Oregon Health Authority

APAC
ALL PAYER • ALL CLAIMS

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@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

Project Title: The Impact of Extended Medicaid Access on Postpartum Health Service Utilization and Continuity

Principal Investigator: Kalli Koukounas

Title of Principal Investigator: PhD Candidate, Health Services Research

Organization: Brown University School of Public Health

Address: 121 South Main Street

City: Providence State: RI Zip Code: 02903

Telephone: 5517959799

Email: kalli_koukounas@brown.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.

Little evidence exists documenting the impact of payer transitions in the postpartum period. In the general population, insurance transitions are associated with gaps in care access due to changes in benefits and provider networks. Additional evidence on the effect of postpartum payer transitions is needed to ensure that policy changes meet their targeted goal of reducing maternal morbidity and mortality in the postpartum period. I propose to investigate the impact of Medicaid coverage extensions on postpartum healthcare utilization and spending, as well as how these effects may differ across racial/ethnic and socioeconomic categories. To accomplish this, I will leverage the nationwide Medicaid continuous coverage provisions, a policy change that occurred during the COVID-19 public health emergency (PHE) and temporarily paused all Medicaid disenrollment. I will specifically focus on the state of Oregon, an expansion state with low uninsurance before the pandemic. Please see additional documentation provided for more information. This is for a research project, not my doctoral dissertation.

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."

Aim 1: Investigate the effect of continuous postpartum coverage during the PHE on transitions from Medicaid to commercial insurance during the first year after childbirth.
Aim 2: Compare the continuity of common service utilization and spending in the first year postpartum between those with continuous Medicaid and commercial coverage.
Aim 3: Conduct a stratified analysis by race/ethnicity to examine the differential effect of continuous Medicaid coverage on postpartum healthcare use and spending. As available, I will extend stratification to income level as well.

Please see additional documentation provided for further information.

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.

I will seek to disseminate this research as a paper targeted to high-impact health services research or women's health focused journals. I will further seek to present findings at conferences including Academy Health and ASHEcon.

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

Anticipated Start Date: 11/01/2024

Anticipated Publication/Product Release Date: 08/01/2025

Anticipated End Date: 12/01/2025

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: Maria Steenland Email: maria_steenland@brown.edu	Project role: External Advisor
Name: Amal Trivedi Email: amal_trivedi@brown.edu	Project role: Supervisor
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: Jeffrey Hiris Email: jeffrey_hiris@brown.edu	Technical role: Director of Information Technology
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.
I propose a systematic investigation into the proposed research questions listed above, that I seek to publish in order to contribute to generalized knowledge about the influence of health insurance on postpartum maternal health outcomes.

3.2 Direct identifiers. What level of data identifiers are you requesting (***choose only one***)?

Reference the Data Elements Workbook for the categorization of data elements.

☐ De-identified (as outlined in 45 CFR 164.514(e)) protected health information

☒ Limited, potentially re-identifiable data elements

☐ Restricted direct identifiers (member name, address, date of birth, etc.) *Please note:* Direct identifiers are only released under special circumstances that comply with HIPAA requirements, and will require specific approvals, such as IRB approval, patient consent and/or review by the Oregon Department of Justice.

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

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

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

☒ Yes ☐ No

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

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

☑ IRB application and approval memo are attached.

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

I have submitted for and received an IRB Exemption under review Category 4.

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):

Under exemption category 4, I have received waiver of informed consent based on the data requested and the scope of the proposed study. No expiration of approval.

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 2022 are currently available.

2016-2022

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 18-65
(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:

Procedures, indicate CPT to include:

Pharmaceuticals, indicate NDC or therapeutic classes to include:

f. APAC has a small number of out-of-state residents included, most often through PEBB or OEBB coverage. Do you want to include out-of-state residents? ☐ Yes ☒ No

4.2 Data Element Workbook: Complete the Data Element Workbook to identify specific data requested.

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

SECTION 5: DATA MANAGEMENT & SECURITY

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

If research outputs result in small numbers or subgroups, I will seek to either aggregate the subgroups together for reporting purposes to a level that is above 51 individuals, or as appropriate I will suppress the resulting cells / analyses from any published material.

5.2 Data Linkage: OHA seeks to ensure that APAC data cannot be re-identified if it is linked or combined with data from other sources at the record, individual or address level. Requesters are strongly encouraged to consult with APAC staff regarding linking APAC data with other data prior to submitting a data request. Health Analytics prefers to conduct APAC data linking in-house and share only encrypted identifiers with data requesters.

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

☒ Yes ☐ No

If yes, please complete parts b-d below.

b. At what level will data be linked?

☐ Address ☐ Facility ☑ Individual person/member

☐ Individual provider

c. If required to link

☒ Authorized to provide data for linking at OHA

☐ Not authorized to provide data for linking at OHA

☐ Unknown

d. Describe and justify all necessary linkages, including the key fields in each data set, how they will be linked, the software proposed to perform the linkage and why it is necessary.

I want to link to Vital Statistics Birth data provided by Oregon's Center for Vital Statistics for the same time period (2016-2022). Oregon's APAC program team would carry out the linkage. I hope to use this data to help identify birthing individuals for inclusion in our study cohort, as the first method by which to identify individuals who give birth in a given year.

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

I will ensure that data pulled is not at an identifiable level, and that all published data will be kept aggregated to levels above 50 individuals. Further, all data will be held in a Stronghold/Server environment at Brown University that meets APAC's requirements, and is password protected for access only by myself and Jeffrey Hiris.

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?

Media will be physically destroyed, cryptographically rendered unusable or completely overwritten 7 times by the IT Director. A 30 Stronghold snapshot retention window will irrevocably expunge the data at the end of this DUA.

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 requires reimbursement for the cost of file transfer ($890 per request) and the total time spent by APAC staff on research and administrative activities. Payment must be received before the data will be provided. APAC staff will provide an invoice to facilitate payment. OHA's W-9 is available on request.

SECTION 7: CHECKLIST AND SIGNATURE

7.1 Checklist: Please indicate that the following are completed:

☒ I acknowledge that payment will not be refunded if OHA fulfills the data request, but the receiving entity does not have the capability to import or analyze the data

☒ All questions are answered completely

☒ Data Element Workbook is attached to email or printed application

☒ IRB application with approval/finding memo is attached to email or printed application, if applicable

☒ Data privacy and security policies for the requesting organization, and any third-party organizations, are attached to the email or printed application

7.2 Optional Racial Justice Addendum: Please see the last two pages of this form for options if data will be used to eliminate racial injustice.

☐ I am interested in this option
☒ This option does not apply to my data request

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

Signature Date 10/15/2024

Printed name Kalli Koukounas

Title PhD Candidate in Health Services Research

Return the completed form with required attachments to APAC.Admin@odhsoha.oregon.gov.

Oregon Health Authority

APAC ALL PAYER • ALL CLAIMS

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.

OFFICE OF HEALTH ANALYTICS
All Payer All Claims Data Reporting Program
Tina Kotek, Governor

Oregon Health Authority
421 SW Oak St, Suite 850
Portland, OR 97204

APAC Cost Waiver Request

Name: Kalli Koukounas

Organization: Brown University School of Public Health

Email: kalli_koukounas@brown.edu Phone: 551-795-9799

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.

I am requesting both the cost for OHA staff to build the data set code and the flat fee cost to be fully waived. I am requesting a fee waiver due to the fact that I am a PhD student at Brown University's School of Public Health with limited access to funding, who feels passionate about conducting this research as part of my training in health services research. I have been able to design this research independently, with approval and supervision from a faculty mentor, and feel that the ability to access and utilize Oregon's data to carry out my work would be an invaluable opportunity for me to learn and grow as an independent researcher. This will be for a research project, not for my doctoral dissertation.

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

Yes, the intention is for the work from this study to be published in an open access journal for publ

---

APAC Staff Only

Tracking number assigned: ______________________

Decision: ☐ Denied
☐ Partial waiver __________ waived
☐ Full waiver

Rev. 08/2023

The Impact of Extended Medicaid Access on Postpartum Health Service Utilization and Continuity

A. Abstract & Aims

Medicaid pays for the pregnancy- and childbirth-related healthcare for approximately 40% of births in the U.S. annually.[1] Before recent policy changes, Medicaid pregnancy coverage ended at 60 days postpartum, after which time individuals transitioned to either Medicaid coverage under the adult eligibility pathway, commercial insurance, or uninsurance.[2] This coverage disruption comes at a particularly vulnerable time, as over half of all maternal pregnancy-related deaths in the U.S. occur in the 12-month period following delivery.[3]

To reduce insurance transitions in the critical postpartum period, 48 states have adopted policies extending postpartum Medicaid coverage from 60 days to 12 months.[2] The ACA's Medicaid expansion reduced, but did not eliminate, the population of low-income birthing people that had a postpartum insurance transition (from 59%[4] to 28.7%[5]), primarily through reducing uninsurance. However, currently in expansion states (41 states and DC as of Jan 2024)[6] it is more common for people with a Medicaid-paid birth to transition to private insurance than to become uninsured.[7] Therefore, the primary insurance impact of 12-month extensions in many states will likely be to reduce disruptions in insurance coverage rather than reduce uninsurance.

Little evidence exists documenting the impact of payer transitions in the postpartum period. In the general population, insurance transitions are associated with gaps in care access due to changes in benefits and provider networks.[8–10] Coverage shifts are associated with the overuse of expensive care settings (+10-36%) and reduction in prescription adherence (-19%).[8] Provider discontinuity alone was shown to increase total hospital days (+3.5) and ER visits (+19 percentage points), and to decrease patient satisfaction.[11] Further, previous research has shown that relative to remaining on Medicaid, postpartum individuals who switch to a private payer spend ~$100 more per month.[12] Additional evidence on the effect of postpartum payer transitions is needed to ensure that policy changes meet their targeted goal of reducing maternal morbidity and mortality in the postpartum period.

I propose to investigate the impact of Medicaid coverage extensions on postpartum healthcare utilization and spending, as well as how these effects may differ across racial/ethnic and socioeconomic categories. To accomplish this, I will leverage the nationwide Medicaid continuous coverage provisions, a policy change that occurred during the COVID-19 public health emergency (PHE) and temporarily paused all Medicaid disenrollment. I will specifically focus on the state of Oregon, an expansion state with low uninsurance before the pandemic. The state of Oregon implemented 12-month continuous coverage of postpartum women who deliver on Medicaid in April 2022, with a 1-year lookback period, as outlined in a state policy memo.

Aim 1: Investigate the effect of continuous postpartum coverage during the PHE on transitions from Medicaid to commercial insurance during the first year after childbirth.

Aim 2: Compare the continuity of common healthcare service utilization and spending in the first year postpartum between those with continuous Medicaid and commercial coverage.

Aim 3: Conduct a stratified analysis by race/ethnicity to examine the differential effect of continuous Medicaid coverage on postpartum healthcare service utilization and spending. As available, I will extend stratification to income level as well.

B. Methods

B1. Study Overview & Design. Effective March 18th, 2020, the Families First Coronavirus Response Act implemented Medicaid continuous enrollment, a provision that prevented the disenrollment of *any* beneficiary from Medicaid coverage for the duration of the PHE.[13] As a result of this enrollment extension, individuals whose pregnancy and delivery care were covered by Medicaid between April 2020 and March 2023 retained Medicaid coverage in the postpartum period far longer than was previously available.

This study will use a difference-in-differences methodology to examine changes in insurance coverage, healthcare use and spending. A differences-in-differences methodology compares the trend in outcomes over time between two disparate populations in the period before and after policy implementation. I propose to analyze outcomes for people covered by commercial or Medicaid insurance at delivery in the period before (2016-2019) and during (2020-2022) continuous enrollment. I use the pre-period (2016-2019) data to establish a trend between the two groups prior to the policy's implementation, which the methodology assumes would have continued as observed had the policy not been put into place. A long pre-period is required to build the evidence base necessary to establish a robust trendline. I use the post-policy (2020-2022) data to observe how the effect of the policy results in any differential changes in the trendlines observed in the pre-policy period. The primary study identification strategy will use those commercially insured during pregnancy and childbirth as a comparison group, given that their postpartum coverage was not affected by the continuous enrollment provision.

The Oregon team notes that "up to 29% of the people in APAC are covered by commercial and Medicaid at the same time. You may want to consider categorizing women who gave birth as only commercial, only Medicaid and both commercial and Medicaid for your research." Based on our team's evaluation of the sample size of each cohort, we will first conduct an analysis of Medicaid-only vs Commerical-only birthing individuals, and later a robustness check to evaluate any-Medicaid (including both Medicaid-only and Medicaid plus Commerically insured) vs Commercial-only birthing individuals.

B2. Data Sources. I will use the Oregon All Payer All Claims Reporting Program (APAC) data 2016-2022. The APAC uniquely reports data from the majority of insurance providers operating in the state of Oregon, with the ability to track individuals across insurance providers. The strength of Oregon's APAC data include its comprehensiveness, with an estimated coverage of nearly 92% of Oregon residents including: 100% fully-insured, 61% self-insured, 96% Medicaid and 100% Medicare populations.[14] The database includes medical, dental, and pharmacy claims, payment amounts, member and provider information.[14] The APAC has a waiver program in place for students, which would allow free access to the data source if the research project is approved by the governing committee. Once accessed, the APAC estimates timely turnaround, typically within 2-6 months depending on request's scope.[14]

B3. Study Population. The primary study population will be all individuals in Oregon with Medicaid or commercial pregnancy insurance coverage between 2016-2021. Oregon is an ideal state for this analysis because of its robust APAC program, and because it is an expansion state with low uninsurance before the pandemic. This will allow us to study the impact of insurance transitions, since the main impact of continuous coverage in the state was to reduce transitions between Medicaid and commercial coverage, rather than transitions to uninsurance.

