



Data Release Application

Limited and Identifiable Extract

Application Navigation

Client Application Revision History	1
Data Requestor Details	2
Project Schedule and Purpose	3
Data Matching and Linkage	6
Data Inclusion Criteria.....	8
Additional Documentation	12
Client Acknowledgements and Signatures	13

Data Release Application

Limited and Identifiable Extract



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
11/7/2023	V.01	Initial version drafted with client.	Name, Title
11/10/2023	V.02	Migrate to current app template	Amanda Kim, CIVHC
Date	V.03	Click or tap here to enter text.	Name, Title
Date	V.04	Click or tap here to enter text.	Name, Title
Date	V.05	Click or tap here to enter text.	Name, Title
Date	V.06	Click or tap here to enter text.	Name, Title
Date	V.07	Click or tap here to enter text.	Name, Title
Date	V.08	Click or tap here to enter text.	Name, Title
Date	V.09	Click or tap here to enter text.	Name, Title
Date	V.10	Click or tap here to enter text.	Name, Title
Date	V.11	Click or tap here to enter text.	Name, Title
Date	V.12	Click or tap here to enter text.	Name, Title
Date	V.13	Click or tap here to enter text.	Name, Title
Date	V.14	Click or tap here to enter text.	Name, Title
Date	V.15	Click or tap here to enter text.	Name, Title

Data Release Application

Limited and Identifiable Extract



Data Requestor Details

General Project Details

Project Title:	Facility Fee
Application Start Date:	11/7/2023
Requested Project Delivery Date:	1/31/2024
Client Organization:	Colorado Department of Health Care Policy & Financing (HCPF) in partnership with CBIZ Optumas (Optumas)
Client Organization Address:	7400 E. McDonald, Suite 101, Scottsdale, AZ 85250
To be completed by CIVHC staff	
CIVHC Contact:	Amanda Kim
Project Number:	24.100.4
Condensed Project Title:	Facility Fees

Project Contacts

Project Contact Name:	Seth Adamson
Title:	Director
Email:	seth.adamson@optumas.com
Phone Number:	720.907.4054
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:	HCPF
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:	N/A- Direct Analytics Contract
Title:	Click or tap here to enter text.
Email:	Click or tap here to enter text.

Data Release Application

Limited and Identifiable Extract



Data Use Agreement Signatory

Name:	Seth Adamson
Title:	Director
Email:	seth.adamson@optumas.com

Data Release Application

Limited and Identifiable Extract



Project Schedule and Purpose

Proposed Project Start Date ¹ :	10/1/2023
Anticipated Project End Date:	10/1/2024
Proposed Publication or Release Date:	10/1/2024

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.

This project is intended to address the items set forth in House Bill (HB) 23-1215. Specifically, HB 23-1215 creates a Steering Committee that has been charged with reviewing the impacts that facility fees have had on health care expenses, and modify the billing practice requirements around facility fees after July 1, 2024. The intent of this project is to identify when those facility fees are charged, the amount that is charged, and how that varies across health care programs and providers. This includes reviewing impacts for Medicaid, Medicare, and Commercial, and within those programs analyzing the impact by various types of provider practices including: hospital-owned physician groups, independent practices, and in-network/out-of-network providers relative to member benefit coverage. This project is also intended to review provider billing practices, and payer reimbursement policies, which will be substantiated by the APCD claims data. The intent is to review professional, outpatient, and inpatient services to identify facility fees that may be charged at each type of location.

This study will be building upon previous work identifying changes in cost due to vertical integration.

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.

Optumas will be developing a methodology to identify the portion of claims reimbursement that is associated with facility fees. Given that these fees are not currently easily identifiable, the goal of this project will be to determine a methodology, which will likely go through iterative revisions. We anticipate reviewing the specifics of each claim at the code level to determine when reimbursement includes a facility fee at that level, based on various splits of data that will include:

¹ 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.

Data Release Application

Limited and Identifiable Extract



hospital affiliated providers, independent providers, in-network providers, out-of-network providers, and differences by program type (Medicaid, Medicare, commercial)

3. Explain how this project will benefit Colorado and its residents.²

This project will assist Colorado HCPF and other State agencies in identifying cost increases due to facility fees, which can potentially be mitigated through policy changes informed by this study.

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

This project will be identifying cost increases due to facility fees. Based on the information gathered in this study, policy changes to reduce the per capita cost of health care can be made.

This may also impact the patient experience of care to provide better transparency around pricing of services up front, instead of surprise billing of facility fees after the fact.

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.

Colorado HCPF serves some of the most vulnerable people in Colorado. With limited resources, making sure that funding is being allocated to providers effectively is paramount. By analyzing and addressing cost changes due to facility fees, cost increases can be averted if they are determined to be inappropriate or excessive, freeing resources for other needs. Additionally, it may be determined that facility fees are important part of reimbursement for rural providers, and may help address access to care issues in rural areas.

² 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.

Data Release Application

Limited and Identifiable Extract



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 [Member Match File Data Element Selection Form](#). Answer the following:

Who will receive the Member Match File?

N/A

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 to create a Control Group as part of this project?

- ☒ No
☐ Yes. Consult with your CIVHC Contact about completing a [Control Group Data Element Selection Form](#).

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)?

Data Release Application

Limited and Identifiable Extract



The CO APCD data will be linked with provider ownership information from IQVIA.

Who will perform the data linkage?

Optumas.

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

The link will be performed using the provider NPI and service date.

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

The linked file will include provider ownership information by name, NPI, or another identifier.

