



Oregon All Payer All Claims (APAC) Program

Oregon state agency/Oregon local public health authority application

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

PROJECT INFORMATION

Activity/Project:

Agency Lead:

Title of Agency Lead:

Agency:

Address:

City:

State: **OR** Zip Code:

Telephone:

Email:

APAC does not need to receive approval directly. However, agency requests should be approved at whatever level is designated by each agency.

Has the request for APAC data been approved by your agency?

Yes Approval pending Approval to be requested

Is this request for public health surveillance activities?

Yes No

SECTION 1: PROJECT SUMMARY

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

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

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

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

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

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

Anticipated Receipt of Data:

Anticipated End Date for use:

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

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

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

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

SECTION 2: DATA ELEMENTS

2.1 Narrowing Data Needs:

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

- Years of data requested. Currently 2011-2022 are available as complete files. Only request the years needed for the project. APAC files are massive and unneeded year greatly increase file size. Requesting multiple years must be supported by a longitudinal aspect to the project.
- Payer types requested.
 - APAC does not release Medicaid only because files directly from the source have better quality and depth than data modified to fit commercial insurance patterns.
 - APAC can share CMS fee for service data only with Oregon state agencies by the terms of our data use agreement. Medicare Advantage is available.
- Place of service (inpatient, outpatient, professional, etc.)
- Demographic factors including sex, age and geography. If requesting data selection, for factors that can change within the year, indicate at what point the selection should be made. For example, age on January 1, July 1 or December 31; age at point of service, age at diagnosis, etc.
- Selection by diagnoses, procedures or pharmaceuticals. APAC will rely on the program to identify relevant codes for selection.

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

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

SECTION 3: DATA MANAGEMENT & SECURITY 3.1

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

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

Yes No

If yes, please complete parts b-d below.

- b. At what level will data be linked?

Address Facility Individual provider

Individual person/member

- c. If required to link

Authorized to provide data for linking at OHA

Not authorized to provide data for linking at OHA

Unknown

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

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

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

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

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

Name

Role in project

Email

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

Signature

Printed name

Title

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

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

Field Requested	Data Element	Security Level	Description	Justification (Please provide reason needed and minimum necessary for project)
Provided in every data request	release id	De-Identified	A value associated with the data release	
	dw_provider_id	De-Identified	A unique identifier associated with a unique provider across plans and payers	
x	provider_entity	De-Identified	Provider entity-1) Individual or 2) organization	
x	national_provider_id	De-Identified	National Provider Identifier (NPI)	
	provider_dea_no	De-Identified	Drug Enforcement Agency (DEA) registry number	
	provider_tax_id	De-Identified	Provider Tax identifier (attending, billing, pharmacy)	
	license_1	De-Identified	Provider state license code number 1	
	license_state_1	De-Identified	State where provider license number 1 was granted	
x	Provider First Nm	De-Identified	Provider first name; null if provider is an organization entity (attending, billing, pharmacy)	
x	Provider Middle Nm	De-Identified	Provider middle name or organization name (attending, billing, pharmacy)	
x	Provider Last Nm	De-Identified	Provider last name or organization name (attending, billing, pharmacy)	
	Provider Suffix	De-Identified	Suffix of provider name	
x	Provider_Org_Nm	De-Identified	Name of provider's organization	
	Provider Prefix	De-Identified	Prefix of provider name	
x	Provider Org Nm Other	De-Identified	Other name of organization	
	Provider Last Nm Other	De-Identified	Other last name of provider	
	Provider First Nm Other	De-Identified	Other first name of provider	
	Provider Middle Nm Other	De-Identified	Other middle name of provider	
	Provider Prefix Other	De-Identified	Other prefix of provider	
	Provider Suffix Other	De-Identified	Other suffix of provider	
x	primary_street	De-Identified	Provider street address (attending, billing, pharmacy)	
x	primary_city	De-Identified	Provider city (attending, billing, pharmacy)	
x	primary_state	De-Identified	Provider state (attending, billing, pharmacy)	
x	primary_zip	De-Identified	Provider location zip (attending, billing, pharmacy)	
x	Credential Text 1	De-Identified	Provider NPI credential 1	
x	Credential Text 2	De-Identified	Provider NPI credential 2	

