



OFFICE OF HEALTH ANALYTICS
All Payer All Claims Data Reporting Program

Kate Brown, Governor



421 SW Oak Street, Suite 850
Portland, OR 97204

Website: www.oregon.gov/oha/analytics

APAC-3 - Application for APAC Data Files

Instructions

Only fill out this form when instructed by All Payer All Claims (APAC) program staff. To begin a request for APAC Limited or Custom data sets, complete and submit an APAC-2 Pre-Application form first. Please fully complete all sections in the application, and attach any necessary supporting documents with your submission. Once OHA has received your completed application, staff will contact you regarding any costs or further information. Completed applications should be sent to:

APAC.Admin@dhsoha.state.or.us

Or

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

If you have questions while completing this application, please follow these steps:

1. Visit the APAC website for more information about the APAC Reporting Program at <http://www.oregon.gov/oha/analytics/Pages/All-Payer-All-Claims.aspx>
2. Visit the APAC Data Request page for more information about the data request process at <http://www.oregon.gov/oha/analytics/Pages/APAC-Data-Requests.aspx>
3. Review the [APAC Frequently Asked Questions](#) to determine if your question has been answered there.
4. If you still have questions,
 - a. Direct questions about APAC or this application to:
APAC.Admin@dhsoha.state.or.us
 - b. Direct data privacy questions to: dhsprivacy.help@state.or.us
 - c. Direct data security questions to: dhsinfo.security@state.or.us

Guidelines for Receiving APAC Data

Before requesting data, please ensure your organization has the capability and resources to import and analyze these data sets. Payment will not be refunded if OHA fulfills the data request, but the receiving entity does not have the capability to import or analyze the data.

1. APAC data sets will be encrypted and sent in delimited text files over secure FTP. Public Use data sets are tab-delimited; Limited and Custom data sets are pipe-delimited.
2. APAC data sets range in size from 6 GB to 75 GB. For example, one year of Pharmacy data will comprise over 30 million rows, whereas one year of All Medical Claims will comprise over 100 million rows.
3. Software capable of importing and analyzing APAC data sets includes SAS, SQL Server, R, and SPSS. APAC data sets are generally too big for Microsoft Excel and Access.
4. Requesters should review the most recent [APAC Data Issue Log](#) on the APAC Data Request webpage. This is a log of known issues in APAC data – requesters should anticipate the effects of these issues on their projects and caveat their analyses accordingly. The log is updated as new issues are identified and/or known issues are corrected.

Data Request Review Process

For Limited and Custom data sets, OHA will review this form for completeness and to ensure the minimum amount of data necessary is requested. Once the request passes OHA's initial review, it will be sent to the Data Review Committee (DRC) for further evaluation. Applications requesting direct identifiers may also require review by the Department of Justice (DOJ). After the application passes these reviews, OHA makes the final determination to grant or deny the data request.

The DRC is an advisory body convened by OHA that evaluates requests for Limited and Custom data sets to help determine whether applications comply with state and federal guidelines for using APAC data. At a minimum, the DRC evaluates requests for whether:

- Proposed project purpose is allowable under OHA policies and state and federal laws;
- IRB documentation is required and if submitted, sufficient;
- Proposed privacy and security protections are sufficient;
- Minimum amount of data necessary to complete the project is requested;
- Further clarification is needed.

The DRC meets monthly and reviews requests in the order received (the meeting schedule is posted on the [DRC website](#)). Applications are posted for public comment for at least two weeks prior to DRC review. If an application is received within two weeks of the next DRC meeting, it will not be reviewed until the next month's DRC meeting. The DRC may ask the requester for additional information before completing their review. OHA strongly encourages requesters to thoroughly complete the application as soon as possible to account for unanticipated delays. Requests for Limited data sets typically take 2-4 months to complete. Requests for Custom data sets typically take 2-6 months to complete.

SECTION 1: PROJECT INFORMATION

1.1 Contact Information: Please provide the project contact information below.

Applicant name (Principal Investigator or Director of project):

Title:

Organization:

Address:

City:

State:

Zip:

Phone:

Email:

Application Date:

1.2 Project Staff: Please list any additional staff who will be working on this project. (List only staff who will have direct access to the data.)

