



APAC: Data Request Application Amendment

Use this form for amendments or renewals of All Payer All Claims data applications that have been submitted, approved and have received an Application Number. If you have not received an Application Number and wish to make changes to your submitted application, please contact apac.admin@state.or.us.

The Data Use Agreement Number and Principal Investigator must match the information contained within the original application. Please list changes in the appropriate section and provide sufficient details to allow staff to evaluate the request. All changes supersede the original application.

Completed form should be sent to:

APAC.Admin@dhsaha.state.or.us

Or

Office of Health Analytics - APAC
421 SW Oak Street, Suite 850
Portland, OR 97204

Direct any questions about APAC or this application to: APAC.Admin@dhsaha.state.or.us

Direct data privacy questions to: dhsprivacy.help@state.or.us

Direct data security questions to: dhsinfo.security@state.or.us

More information about the APAC Reporting Program is posted on our website at <http://www.oregon.gov/oha/OHPR/RSCH/Pages/apac.aspx>.

The Oregon Health Authority

Vision

A healthy Oregon

Mission

Helping people and communities achieve optimum physical, mental and social well-being through partnerships, prevention, and access to quality, affordable health care.

Aims

The Health Authority will transform the health care system in Oregon by:

- Improving the lifelong health of Oregonians
- Increasing the quality, reliability, and availability of care for all Oregonians
- Lowering or containing the cost of care so it's affordable to everyone

Section 1: Contact information

Applicant name (must be Principal Investigator of original project):

Emily Ruiz

Application Number (example: APACYYYYXXXX or XXXX_description_of_project): APAC20150010

Organization: Brigham & Women's Hospital

Address: 1153 Centre Street, Suite 4J

City: Jamaica Plain State: MA Zip: 02130

Phone: 617-983-4626

Email: esruiz@partners.org; estamell@gmail.com

Original Application Date: 12/18/2015

Is this an amendment (changes to the application—including revising project staff, request of additional data not specified in original application, etc.) or a renewal of an expiring Data Use Agreement or Institutional Review Board approval without any changes to the original application? Please choose only one. An amendment will also renew the Data Use Agreement.

Amendment Please continue to Section 2

Renewal Please continue to Section 3

Section 2: Amendment

(Skip this section and proceed to Section 3 if you are renewing an approved application that is about to expire and not requesting further changes to the content of the original application. This amendment form may only be used to add or remove staff members working on the project or to request additional data.)

1. List any additional staff that will be working on the project.

Name: Chrysalyn Schmults Role: Co-Investigator Email: cschmults@partners.org

The undersigned individual has read and is hereby bound by all terms and conditions of the original Data Use Agreement referenced in Section 1 of this amendment.


Signature _____ Date 7/6/2016

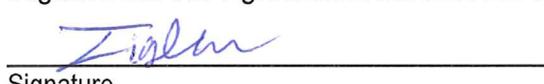
Name: Pritesh Karia Role: Project Manager Email: pkaria@bwh.harvard.edu

The undersigned individual has read and is hereby bound by all terms and conditions of the original Data Use Agreement referenced in Section 1 of this amendment.


Signature _____ Date 7/6/2016

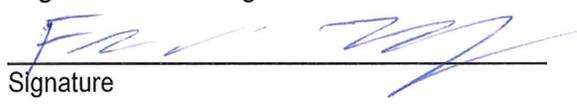
Name: Corwin Zigler Role: Biostatistician Email: czigler@hsph.harvard.edu

The undersigned individual has read and is hereby bound by all terms and conditions of the original Data Use Agreement referenced in Section 1 of this amendment.


Signature _____ Date 7/6/2016

Name: Frederick Morgan Role: Research Assistant Email: fmorgan@bwh.harvard.edu

The undersigned individual has read and is hereby bound by all terms and conditions of the original Data Use Agreement referenced in Section 1 of this amendment.


Signature _____ Date 07/6/16

Name: _____ Role: _____ Email: _____

The undersigned individual has read and is hereby bound by all terms and conditions of the original Data Use Agreement referenced in Section 1 of this amendment.

