### 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 CIVHC 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.



# Data Release Application

## Limited and Identifiable Extracts

### 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?
Who will perform the data linkage?
What identifying data elements will be used to perform the data linkage?
What non-CO APCD data elements will appear in the new linked file?

# Data Release Application

## Limited and Identifiable Extracts

## 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:		
<input type="checkbox"/> Member 5-Digit Zip Code	<input type="checkbox"/> Member County	<input type="checkbox"/> Member City
<input checked="" type="checkbox"/> Member Dates of Service	<input checked="" type="checkbox"/> Member Eligibility Dates	<input type="checkbox"/> Claim Paid Dates
<input type="checkbox"/> Employer Name	<input type="checkbox"/> Member <a href="#">Census Tract</a>	<input type="checkbox"/> Member <a href="#">Census Block</a>
<input type="checkbox"/> Member <a href="#">Census Block Group</a>		
Available for Identifiable extracts only (see also <a href="#">Identifiable Data Use Approval</a> ):		
<input type="checkbox"/> Member Name	<input checked="" type="checkbox"/> Member Date of Birth (if requesting more than year only)	
<input type="checkbox"/> Member Street Address	<input type="checkbox"/> Member Latitude and Longitude	
Provide detailed justification for the inclusion of all PHI data selected above, and explain how its inclusion meets the <a href="#">Minimum Necessary Requirement</a> . <sup>3</sup>		
<p>Dates of service: used to group services.</p> <p>Eligibility Dates: used to determine member months and the timeframe during which the member belonged to the PCP and insurance product during the time the services were delivered.</p> <p>Date of Birth: used for risk adjustment.</p>		

<sup>3</sup> 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.

# Data Release Application

## Limited and Identifiable Extracts



### Line(s) of Business

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

### Year(s) of Data

- |  |  |  |  |  |  |
|--|--|--|--|--|--|
| <input type="checkbox"/> 2012              | <input type="checkbox"/> 2013            | <input type="checkbox"/> 2014            | <input type="checkbox"/> 2015            | <input type="checkbox"/> 2016            | <input type="checkbox"/> 2017            |
| <input type="checkbox"/> 2018              | <input checked="" type="checkbox"/> 2019 | <input checked="" type="checkbox"/> 2020 | <input checked="" type="checkbox"/> 2021 | <input checked="" type="checkbox"/> 2022 | <input checked="" type="checkbox"/> 2023 |
| <input type="checkbox"/> 2024 <sup>6</sup> |  |  |  |  |  |

### Claim Type(s)

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

### Financial Detail by Line Item

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

---

<sup>4</sup> Medicaid-only data requests must be approved by the Colorado Department of Health Care Policy and Financing.

<sup>5</sup> Medicare FFS data are not available for all requests and must go through a separate approval process.

<sup>6</sup> This year's data is incomplete and not fully adjudicated. Consult with your CIVHC Contact to find out what data is available at the time of your request.

# Data Release Application

## Limited and Identifiable Extracts



### 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, <a href="#">Census Tract</a> , etc.):
Provider Type(s):
Provider(s) (list NPIs):
Providers within these geographical areas (list county, zip code, <a href="#">Census Tract</a> , etc.):
Specific payers (minimum of five):

# Data Release Application

## Limited and Identifiable Extracts



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:		
<input type="checkbox"/> At the time of service	<input type="checkbox"/> At year end	<input type="checkbox"/> By another anchor date: <i>Specify here</i>
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, <a href="#">Census Tract</a> , 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):

<i>Specify here</i>
---------------------

# Data Release Application

## Limited and Identifiable Extracts



## 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 Release Application

## Limited and Identifiable Extracts



### 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:	12/15/2023
Date Approved by CIVHC:	1/9/2024

## Client Acknowledgements and Signatures

### 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](#)<sup>7</sup> must be completed and returned to [DataCompliance@CIVHC.org](mailto:DataCompliance@CIVHC.org) by 7/30/2026 based on the [Anticipated Project End Date](#).

---

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

# Data Release Application

## Limited and Identifiable Extracts



### 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



# Data Release Application

## Limited and Identifiable Extracts



### 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.02	Presented at CIVHC Application Review
V.03	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 Release Application

## Limited and Identifiable Extracts



### 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.01	Presented at CIVHC Application Review
V.02	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:	