



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Colorado All Payer Claims Database Data Release Application Part I

Part I of the Data Release Application should be used to submit background information related to your organization's request for data from the Colorado All Payer Claims Database (CO APCD). This information will help the Center for Improving Value in Health Care (CIVHC), the Administrator of the CO APCD, understand the questions you are trying to answer with your data request and assist us in helping you through the data request process. All CO APCD data requests go through a careful review and approval process and involve a licensing fee. CIVHC has a team of Health Data Solutions Consultant who will work closely with you throughout the data request process.

Prior to completing the questions below, please review the information on requesting data and reports located at <https://www.civhc.org/get-data/non-public-data/>.

Project Information	
Project Title:	23.24 RAND Analytic Support for ASPE Reports
Date:	05/9/2023
Organization Requesting Data:	RAND Corporation
Contact Person:	Jodi Liu
Title:	Policy Researcher
E-mail:	jodiliu@rand.org
Phone Number:	310-393-0411 x6828
Address:	
CIVHC Contact:	Dr. Everett Costa

Project Purpose

- I. Describe your project and project goals/objectives in detail.

RAND provides ASPE (The Office of the Assistant Secretary for Planning and Evaluation) with analytic support and technical assistance for the development of reports on topics including prescription drug pricing, health care market concentration, and surprise medical billing. ASPE is responsible for preparing mandated public reports under the Consolidated Appropriations Act, 2021, which requires reporting on prescription drug and health spending via the RxDC, and evaluations of the No Surprises Act (NSA).

Summary of the Consolidated Appropriations Act, 2021

<https://ncua.gov/regulation-supervision/letters-credit-unions-other-guidance/summary-consolidated-appropriations-act-2021#:~:text=The%20Consolidated%20Appropriations%20Act%2C%202021%20authorizes%20%2412%20billion%20in%20COVID,than%20%242%20billion%20in%20assets.>

High medical and prescription drug spending, and particularly surprise medical bills, can lead to medical debt, which creates financial barriers to accessing care. **Our project includes evaluation of consumer out-of-pocket costs and balance billing. This project and**

analysis using COAPCD Data will shed light on high health care spending in Colorado.

- How will they measure balance billing?

We will estimate balance billing using the difference between Charge_Amt (MC062) and Allowed_Amt for out-of-network claims. We understand that this is an imperfect measure because providers do not always seek to balance bill patients the difference. We also recognize that this method will not include amounts billed to the patient when a claim is denied and not included in the data.

- How are they assessing in-network vs. out-of-network?

We will use the variable provider_network_indicator (MC207) to flag in-network vs. out-of-network claims.

2. What specific research question(s) are you trying to answer or problem(s) are you trying to solve with this data request? (Please list and number the individual questions.)
 1. How consistent are RxDC data on Colorado drug spending and volume, as well as health care spending more broadly, with these data from Colorado claims? To what extent can these data be used for price transparency efforts in Colorado?
 2. How do in-network and out-of-network payments for similar services compare, with and without balance billing in Colorado? How do these amounts compare to the qualifying payment amount (QPA) under the NSA?
 3. How have surprise billing occurrences, out-of-network prevalence, and in-network and out-of-network prices for services changed after Colorado's surprise billing laws went into effect? Do these changes differ by patient characteristics or plan characteristics?
 4. How has surprise billing occurrence, out-of-network prevalence, and prices for services further changed in Colorado after the implementation of the NSA?
 5. What are differences in surprise billing occurrence, out-of-network prevalence, and prices in hospital outpatient departments versus ambulatory surgery centers?
3. How will this project benefit Colorado or Colorado residents? (This is a statutory requirement for all non-public releases of CO APCD data. Contributions to the generalizable knowledge is not sufficient.)

Understanding the drivers of high prescription drug and health care spending can help Colorado policymakers to target efforts to slow the rise in health care spending. Furthermore, price transparency efforts can allow consumers to better understand the costs of their healthcare. Analyses of surprise billing trends and possible effects of the NSA will benefit Colorado policymakers in better understanding how the state surprise billing law and federal NSA interact. It will provide information about the prices and the QPA under the NSA, which could be informative to providers and insurers in Colorado. Understanding the types of services and providers that have high out-of-network prevalence and prices could help policymakers design policies or stakeholders implement strategies to reduce out-of-pocket costs for Colorado residents. Taken together, these analyses can help Colorado policymakers and residents to curtail high health care spending.

4. Describe how the project will meet one or more of the Triple Aim criteria below.
 - a. Improve the patient experience of care (including quality and satisfaction)
 - b. Improve the health of populations
 - c. Reduce the per capita cost of health care

Identifying major drivers of increases in health care spending, and particularly in prescription drug spending, supporting price transparency initiatives, and evaluations of laws designed to reduce surprise medical billing support the third aim of reducing the per capita cost of health care.

