Oregon All Payer All Claims (APAC) Program

Oregon state agency/Oregon local public health authority application

This application is used to request government official use files. If you would like to discuss APAC data in relation to your project prior to submitting this application, please contact us at apac.admin@odhsoha.oregon.gov with a brief description of the project and your contact information. OHA will have someone contact you to help determine if APAC is appropriate for your project and, if so, which data elements may be needed.

PROJECT INFORMATION

Activity/Project: Health Care Market Oversight Economic Analysis

Agency Lead: Stacy DeLong

Title of Agency Lead: Policy Analyst

Agency: Oregon Health Authority

Address: 421 SW Oak St, Suite 850

City: Portland State: **OR** Zip Code: 97204

Telephone: 503-798-1948

Email: stacy.delong@oha.oregon.gov; hcmo.info@oha.oregon.gov

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

- [x] Yes
- [ ] Approval pending
- [ ] Approval to be requested

Is this request for public health surveillance activities?

- [ ] Yes
- [x] No

SECTION 1: PROJECT SUMMARY

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

The Health Care Market Oversight (HCMO) program reviews proposed material change transactions, as directed by ORS 415.500 et seq. HCMO's statute and rules require OHA to assess the likelihood that the transaction could have anticompetitive effects in Oregon's health care market and impact cost growth for parties to the transaction. To this end, OHA has contracted Bates White, LLC ("Bates White") to conduct economic analyses of the potential impacts of material change transactions on competition and costs. Bates White's quantitative and statistical analyses of APAC claims in combination with analysis of business documents and other information submitted to OHA by parties to material change transactions. APAC data will be used to assess the impacts of proposed transactions on the following:

- Market structure and concentration
- Competition between and coordination among rival firms
- Likelihood or ease of market entry
- Access to competitively similar products, services, or information
- Entrenchment or extension of a firm's dominant position
- Impact of the transaction on prices and total costs

Bates White will coordinate with HCMO's analysts (who are matrixed to the APAC team) on all analyses and uses of data.

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

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

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

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

See Data Elements workbook. Bates White will use APAC data fields to complete quantitative and statistical analyses to inform OHA's review of the proposed transaction. Uses will include:
- Measuring service volume, enrollment, and payments to derive market shares across various types of health care services in Oregon
- Conducting statistical and econometric analyses, including diversion analysis, willingness-to-pay analysis, foreclosure analysis, coordinated effects analysis, and other relevant analyses
- Assessing the impact of competitive actions on rivals
- Conducting merger simulations

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

Anticipated Receipt of Data: 11/30/2024

Anticipated End Date for use: 10/31/2029

1.4 APAC data or findings may not be disclosed in a way that can be used to re-identify an individual. Data with small numbers – defined as values of 30 or less (n≤30) or subpopulations of 50 or fewer individuals (n≤50) – cannot be displayed in findings or outputs derived from APAC data. Disclosure includes use at any meeting that includes non-agency employees (advisory committees, volunteer groups, etc.).

Data files may not be released or reused beyond the terms of the data use agreement resulting from this application regardless of funding source or other obligations of the agency.

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

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

HCMO staff request to share data with our contractor, Bates White. Otherwise, data files and work products will not be shared at less than an aggregated, de-identified level.

SECTION 2: DATA ELEMENTS

2.1 Narrowing Data Needs:

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

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

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

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

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

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

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

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

SECTION 3: DATA MANAGEMENT & SECURITY 3.1

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

a. Does this project require linking to another data source?

☐ Yes ■ No

If yes, please complete parts b-d below.

b. At what level will data be linked?

☐ Address ☐ Facility ☐ Individual provider

☐ Individual person/member

c. If required to link

☐ Authorized to provide data for linking at OHA

☐ Not authorized to provide data for linking at OHA

☐ Unknown

d. Describe and justify all necessary linkages, including the key fields in each data set, how they will be linked, the software proposed to perform the linkage and why it is necessary for the project or activity. Attach separate document if needed.

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

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

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

Data files and work product will be shared with members of the project team at Bates White. Bates White is contracted by OHA to perform economic analyses for HCMO reviews. Bates White staff will follow the policies and procedures for data transmission, storage, and protection outlined in the attached Bates White Security Plan.

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

Name: HCMO: Ben Chan; Bates White: Kevin Pflum

Role in project: HCMO: Analyst; Bates White: Project Lead

Email: Benjamin.Chan@oha.oregon.gov; kevin.pflum@bateswhite.com

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

Signature	
Printed name	Stacy DeLong
Title	Policy Analyst

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

BATES WHITE
ECONOMIC CONSULTING

Memorandum

To Oregon Health Authority, Health Care Market Oversight
From Bates White, LLC
Date September 29, 2024
Re Bates White's data security plan

Bates White has significant experience working with clients on engagements involving substantial amounts of non-public data and other information. This often includes highly sensitive and confidential data, including customer lists, sales records, trade secrets, Personally Identifiable Information (PII), HIPAA protected health information (PHI), and other confidential material (e.g., credit card numbers, social security numbers, and passwords). We have an extensive history of successfully handling the confidential, sensitive data and other information in these complex situations in the manner that our clients require and appreciate. Bates White has also achieved SOC 2 and HITRUST certifications of controls relevant to security and confidentiality.

This Security Plan describes Bates White's standard data security practices related to storing data, secure data transmission and data destruction.

- Password protection—all Bates Whites employees, contractors, affiliates, vendors or others with access to Bates White systems are required to adhere to the Bates White password policy. The passwords must contain a minimum of twelve (12) characters, must be unique, and must be changed at regular, required intervals.

- Project and resource management—access to client and other protected data for Bates White employees and affiliates is limited only to staff that are working on the engagement with that client. Bates White limits data access based on "need to know" and "least privilege" principles, and uses time restrictions and other controls as appropriate.

- Data and encryption—to prevent the unauthorized disclosure, access, viewing or use of non-public data or data otherwise protected from disclosure by statute or regulations, all non-public data handled, processed and accessed by employees and affiliates of Bates White will reside on the secure internal Bates White network. Any data that is transferred, stored or transmitted in any electronic media including fixed and removable storage devices, hard drives and other storage, flash drives or other storage media including data in transit, regardless of the device or location, will be encrypted by approved industry standard encryption method.

