Data Release Application
Limited and Identifiable Extracts

Navigation

Data Release Application
Custom De-Identified 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 (full name, complete title)
8/21/2024	V.01	Initial version drafted with client.	Andy Woster, Director
9/16/2024	V.02	Add member match info, PHI justifications, data vault reference	Andy Woster, Director
10/29/2024	V.03	Add justification	Amanda Kim, DCSI
	V.04		
	V.05		
	V.06		
	V.07		
	V.08		
	V.09		
	V.10		

Data Release Application
Custom De-Identified Extract

Data Requestor Details

General Project Details

Project Title:	Integrating Claims Data to Clinical Data for Quality, Care, and Cost Improvements
Application Start Date:	5/23/2024
Requested Project Delivery Date:	7/1/2024
Client Organization (legal name):	Colorado Community Managed Care Network
Client Organization Address:	1212 S. Broadway, Suite 200 Denver, CO 80210
To be completed by CIVHC staff	
CIVHC Contact (full name, complete title):	Amanda Kim
Project Number:	25.105.85
Condensed Project Title:	CCMCN Claim File/ CCMCN RHC Attribution File

Project Contacts

Project Contact Name:	Jason Greer
Title:	Chief Executive Officer
Email:	jason@ccmcn.org
Phone Number:	720-925-5280
Analytic Contact Name:	Andy Woster, PhD, MPH
Title:	Population Health Analytics Director
Email:	andy@ccmcn.org
Phone Number:	720-925-5280

Data Release Application
Custom De-Identified Extract

Invoice Contact Name:	Michele Grainger
Title:	Chief Financial Officer
Email:	michele@ccmcn.org
Phone Number:	720-925-5280
Data Release Fee Signatory:	Michele Grainger
Title:	Chief Financial Officer
Email:	michele@ccmcn.org
Phone Number:	720-925-5280
Data Use Agreement Signatory:	Jason Greer
Title:	Chief Executive Officer
Email:	jason@ccmcn.org
Phone Number:	720-925-5280

Project Schedule and Purpose

Proposed Project Start Date[1]:	7/1/2024
Anticipated Project End Date:	6/30/2029
Proposed Publication or Release Date:	

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.

> The objective of this project is to integrate data from the CO All Payer Claims Database (APCD) with other data sources the Colorado Community Managed Care Network (CCMCN) accesses to: 1) paint a more complete picture of the healthcare journeys of members of CCMCNs partner organizations, 2) expand access to health information technology and data for rural health clinics (RHCs) and critical access hospitals (CAHs) across Colorado, 3) create efficiencies and reduce redundancies in care delivery by supporting well-informed care coordination activity, and 4) improve the quality, timeliness, and costs of care through access to more complete member information. The inclusion of APCD data in CCMCN's honeycomb data network will allow the Colorado Community Managed Care Network (CCMCN) to combine data from multiple data sources, produce utilization, cost, and quality metrics, and generate other reports to support safety net population health improvements for the member organizations CCMCN partners with.
>
> CCMCN is a Health Center Controlled Network (HCCN) comprised of 19 community health centers (CHCs) with over 200 clinic sites (including school-based health centers, pharmacies, and mobile units). CCMCN is a multi-faceted organization that serves its members in areas where a network solution optimizes collaborative endeavors. Areas of focus include managed and accountable care, health information technology, care coordination, and clinical quality improvement programming. CCMCN currently has a repository of electronic health record data from each of the CHCs in its network and can combine this clinical data with CO APCD data to create a more complete picture of each member's journey through the healthcare system to better inform care coordination and service delivery for these organizations.
>
> CCMCN also serves as the primary analytics partner on the Rural Connectivity Project, an effort squarely focused on increasing access to health information technology resources for some of Colorado's most under resourced providers. Funded by the Office of eHealth Innovation (OeHI), CCMCN is in year 3 of the Rural Connectivity Project, partnering with the Colorado Rural Health

---

[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.

Center (CRHC) who provides technical assistance, outreach, and engagement support. Currently, CCMCN, CRHC, and OeHI have onboarded the majority of certified RHCs and CAHs to the project and are working to onboard "independent" rural providers. These "independent" rural providers are, for a variety of reasons (geography, bed size, etc.), not included among eligible certified providers, but nonetheless serve rural populations and need support from initiatives like the Rural Connectivity Project.

CCMCN also partners with a handful of Community Mental Health Centers (CMHCs), as well as the Behavioral Health Administration on projects related to the integration of behavioral health and primary care, among other projects, and expects this line of business to increase in coming years.

CCMCN's mission is to provide "services that enable its members and their community partners to succeed as efficient, effective, and accountable systems of care." In full agreement with its mission, CCMCN aims to provide its members with information that will enhance the efficiency of care management activities, while also supporting quality improvement initiatives.

