



OREGON
HEALTH
AUTHORITY



APAC
ALL PAYER • ALL CLAIMS

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@odhsoha.oregon.gov 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:
Name: Email:	Project role:
Name: Email:	Project role:
Name: Email:	Project role:
Name: Email:	Project role:
Name: Email:	Project role:
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 2023 are currently available.

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

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

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 (required for all applications):

- 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 requires reimbursement for the cost of file transfer (\$890 per request) and the total time spent by APAC staff on research and administrative activities. 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.

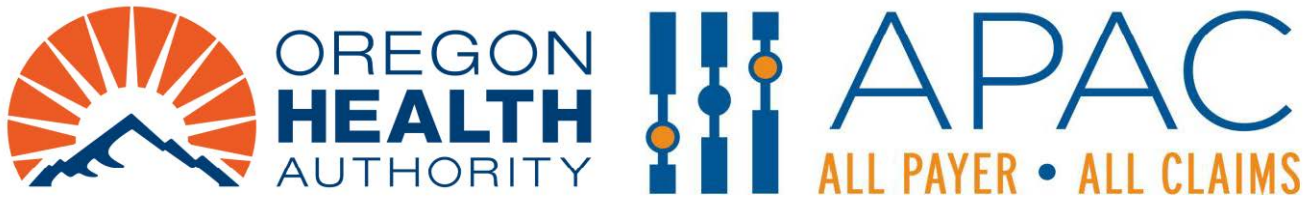
Signature

Date

Printed name

Title

Return the completed form with required attachments to APAC.Admin@odhsoha.oregon.gov.



Optional APAC Addendum: Using APAC Data to Eliminate Racial Injustice

Requestors may complete this optional section if their project will identify concrete actions to eliminate health inequities stemming from historical and contemporary injustices and the inequitable distribution of resources and power (see Health Equity [definition](#) on next page). For projects that inform such solutions, and **do not simply document disparities**, the Director of the **Office of Health Analytics** may, at their discretion, offer one or more of the following incentives:

- Priority processing of requestor's application
- Waiver of fees
- Priority production of data files
- Technical assistance from APAC analysts
- Access to enhanced race and ethnicity data in the future. (Race/ethnicity data in APAC are currently limited because entities that submit administrative data to APAC do not generally include race/ethnicity information.)
- Other provisions that the Director of Health Analytics may find appropriate

Receipt of any of these incentives requires requesters to deliver to the Office of Health Analytics a document fully describing the analytic methods at the conclusion of the relevant analyses, including:

- Commercial off-the-shelf applications used
- Grouping and aggregation methods
- Algorithms and calculations
- Use of code sets that are proprietary to a third party not associated with the project
- Copies of programming code attached in an appendix

The Office of Health Analytics will compile a compendium of analytic methods and make this freely available on the APAC web site. Requestors are also encouraged to submit copies of publications or products using the APAC data for posting on the APAC web site. See below for additional information and application instructions.

Using APAC Data to Eliminate Health Inequities

Problem: Health inequities due to institutional racism and racial injustice

Solution: Develop methods for using APAC data to eliminate institutional racism and racial injustice.

Goal: Eliminate institutional racism and racial injustice, including discrimination based on the intersections of race, ethnicity, language and disability.

Rationale: OHA recognizes that historical and contemporary racial injustice is a root cause of health inequity. APAC and its users, who have subject matter expertise, infrastructure, and staffing sufficient to use the large and complex data files, comprise a community of privilege. As such, APAC has an obligation to use its privilege to confront institutional racism and racial injustice, within OHA specifically and across Oregon. The APAC community has a tremendous wealth of research expertise that could develop novel methods for using APAC data to document racial injustice and identify opportunities to eliminate it.

Instructions: In a separate attachment, describe in detail:

- How requestor's research will help requestor's organization and OHA document racial injustice **and** identify opportunities to eliminate it. Requestor's description must be thorough and as specific as possible and should describe how the research findings will be consistent with OHA's efforts to achieve true Health Equity (see [definition](#), below). **Simply documenting disparities is not sufficient.**
- How requestor's research will be explicitly clear and open about the methods used, widely replicable, and not proprietary to requestor's organization or to a third party. Note that this does not preclude requestor's use of necessary codes sets, such as CPT codes, that are proprietary to a third party and available for license.
- How requestor's organization will freely share the key findings.

A note on intersectional research into inequities based on race, ethnicity, language and disability: Researchers are encouraged to consider an intersectional approach that encompasses language and disability when researching strategies to eliminate racism and racial injustice. However, administrative claims data submitted to APAC generally do not include data on language or disability. APAC includes some race and ethnicity data, but it encompasses less than half of the people in the database. To mitigate these limitations, OHA staff may be able to provide assistance to selected applicants interested in intersectional approaches, as staff resources permit.

Health Equity Definition

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- The equitable distribution or redistributing of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices.