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# DATA RELEASE APPLICATION

## LIMITED AND IDENTIFIABLE EXTRACT

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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
8/9/2023	V.01	Initial version drafted with client.	Mason Thaxton, Health Data Consultant
8/21/2023	V.02	Updated version after app meetin	Mason Thaxton, Health Data Consultant
Date	V.	Click or tap here to enter text.	Name, Title
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## DATA REQUESTOR DETAILS

### General Project Details

Project Title:	Presentation and Quality of Care following the Colorado Option
Application Start Date:	7/15/2023
Requested Project Delivery Date:	6/1/2024
Client Organization:	University of Minnesota School of Public Health
Client Organization Address:	10 East 18 <sup>th</sup> Street Unit 404 Minneapolis, MN 55403
To be completed by CIVHC staff	
CIVHC Contact:	Mason Thaxton
Project Number:	24.04
Condensed Project Title:	Quality of Colorado Option

### Project Contacts

Project Contact Name:	Andrew Shermeyer
Title:	PHD Student
Email:	sherm570@umn.edu
Phone Number:	(302) 463-3085
Analytic Contact Name:	Click or tap here to enter text.
Title:	Click or tap here to enter text.
Email:	Click or tap here to enter text.
Phone Number:	Click or tap here to enter text.
Invoice Contact Name:	Click or tap here to enter text.
Title:	Click or tap here to enter text.
Email:	Click or tap here to enter text.
Phone Number:	Click or tap here to enter text.

### Data Release Fee Signatory

Name:	Click or tap here to enter text.
Title:	Click or tap here to enter text.
Email:	Click or tap here to enter text.

### Data Use Agreement Signatory

Name:	Click or tap here to enter text.
Title:	Click or tap here to enter text.
Email:	Click or tap here to enter text.



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## PROJECT SCHEDULE AND PURPOSE

Proposed Project Start Date <sup>1</sup> :	6/1/2024
Anticipated Project End Date:	7/31/2025
Proposed Publication or Release Date:	Click or tap to enter a date.

1. Detail the 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.

Q1: Do patient presentation patterns and characteristics differ among individuals enrolled in a Colorado Option plan compared to individuals enrolled in a non-standardized Marketplace plan?

Q2: Do individuals with a Colorado Option plan receive comparable types and/or quantities of emergency health services as those individuals with a non-standardized Marketplace plan?

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 project will examine private claims data between the years 2021 and 2023 to identify the impact of the newly offered Colorado Option standardized plans on patient presentation and emergency health services.

In 2021 Colorado passed HB21-1232 to establish a Marketplace-based public option, called the Colorado Option. Under the legislation, Colorado’s Division of Insurance created a standardized plan with a regulated benefit design. Insurers already selling individual and family coverage must offer a Colorado Option in each county they sell other individual and small group plans.<sup>2</sup> While the benefit design of each insurer’s Colorado Option plan does not vary, there are differences between premiums, provider networks, and customer service among the choices. Moreover, when considering a single insurer in Colorado’s Marketplace, there are differences between their Colorado Option standardized plan and their existing, non-standardized Marketplace offerings.

While the Colorado Option aims to lower premiums, improve racial health equity, and increase both access as well as affordability of coverage<sup>3</sup>, it is not clear how the policy has affected consumers and whether the Colorado Option is associated with different accessibility and utilization of health care services between individuals in the Marketplace

<sup>1</sup> After all required documents have been signed and the Data Release Review Committee has approved the project, 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.

<sup>2</sup> Colorado Department of Regulator Agencies. “Colorado Option 2023 Standard Plans: Quality and Affordable Health Insurance Coverage.” Accessed 7/20/2023. <https://drive.google.com/file/d/1HcCxoBi76XCHEwVN3O3qKbPUa6vdkFAk/view>

<sup>3</sup> Colorado Department of Regulatory Agencies. “Overview of Colorado Option.” Accessed 7/20/2023. [https://drive.google.com/file/d/1ELKxg9ZHwBWsFjND96e3Lalul\\_oX8ZYG/view](https://drive.google.com/file/d/1ELKxg9ZHwBWsFjND96e3Lalul_oX8ZYG/view).



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that enroll in a Colorado Option plan versus those who enroll in a non-Colorado Option plan. This project will use the state of Colorado's All Payer Claims Database (APCD) data to find preliminary evidence on the Colorado Option's impact on patient presentation and health service utilization in its first year.

The structure of APCD data allows two different levels of comparison: within the Marketplace and between years. By looking at 2023 Marketplace claims, I will consider individuals enrolled in a Colorado Option plan in one category and those enrolled in a non-Colorado Option plan as a comparison. Utilizing variables on source of care, diagnosis, and procedure in the APCD will enable me to identify any differences between the presentation and utilization trends of these groups. Moreover, by looking at claims from 2021 through 2023, I can estimate the impact of the Colorado Option as a policy by identifying differences in health service utilization for those with Marketplace plan pre- and post- the implementation of the Colorado Option.