Our preliminary research indicates a sample of size of ~40,000 births per year in Oregon.[15] I will exclude all people whose childbirth care was paid for by Emergency Medicaid, the payment mechanism used for those not eligible for standard Medicaid based on immigration status. I will also exclude people who gave birth in 2022, to observe the full 12-month postpartum period across all individuals in our study sample. I will maintain 2022 data for outcome measurement among people who gave birth in 2021.

B4. Outcome Measures.

- Continuous insurance coverage, a binary outcome coded as 1 for all individuals who had insurance for every month of the 12-month postpartum period
- Continuity of healthcare service use over the 12-month postpartum period using three distinct indices to measure continuity, including:
    - The Modified Modified Continuity index, a measure of visit dispersion across different providers
    - The Continuity of Care index, a weighted combination of visit dispersion across providers and frequency within each provider
    - The Sequential Continuity Index, a measure of sequential visit continuity
        - For Outpatient, Primary Care and Postpartum visits, I measure total and continuous utilization across indices listed above
        - For ED and Inpatient visits, I solely measure total utilization
        - *(see **Methods** for index calculations and **Table 2** for claims details)*
- Postpartum healthcare spending, both total payment and out of pocket costs (coinsurance, copayment and deductible)

I propose to track continuity of care across common healthcare services used in the postpartum period, including care in an outpatient setting, primary care and postpartum visits. The claims definition of these services is informed by prior research of postpartum healthcare utilization, and is included in ***Table 2*** below along with references. I further plan to track any utilization of the Emergency Department (ED) and inpatient hospitalization, in order to generate measures of the frequency of adverse events across the two populations. ED and inpatient hospitalization claims definitions are informed by informed by prior research of postpartum healthcare utilization, and is included in ***Table 2*** below along with references.

B5. Exposures. Childbirth paid for by Medicaid after March 18th, 2020.

B6. Other Covariates. Maternal age, race, ethnicity, urban/rural status, primary spoken language, and chronic disease prior to pregnancy.

C. Analysis & Dissemination

C1. Continuity Indices.[17,18]

In the following patient-level formulas, *k* represents total providers, *N* is total visits across all providers, and *n* is visits per provider, in a given period.

The Modified Modified Continuity Index (MMCI) evaluates visit dispersion between providers, ranging from 0 (each visit made to a different physician) to 1 (all visits made to a single physician).

$$MMCI = \frac{1 - \frac{k}{N + 0.1}}{1 - \frac{1}{N + 0.1}}$$

The Continuity of Care Index (COC) evaluates a weighted combination of visit dispersion between providers (MMCI) and visit frequency to each provider, ranging from 0 to 1.

$$COC = \frac{\sum_{i=1}^{k} n_i^2 - N}{N(N-1)}$$

The Sequential Continuity Index (SECON) evaluates the number of visits made to the patient's most recent physician, where φ is a binary index measuring whether current and subsequent visits are made to the same provider.

$$SECON = \frac{\varphi_i + \ldots + \varphi_{n-1}}{N - 1}$$

The Oregon team notes that "provider data in APAC is messy due to how providers/payers report provider data and the vendor method for assigning a unique provider identifier across payers, years. Sometimes different payers (names) are reported with the same NPI. You may want to consider identifying when the same NPI is reported for different providers and creating a new/different provider ID." We will seek to evaluate NPI data completeness once the data is in hand to develop a strategy to proceed with our analyses, taking this into account.

C2. DiD Analysis.

I will apply the following difference-in-difference model for individual i in month t across the outcome measures defined above:

$$Outcome_{it} = \beta_0 + \beta_1 Insurance_i + \beta_2 Post_t + \beta_3 (Insurance_i \times Post_t) + \beta_4 X_{it} + \eta_t + \varepsilon_{it}$$

where $Insurance_i$ designates whether an individual delivered on Medicaid or commercial insurance, and $Post_t$ is an indicator for whether month t is after implementation of the continuous enrollment provision (March 2020). Coefficient β_3 measures the effect of continuous enrollment on outcomes of interest. X_{it} are sociodemographic and health status covariates to prevent confounding on the association of interest, and η_t are month fixed effects (e.g. for January an indicator variable equal to 1 for births in January and 0 otherwise) to control for seasonality.

To extend our methodology to incorporate an analysis of racial/ethnic disparities in care, I aim to produce triple-difference analyses:

$$\begin{aligned} Outcome_{it} = {} & \beta_0 + \beta_1 \mathrm{Insurance}_i + \beta_2 Post_t + \beta_3(\mathrm{Insurance}_i \times Post_t) + \beta_4 Race_i \\ & + \beta_5(Insurance_i \times Race_i) \\ & + \beta_6(Post_t \times Race_i) + \beta_7(Insurance_i \times Post_t \times Race_i) + \beta_8 X_{it} + \eta_t + \varepsilon_{it} \end{aligned}$$

C3. Additional Controls.

The COVID-19 pandemic had important effects on health service use during the proposed study period. While I expect that the study population experienced declines in healthcare use in the first months of the pandemic, the concurrent declines among both Medicaid and commercially insured individuals limits our bias concerns. Additionally, for many services, the pandemic produced a strong initial impact followed by only modest effects. For example, while preventive care initially declined ~80% from mid-March to May 2020, I observe a utilization rebound to starting in July 2020, reaching and maintaining near pre-pandemic levels.[19] Similar research demonstrates that hospital admissions fell to a low of 69.2% predicted admissions in April, but rebounded to 95% of predicted level by July.[20] As I conduct our analysis, I will explore omitting data related to births occurring in the first three months of the pandemic, as well as means to control for COVID-related hospitalizations.

C4. Dissemination.

I will seek to disseminate this research as a paper targeted to high-impact health services research or women's health focused journals. I will further seek to present findings at conferences including Academy Health and ASHEcon.

E. Project Timeline

Project Timeline	Year 1 (2024)				Year 2 (2025)			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Obtaining Data	▨	▨						
Finalize outcome definitions		▨						
Data cleaning and cohort development			▨					
Model development			▨					
Analysis			▨	▨				
Manuscript				▨	▨			
Submit and revise manuscripts					▨	▨		
Presentation							▨	
Final Impact Report							▨	

I propose to conduct the majority of the study's analysis during summer 2024 (Q3), after working with Oregon's APAC in Q2 to obtain data. I will draft and submit manuscripts to targeted publications and conferences over Q4 2024 – Q2 2025, with conference attendance in the summer of 2025 (Q3).

F. Conclusion

These analyses will provide evidence on the effect of maintaining Medicaid relative to switching to private insurance, as well as early insight into the potential effects of 12-month pregnancy Medicaid extensions. Recent research has demonstrated that the continuous enrollment period was successful in improving postpartum Medicaid coverage.[21,22] Our study aims to extend this literature and fill a gap in maternal health research, by evaluating the impact of postpartum payer transitions on care continuity and utilization. This research has important policy implications as stakeholders address strategies to combat postpartum mortality and morbidity.

Table 2: Claims Definitions for Outcome Measurement

Outcome	Claims Coding	Source
Newborn deliveries	Primary -- Vital Statistics: As possible, I will use Oregon state's vital statistics records to identify women who have given birth in the time frame of interest. For women who do not have a birth record linkage, I would like to secondarily identify them using claims data coding in the following manner: Secondary – Claims identification: ICD-10-CM: O80, O80.0, O80.1, O80.8, O80.9, O82, O82.0, O82.1, O82.2, O82.8, O82.9, Z37, Z37.0-Z37.5, Z37.50-Z37.54, Z37.59-Z37.64, Z37.69, Z37.7, Z37.9, Z38, Z38.0, Z38.00, Z38.1, Z38.2, Z38.3, Z38.30, Z38.31, Z38.4, Z38.5, Z38.6, Z38.61 – Z38.66, Z38.68, Z38.69, Z38.7, Z38.8 CPT: 1960, 1961, 59400, 59409, 59410, 59412, 59414, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622	Gordon SH, Hoagland A, Admon LK, Daw JR. Comparison of Postpartum Health Care Use and Spending Among Individuals with Medicaid-Paid Births Enrolled in Continuous Medicaid vs Commercial Insurance. *JAMA Netw Open.* 2022;5(3):e223058. doi:10.1001/jamanetworkopen.2022.3058
Outpatient Visits	Place of service / revenue codes indicating outpatient setting claim type code, excluding POS=81 (lab), 21, 51, 56, 61 (inpatient) and revenue codes = 01XX, 020X, 021X (inpatient)	Gordon SH, Hoagland A, Admon LK, Daw JR. Comparison of Postpartum Health Care Use and Spending Among Individuals with Medicaid-Paid Births Enrolled in Continuous Medicaid vs Commercial Insurance. *JAMA Netw Open.* 2022;5(3):e223058. doi:10.1001/jamanetworkopen.2022.3058
Primary Care Visits	Outpatient visits (defined as above) including CPT codes: 99381 – 99397 or ICD-10 codes: Z00*, Z01*, Z39*	Gordon SH, Hoagland A, Admon LK, Daw JR. Comparison of Postpartum Health Care Use and Spending Among Individuals with Medicaid-Paid Births Enrolled in Continuous Medicaid vs Commercial Insurance. *JAMA Netw*

		Open. 2022;5(3):e223058. doi:10.1001/jamanetworkopen.2022.3058
Postpartum Visits	ICD-10: V24.1, V24.2 CPT: 59430, 99501	Robbins, Cheryl L. et al. (2021). Postpartum Care Utilization Among Women with Medicaid-Funded Live Births in Oregon. 25(7).
ED Visits	POS = 23, Revenue codes: 0981, 045X	Gordon SH, Hoagland A, Admon LK, Daw JR. Comparison of Postpartum Health Care Use and Spending Among Individuals with Medicaid-Paid Births Enrolled in Continuous Medicaid vs Commercial Insurance. *JAMA Netw Open.* 2022;5(3):e223058. doi:10.1001/jamanetworkopen.2022.3058
Inpatient Visits	POS = 21, 51, 56, 61; Revenue codes: 01XX, 020X, 021X	Gordon SH, Hoagland A, Admon LK, Daw JR. Comparison of Postpartum Health Care Use and Spending Among Individuals with Medicaid-Paid Births Enrolled in Continuous Medicaid vs Commercial Insurance. *JAMA Netw Open.* 2022;5(3):e223058. doi:10.1001/jamanetworkopen.2022.3058
Total paid by payer	Total claim paid amounts, summed over the 12-month postpartum period	
Total paid by beneficiary	Total of: coinsurance, copay and deductible amounts over the 12-month postpartum period	
Chronic disease prior to pregnancy	Using Oregon's Vital Record "Birth File" data, we will define chronic disease prior to pregnancy as women who have a "Y" indicator for some of the variables categorized as "risk factors for this pregnancy" or "infections present, treated or tested during pregnancy" or "mother's health information", which include: Prepregnancy diabetes, prepregnancy hypertension, gonorrhea, syphilis, chlamydia, Hep B or Hep C, tobacco use, alcohol use	

References

1. Martin JA, Hamilton BE, Osterman MJK, Driscoll AK. *National Vital Statistics Reports; Births: Final Data for 2019*. U.S. Department of Health and Human Services; 2021. Accessed March 4, 2024. https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-02-508.pdf

2. Published: Medicaid Postpartum Coverage Extension Tracker. KFF. Published November 14, 2023. Accessed November 26, 2023. https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/

3. Maternal Mortality in the United States: A Primer. doi:10.26099/ta1q-mw24

4. Daw JR, Hatfield LA, Swartz K, Sommers BD. Women In The United States Experience High Rates Of Coverage ‘Churn’ In Months Before And After Childbirth. *Health Affairs*. 2017;36(4):598-606. doi:10.1377/hlthaff.2016.1241

5. Daw JR, Kozhimannil KB, Admon LK. High Rates Of Perinatal Insurance Churn Persist After The ACA. *Health Affairs Forefront*. Accessed March 4, 2024. https://www.healthaffairs.org/do/10.1377/forefront.20190913.387157/full/

6. Published: Status of State Medicaid Expansion Decisions: Interactive Map. KFF. Published February 7, 2024. Accessed March 11, 2024. https://www.kff.org/affordable-care-act/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/

7. Daw JR, Kozhimannil KB, Admon LK. Factors Associated With Postpartum Uninsurance Among Medicaid-Paid Births. *JAMA Health Forum*. 2021;2(6):e211054. doi:10.1001/jamahealthforum.2021.1054

8. Banerjee R, Ziegenfuss JY, Shah ND. Impact of discontinuity in health insurance on resource utilization. *BMC Health Serv Res*. 2010;10(1):195. doi:10.1186/1472-6963-10-195

9. Ela EJ, Vizcarra E, Thaxton L, White K. Insurance Churn and Postpartum Health among Texas Women with Births Covered by Medicaid/CHIP. *Women’s Health Issues*. 2022;32(2):95-102. doi:10.1016/j.whi.2021.11.002

10. Sommers BD, Gourevitch R, Maylone B, Blendon RJ, Epstein AM. Insurance Churning Rates For Low-Income Adults Under Health Reform: Lower Than Expected But Still Harmful For Many. *Health Affairs*. 2016;35(10):1816-1824. doi:10.1377/hlthaff.2016.0455

11. Wasson JH, Sauvigne AE, Mogielnicki RP, et al. Continuity of Outpatient Medical Care in Elderly Men: A Randomized Trial. *JAMA*. 1984;252(17):2413-2417. doi:10.1001/jama.1984.03350170015011

