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: Comparing Utilization, Outcomes, and Choice between VHA and non-VHA Hea

Principal Investigator: Christine Yee, PhD

Title of Principal Investigator: Health Economist and Research Scientist

Organization: Boston University

Address: Talbot Building, 2W, 715 Albany Street

City: Boston State: MA Zip Code: 02118

Telephone: 702-538-8739

Email: yeec@bu.edu

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.

Please see attached.

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."

Please see attached description of Project and IRB outcome letter.

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.

The findings from this research will be made public through peer-reviewed academic publications, policy briefs, and presentations at national conferences. The findings will be aggregated and de-identified. The findings may also be presented to stakeholders of the health care industry, such as the VHA and Medicaid policymakers.

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

Anticipated Start Date: 09/01/2022

Anticipated Publication/Product Release Date: 12/31/2029

Anticipated End Date: 12/31/2029

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:

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: Christine Yee Email: yeec@bu.edu	Project role: Principal Investigator
Name: Kyle Barr Email: kyle.barr@va.gov	Project role: Data Analyst
Name: Siva Palani Email: spalani@bu.edu	Project role: Data Analyst
Name: Email:	Project role:
Name: Email:	Project role:
Name: Email:	Project role:
Name: Email:	Project role:

Attach additional sheets as needed.

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

Name: Eric Jacobsen Email: jacobsen@bu.edu	Technical role: Director of Information Security // Custodian of Data
Name: Email:	Technical role:

Attach additional sheets as needed.

SECTION 3: DATA REQUEST

3.1 Purpose of the Data Request:

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

- ☐ Research (refer to 45 CFR 164.501 for definition)
- ☐ Public health activities as defined in 45 CFR 164.512(b) by the state or local public health authority
- ☒ Health care operations as defined in 45 CFR 164.501
  - Covered entity as defined in 45 CFR 160.103? ☐ Yes ☒ No
- ☐ Treatment of patient by health care provider as defined in 45 CFR 164.506 (c)(2)
  - Covered entity? ☐ Yes ☐ No
- ☐ Payment activities performed by covered entity or health care provider as defined in 45 CFR 164.506 (c)(3)
  - Covered entity? ☐ Yes ☐ No
- ☐ Work done on OHA's behalf by a Business Associate as defined in 45 CFR 160.103

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

The project will evaluate health care utilization, outcomes, and choice of health care system. The goal of the population study is to improve health care delivery, access to care, and care coordination for veterans. The VHA does not seem to be a covered entity by the 45 CFR 160.103 definition.

3.2 Direct identifiers. What level of data identifiers are you requesting (***choose only one***)? Reference the Data Elements Workbook for the categorization of data elements.

- ☐ De-identified (as outlined in 45 CFR 164.514(e)) protected health information
- ☒ Limited, potentially re-identifiable data elements
- ☐ Restricted direct identifiers (member name, address, date of birth, etc.) *Please note:* Direct identifiers are only released under special circumstances that comply with HIPAA requirements, and will require specific approvals, such as IRB approval, patient consent and/or review by the Oregon Department of Justice.

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

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

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

☒ Yes ☐ No

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

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

☑ IRB application and approval memo are attached.

b. Describe how this application is within the authority of the approving IRB.

c. Describe why the project could not be practicably conducted without a waiver of individual authorization (a waiver of individual authorization is provided by the IRB in cases in which the researcher does not need written authorization from participants to use their PHI):

The project requires the use of 5-digit zip codes, dates of service, and NPI; which are necessary to merge with other data, evaluate outcomes, and compute distances.

d. On what date does the IRB approval expire? 04/14/2025

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.

2013-2020 (pending representativeness & quality)

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

Procedures, indicate CPT to include:

All

Pharmaceuticals, indicate NDC or therapeutic classes to include:

All

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≤30) or subpopulations of 50 or fewer individuals (n≤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).

With the exception of illustrative descriptive maps, all findings and results reported in any publication or presentation will be in the form of aggregate sample statistics, e.g., regression coefficients that represent the correlation between variable 1 and variable 2 across the sample. Maps may show statistics per geographical unit. Units representing fewer than 50 patients/members will be combined with nearby units to ensure minimum cell sizes.

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.

Data will be linked to provider level datasets via NPI, including: American Medical Association Physician Masterfile and Veterans Health Administration data. Data will be linked by geographic identifiers (zip code, county, census tract) to several aggregated datasets: Area Health Resource File, American Community Survey, Census data, and Zillow data.

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

The analysis will be at an aggregated level that varies by geography and time. Geographic units will have minimum sample size requirements to ensure that individual patients cannot be identified. Moreover, our analysis involves examining broad sample statistics. We will publish/disseminate only analyses that report sample statistics. Our findings will not reveal any information about an individual patient.

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?

When the study concludes, the applicant and Boston University IT Department will delete all files received and certify the destruction of data stored on central resources under their control. Data stored in snapshots will be automatically overwritten 3 months after deletion.

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 08/08/2022

Printed name Christine Yee

Title Health Economist and Research Scientist

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

Oregon APCD
1.1 Project Purpose & 1.2 Research Questions

The goal of this research is to compare VHA and non-VHA health care systems and the choice of veterans to rely on VHA or non-VHA systems for their services. Using data from the VHA and Oregon's all-payer claims data (NOT individually linked), the project will compare various parts of VHA and non-VHA systems, such as ICU, primary care, mental health, and specialty care services. The project will assess differences in utilization patterns and outcomes. The project will also assess various policy and operational changes that occurred in the VHA recently that might have affected access to care and the care itself delivered to patients.

The VHA is a publicly funded and publicly provided system; each medical center is under a global budget that is determined by Congress. Most other health care systems in the U.S. are either publicly funded and privately provided (e.g., Medicare and Medicaid) or privately funded and provided (e.g., commercial insurance). This research will investigate the differences and similarities in utilization, choice, and outcomes. The findings will have implications for important policy questions about public and private provision of services and about global-budget and other alternative payment structures.

The project will compare utilization patterns, outcomes, and costs among patients based on their health coverage. Specifically, the aims are to:

1. Compare utilization patterns among patients who receive services in the traditional VHA system and patients who receive services from private providers, which may be covered by Medicare, Medicaid, commercial insurance, or the VHA under the Community Care program implemented under the Choice and MISSION Acts of 2014 and 2018.
2. Compare outcomes and utilization among patients treated at VHA medical centers that implemented various policy and operational structures, patients at non-VHA medical centers that implemented similar policies and structures, and patients at non-VHA medical centers that did not implement any such policies or structures. Examples of policies and structures include virtual or telehealth technologies and policies, COVID-19 related policies, and Choice and MISSION Acts.
3. To the extent possible, examine factors associated with patient choice of provider and health coverage and evaluate the share of services covered by various types of payers and whether this has changed (and if there is crowd out) due to the Choice and/or MISSION Acts of 2014 and 2018.

Using the Oregon's APCD, investigators will develop measures that quantify utilization, outcomes, and choice. Examples include readmission rates, emergency department admissions, episode durations, surgery rates, office visit rates, transfer rates (e.g., from ICU to skilled nursing facilities), and cost of services to treat an episode. The investigators will use regression analyses to compare these measures across VHA and non-VHA health care systems using statistical software, such as SAS and Stata. The analyses will control for many factors that may lead to differences in utilization, outcomes, and choice. Factors include local socioeconomic factors, demographics, practice patterns, and health care market characteristics. These factors will be derived from publicly available data, which will be merged to the APCD data using zip codes, counties, and other geographic identifiers.

5.3 Data Security

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.