2001 K Street NW North Building, Suite 500 Washington, DC 20006 main 202.408.6110 fax 202.408.7838 BATESWHITE.COM

- HITRUST Common Security Framework(CSF) Certification —Received third-party HITRUST certification as of September 30, 2023. The HITRUST certification incorporates existing globally recognized standards such as HIPAA, NIST, ISO and PCI to safeguard sensitive information. The HITRUST certification is widely used in the Healthcare organizations to develop controls to manage compliance across a broad range of regulatory requirements.

- PII removal—where possible all personal identifying information will be removed from the data provided by our clients and replaced with a Bates White identifier (BWID) so that it cannot be associated with any living person.

- Storage and Disposal of transportable media—all media provided will be stored in a locked safe or cabinet. At the end of the matter, the data provider shall instruct Bates White regarding the return or destruction of the media. If the media is requested to be destroyed, Bates White utilizes a certified shredding service to perform that duty for us. External hard drives and laptops are degaussed using a MilSpec certified 7-step process to wipe the drive to ensure that no data remains.

- Network security—Bates White uses a multi-prong approach to protect our clients' and other external data as well as the firm's data. This includes next-generation firewalls with URL web filtering, intrusion detection and prevention capabilities, additional file access auditing on sensitive data, next-generation antivirus, malware, and advanced endpoint protection and monitoring, file integrity monitoring, and data loss protection to monitor and prevent the theft and unauthorized uses of data.

- Remote access—Employees use two factor authentication when accessing the Bates White network remotely via VPN or Citrix, or for accessing cloud-based applications and resources, including Office365. All VPN access is routed through Bates White's firewall to ensure the same levels of security whether employees are in the office or remote. Employees receive training on remote work as part of the firm's annual security training.

- Cybersecurity training—all Bates White employees must complete a multi-part cybersecurity program annually, including security awareness training; policies and training on reporting suspected information security incidents; phishing campaigns throughout the year; and regular reminders regarding emerging threats, best practices, and other relevant information. Roll-based security training is also provided to relevant employees.

- Personnel security—all personnel undergo background checks before onboarding and are required to comply with the firm's Code of Conduct and Acceptable Use policy. System access is promptly disabled for terminated personnel. Personnel job descriptions contain information tailored to their roles. Access reviews are conducted upon personnel transfers and promotions to ensure access levels are appropriate.

- Information security program—Bates White implements appropriate administrative, technical, and physical safeguards reasonably designed to protect the security, privacy, confidentiality, and integrity of its client's data. Bates White has comprehensive processes and policies to ensure compliance with all statutory, regulatory, contractual, and internal policy obligations. Such policies address topics including clean desk requirements; acceptable use of the firm's computer resources; identity and access management; data classification; data encryption; HIPAA privacy and security; media disposal; password requirements; and remote work. Bates White conducts periodic reviews of all policies, as well as its information systems.

- Security Monitoring—Bates White utilizes a Managed Security Service Provider that provides 24/7/365 threat monitoring, alerting, validation and threat hunting to maximize the effectiveness and efficiency of our security program.

- Media—Bates White has established controls to protect data and information throughout the matter lifecycle. Bates White's Media disposal policy identifies processes that ensure all storage media belonging to the firm are properly cleansed and sanitized of data prior to that media being decommissioned or taken out of service for disposal, recycling, donation, or other action. In addition, Bates White laptops restrict the use of portable storage devices and are configured to disable USB connectivity. All laptops and other media storage devices are encrypted with industry standard encryption. All media is inventoried and stored in a secure facility with limited access and video surveillance.

- Mobile device security—Employees are only permitted to access corporate resources on a personal device through Citrix, which utilizes two factor authentication. Employees are not able to download documents or data from the corporate network to their local machines in the Citrix environment. All mobile devices must register with the Bates White MDM solution in order to connect to Bates White email; email is sandboxed so that attachments cannot be access by other applications on the device and ensures that data cannot be moved off the device. Bates White's MDM solution enforces technical security controls, including encryption, authentication, and ability to remote-wipe. Bates White restricts employees from

installing software, except for previously approved software available through the company portal.

- Third party management—Bates White manages risks associated with third-party vendors by identifying each vendor, assessing potential risks posed by the vendor, and conducting the appropriate due diligence, risk mitigation, and monitoring as necessary over the vendor's lifecycle. The firm's Legal Department, in coordination with Technical Services and the Bates White point of contact for the vendor, oversees centralized tracking, assessment, and monitoring of vendor relationships. Depending on the risk category, Bates White implements appropriate strategies to address, mitigate, and track risks. Bates White has a number of tools to address medium and high-risk vendors, including contractual agreements containing security, insurance, and indemnification requirements, policies, security training, security questionnaires, and third-party audits. Bates White may address security risks in functionality by disabling or mitigating certain applications, etc. Bates White conducts annual reviews of its vendors and re-assesses particular vendors as appropriate and according to their risk category.

- Incident response—Bates White follows its Computer Security Incident Response Plan (CSIRP) which establishes an incident response team and addresses the incident response lifecycle, including identification and triage; escalation and notification procedures; client notification according to client contractual requirements; law enforcement escalation procedures; initial containment; analysis; post-analysis containment; eradication; recovery; and follow-up. Bates White's insurance plan includes cybersecurity insurance. Bates White utilizes an MSSP to monitor, report any potential security alerts, and assist in any potential triage and response. Bates White also conducts annual table-top exercises testing the CSIRP, led by outside service providers.

- End of contract data handling—Bates White returns or securely destroys confidential data at the end of all client engagements pursuant to contractual requirements.

Please delete the rows for data elements that you do not want for your project

Field Requested	Data Element	Security Level	Description	Justification (Please provide reason needed and minimum necessary 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	
	pc025_claim_status_cd	De-Identified	Claim status. P (Paid), D (Denied), C - (MCO/CCO encounter) E (other)	
	pc003_insurance_product_type_cd	De-Identified	A code that indicates an insurance coverage type	
	orphan_fl	De-Identified	Identifies orphan claim with no corresponding eligibility for the date of service. 1 (Yes), 0 (No)	
	Suppressed_Fl	De-Identified	1 (denied claim line), 0 (other than denied)	
	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	pc025_claim_status_cd	De-Identified	Claim status. P - Paid,C - CCO encounter, E - other	See above
X	COB	De-Identified	Links claims based on uniquepersonID, date, pc_026_drug_cd, charged amount, and provider and identifies an event that could be either primary or secondary COB claim	To correct total cost of care
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	To aggregate payment and utilization by payer type
X	Claim_LOB	De-Identified	Payer line of business: 1 (Medicare), 2 (Medicaid), 3 (commercial, 0 (no line of business reported)	To aggregate payment and utilization by line of business
	self_insured_fl	De-Identified	Self Insured flag	

