



Oregon All Payer All Claims (APAC) Program
Application for Limited Data Files
APAC-3

This application is used to request limited data sets. If you would like to discuss APAC data in relation to your project prior to submitting this application, please contact apac.admin@state.or.us with a brief description of the project and your contact information. OHA will have someone contact you to help determine if APAC is appropriate for your project and, if so, which data elements may be needed.

PROJECT INFORMATION

Project Title:

Principal Investigator:

Title of Principal Investigator:

Organization:

Address:

City:

State:

Zip Code:

Telephone:

Email:

SECTION 1: PROJECT SUMMARY

1.1 Project Purpose: Briefly describe the purpose of the project. You may submit a separate document that details the project's background, methodology and analytic plan in support of your request for APAC data elements.

1.2 Research Questions: What are the project’s key research questions or hypotheses? If this project is research and has been approved by an Institutional Review Board (IRB), the research questions must align with the IRB approval documentation. If needed, a more detailed response may be submitted as a separate file.

- Note: APAC staff will use your response to this question to determine the minimum data elements necessary for this project, in accordance with the HIPAA minimum necessary standard. The research questions should be specific enough to justify the need for each data element beyond identifying it as a “potential confounding variable.”

1.3 Products or Reports: Describe the intended product or report that will be derived from the requested data and how this product will be used. If needed, a more detailed response may be submitted as a separate document with this application.

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

Anticipated Start Date:

Anticipated Publication/Product Release Date:

Anticipated End Date:

1.5 Data files may not be released or reused beyond the terms of the data use agreement resulting from this application regardless of funding source or other obligations of the principal investigator, organization or research team.

- I understand this limitation and agree that data files or work products will not be shared at less than an aggregated, de-identified level.
- I understand this limitation and request approval to share data files or work products at a potentially re-identifiable level as follows:

SECTION 2: PROJECT STAFF

2.1 Project Staff: Please list all individuals in addition to the principal investigator who will have direct or indirect access to the data. This must include any contractors or other third parties with access to the data.

Name: Email:	Project role:

Attach additional sheets as needed.

2.2 Technical Staff: Please list any additional staff who will be maintaining the data file(s) or otherwise assisting in the transfer or receipt of the data files. Files will not be transferred to anyone who is not listed on this application as either project staff or technical staff.

Name: Email:	Technical role:
Name: Email:	Technical role:

Attach additional sheets as needed.

SECTION 3: DATA REQUEST

3.1 Purpose of the Data Request:

a. Listed below are the purposes for which OHA may share APAC data. Please choose the category in which your project falls under (**choose only one**).

Research (refer to [45 CFR 164.501](#) for definition)

Public health activities as defined in [45 CFR 164.512\(b\)](#) by the state or local public health authority

Health care operations as defined in [45 CFR 164.501](#)

Covered entity as defined in [45 CFR 160.103](#)? Yes No

Treatment of patient by health care provider as defined in [45 CFR 164.506 \(c\)\(2\)](#)

Covered entity? Yes No

Payment activities performed by covered entity or health care provider as defined in [45 CFR 164.506 \(c\)\(3\)](#)

Covered entity? Yes No

Work done on OHA's behalf by a Business Associate as defined in [45 CFR 160.103](#)

b. Describe how the project falls into the category chosen above.

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

Reference the [Data Elements Workbook](#) for the categorization of data elements.

De-identified (as outlined in [45 CFR 164.514\(e\)](#)) protected health information

Limited, potentially re-identifiable data elements

Restricted 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 will require specific approvals, such as IRB approval, patient consent and/or review by the Oregon Department of Justice.

3.3 Human Subjects Research: IRB protocol and approval are required for most research requests for limited data elements. Not obtaining IRB approval or waiver in advance may delay approval of the data request. **The research questions reported in 1.2 of this application must match the documentation supporting the IRB approval received or the IRB approval will not be accepted for this data application.**

The IRB application should indicate that APAC data contains sensitive personal health information and is subject to HIPAA regulations.

- a. Does the project have IRB approval for human subjects research or a finding that approval is not required?

Yes

No

If no, briefly explain why you believe that this project does not require IRB review.

If an IRB reviewed the project, include the IRB application and approval/finding memo with the submission of this APAC-3 and complete parts b-e below.

IRB application and approval memo are attached.

- b. Describe how this application is within the authority of the approving IRB.
- c. Describe why the project could not be practicably conducted without a waiver of individual authorization (a waiver of individual authorization is provided by the IRB in cases in which the researcher does not need written authorization from participants to use their PHI):
- d. On what date does the IRB approval expire?

SECTION 4: DATA ELEMENTS

4.1 Narrowing Data Needs: Refer to the [APAC Data Dictionary](#) for detailed information about the data elements. In compliance with HIPAA regulations, you will only receive data elements that are adequately justified. This means APAC will only provide the minimum necessary data required for the project as represented in the research questions, protocol and IRB approval.

a. What years of data are requested? 2011 through 2020 are currently available.

b. What payer types are requested? Check all that apply

Commercial Medicaid Medicare Advantage

c. What types of medical claims are requested? All

Inpatient hospital	Emergency department	Outpatient
Ambulatory surgery	Ambulance	Transportation
Hospice	Skilled Nursing Facility	Professional

d. Demographic data limitations

1. Gender All Male Female

2. Age All Only 65+ Only 18 and younger Other
(Specify age range)

e. Will data requested be limited by diagnoses, procedures or type of pharmaceutical?

Add additional sheet if needed.