12. Gordon SH, Hoagland A, Admon LK, Daw JR. Comparison of Postpartum Health Care Use and Spending Among Individuals with Medicaid-Paid Births Enrolled in Continuous Medicaid vs Commercial Insurance. *JAMA Network Open*. 2022;5(3):e223058. doi:10.1001/jamanetworkopen.2022.3058

13. Tolbert J, Published MA. 10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Provision. KFF. Published June 9, 2023. Accessed November 28, 2023. https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-the-unwinding-of-the-medicaid-continuous-enrollment-provision/

14. Oregon All Payer All Claims Database (APAC): An Overview. Published online March 2018. Accessed February 10, 2024. https://www.oregon.gov/oha/HPA/ANALYTICS/APAC%20Page%20Docs/APAC-Overview.pdf

15. Workbook: Oregon annual trends in birth and pregnancy. Accessed February 10, 2024. https://visual-data.dhsoha.state.or.us/t/OHA/views/Annualtrendsinbirthandpregnancydashboard/TrendsDashboard?%3AisGuestRedirectFromVizportal=y&%3Aembed=y

16. Oregon Health Authority : Oregon PRAMS (Pregnancy Risk Assessment Monitoring System) : Oregon PRAMS : State of Oregon. Accessed March 11, 2024. https://www.oregon.gov/oha/ph/healthypeoplefamilies/datareports/prams/pages/index.aspx

17. Pollack CE, Hussey PS, Rudin RS, Fox DS, Lai J, Schneider EC. Measuring Care Continuity: A Comparison of Claims-Based Methods. *Medical care*. 2016;54(5):e30. doi:10.1097/MLR.0000000000000018

18. Dreiher J, Comaneshter DS, Rosenbluth Y, Battat E, Bitterman H, Cohen AD. The association between continuity of care in the community and health outcomes: a population-based study. *Israel Journal of Health Policy Research*. 2012;1:21. doi:10.1186/2045-4015-1-21

19. The Impact of COVID-19 on the Use of Preventive Health Care. HCCI. Accessed March 5, 2024. https://healthcostinstitute.org/hcci-originals-dropdown/all-hcci-reports/the-impact-of-covid-19-on-the-use-of-preventive-health-care

20. Heist T, Schwartz K, Published SB. Trends in Overall and Non-COVID-19 Hospital Admissions. KFF. Published February 18, 2021. Accessed March 5, 2024. https://www.kff.org/health-costs/issue-brief/trends-in-overall-and-non-covid-19-hospital-admissions/

21. Gordon SH, Chen L, DeLew N, Sommers BD. COVID-19 Medicaid Continuous Enrollment Provision Yielded Gains In Postpartum Continuity Of Coverage. *Health Affairs*. 2024;43(3):336-343. doi:10.1377/hlthaff.2023.00580

22. Daw JR, MacCallum-Bridges CL, Kozhimannil KB, Admon LK. Continuous Medicaid Eligibility During the COVID-19 Pandemic and Postpartum Coverage, Health Care, and Outcomes. *JAMA Health Forum*. 2024;5(3):e240004. doi:10.1001/jamahealthforum.2024.0004

BROWN

Office of Research Integrity
Office of the Vice President for Research

FWA# 00004460
IRB# 00000556

EXEMPT DETERMINATION
September 27, 2024

On 9/26/2024, the Brown University IRB reviewed the following protocol:

Type of Review:	Initial Study
Title:	The Impact of Extended Medicaid Access on Postpartum Health Service Utilization and Continuity
Investigator:	Kalli Koukounas
IRB ID:	STUDY00000534
Submission ID/Update #:	N/A
Funding:	None
IND, IDE or HDE:	None

The IRB determined that this protocol meets the criteria for exemption from IRB review.

This protocol was determined to be Exempt under review Category 4 regarding the inclusion of human participants in research in accordance with 45 CFR 46.104. This determination has no expiration as long as the project is conducted as proposed.

The IRB approved the requested waiver of informed consent [45 CFR 46.116].

In conducting this protocol you are required to follow the requirements listed in HRP-103 - INVESTIGATOR MANUAL.

Ongoing IRB review and approval by this organization is not required. This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made a Modification request is required.

Documents Reviewed:

- 20240617_APAC-Data-Elements-Workbook_Koukounas
- 7. Appendix G_Use of PHI in Research
- 9. Appendix I_Human Subjects Research Advisor_v10.25.2023_signed (1)
- APAC3_Koukounas
- BirthLayout_Koukounas
- HRP-503a - TEMPLATE SBS PROTOCOL_Kalli Koukounas FINAL

MEMORANDUM

From: Jeffrey R Hiris, IT Director, CGCHR, Brown University

To: Oregon All Payer All Claims (APAC) Program Application for Limited Data Files

Re: The Impact of Extended Medicaid Access on Postpartum Health Service Utilization and Continuity
PI: Kalli Koukounas
Research

Date: 15-jul-2024

The IT Director of the Center for Gerontology and Health Care Research (the Center) in the Brown School of Public Health acts as Custodian for CMS and other PHI and PII data and can reasonably act as Custodian for this data as well. The data will be stored in the University's centrally managed HIPAA/FISMA compliant enclave which is supported by Brown's Office of Information Technology. A brief description can be found at: https://it.brown.edu/services/stronghold-research-environment-data-compliance

The environment is isolated from the Internet by multiple firewalls and a network DMZ; access for researchers for this data will be limited to KVM access via RDP with two factor authentication. Data is sharded at rest, backups are provided by internal snapshots, and disaster resilience is provided by a replicated copy of core storage. The primary enclave's hardware is maintained in the University's central data center, an access controlled and highly secure facility; the disaster recovery replicate is likewise secured in an access controlled and highly secure facility, with access to Brown resources limit to Brown staff. User access is controlled by the central identity management systems, which require and enforce the need for complex passwords and two factor authentication. More detailed documentation the security controls in place for the Stronghold environment can be provided to a specific member of the APAC security team upon execution of a Non Disclosure Agreement (an NDA) with Brown, filed with the OIT security group, specifically the University CSO.

As a separate environment, the Center will provide secure storage for sensitive files generated in the course of this research but not prohibited for export for the secure enclave as they conform the requirements for cell suppression, no listing of PHI nor PII, etc. (E.g., analytic model output, manuscripts in production.) The Center requires CITI training and certification, with periodic re-certification, on the protection of human subjects and proper handling of PHI and PII.

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	
	dw_person_id	De-Identified	Vendor identifier for a person across payers and time-2 million people assigned more than one identifier	
	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)	
	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_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)	
Yes	pc025_claim_status_cd	De-Identified	Claim status. P - Paid,C - CCO encounter, E - other	Required to identify type of payment / plan
Yes	COBDup	De-Identified	Links claims based on uniquepersonID, date, pc_026_drug_cd, charged amount, and provider and identifies an event that could be either COB claim or duplicate paid claim	Required for linkage/tracking of pharmaceutical use
Yes	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	Required to identify type of payment / plan

Yes	Claim_LOB	De-Identified	Payer line of business: 1 (Medicare), 2 (Medicaid), 3 (commercial, 0 (no line of business reported)	Required to identify type of payment / plan
Yes	self_insured_fl	De-Identified	Self Insured flag	Required to identify type of payment / plan
Yes	dw_pharmacy_id	De-Identified	A unique identifier associated with a unique pharmacy across plans, payers and years	Required for linkage/tracking of pharmaceutical use
Yes	dw_prescribing_provider_id	De-Identified	A unique identifier associated with a unique prescribing provider across plans, payers and years	Required for linkage/tracking of pharmaceutical use
Yes	pc021_pharmacy_npi	De-Identified	Pharmacy's National Provider Identifier (NPI)	Required for linkage/tracking of pharmaceutical use
Yes	pc021a_pharmacy_alt_id	De-Identified	Pharmacy's alternate identifier as assigned by the payer	Required for linkage/tracking of pharmaceutical use
Yes	pc020_pharmacy_name	De-Identified	Name of pharmacy	Required for linkage/tracking of pharmaceutical use
Yes	pc022_pharmacy_city	De-Identified	City of pharmacy	Required for linkage/tracking of pharmaceutical use
Yes	pc023_pharmacy_state	De-Identified	State of Pharmacy	Required for linkage/tracking of pharmaceutical use
Yes	pc024_pharmacy_zip	De-Identified	Zip Code of Pharmacy	Required for linkage/tracking of pharmaceutical use
Yes	pc048_prescribing_physician_npi	De-Identified	Identifier for the provider who prescribed the medication as assigned by the reporting entity	Required for linkage/tracking of pharmaceutical use & continuity of care
Yes	pc026_drug_cd	De-Identified	National Drug Code (NDC)	Required to identify drug type prescribed
Yes	pc033_dispensed_qty	De-Identified	Quantity dispensed	Required to identify amount of drug prescribed / utilization
Yes	pc028a_alt_refill_no	De-Identified	Alternate refill number	Required to identify amount of drug prescribed / utilization
Yes	pc034_days_supply_qty	De-Identified	Number of days that the drug will last if taken at the prescribed dose	Required to identify amount of drug prescribed / utilization
Yes	pc030_dispense_as_written_cd	De-Identified	Dispense as written. Indicates if drug substitution authorized	Required to identify amount of drug prescribed / utilization
Yes	pc028_calc_refill_no	De-Identified	Processor's count of times prescription refilled	Required to identify amount of drug prescribed / utilization
Yes	pc031_compound_drug_ind	De-Identified	Indicates if it is a compound drug, 1 (no), 2 (yes), Null	Required to identify amount of drug prescribed / utilization
Yes	pc017_paid_dt	De-Identified	Prescription Payment date	Required to identify payment timeline / when drug was used
Yes	pc036_paid_amt	De-Identified	Payment made by payer. Does not include expected copayment, coinsurance or deductible by the member 0 if amt=0, blank if missing	Required to evaluate cost of care for services
Yes	pc035_charge_amt	De-Identified	Payer reported charges or billed amount for the service 0 if amt=0, blank if missing	Required to evaluate cost of care for services
Yes	pc037_ingredient_cost_amt	De-Identified	Ingredient cost/list price 0 if amt=0, blank if missing	Required to evaluate cost of care for services
Yes	pc039_dispensing_fee_amt	De-Identified	Dispensing fee paid 0 if amt=0, blank if missing	Required to evaluate cost of care for services
Yes	pc040_copay_amt	De-Identified	Expected Co-payment by the member and $0 patientpaid	Required to evaluate cost of care for services
Yes	pc041_coinsurance_amt	De-Identified	Expected Co-insurance by the member and $0 patientpaid	Required to evaluate cost of care for services
Yes	pc042_deductible_amt	De-Identified	Expected Deductible by the member and $0 patientpaid	Required to evaluate cost of care for services
Yes	patientpaid	De-Identified	Expected Patient paid amount. Amount patient paid when sum of copayment,coinsurance and deductible is less than the amount of pc043_patient_paid_amt reported	Required to evaluate cost of care for services
Yes	age	De-Identified	Member age in years calculated on the first day of the month	Potential covariate for conditioning regression

Yes	age_group	De-Identified	Age bands based on date of service	Potential covariate for conditioning regression
Yes	yob	De-Identified	Year of Birth from Member_DOB field from Member DAV. If no date of birth has been reported, NULL	Potential covariate for conditioning regression
	member_zip_three	De-Identified	First three characters of member's zip code	
Yes	urban_fl	De-Identified	Zip codes grouped into urban and rural identified by OHA	Potential covariate for conditioning regression
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	

Updated February 2024

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.**

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 answer each of the following questions:

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

	Yes	No
Do you want people who are not Oregon residents and their claims included? People with Medicaid coverage or Medicare coverage reported by CMS are Oregon residents regardless of address.		No

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

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

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

	Yes	No
Do you want denied claims included? (No reason is provided for denied medical or pharmacy claims. Claims can be denied then paid)		No
Do you want pharmacy claims for people with pharmacy coverage, but no medical coverage or claims included?		No

	Yes	No
Do you want dental claims for people with dental coverage, but no medical coverage or claims included?		No

What payer types do you want?	Commercial	Medicaid	(commercial Medicare Advantage and Part D only)	CMS Medicare (Available to OHA only)

	Yes	Yes		

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
	Yes	

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

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

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
		No

Do you want Coordination of Benefit (COB) medical claims?	No	Yes, when both the primary and secondary payer report	Yes,when only the secondary payer reports
		Yes	

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

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

Do you want Coordination of Benefit (COB) pharmacy claims?	No	Yes, when both the primary and secondary payer report	Yes,when only the secondary payer reports
		Yes	

Do you want dental claims?	Yes	No
		No

Do you want dental claims for people with dental coverage, but no medical coverage or claims included?	Yes	No
		No

