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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)
5/29/2024	V.01	Initial version drafted with client.	Lucía Sanders, Key Account Manager
6/4/2024	V.02	Updated linkage details, member filter by age at time of service.	Lucía Sanders, Key Account Manager
6/10/2024	V.03	Updated PHI data elements and expanded on need for age filters.	Lucía Sanders, Key Account Manager
9/13/2024	V.04	Updated lower and upper bounds of age range to include members who do not directly transition into Medicare within the observed timeframe but close enough in age that their trends may inform interpretation of results from the rest of the sample. Expanded on question 2 (methodology). Updated IRB dates.	Lucía Sanders, Key Account Manager
	V.05		
	V.06		
	V.07		
	V.08		
	V.09		
	V.10		

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Data Requestor Details

General Project Details

Project Title:	Understanding the Transition to Medicare Among Older Adults
Application Start Date:	5/29/2024
Requested Project Delivery Date:	9/1/2024
Client Organization (legal name):	Harvard University
Client Organization Address:	79 John F. Kennedy St, Cambridge, MA 02138
To be completed by CIVHC staff	
CIVHC Contact (full name, complete title):	Lucía Sanders, Key Account Manager
Project Number:	24.58
Condensed Project Title:	Transition to Medicare

Project Contacts

Project Contact Name:	Hailey Brace
Title:	PhD Candidate in Health Policy & Economics
Email:	haileybrace@g.harvard.edu
Phone Number:	607-237-1551
Analytic Contact Name:	(Working to identify)
Title:	
Email:	
Phone Number:	

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Invoice Contact Name:	(Working to identify)
Title:	
Email:	
Phone Number:	
Data Release Fee Signatory:	(Working to identify)
Title:	
Email:	
Phone Number:	
Data Use Agreement Signatory:	(Working to identify)
Title:	
Email:	
Phone Number:	

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Project Schedule and Purpose

Proposed Project Start Date[1]:	9/1/2024
Anticipated Project End Date:	9/1/2029
Proposed Publication or Release Date:	9/1/2029

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 broad aim of the project is to understand how the transition to Medicare among older adults is influenced by the type of insurance those individuals hold before age 65. With this goal in mind, we will examine changes in spending, utilization, and health around age 65. Examples of specific subquestions are listed below:
>
> *Individual research questions:*
>
>   i.   Do individuals with high deductible health plans experience a bigger change in health care spending at age 65 than individuals with generous employer plans?
>
>   ii.   What is the relationship between the type of health insurance a person holds before age 65 and the likelihood of selecting into the Medicare Advantage program?
>
>   iii.   How do changes in utilization and cost-sharing associated with the Medicare program affect preventable adverse health outcomes?
>
>   iv.   What characteristics of health insurance plans (e.g. networks, cost sharing, etc.) are most impactful in determining health and spending?

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.

> We will conduct an event study analysis with individual-level fixed effects. The Colorado All Payer Claims Database is ideal for this type of analysis, because it allows us to track the same individuals over time and across plans. Thus, we can compare the outcomes of enrollees with different types of insurance plans before and after transitioning into the Medicare program. Note that while we

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[1] 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.

> will use information about an individual's insurance plan status across time, all analyses will be done at the group level (e.g. for people who had private high deductible health plans before age 65), not at the individual level.
>
> In addition to individuals who directly transition into Medicare within our dataset's timeframe, we will leverage data from those nearing the transition as well as those who transitioned just before our timeframe. By including adults aged 50-80, we can enrich our model with a broader set of empirical trends. Although individuals at the age extremes (e.g., 50-year-olds who won't reach 65 during the dataset period and 80-year-olds who were already 65 when the dataset begins) won't experience the transition to Medicare within the observed period, their healthcare utilization patterns will help us extrapolate and predict long-term healthcare utilization and outcomes.