Eric Jacobsen, Director of Information Security, Boston University

~~Christine Yee, Health Economist, Boston University~~

~~Steve Pizer, Professor of Health Law, Policy and Management, Boston University~~

A security risk management plan applicable to APAC data that includes:

Secure storage in any and all mediums (e.g., electronic or hard copy)

The data will reside on a BU Restricted Use (HIPAA compliant) network drive (aka BU Y Drive), on a BU managed server, and on BU managed computers. Access to the room where the server and network drive are located will be monitored with 24-hour video surveillance and will require key card entry. Only IT computing staff are allowed access. These are protected by security controls, including Palo Alto firewalls and IPS, network-based IDS, hardware based encryption (encryption at rest), and Varonis audit and activity logging. Encryption and integrity controls in transit are provided by Microsoft network drive protocol (SMB3). Off campus access requires use of the BU two-factor VPN, providing an extra layer of encryption. The network drive system and backup system are located in on-campus BU data centers, in compliance with our BU Data Center Policy. http://www.bu.edu/tech/about/policies/secure-data-center-access/*

Data is backed up by a daily. Data backups are retained for three months before automatic deletion by an write over process. Therefore, any Sponsor requirements to confirm deletion need to take this three-month data retention into account before confirming deletion of data. https://www.bu.edu/tech/services/infrastructure/storage-backup/network-file-storage/*

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

A catalog of the data is maintained as a spreadsheet by the Principal Investigators. The data will be stored on a network drive connected to a server, which will have many functions disabled, including internet and email. Access to the room where the server and network drive are located will be monitored with 24-hour video surveillance and will require key card entry. Only team members who need access to the data to do analyses or data management and/or IT will

have access to the data. File system access controls are implemented to ensure that the data are not accessed by unauthorized users.

User account controls, i.e., password protections, maximum failed login attempts, lockout periods after idle time, user audit logs, etc.

BU managed Windows laptops, desktops, and servers are protected by several security controls, currently including KACE inventory and patching, Crowdstrike advanced threat protection, Bitlocker encryption, and 15-minute auto-screen-lock.

Access to BU managed devices and services, including the BU network drive system, requires a strong password (minimum 10 characters, 2 upper case, 2 lower case, at least 1 special character or number). Off campus access to BU Restricted Use network drives requires use of the BU two-factor VPN.

Only select team members will have this remote access privilege. BU managed laptops and desktops are protected by several security controls, currently including KACE inventory and patching, Crowdstrike advanced threat protection, Bitlocker encryption, and 15-minute auto-screen-lock.

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

BU researchers who have access to the data will be required to maintain the CITI certification for Human Subjects Protection Training, which includes a module on HIPAA compliance. All BU IT personnel take HIPAA training annually.

All members of Boston University Information Technology Services (BU IT) are required to undergo confidentiality training annually and are subject to Boston University's Data Protection Requirements. Researchers who have access to the data will undergo similar training, such as HIPAA and Data Security Training, initially and every three years thereafter. Agreements that specify the individuals and machines that have access to confidential data will be established between the Principal Investigators, Data Custodian, and BU IT.

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

The current request is for limited data. Members will not be identifiable in the source data or derivatives of data. In addition, any dissemination of data and results will follow the minimum cell size rule.

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

The request is for a limited data set and so will not contain identifiers. Only team members who need access to the data to do analyses or data management and/or IT will have access to the data. File system access controls are implemented to ensure that the data are not accessed by unauthorized users.

Procedures for identifying, reporting, and remedying any data breach

A Data Breach Coordinator, who will work with Principal Investigators, will notify APAC. BU maintains an extensive Data Breach Management Plan, outlining roles and responsibilities. Generally, the BU community has an obligation to report potential security incidents or breaches to the BU Incident Response Team (irt@bu.edu*). The BU Data Breach Management Plan is for internal use only, but we provide overview information here: https://www.bu.edu/tech/services/security/cyber-security/sensitive-data/*

Statement of compliance with HIPAA and the HITECH Act

All BU departments, including researchers, must follow the BU Data Protection Standards: http://www.bu.edu/policies/data-protection-standards/*. BU HIPAA Components must also follow the BU HIPAA Security Policies (http://www.bu.edu/policies/hipaa-security-program/* and http://www.bu.edu/policies/hipaa-indiv-responsibilities-safeguarding-phi/*).

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

All systems will be routinely scanned for vulnerabilities and discovered vulnerabilities will be remediated swiftly. Anti-virus software will be installed and tied to enterprise management and reporting utilities. Network services that do not have an associated business need will be disabled. Non-Endpoint devices will be configured to sync time information (Network Time Protocol) from an established, credible source. Where possible, authentication to Non-Endpoint devices or software should be from approved enterprise authentication services (e.g. Active Directory, Kerberos, Shibboleth).

The data will reside on a BU Restricted Use (HIPAA compliant) network drive (aka BU Y Drive), on a BU managed server, and on BU managed computers. These are protected by security controls, including Palo Alto firewalls and IPS, network-based IDS, hardware based encryption (encryption at rest), and Varonis audit and activity logging. Encryption and integrity controls in transit are provided by Microsoft network drive protocol (SMB3). Off campus access requires

use of the BU two-factor VPN, providing an extra layer of encryption. The network drive system and backup system are located in on-campus BU data centers, in compliance with our BU Data Center Policy. http://www.bu.edu/tech/about/policies/secure-data-center-access/*

Data is backed up by a daily. Data backups are retained for three months before automatic deletion by an write over process. Therefore, any Sponsor requirements to confirm deletion need to take this three-month data retention into account before confirming deletion of data. https://www.bu.edu/tech/services/infrastructure/storage-backup/network-file-storage/*

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

Please indicate the year(s) of data requested	2011 - 2021	2022
	X	X

Do you want out-of-state people and their claims included?	Yes
	X

Do you want orphan claims included? (claims, but no eligibility or coverage reported)	Yes
	X

Do you want coordination of benefit claims included?	Yes
	X

Do you want self-insured commercial data included?	Yes
	X

Do you want PEBB and OEBB commercial data included?	Yes
	X

What payer types do you want?	Commercial	Medicaid	Medicare (commercial Medicare Advantage and Part D only)
	Yes	Yes	Yes

Do you want all medical claims?	Yes, all medical claims	No, only some claim type(s)
	X	

How do you want medical claim type(s) identified and selected?	APAC definition (see data element: APAC grouper)	Vendor definition (see data element:claim type)

Which medical claim types do you want?	All claims
	x

Do you want pharmacy claims?	Yes	No
	x	

Do you want dental claims?	Yes	No
	x	

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

Do you want member demographic data?	Yes and I requested monthly eligibility data	Yes and I did not request monthly eligibility data
	x	

Do you want provider data?	Yes	No
	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

Do you want to limit medical claims data to selected diagnoses?	No
	x

Do you want to limit pharmacy data to selected NDC codes or therapeutic classes?	No
	x

Are you requesting identifiable data?	Zip code	County
	x	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?	Change to encounter	Do not change
	x	

Do you want APAC data linked to Oregon Center for Health Statitistics (CHS) Death 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	Yes	No
	X	

Is your requested APAC data going to be linked with any other data source?	Yes	No
	X	