Provider data here is requested in order to identify sites where well-child visits are occurring that are not captured into ALERT IIS and to

x	Credential Text 3	De-Identified	Provider NPI credential 3
	provider_gender	De-Identified	Gender of provider - U if unknown
x	Taxonomy Cd 1	De-Identified	NUCC provider taxonomy for the billing provider; NPI if not reported
	Taxonomy Cd 2	De-Identified	NUCC provider taxonomy for the billing provider; NPI if not reported
	Taxonomy Cd 3	De-Identified	NUCC provider taxonomy for the billing provider; NPI if not reported
	Taxonomy Cd 4	De-Identified	NUCC provider taxonomy for the billing provider; NPI if not reported
	Taxonomy Cd 5	De-Identified	NUCC provider taxonomy for the billing provider; NPI if not reported
x	Taxonomy_grouping	De-Identified	Code that indicates provider specialty or taxonomy 1
x	Taxonomy_classification	De-Identified	Taxonomy classification
x	Taxonomy_specialization	De-Identified	Taxonomy specialization
		De-Identified	
x	Addr_Type	De-Identified	Address type of provider (B) Business, (L) Location, (S) Secondary Location, (I) Provider Index
x	Addr_Street_1	De-Identified	Address of provider
x	Addr_Street_2	De-Identified	Address 2 of provider
x	Addr_City	De-Identified	City of Provider
x	Addr_State	De-Identified	State of provider
x	Addr_ZIP	De-Identified	ZIP Code of provider - may include non-US codes
	Zip_Cd_3_Digit	De-Identified	ZIP Code of provider - may include non-US codes. Do not include dash. 3-digit
	county_fips	De-Identified	Five digit Federal Information Processing Standard (FIPS) county code associated with
x			me017 member zip
x	county_name	De-Identified	Name of county

ALERT 113, and to assess factors related to non-reporting.

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

Version: August 2024

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

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

Please answer each of the following questions:

What is your study population? For example: people with an inpatient hospitalization, diabetes, pregnant substance use disorder, cancer etc	Oregon children with routine care visits and/or immunizations.
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How is your study population defined? For example: by diagnosis, procedure and/or national drug codes, APAC grouper type, clinical categories (CCSR), BETOS, DRG, MDC etc.	defined by dob and by well-child CPT/ICD10 codes
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What are your specific independent variables, predictor variables?	na
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What are your specific covariate variables?	na
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What are your specific dependent variables? Note that 'health outcome(s)' is not a specific dependent variable.	na
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Do you want claims and eligibility data for selected age groups only?	All ages	Exclude people 65 yrs and older	Specify age range:
			Age zero to 18 years

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

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

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

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

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

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

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

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

One payer reported the claim status for all of their claims as fee-for-service for some years when most claims were encounter or managed care claims. Do you want the claim status changed to managed care?	Change to encounter	Do not change
	X	
Do you want APAC to correct payer reported errors for product codes, claim status, orphan status, COB status for member month and claims data?	Yes	No
		X

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

Do you want to limit <u>medical claims</u> data to selected diagnoses, procedure or other codes?	No	Yes. Please list codes
		Yes- list is separately attached

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

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

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

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

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

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

Do you want dental claims?	Yes	No
		X

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

Do you want APAC to calculate payer paid, member paid and total paid by claim line for dental claims?	Yes-by claim ID	Yes-by claim line

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

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

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

Do you want APAC data linked to Oregon Center for Health Statistics (CHS) Death Certificate data and/or Birth Certificate data? Please include a list of the birth and or death data variables that you plan to request from birth and/or death certificate data. You will need approval from both CHS and APAC. Submit request to APAC first. After APAC approval submit request to CHS and provide APAC approval notice. https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/VITALSTATISTICS/Pages/Data-Use-Requests.aspx	Yes	No
		X

Is your requested APAC data going to be linked by the APAC Team or data requester to any other data source?	No	Yes, linked by APAC	Yes, linked by data requester
			X

