

EXHIBIT D

INFORMATION PRACTICES, DATA USE POLICIES AND DATA ACCESS

OREGON HEALTHCARE QUALITY REPORTING SYSTEM

Fair Information Practices and Data Use Policies

July 2008, Revised April 2013

Since 2006, Quality Corp, a broad-based, independent, neutral, trusted nonprofit organization dedicated to improving the quality and affordability of health care in Oregon, has successfully developed the Oregon Healthcare Quality Reporting System (“OHQRS”) and engaged health plans, medical groups, hospitals, public sector health care representatives, purchasers, health care providers, employers and consumers in reporting on quality and resource use performance within the Oregon delivery system. The OHQRS provides a federated quality measurement and reporting system that consolidates data for quality, resource use, efficiency, effectiveness and cost measurement and improvement purposes from multiple sources including claims data from participating data suppliers, clinical data from participating health care providers and experience feedback from consumers. The vision of the OHQRS is that the various stakeholders will use the information to work cooperatively and constructively in improving the quality of treatment of patients in health care delivery with a strong commitment to patient privacy and security consistent with HIPAA. Stakeholders will also use the information to improve resource use, efficiency, effectiveness and cost of health care delivered to Oregonians. The OHQRS shall be guided by the following Fair Information Practices and Data Use Policies:

1. Fair Information Practices Policy

General approach: All patients are included in calculation of aggregate measures. The “choice” (opt-out) provisions apply to the accessibility of patient level claims data availability to clinics, clinicians and other authorized users.

The following policies are intended to assure the visibility and transparency of the OHQRS.

Principle	Oregon Healthcare Quality Reporting System (OHQRS) Fair Information Practices Policies
Openness and Transparency	The OHQRS will actively communicate information about the OHQRS through its website and other means to health plans, medical groups, hospitals, public sector health care representatives, purchasers, health care providers, employers and consumer/patients regarding the purposes of the quality, resource use, efficiency, effectiveness and cost measurement and reporting system, the information being utilized in the measures, the purposes for which the information is used, and who has access to what types of OHQRS information.
Inclusive Passive Enrollment	All patients meeting the criteria for inclusion in OHQRS measures shall be included in the claims data provided by participating health plans and aggregate measures derived from claims data, and the summary clinical measures reported by participating clinics.

Principle	Oregon Healthcare Quality Reporting System (OHQRS) Fair Information Practices Policies
Choice	Consumers/patients should be afforded the opportunity to decline to participate (opt-out) in OHQRS whereby their patient-level information related to aggregate measures derived from claims data are not accessible to clinics, medical groups and other health care providers providing any portion of care to the patient.
Collection and Use Limitation	The information collected and used in the OHQRS should be limited to the minimum information necessary to improve treatment and accomplish quality, resource use, efficiency, effectiveness and cost measurement and reporting. For claims data this includes the minimum necessary information to identify potentially eligible patients, track patients across episodes of care, match patients across health plans, geocode at an aggregated level, attribute patients to a provider, medical group, hospital, or other health care providers and ultimate inclusion or exclusion of qualifying patients.
Data Validity, Integrity, and Quality	The OHQRS should be constructed to ensure the validity and integrity of the data and preserve its quality and usability. The clinics and providers who are subjects of the quality measures as well as others in a position to review and evaluate the validity, integrity, and quality of data should be able to appeal/correct, the data as appropriate for OHQRS purposes.
Security Safeguards and Controls	All data should be protected by reasonable security and privacy safeguards against loss, unauthorized access, inappropriate destruction, use, modification, or disclosure and to assure compliance with HIPAA and applicable state statutes and rules. At the termination of OHQRS or conclusion of the useful life of OHQRS data, the ultimate disposition of OHQRS data, including the purposeful destruction or return of data to submitting organizations, will adhere to the provisions of the applicable participation agreements.
Proprietary Information and Trade Secrets	The OHQRS should be constructed to avoid disclosure of proprietary information and trade secrets of participating health plans, providers and other data suppliers.
Accountability and Oversight	The OHQRS and participating entities providing data and/or utilizing OHQRS data should be accountable for abiding by these principles and for oversight to ensure that they are followed by those who may be authorized to access and use OHQRS data.
Consumer Information Access	Upon request consumers/patients included in OHQRS should be able to review their information within OHQRS and to whom it has been released as well as for what purposes.
Notice and Enforcement	Where protected health information (PHI) is released outside the bounds of the OHQRS policies, the organization providing the PHI shall be notified. The organization providing PHI is expected to notify the individual patient in accord with their organization's policies and procedures. Methods should be available to apply penalties to violators of the authorization and to mitigate, to the extent possible, the violation.

