



**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: Variations and Disparities in Cancer Care, Costs, and Outcomes Across Oregon

Principal Investigator: John Lin, MD, MSHP

Title of Principal Investigator: Assistant Professor

Organization: The University of Texas M. D. Anderson Cancer Center

Address: 1400 Pressler Street, Unit 1444

City: Houston

State: TX

Zip Code: 77030

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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.

Despite novel diagnostic and therapeutic options in cancer care, disparities in cancer care delivery and outcomes remain a critical issue, including in Oregon. These differences in cancer diagnosis, treatment, and survival occur across cancer types and populations, and are often associated with differences in race/ethnicity, gender, insurance, neighborhood socioeconomic status, and provider.

Our project goal is to examine mechanisms for disparities in care quality, treatment patterns, outcomes, and costs for patients with cancer. We aim to identify mechanisms including geographical, provider, payer, and patient characteristics.

As such, we are requesting Oregon APAC data, linked to the Oregon State Cancer Registry (OSCaR).

We are also requesting a hashed finder file (would hash identifiable information), with the purpose to link Oregon APAC data with Experian data (credit score, debt, bankruptcy, household income).

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. To assess disparities and patterns in cancer care (along the care continuum), quality, toxicities, outcomes, and costs.
2. To evaluate geographic variations in cancer care.
3. To evaluate mechanisms of disparities and patterns in cancer care, quality, toxicities, outcomes, and costs by provider, payer, and patient characteristics.
4. To evaluate mechanisms of disparities and patterns related to financial toxicity.

In Phase 1, which will encompass 3 years, we will study the following mechanisms of disparities and patterns in care:

1. To assess disparities and patterns for patients with Medicare Advantage vs Medicare FFS (via SEER-Medicare).
2. To assess disparities and patterns for patients with Medicaid vs ACA Plan (Bronze, Silver, Gold) vs other private insurance.
3. To assess differences and disparities for patients seeing private equity purchased practices or 340B practices vs others.
4. To study the association between these insurances and financial toxicity among patients with cancer.

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.

Our goal is to produce research manuscripts to be presented in conferences and published in peer-reviewed journals based on the analyses above. These will be used to make recommendations that can be used to improve cancer care, costs, and outcomes generally, and policy recommendations to reduce racial/ethnic, income, and geographic disparities

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

Anticipated Start Date: 08/01/2024

Anticipated Publication/Product Release Date: 01/31/2029

Anticipated End Date: 07/30/2029

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:

We will only release results of statistical analyses, which are summary statistics. These will not report any outcomes at an aggregate of cell sizes <30. At no point will any attempt be made to identify individual patients, providers, or hospitals.

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: Xiudong Lei Email: xlei@mdanderson.org	Project role: Analyst
Name: Jiangong Niu Email: jniu@mdanderson.org	Project role: Analyst
Name: Hui Zhao Email: huizhao@mdanderson.org	Project role: Data Custodian
Name: Mackenzie Wehner Email: mwehner@mdanderson.org	Project role: Co-Investigator
Name: Ying Xu Email: yingxu@mdanderson.org	Project role: Analyst
Name: Sharon Giordano Email: sgiordan@mdanderson.org	Project role: Co-Investigator
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: Reginald Maxwell Email: RLMaxwell@mdanderson.org	Technical role: Sr. Systems Analyst
Name: Michael A. Kirk Email: mkirk@mdanderson.org	Technical role: Sr. System Analyst

Name: John Fueger
Email: jfueger@mdanderson.org

Technical Role: Mgr. Information Services

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.

Our project proposes to conduct research on variations and disparities in cancer care, costs, outcomes, and financial toxicity in Oregon.

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.

The Office of Human Subjects Protection's IRB reviews and approves research activities at M.D. Anderson Cancer Center.

- 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):

We cannot identify persons in the data and due to large sample size, is impracticable to obtain consent. IRB does not require continuing review and is without expiration.

- d. On what date does the IRB approval expire? The IRB does not require continuing review and is without an expiration date.

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.
2011-2020. We would also like 2021 and 2022 data.

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:

All persons linked to OSCAR data (i.e. with cancer)

ICD10: C00-D49

Procedures, indicate CPT to include:

All procedures

Pharmaceuticals, indicate NDC or therapeutic classes to include:

All classes

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).

We will only release aggregate statistics from analyses, and will not provide any data with cell sizes less than or equal to 30 or subpopulations of individuals less than or equal to 50

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.

We request APAC (Oregon APCD) data be linked to Oregon's cancer registry (OSCaR).

APAC and Experian will send a hashed (encrypted, de-identified) finder file comprised of encrypted patient information to the PI, who will use these finder files to match the respective databases. (See Experian Linkage document for details)

We will link practice-level characteristic data to the provider's NPI number.

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

All data will be stored on, accessed from, and analyzed on a secure server at MD Anderson. Data will only be accessed by study personnel who have been approved to access the data and have appropriate training. Dr. John Lin will ensure that data is accessed, managed, and analyzed in adherence with data use agreements. No statistical summaries that could potentially identify individuals will be released. Following completion of the study, restricted data will be deleted from the server.

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?

All data will be completely deleted from the server within 30 days of the end of the data use agreement. This will include any datasets that were derived from the data, as well as those that were combined with other files.

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 4/4/2024

Printed name Amy Moritz

Title Asst Director, ORA The University of Texas M. D. Anderson Cancer Center

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

Read and Understood:

The Oregon Health Authority
Helping people and communities achieve optimum physical, mental and social well-being


Dr. John Lin

Reviewed and Approved by
UTMDACC Legal Services for
UTMDACC Signature


MT2024-30366WW 4 April 2024
Page 12 of 12

Oregon APAC Racial Justice Addendum

The primary purpose of our research is to alleviate racial disparities in cancer care, outcomes, costs, and financial toxicity, through both documenting the presence of such disparities in Oregon, and also identifying mechanisms by which we can eliminate these disparities.

Despite novel diagnostic and therapeutic options in cancer care, disparities in cancer care delivery and outcomes remain a critical issue. These differences in cancer prevention, diagnosis, treatment, and survival occur across cancer types and populations and are often associated with differences in race/ethnicity, gender, socioeconomic status, education, geographic area, and many more.

Moreover, cancer care has become extremely expensive, with novel cancer medications costing \$200,000-300,000 per year, with coinsurance amounts for patients who are insured ranging in the tens of thousands of dollars per year, resulting in financial toxicity for cancer patients. Historically, diagnoses of cancer have been associated with bankruptcies. For instance, 36% of patients newly diagnosed with late-stage (i.e., advanced) cancer had an adverse financial event prior to diagnosis (Warren JCO 2024). **Furthermore, patients with cancer were 2.5 times more likely to go into bankruptcy than non-cancer controls—those going into bankruptcy were more likely to be non-White (Ramsey Health Affairs 2013).** Those who have bankruptcy are more likely to die early from their cancer (Ramsey JCO 2016).

Such data highlight that financial toxicity is a critical racial/ethnic injustice that must be ameliorated. However, no study has examined the role of insurance as a mechanism for protecting against such financial toxicity, and the insurance factors that have led to racially/ethnically minoritized patients with cancer being less protected against financial catastrophe.

These disparities are also often heightened when assessing multiple social determinants of health factors and include many systems-level variables. Therefore, a multifaceted approach is needed to address and improve cancer care and eliminate ongoing gaps. Recognizing the ongoing need to provide equitable cancer care for all patients with cancer, the American Society of Clinical Oncology (ASCO) published a policy statement in 2020 advocating for equitable access and addressing structural barriers to high quality care.

Furthermore, the economic burden of cancer care continues to increase for payers (resulting in large taxpayer burdens and employer financial burdens) and patients alike. The annual national cancer care cost in 2015 was estimated to be \$183 billion and estimated to increase by 34% to \$246 billion by 2030. Moreover, the economic burden of cancer care for patients was estimated to be \$21.1 billion in 2019, with thousands of dollars in annual out of pocket costs for elderly patients at initial diagnosis and at end of life. However, the costs of care do not impact all patients equally, with race/ethnicity, education, comorbidities, type of insurance coverage, and income all playing a role in leading to increased financial toxicity.

Our project goal is to examine variations in preventive care, diagnoses, care quality, treatment patterns, outcomes, financial toxicity, and costs for patients with cancer. We aim to identify trends and disparities in cancer care across provider, payer, and patient characteristics in order to determine high priority areas for future cancer care interventions and policies.

Linked All Payer Claims Databases are uniquely positioned to provide the data needed to change health care delivery systems and policies.

Our research objectives are as follows:

1. To assess disparities and patterns in cancer care (along the care continuum), quality, financial toxicity, outcomes, and costs
2. To evaluate geographic variations in cancer care
3. To evaluate **mechanisms of disparities** and patterns in cancer care, quality, financial toxicity, outcomes, and costs by provider, payer, and patient characteristics

In Phase 1, which will encompass 3 years, we will study the following mechanisms of disparities and patterns in care:

1. To assess disparities and patterns for patients with Medicare Advantage vs Medicare FFS (via SEER-Medicare)
2. To assess disparities and patterns for patients with Medicaid vs ACA Plan (Bronze, Silver, Gold) vs other private insurance
3. To assess differences and disparities for patients seeing private equity purchased practices or 340B practices vs others

As is evident, our research will evaluate two types of mechanisms for disparities: how differential insurance structures and differential access to high-quality providers result in disparities in care, costs, financial toxicity, and outcomes among cancer patients.