Field Requested	Data Element	Security Level	Description	Justification as minimum data required for project
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. Used for linking tables/views	
	release_id	De-Identified	A value associated with the data release	
	mc059_service_start_dt	De-Identified	Date services for patient started	
	dw_claim_id	De-Identified	A unique medical claim identifier	
	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	
	uniquepersonID	De-Identified	A unique identifier for a person across payers and time	
	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	
	dw_person_id	De-Identified	Vendor identifier for a person across payers and time-many people have more than one assigned identifier	
	mc038a_cob_status	De-Identified	Coordination of benefit claim. Indicates secondary payer for a claim	
	orphan_fl	De-Identified	Identifies orphan claim with no corresponding eligibility for the date of service	
	mc003_insurance_product_type_cd	De-Identified	A code that indicates an insurance coverage type. Data element required for linking claims to member months	
	me016_member_state	De-Identified	Member State from latest quarterly data submitted	
X	mc038_claim_status_cd	De-Identified	Claim status. P - Paid, C - CCO encounter, E - other	Necessary to know status of claim to create utilization measures
X	mc060_service_end_dt	De-Identified	Date services for patient ended	Necessary to create utilization and outcome measures

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)	Necessary to create utilization and reliance measures
X	self_insured_fl	De-Identified	Self Insured flag	Necessary to create utilization and reliance measures
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	Necessary to create utilization and reliance measures
X	mc018_admit_dt	De-Identified	Admission date	Necessary to create utilization and outcome measures
X	mc203_admit_type_cd	De-Identified	Admission type:1 (Emergency), 2 (Urgent), 3 (Elective), 4 (Newborn), 5 (Trauma Center), 9 (missing)	Necessary to create utilization and outcome measures
X	mc204_admission_source_cd	De-Identified	Admission source	Necessary to create outcome measures
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	Necessary for matching and controlling for risk score and sample segmentation
X	mc070_discharge_dt	De-Identified	Discharge date-required for inpatient hospitalization	Necessary to create utilization and outcome measures
X	mc023_discharge_status_cd	De-Identified	Status for member discharged from a hospital	Necessary to create outcome measures
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	Necessary to create utilization and outcome measures
X	mc036_bill_type_cd	De-Identified	Type of bill on uniform billing form (UB)	Necessary to understand cost
X	mc037_place_of_service_cd	De-Identified	Industry standard place of service code	Necessary to create utilization and outcome measures

X	mc054_revenue_cd	De-Identified	Revenue code	Necessary to understand cost and utilization
X	mc041_principal_diagnosis_cd	De-Identified	Principal Diagnosis code	Necessary for matching and controlling for risk score and sample segmentation
X	Dx_Description	De-Identified	ICD diagnosis code description	Necessary for matching and controlling for risk score and sample segmentation
X	Dx_Type	De-Identified	ICD diagnosis code type	Necessary for matching and controlling for risk score and sample segmentation
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	Necessary for matching and controlling for risk score and sample segmentation
X	POA_Description	De-Identified	Present on admission description	Necessary for matching and controlling for risk score and sample segmentation
X	mc042_other_diagnosis_2	De-Identified	Additional Diagnosis 2	Necessary for matching and controlling for risk score and sample segmentation
X	mc042p_poa_2	De-Identified	Required POA flag for diagnosis 2 if populated	Necessary for matching and controlling for risk score and sample segmentation
X	mc043_other_diagnosis_3	De-Identified	Additional Diagnosis 3	Necessary for matching and controlling for risk score and sample segmentation
X	mc043p_poa_3	De-Identified	Required POA flag for diagnosis 3 if populated	Necessary for matching and controlling for risk score and sample segmentation
X	mc044_other_diagnosis_4	De-Identified	Additional Diagnosis 4	Necessary for matching and controlling for risk score and sample segmentation
X	mc044p_poa_4	De-Identified	Required POA flag for diagnosis 4 if populated	Necessary for matching and controlling for risk score and sample segmentation
X	mc045_other_diagnosis_5	De-Identified	Additional Diagnosis 5	Necessary for matching and controlling for risk score and sample segmentation

X	mc045p_poa_5	De-Identified	Required POA flag for diagnosis 5 if populated	Necessary for matching and controlling for risk score and sample segmentation
X	mc046_other_diagnosis_6	De-Identified	Additional Diagnosis 6	Necessary for matching and controlling for risk score and sample segmentation
X	mc046p_poa_6	De-Identified	Required POA flag for diagnosis 6 if populated	Necessary for matching and controlling for risk score and sample segmentation
X	mc047_other_diagnosis_7	De-Identified	Additional Diagnosis 7	Necessary for matching and controlling for risk score and sample segmentation
X	mc047p_poa_7	De-Identified	Required POA flag for diagnosis 7 if populated	Necessary for matching and controlling for risk score and sample segmentation
X	mc048_other_diagnosis_8	De-Identified	Additional Diagnosis 8	Necessary for matching and controlling for risk score and sample segmentation
X	mc048p_poa_8	De-Identified	Required POA flag for diagnosis 8 if populated	Necessary for matching and controlling for risk score and sample segmentation
X	mc049_other_diagnosis_9	De-Identified	Additional Diagnosis 9	Necessary for matching and controlling for risk score and sample segmentation
X	mc049p_poa_9	De-Identified	Required POA flag for diagnosis 9 if populated	Necessary for matching and controlling for risk score and sample segmentation
X	mc050_other_diagnosis_10	De-Identified	Additional Diagnosis 10	Necessary for matching and controlling for risk score and sample segmentation
X	mc050p_poa_10	De-Identified	Required POA flag for diagnosis 10 if populated	Necessary for matching and controlling for risk score and sample segmentation
X	mc051_other_diagnosis_11	De-Identified	Additional Diagnosis 11	Necessary for matching and controlling for risk score and sample segmentation
X	mc051p_poa_11	De-Identified	Required POA flag for diagnosis 11 if populated	Necessary for matching and controlling for risk score and sample segmentation

X	mc052_other_diagnosis_12	De-Identified	Additional Diagnosis 12	Necessary for matching and controlling for risk score and sample segmentation
X	mc052p_poa_12	De-Identified	Required POA flag for diagnosis 12 if populated	Necessary for matching and controlling for risk score and sample segmentation
X	mc053_other_diagnosis_13	De-Identified	Additional Diagnosis 13	Necessary for matching and controlling for risk score and sample segmentation
X	mc053p_poa_13	De-Identified	Required POA flag for diagnosis 13 if populated	Necessary for matching and controlling for risk score and sample segmentation
X	mc201_icd_version_cd	De-Identified	Identifies ICD9 or ICD10 version	Necessary to understand diagnoses (for matching and controlling for risk score and sample segmentation)
X	mc055_procedure_cd	De-Identified	Current Procedural Terminology (CPT) code or Healthcare Common Procedure Coding System (HCPCS)	Necessary to create utilization measures
X	Px_Type	De-Identified	ICD procedure code type	Necessary to understand procedures in order to create utilization measures
X	CPT description	De-Identified	Short Description of Current Procedural Terminology, created and owned by the American Medical Association	Necessary to understand procedures in order to create utilization measures
X	consumer_friendly_descriptor	De-Identified	Consumer Friedly description of Current Procedural Terminology, created and owned by the American Medical Association	Necessary to understand procedures in order to create utilization measures
X	mc056_procedure_modifier_1_cd	De-Identified	CPT or HCPCS modifier	Necessary to create utilization measures
X	mc057_procedure_modifier_2_cd	De-Identified	CPT or HCPCS modifier	Necessary to create utilization measures
X	mc057a_procedure_modifier_3_cd	De-Identified	CPT or HCPCS modifier	Necessary to create utilization measures

