

Data Request Application

Georgia All-Payer Claims Database

This is an application for non-public row-level APCD data.

Version 2.0

October 2, 2026

GAPCD
GEORGIA ALL-PAYER CLAIMS DATABASE

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1. Requestor and Project Team Information

- Requestor (Point of Contact) Information
  - Name
  - Title
  - Email address
  - Phone number

- Title of project

- Organization name and address
  - Organization Name
  - Address
  - City
  - State
  - Postal code
  - Country/Region

- Note: Organizational affiliation is required to access non-public APCD data.

- Organization type

  ☐ State agency

  ☐ Academic institution

  ☐ Research organization (not academic)

  ☐ Health care provider / system

  ☐ Health insurer

  ☐ Georgia employer

  ☐ Federal agency

  ☐ Pharmaceutical, biotechnology, medical product firm

  ☐ Trade association, lobbying group, consortium

  ☐ Independent consultant

  ☐ Other _____

- Is your organization a non-profit?
    - ○ Yes
    - ○ No

- Principal investigator (PI)
    - Name
    - Title
    - Email address
    - Phone number

- Data Steward
    - Name
    - Title
    - Email address
    - Phone number

- Other Individuals within Your Organization Who Will Access the Data
    - Team Member 1: Name and Title
    - Team Member 2: Name and Title
    - Team Member 3: Name and Title
    - Team Member 4: Name and Title
    - Team Member 5: Name and Title

- Please rate your team's level of experience with the following items.

  - Medical claims data
    - ○ Very Experienced
    - ○ Somewhat Experienced
    - ○ Not Experienced

  - Pharmacy claims data
    - ○ Very Experienced
    - ○ Somewhat Experienced
    - ○ Not Experienced

  - ICD10 codes
    - ○ Very Experienced
    - ○ Somewhat Experienced
    - ○ Not Experienced

  - HCPCS / CPT codes
    - ○ Very Experienced
    - ○ Somewhat Experienced
    - ○ Not Experienced

  - NDC / RxNorm codes
    - ○ Very Experienced
    - ○ Somewhat Experienced
    - ○ Not Experienced

  - Health outcomes analysis
    - ○ Very Experienced
    - ○ Somewhat Experienced
    - ○ Not Experienced

  - Medical cost analysis
    - ○ Very Experienced
    - ○ Somewhat Experienced
    - ○ Not Experienced

  - Pharmacy cost analysis
    - ○ Very Experienced
    - ○ Somewhat Experienced

  - Not Experienced

- Biostatistics
  - Very Experienced
  - Somewhat Experienced
  - Not Experienced

- Clinical cohort design
  - Very Experienced
  - Somewhat Experienced
  - Not Experienced

-

- Will any collaborators or subcontractors from outside your organization require access to the data?
  - Yes
  - No

- For each collaborating organization, please specify: organization name, role of collaborating organization, and names of key personnel who will have access to data

2. Project Information

- How would you categorize your planned use of data for this project? (select one)
    - ☐ Research
    - ☐ Health care operations
    - ☐ Public health activities
    - ☐ Assess utilization of health care services
    - ☐ Observe cost trends
    - ☐ Compare providers/health plans
    - ☐ Create or enhance a commercial product or service
    - ☐ Assess population health
    - ☐ Other _____
- Summarize the purpose of the project in 1-2 sentences.
- Describe your study background and overall objective.
- Detail the specific research question(s) you are trying to answer or problem(s) you are trying to solve with this data request. Please list and number the individual questions.
- Describe your methodology for how you will be using data from the Georgia APCD to answer your research questions. (If you have an existing protocol, you may upload it in the next question instead of answering this question.)
- (Optional) Upload the study protocol.
- Project start and completion dates
    - Start date
    - Completion date
- What is the source of funding for this project?
- Explain how this project will benefit Georgia and its residents.

- “The objectives of the GAPCD shall be to facilitate data-driven, evidence-based improvements in access, quality, and cost of health care and to promote and improve public health through the understanding of health care expenditure patterns and operation and performance of the health care system.” (O.C.G.A § 31-53-44)

  Describe how the project advances the objectives of the Georgia APCD.