5. The State of Colorado and CIVHC are committed to ensuring everyone, regardless of demographics, has access to the care they need when they need it. How might your project contribute to that?

High medical and prescription drug spending, and particularly surprise medical bills, can lead to medical debt, which creates financial barriers to accessing care. Our project includes evaluation of consumer out-of-pocket costs and balance billing.

6. Can CIVHC publicly share your organization's' name in the work we do to promote our Change Agent clients in our [Change Agent Index](#)? ☒ Yes ☐ No

Type of Output Requested: Select the level of detail that you are requesting. If you are unsure, please contact us at ColoradoAPCD@civhc.org.

- ☐ Standard De-identified Data Set
- ☒ Limited Data Set
- ☐ Identified Data Set
- ☐ Standard Report
- ☐ Custom Report

Lines of Business: Which payers do you need for your project purpose?

- ☒ **Commercial Payers (Includes Medicare Advantage)**
- ☐ **Health First Colorado (Colorado's Medicaid Program)** – Note: Medicaid only data requests must be reviewed by the Colorado Department of Health Care Policy and Financing (HCPF) to ensure alignment with administration of the Medicaid program as required by federal law.
- ☐ **Medicare Fee For Service (FFS)** – Note: Data requests for Medicare FFS are only available for authorized users for research purposes and must be approved by HCPF.

Years Requested: What years of claims do you need to meet your project purpose?

- | | |
|-------------------------------|--|
| <input type="checkbox"/> 2012 | <input type="checkbox"/> 2018 |
| <input type="checkbox"/> 2013 | <input checked="" type="checkbox"/> 2019 |
| <input type="checkbox"/> 2014 | <input checked="" type="checkbox"/> 2020 |
| <input type="checkbox"/> 2015 | <input checked="" type="checkbox"/> 2021 |
| <input type="checkbox"/> 2016 | <input checked="" type="checkbox"/> 2022 |
| <input type="checkbox"/> 2017 | |

Data Needs

The following questions are related to Protected Health Information (PHI) to determine if you need a Limited Data Set or an Identifiable Data Set. The Data Elements Dictionary detailing the fields available for both types of data can be found at <https://www.civhc.org/get-data/non-public-data/>. **Note that any**

data request including PHI will need Part 2 of the Application and approval by the Data Release Review Committee.

1. Do you need patient-specific dates (e.g., dates of service or DOB) or 5 digit zip code? If so, this is a request for a **Limited Data Set**.

☒ Yes ☐ No

2. Do you need direct patient identifiers such as name, address, or city? If so, this is a request for an **Identifiable Data Set** (requires IRB approval).

☐ Yes ☒ No

Authorized Signatories

Please provide the name and title of the contact that will be providing signature for the Data Use Agreement (DUA) and the Data Release Fee (DRF). If separate contacts, please specify.

DUA Signatory:

Name _____

Title _____

DRF Signatory:

Name _____

Title _____

APPLICATION SIGNATURE

By signing this Agreement, the Receiving Organization agrees to the information provided in Application 1 and Application 2.

SIGNATURES:

For Receiving Organization:

Name:

Title:

Signature:

DED SIGNATURE

The Receiving Organization has reviewed the Data Extract Elements Request document (DED) for this projected titled _____ and agrees that it represents the final and approved set of data requested to meet the project objectives described above.

SIGNATURES:

For Receiving Organization:

Name:

Title:

Signature:

Colorado All Payer Claims Database Data Release Application Part 2 (Limited Data Sets and Fully Identifiable Data Sets ONLY)

Project Information from Part I of Application	
Project Title:	23.24 Analytic Support for ASPE Reports
Date:	04/10/2023
Organization Requesting Data:	RAND Corporation

The CO APCD is committed to protecting the privacy and security of Colorado's claims data. The CO APCD will limit the use of the data to purposes permitted under applicable laws, including APCD Statute/Rule, HIPAA/HITECH, and Antitrust laws, to information reasonably necessary to accomplish the project purpose as described in this Application. Under HIPAA, PHI may only be released in limited circumstances for public health (public health agency), health care operations, and research purposes under the terms of a HIPAA compliant data use agreement (DUA).

Any requestor receiving a CO APCD data set, must submit to APCD Administrator a Data Management Plan that outlines data security and data management policies and procedures to safeguard the data. This Data Management Plan must be approved by APCD Administrator prior to any data release.