X	mc057b_procedure_modifier_4_cd	De-Identified	CPT or HCPCS modifier	Necessary to create utilization measures
X	modifier description	De-Identified	Description of Outpatient Procedure modifier code, from either CPT, HCPC, or Ambulance code list.	Necessary to understand services and create utilization measures
X	APACgrouper	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	Necessary to understand services and create utilization measures
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.	Necessary to understand services and create utilization measures
X	BETOS	De-Identified	Berenson-Eggers Type of Service assigned to Health Care Financing Administration Common Procedure Coding System (HCPCS). Developed primarily for analysing the growth in Medicare expenditures	Necessary to understand services and create utilization measures
X	BETOS level_1_group _id	De-Identified	Berenson-Eggers Type of Service (BETOS) Code Description ID	Necessary to understand services and create utilization measures
X	BETOS level_1_group	De-Identified	Berenson-Eggers Type of Service (BETOS) Code Description	Necessary to understand services and create utilization measures
X	BETOS level_2_group _id	De-Identified	Subcategory ID	Necessary to understand services and create utilization measures
X	BETOS level_2_group	De-Identified	Subcategory Description	Necessary to understand services and create utilization measures

X	BETOS level_3_group _id	De-Identified	Broad Category ID	Necessary to understand services and create utilization measures
X	BETOS level_3_group	De-Identified	Broad Category Description	Necessary to understand services and create utilization measures
X	mc058_icd_primary_procedure_cd	De-Identified	The main inpatient procedure code	Necessary to create utilization measures
X	mc058a_icd_procedure_2	De-Identified	Inpatient procedure ICD-10 code 2	Necessary to create utilization measures
X	mc058b_icd_procedure_3	De-Identified	Inpatient procedure ICD-10 code 3	Necessary to create utilization measures
X	mc058c_icd_procedure_4	De-Identified	Inpatient procedure ICD-10 code 4	Necessary to create utilization measures
X	mc058d_icd_procedure_5	De-Identified	Inpatient procedure ICD-10 code 5	Necessary to create utilization measures
X	mc058e_icd_procedure_6	De-Identified	Inpatient procedure ICD-10 code 6	Necessary to create utilization measures
X	mc058f_icd_procedure_7	De-Identified	Inpatient procedure ICD-10 code 7	Necessary to create utilization measures
X	mc058g_icd_procedure_8	De-Identified	Inpatient procedure ICD-10 code 8	Necessary to create utilization measures
X	mc058h_icd_procedure_9	De-Identified	Inpatient procedure ICD-10 code 9	Necessary to create utilization measures
X	mc058j_icd_procedure_10	De-Identified	Inpatient procedure ICD-10 code 10	Necessary to create utilization measures
X	mc058k_icd_procedure_11	De-Identified	Inpatient procedure ICD-10 code 11	Necessary to create utilization measures
X	mc058l_icd_procedure_12	De-Identified	Inpatient procedure ICD-10 code 12	Necessary to create utilization measures
X	mc058m_icd_procedure_13	De-Identified	Inpatient procedure ICD-10 code 13	Necessary to create utilization measures
X	mc201_icd_version_cd	De-Identified	ICD version code 9 - ICD-9, 10 - ICD-10	Necessary to understand services and create utilization measures

X	final_mdc	De-Identified	a code identifying the final Major Diagnostic Category (MDC)	Necessary to understand services and create utilization measures
X	final_drg	De-Identified	a code indentifying the final Diagnosis Related Group	Necessary to understand diagnoses (for matching and controlling for risk score and sample segmentation)
X	final_ms_ind	De-Identified	a flag indicating if final_mdc is medical or surgical	Necessary to understand diagnoses (for matching and controlling for risk score and sample segmentation)
X	drg description	De-Identified	Final DRG description	Necessary to understand diagnoses (for matching and controlling for risk score and sample segmentation)
X	mdc description	De-Identified	Final MDC description	Necessary to understand diagnoses (for matching and controlling for risk score and sample segmentation)
X	MS DRG MDC cross walk Description	De-Identified	Crosswalk DRG to MDC	Necessary to understand diagnoses (for matching and controlling for risk score and sample segmentation)
X	mc061_service_qty	De-Identified	count of units reported on claim line	Necessary to understand data and create utilization measures
X	Anesthesia base Unit (base_unit)	De-Identified	Base unit for conversion factor of allowable amounts for anesthesia services under CPT codes 00100 to 01999.	Necessary to understand data and create utilization measures
X	mc017_paid_dt	De-Identified	Payment date	Necessary to understand cost and factors associated with reliance/choice
X	mc062_charge_amt	De-Identified	Payer reported charges or billed amount for the service	Necessary to understand cost and factors associated with reliance/choice

X	mc063_paid_amt	De-Identified	Payment made by payer. Does not include expected copayment, coinsurance or deductible by the member	Necessary to understand cost and factors associated with reliance/choice
X	mc064_prepaid_amt	De-Identified	Prepaid amount	Necessary to understand cost and factors associated with reliance/choice
X	mc065_copay_amt	De-Identified	Expected Co-payment by the member	Necessary to understand cost and factors associated with reliance/choice
X	mc066_coinsurance_amt	De-Identified	Expected Co-insurance by the member	Necessary to understand cost and factors associated with reliance/choice
X	mc067_deductible_amt	De-Identified	Expected Deductible by the member	Necessary to understand cost and factors associated with reliance/choice
X	mc067a_patient_paid_amt	De-Identified	Expected Patient paid amount. Amount patient paid. Required if co-payment, co-insurance or deductible are missing	Necessary to understand cost and factors associated with reliance/choice
X	mc206_pay_to_patient_flag	De-Identified	Payment to patient. 1- If patient was directly reimbursed, 2 - patient was not directy reimbursed	Necessary to understand cost and factors associated with reliance/choice
X	Zeropaid_FL	De-Identified	All lines in a claim paid zero dollars	Necessary to understand cost and factors associated with reliance/choice
X	NoCOB_Zeropaid_ALandCh0_fl	De-Identified	All lines in a claim paid zero dollars and the allowed amount or charged amount > $0 and the claim is not a coordination of benefit claims	Necessary to understand cost and factors associated with reliance/choice
X	LowPaid_fl	De-Identified	All lines in a claims sum to less than $4 paid	Necessary to understand cost and factors associated with reliance/choice
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)	Necessary to understand factors associated with reliance/choice

X	dw_rendering_provider_id	De-Identified	A unique identifier associated with a unique rendering provider across plans, payers and years	Necessary to quantify and control for provider characteristics
X	dw_billing_provider_id	De-Identified	A unique identifier associated with a unique billing provider across plans, payers andyears	Necessary to quantify and control for provider characteristics
X	rendering_hospital_id	Limited	Hospital that rendered services	Necessary to understand reliance/choice
X	hospital_name	De-Identified	Name of Oregon Hospital	Necessary to understand reliance/choice
X	billing_hospital_id	Limited	Hospital billed for services	Necessary to understand reliance/choice
X	rendering_asc_id	Limited	Ambulatory surgery center that rendered services	Necessary to understand reliance/choice
X	ASC_name	De-Identified	Name of Oregon Ambulatory Surgery Center	Necessary to understand reliance/choice
X	billing_asc_id	De-Identified	Ambulatory surgery center billed or services	Necessary to understand reliance/choice
X	age	De-Identified	Age on date of service	Necessary as a control and for sample segmentation
X	age_group	De-Identified	Age bands based on date of service	Necessary as a control and for sample segmentation
X	yob	De-Identified	Year of Birth. Null If no date of birth was reported	Necessary as a control and for sample segmentation
X	me013_member_gender_cd	De-Identified	member's gender F = Female, M = Male, U = Unknown	Necessary as a control and for sample segmentation

