



**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](mailto: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: Medical outcome prediction using combined medical and dental indicators

Principal Investigator: Janusz Wojtusiak

Title of Principal Investigator: Professor.

Organization: George Mason University

Address: 4400 University Dr, Fairfax, VA 22030

City: Fairfax

State: VA

Zip Code: 22030

Telephone: 703-993-4148

Email: [jwojtusi@gmu.edu](mailto:jwojtusi@gmu.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.

The purpose of this project is to model the relationships between multiple morbidities and dental health changes, and to create machine learning-based models for dental condition trajectories. By analyzing longitudinal datasets, we aim to identify how various morbidities are associated with changes in dental health over time. This research will contribute to the understanding of systemic health and oral health relationships and will aid in the development of personalized care plans for patients.

**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."

The key research questions for this project could be:

1. How do multiple morbidities influence the prediction of progression of dental health conditions over time?
2. What patterns and predictors can be identified to forecast the trajectories of dental conditions in patients with multiple morbidities?
3. How can a comprehensive Health Overview and Prognostic Evaluation (HOPE) Index be developed to assess and predict the overall health status of patients, integrating both dental and systemic health conditions?

**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 main deliverable be doctoral dissertation. Additionally, we plan for 2-3 publications and presentations.

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

Anticipated Start Date: 05/01/2024

Anticipated Publication/Product Release Date: 12/21/2026

Anticipated End Date: 12/21/2026

**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: Bhumi Patel Email: bpatel20@gmu.edu	Project role: Lead Researcher, PhD student
Name: Email:	Project role:
Name: Email:	Project role:
Name: Email:	Project role:
Name: Email:	Project role:
Name: Email:	Project role:
Name: Email:	Project role:

Attach additional sheets as needed.

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

Name: Email:	Technical role:
Name: Email:	Technical role:

Attach additional sheets as needed.

## SECTION 3: DATA REQUEST

### 3.1 Purpose of the Data Request:

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

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

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

As the data will be used for dissertation by PhD student.

### 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.

The project has a determination from the George Mason University IRB that it does not meet the definition of human subject research under federal regulations, approval not needed.

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

IRB application and approval memo are attached.

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

The IRB reviewed the project and determined that it does not constitute human subjects research.

- 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):

This question is not applicable to this project as it has been determined not to be human subjects research. Therefore, a waiver of individual authorization is not needed

- d. On what date does the IRB approval expire?

## SECTION 4: DATA ELEMENTS

**4.1 Narrowing Data Needs:** Refer to the [APAC Data Dictionary](#) for detailed information about the data elements. In compliance with HIPAA regulations, you will only receive data elements that are adequately justified. This means APAC will only provide the minimum necessary data required for the project as represented in the research questions, protocol and IRB approval.

a. What years of data are requested? 2011 through 2021 are currently available.  
2011-2021

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:

None

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.

The Oregon Health Authority

*Helping people and communities achieve optimum physical, mental and social well-being*



## SECTION 5: DATA MANAGEMENT & SECURITY

**5.1 Data Reporting:** APAC data or findings may not be disclosed in a way that can be used to re-identify an individual. Data with small numbers – defined as values of 30 or less ( $n \leq 30$ ) or subpopulations of 50 or fewer individuals ( $n \leq 50$ ) – cannot be displayed in findings or outputs derived from APAC data. Please describe the techniques you will use to prevent re-identification when findings or outputs result in small numbers or subgroups (e.g. aggregation, cell suppression, generalization, or perturbation).

Combine small number counts with other groups or categories to increase the cell size above the threshold.

**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



### 5.3 Data Security (required for all applications):

- a. Attach a detailed description of your plans to manage security of the APAC data including:
  - Designation of a single individual as the custodian of APAC data, either the principal investigator or staff listed in Section 2 of this application, who is responsible for oversight of APAC data, including reporting any breaches to OHA and ensuring the data are properly destroyed upon project completion.
  - A security risk management plan applicable to APAC data that includes:
    - Secure storage in any and all mediums (e.g., electronic or hard copy)
    - Procedures to restrict APAC data access to only those individuals listed on the data use agreement
    - User account controls, i.e., password protections, maximum failed login attempts, lockout periods after idle time, user audit logs, etc.
    - Confirmation of training for personnel on how to properly manage protected health information in all formats
    - Protection of derivatives of APAC data at the re-identifiable level
    - If applicable, procedures for handling direct identifiers, such as allowing access on a 'need to know' basis only and minimizing risk by storing identifiers separately from other APAC data
    - Procedures for identifying, reporting and remedying any data breach
  - Statement of compliance with HIPAA and the HITECH Act
  - Electronic device protections, i.e., anti-virus or anti-malware software, firewalls, and network encryption
- b. Record level or derivative data that can be re-identified must be destroyed within 30 days of the end of the data use agreement, in a manner that renders it unusable, unreadable or indecipherable. What are your plans for destruction of the dataset and any potentially identifiable elements of the data once the data use agreement has expired?

To complete discard the data

## 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 is currently requiring reimbursement for the cost of file transfer only (\$890 per request). 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

DocuSigned by:  
Eileen Gallagher  
82C035DA299E4CA...

DocuSigned by:  
Janusz Wojtusiak  
BE5E07BE7D3A42F...

Date 01/21/2024  
3/27/2024

Printed name Director of Contract AP

Title Medical outcome prediction using combined medical and dental indicators

Return the completed form with required attachments to [APAC.Admin@odhsoha.oregon.gov](mailto:APAC.Admin@odhsoha.oregon.gov).



## Optional APAC Addendum: Using APAC Data to Eliminate Racial Injustice

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

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

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

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

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

### Using APAC Data to Eliminate Health Inequities

**Problem:** Health inequities due to institutional racism and racial injustice

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

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

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

**Instructions:** In a separate attachment, describe in detail:

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

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

## Health Equity Definition

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

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

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



## Institutional Review Board

### Human Subjects Research Determination Form

#### Instructions:

1. Use this form to evaluate the need for IRB review.
2. If needed, submit this form to the IRB office for an official letter.
3. Titles of IRB protocols with funding/proposed funding must match the title on the funding application
4. Note: If your project must be submitted to the FDA or held for inspection by the FDA you must complete the standard IRB application form.

#### 1. Investigator Contact Information/Study Type

##### Principal Investigator

Name: Janusz Wojtusiak

Department: Health Administration and Policy

##### Co-Investigator/Student Researcher

Name: Bhumi Patel

Department: Health Administration and Policy

**Study Type:**  Faculty/Staff Research  Doctoral Dissertation  Masters Thesis  
 Student Project (**Specify** Grad or Under Grad)  
 Other {Specify}

**Is there any external funding or proposed funding for this project?**  Yes  No

If yes, funding agency and OSP # (reminder: title of IRB application must match the title of the funding application)

#### 2. Determination categories:

a. Does your research:

i. Involve living individuals?  Yes  No

ii. Involve obtaining either of the following:  Yes  No

- Data or biospecimens through intervention or interaction with the individuals\*
- Identifiable private information or identifiable biospecimens\*\*

**If YES is checked for both questions continue to section b; if NO is checked for either question the activity does not meet the definition of human subjects research that requires IRB review.**

b. Does your project have a systematic design in advance, such as a scientific approach or protocol, for the definite purpose of contributing to generalizable knowledge\*\*\*?

Yes  No

**If YES is checked, submit a standard IRB application form; do not submit this form.**

**If NO is checked then the activity does not meet the definition of human subjects research that requires IRB review.**

#### 3. Title/Summary (Only complete this section if you are submitting form for official letter)

Title: Medical Outcomes Prediction Using Combined Medical and Dental Indicators

Please provide a brief summary of the purpose of the research and the study procedures: The research aims to use deidentified data to explore the connection between dental and systemic health by integrating medical and dental datasets. The objective is to develop predictive models that can identify systemic conditions through the analysis of periodontal issues. This will be conducted as part of a dissertation project, utilizing data analysis techniques to establish potential correlations between periodontal health and overall

systemic health. The deidentified data are in the form of medical claims and electronic health records.

\*Intervention, as it pertains to [research](#) involving [human subjects](#) defined in [46.102](#) within the Human Subject definition – includes both:

- physical procedures by which data are gathered (for example, venipuncture) and
- manipulations of the subject or the subject’s environment that are performed for research purposes

Interaction, as it pertains to [research](#) involving [human subjects](#) defined in [46.102](#) within the Human Subject definition – includes communication or interpersonal contact between investigator and subject when the investigator is obtaining information about the subject. This includes surveys.

\*\* Individually Identifiable, as it pertains to [research](#) involving [human subjects](#) defined in [46.102](#) within the Human Subject definition – the identity of the subject is or may be readily ascertained by the investigator or readily associated with the information. In addition, OHRP generally considers private information or specimens to be individually identifiable when they can be linked to specific individuals by the investigator(s) either directly or indirectly through coding systems (according to the [Guidance on Research Involving Coded Private Information or Biological Specimens](#)).

\*\*\*

“A key aspect of research is that there be a systematic design in advance, generally utilizing a scientific approach or protocol, for the definite purpose of contributing to generalizable knowledge. Research can include a wide variety of activities, including experiments, observational studies, surveys, tests, and recordings designed to contribute to generalizable knowledge. It generally does not include such operational activities as medical care, quality assurance, quality improvement, certain aspects of public health practice such as routine outbreak investigations and disease monitoring, program evaluation, fiscal or program audits, journalism, history, biography, philosophy, “fact-finding” inquiries (such as criminal, civil, and congressional investigations, intelligence gathering), and simple data collection for other purposes. However, some of these activities may include or constitute research in the specific circumstance where there is clear advance intent to contribute to generalizable knowledge with a formal scientific protocol.”

The following activities are deemed not to be research per the Federal Regulations:

(1) Scholarly and journalistic activities (e.g., oral history, journalism, biography, literary criticism, legal research, and historical scholarship), including the collection and use of information, that focus directly on the specific individuals about whom the information is collected.

(2) Public health surveillance activities, including the collection and testing of information or biospecimens, conducted, supported, requested, ordered, required, or authorized by a public health authority. Such activities are limited to those necessary to allow a public health authority to identify, monitor, assess, or investigate potential public health signals, onsets of disease outbreaks, or conditions of public health importance (including trends, signals, risk factors, patterns in diseases, or increases in injuries from using consumer products). Such activities include those associated with providing timely situational awareness and priority setting during



the course of an event or crisis that threatens public health (including natural or man-made disasters).

(3) Collection and analysis of information, biospecimens, or records by or for a criminal justice agency for activities authorized by law or court order solely for criminal justice or criminal investigative purposes.

(4) Authorized operational activities (as determined by each agency) in support of intelligence, homeland security, defense, or other national security missions.”

Shelton, J.D. 1999. How to interpret the federal policy for the protection of human subjects or “common rule” (part A). *IRB: Ethics and Human Research*. Vol. 21, No. 6, pp. 6-9.



## Office of Research Integrity and Assurance

Research Hall, 4400 University Drive, MS 6D5, Fairfax, Virginia 22030  
Phone: 703-993-5445; Fax: 703-993-9590

DATE: December 13, 2023

TO: Janusz Wojtusiak  
FROM: George Mason University IRB

Project Title: [2125608-1] Medical outcome prediction using combined medical and dental indicators

SUBMISSION TYPE: New Project

ACTION: DETERMINATION OF NOT HUMAN SUBJECT RESEARCH  
DECISION DATE: December 13, 2023

Thank you for your submission of New Project materials for this project. The Institutional Review Board (IRB) Office has determined this project does not meet the definition of human subject research under the purview of the IRB according to federal regulations.

**You are required to follow the George Mason University Covid-19 research continuity of operations guidance. You may not begin or resume any face-to-face interactions with human subjects until (i) Mason has generally authorized the types of activities you will conduct, or (ii) you have received advance written authorization to do so from Mason's Research Review Committee. In all cases, all safeguards for face-to-face contact that are required by Mason's COVID policies and procedures must be followed.**

Please remember that if you modify this project to include human subjects research activities, you are required to submit revisions to the IRB prior to initiation.

If you have any questions, please contact Brett Restrict at 703-993-1067 or [brestric@gmu.edu](mailto:brestric@gmu.edu). Please include your project title and reference number in all correspondence with this committee.

Please note that department or other approvals may be required to conduct your research.

GMU IRB Standard Operating Procedures can be found here: <https://oria.gmu.edu/topics-of-interest/human-subjects/>

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within George Mason University IRB's records.

## **DSHI Protection for APAC Data**

**Data Custodian:** Dr. Janusz Wojtusiak, PI, also serves as the director of Mason's Center for Discovery Science and Health Informatics (DSHI), which will host the data. Dr. Wojtusiak will be responsible for oversight of the data, including all reporting to OHA and data disposal.

**Data Storage:** The APAC data will be stored on a dedicated virtual machine (VM) with a fully encrypted hard drive. No data co-location is allowed. The machine is part of the HIPAA-compliant infrastructure of DSHI. Data will not be stored on portable media, laptops, or desktop computers.