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

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

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

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

Do you want provider data?	Yes	No
	Yes	

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
	Yes	

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
		Yes	

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	
	dw_person_id	De-Identified	Vendor identifier for a person across payers and time-2 million people assigned more than one identifier	
	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	
	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_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)	
Yes	mc060_service_end_dt	De-Identified	Date services for patient ended	Required to understand when postpartum services occurred
Yes	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	Required to follow patient payer
Yes	Claim_LOB	De-Identified	Payer line of business: 1 (Medicare), 2 (Medicaid), 3 (commercial, 0 (no line of business reported)	Required to follow patient payer
Yes	mc207_payment_type	De-Identified	Indicates the payment methodology: 01 (Capitation); 02 (Fee for Service); 07 (Other)	Required to understand type of billing used for payment, which can influence utilization patterns
Yes	self_insured_fl	De-Identified	Self Insured flag	Required to isolate appropriate payment sources and track payer changes
Yes	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	Required to track payers over time
Yes	mc018_admit_dt	De-Identified	Admission date	Required to understand when postpartum services occurred
Yes	mc203_admit_type_cd	De-Identified	Admission type:1 (Emergency), 2 (Urgent), 3 (Elective), 4 (Newborn), 5 (Trauma Center), 9 (missing)	Required to track emergent services utilization for adverse event tracking
Yes	mc204_admission_source_cd	De-Identified	Admission source	Required to understand whether admit was emergent, planned or a continuation of another admission (e.g., transfer)
Yes	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	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc070_discharge_dt	De-Identified	Discharge date-required for inpatient hospitalization	Required to understand when postpartum services occurred
Yes	mc023_discharge_status_cd	De-Identified	Status for member discharged from a hospital	Required to track in-hospital patient deaths
Yes	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	Required to understand severity of admission
Yes	mc036_bill_type_cd	De-Identified	Type of bill on uniform billing form (UB)	Required to track specific inpatient utilization patterns
Yes	mc037_place_of_service_cd	De-Identified	Industry standard place of service code	Required to track care utilization patterns/locations of care
Yes	mc054_revenue_cd	De-Identified	Revenue code	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc041_principal_diagnosis_cd	De-Identified	Principal Diagnosis code	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals

Yes	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	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc042_other_diagnosis_2	De-Identified	Additional Diagnosis 2	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc042p_poa_2	De-Identified	Required POA flag for diagnosis 2 if populated	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc043_other_diagnosis_3	De-Identified	Additional Diagnosis 3	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc043p_poa_3	De-Identified	Required POA flag for diagnosis 3 if populated	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc044_other_diagnosis_4	De-Identified	Additional Diagnosis 4	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc044p_poa_4	De-Identified	Required POA flag for diagnosis 4 if populated	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc045_other_diagnosis_5	De-Identified	Additional Diagnosis 5	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc045p_poa_5	De-Identified	Required POA flag for diagnosis 5 if populated	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc046_other_diagnosis_6	De-Identified	Additional Diagnosis 6	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc046p_poa_6	De-Identified	Required POA flag for diagnosis 6 if populated	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc047_other_diagnosis_7	De-Identified	Additional Diagnosis 7	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc047p_poa_7	De-Identified	Required POA flag for diagnosis 7 if populated	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc048_other_diagnosis_8	De-Identified	Additional Diagnosis 8	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc048p_poa_8	De-Identified	Required POA flag for diagnosis 8 if populated	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc049_other_diagnosis_9	De-Identified	Additional Diagnosis 9	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc049p_poa_9	De-Identified	Required POA flag for diagnosis 9 if populated	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc050_other_diagnosis_10	De-Identified	Additional Diagnosis 10	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc050p_poa_10	De-Identified	Required POA flag for diagnosis 10 if populated	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc051_other_diagnosis_11	De-Identified	Additional Diagnosis 11	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc051p_poa_11	De-Identified	Required POA flag for diagnosis 11 if populated	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc052_other_diagnosis_12	De-Identified	Additional Diagnosis 12	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc052p_poa_12	De-Identified	Required POA flag for diagnosis 12 if populated	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc053_other_diagnosis_13	De-Identified	Additional Diagnosis 13	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc053p_poa_13	De-Identified	Required POA flag for diagnosis 13 if populated	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc201_icd_version_cd	De-Identified	Identifies ICD9 or ICD10 version	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc055_procedure_cd	De-Identified	Current Procedural Terminology (CPT) code or Healthcare Common Procedure Coding System (HCPCS)	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc056_procedure_modifier_1_cd	De-Identified	CPT or HCPCS modifier	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc057_procedure_modifier_2_cd	De-Identified	CPT or HCPCS modifier	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc057a_procedure_modifier_3_cd	De-Identified	CPT or HCPCS modifier	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc057b_procedure_modifier_4_cd	De-Identified	CPT or HCPCS modifier	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	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	Required to track care utilization patterns/locations of care
Yes	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.	Required to track care utilization patterns/locations of care
Yes	BETOS	De-Identified	Berenson-Eggers Type of Service assigned to Health Care Financing Administration Common Procedure Coding System (HCPCS). Developed primarily for analysing the growth in Medicare expenditures	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	BETOS level_1_group__id	De-Identified	Berenson-Eggers Type of Service (BETOS) Code Description ID	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	BETOS level_1_group	De-Identified	Berenson-Eggers Type of Service (BETOS) Code Description	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	BETOS level_2_group__id	De-Identified	Subcategory ID	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	BETOS level_2_group	De-Identified	Subcategory Description	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	BETOS level_3_group__id	De-Identified	Broad Category ID	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	BETOS level_3_group	De-Identified	Broad Category Description	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc058_icd_primary_procedure_cd	De-Identified	The main inpatient procedure code	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc058a_icd_procedure_2	De-Identified	Inpatient procedure ICD-10 code 2	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc058b_icd_procedure_3	De-Identified	Inpatient procedure ICD-10 code 3	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc058c_icd_procedure_4	De-Identified	Inpatient procedure ICD-10 code 4	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc058d_icd_procedure_5	De-Identified	Inpatient procedure ICD-10 code 5	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc058e_icd_procedure_6	De-Identified	Inpatient procedure ICD-10 code 6	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc058f_icd_procedure_7	De-Identified	Inpatient procedure ICD-10 code 7	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc058g_icd_procedure_8	De-Identified	Inpatient procedure ICD-10 code 8	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc058h_icd_procedure_9	De-Identified	Inpatient procedure ICD-10 code 9	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc058j_icd_procedure_10	De-Identified	Inpatient procedure ICD-10 code 10	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc058k_icd_procedure_11	De-Identified	Inpatient procedure ICD-10 code 11	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals

Yes	mc058l_icd_procedure_12	De-Identified	Inpatient procedure ICD-10 code 12	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc058m_icd_procedure_13	De-Identified	Inpatient procedure ICD-10 code 13	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc201_icd_version_cd	De-Identified	ICD version code 9 - ICD-9, 10 - ICD-10	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	final_mdc	De-Identified	a code identifying the final Major Diagnostic Category (MDC)	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	final_drg	De-Identified	a code indentifying the final Diagnosis Related Group	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	final_ms_ind	De-Identified	a flag indicating if final_mdc is medical or surgical	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	drg description	De-Identified	Final DRG description	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mdc description	De-Identified	Final MDC description	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	MS DRG MDC cross walk Description	De-Identified	Crosswalk DRG to MDC	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc061_service_qty	De-Identified	count of units reported on claim line	Required to evaluate the type of conditions patients are admitted for to track diagnoses that occur for postpartum individuals
Yes	mc017_paid_dt	De-Identified	Payment date	Required to evaluate when/if payment for services occurred (evaluate postpartum service payments)
Yes	mc062_charge_amt	De-Identified	Payer reported charges or billed amount for the service	Required to evaluate cost of care for services
Yes	mc063_paid_amt	De-Identified	Payment made by payer. Does not include expected copayment, coinsurance or deductible by the member	Required to evaluate cost of care for services
Yes	mc065_copay_amt	De-Identified	Expected Co-payment by the member and $0 patientpaid	Required to evaluate cost of care for services
Yes	mc066_coinsurance_amt	De-Identified	Expected Co-insurance by the member and $0 patientpaid	Required to evaluate cost of care for services
Yes	mc067_deductible_amt	De-Identified	Expected Deductible by the member and $0 patientpaid	Required to evaluate cost of care for services
Yes	patientpaid	De-Identified	Expected Patient paid amount. Amount patient paid when sum of copayment,coinsurance and deductible is less than the amount of mc067a_patient_paid_amt reported	Required to evaluate cost of care for services
Yes	Zeropaid_FL	De-Identified	All lines in a claim paid zero dollars	Required to evaluate cost of care for services
	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	Required to evaluate cost of care for services
Yes	LowPaid_fl	De-Identified	All lines in a claims sum to less than $4 paid	Required to evaluate cost of care for services
Yes	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)	Required to evaluate the type of services used by patients and the network status of postpartum utilization
Yes	dw_rendering_provider_id	De-Identified	A unique identifier associated with a unique rendering provider across plans, payers and years	Required to evaluate care continuity across service providers
Yes	dw_billing_provider_id	De-Identified	A unique identifier associated with a unique billing provider across plans, payers andyears	Required to evaluate care continuity across service providers
Yes	rendering_hospital_id	Limited	Hospital that rendered services	Required to evaluate care continuity across service providers
Yes	hospital_name	De-Identified	Name of Oregon Hospital	Required to evaluate care continuity across service providers
Yes	billing_hospital_id	Limited	Hospital billed for services	Required to evaluate care continuity across service providers
Yes	rendering_asc_id	Limited	Ambulatory surgery center that rendered services	Required to evaluate care continuity across service providers
Yes	ASC_name	De-Identified	Name of Oregon Ambulatory Surgery Center	Required to evaluate care continuity across service providers
Yes	billing_asc_id	De-Identified	Ambulatory surgery center billed or services	Required to evaluate care continuity across service providers
Yes	age	De-Identified	Age on date of service	Possible covariate for conditioning regressions
Yes	age_group	De-Identified	Age bands based on date of service	Possible covariate for conditioning regressions
Yes	yob	De-Identified	Year of Birth. Null If no date of birth was reported	Possible covariate for conditioning regressions
Yes	me013_member_gender_cd	De-Identified	member's gender F = Female, M = Male, U = Unknown	Possible covariate for conditioning regressions
Yes	urban_fl	De-Identified	Zip codes grouped into urban and rural identified by OHA	Possible covariate for conditioning regressions
	member_zip_three	De-Identified	First three characters of member zip code from the date of service	
Yes	interim_fl	De-Identified	Flag identifying interim bills	Required to identify complete bills
Yes	interim_claim_id	De-Identified	Unique identifier set by DW_Claim_ID of the initial interim claim	Required to track claims
Yes	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	Required to identify type of services
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

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_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)
	dc060_service_end_dt	De-Identified	Date services for patient ended
	Claim_LOB	De-Identified	Payer line of business: 1 (Medicare), 2 (Medicaid), 3 (Commercial, 0 (no line of business reported), -99 (duplicate data reported)
	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
	self_insured_fl	De-Identified	Self Insured flag, 1=Y, 0=N
	dc037_place_of_service_cd	De-Identified	Industry standard place of service code
	dc038_claim_status_cd	De-Identified	Claim status. P - Paid, D - Denied, C - CCO encounter, E - other
	dc038a_denial_reason_cd	De-Identified	Code that defines the reason why the claim was denied. Required when DC038 = D
	dc039_cdt_cd	De-Identified	The Common Dental Terminology Code (CDT) for the dental procedure on the claim
	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.
	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
	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
	dc041_diagnosis_cd	De-Identified	ICD diagnosis code
	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
	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 and $0 patientpaid

	dc066_coinsurance_amt	De-Identified	Expected Co-insurance by the member and $0 patientpaid
	dc067_deductible_amt	De-Identified	Expected Deductible by the member and $0 patientpaid
	patientpaid	De-Identified	Expected Patient paid amount. Amount patient paid when sum of copayment,coinsurance and deductible is less than the amount of dc067a_patient_paid_amt reported
	dc017_paid_dt	De-Identified	Payment date
	dw_rendering_provider_id	De-Identified	Rendering provider composite ID. A unique identifier associated with a unique rendering provider across plans and payer
	dw_billing_provider_id	De-Identified	Billing provider composite ID. A unique identifier associated with a unique billing provider across plans and payer
	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)
	yob	De-Identified	Year of Birth from Member_DOB field from Member DAV. If no date of birth has been reported, NULL
	age	De-Identified	Age on date of service
	age_group	De-Identified	Age bands based on date of service
	member_zip_three	De-Identified	First three characters of member's zip code
	urban_fl	De-Identified	Zip codes grouped into urban and rural identified by OHA
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	
	dw_person_id	De-Identified	Vendor identifier for a person across payers and time-2 million people assigned more than one identifier	
	me003_insurance_product_type_cd	De-Identified	A code that indicates an insurance coverage type	
	me018_medical_coverage_flag	De-Identified	Medical Coverage Flag not required when ME001=E	
	me019_prescription_drug_coverage_flag	De-Identified	Prescription Drug coverage flag	
	me207_dental_coverage_flag	De-Identified	Flag indicates dental coverage for the month	
	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	
Yes	Month_Start	De-Identified	Date of Eligibility set to the first of the month	Required to track participant plan enrollment dates for postpartum/perinatal care
Yes	Me005a_plan_term_dt	De-Identified	Plan termination date	Required to track participant plan enrollment dates for postpartum/perinatal care
Yes	LOB	De-Identified	Payer line of business: 1 (Medicare), 2 (Medicaid), 3 (commercial, 0 (no line of business reported)	Required to track participant plan enrollment dates for postpartum/perinatal care
No	MedicareType	De-Identified	Medicare Advantage or MedicareFFS (Medicare Fee-for-service)	
No	PartD	De-Identified	Medicare pharmacy type: Medicare AdvantageRX or MedicareFFSRX (Medicare Fee-for-service)	
Yes	DualMedicareMedicaid	De-Identified	Dual or null when not dual	Required to track participant plan type / status
Yes	RXnomedicalMM	De-Identified	Pharmacy coverage and no medical coverage during same year, month: RXnoMedical or null	Required to track participant plan type / status
Yes	DentalnomedicalMM	De-Identified	Dental coverage and no medical coverage during same year, month: DentalnoMedical or null	Required to track participant plan type / status
Yes	me009a_pebb_flag	De-Identified	Public Employees Benefit Board covered members Oregon includes out-of-state residents	Required to track participant plan type / status
Yes	me009b_oebb_flag	De-Identified	Oregon Educators Benefit Board covered members Oregon includes out-of-state residents	Required to track participant plan type / status
Yes	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	Required to track participant plan type / status
Yes	me012_member_subscriber_rlp_cd	De-Identified	Relationship code	Required to track whether participant is primary on insurance / insurance source
Yes	me013_member_gender_cd	De-Identified	Member Gender:M (male), F (female), and U (unknown)	Possible covariate for conditioning regression

