

## E: POPULATION HEALTH ANALYTICS SUPPORT REQUEST FORM

DETAILS & INSTRUCTIONS			
CCN can provide analytical support and information based on the following data elements to support the cohort management program: Health Care Utilization (billable services), Medicaid Enrollment/Program Participation, and Cohort Management (diagnosis and population demographics)			
Submit this completed form via email to CCN at <a href="mailto:PopHealth@carecompassnetwork.org">PopHealth@carecompassnetwork.org</a> with the Subject Line Cohort Management Population Health Data Request -Your Organization Name- so your request can be given high priority.			
Due to data sharing rules, Care Compass Network cannot provide informational support to organizations who have not completed a CCN Partner Agreement and Business Associate Agreement.			
ABOUT YOU AND YOUR ORGANIZATION			
NAME OF PERSON requesting the data:			
BEST PHONE NUMBER to reach you:			
YOUR EMAIL ADDRESS:			
YOUR ORGANIZATION:			
YOUR ORGANIZATION'S County:			
ABOUT YOUR PROJECT			
What question(s) are you trying to answer? (PLEASE LIMIT TO 250 WORDS)			
What is your cohort population of interest?			
From which Time Frame* would you like to see data?		TO	
* Claims which can lag 6+ months	Month/Year		Month/Year

*The materials comprising the Cohort Management Program are created by and the property of CCN.  
Unauthorized use of the materials is prohibited.*

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