



## All Payer All Claims Application for Limited or Custom Data Files APAC-3

OHA DRTS:

This application is used in conjunction with the APAC-2 submitted. If any corrections to information submitted on the APAC-2 are required, please note the changes below (as relevant) and in the email to which this application will be attached.

### PROJECT INFORMATION

Project Title:

Principal Investigator:

Title of Principal Investigator:

Organization:

Address:

City:

State:

Zip Code:

Telephone:

Email:

Application Date:

### SECTION 1: PROJECT STAFF

**1.1 Project Staff:** Please list any staff in addition to the principal investigator who will have direct access to the data. This must include any contractors or other third-parties with access to the data.

Name Role

Email

Name Role

Email

Name Role

Email

Name  
Email

Role

Name  
Email

Role

Attach additional sheets as needed.

**1.2 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

Role

Name  
Email

Role

## SECTION 2: PROJECT SUMMARY

**2.1 Project Purpose:** Briefly describe the purpose of the project and how it meets the APAC use as research, public health surveillance activities or health care operations. A more detailed project description including background, methodology and analytic plan that supports the APAC data questions and data elements selected for your project may be submitted with this application.

**2.2 Research Questions:** What are the key research questions or hypotheses of the project? 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.

**2.3 Products or Reports:** Describe the intended product or report that will be derived from the requested data and how this product will be used.

**2.4 Project Timeline:** What is the timeline for the project?

- a. Anticipated Start Date:
- b. Anticipated Publication/Release Date:
- c. Anticipated End Date:

**2.5 Data files:** Will you be releasing or reusing data files 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 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 (**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)

Covered entity?                      Yes                      No

(refer to [45 CFR 160.103](#) for definitions related to covered entities)

Treatment of patient by health care provider (refer to [45 CFR 164.506 \(c\)\(2\)](#) for definition)

Covered entity?                      Yes                      No

Payment activities performed by covered entity or health care provider (refer to [45 CFR 164.506 \(c\)\(3\)](#) for definition)

Covered entity?                      Yes                      No

Work done on OHA's behalf by a business associate (refer to [45 CFR 160.103](#) for definition).

b. Describe how the project falls in 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.

Direct identifiers (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 Institutional Review Board (IRB) approval, patient consent and/or review by the Department of Justice.

**3.3 Human Subjects Research:** Institutional Review Board (IRB) protocol and approval are required for most research requests for limited data elements and are mandatory for research requests for restricted data elements. Not obtaining IRB approval or waiver in advance may delay approval of the data request. **Also, if the research questions reported in 2.2 of this application do not match the submission and IRB approval received, the application will be denied.**

- a. Does your project have IRB approval for human subjects research?  
Yes                      Not applicable (project is not research on human subjects)

If yes, include the IRB application and approval memo with the submission, the 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 (if 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

Refer to the APAC Data Dictionary for detailed information about the data elements. OHA will only provide the minimum necessary data required for the project as represented in the research questions, protocol and IRB approval. In compliance with HIPAA regulations, you will only receive data elements that are adequately justified.

**4.1 Data Element Workbook:** Complete the [Data Element Workbook](#), complete the data request options and the data elements worksheets.

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

**4.2 Minimum Necessary Requirement:** Please explain why the requested APAC options and data elements are the minimum necessary required for the project. The justification should be specific to this project and more than 'potential confounding variable'. Attach additional sheets as needed.

EXAMPLE

## 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. Requesters are strongly encouraged to consult with Health Analytics about linking APAC data with other data prior to submitting a data request. OHA prefers to conduct APAC data linking in-house and share only encrypted identifiers with data requesters

a. Does your 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?

Aggregate                      Facility                      Person

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 you will take to prevent re-identification of linked data.

### 5.3 Data Security:

- a. Attach a detailed description of your plans to manage access to the APAC data, personnel safeguards, technical and physical safeguards and administrative safeguards. Please describe and ensure the following:
  - Designation of a single individual as the custodian of APAC data, either the Principal Investigator or staff listed in Section 1 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
- Compliance with HIPAA and the HITECH Act
- Ensure that all parties accessing APAC data are listed on the data use agreement and agree to the same terms and conditions for securing and protecting APAC data
- Procedures to restrict APAC data access to only those individuals listed on the data use agreement
- Ensure training for personnel on how to properly manage protected health information and electronic health information has occurred
- Signed agreements for organizational security and privacy policies
- User account controls i.e., password protections, maximum failed login attempts, lockout periods of idle time, user audit logs, etc.
- Electronic device protections i.e., anti-virus and anti-malware software, firewalls, and network encryption
- Procedures for restricting remote access to APAC data
- Procedures for storing and copying data
- Protection of derivatives of APAC data at the identifiable level
- If applicable, procedures for handling direct identifiers, including storing identifiers separately from other APAC data
- Procedure for identifying, reporting and remedying any data breach

- b. Record level of derivative data that can be reidentified must be destroyed within 90 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 dataset once the data use agreement has expired?

## SECTION 6: COST OF DATA

### 6.1 COST OF DATA:

If you are requesting **only data elements marked with an x** in the limited column in the APAC data elements worksheet, calculate the cost using the table below. Payment must be received before the data will be provided. An invoice is available to facilitate payment if requested.

If you are requesting **any data elements not marked with an x** in the limited column in the APAC Data Dictionary, an invoice will be sent after OHA approves the request. The invoice must be paid before the APAC team will provide the approved data.

	Payers			
	All Payers	Only Commercial Medicare	Only Commercial Insurance	Only OEBB/PEBB
<b>Claims Data:</b>				
All Medical and pharmacy claims	\$3,000	\$1,000	\$1,000	\$1,000
All medical claims (no pharmacy)	\$1,500	\$500	\$500	\$500
All pharmacy claims (no medical)	\$1,500	\$500	\$500	\$500
Only hospital inpatient claims	\$375	\$125	\$125	\$125
Only emergency department claims	\$375	\$125	\$125	\$125
Only ambulatory surgery claims	\$375	\$125	\$125	\$125
Only outpatient claims	\$375	\$125	\$125	\$125
<b>Enrollment data</b>				
<b>Billed premium data</b>				
<b>Provider data</b>				
a. Total each column				
b. Sum across column totals				
c. Number of years of data				
d. Multiply rows b and c				
e. OHA Production Cost				\$560
f. Add rows d and e for Total				

## 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 (data options and data element worksheets completed)

IRB approval 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 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](mailto:APAC.Admin@state.or.us).

Completed forms may also be printed and mailed to:

APAC Program Manager  
Office of Health Analytics  
421 SW Oak St., Suite 850 – APAC  
Portland, OR 97204