Data Request Form

OHA Office of Health Analytics

Thank you for your interest in receiving data from the Oregon Health Authority (OHA) Office of Health Analytics. Our office provides data on behalf of OHA to support the triple aim of better health, better care, and lower costs.

## How to submit this form

Please complete this form to the best of your abilities and send it to [OHA.HealthAnalyticsRequest@odhsoha.oregon.gov](mailto:OHA.HealthAnalyticsRequest@odhsoha.oregon.gov) with the subject line “Data Request.” Once your request is received, an analyst may contact you to ask follow-up or clarifying questions if needed.

## Learn more

[Visit the Health Analytics data request page](https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Request-Data.aspx) to find this form and learn more about the data request process.

# Requestor Information:

Today’s date: Click or tap to enter a date.

Requester’s name: Click or tap here to enter text.

Organization/Department: Click or tap here to enter text.

Mailing address (include City, State, Zip) Click or tap here to enter text.

Email address: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Preferred contact method:  Email Phone

# Desired due date

*Please note that how quickly your request can be fulfilled depends on many factors, including the complexity and sensitivity of your request, and how thoroughly this form is filled out.*

Desired due date: Click or tap to enter a date.

Reason for due date: Click or tap here to enter text.

*Is this request related to a previously filled request? E.g., Are you requesting updated data?*

**Yes**; Please enter **Data Request Tracking System Number** if known: Click or tap here to enter text.

**No**

# What are you hoping to learn from the data?

*Describe what you are trying to learn as clearly and completely as possible. The more information you can provide up front, the easier it will be for your request to be filled.*

Click or tap here to enter text.

# What level of information are you looking for?

*If you aren’t sure, that’s ok.*

**Summary level or aggregate data:** E.g., tables, counts, or other summarized data. *Availability will depend on staff capacity and may incur a charge.*

**Standardized or public use datasets:** Include only select (pre-identified) data fields and exclude any identifiable information. Some data elements may be less detailed (for example, dates may only include month and not exact dates).

**Custom datasets:** Requester identifies specific data elements and formats to suit their specific research question.

**Unknown**

# Data elements

*If known, please include data elements to include in your request. For example: age groups, geographic locations, date range, procedure or diagnosis codes, primary drug of abuse.*

Click or tap here to enter text.

# Data source

*If you know the data source(s) needed, please indicate below:*

Medicaid administrative or behavioral health data

MMIS (Medicaid Management Information System)

MOTS (Measures and Outcomes Tracking System)

Other non-Medicaid behavioral health data: Click or tap here to enter text.

Other/unknown

Survey data

CAHPS (Consumer Assessment of Healthcare Providers and Systems)

MHSIP (Mental Health System Improvement Program) Survey

OHIS (Oregon Health Insurance Survey)

Other/unknown

Other/Unknown

Please describe: Click or tap here to enter text.

Note: Some Health Analytics data sources have program-specific request processes

* [All Payer All Claims](https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/APAC-Data-Requests.aspx)
* [Healthcare Workforce Reporting Program](https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Hospital-Reporting.aspx)
* [Hospital Reporting Program](https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Hospital-Reporting.aspx) – Hospital Financial Data (including Community Benefit Reporting) are available for download online. Hospital and Emergency Discharge data can be requested through the process described on the program webpage.

# Format

*What is your preferred form or file format that the data be sent to you?*

Excel

MSAccess

Text

SPSS

SAS

Other: Click or tap here to enter text.

**Thank you! An analyst will be in touch soon.**

# For Office of Health Analytics use only.

*This section to be completed by data coordinator/analyst and sent to* [*DRTS@oha.oregon.gov*](mailto:DRTS@oha.oregon.gov) *for entry in request system.*

Data Request Tracking System (DRTS) Number (if assigned): Click or tap here to enter text.

Analyst assigned to request: Click or tap here to enter text.

Due Date: Click or tap to enter a date.

Date Request assigned to analyst: Click or tap to enter a date.

Data Use Agreement needed? Click or tap here to enter text.

Data Source: Click or tap here to enter text.

**If request already fulfilled:**

Date Request fulfilled: Click or tap here to enter text.

Estimated work time (hours): Click or tap here to enter text.

Notes from data coordinator or analyst regarding this request.

Click or tap here to enter text.