**Access Control:** Access to the VM is restricted to project personnel only and controlled at the operating system level. Individual user accounts are used. Access to the server is restricted to SSH connections and only from a dedicated VPN that requires two-factor authentication. To increase security, the VPN is managed independently from the servers. All data analysis software is executed on the server in a controlled environment.

**Training:** All personnel that access DSHI resources, including APAC data, are required to complete biomedical CITI training and security IPS training. Additionally, the university requires annual completion of security training. All personnel undergo background checks prior to data access.

**Identifiers and Re-Identification:** The provided data will not be identifiable. Only statistical summaries of the data can be exported from the HIPAA-compliant DSHI infrastructure after review and approval.

**Data Breach Reporting:** The DSHI center follows its HIPAA procedures and the university policy 1305. DSHI servers are constantly monitored using dedicated software and manual reviews by the system administrator. All security incidents are reported to the University's Security Office within 24 hours.

**Compliance:** The DSHI center maintains HIPAA compliance on the dedicated secure servers.

**Electronic Device Protections:** DSHI servers with sensitive data are located in Mason's data center on its Fairfax campus, which maintains physical security, including 24/7 guards. DSHI servers are in a dedicated VLAN with access only through a two-factor authentication VPN and connection through encrypted SSH. The servers are monitored by HIPAA-compliant OSSEC software.

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

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

Do you want out-of-state people and their claims included?	No

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

Do you want coordination of benefit claims included?	Yes

Do you want self-insured commercial data included?	Yes

Do you want PEBB and OEBC commercial data included?	No

What payer types do you want?	Commercial	Medicaid	Medicare Advantage
	Yes	Yes	Yes

Do you want all medical claims?	Yes, all medical claims
	Yes, all medical claims

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)
	yes	yes
Which medical claim types do you want?	All claims	
	All claims	
Do you want pharmacy claims?	no	
Do you want dental claims?	Yes	
Do you want monthly eligibility data (insured/covered months by plan)?	Yes	Did not request
Do you want member demographic data?	Yes and I requested monthly eligibility data	Yes and I <u>did not</u> request monthly eligibility data
	<del>Yes and I requested monthly eligibility data</del>	Did not request

Do you want provider data?	Yes	Did not request
	yes	
Do you want claims and eligibility data for selected age groups only?	All ages	
	yes	
Do you want to limit claims and eligibility data by gender?	Include all	
	Include all	
Do you want to limit <u>medical claims</u> data to selected diagnoses?	No	
	no	
Do you want to limit <u>pharmacy data</u> to selected NDC codes or therapeutic classes?	No	
	none	
Are you requesting identifiable data?	No	
	no	
One payer reported the claim status for all of their claims as fee-for-service for some years when most claims were encounter or managed care claims. Do you want the claim status changed to managed care?	Do not change	
	Do not change	

<p>Do you want APAC data linked to Oregon Center for Health Statistics (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.  <a href="https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/VITALSTATISTICS/Pages/Data-Use-Requests.aspx">https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/VITALSTATISTICS/Pages/Data-Use-Requests.aspx</a></p>	<p>No</p>
	<p>no</p>
<p>Is your requested APAC data going to be linked by APAC Team or data requester with any other data source?</p>	<p>No</p>
	<p>no</p>

Field Requested	Data Element	Security Level	Description	Justification/use within specific project
<p>The data elements highlighted in blue are provided in every data request</p>	uid	De-Identified	A unique identifier that links to the row as submitted in the MC Intake File Layout. Used for linking tables/views	Not required
	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	
	dw_person_id	De-Identified	<del>Vendor identifier for a person across payers and time many people have more than one assigned identifier</del>	
	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	Knowing whether a claim has been paid, had a coordination of care encounter, or other is essential to understand the utilization of healthcare services and their outcomes.
x	mc060_service_end_dt	De-Identified	Date services for patient ended	The end date of services informs the duration of care, which is crucial for analyzing the treatment period and its correlation with health outcomes.
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)	Line of business can affect the type of services received and may be indicative of the insurance coverage impact on healthcare access.
x	self_insured_fl	De-Identified	Self Insured flag	Whether a plan is self-insured could affect the types of services covered, impacting patient health outcomes.

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	The type of payer may influence healthcare delivery and patient access to services, important for health outcomes analysis.
x	mc018_admit_dt	De-Identified	Admission date	Admission and discharge dates are critical for calculating the length of hospital stays, understanding resource utilization, and predicting recovery and prognosis.
x	mc203_admit_type_cd	De-Identified	Admission type:1 (Emergency), 2 (Urgent), 3 (Elective), 4 (Newborn), 5 (Trauma Center), 9 (missing)	Admission and discharge dates are critical for calculating the length of hospital stays, understanding resource utilization, and predicting recovery and prognosis.
x	mc204_admission_source_cd	De-Identified	Admission source	Admission and discharge dates are critical for calculating the length of hospital stays, understanding resource utilization, and predicting recovery and prognosis.

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	Admission and discharge dates are critical for calculating the length of hospital stays, understanding resource utilization, and predicting recovery and prognosis.
x	mc070_discharge_dt	De-Identified	Discharge date-required for inpatient hospitalization	Admission and discharge dates are critical for calculating the length of hospital stays, understanding resource utilization, and predicting recovery and prognosis.
x	mc023_discharge_status_cd	De-Identified	Status for member discharged from a hospital	Admission and discharge dates are critical for calculating the length of hospital stays, understanding resource utilization, and predicting recovery and prognosis.
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	The length of stay can indicate the severity of conditions and effectiveness of treatments, which is valuable for outcome prediction.

x	mc037_place_of_service_cd	De-Identified	Industry standard place of service code	Place of service provides context for the healthcare setting, which could influence the type and quality of care received.
x	mc054_revenue_cd	De-Identified	Revenue code	Revenue codes can give insight into the financial aspects of healthcare delivery, which may correlate with treatment strategies and outcomes.
x	mc041_principal_diagnosis_cd	De-Identified	Principal Diagnosis code	Diagnosis codes and present on admission (POA) flags are fundamental for clinical analysis, indicating the conditions treated and their severity, which are necessary for predictive modeling.
x	Dx_Description	De-Identified	ICD diagnosis code description	Diagnosis codes and present on admission (POA) flags are fundamental for clinical analysis, indicating the conditions treated and their severity, which are necessary for predictive modeling.

x	Dx_Type	De-Identified	ICD diagnosis code type	Diagnosis codes and present on admission (POA) flags are fundamental for clinical analysis, indicating the conditions treated and their severity, which are necessary for predictive modeling.
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	Diagnosis codes and present on admission (POA) flags are fundamental for clinical analysis, indicating the conditions treated and their severity, which are necessary for predictive modeling.
x	POA_Description	De-Identified	Present on admission description	Diagnosis codes and present on admission (POA) flags are fundamental for clinical analysis, indicating the conditions treated and their severity, which are necessary for predictive modeling.