Yes- to ALERT IIS data for providers

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

Field Requested	Data Element	Security Level	Description	Justification (Please provide reason needed and minimum necessary for project)
The data elements highlighted in blue are provided in every data request	uid	De-Identified	A unique identifier that links to the row as submitted in the MC Intake File Layout. Used for linking tables/views	
	release_id	De-Identified	A value associated with the data release	
	mc059_service_start_dt	De-Identified	Date services for patient started	
	dw_claim_id	De-Identified	A unique medical claim identifier	
	mc005_line_no	De-Identified	Line number for the claim that begins with 1 and is incremented by 1 for each additional service line of a claim	
	uniquepersonID	De-Identified	A unique identifier for a person across payers and time	
	dw_member_id	De-Identified	A payer & plan specific unique identifier for a person. A person can have multiple member IDs for a single payer because they can have multiple plans. DW_member_IDs are not unique identifiers for a person across payers and years	
	mc038_claim_status_cd	De-Identified	Claim status. P (Paid), D (Denied), C - (MCO/CCO encounter) E (other)	
	mc038a_cob_status	De-Identified	Coordination of benefit claim. Indicates secondary payer for a claim	
	orphan_fl	De-Identified	Identifies orphan claim with no corresponding eligibility for the date of service. 1 (Yes), 0 (No)	
	mc003_insurance_product_type_cd	De-Identified	A code that indicates an insurance coverage type. Data element required for linking claims to member months	
	Suppressed FI	De-Identified	1 (denied claim line), 0 (other than denied)	
	RemovedReversal_FI	De-Identified	1 (claims not included before release 13 because the charge, paid amount, and allowed amounts are zero or zero when summed across claim lines and after the removal of denied claim lines. 0 (otherwise)	
	mc060_service_end_dt	De-Identified	Date services for patient ended	
	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	
	Claim_LOB	De-Identified	Payer line of business: 1 (Medicare), 2 (Medicaid), 3 (commercial), 0 (no line of business reported)	
	mc207_payment_type	De-Identified	Indicates the payment methodology: 01 (Capitation); 02 (Fee for Service); 07 (Other)	
X	self_insured_fl	De-Identified	Self Insured flag	
X	mc001_payer_type	De-Identified	Payer reported payer type codes:(C) Carrier, (D) Medicaid, (G) Other government agency, (P) Pharmacy benefits manager, (T) Third-party administrator, (U) Unlicensed entity	
	mc018_admit_dt	De-Identified	Admission date	
	mc203_admit_type_cd	De-Identified	Admission type:1 (Emergency), 2 (Urgent), 3 (Elective), 4 (Newborn), 5 (Trauma Center), 9 (missing)	
	mc204_admission_source_cd	De-Identified	Admission source	
	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	
	mc070_discharge_dt	De-Identified	Discharge date-required for inpatient hospitalization	
	mc023_discharge_status_cd	De-Identified	Status for member discharged from a hospital	
	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	
	mc036_bill_type_cd	De-Identified	Type of bill on uniform billing form (UB)	
	mc037_place_of_service_cd	De-Identified	Industry standard place of service code	
	mc054_revenue_cd	De-Identified	Revenue code	
X	mc041_principal_diagnosis_cd	De-Identified	Principal Diagnosis code	We need the principal ICD10 code that matches to the listed set of CPT and ICD10 codes that define well-child visits and/or immunizati
	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	
	mc042_other_diagnosis_2	De-Identified	Additional Diagnosis 2	
	mc042p_poa_2	De-Identified	Required POA flag for diagnosis 2 if populated	
	mc043_other_diagnosis_3	De-Identified	Additional Diagnosis 3	
	mc043p_poa_3	De-Identified	Required POA flag for diagnosis 3 if populated	
	mc044_other_diagnosis_4	De-Identified	Additional Diagnosis 4	

