CIVHC
CENTER FOR IMPROVING VALUE IN HEALTH CARE

Data Release Application
Limited and Identifiable Extracts

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Custom De-Identified 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 (full name, complete title)
6/25/2024	V.01	Initial version drafted with client.	Austin Wozniak, HCPF
7/10/2024	V.02	Proj desc, PHI justification, proj end date	Amanda Kim, DCSI
7/12/2024	V.03	Research questions revision	Austin Wozniak, HCPF
7/16/2024	V.04	Update Claim Type	Amanda Kim, DCSI
7/30/2024	V.05	Add to PHI justification, remove DRGs	Austin Wozniak, HCPF
	V.06		
	V.07		
	V.08		
	V.09		
	V.10		

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Data Requestor Details

General Project Details

Project Title:	Hospital Payment Variation Outpatient
Application Start Date:	6/21/2024
Requested Project Delivery Date:	11/27/2024
Client Organization (legal name):	Colorado Department of Health Care Policy and Finance
Client Organization Address:	303 E 17th st, 11th floor, Denver CO.
To be completed by CIVHC staff	
CIVHC Contact (full name, complete title):	Amanda Kim
Project Number:	25.100.15.3
Condensed Project Title:	DA Hosp Payment Variation Outpatient

Project Contacts

Project Contact Name:	Austin Wozniak
Title:	Health System Value Analysis Unit Supervisor
Email:	Austin.Wozniak@state.co.us
Phone Number:	**303-866-3123**
Analytic Contact Name:	Autumn Carparelli
Title:	Business Intelligence Architect
Email:	acarparelli@healthmanagement.com
Phone Number:	402-450-6119

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Invoice Contact Name:	Eriko Mori
Title:	**Contracts Administrator**
Email:	eriko.mori@state.co.us
Phone Number:	303-866-3517
Data Release Fee Signatory:	N/A: Direct Analytics Contract
Title:	
Email:	
Phone Number:	
Data Use Agreement Signatory:	Jeffrey M. DeVries
Title:	Contracts Senior Director
Email:	contracts@healthmanagement.com
Phone Number:	

Project Schedule and Purpose

Proposed Project Start Date[1]:	7/1/2024
Anticipated Project End Date:	6/30/2025
Proposed Publication or Release Date:	6/30/2025

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.

> The Hospital Discharge Report is an ongoing project for the Colorado Department of Health Care Policy & Financing (HCPF). Each year, CIVHC prepares a data set of acute care discharges by payer and hospital, for Commercial, Medicaid and Medicare, starting in 2017, and adding the most recent calendar year of discharges with each run. Health Management Associates (HMA), through a contract with HCPF, takes the CO APCD claims data and turns that information into payments per Colorado hospital, system, and region. These payments are then compared to see variation across the state. Those prices are also compared to a Medicare equivalent payment, answering the question "For this hospital/service/etc. what does the hospital get paid in relationship to Medicare".
>
> This request is to add outpatient claims to the data set.
>
> This payment variation analysis, completed by HMA and submitted to HCPF, may be used in state policy decisions, legislative information, stakeholder engagement with hospitals, and more. The team has a goal/objective to externally publish a share with the public and insurance purchasers to identify low and high price hospitals.

> *Individual research questions:*
>   i. Expansion of current tool of just inpatient payment variation
>   ii. Measure the variation in payments for hospitals on a procedure-level and between payer alias'.
>   iii. Measure the variation between payments for hospitals and hospitals' listed prices for procedures to identify potential discrepencies.
>   iv. Identification of higher and lower priced hospitals for specific procedures.
>   v. Identification of service areas of facilities and hospital care deserts within the state for specific procedure types and the relationship between those factors and payment amounts.

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.

> Methodology available here:
> https://hcpf.colorado.gov/sites/hcpf/files/Payment%20Variation%20Tool%20Methodology.docx%20%283%29.pdf

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

> Project will lead to expansion of a published tool and analysis that identifies and measures the difference in pricing for hosptials at a procedure-specific level, better enabling insurance purchaser negotiations.

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

> Project will lead to expansion of a published tool and analysis that identifies and measures the difference in pricing for hospitals at a procedure-specific level, better enabling insurance purchaser negotiations & better connecting price difference with quality of care.

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.

> Project addresses health equity by identifying potentially overpriced care, which limits access.

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.

> An expansion of a public tool showing the variation between payment rates for hospital procedures. Intended audience is purchasers and insurance groups, with analytics supporting government reporting.

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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.

[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 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?
Some limited additional information about providers may be added, such as hospital division of insurance region. From CMS Medicare Cost Reports and ACS (American Community Survey)
Who will perform the data linkage?
Health Management Associates with coordination from HCPF
What identifying data elements will be used to perform the data linkage?
a. Provider ID, hospital information (cost to charge, pass through payments, etc.), link zip code to a region for regional demographics (Census data at PUMA level)
What non-CO APCD data elements will appear in the new linked file?
Provider charactersitics, i.e. region, amount of beds, etc. Medicare Payment Rate and APC.

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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]		
Member 5-Digit Zip: Inclusion of member zip code enables analysis on member travel patterns to care sites, which informs analysis of market power and payments variation. Dates of Service: Requesting dates of service for yearly aggregate and over-time analysis. Month and year is needed to match up to federal fiscal years and specific dates used as part of Medicare's methodology to pay certain status indicators (procedures) based on what else occurred on the same date of service.		

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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):
Hospitals

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):
Hospitals

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:		
☐ 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 7/31/2025 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
Austin Wozniak	Health System Value Analysis Unit Supervisor	HCPF
Meenakshi Manoj	Health System Value Analyst	HCPF
Autumn Carparelli	Business Intelligence Architect	HMA
Karis Burnett	Consultant	HMA
Cha Lee	Consultant	HMA

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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.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:		Name:	
Title:		Title:	
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.02	Presented at CIVHC Application Review
V.06	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:		Name:	
Title:		Title:	
Date:		Date:	