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:	24.40 RAND Hospital Price Transparency 5.0
Date:	06/16/23
Organization Requesting Data:	RAND
Contact Person:	Brian Briscombe
Title:	Project Manager and Senior Quantitative Analyst, Economics Sociology and Statistics Department
E-mail:	bbriscom@rand.org
Phone Number:	
Address:	
CIVHC Contact:	Maggie Mueller, mmueller@civhc.org

Project Purpose

1. Describe your project and project goals/objectives in detail.
   o The goal of the 5.0 update to the Hospital Price Transparency Study is to update the study with data inclusive of 2020-2022, giving RAND the opportunity to see the impacts of COVID-19 on hospital pricing. In addition, contributors this round expanded to include state government insurance plans, capturing public employees and providing additional points of data for deeper price analysis. The use of CO APCD data has been a core contribution to this study since Round 2 of this study's development.

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.)
   o Much of the focus on price transparency is focused on patients/consumers, with little insight into the impact of commercial payers on pricing in the United States. This study aims at providing price transparency through the refinement of measures that compare commercial payments to Medicare payments. The two types of hospital prices calculated and reported on are:
     ▪ *standardized prices*, meaning the average allowed amount per standardized unit of service, where services are standardized using Medicare's relative weights

> - *relative prices*, meaning the ratio of the actual private insurer–allowed amount divided by the Medicare-allowed amount for the same services provided by the same hospital[1]

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.)
   o Employers can use this report to become better-informed purchasers of health benefits. For broader policy and research audiences, the information in this report also highlights the levels and variation in hospital prices paid by employers and private insurers. This report is designed to provide a level of transparency that allows employers to compare prices between hospitals and to consider whether the prices they are paying are appropriate. Because employer payments to hospitals are a key driver of employers' health care spending, making these prices accessible and transparent can help employers and policymakers design appropriate policies to address rising health care costs.[1]

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: by increasing price transparency, employers and policymakers can negotiate reduced prices with data informed by national research.

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?
   o This project does not filter data to focus on any one specific population, but rather uses provider and payment data to create a holistic view of commercial payments. By reviewing the larger picture of national healthcare, this study provides data for employer-based plans to negotiate lower prices for their workforce.

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	☒ 2018
☐ 2013	☒ 2019
☐ 2014	☒ 2020
☐ 2015	☒ 2021
☐ 2016	☒ 2022
☐ 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**.
   a. Full dates of service

   ☒ 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

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1. Whaley CM, Briscombe B, Kerber R, O'Neill B, Kofner A. *Prices Paid to Hospitals by Private Health Plans: Findings from Round 4 of an Employer-Led Transparency Initiative.* Hospital Price Transparency Study Round 4 | RAND. Published RAND Corporation; 2022.

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:	RAND Hospital Price Transparency 5.0
Date:	06/16/2023
Organization Requesting Data:	RAND

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 (not PHI, no justification needed)
       ☐   Name (first, last, middle)
       ☐   Street Address
       ☐   City
       ☐   Zip
       ☐   DOB
       ☒   Gender (not PHI, no justification needed)

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
       ☐   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
    ☐ Yes (check all that apply)
        ☐ Facilities (please specify) Outpatient, Hospitals
        ☐ 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) Geocoding

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?

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: Click or tap here to enter text.
    ☐ 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

12. **Project Schedule:**

Proposed Project Start Date:	09/01/2023
Project End Date:	09/01/2025
Proposed Publication or Release Date:	09/01/2024
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/.