3. Explain how this project will benefit Colorado and its residents.<sup>4</sup>

This aligns with the initial legislation of the Colorado Option, HB21-1232, which required the Colorado Option be evaluated based on multiple parameters including equity. Identifying differential presentation and utilization patterns based on insurance status considers equity.

Moreover, knowing this will benefit Colorado residents because it will inform future discussions on regulatory issues surrounding health insurance that can encourage availability and accessibility to high quality care. While this is a preliminary analysis of the first year of HB21-1232, it can identify ways in which the patient experience for consumers choosing a Colorado Option can be improved.

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

This project will identify differences in presentation and utilization patterns for an individual enrolled in a CO versus an individual enrolled in a non-CO Marketplace plan. Knowing these differences can inform future legislation/edits to the Colorado Option that will ensure these individuals receive the same quality/accessibility of care as other consumers.

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<sup>4</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 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.

The motivation of this project is to ensure individuals have equitable access to care across insurance categories. The Colorado Department of Regulatory Agencies indicates that approximately 35,000 people have enrolled in Colorado Option plans during the 2023 Open Enrollment.<sup>5</sup> This figure will only increase amid Medicaid's "unwinding" as individuals losing Medicaid eligibility could turn to Colorado's individual Marketplace for health insurance coverage. Determining if those individuals selecting a CO versus non-CO plan present to similar quality / get similar care and the policy recommendations this knowledge will inform contributes to the State of Colorado and CIVHC's commitment.

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<sup>5</sup> Colorado Department of Regulatory Agencies. "Colorado Option". Accessed 7/20/2023. <https://doi.colorado.gov/insurance-products/health-insurance/health-insurance-initiatives/colorado-option>



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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. Answer the following:

Who will receive the Member Match File? Please specify here.
What data elements will be required in the Member Match File? Please specify here.

### Control Group

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

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

- No
- Yes. Consult with your CIVHC Contact about completion of an additional Data Element Selection form for your Control Group.

### 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)? Please specify here.
Who will perform the data linkage? Please specify here.



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What identifying data elements will be used to perform the data linkage?

Please specify here.

What non-CO APCD data elements will appear in the new linked file?

Please specify here.





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# Data Release Application Limited and Identifiable Extract

## 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

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

Available for Limited and Identifiable extracts:		
<input checked="" type="checkbox"/> Member 5-Digit Zip Code	<input type="checkbox"/> Member <a href="#">Census Tract</a>	<input type="checkbox"/> Member County
<input type="checkbox"/> Member City	<input checked="" type="checkbox"/> Member Eligibility Date	<input type="checkbox"/> Employer Tax ID
<input checked="" type="checkbox"/> Member Dates of Service		
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 Geocoded Address	
Provide detailed justification for the inclusion of all PHI data selected above. <sup>6</sup>		
<p><u>Member 5-Digit Zip Code:</u> Having the 5-digit zip code lets me find the population weighted zip code centroid for that zipcode. With that, I can estimate the driving time between this zip code centroid and the place where service is rendered. This measures accessibility and is an important factor in utilization.</p> <p><u>Member Dates of Service:</u> This is especially important for seeing treatment regimes among chronic conditions (i.e. recurring visits) which can help to identify inequities.</p> <p><u>Member Eligibility Date:</u> 2023 has been a relatively volatile year for insurance and I expect there will be changes in eligibility outside of the open enrollment period and a lot of coverage won't begin precisely Jan 1st 2023. The first change I'd like to account for is the Medicaid unwinding. The second change I'd like to account for is the termination of Friday Health Plans.</p>		

### Line(s) of Business

- Commercial Payers
- Health First Colorado (Colorado's Medicaid and CHP+ programs)<sup>7</sup>
- Medicare Advantage
- Medicare Fee for Service (FFS)<sup>8</sup>

<sup>6</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.

<sup>7</sup> Medicaid-only data requests must be approved by the Colorado Department of Health Care Policy and Financing.

<sup>8</sup> Medicare FFS data are not available for all requests and must go through a separate approval process.



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# Data Release Application Limited and Identifiable Extract

## Year(s) of Data

- 2012     2013     2014     2015     2016     2017  
 2018     2019     2020     2021     2022     2023<sup>9</sup>

## Claim Type(s)

- Inpatient Facility     Outpatient Facility     Professional  
 Pharmacy     Dental

## Financial Detail by Line Item

- Charged Amount     Allowed Amount     Plan Paid Amount  
 Plan Pre-Paid Amount     Member Copay     Member Deductible  
 Member Coinsurance     Total Member Liability

## 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):

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

<sup>9</sup> This year’s data is incomplete. Consult with your CIVHC Contact to find out what data is available at the time of your request.



