

Colorado All Payer Claims Database Data Release Reuse Application

As you fill out this reuse application, please let us know if you have any questions or concerns by reaching out to your CIVHC representative.

Please use this application to submit information regarding your request for reuse data from an approved project from the Colorado All Payer Claims Database (CO APCD). This information will help the Center for Improving Value in Health Care (CIVHC), the Administrator of the CO APCD, answer any questions you have regarding your data request and assist us in helping you complete the data reuse application form.

This Data Release Application serves as the written request for information noted in section 1.200.5.A.

Project Information	
Original Application # and Title:	20.55 Spending and Utilization for Insured Coloradans
Reuse Project Title:	The Role of Health Insurance in Utilization, Costs, and Health
Date:	11/2/2021
Organization Requesting Data:	University of Illinois at Chicago
Contact Person:	Marcus Dillender
Title:	Assistant Professor
E-mail:	modillen@uic.edu
Phone Number:	312-413-1312
Person Responsible for the Project (if different than above):	
Title:	
E-mail:	
Phone Number:	

***Project originally approved by DRRC: 06/03/2020**

1. Please describe your project and project goals/objectives.

The purpose of this project is to understand how insurance type and insurance design affect health care use, health care costs, and health outcomes in Colorado. The project will involve studying how enrollees' health care use, health care prices/costs, and health outcomes differ based on the health insurance coverage they have.

2. What specific research question(s) are you trying to answer or problem(s) are you trying to solve with this data request?

How do health insurance type and design affect health care use, health care prices/costs, and health? Examples of insurance characteristics that I hypothesize might matter include the use of prior authorization requirements and utilization review, copayments, coinsurance, deductibles, provider networks, and health maintenance organizations. I hypothesize that Medicaid and Medicare are associated with lower health care costs than private insurance, both because Medicaid and Medicare pay lower reimbursements to providers and because providers respond to the lower reimbursements by reducing health care provided.

3. How will this project benefit Colorado or Colorado residents? (this is a statutory requirement for all non-public releases of CO APCD data)

This project will benefit Coloradoans by satisfying each part of the Triple Aim criteria. The contribution to each aim is described below.

4. Please answer all applicable questions below (Note that your project must meet one or more of the Triple Aim criteria below to generate a benefit for Colorado):

○ **If applicable, how will your project support lowering health care costs?**

Insurance type and design have the potential to affect health care costs in a variety of ways. One rational for insurers using various levers—including prior authorization requirements, utilization review, copayments, and maintaining narrow provider networks—is to reduce health care costs. In the case of prior authorization requirements, insurance design works to lower costs by reducing health care use. In the case of insurance type, Medicare and Medicaid both pay lower reimbursement rates to providers than private insurers usually do. However, the degree to which these differences in reimbursements translate to differences in costs (and why they lead to differences in costs) is largely unknown. Understanding the role of insurance in health care costs is important for creating policy that lowers health care costs while maintaining health.

○ **If applicable, how will your project help improve the health of Coloradans?**

Some features of insurance design, like prior authorization requirements for prescription drugs, often have patient health as an explicit goal, which is why high-strength opioids or benzodiazepines often have prior authorization requirements. Understanding if insurer strategies aimed at improving health work is necessary to know which strategies should be expanded.

As discussed above, some aspects of insurance design are often about costs. Understanding if patient health is affected by these cost-savings strategies is important for making sure that policies that aim to decrease costs do so without harming health.

○ **If applicable, how will your project improve the quality of care or patient experience?**

Many approaches insurers use for ensuring that patients receive appropriate care have hassle costs for patients. Examples include prior authorization requirements and utilization review, both of which have the potential to make the health care experience more taxing for both patients and providers. Understanding if insurer policies that increase hassle costs reduce health care use and for whom is useful for setting policies that aim to ensure appropriate care while also improving the health care experience.

5. Do you plan on linking the CO APCD data to another data source?

☒ No.

☐ Yes. You must submit a data release application for a new project (not a reuse)

6. Prior Review by the CO APCD Administrator of the Report or Product: If you are producing a report for publication in any medium (print, electronic, lecture, slides, etc.) the CO APCD Administrator must review the report prior to public release. The CO APCD Administrator will review the report for compliance with CMS cell suppression rules; risk of inferential identification; and consistency with the purpose and methodology described in this Application.

a. Please describe your audience and how to you will make your project publicly available?

The audience is academics and policymakers. I plan to publish the research in manuscript repositories (such as the National Bureau of Economic Research working paper series) and in peer-reviewed journals.

Policy briefs about the research may also be published by institutions I'm affiliated with. If I obtain financial support for the research, the funding agency will likely want to publish a write-up of the research as well.

