

Center for Improving Value in Health Care

Capabilities and Limitations of the Colorado All Payer Claims Database



The Center for Improving Value in Health Care (CIVHC) administers the Colorado All Payer Claims Database (CO APCD), a state-legislated, secure health care claims database representing over 70% of medically covered lives in Colorado. The database contains over 1.3 billion claims from 2013 to the present and is the state’s most robust source of health claims information. CIVHC collects claims monthly, and the entire CO APCD is processed and updated every other month to continually improve data quality.

The information below highlights the capabilities and limitations of this important resource that is being used across the state and nation to ensure everyone has access to equitable, affordable, high-quality health care. [Visit our interactive dashboard](#) page for more details on data warehouse refreshes, covered lives by payer and across the population, or contact us at ColoradoAPCD@civhc.org.

Type of Information	What is Collected and Available	What is Not Collected <i>or</i> is Unavailable for Release
Claim and Service Types	What’s Available: • Paid claims: ○ Medical, Professional, Pharmacy, and Dental claims • Member eligibility file (coverage information regardless of claim filings) • Service types: ○ Inpatient, Outpatient, Emergency Department, Professional, Dental, and Pharmacy ○ Behavioral health services, including mental health (see note on limitations of substance use disorder claims)	Not Collected: • Worker’s Compensation claims are currently not collected; does not require rule change, but would be dependent on payer participation • Un-adjudicated claims • Non-claims-based payments (with the exception of annual files noted below) Unavailable for Release: • Vision claims* • Substance use disorder (SUD) claims are not currently available for non-public release; dependent on Federal rule change (42 CFR, Part 2) and payer submission participation** • Denied claims*** *Vision claim collection began in 7/2024 under DSG 15. CIVHC is working to assess the completeness and quality of vision claim collection before adding it to offered data releases. ** The Substance Abuse and Mental Health Services Administration (SAMHSA) recently made changes to the rules regarding the collection of substance use disorder information. CIVHC and state partners are working to understand these changes and approved uses for the SUD data. Learn more. *** Denied claims collection began 07/2024. CIVHC is working to assess the completeness and quality of denied claim collection before offering in data releases.

Center for Improving Value in Health Care

Capabilities and Limitations of the Colorado All Payer Claims Database

Type of Information	What is Collected and Available	What is Not Collected or is Unavailable for Release
Health Insurance Payers	What's Available: - Commercial Payers (49) - Medicaid (Health First Colorado) - Medicare Fee-for-Service (FFS) - Medicare Advantage - Dual-Eligible Information (Medicare/Medicaid, Medicare Dual Special Needs Plan (DSNP), or two or more commercial health plans e.g. primary and supplemental) - Non-ERISA based self-insured employer plans Voluntarily submitted ERISA-based self-insured employer plans	Not Collected: - Services provided through TriCare, the Veterans Administration, Indian Health Service, Federal Employee Health Benefits (FEHB) or other Federally sponsored programs (other than Medicare) - Uninsured or self-paid claims - ERISA-based self-insured employer plans NOT voluntarily submitting
Plan Details	What's Available: - Payer lines of business (Commercial, Health First Colorado, Medicare FFS, Medicare Advantage) - Colorado Option indicator - Commercial product line (PPO, HMO, etc.) - Commercial coverage type (individual, fully-insured, self-insured) - Connect for Health Colorado plans and metallic levels: Gold, Silver and Bronze - Employer information including size of employer (by number of employees), and name of employer (identifiable with group number)	Not Collected: - Plan benefit design information (tiered network plans, co-pays, etc.) Unavailable for Release: - Premiums paid by an employer or member are collected, but under regulation will be released only to the Division of Insurance through June 2026
Payment Information	What's Available: - Charged amounts - Total Allowed Amounts (amount paid by both the payer and the patient) and breakouts of: - Plan paid amounts - Member liability in total and specific breakouts of coinsurance, deductible and co-pay amounts	Not Collected: - Capitation fees and provider incentive payments - Costs for services paid for out of pocket or without submission of a claim - Retroactive payments to individual providers or facilities outside of the fee-for-service claims system (with the exception of Medicaid supplemental file below) Unavailable for Release: - Annual Medicaid supplemental payments to facilities file (used by CIVHC to calculate total cost of care in public reports) - Annual Drug Rebate file indicating amount of drug rebates received annually, and top 15 drugs payers receive drug rebates for (available publicly only)

