



OFFICE OF HEALTH ANALYTICS
All Payer All Claims Data Reporting Program

Kate Brown, Governor

Oregon
Health
Authority

421 SW Oak Street, Suite 850
Portland, OR 97204

Website: www.oregon.gov/oha/analytics

APAC: Data Request Application Amendment

Use this form for amendments or renewals of All Payer All Claims data applications that have been submitted, approved and have received an Application Number. If you have not received an Application Number and wish to make changes to your submitted application, please contact apac.admin@state.or.us.

The Data Use Agreement Number and Principal Investigator must match the information contained within the original application. Please list changes in the appropriate section and provide sufficient details to allow staff to evaluate the request. All changes supersede the original application.

Completed form should be sent to:

APAC.Admin@dhsaha.state.or.us

Or

Office of Health Analytics - APAC

421 SW Oak Street, Suite 850

Portland, OR 97204

Direct any questions about APAC or this application to: APAC.Admin@dhsaha.state.or.us

Direct data privacy questions to: dhsprivacy.help@state.or.us

Direct data security questions to: dhsinfo.security@state.or.us

More information about the APAC Reporting Program is posted on our website at <http://www.oregon.gov/oha/OHPR/RSCH/Pages/apac.aspx>.

The Oregon Health Authority

Vision

A healthy Oregon

Mission

Helping people and communities achieve optimum physical, mental and social well-being through partnerships, prevention, and access to quality, affordable health care.

Aims

The Health Authority will transform the health care system in Oregon by:

- Improving the lifelong health of Oregonians
- Increasing the quality, reliability, and availability of care for all Oregonians
- Lowering or containing the cost of care so it's affordable to everyone

Section 1: Contact information

Applicant name (must be Principal Investigator of original project):

Rodney Garland-Forshee

Application Number (example: APACYYYYXXXX or XXXX_description_of_project): APAC20150005

Organization: Oregon Public Health Division

Address: 800 NE Oregon Street, Suite 730

City: Portland State: Oregon Zip: 97232

Phone: 971-673-1348

Email: rodney.garland@state.or.us

Original Application Date: 5/5/2015

Is this an amendment (changes to the application—including revising project staff, request of additional data not specified in original application, etc.) or a renewal of an expiring Data Use Agreement or Institutional Review Board approval without any changes to the original application? Please choose only one. An amendment will also renew the Data Use Agreement.

Amendment Please continue to Section 2

Renewal Please continue to Section 3

Section 2: Amendment

(Skip this section and proceed to Section 3 if you are renewing an approved application that is about to expire and not requesting further changes to the content of the original application. This amendment form may only be used to add or remove staff members working on the project or to request additional data.)

1. List any additional staff that will be working on the project.

Name: Beth Vorderstrasse Role: Co-investigator Email: beth.a.vorderstrasse@state.or.us

The undersigned individual has read and is hereby bound by all terms and conditions of the original Data Use Agreement referenced in Section 1 of this amendment.

Beth Vorderstrasse 6-21-16
Signature Date

Name: _____ Role: _____ Email: _____

The undersigned individual has read and is hereby bound by all terms and conditions of the original Data Use Agreement referenced in Section 1 of this amendment.

Signature Date

Name: _____ Role: _____ Email: _____

The undersigned individual has read and is hereby bound by all terms and conditions of the original Data Use Agreement referenced in Section 1 of this amendment.

Signature Date

Name: _____ Role: _____ Email: _____

The undersigned individual has read and is hereby bound by all terms and conditions of the original Data Use Agreement referenced in Section 1 of this amendment.

Signature Date

Name: _____ Role: _____ Email: _____

The undersigned individual has read and is hereby bound by all terms and conditions of the original Data Use Agreement referenced in Section 1 of this amendment.

Signature Date

OFFICE OF HEALTH ANALYTICS
All Payer All Claims Data Reporting Program

2. List any staff that will no longer be working on the project:

Name: _____ Role: _____
Name: _____ Role: _____
Name: _____ Role: _____
Name: _____ Role: _____
Name: _____ Role: _____

3. What is the reason for the amendment?

Needed to add information on member months of pharmacy coverage and medical coverage for All Payers dataset. This is a custom dataset.

4. Did the original application include an Institutional Review Board review and approval?

Yes No

(If no, proceed to question 7)

5. Is the amendment within the scope of the original IRB approval?

Yes No

If yes, please explain:

If no, requestor must submit new application, not an amendment.

6. Is an amended IRB approval attached? (An amended IRB approval is **required** for any amendments to the scope of the project.)

Yes No

Date amended IRB approval expires: _____

7. Are you requesting additional data files or data elements?

Yes No

(If yes, proceed to question 8-9. If no, skip question 8-9.)

OFFICE OF HEALTH ANALYTICS
All Payer All Claims Data Reporting Program

8. In the table below, indicate which additional data file(s) you are requesting. Refer to the limited data set workbook on the website (<http://www.oregon.gov/oha/OHPR/RSCH/pages/apac.aspx>) for more information about the data elements included in each file. Please note OHA will only provide the minimum necessary required data for the project at hand. Use the limited data set workbook to justify why each data element requested is the minimum necessary required. Attach limited data set workbook to this amendment.