Yes	yob	De-Identified	Year of Birth from Member_DOB field from Member DAV. If no date of birth has been reported, NULL	Possible covariate for conditioning regression
Yes	age	De-Identified	Member age in years calculated on the first day of the month	Possible covariate for conditioning regression
Yes	age_group	De-Identified	Age bands based on date of service	Possible covariate for conditioning regression
Yes	me009d_omip_flag	De-Identified	Flag indicates Oregon Medical Insurance Pool (OMIP) coverage for the month	Required to track participant plan type / status
Yes	me009e_hkc_flag	De-Identified	Flag indicates Healthy Kids Connect Plan for the month	Required to track participant plan type / status
Yes	me202_market_segment_cd	De-Identified	Market Segment	Required to track participant plan type / status
Yes	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)	Required to track participant plan type / status
Yes	me205_high_deductible_health_flag	De-Identified	High Deductible Health Plan Flag	Required to track participant plan type / status
Yes	me206_primary_insurance_ind	De-Identified	Flag indicates primary insurance	Required to track participant plan type / status
Yes	me009c_medical_home_flag	De-Identified	Flag indicates medical home	Required to track participant plan type / status
Yes	MCAID_PERC	Limited	Medicaid program eligibility codes. Not fully populated	Required to understand whether participants received Medicaid for pregnancy or income, or other reasons
Yes	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)	Required to track participant plan type / status
Yes	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	Required to track participant plan type / status
Yes	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	Required to track participant plan type / status
Yes	MCAID_Delivery_System	De-Identified	Medicaid encounter or FFS	Required to track participant plan type / status
Yes	urban_fl	De-Identified	Zip codes grouped into urban and rural identified by OHA	Possible covariate for conditioning regression
	member_zip_three	De-Identified	First three characters of member zip code from the date of eligibility	
Yes	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	Possible covariate for conditioning regression
Yes	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	Possible covariate for conditioning regression
Yes	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	Possible covariate for conditioning regression
Yes	re3_primary_language_cd	De-Identified	All primary spoken languages reported by all payers for all years for a person	Possible covariate for conditioning regression
Data elements that are frequently denied				
	payer_cd	Sensitive	Payer name abbreviation code	
	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	
	HSAcity	De-Identified	HSA City field from the Darmouth Atlas Zip Code Crosswalk	
	me017_member_zip	Limited	Zip code-from the date of eligibility	

	county_fips	Sensitive	Five digit Federal Information Processing Standard (FIPS) county code associated with me017_member_zip
	county_name	Sensitive	Name of county
	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 element

Field Requested	Data Element	Security Level
Provided in every data request	release_id	De-Identified
Yes	dw_provider_id	De-Identified
Yes	provider_entity	De-Identified
Yes	national_provider_id	De-Identified
Yes	provider_dea_no	De-Identified
Yes	provider_tax_id	De-Identified
	license_1	De-Identified
	license_state_1	De-Identified
	license_2	De-Identified
	license_state_2	De-Identified
	license_3	De-Identified
	license_state_3	De-Identified
	license_4	De-Identified
	license_state_4	De-Identified
	license_5	De-Identified
	license_state_5	De-Identified
	Provider_First_Nm	De-Identified
	Provider_Middle_Nm	De-Identified
	Provider_Last_Nm	De-Identified
	Provider_Suffix	De-Identified
Yes	Provider_Org_Nm	De-Identified
	Provider_Prefix	De-Identified
	Provider_Org_Nm_Other	De-Identified
	Provider_Last_Nm_Other	De-Identified
	Provider_First_Nm_Other	De-Identified
	Provider_Middle_Nm_Other	De-Identified
	Provider_Prefix_Other	De-Identified
	Provider_Suffix_Other	De-Identified
	primary_street	De-Identified
	primary_city	De-Identified
	primary_state	De-Identified
	primary_zip	De-Identified
Yes	Credential_Text_1	De-Identified
Yes	Credential_Text_2	De-Identified
Yes	Credential_Text_3	De-Identified
Yes	provider_gender	De-Identified

Yes	Taxonomy_Cd_1	De-Identified
Yes	Taxonomy_Cd_2	De-Identified
Yes	Taxonomy_Cd_3	De-Identified
Yes	Taxonomy_Cd_4	De-Identified
Yes	Taxonomy_Cd_5	De-Identified
Yes	Taxonomy_grouping	De-Identified
Yes	Taxonomy_classification	De-Identified
Yes	Taxonomy_specialization	De-Identified
	Addr_Type	De-Identified
	Addr_Street_1	De-Identified
	Addr_Street_2	De-Identified
	Addr_City	De-Identified
	Addr_State	De-Identified
	Addr_ZIP	De-Identified
	Zip_Cd_3_Digit	De-Identified
	county_fips	De-Identified
	county name	De-Identified

:s that you do not want for your project

Description
A value associated with the data release
A unique identifier associated with a unique provider across plans and payers
Provider entitiy-1) Individual or 2) organization
National Provider Identifier (NPI)
Drug Enforcement Agency (DEA) registry number
Provider Tax identifier (attending, billing, pharmacy)
Provider state license code number 1
State where provider license number 1 was granted
Provider state license code number 2
State where provider license number 2 was granted
Provider state license code number 3
State where provider license number 3 was granted
Provider state license code number 4
State where provider license number 4 was granted
Provider state license code number 5
State where provider license number 5 was granted
Provider first name; null if provider is an organization entity (attending, billing, pharmacy)
Provider middle name or organization name (attending, billing, pharmacy)
Provider last name or organization name (attending, billing, pharmacy)
Suffix of provider name
Name of provider's organization
Prefix of provider name
Other name of organization
Other last name of provider
Other first name of provider
Other middle name of provider
Other prefix of provider
Other suffix of provider
Provider street address (attending, billing, pharmacy)
Provider city (attending, billing, pharmacy)
Provider state (attending, billing, pharmacy)
Provider location zip (attending, billing, pharmacy)
Provider NPI credential 1
Provider NPI credential 2
Provider NPI credential 3
Gender of provider - U if unknown

NUCC provider taxonomy for the billing provider; NPI if not reported
NUCC provider taxonomy for the billing provider; NPI if not reported
NUCC provider taxonomy for the billing provider; NPI if not reported
NUCC provider taxonomy for the billing provider; NPI if not reported
NUCC provider taxonomy for the billing provider; NPI if not reported
Code that indicates provider specialty or taxonomy 1
Taxonomy classification
Taxonomy specialization
Address type of provider (B) Business, (L) Location, (S) Secondary Location, (I) Provider Index
Address of provider
Address 2 of provider
City of Provider
State of provider
ZIP Code of provider - may include non-US codes
ZIP Code of provider - may include non-US codes. Do not include dash. 3-digit
Five digit Federal Information Processing Standard (FIPS) county code associated with me017_member_zip
Name of county

Justification (Please provide reason needed and minimum necessary for project)
Required to evaluate care continuity across service providers
Required to evaluate care continuity across service providers
Required to evaluate care continuity across service providers
Required to evaluate care continuity across service providers
Required to evaluate care continuity across service providers
Required to evaluate care continuity across service providers
Required to evaluate care continuity across service providers
Required to evaluate care continuity across service providers
Required to evaluate care continuity across service providers
Required to evaluate care continuity across service providers

Required to evaluate care continuity across service providers
Required to evaluate care continuity across service providers
Required to evaluate care continuity across service providers
Required to evaluate care continuity across service providers
Required to evaluate care continuity across service providers
Required to evaluate care continuity across service providers
Required to evaluate care continuity across service providers
Required to evaluate care continuity across service providers

CHANGE LOG

Date	Initials	Description of change
4/26/2023	CKH	Updates made to categories in primary race/ethnicity variables for both parents (bmomPriREcd/bmomPriREstr and bdadPriREcd/bdadPriREstr).
7/12/2022	CKH	COVID-19 (confirmed or presumed) checkbox added to Infections Present or Treated section as of June 2020. Race, Ethnicity, Language, and Disability (REALD) variables added in January 2022. Previous federal OMB-standard race/ethnicity checkboxes are deprecated for Oregon occurrence records. Bridged race code fields for both parents were discontinued by NCHS in 2022.
8/9/2019	CKH	Noted additional variables dropped by CHS in 2018. NCHS dropped them in 2014. Conditions of newborn: Birth injury Maternal morbidity: Unplanned operating room procedure Characteristics of labor & delivery: Non-vertex presentation Onset of labor: Premature rupture of the membrane Onset of labor: Precipitous labor Onset of labor: Prolonged labor Obstetric procedures: Cervical cerclage Obstetric procedures: Tocolysis
1/1/2018	CN	Maternal morbidity - unplanned operating room procedure (bmm_uopr) dropped from CHS file. It was dropped from the national file in 2014.
02/17/2017	KM	High Risk - Alive, still in facility system code has been changed from '7' to '5'. On 2/17/217, Still Alive in facility will be both 7 and 5. Prior to 2/17/17 '7', after 2/17/17 '5'.
02/1/2017	KM	Correct values for Certifier Title --- OVERS system codes: MD=1; DO=2; CNM/NP=3; ND=N; Midwife=4; Other (specify)=5; LDEM=6; Other Lic Med=7; RN=7; birth clerk=8; ***The Values did not match what OVERS coding was - it partly matched OVERS coding for NCHS. OVERS does not have a NCHS system code of 6; so OOS records with 6, will be considered 'birth clerk/certifier', as they are blank now. NCHS codes are: MD=1; DO=2; CNM/CM=3; Other Midwife=4; Other (specify)=5; Hospital Administrator=6; ***KM 2/2017
1/21/2016	KM	bowgest' variable - removed this portion from notes, it is incorrect, "…if unknown then calculated estimate on date of last normal menses is used." Rearrange remaining sentences to make things clearer. Now reads - "This variable used in tables and annual report. This is the attendant's estimate of gestational age. Calculated gestation not included in file due to previous math errors. Must calculate your own measurement."
7/14/2015	CCN	Added new code (7-Alive, still at facility) to High-risk infant flag variable (bhighriskinf) in the PERFORMANCE layout.

12/1/2014	KM	For variables: bmomrestract, bmomrestractsuf, bmomrescensusblk, bmomrescensusblksuf, bmomreslong, bmomreslat, bmomresmatch --Do not use data from client server for 2009, 2010, 2011 - these years were regeocoded in Dec 2014. The geocode files can be found at I:\CHSStats\GeocodeOP\Birthgeo. Recommend always sending the match status field with any data requests; allows requestor to see what geographic level the record was abel to be geocoded to (ex: address or zip/city, etc)
10/1/2014	KM	Packs of cigarettes variables will no longer be gathered as of 10/1/14. NCHS does not collect. Must enter tobacco use as average cigarettes per day.
10/1/2014	KM	CHS stopped collected these variables on 10/01/2014. They are no longer collected by NCHS. Prenatal: date of last prenatal care visit Risk factors: vaginal bleeding, previous poor pregnancy outcome Infections: HSV Char of L&D: non-vertex presentation, meconium staining, fetal intolerance of labor Method of delivery: forceps attempted, vacuum attempted
5/2/2014	KM	Determined that at some point approx. July 2011, that the system stopped using 'Inside City Limits' to distinquish whether a city FIPs code was placed in the Alt and/or Regular City FIPS fields (bmomrescityfips, bmomresaltcityfips). This means that any analysis done on data (down to city level) after this approx date will need to rely on the field 'Inside City Limits Yes/No'.
8/8/2012		Information on the meaning of loc_name geocode values (bmomresmatch) was added. AddrPnt_2012 used for finding Address Point data for State of Oregon, DAS, 2012; addr_ORtrans_2012 OR-Trans, ODOT, 2012; Zip Codes Zip Code Boundaries, Maponics, 2012 gc_NAVTEQ_2012
5/1/2012		Added two new questions about intended place of delivery due to new law. 1. Did mother go into labor intending to deliver at home or breestanding birthing center? (bplaceintent) 2. What was the primary attendant type at onset of labor? (bPrimeAttendPlan)
5/1/2012		Added information on CAWEM and payment source for four years so future will know of errors and value changes.
5/1/2012		The variable btobacco was updated. 'Yes' now indicates there was smoking during pregnancy or in the three months prior to pregnancy.
5/1/2012		Added 'R' for refusal on the hepb questions on the metabolic layout page.
5/1/2012		Significant changes were made to the variable bplacetypecode. The value 8 "other" became 7 "other," and 9 "unknown" was removed.
1/5/2012		Change log added

bdobyear	A4	Year of birth	4-digit year	
bplacestateal	A2	State of birth	2-letter abbreviation	
bsfn	A6	State file number	6-digit sequential number	
byyyysfn	A10	Birth year and state file number	Year and state file number	
caseid	F11	Unique number to OVERS system		
bregstatus	A1	Registration status	1=Not registered 2=Registered 3=Abandoned 4=Void	
bdobmonth	A2	Month of birth	01-12; 99=Unknown	
bdobday	A2	Day of birth	01-31; 99=Unknown	
bdobtime	A4	Time of birth	0000-2359 6666=Unknown (foreign born) 9999 = Unknown	
bbsex	A1	Sex	F=Female M=Male N=Not yet determined U=Unknown	
bbweight	A4	Birthweight (in grams)	0000-9998; 9999=unknown	
Mother's demographic and residence information				
bmom_marn	A1	Mother married (at conception, birth, or any time in between)?	Y=Yes N=No O=ORDP U=Unknown	
bmom_ackn	A1	Acknowledgement of paternity signed?	Y=Yes; N=No; U=Unknown X=Not applicable	
bmomagenum	A2	Mother's age	10-60, 99=Unknown	
bmomeduc	A1	Mother's education	1=8th grade or less 2=9th-12th grade (no diploma) 3=High school graduate/GED 4=Some college (no degree) 5=Associate degree 6=Bachelor's degree 7=Master's degree 8=Doctorate or professional degree 9=Unknown	
bmomresaltcityfips	A5	Mother's residence: City FIPS code	00050-99700; 00000=Outside city limits/not on NCHS list 99999=Unknown	This variable was created in 2010 to capture FIPS codes for smaller cities that NCHS started coding as 00000 ("balance of county").