One particular area that we want to highlight is disparities in financial toxicity to patients and how differential insurance can lead to more or less financial toxicity for racially/ethnically minoritized patients. This is an understudied area of research yet is a critical area of racial/ethnic injustice for cancer patients, many of whom take on medical debt through their cancer care. We propose to accomplish this through a novel linkage of APCD data with Experian credit score / bankruptcy / debt data.

1.0 Objectives

1. To assess cancer prevention, screening, and diagnoses
2. To assess cancer care treatment patterns and outcomes
3. To assess cancer treatment toxicities, including financial toxicity
4. To assess cancer care quality and costs
5. To assess survivorship care patterns and outcomes
6. To evaluate geographic variations in cancer care
7. To evaluate cancer care patterns, outcomes, and costs by multidimensional characteristics, e.g., insurance, provider, socioeconomic, etc.

Datasets: For this analysis, we will use a database comprised of the following linkages: cancer registry data (SEER) to insurance claims databases (All Payer Claims Databases) to patient financial databases (Experian).

2.0 Rationale

Despite novel diagnostic and therapeutic options in cancer care, disparities in cancer care delivery and outcomes remain a critical issue. These differences in cancer prevention, diagnosis, treatment, and survival occur across cancer types and populations and are often associated with differences in race/ethnicity, gender, socioeconomic status, education, geographic area, and many more. These disparities are also often heightened when assessing multiple social determinants of health factors and include many systems-level variables. Therefore, a multifaceted approach is needed to address and improve cancer care and eliminate ongoing gaps. Recognizing the ongoing need to provide equitable cancer care for all patients with cancer, the American Society of Clinical Oncology (ASCO) has advocated for equitable access and addressing structural barriers to high quality care. Furthermore, the economic burden of cancer care continues to increase for patients and payers alike. However, the costs of care do not impact all patients equally, with race/ethnicity, education, comorbidities, type of insurance coverage, and income all playing a role in leading to increased financial toxicity.

Our project goal is to examine variations in preventive care, screening, diagnoses, care quality, treatment patterns, outcomes, financial toxicity, and costs for patients with cancer. This study will help to evaluate gaps and disparities in cancer care, and will help to identify high priority areas for future interventions and modification of health care policy.

3.0 Eligibility of Subjects

We propose to study all cancer patients in the data specified above, as well as non-cancer control populations. We will include patients treated between 2000 and 2024 in our initial analyses, but additional years will be added over time (up to 2030).

Vulnerable Populations. We will study patients with cancer above the age of 18. As we do not have any methods to identify whether a subject is pregnant or cognitively impaired, we will not explicitly exclude those subjects from our sample. Moreover, we will not explicitly study these vulnerable populations.

4.0 Research Plan and Methods

Our cohort will be defined as above.

Patient Covariates:

- Patient demographics (age, race, ethnicity, gender, geographic information)
- Patient comorbidities
- Patient geographic socioeconomic indicators (zip-code linkage to socioeconomic indicators via the American Community Survey and Social Deprivation Index)

Outcomes:

- Care patterns, e.g., cancer screening, preventive services, emergency room visits, hospital admissions, days in hospital, clinic visits, new diagnoses, cancer directed therapies, supportive care therapies, monitoring for toxicity, etc.
- Clinical outcomes, e.g., treatment toxicity (e.g., Emergency room visits, hospital admissions, doctor visits, new diagnoses, rehabilitation stays), decline in functional status (e.g., new claim for indicators of poor performance status, home oxygen; home health agency use; canes, crutches, walkers; commodes; wheelchairs; hospital bed; skilled nursing facility use), overall survival, etc.
- Financial toxicity outcomes, e.g., credit score, bankruptcies, medical debt, non-medical debt, etc.
- Costs of care, including costs to payers and patients, etc.

Provider Covariates:

- Practice characteristics (e.g., size of practice, hospital affiliation, 340B status, teaching status, private-equity ownership, etc.). These practice level characteristics will be linked to provider-level NPI using datasets (IQVIA OneKey, Hospital Cost Reporting Information Systems, Health Resources and Services Administration NPES, etc.)
- Provider characteristics (e.g., training duration, specialty type, training location, acceptance of pharmaceutical reimbursement) via publicly available information (e.g., Sunshine Act) linked to provider NPI

Insurance Covariates:

- Insurance type (e.g., Medicaid, ACA Plan [by tier], HDHP, Medicare Advantage, etc.)
- Insurance provider network characteristics. These will be obtained through linking insurance plan name with data from IDEON insurance provider network data.

The following Cancer Registry information will be studied:

- Patient demographics (age, race, ethnicity, gender, geographic information)
- Diagnostic modality (ex. Imaging studies, tissue biopsy)
- Tumor characteristics (ex. Stage, grade, histology, tumor genomic profiling and genetic testing)
- Cancer treatment (ex. Surgery, radiation, chemotherapy, targeted therapy, immunotherapy, hormone therapy)
- Cause-specific and overall survival

As above, we will use a database comprised of the following linkages: cancer registry data (SEER) to insurance claims databases (All Payer Claims Databases for multiple States [e.g., Colorado, Massachusetts, Oregon, Texas, etc.]) to patient financial databases (Experian).

- (1) Linkage of cancer registry to insurance claims. These linkages will be conducted by the each respective State APCD + cancer registry
- (2) Linkage to Experian data: Each SEER-APCD as well as Experian will send a hashed (encrypted, de-identified) finder file comprised of the following encrypted patient information (first name, last name, SSN, address, DOB, gender) to the principal investigator. The PI will use these finder files to match the respective databases.

We will request new data as it becomes available, as above.

5.0 Statistics and Justification of Sample Size

The sample size is determined by the size of the cohort. Baseline characteristics will be summarized for the total sample using frequencies, percentages, means, standard deviations, medians, and ranges as appropriate. The chi-square test will be used to compare the proportion of patients across groups and across treatments. Logistic regression models adjusted for demographics, comorbidities, and tumor characteristics will be used to compare patient groups and to compare the likelihood of receiving a treatment or test and the odds of toxicity between patient groups. The Homer and Lemeshow test will be used to check the goodness-of-fit model. Propensity score matching and instrumental variable analysis will be used as indicated to help minimize confounding. Cox proportional hazard models will be used for analyses of disease-specific and overall survival as well as time to the first toxicity.

6.0 Request for Waiver of Informed Consent

We request a Waiver of Informed Consent. We have no way to identify the persons in this dataset to obtain consent. Obtaining informed consent and permission to use Protected Health Information (PHI) is not feasible because of the large sample size.

APPROVAL

February 28, 2024

John Lin
 Health Svcs Research-Clinical

On 2/28/2024, the IRB reviewed the following protocol:

Submission ID:	2024-0150
Type of Review:	Initial Study
Level of Review:	Exempt
Review Category:	(4) Secondary research on data or specimens (no consent required)
Title:	Secondary Analyses of Cancer Management
Funding:	Name: University of Texas at Austin, Funding Source ID: UT System Rising STARS Award
IND, IDE or HDE:	None
Documents Reviewed:	<ul style="list-style-type: none"> • Waiver of Informed Consent 20240213 JKL.pdf, Category: Consent Form; • CO Data Management Plan.docx, Category: IRB Protocol; • CO Data Request.xlsx, Category: IRB Protocol; • IRB Protocol - 20240222 JY.docx, Category: IRB Protocol; • MA Data Management Plan.pdf, Category: IRB Protocol; • MA Data Request.xlsx, Category: IRB Protocol; • OR Data Management Plan.pdf, Category: IRB Protocol; • OR Data Request.xlsx, Category: IRB Protocol; • SEER Data Dictionary.pdf, Category: IRB Protocol;
Special Determinations and Waivers:	Determinations on Waivers/Alterations: <ul style="list-style-type: none"> - The IRB serving in the capacity as the privacy board has granted a waiver

	authorization for HIPAA for use of PHI involved in this study.
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The IRB approved the protocol on 2/28/2024. This study does not require continuing review, per 2018 Common Rule. However, investigators are required to continue to meet all institutional requirements for conducting research with human subjects as outlined in HRP-103 – INVESTIGATOR MANUAL.

If consent documents were approved in this submission, please navigate to ePRTCL to access the IRB-approved consent form(s).

As a reminder:

- Modifications to this study must be approved by the IRB in advance of implementing changes to the research
- New information related to this study must be reported to the IRB in accordance with institutional reporting requirements
- Close this study once all research activities are complete

FWA #: 00000363
OHRP IRB Registration Number: IRB00000121

Oregon APAC Experian Linkage

The primary purpose of our research is to alleviate racial disparities in cancer care and outcomes, through both documenting the presence of such disparities in Oregon, and also identifying mechanisms by which we can eliminate these disparities.