Diagnoses, indicate ICD 9 and ICD10 codes to include:

Procedures, indicate CPT to include:

Pharmaceuticals, indicate NDC or therapeutic classes to include:

f. APAC has a small number of out-of-state residents included, most often through PEBB or OEBB coverage. Do you want to include out-of-state residents? Yes No

4.2 Data Element Workbook: Complete the [Data Element Workbook](#) to identify specific data requested.

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

The Oregon Health Authority

Helping people and communities achieve optimum physical, mental and social well-being

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 at the record, individual or address level. Requesters are strongly encouraged to consult with APAC staff regarding linking APAC data with other data prior to submitting a data request. Health Analytics prefers to conduct APAC data linking in-house and share only encrypted identifiers with data requesters.

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?

Address Facility Individual person/member
 Individual provider

c. If required to link

Authorized to provide data for linking at OHA
 Not authorized to provide data for linking at OHA
 Unknown

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

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

5.3 Data Security:

- a. Attach a detailed description of your plans to manage security of the APAC data including:
 - Designation of a single individual as the custodian of APAC data, either the principal investigator or staff listed in Section 2 of this application, who is responsible for oversight of APAC data, including reporting any breaches to OHA and ensuring the data are properly destroyed upon project completion.
 - A security risk management plan applicable to APAC data that includes:
 - Secure storage in any and all mediums (e.g., electronic or hard copy)
 - Procedures to restrict APAC data access to only those individuals listed on the data use agreement
 - User account controls, i.e., password protections, maximum failed login attempts, lockout periods after idle time, user audit logs, etc.
 - Confirmation of training for personnel on how to properly manage protected health information in all formats
 - Protection of derivatives of APAC data at the re-identifiable level
 - If applicable, procedures for handling direct identifiers, such as allowing access on a 'need to know' basis only and minimizing risk by storing identifiers separately from other APAC data
 - Procedures for identifying, reporting and remedying any data breach
 - Statement of compliance with HIPAA and the HITECH Act
 - Electronic device protections, i.e., anti-virus or anti-malware software, firewalls, and network encryption
- b. Record level or derivative data that can be re-identified must be destroyed within 30 days of the end of the data use agreement, 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 data use agreement has expired?

SECTION 6: COST OF DATA

Because each data set is unique, cost can be determined only after the specific data elements are finalized. APAC staff will then review your request and estimate the number of hours required to produce and validate the data. APAC charges \$63 per hour of staff time. Payment must be received before the data will be provided. APAC staff will provide an invoice to facilitate payment. OHA's W-9 is available on request.

SECTION 7: CHECKLIST AND SIGNATURE

7.1 Checklist: Please indicate that the following are completed:

- I acknowledge that 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
- All questions are answered completely
- Data Element Workbook is attached to email or printed application
- IRB application with approval/finding memo is attached to email or printed application, if applicable
- Data privacy and security policies for the requesting organization, and any third-party organizations, are attached to the email or printed application

7.2 Optional Racial Justice Addendum: Please see the last two pages of this form for options if data will be used to eliminate racial injustice.

I am interested in this option

This option does not apply to my data request

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

Signature  Date

Printed name

Title

Return the completed form with required attachments to APAC.Admin@state.or.us.

5818_PCP_Continuity_Factors Additional Information on data elements request in APAC-3 form

I am only requesting claims for people who had continuous coverage for three years.

Include only people with claims in each year 2017-19. Exclude people with no claims in any year 2017-19.

Please exclude people who change insurers within a year. Changing insurers between years is ok.

Please exclude people with more than one insurance provider at the same time (Ex: Commercial & Medicare; Medicare & Medicaid; Two commercial plans etc.).

Please exclude people 65 years or older in 2019.

Please exclude people younger than 18 in 2017.

Additional person level data elements have been requested to be appended to the medical claims tab in the last rows of the medical claims tab in the APAC Data Elements Workbook, including "high deductible" "race" "ethnicity" and "language". The elements are extracted from the now deleted Member Eligibility tab.

The provider tab in the APAC Data Elements Workbook is modified by additional elements related to classifying providers.

PLAN OVERVIEW

A Data Management Plan created using DMPTool

Title: Dissertation: Do Primary Care Providers Contribute to Continuity of Care for Persons with Multiple Chronic Conditions?

Creator: Herbert Fillmore

Affiliation: University at Albany, State University of New York (UAlbany)(albany.edu)

Funder: Self

Template: Digital Curation Centre

Project abstract:

I propose to investigate the strength of primary care providers' contribution to their patients' continuity among commercially insured panels of adult patients aged 18 to 64 with multiple chronic conditions (MCC). This study's goal is to first, measure the importance of providers to their patients' continuity, and second, to delineate elements of the providers' practices driving that influence.

I will use the Oregon APAC data to calculate continuity using a standard claims based measure, and to discover factors that influence that continuity.

Continuity of care has been proposed as a quality of care measure, but the effect primary care providers have on continuity has not been examined. This gap in knowledge can limit the acceptance and utility of quality as a quality measure for primary care.

Start date: 06-1-2022

End date: 06-1-2023

Last modified: 04-30-2022

DISSERTATION: DO PRIMARY CARE PROVIDERS CONTRIBUTE TO CONTINUITY OF CARE FOR PERSONS WITH MULTIPLE CHRONIC CONDITIONS?

DATA COLLECTION

What data will you collect or create?

Non identified data from the Oregon All Payer Claims DATA (known as APAC) will be secured and used. This is 3 years of claims data from commercial payers for patients 18 to 65 in Oregon. The data conforms to HIPAA requirements as being deidentified and acceptable for research purposes. The data will not be linked to any other patient related data and the data use agreement signed by the investigator prohibits any attempt to identify individuals.

How will the data be collected or created?