	mc044p_poa_4	De-Identified	Required POA flag for diagnosis 4 if populated
	mc045_other_diagnosis_5	De-Identified	Additional Diagnosis 5
	mc045p_poa_5	De-Identified	Required POA flag for diagnosis 5 if populated
	mc046_other_diagnosis_6	De-Identified	Additional Diagnosis 6
	mc046p_poa_6	De-Identified	Required POA flag for diagnosis 6 if populated
	mc047_other_diagnosis_7	De-Identified	Additional Diagnosis 7
	mc047p_poa_7	De-Identified	Required POA flag for diagnosis 7 if populated
	mc048_other_diagnosis_8	De-Identified	Additional Diagnosis 8
	mc048p_poa_8	De-Identified	Required POA flag for diagnosis 8 if populated
	mc049_other_diagnosis_9	De-Identified	Additional Diagnosis 9
	mc049p_poa_9	De-Identified	Required POA flag for diagnosis 9 if populated
	mc050_other_diagnosis_10	De-Identified	Additional Diagnosis 10
	mc050p_poa_10	De-Identified	Required POA flag for diagnosis 10 if populated
	mc051_other_diagnosis_11	De-Identified	Additional Diagnosis 11
	mc051p_poa_11	De-Identified	Required POA flag for diagnosis 11 if populated
	mc052_other_diagnosis_12	De-Identified	Additional Diagnosis 12
	mc052p_poa_12	De-Identified	Required POA flag for diagnosis 12 if populated
	mc053_other_diagnosis_13	De-Identified	Additional Diagnosis 13
	mc053p_poa_13	De-Identified	Required POA flag for diagnosis 13 if populated
	mc201_icd_version_cd	De-Identified	Identifies ICD9 or ICD10 version
X	mc055_procedure_cd	De-Identified	Current Procedural Terminology (CPT) code or Healthcare Common Procedure Coding System (HCPCS)
X	mc056_procedure_modifier_1_cd	De-Identified	CPT or HCPCS modifier
	mc057_procedure_modifier_2_cd	De-Identified	CPT or HCPCS modifier
	mc057a_procedure_modifier_3_cd	De-Identified	CPT or HCPCS modifier
	mc057b_procedure_modifier_4_cd	De-Identified	CPT or HCPCS modifier
X	claim_type	De-Identified	Vendor generated claim ltype. Identifies claim lines as inpatient facility claim (1), outpatient facility claim (2) and professional claim (3) based on bill type, revenue code and place of service. Null means claim line type could not be determined
	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
	final_mdc	De-Identified	a code identifying the final Major Diagnostic Category (MDC)
	final_drg	De-Identified	a code indentifying the final Diagnosis Related Group
	final_ms_ind	De-Identified	a flag indicating if final_mdc is medical or surgical
	CCSR_grouper	De-Identified	AHRQ clinical classification software refined (500 categories)
	CCS_grouper	De-Identified	Clinical classification software (285 categories)
	BETOS_restructured_category	De-Identified	Berenson-Eggers Restructured Type of Service assigned to Health Care Financing Administration Common Procedure Coding System (HCPCS). Developed primarily for analysing the growth in Medicare expenditures
	BETOS_restructured_category_description	De-Identified	Category description of Berenson-Eggers RestructuredType of Service assigned to Health Care Financing Administration Common Procedure Coding System (HCPCS).
	BETOS_restructured_Sub_category	De-Identified	Berenson-Eggers Type of Service subcategory
	BETOS_restructured_sub_category_description	De-Identified	Sub category description of Berenson-Eggers RestructuredType of Service assigned to Health Care Financing Administration Common Procedure Coding System (HCPCS).
	mc058_icd_primary_procedure_cd	De-Identified	The main inpatient procedure code
	mc058a_icd_procedure_2	De-Identified	Inpatient procedure ICD-10 code 2
	mc058b_icd_procedure_3	De-Identified	Inpatient procedure ICD-10 code 3
	mc058c_icd_procedure_4	De-Identified	Inpatient procedure ICD-10 code 4
	mc058d_icd_procedure_5	De-Identified	Inpatient procedure ICD-10 code 5
	mc058e_icd_procedure_6	De-Identified	Inpatient procedure ICD-10 code 6
	mc058f_icd_procedure_7	De-Identified	Inpatient procedure ICD-10 code 7
	mc058g_icd_procedure_8	De-Identified	Inpatient procedure ICD-10 code 8
	mc058h_icd_procedure_9	De-Identified	Inpatient procedure ICD-10 code 9
	mc058j_icd_procedure_10	De-Identified	Inpatient procedure ICD-10 code 10
	mc058k_icd_procedure_11	De-Identified	Inpatient procedure ICD-10 code 11
	mc058l_icd_procedure_12	De-Identified	Inpatient procedure ICD-10 code 12
	mc058m_icd_procedure_13	De-Identified	Inpatient procedure ICD-10 code 13
	mc201_icd_version_cd	De-Identified	ICD version code 9 - ICD-9, 10 - ICD-10
	drg_description	De-Identified	Final DRG description

A select range of CPT codes is used to define well-child and immunization encounters