x	mc042_other_diagnosis_2	De-Identified	Additional Diagnosis 2	Diagnosis codes and present on admission (POA) flags are fundamental for clinical analysis, indicating the conditions treated and their severity, which are necessary for predictive modeling.
x	mc042p_poa_2	De-Identified	Required POA flag for diagnosis 2 if populated	Diagnosis codes and present on admission (POA) flags are fundamental for clinical analysis, indicating the conditions treated and their severity, which are necessary for predictive modeling.
x	mc043_other_diagnosis_3	De-Identified	Additional Diagnosis 3	Diagnosis codes and present on admission (POA) flags are fundamental for clinical analysis, indicating the conditions treated and their severity, which are necessary for predictive modeling.

x	mc043p_poa_3	De-Identified	Required POA flag for diagnosis 3 if populated	Diagnosis codes and present on admission (POA) flags are fundamental for clinical analysis, indicating the conditions treated and their severity, which are necessary for predictive modeling.
x	mc044_other_diagnosis_4	De-Identified	Additional Diagnosis 4	Diagnosis codes and present on admission (POA) flags are fundamental for clinical analysis, indicating the conditions treated and their severity, which are necessary for predictive modeling.
x	mc044p_poa_4	De-Identified	Required POA flag for diagnosis 4 if populated	Diagnosis codes and present on admission (POA) flags are fundamental for clinical analysis, indicating the conditions treated and their severity, which are necessary for predictive modeling.

x	mc045_other_diagnosis_5	De-Identified	Additional Diagnosis 5	Diagnosis codes and present on admission (POA) flags are fundamental for clinical analysis, indicating the conditions treated and their severity, which are necessary for predictive modeling.
x	mc045p_poa_5	De-Identified	Required POA flag for diagnosis 5 if populated	Diagnosis codes and present on admission (POA) flags are fundamental for clinical analysis, indicating the conditions treated and their severity, which are necessary for predictive modeling.
x	mc046_other_diagnosis_6	De-Identified	Additional Diagnosis 6	Diagnosis codes and present on admission (POA) flags are fundamental for clinical analysis, indicating the conditions treated and their severity, which are necessary for predictive modeling.



x	mc046p_poa_6	De-Identified	Required POA flag for diagnosis 6 if populated	Diagnosis codes and present on admission (POA) flags are fundamental for clinical analysis, indicating the conditions treated and their severity, which are necessary for predictive modeling.
x	mc047_other_diagnosis_7	De-Identified	Additional Diagnosis 7	Diagnosis codes and present on admission (POA) flags are fundamental for clinical analysis, indicating the conditions treated and their severity, which are necessary for predictive modeling.
x	mc047p_poa_7	De-Identified	Required POA flag for diagnosis 7 if populated	Diagnosis codes and present on admission (POA) flags are fundamental for clinical analysis, indicating the conditions treated and their severity, which are necessary for predictive modeling.

x	mc048_other_diagnosis_8	De-Identified	Additional Diagnosis 8	Diagnosis codes and present on admission (POA) flags are fundamental for clinical analysis, indicating the conditions treated and their severity, which are necessary for predictive modeling.
x	mc048p_poa_8	De-Identified	Required POA flag for diagnosis 8 if populated	Diagnosis codes and present on admission (POA) flags are fundamental for clinical analysis, indicating the conditions treated and their severity, which are necessary for predictive modeling.
x	mc049_other_diagnosis_9	De-Identified	Additional Diagnosis 9	Diagnosis codes and present on admission (POA) flags are fundamental for clinical analysis, indicating the conditions treated and their severity, which are necessary for predictive modeling.

x	mc049p_poa_9	De-Identified	Required POA flag for diagnosis 9 if populated	Diagnosis codes and present on admission (POA) flags are fundamental for clinical analysis, indicating the conditions treated and their severity, which are necessary for predictive modeling.
x	mc050_other_diagnosis_10	De-Identified	Additional Diagnosis 10	Diagnosis codes and present on admission (POA) flags are fundamental for clinical analysis, indicating the conditions treated and their severity, which are necessary for predictive modeling.
x	mc050p_poa_10	De-Identified	Required POA flag for diagnosis 10 if populated	Diagnosis codes and present on admission (POA) flags are fundamental for clinical analysis, indicating the conditions treated and their severity, which are necessary for predictive modeling.

x	mc051_other_diagnosis_11	De-Identified	Additional Diagnosis 11	Diagnosis codes and present on admission (POA) flags are fundamental for clinical analysis, indicating the conditions treated and their severity, which are necessary for predictive modeling.
x	mc051p_poa_11	De-Identified	Required POA flag for diagnosis 11 if populated	Diagnosis codes and present on admission (POA) flags are fundamental for clinical analysis, indicating the conditions treated and their severity, which are necessary for predictive modeling.
x	mc052_other_diagnosis_12	De-Identified	Additional Diagnosis 12	Diagnosis codes and present on admission (POA) flags are fundamental for clinical analysis, indicating the conditions treated and their severity, which are necessary for predictive modeling.

x	mc052p_poa_12	De-Identified	Required POA flag for diagnosis 12 if populated	Diagnosis codes and present on admission (POA) flags are fundamental for clinical analysis, indicating the conditions treated and their severity, which are necessary for predictive modeling.
x	mc053_other_diagnosis_13	De-Identified	Additional Diagnosis 13	Diagnosis codes and present on admission (POA) flags are fundamental for clinical analysis, indicating the conditions treated and their severity, which are necessary for predictive modeling.
x	mc053p_poa_13	De-Identified	Required POA flag for diagnosis 13 if populated	Diagnosis codes and present on admission (POA) flags are fundamental for clinical analysis, indicating the conditions treated and their severity, which are necessary for predictive modeling.
x	mc201_icd_version_cd	De-Identified	Identifies ICD9 or ICD10 version	Specifies the version of ICD used, which is needed for accurate diagnostic coding and subsequent analyses.