2. Data Access & Use Policy

Access to OHQRS information shall be governed by the following principles and policies:

- Protected Health Information (PHI) under HIPAA definitions may only be utilized within OHQRS when the exchange and/or access to PHI is covered by an appropriate participation/business associate agreement covering the relationship between the parties.
- Health plans providing claims data to OHQRS shall execute a data supplier participation agreement/business associate agreement outlining the terms of participation in OHQRS and their access to OHQRS information.
- Clinics, medical groups and other health care providers desiring access to claims-level data from OHQRS shall execute a data user participation agreement outlining the terms of participation in OHQRS and their access to OHQRS information.

OHQRS Principles regarding Access and Use of Quality Measures, Aggregate Data and Supporting Information – not Protected Health Information (PHI).

Aggregate Data Principles	Oregon Healthcare Quality Reporting System Data Access & Use Policies regarding Aggregate Measures & Data
Generally	OHQRS quality, resource use, efficiency, effectiveness and cost measures derived from claims data and summary clinical measures submitted by clinics are not Protected Health Information (PHI) as defined by HIPAA. The access and use of quality, resource use, efficiency, effectiveness and cost measures and supporting aggregate data and information via OHQRS is available under the following polices to various groups.
Public	Aggregate quality, resource use, efficiency, effectiveness and cost measures generated by OHQRS shall be available to the public on the OHQRS website in accordance with OHQRS timetables and work plans. Access to such information requires acknowledgement of a terms and conditions/disclaimers statement about the information.
Patients/ Consumers	Patients and/or consumers have access to OHQRS quality, resource use, efficiency, effectiveness and cost measures information as part of the general access available to the public.
Participating Clinics, Medical Groups and Other Health Care Providers	Participating clinics, medical groups, and other health care providers are granted access to OHQRS quality measures, aggregate data and supporting information that is not considered PHI data for the purposes of operations (under the HIPAA context of “payment, treatment, and operations”) including quality measurement, comparing their performance to other providers and improving performance within the bounds of legal restraints, in compliance with the OHQRS data user participation agreement and other OHQRS-established policies and rules. Public disclosure of OHQRS data or use in a manner other than for the intended purposes is prohibited.
Non-participating Clinics, Medical Groups and Other Health Care Providers	Non-participating clinics, medical groups, and other health care providers have access to OHQRS quality, resource use, efficiency, effectiveness and cost measures information as part of the general access available to the public.

Aggregate Data Principles	Oregon Healthcare Quality Reporting System Data Access & Use Policies regarding Aggregate Measures & Data
Participating Health Plans	Participating health plans are granted access to OHQRS quality, resource use, efficiency, effectiveness and cost measures, aggregate data and supporting information that is not considered PHI data for the purposes of operations (under the HIPAA context of “payment, treatment, and operations”) including quality, resource use, efficiency, effectiveness, and cost measurement and reporting, assessing variation among clinics and individual providers, and internal management purposes within the bounds of legal restraints and in compliance with the OHQRS data supplier participation agreement and other OHQRS-established policies and rules. After OHQRS data has been publicly disclosed, participating health plans may use OHQRS data consistent with the intended purposes.
Non-participating Health Plans	Non-participating health plans have access to OHQRS quality, resource use, efficiency, effectiveness and cost measures information as part of the general access available to the public.
Analyses and Publications by Participating Organizations	Participating clinics, medical groups, and other health care providers and health plans are encouraged to undertake analyses and develop publications based on OHQRS quality, resource use, efficiency, effectiveness and cost measures aggregate data and supporting information that is not considered PHI data as well as PHI under their ownership and/or control. Clinics, medical groups, other health care providers and health plans are responsible for developing such analyses and publications in accord with their own organizational policies.
Public Health and Health Policy Agencies	Public health agencies and health policy agencies are encouraged to utilize OHQRS quality, resource use, efficiency, effectiveness and cost measures aggregate data and supporting information that is not considered PHI in population health assessments, public health program planning, assessment and planning for health care and payment reform and health policy deliberations.
Other Stakeholder Organizations Involved in Health Care Transformation such as Hybrid Organizations	Other stakeholder organizations involved in health care and payment reform such as Hybrid Organizations, quality organizations and other non-provider health care organizations (e.g., purchasers, CCOs, Insurance exchange) are encouraged to utilize OHQRS quality, resource use, efficiency, effectiveness and cost measures, aggregate data and supporting information that is not considered PHI in assessments to improve the health and efficiency of health care delivered among their members and constituents while maintaining patient confidentiality.

