



Data Release Application
 Custom Report

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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 |
| Date | V.01 | Initial version drafted with client.  | Name, Title |
| Date | V.02 | Click or tap here to enter text. | Name, Title |
| Date | V.03 | Click or tap here to enter text. | Name, Title |
| Date | V.04 | Click or tap here to enter text. | Name, Title |
| Date | V.05 | Click or tap here to enter text. | Name, Title |
| Date | V.06 | Click or tap here to enter text. | Name, Title |
| Date | V.07 | Click or tap here to enter text. | Name, Title |
| Date | V.08 | Click or tap here to enter text. | Name, Title |
| Date | V.09 | Click or tap here to enter text. | Name, Title |
| Date | V.10 | Click or tap here to enter text. | Name, Title |
| Date | V.11 | Click or tap here to enter text. | Name, Title |
| Date | V.12 | Click or tap here to enter text. | Name, Title |
| Date | V.13 | Click or tap here to enter text. | Name, Title |
| Date | V.14 | Click or tap here to enter text. | Name, Title |
| Date | V.15 | Click or tap here to enter text. | Name, Title |

# Data Requestor Details

## General Project Details

|  |  |
| --- | --- |
| Project Title:  | Click or tap here to enter text. |
| Application Start Date:  | Date |
| Requested Project Delivery Date:  | Date |
| Client Organization:  | Click or tap here to enter text. |
| Client Organization Address:  | Click or tap here to enter text. |
| To be completed by CIVHC staff |
| CIVHC Contact:  | Click or tap here to enter text. |
| Project Number: | Click or tap here to enter text. |
| Condensed Project Title:  | Click or tap here to enter text. |

## Project Contacts

|  |  |
| --- | --- |
| **Project Contact Name:**  | Click or tap here to enter text. |
| Title:  | Click or tap here to enter text. |
| Email:  | Click or tap here to enter text. |
| Phone Number:  | Click or tap here to enter text. |
| **Analytic Contact Name:**  | Click or tap here to enter text. |
| Title:  | Click or tap here to enter text. |
| Email:  | Click or tap here to enter text. |
| Phone Number:  | Click or tap here to enter text. |
| **Invoice Contact Name:**  | Click or tap here to enter text. |
| Title:  | Click or tap here to enter text. |
| Email:  | Click or tap here to enter text. |
| Phone Number:  | Click or tap here to enter text. |

## Data Release Fee Signatory

|  |  |
| --- | --- |
| Name:  | Click or tap here to enter text. |
| Title:  | Click or tap here to enter text. |
| Email:  | Click or tap here to enter text. |

## Data Use Agreement Signatory

|  |  |
| --- | --- |
| Name:  | Click or tap here to enter text. |
| Title:  | Click or tap here to enter text. |
| Email:  | Click or tap here to enter text. |

# Project Schedule and Purpose

|  |  |
| --- | --- |
| Proposed Project Start Date[[1]](#footnote-1):  | Date |
| Anticipated Project End Date:  | Date |
| Proposed Publication or Release Date:  | Date |

1. Detail the specific research question(s) you are trying to answer or problem(s) you are trying to solve with this data request. Please list and number the individual questions.

|  |
| --- |
| Click or tap here to enter text. |

1. Describe your methodology or how you will be using data from the Colorado All Payer Claims Database (CO APCD) to answer your research questions.

|  |
| --- |
| Click or tap here to enter text. |

1. Explain how this project will benefit Colorado and its residents.[[2]](#footnote-2)

|  |
| --- |
| Click or tap here to enter text. |

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

|  |
| --- |
| Click or tap here to enter text. |

1. 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.

|  |
| --- |
| Click or tap here to enter text. |

# Custom Report Output Type(s)

Select the report type(s) you are requesting (see also [Custom Report Mock-Up](#_Custom_Report_Mock-Up)):

|  |  |
| --- | --- |
| [ ]  Spreadsheet/Table | Aggregated data, output of specific measures, or similar. |
| [ ]  Static Analysis | Analysis of a specific issue with aggregated results and static visualizations |
| [ ]  Interactive Analysis | Analysis of a specific issue with aggregated results and interactive visualizations. Presented in Tableau. |
| [ ]  Narrative | Written report or executive summary of findings. |

# Data Matching

## 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

## 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 [Control Group Data Element Selection Form](#_Data_Element_Selection).

# Data Inclusion Criteria

Make selections in the following sections based on what data you want to have included in this extract.