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 type="checkbox"/> Member 5-Digit Zip Code	<input type="checkbox"/> Member Census Tract	<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 Identifiable Data Use Approval):		
<input type="checkbox"/> Member Name	<input type="checkbox"/> Member Date of Birth (if requesting more than year only)	
<input type="checkbox"/> Member Geocoded Address	<input type="checkbox"/> Member Geocoded Latitude and Longitude	
Provide detailed justification for the inclusion of all PHI data selected above, and explain how its inclusion meets the Minimum Necessary Requirement . ³		
<p>Dates of Service: Dates of service are needed to identify 1) the specific point in time when the facility fees were charged and 2) to be able to accurately group facility, professional, and medical claims of occurrences.</p> <p>Member eligibility date: this will be necessary to analyze facility fees specific to the start of a members coverage date, and to calculate/validate membership counts for purposes of normalized PMPM and utilization per 1,000 metrics.</p> <p>Plan effective date: this will be used to delineate the time period between different types of health plan coverage and how facilities fees charged to that member for services may change based on that.</p> <p>Plan termination date: this will be used to delineate the time period between different types of health plan coverage and how facilities fees charged to that member for services may change based on that.</p>		

³ 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.

Data Release Application

Limited and Identifiable Extract



Line(s) of Business

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

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 checked="" type="checkbox"/> 2017 |
| <input checked="" type="checkbox"/> 2018 | <input checked="" type="checkbox"/> 2019 | <input checked="" type="checkbox"/> 2020 | <input checked="" type="checkbox"/> 2021 | <input checked="" type="checkbox"/> 2022 | <input type="checkbox"/> 2023 ⁶ |

Claim Types

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

Financial Detail by Line Item

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Charged Amount | <input checked="" type="checkbox"/> Allowed Amount | <input checked="" type="checkbox"/> Plan Paid Amount |
| <input 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 | |

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):
Please specify here.
Procedure(s) (list CPT, HCPCS, DRG, ICD, and/or CDT codes):
Please specify here.

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

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

⁶ This year's data is incomplete. Consult with your CIVHC Contact to find out what data is available at the time of your request.

Data Release Application

Limited and Identifiable Extract



Drug(s) (list pharmacy NDC and/or HCPCS codes):
Please specify here.
Facility Type(s):
Please specify here.
Facilities (list NPIs and/or Pharmacy IDs):
Please specify here.
Facilities within these geographical areas (list county, zip code, Census Tract, etc.):
Please specify here.
Provider Type(s):
Please specify here.
Provider(s) (list NPIs):
Please specify here.
Providers within these geographical areas (list county, zip code, Census Tract, etc.):
Please specify here.
Specific payers (minimum of five):
Please specify here.
Other claim specification:
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):

Ages:		
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.
With these ICD Diagnosis Code(s):		

Data Release Application

Limited and Identifiable Extract



Please specify here.
Who have had the following procedure(s) (list CPT, HCPCS, DRG, ICD, and/or CDT codes):
Please specify here.
Within these geographical areas (list county, zip code, Census Tract , etc., in keeping with your selected Protected Health Information):
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.

Data Release Application

Limited and Identifiable Extract



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.
- ☐ 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, if applicable.

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

State of Approval

- ☐ Approval request not yet submitted.
Anticipated submission date: Date
- ☐ Approval request submitted and under review.
Anticipated project approval date: 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 Release Application

Limited and Identifiable Extract



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 Date
- ☐ Approved by CIVHC on 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.

Data Release Application

Limited and Identifiable Extract



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](#)⁷ must be completed and returned to DataCompliance@CIVHC.org by 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
Seth Adamson	Director	Optumas
Dan Skinner	Senior Manager	Optumas
Marshall Dupree	Senior Consultant	Optumas
Amy Filler	Senior Manager	Optumas
Scott Campbell	Senior Manager	Optumas
Spencer Smith	Consultant	Optumas
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.

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

Data Release Application

Limited and Identifiable Extract



Data Release Application Version Approvals

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

The Client Organization has reviewed and confirms that V.03 of this Data Release Application represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Initials:	AK	Initials:	SDA
Name:	Amanda Kim	Name:	Seth Adamson
Title:	Director of Colorado State Initiatives	Title:	Director
Date:	11/14/2023	Date:	11/14/2023

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

The Client Organization has reviewed and confirms that V.04 of this Data Release Application represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Initials:	AK	Initials:	SDA
Name:	Amanda Kim	Name:	Seth Adamson
Title:	Director of Colorado State Initiatives	Title:	Director
Date:	11/28/2023	Date:	11/28/2023

Checkpoint 3: Final approval to begin project production

The Client Organization has reviewed and confirms that V.00 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:	Date	Date:	Date

Data Release Application

Limited and Identifiable Extract



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.03 of this Data Release Application represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Initials:	AK	Initials:	SDA
Name:	Amanda Kim	Name:	Seth Adamson
Title:	Director of Colorado State Initiatives	Title:	Director
Date:	11/14/2023	Date:	11/14/2023

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

The Client Organization has reviewed and confirms that V.03 of this Data Release Application represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Initials:	AK	Initials:	SDA
Name:	Amanda Kim	Name:	Seth Adamson
Title:	Director of Colorado State Initiatives	Title:	Director
Date:	11/28/2023	Date:	11/28/2023

Checkpoint 3: Final approval to begin production

The Client Organization has reviewed and confirms that V.00 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:	Date	Date:	Date