Health insurance has two purposes: The first is to help patients receive the care they need. The second is to protect against cost-related financial catastrophe. Although there are many studies examining the first purpose, very few studies have examined the second. **More worryingly, there are no studies examining whether health insurance protects racially/ethnically minoritized patients from financial harm, leaving a critical gap in our knowledge of whether insurance is functioning as intended.**

“What gets measured gets fixed” is the guiding principle behind the proposed linkage. Until inequities are clearly described through rigorous research, there will be no drive to fix them. We propose to study whether cancer care (one of the most expensive types of care) disproportionately results in financial toxicity for patients from marginalized populations.

In my own practice, I treat young men with testicular cancer, which is curable with intensive hospitalizations, long rounds of chemotherapy, and multiple invasive surgeries. While cure rates are >95%, my Hispanic patients have been left with huge medical bills, sometimes must quit their jobs (because they cannot have long enough medical leave), and often are making an impossible choice between their money and their lives.

I propose to perform a data linkage, that will allow, for the first time, the associations between, medical care, and financial burden, as measured by credit score, medical debt, non-medical debt, bankruptcy, etc. We will study cancer patients. Cancer patients will be identified by beneficiaries which are linked successfully with OSCaR, as ICD codes are known to be unreliable in identifying those with cancer. If cancer diagnoses cannot be ascertained using OSCaR, we have provided a list of cancer ICD codes to use instead. By understanding drivers of financial burden related to medical care, we can take the first steps to alleviating this important inequity.

Given the high sensitivity of these data, we will take the utmost care to 1) ensure the linkage is done without revealing identifiable information to holders of different datasets and 2) to ensure the final dataset is stored in encrypted servers with strict access only to personnel engaging in the project, and 3) that all personnel will be trained in good data management and privacy practices. See Section 5 (Data Management & Security) for additional details.

The linkage will be conducted with the following steps:

- 1) Both Experian and Oregon APAC will prepare “finder files” containing patient first name, middle name, last name, street address, zip-code, and date of birth. Oregon APAC’s finder file will be limited to cancer patients.
- 2) Experian and Oregon APAC will use the same data cleaning measures to ensure standardization of data (e.g., removing dashes, certain spaces, etc.).
- 3) Experian will share “hashing” SAS code, which will be used to encrypt “hash” all patient identifiers. This will create a “hashed” version of the data fields. To increase likelihood of

matching, data will be hashed based both on exact values (e.g., the exact spelling of a name) as well as the Soundex (i.e., what the name sounds like) of syllables. There will also be “hashed” versions of the first letter of the variable, and first four letters of the variable.

- 4) Experian and Oregon APAC will both test the hashing algorithm on “test data” to confirm the data are hashed identically.
- 5) Experian and Oregon APAC will use the hashing algorithm to hash all patient identifiers in their respective finder files.
- 6) Experian and Oregon APAC will send to me (MD Anderson) the de-identified (hashed) finder files. I will then conduct a proposed crosswalk between the patient IDs in the respective finder files.
- 7) I will mark patient IDs that are a “match” and send to Experian and Oregon APAC a list of the patient IDs that match in their respective datasets.
- 8) Oregon APAC will send me the full dataset (i.e., cancer patients that both did and did not match with someone in the Experian dataset). This is because we will study outcomes other than financial toxicity outcomes, and thus need to analyze the entire dataset.
- 9) Experian will send me the dataset of people only that matched with Oregon APAC.

Oregon All Payer All Claims data request

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. Hui Zhao will be the data custodian of the APAC data. Hui Zhao will be responsible for keeping APAC data safe and 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) Upon receiving the Oregon APAC data, the data custodian, Hui Zhao, will save the data on the University of Texas MD Anderson's (UTMDACC) data server. The server to store the data is an IBM General Parallel File System (GPFS). GPFS is a high-performance, shared-disk file management system that can provide faster, more reliable access to a common set of file-based data. The GPFS allows multiple applications or users to share access to a single file simultaneously while maintaining the file-data integrity. All the data can be accessed through a SAS server. The GPFS file system is backed up nightly on another data server by the UTMDACC backup recovery team Monday through Friday. The GPFS data server and the SAS server are locked in the Tier-1 Data Center on the UTMACSS Mid Campus Building, 7707 Bertner Ave. Houston, TX 77030. The backup data server is located in another Tier-1 Data Center on the UTMDACC campus at 5610 Guhn Rd, Houston, TX 77040. These Data Centers are locked and are granted by Information Resources managers to MD Anderson personnel and contractors whose job responsibilities require access to that facility. The data media will be stored in a locked file cabinet in the data custodian Hui Zhao's office. Hui Zhao is the only person with access to this office and file cabinet. The office is located in the Department of Health Services Research – Unit 1444 at the University of Texas MD Anderson Cancer Center. The office building requires employees to wear picture identification badges during working hours. All visitors need to first register at the security desk and obtain a visitor sticker before they can get inside the building. The office building will be locked with badge access only after working hours or on weekends or holidays.
 - Procedures to restrict APAC data access to only those individuals listed on the data use agreement
The permission to access the APAC data stored on the server will be granted by data custodian Hui Zhao, based on users included in the APAC data use agreement. Once approved for access, the data server can be

accessed from the data user's office, through UTMDACC's Local Area Network (LAN). UTMDACC also provides Virtual Private Network (VPN) access. Only UTMDACC domain users can be allowed VPN access to UTMDACC resources. Anyone requesting remote access to the UTMDACC network is required to sign a non-disclosure agreement prior to being granted access. Data users must adhere to all applicable UTMDACC's Information Resources policies when remotely accessing Information Resources. To access the data stored on the server, users need to sign an internal data use agreement to keep the data on the server and comply to the APAC Data Use Agreement.

- User account controls, i.e., password protections, maximum failed login attempts, lockout periods after idle time, user audit logs, etc.
Data users need to use their UTMDACC username and password to log onto the data server to access the APAC data. The log-on password requires at least 12 characters long with complexity of mixing uppercase, lowercase, numeric, and symbols. The account will be locked after three failed log-on attempts, and the lockout period is 5 minutes. If the data user forgets the password, the account will be locked out. The data user must contact the Information System Service Desk and provide the employee information to recover the account. Time out session is set to be 15 minutes to prevent unauthorized access to the data.
- Confirmation of training for personnel on how to properly manage protected health information in all formats
Every two years, our data users will take Human Subject Protections Training (HSPT) which covers the following four topics of HSPT history and ethics, HSPT regulations, HSPT informed consent and vulnerable populations, and HSPT study management. The HSPT training helps data users on how to properly manage protected health information.
- Protection of derivatives of APAC data at the re-identifiable level
No findings or information derived from the APAC data will contain information that will allow identification of patients, hospitals, or physicians. We will not report tables or derived results with cell counts less than 11 in order to protect patients, hospitals, or physicians' identities.
- 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
For the handling direct identifiers, we will save those identifiers in a separated data folder and give access to the users who "need to know".
- Procedures for identifying, reporting and remedying any data breach
MDACC has procedures for identifying and remediating identified data breaches. If the breach rises to the level of a reportable offense, then MDACC is required by law to notify the Office of Civil Rights.
- Statement of compliance with HIPAA and the HITECH Act
We attest that we compliance with HIPAA and the HITECH Act.
- Electronic device protections, i.e., anti-virus or anti-malware software, firewalls, and network encryption

The data will be stored on servers behind our institutional firewall. The UTMDACC Office of Information Security (OIS) has developed standards and guidelines for providing adequate information security for all UTMDACC information resources. The UTMDACC Information resource security program provides sound IT security within the university, for protecting information assets, safeguarding the integrity of institutional processes, and ensuring compliance with state and federal regulations. The existing network infrastructure at UTMDACC has been assessed as to its traffic demands and bandwidth capacity against both current and anticipated use.

Anti-Virus Software: UTMDACC is licensed to provide Trend Micro as an anti-virus client software to protect computer systems.

Firewall is an essential component of the overall security architecture of the UTMDACC computer network. The UTMDACC Firewall Management Procedures apply to all individuals within the UTMDACC enterprise who are responsible for the management of UTMDACC's centralized firewall(s) and to any individual who may request changes to its rule-base.

Network: The UTMDACC network infrastructure is a vital information asset provided as a central utility for all users of UTMDACC Information Resources. All sensitive or protected digital data, includes social security numbers, Protected Health Information (PHI), and Sensitive Research Data etc., transmitted through open networks, must be encrypted in accordance to MD Anderson Encryption Requirement. This information must not be sent or forwarded to non-MD Anderson Internal email accounts, unless encrypted.

