Data Request Guide

Center for Health Care Data

CHCD@uth.tmc.edu | 1200 Pressler St. Houston, TX 77030

UTHealth Houston
School of Public Health
Center for Health Care Data
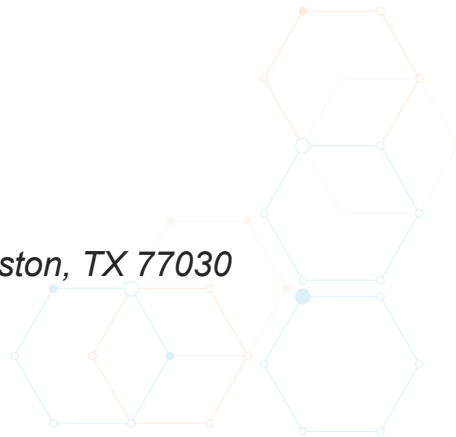
The mission of the University of Texas Health Science Center at Houston ("UTHealth Houston") School of Public Health ("SPH"), Center for Health Care Data ("CHCD") is to make health data accessible, accurate, and actionable for Texas and beyond. We analyze health data to find opportunities to improve systems that can make an impact. The CHCD's inventory is comprised of diverse datasets that support research and population health initiatives.

Contents

This guide provides requestors with a clear overview of the CHCD data request process, eligibility requirements, access standards, and required documentation. It is designed to help researchers navigate each step efficiently, understand dataset-specific conditions, and ensure compliance with all data-use policies. Whether you are initiating a new project, preparing an IRB submission, or exploring data availability, this document serves as your primary reference for working with CHCD datasets.

Data Request Process

Due to the sensitivity of the data at the CHCD, we have developed a process to help streamline the requests we receive. All requirements must be completed before full project approval and access to the data is granted. Our team is available to assist and help guide each requestor through the following steps:

Submit a Data Request To initiate a request for data or services, we require all inquiries to be submitted online through our CHCD webpage using the Data Request form.

Complete Application(s) Requestors must complete two stages. After reviewing the initial data request, the CHCD issues a Pre-Application to address potential issues and confirm dataset eligibility. Once approved, the Requestor is invited to submit the Full Application with all required documentation for formal review.

- *Pre-Application:* After we receive your initial data request, our team will review the information and provide follow-up guidance. For requests involving *Data Request Only, Data Extract and Analysis, Analysis Only, Preliminary Counts for Grant Submissions,* we will issue a Pre-Application. This step helps identify potential issues early and ensures expectations are aligned. We ask all requestors to complete the Pre-Application before submitting the full application. Once the completed Pre-Application is returned, CHCD will review it, provide a decision, and determine whether the request is eligible based on the dataset of interest. Please note that eligibility and data-use requirements vary by dataset and may restrict availability for some researchers. **See Appendix A-CHCD Pre-Application**

- *Full-Application:* After the CHCD completes its review of the Pre-Application and determines that the proposed project or study satisfies all eligibility and data-use requirements, the successful Requestor will be invited to submit the Full Application along with all required documentation. During this time, the Requestor will also receive a quote for the services that have been requested from the CHCD. The Full Application must be submitted as a complete package before the review process can begin. All projects will need to be reviewed and approved by an IRB prior to submitting the full application. Requestors should consult the section titled "Required Documentation" for detailed guidance on the materials that must accompany the submission. **See Appendix B- CHCD Full Application**

Final Quote for Service CHCD will provide a final detailed quote and outline the services to be delivered based on the information submitted in the application.

Contract Development Once all parties agree to the quoted amount, CHCD will prepare a contract detailing the approved deliverables and associated costs. External requestors must establish a formal agreement between their institution and UTHealth Houston (e.g., service agreement, master agreement, subcontract). Internal UTHealth Houston requestors will follow the institution's standard internal contracting procedures.

- User Agreements: For any request that requires direct data access (e.g., Data Extract Only, Data Extract and Analysis, or Analysis Only), each individual requiring access the data must complete a User Agreement. A separate User Agreement is required for every data source included in the request. If multiple data sources are requested, the requestor must sign an agreement for each one. CHCD must receive all completed User Agreements before data access is granted.

Payment of fees to CHCD A fee is applied to all requests to support the costs associated with data extraction and related services. Depending on the terms of the agreement, payment may be required prior to the initiation of any data work. UTHealth Houston SPH students ONLY, can submit a request to waive the associated fees by emailing CHCD@uth.tmc.edu, explaining the reason for the waiver.

Accessing Data: In accordance with our legal agreements, the CHCD has strict conditions that need to be met prior to using or accessing any healthcare data. Please read through the following criteria:

- Access is limited to individuals named in the IRB-approved protocol who sign the User Agreement and only for the approved project period.

- Data may only be accessed through UTHealth Houston secure terminal servers using remote access Virtual Private Network ("VPN").

- It is prohibited to:

    - Store or analyze data on a personal laptop, computer, or device

    - Access the terminal server and data outside the United States of America

    - Try to save intermediary and/or final analytical data files outside UTHealth Houston terminal severs

- CHCD offers updated versions of SAS, STATA, ArcGIS, and R that can be used for analysis with the terminal servers.

