Colorado All Payer Claims Database

**Data Release Application**

**Part 1**

Part I of the Data Release Application should be used to submit background information related to your organization’s 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, understand the questions you are trying to answer with your data request and assist us in helping you through the data request process. All CO APCD data requests go through a careful review and approval process and involve a licensing fee. CIVHC has a team of Health Data Solutions Consultant who will work closely with you throughout the data request process.

Prior to completing the questions below, please review the information on requesting data and reports located at <https://www.civhc.org/get-data/non-public-data/>.

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| **Project Information** | |
| **Project Title:** | Health Care Services Use of a Rural Population in Northeastern Colorado |
| **Date:** | 04/15/2022 |
| **Organization Requesting Data:** | Robert Graham Center |
| **Contact Person:** | John M (Jack) Westfall |
| **Title:** | Director |
| **E-mail:** | jwestfall@aafp.org |
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| **Address:** |  |
| **CIVHC Contact:** | Maria de Jesus Diaz Perez |

**Project Purpose**

1. Describe your project and project goals/objectives in detail.

This project will provide a proof of concept for community health care needs and services evaluation. This evaluation will help identifying who provides what health care services and where are they provided. From a policy perspective this analysis will provide local, state, and national policy levers to improve local access and mitigate poor access or mismatch between health care service needs and service delivery.

1. 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.)

Identify and describe all health care services obtained by people from one community, defined by members’ residence zipcode (e.g., 80759).

* Identify the breadth and volume of services differentiating services delivered locally (near their residence) versus services delivered elsewhere.

Identify the clinicians providing care within the zipcode and the percentage of all services (breadth and volume) delivered by various clinicians locally versus elsewhere.

For all medical services, primary care services, hospital and specialty services, identify:

1. All claims for people with a residence zipcode of 80759 by CPT and ICD10 codes,

Breadth of claims delivered in 80759

Frequency and volume of claims delivered in 80759

1. Percentage of people from 80759 who got all their care in 80759 and breadth of services
2. Percentage of people from 80759 that got some care elsewhere
3. Percentage of people from 80759 who got services elsewhere that were also available in 80759
4. Who is providing services (MD/DO, NP, PA, psychologists, social workers, others)

Specialty of folks delivering services within 80759 (primary care, specialists, etc.)

1. For 80759 what is the breadth of services delivered by each provider type?
2. For 80759 what is the volume of services delivered by each provider type?
3. How will this project benefit Colorado or Colorado residents? (This is a statutory requirement for all non-public releases of CO APCD data. Contributions to the generalizable knowledge is not sufficient.)

The findings of this project will provide local, state, and national policy levers to improve local access and mitigate poor access or mismatch between service needs and service delivery.

1. Describe how the project will meet one or more of the Triple Aim criteria below.
   1. Improve the patient experience of care (including quality and satisfaction)
   2. Improve the health of populations
   3. Reduce the per capita cost of health care
2. The State of Colorado and CIVHC are committed to ensuring everyone, regardless of demographics, has access to the care they need when they need it. How might your project contribute to that?
3. Can CIVHC publicly share your organization’s’ name in the work we do to promote our Change Agent clients in our [Change Agent Index?](https://www.civhc.org/change-agents/)  Yes  No

**Type of Output Requested:** *Select the level of detail that you are requesting. If you are unsure, please contact us at* [*ColoradoAPCD@civhc.org*](mailto:ColoradoAPCD@civhc.org)*.*

Standard De-identified Data Set

Limited Data Set

Identified Data Set

Standard Report

Custom Report

**Lines of Business:** *Which payers do you need for your project purpose?*

**Commercial Payers (Includes Medicare Advantage)**

**Health First Colorado (Colorado’s Medicaid Program)** *– Note: Medicaid only 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.*

**Medicare Fee For Service (FFS) *– Note:*** *Data requests for Medicare FFS are only available for authorized users for research purposes and must be approved by HCPF.*

**Years Requested:** *What years of claims do you need to meet your project purpose?*

2012

2013

2014

2015

2016

2017

2018

2019

2020

2021

**Data Needs**

The following questions are related to Protected Health Information (PHI) to determine if you need a Limited Data Set or an Identifiable Data Set. The Data Elements Dictionary detailing the fields available for both types of data can be found at <https://www.civhc.org/get-data/non-public-data/>. **Note that any data request including PHI will need Part 2 of the Application and approval by the Data Release Review Committee.**

1. 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  No

1. 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).

Yes  No