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

Please indicate the year(s) of data requested	2011-2022 X
Do you want out-of-state people and their claims included?	No X
Do you want orphan claims included? (claims, but no eligibility or coverage reported)	Yes X
Do you want denied claims included?	Yes X
Do you want fully reversed claims data included? (all lines payer and member paid=0 or the sum across claim lines=0)	Yes X
What payer types do you want?	Commercial, Medicaid, Medicare Advantage X
Do you want all medical claims?	Yes, all medical claims X
How do you want medical claim type(s) identified and selected?	You will provide definition X

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

Which medical claim types do you want?	All claims
	X
Do you want pharmacy claims?	Yes
	X
Do you want dental claims?	Yes
	X
Do you want monthly eligibility data (insured/covered by month, by payer, by plan)?	Yes
	X
Do you want member demographic data?	Yes and I requested monthly eligibility data
	X
Do you want provider data?	Yes
	X
Do you want claims and eligibility data for selected age groups only?	All ages
	X
Do you want to limit claims and eligibility data by gender?	Include all
	X

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

Do you want to limit <u>medical claims</u> data to selected diagnoses?	No
	X
Do you want to limit <u>pharmacy data</u> to selected NDC codes or therapeutic classes?	No
	X
Do you want member paid amounts (copayment, coinsurance and deductible) set to zero for claims with both a primary and secondary payer? Primary payers report member paid amounts, but members covered by more than one insurer do not actually pay the reported member paid amounts.	No
	X
Do you want the allowed amount set to zero for the secondary payer for a claim? The secondary payer reported allowed amount duplicates the primary payer reported allowed amount.	No
	X
Do you want pharmacy claims and eligibility data for members with no reported medical coverage? These members are likely covered by a self-insured ERISA plan. The ERISA plan provides medical and pharmacy benefits, but the payer reported only pharmacy claims and eligibility to APAC.	Yes
	X
Are you requesting identifiable data?	Zip code
	X
One payer reported the claim status for all of their claims as fee-for-service for some years when most claims were encounter or managed care claims. Do you want the claim status changed to managed care?	Do not change
	X
Do you want APAC data linked to Oregon Center for Health Statistics (CHS) Death Certificate data	Yes

Please answer each of the following questions about APAC data request options:	
and/or Birth Certificate data? You will need approval from both CHS and APAC. Submit request to APAC first and after approval submit request to CHS and provide APAC approval notice. https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/VITALSTATISTICS/Pages/Data-Use-Requests.aspx	X
Is your requested APAC data going to be linked by the APAC Team or data requester to any other data source?	Yes
	X

Field Requested	Data Element	Security Level	Description	Justification
The data elements highlighted in blue are provided in every data request	uid	De-Identified	A unique identifier that links to the row as submitted in the MC Intake File Layout.	Needed to link tables
	release_id	De-Identified	A value associated with the data release	Needed to know data release
	mc059_service_start_dt	De-Identified	Date services for patient started	Needed for general use of data
	dw_claim_id	De-Identified	A unique medical claim identifier	Needed for general use of data
	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 to identify unique member
	uniquepersonID	De-Identified	A unique identifier for a person across payers and time	Need to identify unique beneficiary
	dw_member_id	De-Identified	A payer & plan specific unique identifier for a person. A person can have multiple member IDs for a single payer because they can have multiple plans. DW_member_IDs are not unique identifiers for a person across payers and years	Needed to identify unique identifier by vendor
	mc038_claim_status_cd	De-Identified	Claim status. P (Paid), D (Denied), C - (MCO/CCO encounter) E (other)	Needed to know if claim was paid or not
	mc038a_cob_status	De-Identified	Coordination of benefit claim. Indicates secondary payer for a claim	Needed to know if there was a secondary payer
	orphan_fl	De-Identified	Identifies orphan claim with no corresponding eligibility for the date of service. 1 (Yes), 0 (No)	Needed to know if there was an orphan claim
mc003_insurance_product_type_cd	De-Identified	A code that indicates an insurance coverage type. Data element required for linking claims to member months	Needed to know insurance coverage	

Field Requested	Data Element	Security Level	Description	Justification
	me016_member_state	De-Identified	Member State from latest quarterly data submitted	Needed to know member state
	Suppressed_FI	De-Identified	1 (denied claim line), 0 (other than denied)	Needed to know if claim was denied or not
	RemovedReversal_FI	De-Identified	1 (claims not included before release 13 because the charge, paid amount, and allowed amounts are zero or zero when summed across claim lines and after the removal of denied claim lines, 0 (otherwise)	Needed to examine variations in insurance coverage
X	mc060_service_end_dt	De-Identified	Date services for patient ended	Needed to determine date of service
X	Claim_LOB	De-Identified	Payer line of business: 1 (Medicare), 2 (Medicaid), 3 (commercial, 0 (no line of business reported), -99 (duplicate data reported)	Needed to examine variations by insurance
X	mc207_payment_type	De-Identified	Indicates the payment methodology: 01 (Capitation); 02 (Fee for Service); 07 (Other)	Needed to examine variations by insurance
X	self_insured_fl	De-Identified	Self Insured flag	Needed to examine variations by insurance
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 to examine variations by insurance
X	mc018_admit_dt	De-Identified	Admission date	Needed to examine variations in care and outcomes

Field Requested	Data Element	Security Level	Description	Justification
X	mc203_admit_type_cd	De-Identified	Admission type:1 (Emergency), 2 (Urgent), 3 (Elective), 4 (Newborn), 5 (Trauma Center), 9 (missing)	Needed to examine variations in care and outcomes
X	mc204_admission_source_cd	De-Identified	Admission source	Needed to examine variations in care and outcomes
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	Needed to examine variations in care and outcomes
X	mc070_discharge_dt	De-Identified	Discharge date-required for inpatient hospitalization	Needed to examine variations in care and outcomes
X	mc023_discharge_status_cd	De-Identified	Status for member discharged from a hospital	Needed to examine variations in care and outcomes
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	Needed to examine variations in care and outcomes
X	mc036_bill_type_cd	De-Identified	Type of bill on uniform billing form (UB)	Needed to examine variations in care and outcomes
X	mc037_place_of_service_cd	De-Identified	Industry standard place of service code	Needed to examine variations in care and outcomes
X	mc054_revenue_cd	De-Identified	Revenue code	Needed to examine variations in care and outcomes
X	mc041_principal_diagnosis_cd	De-Identified	Principal Diagnosis code	Needed to examine variations in care and outcomes

Field Requested	Data Element	Security Level	Description	Justification
X	Dx_Description	De-Identified	ICD diagnosis code description	Needed to examine variations in care and outcomes
X	mc041p_poa_p	De-Identified	Required present on admission flag for diagnosis 1: Yes, no, W (clinically undetermined), U (information not in record), diagnosis exempt from POA reporting (1), Null if not reported	Needed to examine variations in care and outcomes
X	POA_Description	De-Identified	Present on admission description	Needed to examine variations in care and outcomes
X	mc042_other_diagnosis_2	De-Identified	Additional Diagnosis 2	Needed to examine variations in care and outcomes
X	mc042p_poa_2	De-Identified	Required POA flag for diagnosis 2 if populated	Needed to examine variations in care and outcomes
X	mc043_other_diagnosis_3	De-Identified	Additional Diagnosis 3	Needed to examine variations in care and outcomes
X	mc043p_poa_3	De-Identified	Required POA flag for diagnosis 3 if populated	Needed to examine variations in care and outcomes
X	mc044_other_diagnosis_4	De-Identified	Additional Diagnosis 4	Needed to examine variations in care and outcomes
X	mc044p_poa_4	De-Identified	Required POA flag for diagnosis 4 if populated	Needed to examine variations in care and outcomes
X	mc045_other_diagnosis_5	De-Identified	Additional Diagnosis 5	Needed to examine variations in care and outcomes

Field Requested	Data Element	Security Level	Description	Justification
X	mc045p_poa_5	De-Identified	Required POA flag for diagnosis 5 if populated	Needed to examine variations in care and outcomes
X	mc046_other_diagnosis_6	De-Identified	Additional Diagnosis 6	Needed to examine variations in care and outcomes
X	mc046p_poa_6	De-Identified	Required POA flag for diagnosis 6 if populated	Needed to examine variations in care and outcomes
X	mc047_other_diagnosis_7	De-Identified	Additional Diagnosis 7	Needed to examine variations in care and outcomes
X	mc047p_poa_7	De-Identified	Required POA flag for diagnosis 7 if populated	Needed to examine variations in care and outcomes
X	mc048_other_diagnosis_8	De-Identified	Additional Diagnosis 8	Needed to examine variations in care and outcomes
X	mc048p_poa_8	De-Identified	Required POA flag for diagnosis 8 if populated	Needed to examine variations in care and outcomes
X	mc049_other_diagnosis_9	De-Identified	Additional Diagnosis 9	Needed to examine variations in care and outcomes
X	mc049p_poa_9	De-Identified	Required POA flag for diagnosis 9 if populated	Needed to examine variations in care and outcomes
X	mc050_other_diagnosis_10	De-Identified	Additional Diagnosis 10	Needed to examine variations in care and outcomes

Field Requested	Data Element	Security Level	Description	Justification
X	mc050p_poa_10	De-Identified	Required POA flag for diagnosis 10 if populated	Needed to examine variations in care and outcomes
X	mc051_other_diagnosis_11	De-Identified	Additional Diagnosis 11	Needed to examine variations in care and outcomes
X	mc051p_poa_11	De-Identified	Required POA flag for diagnosis 11 if populated	Needed to examine variations in care and outcomes
X	mc052_other_diagnosis_12	De-Identified	Additional Diagnosis 12	Needed to examine variations in care and outcomes
X	mc052p_poa_12	De-Identified	Required POA flag for diagnosis 12 if populated	Needed to examine variations in care and outcomes
X	mc053_other_diagnosis_13	De-Identified	Additional Diagnosis 13	Needed to examine variations in care and outcomes
X	mc053p_poa_13	De-Identified	Required POA flag for diagnosis 13 if populated	Needed to examine variations in care and outcomes
X	mc201_icd_version_cd	De-Identified	Identifies ICD9 or ICD10 version	Needed to examine variations in care and outcomes
X	mc055_procedure_cd	De-Identified	Current Procedural Terminology (CPT) code or Healthcare Common Procedure Coding System (HCPCS)	Needed to examine variations in care and outcomes
X	mc056_procedure_modifier_1_cd	De-Identified	CPT or HCPCS modifier	Needed to examine variations in care and outcomes