X	dw_pharmacy_id	De-Identified	A unique identifier associated with a unique pharmacy across plans, payers and years	To attribute payments to providers
	dw_prescribing_provider_id	De-Identified	A unique identifier associated with a unique prescribing provider across plans, payers and years.Can be linked to dw_provider_ID in provider data	
X	pc021_pharmacy_npi	De-Identified	Pharmacy's National Provider Identifier (NPI)	To attribute payments to providers
	pc021a_pharmacy_alt_id	De-Identified	Pharmacy's alternate identifier as assigned by the payer	
	pc020_pharmacy_name	De-Identified	Name of pharmacy	
	pc022_pharmacy_city	De-Identified	City of pharmacy	
	pc023_pharmacy_state	De-Identified	State of Pharmacy	
	pc024_pharmacy_zip	De-Identified	Zip Code of Pharmacy	
	pc048_prescribing_physician_npi	De-Identified	Identifier for the provider who prescribed the medication as assigned by the reporting entity. Can be linked to national provider ID in provider data	
X	pc026_drug_cd	De-Identified	National Drug Code (NDC)	To identify and stratify by drug
X	pc033_dispensed_qty	De-Identified	Quantity dispensed	To summarize quantity
	pc028a_alt_refill_no	De-Identified	Alternate refill number	
X	pc034_days_supply_qty	De-Identified	Number of days that the drug will last if taken at the prescribed dose	To summarize quantity
	pc030_dispense_as_written_cd	De-Identified	Dispense as written. Indicates if drug substitution authorized	
	pc028_calc_refill_no	De-Identified	Processor's count of times prescription refilled	
X	pc031_compound_drug_ind	De-Identified	Indicates if it is a compound drug, 1 (no), 2 (yes), Null	To stratify by drug compounding
	pc017_paid_dt	De-Identified	Prescription Payment date	
	pc035_charge_amt	De-Identified	Payer reported charges or billed amount for the service 0 if amt=0, blank if missing	
X	pc037_ingredient_cost_amt	De-Identified	Ingredient cost/list price 0 if amt=0, blank if missing	To aggregate payments
X	pc039_dispensing_fee_amt	De-Identified	Dispensing fee paid 0 if amt=0, blank if missing	To aggregate payments
X	member paid amount claim	De-Identified	Deduplicated member paid amount for claim (sum of copayment, coinsurance and deductible or patient paid amt--whichever is larger)	To aggregate payments
X	Payer paid amount claim	De-Identified	Deduplicated payment made by payer	To aggregate payments
X	Total paid amount claim	De-Identified	Sum of member paid amount and payer paid amount for claim	To aggregate payments
	pc036_paid_amt	De-Identified	Payment made by payer. Does not include expected copayment, coinsurance or deductible by the member	
	pc040_copay_amt	De-Identified	Expected Co-payment by the member	
	pc041_coinsurance_amt	De-Identified	Expected Co-insurance by the member	
	pc042_deductible_amt	De-Identified	Expected Deductible by the member	
	pc043_patient_paid_amt	De-Identified	Expected Patient paid amount. Combination of copayment,coinsurance and/or deductible	

X	age	De-Identified	Member age in years calculated on the first day of the month	To stratify by patient characteristics
	age_group	De-Identified	Age bands based on date of service	
	yob	De-Identified	Year of Birth from Member_DOB field from Member DAV. If no date of birth has been reported, NULL	
	member_zip_three	De-Identified	First three characters of member's zip code	
X	urban_fl	De-Identified	Zip codes grouped into urban and rural identified by OHA	To stratify by patient characteristics
Data elements that are frequently denied				
	payer_cd	Sensitive	Payer name abbreviation code	
	pc008_subscriber_contract_no	Sensitive	Plan-specific contract number	
	MCAID_CCO_Identifier	Sensitive	Medicaid Coordinated Care Organization/Managed Care Organization codes. Not fully populated	
	es10_planname	Sensitive	Name of Medicaid Coordinated Care Organization/Managed Care Organization codes. Not fully populated	

The Oregon State Legislature authorized APAC in 2009 to measure and improve the quality, quantity, cost and value of health care services. Oregon Revised Statutes and Administrative Rules provide guidelines for APAC data collection, use and release and the Oregon Health Authority (OHA) is responsible for APAC oversight. APAC contains protected health information and data that identifies people. OHA is responsible for ensuring compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the protection of people's health information, identity and privacy. OHA ensures that data requests comply with HIPPA, protect the privacy of members and their health information, are justified and that **OHA shares only the minimum necessary data.**

Version: August 2024

The purpose of the data elements workbook is for data requesters to specify APAC data options and data elements requested for their project described in their APAC3 application. OHA uses the data elements workbook and the APAC3 data request application to assess HIPPA compliance,risks and to determine if the projects meets the APAC data use and release guidelines.

Please return this completed worksheet along with your APAC data request application to apac.admin@odhsoha.oregon.gov

Please answer each of the following questions:

What is your study population? For example: people with an inpatient hospitalization, diabetes, pregnant substance use disorder, cancer etc	HCMO reviews look at market share, competition, and economic impacts of material change transactions. Populations vary by transaction.
How is your study population defined? For example: by diagnosis, procedure and/or national drug codes, APAC grouper type, clinical categories (CCSR), BETOS, DRG, MDC etc.	HCMO reviews look at market share, competition, and economic impacts of material change transactions. Populations vary by transaction.
What are your specific independent variables, predictor variables?	N/A - this is not a research project.
What are your specific covariate variables?	N/A - this is not a research project
What are your specific dependent variables? Note that 'health outcome(s)' is not a specific dependent variable.	N/A - this is not a research project

Do you want claims and eligibility data for selected age groups only?	All ages	Exclude people 65 yrs and older	Specify age range:
	X		

Do you want to limit claims and eligibility data by sex/gender?	Include all	Only females	Only males
	X		

Please indicate the year(s) of data requested	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
							X	X	X	X	X	X

Do you want people who are not Oregon residents and their claims included? People with Medicaid coverage or Medicare Part A and Part B are Oregon residents regardless of address.	Yes	No
		X