- Requestors will have one month to review the data extract to ensure the data requested aligns with the actual data pulled.

- Analysis results that contain NO identification (for members or providers) can be requested to be saved outside the terminal server.

Eligibility and Data Use Requirements

Please review all eligibility requirements before submitting your request.

Medicare FFS 5% National Sample (Parts A, B & D)

The CHCD is licensed by Centers for Medicare and Medicaid Services (CMS) and RESDAC as a state agency, which allows the use of Medicare Fee-for-Service data. The CHCD is also certified by CMS as a Qualified Entity (QE). Our QE status allows the use of Medicare Parts A, B, and D for Fees-for-Service (Traditional Medicare) claims data to promote transparency in healthcare delivery. CHCD is the only QE in the state of Texas and the only university-based QE in the country.

- **Years of Data:** 2014–FY24 (September 30, 2024)
- **Average Annual Covered Lives:** 3,781,729+
- **State / National:** 5% National Sample
- **Data Type:** Claims
- **Geolocation:** 5-digit ZIP Code

Permission to Use and Access Medicare 5% National Sample (Parts A, B & D)**:**

- Any students within UTHealth Houston or outside the organization do not qualify for data use.
- Requestors may have access to the data if they meet requirements under State Agency or Qualified Entity (QE) terms. See Appendix C-State Agency and Qualified Entity Guidelines

Texas All-Payor Claims Database (TX-APCD)

In 2021, The Texas legislator appointed The Center for Health Care Data (CHCD) as the Texas All Payor Claims Database (TX-APCD) Administrator (House Bill 2090). This unique database contains healthcare claims data from 2019 and onward. The TX-APCD includes 100% of Texas Medicaid, 100% of Texas Medicare Advantage and all commercial plans regulated by the Texas Department of Insurance.

- **Years of Data:** 2019-2024
- **Average Annual Covered Lives:** 15,000,000+
- **State/National:** Texas
- **Age Groups:** All
- **Data Type:** medical, behavioral health, pharmacy, dental claims, eligibility, and provider files
- **Geolocation:** 5-digit zip code
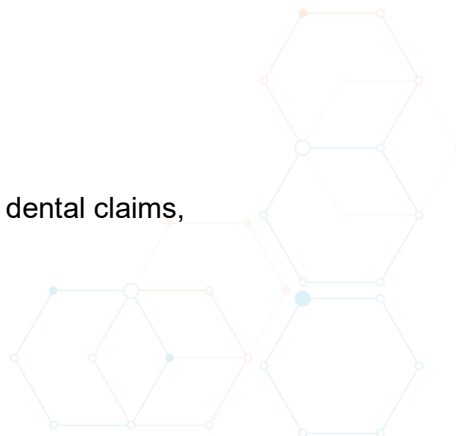
Permission to Use and Access TX-APCD Data:

The CHCD is required to use the data for state reporting and is also permitted to use the data for research and studies consistent with the requirements of the rule. External researchers must qualify as a Qualified Research Entity" (QRE) to gain access to the data. Texas Insurance Code § 38.402(9) defines a QRE as:

- An <u>organization engaging in public interest research</u> for the purpose of analyzing the delivery of health care in this state that is exempt from federal income tax under Section 501(a), Internal Revenue Code of 1986, by being listed as an exempt organization in Section 501(c)(3) of that code;
- An <u>institution of higher education</u> engaged in public interest research related to the delivery of health care in this state; or
- A <u>health care provider in this state</u> engaging in efforts to improve the quality and cost of health care.

A QRE may:

- Use information contained in the database only for purposes consistent with the purposes of the law
- Use the information only in accordance with standards, requirements, policies, and procedures established by the CHCD (for example, the CHCD does not permit access to data from a location outside the United States).
- Use the data only for the purpose of the single, IRB-approved research proposal.
- Not sell or share any data contained in the database.
- Not access or use any data in a manner that may violate state or federal privacy laws.
- Each data request will be reviewed by the CHCD as required by law. Once approved, the qualified research entity designated researchers shall be granted access to the data extract on CHCD secure servers.

<u>Data Accessible to UTHealth Faculty and Students Only</u>

Commercial National Claim Data

Databases contain individual-level, de-identified, healthcare claims information from employers, health plans, hospitals, and Medicare Advantage plans. Data about individual patients is integrated from all providers of care, maintaining healthcare utilization and cost record connections at the patient level.

- **Years of Data:** 2011-2024
- **Average Annual Covered Lives:** 129,000,000+
- **State / National:** National
- **Data Type:** Claims
- **Geolocation:** 3-digit zip code for years before 2019; Metropolitan Statistical Areas (MSA) after 2019

Permission to Use and Access Commercial National Claim Data:

- UTHealth Houston faculty may conduct analysis.
- UTHealth Houston students who are qualified doctoral students may use the data for dissertations only.
- External researchers may collaborate with UTHealth Houston researchers but do not receive direct access.

THCIC – Texas Discharge Data

The Texas Health Care Information Collection (THCIC) Public Use Data File (PUDF) contains data on discharges from Texas hospitals. The Texas Outpatient PUDF contains data on outpatient surgical and radiological procedures from Texas hospitals and ambulatory surgery centers. This dataset cannot be used to conduct longitudinal studies as each row is event-based and not person-based. Both datasets also include provider information (i.e., name, address, specialty).

