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)
8/27/2024	V.01	Initial version drafted with client.	Lucía Sanders, Key Account Manager
9/18/2024	V.02	Confirmed need for alias employer tax ID (integer substitution). Included MS DRGs and excluded APR DRGs.	Lucía Sanders, Key Account Manager
10/3/2024	V.03	Updated request for true Employer Tax ID for TINs submitted via finder file, and alias Employer Tax IDs for all others.	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:	Evaluation of the Colorado Public Option Plan and its Impacts on Costs of Care and Provider Networks Assessing administered drug prices and spending among Colorado private insurers in Medicare
Application Start Date:	7/9/2024
Requested Project Delivery Date:	11/1/2024
Client Organization (legal name):	University of Colorado Anschutz Medical Campus – Colorado School of Public Health
Client Organization Address:	13001 E 17th Pl B119, Aurora, CO 80045
To be completed by CIVHC staff	
CIVHC Contact (full name, complete title):	Lucía Sanders, Key Account Manager
Project Number:	25.04
Condensed Project Title:	Evaluation Public Option

Project Contacts

Project Contact Name:	Jason Gibbons
Title:	Assistant Professor
Email:	Jason.Gibbons@cuanschutz.edu
Phone Number:	7734011266
Analytic Contact Name:	
Title:	
Email:	
Phone Number:	

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Invoice Contact Name:	Gerard Anderson
Title:	Professor
Email:	ganderson@jhu.edu
Phone Number:	
Data Release Fee Signatory:	Gerard Anderson
Title:	Professor
Email:	ganderson@jhu.edu
Phone Number:	
Data Use Agreement Signatory:	Kristy B. Williams
Title:	Contracts Associate
Email:	kwill251@jhu.edu
Phone Number:	(667) 208-8963

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Project Schedule and Purpose

Proposed Project Start Date[1]:	11/1/2024
Anticipated Project End Date:	12/31/2029
Proposed Publication or Release Date:	11/1/2025

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.

> *Individual research questions:*
>
> i. Have the Colorado Option provider/hospital negotiations had any impacts on the broader cost of care (other lower reimbursement rates)?
>
> ii. Have any changes in provider networks occurred due to the introduction of the Colorado Option?
>
> iii. How would changes in OON price regulation and related factors affecting insurer-provider negotiations impact overall prices and quantities of care? At what rate could the Division of Insurance set a potential price cap?
>
> iv. Do private insurers covering Colorado Medicare beneficiaries negotiate competitive prices for administered-drugs in Medicare?
>
> v. What is the impact of employer coverage terminations on individual coverage and health care expenditures?
>
> vi. What are the impacts of insurer and employer plan design on prices, quantity, and quality of care? How do these impacts change with features of the market?

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.

> 1) Longitudinal data analysis (e.g., event study/interrupted time series) to estimate the effect of the public option implementation on reimbursement

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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.

> levels for common procedures delivered in CO and total cost of care for commercially enrolled beneficiaries not enrolled in public option plans.
>
> 2) Repeat analyses by using network breadth as an outcome (e.g., number of hospitals in network for non-option plans).
>
> 3) Identify current commercial allowed amounts, current out-of-network amounds, and Medicare allowed amounts for common services and compare against a range of potential price caps. Model savings assuming adoption of price caps.
>
> 4) Repeated cross-sectional analyses describing administered drug prices for Medicare Advantage insurers, compared to commercial prices, and average sales price in Traditional Medicare
>
> 5) Longitudinal difference-in-differences analysis comparing coverage and expenditures (total and out-of-pocket) in individuals before and after their employer terminates coverage to individuals whose employer continues offering coverage
>
> 6) Longitudinal data analysis combined with structural modeling of the economic behavior of players in the market (insurers, employers, providers, patients) to forecast the impacts of policies, regulations, and other changes to features of the market.