X	urban_fl	De-Identified	Zip codes grouped into urban and rural identified by OHA	Necessary as a control and for sample segmentation
X	member_zip_three	De-Identified	First three characters of member zip code from the date of service	Need 5-digit zip codes - see below
X	interim_fl	De-Identified	Flag identifying interim bills	Necessary to understand data and create utilization measures
X	interim_claim_id	De-Identified	Unique identifier set by DW_Claim_ID of the initial interim claim	Necessary to understand data and create utilization measures
	MCAID_Claim_Type	Limited	Medicaid claim type: I=inpatient, M=professional, B=professional crossover, C=outpatient crossover, A=inpatient crossover, O=outpatient, L=long term care, Q = compound pharmacy, D=dental	Necessary to understand data and create utilization measures
Data elements that are frequently denied				
X	mc062a_allowed_amt	Limited	Allowed amount	Necessary to understand cost and factors associated with reliance/choice
X	me017_member_zip	Limited	Zip code from the date of service	Necessary to merge with other data; necessary as a control and for sample segmentation
X	county_fips	Sensitive	Five digit Federal Information Processing Standard (FIPS) county code associated with me017_member_zip	Necessary to merge with other data; necessary as a control and for sample segmentation
X	county_name	Sensitive	Name of county	Necessary to merge with other data; necessary as a control and for sample segmentation

Field Requested	Data Element	Security Level	Description	Justification as minimum data required for project
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	
	release_id	De-Identified	A value associated with the data release	
	dw_claim_id	De-Identified	A unique medical claim identifier	
	pc032_prescription_fill_dt	De-Identified	Prescription fill date	
	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	
	uniquepersonID	De-Identified	A unique identifier for a person across payers and time	
	dw_person_id	De-Identified	Vendor identifier for a person across payers and time-many people have more than one assigned identifier	
	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	
X	pc003_insurance_product_type_cd	De-Identified	A code that indicates an insurance coverage type	Necessary to understand data and factors related to reliance/choice

X	pc025_claim_status_cd	De-Identified	Claim status. P - Paid,C - CCO encounter, E - other	Necessary to know status of claim to create utilization measures
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	Necessary to understand data and factors related to reliance/choice
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)	Necessary to create utilization and reliance measures
X	self_insured_fl	De-Identified	Self Insured flag	Necessary to create utilization and reliance measures
X	dw_pharmacy_id	De-Identified	A unique identifier associated with a unique pharmacy across plans, payers and years	Necessary to create reliance/choice measures
X	dw_prescribing_provider_id	De-Identified	A unique identifier associated with a unique prescribing provider across plans, payers and years	Necessary to quantify and control for provider characteristics
X	pc021_pharmacy_npi	De-Identified	Pharmacy's National Provider Identifier (NPI)	Necessary to create reliance/choice measures & quantify and control for pharmacy characteristics
X	pc021a_pharmacy_alt_id	De-Identified	Pharmacy's alternate identifier as assigned by the payer	Necessary to create reliance/choice measures & quantify and control for pharmacy characteristics
X	pc020_pharmacy_name	De-Identified	Name of pharmacy	Necessary to create reliance/choice measures & quantify and control for pharmacy characteristics

X	pc022_pharmacy_city	De-Identified	City of pharmacy	Necessary to create reliance/choice measures & quantify and control for pharmacy characteristics
X	pc023_pharmacy_state	De-Identified	State of Pharmacy	Necessary to create reliance/choice measures & quantify and control for pharmacy characteristics
X	pc024_pharmacy_zip	De-Identified	Zip Code of Pharmacy	Necessary to create reliance/choice measures & quantify and control for pharmacy characteristics
X	pc048_prescribing_physician_npi	De-Identified	Identifier for the provider who prescribed the medication as assigned by the reporting entity	Necessary to quantify and control for provider characteristics
X	pc026_drug_cd	De-Identified	National Drug Code (NDC)	Necessary to create utilization measures
X	pc033_dispensed_qty	De-Identified	Quantity dispensed	Necessary to create utilization measures
X	pc028a_alt_refill_no	De-Identified	Alternate refill number	Necessary to create utilization measures
X	pc034_days_supply_qty	De-Identified	Number of days that the drug will last if taken at the prescribed dose	Necessary to create utilization measures
X	pc030_dispense_as_written_cd	De-Identified	Dispense as written. Indicates if drug substitution authorized	Necessary to create utilization measures
X	pc028_calc_refill_no	De-Identified	Processor's count of times prescription refilled	Necessary to create utilization measures
X	pc031_compound_drug_ind	De-Identified	Indicates if it is a compound drug, 1 (no), 2 (yes), Null	Necessary to create utilization measures
X	MME Opioid strength_per_unit	De-Identified	Strength refers to the strength of opioid ingredient listed in column/variable labeled "Drug"; per unit refers to the unit of measure specified in column/variable labeled UOM.	Necessary to create utilization measures
X	MME Opioid UOM	De-Identified	Unit of Measure	Necessary to create utilization measures

X	MME Opioid MME_Conversion_factor	De-Identified	The dosage of an opioid analgesic is converted to an estimated equivalent dosage relative to oral morphine potency (i.e., morphine delivered by an oral route). Formula for calculating daily MME uses strength per unit and number of units with MME conversion factor	Necessary to create utilization measures
X	pc017_paid_dt	De-Identified	Prescription Payment date	Necessary to create utilization measures relative to other services rendered
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	Necessary to understand cost and factors associated with reliance/choice
X	pc035_charge_amt	De-Identified	Payer reported charges or billed amount for the service 0 if amt=0, blank if missing	Necessary to understand cost and factors associated with reliance/choice
X	pc037_ingredient_cost_amt	De-Identified	Ingredient cost/list price 0 if amt=0, blank if missing	Necessary to understand cost and factors associated with reliance/choice
X	pc039_dispensing_fee_amt	De-Identified	Dispensing fee paid 0 if amt=0, blank if missing	Necessary to understand cost and factors associated with reliance/choice
X	pc040_copay_amt	De-Identified	Expected Co-payment by the member 0 if amt=0, blank if missing	Necessary to understand cost and factors associated with reliance/choice
X	pc041_coinsurance_amt	De-Identified	Expected Co-insurance by the member. Medcaid values are not co-insurance and should not be included 0 if amt=0, blank if missing	Necessary to understand cost and factors associated with reliance/choice
X	pc042_deductible_amt	De-Identified	Expected Deductible by the member 0 if amt=0, blank if missing	Necessary to understand cost and factors associated with reliance/choice

X	pc043_patient_pay_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	Necessary to understand cost and factors associated with reliance/choice
X	age	De-Identified	Member age in years calculated on the first day of the month	Necessary as a control and for sample segmentation
X	age_group	De-Identified	Age bands based on date of service	Necessary as a control and for sample segmentation
X	yob	De-Identified	Year of Birth from Member_DOB field from Member DAV. If no date of birth has been reported, NULL	Necessary as a control and for sample segmentation
X	member_zip_three	De-Identified	First three characters of member's zip code	Need 5-digit zip codes - see below
X	urban_fl	De-Identified	Zip codes grouped into urban and rural identified by OHA	Necessary as a control and for sample segmentation
Data elements that are frequently denied				
X	me017_member_zip	Limited	Zip code-static from the date of service	Necessary to merge with other data; necessary as a control and for sample segmentation
X	county_fips	Sensitive	Five digit Federal Information Processing Standard (FIPS) county code associated with me017_member_zip	Necessary to merge with other data; necessary as a control and for sample segmentation
X	county_name	Sensitive	Name of county	Necessary to merge with other data; necessary as a control and for sample segmentation

