



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 (full name, complete title) |
|   | V.01 | Initial version drafted with client. |   |
|   | V.02 |   |   |
|   | V.03 |   |   |
|   | V.04 |   |   |
|   | V.05 |   |   |
|   | V.06 |   |   |
|   | V.07 |   |   |
|   | V.08 |   |   |
|   | V.09 |   |   |
|   | V.10 |   |   |

Data Requestor Details

General Project Details

|  |  |
| --- | --- |
| Project Title:  |   |
| Application Start Date:  |   |
| Requested Project Delivery Date:  |   |
| Client Organization (legal name):  |   |
| Client Organization Address:  |   |
| CIVHC can publicly share the Client Organization’s name in its [Change Agent Index](https://www.civhc.org/change-agents/).  | [ ]  Yes | [ ]  No |
| **To be completed by CIVHC staff** |
| CIVHC Contact (full name, complete title):  |   |
| Project Number:  |   |
| Condensed Project Title:  |   |

Project Contacts

|  |  |
| --- | --- |
| **Project Contact Name:**  |   |
| Title:  |   |
| Email:  |   |
| Phone Number:  |   |
| **Analytic Contact Name:**  |   |
| Title:  |   |
| Email:  |   |
| Phone Number:  |   |
| **Invoice Contact Name:**  |   |
| Title:  |   |
| Email:  |   |
| Phone Number:  |   |
| **Data Release Fee Signatory:**  |   |
| Title:  |   |
| Email:  |   |
| Phone Number:  |   |
| **Data Use Agreement Signatory:**  |   |
| Title:  |   |
| Email:  |   |
| Phone Number:  |   |

Project Schedule and Purpose

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

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

|  |
| --- |
|  *Individual research questions*: * 1.
	2.
	3.
	4.
	5.
 |

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.

|  |
| --- |
|   |

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

|  |
| --- |
|   |

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

|  |
| --- |
|   |

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.

|  |
| --- |
|   |

1. 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.

|  |
| --- |
|   |

Custom Report Output Type(s)

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

|  |  |
| --- | --- |
| [ ]  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 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

Control Group

A Control Group is a group of individuals who can be used to compare against the cohort identified in the Finder File.

Will you need to create a Control Group as part of this project?

[ ]  No

[ ]  Yes. Consult with your CIVHC Contact about completing a separate Control Group Data Element Selection Form specifying the data elements that should be used to define the Control Group.

Data 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.

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 |
| [ ]  2024[[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):  |
|   |
| Procedure(s) (provide codes when possible):  |
|   |
| Geographical Area(s) (county, zip code, DOI or [Health Statistics Region](https://data-cdphe.opendata.arcgis.com/datasets/75e32548d3b24169adb942ecb7424937_6/explore), etc.):  |
|   |
| Population(s):  |
|   |
| Other factors (facility type, provider type, age, etc.):  |
|   |

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. Specify the fields or indices to be included from the American Community Survey:

|  |
| --- |
| *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 (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.

[ ]  If applicable, by checking this box the Client Organization confirms that a separate Control Group Data Element Selection Form has been completed.

Client Acknowledgements and Signatures

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.00 | Presented at CIVHC Application Review |
| V.00 | Final version approved for production |

|  |  |
| --- | --- |
| CIVHC Sign-Off | Receiving Organization Sign-Off |
| Signature:  |   | Signature:  |   |
| Name:  |   | Name:  |   |
| Title:  |   | Title:  |   |
| Date:  |   | Date:  |   |

1. After all required documents have been signed, typical production time is 30-60 days for a Custom Report. Anticipate a longer production period for projects including a Finder 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 and not fully adjudicated. Consult with your CIVHC Contact to find out what data is available at the time of your request. [↑](#footnote-ref-5)