Do you want people with pharmacy coverage, but no medical coverage included?	Yes	No
	X	

Do you want people with dental coverage, but no medical coverage included?	Yes	No
	X	

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

Do you want denied claims included? (No reason is provided for denied medical or pharmacy claims. Claims can be denied then paid)	Yes	No
		X

What payer types do you want?	Commercial	Medicaid	Medicare (commercial Medicare Advantage and Part D only)	Medicare Part A and Part B (Available to OHA only)
	X	X	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 to correct payer reported errors for product codes, claim status, orphan status, COB status for member month and claims data?	Yes	No
	X	

What medical claim types do you want?	Inpatient hospital	Emergency department	Outpatient	Professional	Other
	X	X	X	X	X

Do you want to limit medical claims data to selected diagnoses, procedure or other codes?	No	Yes. Please list codes
	X	

Do you want substance use disorder claims (SUD)? SUD claims were not available for request prior to APAC release 14. SUD requests require detailed information about purpose, hypotheses and analyses, information about data access, security, data destruction and data linking to any other source and detailed justification for requested data elements. Date use and release of information are restricted. Requires additional Data Use Agreement	Yes	No
		X

Do you want APAC to calculate payer paid, member paid and total paid by claim and or claim line?	Yes-by claim ID	Yes-by claim line
		X

Do you want medical Coordination of Benefit (COB) claims?	No	Yes, when both the primary and secondary payer claims are linked	Yes,when the secondary payer claim does not link to a primary payer claim
		X	

Do you want pharmacy claims?	Yes	No	Yes, but limited to these NDCcodes:
	X		

Do you want pharmacy claims for people with pharmacy coverage, but no medical coverage?	Yes	No
	X	

Do you want APAC to calculate payer paid, member paid and total paid by claim for pharmacy claims?	No	Yes
		X

Do you want dental claims?	Yes	No
	X	

Do you want dental claims for people with dental coverage, but no medical coverage?	Yes	No
	X	
Do you want APAC to calculate payer paid, member paid and total paid by claim line for dental claims?	Yes-by claim ID	Yes-by claim line

		X

Do you want monthly eligibility data (insured/covered by year, by month, by payer)?	Yes	No
	X	

Are you requesting identifiable data?	No	Zip code	County	Address	Name	Month of birth	Date of birth	CMS reported date of death (Available to OHA only)
		X	X				X	X

Do you want provider data (rendering, prescribing, billing, pharmacy, hospital, ambulatory surgery center)?	Yes	No
	X	

Do you want APAC data linked to Oregon Center for Health Statitistics (CHS) Death Certificate data and/or Birth Certificate data? Please include a list of the birth and or death data variables that you plan to request from birth and/or death certificate data. You will need approval from both CHS and APAC. Submit request to APAC first. After APAC 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 by the APAC Team or data requester to any other data source?	No	Yes, linked by APAC	Yes, linked by data requester
	X		

Please **mark an X** in the Field Requested column to identify your requested data elements **Please**

Field Requested	Data Element	Security Level	Description	Justification (Please provide reason needed and minimum necessary 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 have multiple plans. DW_member_IDs are not unique identifiers for a person across payers and years	
	mc038_claim_status_cd	De-Identified	Claim status. P (Paid), D (Denied), C - (MCO/CCO encounter) E (other)	
	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. 1 (Yes), 0 (No)	
	mc003_insurance_product_type_cd	De-Identified	A code that indicates an insurance coverage type. Data element required for linking claims to member months	
	Suppressed_FI	De-Identified	1 (denied claim line), 0 (other than denied)	
	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)	
	mc060_service_end_dt	De-Identified	Date services for patient ended	
X	COB	De-Identified	Links primary and secondary payer claims based on uniquepersonID, date, charged amount, procedure code and provider and identifies the primary payer claim, secondary payer claim and COBonly claim when there is no	To correct total cost of care
X	Claim_LOB	De-Identified	Payer line of business: 1 (Medicare), 2 (Medicaid), 3 (commercial, 0 (no line of business reported)	To aggregate payment and utilization by line of business
X	mc207_payment_type	De-Identified	Indicates the payment methodology: 01 (Capitation); 02 (Fee for Service); 07 (Other)	To contextualize payments
X	self_insured_fl	De-Identified	Self Insured flag	To understand impacts to entities' employees
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	To aggregate payment and utilization by payer type
X	mc018_admit_dt	De-Identified	Admission date	Needed to bundle claims from inpatient stays
X	mc203_admit_type_cd	De-Identified	Admission type:1 (Emergency), 2 (Urgent), 3 (Elective), 4 (Newborn), 5 (Trauma Center), 9 (missing)	Needed to bundle claims from inpatient stays
X	mc204_admission_source_cd	De-Identified	Admission source	Needed to bundle claims from inpatient stays
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 bundle claims from inpatient stays
X	mc070_discharge_dt	De-Identified	Discharge date-required for inpatient hospitalization	Needed to bundle claims from inpatient stays

