



# Data Release Application

## Limited and Identifiable Extracts

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### Client Application Revision History

The following reflects the history of changes made to this document during the application process prior to project production. Once in production, any further changes to the application may result in additional cost and production delays.

To be completed by CIVHC staff			
Date	New Version Number	Description of Change(s)	CIVHC Change Author (full name, complete title)
12/20/2024	V.01	Initial version drafted with client.	Lucía Sanders, Key Account Manager
1/7/2025	V.02	Updates to PHI data elements and financial data elements.	Lucía Sanders, Key Account Manager
1/16/2025	V.03	Additional updates to PHI data elements, financial data elements, and professional claims. Clarified how project will inform CO PDAB.	Lucía Sanders, Key Account Manager
	V.04		
	V.05		
	V.06		
	V.07		
	V.08		
	V.09		
	V.10		

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## Data Requestor Details

### General Project Details

Project Title:	All Payer Claims Database Analysis of Health Plan and Patient Spending on Drug vs. Non-Drug Healthcare
Application Start Date:	12/20/2024
Requested Project Delivery Date:	3/31/2025
Client Organization (legal name):	Stage Analytics
Client Organization Address:	1490 Distribution Dr. #125, Suwanee, GA 30024
CIVHC can publicly share the Client Organization's name in its <a href="#">Change Agent Index</a> .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
To be completed by CIVHC staff	
CIVHC Contact (full name, complete title):	Lucía Sanders, Key Account Manager
Project Number:	24.61
Condensed Project Title:	Drug Spending Analysis

### Project Contacts

Project Contact Name:	Benjamin Cohen
Title:	Director, HEOR
Email:	Benjamin.Cohen@stageanalytics.com
Phone Number:	
Analytic Contact Name:	Swetha Ramanathan
Title:	Manager, HEOR
Email:	Swetha.Ramanathan@stageanalytics.com
Phone Number:	

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<b>Invoice Contact Name:</b>	<b>Patrick Brown</b>
Title:	
Email:	Patrick.Brown@stageanalytics.com
Phone Number:	
<b>Data Release Fee Signatory:</b>	<b>Rob Rayl</b>
Title:	CEO
Email:	Rob.Rayl@stageanalytics.com
Phone Number:	
<b>Data Use Agreement Signatory:</b>	<b>Rob Rayl</b>
Title:	CEO
Email:	Rob.Rayl@stageanalytics.com
Phone Number:	

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### Project Schedule and Purpose

Proposed Project Start Date <sup>1</sup> :	3/17/2025
Anticipated Project End Date:	12/31/2026
Proposed Publication or Release Date:	12/31/2026

1. Detail the specific research question(s) you are trying to answer or problem(s) you are trying to solve with this data request. Please list and number the individual questions.

The goal of Colorado's Prescription Drug Affordability Board (PDABs) is to review prescription drug costs and evaluate their impact on Coloradans through affordability review of prescription drugs. However, there is limited data to inform these decisions and therefore the goal of this independent project is to assess Colorado's drug and non-drug cost to inform the Colorado PDAB.

*Individual research questions:*

- i. Utilize the APCD database to assess health plan and patient spending on drug vs. non-drug healthcare.
- ii. Utilize the APCD data to estimate out of patient (OOP) costs for up to 10 drugs.
- iii.
- iv.

2. Describe your methodology or how you will be using data from the Colorado All Payer Claims Database (CO APCD) to answer your research questions.

This will be a descriptive retrospective observational study that will include all patients engaging with the health care system.

We will conduct descriptive analyses where the cohort will be summarized and stratified by variables of interest. Variables of interest include age, payer type, diagnose, claims type, specific drug use, drug class, quantity of drug dispensed, date of admission, end of service/death, gender, race/ethnicity, and region. Additional sub-cohorts will be defined using diagnoses identified from

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<sup>1</sup> After all required documents have been signed, typical production time is 30-60 days for a Limited or Identifiable Extract. Anticipate a longer production period for projects including a Finder File or creation of a Member Match File.

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the CO APCD data, using ICD-10 CM codes. The outcomes of interest for this project will be payment made by the payer, payer reported charges, payments made by patients out of pocket (e.g., copayment, coinsurance, deductible), ingredient costs, and dispensing fee.

We will also conduct a descriptive analysis of drug spending and non-drug spending. Drug spending will include pharmacy and physician administered drugs (not including inpatient). Non-drug spending will include inpatient, emergency room, provider services, and ancillary (e.g., lab pathology, radiology, ambulance, durable medical equipment) spending. Drug and non-drug spending will be categorized based on the percent of health plan spend, the percent of patient spend, and the percent of cost sharing (proportion allowed amount which is the patient responsibility). The overall spending will be estimated as well as comparing insured and self-funded plans.

Analysis on OOP costs will be based on drugs that are undergoing or likely considered by the CO PDAB. Annual patient OOP costs per drug will be estimated based on proposed best practice for self-insured or fully insured commercial plans.

3. Explain how this project will benefit Colorado and its residents.<sup>2</sup>

This study will provide data for CO PDAB to utilize when reviewing prescription drug costs, coverage, and their impact. It allows CO PDAB to make an informed decision with data specific to CO residents.

4. Describe how your project will improve health care quality, increase health care value, or improve health outcomes for Colorado residents.<sup>2</sup>

There are multiple ways this project can improve health care quality, increase health care value, or improve health outcomes for CO residents. Providing relevant data for CO PDAB can help increase access to necessary treatments, improve medication adherence, improve access to treatment in earlier course of a disease, enable uptake of preventive medications, reduce the healthcare burden, and improve health outcomes.

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<sup>2</sup> It is a statutory requirement for all non-public releases of CO APCD data to benefit Colorado or its residents. Contributions to generalizable knowledge alone are not sufficient to satisfy this requirement.

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5. Health equity is defined as the state in which everyone has a fair and just opportunity to attain their highest level of health. Explain how your project addresses health equity.

This project will allow us to identify potential disparities in Colorado with drug and non-drug spending, as we are stratifying the data with different groups (e.g, age, gender, race/ethnicity, etc.). Furthermore we can identify the OOP costs of specific drugs of interest for the CO population. The results of these analyses will help inform the PDAB on disparities that may exist in different groups on drug spending. The results of this study could help increase access to medications to people from diverse socioeconomic backgrounds, allowing them to adhere to prescribed treatments, and ultimately achieve better outcomes.

6. Describe any publication you plan to develop based on your use of CO APCD data, its intended audience, and whether it will be made publicly available.

We intend to disseminate the results of this project in a poster presentation and/or peer-reviewed publication. The intended audience will be healthcare stakeholders (e.g., CO PDAB, providers, policy makers, payers, etc.).

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## Data Matching and Linkage

### Finder File

A Finder File is a file you submit to CIVHC with information about a pre-selected cohort for matching to CO APCD data. Ask your CIVHC Contact for more information about this process and requirements for Finder File submission.

Will you provide CIVHC with a Finder File as part of this project?

- ☒ No  
☐ Yes

### Member Match File

A Member Match File is a file that CIVHC creates on your behalf to send to a registry or other outside entity to create a crosswalk connecting data from the CO APCD to the other entity's data.

Does this project require the creation of a Member Match File?

- ☒ No  
☐ Yes. Consult with your CIVHC Contact about completing a separate Data Element Selection Form specifying the data elements that should be used to create the Member Match File.

Answer the following:

Who will receive the Member Match File?

### Control Group

A Control Group is a group of individuals who can be used to compare against the cohort identified in the Finder File.

Will you need CIVHC to create a Control Group as part of this project?

- ☒ No  
☐ Yes. Consult with your CIVHC Contact about completing a separate Control Group Data Element Selection Form specifying the data elements that should be used to define the Control Group.



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### Linkage

Data Linkage is a method of joining data from different sources together to create a new data set.

Will the CO APCD data be linked to another data source?

- ☒ No  
☐ Yes. Answer the following:

What is/are the other data source/s?
Who will perform the data linkage?
What identifying data elements will be used to perform the data linkage?
What non-CO APCD data elements will appear in the new linked file?

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### Data Inclusion Criteria

Make selections in the following sections based on what data you want to have included in this extract. If you will be creating a Control Group, complete this section for your study population and not the Control Group.

#### Protected Health Information (PHI)

Indicate which [Protected Health Information](#) data elements you require for your project purpose:

Available for Limited and Identifiable extracts:		
<input type="checkbox"/> Member 5-Digit Zip Code	<input type="checkbox"/> Member County	<input type="checkbox"/> Member City
<input checked="" type="checkbox"/> Member Dates of Service	<input checked="" type="checkbox"/> Member Eligibility Dates	<input type="checkbox"/> Claim Paid Dates
<input type="checkbox"/> Employer Name	<input type="checkbox"/> Member <a href="#">Census Tract</a>	<input type="checkbox"/> Member <a href="#">Census Block</a>
<input type="checkbox"/> Member <a href="#">Census Block Group</a>		
Available for Identifiable extracts only (see also <a href="#">Identifiable Data Use Approval</a> ):		
<input type="checkbox"/> Member Name	<input type="checkbox"/> Member Date of Birth (if requesting more than year only)	
<input type="checkbox"/> Member Street Address	<input type="checkbox"/> Member Latitude and Longitude	
Provide detailed justification for the inclusion of all PHI data selected above, and explain how its inclusion meets the <a href="#">Minimum Necessary Requirement</a> . <sup>3</sup>		
We need to understand member dates of service and member eligibility dates in order to stratify the members drug and non-drug costs based on when service was received and when the coverage type of the member was effective to stratify into different health policies.		

