Organization Information

Organization Name

Select "Other" if your organization is not listed.

Rand Corporation

Project Information

Project Title

Hospital Price Transparency Study

Primary Investigator - Name

Brian Briscombe

Primary Investigator - Title

Senior Quantitative Analyst

Project Details

Please provide a detailed description of each of the following project components.

Describe your Project's purpose and the specific need for CHIA Data.

Non-government applicants: You must include your methodology or attach your methodology as a separate document.

The RAND Study's goal is to provide free public access to all US hospitals' relative commercial price levels in a way that healthcare purchasers (employers, unions, patients, etc.) and policymakers (at state and federal levels) can easily interpret. We specifically need CHIA data in order to provide a more complete picture of Massachusetts hospitals in this nationwide study--without CHIA our sample of MA claims data would be much smaller and would therefore yield fewer and less reliable results. Methods: We accomplish this by collecting claims data from hundreds of data contributors, including 14 to 16 APCDs, grouping claims to Medicare MS-DRGs (inpatient) and APCs (outpatient), summing Allowed Amounts across that subset of claims, and dividing those aggregated Allowed Amounts (across all payers and services) by what Medicare would have paid for the same services. The result is a unit of measurement (% of Medicare) that facilitates price comparisons across hospitals, years, systems, lines of service (inpatient vs. outpatient, facility vs. professional, etc.), and states. In each study we focus on a three calendar year time period. In the previous Round 5 of the study, we published years 2020-2022. In the current Round 6 of the study, we are focusing on 2023-2025. (NOTE: we would need 2023, 2024 data delivered to RAND by November of 2026, but the 2025 data can be delivered as soon as possible in 2027.) We also prefer to have earlier years to explore longer

trends, so providing any years before 2023 is requested but not required to join Round 6 of this RAND Study. More detailed Methodology steps are contained in our Methods document attached to this application.

Describe your Project's intended outputs (e.g., internal or external reports, publications, or other products).

The study publishes a free main report, which includes a Supplemental Excel file annex (please see previously-published reports such as https://www.rand.org/pubs/research_reports/RRA1144-2-v2.html ... Round 6 will follow the same format). Press coverage and media outreach during and after publication include presentations at conferences and policy forums.

Do you intend to use generative Artificial Intelligence (AI) for this Project or expose CHIA Data to generative AI?

No

Data

What type of Data are you requesting?

APCD

Feasibility of Using De-Identified Data

Please explain why your Project is not feasible using De-Identified Data. In your explanation, include specific elements that are not available in the De-identified Data Set, but that are required for your Project. Your explanation should meet the requirements set forth in 45 CFR 164.508. **Indicate N/A if you are requesting De-identified Data.**

N/A

Specify the years of APCD Data you are requesting.

CHIA is supporting requests for APCD Data from 2020-2024. Do not request Data from years that are not included within the available scope. Requests made outside those years will not be fulfilled.

2020-2024 (This Round 6 of the RAND Report will focus on years 2023-2025, but we understand 2025 cannot be delivered until early 2027. We are also requesting the earlier years 2020,2021,2022 in order to better understand trends.

Are you requesting Medicaid Data?

Requests for Medicaid Data will require additional review by MassHealth, the Medicaid plan for Massachusetts. MassHealth must approve the request before CHIA can provide Medicaid Data. All applicants requesting Medicaid Data must review the terms of the Medicaid Addendum to the Data Use Agreement, which contains the terms and conditions upon receiving Medicaid Data.

No; I am not requesting Medicaid Data

Select the APCD files you are requesting.

Medical Claims

Provider

Explain why you require the selected APCD Data Files

The RAND Study requires medical claims data from all hospitals in the US in order to calculate each hospital's relative price using Medicare as a benchmark. The Provider data file is often helpful in identifying which provider (by NPI or CCN) is associated with each medical claim, but if the providers' CCN or NPIs are already appended to the de-identified medical claims, then sometimes RAND does not need to use a separate Provider file.

Data Linkages

Non-government entities typically are not permitted to link CHIA Data to another source at the individual patient level. If an applicant wishes to link CHIA Data to another source at the individual patient level, CHIA may, in its sole discretion, perform custom linkage work for the applicant. In doing so, CHIA may also charge linkage service fees. Data linkage work performed by CHIA will substantially increase the time it will take for applicants to receive the requested Data.

Will CHIA Data be linked to or merged with another data source?

Yes

Will CHIA Data be linked to patient-level data, individual provider level data, facility level data, or aggregate level data (check all that apply)?