The data is collected as part of administrative insurance processing and submitted to the Colorado APAC under Oregon legislative authority. There will be one submission of data to the investigator and one version of the base data set. The base data set will be subset according to exclusion rules to eliminate certain observations not useful in the research. Data will also be transformed to code for chronic conditions and various outcomes such as readmissions.

DOCUMENTATION AND METADATA

What documentation and metadata will accompany the data?

Documentation from APAC includes the definitions of each variable and values. The data will be in flat files and read into SAS files.

ETHICS AND LEGAL COMPLIANCE

How will you manage any ethical issues?

No ethical issues have been identified in the use of this deidentified administrative data.

How will you manage copyright and Intellectual Property Rights (IP/IPR) issues?

This is new research, and no existing "prior art" has been identified. The data is "owned" by Oregon APAC and will be destroyed at the end of the research. The research findings will be shared with the Oregon APAC and will be published in the Albany SUNY library as part of the dissertation process and a condensed version may be submitted to a peer reviewed journal.

STORAGE AND BACKUP

How will the data be stored and backed up during the research?

The data will be received by the Information Technology Services (ITS) Department at Albany SUNY. The data will be stored in the secure high performance computing cluster.

How will you manage access and security?

The data will be stored and analyzed in the University's high performance computing cluster, a server environment which makes use of a centralized NetApp disk storage system which is encrypted at rest, compressed, de-duplicated, and is backed up via "snapshot" daily for 21 days and hourly for the past 23 hours. All data is password protected. Access to the sever and storage off-campus requires 2-factor authentication and use of a VPN. The centralized NetApp disk storage system and server for this project are housed in UAlbany's state-of-the-art, secure data center. No data will be extracted or processed outside of that environment.

Procedures to restrict APAC data access to only those individuals listed on the data use agreement.

As noted in the previous answer the data is password protected with 2 factor authorization and only accessible to that user over VPN. The data will be stored in a project specific research storage folder using UAlbany's centralized NetApp disk storage system and will only be accessible to the individual involved with the project (in this case Herb Fillmore.)

Confirmation of training for personnel on how to properly manage protected health information in all formats.

Answer: there is no PHI in the requested data set. However, it should be noted that as part of the process for obtaining the IRB, both the requestor and his dissertation committee chair provided documentation of CITI HIPAA training as a routine matter.

Protection of derivatives of APAC data at the re-identifiable level

Answer: All derivatives of APAC data will be model coefficients at the aggregate level and cannot be used for reidentification. Model coefficients are “beta” values derived from multivariable regression models and have no relationship to individual persons.

If applicable, procedures for handling direct identifiers, such as allowing access on a ‘need to know’ basis only and minimizing risk by storing identifiers separately from other APAC data

Answer: there are no direct identifiers in the requested data.

Procedures for identifying, reporting, and remedying any data breach.

Answer: Oregon APAC will be notified via email immediately by Herb Fillmore of any evidence of a data breach including the time, extent, and nature of the data breach.

Statement of compliance with HIPAA and the HITECH Act.

Answer: This data does not contain PHI. The investigator will comply with applicable HIPAA and HITECH requirements that may still apply.

Electronic device protections, i.e., anti-virus or anti-malware software, firewalls, and network encryption.

Answer: The data will be analyzed on the Universities high performance computing server environment which makes use of a of a centralized NetApp disk storage system which is encrypted at rest, compressed, de-duplicated, and is backed up via "snapshot" daily for 21 days and hourly for the past 23 hours. The environment will be accessed via secure VPN into a computer operating with the latest version of antivirus software deployed throughout the environment.

Record level or derivative data that can be re-identified must be destroyed within 30 days of the end of the data use agreement, 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 data use agreement has expired?

Answer: the PI will erase the original and working files data on the server drive and forward confirmation of data destruction with confirmation by the Albany SUNY ITS to the Colorado APAC within 30 days of end of DUA or the end of the dissertation work if that comes sooner.

Selection and Preservation

Which data are of long-term value and should be retained, shared, and/or preserved?

Answer: No data will be retained at the end of the project. Data will be destroyed within 30 days of the end of the data use agreement per requirements of the Oregon APAC.

What is the long-term preservation plan for the dataset?

Answer: The data will not be retained.

DATA SHARING

How will you share the data?

Answer: The data will not be shared.

Are any restrictions on data sharing required?

The DUA with Oregon APAC prohibits data sharing.

RESPONSIBILITIES AND RESOURCES

Who will be responsible for data management?

Answer: Herb Fillmore is the Principal Investigator and is responsible for data management.

What resources will you require to deliver your plan?

Answer: Resources required for this work are storage, a virtual machine, and SAS all in a secure environment.

PLANNED RESEARCH OUTPUTS

DATA PAPER - " DISSERTATION: DO PRIMARY CARE PROVIDERS CONTRIBUTE TO CONTINUITY OF CARE FOR PERSONS WITH MULTIPLE CHRONIC CONDITIONS?"

I propose to investigate the strength of primary care providers' contribution to their patients' continuity among commercially insured panels of adult patients aged 18 to 64 with multiple chronic conditions (MCC). This study's goal is to first, measure the importance of providers to their patients' continuity, and second, to delineate elements of the providers' practices driving that influence. I will use the APAC data to calculate continuity using a standard claims based measure, and to discover factors that influence that continuity. Continuity of care has been proposed as a quality of care measure, but the effect primary care providers have on continuity has not been examined. This gap in knowledge can limit the acceptance and utility of quality as a quality measure for primary care.