- b. If the report is not to be made publicly available, then briefly describe how the information derived from this data will be used and by whom:**

- 7. Other Organizations:** Do you intend to engage third parties who will have access to the data requested as part of this project? If so, list the organizations below, describe their role(s); and explain why they will be granted access to the requested data. Note: If the reuse dataset contains PHI or antitrust concerns, this request will have to go back to DRRC for approval.

Organization/Company Name:	
Contact Person:	
Title:	
Address:	
Telephone Number:	
E-mail Address:	
Role or responsibility in this project	

8. Project Schedule

Proposed Project Start Date:	1/1/2022
Project End Date:	4/1/2026
Proposed Publication or Release Date:	Periodically throughout the project period. My field (health economics) has a large publication lag, so a version of the manuscript may be published in a repository long before the peer review process is completed. I expect a manuscript to be completed and submitted to a manuscript repository within two years but would not expect publication in a peer reviewed journal until towards the end of the project period.
End of Data Retention:	4/1/2026

9. Data Management Plan and Policies

- a. Has the receiving organization's data management plan or policies changed since the initial application was approved?
No, neither has changed.
- b. Has the Requesting Organization or any member of the project team ever been involved with a project that experienced a data security incident? If so, describe the incident, the response procedures that were followed and any subsequent changes in procedures, processes or protocols to mitigate the risk of further events.
No, they have not.

10. Certification of Project Completion and Data Destruction: Your organization must ensure that it has policies and procedures in place to destroy the CO APCD data files upon completion of the project and that you have safeguards to ensure the data are protected when researchers terminate their participation in the research project. Appendix 1: Certification of Reuse Project Completion and Destruction or Retention of Data must be completed and submitted to CIVHC's Data Privacy and Compliance Manager at JCarpenter@civhc.org once the project has been completed and data destroyed, or if there is a request to retain the data for a longer period.

Appendix I

Certification of Reuse Project Completion and Destruction or Retention of Data

Name:	
Title:	
Organization:	
Address:	
Tel Number:	
Fax Number:	
E-mail Address;	
Project Title:	
Data Sets:	
Years:	
<input type="checkbox"/> Certification of Data Destruction	Date the Data was Destroyed:
<input type="checkbox"/> Request to Retain Data	Date Until Data Will Be Retained:

Instructions: Data must be destroyed so that it cannot be recovered from electronic storage media in accordance with the methods established by the "Guidance to Render Unsecured Protected Health Information Unusable, Unreadable, or Indecipherable to Unauthorized Individuals," as established by the U.S. Department of Health and Human Services (HHS).

I hereby certify that the project described in the Application is complete as of this date ____, __, 20__.

Complete the appropriate section, below:

☐ I/we certify that we have destroyed all Data received from the CO APCD Administrator in connection with this project, in all media that were used during the research project. This includes, but is not limited to data maintained on hard drive(s), diskettes, CDs, etc.

☐ I/we certify that we are retaining the data received in connection with the aforementioned project, pursuant to the following health or research justification (provide detail, use as much additional space as necessary and state how long the data will be retained).

☐ I/we hereby certify that we are retaining the Data received from the APCD Administrator in connection with the aforementioned project, as required by the following law. [Reference the appropriate law and indicate the timeframe].

By signing this Agreement, the Receiving Organization agrees to abide by all provisions set out in this Agreement.

SIGNATURES:

For the CO APCD: CIVHC	For Receiving Organization:
Signature:	Signature:
Name:	Name:
Title:	Title:

Colorado All Payer Claims Database Data Release Application

Thank you for your interest in obtaining data from the CO APCD. As you fill out this application, please let us know if you have any questions or concerns by reaching out to ColoradoAPCD@civhc.org. We are here to help!

Also, please be aware that if you are requesting Protected Health Information (PHI), your request requires a recommendation for approval by the Data Release Review Committee (DRRC). Data elements that are considered PHI under HIPAA are indicated below. If PHI is requested, a CIVHC Account Executive will help you successfully complete an application and navigate the DRRC process.

Please use this application to submit information regarding your request for data from the Colorado All Payer Claims Database (CO APCD). This information will help the Center for Improving Value in Health Care (CIVHC), the Administrator of the CO APCD, answer any questions you have regarding your data request and assist us in helping you complete the data application form.

Note: Please reference the CO APCD Data Elements Request Form found at <http://www.civhc.org/get-data/data-release/> when completing this form.

Introduction: Section 10 CCR 2505-5-1.200.5 describes how the CO APCD Administrator addresses Requests for Data and Reports:

1.200.5.A. A state agency or private entity engaged in efforts to improve health care or public health outcomes for Colorado residents may request a specialized report from the CO APCD by submitting to the administrator a written request detailing the purpose of the project, the methodology, the qualifications of the research entity, and by executing a Data Use Agreement (DUA), to comply with the requirements of HIPAA.