Individual provider data

Individual facility data

Aggregate data

Describe the dataset(s) to which CHIA Data will be linked, and indicate which CHIA Data elements will be linked and the purpose for each linkage.

RAND's NPI to CCN crosswalk - By individual provider or individual facility
AHRQ's Compendium - By individual provider or individual facility
Aggregate data across APCD and non-APCD claims are then linked by CCN or HSID

For each proposed linkage above, describe your method or selected algorithm (e.g., deterministic or probabilistic) for linking each dataset. If you intend to develop a unique algorithm, describe how it will link each dataset.

1. When processing and analyzing CHIA data, we must determine which APCD claims are associated with each Medicare Provider ID ("CCN"). How do we know which CCN is associated with each NPI? — When the APCD data doesn't specify the CCN, we use our own NPI to CCN crosswalk. Therefore, RAND's appending CCN to each claim is one "data linkage" step employed by RAND.
2. Next, we aggregate price level findings across APCD and non-APCD claims data. In other words, we sum the CCN-specific Allowed Amounts from APCD claims together with CCN-specific Allowed Amounts from non-APCD claims. Likewise, after we have estimated what Medicare would have paid for each of these APCD claims, we sum all Medicare synthetic payments (RAND estimates) specific to that CCN for all APCD claims and non-APCD claims. This step could be considered "data linkage" in the sense that RAND uses the CCN (mentioned in Step 1, above) to sum all aggregated APCD claims' Allowed Amounts and Medicare synthetic payments with non-APCD claims' Allowed Amounts and Medicare synthetic payments.
3. After all CCN-level analysis is complete, we also report findings at the HSID (health system) level. At this step, we link each CCN to the AHRQ compendium's CCN to health system (HSID) crosswalk, and we use hospital and system names that AHRQ provides. So AHRQ's map of which CCNs belong to each HSID is not applied directly to APCD data, it's applied at a later step to aggregated Allowed Amounts and aggregated Medicare synthetic payments (see step 2 above, derived from APCD and non-APCD claims) to aggregate (sum) CCN-level findings to HSID levels.

Provide below a complete listing of the variables from all sources to be included in the final linked analytic file.

CCNs from RAND's NPI to CCN Crosswalk, HSIDs and hospital + health system names from AHRQ Compendium.

Identify the specific steps you will take to prevent the identification of individual patients in the linked dataset.

The lowest level of geographic analysis published is the individual named hospital. Maps may be presented at the state or regional level. Re-identification of individuals is prevented because: (1) all published results are aggregated across a minimum of 100 outpatient or 50 inpatient claims per hospital; (2) results are expressed as relative price ratios, not as dollar amounts attributable to individual patients; (3) no results are published by individual payer or individual service code; (4) no member-level data is ever published.

Publication / Dissemination / Re-Release

Any and all publication of CHIA Data must comply with CHIA's cell size suppression policy, as set forth in the Data Use Agreement. Additionally, as detailed in the Data Use Agreement, CHIA must be provided with an advance copy of any publication or report derived from CHIA Data.

Do you intend to disseminate the results of your analysis publicly?

Yes

How do you intend to disseminate the results of the analysis (e.g. professional journal, newsletter, webpage, etc.)?

The study publishes a free main report, which includes a Supplemental Excel file annex (please see previously-published reports such as https://www.rand.org/pubs/research_reports/RRA1144-2-v2.html ... Round 6 will follow

the same format). Press coverage and media outreach during and after publication include presentations at conferences and policy forums.

Do you intend to disseminate the results of your analysis internally within your Organization?

No

Do you intend to use CHIA Data as an input to develop or sell a product (e.g. severity index tool, risk adjustment tool, reference tool, etc.)?

Yes

Provide name, description, and anticipated fee of any/all products.

The main public RAND report is free and publicly available, and although RAND doesn't develop any web-based products using the published results, others such as Sage Transparency and NASHP Cost Tool do use the published RAND results as part of their tools' inputs. Separately, participating data contributors (self-insured employers) have the option to purchase private reports showing their own population's prices relative to RAND's broader dataset. These private employer reports cost $0.20 per covered life ($1,000 minimum, $15,000 maximum) and are delivered during September–December 2027. MD APCD data would contribute to the Maryland hospital-level results that appear in both the public report and private reports, but private reports are only produced when an employer has contributed their claims data directly to RAND—the private report therefore only breaks out the employer's population's relative price results based on claims data that employer has provided to RAND, private reports do not perform any additional analysis of claims data provided by MD APCD beyond what is already contained in the free nationwide public report.

Do you intend to resell CHIA Data?

No