

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:	22.100.7 Health System's Physician Practice Acquisition Effect on Cost of Care
Date:	9/20/2021
Organization Requesting Data:	National Academy for State Health Policy (NASHP) in partnership with Optumas
Contact Person:	Zachary Aters
Title:	Managing Director
E-mail:	Zachary.aters@optumas.com
Phone Number:	480 280 5881
Person Responsible for the Project (if different than above):	John Bartholomew
Title:	Senior Policy Fellow
E-mail:	jbartholomew@nashp.org
Phone Number:	

Project Purpose:

Project questions to be discussed with client representative:

- Please describe your project and project goals/objectives.

The National Academy for State Health Policy (NASHP) in partnership with Optumas as the analytic firm, requests access to CO APCD data to understand the impact health systems' acquisition of physician practices have on the cost of care. The primary focus of this study is to evaluate the impact on professional providers that are acquired by facilities over time. The intent is to quantify the difference before and after acquisition on charged amounts, member liability, and total allowed amounts.

- 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. As large hospital systems acquire and affiliate with physician practices, what is the financial impact to the health care system at large, as well as to consumers?
 2. What value, or lack of value, does health system acquisition of physician practices add to the health care system?
 3. Is there excess cost to the system that could be addressed through regulatory or legislative policy changes?
- How will this project benefit Colorado or Colorado residents? (this is a statutory requirement for all non-public releases of CO APCD data)

Quantifying this impact of cost may provide insight into the value and/or lack of value inserted into the healthcare arena, in which all Colorado residents are impacted.

- 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?
This research will be used to inform policy discussions to address potential cost drivers in the healthcare arena.
 - If applicable, how will you project help improve the health of Coloradans?
By highlighting the prevalence of such acquisitions and quantifying the potential additional cost that is the direct result of such acquisitions.
 - If applicable, how will your project improve the quality of care or patient experience?
Understanding the change in overall value when cost is considered over time will allow policy discussions to be more transparent
- 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?
We are requesting claims data set
- Do you need Protected Health Information (PHI)?
 - 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- Dates of Service are requested to perform this analysis
 - 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).
n/a
 - 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.

PART TWO

I. **Type of CO APCD Analytic Data Set Requested (Not applicable for Custom Report Requests)**

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 – **Limited and Fully Identifiable Data Sets**

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	
Street Address	
City	
Zip Code	
Health Plan Beneficiary Numbers	
Dates (including Day and Month detail.) Specify which date fields are needed and why.	Dates of service are needed to identify 1) the specific point in time when costs change and 2) to be able to accurately group facility, professional, and medical claims of occurrences
Provider Identifying Information	

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

3. 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?
 - Once the linkage is made, what non-CO APCD data elements will appear in the new linked file?
 - Have all necessary approvals been obtained to receive and link with the other data files (e.g., IRB or Privacy Board approval)?
 - ☐ Yes, if so please provide copy
 - ☐ In progress, anticipated approval date: _____
 - ☐ No or N/A, reason: _____

4. 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 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:	1/1/2022
Project End Date:	4/30/2022
Proposed Publication or Release Date:	TBD
End of Date Retention Period:	

5. Frequency

Data in the CO APCD Warehouse is refreshed every other month 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

6. 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

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 THREE

DATA MANAGEMENT PLAN (Not applicable for Custom Report Requests)

I. 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 document, "OPTUMAS_HIPAA_SEC_RULE_POLICIES_PROCEDURES_20200302.pdf"

- 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.

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:

See attached policies 5, 6, and 7.

- 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:

See attached policy 3. All staff working on this project will be Optumas Employees, who have previously signed confidentiality agreements.

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

See attached policies 3, 15 and 16.

- 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 attached policies 3, 4, 5 and 6.

- 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).

See attached policies 3, 4, 5, 6, 7, 8, 9, 10, 11, and 14.

- 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 attached policies 6, 7, 10, and 14.

- 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:**

See attached policies 13 and 14. In accordance with the Data Use Agreement and existing Optumas policies and procedures, Optumas will only provide de-identified summarized data for the purposes of data publication.

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 attached policies 3, 4, 5, and 7, and 14. Optumas adheres to the National Institute of Standards and Technology NIST 800-88 data destruction guidelines.

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:	Dave Velde
Title:	IT Director
Organization:	Optumas
Address:	7400 East Mcdonald Dr Scottsdale AZ 85250
Tel Number:	
Fax Number:	
E-mail Address;	Dave
Project Title:	Facility Fee Analysis
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:
Title: VP of Client Solutions & State Initiatives	Title:

Addendum I – Analyst Supplement Colorado All Payer Claims Database Application

Project Description and Data Objective

Project Title and number: 22.100.7 Health System's Physician Practice Acquisition Effect on Cost of Care

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
- ☒ 2020
- ☐ 2021*

*Please consult the Data Warehouse refresh schedule or with your Health Data Solutions Consultant to learn what is currently available for 2021

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
- ☒ 2019
- ☒ 2020

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 2012-2020
 - 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 2012-2020
 - 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 2012-2020
 - 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) i.e. (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)
 - ☐ 5 Digit Zip (PHI)
 - ☐ DOB-Dates of Birth (PHI)
 - ☒ DOS-Dates of Service (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

Acknowledgement of Review and Approval of the Data Elements Dictionary that Accompanies the Project-

Initials: _____


DED filename and/or version number: _____

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

We are looking to receive the standard level 3 data set including year of service and sequencing of claims for the above mentioned years and data types.

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: Steven P. Schramm
Title: VP of Client Solutions & State Initiatives	Title: Senior Managing Director