bmomrescityfips	A5	Mother's residence: City FIPS code	00050-99700; 00000=Outside city limits/not on NCHS list 99999=Unknown	**Use in conjunction with state.** CDC Instruction Manual, Part 8 at https://www.cdc.gov/nchs/nvss/instruction_manuals.htm
bmomrescountyfips	A3	Mother's residence: County FIPS code	001-071 for Oregon counties 000=Unknown when US state is unknown 999=Unknown when US state is known See CDC Manual, Part 8	**Use in conjunction with state.**
bmomresstatefips	A2	Mother's residence: State FIPS code	AL to YT, ZZ for unknown states when US or Canada XX used when foreign county See CDC Manual, Part 8	
bmomrescountryabv	A2	Mother's residence: Country abbreviation	2-letter abbreviation See CDC Manual, Part 8	
bmomreszip	A10	Mother's residence: ZIP code	10 digit	
bmomrescitylimits	A1	Mother's residence: Inside city limits?	Y=Yes; N=No; U=Unknown	
Mother's race and ethnicity				
bmomethnicmex	A1	Mother's Hispanic origin: Mexican	H=Yes; N=No; U=Unknown	Fields deprecated for Oregon occurrence births as of 2022. See REALD section below for race/ethnicity data variables from 2022 onward.
bmomethnicpr	A1	Mother's Hispanic origin: Puerto Rican	H=Yes; N=No; U=Unknown	
bmomethniccuban	A1	Mother's Hispanic origin: Cuban	H=Yes; N=No; U=Unknown	
bmomethnicoth	A1	Mother's Hispanic origin: Other	H=Yes; N=No; U=Unknown	
bmomracewh	A1	Mother's race: White	Y=Yes; N=No; U=Unknown	
bmomracebl	A1	Mother's race: Black	Y=Yes; N=No; U=Unknown	
bmomraceaian	A1	Mother's race: American Indian or Alaska Native	Y=Yes; N=No; U=Unknown	
bmomraceasianind	A1	Mother's race: Asian Indian	Y=Yes; N=No; U=Unknown	
bmomracech	A1	Mother's race: Chinese	Y=Yes; N=No; U=Unknown	
bmomracefi	A1	Mother's race: Filipino	Y=Yes; N=No; U=Unknown	
bmomracejp	A1	Mother's race: Japanese	Y=Yes; N=No; U=Unknown	
bmomracekor	A1	Mother's race: Korean	Y=Yes; N=No; U=Unknown	
bmomracevt	A1	Mother's race: Vietnamese	Y=Yes; N=No; U=Unknown	
bmomraceoasian	A1	Mother's race: Other Asian	Y=Yes; N=No; U=Unknown	
bmomracenh	A1	Mother's race: Native Hawaiian	Y=Yes; N=No; U=Unknown	
bmomracegu	A1	Mother's race: Guamanian or Chamorro	Y=Yes; N=No; U=Unknown	
bmomracesm	A1	Mother's race: Samoan	Y=Yes; N=No; U=Unknown	
bmomraceopi	A1	Mother's race: Other Pacific Islander	Y=Yes; N=No; U=Unknown	
bmomraceospf	A1	Mother's race: Other	Y=Yes; N=No; U=Unknown	
bmomhispoc	A3	Mother's Hispanic origin code	See Appendix D (https://www.cdc.gov/nchs/data/dvs/appendix_d_accessible_hispanic_origin_code_list_update_2011.pdf)	Codes received from NCHS; based on coding of checkboxes and literals. Used for CHS ethnicity reporting.

bmomhispos	A3	Mother's Other Hispanic literal code	See Appendix D	
bmomrace1e	A3	Mother's race tabulation variable 1e	See Appendix E (https://www.cdc.gov/nchs/data/dvs/appendix_e_accessible_race_code_list_update_2011.pdf)	Codes received from NCHS, based on coding of checkboxes and literals. Variables 1e - 8e are used for CHS race reporting.
bmomrace2e	A3	Mother's race tabulation variable 2e		
bmomrace3e	A3	Mother's race tabulation variable 3e		
bmomrace4e	A3	Mother's race tabulation variable 4e		
bmomrace5e	A3	Mother's race tabulation variable 5e		
bmomrace6e	A3	Mother's race tabulation variable 6e		
bmomrace7e	A3	Mother's race tabulation variable 7e		
bmomrace8e	A3	Mother's race tabulation variable 8e		
bmomracebrg	A3	Mother's race: Bridged code	Use for trend with older years single choice 01 White 11 Nat Hawaiian 02 Black 12 Guam 03 Amer. Indian 13 Samoan 04 Asian Indian 14 Other Pac.Is. 05 Chinese 15 Other 06 Filipino Bridged multiple: 07 Japanese 21 White 08 Korean 22 Black 09 Vietnamese 23 Am Ind 10 Other Asian 24 Asian / PI	Codes received from NCHS, based on coding of checkboxes and literals. No longer provided by NCHS as of 2022.
Father's demographic information				
bdadagenum	A2	Father's age	08-98; 99=Unknown	
bdadeduc	A1	Father's education	1=8th grade or less 2=9th-12th grade (no diploma) 3=High school graduate/GED 4=Some college (no degree) 5=Associate degree 6=Bachelor's degree 7=Master's degree 8=Doctorate or professional degree 9=Unknown	
bdadethnicmex	A1	Father's Hispanic origin: Mexican	H=Yes; N=No; U=Unknown	Fields deprecated for Oregon occurrence births as of 2022. See REALD section below for race/ethnicity data variables from 2022 onward.
bdadethnicpr	A1	Father's Hispanic origin: Puerto Rican	H=Yes; N=No; U=Unknown	
bdadethniccuban	A1	Father's Hispanic origin: Cuban	H=Yes; N=No; U=Unknown	
bdadethnicoth	A1	Father's Hispanic origin: Other	H=Yes; N=No; U=Unknown	
bdadracewh	A1	Father's race: White	Y=Yes; N=No; U=Unknown	
bdadracebl	A1	Father's race: Black	Y=Yes; N=No; U=Unknown	
bdadraceaian	A1	Father's race: American Indian or Alaska Native	Y=Yes; N=No; U=Unknown	
bdadraceasianind	A1	Father's race: Asian Indian	Y=Yes; N=No; U=Unknown	
bdadracech	A1	Father's race: Chinese	Y=Yes; N=No; U=Unknown	

bdadracefi	A1	Father's race: Filipino	Y=Yes; N=No; U=Unknown	
bdadracejp	A1	Father's race: Japanese	Y=Yes; N=No; U=Unknown	
bdadracekor	A1	Father's race: Korean	Y=Yes; N=No; U=Unknown	
bdadracevt	A1	Father's race: Vietnamese	Y=Yes; N=No; U=Unknown	
bdadraceoasian	A1	Father's race: Other Asian	Y=Yes; N=No; U=Unknown	
bdadracenh	A1	Father's race: Native Hawaiian	Y=Yes; N=No; U=Unknown	
bdadracegu	A1	Father's race: Guamanian or Chamorro	Y=Yes; N=No; U=Unknown	
bdadracesm	A1	Father's race: Samoan	Y=Yes; N=No; U=Unknown	
bdadraceopi	A1	Father's race: Other Pacific Islander	Y=Yes; N=No; U=Unknown	
bdadraceospf	A1	Father's race: Other	Y=Yes; N=No; U=Unknown	
bdadhispoc	A3	Father's Hispanic origin code	See Appendix D (https://www.cdc.gov/nchs/data/dvs/appendix_d_accessible_hispanic_origin_code_list_update_2011.pdf)	Codes received from NCHS; based on coding of checkboxes and literals. Used for CHS ethnicity reporting.
bdadhispos	A3	Father's Other Hispanic literal code	See Appendix D	
bdadrace1e	A3	Father's race tabulation variable 1e	See Appendix E (https://www.cdc.gov/nchs/data/dvs/appendix_e_accessible_race_code_list_update_2011.pdf)	Codes received from NCHS, based on coding of checkboxes and literals. Variables 1e - 8e are used for CHS race reporting.
bdadrace2e	A3	Father's race tabulation variable 2e		
bdadrace3e	A3	Father's race tabulation variable 3e		
bdadrace4e	A3	Father's race tabulation variable 4e		
bdadrace5e	A3	Father's race tabulation variable 5e		
bdadrace6e	A3	Father's race tabulation variable 6e		
bdadrace7e	A3	Father's race tabulation variable 7e		
bdadrace8e	A3	Father's race tabulation variable 8e		
bdadracebrg	A3	Father's race: Bridged code	Use for trend with older years single choice 01 White 11 Nat Hawaiian 02 Black 12 Guam 03 Amer. Indian 13 Samoan 04 Asian Indian 14 Other Pac.Is. 05 Chinese 15 Other 06 Filipino Bridged multiple: 07 Japanese 21 White 08 Korean 22 Black 09 Vietnamese 23 Am Ind 10 Other Asian 24 Asian / PI	Codes received from NCHS, based on coding of checkboxes and literals. No longer provided by NCHS as of 2022.
Mother's health information				
bwic	A1	Did mother get WIC food for herself?	Y=Yes; N=No; U=Unknown	
bhgtft	A1	Mother's height (feet)	0-8, 9=Unknown	
bhgtinch	A2	Mother's height (inches)	0-11, 99	
bhgttotalinch	F11	Mother's height (total inches, calculated)	0-999	

bprewgt	A3	Mother prepregnancy weight	50-350 normal range, 999 unknown NCHS	
bdelwgt	A3	Mother delivery weight	50-350 normal range, 999 unknown NCHS	
btobacco	A1	Tobacco use (before or during pregnancy)	Y=Yes; N=No; U=Unknown; Blank	
bcigpn	A2	Cigarettes per day: 3 months prepregnancy	00-98; 99=Unknown	
bcigpp	A2	PACKS of cigarettes per day: 3 months prepregnancy	00-05; 99=Unknown	Dropped by NCHS/CHS in 2014. Must report cigarettes, not packs.
bcigpncalc	F11	TOTAL cigarettes per day: prepregnancy (calculated)	00-98; 99=Unknown	
bcigfn	A2	Cigarettes per day: 1st trimester	00-98; 99=Unknown	
bcigfp	A2	PACKS of cigarettes per day: 1st trimester	00-05; 99=Unknown	Dropped by NCHS/CHS in 2014. Must report cigarettes, not packs.
bcigfncalc	F11	TOTAL cigarettes per day: 1st trimester (calculated)	00-98; 99=Unknown	
bcigsn	A2	Cigarettes per day: 2nd trimester	00-98; 99=Unknown	
bcigsp	A2	PACKS of cigarettes per day: 2nd trimester	00-05; 99=Unknown	Dropped by NCHS/CHS in 2014. Must report cigarettes, not packs.
bcigsncalc	F11	TOTAL cigarettes per day: 2nd trimester (calculated)	00-98; 99=Unknown	
bcigln	A2	Cigarettes per day: 3rd trimester	00-98; 99=Unknown	
bciglp	A2	PACKS of cigarettes per day: 3rd trimester	00-05; 99=Unknown	Dropped by NCHS/CHS in 2014. Must report cigarettes, not packs.
bciglncalc	F11	TOTAL cigarettes per day: 3rd trimester (calculated)	00-98; 99=Unknown	
balcohol	A1	Alcohol use	Y=Yes; N=No; U=Unknown; X=Not asked (out-of-state)	
balcoholnum	A3	Number of drinks per week	000-998; 999=Unknown	
Payment				
bpaydel	A1	Principal source of payment for this delivery	1=Medicaid/OHP 2=Private insurance 3=Self pay 4=Indian Health Service 5=CHAMPUS/Tricare 6=Other government 8=Other 9=Unknown	
bpaydellit		Principal source of payment: Other specify	Text Field	
Prenatal care				
bdlmpyr	A4	Year of last normal menses	4-digit year	
bdlmpmo	A2	Month of last normal menses	01-12; 99=Unknown	
bdlmpdy	A2	Day of last normal menses	01-31; 99=Unknown	
bdolnm	A8	Date of last normal menses (long string)	YYYYMMDD; 99999999=Unknown	