Field Requested	Data Element	Security Level	Description	Justification
X	mc057_procedure_modifier_2_cd	De-Identified	CPT or HCPCS modifier	Needed to examine variations in care and outcomes
X	mc057a_procedure_modifier_3_cd	De-Identified	CPT or HCPCS modifier	Needed to examine variations in care and outcomes
X	mc057b_procedure_modifier_4_cd	De-Identified	CPT or HCPCS modifier	Needed to examine variations in care and outcomes
X	APACgroup	De-Identified	Groups all lines of a claim in prioritized order as inpatient, emergency department, outpatient, professional, pharmacy and other based on type of bill, revenue and place of service codes	Needed to examine variations in care and outcomes
X	claim_type	De-Identified	Vendor generated claim ltype. Identifies claim lines as inpatient facility claim (1), outpatient facility claim (2) and professional claim (3) based on bill type, revenue code and place of service. Null means claim line type could not be determined.	Needed to examine variations in care and outcomes
X	mc058_icd_primary_procedure_cd	De-Identified	The main inpatient procedure code	Needed to examine variations in care and outcomes
X	mc058a_icd_procedure_2	De-Identified	Inpatient procedure ICD-10 code 2	Needed to examine variations in care and outcomes
X	mc058b_icd_procedure_3	De-Identified	Inpatient procedure ICD-10 code 3	Needed to examine variations in care and outcomes

Field Requested	Data Element	Security Level	Description	Justification
X	mc058c_icd_procedure_4	De-Identified	Inpatient procedure ICD-10 code 4	Needed to examine variations in care and outcomes
X	mc058d_icd_procedure_5	De-Identified	Inpatient procedure ICD-10 code 5	Needed to examine variations in care and outcomes
X	mc058e_icd_procedure_6	De-Identified	Inpatient procedure ICD-10 code 6	Needed to examine variations in care and outcomes
X	mc058f_icd_procedure_7	De-Identified	Inpatient procedure ICD-10 code 7	Needed to examine variations in care and outcomes
X	mc058g_icd_procedure_8	De-Identified	Inpatient procedure ICD-10 code 8	Needed to examine variations in care and outcomes
X	mc058h_icd_procedure_9	De-Identified	Inpatient procedure ICD-10 code 9	Needed to examine variations in care and outcomes
X	mc058j_icd_procedure_10	De-Identified	Inpatient procedure ICD-10 code 10	Needed to examine variations in care and outcomes
X	mc058k_icd_procedure_11	De-Identified	Inpatient procedure ICD-10 code 11	Needed to examine variations in care and outcomes
X	mc058l_icd_procedure_12	De-Identified	Inpatient procedure ICD-10 code 12	Needed to examine variations in care and outcomes
X	mc058m_icd_procedure_13	De-Identified	Inpatient procedure ICD-10 code 13	Needed to examine variations in care and outcomes

Field Requested	Data Element	Security Level	Description	Justification
X	final_mdc	De-Identified	a code identifying the final Major Diagnostic Category (MDC)	Needed to examine variations in care and outcomes
X	final_drg	De-Identified	a code indentifying the final Diagnosis Related Group	Needed to examine variations in care and outcomes
X	final_ms_ind	De-Identified	a flag indicating if final_mdc is medical or surgical	Needed to examine variations in care and outcomes
X	drg description	De-Identified	Final DRG description	Needed to examine variations in care and outcomes
X	mdc description	De-Identified	Final MDC description	Needed to examine variations in care and outcomes
X	MS DRG MDC cross walk Description	De-Identified	Crosswalk DRG to MDC	Needed to examine variations in care and outcomes
X	mc061_service_qty	De-Identified	count of units reported on claim line	Needed to examine variations in care and outcomes
X	mc017_paid_dt	De-Identified	Payment date	Needed to examine variations in care and outcomes
X	mc063_paid_amt	De-Identified	Payment made by payer. Does not include expected copayment, coinsurance or deductible by the member	Needed to examine variations in costs
X	mc064_prepaid_amt	De-Identified	Prepaid amount	Needed to examine variations in costs
X	mc065_copay_amt	De-Identified	Expected Co-payment by the member	Needed to examine variations in costs

Field Requested	Data Element	Security Level	Description	Justification
X	mc066_coinsurance_amt	De-Identified	Expected Co-insurance by the member	Needed to examine variations in costs
X	mc067_deductible_amt	De-Identified	Expected Deductible by the member	Needed to examine variations in costs
X	mc206_pay_to_patient_flag	De-Identified	Payment to patient. 1- If patient was directly reimbursed, 2 - patient was not directly reimbursed	Needed to examine variations in costs
X	Zeropaid_FL	De-Identified	All lines in a claim paid zero dollars	Needed to examine variations in costs
X	LowPaid_fl	De-Identified	All lines in a claims sum to less than \$4 paid	Needed to examine variations in costs
X	mc202_provider_network_indicator	De-Identified	Indicator of service received in or out of network:1 (in network), 2 (National network), 3 (out-of-network)	Needed to examine variations in access to provider
X	dw_rendering_provider_id	De-Identified	A unique identifier associated with a unique rendering provider across plans, payers and years	Needed to examine variations in access to provider
X	dw_billing_provider_id	De-Identified	A unique identifier associated with a unique billing provider across plans, payers and years	Needed to examine variations in access to provider
X	rendering_hospital_id	Limited	Hospital that rendered services	Needed to examine variations in access to provider
X	hospital_name	De-Identified	Name of Oregon Hospital	Needed to examine variations in access to provider
X	billing_hospital_id	Limited	Hospital billed for services	Needed to examine variations in access to provider
X	rendering_asc_id	Limited	Ambulatory surgery center that rendered services	Needed to examine variations in access to provider

Field Requested	Data Element	Security Level	Description	Justification
X	ASC_name	De-Identified	Name of Oregon Ambulatory Surgery Center	Needed to examine variations in access to provider
X	billing_asc_id	De-Identified	Ambulatory surgery center billed or services	Needed to examine variations in access to provider
X	age	De-Identified	Age on date of service	Needed to examine variations by beneficiary characteristics
X	age_group	De-Identified	Age bands based on date of service	Needed to examine variations by beneficiary characteristics
X	me013_member_gender_cd	De-Identified	member's gender F = Female, M = Male, U = Unknown	Needed to examine variations by beneficiary characteristics
X	urban_fl	De-Identified	Zip codes grouped into urban and rural identified by OHA	Needed to examine variations by beneficiary characteristics
X	interim_fl	De-Identified	Flag identifying interim bills	Needed to examine variations by billing
X	interim_claim_id	De-Identified	Unique identifier set by DW_Claim_ID of the initial interim claim	Needed to identify initial claim
Data elements that are frequently denied				
X	mc062a_allowed_amt	Limited	Allowed amount	Recommended
X	me017_member_zip	Limited	Zip code from the date of service	Needed to examine variations by zip-code level socioeconomic characteristics

Field Requested	Data Element	Security Level	Description	Justification
The data elements highlighted in blue are provided in every data request	uid	De-Identified	A unique identifier that links to the row as submitted in the PC Intake File Layout. Used for linking tables/views	Needed to link tables
	release_id	De-Identified	A value associated with the data release	Needed to know data release
	dw_claim_id	De-Identified	A unique medical claim identifier	Needed for general use of data
	pc032_prescription_fill_dt	De-Identified	Prescription fill date	Needed to know timing of prescription drug
	dw_member_id	De-Identified	A payer & plan specific unique identifier for a person. A person can have multiple member IDs for a single payer because they can have multiple plans. DW_member_IDs are not unique identifiers for a person across payers and years	Needed to identify unique member
	uniquepersonID	De-Identified	A unique identifier for a person across payers and time	Need to identify unique beneficiary
	pc025_claim_status_cd	De-Identified	Claim status. P (Paid), D (Denied), C - (MCO/CCO encounter) E (other)	Needed to know insurance coverage
	pc003_insurance_product_type_cd	De-Identified	A code that indicates an insurance coverage type	Needed to know insurance coverage
	me016_member_state	De-Identified	Member State from latest quarterly data submitted	Needed to know member state
	orphan_fl	De-Identified	Identifies orphan claim with no corresponding eligibility for the date of service. 1 (Yes), 0 (No)	Needed to know if there was an orphan claim
Suppressed_FI	De-Identified	1 (denied claim line), 0 (other than denied)	Needed to know if claim was denied or not	