CHCs, CMHCs, RHCs, and CAHs do not have comprehensive access to their patient's data beyond their electronic health records systems and instead rely on their patients' reports to document if they had an ER visit and/or if they had received a specific service or screening. Having access to the longitudinal and comprehensive data that the CO APCD provides will help support providers in identifying gaps in services for their patients to increase efficiency in care management and support quality improvement.

Utilization, cost, and quality reports generated by CCMCN will help CHCs, CMHCs, RHCs, and CAHs inform and improve their performance for several programs:

I. Accountable Care Collaborative - Key Performance Indicators

II. Health First Colorado – Children and Adolescents, Family Formation, Adults and Dual Populations

III. Accountable Care Collaborative Phase II

IV. Accountable Care Collaborative Phase III

IV. Utilization to inform care management

V. Cost analysis to inform Alternative Payment Model initiatives

VI. Colorado Hospital Transformation Program

CHCs, CMHCs, CAHs, RHCs, and other rural providers are accountable for the care and outcomes of the communities they serve and will benefit greatly from having CO APCD information that

allows them to identify and characterize health care services that their patients have received in other health care settings. Access to this robust data source to produce reports for these member organizations will enable CCMCN to automate a variety of data products, allowing providers and staff to spend more time on patient care. Additionally, claims data will include payers other than Medicaid claims alone and will allow a more comprehensive view of patients' health care services.

CCMCN may integrate CO APCD claims data with data from the following sources, including, but not limited to: clinical data from the EHRs of organizations in its network, admit, discharge, and transfer notifications and laboratory results from Colorado's health information exchanges (Contexture and QHN), member roster files from the rural provider network, Medicaid 834 enrollment files from the Colorado Department of Health Care Policy and Financing, care coordination case and task activity from care coordination entities CCMCN partners with, Colorado Immunization Information System immunization records, Colorado Vital Statistics Program birth and death certificate data, and laboratory records from a national Labcorp data feed. Because of the broad array of available data sources that may be combined to develop a single report or product, the likelihood of CO APCD data representing the entirety of a data row, or the sole source of information underlying a single aggregate data point, is low. CO APCD data will generally be indistinguishable from other source data in nearly all CCMCN products.

One product that may serve as an exception to the previously described anonymity of CO APCD data amongst CCMCNs products is the self-service data vault. The self-service data vault is an optional tool for organizations with in-house analysts and business intelligence resources that offers them the flexibility to develop their own reporting and conduct their own analyses on data sources CCMCN is gathering on their behalf. Within these self-service data vaults, end users would be able to see APCD claims data on members identified within their population, i.e., those who have received services at their organization, exist on their 834 enrollment files, or are identified from their EHR roster files. Very few of the safety-net providers CCMCN partners with have the available resources and capacity to utilize these self-service data vaults and adoption is accordingly low for this service.

Individual research questions:

    i.   How are CHCs, RHCs, and CAHs performing on standard cost and quality indicators?

    ii.   What addressable quality and care gaps exist for the members of these organizations? What care gaps have members observed historically and are they being addressed?

    iii.   What populations are shared between organizations within CCMCNs networks and for what services are members leaving their home provider?

    iv.   What chronic conditions exist among members of CCMCNs partner organizations and how are they being addressed? These treatments and procedures can be used to update member care plans and create care coordination efficiencies.

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.

> CCMCN delivers validated quality, cost, and utilization metrics to its partner organizations through a cadre of interactive reports that allow organizations to understand their member populations. CCMCN also delivers highly flexible reporting to organizations it partners with, allowing them to subset those member populations in ways that help them understand quality and costs of care for critical subgroups of their overall population. Within the reporting CCMCN delivers are numerous certified measures, as well as ad hoc reporting developed at the request of the organizations themselves. CCMCN also partners with Innovaccer, an established analytics vendor, to deliver insights to its partner organizations on several standard and certified NCQA and other healthcare performance measures.

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

> CCMCNs network of partner organizations is comprised of federally qualified health centers, CMHCs, RHCs, CAHs, and a variety of other organizations supporting these providers. Among these organizations, CCMCN has over 3 million lives in its network, representing more than 700,000 Medicaid lives and hundreds of clinic locations. Operational, performance, quality, and gap reporting will help organizations serving these members to refine practices, enhance care coordination, and improve the quality of life for the Coloradans they serve.

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

> Using information from electronic health records, health information exchanges, laboratory results, immunization records, HCPF and Colorado Department of Public Health and Environment, and CO APCD data, CCMCN can generate a much more complete picture of the journey of health centers' member populations through the healthcare system. Access to this comprehensive data can help facilitate conversations with members, inform care coordination activities, and identify service needs or surpluses that can be adapted to create efficiencies in care, cost reductions, and improvements in members' healthcare experiences.

---

[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.

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.