Aggregate Data Principles	Oregon Healthcare Quality Reporting System Data Access & Use Policies regarding Aggregate Measures & Data
Non-participating Stakeholder Organizations Involved in Health Care Transformation	Non-participating stakeholder organizations have access to OHQRS quality, resource use, efficiency, effectiveness and cost measures information as part of the general access available to the public.
Third Party Research	PHI in OHQRS is not available for research projects. Access to de-identified health information from the OHQRS (no longer PHI) may be granted to IRB-Approved research studies BUT ONLY after review and approval of a specific research study proposal by the Data Stewardship Committee and Quality Corp Board of Directors. IRB-Approved research studies may have access to only de-identified health information from the OHQRS the parameters of specific research study proposal approved through the OHQRS process.
Data Services Vendor	Non-PHI information received by the data services vendor from health plans and any other data suppliers is solely for the purpose of processing of claims and other data for compilation of OHQRS aggregate measures and related functions under OHQRS. All other uses of non-PHI and related data by the data services vendor are prohibited.
Marketing	Health plans and participating clinics, medical groups and health care providers are encouraged to communicate their participation and support for the OHQRS. Prior to public release, use of OHQRS reported <u>data</u> in marketing materials of health plans and provider organizations is prohibited (marketing as defined by HIPAA). After public release of OHQRS data by Quality Corp, plans and provider organizations may use OHQRS data if the source is properly referenced, the data are current and accurately portrayed and endorsement by Quality Corp is not implied.

OHQRS Principles regarding Protected Health Information (PHI).

PHI-related Principles	Oregon Healthcare Quality Reporting System Data Access & Use Policies regarding Protected Health Information
Generally	Any Protected Health Information (PHI) accessible via the OHQRS should be made available to, or denied to, the following groups of individuals or entities, or for the following purposes: PHI is accessible via OHQRS to providers and data suppliers that are entitled to access to the information within the meaning of HIPAA.
Participating Clinics, Medical Groups and Other Health Care Providers	Participating clinics, medical groups, and other health care providers are granted access to OHQRS PHI data for their own patients for the purposes of treatment and operations (under the HIPAA context of “payment, treatment, and operations”) including for improved treatment, confirming attribution of patients to the clinics and clinicians, quality measurement and assuring the accuracy and integrity of data related thereto, improving care and treatment within the bounds of legal restraints and in compliance with the OHQRS data user participation agreement.
Participating Health Plans	A participating health plan is granted access to PHI data it submitted to OHQRS for the purposes of treatment and operations (under the HIPAA context of “payment, treatment, and operations”) including quality measurement within the bounds of legal restraints and in compliance with the OHQRS data supplier participation agreement. A participating health plan shall not have access to PHI data submitted by another health plan absent express consent from the individual named in the PHI or from the other health plan.
Analyses and Publications by Participating Organizations	Participating clinics, medical groups, other health care providers and health plans are encouraged to undertake analyses and develop publications based on OHQRS with PHI appropriately under their ownership and/or control. Clinics, medical groups, and other health care providers and plans are responsible for developing such analyses and publications in accord with their own organizational policies.
Non-participating organizations	PHI in OHQRS is not available to non-participating organizations for any purposes.
Other Stakeholder Organizations Involved in Health Care Transformation	PHI in OHQRS is not available to other stakeholder organizations involved in health care transformation unless the organization is functioning as a participating provider or participating health plan as described above.
Marketing	Use of PHI from OHQRS for marketing is strictly and absolutely prohibited.
Patients	Upon request, patients should be given access to their own PHI used in the OHQRS consistent with OHQRS’s Fair Information Practices as well as within the bounds of applicable law and technical feasibility.
Legally Required Disclosures	PHI information within OHQRS may be disclosed when required by law or by order of a court with competent jurisdiction.