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

> The population of Colorado is aging rapidly. The number of residents over 65 years old increased by more than 58% between 2010 and 2020*. The significance of this shift has already been recognized by the citizens and political representatives of Colorado, with legislation like the Modernization of the Older Coloradan's Act emphasizing the importance of understanding and supporting the state's aging population. The transition to Medicare is an important determinant of the health and financial security of older Coloradans. Understanding this transition and its relation to the health insurance status of the under-65 population will help inform public policies that aim to decrease spending and improve health outcomes for Colorado residents. Examples of such policy levers that are available to the state government include marketplace regulations, tax incentivies for employer sponsored health insurance, and Medicaid eligibility thresholds.
>
> *Source:
>
> Administration for Community Living (2022). 2021 Profile of Older Americans. Retrieved from https://acl.gov/sites/default/files/Profile%20of%20OA/2021%20Profile%20of%20OA/2021Profile OlderAmericans_508.pdf

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 improve our understanding of how health insurance characteristics and health insurance transitions affect the quantity, quality, and value of care that patients receive. Knowledge from this project will help the state of Colorado to design incentives for insurers, employers, and individuals that maximize the well-being of Colorado residents. Examples of

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[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.

specific policies that can be informed by this work include state investment into safety net programs for older adults, informational campaigns about Medicare plan choice, and financial incentives for insurers whose goals are in alignment with long-term health and spending outcomes.

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.

Questions about equity are deeply embedded in our research design. Health insurance plans are not randomly assigned; individuals with lower socioeconomic status are more likely to transition onto the Medicare program from Medicaid or a low-tier marketplace plan, while higher-income individuals are more likely to transition into Medicare from generous employer plans. Examining the differences between these different types of transitions will shed light on specific health equity concerns that have previously been difficult or impossible to characterize.

Additionally, understanding the relationship between pre-Medicare insurance status and selection into Medicare Advantage (versus Traditional Medicare) will provide new knowledge about the determinants of racial and socioeconomic disparities in the Medicare program; currently, Medicare Advantage enrollees are more likely than Traditional Medicare enrollees to be Black or Hispanic, have low incomes, possess lower levels of education, and live in urban areas. Understanding the relationship between insurance status before age 65 and plan choice in the Medicare program may help to explain (or even change) some of these disparities.

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.

Our analysis of the CO APCD data will be used to write academic papers. Our intended audience for these papers will be scholars in the fields of health policy and economics. In addition, we will create a publicly available policy brief that can be used to distill our findings into policy-relevant evidence for legislators and and other stakeholders in the field of health and aging.

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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 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.

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?
American Community Survey (ACS)
Who will perform the data linkage?
Hailey Brace
What identifying data elements will be used to perform the data linkage?
Member census tract
What non-CO APCD data elements will appear in the new linked file?
Educational attainment, income, racial/ethnic demographics

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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:		
☐ Member 5-Digt Zip Code	☐ Member County	☐ Member City
☒ Member Dates of Service	☒ Member Eligibility Dates	☐ Employer Tax ID
☐ Member FIPS Code	☒ Member Census Tract	☐ Member Census Block
☐ Member Census Block Group		
Available for Identifiable extracts only (see also Identifiable Data Use Approval):		
☐ Member Name	☐ Member Date of Birth (if requesting more than year only)	
☐ Member Street Address	☐ Member 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]		
Geographic data will be used to control for socioeconomic status (after linking with the American Community Survey). Dates of service and eligibility are important for understanding which claims can be attributed to which health insurance plans. Understanding the relationship between plan characteristics and utilization is crucial to our analysis.		

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[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.

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

☐ 2012 ☐ 2013 ☒ 2014 ☒ 2015 ☒ 2016 ☒ 2017

☒ 2018 ☒ 2019 ☐ 2020 ☐ 2021 ☐ 2022 ☐ 2023[6]

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

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[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 not fully adjudicated.

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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, Census Tract, etc.):
Provider Type(s):
Provider(s) (list NPIs):
Providers within these geographical areas (list county, zip code, Census Tract, etc.):
Specific payers (minimum of five):

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:		
50-80 years		
☒ At the time of service	☐ At year end	☐ By another anchor date: *Specify here*
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, Census Tract, 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: 10/11/2024

- ☐ 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:	
Date Approved by CIVHC:	

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 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[7] must be completed and returned to DataCompliance@CIVHC.org by 10/1/2029 based on the Anticipated Project End Date.

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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
Hailey Brace	PhD Candidate	Harvard University
Mark Shepard	Associate Professor	Harvard University

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[7] 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

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.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:	Hailey Brace
Title:	Key Account Manager	Title:	PhD Candidate in Health Policy & Economics
Date:		Date:	

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.05	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:	Hailey Brace
Title:	Key Account Manager	Title:	PhD Candidate in Health Policy & Economics
Date:		Date:	