Field Requested	Data Element	Security Level	Description	Justification as minimum data required for project
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.	
	dw_person_id	De-Identified	Vendor identifier for a person across payers and time-many people have more than one assigned identifier	
	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=Y, 0=N	
X	dc060_service_end_dt	De-Identified	Date services for patient ended	Necessary to create utilization and outcome measures

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)	Necessary to create utilization and reliance measures
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	Necessary to understand data and factors related to reliance/choice
X	self_insured_fl	De-Identified	Self Insured flag, 1=Y, 0=N	Necessary to create utilization and reliance measures
X	dc037_place_of_service_cd	De-Identified	Industry standard place of service code	Necessary to create utilization and reliance measures
X	dc038_claim_status_cd	De-Identified	Claim status. P - Paid, D - Denied, C - CCO encounter, E - other	Necessary to know status of claim to create utilization measures
X	dc038a_denial_reason_cd	De-Identified	Code that defines the reason why the claim was denied. Required when DC038 = D	Necessary to understand factors associated with reliance/choice
X	dc039_cdt_cd	De-Identified	The Common Dental Terminology Code (CDT) for the dental procedure on the claim	Necessary to create utilization measures
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.	Necessary to create utilization measures
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	Necessary to create utilization measures
X	dc040_dental_quadrant_1	De-Identified	standard quadrant identifier when CDT code indicates procedure on 3 or more consecutive teeth	Necessary to create utilization measures

X	dc040a_dental_quadrant_2	De-Identified	standard quadrant identifier when CDT code indicates procedure on 3 or more consecutive teeth	Necessary to create utilization measures
X	dc040b_dental_quadrant_3	De-Identified	standard quadrant identifier when CDT code indicates procedure on 3 or more consecutive teeth	Necessary to create utilization measures
X	dc040c_dental_quadrant_4	De-Identified	standard quadrant identifier when CDT code indicates procedure on 3 or more consecutive teeth	Necessary to create utilization measures
X	dc041_diagnosis_cd	De-Identified	ICD diagnosis code	Necessary for matching and controlling for risk score and sample segmentation
X	dc207_tooth_number_1	De-Identified	Number to identify tooth on which service was performed	Necessary to create utilization measures
X	dc208_tooth_1_surface_1	De-Identified	Code representing the tooth surface on which the service was performed	Necessary to create utilization measures
X	dc208a_tooth_1_surface_2	De-Identified	Additional tooth surface on which the service was performed	Necessary to create utilization measures
X	dc208b_tooth_1_surface_3	De-Identified	Additional tooth surface on which the service was performed	Necessary to create utilization measures
X	dc208c_tooth_1_surface_4	De-Identified	Additional tooth surface on which the service was performed	Necessary to create utilization measures
X	dc208d_tooth_1_surface_5	De-Identified	Additional tooth surface on which the service was performed	Necessary to create utilization measures
X	dc208e_tooth_1_surface_6	De-Identified	Additional tooth surface on which the service was performed	Necessary to create utilization measures
X	dc209_tooth_number_2	De-Identified	Number to identify additional tooth on which service was performed	Necessary to create utilization measures
X	dc210_tooth_2_surface_1	De-Identified	Code representing the tooth surface on which the service was performed	Necessary to create utilization measures
X	dc210a_tooth_2_surface_2	De-Identified	Additional tooth surface on which the service was performed	Necessary to create utilization measures
X	dc210b_tooth_2_surface_3	De-Identified	Additional tooth surface on which the service was performed	Necessary to create utilization measures
X	dc210c_tooth_2_surface_4	De-Identified	Additional tooth surface on which the service was performed	Necessary to create utilization measures

X	dc210d_tooth_2_surface_5	De-Identified	Additional tooth surface on which the service was performed	Necessary to create utilization measures
X	dc210e_tooth_2_surface_6	De-Identified	Additional tooth surface on which the service was performed	Necessary to create utilization measures
X	dc211_tooth_number_3	De-Identified	Number to identify additional tooth on which service was performed	Necessary to create utilization measures
X	dc212_tooth_3_surface_1	De-Identified	Code representing the tooth surface on which the service was performed	Necessary to create utilization measures
X	dc212a_tooth_3_surface_2	De-Identified	Additional tooth surface on which the service was performed	Necessary to create utilization measures
X	dc212b_tooth_3_surface_3	De-Identified	Additional tooth surface on which the service was performed	Necessary to create utilization measures
X	dc212c_tooth_3_surface_4	De-Identified	Additional tooth surface on which the service was performed	Necessary to create utilization measures
X	dc212d_tooth_3_surface_5	De-Identified	Additional tooth surface on which the service was performed	Necessary to create utilization measures
X	dc212e_tooth_3_surface_6	De-Identified	Additional tooth surface on which the service was performed	Necessary to create utilization measures
X	dc213_tooth_number_4	De-Identified	Number to identify additional tooth on which service was performed	Necessary to create utilization measures
X	dc214_tooth_4_surface_1	De-Identified	Code representing the tooth surface on which the service was performed	Necessary to create utilization measures
X	dc214a_tooth_4_surface_2	De-Identified	Additional tooth surface on which the service was performed	Necessary to create utilization measures
X	dc214b_tooth_4_surface_3	De-Identified	Additional tooth surface on which the service was performed	Necessary to create utilization measures
X	dc214c_tooth_4_surface_4	De-Identified	Additional tooth surface on which the service was performed	Necessary to create utilization measures
X	dc214d_tooth_4_surface_5	De-Identified	Additional tooth surface on which the service was performed	Necessary to create utilization measures
X	dc214e_tooth_4_surface_6	De-Identified	Additional tooth surface on which the service was performed	Necessary to create utilization measures
X	dc062_charge_amt	De-Identified	Payer reported charges or billed amount for the service. 0 if amt=0, blank if missing	Necessary to understand cost and factors associated with reliance/choice

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	Necessary to understand cost and factors associated with reliance/choice
X	dc064_prepaid_amt	De-Identified	Prepaid amount. 0 if amt=0, blank if missing	Necessary to understand cost and factors associated with reliance/choice
X	dc065_copay_amt	De-Identified	Expected Co-payment by the member. 0 if amt=0, blank if missing	Necessary to understand cost and factors associated with reliance/choice
X	dc066_coinsurance_amt	De-Identified	Expected Co-insurance by the member. Medcaid values are not co-insurance and should not be included. 0 if amt=0, blank if missing	Necessary to understand cost and factors associated with reliance/choice
X	dc067_deductible_amt	De-Identified	Expected Deductible by the member. 0 if amt=0, blank if missing	Necessary to understand cost and factors associated with reliance/choice
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	Necessary to understand cost and factors associated with reliance/choice
X	dc017_paid_dt	De-Identified	Payment date	Necessary to understand cost and factors associated with reliance/choice
X	dw_rendering_provider_id	De-Identified	Rendering provider composite ID. A unique identifier associated with a unique rendering provider across plans and payer	Necessary to quantify and control for provider characteristics
X	dw_billing_provider_id	De-Identified	Billing provider composite ID. A unique identifier associated with a unique billing provider across plans and payer	Necessary to quantify and control for provider characteristics
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)	Necessary to understand factors associated with reliance/choice