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

> Analyses will help the State of Colorado Department of Insurance (DOI) determine the effectiveness of CO public option plans in increasing market competitiveness and coverage. Analyses will provide forecasts of the costs and benefits of adopting price caps that will inform ongoing policy discussions and may help determine the optimal price cap level.
>
> Administered drug spending remains high in the country and in in Colorado. Assessing the prices negotiated by private insurers in Medicare will help illuminate whether Colorado Medicare beneficiaries are receiving a competitive price. This work can help drive down prices and drive down spending on Medicare drug spending.
>
> Less than half of small employers in Colorado offer employer-sponsored health insurance to their employees. From 2010 to 2020, the rate of small employers offering coverage declined from approximately 40% to approximately 25%. This research will inform how these coverage terminations impact whether and how people are insured, whether they have coverage gaps following terminations, and ultimately how their expenditures on health care are impacted. This

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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.

can inform policies to prevent coverage terminations, especially by small employers, and/or identify alternatives for employees not offered coverage by their employers.

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

See previous response

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.

Findings can be used to improve the quality of insurance offerings, including the public option plan, on the Colorado Health Exchange. Higher quality insurance with broader coverage and lower costs can allow consumers to optimize their utilization of health care services while improving the affordability of insurance to consumers. High health care costs currently disproportionately impact low-income patients, who face greater financial barriers to care and a higher risk of medical debt. Potential price cap reforms or other market changes that reduce health care prices will disproportionately benefit low-income and middle-income patients, especially those with commercial insurance.

Physician-administered drugs often treat chronic, debilitating diseases. Medicare beneficiaries may incur high-spending to receive these drugs. Thus, understanding the negotiated prices in Medicare Advantage will help protect vulnerable beneficiaries from high healthcare expenditures.

Employees at small employers disproportionately receive lower wages than employees at large employers and are more likely to be racial and ethnic minorities. Our research will help to understand how disproportion coverage terminations affect these groups and will include stratification analyses to under the effects of coverage terminations by income level, race and ethnicity, and gender.

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.

Each research question listed above will be answered analytically and then summarized in an executive report to the DOI. Separate manuscripts for each question will be submitted to peer-reviewed health services research and economics journals for publication.

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.

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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?
Medicare Repricer Census income data American Hospital Association
Who will perform the data linkage?
Research Team
What identifying data elements will be used to perform the data linkage?
Organizational NPI, DRG/CPT Income data will be linked by Census tract and/or ZIP code
What non-CO APCD data elements will appear in the new linked file?
Geographic level income

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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-Digit Zip Code	☒ Member County	☐ Member City
☒ Member Dates of Service	☒ Member Eligibility Dates	☐ Employer Name
☒ 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	
☒ Employer Tax ID		
Provide detailed justification for the inclusion of all PHI data selected above, and explain how its inclusion meets the Minimum Necessary Requirement.[3]		
Geographic information needed to establish insurance markets that can be used to evaluate changes in reimbursement and network breadth per research questions 1 & 2 and link income information for research question 5. Dates of service needed for longitudinal data analysis. Member eligibility dates needed to identify transitions in coverage. We will submit a finder file of TINs from the Department of Labor, and we request the true Employer Tax ID value from the CO APCD for matches only. This is required to identify if insurance coverage ended due to employer closure. For all other Employer Tax IDs, integer substitution values will suffice and allow us to group members by employer.		

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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.

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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):

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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:		
☐ 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

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:	
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 1/30/2030 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
Roz Murray	Assistant Professor	Brown University
Angela Liu	Assistant Scientist	Johns Hopkins University
Mark Meiselbach	Assistant Professor	Johns Hopkins University
Ellie Prager	Assistant Professor of Economics	University of Rochester
Nicholas Tilipman	Assistant Professor of Health Policy and Administration	University of Illinois Chicago
Jason Gibbons	Assistant Professor	University of Colorado Anschutz Medical Campus

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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.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:	Jason Gibbons
Title:	Key Account Manager	Title:	Assistant Professor
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:	Jason Gibbons
Title:	Key Account Manager	Title:	Assistant Professor
Date:		Date:	