3. Distribution of Report or Product

- What outputs do you intend from the use of APCD data? (Select all that apply.)
  - ☐ Published research
  - ☐ Internal or Non-Public research / analysis
  - ☐ Other type of output
- (*If "Other type of output" is selected)* Describe the intended product or report that will be derived from the requested data.
- If you are producing a report for publication in any medium, the APCD Administrator must review the report prior to public release. Review will ensure compliance with cell suppression rules, approved use of pricing information, and consistency with the purpose and methodology described in this application.
- *(If "published research" is a planned output)* Public Dissemination: Describe your plans to publicly disseminate the results of the study (e.g., publication in a professional journal, poster presentation, newsletter, webpage, seminar, conference, statistical tabulation, etc.)?
- *(If the output will be internal or non-public research / analysis)* Non-Public Dissemination: Describe your plans to use or otherwise disclose APCD data, or any data derived or extracted from such data, in any paper, report, website, statistical tabulation, seminar, or other setting that is not disseminated to the public.
- Will you be using APCD data for consulting purposes?
  - ○ Yes
  - ○ No
- Will you be selling a software product using APCD data?
  - ○ Yes
  - ○ No
- Will you be using APCD data as an input to develop a product (e.g., severity index tool, risk adjustment tool, reference tool)?
  - ○ Yes
  - ○ No

- *(If you answered yes to any of the above questions regarding commercial use)* Please provide the name and a description of the products, software, services, or tools.

- *(If you answered yes to any of the above questions regarding commercial use)* What is the fee you will charge for such products, software, services or tools?

- If you intend to use APCD data for any uses not mentioned above, please explain the intended use.

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4. Type of Data Request

- The APCD has two levels of granularity for non-public data: row-level claims data and aggregate data. This application is for row-level claims data only. If aggregate data is sufficient for this project, then please complete a custom report application instead.

Name	Description	Implication
Row-level claims data	Contains an individual row for every patient claim (may be millions of rows); requires security and methodological expertise.	• May require a comprehensive data management plan and potentially review by an IRB. • Requires higher level of methodological expertise.
Aggregate data	Summary-level data which can include breakdowns by geography, demographics, conditions, or other factors. No individual level data or data points derived from less than 11 individuals.	• Less complex security requirements. • Simplified data specification process. • Less expensive.

- For row-level claims data sets, there are two levels of identifiability:

Name	Description	Implication
De-identified claims data	Does not contain any patient identifiers (i.e., no PHI or PII). May include first 3 digits of ZIP codes and year (but not date) of service.	• IRB review may not be required. • Less complex security requirements.
Limited claims data	Contains indirect patient identifiers such as specific dates of service or 5-digit zip codes	• IRB review is required. • Full Data Management Plan is required.

- Does this project require specific dates of service, or is year of service sufficient?
  Note: Dates of service are protected health information (PHI) under HIPAA.
  - ○ Full date (month, year, and day of the month) required
  - ○ Year, with sequence information, is required
  - ○ Year is sufficient

- *(If full date is selected above)* Please explain why full dates of service (month, year, and day of the month) are necessary for this project.

- *(If year, with sequence information, is selected above)* Please explain why sequence information are necessary for this project.

- Does this project require member 5-digit zip codes, or are the first 3 digits sufficient? Note: Member 5-digit zip codes are PHI protected under HIPAA.
    - ○ 5-digit zip code required
    - ○ 3-digit zip is sufficient

- *(If 5-digit zip code is selected above)* Please explain why member 5-digit zip codes are necessary for this project.

- Does the project require claims data related to the following categories? (Select all that apply.) Note: If a category is not selected, individual claims related to that category will not be included in the provided dataset.

  - ☐ HIV/AIDS
  - ☐ Alcohol & Substance Use Disorder
  - ☐ Mental & Behavioral Health
  - ☐ Reproductive Health involving Abortion or Family Planning
  - ☐ Sexually Transmitted Infections
  - ☐ Gender Identity Related Care
  - ☐ Genetic Testing
  - ☐ Rare Diseases & Conditions (refer to https://rarediseases.org/rare-diseases/)
  - ☐ No data is required related to the above categories.

- What data is required related to HIV/AIDS, and how is it necessary for this project?

- What data is required related to Alcohol & Substance Use Disorder; how is it necessary for this project?

- What data is required related to Reproductive Health involving Abortion or Family Planning; how is it necessary for this project?

- What data is required related to Mental & Behavioral Health Services; how is it necessary for this project?

- What data is required related to Genetic Testing; how is it necessary for this project?

- What data is required related to Sexually Transmitted Infections; how is it necessary for this project?

- What data is required related to Gender Identity Related Care; how is it necessary for this project?

- What data is required related to Rare Diseases & Conditions; how is it necessary for this project?

5. Data Element Selection

Standard Modules

In order to simplify the selection of data elements from the APCD, we have developed a set of standard data modules**.** If you require data elements other than those listed here, please select Other Data in the question that follows.