PHI-related Principles	Oregon Healthcare Quality Reporting System Data Access & Use Policies regarding Protected Health Information
Data Services Vendor	PHI information received by the data services vendor from health plans and any other data suppliers under business associate agreements is solely for the purpose of processing of claims and other data for compilation of OHQRS aggregate measures and related functions under OHQRS. All other uses of PHI and related data by the data services vendor are prohibited.
Other Disclosures	Any other disclosures of PHI are prohibited.

3. Financial Policies Related to Data Access and Analysis Services

Participating Data Suppliers and other sponsors provide financial support of operation of the OHQRS and the provision of basic services related thereto.

The consumers and the public will have access to OHQRS quality measurement information without charge through the public OHQRS website.

Participating health plans have access to general purpose reporting services designed for health plans and related supporting information/data as part of their part of their sponsorship of the OHQRS.

Participating health care providers receive standard reporting and data designed for medical groups, clinics, and providers and related supporting information/data on a semi-annual basis without charges. Additional or more frequent reports will be considered other data services and subject to fees and charges.

The provision of other data services, customized reporting and/or analysis services will be subject to fees and charges to be established for the OHQRS by Quality Corp.

Data User	Timing	Type of Data	Intended Uses	Prohibited Uses	Access Vehicle	Access Process
PUBLIC						
PUBLIC MEASURES						
Public (Anybody)	Year 1 (round 1 – Jun 2009)	None	None	Not applicable	Not publicly available	Not applicable
Public (Anybody)	Year 2,3... (round 2,3 – Feb 2010, Feb 2011.) and thereafter	- Basic (claims) measures for clinics - Expanded summary clinic data) measures for clinics	Consumer information on quality, resource use, efficiency, effectiveness and cost measures for included clinics	Violation of terms & conditions	Public OHQRS website: Partner for Quality Care (partnerforqualitycare.org)	Public access to website subject to website terms & conditions.
PARTICIPATING PLANS						
PARTICIPATING PLANS: FEEDBACK REPORTS ON SUBMITTED DATA						
Participating Health Plan	All years	Statistics on plan's patients: included in what measures, comparative summary data for all plans	Internal review and project management purposes of plan (operations)	Any other use, disclosure or distribution of information outside of plan.	Reports from the data center vendor	Overall BAA/Participation Agmt, reports distributed to designated person
Participating Health Plan	All years	Plan's patients: - meet measure(s) criteria or not (included/excluded) - clinic attribution, clinician attribution - count of other plans having data (not name(s) of the plan) - clinic corrected data/appeals	Internal review, project management purposes of plan, comparative analysis against plan's measurement processes (operations and/or treatment)	Any other use, disclosure or distribution of information outside of plan.	Secure private website only accessible by plan(s), downloadable files	Registration of each user within plan & T&C agreement, overall BAA/Participation Agmt (data supplier)
Participating Health Plan	All years	Plan's patients: log of specific patients accessed by any user	HIPAA audit log, privacy accountability	Any other use, disclosure or distribution of information outside of plan.	Secure private website only accessible by plan(s), downloadable files	Registration of each user within plan & T&C agreement, overall BAA/Participation Agmt (data supplier)
PARTICIPATING PLANS: MEASURES REPORTS						
Participating Health Plan	All years	Provider/clinic mapping data (Provider directory)	Supporting information for project and comparison to plan data	Any other use, disclosure or distribution of information outside of plan.	Secure private access for select programs only accessible by plan(s), downloadable files	Registration of each user within plan & T&C agreement, overall BAA/Participation Agmt (data supplier)

