Virginia All-Payer Claims Database (APCD)

Data Request Form: Question Preview

Planning resource only. This document is provided so prospective applicants can review the information they will be asked to provide before beginning the online request. **PDF or Word document submissions will not be accepted.** All requests must be completed and submitted through the Virginia APCD Data Request Form: https://form.jotform.com/VAHealthInfo/apcd-data-request-form

The online form may display additional follow-up questions based on your responses. Applicants should use this preview to gather project, data security and documentation details in advance.

Data Applicant Information

- Applicant name.
- Applicant email address.
- Organization name.
- Organization type: Researcher, Government Agency, Healthcare Provider, Nonprofit Organization or Other.
- Have you worked with claims data in the past?
- If yes: What datasets have you used previously?

Project Information

- Provide a comprehensive overview of your intended use of the Virginia APCD, including primary research aims or questions, if applicable.
- Describe how the data will be beneficial or necessary to your project.
- Provide details of your analytic plan.
- What year(s) of data are you interested in?
- What type of file(s) are you interested in: Medical, Pharmacy and/or Enrollment?
- If requesting medical claims: Which claim types are needed: Facility Inpatient, Facility Outpatient and/or Professional?
- What payer data are you interested in: Medicare, Medicaid and/or Commercial?

Dataset Filters and Cohort Criteria

- Please describe the population or cohort you would like included in your dataset. Include applicable age ranges, geographic criteria, diagnoses, procedures, enrollment requirements, providers/facilities or other inclusion criteria.
- Will VHI need to use diagnosis, procedure, drug or other code lists to identify your requested population or claims?
- If yes: Please upload the applicable code list(s) in CSV format. Include the code type (for example, ICD-10-CM, ICD-10-PCS, CPT, HCPCS or NDC), code and a description, if available. If multiple code types are included, clearly identify the code type for each entry.

Project Information - Additional Details

- Are you requesting health plan identifiers, such as payer name? If yes, provide justification.
- Will your research require identification of specific facilities, such as NPI or facility name? If yes, provide justification.
- Will your research require identification of providers, such as NPI or provider name? If yes, provide justification.
- Is there approval for your project from an Institutional Review Board (IRB)? Select Yes, No or Not Applicable and provide an explanation as needed.
- Describe your project deliverable and/or plans to publish or disseminate the data.

Data Security

- Provide the name of the organization that will host and manage the data, if different from the requestor.
- How and where will the data be physically located?
- Identify the server type: Cloud, Local or Other.
- Provide the name, title and organization of all individuals who will be allowed to access the data.
- Has your organization experienced a data breach in the past? Select Yes, No or Not Sure.

- If yes: Describe the incident.
- If applicable: What policies were implemented in response to the incident?
- What policies and procedures are in place to protect the data while stored on server(s), such as encryption, user authentication or physical access controls?
- Does your organization have an information security certificate, such as SOC 2 or HITRUST?

Data Access and Destruction

- How long will you need access to the data: One year, Two years, Three years or Other?

Required and Supplemental Documentation

- Complete the Virginia APCD Data Dictionary with requested field selections to the best of your ability and upload it with the online request. Blank Data Dictionary forms are not accepted.
- Upload any supplemental files that support the request, as applicable, such as an abstract, IRB approval letter or security plan.

Ready to submit?
Complete the official online request at https://form.jotform.com/VAHealthInfo/apcd-data-request-form.

Questions while preparing your request? Contact **APCDSupport@vhi.org**.