<sup>3</sup> Limited and Identifiable extracts must adhere to the [Minimum Necessary Requirement](#) under the [HIPAA Privacy Rule](#); only that data required to answer the project purpose can be included in the request.

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### Line(s) of Business

- ☒ Commercial Payers
- ☒ Health First Colorado (Colorado's Medicaid and CHP+ programs)<sup>4</sup>
- ☒ Medicare Advantage
- ☒ Medicare Fee for Service (FFS)<sup>5</sup>

### Year(s) of Data

- |  |                               |                               |  |  |  |
|--|-------------------------------|-------------------------------|--|--|--|
| <input type="checkbox"/> 2012              | <input type="checkbox"/> 2013 | <input type="checkbox"/> 2014 | <input type="checkbox"/> 2015            | <input type="checkbox"/> 2016            | <input type="checkbox"/> 2017            |
| <input type="checkbox"/> 2018              | <input type="checkbox"/> 2019 | <input type="checkbox"/> 2020 | <input checked="" type="checkbox"/> 2021 | <input checked="" type="checkbox"/> 2022 | <input checked="" type="checkbox"/> 2023 |
| <input type="checkbox"/> 2024 <sup>6</sup> |                               |                               |  |  |  |

### Claim Type(s)

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Inpatient Facility | <input checked="" type="checkbox"/> Outpatient Facility | <input checked="" type="checkbox"/> Professional |
| <input checked="" type="checkbox"/> Pharmacy           | <input type="checkbox"/> Dental                         |  |

### Financial Detail by Line Item

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Charged Amount                  | <input checked="" type="checkbox"/> Allowed Amount         | <input checked="" type="checkbox"/> Plan Paid Amount  |
| <input checked="" type="checkbox"/> Plan Pre-Paid Amount | <input checked="" type="checkbox"/> Member Copay           | <input checked="" type="checkbox"/> Member Deductible |
| <input checked="" type="checkbox"/> Member Coinsurance   | <input checked="" type="checkbox"/> Total Member Liability |   |

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<sup>4</sup> Medicaid-only data requests must be approved by the Colorado Department of Health Care Policy and Financing.

<sup>5</sup> Medicare FFS data are not available for all requests and must go through a separate approval process.

<sup>6</sup> This year's data is incomplete and not fully adjudicated. Consult with your CIVHC Contact to find out what data is available at the time of your request.

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### Filter Criteria – Services, Providers, Facilities

If you need data for specific services, providers and/or facilities, specify that filter criteria below (ask your CIVHC Contact about including an additional file with this application for large code lists):

ICD Diagnosis Code(s):
Procedure(s) (list CPT, HCPCS, DRG, ICD, and/or CDT codes):
Drug(s) (list pharmacy NDC and/or HCPCS codes):
Facility Type(s):
Facilities (list NPIs and/or Pharmacy IDs):
Facilities within these geographical areas (list county, zip code, <a href="#">Census Tract</a> , etc.):
Provider Type(s):
Provider(s) (list NPIs):
Providers within these geographical areas (list county, zip code, <a href="#">Census Tract</a> , etc.):
Specific payers (minimum of five):

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Other claim specification:

### Filter Criteria – Members/Patients

If you need data for specific member/patient groups, specify that filter criteria below (ask your CIVHC Contact about including an additional file with this application for large code lists):

Ages:		
All ages		
<input type="checkbox"/> At the time of service	<input checked="" type="checkbox"/> At year end	<input type="checkbox"/> By another anchor date: <i>Specify here</i>
With these ICD Diagnosis Code(s):		
Who have had the following procedure(s) (list CPT, HCPCS, DRG, ICD, and/or CDT codes):		
Within these geographical areas (list county, zip code, <a href="#">Census Tract</a> , etc.):		

### Value-Add Data Elements

- ☐ [Medicare Severity Diagnosis Related Group](#) Codes (MS-DRGs)
- ☐ [3M All Patient Refined Diagnosis Related Group](#) Codes (3M APR DRGs)
- ☐ [Medicare Repricer](#) (available at the claim line level)
- ☐ Fields from the [American Community Survey](#) (available at the Census Tract level):

*Specify here*

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## Additional Documentation

### Data Element Selection Form (DESF)

The Data Release Application must be accompanied by a completed Data Element Selection Form. Ask your CIVHC Contact for more information about completing this form.