1. Data Element Selection Member-level Detail – *Do you need member level PHI data for your project purpose? In keeping with the minimum necessary standard established under HIPAA, CO APCD policy is to release only those data elements that are required to complete your project.*

- ☐ No
- ☐ Yes (*Justification must be provided for each*)
 - ☐ 3-digit zip
 - ☐ Name (first, last, middle)
 - ☐ Street Address
 - ☐ City
 - ☒ Zip
 - ☐ DOB
 - ☒ Gender

2. Claim-Level Detail – *Include specific diagnosis codes, CPT4, CDT, ICD9 or I10, APR-DRG, or revenue codes in an attachment.*

- ☐ No
- ☐ Yes (*Justification must be provided for each*)
 - ☐ Age at time of service
 - ☒ Age at year end (**AGES 0-65**)
 - ☒ Diagnosis
 - ☒ Procedure/Revenue Code

3. Claim Type – What types of claims do you need for your project purpose?

- ☒ Inpatient (**IP**) – Related to individuals who receive care in hospital settings
- ☒ Outpatient (**OP**) – Related to an individual receiving medical treatment in any setting other than a hospital admission (i.e. ambulatory surgery center; doctor's office, imaging center, emergency room, home health, etc.)
- ☒ Professional (**PROF**) – Related to medical procedures within professional settings (e.g. physician office, imaging center, etc.) and clinics
- ☒ Pharmacy (**PC**) – Related to prescriptions with an 11-digit National Drug Code
- ☐ Dental (**D**) – Related to individuals receiving dental care in any dental setting

4. Provider-Level Detail – Do you need claims limited to specific providers or provider type(s) for your project purpose? (Provider IDs, locations, hospitals, medical groups, etc.)

- ☒ **No ** NO - WE ARE NOT LIMITING THIS TO PROVIDER LEVEL DETAIL**
- ☐ Yes (check all that apply)
 - ☐ Facilities (please specify) Our analyses differentiate between professional claims for services that happen at in-network facilities vs those happen at out-of-network facilities. We are also interested in the frequency of surprise billing by facility type (emergency department, ambulatory surgical center, urgent care, office, etc)
 - ☐ Professionals
 - ☐ Provider Taxonomy - Specialty Designations
 - ☐ National Provider Identifier
 - ☐ Other (please specify) Click or tap here to enter text.

5. Provider Geography – Do you need provider geography or location data?

- ☒ No
- ☐ Yes (check all that apply)
 - ☐ Provider location address
 - ☐ Provider Zip 3
 - ☐ Provider Health Statistic Region <http://www.cohid.dphe.state.co.us/brfssdata.html>
 - ☐ Provider County
 - ☐ Provider Zip 5
 - ☐ Other (please specify) Click or tap here to enter text.

6. Payer-Specific Details – Do you need specific named payer details? (only available for authorized requestors)

- ☒ No
- ☐ Yes

7. Payment Type – Which elements of cost data do you need to support your project purpose?

- ☒ Charged Amount
- ☒ Plan Paid Amount
- ☒ Member Liability, i.e., amount the member is responsible for
 - ☒ Coinsurance
 - ☒ Deductible
 - ☒ Copay
- ☒ Total Allowed Amount – (summation of plan paid and member liability)
- ☒ Prepaid Amount – (to be considered for capitated payment plans only)

8. Data Element Selection

If you have not already done so, complete the Data Element Dictionary (DED) to identify the specific data elements that are required for this project.

9. Data Source Linkage – Will you link the CO APCD data to another data source?

- ☐ No
- ☒ Yes. If yes, please answer the following questions.
 - a. What is the other data source or sources you plan to link CO APCD data with?
 - b. Which CO APCD identifying data elements will be used to perform the linkage?
 - c. Once the linkage is made, what non-CO APCD data elements will appear in the new linked file?

We will link in BETOS 2.0 Classification Code Assignment ([BETOS 2.0 Classification Code Assignments 2019 | Urban Data Catalog](#)) crosswalk to group procedure codes into types of services. We will also link the data to a Rural-Urban Commuting Area Codes (RUCA) crosswalk ([USDA ERS - Rural-Urban Commuting Area Codes](#)) to generate urban/rural status that is consistently defined with our previous analyses using HCCI data. After the linkage, there will be variables that identifies the BETOS group of a procedure and a RUCA code for each member that corresponds to their zip code of residence.

10. Institutional Review Board – Have all necessary approvals been obtained (e.g., IRB or Privacy Board approval)?

- ☐ No or N/A, reason: [Click or tap here to enter text.](#)
- ☒ In progress. Anticipated approval date: 5/15/23
- ☐ Yes. If so please provide copy.

11. Distribution of the Report or Product – *Requires review before publication*

If you are producing a report for publication in any medium (print, electronic, lecture, slides, etc.) the CO APCD Administrator must review the report prior to public release. This requirement is further spelled out in the Data Use Agreement. The CO APCD Administrator will review the report for compliance with CMS cell suppression rules, risk of inferential identification, and consistency with the purpose and methodology described in this Application. Do you acknowledge this requirement?

- ☐ No
- ☒ Yes

I2. Project Schedule:

Proposed Project Start Date:	8/30/22
Project End Date:	9/29/23
Proposed Publication or Release Date:	None
Data Destruction Period:	All data must be destroyed within 30 days of the project end date and data destruction certificate returned to CIVHC at datacompliance@civhc.org . The Data Destruction Certificate form can be found at https://www.civhc.org/get-data/non-public-data/ .