



**Oregon All Payer All Claims (APAC) Program
Application for Public Use File
APAC-2**

Contact information

Applicant name:

Title:

Organization:

Mailing/street address:

City:

State:

Zip:

Phone:

Email:

Project Summary

1. Project title

2. Briefly describe the project and how you plan to use APAC data (50 – 200 words)

3. What is the anticipated timeline for the project?

Start date

End date

4. Purpose of the project (choose only one – refer to 45 CFR 164.501 for definitions)

Research Treatment
Payment Health care operations

If Treatment, Payment or Health care operations, is applicant part of a covered entity?

Yes, health plan Yes, health care clearinghouse
Yes, health care provider transmitting health information in electronic form
No, not a covered entity

Other Briefly explain:

5. I acknowledge that data cannot be linked at the record level to any other data sources. Use of aggregate data, such as census, with APAC data is acceptable if no attempt is made to identify a specific person or address. Yes No

6. Public Use File

- Review the data elements available before selecting the file(s). More detailed information is available on the APAC Data Requests website.
 - Medical claims contain hospital, emergency department, ambulatory surgery, outpatient and other treatment settings.
 - Pharmacy claims do not include diagnosis and procedure codes and are not linked to medical claims.
- If the Public Use File is delivered and is not usable for your needs, **no refund will be made**. Contact apac.admin@dhsosha.state.or.us with questions prior to submitting the application or paying for the data.
- Payment is required prior to data release.
- Data may be received as separate files to minimize file size. The unique identifier matches across pharmacy and medical claims.

Select data sets to request:
APAC is suspending payment for files.

| Year | Medical claims | Pharmacy claims | Dental claims | Membership | Total cost |
|--------------|----------------|-----------------|---------------|--|------------|
| 2011 | \$500 | \$500 | Not available | Provided without additional charge when medical, pharmacy or dental claims are requested | |
| 2012 | \$500 | \$500 | | | |
| 2013 | \$500 | \$500 | | | |
| 2014 | \$500 | \$500 | | | |
| 2015 | \$500 | \$500 | | | |
| 2016 | \$500 | \$500 | | | |
| 2017 | \$500 | \$500 | | | |
| 2018 | \$500 | \$500 | | | |
| 2019 | \$500 | \$500 | | | \$500 |
| 2020 | \$500 | \$500 | | | \$500 |
| 2021 | \$500 | \$500 | \$500 | | |
| Total | | | | | |

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

Signature

By signing this application, I verify that the information contained within this APAC-2 form is accurate.

Name:

Date:

Signature:

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

***** State use only *****

APAC Tracking number:



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.