Center for Improving Value in Health Care

Capabilities and Limitations of the Colorado All Payer Claims Database

Type of Information	What is Collected and Available	What is Not Collected or is Unavailable for Release
		• Annual Alternative Payment Model file indicating how much care was paid for via an APM and by type (available publicly only) • Annual Value-Based Pharmaceutical Contract file • Annual Prescription Drug Affordability Board file
Provider Details	What's Available: • Provider, organization, or facility name • Taxonomy (provider specialty) • National Provider Identifier (national standard identification number for providers) • Provider address	Not Collected: • Referral information • Provider network information • Provider affiliation (i.e. hospital-owned)
Service Site Details	What's Available: • Place of service code and/or flag (Emergency Department, Home Health, Hospice, Urgent Care, Hospital, Long-term Care, etc.)* • Service location address *Note: Federally Qualified Health Centers (FQHCs) do not always bill under their parent organization taxonomy code, so not all claims for FQHCs are readily identifiable.	Not Collected: • Service Location National Provider Identifier (NPI)
Member Details	What's Available: • De-identified member information: ○ CIVHC-assigned unique member and person ID ○ Sex (M, F, Non-binary*), Age, 3-digit zip code ○ Race/ethnicity and Language Preference* ○ Year of Birth ○ Year of Service • Protected Health Information**: ○ Names & Demographics (first and last name; date of birth) ○ Geographic Information (street, city, 5-digit zip, latitude & longitude, census tract/block/block group) ○ Service & Eligibility Dates (dates of service, eligibility dates, claim paid dates) ○ Employer information (employer name) *Non-binary, race/ethnicity and language preference are required submission fields, however, not all payers collect this information and it is often incomplete. Read more.	Not Collected: • Social determinants of health information such as income, education, housing and other potential determinants of health is not collected at the individual member level. However, the CO APCD is geocoded which enables geographic analysis of social factors when paired with census data or other sources. Read more.

Center for Improving Value in Health Care

Capabilities and Limitations of the Colorado All Payer Claims Database

Type of Information	What is Collected and Available	What is Not Collected or is Unavailable for Release
	**PHI only available after detailed review by Data Release Review Committee for compliance with HIPAA/HITECH and CO APCD rules	
Member and Provider History	What's Available: - Member ID and Provider ID assignments in the CO APCD enables tracking of historic member medical history or provider service information from 2012 to present that includes: - History of accessing or providing services (including where the visit took place and went and types of visit) - All visit diagnoses (ICD-10, CPT, HCPCS, etc.) including chronic conditions - Labs, imaging and other diagnostic tests performed - Prescription medications filled - Total and individual service costs	Not Collected: - Any personally reported medical history (i.e. had hysterectomy 15 years ago before CO APCD was established, or family history of breast cancer, etc.) - Clinical results or diagnoses from procedures or lab tests performed - Preventive services, screenings, etc. not paid for by an insurance payer (Health Fair screenings, out-of-pocket flu shots, etc.) - Any codes for diagnoses or services provided that were not included in the claim - Vital statistics information including birth, death, and vaccination records are not collected but is available upon request for non-public projects meeting specific privacy criteria Considerations: - Discharge status from hospital data is submitted to the CO APCD and available for release but is often unreliable
Pharmacy and Prescription Drug Information	What's Available: - Prescriptions filled that are paid for by insurance – total allowed amount, plan paid and patient paid amount - National Drug Code indicating drug trade name, specific strength, dosage and form (pill, syringe, etc.) - Days supply/number of pills or other units - Generic or Brand drug indicator - Frequency of fills enabling analysis of medication adherence - Drugs administered during inpatient hospital stays	Not Collected: - Pharmacy chain (i.e. Walmart, Walgreens, etc.) - Prescriptions issued but not filled - Drugs received through discount program that does not have a claim associated - Self-pay medications Unavailable for Release: - Annual Value-Based Pharmaceutical Contract file information - Annual Drug Rebate file indicating amount of drug rebates received annually, and top 15 drugs payers receive drug rebates for (available publicly only)
Value-Add Groupers and Flags	What's Available: - Emergency Department flag - Magellan specialty, brand and generic drug indicator capabilities - All Patient Refined Diagnosis Related Groups (APR-DRG) - Categorizes patients based on their reason for admission, illness severity, and risk of mortality	Not Collected: Claims for incarcerated people

Center for Improving Value in Health Care

Capabilities and Limitations of the Colorado All Payer Claims Database

Type of Information	What is Collected and Available	What is Not Collected or is Unavailable for Release
	• Medicare Severity Diagnosis Related Group (MS-DRG) ○ Accounts for the severity of the patient's condition and the resources required for their treatment ○ Enables prediction of population health and cost based on diagnoses and health care use • CMS Chronic Conditions (prevalence and cost to treat) • Episode Grouper (coming in 2025/2026) enabling total price calculations across complex procedures that include visits and care before during and after.	
Additional Reporting Capabilities	• CIVHC-assigned Member ID (enables tracking of members over time) • CIVHC-assigned Provider ID (enables tracking of providers over time) • Geocoded member and provider information (latitude and longitude assignments) that enables census tract assignments for Social Determinants of Health and health equity analyses • Some claims-based quality measures are available – i.e. well child visits, follow up with provider post-ED for mental health, etc. • Claims taking place at Free-standing Emergency Departments • Other reporting capabilities are available upon request.	
Additional Regulatory Limitations	• The Benefit to Coloradans requirement per CO regulations states all data requestors must be “engaged in efforts to improve health care quality, value, or public health outcomes for Colorado residents.” • Suppression rules according to the Centers for Medicare & Medicaid Cell Suppression Policy are followed • Anti-trust laws prohibit CIVHC from providing any data that can be used to determine negotiated rate information. • All HIPAA and HITECH laws, including minimum necessary guidelines for any Personal Health Information, are followed for each release.	