Oregon All Payer All Claims (APAC) Program

Oregon state agency/Oregon local public health authority application

This application is used to request government official use files. If you would like to discuss APAC data in relation to your project prior to submitting this application, please contact us at 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

Activity/Project:

Agency Lead:

Title of Agency Lead:

Agency:

Address:

City: State: **OR**   Zip Code:

Telephone:

Email:

APAC does not need to receive approval directly. However, agency requests should be approved at whatever level is designated by each agency.
Has the request for APAC data been approved by your agency?

     Yes   Approval pending   Approval to be requested

Is this request for public health surveillance activities?
     Yes   No

SECTION 1: PROJECT SUMMARY

1.1 Project Purpose: Briefly describe the purpose of the project or activity, intended outcomes and how it fits within the official activities of your agency.

1.2 Requested Products: Describe what you would like to receive based on the fields identified in the Data Elements Workbook.

Summary data such as an Excel file; provide a template or description of the needed data. Such a request requires manager approval (use of resources).

Data file with individual but not claim level data; specify fields needed (see Data Elements workbook for options) and describe the overall use of fields here. APAC data analysts will review the description and advise the agency on limitations or additional fields that may be useful.

Data file with claim level data; specify the fields in the workbook and describe the overall purpose of fields here. APAC data analysts will review the description below and advise the agency on limitations or additional fields that may be useful.

1.3 Request Timeline: What is the timeline for the request?

Anticipated Receipt of Data:

Anticipated End Date for use:

1.4 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≤30) or subpopulations of 50 or fewer individuals (n≤50) – cannot be displayed in findings or outputs derived from APAC data. Disclosure includes use at any meeting that includes non-agency employees (advisory committees, volunteer groups, etc.).

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 agency.

I understand these limitations and agree that data files or work products will not be shared at less than an aggregated, de-identified level and data files may not be released from the agency.

I understand these limitation and request approval to share data files or work products as follows:

SECTION 2: DATA ELEMENTS

2.1 Narrowing Data Needs:

APAC will only provide the minimum necessary data required for the project as represented in the project description and intended outcomes. Complete the Data Elements workbook indicating the following:

- Years of data requested. Currently 2011-2022 are available as complete files. Only request the years needed for the project. APAC files are massive and unneeded year greatly increase file size. Requesting multiple years must be supported by a longitudinal aspect to the project.

- Payer types requested.
    - APAC does not release Medicaid only because files directly from the source have better quality and depth than data modified to fit commercial insurance patterns.
    - APAC can share CMS fee for service data only with Oregon state agencies by the terms of our data use agreement. Medicare Advantage is available.

- Place of service (inpatient, outpatient, professional, etc.)

- Demographic factors including sex, age and geography. If requesting data selection, for factors that can change within the year, indicate at what point the selection should be made. For example, age on January 1, July 1 or December 31; age at point of service, age at diagnosis, etc.

- Selection by diagnoses, procedures or pharmaceuticals. APAC will rely on the program to identify relevant codes for selection.

2.2 Data Element Workbook: Complete the Data Elements Workbook for general factors above and indicate each data element desired and why it is needed within the project specifications.

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

SECTION 3: DATA MANAGEMENT & SECURITY 3.1

Data linking: Linking means establishing that person/provider/facility A in APAC data is the same person/provider/facility in another data set used in the project.

    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 provider

        Individual person/member

    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 for the project or activity. Attach separate document if needed.

3.2 Security: APAC claims level data is required to remain within the state system, password protected with role-based access for state agencies. Local public health authorities (LPHA) must maintain data in a similar system.

I understand these limitations and agree that data files will remain secured within the state/LPHA firewall with role-based, password or other protected access.

I understand these limitation and request approval to share or store data files as follows: Attach additional document if needed.

3.3 Data recipient: One person is allowed to download data files when ready. Please indicate who should receive the files.

Name

Role in project

Email

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

Signature

Printed name

Title

Return the completed form with required attachments to apac.admin@odhsoha.oregon.gov.