Field Requested	Data Element	Security Level	Description	Justification
	RemovedReversal_Fl	De-Identified	1 (claims not included before release 13 because the charge, paid amount, and allowed amounts are zero or zero when summed across claim lines and after the removal of denied claim lines, 0 (otherwise)	Needed to examine variations in insurance coverage
X	pc025_claim_status_cd	De-Identified	Claim status. P - Paid,C - CCO encounter, E - other	Needed to examine access and usage of drugs
X	pc001_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 to examine variations by insurance
X	Claim_LOB	De-Identified	Payer line of business: 1 (Medicare), 2 (Medicaid), 3 (Commercial, 0 (no line of business reported), -99 (duplicate data reported)	Needed to examine variations by insurance
X	self_insured_fl	De-Identified	Self Insured flag	Needed to examine variations by insurance
X	dw_pharmacy_id	De-Identified	A unique identifier associated with a unique pharmacy across plans, payers and years	Needed to examine access to pharmacy and access to drugs by pharmacy
X	dw_prescribing_provider_id	De-Identified	A unique identifier associated with a unique prescribing provider across plans, payers and years	Needed to examine variations by provider
X	pc021_pharmacy_npi	De-Identified	Pharmacy's National Provider Identifier (NPI)	Needed to examine access to pharmacy and access to drugs by pharmacy

Field Requested	Data Element	Security Level	Description	Justification
X	pc020_pharmacy_name	De-Identified	Name of pharmacy	Needed to examine access to pharmacy and access to drugs by pharmacy
X	pc022_pharmacy_city	De-Identified	City of pharmacy	Needed to examine access to pharmacy and access to drugs by pharmacy
X	pc023_pharmacy_state	De-Identified	State of Pharmacy	Needed to examine access to pharmacy and access to drugs by pharmacy
X	pc024_pharmacy_zip	De-Identified	Zip Code of Pharmacy	Needed to examine access to pharmacy and access to drugs by pharmacy
X	pc048_prescribing_physician_npi	De-Identified	Identifier for the provider who prescribed the medication as assigned by the reporting entity	Needed to examine access to drugs by provider
X	pc026_drug_cd	De-Identified	National Drug Code (NDC)	Needed to identify variations in drug access
X	pc033_dispensed_qty	De-Identified	Quantity dispensed	Needed to identify variations in drug access
X	pc034_days_supply_qty	De-Identified	Number of days that the drug will last if taken at the prescribed dose	Needed to identify variations in drug access
X	pc030_dispense_as_written_cd	De-Identified	Dispense as written. Indicates if drug substitution authorized	Needed to identify variations in drug access

Field Requested	Data Element	Security Level	Description	Justification
X	pc028_calc_refill_no	De-Identified	Processor's count of times prescription refilled	Needed to identify variations in drug access
X	pc031_compound_drug_ind	De-Identified	Indicates if it is a compound drug, 1 (no), 2 (yes), Null	Needed to identify variations in drug access
X	pc017_paid_dt	De-Identified	Prescription Payment date	Needed to identify variations in drug access
X	pc036_paid_amt	De-Identified	Payment made by payer. Does not include expected copayment, coinsurance or deductible by the member 0 if amt=0, blank if missing	Needed to identify variations in drug access
X	pc037_ingredient_cost_amt	De-Identified	Ingredient cost/list price 0 if amt=0, blank if missing	Needed to examine variations in costs
X	pc039_dispensing_fee_amt	De-Identified	Dispensing fee paid 0 if amt=0, blank if missing	Needed to examine variations in costs
X	pc040_copay_amt	De-Identified	Expected Co-payment by the member 0 if amt=0, blank if missing	Needed to examine variations in costs
X	pc041_coinsurance_amt	De-Identified	Expected Co-insurance by the member. Medicaid values are not co-insurance and should not be included 0 if amt=0, blank if missing	Needed to examine variations in costs
X	pc042_deductible_amt	De-Identified	Expected Deductible by the member 0 if amt=0, blank if missing	Needed to examine variations in costs
X	age	De-Identified	Member age in years calculated on the first day of the month	Needed to examine variations by beneficiary characteristics

Field Requested	Data Element	Security Level	Description	Justification
X	age_group	De-Identified	Age bands based on date of service	Needed to examine variations by beneficiary characteristics
X	urban_fl	De-Identified	Zip codes grouped into urban and rural identified by OHA	Needed to examine variations by beneficiary characteristics
Data elements that are frequently denied				
X	me017_member_zip	Limited	Zip code-static from the date of service	Needed to examine variations by zip-code level socioeconomic characteristics

Field Requested	Data Element	Security Level	Description	Justification
The data elements highlighted in blue are provided in every data request	release_id	De-Identified	A value associated with the data release	
	uid	De-Identified	A unique identifier that links to the row as submitted in the DC Intake File Layout (DC RAW)	
	dc059_service_start_dt	De-Identified	Date services to patient rendered	
	dw_claim_id	De-Identified	A unique dental claim identifier	
	dc005_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	
	uniquepersonID	De-Identified	A unique identifier for a person across payers and time	
	dw_member_id	De-Identified	A unique identifier associated with a single plan and payer and assigned to all eligibility and claims records associated with a given individual for that plan/payer. An individual can have multiple member ids for a payer because they can have multiple plans.	
	dc038_claim_status_cd	De-Identified	Claim status. P (Paid), D (Denied), C - (MCO/CCO encounter) E (other)	
	dc003_insurance_product_type_cd	De-Identified	A code that indicates an insurance coverage type	
	me016_member_state	De-Identified	Member State from latest quarterly data submitted	
	orphan_fl	De-Identified	Identifies orphan claim with no corresponding eligibility for the date of service. 1 (Yes), 0 (No)	
Suppressed_FI	De-Identified	1 (denied claim line), 0 (other than denied)		

Field Requested	Data Element	Security Level	Description	Justification
	RemovedReversal_Fl	De-Identified	1 (claims not included before release 13 because the charge, paid amount, and allowed amounts are zero or zero when summed across claim lines and after the removal of denied claim lines, 0 (otherwise)	
X	dc060_service_end_dt	De-Identified	Date services for patient ended	Pending
X	Claim_LOB	De-Identified	Payer line of business: 1 (Medicare), 2 (Medicaid), 3 (Commercial, 0 (no line of business reported), -99 (duplicate data reported)	Pending
X	dc001_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	Pending
X	self_insured fl	De-Identified	Self Insured flag, 1=Y, 0=N	Pending
X	dc037_place_of_service_cd	De-Identified	Industry standard place of service code	Pending
X	dc038_claim_status_cd	De-Identified	Claim status. P - Paid, D - Denied, C - CCO encounter, E - other	Pending
X	dc038a_denial_reason_cd	De-Identified	Code that defines the reason why the claim was denied. Required when DC038 = D	Pending
X	dc039_cdt_cd	De-Identified	The Common Dental Terminology Code (CDT) for the dental procedure on the claim	Pending
X	dc039a_procedure_modifier_1_cd	De-Identified	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated CDT code. Blanks allowed.	Pending

Field Requested	Data Element	Security Level	Description	Justification
X	dc039b_procedure_modifier_2_cd	De-Identified	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated CDT code. Blanks allowed	Pending
X	dc040_dental_quadrant_1	De-Identified	standard quadrant identifier when CDT code indicates procedure on 3 or more consecutive teeth	Pending
X	dc040a_dental_quadrant_2	De-Identified	standard quadrant identifier when CDT code indicates procedure on 3 or more consecutive teeth	Pending
X	dc040b_dental_quadrant_3	De-Identified	standard quadrant identifier when CDT code indicates procedure on 3 or more consecutive teeth	Pending
X	dc040c_dental_quadrant_4	De-Identified	standard quadrant identifier when CDT code indicates procedure on 3 or more consecutive teeth	Pending
X	dc041_diagnosis_cd	De-Identified	ICD diagnosis code	Pending
X	dc207_tooth_number_1	De-Identified	Number to identify tooth on which service was performed	Pending
X	dc208_tooth_1_surface_1	De-Identified	Code representing the tooth surface on which the service was performed	Pending
X	dc208a_tooth_1_surface_2	De-Identified	Additional tooth surface on which the service was performed	Pending
X	dc208b_tooth_1_surface_3	De-Identified	Additional tooth surface on which the service was performed	Pending
X	dc208c_tooth_1_surface_4	De-Identified	Additional tooth surface on which the service was performed	Pending
X	dc208d_tooth_1_surface_5	De-Identified	Additional tooth surface on which the service was performed	Pending
X	dc208e_tooth_1_surface_6	De-Identified	Additional tooth surface on which the service was performed	Pending