- **Years of Data:** 2008–2024
- **Average Annual Covered Lives:** 191,435,133
- **State / National:** Texas
- **Data Type:** Summary of "Event" data
- **Geolocation:** 5-digit ZIP Code

Permission to Use and Access THCIC:

- UTHealth Houston-SPH faculty and students with faculty support may analyze the dataset.
- UTHealth Houston adjunct faculty should contact CHCD@uth.tmc.edu for access.
- External researchers may collaborate with UTHealth Houston-SPH researchers.
- Any researcher may request the dataset directly from Texas Health and Human Services Commission (HHSC).

Required Documentation

Alongside the submission of the Full Application additional documentation may be required. Below is a list of possible required documentation.

Study Protocol

All projects must submit an IRB-reviewed/approved protocol that describes the study and explains how the requested data will be used.

IRB Outcome Letter

For all project submissions, we require an official outcome letter from the Institutional Review Board (IRB). If your organization's does not have an IRB, you may consider the following:

- Partner with an institution who has an IRB
- Use a commercial/external IRB

Data Elements Template

Requestors conducting their own analysis will be asked to submit a data extraction form using the Excel spreadsheet supplied by the CHCD when it is deemed that the proposed project is feasible.

- Review the data dictionary provided and our data description before working on your extraction form.

- Be as detailed and specific as possible. Remember that this will be used to extract the data, so any misspecifications may delay your extraction or prevent us from extracting the data.

- Include all relevant inclusion and exclusion criteria. For example, if you want individuals 18 years or older, you need to specify how you would like this defined (e.g., 18 years or older by 1/1/2008 or 18 or older at the date of service). Ensure you include the necessary information for extracting your data, such as ICD-9 or ICD-10 diagnosis codes or procedure codes that will help identify your population.

- Your data extraction form must reflect the minimum data required to answer your question, if not we will require justification for variables.

- Justification is required for all PHI variables.

- Our team will not rerun data extracts with new additional codes. In the event the Requestor wants to include additional codes or logic, they will be asked to submit a new data request.

Center for Health Care Data Scope of Work

Requestors will be asked to complete the form "Center for Health Care Data Scope of Work," which will outline the "work" that needs to be completed by the CHCD as part of the request. The form captures the following information:

- Principal Investigator/Project Lead
- Date
- Project Name
- Project Overview: A brief overview of the project
- Aims: Project aims and/or key questions that the project seeks to answer
- Center for Health Care Deliverables: A description of CHCD deliverables ONLY, by providing the following information:
    - Description of the type of work, see examples below
        - Data extract: a subset of data based on inclusion/exclusion criteria provided to CHCD
        - Data extract and analysis: CHCD will perform analysis and provide results on a subset of data with inclusion/exclusion criteria applied
        - Preliminary counts for grant submissions: a count of your requested cohort to include a maximum of 2 inclusion criteria (HCPCS/CPT, ICD10-PCS, ICD10-CM, NDC, and demographic) for one year only

- - - Other: Detail any documentation needed (e.g., grant application forms)
  - Type of final products, see examples below
    - Analytical table: data tables utilized for data analysis and modeling
    - Tables: data tables (e.g., Excel files, CSV files, etc.)
    - Figures: graphs, charts, maps
    - A report: CHCD will provide a final report that describes the statistical analysis and a method section
- Key Deliverables Timeline: Using the table, in the form, enter CHCD expected activities and deliverables along with estimated due dates.
  - Activities/ Deliverables
    - Activities and deliverables may include: preliminary data requests, analytical tables, data tables, grant application documents, and more.
    - If the data request is for a grant, please include the application due date. Please allow lead time to complete any legal contracts that may be involved in a grant submission, as it is routed through UTHealth Houston.

TX-APCD Required Documentation

Those requesting access to TX-APCD data must submit additional documentation beyond the materials already listed.

IRS determination letter*:* An official documented issued by the Internal Revenue Service that confirms an organization's tax-exempt status under section 501(c)(2) or other applicable sections of the Internal Revenue Code.

Organization's EIN: An EIN is a federal tax ID number for businesses, tax-exempt organizations, and other entities.

Form 990: Exempt Organization Business Income Tax Return.

Other Supporting Documentation

Each data request is unique and may require additional documentation specific that project. "Other" supporting documents may include, but not limited to: CITI trainings, HIPPA certifications, and grant notifications.
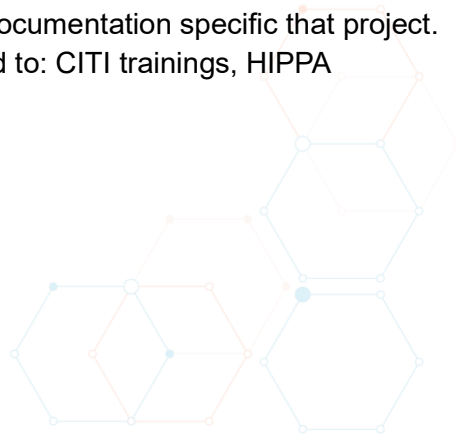
For UTHealth Houston Student Requestors Only

The following section outlines additional conditions may be asked of UTHealth Houston Students who are requesting data for dissertation.