x	mc055_procedure_cd	De-Identified	Current Procedural Terminology (CPT) code or Healthcare Common Procedure Coding System (HCPCS)	Procedure codes are essential for identifying the treatments provided and for modeling the impact of specific interventions on health outcomes.
x	Px_Type	De-Identified	ICD procedure code type	Procedure codes are essential for identifying the treatments provided and for modeling the impact of specific interventions on health outcomes.
x	CPT description	De-Identified	<del>Short Description of Current Procedural Terminology, created and owned by the American Medical Association</del>	<del>Procedure codes are essential for identifying the treatments provided and for modeling the impact of specific interventions on health outcomes.</del>
x	consumer_friendly_descriptor	De-Identified	<del>Consumer Friendly description of Current Procedural Terminology, created and owned by the American Medical Association</del>	<del>Procedure codes are essential for identifying the treatments provided and for modeling the impact of specific interventions on health outcomes.</del>

x	mc056_procedure_modifier_1_cd	De-Identified	CPT or HCPCS modifier	Procedure codes are essential for identifying the treatments provided and for modeling the impact of specific interventions on health outcomes.
x	mc057_procedure_modifier_2_cd	De-Identified	CPT or HCPCS modifier	Procedure codes are essential for identifying the treatments provided and for modeling the impact of specific interventions on health outcomes.
x	mc057a_procedure_modifier_3_cd	De-Identified	CPT or HCPCS modifier	Procedure codes are essential for identifying the treatments provided and for modeling the impact of specific interventions on health outcomes.
x	mc057b_procedure_modifier_4_cd	De-Identified	CPT or HCPCS modifier	Procedure codes are essential for identifying the treatments provided and for modeling the impact of specific interventions on health outcomes.

*	modifier description	De-Identified	<del>Description of Outpatient Procedure-modifier code, from either CPT, HCPC, or Ambulance code list.</del>	<del>Procedure codes are essential for identifying the treatments provided and for modeling the impact of specific interventions on health outcomes.</del>
x	APAC grouper	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	Groupers and BETOS codes help categorize claims data for analysis, providing a systematic way to examine healthcare services and expenditures.
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.	Groupers and BETOS codes help categorize claims data for analysis, providing a systematic way to examine healthcare services and expenditures.
*	BETOS	De-Identified	<del>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</del>	<del>Groupers and BETOS codes help categorize claims data for analysis, providing a systematic way to examine healthcare services and expenditures.</del>



*	BETOS level_1_group_id	De-Identified	Berenson-Eggers Type of Service (BETOS) Code-Description-ID	Groupers and BETOS codes help categorize claims data for analysis, providing a systematic way to examine healthcare services and expenditures.
*	BETOS level_1_group	De-Identified	Berenson-Eggers Type of Service (BETOS) Code-Description	Groupers and BETOS codes help categorize claims data for analysis, providing a systematic way to examine healthcare services and expenditures.
*	BETOS level_2_group_id	De-Identified	Subcategory ID	Groupers and BETOS codes help categorize claims data for analysis, providing a systematic way to examine healthcare services and expenditures.
*	BETOS level_2_group	De-Identified	Subcategory Description	Groupers and BETOS codes help categorize claims data for analysis, providing a systematic way to examine healthcare services and expenditures.

*	BETOS_level_3_group_id	De-Identified	Broad Category ID	Groupers and BETOS codes help categorize claims data for analysis, providing a systematic way to examine healthcare services and expenditures.
*	BETOS_level_3_group	De-Identified	Broad Category Description	Groupers and BETOS codes help categorize claims data for analysis, providing a systematic way to examine healthcare services and expenditures.
x	mc058_icd_primary_procedure_cd	De-Identified	The main inpatient procedure code	Procedure codes offer detailed insights into the specific interventions patients receive, which is essential for understanding treatment pathways.
x	mc058a_icd_procedure_2	De-Identified	Inpatient procedure ICD-10 code 2	Procedure codes offer detailed insights into the specific interventions patients receive, which is essential for understanding treatment pathways.

x	mc058b_icd_procedure_3	De-Identified	Inpatient procedure ICD-10 code 3	Procedure codes offer detailed insights into the specific interventions patients receive, which is essential for understanding treatment pathways.
x	mc058c_icd_procedure_4	De-Identified	Inpatient procedure ICD-10 code 4	Procedure codes offer detailed insights into the specific interventions patients receive, which is essential for understanding treatment pathways.
x	mc058d_icd_procedure_5	De-Identified	Inpatient procedure ICD-10 code 5	Procedure codes offer detailed insights into the specific interventions patients receive, which is essential for understanding treatment pathways.
x	mc058e_icd_procedure_6	De-Identified	Inpatient procedure ICD-10 code 6	Procedure codes offer detailed insights into the specific interventions patients receive, which is essential for understanding treatment pathways.

x	mc058f_icd_procedure_7	De-Identified	Inpatient procedure ICD-10 code 7	Procedure codes offer detailed insights into the specific interventions patients receive, which is essential for understanding treatment pathways.
x	mc058g_icd_procedure_8	De-Identified	Inpatient procedure ICD-10 code 8	Procedure codes offer detailed insights into the specific interventions patients receive, which is essential for understanding treatment pathways.
x	mc058h_icd_procedure_9	De-Identified	Inpatient procedure ICD-10 code 9	Procedure codes offer detailed insights into the specific interventions patients receive, which is essential for understanding treatment pathways.
x	mc058j_icd_procedure_10	De-Identified	Inpatient procedure ICD-10 code 10	Procedure codes offer detailed insights into the specific interventions patients receive, which is essential for understanding treatment pathways.

x	mc058k_icd_procedure_11	De-Identified	Inpatient procedure ICD-10 code 11	Procedure codes offer detailed insights into the specific interventions patients receive, which is essential for understanding treatment pathways.
x	mc058l_icd_procedure_12	De-Identified	Inpatient procedure ICD-10 code 12	Procedure codes offer detailed insights into the specific interventions patients receive, which is essential for understanding treatment pathways.
x	mc058m_icd_procedure_13	De-Identified	Inpatient procedure ICD-10 code 13	Procedure codes offer detailed insights into the specific interventions patients receive, which is essential for understanding treatment pathways.
x	mc201_icd_version_cd	De-Identified	ICD version code 9 - ICD-9, 10 - ICD-10	Procedure codes offer detailed insights into the specific interventions patients receive, which is essential for understanding treatment pathways.

x	final_mdc	De-Identified	a code identifying the final Major Diagnostic Category (MDC)	Diagnostic-related groupings are crucial for assessing the cost and quality of care, which can inform outcome prediction models.
x	final_drg	De-Identified	a code indentifying the final Diagnosis Related Group	Diagnostic-related groupings are crucial for assessing the cost and quality of care, which can inform outcome prediction models.
x	final_ms_ind	De-Identified	a flag indicating if final_mdc is medical or surgical	Diagnostic-related groupings are crucial for assessing the cost and quality of care, which can inform outcome prediction models.
x	drg description	De-Identified	Final DRG description	Diagnostic-related groupings are crucial for assessing the cost and quality of care, which can inform outcome prediction models.