Signature _____ Date _____

OFFICE OF HEALTH ANALYTICS
All Payer All Claims Data Reporting Program

2. List any staff that will no longer be working on the project:

Name: _____ Role: _____
Name: _____ Role: _____
Name: _____ Role: _____
Name: _____ Role: _____
Name: _____ Role: _____

3. What is the reason for the amendment?

To obtain the same data as requested in our initial application for the year 2014.

4. Did the original application include an Institutional Review Board review and approval?

Yes No

(If no, proceed to question 7)

5. Is the amendment within the scope of the original IRB approval?

Yes No

If yes, please explain:

The amendment is for the same information just for an additional year. Our analysis will not be altered. An amended IRB is not required as the initial one did not specify the years being analyzed and instead stated that we would be working with all available years.

If no, requestor must submit new application, not an amendment.

6. Is an amended IRB approval attached? (An amended IRB approval is **required** for any amendments to the scope of the project.)

Yes No

Date amended IRB approval expires: _____

7. Are you requesting additional data files or data elements?

Yes No

(If yes, proceed to question 8-9. If no, skip question 8-9.)

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All Payer All Claims Data Reporting Program

8. In the table below, indicate which additional data file(s) you are requesting. Refer to the [limited data set workbook](#) on the website (<http://www.oregon.gov/oha/OHPR/RSCH/pages/apac.aspx>) for more information about the data elements included in each file. Please note OHA will only provide the minimum necessary required data for the project at hand. Use the limited data set workbook to justify why each data element requested is the minimum necessary required. Attach limited data set workbook to this amendment.

		Payers					
		All Payers ¹	Medicaid	Medicare Advantage	OEBB/PEBB	Private Commercial Insurance	Medicare FFS ²
Data File	Hospital inpatient claims	<input type="checkbox"/>					
	Emergency room claims	<input type="checkbox"/>					
	Ambulatory surgery claims	<input checked="" type="checkbox"/>					
	Ambulatory outpatient claims	<input checked="" type="checkbox"/>					
	All Medical Claims ³	<input checked="" type="checkbox"/>					
	All Pharmacy Claims ⁴	<input checked="" type="checkbox"/>					
	Episodes of care ⁵	<input checked="" type="checkbox"/>					

9. Please indicate the year(s) requested for the data files selected above.*

2011 2012 2013 2014

*2010 data is available, but incomplete. If you would like 2010 data, please request a "custom data set" below.

¹ All Payers includes Medicaid, Medicare Advantage, OEBB/PEBB, and Private Commercial Insurance.

² Medicare FFS data will only be given to projects in which OHA is funding and directing.

³ All Medical Claims file includes hospital inpatient, ambulatory surgery and ambulatory outpatient claims and other hospital treatment settings.

⁴ All Pharmacy Claims file contains only pharmacy claims.

⁵ Episodes of care file contains all medical claims, all pharmacy claims and fields from the Medical Episode Grouper (MEG). MEG is a proprietary grouping algorithm that creates episodes that describe a patient's complete course of care for a single illness or condition.

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10. Do you want a custom data set?

Yes No

If yes, please describe the data elements requested and a justification for each in the "Custom" tab of the [limited data set workbook](#). Attach limited data set workbook to this amendment.

11. If requesting additional data from the standard limited data set files, please calculate the cost below. (This table should match the files/years selected in Question 8 and 9.) Include payment with the application. Checks should be made to Oregon Health Authority and will not be cashed until application is approved. If requesting a custom data set, an invoice will be sent if/when OHA approves request.

		Payers						
		All Payers	Medicaid	Medicare Advantage	OEBB/PEBB	Private Commercial Insurance	Medicare FFS	
Data File	Hospital inpatient claims	<input type="checkbox"/> \$500	<input type="checkbox"/> \$100					
	Emergency room claims	<input type="checkbox"/> \$500	<input type="checkbox"/> \$100					
	Ambulatory surgery claims	<input type="checkbox"/> \$500	<input type="checkbox"/> \$100					
	Ambulatory outpatient claims	<input type="checkbox"/> \$500	<input type="checkbox"/> \$100					
	All Medical Claims	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$200					
	All Pharmacy Claims	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$200					
	Episodes of care	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$400					
	a	Total each column	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
	b	Add column totals	\$ 0					
	c	Enter number of years of data requested						
	d	Multiply row b and c	\$ 0					
e	OHA Production Fee	\$ 560						
f	Add row d and e for Total Payment	\$ 560						

Check box if payment is not included because custom data set is requested.

