



Data Release Application
Custom De-Identified Extract

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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:**  |  |
| Signatory Organization (legal name):  |   |
| Title:  |   |
| Email:  |   |
| Phone Number:  |   |
| **Data Use Agreement Signatory:**  |  |
| Signatory Organization (legal name):  |   |
| 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. Explain the purpose of your project. If this project is related to a previous project, also explain how this project is related and whether the data or results of both projects will be combined.

|  |
| --- |
|   |

1. Detail the specific project aims, research question(s) you are trying to answer, or problem(s) you are trying to solve with this data request.

|  |
| --- |
| 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.

|  |
| --- |
|   |

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 CIVHC to create a Control Group as part of this project?

[ ]  No

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

Linkage

Data Linkage is a method of joining data from different sources together to create a new data set.

Will the CO APCD data be linked to another data source?

[ ]  No

[ ]  Yes. Answer the following:

|  |
| --- |
| What is/are the other data source/s?  |
|   |
| Who will perform the data linkage?  |
|   |
| What identifying data elements will be used to perform the data linkage?  |
|   |
| What non-CO APCD data elements will appear in the new linked file?  |
|   |

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 |
| [ ]  2024[[5]](#footnote-5) |  |  |  |  |  |

Claim Type(s)

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

Financial Detail by Line Item

|  |  |  |
| --- | --- | --- |
| [ ]  Charged Amount | [ ]  Allowed Amount | [ ]  Plan Paid Amount |
| [ ]  Plan Pre-Paid Amount | [ ]  Member Copay | [ ]  Member Deductible |
| [ ]  Member Coinsurance | [ ]  Total Member Liability |  |

Filter Criteria – Services, Providers, Facilities

If you need data for specific services, providers and/or facilities, specify that filter criteria below (ask your CIVHC Contact about including an additional file with this application for large code lists):

|  |
| --- |
| ICD Diagnosis Code(s):  |
|   |
| Procedure(s) (list CPT, HCPCS, DRG, ICD, and/or CDT codes):  |
|   |
| Drug(s) (list pharmacy NDC and/or HCPCS codes): |
|   |
| Facility Type(s):  |
|   |
| Facilities (list NPIs and/or Pharmacy IDs):  |
|   |
| Facilities within these geographical areas (list county, zip code, [Census Tract](https://www.census.gov/geographies/reference-maps/2020/geo/2020pl-maps/2020-census-tract.html), etc.):  |
|   |
| Provider Type(s):  |
|   |
| Provider(s) (list NPIs):  |
|   |
| Providers within these geographical areas (list county, zip code, [Census Tract](https://www.census.gov/geographies/reference-maps/2020/geo/2020pl-maps/2020-census-tract.html), etc.):  |
|   |
| Specific payers (minimum of five):  |
|   |
| Other claim specification:  |
|   |

Filter Criteria – Members/Patients

If you need data for specific member/patient groups, specify that filter criteria below (ask your CIVHC Contact about including an additional file with this application for large code lists):

|  |
| --- |
| Ages:  |
|   |
| [ ]  At the time of service | [ ]  At year end | [ ]  By another anchor date: *Specify here* |
| With these ICD Diagnosis Code(s):  |
|   |
| Who have had the following procedure(s) (list CPT, HCPCS, DRG, ICD, and/or CDT codes):  |
|   |
| Within these geographical areas (list county, zip code, [Census Tract](https://www.census.gov/geographies/reference-maps/2020/geo/2020pl-maps/2020-census-tract.html), etc.):  |
|   |

Value-Add Data Elements

[ ]  [Medicare Severity Diagnosis Related Group](https://www.scp-health.com/blog/understanding-ms-drg-and-its-effect-on-the-case-mix-index/) Codes (MS-DRGs)

[ ]  [3M All Patient Refined Diagnosis Related Group](https://www.3m.com/3M/en_US/health-information-systems-us/drive-value-based-care/patient-classification-methodologies/apr-drgs/) Codes (3M APR DRGs)

[ ]  [Medicare Repricer](https://www.milliman.com/en/products/Medicare-Repricer#:~:text=The%20Medicare%20Repricer%20includes%20inpatient%2C%20outpatient%2C%20Ambulatory%20Surgical,group%20%28DRG%29%20and%20ambulatory%20payment%20classification%20%28APC%29%20grouping.) (available at the claim line level)

[ ]  Fields from the [American Community Survey](https://www.census.gov/programs-surveys/acs) (available at the Census Tract level):

|  |
| --- |
| *Specify here* |

Additional Documentation

Data Element Selection Form (DESF)

The Data Release Application must be accompanied by a completed Data Element Selection Form. Ask your CIVHC Contact for more information about completing this form.

[ ]  By checking this box, the Client Organization confirms that the Data Element Selection Form has been completed.

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

Data Management Plan

An organization requesting CO APCD data must submit an organizational Data Management Plan to CIVHC outlining the organization’s data security and data management policies and procedures to safeguard the data. This Data Management Plan must be approved by CIVHC prior to any data release.

|  |  |
| --- | --- |
| Date Submitted to CIVHC:  |   |
| Date Approved by CIVHC:  |   |

Client Acknowledgements and Signatures

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 the [CMS Cell Size Suppression Policy](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 Destruction Period

All data must be destroyed within 30 days of the project end date. If your project end date changes from this application, please reach out to your CIVHC Contact for a project extension request form.

[ ]  By checking this box, the Client Organization acknowledges that CIVHC’s [Data Destruction Certificate](https://civhc.org/wp-content/uploads/2023/05/CO-APCD-Data-Destruction-Form.pdf)[[6]](#footnote-6) must be completed and returned to DataCompliance@CIVHC.org by \_\_\_\_\_\_ based on the [Anticipated Project End Date](#AnticipatedProjectEndDate).

Data Users

List any individuals that will be working with the data and whether they should receive ongoing communications from CIVHC regarding use of CO APCD data (data warehouse release notes, data user group communications, etc.).

The Data Use Agreement must be updated every time an individual is granted access to the data during the project. Reach out to your CIVHC Contact for information about the amendment process.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Receive Data User Communications from CIVHC | Full Name | Title/Role | Organization | Email Address |
| [ ]  |  |   |   |   |
| [ ]  |  |   |   |   |
| [ ]  |  |   |   |   |
| [ ]  |  |   |   |   |
| [ ]  |  |   |   |   |
| [ ]  |  |   |   |   |
| [ ]  |  |   |   |   |
| [ ]  |  |   |   |   |
| [ ]  |  |   |   |   |
| [ ]  |  |   |   |   |

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:  |   |

Data Element Selection Form Version Approvals

The Client Organization has reviewed and confirms that the final version number of the Data Element Selection Form reflected below correctly represents the data specifications needed to meet the project objectives.

|  |  |
| --- | --- |
| Version | Checkpoint |
| V.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 De-Identified Extract. 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)
6. Available on the [Data Release Application and Documents](https://civhc.org/data-release-application-and-documents/) page of CIVHC’s website under *Privacy, Security, and Regulatory Information*. [↑](#footnote-ref-6)