x	mdc description	De-Identified	Final MDC description	Diagnostic-related groupings are crucial for assessing the cost and quality of care, which can inform outcome prediction models.
x	MS DRG MDC cross walk Description	De-Identified	Crosswalk DRG to MDC	Diagnostic-related groupings are crucial for assessing the cost and quality of care, which can inform outcome prediction models.
x	mc061_service_qty	De-Identified	count of units reported on claim line	Service quantity can reflect the intensity of care, which may be a predictor of health outcomes.
x	mc017_paid_dt	De-Identified	Payment date	Financial transactions related to healthcare services can affect a patient's willingness to pursue and adhere to treatment regimens, impacting health outcomes.

x	mc062_charge_amt	De-Identified	Payer reported charges or billed amount for the service	Financial transactions related to healthcare services can affect a patient's willingness to pursue and adhere to treatment regimens, impacting health outcomes.
x	mc063_paid_amt	De-Identified	Payment made by payer. Does not include expected copayment, coinsurance or deductible by the member	Financial transactions related to healthcare services can affect a patient's willingness to pursue and adhere to treatment regimens, impacting health outcomes.
x	mc064_prepaid_amt	De-Identified	Prepaid amount	Financial transactions related to healthcare services can affect a patient's willingness to pursue and adhere to treatment regimens, impacting health outcomes.
x	mc065_copay_amt	De-Identified	Expected Co-payment by the member	Financial transactions related to healthcare services can affect a patient's willingness to pursue and adhere to treatment regimens, impacting health outcomes.



x	mc066_coinsurance_amt	De-Identified	Expected Co-insurance by the member	Financial transactions related to healthcare services can affect a patient's willingness to pursue and adhere to treatment regimens, impacting health outcomes.
x	mc067_deductible_amt	De-Identified	Expected Deductible by the member	Financial transactions related to healthcare services can affect a patient's willingness to pursue and adhere to treatment regimens, impacting health outcomes.
x	mc067a_patient_paid_amt	De-Identified	Expected Patient paid amount. Amount patient paid. Required if co-payment, co-insurance or deductible are missing	Financial transactions related to healthcare services can affect a patient's willingness to pursue and adhere to treatment regimens, impacting health outcomes.
x	mc206_pay_to_patient_flag	De-Identified	Payment to patient. 1- If patient was directly reimbursed, 2 - patient was not directly reimbursed	Financial transactions related to healthcare services can affect a patient's willingness to pursue and adhere to treatment regimens, impacting health outcomes.

x	Zeropaid_FL	De-Identified	All lines in a claim paid zero dollars	Payment amounts can reflect the economic burden of care on patients, potentially influencing health outcomes.
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	Payment amounts can reflect the economic burden of care on patients, potentially influencing health outcomes.
x	LowPaid_fl	De-Identified	All lines in a claims sum to less than \$4 paid	Payment amounts can reflect the economic burden of care on patients, potentially influencing health outcomes.
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)	Identifies whether services were in-network or out-of-network, which may impact the cost and potentially the quality of care received.
x	dw_rendering_provider_id	De-Identified	A unique identifier associated with a unique rendering provider across plans, payers and years	Provider identifiers can help link specific providers or facilities to patient outcomes, which is important for quality assessment and improvement efforts.

x	dw_billing_provider_id	De-Identified	A unique identifier associated with a unique billing provider across plans, payers and years	Provider identifiers can help link specific providers or facilities to patient outcomes, which is important for quality assessment and improvement efforts.
x	hospital_name	De-Identified	Name of Oregon Hospital	Provider identifiers can help link specific providers or facilities to patient outcomes, which is important for quality assessment and improvement efforts.
x	ASC_name	De-Identified	Name of Oregon Ambulatory Surgery Center	Provider identifiers can help link specific providers or facilities to patient outcomes, which is important for quality assessment and improvement efforts.
x	billing_asc_id	De-Identified	Ambulatory surgery center billed or services	Provider identifiers can help link specific providers or facilities to patient outcomes, which is important for quality assessment and improvement efforts.

x	age	De-Identified	Age on date of service	Patient age is a critical variable in health outcome prediction, affecting susceptibility to diseases, treatment responses, and recovery rates.
x	age_group	De-Identified	Age bands based on date of service	Patient age is a critical variable in health outcome prediction, affecting susceptibility to diseases, treatment responses, and recovery rates.
x	yob	De-Identified	Year of Birth. Null If no date of birth was reported	<del>Patient age is a critical variable in health outcome prediction, affecting susceptibility to diseases, treatment responses, and recovery rates.</del>
x	me013_member_gender_cd	De-Identified	member's gender F = Female, M = Male, U = Unknown	Gender can be an important factor in disease prevalence, response to treatment, and health outcomes.

x	urban_fl	De-Identified	Zip codes grouped into urban and rural identified by OHA	Socio-demographic factors, interim billing, and other claims data provide context that can significantly influence health outcomes and are essential for comprehensive health services research.
x	member_zip_three	De-Identified	First three characters of member zip code from the date of service	Socio-demographic factors, interim billing, and other claims data provide context that can significantly influence health outcomes and are essential for comprehensive health services research.
x	interim_fl	De-Identified	Flag identifying interim bills	Socio-demographic factors, interim billing, and other claims data provide context that can significantly influence health outcomes and are essential for comprehensive health services research.

x	interim_claim_id	De-Identified	Unique identifier set by DW_Claim_ID of the initial interim claim	Socio-demographic factors, interim billing, and other claims data provide context that can significantly influence health outcomes and are essential for comprehensive health services research.
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	Important to know claims type

Field Requested	Data Element	Security Level	Description	Justification/use within specific project
<p>The data elements highlighted in blue are provided in every data request</p>	release_id	De-Identified	A value associated with the data release	Not required
	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	The end date of service provides a timeframe for dental treatments, necessary for longitudinal analyses of dental and medical health trajectories.
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)	Different lines of business may have varying coverage for dental services, which can affect the management of oral health and its impact on systemic conditions.
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	Different lines of business may have varying coverage for dental services, which can affect the management of oral health and its impact on systemic conditions.
x	self_insured_fl	De-Identified	Self Insured flag, 1=Y, 0=N	Different lines of business may have varying coverage for dental services, which can affect the management of oral health and its impact on systemic conditions.



x	dc037_place_of_service_cd	De-Identified	Industry standard place of service code	The place of service can indicate the level of care and resources available, which may correlate with treatment outcomes.
x	dc038_claim_status_cd	De-Identified	Claim status. P - Paid, D - Denied, C - CCO encounter, E - other	Understanding claim denials provides insight into potential gaps in care that may affect a patient's overall health trajectory.
x	dc038a_denial_reason_cd	De-Identified	Code that defines the reason why the claim was denied. Required when DC038 = D	Understanding claim denials provides insight into potential gaps in care that may affect a patient's overall health trajectory.
x	dc039_cdt_cd	De-Identified	The Common Dental Terminology Code (CDT) for the dental procedure on the claim	These codes specify the dental procedures performed, which are directly related to the patient's oral health status and necessary for modeling health outcomes.