- Students intending to use the data for their dissertation must contact the CHCD before starting on the proposal to explore the feasibility of their proposed study and possible overlap with ongoing or planned projects.

- All student projects require a UTHealth Houston SPH faculty member on the dissertation committee or a data custodian from the CHCD.

- Please provide the names of your committee members and their contact information. The CHCD will require confirmation from your committee chair.

- Students must submit a letter of support signed by a CHCD-affiliated faculty member.

FAQ

Can I contact the Center for Health Care Data if I need assistance with the required documentation?

Yes. Our team is happy to walk you through the process and answer specific questions on the required documentation.

Can I contact the Center for Health Care Data if I have data-related questions?

Yes. Our team has a wide range of expertise and can assist with data-related questions.

How often will data be refreshed?

We strive to provide the most up-to-date data available. However, dataset refreshes can be dependent on the data source.

Appendix A: CHCD Pre-Application

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Data Request Pre-Application

Complete this form to receive a feasibility determination and a cost estimate.

Principal Investigator or Project Lead Contact Information

Provide contact information for the Principal Investigator or Project Lead for the request submission.

1. **Principal Investigator or Project Lead Contact Information**

Submitter First and Last Name:

Title:

Organization/Affiliation:

Email:

Project/Study Full Name:

Student Requestor

If you are a student requesting to use data for a dissertation, or school project, please complete the following information.

2. **Are you a student?**
   ☐ Yes
   ☐ No
   ☐ Not Applicable, skip to section "Data Requestor Affiliation".

3. **Please provide your Faculty Advisor contact Information.**

Faculty First and Last Name:

Title:

Organization/Affiliation:

Email:

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Data Requestor Affiliation

Describe your experience and the organization you represent.

4. **Select a category that best describes the organization you represent.**
   ☐ Federal
   ☐ Private
   ☐ Academic
   ☐ Non-Profit
   ☐ Foundation
   ☐ State Agency
   ☐ Other, please specify:

5. **Do you have experience working with health claims data? If yes, summarize relevant projects below.**

1200 Pressler St.
Houston, TX 77030

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CHCD@uth.tmc.edu

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Project/Study Overview

Tells us about your project or study and how the data will support these efforts. Please attach any supporting documents to this application.

6. **Provide a description of the project/study by including the following:**

- Research Statement
- Hypotheses and/or aims of the project/study
- Project deliverables
- Target population
- Study methods
- Importance of the project
- Contributions to current literature

7. **Provide an estimated timeline for project completion (e.g., 1 year, 18 months, etc.).**

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8. **Will the project results be used for commercial use** *(e.g., business/market advantage, financial gain)?*

☐ Yes, provide an explanation.

☐ No

Type of Data Request

To help us better understand your request, please provide additional details.

9. **Indicate the type of data request you are seeking.**

☐ *Data Extract Only:* a subset of CHCD data based on inclusion/exclusion criteria provided to the Requestor to conduct statistical analysis.

☐ *Data Extract and Analysis:* a subset of CHCD data based on inclusion/exclusion criteria, which may be used alongside with Requestor's own data. CHCD will perform the statistical analysis.

☐ *Analysis Only:* statistical analysis performed by the CHCD using the Requestor's own data only.

☐ *Preliminary counts for grant submissions:* a subset of counts to include a maximum of two inclusion criteria (HCPCS/CPT, ICD-10-PCS, ICD-10-CM, NDC, and demographic) for one year only

☐ *Other* (e.g., grant application forms), please describe

10. **State the total number of investigators and personnel who will have access to the requested data.**

Data Extract Only

If you are seeking a "Data Extract Only", please complete the following section. If you are seeking additional services, please enter "NA" for the following questions.

11. **If you are seeking a "Data Extract" only, please indicate the estimated start and end date of data access required. Please note data access is provided on CHCD secure servers.**

a. Start Date:

b. End Date:

☐ Not applicable

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12. **If you are requesting a Data Extract** (as described in the section "Type of Data Request"), **please select the type of dataset that is required.**

☐ Limited Dataset contains some protected health information (PHI)

☐ De-identified Dataset contains no PHI

☐ Aggregated Dataset: contains no PHI

☐ Other, please specify:

☐ Not applicable

13. **Will you require additional PHI indicators outside of a limited dataset?**

☐ Yes, list indicators in the Project/Study Overview section.

☐ No

14. **List any software needed to use or analyze the data extract.**

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Datasets Information

Below is a list of available data sources and years of availability. We strongly encourage to request the minimum data that will be needed for to complete for your Request. Please note data use limitations vary among data sets and may not be available to all researchers.