Member Information

- Age
- Sex
- Zip
- Race (limited)
- Ethnicity (limited)

Member Coverage

- Dates of coverage
- Insurance coverage class (Medical, Pharmacy, Dental)

Medical Claims

- Date of service (admission/discharge dates as applicable)
- Care site type (inpatient, outpatient, pharmacy)
- Procedure code (modifier codes)
- Diagnosis codes
- Billing provider (if provider module requested)
- Rendering provider (if provider module requested)

Medical Claims Costs

- Charge amount
- Plan paid amount
- Member co-pay
- Member deductible
- Member coinsurance
- Submitter supplied allowed amount
- Claim status

Pharmacy Claims

- Dispensing date
- NDC code
- Drug name
- Unit of measure
- Quantity / Months supply
- Claim status
- Prescribing provider (if provider module requested)

Pharmacy Claims Costs

- Charge amount
- Plan paid amount
- Member co-pay
- Member deductible
- Member coinsurance
- Submitter supplied allowed amount
- Dispensing fee
- Claim status

Dental Claims

- Date of service
- Service provided
- Dental quadrant
- Tooth number
- Tooth surface
- Billing provider (if provider module requested)
- Rendering provider (if provider module requested)

Dental Claims Costs

- Charge amount
- Plan paid amount
- Member co-pay
- Member deductible
- Member coinsurance
- Submitter supplied allowed amount
- Claim status

Provider Specialty

- Specialty (no identifiers)

Provider Information

- Provider synthetic ID
- Specialty

Provider Identifiers

- NPI
- Name
- Organization name
- City
- State
- Zip
- Specialty

Payer Type

- Payer type (Commercial, Medicare, Medicaid)
- Plan type (FFS, Managed Care)

Payer Identifiers

- Submitter name
- Payer ID / NAIC ID
- Plan name
- Payer type (Commercial, Medicare, Medicaid)
- Plan type (FFS, Managed Care)

Notes

ZIP may be represented as ZIP-3 or ZIP-5 based on prior responses. Dates may be represented as a full date, year only, or as a year and sequence within the year based on prior responses. Payer, Provider, and combined Payer and Provider information may be limited based on requestor type.

- Which data modules would you like to request?
    - ☐ Member Information
    - ☐ Member Coverage
    - ☐ Medical Claims
    - ☐ Pharmacy Claims
    - ☐ Dental Claims
    - ☐ Medical Claims Costs
    - ☐ Pharmacy Claims Costs
    - ☐ Dental Claims Costs
    - ☐ Provider Specialty
    - ☐ Provider Information
    - ☐ Provider Identifiers
    - ☐ Payer Type
    - ☐ Payer Identifiers
    - ☐ Other

- (*If Provider Identifiers Module was selected)* Please explain why provider identifiers are necessary for this project.

- (*If Provider Information Module was selected)* Please explain why synthetic provider identifiers are necessary for this project.

- *(If Medical Claims Costs Module, Pharmacy Claims Costs Module, and/or Dental Claims Costs Module were selected)* Please explain why cost data is necessary for this project.

- *(If Payer Identifiers Module was selected)* Please explain why payer identifiers are necessary for this project.

- *(If Dental Claims Module was selected)* Please explain why dental data are necessary for this project.

- *(If "Other" was selected)* You have requested additional data elements beyond the standard modules. Please describe below the data you are seeking not covered by these modules. You may be provided a Data Dictionary to precisely specify the necessary elements.

- Select Years of Data Requested

  - ☐ 2018
  - ☐ 2019
  - ☐ 2020
  - ☐ 2021
  - ☐ 2022
  - ☐ 2023
  - ☐ 2024
  - ☐ Most recently available

- Line(s) of Business

  - ☐ Commercial payers
  - ☐ State Health Benefit Plan
  - ☐ Medicaid
  - ☐ Medicare Advantage

- Care Setting

  - ☐ Inpatient
  - ☐ Outpatient
  - ☐ Emergency

6. Cohort Selection

- To meet the standard of Minimum Necessary, requests should be limited wherever possible to only those data necessary to conduct the study. Therefore, please limit patient cohorts to those individuals or claims necessary to answer the specific aims of the project.

  In order to support prevalence calculations and other population level statistics, we will provide an aggregate APCD demographics file including the total numbers of individuals by sex, age group, county, ZIP3, ZIP5 if approved, and coverage class.

  If the combination of row-level cohort data and aggregate statistics on the APCD population is insufficient to achieve your project aims, you may request row-level data on all patients in the APCD. You will need to justify why this is required.

