Colorado All Payer Claims Database
Data Release Application
Part 1

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:	23.45 Stanford Payer-Physician Vertical Consolidation in Healthcare Markets
Date:	4-28-23
Organization Requesting Data:	Stanford University Department of Economics
Contact Person:	Mariana Guido and Nicholas Grasley
Title:	PhD Candidates
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CIVHC Contact:	Everett E. Costa III, DM

Project Purpose

1. Describe your project and project goals/objectives in detail.

   Vertical consolidation in healthcare has been a growing trend in recent decades, with insurance companies and corporate entities now owning over a quarter of all physician practices. This project analyzes the consequences of payer-physician mergers on healthcare provision and costs.

   Theoretically, payer-physician mergers have ambiguous implications. On the one hand, they can have a positive impact by reducing healthcare costs and increasing preventative care. These mergers can reduce contractual frictions between payers and providers, aligning incentives between agents. For instance, insurance companies can incentivize physicians to use more preventative care and use more cost-effective treatment. Physicians may also change their referral behavior to specialists and use lower-cost specialists. On the other hand, these types of mergers can potentially lead to decreased quality of care for the sake of reducing costs as well as excessive steering of patients. Further, this merger may spill over to other payers' beneficiaries who visit the same physician group.

   Given this theoretical ambiguity, our goal is to empirically assess the impact of payer-PCP consolidation on healthcare provision and costs. We plan to estimate a model of payer-provider

interactions and PCP treatment decisions to predict changes in costs and utilization after payer-provider mergers. We intend to use Colorado All-Payer claims from 2015-2019 to study a merger between a large insurer and a Denver-based PCP group in 2017.

Methodology

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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 do these mergers affect PCP referral and preventative care behavior?
   2. What are the effects of payer-PCP mergers on PCP care of beneficiaries of the acquiring payer and its competitors?
   3. What are the effects of payer-primary care physician mergers on the payer's interactions with other providers such as hospitals and specialists?
   4. What are the overall welfare implication of these mergers for individuals?

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.)

   This project will benefit Colorado and Colorado residents by providing quantitative evidence on the effects of vertical mergers between payers and primary care physicians on Colorado healthcare costs and outcomes. It will further provide a basis for analyzing the welfare implications of vertical mergers and help inform whether their approval is in the best interest of Colorado's residents. A better understanding of this is of paramount importance as these types of mergers are becoming increasingly commonplace.

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)

      By studying how these mergers affect steering and referral behavior, we may be able to quantify their effect on how much choice patients have. In so far as patients value choice, this may inform how to improve patient's experience of care.

   b. Improve the health of populations

      By studying the effects of these mergers on PCP care, we can quantify how they affect patients' health outcomes. For instance, one of our hypotheses states that after these mergers we should see an increase in the amount of preventative care. Determining whether this is the case will have implications for the health of populations.

   c. Reduce the per capita cost of healthcare

      By studying how these mergers affect the referral behavior of PCPs, we will be able to quantify how these mergers induce PCPs to make more cost-effective decisions for their patients, therefore reducing the per capita cost of healthcare. Increased preventative care utilization may also result in reduced healthcare costs in the long run.

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?

This type of merger can theoretically have ambiguous effects on individuals' ability to access care. On the one hand, an increase in preventative care and a reduction in referrals may lead to reduced use of specialist care. In this way, these mergers may reduce demand for specialist time, making specialist care more easily accessible for others. On the other hand, the merger may adversely affect access to care for individuals not covered by the acquiring payer. For instance, certain individuals may lose access to their current primary care physician as they get acquired by an insurance company that they are not insured by.
Then, by informing on how these types of mergers affect access to care, this study will help inform how policy around these types of mergers should be carried out in order to ensure everyone can access the care they require.

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?*

☐ 2012	☒ 2017
☐ 2013	☒ 2018
☐ 2014	☒ 2019
☒ 2015	☐ 2020
☒ 2016	☐ 2021

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

<u>Authorized Signatories</u>
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 1 of Application	
Project Title:	23.45 Stanford Payer-Physician Vertical Consolidation in Healthcare Markets
Date:	May 5th 2023
Organization Requesting Data:	Stanford University Department of Economics

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 (distance is an important cost for patients when seeking care)
         ☐   DOB
         ☒   Gender (control for gender)

2. **Claim-Level Detail** – *Include specific diagnosis codes, CPT4, CDT, ICD9 or 10, 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
         ☐   Diagnosis (Control for diagnosis in costs and examine heterogeneity)
         ☐   Procedure/Revenue Code (Control for procedure in costs)

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

    ☐ Yes (check all that apply)

        ☐ Facilities (please specify) Click or tap here to enter text.

        ☐ Professionals

        ☐ Provider Taxonomy - Specialty Designations

        ☐ National Provider Identifier

        ☒ Other (please specify) Latitude and Longitude provider needed to track over a period of time – DED Marked (provider composite address checked

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 (Urban and Rural)

        ☒   Other (please specify) Per DED, Provider Latitude and Longitude// Distinguish by Urban and rural Physicians)

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

    ☐ No

    ☒ Yes

7. **<u>Payment Type</u>** – *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 (we need this to be able to look at steering of patients to the acquired PCP group)
    ☒ Coinsurance
    ☐ Deductible
    ☒ Copay
☒ Total Allowed Amount – (summation of plan paid and member liability)
☒ Prepaid Amount – (to be considered for capitated payment plans only)

8. **<u>Data Element Selection</u>**
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. **<u>Data Source Linkage</u>** – *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?

10. **<u>Institutional Review Board</u>** – *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: June 1st
☐ Yes. If so please provide copy.

11. **<u>Distribution of the Report or Product</u>** – *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

12. **Project Schedule:**

Proposed Project Start Date:	August, 2023
Project End Date:	August, 2028
Proposed Publication or Release Date:	August, 2025
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/.

METHODOLOGY

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