bdofpyr	A4	Year of first prenatal care visit	4-digit year 8888=No prenatal care 9999=Unknown prenatal care	
bdofpmo	A2	Month of first prenatal care visit	01-12; 88=None; 99=Unknown	
bdofpdy	A2	Day of first prenatal care visit	01-12; 88=None; 99=Unknown	
bdofpnc	A8	Date of first prenatal visit	YYYYMMDD 88888888=No prenatal care 99999999=Unknown	
bdolpyr	A4	Year of last prenatal care visit	4-digit year 8888=No prenatal care 9999=Unknown prenatal care	Dropped by NCHS and CHS in 2014
bdolpmo	A2	Month of last prenatal care visit	01-12; 88=None; 99=Unknown	Dropped by NCHS and CHS in 2014
bdolpdy	A2	Day of last prenatal care visit	01-31; 88=None; 99=Unknown	Dropped by NCHS and CHS in 2014
bdolpnc	A8	Date of last prenatal visit	Year-Month-Day; no dashes 88888888=No Prenatal Care; 99999999=Unknown/Blank	Dropped by NCHS and CHS in 2014
bnopnc	A1	No prenatal care checkbox	0=Had prenatal care 1=Had no prenatal care	
bnumvisits	A2	Number of prenatal visits	00-98, 99=Unknown	
Pregnancy history				
border	A2	Birth order	00-98, 99=Unknown	Calculated: Live births living + live births dead + 1
btotpreg	A2	Total pregnancies	00-30, 99=Unknown	Calculated: Live births living + live births dead + terminations + 1
bnowlive	A2	Previous live births, now living	00-30, 99=Unknown	
bnowdead	A2	Previous live births, now dead	00-30, 99=Unknown	
bdolastlive	A8	Date of last live birth	YYYYMM01	Only month and year are collected. All days are "01."
bdolastlivemo	A2	Month of last live birth	01-12; 99=Unknown	
bdolastliveyr	A4	Year of last live birth	4-digit year; 9999=Unknown	
bnumpregother	A2	Number of other pregnancy outcomes	00-20; 99=Unknown	
bdolothpreg	A8	Date of last other pregnancy outcome	YYYYMM01	Only month and year are collected. All days are "01."
bdolothpregmo	A2	Month of last other pregnancy outcome	01-12; 99=Unknown	
bdolothpregyr	A4	Year of last other pregnancy outcome	4-digit year; 9999=Unknown	
Risk factors for this pregnancy				
brf_pdiab	A1	Risk factors: Prepregnancy diabetes	Y=Yes; N=No; U=Unknown	
brf_gdiab	A1	Risk factors: Gestational diabetes	Y=Yes; N=No; U=Unknown	
brf_phype	A1	Risk factors: Prepregnancy hypertension	Y=Yes; N=No; U=Unknown	
brf_ghype	A1	Risk factors: Gestational hypertension	Y=Yes; N=No; U=Unknown	
brf_ehype	A1	Risk factors: Eclampsia hypertension	Y=Yes; N=No; U=Unknown	
brf_ppb	A1	Risk factors: Previous preterm birth	Y=Yes; N=No; U=Unknown	
brf_ppo	A1	Risk factors: Previous poor pregnancy outcome	Y=Yes; N=No; U=Unknown	Dropped by NCHS/CHS in 2014

brf_uterbl	A1	Risk factors: Vaginal bleeding	Y=Yes; N=No; U=Unknown	Dropped by NCHS in 2011; CHS in 2014.
brf_infdrg	A1	Risk factors: Infertility treatment	Y=Yes; N=No; U=Unknown	
brf_inftart	A1	Risk factors: Assisted reproductive technology	Y=Yes; N=No; U=Unknown	
brf_pces	A1	Risk factors: Previous Cesarean	Y=Yes; N=No; U=Unknown	
brf_npces	A2	Risk factors: Number of previous Cesareans	00-98, 99=Unknown	
brf_noa	A1	Risk factors: No risk factors	Y=Yes; N=No	
Infections present, treated, or tested during pregnancy				
binf_gon	A1	Infections: Gonorrhea	Y=Yes; N=No	
binf_syph	A1	Infections: Syphilis	Y=Yes; N=No	
binf_cham	A1	Infections: Chlamydia	Y=Yes; N=No	
binf_hepb	A1	Infections: Hepatitis B	Y=Yes; N=No	
binf_hepc	A1	Infections: Hepatitis C	Y=Yes; N=No	
binf_cov	A1	Infections: COVID-19 (Confirmed or Presumed)	Y=Yes; N=No	Added by Oregon in June 2020.
binf_noa02	A1	Infections: None of the Above	Y=Yes; N=No	
binf_hsv	A1	Infections: Herpes simplex virus	Y=Yes; N=No	Dropped by NCHS in 2011; CHS in 2014.
bmomtesthiv	A1	Mother tested for HIV	Y=Yes; N=No; U=Unknown; Blank	
bmomtestsyphillis	A1	Mother tested for syphilis	Y=Yes; N=No; U=Unknown; Blank	
bmomteststrep	A1	Mother tested for group B strep	Y=Yes; N=No; U=Unknown; Blank	
Labor and delivery				
bop_cerv	A1	Obstetric procedures: Cervical cerclage	Y=Yes; N=No	Dropped by NCHS in 2014; CHS in 2018.
bop_toc	A1	Obstetric procedures: Tocolysis	Y=Yes; N=No	Dropped by NCHS in 2014; CHS in 2018.
bop_ecvs	A1	Obstetric procedures: External cephalic, successful	Y=Yes; N=No	
bop_ecvf	A1	Obstetric procedures: External cephalic, failed	Y=Yes; N=No	
bop_none	A1	Obstetric procedures: None of the above	Y=Yes; N=No	
bol_prom	A1	Onset of labor: Premature rupture of the membrane (>=12 hours)	Y=Yes; N=No	Dropped by NCHS in 2014; CHS in 2018.
bol_pric	A1	Onset of labor: Precipitous labor	Y=Yes; N=No	Dropped by NCHS in 2014; CHS in 2018.
bol_prol	A1	Onset of labor: Prolonged labor	Y=Yes; N=No	Dropped by NCHS in 2014; CHS in 2018.
bol_noa5	A1	Onset of labor: None of the above	Y=Yes; N=No	Dropped by NCHS in 2014; CHS in 2018.
bcld_indl	A1	Char. of labor & delivery: Induction of labor	Y=Yes; N=No	
bcld_augl	A1	Char. of labor & delivery: Augmentation of labor	Y=Yes; N=No	
bcld_nvpr	A1	Char. of labor & delivery: Non-vertex presentation	Y=Yes; N=No	Dropped by NCHS in 2011; CHS in 2014.
bcld_ster	A1	Char. of labor & delivery: Steroids	Y=Yes; N=No	
bcld_antb	A1	Char. of labor & delivery: Antibiotics	Y=Yes; N=No	
bcld_chor	A1	Char. of labor & delivery: Clinical chorioamnionitis	Y=Yes; N=No	
bcld_mecs	A1	Char. of labor & delivery: Meconium	Y=Yes; N=No	Dropped by NCHS/CHS in 2014
bcld_fint	A1	Char. of labor & delivery: Fetal intolerance	Y=Yes; N=No	Dropped by NCHS/CHS in 2014
bcld_esan	A1	Char. of labor & delivery: Epidural or spinal anesthesia	Y=Yes; N=No	
bcld_noa04	A1	Char. of labor & delivery: None of the above	Y=Yes; N=No	
Method of delivery				
bmd_attf	A1	Method of delivery: Forceps attempted, failed	Y=Yes; N=No; U=Unknown	Dropped by NCHS in 2011; CHS in 2014.

bmd_attv	A1	Method of delivery: Vacuum attempted, failed	Y=Yes; N=No; U=Unknown	Dropped by NCHS in 2011; CHS in 2014.
bmd_pres	A1	Method of delivery: Fetal presentation	1=Cephalic 2=Breech 3=Other 9=Unknown	
bmd_rout	A1	Method of delivery: Final route	1=Spontaneous 2=Forceps 3=Vacuum 4=Cesarean 9=Unknown	
bmd_tlab	A1	Method of delivery: Trial of labor attempted	Y=Yes; N=No; U=Unknown	
Maternal morbidity				
bmm_mtr	A1	Maternal morbidity: Maternal transfusion	Y=Yes; N=No; U=Unknown	
bmm_plac	A1	Maternal morbidity: Perineal laceration	Y=Yes; N=No; U=Unknown	
bmm_rut	A1	Maternal morbidity: Ruptured uterus	Y=Yes; N=No; U=Unknown	
bmm_uhys	A1	Maternal morbidity: Unplanned hysterectomy	Y=Yes; N=No; U=Unknown	
bmm_aint	A1	Maternal morbidity: Admission to intensive care	Y=Yes; N=No; U=Unknown	
bmm_uopr	A1	Maternal morbidity: Unplanned operating room procedure	Y=Yes; N=No; U=Unknown	Dropped by NCHS in 2011; CHS in 2018.
bmm_noa05	A1	Maternal morbidity: None of the above	Y=Yes; N=No; U=Unknown	
bmm_dna05	A1	Maternal morbidity: Unknown	Y=Yes; N=No; U=Unknown	
Characteristics of newborn				
bowgest	A2	Clinical estimate of gestation	00-98; 99=Unknown	
bapgar5	A2	APGAR score: 5 minutes	00-10; 99=Unknown	
bapgar10	A2	APGAR score: 10 minutes	00-10; 99=Unknown	
bplur	A2	Plurality	1-16; 99=Unknown 1=Singleton 2=Twin 3=Triplet etc.	
bsord	A2	Birth set order	1-16, 99=Unknown Blank=Singleton	Order of births within the twin, triplet, etc. set. Blank for singletons.
bliveb	A2	Number born alive in this pregnancy	1-16, 99=Unknown Blank=Singleton	Blank for singletons.
bplurmatch	A10	Plural birth matching number	000001-999999	Unique number generated for all birth records from the same pregnancy; used for linking.
Conditions of newborn				
bcnb_aven1	A1	Conditions of newborn: Assisted ventilation	Y=Yes; N=No	
bcnb_aven6	A1	Conditions of newborn: Assisted ventilation (6+ hrs)	Y=Yes; N=No	
bcnb_nicu	A1	Conditions of newborn: Admission to NICU	Y=Yes; N=No	
bcnb_surf	A1	Conditions of newborn: Surfactant therapy	Y=Yes; N=No	

bcnb_anti	A1	Conditions of newborn: Antibiotics	Y=Yes; N=No	
bcnb_seiz	A1	Conditions of newborn: Seizure	Y=Yes; N=No	
bcnb_binj	A1	Conditions of newborn: Birth injury	Y=Yes; N=No	Dropped by NCHS in 2014.
bcnb_noa54	A1	Conditions of newborn: None	Y=Yes; N=No	
Congenital anomalies				
bca_anen	A1	Congenital anomalies: Anencephaly	Y=Yes; N=No	
bca_mnsb	A1	Congenital anomalies: Spina bifida	Y=Yes; N=No	
bca_cchd	A1	Congenital anomalies: Heart disease	Y=Yes; N=No	
bca_cdh	A1	Congenital anomalies: Hernia	Y=Yes; N=No	
bca_omph	A1	Congenital anomalies: Omphalocele	Y=Yes; N=No	
bca_gast	A1	Congenital anomalies: Gastroschisis	Y=Yes; N=No	
bca_limb	A1	Congenital anomalies: Limb reduction defect	Y=Yes; N=No	
bca_cl	A1	Congenital anomalies: Cleft lip	Y=Yes; N=No	
bca_p	A1	Congenital anomalies: Cleft palate alone	Y=Yes; N=No	
bca_downunk	A1	Congenital anomalies: Down syndrome, karyotype unknown	Y=Yes; N=No	
bca_downc	A1	Congenital anomalies: Down syndrome, karyotype confirmed	Y=Yes; N=No	
bca_downp	A1	Congenital anomalies: Down syndrome, karyotype pending	Y=Yes; N=No	
bca_cdic	A1	Congenital anomalies: Chromosomal disorder, karyotype confirmed	Y=Yes; N=No	
bca_cdip	A1	Congenital anomalies: Chromosomal disorder, karyotype pending	Y=Yes; N=No	
bca_cdiunk	A1	Congenital anomalies: Chromosomal disorder, karyotype unknown	Y=Yes; N=No	
bca_hypo	A1	Congenital anomalies: Hypospadias	Y=Yes; N=No	
bca_noa55	A1	Congenital anomalies: None of the above	Y=Yes; N=No	
Transfers / breastfeeding				
binftran	A1	Was infant transferred within 24 hours of delivery?	Y=Yes; N=No; U=Unknown	
binftranfacil	A75	Facility **to which** infant was transferred	Text field	
bmomtran	A1	Was mother transferred prior to delivery?	Y=Yes; N=No; U=Unknown	
bmomtranfacil	A75	Facility **from which** mother was transferred	Text field	
biliv	A1	Is infant living at time of report?	Y=Yes; N=No; U=Unknown	
bbreastfed	A1	Is infant being breastfed at discharge?	Y=Yes; N=No; U=Unknown	
Place of birth				
bplacetypecode	A2	Birth place: Type code	1=Hospital 2=Birth center 3=Home birth (Planned) 4=Home birth (Unplanned) 5=Home birth (Unknown if planned) 6=Clinic/doctor's office 7=Other	

bplacedescription	A50	Birth place: Description (other specify)	Text Field	Literal field for when bplacetypecode = 7
bplacealtcityfips	A5	Birth place: Alternate city FIPS	00001-99999	
bplacecityfips	A5	Birth place: City FIPS	00050-99700; 00000=Outside city limits/not on NCHS list 99999=Unknown See CDC Manual, Part 8	**Use in conjunction with state**
bplacecountyfips	A3	Birth place: County FIPS	001-071 for Oregon counties 000=Unknown when US state is unknown 999=Unknown when US state is known See CDC Manual, Part 8	**Use in conjunction with state**
bplacestatenum	A2	Birth place: State number	041 = Oregon	
bplacestatefips	A2	Birth place: State FIPS	AL to YT, ZZ for unknown states when US/Canada XX used when foreign county See CDC Manual, Part 8	
bplacenpicode	A12	Birth place: NPI code		
bplacefacilname	A50	Birth place: Facility name		
bplacestnum	A10	Birth place: Street number		
bplacepredir	A2	Birth place: Pre-directional		
bplacestname	A50	Birth place: Street name		
bplacestdesig	A20	Birth place: Street designator		
bplacepostdir	A2	Birth place: Post-directional		
bplaceunitnum	A10	Birth place: Unit number		
bplacecitylit	A50	Birth place: City (literal)		
bplacecountylit	A30	Birth place: County (literal)		
bplacestatelit	A50	Birth place: State (literal)		
bplacezip	A10	Birth place: ZIP code		
bplacecountrylit	A50	Birth place: Country(literal)		
bplacemedrecnum	A12	Birth place: Medical record number		
Planned place of birth				
bplaceIntent	A1	Did mother go into labor intending to deliver at home or free-standing birthing center?	Y=Yes; N=No; U=Unknown	Added in 2012 per legislation (HB 2380). Blanks OK for out-of-hospital births.