15. **The table below displays the data source along with the type of data each source may contain. Please check the data of interested and enter years of interest in the last column of the table.**

	Medical Claims	Pharmacy Claims	Enrollment/ eligibility	Provider Files	Dental Claims *(not all plans may have dental)*	Other	Enter Years
Medicare, Fee For Service (FFS): 2014-2024; medical only 2024							
Medicare FFS, 5% National sample	☐	☐	☐				
Medicare FFS, Texas	☐	☐	☐				
Texas All-Payors Database (TX-APCD): 2019-2024							
Commercial, Texas	☐	☐	☐	☐	☐		
Medicaid, Texas	☐	☐	☐	☐	☐		
Medicare Advantage, Texas	☐	☐	☐	☐	☐		
ONLY AVAILABLE TO UTHEALTH HOUSTON FACULTY OR STUDENTS							
Merative: 2010-May 2024							
Commercial, National Sample	☐	☐	☐				
Medicare Supplemental, National Sample	☐	☐	☐				
Texas Health Care Information Collection (THCIC): 2008-2024							
Hospital Inpatient Discharge, 2008						☐	
Outpatient Event Data, 2009-2024						☐	
Emergency Department, 2026-2024						☐	

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16. If you selected the "Pharmacy Claims," do you require Pharmacy Claims data for persons with Medical Coverage ONLY?

☐ Yes
☐ No
☐ Not applicable

17. If you selected the "Pharmacy Claims," do you require Pharmacy Claims data that includes persons for whom medical claims are not available?

☐ Yes
☐ No
☐ Not applicable

18. If you selected "Provider Data," do you require Provider data not found in claims data?

☐ Yes
☐ No
☐ Not applicable

Data Qualifications

If you are interested in TX-APCD or Medicare FFS data, please complete the following section. If you are not interested in these datasets, enter "NA" to the following questions.

TX-APCD Interest

19. If you selected, TX-APCD as a data source, please select the Qualified Research Entity (QRE) to which you are applying under, using the statutory definitions (Texas Insurance Code §38.402(9)).

☐ An organization engaging in public-interest research for the purpose of analyzing the delivery of health care in this state, that is exempt from federal income tax under Section 501(a), Internal Revenue Code of 1986, by being listed as an exempt organization in Section 501(c)(3) of that code. (§38.402(9)(A))

☐ An institution of higher education engaged in public-interest research related to the delivery of health care in this state. (§38.402(9)(B))

☐ A health care provider in this state is engaging in efforts to improve the quality and cost of health care. (§38.402(9)(C))

☐ Not Applicable

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Medicare FFS Interest (National or Texas)

20. Does your affiliated organization identify as any of the following?

☐ Provider   ☐ A Health Care Provider
☐ Supplier   ☐ Supplier Association
☐ Employer   ☐ State Entity
☐ Health Insurance Issuer   ☐ Federal Agency
☐ Medical Society   ☐ Not Applicable
☐ A Hospital Association

21. If provider or supplier was previously selected, are you seeking data on individuals in which you have patient relationships?

☐ Yes
☐ No
☐ Not applicable

22. If you selected Medicare FFS, Texas, select the category that best aligns with your project or study (select all that apply).

☐ Demonstrating differences in disease prevalence for Texas residents by age, sex, location, and insurance coverage

☐ Demonstrating differences in quality of care for Texas residents by age, sex, location, and insurance coverage

☐ Demonstrating differences in access to care for Texas residents by age, sex, location, and insurance coverage

☐ Demonstrating differences in health risks for Texas residents by age, sex, location, and insurance coverage

☐ Demonstrating differences in health care costs for Texas residents by age, sex, location, and insurance

☐ Demonstrating differences in social determinants that impact health for Texas residents by age, gender, and location

☐ Using the 5% national sample, comparing the health of Texans with their counterparts on a national level.

☐ Contributing to state registries

☐ Not applicable

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23. Is the proposed project funded AND directed by a state agency?

☐ Yes
☐ No
☐ Not applicable

Data Specifications

Answers the following questions to define your request specifications.

24. Will your data request require data refreshes?

☐ Yes, how many and frequency of data refreshes
[   ]
☐ No

25. Is a data linkage required for this project?

☐ Yes
☐ No
☐ Not applicable

26. If data linkage is required, is the data requested from patients or participants who have been served by you or your organization in the past or present?

☐ Yes
☐ No
☐ Not applicable

27. If data linkage is required, will you provide the necessary identifiers to the CHCD to create a match?

☐ Yes
☐ No
☐ Not applicable

28. Provide the estimated number of individuals expected to be included in the extract (e.g., >1milion).

[   ]

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Project Funding Information

The following information will be used to help navigate the type of agreements that may be required between the Requestor and the CHCD.

29. Is the project funded or seeking funding?

☐ Yes
☐ No

30. Please identify the funding source and provide the funder's name. Select all that apply.

☐ Federal: [   ]
☐ Private: [   ]
☐ Profit or Commercial: [   ]
☐ Non-Profit: [   ]
☐ Foundation: [   ]
☐ Texas State Agency: [   ]
☐ Texas County/Municipality: [   ]
☐ Other, please specify: [   ]

Signature of Data Applicant/Requestor

Please fill out your name and sign below, indicating that the data application is complete and accurate.

Print Name: _____ Date: _____

Requestor Signature _____

Appendix B: CHCD Full-Application

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Data Request Full-Application
Complete this form to apply for data us. Ensure all required supporting documentation is available before starting.

Principal Investigator or Project Lead Contact Information

Provide contact information for the Principal Investigator or Project Lead for the request submission.

1. **Principal Investigator or Project Lead Contact Information**

Submitter First and Last Name:

Title:

Organization/Affiliation:

Email:

Project/Study Full Name:

Date of Request Submission:

Student Requestor

If you are a student requesting to use data for a dissertation, or school project, please complete the following information.