X	mc023_discharge_status_cd	De-Identified	Status for member discharged from a hospital	Needed to bundle claims from inpatient stays
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 bundle claims from inpatient stays
X	mc036_bill_type_cd	De-Identified	Type of bill on uniform billing form (UB)	To aggregate payment and utilization by service category
X	mc037_place_of_service_cd	De-Identified	Industry standard place of service code	To aggregate payment and utilization by service category
X	mc054_revenue_cd	De-Identified	Revenue code	To aggregate payment and utilization by service category
X	mc041_principal_diagnosis_cd	De-Identified	Principal Diagnosis code	To understand severity of disease/condition
	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	
X	mc042_other_diagnosis_2	De-Identified	Additional Diagnosis 2	To understand severity of disease/condition
	mc042p_poa_2	De-Identified	Required POA flag for diagnosis 2 if populated	
X	mc043_other_diagnosis_3	De-Identified	Additional Diagnosis 3	To understand severity of disease/condition
	mc043p_poa_3	De-Identified	Required POA flag for diagnosis 3 if populated	
X	mc044_other_diagnosis_4	De-Identified	Additional Diagnosis 4	To understand severity of disease/condition
	mc044p_poa_4	De-Identified	Required POA flag for diagnosis 4 if populated	
X	mc045_other_diagnosis_5	De-Identified	Additional Diagnosis 5	To understand severity of disease/condition
	mc045p_poa_5	De-Identified	Required POA flag for diagnosis 5 if populated	
X	mc046_other_diagnosis_6	De-Identified	Additional Diagnosis 6	To understand severity of disease/condition
	mc046p_poa_6	De-Identified	Required POA flag for diagnosis 6 if populated	
X	mc047_other_diagnosis_7	De-Identified	Additional Diagnosis 7	To understand severity of disease/condition
	mc047p_poa_7	De-Identified	Required POA flag for diagnosis 7 if populated	
X	mc048_other_diagnosis_8	De-Identified	Additional Diagnosis 8	To understand severity of disease/condition
	mc048p_poa_8	De-Identified	Required POA flag for diagnosis 8 if populated	
X	mc049_other_diagnosis_9	De-Identified	Additional Diagnosis 9	To understand severity of disease/condition
	mc049p_poa_9	De-Identified	Required POA flag for diagnosis 9 if populated	
X	mc050_other_diagnosis_10	De-Identified	Additional Diagnosis 10	To understand severity of disease/condition
	mc050p_poa_10	De-Identified	Required POA flag for diagnosis 10 if populated	
X	mc051_other_diagnosis_11	De-Identified	Additional Diagnosis 11	To understand severity of disease/condition
	mc051p_poa_11	De-Identified	Required POA flag for diagnosis 11 if populated	
X	mc052_other_diagnosis_12	De-Identified	Additional Diagnosis 12	To understand severity of disease/condition
	mc052p_poa_12	De-Identified	Required POA flag for diagnosis 12 if populated	
X	mc053_other_diagnosis_13	De-Identified	Additional Diagnosis 13	To understand severity of disease/condition
	mc053p_poa_13	De-Identified	Required POA flag for diagnosis 13 if populated	
X	mc201_icd_version_cd	De-Identified	Identifies ICD9 or ICD10 version	To provide detail into services
X	mc055_procedure_cd	De-Identified	Current Procedural Terminology (CPT) code or Healthcare Common Procedure Coding System (HCPCS)	To provide detail into services
X	mc056_procedure_modifier_1_cd	De-Identified	CPT or HCPCS modifier	To provide detail into services
X	mc057_procedure_modifier_2_cd	De-Identified	CPT or HCPCS modifier	To provide detail into services
X	mc057a_procedure_modifier_3_cd	De-Identified	CPT or HCPCS modifier	To provide detail into services
X	mc057b_procedure_modifier_4_cd	De-Identified	CPT or HCPCS modifier	To provide detail into services
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.	To aggregate payment and utilization by service category
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	To aggregate payment and utilization by service category
X	final_mdc	De-Identified	a code identifying the final Major Diagnostic Category (MDC)	To aggregate payment and utilization by service category

X	final_drg	De-Identified	a code indentifying the final Diagnosis Related Group	To aggregate payment and utilization by service category
X	final_ms_ind	De-Identified	a flag indicating if final_mdc is medical or surgical	To aggregate payment and utilization by service category
	CCSR grouper	De-Identified	AHRQ clinical classification software refined (500 categories)	
	CCS grouper	De-Identified	Clincal classification software (285 categories)	
X	BETOS restructured category	De-Identified	Berenson-Eggers Restructured Type of Service assigned to Health Care Financing Administration Common Procedure Coding System (HCPCS). Developed primarily for analysing the growth in Medicare expenditures	To aggregate payment and utilization by service category
X	BETOS restructured category description	De-Identified	Category description of Berenson-Eggers RestructuredType of Service assigned to Health Care Financing Administration Common Procedure Coding System (HCPCS).	To aggregate payment and utilization by service category
X	BETOS restructured Sub category	De-Identified	Berenson-Eggers Type of Service subcategory	To aggregate payment and utilization by service category
X	BETOS restructured sub category description	De-Identified	Sub category description of Berenson-Eggers RestructuredType of Service assigned to Health Care Financing Administration Common Procedure Coding System (HCPCS).	To aggregate payment and utilization by service category
X	mc058_icd_primary_procedure_cd	De-Identified	The main inpatient procedure code	To provide detail into services
X	mc058a_icd_procedure_2	De-Identified	Inpatient procedure ICD-10 code 2	To provide detail into services
X	mc058b_icd_procedure_3	De-Identified	Inpatient procedure ICD-10 code 3	To provide detail into services
X	mc058c_icd_procedure_4	De-Identified	Inpatient procedure ICD-10 code 4	To provide detail into services
X	mc058d_icd_procedure_5	De-Identified	Inpatient procedure ICD-10 code 5	To provide detail into services
X	mc058e_icd_procedure_6	De-Identified	Inpatient procedure ICD-10 code 6	To provide detail into services
X	mc058f_icd_procedure_7	De-Identified	Inpatient procedure ICD-10 code 7	To provide detail into services
X	mc058g_icd_procedure_8	De-Identified	Inpatient procedure ICD-10 code 8	To provide detail into services
X	mc058h_icd_procedure_9	De-Identified	Inpatient procedure ICD-10 code 9	To provide detail into services
X	mc058j_icd_procedure_10	De-Identified	Inpatient procedure ICD-10 code 10	To provide detail into services
X	mc058k_icd_procedure_11	De-Identified	Inpatient procedure ICD-10 code 11	To provide detail into services
X	mc058l_icd_procedure_12	De-Identified	Inpatient procedure ICD-10 code 12	To provide detail into services
X	mc058m_icd_procedure_13	De-Identified	Inpatient procedure ICD-10 code 13	To provide detail into services
X	mc201_icd_version_cd	De-Identified	ICD version code 9 - ICD-9, 10 - ICD-10	To provide detail into services
X	drg description	De-Identified	Final DRG description	To aggregate payment and utilization by service category
X	mdc description	De-Identified	Final MDC description	To aggregate payment and utilization by service category
X	MS DRG MDC cross walk Description	De-Identified	Crosswalk DRG to MDC	To aggregate payment and utilization by service category
X	mc061_service_qty	De-Identified	count of units reported on claim line	
	mc017_paid_dt	De-Identified	Payment date	
X	mc062_charge_amt	De-Identified	Payer reported charges or billed amount for the service	To aggregate payments
X	member paid amount claim line	De-Identified	Deduplicated member paid amount at claim line (sum of copayment, coinsurance and deductible or patient paid amt--whichever is larger)	To aggregate payments
X	Payer paid amount claim line	De-Identified	Deduplicated payment made by payer	To aggregate payments
X	Total paid amount line	De-Identified	Sum of member paid amount and payer paid amount at claim line	To aggregate payments
	mc063_paid_amt	De-Identified	Payment made by payer	
	mc065_copay_amt	De-Identified	Expected Co-payment by the member	
	mc066_coinsurance_amt	De-Identified	Expected Co-insurance by the member	
	mc067_deductible_amt	De-Identified	Expected Deductible by the member	
	mc067a_patient_paid_amt	De-Identified	Expected Patient paid amount. Combination of copayment,coinsurance and/or deductible	
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)	To understand differences in payments
X	dw_rendering_provider_id	De-Identified	A unique identifier associated with a unique rendering provider across plans, payers and years.	To attribute payments to providers