Section 3: Data Use Agreement Renewal

Please check the appropriate boxes. This section is for those renewing an approved application or IRB approval that is about to expire without requesting further changes to the content of the original application.

- OHA Agreement renewal (for Investigators in which the OHA Data Use Agreement is about to expire)

By checking the above box, Investigator hereby attests that the project shall continue to be conducted as specified in the Data Use Agreement referenced in Section 1 and the project has been renewed by Principal Investigator's Institutional Review Board, if applicable. (If original application required IRB approval, an amended IRB approval is **required** for renewal outside the original IRB approval timeframe.)

Amended IRB approval documentation is attached.

Original IRB approval is still valid for more than 3 months.

Original application did not include IRB approval.

- IRB Approval renewal (for Investigators in which the OHA Data Use Agreement is still valid, but the original IRB approval is about to expire)

By checking the above box, Investigator hereby attests that the project shall continue to be conducted as specified in the Data Use Agreement referenced in Section 1 and the project has been renewed by Principal Investigator's Institutional Review Board. (Amended IRB approval is **required** for renewal outside the original IRB approval timeframe.)

Amended IRB documentation is attached.

Section 4: Signatures

Except as expressly amended above, all other terms and conditions of the Data Use

Agreement and any previous amendments are still in full force and effect. Data Recipient

certifies that any representations, warranties and certifications contained in the Data Use

Agreement are true and correct as of the effective date of this amendment and with the same

effect as though made at the time of this amendment. This amendment shall be effective as of

OFFICE OF HEALTH ANALYTICS
All Payer All Claims Data Reporting Program

the date signed by OHA. The ability of Data Recipient to use the Data under this amendment is valid for two years from the effective date.

SIGNATURES:

esruiz

Digitally signed by esruiz
DN: cn=esruiz, o, ou,
email=esruiz@partners.org, c=US
Date: 2016.07.01 16:40:31 -04'00'

7/1/2016

Data Recipient authorized signature

Date

OHA authorized signature

Date

Return completed form to apac.admin@state.or.us.

Completed form may also be printed and mailed to:
APAC Program Manager
Office of Health Analytics
421 SW Oak St., Suite 850 - APAC
Portland, OR 97204

Data Elements

Name	Long Name	Requested?	Justification
year	Calendar year	Y	
clmid	Claim ID	Y	Needed to remove duplicate claim lines.
line	Claim line	Y	Needed to remove duplicate claim lines.
status	Claim status	Y	Needed to remove duplicate claim lines.
cob	COB status	Y	Needed to aggregate payments.
paytype	Payer type	Y	Needed for our equity analysis.
prod	Product code	Y	Needed for our equity analysis.
payer	APAC Payer	Y	Needed for our equity analysis.
medflag	Medical coverage flag		
rxflag	Pharmacy coverage flag		
ohvmhflag	High value medical home flag		
pebb	PEBB flag		
oebb	OEBB flag		
patid	Encrypted patient ID		
personkey	Unique person identifier	Y	Needed to remove duplicate claim lines.
gender	Gender	Y	Needed for our equity analysis.
yob	Birth year	Y	Needed for our equity analysis.
race	Race	Y	Needed for our equity analysis.
ethn	Ethnicity	Y	Needed for our equity analysis.
lang	Primary spoken language	Y	Needed for our equity analysis.
msa	MSA	Y	Needed for our equity analysis.
state	State		
zip	ZIP code	Y	Needed for our equity analysis.
prisk	ERG prospective risk		
rrisk	ERG retrospective risk		
pcat	ERG prospective risk category		
rcat	ERG retrospective risk category		
fromdate	From date		
todate	To date		
paydate	Payment date	Y	Needed for our cost analysis.
paid	Total payment	Y	Needed for our cost analysis.
copay	Co-payment	Y	Needed for our cost analysis.
coins	Co-insurance	Y	Needed for our cost analysis.
deduct	Deductible	Y	Needed for our cost analysis.
oop	Patient pay amount	Y	Needed for our cost analysis.
tob	Type of bill	Y	Needed for our cost analysis.
pos	Place of service code	Y	Needed for our equity analysis.
revcode	Revenue code	Y	Needed for our equity analysis.
qty	Quantity	Y	Needed for our cost analysis.
hcg	HCG code	Y	Needed for our cost analysis.
dx1	Principal diagnosis	Y	Needed for our cost & equity analysis.
dx2	Diagnosis 2	Y	Needed for our cost & equity analysis.
dx3	Diagnosis 3	Y	Needed for our cost & equity analysis.
dx4	Diagnosis 4	Y	Needed for our cost & equity analysis.
dx5	Diagnosis 5	Y	Needed for our cost & equity analysis.
dx6	Diagnosis 6	Y	Needed for our cost & equity analysis.