PLANNED RESEARCH OUTPUT DETAILS

Title	Type	Anticipated release date	Initial access level	Intended repository(ies)	Anticipated file size	License	Metadata standard(s)	May contain sensitive data?	May contain PII?
Dissertation: Do Primary Care Providers Contribute . . .	Data paper	2023-06-18	Open	None specified		None specified	None specified	No	No

Fillmore Questions and Hypothesis for APAC Proposal 5818 PCP Continuity Factors

Overall Goal: To determine the extent to which primary care providers influence the continuity scores of their panel of patients' with multimorbidity.

I propose to look at continuity as an outcome variable and to quantify the contribution of primary care providers to that outcome after controlling for patient and payer factors. The elements of provider practice will be delineated to the extent possible and examined individually.

The following research questions arise from the Wall model of continuity and the literature search on research previously conducted on factors associated with continuity. The research questions will be answered by selecting a cohort of adults with multiple chronic conditions enrolled in commercial health insurance plans, and then investigating the influence of primary care provider(PCP) and patient characteristics on continuity as measured by a well-established numerical score for continuity of ambulatory service providers on two major dimensions of services, office visits and prescribing, derived from administrative data.

Research Question 1: After controlling for patient characteristics, provider practice characteristics, and payer factors, is a primary care provider's type of license and training associated with level of continuity in a panel of patients served by that provider?

Hypothesis 1: PCPs' licensure will have little effect on continuity while training as family practitioner will be associated with higher levels of continuity. Family practitioner training includes exposure to the importance of continuity as expressed in models of care like the Starfield primary care model.

In this dissertation study, PCP's may be licensed as physicians or nurse practitioners and have specialized training as internists, family practitioners, or general medicine.

Research Question 2: After organizational characteristics associated with continuity, specifically after controlling for patient characteristics, is the size of a primary care provider's practice and different payers associated with continuity of care?

Hypothesis 2: The size of a PCPs practice and differences among payers will influence continuity with smaller practices having higher continuity and payers exhibiting significant variation in continuity. While specific information of payer benefit and payment structures is not available in the dissertation research data, the benefit structure, such as high deductibles, and payment structures such as capitation, can influence continuity. Therefore, the identity of the payers will be entered into the model as a control variable and the impact evaluated at this step of the research.

To assure that patients in the study do not have interruptions or changes in coverage that would limit comparisons of continuity among patients, only patients with continuous coverage in a year from a single payer will be included. Throughout the cohort in the study there may be multiple payers, but for any patient, during a single year, only one payer will be represented, and eligibility for that payer will be present during the entire year.

Research Question 3: After controlling for patient, payer, and provider practice characteristics, is a PCP's prior experience with a patient's type of problem associated with continuity of care?

Hypothesis 3: PCPs with greater experience with their patients and their problems will have higher levels of continuity.

The prior experience of a PCP with his or her patients' problems will be assessed by determining if patients have been in PCP's panel during the two years prior to the study's start and the number of patients in the panel who have similar problems as measured by CCW in the same body system and the severity of the chronic condition measured by a surrogate of the number of specialty visits during the year.

Research Question 4: After controlling for patient characteristics and provider practice characteristics, is a PCP's availability associated with continuity of care?

Hypothesis 4: PCPs who see patients during more days of the year or practice in urban areas will have higher continuity.

A PCP's availability will be inferred by his/her number of unique days annually with claims for office visits and whether her/his panel comes from rural or urban areas where travel time may be affected.

Research Question 5: After controlling for patient, payer and provider practice characteristics, is there a remaining (undifferentiated) component of PCP practice associated with continuity of care?

Hypothesis 5: Variation in continuity will be independently associated with a variable representing PCPs' identities, labeled "physician effect," even after all other available provider and practice variables are accounted for.

Not all elements of physician practice style can be delineated with the data available for this study. Testing this hypothesis will reveal if there is variation in continuity that has the property of being consistently associated with undifferentiated components of the physician's practice and not due to known payer, provider or patient characteristics. Provider gender will be included as an additional control variable because it has been associated with continuity in prior studies.

Research Question 6: After accounting for continuity of care during a two-year period among cohorts belonging to the same PCP during the two years, do members that move from one PCP to another experience changes in their individual continuity scores in a direction similar to the average continuity in the new PCP's panel?

Hypothesis 6: Members that move from one PCP to another will experience changes in their individual continuity scores in the same direction (higher or lower) as the average continuity score for all the patients in their new PCP's panel.

Previous research has examined mobility between PCP panels and found that the individual patient's cost profile for persons moving from one PCP to another will go up or down in relation to the new panel's average cost profile for all members of that panel. This has been introduced as evidence of physician practice style influencing cost. I am hypothesizing a similar analysis will be illustrative of practice style related to continuity.

By testing these six hypotheses, my study will provide evidence of the relative importance of physicians in continuity and provide some information on the components of that role that would be of interest to planners and program managers wishing to encourage continuity. Policy makers will be able to use the

results when they consider the validity of continuity as a quality measure applied to physician performance. If some practice factors are found to be significant independent contributors to continuity it will reinforce the call to use continuity as a performance measure. If significance is not found, the sample will be large enough to raise questions about using continuity as a quality variable until further research establishes a link between physician practice and the presence of continuity.

**INSTITUTIONAL REVIEW BOARD
 NOTICE OF APPROVAL**

FWA0001970 IRB00000589

Protocol/Study Number:	22X115
Principal Investigator:	Herbert H. Fillmore
Co-Investigator:	Wendy Weller
Project Title:	Do Primary Care Providers Contribute to Continuity of Care for Persons with Multiple Chronic Conditions?
Sponsor:	
Funding ID:	
Review Type:	Exempt
Review Category:	Exempt 4

The above-referenced study has been reviewed and approved by the University at Albany Institutional Review Board (IRB).