X	dw_billing_provider_id	De-Identified	A unique identifier associated with a unique billing provider across plans, payers andyears.Can be linked to dw_provider_ID in provider data	To attribute payments to providers
X	rendering_hospital_id	Limited	Hospital that rendered services	To attribute payments to providers
X	hospital_name	De-Identified	Name of Oregon Hospital	To attribute payments to providers
X	billing_hospital_id	Limited	Hospital billed for services	To attribute payments to providers
X	rendering_asc_id	Limited	Ambulatory surgery center that rendered services	To attribute payments to providers
X	ASC_name	De-Identified	Name of Oregon Ambulatory Surgery Center	To attribute payments to providers
X	billing_asc_id	De-Identified	Ambulatory surgery center billed or services	To attribute payments to providers
X	age	De-Identified	Age on date of service	To stratify by patient characteristics
	age_group	De-Identified	Age bands based on date of service	
	yob	De-Identified	Year of Birth. Null If no date of birth was reported	
X	me013_member_gender_cd	De-Identified	member's gender F = Female, M = Male, U = Unknown	To stratify by patient characteristics
X	urban_fl	De-Identified	Zip codes grouped into urban and rural identified by OHA	To stratify by patient characteristics
	member_zip_three	De-Identified	First three characters of member zip code from the date of service	
X	interim_fl	De-Identified	Flag identifying interim bills	To correct utilization counts
X	interim_claim_id	De-Identified	Unique identifier set by DW_Claim_ID of the initial interim claim	To correct utilization counts
X	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	To aggregate payment and utilization by service category
Data elements that are frequently denied				
	payer_cd	Sensitive	Payer name abbreviation code	
	mc062a_allowed_amt	Limited	Allowed amount	
	mc008_subscriber_contract_no	Sensitive	Plan specific contract number	
	MCAID_CCO_Identifier	Sensitive	Medicaid Coordinated Care Organization/Managed Care Organization codes. Not fully populated	
	es10_planname	Sensitive	Name of Medicaid Coordinated Care Organization/Managed Care Organization codes. Not fully populated	

Please **mark an X** in the Field Requested column to identify your requested data elements

Please delete the rows for data elements that you do not want for your project

Please **delete the Dental Claim tab** if you are not requesting any dental claims data elements

Refer to the APAC Data Dictionary for more detailed information about each data element

Please delete the rows for data elements that you do not want for your project

Field Requested	Data Element	Security Level	Description	Justification (Please provide reason needed and minimum necessary 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-2 million people assigned more than one identifier	
	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	
	orphan_fl	De-Identified	Identifies orphan claim with no corresponding eligibility for the date of service. 1 (Yes), 0 (No)	
	member_state	De-Identified	People with Medicaid coverage and people with Medicare coverage reported by the Centers for Medicare & Medicaid Services are Oregon residents regardless of reported address	
	Suppressed_Fl	De-Identified	1 (denied claim line), 0 (other than denied)	

	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)	
	dc060_service_end_dt	De-Identified	Date services for patient ended	
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)	To aggregate payment and utilization by line of business
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	To aggregate payment and utilization by payer type
	self_insured_fl	De-Identified	Self Insured flag, 1=Y, 0=N	
X	dc037_place_of_service_cd	De-Identified	Industry standard place of service code	To aggregate payment and utilization by service category
X	dc038_claim_status_cd	De-Identified	Claim status. P - Paid, D - Denied, C - CCO encounter, E - other	See above
	dc038a_denial_reason_cd	De-Identified	Code that defines the reason why the claim was denied. Required when DC038 = D	
X	dc039_cdt_cd	De-Identified	The Common Dental Terminology Code (CDT) for the dental procedure on the claim	To provide detail into services
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.	To provide detail into services
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	To provide detail into services
	dc040_dental_quadrant_1	De-Identified	standard quadrant identifier when CDT code indicates procedure on 3 or more consecutive teeth	
	dc040a_dental_quadrant_2	De-Identified	standard quadrant identifier when CDT code indicates procedure on 3 or more consecutive teeth	
	dc040b_dental_quadrant_3	De-Identified	standard quadrant identifier when CDT code indicates procedure on 3 or more consecutive teeth	
	dc040c_dental_quadrant_4	De-Identified	standard quadrant identifier when CDT code indicates procedure on 3 or more consecutive teeth	
X	dc041_diagnosis_cd	De-Identified	ICD diagnosis code	To understand severity of disease/condition
	dc207_tooth_number_1	De-Identified	Number to identify tooth on which service was performed	
	dc208_tooth_1_surface_1	De-Identified	Code representing the tooth surface on which the service was performed	
	dc208a_tooth_1_surface_2	De-Identified	Additional tooth surface on which the service was performed	

	dc208b_tooth_1_surface_3	De-Identified	Additional tooth surface on which the service was performed
	dc208c_tooth_1_surface_4	De-Identified	Additional tooth surface on which the service was performed
	dc208d_tooth_1_surface_5	De-Identified	Additional tooth surface on which the service was performed
	dc208e_tooth_1_surface_6	De-Identified	Additional tooth surface on which the service was performed
	dc209_tooth_number_2	De-Identified	Number to identify additional tooth on which service was performed
	dc210_tooth_2_surface_1	De-Identified	Code representing the tooth surface on which the service was performed
	dc210a_tooth_2_surface_2	De-Identified	Additional tooth surface on which the service was performed
	dc210b_tooth_2_surface_3	De-Identified	Additional tooth surface on which the service was performed
	dc210c_tooth_2_surface_4	De-Identified	Additional tooth surface on which the service was performed
	dc210d_tooth_2_surface_5	De-Identified	Additional tooth surface on which the service was performed
	dc210e_tooth_2_surface_6	De-Identified	Additional tooth surface on which the service was performed
	dc211_tooth_number_3	De-Identified	Number to identify additional tooth on which service was performed
	dc212_tooth_3_surface_1	De-Identified	Code representing the tooth surface on which the service was performed
	dc212a_tooth_3_surface_2	De-Identified	Additional tooth surface on which the service was performed
	dc212b_tooth_3_surface_3	De-Identified	Additional tooth surface on which the service was performed
	dc212c_tooth_3_surface_4	De-Identified	Additional tooth surface on which the service was performed
	dc212d_tooth_3_surface_5	De-Identified	Additional tooth surface on which the service was performed
	dc212e_tooth_3_surface_6	De-Identified	Additional tooth surface on which the service was performed
	dc213_tooth_number_4	De-Identified	Number to identify additional tooth on which service was performed
	dc214_tooth_4_surface_1	De-Identified	Code representing the tooth surface on which the service was performed