Data User	Timing	Type of Data	Intended Uses	Prohibited Uses	Access Vehicle	Access Process
PARTICIPATING PLANS: MEASURES REPORTS (cont.)						
Participating Health Plan	All years	Basic (claims) measures comparison: participating plan to all plans	Overall view of plan compared to all plans (operations and/or treatment)	Any other use, disclosure or distribution of information outside of plan. Use of data to develop composite measures or scores.	Secure private access for select programs only accessible by plan(s), downloadable files	Registration of each user within plan & T&C agreement, overall BAA/Participation Agmt (data supplier)
Participating Health Plan	Year 1 (round 1 –Jun 2009)	Basic (claims) measures for plan patients by BLINDED clinic	Assess variation in measures among clinics in accordance with OHQRS policies and rules (operations and/or treatment)	Any other use, disclosure or distribution of information outside of plan. Use of data to develop composite measures or scores.	Secure private access for select programs only accessible by plan(s), downloadable files	Registration of each user within plan & T&C agreement, overall BAA/Participation Agmt (data supplier)
Participating Health Plan	Year 2,3... (round 2,3 – Feb 2010, Feb 2011.) and thereafter	Basic (claims) measures for plan patients by UNBLINDED clinic & individual providers & comparison to measures for all patients	Assess variation in measures among clinics and individual providers; collaborations with clinics on improvements in accordance with OHQRS policies and rules (operations and/or treatment)	Any other use, disclosure or distribution of information outside of plan or collaborations with clinics. Use of data to develop composite measures or scores.	Secure private access for select programs only accessible by plan(s), downloadable files	Registration of each user within plan & T&C agreement, overall BAA/Participation Agmt (data supplier)
Health Plan members	Year 2 (round 2 – Feb 2010) & thereafter	Basic (claims) measures as reported on the OHQRS public website: Partner for Quality Care (partnerforqualitycare.org)	Consumer information on OHQRS quality, resource use, efficiency, effectiveness and cost measures	Violation of OHQRS policies or health plan website terms and conditions	Health plan website accessible by health plan members & others	Plan access control process for members. Terms and conditions on health plan website
Participating Health Plan	Year 1 (round 1- Jun 2009)	Expanded (summary clinic data) measures for clinics	Not available to plans in round 1	Not available to plans in round 1	Not applicable	Not applicable
Participating Health Plan	Year 2 (round 2 – Feb 2010) & thereafter	Expanded (summary clinic data) measures for clinics	Assess variation in measures among clinics in accordance with OHQRS policies and rules (operations)	Any other use, disclosure or distribution of information outside of plan. Use of data to develop composite measures or scores.	Secure private access for select programs only accessible by plan(s), downloadable files	Registration of each user within plan & T&C agreement, overall BAA/Participation Agmt (data supplier)
Participating Health Plan	Year 2,3... (round 2,3 – Feb 2010, Feb 2011.) and thereafter	Expanded (summary clinic data) measures for plan patients by UNBLINDED clinic & individual providers & comparison to measures for all patients	Assess variation in measures among clinics and individual providers; collaborations with clinics on improvements in accordance with OHQRS policies and rules (operations and/or treatment)	Any other use, disclosure or distribution of information outside of plan or collaborations with clinics. Use of data to develop composite measures or scores.	Secure private access for select programs only accessible by plan(s), downloadable files	Registration of each user within plan & T&C agreement, overall BAA/Participation Agmt (data supplier)