Protocol Approval Date: April 21, 2022

Expiration Date: April 20, 2027

If the research project will continue beyond the Expiration Date, you must request a continuation and provide a progress report. The request/report should be submitted at least 30 days in advance of the Expiration Date to ensure sufficient time for processing and review and to avoid a lapse in approval.

Your study may be audited at any time during or after the implementation of your project. Federal and University policies require that all research records be maintained for a period of 3 years after completion of project (6 years if supported by external funds).

Good luck with your project!

If you have any questions, please contact the IRB via the Office of Regulatory and Research Compliance by email at IRB@albany.edu or phone at 518-437-3850.

For Post-Award Use

Incentive Value:
 (Per subject)

Incentive Type:

Subject Count:

Updated on 11/15/2021 This workbook is being completed for Fillmore APCA request "5818 PCP Continuity Factors"

The Oregon State Legislature authorized APAC in 2009 to measure and improve the quality, quantity, cost and value of health care services. Oregon Revised Statutes and Administrative Rules provide guidelines for APAC data collection, use and release and the Oregon Health Authority (OHA) is responsible for APAC oversight. APAC contains protected health information and data that identifies people. OHA is responsible for ensuring compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the protection of people's health information, identity and privacy. OHA ensures that data requests comply with HIPAA, protect the privacy of members and their health information, are justified and that **OHA shares only the minimum necessary data.**

The purpose of the data elements workbook is for data requesters to specify APAC data options and data elements requested for their project described in their APAC3 application. OHA uses the data elements workbook and the APAC3 data request application to assess HIPAA compliance, risks and to determine if the projects meets the APAC data use and release guidelines.

Please answer each of the following questions about APAC data request options:

Please indicate the year(s) of data requested	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
							XXX	XXX	XXX	

Note: Please only include people with claims in each year 2017-19. Exclude people with no claims in any year 2017-19
Note: Please exclude people with more than one insurance provider at the same time (Ex: Commercial & Medicare; Medicare & Medicaid; Two commercial plans etc.).
Note: I'm only requesting claims for people who had continuous coverage for three years. People can change insurers year to year, but not within the same year.

Do you want out-of-state people and their claims included?	Yes	No
	XXX	

Do you want orphan claims included?	Yes	No
	XXX	

Do you want coordination of benefit claims included?	Yes	No
	XXX	

Do you want self-insured data included?	Yes	No
	XXX	

Do you want PEBB and OEBB data included?	Yes	No
	XXX	

What payer types do you want?	Commercial	Medicaid	Medicare (commercial only)	CMS Medicare (Available to OHA only)
	XXX	XXX		

What medical claim types do you want?	All claims	Inpatient hospital	Emergency department	Outpatient	Ambulatory surgery	Ambulance	Transportation	Hospice	Skilled Nursing Facility	Substance Abuse claims (Available to OHA only)
	XXX	Facility claims only	All claims	Facility claims only	All claims	Facility claims only	All claims			

If your request is for a particular medical claim type, then how do you want to identify each medical claim type that you want? (check the box for your selection) If you elect to provide the definition, please provide claim type code, revenue code, place of service and any other variable codes that define each claim type.	APAC definition	You will provide definition (s)
	XXX	

Do you want pharmacy claims?	Yes	No
	XXX	

Do you want monthly eligibility data (insured/covered months by plan)?	Yes	No
	XXX	

Do you want member demographic data (no monthly eligibility data)?	Yes	No

Do you want provider data?	Yes	No
	XXX	

Do you want claims and eligibility data for selected age groups only?	All ages	Exclude people 65 yrs and older	Specify age range:
		Yes-Exclude	18-64

Note: Please Exclude 65 years or older in 2019 and people younger than 18 in 2017

Do you want to limit claims and eligibility data by gender?	Include all	Only females	Only males
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		XXX							
Do you want to limit <u>medical claims</u> data to selected diagnoses?		No	Yes. List diagnosis codes						
		XXX							
Do you want to limit <u>pharmacy data</u> to selected NDC codes or therapeutic classes?		No	Yes. List NDC or therapeutic class codes						
		XXX							
Are you requesting identifiable data?		No	Zip code	County	Address	Name	Month of birth	Date of birth	CMS reported date of death (Available to OHA only)
		XXX							
One payer reported the claim status for all of their claims as fee-for-service when most were encounter or managed care claims. Do you want the claim status changed to managed care?		Change to encounter	Do not change						
			XXX						
Do you want APAC data linked to Oregon Center for Health Statistics (CHS) Death Certificate data? You will need approval from both CHS and APAC and can submit requests concurrently https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/VITALSTATISTICS/Pages/Data-Use-Requests.aspx		Yes	No						
			XXX						

Please mark an X in the Field Requested column to identify your requested data elements

Please delete the rows for data elements that you do not want for your project

Please delete the Medical Claim tab if you are not requesting any Medicaid Claims data elements

Refer to the APAC Data Dictionary for more detailed information about each data element

Note, additional person level data elements have been added in the last rows of this tab including "high deductible" "race" "ethnicity" and language.