bPrimeAttendPlan	A1	What was the primary attendant type at onset of labor?	1 or D=MD 2 or O=DO 3 or B=Nurse practitioner/CNM 4=Midwife (not licensed) 5=Other non-medical (relatives etc) 6=Licensed direct entry midwife 7=Other licensed medical (EMT, etc) N=Doctor of naturopathic medicine	Added in 2012 per legislation (HB 2380). Blank unless bplaceIntent = Y.
Attendant and certifier				
battendtype	A1	Attendant type	1 or D=MD 2 or O=DO 3 or B=Nurse practitioner/CNM 4=Midwife (not licensed) 5=Other non-medical (relatives etc) 6=Licensed direct entry midwife 7=Other licensed medical (EMT, etc) N=Doctor of naturopathic medicine	
battendtitlelong	A50	Attendant type: Other specify	Text	
battendlastname	A50	Attendant: Last name	Text	
battendfirstname	A50	Attendant: First name	Text	
battendmidname	A50	Attendant: Middle name	Text	
battendlastnamesuf	A10	Attendant: Last name suffix	Text	
battendnpi	A8	Attendant: NPI code	00000001-99999999	
battendcode	A12	Attendant: Code (system generated number)	Numeric	
battendlicensenum	A15	Attendant: License number	Text Field	
battendstnum	A10	Attendant address: Street number		
battendpredir	A2	Attendant address: Predirection	E, W, N, S, NW, NE, SW, SE	
battendstname	A50	Attendant address: Street name		
battendstdesig	A20	Attendant address: Street designator	Street, Lane, etc.	
battendpostdir	A2	Attendant address: Postdirection	E, W, N, S, NW, NE, SW, SE	
battendunitnum	A10	Attendant address: Unit number		
battendcitylit	A50	Attendant address: City (literal)	Text	
battendcountylit	A50	Attendant address: County (literal)	Text	
battendstatelit	A50	Attendant address: State (literal)	Text	
battendzip	A10	Attendant address: ZIP code		
battendcountrylit	A50	Attendant address: Country (literal)	Text	
bcertifierlastname	A50	Certifier: Last name	Text	
bcertifierfirstname	A50	Certifier: First name	Text	
bcertifiermidname	A50	Certifier: Middle name	Text	
bcertifierlastnamesuf	A10	Certifier: Last name suffix	Text	

bcertiftitle	A1	Certifier title	OVERS system codes: 1=MD 2=DO 3=CNM/NP 4=Midwife (traditional) 5=Other (specify) 6=LDEM 7=Other licensed medical 8=Birth clerk N=DN	**UPDATED 2/2017
bcertiftitleoth	A20	Certifier title: Other specify	Text	
bcertifsame	A1	Is certifier same as attendant?	Y=Yes; N=No	
bcertifNPI	A12	Certifier: NPI code	Text	
bdocertif	A8	Date certified	Valid date	

BIRTH FILE LAYOUT (2008-present)

Confidential view - Special approval is required to receive confidential variables.

#	Variable name	Format	Description	Values	Notes
1	bclastname	A50	Last name		
2	bcfirstname	A50	First name		
3	bcmidname	A50	Middle name		
4	bcmidothname	A50	Other middle name		
5	bclastnamesuf	A10	Last name suffix		
Mother's name and birth information					
6	bmomlastname	A50	Mother: Last name		
7	bmommaidlastname	A50	Mother: Maiden last name		
8	bmomfirstname	A50	Mother: First name		
9	bmommaidfirstname	A50	Mother: Maiden first name		
10	bmommidname	A50	Mother: Middle name		
11	bmommaidmidname	A50	Mother: Maiden middle name		
12	bmomlastnamesuf	A10	Mother: Last name suffix		
13	bmommaidsuf	A10	Mother: Maiden last name suffix		
14	bmomdoblong	A8	Mother: Date of birth (string)	YYYYMMDD	
15	bmomdobyear	A4	Mother: Year of birth	4-digit year	
16	bmomdobmon	A2	Mother: Month of birth	01-12, 99=Unknown	
17	bmomdobday	A2	Mother: Day of birth	01-31, 99=Unknown	
18	bmombirthplacestateal	A2	Mother: Birth state (abbreviation)	2-letter abbreviation	
19	bmombirthplacecountryal	A2	Mother: Birth country (abbreviation)	2-letter abbreviation See CDC Manual, Part 8	
Mother's residence address					
20	bmomresstnum	A10	Mother's residence: Street number		
21	bmomrespredir	A2	Mother's residence: Predirection	E, W, N, S, NW, NE, SW, SE	
22	bmomresstname	A50	Mother's residence: Street name		
23	bmomresstdesig	A20	Mother's residence: Street designator	Street, Lane, etc.	
24	bmomrespostdir	A2	Mother's residence: Postdirection	E, W, N, S, NW, NE, SW, SE	
25	bmomresaptnum	A10	Mother's residence: Unit number		
26	bmomrescitylit	A50	Mother's residence: City (literal)		
27	bmomresstateabv	A2	Mother's residence: State (abbreviation)	2-letter abbreviation	
28	bmomreszip	A10	Mother's residence: ZIP code		
29	bmomrescitylimit	A1	Mother's residence: Inside city limits?	Y=Yes; N=No; U=Unknown	
30	bmomrescountylit	A50	Mother's residence: County (literal)		
31	bmomrescountryal	A2	Mother's residence: Country (abbreviation)	AA-ZZ (2 Character code)	

32	bmomresstatefips	A2	Mother's residence: State FIPS code	AL to YT, ZZ for unknown states when US or Canada XX used when foreign county See CDC Manual, Part 8	
33	bmomrescountrylit	A50	Mother's residence: Country (literal)		
Mother's residence geocode information					
34	bmomgeo_code	A2	Mother's residence: Numeric state code	2-digit code	
36	bmomrescountyfips	A3	Mother's residence: County FIPS code	001-071 for Oregon counties	**Use in conjunction with state.**
37	bmomrestract	A4	Mother's residence: Census tract root	4-digit numeric	
38	bmomrestractsuf	A2	Mother's residence: Census tract suffix	2-digit numeric	
39	bmomrescensusblk	A1	Mother's residence: Census block root	1-digit numeric	
40	bmomrescensusblksuf	A3	Mother's residence: Census block suffix	4-digit numeric	
41	bmomreslong	A20	Mother's residence: Longitude		
42	bmomreslat	A20	Mother's residence: Latitude		
43	bmomrescentroid	A10	Mother's residence: ZIP code centroid (only used if exact geocode is not available)	99999-9999	
44	bmomresmatch	A10	Mother's residence: Geocode match variable		
Father's name and birth information					
45	bdadlastname	A50	Father: Last name		
46	bdadfirstname	A50	Father: First name		
47	bdadmidname	A50	Father: Middle name		
48	bdadlastnamesuf	A10	Father: Last name suffix		
49	bdaddoblong	A8	Father: Date of birth (string)	YYYYMMDD	
50	bdaddobyear	A4	Father: Year of birth	4-digit year	
51	bdaddobmon	A2	Father: Month of birth	01-12, 99=Unknown	
52	bdaddobday	A2	Father: Day of birth	01-31, 99=Unknown	
53	bdadbirthplacestateal	A2	Father: Birth state (abbreviation)	2-letter abbreviation	
54	bdadbirthplacecountryal	A2	Father: Birth country (abbreviation)	2-letter abbreviation See CDC Manual, Part 8	
Other information					
55	bmommedrecnum	A20	Mother's medical record number		
56	bmedicaid	A15	Mother's Medicaid number		
57	bcmedrecnum	A20	Child's medical record number		
58	bdod	A8	Date of death	YYYYMMDD	
59	bstateod	A50	State of death	Literal	
60	bcountyod	A50	County of death	Literal	
61	bmombirthplacestatelit	A50	Mother's birth state literal	Literal	
62	bmombirthplacecountrylit	A50	Mother's birth country literal	Literal	
63	bdadbirthplacestatelit	A50	Father's birth state literal	Literal	
64	bdadbirthplacecountrylit	A50	Father's birth country literal	Literal	

REALD primary race/ethnicity codes

Primary race description	For fields bmomPriREcd / bdadPriREcd Numeric value	For fields bmomPriREstr / bdadPriREstr String value
American Indian	1	AmInd
Alaska Native	2	AlaskNat
Indigenous Mexican, Central American, or South American	3	LatInd
Canadian Inuit, Metis, or First Nation	4	CanInd
Asian Indian	5	AsianInd
Cambodian	6	Cambodian
Chinese	7	Chinese
Communities of Myanmar	8	Myanmar
Filipino	9	Filipino
Hmong	10	Hmong
Japanese	11	Japanese
Korean	12	Korean
Laotian	13	Laotian
South Asian	14	SoAsian
Vietnamese	15	Vietnamese
Other Asian	16	AsianOth
African American	17	AfrAm
Afro-Caribbean	18	Caribbean
Ethiopian	19	Ethiopian
Somali	20	Somali
Other African	21	African
Other Black	22	BlackOth
Latinx Mexican	23	HisMex
Latinx Central American	24	HisCen
Latinx South American	25	HisSou
Other Hispanic/Latinx	26	HisOth
CHamoru	27	CHamoru
Marshallese	29	Marshallese
Communities Micronesian Region	30	Micronesian
Native Hawaiian	31	NatHaw
Samoan	32	Samoan
Other Pacific Islander	34	NHPIoth
North African	35	NoAfr
Middle Eastern	36	MidEast
Slavic	37	Slavic
Eastern European	38	EastEur

Western European	39	WestEur
Other White	40	Othwhite
Other race/ethnicity	41	Oth
I don't have just one primary identity	42	PriNo
Biracial/Multiracial	43	Multi
American Indian/Alaska Native	44	AIAN
Asian	45	Asian
Black/African American	46	Black
Hispanic	47	Latinx
Native Hawaiian / Pacific Islander	48	NHPI
White	49	White
Middle Eastern/North African	50	MENA
Latinx Cuban	51	HisCu
Latinx Puerto Rican	52	HisPR
Burns Paiute Tribe	53	AmInd
Coos Lower Umpqua and Siuslaw Indians, Tribes of	54	AmInd
Grand Ronde, Confederated Tribes of	55	AmInd
Klamath Tribes	56	AmInd
Siletz Indians, Confederated Tribes of	57	AmInd
Umatilla Indian Reservation, Confederated Tribes of	58	AmInd
Warm Springs, Confederated Tribes of	59	AmInd
Coquille Indian Tribe	60	AmInd
Cow Creek Band of Umpqua Tribe of Indians	61	AmInd
American Indian/Alaska Native: 1st specified tribe	62	AIANTribe1
American Indian/Alaska Native: 2nd specified tribe	63	AIANTribe2
Not asked	96	N/A
Don't want to say	98	DA
Don't know	99	DK
Did not answer	100	DN

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

Staff Reviewer: Mary Ann Evans

DRTS Number: 6336

Date review completed: 10/22/24

	Yes	No	N/A	Need more information
Is this a new APAC request?	x			
New APAC Request (skip to next section if amendment request):				
1.1 Project staff contact information provided	x			
1.2 Project technical staff information provided	x			
2.1 Project summary provided with adequate detail to identify a specific unambiguous project	x			
2.2 Research questions provided with adequate detail	x			
2.3 Described planned products and reports derived from requested data	x			
2.4 Project begin and end date provided	x			
2.5 Acknowledgement that APAC data cannot be reused beyond the DUA	x			
2.5 Acknowledgement that data cannot be shared beyond the DUA	x			
3.1ab Data request purpose box checked & description	x			
3.2 Checked box for level of data identifiers	x			
3.3 IRB application, approval memo, end date	x			
4.1 Completed data elements workbook	x			
4.2 Adequately described how the data elements requested are the minimum necessary	x			
5.1 Plan provided to prevent re-identification	x			
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			APAC will link to birth certificate
5.3 Provided adequate description of data management, security and data destruction plan	x			
Passes Minimum Necessary Review	x			
Recommend management approval	x			
Amendment request for previously approved APAC request (not needed for staff change only):				
Any new data elements requested				
Any new years of data requested				
Any new project purpose or research questions				
Description of new project purpose				
Completed data elements workbook				
IRB application and approval memo				
Passes Minimum Necessary Review				
Recommend management approval				