Data Elements

Name	Long Name	Requested?	Justification
dx7	Diagnosis 7		
dx8	Diagnosis 8		
dx9	Diagnosis 9		
dx10	Diagnosis 10		
dx11	Diagnosis 11		
dx12	Diagnosis 12		
dx13	Diagnosis 13		
poa1	POA code 1		
poa2	POA code 2		
poa3	POA code 3		
poa4	POA code 4		
poa5	POA code 5		
poa6	POA code 6		
poa7	POA code 7		
poa8	POA code 8		
poa9	POA code 9		
poa10	POA code 10		
poa11	POA code 11		
poa12	POA code 12		
poa13	POA code 13		
px1	Principal inpt procedure		
px2	Procedure 2		
px3	Procedure 3		
px4	Procedure 4		
px5	Procedure 5		
px6	Procedure 6		
px7	Procedure 7		
px8	Procedure 8		
px9	Procedure 9		
px10	Procedure 10		
px11	Procedure 11		
px12	Procedure 12		
px13	Procedure 13		
proccode	CPT or HCPCS procedure code	Y	Needed for our cost & equity analysis.
mod1	Prodcure code modifier 1		
mod2	Prodcure code modifier 2		
mod3	Prodcure code modifier 3		
mod4	Prodcure code modifier 4		
status	Discharge status		
los	Length of stay		
msdrgr	MS-DRG		
attid	Attending provider ID		
spec	Attending provider specialty	Y	Needed for our cost & equity analysis.
billid	Billing provider ID		
entity	Billing provider entity name		

Data Elements

Name	Long Name	Requested?	Justification
year	Calendar year	Y	
clmid	Claim ID	Y	Needed to remove duplicate claim lines.
status	Claim status	Y	Needed to remove duplicate claim lines.
paytype	Payer type	Y	Needed to remove duplicate claim lines.
prod	Product code	Y	Needed to aggregate payments.
payer	APAC Payer	Y	Needed for our equity analysis.
medflag	Medical coverage flag		
rxflag	Pharmacy coverage flag		
ohvmhflag	High value medical home flag		
pebb	PEBB flag		
oebb	OEBB flag		
patid	Encrypted patient ID		
personkey	Unique person identifier	Y	Needed to remove duplicate claim lines.
gender	Gender	Y	Needed for our equity analysis.
yob	Birth year	Y	Needed for our equity analysis.
race	Race	Y	Needed for our equity analysis.
ethn	Ethnicity	Y	Needed for our equity analysis.
lang	Primary spoken language	Y	Needed for our equity analysis.
msa	MSA	Y	Needed for our equity analysis.
state	State		
zip	ZIP code	Y	Needed for our equity analysis.
prisk	ERG prospective risk		
rrisk	ERG retrospective risk		
pcat	ERG prospective risk category		
rcat	ERG retrospective risk category		
paydate	Payment date	Y	Needed for our cost analysis.
paid	Total payment	Y	Needed for our cost analysis.
copay	Co-payment	Y	Needed for our cost analysis.
coins	Co-insurance	Y	Needed for our cost analysis.
deduct	Deductible	Y	Needed for our cost analysis.
oop	Patient pay amount	Y	Needed for our cost analysis.
pos	Place of service code	Y	Needed for our cost analysis.
hcg	HCG code	Y	Needed for our equity analysis.
filldate	Fill date	Y	Needed for our equity analysis.
ndc	NDC	Y	Needed for our cost analysis & equity analysis.
rxclass	NDC therapeutic class	Y	Needed for our cost analysis & equity analysis.
brand	Brand status	Y	Needed for our cost analysis & equity analysis.
cdi	Compound drug indicator	Y	Needed for our cost analysis & equity analysis.
refill	Refill number	Y	Needed for our cost analysis & equity analysis.
qtydisp	Quantity dispensed	Y	Needed for our cost analysis & equity analysis.
days	Days supply	Y	Needed for our cost analysis & equity analysis.
daw	Dispense as written code	Y	Needed for our cost analysis & equity analysis.
provid	Prescribing provider ID		
spec	Prescribing provider specialty	Y	Needed for our cost analysis & equity analysis.
pharmid	Pharmacy ID		
entity	Pharmacy name		