Field Requested	Data Element	Security Level	Description	Justification as minimum data required for project
X	mc038 claim status cd	De-Identified	Claim status. P - Paid, C - CCO encounter, E - other	
X	mc059 service start dt	De-Identified	Date services for patient started	Needed to place data consecutively in a time stream for calculation of continuity
X	mc060 service end dt	De-Identified	Date services for patient ended	Needed to place data consecutively in a time stream for calculation of continuity
X	dw claim id	De-Identified	A unique medical claim identifier	needed for cleaning data
X	mc005_line_no	De-Identified	Line number for the claim that begins with 1 and is incremented by 1 for each additional service line of a claim	needed for cleaning data
X	uniquepersonID	De-Identified	A unique identifier for a person across payers and time	Continuity of care metric is a person based metric and needs to be tracked across time for a person to understand factors that influence
X	self_insured_fl	De-Identified	Self Insured flag	Needed for hierarchical modeling based on hypothesis that payer type will influence continuity
X	mc001_payer_type	De-Identified	Payer reported payer type codes:(C) Carrier, (D) Medicaid, (G) Other government agency, (P) Pharmacy benefits manager, (T) Third-party administrator, (U) Unlicensed entity	Needed for hierarchical modeling based on hypothesis that payer type will influence continuity
X	mc018 admit dt	De-Identified	Admission date	need to adjust for impact on continuity. Continuity is an ambulatory measure and admissions can disrupt continuity
X	mc205_admit_diagnosis_cd	De-Identified	Admitting diagnosis. ICD-10 diagnosis code for dates of service beginning 10/01/2015, ICD-9 diagnosis code for dates of service before 10/01/2015	investigating continuity among chronic patients and need dx codes to establish chronicity
X	mc023 discharge status cd	De-Identified	Status for member discharged from a hospital	Need to know if transferred and therefore total LOS needs to be adjusted
X	LOS	De-Identified	Length of stay of inpatient admission measured in days. Discharge Date - Admit Date. <1 is rounded to 1. Negative values set to NULL	need to adjust for impact on continuity, longer stays can indicate more complexity
X	mc037 place of service cd	De-Identified	Industry standard place of service code	Needed to calculate continuity which is an ambulatory measure
X	mc041 principal diagnosis cd	De-Identified	Principal Diagnosis code	investigating continuity among chronic patients and need dx codes to establish chronicity
X	Dx Description	De-Identified	ICD diagnosis code description	investigating continuity among chronic patients and need dx codes to establish chronicity
X	Dx Type	De-Identified	ICD diagnosis code type	investigating continuity among chronic patients and need dx codes to establish chronicity
X	mc042 other diagnosis 2	De-Identified	Additional Diagnosis 2	investigating continuity among chronic patients and need dx codes to establish chronicity
X	mc043 other diagnosis 3	De-Identified	Additional Diagnosis 3	investigating continuity among chronic patients and need dx codes to establish chronicity
X	mc044 other diagnosis 4	De-Identified	Additional Diagnosis 4	investigating continuity among chronic patients and need dx codes to establish chronicity
X	mc045 other diagnosis 5	De-Identified	Additional Diagnosis 5	investigating continuity among chronic patients and need dx codes to establish chronicity
X	mc046 other diagnosis 6	De-Identified	Additional Diagnosis 6	investigating continuity among chronic patients and need dx codes to establish chronicity
X	mc047 other diagnosis 7	De-Identified	Additional Diagnosis 7	investigating continuity among chronic patients and need dx codes to establish chronicity
X	mc048 other diagnosis 8	De-Identified	Additional Diagnosis 8	investigating continuity among chronic patients and need dx codes to establish chronicity
X	mc049 other diagnosis 9	De-Identified	Additional Diagnosis 9	investigating continuity among chronic patients and need dx codes to establish chronicity
X	mc050 other diagnosis 10	De-Identified	Additional Diagnosis 10	investigating continuity among chronic patients and need dx codes to establish chronicity
X	mc051 other diagnosis 11	De-Identified	Additional Diagnosis 11	investigating continuity among chronic patients and need dx codes to establish chronicity
X	mc052 other diagnosis 12	De-Identified	Additional Diagnosis 12	investigating continuity among chronic patients and need dx codes to establish chronicity
X	mc053 other diagnosis 13	De-Identified	Additional Diagnosis 13	investigating continuity among chronic patients and need dx codes to establish chronicity
X	mc201 icd version cd	De-Identified	Identifies ICD9 or ICD10 version	investigating continuity among chronic patients and need dx codes to establish chronicity
X	mc055_procedure_cd	De-Identified	Current Procedural Terminology (CPT) code or Healthcare Common Procedure Coding System (HCPCS)	Need for cleaning and calculating continuity
X	Px Type	De-Identified	ICD procedure code type	Need for cleaning and calculating continuity
X	CPT description	De-Identified	Short Description of Current Procedural Terminology, created and owned by the American Medical Association	Need for cleaning and calculating continuity
X	consumer_friendly_descriptor	De-Identified	Consumer Friendly description of Current Procedural Terminology, created and owned by the American Medical Association	Need for cleaning and calculating continuity
X	mc056 procedure modifier 1 cd	De-Identified	CPT or HCPCS modifier	Need for cleaning and calculating continuity
X	mc057 procedure modifier 2 cd	De-Identified	CPT or HCPCS modifier	Need for cleaning and calculating continuity
X	mc057a procedure modifier 3 cd	De-Identified	CPT or HCPCS modifier	Need for cleaning and calculating continuity
X	mc057b procedure modifier 4 cd	De-Identified	CPT or HCPCS modifier	Need for cleaning and calculating continuity
X	modifier description	De-Identified	Description of Outpatient Procedure modifier code, from either CPT, HCPC, or Ambulance code list.	Need for cleaning and calculating continuity
X	BETOS	De-Identified	Berenson-Eggers Type of Service assigned to Health Care Financing Administration Common Procedure Coding System (HCPCS). Developed primarily for analysing the growth in Medicare expenditures	Need for cleaning and calculating continuity
X	BETOS level_1_group_id	De-Identified	Berenson-Eggers Type of Service (BETOS) Code Description ID	Need for cleaning and calculating continuity
X	BETOS level_1_group	De-Identified	Berenson-Eggers Type of Service (BETOS) Code Description	Need for cleaning and calculating continuity
X	BETOS level 2_group_id	De-Identified	Subcategory ID	Need for cleaning and calculating continuity
X	BETOS level 2_group	De-Identified	Subcategory Description	Need for cleaning and calculating continuity
X	BETOS level 3_group_id	De-Identified	Broad Category ID	Need for cleaning and calculating continuity
X	BETOS level 3_group	De-Identified	Broad Category Description	Need for cleaning and calculating continuity
X	mc058 icd primary procedure cd	De-Identified	The main inpatient procedure code	Need for cleaning and calculating continuity
X	mc058a icd procedure 2	De-Identified	Inpatient procedure ICD-10 code 2	Need for cleaning and calculating continuity
X	mc201 icd version cd	De-Identified	ICD version code 9 - ICD-9, 10 - ICD-10	Need for cleaning and calculating continuity
X	claim_type	De-Identified	Vendor generated claim type. Identifies inpatient facility claim (1), outpatient facility claim (2), and professional claim (3) based on bill type, revenue code and place of service. Null means it could not be determined.	Need for cleaning and calculating continuity