2. **Are you a student?**
   ☐ Yes
   ☐ No
   ☐ Not Applicable, skip to section "Data Requestor Affiliation."

3. **Please provide your Faculty Advisor contact Information.**

Faculty First and Last Name:

Title:

Organization/Affiliation:

Email:

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Lead Organization and Project Personnel

Complete the following section to list all those who will be conducting the project/study.

4. **Select a category that best describes the organization you represent.**
   ☐ Federal
   ☐ Private
   ☐ Academic
   ☐ Non-Profit
   ☐ Foundation
   ☐ State Agency
   ☐ Other, please specify:

5. **List the names of individuals who will be required to access data as part of this submission and who are part of your organization.**

First Name	Last Name	Project Role (e.g., PI, statistician)	Title	Organization	Email

6. **Is the request made on behalf or in collaboration with a third party?**
   ☐ Yes
   ☐ No

7. **Will findings derive from the data be shared with this other party?**
   ☐ Yes
   ☐ No

8. **Will the third party require access to data or data tables?**
   ☐ Yes
   ☐ No

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9. **If yes to the questions above, please provide contact information for those outside your organization.**

First Name	Last Name	Project Role (e.g., PI, statistician, client/customer)	Title	Organization	Email

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Project/Study Overview

Tells us briefly about your project or study and how the data will support these efforts. The study protocol will be a required document as part of the application.

10. **Provide a brief description of the project/study which may include the following elements:**
    - *Research Statement Hypotheses and/or aims of the project/study.*
    - *Project deliverables*
    - *Target population*
    - *Study methods*
    - *Importance of the project*
    - *Contributions to current literature*

11. **Provide an estimated timeline for project completion (e.g., 1 year, 18 months, etc.).**

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12. Will the project results be used for commercial use *(e.g., business/market advantage, financial gain)?*

☐ Yes, provide an explanation.

☐ No

13. Has an Institutional Review Board (IRB) approved the project/study above? Please note all project submissions will need to be approved by an IRB and approval letter is required.

☐ Yes
☐ No

14. If yes, please complete the following table. Please note, a copy of the IRB outcome letter is required.

Name of Reviewing IRB	
Name of PI	
Lead Organization	
Protocol Number	
IRB Review Outcome (e.g., approved, exempt)	
Date of Review Outcome	

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To help us better understand your request, please provide additional details.

15. Indicate the type of data request you are seeking.

☐ *Data Extract Only:* a subset of CHCD data based on inclusion/exclusion criteria provided to the Requestor to conduct statistical analysis.

☐ *Data Extract and Analysis:* a subset of CHCD data based on inclusion/exclusion criteria, which may be used alongside with Requestor's own data. CHCD will perform the statistical analysis.

☐ *Analysis Only:* statistical analysis performed by the CHCD using the Requestor's own data only.

☐ *Preliminary counts for grant submissions:* a subset of counts to include a maximum of two inclusion criteria (HCPCS/CPT, ICD-10-PCS, ICD-10-CM, NDC, and demographic) for one year only

☐ *Other* (e.g., grant application forms), please describe

Data Extract Only

If you are seeking a "Data Extract Only," please complete the following section. If you are seeking additional services, please enter "NA" for the following questions.

16. If you are seeking a "Data Extract" only, please indicate the estimated start and end date of data access required. Please note data access is provided on CHCD secure servers.

a. Start Date:
b. End Date:

☐ Not applicable

17. If you are requesting a Data Extract Only (as described in the section "Type of Data Request"), **please select the type of dataset that is required.**

☐ Limited data set contains some protected health information (PHI)

☐ De-identified Dataset contains no PHI.

☐ Aggregated data set contains no PHI.

☐ Other, please specify:

☐ Not applicable

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18. Will you require additional PHI indicators outside of a limited dataset?

☐ Yes, list indicators in the Project/Study Overview section.

☐ No

19. List any software needed to use or analyze the data extract.

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Below is a list of available data sources and years of availability. We strongly encourage to request the minimum data that will be needed for to complete for your Request. Please note data use limitations vary among data sets and may not be available to all researchers.

20. The table below displays the data source along with the type of data each source may contain. Please check the data of interested and enter years of interest in the last column of the table.

	Medical Claims	Pharmacy Claims	Enrollment/ eligibility	Provider Files	Dental Claims *(not all plans may have dental)*	Other	Enter Years
Medicare, Fee For Service (FFS): 2014-2024; medical only 2024							
Medicare FFS, 5% National sample	☐	☐	☐				
Medicare FFS, Texas	☐	☐	☐				
Texas All-Payors Database (TX-APCD): 2019-2024							
Commercial, Texas	☐	☐	☐	☐	☐		
Medicaid, Texas	☐	☐	☐	☐	☐		
Medicare Advantage, Texas	☐	☐	☐	☐	☐		
ONLY AVAILABLE TO UTHEALTH HOUSTON FACULTY OR STUDENTS							
Merative: 2010-May 2024							
Commercial, National Sample	☐	☐	☐				
Medicare Supplemental, National Sample	☐	☐	☐				
Texas Health Care Information Collection (THCIC): 2008-2024							
Hospital Inpatient Discharge, 2008						☐	
Outpatient Event Data, 2009-2024						☐	
Emergency Department, 2026-2024						☐	

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21. If interested in Non-Medical Drivers of Health Data, please specify. If no, enter NA.