We don't need this, but do need the data restricted to clinic sites

	mdc description	De-Identified	Final MDC description
	MS DRG MDC cross walk Description	De-Identified	Crosswalk DRG to MDC
	mc061 service qty	De-Identified	count of units reported on claim line
	mc017 paid dt	De-Identified	Payment date
	mc062 charge amt	De-Identified	Payer reported charges or billed amount for the service
	member paid amount claim line	De-Identified	Deduplicated member paid amount at claim line (sum of copayment, coinsurance and deductible or patient paid amt--whichever is larger)
	Payer paid amount claim line	De-Identified	Deduplicated payment made by payer
	Total paid amount line	De-Identified	Sum of member paid amount and payer paid amount at claim line
	mc063 paid amt	De-Identified	Payment made by payer
	mc065 copay amt	De-Identified	Expected Co-payment by the member
	mc066 coinsurance amt	De-Identified	Expected Co-insurance by the member
	mc067 deductible amt	De-Identified	Expected Deductible by the member
	mc067a_patient_paid_amt	De-Identified	Expected Patient paid amount. Combination of copayment,coinsurance and/or deductible
	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)
	dw_rendering_provider_id	De-Identified	A unique identifier associated with a unique rendering provider across plans, payers and years.
	dw_billing_provider_id	De-Identified	A unique identifier associated with a unique billing provider across plans, payers and years.Can be linked to dw_provider_ID in provider data
	rendering hospital id	Limited	Hospital that rendered services
	hospital name	De-Identified	Name of Oregon Hospital
	billing hospital id	Limited	Hospital billed for services
	rendering asc id	Limited	Ambulatory surgery center that rendered services
	ASC name	De-Identified	Name of Oregon Ambulatory Surgery Center
	billing asc id	De-Identified	Ambulatory surgery center billed or services
	age	De-Identified	Age on date of service
	age group	De-Identified	Age bands based on date of service
	yob	De-Identified	Year of Birth. Null If no date of birth was reported
	me013 member gender cd	De-Identified	member's gender F = Female, M = Male, U = Unknown
	urban fl	De-Identified	Zip codes grouped into urban and rural identified by OHA
	member zip three	De-Identified	First three characters of member zip code from the date of service
	interim fl	De-Identified	Flag identifying interim bills
	interim claim id	De-Identified	Unique identifier set by DW Claim ID of the initial interim claim
	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
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 delete the rows for data elements that you do not want for your project

Field Requested	Data Element	Security Level	Description	Justification (Please provide reason needed and minimum necessary for project)
The data elements highlighted in blue are provided in every data request	uid	De-Identified	A unique identifier that links to the row as submitted in the PC Intake File Layout. Used for linking tables/views	
	release id	De-Identified	A value associated with the data release	
	dw_claim_id	De-Identified	A unique medical claim identifier	
	pc032_prescription_fill_dt	De-Identified	Prescription fill date	
	dw_member_id	De-Identified	A payer & plan specific unique identifier for a person. A person can have multiple member IDs for a single payer because they can have multiple plans. DW_member_IDs are not unique identifiers for a person across payers and years	
	uniquepersonID	De-Identified	A unique identifier for a person across payers and time	
	pc025_claim_status_cd	De-Identified	Claim status. P (Paid), D (Denied), C - (MCO/CCO encounter) E (other)	
	pc003_insurance_product_type_cd	De-Identified	A code that indicates an insurance coverage type	
	orphan_fl	De-Identified	Identifies orphan claim with no corresponding eligibility for the date of service. 1 (Yes), 0 (No)	
	Suppressed FI	De-Identified	1 (denied claim line), 0 (other than denied)	
RemovedReversal_FI	De-Identified	1 (claims not included before release 13 because the charge, paid amount, and allowed amounts are zero or zero when summed across claim lines and after the removal of denied claim lines, 0 (otherwise)		
	pc025_claim_status_cd	De-Identified	Claim status. P - Paid,C - CCO encounter, E - other	
	COB	De-Identified	Links claims based on uniquepersonID, date, pc_026_drug_cd, charged amount, and provider and identifies an event that could be either primary or secondary COB claim	
	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	
X				