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.	These codes specify the dental procedures performed, which are directly related to the patient's oral health status and necessary for modeling health outcomes.
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	These codes specify the dental procedures performed, which are directly related to the patient's oral health status and necessary for modeling health outcomes.
x	dc040_dental_quadrant_1	De-Identified	standard quadrant identifier when CDT code indicates procedure on 3 or more consecutive teeth	Quadrant information can help in localizing dental conditions, which may be relevant when examining the relationship between oral health and systemic diseases.
x	dc040a_dental_quadrant_2	De-Identified	standard quadrant identifier when CDT code indicates procedure on 3 or more consecutive teeth	Quadrant information can help in localizing dental conditions, which may be relevant when examining the relationship between oral health and systemic diseases.

x	dc040b_dental_quadrant_3	De-Identified	standard quadrant identifier when CDT code indicates procedure on 3 or more consecutive teeth	Quadrant information can help in localizing dental conditions, which may be relevant when examining the relationship between oral health and systemic diseases.
x	dc040c_dental_quadrant_4	De-Identified	standard quadrant identifier when CDT code indicates procedure on 3 or more consecutive teeth	Quadrant information can help in localizing dental conditions, which may be relevant when examining the relationship between oral health and systemic diseases.
x	dc041_diagnosis_cd	De-Identified	ICD diagnosis code	ICD diagnosis codes for dental conditions are crucial for correlating dental diagnoses with systemic health outcomes.
x	dc207_tooth_number_1	De-Identified	Number to identify tooth on which service was performed	Tooth number and surface codes provide detailed information on the specific teeth and surfaces treated, important for assessing the severity and extent of dental conditions.

x	dc208_tooth_1_surface_1	De-Identified	Code representing the tooth surface on which the service was performed	Tooth number and surface codes provide detailed information on the specific teeth and surfaces treated, important for assessing the severity and extent of dental conditions.
x	dc208a_tooth_1_surface_2	De-Identified	Additional tooth surface on which the service was performed	Important for assessing the severity and extent of dental conditions.
x	dc208b_tooth_1_surface_3	De-Identified	Additional tooth surface on which the service was performed	Tooth number and surface codes provide detailed information on the specific teeth and surfaces treated, important for assessing the severity and extent of dental conditions.
x	dc208c_tooth_1_surface_4	De-Identified	Additional tooth surface on which the service was performed	Tooth number and surface codes provide detailed information on the specific teeth and surfaces treated, important for assessing the severity and extent of dental conditions.

x	dc208d_tooth_1_surface_5	De-Identified	Additional tooth surface on which the service was performed	Tooth number and surface codes provide detailed information on the specific teeth and surfaces treated, important for assessing the severity and extent of dental conditions.
x	dc208e_tooth_1_surface_6	De-Identified	Additional tooth surface on which the service was performed	Tooth number and surface codes provide detailed information on the specific teeth and surfaces treated, important for assessing the severity and extent of dental conditions.
x	dc209_tooth_number_2	De-Identified	Number to identify additional tooth on which service was performed	Tooth number and surface codes provide detailed information on the specific teeth and surfaces treated, important for assessing the severity and extent of dental conditions.
x	dc210_tooth_2_surface_1	De-Identified	Code representing the tooth surface on which the service was performed	Tooth number and surface codes provide detailed information on the specific teeth and surfaces treated, important for assessing the severity and extent of dental conditions.

x	dc210a_tooth_2_surface_2	De-Identified	Additional tooth surface on which the service was performed	Tooth number and surface codes provide detailed information on the specific teeth and surfaces treated, important for assessing the severity and extent of dental conditions.
x	dc210b_tooth_2_surface_3	De-Identified	Additional tooth surface on which the service was performed	Tooth number and surface codes provide detailed information on the specific teeth and surfaces treated, important for assessing the severity and extent of dental conditions.
x	dc210c_tooth_2_surface_4	De-Identified	Additional tooth surface on which the service was performed	Tooth number and surface codes provide detailed information on the specific teeth and surfaces treated, important for assessing the severity and extent of dental conditions.
x	dc210d_tooth_2_surface_5	De-Identified	Additional tooth surface on which the service was performed	Tooth number and surface codes provide detailed information on the specific teeth and surfaces treated, important for assessing the severity and extent of dental conditions.

x	dc210e_tooth_2_surface_6	De-Identified	Additional tooth surface on which the service was performed	Tooth number and surface codes provide detailed information on the specific teeth and surfaces treated, important for assessing the severity and extent of dental conditions.
x	dc211_tooth_number_3	De-Identified	Number to identify additional tooth on which service was performed	Tooth number and surface codes provide detailed information on the specific teeth and surfaces treated, important for assessing the severity and extent of dental conditions.
x	dc212_tooth_3_surface_1	De-Identified	Code representing the tooth surface on which the service was performed	Tooth number and surface codes provide detailed information on the specific teeth and surfaces treated, important for assessing the severity and extent of dental conditions.
x	dc212a_tooth_3_surface_2	De-Identified	Additional tooth surface on which the service was performed	Tooth number and surface codes provide detailed information on the specific teeth and surfaces treated, important for assessing the severity and extent of dental conditions.

x	dc212b_tooth_3_surface_3	De-Identified	Additional tooth surface on which the service was performed	Tooth number and surface codes provide detailed information on the specific teeth and surfaces treated, important for assessing the severity and extent of dental conditions.
x	dc212c_tooth_3_surface_4	De-Identified	Additional tooth surface on which the service was performed	Tooth number and surface codes provide detailed information on the specific teeth and surfaces treated, important for assessing the severity and extent of dental conditions.
x	dc212d_tooth_3_surface_5	De-Identified	Additional tooth surface on which the service was performed	Tooth number and surface codes provide detailed information on the specific teeth and surfaces treated, important for assessing the severity and extent of dental conditions.
x	dc212e_tooth_3_surface_6	De-Identified	Additional tooth surface on which the service was performed	Tooth number and surface codes provide detailed information on the specific teeth and surfaces treated, important for assessing the severity and extent of dental conditions.