	dc214a_tooth_4_surface_2	De-Identified	Additional tooth surface on which the service was performed	
	dc214b_tooth_4_surface_3	De-Identified	Additional tooth surface on which the service was performed	
	dc214c_tooth_4_surface_4	De-Identified	Additional tooth surface on which the service was performed	
	dc214d_tooth_4_surface_5	De-Identified	Additional tooth surface on which the service was performed	
	dc214e_tooth_4_surface_6	De-Identified	Additional tooth surface on which the service was performed	
	dc062_charge_amt	De-Identified	Payer reported charges or billed amount for the service. 0 if amt=0, blank if missing	
X	member paid amount claim line	De-Identified	Deduplicated member paid amount at claim line (sum of copayment, coinsurance and deductible or patient paid amt--whichever is larger)	To aggregate payments
X	Payer paid amount claim line	De-Identified	Deduplicated payment made by paer	To aggregate payments
X	Total paid amount line	De-Identified	Sum of member paid amount and payer paid amount at claim line	
	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	
	dc065_copay_amt	De-Identified	Expected Co-payment by the member	
	dc066_coinsurance_amt	De-Identified	Expected Co-insurance by the member	
	dc067_deductible_amt	De-Identified	Expected Deductible by the member	
	dc067a_patient_paid_amt	De-Identified	Expected Patient paid amount. Combination of copayment,coinsurance and/or deductible	
	dc017_paid_dt	De-Identified	Payment date	
X	dw_rendering_provider_id	De-Identified	Rendering provider composite ID. A unique identifier associated with a unique rendering provider across plans and payer. Can be linked to dw_provider_ID in provider data	To attribute payments to providers
X	dw_billing_provider_id	De-Identified	Billing provider composite ID. A unique identifier associated with a unique billing provider across plans and payer.Can be linked to dw_ provider_ ID in provider data	To attribute payments to providers
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)	To understand differences in payments
	yob	De-Identified	Year of Birth from Member_DOB field from Member DAV. If no date of birth has been reported, NULL	
X	age	De-Identified	Age on date of service	To stratify by patient characteristics
	age_group	De-Identified	Age bands based on date of service	

	member_zip_three	De-Identified	First three characters of member's zip code	
X	urban_fl	De-Identified	Zip codes grouped into urban and rural identified by OHA	To stratify by patient characteristics
Data elements that are frequently denied				
	payer_cd	Sensitive	Payer name abbreviation code	
	dc008_subscriber_contract_no	Sensitive	Plan specific contract number	
	dc062a_allowed_amt	Limited	Allowed amount. 0 if amt=0, blank if missing	
	MCAID_CCO_Identifier	Sensitive	Medicaid Coordinated Care Organization/Managed Care Organization codes. Not fully populated	
	es10_planname	Sensitive	Name of Medicaid Coordinated Care Organization/Managed Care Organization codes. Not fully populated	
	me017_member_zip	Limited	Zip code-static from latest quarterly data submitted	
	county_fips	Sensitive	county associated with me017_member_zip	

Please delete the rows for data elements that you do not want for your project

Field Requested	Data Element	Security Level	Description	Justification (Please provide reason needed and minimum necessary 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	
	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	
	member_state	De-Identified	People with Medicaid coverage and people with Medicare coverage reported by the Centers for Medicare & Medicaid Services are Oregon residents regardless of reported address	
	Month_Start	De-Identified	Date of Eligibility set to the first of the month	
	Me005a_plan_term_dt	De-Identified	Plan termination date	
X	LOB	De-Identified	Payer line of business: 1 (Medicare), 2 (Medicaid), 3 (commercial, 0 (no line of business reported)	For health plan market stratification
X	MedicareType	De-Identified	Medicare Advantage (Part C and/or PartD) or MedicareFFS (Medicare Fee-for-service-Part A, B and/or D)	For health plan market stratification
X	DualMedicareMedicaid	De-Identified	Medicaid and Medicare coverage same month, year	For health plan market stratification
X	RXnomedicalMM	De-Identified	Pharmacy coverage and no medical coverage during same year, month	For health plan market stratification
X	DentalnomedicalMM	De-Identified	Dental coverage and no medical coverage during same year, month	For health plan market stratification
X	me009a_pebb_flag	De-Identified	Public Employees Benefit Board covered members Oregon includes out-of-state residents	For health plan market stratification

X	me009b_oebb_flag	De-Identified	Oregon Educators Benefit Board covered members Oregon includes out-of-state residents	For health plan market stratification
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	For health plan market stratification
	me012_member_subscriber_rlp_cd	De-Identified	Relationship code	
	me013_member_gender_cd	De-Identified	Member Gender:M (male), F (female), and U (unknown)	
	yob	De-Identified	Year of Birth from Member_DOB field from Member DAV. If no date of birth has been reported, NULL	
X	age	De-Identified	Member age in years calculated on the first day of the month	For population stratification
	age_group	De-Identified	Age bands based on date of service	
X	me009d_omip_flag	De-Identified	Flag indicates Oregon Medical Insurance Pool (OMIP) coverage for the month	For health plan market stratification
	me009e_hkc_flag	De-Identified	Flag indicates Healthy Kids Connect Plan for the month	
X	me202_market_segment_cd	De-Identified	Market Segment	For health plan market stratification
	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)	
	me205_high_deductible_health_flag	De-Identified	High Deductible Health Plan Flag	
X	me206_primary_insurance_ind	De-Identified	Flag indicates primary insurance	For health plan market stratification
X	me009c_medical_home_flag	De-Identified	Flag indicates medical home	For health plan market stratification
X	MCAID_PERC	Limited	Medicaid program eligibility codes. Not fully populated	For Medicaid eligibility stratification
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)	For health plan market stratification
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	For health plan market stratification
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	For health plan market stratification
X	MCAID_Delivery_System	De-Identified	Medicaid encounter or FFS	For health plan market stratification
X	urban_fl	De-Identified	Zip codes grouped into urban and rural identified by OHA	For geographic stratification
	member_zip_three	De-Identified	First three characters of member zip code from the date of eligibility	

