



Virginia All Payer Claims Database (APCD)

Application for Subscription Access to De-Identified All Payer Claims Data

- I. Name: _____
Company: _____ (the "Subscriber")
Address: _____
City: _____ State: _____ Zipcode: _____
Telephone: _____ Email: _____

Check as Applicable: Business: Non-Profit Business (per IRS): University:
Government: Healthcare Provider Other:

This application serves as a request for subscription access to Virginia APCD data through the Milliman MedInsight Platform. MedInsight is a web based system that can be used for custom report creation and analysis through a variety of tools.

- II. State the reason(s) the data is requested.
- III. Describe how the data will be used and by whom:
- IV. How will your use of this data advance the Triple Aim Goals of Better Health, Better Care and Lower Costs?

This application must be accompanied by a signed Data Subscriber Agreement.

Signature: _____ Date: _____

VHI Representative Signature: _____ Date: _____

Please email the signed application and Data Subscriber agreement to:

Nicole Sidrak
Virginia Health Information
102 N. 5th Street
Richmond, VA 23219
Phone: 804-644-7069
E-mail: nicole@vhi.org

VHI Staff Review Date: _____

Comments:

APCD Advisory Committee Review Date: _____ Approved Not Approved

Comments:

Application # _____