Data User	Timing	Type of Data	Intended Uses	Prohibited Uses	Access Vehicle	Access Process
PARTICIPATING HEALTH CARE PROVIDERS						
PARTICIPATING CLINICS, MEDICAL GROUPS AND HEALTH CARE PROVIDERS: FEEDBACK (APPEALS) REPORTS ON CLAIMS DATA (participating means the clinic wants to look at the data)						
Health Care Providers	All years	Patient list by measure with clinic/clinician attribution	Review/appeal patients in measures and clinician attribution (operations)	Any other use, disclosure or distribution of information outside of clinic	Secure private website only accessible by participating clinics, downloadable files	Registration of each user within clinic & T&C agreement, BAA/Participation Agmt (data user)
HEALTH CARE PROVIDERS: REPORTS ON CLAIMS DATA (participating means the clinic wants to look at the data)						
Clinics/MDs/Health Care Providers	All years	Patient list with number of other providers, drill down to list of other (measure-related) providers	Look-up list functionality by patients (treatment and operations)	Any other use, disclosure or distribution of information outside of clinic	Secure private website only accessible by participating clinics, downloadable files	Registration of each user within clinic & T&C agreement, BAA/Participation Agmt (data user) [meets HIE standards]
Clinics/MDs/Health Care Providers	All years	Basic (claims) measures comparison by plan for clinic patients and overall comparison, drill down to individual patients	Visibility of measures and drill down to patients within each measure in accordance with OHQRS policies and rules (treatment and operations)	Any other use, disclosure or distribution of information outside of clinic	Secure private website only accessible by participating clinics, downloadable files	Registration of each user within clinic & T&C agreement, BAA/Participation Agmt (data user)
Clinics/MDs/Health Care Providers	All years	Basic (claims) measures comparison by plan for clinic patients and overall comparison, drill down to individual patients with identification of other (measure-related) providers	Visibility of measures and drill down to patients within each measure, ability to evaluate care coordination with other providers in accordance with OHQRS policies and rules (treatment and operations)	Any other use, disclosure or distribution of information outside of clinic	Secure private website only accessible by participating clinics, downloadable files	Registration of each user within clinic & T&C agreement, BAA/Participation Agmt (data user) [meets HIE standards]
Clinics/MDs/Health Care Providers	starting in year 2 – Feb 2010	Patient listing by condition with measure compliance indicated	Look-up list functionality by patients for each measure (treatment and operations)	Any other use, disclosure or distribution of information outside of clinic	Secure private website only accessible by participating clinics, downloadable files	Registration of each user within clinic & T&C agreement, BAA/Participation Agmt (data user)
Clinics/MDs/Health Care Providers	starting in year 2 – Feb 2010	Patient information recap with transaction detail (one page per patient)	Suitable for filing in chart (treatment and operations)	Any other use, disclosure or distribution of information outside of clinic	Secure private website only accessible by participating clinics, downloadable files	Registration of each user within clinic & T&C agreement, BAA/Participation Agmt (data user)
HEALTH CARE PROVIDERS: FEEDBACK REPORTS ON SUBMITTED SUMMARY CLINICAL DATA						
Clinics/MDs/Health Care Providers	All years	Comparison of summary clinic measure with claims measures by plan & overall	Assess reasonableness of data submitted in comparison to claims measures (treatment and operations)	Any other use, disclosure or distribution of information outside of clinic	Secure private website only accessible by participating clinics, downloadable files	Registration of each user within clinic & T&C agreement, BAA/Participation Agmt (data user)

Data User	Timing	Type of Data	Intended Uses	Prohibited Uses	Access Vehicle	Access Process
NON-PARTICIPATING HEALTH CARE PROVIDERS						
NON-PARTICIPATING CLINICS: MEASURES REPORTS						
Clinics/MDs/Health Care Providers	starting in year 2, round 2 – Feb 2010	Basic (claims) measures for clinics	Visibility of info available to public, encouragement for clinics to participate (operations)	Violation of terms & conditions	Public OHQRS website: Partner for Quality Care (partnerforqualitycare.org)	Public access to website subject to website terms & conditions
PATIENT SERVICES						
Patient	All years	Request for log of users accessing information	Provide HIPAA compliant request process for OHQRS	Any other use. Communication of request plans or providers.	Downloadable special request available on public website to be mailed in	Agree to general T&C
Patient	All years	Opt-out request	Allows patient to request that none of their information be accessible to any provider	Violation of terms & conditions by patient,	Downloadable special request form available on public website to be mailed in	Patient must register, enter additional identifying (matching/validation) information, agree to T&C/disclaimers
Patient	starting in Year 2 – Feb 2010	Detailed listing of patient information in OHQRS	Patient review of information on request	Violation of terms & conditions by patient,	Downloadable special request form available on public website to be mailed in	Patient must register, enter additional identifying (matching/validation) information, agree to T&C/disclaimers,
DATA SERVICES VENDOR (Milliman)						
Vendor Staff	All years	Claims data (patient level data) and supporting data supplied by plans	Solely for merging data across plans and clinics to produce measures specified in the vendor contract	All other uses of claims, related-data, and derive measures.	Submission processes for data as specified by vendor; internal vendor processes	Internal to vendor processes and data date bases dedicated to the OHQRS project.
Vendor Staff	All years	Expanded measures data from clinics	Combing with claims-based measures	All other uses of claims, related-data, and derive measures.	Submission processes for data as specified by vendor; internal vendor processes	Internal to vendor processes and data date bases dedicated to the OHQRS project.

