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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)
8/15/2024	V.01	Initial version drafted with client.	Lucía Sanders, Key Account Manager
9/6/2024	V.02	Completion of required fields by client.	Lucía Sanders, Key Account Manager
9/13/2024	V.03	Removed request for Charged Amount.	Lucía Sanders, Key Account Manager
9/17/2024	V.04	Added background re: previous data request (23.14) and removed request for member DOB. Noted DMP approval.	Lucía Sanders, Key Account Manager
9/19/2024	V.05	Clarified request for data through 'present' is through 12/31/2023.	Lucía Sanders, Key Account Manager
10/23/2024	V.06	Updated Invoice Contact and DRF Signatory from CU to Denver Health.	Lucía Sanders, Key Account Manager
10/28/2024	V.07	Requested member DOB.	Lucía Sanders, Key Account Manager
	V.08		
	V.09		
	V.10		

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Data Requestor Details

General Project Details

Project Title:	25.14 Rocky Mountain Network for Oral Health Integration (RoMoNOH)
Application Start Date:	8/30/2024
Requested Project Delivery Date:	11/1/2024
Client Organization (legal name):	Denver Health, Rocky Mountain Network for Oral Health (RoMoNOH)
Client Organization Address:	601 N Broadway, Denver CO 80203
To be completed by CIVHC staff	
CIVHC Contact (full name, complete title):	Lucía Sanders, Key Account Manager
Project Number:	25.14
Condensed Project Title:	RoMoNOH Phase 2

Project Contacts

Project Contact Name:	Patricia Braun, MD, MPH, FAAP
Title:	RoMoNOH Project Director, Professor of Pediatrics and Public Health
Email:	Patricia.braun@dhha.org
Phone Number:	303-602-6429
Analytic Contact Name:	Mark Gritz, PhD
Title:	Associate Professor and Head of Division of Health Care Policy and Research
Email:	Mark.gritz@cuanschutz.edu
Phone Number:	303-724-2400

Invoice Contact Name:	Patricia Braun, MD, MPH, FAAP
Title:	RoMoNOH Project Director, Professor of Pediatrics and Public Health
Email:	Patricia.braun@dhha.org
Phone Number:	303-602-6429
Data Release Fee Signatory:	Patricia Braun, MD, MPH, FAAP
Title:	RoMoNOH Project Director, Professor of Pediatrics and Public Health
Email:	Patricia.braun@dhha.org
Phone Number:	303-602-6429
Data Use Agreement Signatory:	Chrissy Alexander
Title:	Senior Purchasing Agent
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Project Schedule and Purpose

Proposed Project Start Date[1]:	8/31/2020
Anticipated Project End Date:	8/31/2027
Proposed Publication or Release Date:	8/31/2026

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 is phase 2 of previously delivered data extract 23.14 - Rocky Mountain Network for Oral Health Integration (RoMoNOH). During phase 1 of the project, the team worked with an initial data extract to gain familiarity with the CO APCD data structure, develop initial measures, and produce initial results. This second phase incorporates lessons learned in order to complete the final analysis and evaluation of the program.
>
> Project Summary: The Rocky Mountain Network for Oral Health Integration (RoMoNOH) is one of three Networks for Oral Health Integration funded by the US Maternal and Child Health (MCH) Bureau Health Resource and Services Administration. The purpose of RoMoNOH project within the MCH Safety Net is to improve access to and utilization of comprehensive, high-quality oral health care for pregnant women, infants, and children at high risk for oral disease. The RoMoNOH Project was awarded funding for a 5-year period (2019–2024) to develop, implement, and evaluate models of care using three collective strategies:
>
>   o Enhanced integration of oral health care within maternal and child health safety net services (e.g., community health centers [CHCs]).
>
>   o Increased knowledge and skills among health professionals (including oral health, non-oral health clinical, and non-oral-health support service professionals) for delivering optimal oral health services.
>
>   o Increased knowledge and awareness of preventive oral health practices among parents and other caregivers to increase adoption of these practices, including use of oral health services.
>
> Project Rationale: Caries is the most common chronic condition of children. Children insured by Medicaid experience the highest prevalence of dental disease, yet dental decay is preventable with early and frequent preventive oral health services such as fluoride varnish application. Up to 50% of low-income children experience dental caries by the time they enter school. The provision of early preventive services, including fluoride varnish application by medical and dental providers, prevents dental decay when applied early and often. Mounting evidence supports a dose effect of fluoride varnish with reduction in prevalence of untreated dental decay when four

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[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.

doses/year are provided after the eruption of the first tooth to children at high risk for caries, specifically those insured by Medicaid.

Project Goals: The request for All Payer Claims Database supports the evaluation of the RoMoNOH project. The primary goal of the analysis of these data is to assess the financial impact to Medicaid of early preventive oral health services on caries-related treatments. We aim to evaluate the cost benefits of early preventive oral health services, adjusting for the costs of implementing programs aimed at training medical and dental providers, on the provision of the preventive services. This cost benefit analysis will provide an economic analysis of these preventive services and the costs of restorative services and the potential savings from averted caries and costed related to dental restorations. This analysis will evaluate the return-on-investment for this care for Medicaid and for clients and inform the sustainability of providing these services.

