

Carolina Cost and Quality Initiative (CCQI) Data Request Form

Please complete this form for your data request. Submit by email to ccqi@schsr.unc.edu.

User Information

Principal Investigator *

UNC School, Department, or Center *

CCQI Data is only available to permanent UNC employees and UNC students. This does not include affiliates or adjunct faculty.

Position/Title *

Email *

Address *

City *

State *

Zip *

Is Principal Investigator a Student? *

Yes

No

If yes, please provide faculty advisor information

Faculty Advisor Name

Faculty Advisor Email

Other Data Users *

Project Information

Project Title *

Funder Name

Funder Description

Funding Reference/Grant Number

Project Start Date *

Project End Date *

IRB Number *

Data Requested

BCBSNC Data

- BCBSNC Member 1- Insured Groups
- BCBSNC Member 2- ASO Groups (Administrative Services Only)
- BCBSNC Member 3 - Individual Market and ACA Exchange Plans Professional Claims
- Provider Files
- Professional Claims
- Facility Claims
- Pharmacy Claims
- Dental Claims

NC Medicaid Data

- Member Files
- Provider Files
- Professional Claims
- Facility Claims
- Pharmacy Claims
- Dental Claims
- Capitation Management File

State Health Plan Data

- Member Files
- Provider Files
- Medical Claims
- Pharmacy Claims

Legacy Datasets

Not updated

Legacy BCBSNC (CIPHR USERS ONLY)

Time period(s) requested *

Check [website](#) for current availability

Population description *

e.g., Members age 18 and older

Other selection criteria *

e.g., Diagnosis of COPD, specific ICD9 diagnosis or CPT procedure codes

Key data elements requested *

Note key data elements (including PHI) here **and** attach [relevant codebooks](#) with variables selected. This list will be finalized with analyst before data extract. Only request variables that are available in the relevant datasets.

Data dictionaries are available on [website](#). Additional looks-up tables are available upon request.

Project Description and Rationale

The oversight committee will use the following criteria to review your proposal:

1. Is the research question one that is important to be answered, for North Carolinians or to the U.S. health system as a whole, either from a policy or practice perspective?
2. Can the research question be adequately answered using the requested data, i.e. an adequate number of cases, necessary data elements available and specified, data quality adequate for key data elements?
3. Is the proposed methodology sound and viable with respect to the research questions, population and data requested?
4. Does the research team possess the requisite skills/experience and proposed resources to conduct the research with high standards and in an adequately specified time frame?

Benefit to data owner *

Please describe how results from this project will benefit the data owner (BCBSNC or the NC Division of Health Benefits)

Project Overview *

Population of Interest *

Aims/Research Questions *

Methodologies *

Expected Results and Policy Implications *