1.200.5. B. A data release review committee shall review the request and advise the administrator on whether release of the data is consistent with the statutory purpose of the CO APCD, will contribute to efforts to improve health care for Colorado residents, and complies with the requirements of HIPAA. The administrator shall include a representative of a physician organization, hospital organization, non-physician provider organization and a payer organization on the data release review committee.

This Data Release Application serves as the written request for information noted in section 1.200.5.A.

PART ONE

Project Information	
Project Title:	20.55 Spending and Utilization for Insured Coloradans
Date:	December 9, 2019
Organization Requesting Data:	University of Illinois at Chicago
Contact Person:	Betsy Cliff
Title:	Assistant Professor; Division of Health Policy & Administration
E-mail:	bqcliff@uic.edu
Phone Number:	312-996-5758
Person Responsible for the Project (if different than above):	
Title:	
E-mail:	
Phone Number:	

Project Purpose:

Project questions to be discussed with client representative:

- Please describe your project and project goals/objectives.
The goal of this project is to publish a set of research papers that will further the understanding of healthcare spending and patterns of utilization in Colorado. This specific project will examine trends in health care spending and utilization by income and, for those with chronic disease, by type of insurance plan.

As Colorado, like all states, strives to create an affordable and equitable health care system, understanding factors that affect overall spending and patients' out-of-pocket costs is important. This project will support lowering costs in the following ways. First, this project aims to describe in detail the spending levels and patterns of Coloradans at different incomes over time. On a national level, survey evidence finds that spending for high-income Americans is increasing at a much faster pace than for lower-income enrollees, despite lower income individuals typically higher needs. However, this finding has not been replicated with administrative data nor examined in specific areas.

Additionally, not much is known about why spending for higher-income populations is increasing and whether that spending is efficient. This project aims to decompose differences in spending into price and service use, and further into high- and low-value

service use, by income to ascertain the different types of health care services obtained by people at different income levels. It will describe an important aspect of health care allocation in Colorado by examining whether spending differences are changing over time and, if so, the components of that change.

Second, the project will focus on spending for an important subpopulation: high-deductible plan enrollees with chronic disease. As plans with high-deductibles continue to grow, there is concern about the financial burden they impose on vulnerable enrollees. To date, there is little empirical work on the pre-deductible coverage of chronic diseases in these plans. It is often assumed most services are not covered, though anecdotal evidence suggests that certain chronic disease services are sometimes covered. This portion of the project will help describe this financial burden for Colorado residents with chronic diseases in high-deductible plans.

Third, new treatments and prescriptions can be very costly, so understanding factors that affect the use, costs, and effectiveness of these treatments has implications for cost.

Being able to describe both the distribution of health care spending by income over time as well as spending based on insurance characteristics is an important step in thinking about places to intervene to lower costs.

- What 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 is the typical additional financial burden for commercially insured individuals with chronic disease in high-deductible plans as compared to lower-deductible plans? Is there variation in the out-of-pocket responsibility by payer and plan type?
 - 2) How have the health care spending patterns of people in high- and low-income areas of Colorado changed over time? Are differences in spending and utilization driven by differences in insurance plan design?
- How will this project benefit Colorado or Colorado residents? (this is a statutory requirement for all non-public releases of CO APCD data)

This project will benefit Coloradoans by satisfying each part of the Triple Aim criteria. The contribution to each aim is described below.

- Please answer all applicable questions below (Note that your project must meet one or more of the Triple Aim criteria below to generate a benefit for Colorado):
 - If applicable, how will your project support lowering health care costs?
Lowering health care costs is noted above
 - If applicable, how will your project help improve the health of Coloradans?
Financial barriers to care are an important source of ill health, and chronic disease enrollees in high-deductible health plans may be particularly vulnerable. In addition, as spending costs have increased, it could be that lower income enrollees have had a harder time accessing these services: the spending analysis will help to show where certain barriers may exist. Moreover, as access to and proper use of prescription drugs

and medical treatment are important for health, the project will contribute to the health of Coloradoans by improving policymakers' understanding of how physicians learn about new medical treatments and their understanding of factors that affect patients' access to and proper use of these treatments

If applicable, how will your project improve the quality of care or patient experience? Part of this project aims to describe differences in high- and low-value service use by income. Both the under-provision of high-value services and the over-provision of low-value services are important sources of suboptimal quality in the health care system. Understanding whether income is associated with risk for receiving either high- or low-value services can help to target interventions to reduce such services. Furthermore, understanding the role of providers in health care decisions and understanding how providers learn about new treatments also have implications for the quality of care.