Field Requested	Data Element	Security Level	Description	Justification
X	dc209_tooth_number_2	De-Identified	Number to identify additional tooth on which service was performed	Pending
X	dc210_tooth_2_surface_1	De-Identified	Code representing the tooth surface on which the service was performed	Pending
X	dc210a_tooth_2_surface_2	De-Identified	Additional tooth surface on which the service was performed	Pending
X	dc210b_tooth_2_surface_3	De-Identified	Additional tooth surface on which the service was performed	Pending
X	dc210c_tooth_2_surface_4	De-Identified	Additional tooth surface on which the service was performed	Pending
X	dc210d_tooth_2_surface_5	De-Identified	Additional tooth surface on which the service was performed	Pending
X	dc210e_tooth_2_surface_6	De-Identified	Additional tooth surface on which the service was performed	Pending
X	dc211_tooth_number_3	De-Identified	Number to identify additional tooth on which service was performed	Pending
X	dc212_tooth_3_surface_1	De-Identified	Code representing the tooth surface on which the service was performed	Pending
X	dc212a_tooth_3_surface_2	De-Identified	Additional tooth surface on which the service was performed	Pending
X	dc212b_tooth_3_surface_3	De-Identified	Additional tooth surface on which the service was performed	Pending
X	dc212c_tooth_3_surface_4	De-Identified	Additional tooth surface on which the service was performed	Pending
X	dc212d_tooth_3_surface_5	De-Identified	Additional tooth surface on which the service was performed	Pending
X	dc212e_tooth_3_surface_6	De-Identified	Additional tooth surface on which the service was performed	Pending
X	dc213_tooth_number_4	De-Identified	Number to identify additional tooth on which service was performed	Pending
X	dc214_tooth_4_surface_1	De-Identified	Code representing the tooth surface on which the service was performed	Pending

Field Requested	Data Element	Security Level	Description	Justification
X	dc214a_tooth_4_surface_2	De-Identified	Additional tooth surface on which the service was performed	Pending
X	dc214b_tooth_4_surface_3	De-Identified	Additional tooth surface on which the service was performed	Pending
X	dc214c_tooth_4_surface_4	De-Identified	Additional tooth surface on which the service was performed	Pending
X	dc214d_tooth_4_surface_5	De-Identified	Additional tooth surface on which the service was performed	Pending
X	dc214e_tooth_4_surface_6	De-Identified	Additional tooth surface on which the service was performed	Pending
X	dc063_paid_amt	De-Identified	Payment made by payer. Does not include expected copayment, coinsurance or deductible by the member. 0 if amt=0, blank if missing	Pending
X	dc064_prepaid_amt	De-Identified	Prepaid amount. 0 if amt=0, blank if missing	Pending
X	dc065_copay_amt	De-Identified	Expected Co-payment by the member. 0 if amt=0, blank if missing	Pending
X	dc066_coinsurance_amt	De-Identified	Expected Co-insurance by the member. Medicaid values are not co-insurance and should not be included. 0 if amt=0, blank if missing	Pending
X	dc067_deductible_amt	De-Identified	Expected Deductible by the member. 0 if amt=0, blank if missing	Pending
X	dc067a_patient_paid_amt	De-Identified	Expected Patient paid amount. Amount patient paid. Required if co-payment, co-insurance or deductible are missing. 0 if amt=0, blank if missing	Pending
X	dc017_paid_dt	De-Identified	Payment date	Pending

Field Requested	Data Element	Security Level	Description	Justification
X	dw_rendering_provider_id	De-Identified	Rendering provider composite ID. A unique identifier associated with a unique rendering provider across plans and payer	Pending
X	dw_billing_provider_id	De-Identified	Billing provider composite ID. A unique identifier associated with a unique billing provider across plans and payer	Pending
X	dc202_provider_network_indicator	De-Identified	Indicator of service received in or out of network: 1 (in network), 2 (National network), 3 (out-of-network)	Pending
X	age	De-Identified	Age on date of service	Pending
X	age_group	De-Identified	Age bands based on date of service	Pending
X	urban_fl	De-Identified	Zip codes grouped into urban and rural identified by OHA	Pending
Data elements that are frequently denied				
X	dc062a_allowed_amt	Limited	Allowed amount. 0 if amt=0, blank if missing	OHA recommended for detailed payment analysis
X	me017_member_zip	Limited	Zip code-static from latest quarterly data submitted	Pending

Field Requested	Data Element	Security Level	Description	Justification
The data elements highlighted in blue are provided in every data request	uid	De-Identified	A unique identifier that links to the row as submitted in the MM Intake File Layout. Used for linking tables/views	
	release_id	De-Identified	A value associated with the data release	
	year_Eligibility	De-Identified	Year of eligibility	
	month_Eligibility	De-Identified	Month of eligibility	
	dw_member_id	De-Identified	A unique identifier associated with a single plan and payer and assigned to all eligibility and claims records associated with a given individual for that plan/payer. An individual can have multiple member ids for a payer because they can have multiple plans.	
	uniquepersonID	De-Identified	A unique identifier for a person across payers and time	
	me003_insurance_product_type_cd	De-Identified	A code that indicates an insurance coverage type	
	me018_medical_coverage_flag	De-Identified	Medical Coverage Flag not required when ME001=E	
	me019_prescription_drug_coverage_flag	De-Identified	Prescription Drug coverage flag	
	me207_dental_coverage_flag	De-Identified	Flag indicates dental coverage for the month	
me016_member_state	De-Identified	Member State from latest quarterly data submitted		
X	Month_Start	De-Identified	Date of Eligibility set to the first of the month	Needed to examine variations by insurance
X	Me005a_plan_term_dt	De-Identified	Plan termination date	Needed to examine variations by insurance

Field Requested	Data Element	Security Level	Description	Justification
X	LOB	De-Identified	Payer line of business: 1 (Medicare), 2 (Medicaid), 3 (Commercial, 0 (no line of business reported), -99 (duplicate data reported)	Needed to examine variations by insurance
X	me009a_pebb_flag	De-Identified	Public Employees Benefit Board covered members Oregon includes out-of-state residents	Needed to examine variations by insurance
X	me009b_oebb_flag	De-Identified	Oregon Educators Benefit Board covered members Oregon includes out-of-state residents	Needed to examine variations by insurance
X	me201_medicare_coverage_flag	De-Identified	Type of Medicare coverage for Medicaid members only. A - Part A, B - Part B, AB - Parts A and B, C - Part C, D - Part D, CD - Part C and D, X - other, Z - none, not required when ME001=E	Needed to examine variations by insurance
X	me012_member_subscriber_rlp_cd	De-Identified	Relationship code	Needed to examine variations by insurance
X	me013_member_gender_cd	De-Identified	Member Gender:M (male), F (female), and U (unknown)	Needed to examine variations by demographics
X	age	De-Identified	Member age in years calculated on the first day of the month	Needed to examine variations by demographics
X	age_group	De-Identified	Age bands based on date of service	Needed to examine variations by demographics
X	me202_market_segment_cd	De-Identified	Market Segment	Needed to examine variations by insurance

Field Requested	Data Element	Security Level	Description	Justification
X	me203_metal_tier	De-Identified	Health benefit plan metal tier for qualified health plans (QHPs) and catastrophic plans as defined in the ACA:0 (Not a QHP or catastrophic plan), 1 (catastrophic), 2 (bronze), 3 (silver), 4 (gold), 5 (platinum)	Needed to examine variations by insurance
X	me205_high_deductible_health_flag	De-Identified	High Deductible Health Plan Flag	Needed to examine variations by insurance
X	me206_primary_insurance_ind	De-Identified	Flag indicates primary insurance	Needed to examine variations by insurance
X	me009c_medical_home_flag	De-Identified	Flag indicates medical home	Needed to examine variations by insurance
X	MCAID_PERC	Limited	Medicaid program eligibility codes. Not fully populated	
X	MCAID_cde_medicare_status	De-Identified	Medicare status reported for Medicaid recipients: MA (Part A only), MAB (Part A & B), MABD (Part A,B&D), MAD (Part A & D), MB (Part B only), MBD (Part B & D), MD (Part D only)	Needed to examine variations by insurance
X	MCAID_cde_enroll_recip_status	De-Identified	Medicaid enrollment status: managed care enrolled cap payment (1), managed care enrolled no cap payment (3), not managed care enrolled cap payment (5), fee for service (6) or null	Needed to examine variations by insurance

Field Requested	Data Element	Security Level	Description	Justification
X	MCAID_cde_pgm_health	De-Identified	Medicaid mental, physical & dental health(CCOA);Mental & physical health (CCOB), Mental Health (CCOE), Mental & dental health (CCOG), dental care organization (DCO), fully capitated health plan (FCHP), fully capitated health plan dental (FCHPD),Fee for service (FFS), mental health organization (MHO), Programfor all inclusive care for elderly (PACE), primary care (PCM) or physician care organization (PCO) type	Needed to examine variations by insurance
X	MCAID_Delivery_System	De-Identified	Medicaid encounter or FFS	Needed to examine variations by insurance
X	urban_fl	De-Identified	Zip codes grouped into urban and rural identified by OHA	Needed to examine variations by demographics
X	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-ethncity reported	Needed to examine variations by demographics

Field Requested	Data Element	Security Level	Description	Justification
X	re1_race_cd	De-Identified	All races reported by all payers for all years for a person: (P) Native Hawaiian or Pacific Islander, (B) Black or African American, (I) American Indian or Alaskan Native, (A) Asian, (W) White, (O) other, (U) unknown, (R) refused and null	Needed to examine variations by demographics
X	re2_ethncity_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	Needed to examine variations by demographics
X	re3_primary_language_cd	De-Identified	All primary spoken languages reported by all payers for all years for a person	Needed to examine variations by demographics
Data elements that are frequently denied				
X	me017_member_zip	Limited	Zip code-from the date of eligibility	Needed to examine variations by zip-code level socioeconomic status