	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	
	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	
	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	
	re3_primary_language_cd	De-Identified	All primary spoken languages reported by all payers for all years for a person	
Data elements that are frequently denied				
X	payer_cd	Sensitive	Payer name abbreviation code	To investigate vertical consolidation
	me014_member_dob	Sensitive	Member date of birth	
	me015a_member_street_address	Sensitive	Member street address from the date of eligibility	
	me015_member_city_nm	Limited	Member City from the date of eligibility	
X	HSAcity	De-Identified	HSA City field from the Darmouth Atlas Zip Code Crosswalk	To use with Dartmouth Atlas data
X	me017_member_zip	Limited	Zip code-from the date of eligibility	For geographic stratification
X	county_fips	Sensitive	Five digit Federal Information Processing Standard (FIPS) county code associated with me017_member_zip	For geographic stratification
X	county_name	Sensitive	Name of county	For geographic stratification
	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	
	me204_hios_plan_id	Sensitive	Health Insurance Oversight System ID-required for qualified health plans (QHPs)	
	MCAID_planname	Sensitive	Name of Medicaid Coordinated Care Organization/Managed Care Organization codes. Not fully populated	
	MCAID CCO/MCO ID (ES026 or CS001)	Sensitive	Medicaid Coordinated Care Organization/Managed Care Organization IDs, Not fully populated	
	MCAID_SAK_CLAIM	Limited	Medicaid claim number or member number	
	MCAID_SAK_RECIP	Sensitive	Medicaid unique identifier	
	ME208_additional_member_ID	Sensitive	Additional member ID reported by payer	

Please delete the rows for data elements that you do not want for your project

Field Requested	Data Element	Security Level	Description	Justification (Please provide reason needed and minimum necessary 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	To link providers to claims
X	provider_entity	De-Identified	Provider entitiy-1) Individual or 2) organization	To describe basic information about providers
X	national_provider_id	De-Identified	National Provider Identifier (NPI)	To describe basic information about providers
	provider_dea_no	De-Identified	Drug Enforcement Agency (DEA) registry number	
X	provider_tax_id	De-Identified	Provider Tax identifier (attending, billing, pharmacy)	To describe basic information about providers
	license_1	De-Identified	Provider state license code number 1	
	license_state_1	De-Identified	State where provider license number 1 was granted	
	Provider_First_Nm	De-Identified	Provider first name; null if provider is an organization entity (attending, billing, pharmacy)	
	Provider_Middle_Nm	De-Identified	Provider middle name or organization name (attending, billing, pharmacy)	
	Provider_Last_Nm	De-Identified	Provider last name or organization name (attending, billing, pharmacy)	
	Provider_Suffix	De-Identified	Suffix of provider name	
X	Provider_Org_Nm	De-Identified	Name of provider's organization	To describe basic information about providers
	Provider_Prefix	De-Identified	Prefix of provider name	
X	Provider_Org_Nm_Other	De-Identified	Other name of organization	To describe basic information about providers
	Provider_Last_Nm_Other	De-Identified	Other last name of provider	
	Provider_First_Nm_Other	De-Identified	Other first name of provider	
	Provider_Middle_Nm_Other	De-Identified	Other middle name of provider	
	Provider_Prefix_Other	De-Identified	Other prefix of provider	
	Provider_Suffix_Other	De-Identified	Other suffix of provider	
X	primary_street	De-Identified	Provider street address (attending, billing, pharmacy)	To describe geographic location of providers
X	primary_city	De-Identified	Provider city (attending, billing, pharmacy)	To describe geographic location of providers
X	primary_state	De-Identified	Provider state (attending, billing, pharmacy)	To describe geographic location of providers
X	primary_zip	De-Identified	Provider location zip (attending, billing, pharmacy)	To describe geographic location of providers
	Credential_Text_1	De-Identified	Provider NPI credential 1	
	Credential_Text_2	De-Identified	Provider NPI credential 2	
	Credential_Text_3	De-Identified	Provider NPI credential 3	
	provider_gender	De-Identified	Gender of provider - U if unknown	
X	Taxonomy_Cd_1	De-Identified	NUCC provider taxonomy for the billing provider; NPI if not reported	To group/identify comparable providers
X	Taxonomy_Cd_2	De-Identified	NUCC provider taxonomy for the billing provider; NPI if not reported	To group/identify comparable providers
X	Taxonomy_Cd_3	De-Identified	NUCC provider taxonomy for the billing provider; NPI if not reported	To group/identify comparable providers
X	Taxonomy_Cd_4	De-Identified	NUCC provider taxonomy for the billing provider; NPI if not reported	To group/identify comparable providers

X	Taxonomy_Cd_5	De-Identified	NUCC provider taxonomy for the billing provider; NPI if not reported	To group/identify comparable providers
X	Taxonomy_grouping	De-Identified	Code that indicates provider specialty or taxonomy 1	To group/identify comparable providers
X	Taxonomy_classification	De-Identified	Taxonomy classification	To group/identify comparable providers
X	Taxonomy_specialization	De-Identified	Taxonomy specialization	To group/identify comparable providers
	Addr_Type	De-Identified	Address type of provider (B) Business, (L) Location, (S) Secondary Location, (I) Provider Index	
	Addr_Street_1	De-Identified	Address of provider	
	Addr_Street_2	De-Identified	Address 2 of provider	
	Addr_City	De-Identified	City of Provider	
	Addr_State	De-Identified	State of provider	
	Addr_ZIP	De-Identified	ZIP Code of provider - may include non-US codes	
	Zip_Cd_3_Digit	De-Identified	ZIP Code of provider - may include non-US codes. Do not include dash. 3-digit	
X	county_fips	De-Identified	Five digit Federal Information Processing Standard (FIPS) county code associated with me017_member_zip	To describe geographic location of providers
X	county name	De-Identified	Name of county	To describe geographic location of providers