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:	23.70 Health Insurance Instability and Mortality among Patients Receiving Buprenorphine Treatment for Opioid Use Disorder
Date:	6/27/23
Organization Requesting Data:	Kaiser Permanente Colorado
Contact Person:	Jennifer Barrow
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Project Purpose

1. Describe your project and project goals/objectives in detail.
   Amidst the current opioid epidemic, the incidence of opioid use disorder (OUD) has increased and medication-based treatments for opioid use disorder (MOUD) remain underutilized.[1-4] While long-term MOUD is generally associated with improved health[5] and mortality[6] outcomes, maintaining continuous health insurance coverage is a significant challenge to sustained treatment access.[7,8] Patients with OUD are likely susceptible to experiencing insurance instability due to volatile employment and variable eligibility for public insurance[9,10], which results in frequent plan changes and critical coverage gaps.[11-14] The economic crisis associated with the current COVID-19 pandemic may result in greater insurance coverage instability and losses, which would leave patients with OUD even more vulnerable. High-risk care transitions and significant disruption of treatment, including discontinuation of OUD treatment, increased risk of relapse, overdose, and mortality.[1,2,15,16] Further, heightened vulnerability to insurance instability among racial/ethnic minorities may contribute to observed disparities in addiction treatment access and retention.[17-19] Despite the potential for insurance instability to create significant barriers to OUD treatment continuity, current knowledge regarding its health and mortality impacts is limited due to the challenge of capturing and evaluating patient outcomes after disenrollment from health systems.

The objectives of our study are to 1) establish fact and cause of death; 2) examine insurance instability and associated patients, health plan, and treatment characteristics; 3) assess the risk of death associated with insurance instability; 4) explore exposures and outcomes after disenrollment from health plans.

This research study will examine the association of health insurance instability and mortality risk among patients receiving buprenorphine or naltrexone treatment in a multi-site cohort study, leveraging data across four diverse health systems participating in the National Institute on Drug Abuse (NIDA) Clinical Trials Network (CTN) Health Systems Node: Kaiser Permanente (KP) Colorado (KPCO), KP Northern California (KPNC), KP Southern California (KPSC), and Henry Ford Health System (HFHS). We will conduct a retrospective longitudinal cohort study of patients receiving buprenorphine or naltrexone treatment from January 1, 2012 through December 31, 2022**.** We expect that a certain proportion of patients will lose employment and subsequently transition to Medicaid coverage, lose insurance, or obtain other types of coverage. For patients with Medicaid, we may not have access to all pharmacy, emergency department, and hospitalization utilization because claims for these patients are processed by Medicaid rather than KPCO.

The purpose of this request is to obtain complete exposure and outcome data from the Colorado All Payers Claims Database (APCD) on KPCO patients who lose their KPCO insurance and KPCO patients with Medicaid. In this study, we will link APCD and KPCO data to allow us to follow patients treated at KPCO over time, including after disenrollment from our health system.

References

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among persons with opioid use disorders following the Affordable Care Act. *Drug Alcohol Depend*. 2017;179:271-274.
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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. We seek to determine external healthcare utilization, including medication use, during enrollment and after disenrollment from KPCO.
    2. For patients with Medicaid, we seek to determine healthcare utilization outside the health system covered by a carve-out.
    3. We seek to distinguish insurance loss from a change in insurance coverage after disenrollment from our health system.
    4. We seek to identify overdoses from inpatient or emergency department settings, including after disenrollment, not identified in our data at KPCO.

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 research will improve care for patients vulnerable to experiencing health insurance instability and disruptions in continuity for treatment of opioid use disorder. It will inform healthcare interventions to reduce overdose and mortality risks, such as patient navigators to facilitate health insurance transitions and development of clinical standards for managing care for patients receiving buprenorphine or naltrexone treatment who face care coverage gaps, that may be tested and implemented within KP Colorado.
    - This research will provide evidence to inform public policies to address insurance coverage gaps, such as insurance subsidies for people with opioid use disorder using opioid settlement funds received by Colorado.
    - This project will enable us to study the unique needs of and improve healthcare and health outcomes in patients experiencing insurance instability by following them after disenrollment from our health system at KP Colorado.