		Payers					
		All Payers ¹	Medicaid	Medicare Advantage	OEBB/PEBB	Private Commercial Insurance	Medicare FFS ²
Data File	Hospital inpatient claims	<input type="checkbox"/>	<input type="checkbox"/>				
	Emergency room claims	<input type="checkbox"/>	<input type="checkbox"/>				
	Ambulatory surgery claims	<input type="checkbox"/>	<input type="checkbox"/>				
	Ambulatory outpatient claims	<input type="checkbox"/>	<input type="checkbox"/>				
	All Medical Claims ³	<input type="checkbox"/>	<input type="checkbox"/>				
	All Pharmacy Claims ⁴	<input type="checkbox"/>	<input type="checkbox"/>				
	Episodes of care ⁵	<input type="checkbox"/>	<input type="checkbox"/>				

9. Please indicate the year(s) requested for the data files selected above.*

2011 2012 2013 2014

*2010 data is available, but incomplete. If you would like 2010 data, please request a "custom data set" below.

¹ All Payers includes Medicaid, Medicare Advantage, OEBB/PEBB, and Private Commercial Insurance.

² Medicare FFS data will only be given to projects in which OHA is funding and directing.

³ All Medical Claims file includes hospital inpatient, ambulatory surgery and ambulatory outpatient claims and other hospital treatment settings.

⁴ All Pharmacy Claims file contains only pharmacy claims.

⁵ Episodes of care file contains all medical claims, all pharmacy claims and fields from the Medical Episode Grouper (MEG). MEG is a proprietary grouping algorithm that creates episodes that describe a patient's complete course of care for a single illness or condition.

OFFICE OF HEALTH ANALYTICS
All Payer All Claims Data Reporting Program

10. Do you want a custom data set?

Yes No

If yes, please describe the data elements requested and a justification for each in the "Custom" tab of the limited data set workbook. Attach limited data set workbook to this amendment.

11. If requesting additional data from the standard limited data set files, please calculate the cost below. (This table should match the files/years selected in Question 8 and 9.) Include payment with the application. Checks should be made to Oregon Health Authority and will not be cashed until application is approved. If requesting a custom data set, an invoice will be sent if/when OHA approves request.

		Payers						
		All Payers	Medicaid	Medicare Advantage	OEBB/PEBB	Private Commercial Insurance	Medicare FFS	
Data File	Hospital inpatient claims	<input type="checkbox"/> \$500	<input type="checkbox"/> \$100					
	Emergency room claims	<input type="checkbox"/> \$500	<input type="checkbox"/> \$100					
	Ambulatory surgery claims	<input type="checkbox"/> \$500	<input type="checkbox"/> \$100					
	Ambulatory outpatient claims	<input type="checkbox"/> \$500	<input type="checkbox"/> \$100					
	All Medical Claims	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$200					
	All Pharmacy Claims	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$200					
	Episodes of care	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$400					
	a	Total each column	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
	b	Add column totals	\$ 0					
	c	Enter number of years of data requested						
	d	Multiply row b and c	\$ 0					
e	OHA Production Fee	\$ 560						
f	Add row d and e for Total Payment	\$ 560						

Check box if payment is not included because custom data set is requested.

Section 3: Data Use Agreement Renewal

Please check the appropriate boxes. This section is for those renewing an approved application or IRB approval that is about to expire without requesting further changes to the content of the original application.

- OHA Agreement renewal (for Investigators in which the OHA Data Use Agreement is about to expire)

By checking the above box, Investigator hereby attests that the project shall continue to be conducted as specified in the Data Use Agreement referenced in Section 1 and the project has been renewed by Principal Investigator's Institutional Review Board, if applicable. (If original application required IRB approval, an amended IRB approval is **required** for renewal outside the original IRB approval timeframe.)

Amended IRB approval documentation is attached.

Original IRB approval is still valid for more than 3 months.

Original application did not include IRB approval.

- IRB Approval renewal (for Investigators in which the OHA Data Use Agreement is still valid, but the original IRB approval is about to expire)

By checking the above box, Investigator hereby attests that the project shall continue to be conducted as specified in the Data Use Agreement referenced in Section 1 and the project has been renewed by Principal Investigator's Institutional Review Board. (Amended IRB approval is **required** for renewal outside the original IRB approval timeframe.)

Amended IRB documentation is attached.

Section 4: Signatures

Except as expressly amended above, all other terms and conditions of the Data Use

Agreement and any previous amendments are still in full force and effect. Data Recipient

certifies that any representations, warranties and certifications contained in the Data Use

Agreement are true and correct as of the effective date of this amendment and with the same

effect as though made at the time of this amendment. This amendment shall be effective as of

OFFICE OF HEALTH ANALYTICS
All Payer All Claims Data Reporting Program

the date signed by OHA. The ability of Data Recipient to use the Data under this amendment is valid for two years from the effective date.

SIGNATURES:



Data Recipient authorized signature



Date

OHA authorized signature

Date

Return completed form to apac.admin@state.or.us.

Completed form may also be printed and mailed to:
APAC Program Manager
Office of Health Analytics
421 SW Oak St., Suite 850 - APAC
Portland, OR 97204

Custom Data Set

Please list below the custom data elements requested--including a justification for each in column C and years requested in column D. Include this spreadsheet with completed APAC-3 application.

Name	Description	Justification	Years Requested
Member_key	member ID	Link to person ID	2010-2015Q2
Member_state	state of residence	Filter to oregon residents only	2010-2015Q2
Eff_date	Effective date	date of coverage	2010-2015Q2
Incurred_year_and_month	Year and month	Used for member months	2010-2015Q2
MM_units	Medical months units	Used to determine months of medical coverage	2010-2015Q2
RX_units	Pharmacy units	Used to determine months of pharmacy coverage	2010-2015Q2
Age	age	Used to get a median age over the year	2010-2015Q2
Gender	gender	for demographics	2010-2015Q2
Member_county	County	for demographics and county rates	2010-2015Q2
Payer_job	Line of business	to run by commerical, Medicaid and Medicare separately	2010-2015Q2