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Please specify here.
<b>Other claim specification:</b>
Please specify here.

## 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):

<b>Ages:</b>		
Please specify here.		
<input type="checkbox"/> At the time of service.	<input type="checkbox"/> At year end	<input type="checkbox"/> By another anchor date: Please specify here.
<b>With these ICD Diagnosis Code(s):</b>		
Please specify here.		
<b>Who have had the following procedure(s) (list CPT, HCPCS, DRG, ICD, and/or CDT codes):</b>		
Please specify here.		
<b>Within these geographical areas (list county, zip code, <a href="#">Census Tract</a>, etc., in keeping you're your selected <a href="#">Protected Health Information</a>):</b>		
Please specify here.		

## Value-Add Data Elements

Indicate which (if any) of the following value-add options you would like included with this extract:

- [Medicare Severity Diagnosis Related Group](#) Codes (MS-DRGs)
- [3M All Patient Refined Diagnosis Related Group](#) Codes (3M APR DRGs)
- [Medicare Repricer](#)
- Fields from the [American Community Survey](#):

Please specify here.
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## ADDITIONAL DOCUMENTATION

### Data Element Selection Form

The Data Release Application must be accompanied by a completed Data Element Selection Form to be reviewed internally and by the Data Release Review Committee. 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.

### 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.



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## Approval Type

- IRB approval
- Privacy Board approval

## State of Approval

- Approval request not yet submitted.  
Anticipated submission date: Click or tap to enter a date.
- Approval request submitted and under review.  
Anticipated project approval date: Click or tap to enter a 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.

## 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.

- Submitted to CIVHC on Click or tap to enter a date.
- Approved by CIVHC on Click or tap to enter a date.

## CLIENT ACKNOWLEDGEMENTS AND SIGNATURES

### Change Agent Index

CIVHC can publicly share the Client Organization's name in its [Change Agent Index](#).

- Yes       No

### 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 suppression rules](#), 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.



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## 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>10</sup> must be completed and returned to [DataCompliance@CIVHC.org](mailto:DataCompliance@CIVHC.org) by Click or tap to enter a date based on the [Anticipated Project End Date](#).

## 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.

Name	Role	Organization
Andrew Shermeyer	PHD Student	University of Minnesota School of Public Health
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
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<sup>10</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 Release Application Version Approvals

### Checkpoint 1: Preparation for CIVHC's internal Application Review Meeting

The Client Organization has reviewed and confirms that V.01 of this Data Release Application represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Initials:	MMT	Initials:	AS
Name:	Mason Thaxton	Name:	Andrew Shermeyer
Title:	Health Data Consultant	Title:	PHD Student
Date:	8/14/2023	Date:	8/14/2023

### Checkpoint 2: Preparation for presentation to the Data Release Review Committee

The Client Organization has reviewed and confirms that V.02 of this Data Release Application represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Initials:	MMT	Initials:	AS
Name:	Mason Thaxton	Name:	Andrew Shermeyer
Title:	Health Data Consultant	Title:	PHD Student
Date:	8/21/2023	Date:	8/21/2023

### Checkpoint 3: Final approval to begin project production

The Client Organization has reviewed and confirms that V. of this Data Release Application represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Signature:		Signature:	
Name:	Click or tap here to enter text.	Name:	Click or tap here to enter text.
Title:	Click or tap here to enter text.	Title:	Click or tap here to enter text.
Date:	Click or tap to enter a date.	Date:	Click or tap to enter a date.



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## Data Element Selection Form Version Approvals

### Checkpoint 1: Preparation for CIVHC's internal Application Review Meeting

The Client Organization has reviewed and confirms that V.01 of the Data Element Selection Form represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Initials:	MT	Initials:	AS
Name:	Mason Thaxton	Name:	Andrew Shermeyer
Title:	Health Data Consultant	Title:	PHD Student
Date:	8/29/2023	Date:	8/29/2023

### Checkpoint 2: Preparation for presentation to the Data Release Review Committee

The Client Organization has reviewed and confirms that V.02 of the Data Element Selection Form represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Initials:	MT	Initials:	AS
Name:	Mason Thaxton	Name:	Andrew Shermeyer
Title:	Health Data Consultant	Title:	PHD Student
Date:	8/29/2023	Date:	8/29/2023

### Checkpoint 3: Final approval to begin production

The Client Organization has reviewed and confirms that V. of the Data Element Selection Form represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Signature:		Signature:	
Name:	Click or tap here to enter text.	Name:	Click or tap here to enter text.
Title:	Click or tap here to enter text.	Title:	Click or tap here to enter text.
Date:	Click or tap to enter a date.	Date:	Click or tap to enter a date.