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
    - This project will improve the quality of patient care for individuals who face gaps and transitions in treatment of opioid use disorder by investigating health insurance instability and treatment retention.

- This project will improve the health of populations by investigating health care transitions, including discontinuation of treatment for opioid use disorder, after losing health insurance, which will directly inform interventions to mitigate mortality risks.

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?

   Members from the four health systems in this study represent many groups of individuals from all demographics including by race, ethnicity, age, and gender. The study cohort will include approximately 38% women, 77% White, 6% Black/African American, 2% Asian/Pacific Islander, <1% American Indian/Alaska Native, and 14% other or unknown race. An estimated 18% of the study population will be Hispanic/Latinx of any race. There will be no study exclusion criteria based on gender, race, or ethnicity.

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
☒ 2013
☒ 2014
☒ 2015
☒ 2016
☒ 2017
☒ 2018
☒ 2019
☒ 2020
☒ 2021
☒ 2022

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

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CENTER FOR IMPROVING VALUE IN HEALTH CARE

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:	23.70 Health Insurance Instability and Mortality among Patients Receiving Buprenorphine Treatment for Opioid Use Disorder
Date:	6/27/2023
Organization Requesting Data:	Kaiser Colorado (Finder File of KPCO members in process)

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.*

Matching on a Finder File of approximately 15K Kaiser members. Kaiser is matching members from the COAPCD with their EHR.

- ☐ No
- ☒ Yes (*Justification must be provided for each)*
  - ☐ 3-digit zip
  - ☐ Name (first, last, middle)
  - ☐ Street Address
  - ☐ City
  - ☒ 5 Digit Zip
  - ☒ DOB **16 years and older for our study.**
  - ☒ 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
     - ☒ 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) Click or tap here to enter text.
     - ☐ 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?* ***No payment data needed for this research.***

   - ☐ 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.

Data Element Selection and Justification

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

KPCO will receive data on cohort members from the Colorado All Payer Claims Database (APCD) about healthcare utilization outside of Kaiser Permanente (e.g., after membership ends). The table below describes the categories of data to be requested and a justification. The DED outlines the specific variables.

Type of Data	Justification for Elements on the DED
Member data	Unique identifier (e.g., Composite_ID), DOB, and demographics for data linkage will ensure we identify the same person. Eligibility and insurance product type will provide information about access to services.
Medical claims Pharmacy claims	Medical and pharmacy claims will provide information about services and treatment received outside KPCO. Dates of service will be used to ensure we do not count the same service in KPCO data and APCD data.

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? KPCO EHR data
   b. Which CO APCD identifying data elements will be used to perform the linkage? Composite ID
   c. Once the linkage is made, what non-CO APCD data elements will appear in the new linked file? EHR data from KPCO not already included in APCD data

Information will be collected from KPCO electronic records on eligible members 16 years and older for our study. As part of the study, data collection from KPCO records includes patient characteristics such as demographics, mental health and other diagnosis data, tumor/cancer registry data, service utilization, procedure data; health insurance factors such as plan membership data (e.g., type of plan, dates of coverage); and pharmacy data (i.e., dose, days supply, and dates of treatment), other data (e.g., labs and referrals); and dates associated with the data elements noted previously (e.g., utilization, diagnoses, procedures, pharmacy, social history) extracted from electronic health records and administrative databases.

The CO APCD data will be directly linked to KPCO's electronic health record (EHR) data. The personal identifiers that will be used to link the data is the CompositeID that is created to match the StudyID. Once linkage is confirmed, the data file will be saved as a limited data set with a StudyID replacing any identifiers.

This dataset will be combined with other sources of data that are linked to KPCO's EHR including the National Death Index data about the fact of death, date of death, and cause of death, and the Colorado Criminal Justice System data (e.g., the Colorado Department of Corrections or the Colorado courts system) about incarcerations and dates of incarceration (during which time commercial insurance is not relevant); however, these organizations will not be receiving any information from the CO APCD linkage.

KPCO will also be collecting limited data sets from the other sites (KPNC, KPSC, and HFHS) with linked data from the CO APCD to conduct the analyses.

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:	9/1/2023
Project End Date:	12/31/2029
Proposed Publication or Release Date:	12/31/2029
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/.