> CCMCNs network of partner organizations is comprised of federally qualified health centers, CMHCs, RHCs, and CAHs. Depending on the facility, member populations may be older, more rural, less likely to speak English natively, hold less wealth, experience a higher likelihood of homelessness, live with more chronic and behavioral health diagnoses, and represent a more diverse cross-section of communities than the population of Colorado as a whole. Nearly all of the work CCMCN does to support these organizations is focused on improving care and reducing cost, which benefits some of Colorado's communities who need these benefits the most.

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.

> Currently, CCMCN only plans to furnish CO APCD to support quality initiatives and everyday healthcare operations of the covered entities and their business associates it partners with. Should opportunities for publication or other presentation of data to outside audiences arise, CCMCN will communicate that opportunity to CIVHC.

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?
Over the last 5 years of working with CIVHC, CCMCN and CIVHC have developed a robust member matching process. This process includes CCMCN capturing all relevant partner organization NPIs directly from the organization at the time of signature of participation agreements, master services agreements, and business associate agreements. CCMCN sends this list of participation organization NPIs to CIVHC. CIVHC returns to CCMCN details on individuals who have received services during the requested time frame. CCMCN then matches these individuals to members within the data network and returns a final list of members to CIVHC in their request for claims data on the matched members.

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.

Data Release Application
Custom De-Identified Extract

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?
CCMCN will link records from the CO APCD with data from electronic health records of CHCs, admit, discharge, and transfer messages, and laboratory results from Colorado's health information exchanges, laboratory results from Labcorp, immunization registry, death certificate, and birth records from the Colorado Department of Public Health and Environment, Colorado Department of Healthcare Policy and Financing Medicaid 834 enrollment files, and care coordination data gathered from care coordination entities utilizing its Health Cloud care coordination solution.
Who will perform the data linkage?
CCMCN data engineering team staff will perform the linkage once the data is ingested into our data architecture and run through our master patient indexing tool.
What identifying data elements will be used to perform the data linkage?
Member name, date of birth, social security number, Medicaid ID, address, phone number and e-mail address.
What non-CO APCD data elements will appear in the new linked file?
Numerous non-CO APCD data elements will appear within our data infrastructure following the inclusion of CO APCD data within the network and they align with data elements from the above-described sources which will be linked with CO APCD data.

Data Release Application
Custom De-Identified Extract

Data Inclusion Criteria

Make selections in the following sections based on what data you want to have included in this extract. If you will be creating a Control Group, complete this section for your study population and not the Control Group.

Protected Health Information (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]

Member address, city, county, zip code, date of birth and Medicaid ID will all be required to enable member matching within CCMCN's data infrastructure.

Dates of service, eligibility dates, geocode and other member location identifiers will all be used to support various reports across CCMCN's analytics offerings. Specifically, information on member census tract, census block, and census block group may be used to support health-related social needs reporting within CCMCNs reporting or through our 3rd party analytics vendor, Innovacer. This would allow community social needs data to be linked to membership and member health outcomes data to better understand possible service improvements that may be implemented to reduce health disparities among an organization's service areas.

Admit and discharge time, will be used to calculate hours in the length of stay.

Member street address will be used to update CCMCNs master patient index in an effort to provide the most current and accurate contact information for the health systems we partner with. This information may also be used to support outreach and care coordination efforts.

The member county will be used to create metrics at the county level to determine disparities in health outcomes across jurisdictions, particularly those assessing rural versus urban health equity. Additionally, some of the metrics we link to APCD claims data to support our reporting are not available at levels of geographic attribution lower than the county level. Zip codes in Colorado do cross county boundaries, making county the only available data point to determine county of residence for the member or county of the services provider.

Additionally, CCMCN supports a handful of reports attempting to calculate distance to services, particularly for members of rural health care providers, in an effort to help healthcare providers understand what services their members may be leaving their service area to receive, what services they may be able to add to support members' needs, and how far from the service catchment area a member must travel receive required services. Geocoded address information would improve the accuracy of these estimates as they are currently being calculated using residence zip code centroid to provider address zip code centroid.

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

---

[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.

[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:		
☐ 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 Release Application
Custom De-Identified Extract

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:	
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 7/1/2034 based on the Anticipated Project End Date.

Data Release Application
Custom De-Identified Extract

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
Sandra Arreola	Data Engineering Director	Colorado Community Managed Care Network
Alisa Arnold	Senior Salesforce Data Engineer	Colorado Community Managed Care Network
Steve Bird	Cloud Database Engineer	Colorado Community Managed Care Network
Cindy Villanueva	Clinical Data Engineer	Colorado Community Managed Care Network
Nick York	Data Engineer	Colorado Community Managed Care Network
Alex Cochran	Data Engineer	Colorado Community Managed Care Network
Andy Woster	Population Health Analytics Director	Colorado Community Managed Care Network
Brittany Colonna	Senior Business Intelligence Developer	Colorado Community Managed Care Network
Demetria Flowers	Data Insight Analyst	Colorado Community Managed Care Network

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

Data Release Application
Custom De-Identified Extract

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 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.02	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:	