Name: Role: Email:

SECTION 2: PROJECT SUMMARY

2.1 Project title:

2.2 Project Purpose:

- a. Describe the purpose of the project.

- b. Describe how the project supports OHA's mission and aims (stated below).
- OHA mission: Helping people and communities achieve optimum physical, mental and social well-being through partnerships, prevention, and access to quality, affordable healthcare.
 - OHA Aims:
 - 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.

2.3 Research Questions: What are the key research questions or hypotheses of the project?

2.4 Methodology: Describe the proposed methodology and analytic plan for the project (you may attach a 1-3 page description). Be sure to include in your description:

- Proposed sample selection algorithm;
- Any filters that will be used to limit the data requested, such as: year, zip code, age range, procedure codes, diagnosis codes, etc. Refer to the [Data Element Workbook](#) for a list of standard filters (you may include additional filters.);
- Why the proposed analytic methods were chosen.

2.5 Products or Reports:

a. Describe the intended product or report that will be derived from the requested data and how this product will be used.

b. Will the results of this project be publicly available and free of cost?

Yes No

If no, please explain.

2.6 Project Timeline: What is the timeline for the project?

- Anticipated Start Date:
- Anticipated Publication/Release Date:
- Anticipated End Date:

2.7 Funding Source:

a. What is the project's funding source?

b. Disclose all actual and potential conflicts of interest.

2.8 Organizational Experience: Briefly describe your organization and the organization's experience with projects of similar scope.

2.9 Third Parties: Do you intend to engage any third parties in this project?

Yes No

If yes, please describe the organization(s) and their role in the project. If any third parties will be handling APAC data, those staff must be listed in Section 1.2 Project Staff.

SECTION 3: DATA SHARING AUTHORIZATION

3.1 Direct identifiers. What level of data identifiers are you requesting (**choose only one**)?

- Protected health information, but no direct identifiers (as outlined in 45 CFR 164.514(e)).
- Direct identifiers (member name, address, date of birth, etc.) *Please note:* Direct identifiers are only released under special circumstances that comply with HIPAA requirements, and may require specific approvals, such as Institutional Review Board (IRB) approval, patient consent, and/or review by the Department of Justice.

3.2 Covered Entity: Is your organization a covered entity?

- Yes
- No

3.3 Purpose of Data Request:

- a. Below are the purposes for which OHA may share APAC data. Please choose the category in which your project falls (**choose only one**).
 - Research (refer to 45 CFR 164.501 for definition)
 - Public health activities (refer to 45 CFR 164.512(b) for definition)
 - Health care operations (refer to 45 CFR 164.501 for definition)
 - Work done on OHA's behalf by a Business Associate (refer to 45 CFR 160.103 for definition). If an OHA contract exists for the work in which data is needed, purpose of request is most likely a business associate request.)
 - Treatment of patient by health care provider (refer to 45 CFR 164.506 (c)(2) for definition)
 - Payment activities performed by covered entity or health care provider (refer to 45 CFR 164.506 (c)(3) for definition)
- b. Justify how the project falls into the category chosen above (3.2a).

3.4 Human Subjects Research: Human subjects research is subject to approval by your organization's Institutional Review Board.

- a. Does your project have approval for human subjects research from your organization's Institutional Review Board for this project? (IRB protocol and approval memo are mandatory for all research requests and requests for Medicare FFS data.)

Yes Not applicable (project is not research on human subjects)
If yes, attach IRB application and approval memo and complete parts b-e below.

IRB application and approval memo attached.

- b. Describe how this application is within the scope of the current IRB approval.

- c. Describe why the approving IRB has jurisdiction over this project.

SECTION 4: DATA ELEMENTS

4.1 Limited Data Sets. Refer to the [Data Element Workbook](#) for more information about the data elements included in each Limited data file. *Please note:* OHA will only provide the minimum necessary required data for the project at hand. In other words, you will only receive those data elements that you request and adequately justify.

a. Are you requesting a Limited data set?

Yes No

If yes, please complete parts b and c below.

b. In the table below, indicate which Limited data file(s) you are requesting (refer to Section 6 for the cost of each file).