X	final_mdc	De-Identified	a code identifying the final Major Diagnostic Category (MDC)	Need for cleaning and calculating continuity
X	final_drg	De-Identified	a code identifying the final Diagnosis Related Group	Need for cleaning and calculating continuity
X	final_ms_ind	De-Identified	a flag indicating if final_mdc is medical or surgical	Need for cleaning and calculating continuity
X	drg_description	De-Identified	Final DRG description	Need for cleaning and calculating continuity
X	mdc_description	De-Identified	Final MDC description	Need for cleaning and calculating continuity
X	dw_rendering_provider_id	De-Identified	A unique identifier associated with a unique rendering provider across plans, payers and years	Need for calculating continuity
X	dw_billing_provider_id	De-Identified	A unique identifier associated with a unique billing provider across plans, payers and years	Need for calculating continuity
X	hospital_name	De-Identified	Name of Oregon Hospital	Need for hierarchical modeling
X	age	De-Identified	Age on date of service	Need for risk adjustment of model
X	me013_member_gender_cd	De-Identified	member's gender F = Female, M = Male, U = Unknown	Need for risk adjustment of model
X	urban_fl	De-Identified	Zip codes grouped into urban and rural identified by OHA	Need for risk adjustment of model
X	member_zip_three	De-Identified	First three characters of member zip code from the date of service	to compare with general location of provider and impact on continuity
X	me016_member_state	De-Identified	Member State from latest quarterly data submitted	Need for cleaning and removing individuals not living in Oregon
X	me205_high_deductible_health_flag	De-Identified	High Deductible Health Plan Flag	Used for cleaning and hierarchical modeling based on hypothesis that payer/plan features can influence continuity
	rarestre	De-Identified	The rarest race-ethnicity identified for a person across payers and years (only one identified per person): (P) Native Hawaiian or Pacific Islander, (B) Black or African American, (I) American Indian or Alaskan Native, (A) Asian, (H) Hispanic or Latino, (W) White, (O) other and (noRE) no race-ethnicity reported	Used for risk adjustment based on hypothesis that person characteristics can influence continuity
XXX	re2_ethnicity_cd	De-Identified	All ethnicities reported by all payers for all years for a person: (H) Hispanic, (O) Not Hispanic, (U) unknown, (R) refused and null	Used for risk adjustment based on hypothesis that person characteristics can influence continuity
XXX	re3_primary_language_cd	De-Identified	All primary spoken languages reported by all payers for all years for a person	Used for risk adjustment based on hypothesis that person characteristics can influence continuity
XXX				Used for risk adjustment based on hypothesis that person characteristics can influence continuity

Please mark an X in the Field Requested column to identify your requested data elements

Please delete the rows for data elements that you do not want for your project

Please **delete the Pharmacy Claim tab** if you are not requesting any pharmacy claims data elements

Refer to the APAC Data Dictionary for more detailed information about each data element

Field Requested	Data Element	Security Level	Description	Justification as minimum data required for project
X	dw_claim_id	De-Identified	A unique medical claim identifier	Need for cleaning
X	pc032_prescription_fill_dt	De-Identified	Prescription fill date	Needed to place rx in time stream
X	uniquepersonID	De-Identified	A unique identifier for a person across payers and time	Needed to link to medical experience
X	pc003_insurance_product_type_cd	De-Identified	A code that indicates an insurance coverage type	Need for modeling based on hypothesis that payer factors influence continuity
X	LOB_RX	De-Identified	Payer line of business: 1 = Medicare, 2= Medicaid, 3 = Commercial, -99 = Inconsistent or Missing	Need for modeling based on hypothesis that payer factors influence continuity
X	dw_prescribing_provider_id	De-Identified	A unique identifier associated with a unique prescribing provider across plans, payers and years	Need to calculate prescribing continuity
X	pc026_drug_cd	De-Identified	National Drug Code (NDC)	Need to calculate prescribing continuity
X	pc028_calc_refill_no	De-Identified	Processor's count of times prescription refilled	Need to calculate prescribing continuity
X	age	De-Identified	Member age in years calculated on the first day of the month	model will be age adjusted based on hypothesis that person characteristics influence continuity
X	member_zip_three	De-Identified	First three characters of member's zip code	compared to provider zip for impact on continuity
X	urban_fl	De-Identified	Zip codes grouped into urban and rural identified by OHA	for urban rural adjustment

Please mark an X in the Field Requested column to identify your requested data elements

Please delete the rows for data elements that you do not want for your project

Please **delete the Provider Composite tab** if you are not requesting any provider data elements

Refer to the APAC Data Dictionary for more detailed information about each data element