- *(For row-level claims data requests)* Indicate what data is necessary for the project.
  - ○ Row-level data on specific patient cohorts
  - ○ Row-level data on specific patient cohorts (including aggregate demographics on the full APCD population)
  - ○ Row-level data on all patients in the APCD
  - ○ Unsure

- *(If the project requires row-level data on all patients)* Please justify why this project requires row-level data on all patients in the APCD.

- *(If row-level data is required on specific patient cohorts)* Please provide a high-level description of your target population.

- *(If row-level data is required on specific patient cohorts)* Please complete and upload the Cohort Selection Supplement to provide the detailed temporal, demographic, and medical code criteria for your population.

7. Data Privacy

- Please describe the techniques you will use to ensure compliance with data privacy policies when intermediate findings or outputs result in cell sizes less than 11 individuals. (e.g., data aggregation, cell suppression, generalization, perturbation)

- Do you intend to link or merge APCD data to other data?
  - ○ No
  - ○ Yes

- (*For data linkages)* Please indicate below the types of data to which APCD data will be linked:

  ☐ Individual provider-level data (e.g., American Medical Association Physician Masterfile)

  ☐ Individual facility-level data (e.g., American Hospital Association data)

  ☐ Aggregate data (e.g., Census data)

  ☐ Other (please describe):

- (*For data linkages)* Describe the dataset(s) to which the APCD data will be linked, indicate which APCD data elements will be linked, and specify the purpose for each linkage.

- (*For data linkages)* For each proposed linkage, please describe your method or selected algorithm (e.g., deterministic or probabilistic) for linking each dataset. If you intend to develop a unique algorithm, please describe how it will link each dataset.

- (*For data linkages)* Users of Georgia APCD data may not under any circumstances link individual patients between the APCD and an external dataset.
  - ○ I understand that APCD data may not be linked to external datasets at the individual patient-level.

- Review by an institutional review board (IRB) is required for data requests that meet any of the following criteria:
- If the request includes row-level claims data related to HIV/AIDS, Alcohol & Substance Use Disorder, Reproductive & Women's Health, Abortion, Family Planning, Mental & Behavioral Health Services, Genetic Testing, Sexually Transmitted Infections, Gender Identity Related Care, and/or Rare Diseases & Conditions
- If the request includes both provider identifiers and payer identifiers
- If full dates of service were requested
- If 5-digit zip codes were requested

- Has an institutional review board (IRB) reviewed your project?
    - ○ Yes, and the IRB has approved.
    - ○ Yes, and the IRB has issued an exemption letter.
    - ○ We have submitted a request to the IRB but have not received a response yet.
    - ○ No.

- *(If an IRB has approved the project)* Upload a copy of the IRB approval letter, and upload a copy of the protocol submitted to the IRB.

- *(If an IRB has issued an exemption letter for the project)* Upload a copy of the IRB exemption letter.

- (*If a request has been submitted to an IRB and is awaiting review)* Upload a copy of the protocol submitted to the IRB.

8. Data Security

- **Data Management Plan**
  If you are requesting PHI or sensitive data[1], you will need to submit a Data Management Plan (DMP) prior to final approval of your request. The DMP can follow your organization's template but should include the elements listed here. You can choose to submit your DMP now or have the APCD team contact you after initial application review has been completed.

    - ○ Upload DMP now.
    - ○ Contact PI after initial review.
    - ○ Contact project data security lead after initial review. Contact email is: _____

- If you are not submitting a Data Management Plan, please answer the following questions:

    - Please describe how you will track dataset users and storage locations?
    - Please describe how you will protect the dataset from unauthorized users and theft.
    - When a user no longer requires access to a dataset, how will you ensure removal of and/or discontinuation of access to the dataset?
    - Data must be removed from all locations within 30 days of the end of the data use agreement, in a manner that renders it unusable, unreadable, or indecipherable. What are your plans for destruction of the dataset once the data use agreement has expired?

[1] A full data management plan is data requests that meet any of the following criteria:
- If the request includes row-level claims data related to HIV/AIDS, Alcohol & Substance Use Disorder, Reproductive & Women's Health, Abortion, Family Planning, Mental & Behavioral Health Services, Genetic Testing, Sexually Transmitted Infections, Gender Identity Related Care, and/or Rare Diseases & Conditions
- If the request includes both provider identifiers and payer identifiers
- If full dates of service were requested
- If 5-digit zip codes were requested

9. Acknowledgments

- The data use agreement includes the following provision: Data recipients agree to obtain pre-approval from the Administrator prior to the disclosure and/or publication of GA APCD data outputs. Review will ensure compliance with cell suppression rules, approved use of pricing information, and consistency with the purpose and methodology described in this application.

    - ○ I acknowledge this provision and would like to proceed with the data request.