		Payer					
		All Payers ¹	Medicaid	Medicare Advantage	Commercial Insurance	OEBB/PEBB	Medicare FFS ²
Data File	Episodes of Care ³	<input type="checkbox"/>					
	All Medical Claims ⁴	<input type="checkbox"/>					
	Hospital Inpatient Claims	<input type="checkbox"/>					
	Emergency Department Claims	<input type="checkbox"/>					
	Ambulatory Surgery Claims	<input type="checkbox"/>					
	Ambulatory Outpatient Claims	<input type="checkbox"/>					
	All Pharmacy Claims ⁵	<input type="checkbox"/>					

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

2011 2012 2013 2014 2015

¹ All Payers includes Medicaid, Medicare Advantage, and Commercial Insurance (including OEBB/PEBB).

² Medicare FFS data will only be given to projects in which OHA is funding and directing. Projects requesting Medicare FFS data will also need to be approved by requester's Institutional Review Board.

³ 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. If requesting Episodes of Care file, no other data file is needed.

⁴ All Medical Claims file includes hospital inpatient, emergency department, ambulatory surgery and ambulatory outpatient claims, and other hospital treatment settings. If requesting all medical claims, you do not need to request these other data sets.

⁵ All Pharmacy Claims file contains only pharmacy claims.

4.2 Custom Data Sets. Refer to the *Data Elements Collected by APAC* section of the [APAC Data User Guide](#) to view elements that are available in APAC. *Please note:* OHA will only provide the minimum necessary data for the project. In other words, you will only receive those data elements that you request and adequately justify.

a. Are you requesting a Custom data set?

Yes No

4.3 Data Element Workbook: For both Limited and Custom data set requests, please complete the [Data Element Workbook](#) according to the instructions on the “Instructions” tab, including providing a justification for each element requested, and attach it to this application.

Data Element Workbook completed and attached, including justifications for each element requested and payers tab completed.

4.4 Minimum Necessary Requirement: In addition to providing justification for each data element requested in the data element workbook, please explain why the project could not be conducted without the requested APAC data:

SECTION 5: DATA MANAGEMENT & SECURITY

5.1 Data Reporting: APAC data or findings may not be disclosed in a way that can be used to re-identify an individual. Data with small numbers – defined as values of 30 or less ($n \leq 30$) or subpopulations of 50 or fewer individuals ($n \leq 50$) – cannot be displayed in findings or outputs derived from APAC data. Please describe the techniques you will use to prevent re-identification when findings or outputs result in small numbers or subgroups (e.g. aggregation, cell suppression, generalization, or perturbation).

5.2 Data Linkage: OHA seeks to ensure that APAC data cannot be re-identified if it is linked or combined with data from other sources.

a. Does this project require linking to another data source?

Yes No

If yes, please complete parts b-d below.

b. At what level will data be linked? *Please note:* Linking at the individual patient level is only allowed in certain circumstances, and should be strongly justified.

Aggregate Facility Patient

c. Describe and justify all necessary linkages, including the key fields in each data set, how they will be linked, the software that will be used to perform the linkage, and why it is necessary to the project.

- d. Describe in detail the steps will you take to prevent re-identification of linked data.

5.3 Data Security:

- a. Attach copies of data privacy and security policies for the requesting organization and any third party organizations that may have access to the requested data.
 Data privacy and security documents attached.
- b. Describe your plans to manage access to the APAC data throughout the duration of the project, including:
 - Ensuring compliance with all applicable federal and state laws and regulations regarding privacy and security of PHI and electronic health information, including but not limited to HIPAA and the HITECH Act;
 - Ensuring any third parties accessing the data agrees to the same terms and conditions for securing and protecting the data as the requesting organization;
 - Designation of a single individual as “Custodian” of APAC data, responsible for oversight of APAC data, reporting any breaches to OHA, and ensuring data is properly destroyed upon project completion.