Data Elements

Name	Long Name	Requested?	Justification
year	Calendar year	Y	
clmid	Claim ID	Y	Needed to remove duplicate claim lines.
line	Claim line	Y	Needed to remove duplicate claim lines.
status	Claim status	Y	Needed to remove duplicate claim lines.
cob	COB status	Y	Needed to aggregate payments.
paytype	Payer type	Y	Needed for our equity analysis.
prod	Product code	Y	Needed for our equity analysis.
payer	APAC Payer	Y	Needed for our equity analysis.
medflag	Medical coverage flag		
rxflag	Pharmacy coverage flag		
ohvmhflag	High value medical home flag		
pebb	PEBB flag		
oebb	OEBB flag		
patid	Encrypted patient ID		
personkey	Unique person identifier	Y	Needed to remove duplicate claim lines.
gender	Gender	Y	Needed for our equity analysis.
yob	Birth year	Y	Needed for our equity analysis.
race	Race	Y	Needed for our equity analysis.
ethn	Ethnicity	Y	Needed for our equity analysis.
lang	Primary spoken language	Y	Needed for our equity analysis.
msa	MSA	Y	Needed for our equity analysis.
state	State		
zip	ZIP code	Y	Needed for our equity analysis.
prisk	ERG prospective risk		
rrisk	ERG retrospective risk		
pcat	ERG prospective risk category		
rcat	ERG retrospective risk category		
fromdate	From date		
todate	To date		
paydate	Payment date	Y	Needed for our cost analysis.
paid	Total payment	Y	Needed for our cost analysis.
copay	Co-payment	Y	Needed for our cost analysis.
coins	Co-insurance	Y	Needed for our cost analysis.
deduct	Deductible	Y	Needed for our cost analysis.
oop	Patient pay amount	Y	Needed for our cost analysis.
tob	Type of bill	Y	Needed for our cost analysis.
pos	Place of service code	Y	Needed for our equity analysis.
revcode	Revenue code	Y	Needed for our equity analysis.
qty	Quantity	Y	Needed for our cost analysis.
hcg	HCG code	Y	Needed for our cost analysis.
dx1	Principal diagnosis	Y	Needed for our cost & equity analysis.
dx2	Diagnosis 2	Y	Needed for our cost & equity analysis.
dx3	Diagnosis 3	Y	Needed for our cost & equity analysis.
dx4	Diagnosis 4	Y	Needed for our cost & equity analysis.
dx5	Diagnosis 5	Y	Needed for our cost & equity analysis.
dx6	Diagnosis 6		
dx7	Diagnosis 7		
dx8	Diagnosis 8		
dx9	Diagnosis 9		
dx10	Diagnosis 10		