Data User	Timing	Type of Data	Intended Uses	Prohibited Uses	Access Vehicle	Access Process
QUALITY CORP PROJECT STAFF						
Project Staff and contractors	All years	Patient identified data)	None - No access to any Protected Health Information	Not applicable	Not publicly available	Not applicable
Project Staff and contractors	All years	De-identified patient-level claims data and identified data related to plans, clinics and clinicians	Project management, customer service support, data analysis, data integrity and quality control, identification of technical assistance support opportunities	Disclosure of data or information beyond that permitted for other types of users. Attempting to unblind the data or identify specific patients.	Secure private website only accessible by staff, contractors and data vendor, online analysis and support tools, downloadable files	Registration of each user T&C agreement, staff/contractor confidentiality agreement
Project Staff and contractors	All years	Summary Clinical data	Project management, customer service support, data analysis, data integrity and quality control, identification of technical assistance support opportunities	Disclosure of data or information beyond that permitted for other types of users	Secure private website only accessible by staff, contractors and data vendor, online analysis and support tools, downloadable files	Registration of each user T&C agreement, staff/contractor confidentiality agreement
HEALTH POLICY AND POPULATION HEALTH AGENCIES						
Health Policy and Population Health Analyses	All years	Only de-identified patient data and other non-HIPAA data: to be specified by requesting stakeholder. Patient confidentiality will be maintained using minimum sample sizes and suppression of potentially sensitive data	Specific scope of analysis or custom report as detailed by stakeholder in proposal to be submitted to QCORP	Any use beyond that approved by QCORP approval process. Attempting to unblind the data or identify individual patients.	Data files for scope of data approved by QCORP	Custom report proposal must be submitted for review and approval by QCORP.

Data User	Timing	Type of Data	Intended Uses	Prohibited Uses	Access Vehicle	Access Process
OTHER STAKEHOLDER ORGANIZATIONS INVOLVED IN HEALTH CARE TRANSFORMATION SUCH AS ACOs, CCOS AND HYBRID ORGANIZATIONS						
Special Projects and collaborations, e.g. OHLC, CoverOregon	All years	Project relevant measures, metrics and aggregate data. Patient confidentiality will be maintained using minimum sample sizes and suppression of potentially sensitive data.	Specific scope of analysis or custom reports as detailed in project/collaboration proposal and project plan	Uses beyond the scope of the approved project/collaboration proposal and project plan approved by QCORP. Attempting to unblind the data or identify individual patients.	Reports and data files for scope of data necessary to support the approved project/collaboration and approved by QCORP.	Project/collaboration proposal developed and approved by collaborators and QCORP. Consent of Data Suppliers for inclusion of their data.
ACOs and CCOS	All years	Project relevant measures, metrics and aggregate data. Patient confidentiality will be maintained using minimum sample sizes and suppression of potentially sensitive data.	Specific scope of analysis or custom reports as detailed in project proposal and plan.	Uses beyond the scope of the approved project proposal and plan approved by QCORP. Attempting to unblind the data or identify individual patients.	Reports and data files for scope of data necessary to support the approved project plan approved by QCORP.	Project proposal and plan developed and approved by ACOs/CCOs and QCORP.
Other Stakeholder Analyses	All years	Project relevant measures, metrics and aggregate data. Only de-identified patient data and other non-HIPAA data: to be specified by requesting stakeholder. Patient confidentiality will be maintained using minimum sample sizes and suppression of potentially sensitive data.	Specific scope of analysis or custom report as detailed in project proposal to be submitted to QCORP	Any use beyond that approved by QCORP. Attempting to unblind the data or identify individual patients.	Reports and data files for scope of data necessary to support the approved project plan and approved by QCORP	Custom report proposal must be submitted for review and approval by QCORP.
NON-PARTICIPATING ORGANIZATIONS						
Researchers, analysts from non-participating organizations	All years	Only de-identified patient data and other non-HIPAA data: to be specified by requesting researcher.	Specific scope of analysis as detailed by researcher in proposal to be submitted to QCORP	Any use beyond that approved by QCORP approval process. Attempting to unblind the data or identify individual patients.	Reports and data files for scope of data approved by QCORP	Research proposal must be submitted for review and approval by QCORP. Appropriate IRB approval and monitoring required. Consent of Data Suppliers for inclusion of their data.