- Do you need a claims data set or would you like a custom report generated by CIVHC that addresses the specific questions/problems your project seeks to address?
[Claims data set](#)
- Do you need Protected Health Information (PHI)? **YES**
 - Do you need patient-specific dates (e.g., **dates of service or DOB**) or 5 digit zip code. If so, this is a request for a Limited Data Set. [Yes- DOB, DOS, and 5 digit zip](#)
 - Do you need direct patient identifiers such as name, address, or city? If so, this is a request for an Identifiable Data Set (requires IRB approval).
 - If you do not require any PHI, please only complete PART ONE of the application.

Please note: your CIVHC representative will work with you to complete **Addendum I – Analyst Supplement** to address data warehouse specific questions.

If you are requesting a Custom Report with analytics to be provided by CIVHC; [please stop here](#) and submit the information above to your CIVHC representative.

PART TWO

I. **Type of CO APCD Analytic Data Set Requested**

Please select the type of data set that you are requesting by checking one of the boxes below (**select only ONE option**). Details on each type of CO APCD data set can be found in *The CO APCD Companion Instruction Guide* (available from your CIVHC representative):

Types of Analytic Data Sets (Please select ONE below)

For users interested in a wide range of data to analyze on their own.

- ☐ De-Identified Data Set
- ☒ Limited Data Set*
- ☐ Identified Data Set *

*These types of data requests include Protected Health Information (PHI). Under HIPAA, PHI may only be released in limited circumstances for public health, health care operations, and research purposes under the terms of a HIPAA compliant data use agreement (DUA).

2. **Requested Data Elements**

The CO APCD is committed to protecting the privacy and security of Colorado's health care claims data. The CO APCD will limit the use of the data to purposes permitted under applicable laws, including APCD Statute/Rule and HIPAA/HITECH, to information reasonably necessary to accomplish the project purpose as described in this Application.

Data Element Selection and Justification

If you have not already done so, please use the Data Element Dictionary (DED) to identify the specific data elements that are required for this project. In keeping with the minimum necessary standard established under HIPAA, CO APCD policy is to release only those data elements that are required to complete your project.

Type of Data	Justification for Elements on the DED
Names	Not needed
Street Address	Not needed
City	Not needed
Zip Code	Needed for link to income and school district information and to calculate patients' distance from providers
Health Plan Beneficiary Numbers	Needed to track people across insurers
Dates (including Day and Month detail.) Specify which date fields are needed and why.	Exact dates of service for specific health care services are needed to link service use to specific type of insurance and plan and to identify proper use of new prescription drugs DOBs are also needed to identify the age at which children being school
Provider Identifying Information	Needed to stratify spending by provider, to decompose prices versus service use by income, to identify if providers might provide a new treatment, and to calculate patients' distance from access to new treatments

A. Counts, Totals and other Summary Statistics

The CO APCD seeks to provide aggregated summary data whenever possible. Applicants are encouraged to request counts, totals, rates and other summary values whenever such information

can reasonably accomplish the purpose of the project (add rows to the table below if necessary). The CO APCD supports the federal CMS minimum cell size suppression policy that requires any cell in any report or data table, printed or electronic, with less than eleven records or observations to be replaced by “Less than eleven” or similar text. You must also apply complementary cell suppression techniques to ensure that cells with fewer than eleven records cannot be identified by manipulating data in adjacent rows and columns.

Field Number and Name	Requested Count or Sum
n/a	
	<i>[add rows as needed]</i>

B. Linkages to Other Data Sets

The CO APCD seeks to ensure that data cannot be re-identified if it is linked to or combined with information obtained from other sources. If this project requires claims line level detail or includes linkages to other databases, or if CO APCD data will be combined with other information, provide a justification for each proposed linkage. Be sure to describe how this will contribute to achieving the project purpose, including whether the project can be completed without this linkage, and the steps you will take to prevent the identification of individual patients:

Will you link the CO APCD data to another data source?

☐ No.

☒ Yes. If yes, please answer the following questions.

- Which CO APCD identifying data elements will be used to perform the linkage?
5 digit Zip
National Provider Identifier (NPI)
- Once the linkage is made, what non-CO APCD data elements will appear in the new linked file?
 - Census data, including median income, percent of population at different income levels, and percent of population with different demographic characteristics
- Have all necessary approvals been obtained to receive and link with the other data files (e.g., IRB or Privacy Board approval)?
This is publicly available data, IRB is n/a

C. Distribution of the Report or Product: **Prior Review by the CO APCD Administrator**

If you are producing a report for publication in any medium (print, electronic, lecture, slides, etc.) the CO APCD Administrator must review the report prior to public release. The CO APCD Administrator will review the report for compliance with CMS cell suppression rules; risk of inferential identification; and consistency with the purpose and methodology described in this Application.