☐ Please specify,

22. If you selected the "Pharmacy Claims", do you require Pharmacy Claims data for persons with Medical Coverage ONLY?

☐ Yes
☐ No
☐ Not applicable

23. If you selected the "Pharmacy Claims", do you require Pharmacy Claims data that includes persons for whom medical claims are not available?

☐ Yes
☐ No
☐ Not applicable

24. If you selected "Provider Data," do you require Provider data not found in claims data (e.g., specialists)?

☐ Yes
☐ No
☐ Not applicable

TX-APCD Qualifications

If you are interested in TX-APCD please complete the following section. If you are not interested in this dataset, enter "NA" to the following questions.

25. If you selected TX-APCD as a data source, please select the Qualified Research Entity (QRE) to which you are applying under, using the statutory definitions (Texas Insurance Code §38.402(9)).

☐ An organization engaging in public-interest research for the purpose of analyzing the delivery of health care in this state, that is exempt from federal income tax under Section 501(a), Internal Revenue Code of 1986, by being listed as an exempt organization in Section 501(c)(3) of that code. (§38.402(9)(A))

☐ An institution of higher education engaged in public-interest research related to the delivery of health care in this state. (§38.402(9)(B))

☐ A health care provider in this state is engaging in efforts to improve the quality and cost of health care. (§38.402(9)(C))

☐ Not Applicable

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QRE: Health Care Provider in Texas: If you did not select "health care provider," enter N/A in the text box in the next four questions.

26. If you selected a "health care provider" who is licensed, certified, or otherwise authorized to provide health care services in Texas. Provide license or certification type, license number, and issuing board or agency.

27. Please describe your practice status and how many hours per week you are engaged in providing healthcare (e.g., at least twenty hours per week and for at least forty weeks per year, or an equivalent in clinical work is required for TX-APCD access).

28. Describe any previous efforts to improve the quality of care and/or reduce the cost of care. Examples may include quality improvement initiatives, value-based care activities, or analytical work aimed at reducing waste. If this is the first such effort, please so indicate below.

29. Describe how the proposed research will focus on Texas patients, facilities, systems, or populations. For national research, describe the Texas-specific relevance of the research, such as state-level analysis or a Texas-specific breakout of results.

QRE: Institution of Higher Education: If you did not select "institution of higher education," enter N/A in the text box in the next five questions.

30. I affirm the institution of higher education is a university or senior college in the United States that is authorized to confer degrees.

☐ Yes
☐ No
☐ Not applicable

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31. Please describe the Principal Investigator's academic rank or current appointment (e.g., Professor, Associate Professor, Assistant Professor, or an institutionally recognized equivalent). If the PI holds an equivalent title, explain the equivalence.

32. Describe how your institution conducts public-interest research related to health care, health-care delivery, or health-care systems in Texas.

33. Describe how your institution/organization currently engages in public-interest research in Texas (e.g., institution's mission statement, other examples of public-interest research).

34. Describe how the proposed research relates to health-care delivery, such as organization, financing, coordination, or quality of care.

QRE: 501(c)(3) Organization – Public-Interest Research on Health-Care Delivery

If you did not select "Organization-Public-Interest Research," enter N/A in the text box in the next two questions.

35. If you selected "Organization-Public Interest Research on Health-Care Delivery" with an IRS §501(c)(3) status, upload the IRS determination letter, provide the organization's EIN, or include the most recent Form 990 unless exempt (provide explanation if exempt). Please select the document that will be uploaded.

☐ IRS determination letter
☐ Organization's EIN
☐ Form 990
☐ Not applicable

36. If selected, Form 990 to the previous question, please provide an explanation of your exempt status. If not, enter "NA."

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37. Describe how your institution/organization currently engages in public-interest research on health-care delivery (e.g., organization, financing, coordination, quality, or outcomes of care) in Texas. Examples can include an institution's mission statement, other examples of public-interest research.

The following questions are required of all those interested in TX-APCD data.

38. Which of the following statutory purposes does the project serve?

☐ Increase transparency (§38.401)

☐ Improve quality of health care (§38.401)

☐ Improve the quality of care or reduce the cost of care (§38.4055(a)(4))

☐ Not Applicable

39. Please give a description of how the project addresses the selected statutory purpose.

40. Describe how Texas-specific results from the research, such as state-level analysis or a Texas-specific breakout results, will be reported out in forms such as publications, manuscripts, reports, or other forms of output. 38.4055(a)(6)

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CMS Qualifications

If you are interested in Medicare Fee-for-Service National or Texas data, please complete the following section. If you are not interested in this dataset, enter "NA" to the following questions.