- ☒ By checking this box, the Client Organization confirms that the Data Element Selection Form has been completed.
- ☐ If applicable, by checking this box the Client Organization confirms that a separate Member Match File Data Element Selection Form has been completed.
- ☐ If applicable, by checking this box the Client Organization confirms that a separate Control Group Data Element Selection Form has been completed.

### Identifiable Data Use Approval

If you are requesting [Identifiable](#) information, approval from an [Institutional Review Board \(IRB\)](#) or a [Privacy Board](#) is required before such data can be released.

- ☒ Not applicable; the Client Organization is requesting a Limited Extract.

### Approval Type

- ☐ IRB Approval
- ☐ Privacy Board Approval

### Approval Type

- ☐ Approval request not yet submitted.  
Anticipated submission date:
- ☐ Approval request submitted and under review.  
Anticipated project approval date:
- ☐ Approval already received.

### Approval Documentation

- ☐ By checking this box, the Client Organization confirms that the IRB or Privacy Board **application and approval documents** have been provided to CIVHC.

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### Data Management Plan

An organization requesting CO APCD data must submit an organizational Data Management Plan to CIVHC outlining the organization's data security and data management policies and procedures to safeguard the data. This Data Management Plan must be approved by CIVHC prior to any data release.

Date Submitted to CIVHC:	12/20/2024
Date Approved by CIVHC:	1/14/2025

## Client Acknowledgements and Signatures

### Report or Product Distribution

If your project results in the production of a report for public distribution in any format (print, electronic, lecture, slides, etc.), including peer-reviewed publication, it must be submitted to CIVHC for review prior to public release. CIVHC will assess compliance with [CMS Cell Size Suppression Policy](#), risk of inferential identification, CIVHC and CO APCD citations, and consistency with the purpose and methodology described in this Data Release Application. CIVHC will not assess the accuracy of the study results or attempt to recreate results.

This requirement is further defined in the Data Use Agreement. Failure to pursue and obtain CIVHC approval prior to publication will be a violation of the Data Use Agreement and may put the organization's future access to data from the CO APCD at risk.

☒ By checking this box, the Client Organization acknowledges this requirement.

### Data Destruction Period

All data must be destroyed within 30 days of the project end date. If your project end date changes from this application, please reach out to your CIVHC Contact for a project extension request form.

☒ By checking this box, the Client Organization acknowledges that CIVHC's [Data Destruction Certificate](#)<sup>7</sup> must be completed and returned to [DataCompliance@CIVHC.org](mailto:DataCompliance@CIVHC.org) by 1/30/2027 based on the [Anticipated Project End Date](#).

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<sup>7</sup> Available on the [Data Release Application and Documents](#) page of CIVHC's website under *Privacy, Security, and Regulatory Information*.

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### Data Users

List any individuals that will be working with the data. The Data Use Agreement must be updated through your CIVHC Contact every time individuals are granted access to the data during the course of the project.

Full Name	Title/Role	Organization
Brett McQueen	Principal	Stage Analytics
Benjamin Cohen	Director, HEOR	Stage Analytics
Swetha Ramanathan	Manager, HEOR	Stage Analytics
Caroline Bugbee	Analyst, HEOR	Stage Analytics
Rafi Zabian	Director, Digital Technologies	Stage Analytics



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### Data Release Application Version Approvals

The Client Organization has reviewed and confirms that the final version number of the Data Release Application reflected below correctly represents the project objectives.

Version	Checkpoint
V.03	Presented at CIVHC Application Review
V.03	Presented to the Data Release Review Committee (DRRC)
V.00	Final version approved for production

CIVHC Sign-Off		Receiving Organization Sign-Off	
Signature:		Signature:	
Name:	Lucía Sanders	Name:	
Title:	Key Account Manager	Title:	
Date:		Date:	

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### Data Element Selection Form Version Approvals

The Client Organization has reviewed and confirms that the final version number of the Data Element Selection Form reflected below correctly represents the data specifications needed to meet the project objectives.

Version	Checkpoint
V.03	Presented at CIVHC Application Review
V.04	Presented to the Data Release Review Committee (DRRC)
V.00	Final version approved for production

CIVHC Sign-Off		Receiving Organization Sign-Off	
Signature:		Signature:	
Name:	Lucía Sanders	Name:	
Title:	Key Account Manager	Title:	
Date:		Date:	