OFFICE OF HEALTH ANALYTICS
All Payer All Claims Data Reporting Program

- c. Describe your personnel safeguards, including:
- Procedures to restrict access to only those individuals with a need to know the information maintained in the requested data, and limit access to only the minimum data necessary;
 - Training for project personnel on how to properly manage protected health information and electronic health information;
 - Confidentiality agreements in place with all project personnel;
 - Written agreements in place with project personnel to follow organizational security and privacy policies, including a security risk management plan for APAC data.

OFFICE OF HEALTH ANALYTICS
All Payer All Claims Data Reporting Program

- d. Describe your technical and physical safeguards, including:
- Procedures to keep APAC data encrypted at rest and in transit;
 - Procedures for restricting transmission of APAC data, and method for secure transmission if needed;
 - User account controls, such as password protections, maximum failed login attempts, lockout periods after idle time, user audit logs, etc.;
 - Electronic device protections, such as anti-virus or anti-malware software, firewalls, and network encryption;
 - Procedures for restricting remote access to APAC data, and using encrypted connections if necessary to access data remotely;
 - Procedures for storing hard copy data, such as locked file cabinets and offices;
 - If applicable, procedures for handling direct identifiers, including storing identifiers separately from other APAC data.

OFFICE OF HEALTH ANALYTICS
All Payer All Claims Data Reporting Program

- e. Describe your administrative safeguards. You may refer to specific sections in the attached organizational privacy and security policies.

- f. What tools and applications do you plan to use to access the data?
- g. Data must be destroyed within 60 days after the completion of the project, in a manner that renders it unusable, unreadable, or indecipherable. What are your plans for destruction of the dataset and any potentially identifiable elements of the data once the project has completed?
- h. Does any of the staff working on this project have a history of data or security breach?
- Yes No
- If yes, what procedures have been implemented to prevent future breach?*

SECTION 6: COST OF DATA

6.1 Cost of Data: If requesting a Limited data set, please calculate the cost below. (This table should match the files/years selected in Section 4.) **Please 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	Commercial Insurance	OEBB/PEBB	Medicare FFS
Data File	Episodes of Care	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$1,000				
	All Medical Claims	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$500				
	Hospital Inpatient Claims	<input type="checkbox"/> \$375	<input type="checkbox"/> \$125				
	Emergency Department Claims	<input type="checkbox"/> \$375	<input type="checkbox"/> \$125				
	Ambulatory Surgery Claims	<input type="checkbox"/> \$375	<input type="checkbox"/> \$125				
	Ambulatory Outpatient Claims	<input type="checkbox"/> \$375	<input type="checkbox"/> \$125				
	All Pharmacy Claims	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$500				
	a. Total each column						
	b. Add column totals						
	c. Enter number of years of data requested (Q4.1.c)						
	d. Multiply rows b and c						
	e. OHA Production Cost	\$560					
	f. Add rows d and e for Total Payment						

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

Check box if payment is not included for another reason. Please explain.

SECTION 7: CHECKLIST AND SIGNATURE

7.1 Checklist: Please indicate that all of the following have been completed:

- All questions are answered completely.
- Data Element Workbook with justifications is attached, including justifications for each element requested and payers tab completed.
- IRB approval memo is included, if applicable. (IRB protocol and approval memo are mandatory for all research and requests for Medicare FFS data.)
- Copies of data privacy and security policies for the requesting organization and any third party organizations are attached.
- Payment is included, if applicable. If requesting a Custom data set, an invoice will be sent at a later date.
- Requester has the capability and resources to import and analyze these data sets. (See Guidelines for Receiving APAC data on page 2 of this application.) Payment will not be refunded if OHA fulfills the data request, but the receiving entity does not have the capability to import or analyze the data.
- Requester has reviewed the most recent APAC Data Issue Log on OHA’s website. This is a log of known issues in APAC data and requesters should anticipate the effects of these issues on their projects and caveat their analyses accordingly. The log is updated as new issues are identified and/or known issues are corrected.

7.2 Signature: The individual signing below has all necessary authority to complete this application and sign on behalf of the organization identified in Section 1 above. By signing below, the signatory attests that all information contained within this data Request Application is true and correct.

Applicant Signature (Project PI or Director)

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

Staff Use Only

Application Number: _____
(Should correspond with APAC-2 Pre-Application Number)