Colorado All Payer Claims Database

**Data Release Application**

**Part 2**

 **(Limited Data Sets and Fully Identifiable Data Sets ONLY)**

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| --- |
| **Project Information from Part 1 of Application** |
| **Project Title:** |  |
| **Date:** |  |
| **Organization Requesting Data:** |  |

The CO APCD is committed to protecting the privacy and security of Colorado’s claims data. The CO APCD will limit the use of the data to purposes permitted under applicable laws, including APCD Statute/Rule, HIPAA/HITECH, and Antitrust laws, to information reasonably necessary to accomplish the project purpose as described in this Application. Under HIPAA, PHI may only be released in limited circumstances for public health (public health agency), health care operations, and research purposes under the terms of a HIPAA compliant data use agreement (DUA).

Any requestor receiving a CO APCD data set, must submit to APCD Administrator a Data Management Plan that outlines data security and data management policies and procedures to safeguard the data. This Data Management Plan must be approved by APCD Administrator prior to any data release.

1. **Data Element Selection Member-level Detail** – *Do you need member level PHI data for your project purpose? 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.*

[ ]  No

[ ]  Yes (*Justification must be provided for each)*

[ ]  3-digit zip

[ ]  Name (first, last, middle)

[ ]  Street Address

[ ]  City

[ ]  Zip

[ ]  DOB

[ ]  Gender

1. **Claim-Level Detail** –*Include specific diagnosis codes, CPT4, CDT, ICD9 or 10, APR-DRG, or revenue codes in an attachment.*

[ ]  No

[ ]  Yes (*Justification must be provided for each)*

[ ]  Age at time of service

[ ]  Age at year end

[ ]  Diagnosis

[ ]  Procedure/Revenue Code

1. **Claim Type** – *What types of claims do you need for your project purpose?*

[ ]  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 **(PC)** – Related to prescriptions with an 11-digit National Drug Code

[ ]  Dental **(D)** – Related to individuals receiving dental care in any dental setting

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

[ ]  No

[ ]  Yes (check all that apply)

[ ]  Facilities (please specify) Click or tap here to enter text.

[ ]  Professionals

[ ]  Provider Taxonomy - Specialty Designations

[ ]  National Provider Identifier

[ ]  Other (please specify) Click or tap here to enter text.

1. **Provider Geography** *– Do you need provider geography or location data?*

[ ]  No

[ ]  Yes (check all that apply)

[ ]  Provider location address

[ ]  Provider Zip 3

[ ]  Provider Health Statistic Region <http://www.cohid.dphe.state.co.us/brfssdata.html>

[ ]  Provider County

[ ]  Provider Zip 5

[ ]  Other (please specify) Click or tap here to enter text.

1. **Payer-Specific Details** *– Do you need specific named payer details? (only available for authorized requestors)*

[ ]  No

[ ]  Yes

1. **Payment Type** – *Which elements of cost data do you need to support your project purpose?*

[ ]  Charged Amount

[ ]  Plan Paid Amount

[ ]  Member Liability, i.e., amount the member is responsible for

[ ]  Coinsurance

[ ]  Deductible

[ ]  Copay

[ ]  Total Allowed Amount – (summation of plan paid and member liability)

[ ]  Prepaid Amount– (to be considered for capitated payment plans only)

1. **Data Element Selection**

If you have not already done so, complete the Data Element Dictionary (DED) to identify the specific data elements that are required for this project.

1. **Data Source Linkage** *–**Will you link the CO APCD data to another data source?*

[ ]  No

[ ]  Yes. If yes, please answer the following questions.

* 1. What is the other data source or sources you plan to link CO APCD data with?
	2. Which CO APCD identifying data elements will be used to perform the linkage?
	3. Once the linkage is made, what non-CO APCD data elements will appear in the new linked file?
1. **Institutional Review Board** *– Have all necessary approvals been obtained (e.g., IRB or Privacy Board approval)?*

[ ]  No or N/A, reason: Click or tap here to enter text.

[ ]  In progress. Anticipated approval date: Click or tap here to enter text.

[ ]  Yes. If so please provide copy.

1. **Distribution of the Report or Product** *– Requires review before publication*

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. This requirement is further spelled out in the Data Use Agreement. 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. Do you acknowledge this requirement?

[ ]  No

[ ]  Yes

1. **Project Schedule:**

|  |  |
| --- | --- |
| Proposed Project Start Date: |  |
| Project End Date: |  |
| Proposed Publication or Release Date: |  |
| Data Destruction Period: | All data must be destroyed within 30 days of the project end date and data destruction certificate returned to CIVHC at datacompliance@civhc.org. The Data Destruction Certificate form can be found at <https://www.civhc.org/get-data/non-public-data/>.  |