X	yob	De-Identified	Year of Birth from Member_DOB field from Member DAV. If no date of birth has been reported, NULL	Necessary as a control and for sample segmentation
X	age	De-Identified	Age on date of service	Necessary as a control and for sample segmentation
X	age_group	De-Identified	Age bands based on date of service	Necessary as a control and for sample segmentation
X	member_zip_three	De-Identified	First three characters of member's zip code	Need 5-digit zip codes - see below
X	urban_fl	De-Identified	Zip codes grouped into urban and rural identified by OHA	Necessary as a control and for sample segmentation
Data elements that are frequently denied				
X	dc062a_allowed_amt	Limited	Allowed amount. 0 if amt=0, blank if missing	Necessary to understand cost and factors associated with reliance/choice
X	me017_member_zip	Limited	Zip code-static from latest quarterly data submitted	Necessary to merge with other data; necessary as a control and for sample segmentation
X	county_fips	Sensitive	county associated with me017_member_zip	Necessary to merge with other data; necessary as a control and for sample segmentation

Field Requested	Data Element	Security Level	Description	Justification as minimum data required for project
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	
	dw_person_id	De-Identified	Vendor identifier for a person across payers and time-many people have more than one assigned identifier	
	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	
	Month_Start	De-Identified	Date of Eligibility set to the first of the month	

X	LOB	De-Identified	Payer line of business: 1 (Medicare), 2 (Medicaid), 3 (Commercial, 0 (no line of business reported), -99 (duplicate data reported)	Necessary to create utilization and reliance measures
X	me009a_pebb_flag	De-Identified	Public Employees Benefit Board covered members Oregon includes out-of-state residents	Necessary to understand coverage and create reliance/choice measures
X	me009b_oebb_flag	De-Identified	Oregon Educators Benefit Board covered members Oregon includes out-of-state residents	Necessary to understand coverage and create reliance/choice measures
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	Necessary to understand coverage and create reliance/choice measures
X	me012_member_subscriber_rlp_cd	De-Identified	Relationship code	Necessary for matching and controlling for risk score and sample segmentation
X	me013_member_gender_cd	De-Identified	Member Gender:M (male), F (female), and U (unknown)	Necessary for matching and controlling for risk score and sample segmentation
X	yob	De-Identified	Year of Birth from Member_DOB field from Member DAV. If no date of birth has been reported, NULL	Necessary for matching and controlling for risk score and sample segmentation
X	age	De-Identified	Member age in years calculated on the first day of the month	Necessary for matching and controlling for risk score and sample segmentation
X	age_group	De-Identified	Age bands based on date of service	Necessary for matching and controlling for risk score and sample segmentation
X	me009d_omip_flag	De-Identified	Flag indicates Oregon Medical Insurance Pool (OMIP) coverage for the month	Necessary to understand coverage and create reliance/choice measures
X	me009e_hkc_flag	De-Identified	Flag indicates Healthy Kids Connect Plan for the month	Necessary to understand coverage and create reliance/choice measures

X	me202_market_segment_cd	De-Identified	Market Segment	Necessary to understand coverage and create reliance/choice measures
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)	Necessary to understand coverage and create reliance/choice measures
X	me205_high_deductible_health_flag	De-Identified	High Deductible Health Plan Flag	Necessary to understand coverage and create reliance/choice measures
X	me206_primary_insurance_ind	De-Identified	Flag indicates primary insurance	Necessary to understand coverage and create reliance/choice measures
X	me009c_medical_home_flag	De-Identified	Flag indicates medical home	Necessary to understand coverage and create reliance/choice measures
X	MCAID_PERC	Limited	Medicaid program eligibility codes. Not fully populated	Necessary to understand coverage and create reliance/choice measures
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)	Necessary to understand coverage and create reliance/choice measures
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	Necessary to understand coverage and create reliance/choice measures

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	Necessary to understand coverage and create reliance/choice measures
X	MCAID_Delivery_System	De-Identified	Medicaid encounter or FFS	Necessary to understand coverage and create reliance/choice measures
X	urban_fl	De-Identified	Zip codes grouped into urban and rural identified by OHA	Necessary as a control and for sample segmentation
X	member_zip_three	De-Identified	First three characters of member zip code from the date of eligibility	Need 5-digit zip codes - see below
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	Necessary for matching and controlling for risk score and sample segmentation
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	Necessary for matching and controlling for risk score and sample segmentation
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	Necessary for matching and controlling for risk score and sample segmentation

X	re3_primary_language_cd	De-Identified	All primary spoken languages reported by all payers for all years for a person	Necessary for matching and controlling for risk score and sample segmentation
Data elements that are frequently denied				
	me014_member_dob	Sensitive	Member date of birth	
	me015a_member_street_address	Sensitive	Member street address from the date of eligibility	
X	me015_member_city_nm	Limited	Member City from the date of eligibility	Necessary for matching and controlling for risk score and sample segmentation
X	HSAcity	De-Identified	HSA City field from the Darmouth Atlas Zip Code Crosswalk	Necessary to merge with other data; necessary as a control and for sample segmentation
X	me017_member_zip	Limited	Zip code-from the date of eligibility	Necessary to merge with other data; necessary as a control and for sample segmentation
X	county_fips	Sensitive	Five digit Federal Information Processing Standard (FIPS) county code associated with me017_member_zip	Necessary to merge with other data; necessary as a control and for sample segmentation
X	county_name	Sensitive	Name of county	Necessary to merge with other data; necessary as a control and for sample segmentation
	me101_subscriber_last_nm	Sensitive	Subscriber last name	
	me102_subscriber_first_nm	Sensitive	Subscriber first name	
	me103_subscriber_middle_nm	Sensitive	Subscriber middle name	
	me104_member_last_nm	Sensitive	Member last name	
	me105_member_first_nm	Sensitive	Member first name	
	me106_member_middle_nm	Sensitive	Member middle name	
	MCAID_SAK_CLAIM	Limited	Medicaid claim number or member number	
	MCAID_SAK_RECIP	Sensitive	Medicaid unique identifier	

Field Requested	Data Element	Security Level	Description	Justification as minimum data required for project
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	Necessary to understand data and to quantify and control for provider characteristics
X	provider_entity	De-Identified	Provider entitiy-1) Individual or 2) organization	Necessary to understand data and to quantify and control for provider characteristics
X	national_provider_id	De-Identified	National Provider Identifier (NPI)	Necessary to understand data and to quantify and control for provider characteristics
X	provider_dea_no	De-Identified	Drug Enforcement Agency (DEA) registry number	Necessary to understand data and to quantify and control for provider characteristics
X	provider_tax_id	De-Identified	Provider Tax identifier (attending, billing, pharmacy)	Necessary to understand data and to quantify and control for provider characteristics
X	medicare_provider_id	De-Identified	A unique Medicare provider identifier	Necessary to understand data and to quantify and control for provider characteristics
X	medicaid_facility_number	De-Identified	Medicaid facility number	Necessary to understand data and to quantify and control for provider characteristics
X	license_1	De-Identified	Provider state license code number 1	Necessary to understand data and to quantify and control for provider characteristics
X	license_state_1	De-Identified	State where provider license number 1 was granted	Necessary to understand data and to quantify and control for provider characteristics
X	license_2	De-Identified	Provider state license code number 2	Necessary to understand data and to quantify and control for provider characteristics
X	license_state_2	De-Identified	State where provider license number 2 was granted	Necessary to understand data and to quantify and control for provider characteristics
X	license_3	De-Identified	Provider state license code number 3	Necessary to understand data and to quantify and control for provider characteristics