Field Requested	Data Element	Security Level	Description	Justification
Provided in every data request	release_id	De-Identified	A value associated with the data release	
X	dw_provider_id	De-Identified	A unique identifier associated with a unique provider across plans and payers	Need to identify individual and organization providers to examine differences by individual and organization provider characteristics
X	provider_entity	De-Identified	Provider entity-1) Individual or 2) organization	Need to identify individual and organization providers to examine differences by individual and organization provider characteristics
X	national_provider_id	De-Identified	National Provider Identifier (NPI)	Need to identify individual and organization providers to examine differences by individual and organization provider characteristics
X	provider_tax_id	De-Identified	Provider Tax identifier (attending, billing, pharmacy)	Need to identify organization providers to examine differences by organization provider characteristics

Field Requested	Data Element	Security Level	Description	Justification
X	license_1	De-Identified	Provider state license code number 1	Needed to examine differences by individual provider characteristics
X	license_state_1	De-Identified	State where provider license number 1 was	Needed to examine differences by individual provider characteristics
X	license_2	De-Identified	Provider state license code number 2	Needed to examine differences by individual provider characteristics
X	license_state_2	De-Identified	State where provider license number 2 was	Needed to examine differences by individual provider characteristics
X	license_3	De-Identified	Provider state license code number 3	Needed to examine differences by individual provider characteristics
X	license_state_3	De-Identified	State where provider license number 3 was	Needed to examine differences by individual provider characteristics
X	license_4	De-Identified	Provider state license code number 4	Needed to examine differences by individual provider characteristics
X	license_state_4	De-Identified	State where provider license number 4 was	Needed to examine differences by individual provider characteristics

Field Requested	Data Element	Security Level	Description	Justification
X	license_5	De-Identified	Provider state license code number 5	Needed to examine differences by individual provider characteristics
X	license_state_5	De-Identified	State where provider license number 5 was	Needed to examine differences by individual provider characteristics
X	Provider_First_Nm	De-Identified	Provider first name; null if provider is an organization entity (attending, billing, pharmacy)	Need to identify individual providers to examine differences by individual provider characteristics
X	Provider_Middle_Nm	De-Identified	Provider middle name or organization name (attending, billing, pharmacy)	Need to identify individual and organization providers to examine differences by individual and organization provider characteristics
X	Provider_Last_Nm	De-Identified	Provider last name or organization name (attending, billing, pharmacy)	Need to identify individual and organization providers to examine differences by individual and organization provider characteristics
X	Provider_Suffix	De-Identified	Suffix of provider name	Need to identify individual providers to examine differences by individual provider characteristics

Field Requested	Data Element	Security Level	Description	Justification
X	Provider_Org_Nm	De-Identified	Name of provider's organization	Need to identify individual and organization providers to examine differences by individual and organization provider characteristics
X	Provider_Prefix	De-Identified	Prefix of provider name	Need to identify individual providers to examine differences by individual provider characteristics
X	Provider_Org_Nm_Other	De-Identified	Other name of organization	Need to identify individual and organization providers to examine differences by individual and organization provider characteristics
X	Provider_Last_Nm_Other	De-Identified	Other last name of provider	Need to identify individual providers to examine differences by individual provider characteristics
X	Provider_First_Nm_Other	De-Identified	Other first name of provider	Need to identify individual providers to examine differences by individual provider characteristics

Field Requested	Data Element	Security Level	Description	Justification
X	Provider_Middle_Nm_Other	De-Identified	Other middle name of provider	Need to identify individual providers to examine differences by individual provider characteristics
X	Provider_Prefix_Other	De-Identified	Other prefix of provider	Need to identify individual providers to examine differences by individual provider characteristics
X	Provider_Suffix_Other	De-Identified	Other suffix of provider	Need to identify individual providers to examine differences by individual provider characteristics
X	primary_street	De-Identified	Provider street address (attending, billing, pharmacy)	Need to identify individual and organization providers to examine differences by individual and organization provider characteristics
X	primary_city	De-Identified	Provider city (attending, billing, pharmacy)	Need to identify individual and organization providers to examine differences by individual and organization provider characteristics

Field Requested	Data Element	Security Level	Description	Justification
X	primary_state	De-Identified	Provider state (attending, billing, pharmacy)	Need to identify individual and organization providers to examine differences by individual and organization provider characteristics
X	primary_zip	De-Identified	Provider location zip (attending, billing, pharmacy)	Need to identify individual and organization providers to examine differences by individual and organization provider characteristics
X	Credential_Text_1	De-Identified	Provider NPI credential 1	Need to identify individual and organization providers to examine differences by individual and organization provider characteristics
X	Credential_Text_2	De-Identified	Provider NPI credential 2	Need to identify individual and organization providers to examine differences by individual and organization provider characteristics

Field Requested	Data Element	Security Level	Description	Justification
X	Credential_Text_3	De-Identified	Provider NPI credential 3	Need to identify individual and organization providers to examine differences by individual and organization provider characteristics
X	provider_gender	De-Identified	Gender of provider - U if unknown	Provider characteristic by which we will examine variations in care
X	Taxonomy_Cd_1	De-Identified	NUCC provider taxonomy for the billing provider; NPI if not reported	Provider characteristic by which we will examine variations in care
X	Taxonomy_Cd_2	De-Identified	NUCC provider taxonomy for the billing provider; NPI if not reported	Provider characteristic by which we will examine variations in care
X	Taxonomy_Cd_3	De-Identified	NUCC provider taxonomy for the billing provider; NPI if not reported	Provider characteristic by which we will examine variations in care
X	Taxonomy_Cd_4	De-Identified	NUCC provider taxonomy for the billing provider; NPI if not reported	Provider characteristic by which we will examine variations in care
X	Taxonomy_Cd_5	De-Identified	NUCC provider taxonomy for the billing provider; NPI if not reported	Provider characteristic by which we will examine variations in care

Field Requested	Data Element	Security Level	Description	Justification
X	Taxonomy_grouping	De-Identified	Code that indicates provider specialty or taxonomy 1	Provider characteristic by which we will examine variations in care
X	Taxonomy_classification	De-Identified	Taxonomy classification	Provider characteristic by which we will examine variations in care
X	Taxonomy_specialization	De-Identified	Taxonomy specialization	Provider characteristic by which we will examine variations in care
X	county_fips	De-Identified	Five digit Federal Information Processing Standard (FIPS) county code associated with me017_member_zip	Provider characteristic by which we will examine variations in care
X	county name	De-Identified	Name of county	Provider characteristic by which we will examine variations in care

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

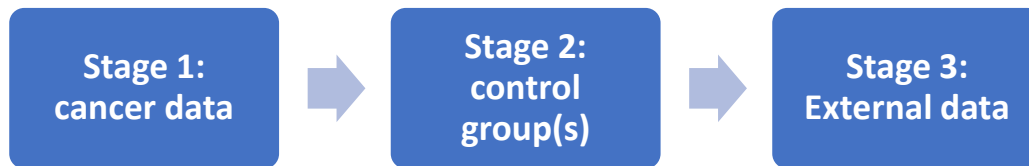
Staff Reviewer: Oliver

DRTS Number: 6072

Date review completed: 4/4/2024

	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			Cancer health disparities research
2.2 Research questions provided with adequate detail	X			See application
2.3 Described planned products and reports derived from requested data	X			Peer reviewed publications
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			Exempt, no end date
4.1 Completed data elements workbook	X			
4.2 Adequately described how the data elements requested are the minimum necessary	X			We have done a lot of work to narrow the scope, both by eliminating unnecessary columns and reducing the number of rows requested.
5.1 Plan provided to prevent re-identification	X			
5.2ab Plan to link APAC data to other data source	X			Link to provider characteristics by NPI, link to SDOH data by zip code, link to Experian by hashed member identifiers
5.2c Requests OHA to link APAC to other data	X			OSCaR, Vital Stats
5.2d Detailed data linking plan provided	X			Linkages by NPI and zip code are intuitive. Details of data hashing
5.3 Provided adequate description of data management, security and data destruction plan	X			
Passes Minimum Necessary Review	X			Work is staged to minimize the scope of the request.
Recommend management approval	X			I implore management approval.

Tentative Work Flow for Data Request 6072 (Cancer Disparities)



Stage 1: cancer data

- 1.1 APAC approval (pending)
- 1.2 OSCaR approval (pending)
- 1.3 OSCaR linkage (at Public Health Division)
- 1.4 APAC cancer data extracts
- 1.5 Review cancer data (MD Anderson)

Stage two: control group(s)

- 2.1 Meet to discuss control group(s)
- 2.2 Amend APAC application to include control group(s)
- 2.3 APAC control group(s) extracts
- 2.4 Review control group(s) data (MD Anderson)

Stage 3: external data

- 3.1 Vital Stats application/approval
- 3.2 Vital Stats linkage including cancer cases and controls (at APAC)
- 3.3 Test hashing process with Experian (APAC)
- 3.4 APAC hashed finder file including cancer cases and controls
- 3.5 Hashed finder file linkage (at MD Anderson)