	Claim_LOB	De-Identified	Payer line of business: 1 (Medicare), 2 (Medicaid), 3 (commercial, 0 (no line of business reported)
	self insured fl	De-Identified	Self Insured flag
	dw_pharmacy_id	De-Identified	A unique identifier associated with a unique pharmacy across plans, payers and years
	dw_prescribing_provider_id	De-Identified	A unique identifier associated with a unique prescribing provider across plans, payers and years.Can be linked to dw_provider_ID in provider data
x	pc021_pharmacy_npi	De-Identified	Pharmacy's National Provider Identifier (NPI)
	pc021a_pharmacy_alt_id	De-Identified	Pharmacy's alternate identifier as assigned by the payer
x	pc020_pharmacy_name	De-Identified	Name of pharmacy
x	pc022_pharmacy_city	De-Identified	City of pharmacy
x	pc023_pharmacy_state	De-Identified	State of Pharmacy
x	pc024_pharmacy_zip	De-Identified	Zip Code of Pharmacy
	pc048_prescribing_physician_npi	De-Identified	Identifier for the provider who prescribed the medication as assigned by the reporting entity. Can be linked to national provider ID in provider data
	pc026_drug_cd	De-Identified	National Drug Code (NDC)
	pc033_dispensed_qty	De-Identified	Quantity dispensed
	pc028a_alt_refill_no	De-Identified	Alternate refill number
	pc034_days_supply_qty	De-Identified	Number of days that the drug will last if taken at the prescribed dose
	pc030_dispense_as_written_cd	De-Identified	Dispense as written. Indicates if drug substitution authorized
	pc028_calc_refill_no	De-Identified	Processor's count of times prescription refilled
	pc031_compound_drug_ind	De-Identified	Indicates if it is a compound drug, 1 (no), 2 (yes), Null
	pc017_paid_dt	De-Identified	Prescription Payment date
	pc035_charge_amt	De-Identified	Payer reported charges or billed amount for the service 0 if amt=0, blank if missing
	pc037_ingredient_cost_amt	De-Identified	Ingredient cost/list price 0 if amt=0, blank if missing
	pc039_dispensing_fee_amt	De-Identified	Dispensing fee paid 0 if amt=0, blank if missing
	member_paid_amount_claim	De-Identified	Deduplicated member paid amount for claim (sum of copayment, coinsurance and deductible or patient paid amt-- whichever is larger)
	Payer_paid_amount_claim	De-Identified	Deduplicated payment made by payer
	Total_paid_amount_claim	De-Identified	Sum of member paid amount and payer paid amount for claim

Pharmacies have expanded into immunization services in Oregon for select child age ranges. There is currently a mandate to report pharmacy immunizations to ALERT IIS- however it is suspected that reporting is not complete. This inclusion will for an assessment of non-reporting and under-reporting by pharmacies for childhood

	pc036_paid_amt	De-Identified	Payment made by payer. Does not include expected copayment, coinsurance or deductible by the member
	pc040 copay amt	De-Identified	Expected Co-payment by the member
	pc041 coinsurance amt	De-Identified	Expected Co-insurance by the member
	pc042 deductible amt	De-Identified	Expected Deductible by the member
	pc043_patient_paid_amt	De-Identified	Expected Patient paid amount. Combination of copayment,coinsurance and/or deductible
	age	De-Identified	Member age in years calculated on the first day of the month
	age_group	De-Identified	Age bands based on date of service
	yob	De-Identified	Year of Birth from Member_DOB field from Member DAV. If no date of birth has been reported, NULL
	member_zip_three	De-Identified	First three characters of member's zip code
	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
	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

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

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

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

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

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

Field Requested	Data Element	Security Level	Description	Justification (Please provide reason needed and minimum necessary for project)
The data elements highlighted in blue are provided in every data request	release_id	De-Identified	A value associated with the data release	
	uid	De-Identified	A unique identifier that links to the row as submitted in the DC Intake File Layout (DC_RAW)	
	dc059_service_start_dt	De-Identified	Date services to patient rendered	
	dw_claim_id	De-Identified	A unique dental claim identifier	
	dc005_line_no	De-Identified	Line number for the claim that begins with 1 and is incremented by 1 for each additional service line of a claim	
	uniquepersonID	De-Identified	A unique identifier for a person across payers and time	
	dw_member_id	De-Identified	A unique identifier associated with a single plan and payer and assigned to all eligibility and claims records associated with a given individual for that plan/payer. An individual can have multiple member ids for a payer because they can have multiple plans.	
	dw_person_id	De-Identified	Vendor identifier for a person across payers and time-2 million people assigned more than one identifier	
	dc038_claim_status_cd	De-Identified	Claim status. P (Paid), D (Denied), C - (MCO/CCO encounter) E (other)	
	dc003_insurance_product_type_cd	De-Identified	A code that indicates an insurance coverage type	
	orphan_fl	De-Identified	Identifies orphan claim with no corresponding eligibility for the date of service. 1 (Yes), 0 (No)	

	member_state	De-Identified	People with Medicaid coverage and people with Medicare coverage reported by the Centers for Medicare & Medicaid Services are Oregon residents regardless of reported address
	Suppressed_FI	De-Identified	1 (denied claim line), 0 (other than denied)
	RemovedReversal_FI	De-Identified	1 (claims not included before release 13 because the charge, paid amount, and allowed amounts are zero or zero when summed across claim lines and after the removal of denied claim lines, 0 (otherwise)
	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
	member paid amount claim line	De-Identified	Deduplicated member paid amount at claim line (sum of copayment, coinsurance and deductible or patient paid amt-- whichever is larger)
	Payer paid amount claim line	De-Identified	Deduplicated payment made by paer