Note: this tab has been modified to include additional rows at the bottom with data elements identified by MaryAnn Evans as relevant to project questions. (5818_PCP_Continuity_Factors)

Field Requested	Data Element	Security Level	Description	Justification as minimum data required for project
XXX	dw provider id	De-Identified	A unique identifier associated with a unique provider across plans and payers	Used to calculate continuity
XXX	provider entity	De-Identified	Provider entity-1) Individual or 2) organization	Used to calculate continuity
XXX	national provider id	De-Identified	National Provider Identifier (NPI)	Used to calculate continuity
XXX	provider tax id	De-Identified	Provider Tax identifier (attending, billing, pharmacy)	Used to calculate continuity
XXX	medicare provider id	De-Identified	A unique Medicare provider identifier	Used to calculate continuity
XXX	Provider First Nm	De-Identified	Provider first name; null if provider is an organization entity (attending, billing, pharmacy)	Used for cleaning
XXX	Provider Last Nm	De-Identified	Provider last name or organization name (attending, billing, pharmacy)	Used for cleaning
XXX	Provider Org Nm	De-Identified	Name of provider's organization	Hierarchical modeling
XXX	Provider Org Nm Other	De-Identified	Other name of organization	Hierarchical modeling
XXX	primary zip	De-Identified	Provider location zip (attending, billing, pharmacy)	Used to calculate continuity
XXX	Credential Text 1	De-Identified	Provider NPI credential 1	Used to calculate continuity
XXX	Credential Text 2	De-Identified	Provider NPI credential 2	Used to calculate continuity
XXX	Credential Text 3	De-Identified	Provider NPI credential 3	Used to calculate continuity
XXX	provider gender	De-Identified	Gender of provider - U if unknown	Risk adjustment
XXX	Taxonomy Cd 1	De-Identified	NUCC provider taxonomy for the billing provider; NPI if not reported	Used to calculate continuity
XXX	Taxonomy Cd 2	De-Identified	NUCC provider taxonomy for the billing provider; NPI if not reported	Used to classify providers to evaluate hypothesized provider characteristics on continuity
XXX	Taxonomy Cd 3	De-Identified	NUCC provider taxonomy for the billing provider; NPI if not reported	Used to classify providers to evaluate hypothesized provider characteristics on continuity
XXX	Taxonomy Cd 4	De-Identified	NUCC provider taxonomy for the billing provider; NPI if not reported	Used to classify providers to evaluate hypothesized provider characteristics on continuity
XXX	Taxonomy Cd 5	De-Identified	NUCC provider taxonomy for the billing provider; NPI if not reported	Used to classify providers to evaluate hypothesized provider characteristics on continuity
XXX	Zip Cd 3 Digit	De-Identified	ZIP Code of provider - may include non-US codes. Do not include dash. 3-digit	Used to classify provider urban/rural environment to evaluate hypothesized provider characteristics on continuity
XXX	county name	De-Identified	Name of county	Used to classify provider urban/rural environment to evaluate hypothesized provider characteristics on continuity
XXX	NPIPrvCred		From DIM NPI Registry	Used to classify providers to evaluate hypothesized provider characteristics on continuity
XXX	Grouping		From DIM NPI Registry	Used to classify providers to evaluate hypothesized provider characteristics on continuity
XXX	Grouping		DIM Provider taxonomy	Used to classify providers to evaluate hypothesized provider characteristics on continuity
XXX	Classification		DIM Provider taxonomy	Used to classify providers to evaluate hypothesized provider characteristics on continuity
XXX	Specialization		DIM Provider taxonomy	Used to classify providers to evaluate hypothesized provider characteristics on continuity
XXX	Taxonomy classification		Provider DAV Prod	Used to classify providers to evaluate hypothesized provider characteristics on continuity
XXX	Taxonomy specialization		Provider DAV Prod	Used to classify providers to evaluate hypothesized provider characteristics on continuity
XXX	Taxonomy grouping		Provider DAV Prod	Used to classify providers to evaluate hypothesized provider characteristics on continuity

New or Amended APAC Data Request Review (custom or OHA Business Associate)

Staff Reviewer: Mary Ann Evans

DRTS Number: 5818

Date review completed: 5/18/2022

	Yes	No	N/A	Need more information
Is this a new APAC request?	X			
<u>New APAC Request</u> (skip to next section if amendment request):				
1.1 Project staff contact information provided	X			
1.2 Project technical staff information provided			X	
2.1 Project summary provided with adequate detail to identify a specific unambiguous project	X			
2.2 Research questions provided with adequate detail	X			
2.3 Described planned products and reports derived from requested data	X			
2.4 Project begin and end date provided	X			
2.5 Acknowledgement that APAC data cannot be reused beyond the DUA	X			
2.5 Acknowledgement that data cannot be shared beyond the DUA	X			
3.1ab Data request purpose box checked & description	X			
3.2 Checked box for level of data identifiers	X			
3.3 IRB application, approval memo, end date	X			
4.1 Completed data elements workbook	X			
4.2 Adequately described how the data elements requested are the minimum necessary	X			
5.1 Plan provided to prevent re-identification			X	
5.2ab Plan to link APAC data to other data source			X	
5.2c Requests OHA to link APAC to other data			X	
5.2d Detailed data linking plan provided			X	
5.3 Provided adequate description of data management, security and data destruction plan	X			
Passes Minimum Necessary Review	X			
Recommend management approval	X			
<u>Amendment request</u> for previously approved APAC request (not needed for staff change only):				
Any new data elements requested				
Any new years of data requested				
Any new project purpose or research questions				
Description of new project purpose				
Completed data elements workbook				
IRB application and approval memo				
Passes Minimum Necessary Review				
Recommend management approval				