## Line(s) of Business

[ ]  Commercial Payers
[ ]  Health First Colorado (Colorado’s Medicaid and CHP+ programs)[[3]](#footnote-3)
[ ]  Medicare Advantage
[ ]  Medicare Fee for Service (FFS)[[4]](#footnote-4)

## Year(s) of Data

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  2012 | [ ]  2013 | [ ]  2014 | [ ]  2015 | [ ]  2016 | [ ]  2017 |
| [ ]  2018 | [ ]  2019 | [ ]  2020 | [ ]  2021 | [ ]  2022 | [ ]  2023[[5]](#footnote-5) |

## Claim Type(s)

|  |  |  |
| --- | --- | --- |
| [ ]  Inpatient Facility | [ ]  Outpatient Facility | [ ]  Professional |
| [ ]  Pharmacy | [ ]  Dental |  |

## Condition, Population, and Geographical Area

Indicate whether you are investigating a specific condition, population, or geographical area.

[ ]  No
[ ]  Yes. Specify all that apply:

|  |
| --- |
| Condition(s) (provide codes when possible):  |
| Please specify here. |
| Procedure(s) (provide codes when possible): |
| Please specify here. |
| Geographical Area(s) (county, zip code, DOI or [Health Statistics Region](https://data-cdphe.opendata.arcgis.com/datasets/75e32548d3b24169adb942ecb7424937_6/explore), etc.):  |
| Please specify here. |
| Population(s):  |
| Please specify here. |
| Other factors (facility type, provider type, age, etc.):  |
| Please specify here. |

## Social Determinants of Health

Do you need CIVHC to use [Social Determinants of Health](https://www.cdc.gov/about/sdoh/index.html) data from the [American Community Survey](https://www.census.gov/programs-surveys/acs) in your report?

[ ]  No
[ ]  Yes, include the following fields or indices from the American Community Survey:

|  |
| --- |
| Please specify here. |

#

# Additional Documentation

## Custom Report Mock-Up

Include with this application a mock-up or wireframe of the output you expect to receive with the following components:

* Column and row headers
* Graph descriptions (if applicable)
* Measures standards or types of metrics (if requesting measures or metrics)

Consult with your CIVHC Contact if you would like assistance understanding your options for report presentation and how CIVHC can support your request.

[ ]  By checking this box, the Client Organization confirms a mock-up or wireframe has been provided.

## Data Element Selection Form

If a Control Group is being created as part of this project, 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 a separate [Control Group Data Element Selection Form](#_Control_Group) has been completed, if applicable.

# Client Acknowledgements and Signatures

## Change Agent Index

CIVHC can publicly share the Client Organization’s name in its [Change Agent Index](https://www.civhc.org/change-agents/).

|  |  |
| --- | --- |
| [ ]  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 suppression rules](https://resdac.org/articles/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 Release Application Version Approvals

### Checkpoint 1: Preparation for CIVHC’s internal Application Review Meeting

The Client Organization has reviewed and confirms that V.00 of this Data Release Application represents the correct details to meet the project objectives.

|  |  |
| --- | --- |
| CIVHC Sign-Off | Receiving Organization Sign-Off |
| Initials:  | Click or tap here to enter text. | Initials:  | Click or tap here to enter text. |
| Name:  | Click or tap here to enter text. | Name:  | Click or tap here to enter text. |
| Title:  | Click or tap here to enter text. | Title:  | Click or tap here to enter text. |
| Date:  | Date | Date:  | Date |

### Checkpoint 2: Final approval to begin project production

The Client Organization has reviewed and confirms that V.00 of this Data Release Application represents the correct details to meet the project objectives.

|  |  |
| --- | --- |
| CIVHC Sign-Off | Receiving Organization Sign-Off |
| Signature:  |  | Signature:  |  |
| Name:  | Click or tap here to enter text. | Name:  | Click or tap here to enter text. |
| Title:  | Click or tap here to enter text. | Title:  | Click or tap here to enter text. |
| Date:  | Date | Date:  | Date |

1. After all required documents have been signed and the Data Release Review Committee has approved the project, 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. [↑](#footnote-ref-1)
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. [↑](#footnote-ref-2)
3. Medicaid-only data requests must be approved by the Colorado Department of Health Care Policy and Financing. [↑](#footnote-ref-3)
4. Medicare FFS data are not available for all requests and must go through a separate approval process. [↑](#footnote-ref-4)
5. This year’s data is incomplete. Consult with your CIVHC Contact to find out what data is available at the time of your request. [↑](#footnote-ref-5)