- Please describe your audience and how to you will make your project publicly available?
- If the report is not to be made publicly available, then briefly describe how the information derived from this data will be used and by whom:

Other Organizations: Do you intend to engage third parties who will have access to the data requested as part of this project? If so, list the organizations below, describe their role(s); and explain why they will be granted access to the requested data.

Organization/Company Name:	
Contact Person:	
Title:	
Address:	
Telephone Number:	
E-mail Address:	
Role or responsibility in this project	<i>[add rows as needed]</i>

Project Schedule:

Proposed Project Start Date:	June 1, 2020
Project End Date:	June 1, 2025
Proposed Publication or Release Date:	June 2, 2026
End of Date Retention Period:	June 1, 2026

D. Frequency

Data in the CO APCD is refreshed monthly and data products can be provided on a one time basis or under a subscription model (e.g., quarterly, bi-annually or annually). Please select frequency below.

☒ One Time

OR

Subscription (Please select subscription model below)

- ☐ Quarterly
☐ Bi-annually
☐ Annually

E. Project Reporting

CIVHC highlights projects and data analysis on the public website: www.civhc.org/change-agents. This display of CO APCD projects provides future data requesters with ideas of how they

can structure their analysis, and allows CIVHC's stakeholders to see how CO APCD data recipients are working to accomplish the Triple Aim for Colorado. Data recipients have the option of choosing whether to be identified or to not be identified.

- ☒ Yes, it is okay for CIVHC to identify my organization
- ☐ No, I do NOT wish for CIVHC to identify my organization

PART THREE

DATA MANAGEMENT PLAN (Not applicable for Custom Report Requests)

1. Organizational Capacity

As an Attachment, please provide copies of the Data Privacy and Security Policies and Procedures for the Requesting Organization as well as those of any third parties that will have access to the requested CO APCD data.

See attached.

- Has the Requesting Organization or any member of the project team ever been involved with a project that experienced a data security incident? If so, describe the incident, the response procedures that were followed and any subsequent changes in procedures, processes or protocols to mitigate the risk of further events.

The University of Illinois at Chicago School of Public Health has not had a data security incident. These data will be housed entirely within the School of Public Health. Incidents outside the School of Public Health would not be disclosed to personnel within it.

To the extent that the Data Privacy and Security Policies and Procedures, provided as an Attachment, do not already do so, please answer or attach answers for the following:

- **Physical Possession and Storage of CO APCD Data Files:**
 - Describe how you will maintain an inventory of CO APCD data files and manage physical access to them for the duration of the project:

Datasets will be maintained on local servers housed in the UIC School of Public Health. These servers are kept in locked offices in a building that is locked during non-business hours and has entrance security staff during business hours. Computer systems at the School are continuously updated and maintained by the UIC School of Public Health information technology team. Access to the system is password protected and requires two-factor authentication. Only researchers and their hired research assistants will be granted access to folders within this system.

- Describe your personnel/staffing safeguards, including:
 - Confidentiality agreements in place with individuals identified as being assigned to this study. Include, for example, agreements between the

Principal Investigator or Data Custodian and others, including research team members, and information technology and administrative staff:

As noted in the attached policy handbook, any individual accessing sensitive data must be approved and trained in data management and sensitivity protocols. Individuals are prohibited from transmitting or removing the data from these servers, except for through approved encryption.

- Staff training programs you have in place to ensure data protections and stewardship responsibilities are communicated to the research team:

See policy handbook section SA.1

- Procedures to track the active status and roles of each member of the research team throughout the project and a process for notifying the CO APCD of any changes to the team:

See policy handbook section PER.5. Per university policy, any individual who is able to access sensitive data must have and retain documentation granting approval for access via a supervisor or department head. These individuals are subject to regular review. No other individuals are authorized to access the data. Principal investigators will maintain ultimate responsibility for the list of project team members.

- Describe your technical and physical safeguards. Examples include:
 - Actions taken to physically secure data files, such as site and office access controls, secured file cabinets and locked offices.
 - Safeguards to limit access to CO APCD data and analytical extracts among the research team (Note: if the distribution of analytical data extracts among the researcher team is part of your data management plan, the extracts remain subject to the terms of your Data Use Agreement).

The data will be stored in the School of Public Health. Access to the building that houses the School of Public Health is controlled by a doorman during business hours, and is locked otherwise. Within this building, any offices for researchers who will have access to the data have locks on the doors. Computers that contain the data are password protected. See policy handbook section entitled “Physical Security” for more information.