X	license_state_3	De-Identified	State where provider license number 3 was granted	Necessary to understand data and to quantify and control for provider characteristics
X	license_4	De-Identified	Provider state license code number 4	Necessary to understand data and to quantify and control for provider characteristics
X	license_state_4	De-Identified	State where provider license number 4 was granted	Necessary to understand data and to quantify and control for provider characteristics
X	license_5	De-Identified	Provider state license code number 5	Necessary to understand data and to quantify and control for provider characteristics
X	license_state_5	De-Identified	State where provider license number 5 was granted	Necessary to understand data and to quantify and control for provider characteristics
X	Provider_First_Nm	De-Identified	Provider first name; null if provider is an organization entity (attending, billing, pharmacy)	Necessary to understand data and to quantify and control for provider characteristics
X	Provider_Middle_Nm	De-Identified	Provider middle name or organization name (attending, billing, pharmacy)	Necessary to understand data and to quantify and control for provider characteristics
X	Provider_Last_Nm	De-Identified	Provider last name or organization name (attending, billing, pharmacy)	Necessary to understand data and to quantify and control for provider characteristics
X	Provider_Suffix	De-Identified	Suffix of provider name	Necessary to understand data and to quantify and control for provider characteristics
X	Provider_Org_Nm	De-Identified	Name of provider's organization	Necessary to understand data and to quantify and control for provider characteristics
X	Provider_Prefix	De-Identified	Prefix of provider name	Necessary to understand data and to quantify and control for provider characteristics
X	Provider_Org_Nm_Other	De-Identified	Other name of organization	Necessary to understand data and to quantify and control for provider characteristics
X	Provider_Last_Nm_Other	De-Identified	Other last name of provider	Necessary to understand data and to quantify and control for provider characteristics
X	Provider_First_Nm_Other	De-Identified	Other first name of provider	Necessary to understand data and to quantify and control for provider characteristics

X	Provider_Middle_Nm_Other	De-Identified	Other middle name of provider	Necessary to understand data and to quantify and control for provider characteristics
X	Provider_Prefix_Other	De-Identified	Other prefix of provider	Necessary to understand data and to quantify and control for provider characteristics
X	Provider_Suffix_Other	De-Identified	Other suffix of provider	Necessary to understand data and to quantify and control for provider characteristics
X	primary_street	De-Identified	Provider street address (attending, billing, pharmacy)	Necessary to understand data and to quantify and control for provider characteristics
X	primary_city	De-Identified	Provider city (attending, billing, pharmacy)	Necessary for matching and controlling for risk score and sample segmentation
X	primary_state	De-Identified	Provider state (attending, billing, pharmacy)	Necessary for matching and controlling for risk score and sample segmentation
X	primary_zip	De-Identified	Provider location zip (attending, billing, pharmacy)	Necessary for matching and controlling for risk score and sample segmentation
X	Credential_Text_1	De-Identified	Provider NPI credential 1	Necessary to understand data and to quantify and control for provider characteristics
X	Credential_Text_2	De-Identified	Provider NPI credential 2	Necessary to understand data and to quantify and control for provider characteristics
X	Credential_Text_3	De-Identified	Provider NPI credential 3	Necessary to understand data and to quantify and control for provider characteristics
X	provider_gender	De-Identified	Gender of provider - U if unknown	Necessary to understand data and to quantify and control for provider characteristics
X	Taxonomy_Cd_1	De-Identified	NUCC provider taxonomy for the billing provider; NPI if not reported	Necessary to understand data and to quantify and control for provider characteristics
X	Taxonomy_Cd_2	De-Identified	NUCC provider taxonomy for the billing provider; NPI if not reported	Necessary to understand data and to quantify and control for provider characteristics
X	Taxonomy_Cd_3	De-Identified	NUCC provider taxonomy for the billing provider; NPI if not reported	Necessary to understand data and to quantify and control for provider characteristics

X	Taxonomy_Cd_4	De-Identified	NUCC provider taxonomy for the billing provider; NPI if not reported	Necessary to understand data and to quantify and control for provider characteristics
X	Taxonomy_Cd_5	De-Identified	NUCC provider taxonomy for the billing provider; NPI if not reported	Necessary to understand data and to quantify and control for provider characteristics
X	Taxonomy_grouping	De-Identified	Code that indicates provider specialty or taxonomy 1	Necessary to understand data and to quantify and control for provider characteristics
X	Taxonomy_classification	De-Identified	Taxonomy classification	Necessary to understand data and to quantify and control for provider characteristics
X	Taxonomy_specialization	De-Identified	Taxonomy specialization	Necessary to understand data and to quantify and control for provider characteristics
X	Provider_Composite_Address_ID	De-Identified	A unique provider address identifier.	Necessary to understand data and to quantify and control for provider characteristics
X	Addr_Type	De-Identified	Address type of provider (B) Business, (L) Location, (S) Secondary Location, (I) Provider Index	Necessary to understand data and to quantify and control for provider characteristics
X	Addr_Street_1	De-Identified	Address of provider	Necessary to understand data and to quantify and control for provider characteristics
X	Addr_Street_2	De-Identified	Address 2 of provider	Necessary to understand data and to quantify and control for provider characteristics
X	Addr_City	De-Identified	City of Provider	Necessary to merge with other data; necessary as a control and for sample segmentation
X	Addr_State	De-Identified	State of provider	Necessary to merge with other data; necessary as a control and for sample segmentation
X	Addr_ZIP	De-Identified	ZIP Code of provider - may include non-US codes	Necessary to merge with other data; necessary as a control and for sample segmentation
X	Zip_Cd_3_Digit	De-Identified	ZIP Code of provider - may include non-US codes. Do not include dash. 3-digit	Necessary to merge with other data; necessary as a control and for sample segmentation
X	Latitude	De-Identified	Longitude location of provider (data not yet available)	Necessary to merge with other data; necessary as a control and for sample segmentation

X	Longitude	De-Identified	Longitude location of provider (data not yet available)	Necessary to merge with other data; necessary as a control and for sample segmentation
X	county_fips	De-Identified	Five digit Federal Information Processing Standard (FIPS) county code associated with me017_member_zip	Necessary to merge with other data; necessary as a control and for sample segmentation
X	county name	De-Identified	Name of county	Necessary to merge with other data; necessary as a control and for sample segmentation

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

Staff Reviewer: Oliver

DRTS Number: 5879

Date review completed: 10/6/2023

	Yes	No	N/A	Need more information
Is this a new APAC request?	X			
New APAC Request (skip to next section if amendment request):				
1.1 Project staff contact information provided	X			
1.2 Project technical staff information provided	X			
2.1 Project summary provided with adequate detail to identify a specific unambiguous project	X			
2.2 Research questions provided with adequate detail	X			
2.3 Described planned products and reports derived from requested data	X			
2.4 Project begin and end date provided	X			
2.5 Acknowledgement that APAC data cannot be reused beyond the DUA	X			
2.5 Acknowledgement that data cannot be shared beyond the DUA	X			
3.1ab Data request purpose box checked & description	X			
3.2 Checked box for level of data identifiers	X			
3.3 IRB application, approval memo, end date			X	Not research
4.1 Completed data elements workbook	X			
4.2 Adequately described how the data elements requested are the minimum necessary				Very broad data request. Requester to forgo remaining sensitive fields in order to receive geographic fields.
5.1 Plan provided to prevent re-identification	X			
5.2ab Plan to link APAC data to other data source	X			Link NPI to AMA and VA provider data; link geography to census, ACS, ARF, and Zillow
5.2c Requests OHA to link APAC to other data		X		
5.2d Detailed data linking plan provided			X	Intuitive
5.3 Provided adequate description of data management, security and data destruction plan	X			
Passes Minimum Necessary Review				
Recommend management approval				