41. Does your affiliated organization identify as any of the following?
- ☐ Provider
- ☐ Supplier
- ☐ Employer
- ☐ Health Insurance Issuer
- ☐ Medical Society
- ☐ A Hospital Association
- ☐ A Health Care Provider
- ☐ Supplier Association
- ☐ State Entity
- ☐ Federal Agency
- ☐ Not Applicable

42. If provider or supplier was previously selected, are you seeking data on individuals in which you have patient relationships?
- ☐ Yes
- ☐ No
- ☐ Not applicable

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43. If you selected Medicare FFS, Texas, select the category that best aligns with your project or study (select all that apply).
- ☐ Demonstrating differences in disease prevalence for Texas residents by sex, location, and insurance coverage
- ☐ Demonstrating differences in quality of care for Texas residents by age, sex, location, and insurance coverage
- ☐ Demonstrating differences in access to care for Texas residents by age, sex, location, and insurance coverage
- ☐ Demonstrating differences in health risks for Texas residents by age, sex, location, and insurance coverage
- ☐ Demonstrating differences in health care costs for Texas residents by age, sex, location, and insurance
- ☐ Demonstrating differences in social determinants that impact health for Texas residents by age, gender, and location.
- ☐ Using the 5% national sample, comparing the health of Texans with their counterparts on a national level.
- ☐ Contributing to state registries
- ☐ Research project
- ☐ Not applicable

44. Is the proposed project funded AND directed by a state agency?
- ☐ Yes
- ☐ No
- ☐ Not applicable

Data Specifications

Answers the following questions to define your request specifications.

45. Will your data request require data refreshes?
- ☐ Yes, please describe in the Project Overview section.
- ☐ No

46. Is a data linkage required for this project?
- ☐ Yes
- ☐ No
- ☐ Not applicable

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47. If data linkage is required, is the data requested from patients or participants who have been served by you or your organization in the past or present?
- ☐ Yes
- ☐ No
- ☐ Not applicable

48. If data linkage is required, will you provide the necessary identifiers to the CHCD to create a match?
- ☐ Yes
- ☐ No
- ☐ Not applicable

49. Provide the estimated number of individuals expected to be included in the extract (e.g., >1milion).

[ ]

Project Funding Information

The following information will be used to help navigate the type of agreements that may be required between the Requestor and the CHCD.

50. Is the project funded?
- ☐ Yes
- ☐ No

51. Please identify the funding source and provide the funder's name. Select all that apply.
- ☐ Federal: [ ]
- ☐ Private: [ ]
- ☐ Profit or Commercial: [ ]
- ☐ Non-Profit: [ ]
- ☐ Foundation: [ ]
- ☐ Texas State Agency: [ ]
- ☐ Texas County/Municipality: [ ]
- ☐ Other, please specify: [ ]

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Supporting Documentation

All applicants are required to provide supporting documentation. Please reference our Data Request Guide to ensure you are submitting all appropriate documentation.

52. Select all that apply.

☐	**CHCD Scope of Work**: A description of the work that you would like CHCD to perform as part of this request.
☐	**Data Elements Template**: An Excel template created CHCD to capture specific data measures, code, etc.
☐	**Study protocol**: A document with the details of the project that has been approved by the IRB.
☐	**IRB Outcome Letter**: An official outcome letter from the IRB stating the approval status of the project. Required of all projects.
☐	**IRS determination letter**: An official documented issued by the Internal Revenue Service that confirms an organization's tax-exempt status under section 501(c)(2) or other applicable sections of the Internal Revenue Code.
☐	**Organization's EIN**: An EIN is a federal tax ID number for businesses, tax-exempt organizations, and other entities.
☐	**Form 990**: Exempt Organization Business Income Tax Return.

Signature of Data Applicant/Requestor

Please fill out your name and sign below, indicating that the data application is complete and accurate.

Print Name: _____   Date: _____

Requestor Signature_____

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Appendix C: State and Qualified Entity Guidelines

Below is a list of requirements requestors must meet if they would like to access and use Medicare data for their project.

State Agency	Qualified Entity
The following categories are permitted uses of Medicare data under the terms associated with the designation of a State Agency: • Demonstrating differences in disease prevalence for Texas residents by age, sex, location, and insurance coverage • Demonstrating differences in quality of care for Texas residents by age, sex, location, and insurance coverage • Demonstrating differences in access to care for Texas residents by age, sex, location, and insurance coverage • Demonstrating differences in health risks for Texas residents by age, sex, location, and insurance coverage • Demonstrating differences in health care costs for Texas residents by age, sex location, and insurance • Demonstrating differences in social determinants that impact health for Texas residents by age, sex, and location • Using the 5% national sample, comparing the health of Texans with their counterparts on a national level • Contributing to state registries • Must be used for a research project only • Must be for a project that is funded AND directed by a state agency	Data may be accessed by an Authorized User in the following three circumstances: • To receive de-identified non-public analyses of combined QE data performed by the CHCD for a service fee: an authorized user is defined as (1) a provider; (2) a supplier; (3) an employer; (4) a health insurance issuer; (5) a medical society; (6) a hospital association; (7) a health care provider and/or supplier association; (8) a state entity; and (9) a federal agency • To receive de-identified data an authorized user is defined as: (1) providers of services, (2) suppliers, (3) medical societies, and (4) hospital associations. • To receive patient-identifiable data, an authorized user is defined as: a provider or supplier with whom the identifiable individual in such data or analyses has a patient relationship • Medicare FFS claims data must be aggregated with at least one other source of claims data, but results may also be reported by data source