	Total paid amount line	De-Identified	Sum of member paid amount and payer paid amount at claim line
	dc063_paid_amt	De-Identified	Payment made by payer. Does not include expected copayment, coinsurance or deductible by the member. 0 if amt=0, blank if missing
	dc065_copay_amt	De-Identified	Expected Co-payment by the member
	dc066_coinsurance_amt	De-Identified	Expected Co-insurance by the member
	dc067_deductible_amt	De-Identified	Expected Deductible by the member
	dc067a_patient_paid_amt	De-Identified	Expected Patient paid amount. Combination of copayment,coinsurance and/or deductible
	dc017_paid_dt	De-Identified	Payment date
	dw_rendering_provider_id	De-Identified	Rendering provider composite ID. A unique identifier associated with a unique rendering provider across plans and payer. Can be linked to dw_provider_ID in provider data
	dw_billing_provider_id	De-Identified	Billing provider composite ID. A unique identifier associated with a unique billing provider across plans and payer.Can be linked to dw_provider_ID in provider data
	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	Screening information for providers not found in ALERT IIS- type of missed reporting
	release_id	De-Identified	A value associated with the data release	
	year_Eligibility	De-Identified	Year of eligibility	
	month_Eligibility	De-Identified	Month of eligibility	
	dw_member_id	De-Identified	A unique identifier associated with a single plan and payer and assigned to all eligibility and claims records associated with a given individual for that plan/payer. An individual can have multiple member ids for a payer because they can have multiple plans.	
	uniquepersonID	De-Identified	A unique identifier for a person across payers and time	
	me003_insurance_product_type_cd	De-Identified	A code that indicates an insurance coverage type	
	me018_medical_coverage_flag	De-Identified	Medical Coverage Flag not required when ME001=E	
	me019_prescription_drug_coverage_flag	De-Identified	Prescription Drug coverage flag	
	me207_dental_coverage_flag	De-Identified	Flag indicates dental coverage for the month	
	member_state	De-Identified	People with Medicaid coverage and people with Medicare coverage reported by the Centers for Medicare & Medicaid Services are Oregon residents regardless of reported address	
	Month_Start	De-Identified	Date of Eligibility set to the first of the month	
	Me005a_plan_term_dt	De-Identified	Plan termination date	
X	LOB	De-Identified	Payer line of business: 1 (Medicare), 2 (Medicaid), 3 (commercial, 0 (no line of business reported)	
	MedicareType	De-Identified	Medicare Advantage (Part C and/or PartD) or MedicareFFS (Medicare Fee-for-service-Part A, B and/or D)	
	DualMedicareMedicaid	De-Identified	Medicaid and Medicare coverage same month, year	
	RXnomedicalMM	De-Identified	Pharmacy coverage and no medical coverage during same year, month	
	DentalnomedicalMM	De-Identified	Dental coverage and no medical coverage during same year, month	
	me009a_pebb_flag	De-Identified	Public Employees Benefit Board covered members Oregon includes out-of-state residents	
	me009b_oebb_flag	De-Identified	Oregon Educators Benefit Board covered members Oregon includes out-of-state residents	
	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	
	me012_member_subscriber_rlp_cd	De-Identified	Relationship code	
	me013_member_gender_cd	De-Identified	Member Gender:M (male), F (female), and U (unknown)	
	yob	De-Identified	Year of Birth from Member_DOB field from Member DAV. If no date of birth has been reported, NULL	
	age	De-Identified	Member age in years calculated on the first day of the month	
	age_group	De-Identified	Age bands based on date of service	
	me009d_omip_flag	De-Identified	Flag indicates Oregon Medical Insurance Pool (OMIP) coverage for the month	