- Provide a brief description of your policies and procedures for ensuring that CO APCD data are protected when stored on a server.
 - Describe how your organization prevents the copying or transfer of data to local workstations and other hard media devices (CDs, DVDs, hard drives, etc.). Note that Applicants are required to encrypt CO APCD data both in motion and at rest:

See policy handbook, sections DCS.2 and DCS.3. Additionally, while the data security policy does not require encryption on non-portable devices, in all cases, it does require it when “deemed necessary” (Section DCS.5.4), such as through a Data Use Agreement.

- Data Reporting and Publication
 - Your organization must ensure that all analytic extracts, analyses, findings, presentations, reports, and publications based on CO APCD data files adhere to specific requirements of the Data Use Agreement (DUA: refer to sections 6, 7 and 8 in the Data Use Agreement). **Briefly describe your plan for demonstrating that data reporting and publication processes will be consistent with the DUA, including adhering to CO APCD cell suppression policies:**

Because our research products are concerned with population-level information, we will report, publish and present findings based on the largest eligible number of individuals for a given research question. However, we recognize that some subgroups may be so small as to fall below the minimum of 11 observations, which would trigger cell suppression. We will maintain strict sample size counts for all analyses and findings, and will not report statistics based on fewer than 11 observations.

2. Completion of Research Tasks and Data Destruction

Your organization must ensure that it has policies and procedures in place to destroy the CO APCD data files upon completion of the project and that you have safeguards to ensure the data are protected when researchers terminate their participation in the research project. Describe your plan for demonstrating that your organization has policies and procedures in place to reliably destroy the data files upon completion of the research:

See policy handbook section DCS.10 and PER.6. Notably, at the completion of the project, data are destroyed and access to servers for project team members is terminated through the information technology department.

3. Request for Privacy Board Approval *(Only Applicable to Identifiable Data Requests)*

Projects that request Identifiable information for a research purpose may require approval from the DRRC acting as a Privacy Board if an IRB is not available.

- The DRRC, acting as a Privacy Board, may approve a waiver of the individual authorization normally required to release PHI under CFR § 164.508 if:
- It would be impracticable for researchers to obtain written authorization from patients that are the subject of the research; and
- The research could not practicably be conducted without access to and use of the PHI.
- The DRRC, acting as a Privacy Board, is required to evaluate certain criteria in considering whether to approve an authorization waiver. If you are requesting Identifiable Information for a research purpose, explain why your proposed use of PHI

involves no more than a minimal risk to the privacy of patients that are the subject of the research. Evidence of minimal risk to the privacy of patients that should be addressed in your explanation includes:

- An adequate plan to protect PHI identifiers from improper use and disclosure;
- An adequate plan to destroy PHI identifiers at the earliest opportunity; and
- Adequate written assurances that PHI will not be reused or disclosed.

Appendix I

Certification of Project Completion and Destruction or Retention of Data

(Please Save)

Name:	
Title:	
Organization:	
Address:	
Tel Number:	
Fax Number:	
E-mail Address;	
Project Title:	
Data Sets:	
Years:	
<input type="checkbox"/> Certification of Data Destruction	Date the Data was Destroyed:
<input type="checkbox"/> Request to Retain Data	Date Until Data Will Be Retained:

Instructions: Data must be destroyed so that it cannot be recovered from electronic storage media in accordance with the methods established by the “Guidance to Render Unsecured Protected Health Information Unusable, Unreadable, or Indecipherable to Unauthorized Individuals,” as established by the U.S. Department of Health and Human Services (HHS).

I hereby certify that the project described in the Application is complete as of this date _____, ___, 20__.

Complete the appropriate section, below:



☐ I/we certify that we have destroyed all Data received from the CO APCD Administrator in connection with this project, in all media that were used during the research project. This includes, but is not limited to data maintained on hard drive(s), diskettes, CDs, etc.


☐ I/we certify that we are retaining the data received in connection with the aforementioned project, pursuant to the following health or research justification (provide detail, use as much additional space as necessary and state how long the data will be retained).

☐ I/we hereby certify that we are retaining the Data received from the APCD Administrator in connection with the aforementioned project, as required by the following law. [Reference the appropriate law and indicate the timeframe].

By signing this Agreement, the Receiving Organization agrees to abide by all provisions set out in this Agreement.

SIGNATURES:

For the CO APCD:	For Receiving Organization:
Signature: 	Signature: 
Name: Pete Sheehan	Name: Avijit Ghosh
Title: VP of Client Solutions & State Initiatives	Title: Comptroller
7/12/2020	

 7/12/2020
Comptroller Delegate Date
Peggy Diskin, Director Pre-Award Services
Office of Sponsored Programs

Addendum I – Analyst Supplement Colorado All Payer Claims Database Application

Project Description and Data Objective

Project Title and number: *20.55 University of Illinois at Chicago*

Date Range or Years Requested – *What years of claims do you need to meet your project purpose? (If you want a range of data with specific month and day start and end dates, please supply the start and end dates next to the appropriate year.)*

Check all that apply:

- ☒ 2012
- ☒ 2013
- ☒ 2014
- ☒ 2015
- ☒ 2016
- ☒ 2017
- ☒ 2018
- ☒ 2019

Medicare FFS data: Data requests are only available for research purposes and must be approved and financially supported by HCPF.