Individual research questions:

    i.   What is the cost effectiveness/cost benefit of preventive oral health services provided by either a medical or dental provider on early childhood caries?

    ii.   What is the return-on-investment of an oral health learning collaborative using state Primary Care Association practice facilitators on early childhood caries and caries-related treatment?

    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.

The request for All Payer Claims Database supports the evaluation of the RoMoNOH project. The primary goal of the analysis of these data is to assess the financial impact to Medicaid of early preventive oral health services on caries-related treatments. We aim to evaluate the cost benefits of early preventive oral health services, adjusting for the costs of implementing programs aimed at training medical and dental providers, on the provision of the preventive services. This cost benefit analysis will provide an economic analysis of these preventive services and the costs of restorative services and the potential savings from averted caries and costed related to dental restorations. This analysis will evaluate the return-on-investment for this care for Medicaid and for clients and inform the sustainability of providing these services.

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

> This project will benefit Colorado and Colorado residents by assessing the financial impact/benefit to the Colorado taxpayer for preventive oral health service-related expenses on caries-related care. This analysis will be extrapolated to the 11 other states working within the 3 Networks for Oral Health (12 states in total), and therefore stands to have a broad impact across the country. Caries is the most common chronic condition of children with low-income children carrying the burden of the disease. One major consequence of caries is the cost to Medicaid for caries-related treatments including operative costs for managing severe disease and cost for emergency room visits for tooth-related pain and infection. The overarching goal of the RoMoNOH project is to prevent dental caries in vulnerable, low-income children and pregnant women. The RoMoNOH project is a practice facilitation project utilizing state Primary Care Association practice facilitators aimed at increasing the oral health knowledge and skills of medical and dental providers working within the safety net and thereby increasing the provision of preventive oral health services to pregnant women and young children receiving healthcare in the publicly-insured safety net. Understanding the cost-savings on averted caries-related treatment of the RoMoNOH Project (a preventive program) implementation could impact future preventive projects.

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

> a. Improve the patient experience of care (including quality and satisfaction): Provision of early preventive oral health services to low-income pregnant women and young children stands to prevent caries, the large health disparities related to caries, and to improve health equity across Coloradans. Low-income pregnant women and young children

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[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.

receiving care in the safety-net experience a disproportionate burden of caries due to lack of access to preventive oral health services. Results for this cost benefit analysis of early preventive oral health services stands to influence support for preventive projects/programs, such as the RoMoNOH project. Additionally, it has been hypothesized that there is a dose-effect of fluoride varnish on caries prevention. Understanding the relationship between fluoride varnish application frequency and dose to caries prevention will improve the patient experience by influencing best-practices within the safety-net healthcare delivery system.

b. Improve the health of populations: Caries is the most common chronic conditions of children yet preventable with early preventive oral health services such as fluoride varnish. Low-income children carry the burden of caries. Understanding the financial impact of preventive oral health services on caries has the potential to garner ongoing support for the costs of training health care providers on the provision of preventive oral health services and preventive oral health services expenses which thereby has potential to increase access to preventive oral health services to low-income populations and build health equity across Coloradans.

c. Reduce the per capita cost of health care: Caries is the most common chronic condition of children and results in costs for caries-related treatment including restoration with general anesthesia for young children and children with special healthcare needs. Preventing caries has potential to reduce costs related to caries-related treatment as well as cost for emergency room expenses related to caries-related pain and infection.

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.

Caries is the most common chronic condition of children with low-income children carrying the burden of the disease resulting in a major health inequity. Lack of access to early preventive oral health services is a major contributor to this health inequity. One major consequence of caries is the cost to Medicaid for caries-related treatments including operative costs for managing severe disease and cost for emergency room visits for tooth-related pain and infection. The overarching goal of the RoMoNOH project is to prevent dental caries in vulnerable, low-income children and pregnant women by increasing access to preventive oral health services at medical and dental visits.

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.

Peer-reviewed journal manuscripts with intended audience of academic researchers and policy makers. Specific journals to be determined later.

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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 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?
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?

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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]		
Date fields are needed for identifying eligibility spans and claims when members are ages seven (7) and under. Member DOB is needed as the primary DOB as age in days is needed for these children. Location elements (zip code and county) are needed to assess attribution to primary care providers.		

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[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.

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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

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[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.

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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:		
Members between the ages of 0 and 7 in any months between January 2012 through December 2023 (date of birth greater than or equal to July 2011).		
☒ At the time of service	☐ At year end	☐ By another anchor date:
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.

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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:	8/30/2024
Date Approved by CIVHC:	9/16/2024

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 9/30/2027 based on the Anticipated Project End Date.

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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
Patricia Braun, MD, MPH, FAAP	Project Director, Principal Investigator	Rocky Mountain Network for Oral Health
R. Mark Gritz, PhD	Associate Professor and Head, Division of Health Care Policy and Research	University of Colorado Department of Family Medicine, Anschutz Medical Campus
Kimberly T Wiggins	Data Analyst	University of Colorado Department of Family Medicine, Anschutz Medical Campus

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[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.04	Presented at CIVHC Application Review
V.07	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:	Lucía Sanders	Name:	Patricia Braun
Title:	Key Account Manager	Title:	Principal Investigator
Date:		Date:	

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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.05	Presented at CIVHC Application Review
V.08	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:	Lucía Sanders	Name:	Patricia Braun
Title:	Key Account Manager	Title:	Principal Investigator
Date:		Date:	