x	dc213_tooth_number_4	De-Identified	Number to identify additional tooth on which service was performed	Tooth number and surface codes provide detailed information on the specific teeth and surfaces treated, important for assessing the severity and extent of dental conditions.
x	dc214_tooth_4_surface_1	De-Identified	Code representing the tooth surface on which the service was performed	Tooth number and surface codes provide detailed information on the specific teeth and surfaces treated, important for assessing the severity and extent of dental conditions.
x	dc214a_tooth_4_surface_2	De-Identified	Additional tooth surface on which the service was performed	Tooth number and surface codes provide detailed information on the specific teeth and surfaces treated, important for assessing the severity and extent of dental conditions.
x	dc214b_tooth_4_surface_3	De-Identified	Additional tooth surface on which the service was performed	Tooth number and surface codes provide detailed information on the specific teeth and surfaces treated, important for assessing the severity and extent of dental conditions.

x	dc214c_tooth_4_surface_4	De-Identified	Additional tooth surface on which the service was performed	Tooth number and surface codes provide detailed information on the specific teeth and surfaces treated, important for assessing the severity and extent of dental conditions.
x	dc214d_tooth_4_surface_5	De-Identified	Additional tooth surface on which the service was performed	Tooth number and surface codes provide detailed information on the specific teeth and surfaces treated, important for assessing the severity and extent of dental conditions.
x	dc214e_tooth_4_surface_6	De-Identified	Additional tooth surface on which the service was performed	Tooth number and surface codes provide detailed information on the specific teeth and surfaces treated, important for assessing the severity and extent of dental conditions.
x	dc062_charge_amt	De-Identified	Payer reported charges or billed amount for the service. 0 if amt=0, blank if missing	Financial aspects of dental care can impact patient behavior and access to treatment, which in turn can affect health outcomes.

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	Financial aspects of dental care can impact patient behavior and access to treatment, which in turn can affect health outcomes.
x	dc064_prepaid_amt	De-Identified	Prepaid amount. 0 if amt=0, blank if missing	Financial aspects of dental care can impact patient behavior and access to treatment, which in turn can affect health outcomes.
x	dc065_copay_amt	De-Identified	Expected Co-payment by the member. 0 if amt=0, blank if missing	Financial aspects of dental care can impact patient behavior and access to treatment, which in turn can affect health outcomes.
x	dc066_coinsurance_amt	De-Identified	Expected Co-insurance by the member. Medicaid values are not co-insurance and should not be included. 0 if amt=0, blank if missing	Financial aspects of dental care can impact patient behavior and access to treatment, which in turn can affect health outcomes.
x	dc067_deductible_amt	De-Identified	Expected Deductible by the member. 0 if amt=0, blank if missing	Financial aspects of dental care can impact patient behavior and access to treatment, which in turn can affect health outcomes.

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	Financial aspects of dental care can impact patient behavior and access to treatment, which in turn can affect health outcomes.
x	dc017_paid_dt	De-Identified	Payment date	Financial aspects of dental care can impact patient behavior and access to treatment, which in turn can affect health outcomes.
x	dw_rendering_provider_id	De-Identified	Rendering provider composite ID. A unique identifier associated with a unique rendering provider across plans and payer	Provider identifiers are necessary to analyze the influence of different providers on treatment choices and outcomes.
x	dw_billing_provider_id	De-Identified	Billing provider composite ID. A unique identifier associated with a unique billing provider across plans and payer	Provider identifiers are necessary to analyze the influence of different providers on treatment choices and outcomes.
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)	Knowing whether services were provided in or out of network can indicate potential differences in the quality of care and its subsequent impact on health outcomes.

x	yob	De-Identified	Year of Birth from Member_DOB field from Member DAV. If no date of birth has been reported, NULL	Age is a fundamental factor in both dental and medical conditions, necessary for any predictive modeling of health outcomes.
x	age	De-Identified	Age on date of service	Age is a fundamental factor in both dental and medical conditions, necessary for any predictive modeling of health outcomes.
x	age_group	De-Identified	Age bands based on date of service	Age is a fundamental factor in both dental and medical conditions, necessary for any predictive modeling of health outcomes.
x	member_zip_three	De-Identified	First three characters of member's zip code	These elements provide socio-demographic context, which is vital for addressing disparities in health outcomes.
x	urban_fl	De-Identified	Zip codes grouped into urban and rural identified by OHA	These elements provide socio-demographic context, which is vital for addressing disparities in health outcomes.



**APAC Cost Waiver Request**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

1. Have you already requested data? If so, what is the tracking number assigned?

Yes                      No

If yes, tracking number assigned \_\_\_\_\_

2. There are two parts to the cost of data files

- The cost for OHA staff to build the data set code which recoups the public funds used by APAC. This amount varies by project request because the code is customized for each project; and
- The cost for the vendor to perform quality assurance, package and transfer the file to the data requester which is a flat fee of \$890.

Please specify which portion(s) of the fee are requested to be partially or fully waived. OHA will only approve cost waiver requests for those who have demonstrated compelling reasons.

3. Will all results be publicly reported and available free of cost? If yes, describe the availability planned. If no, tell us why the analysis results cannot be made available.

Yes                      No

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**APAC Staff Only**

Tracking number assigned: \_\_\_\_\_

Decision:            Denied  
                          Partial waiver \_\_\_\_\_ waived  
                          Full waiver

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

Staff Reviewer: James Oliver

DRTS Number: 6242

Date review completed: 10/8/2024

	Yes	No	N/A	Need more information
Is this a new APAC request?	X			
<b><u>New APAC Request</u> (skip to next section if amendment request):</b>				
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			Model relationship between physical health morbidities and dental health outcomes.
2.2 Research questions provided with adequate detail	X			Three research questions provided.
2.3 Described planned products and reports derived from requested data	X			PhD dissertation, publications, presentations
2.4 Project begin and end date provided	X			End 12/21/2026
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			Research
3.2 Checked box for level of data identifiers	X			De-identified
3.3 IRB application, approval memo, end date	X			Exempt
4.1 Completed data elements workbook	X			
4.2 Adequately described how the data elements requested are the minimum necessary	X			This is a wide data set, but necessary to identify health morbidities and covariates for a machine learning model.
5.1 Plan provided to prevent re-identification	X			Will combine categories as needed to meet minimum cell size. Must have GMU approval to export aggregate results from analytic environment.
5.2ab Plan to link APAC data to other data source		X		
5.2c Requests OHA to link APAC to other data			X	
5.2d Detailed data linking plan provided			X	
5.3 Provided adequate description of data management, security and data destruction plan	X			
Passes Minimum Necessary Review	X			Requester has agreed to significantly limit the scope of this request. It will still cover years 2011-2022, but will be

	Yes	No	N/A	Need more information
				limited to people with dental claims who also have medical claims. It will end up being a wide data set with a very small number of rows. A wide data set is appropriate for training machine learning models.
Recommend management approval	X			This request is another attempt to use APAC data to build predictive machine learning models. This is a legitimate research use of the data and we should probably expect more such requests in the future.