Check all that apply:

- ☒ 2012
- ☒ 2013
- ☒ 2014
- ☒ 2015
- ☒ 2016
- ☒ 2017
- ☒ 2018

Lines of Business: *Which payers do you need for your project purpose?*

Please check all that apply

- ☒ **Commercial Payer Claims** - Data available with appropriate levels of aggregation
Need to discuss appropriate level of aggregation for client request type; would need analyst input
 - ☒ **Individual**
 - ☒ **Small Group Plans**
 - ☒ **Large Group Plans**
 - **Currently available:** Medical Claims AND Pharmacy Claims from 2009- June 2017
 - Claims
 - Eligibility

- **Servicing and Billing Provider information**
- ☒ **Fully insured Employer Plans**
- ☒ **Self-Insured ERISA and non-ERISA based Employer Plans (note: ERISA-based plans are voluntary submitters and are not all represented in the CO APCD)**
 - **Currently available:** Medical Claims AND Pharmacy claims
 - Claims
 - Eligibility
 - **Servicing and Billing Provider information**
- ☒ **Medicare Advantage** - data is available with appropriate levels of aggregation
Need to discuss appropriate level of aggregation for client request type; would need analyst input
 - **Currently available:** Medical AND Pharmacy claims from 2015- 2019
 - Claims
 - Eligibility
 - **Servicing and Billing Provider information**
- ☒ **Health First Colorado (Colorado's Medicaid Program)** - Data requests must be reviewed by the Colorado Department of Health Care Policy and Financing (HCPF) to ensure alignment with administration of the Medicaid program as required by federal law
 - **Currently available:** Medical Claims AND Pharmacy Claims from 2012- 2019
 - Claims
 - Eligibility
 - **Servicing and Billing Provider information**

The following lines of business, when requested, require CIVHC Data Release Review Committee review as well as HCPF review, approval, and financial support.

- ☒ **Medicare Fee For Service (FFS)** - Data requests are only available for research purposes and must be approved and financially supported by HCPF.
 - **Currently available:** Medical Claims AND Pharmacy Claims from 2012-2018
 - Claims
 - Eligibility
 - **Servicing and Billing Provider information**

Payer-Specific Details – Do you need to limit claims to particular health insurance coverage types?

- ☐ Yes
☒ No

- If YES, please indicate the specific information you would like to include:
 - **Payer Line of Business**
 - ☐ **Commercial**
 - **Payer Name: Please note Anti-trust guidelines will be followed. (DRRC review maybe also be required)**
 - Please provide listing of payer names and health plans

- **Commercial Product Line(s):**

- ☐ PPO
- ☐ HMO
- ☐ POS
- ☐ Supplemental
- ☐ Indemnity
- ☐ Other- Please specify
 - Please provide listing of other product lines

- ☐ **Colorado's Exchange, Connect for Health Colorado, Product Lines:**

- ☐ Gold
- ☐ Silver
- ☐ Bronze

Payment Type – Which elements of total paid amount on each claim do you need to support your project purpose? (Check all that apply)

- ☒ **Charged Amount**
- ☒ **Plan Paid Amount***
- ☒ **Member Liability, i.e., amount the member is responsible for (check all that apply)**
 - ☒ Coinsurance
 - ☒ Deductible
 - ☒ Copay
- ☒ **Total Allowed Amount** – (summation of plan paid and member liability)
- ☒ **Prepaid Amount** – (to be considered for capitated payment plans only)

Medical Claims – Which types of claims do you need for your project purpose?

- Check all that apply
 - ☒ **Inpatient (IP)** – Related to individuals who receive care in hospital settings
 - ☒ **Outpatient (OP)** – Related to an individual receiving medical treatment in any setting other than a hospital admission (i.e. ambulatory surgery center; doctor's office, imaging center, Emergency Room, home health, etc.)
 - ☒ **Professional (PROF)** – Related to medical procedures within professional settings (e.g. physician office, imaging center, etc.) and clinics

Pharmacy Claims – Do you need prescription drug-based claims for your project purpose?

- ☒ Yes
- ☐ No
- If YES, and you need pharmacy claims limited to specific drug types, ***please list the 11-digit NDC codes you would like to receive (DO NOT INCLUDE DASHES AND PROVIDE LEADING ZEROS):***
 - Please provide listing

Dental Claims – Do you need dental claims for your project purpose?