	me009e_hkc_flag	De-Identified	Flag indicates Healthy Kids Connect Plan for the month
	me202_market_segment_cd	De-Identified	Market Segment
	me203_metal_tier	De-Identified	Health benefit plan metal tier for qualified health plans (QHPs) and catastrophic plans as defined in the ACA:0 (Not a QHP or catastrophic plan), 1 (catastrophic), 2 (bronze), 3 (silver), 4 (gold), 5 (platinum)
	me205_high_deductible_health_flag	De-Identified	High Deductible Health Plan Flag
	me206_primary_insurance_ind	De-Identified	Flag indicates primary insurance
	me009c_medical_home_flag	De-Identified	Flag indicates medical home
	MCAID_PERC	Limited	Medicaid program eligibility codes. Not fully populated
	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)
	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
	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
	MCAID_Delivery_System	De-Identified	Medicaid encounter or FFS
	urban_fl	De-Identified	Zip codes grouped into urban and rural identified by OHA
	member_zip_three	De-Identified	First three characters of member zip code from the date of eligibility
	rarestre	De-Identified	The rarest race-ethnicity identified for a person across payers and years (only one identified per person): (P) Native Hawaiian or Pacific Islander, (B) Black or African American, (I) American Indian or Alaskan Native, (A) Asian, (H) Hispanic or Latino, (W) White, (O) other and (noRE) no race-ethnicity reported
X	re1_race_cd	De-Identified	All races reported by all payers for all years for a person: (P) Native Hawaiian or Pacific Islander, (B) Black or African American, (I) American Indian or Alaskan Native, (A) Asian, (W) White, (O) other, (U) unknown, (R) refused and null
X	re2_ethncity_cd	De-Identified	All ethnicities reported by all payers for all years for a person: (H) Hispanic, (O) Not Hispanic, (U) unknown, (R) refused and null
	re3_primary_language_cd	De-Identified	All primary spoken languages reported by all payers for all years for a person
Data elements that are frequently denied			
	payer_cd	Sensitive	Payer name abbreviation code
X	me014_member_dob	Sensitive	Member date of birth
X	me015a_member_street_address	Sensitive	Member street address from the date of eligibility
X	me015_member_city_nm	Limited	Member City from the date of eligibility
	HSAcity	De-Identified	HSA City field from the Darmouth Atlas Zip Code Crosswalk
X	me017_member_zip	Limited	Zip code-from the date of eligibility
X	county_fips	Sensitive	Five digit Federal Information Processing Standard (FIPS) county code associated with me017 member zip
X	county_name	Sensitive	Name of county

Inclusion per OHA equity goals of assessing missed reporting by race/ethnicity

Inclusion per OHA equity goals of assessing missed reporting by race/ethnicity

Identifiers are requested here for comparison of APAC and ALERT immunization records; this inclusion will allow OHA to assess whether the issues of clinics not

	me101_subscriber_last_nm	Sensitive	Subscriber last name
	me102_subscriber_first_nm	Sensitive	Subscriber first name
	me103_subscriber_middle_nm	Sensitive	Subscriber middle name
X	me104_member_last_nm	Sensitive	Member last name
X	me105_member_first_nm	Sensitive	Member first name
X	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

reporting to ALERT is separate from the issue of capturing children's immunizations into ALERT

Oregon Immunization Program APAC data request, 11/14/24

Necessary Data Fields

client name
client dob
client zipcode
client city
client race
client ethnicity
date of service
CPT code (list of requested CPT codes on tab2)
first ICD10 code (limited set based on CPT code range)
name of facility
facility address
facility city
facility zipcode
provider NPI
provider typology
provider address
provider city
provider zipcode
type of claim (government, commercial, etc)
type of facility- exclude inpatient and dental

Range Limitations

CPT codes- see tab2
DOB- 1/1/2002 to 12/31/2023
State- Oregon
Facilities- clinic and pharmacy
Date of Service: 1/1/2020 to 12/31/2023

note that all requested claims should have an initial CPT code in 99381 to 99385, or 99391 to 99395. These indicate a well-child visit. Subsequent CPT indicate what immunizations were given or not.

CPT

90378
90380
90381
90389
90393
90396
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New or Amended APAC Data Request Review (custom or OHA Business Associate)

Staff Reviewer: Mary Ann Evans

DRTS Number: 6434

Date review completed: 12/2/2024

	Yes	No	N/A	Need more information
Is this a new APAC request?	X			
<u>New APAC Request</u> (skip to next section if amendment request):				
1.1 Project staff contact information provided	X			
1.2 Project technical staff information provided	X			
2.1 Project summary provided with adequate detail to identify a specific unambiguous project	X			
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			

	Yes	No	N/A	Need more information
5.1 Plan provided to prevent re-identification	x			Public Health surveillance- APAC data linked to ALERT II data
5.2ab Plan to link APAC data to other data source	x			Public Health surveillance- APAC data linked to ALERT II data
5.2c Requests OHA to link APAC to other data		x		Data requester will link data
5.2d Detailed data linking plan provided	x			
5.3 Provided adequate description of data management, security and data destruction plan	x			
Passes Minimum Necessary Review	x			
Recommend management approval	x			
<u>Amendment request for previously approved APAC request (not needed for staff change only):</u>				
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				