Data Elements

Name	Long Name	Requested?	Justification
dx11	Diagnosis 11		
dx12	Diagnosis 12		
dx13	Diagnosis 13		
poa1	POA code 1		
poa2	POA code 2		
poa3	POA code 3		
poa4	POA code 4		
poa5	POA code 5		
poa6	POA code 6		
poa7	POA code 7		
poa8	POA code 8		
poa9	POA code 9		
poa10	POA code 10		
poa11	POA code 11		
poa12	POA code 12		
poa13	POA code 13		
px1	Principal inpt procedure		
px2	Procedure 2		
px3	Procedure 3		
px4	Procedure 4		
px5	Procedure 5		
px6	Procedure 6		
px7	Procedure 7		
px8	Procedure 8		
px9	Procedure 9		
px10	Procedure 10		
px11	Procedure 11		
px12	Procedure 12		
px13	Procedure 13		
proccode	CPT or HCPCS procedure code	Y	Needed for our cost & equity analysis.
mod1	Prodcure code modifier 1		
mod2	Prodcure code modifier 2		
mod3	Prodcure code modifier 3		
mod4	Prodcure code modifier 4		
etgcode	ETG code		
etgdesc	ETG description		
etgmpc	ETG Major Practice Category		
etgsev	ETG severity		
etgind	ETG chronic indicator		
etgtype	ETG episode type		
etgnum	ETG episode number		
etgdays	ETG episode duration in days		
etgprorate	ETG count paid prorata		
etgoutlier	ETG outlier status		
etglow	ETG low outlier		
etghigh	ETG high outlier		
ndc	NDC	Y	Needed for our cost & equity analysis.
rxclass	NDC therapeutic class	Y	Needed for our cost & equity analysis.
qtydisp	Quantity dispensed	Y	Needed for our cost & equity analysis.
days	Days supply	Y	Needed for our cost & equity analysis.

Data Elements

Name	Long Name	Requested?	Justification
daw	Dispense as written code		
status	Discharge status		
los	Length of stay		
msdrg	MS-DRG		
attid	Attending provider ID		
spec	Attending provider specialty	Y	Needed for our cost & equity analysis.
billid	Billing provider ID		
entity	Billing provider entity name		

Initial Review: Notification of IRB Determination Protocol #: 2014P001348/BWH

Date: July 8, 2014

To: Chrysalynne Schmults, MD
BWH
Dermatology

From: Partners Human Research Committee
116 Huntington Avenue, Suite 1002
Boston, MA 02116

Title of Protocol: Skin Cancer Expenditure and Equity Analysis
Sponsor/Funding Support: None
IRB Review Type: Expedited
IRB Review Date: 7/8/2014
IRB Review Action: Not Human Research

The IRB has determined that this activity does not meet the definition of human subjects research. The investigators conducting this research will not obtain data through an intervention or interaction with individual subjects or identifiable private information about living individuals. Identifiable private information means that the identity of the individual is or may readily be ascertained by the investigators conducting the research, or is associated with the information. Continuing review is not required.

Note: If you are receiving coded data/specimens, please obtain a signed letter of agreement from the provider of the data/specimens stating that you will never be given access to the key to the codes that contains identifiers that could be used to link the samples/data to individual subjects who provided the samples/data. The IRB does not need a copy of this letter of agreement.

Note to PI: Any incoming data use agreements should be reviewed by Research Management (duaRM@partners.org).

As Principal Investigator, you are responsible for the following:

1. Ensuring that this project is conducted in compliance with this determination.
2. Submission of significant proposed changes to this project to ensure that the project continues to meet the criteria for "not human research." Changes that require IRB review include the addition of new cohorts of data/samples; sending data/samples outside of Partners HealthCare; obtaining identifiers for any reason.

Questions related to this project may be directed to Vesal Sun, VSUN@PARTNERS.ORG, 617-424-4102.

CC: Pritesh Karia, MPH, BWH - Dermatology, Data Coordinator/Manager



FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL
AND MASSACHUSETTS GENERAL HOSPITAL

Partners Human Research Committee
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Boston, MA 02116
Tel: (617) 424-4100
Fax: (617) 424-4199