- ☐ Yes
☒ No

Site of Service Detail – Do you need to look at claims that occurred in specific care settings for your project purpose? i.e., do you need to limit services by site of service?

- ☐ Yes
☒ No

- If YES, please indicate the specific information you would like to include:
 - ☐ Hospital
 - ☐ Ambulatory Surgery Centers
 - ☐ Outpatient Facilities
 - ☐ Physician offices
 - ☐ Specialty offices
 - ☐ Home Health
 - ☐ Urgent Care
 - ☐ Emergency Room (Note: cannot differentiate between majority of Free-Standing and hospital-based ERs)
 - ☐ Other (specify)
 - Please list other site of service details

Provider-level Detail – Do you need claims limited to specific providers or provider type(s) ie. (Provider IDs, locations, hospitals, medical groups, etc.) for your project purpose?

- ☐ Yes
☒ No

- If YES, please indicate the specific provider types you would like to include or provide a list of providers:
 - ☐ Facilities (hospitals, ambulatory surgery centers, etc.)
 - Please provide listing
 - ☐ Professionals
 - Please provide listing
 - ☐ Provider Taxonomy - Specialty Designations
 - Please provide listing
 - ☐ National Provider Identifier
 - Please provide listing
 - ☐ Other
 - Please provide listing

Geography – Do you need claims data limited by geography or location for your project purpose?

- ☐ Yes
☒ No

- If YES, please indicate the geographic groupings you would like to include:

- ☐ **Provider location address**
 - Need full address of all providers in CO
- ☐ **Member location address**
 - Please provide listing
- ☐ **Zip 3**
 - Please provide listing
- ☐ **Health Statistic Region**
 - <http://www.cohid.dphe.state.co.us/brfssdata.html>
 - Please provide listing
- ☐ **County (Potential PHI)**
 - Please provide listing
- ☐ **Zip 5 (PHI)**
 - Please provide listing
- ☐ **Other**
 - Please provide listing

Age and/or Gender – Do you need claims data limited by age or gender for your project purpose?

- ☐ Yes
☒ No

- If YES, please indicate the groupings you would like to include:

- ☐ **Age bands/range (in years) requested (i.e. 0-21, 22-39, 40-55, etc.)**
Please specify specific bands and/or ranges

Please specify how you would like age to be calculated (i.e. Patient age at the end of year, at the time of service, etc.)

- ☐ **Gender**
 - ☐ Male
 - ☐ Female
 - ☐ Unspecified

Member-level Detail – Do you need claims filtered at the member level for your project purpose?
i.e., do you need claims limited to specific members for your project?

- ☐ Yes
☒ No

- If YES, please indicate the information you would like to include:

- ☒ **De-identified member information**
 - ☒ Unique member and person ID
 - ☒ Gender

- ☐ Age: (at time of service)
- ☐ 3-digit zip
- ☒ **Protected Health Information (PHI)** – Any of the below requires DRRC approval process
 - ☐ Names (first, last, middle) (PHI)
 - ☐ Street Address (PHI)
 - ☐ City (PHI)
 - ☒ Zip (PHI)
 - ☒ DOB (PHI)

Diagnosis Detail – Do you need claims limited to a specific diagnosis or multiple diagnoses for your project purpose?

- ☐ Yes
- ☒ No

- If YES, please indicate the specific diagnosis code(s) you would like to include (DO NOT USE DECIMAL POINTS AND DO NOT REMOVE LEADING AND TRAILING ZEROS):
 - Please provide listing

Procedure/Revenue Code Detail – Do you need claims limited to specific procedure or revenue code(s) for your project purpose?



- ☐ Yes
- ☒ No

- If YES, please indicate the specific procedure/revenue code(s) you would like to include under each type requested:
 - ☐ **CPT4**
Please provide listing
 - ☐ **CDT**
Please provide listing
 - ☐ **Revenue code**
Please provide listing
 - ☐ **APR-DRG**
Please provide listing
 - ☐ **ICD9 or ICD10**
(Please indicate whether the codes you provide are ICD 9 or 10 codes)
Please provide listing

Additional Requests/Info Not Included Above – *Is there any additional information you would like for us to know to fulfill your request?*

By signing this Agreement, the Receiving Organization agrees to abide by all provisions set out in this Agreement.

SIGNATURES:

For the CO APCD:	For Receiving Organization:
Signature: 	Signature: 
Name: Pete Sheehan	Name: Avijit Ghosh
Title: VP of Client Solutions & State Initiatives	Title: Comptroller
7/12/2020	

 7/12/2020
 Comptroller Delegate Date
 Peggy Diskin, Director Pre-Award Services
 Office of Sponsored Programs