New York State

All Payer Database

Guidance Manual

Version 2.0 (November 2020)

Office of Quality and Patient Safety

Division of Information and Statistics

Bureau of All Payer Systems and Informatics

https://nyshc.health.ny.gov/web/nyapd

Contents

DOH has made every effort to provide accurate and complete information in this manual. Any typographical error is unintentional on our part. Edits, deletions, modifications, or changes to areas of this manual will be maintained in a change log and updated versions of the manual will be released.

I. Program Operations

The **Program Operations** section describes the New York State All Payer Database ("APD") and how it is administered by the New York State Department of Health ("DOH").

II. Data Governance

The **Data Governance** section describes the planning process for the release of APD data based upon categories of requestors, while protecting against unwarranted disclosure of protected health information and personally identifiable information.

III. Submission Specifications

The **Submission Specifications** section describes how to enroll as an APD submitter. DOH will issue and revise submission specifications as needed, with a goal of minimizing the burden on APD submitters. Note that when DOH issues new or revised submission specifications, APD submitters will have at least 120 days to come into compliance.

This version of the Guidance Manual includes submission specifications for both the current Encounter Intake System (EIS) and the Original Source Data Submitter (OSDS) system, which expands the collection of APD data to include commercial off-exchange and Medicare member and encounter data. The OSDS began production for off-exchange commercial and Medicare data in August 2020. It is estimated that current EIS submitters will transition to the OSDS in early 2021. More information on the OSDS system may be found on the NYS Health Connector at: https://nyshc.health.ny.gov/web/nyapd/apd-osds

Section I: Program Operations

Program Purpose

Several states have implemented All Payer Claims Databases (APCDs)[1]. In general, APCDs are secure databases, typically created by state mandate, that contain medical, pharmacy and dental claims data received from public and private payers. In addition to claims data, New York's APD will integrate and provide linkages to other non-claim based data sources, such as laboratory and clinical data from electronic health records, data from public health registries, and surveys and other data that examine social determinants of health.

New York State has recognized the need for an All Payer Database (APD) to provide a more complete and accurate picture of the health care delivery system across public and private payers and to improve population health.

By combining claims data and non-claim based data sources, New York's APD will allow a range of stakeholders to uncover and monitor patterns in quality of care, conduct population health research, and examine health care costs. By providing a comprehensive picture of population health in New York State, the APD will serve as a key data and analytical resource to support policy making and research.

Legal Authority

Public Health Law Section 2816 was amended in 2011 and again in September 2017 to authorize DOH to develop and implement the APD. The regulations pertaining to the APD are located at Part 350 of Title 10 (Health) of the New York Codes, Rules and Regulations, available at: https://regs.health.ny.gov/volume-c-title-10/250265841/part-350-all-payer-database-apd.

Data Sources

Figure 1 provides an overview of the data sources housed within the APD, identifies various stakeholders, and highlights anticipated uses of the data.

Over time, the APD will receive data from multiple data sources. The APD currently includes health plan enrollment data and benefits data, claims and encounter data, provider data, hospital discharge data, and vital statistics mortality data. Other data sources will be phased in. Figure 2 shows DOH's anticipated ordering of data source integration.

In the long term, the APD will provide a comprehensive repository of information for all categories of participants in the health care system, from policymakers and payers to clinicians and consumers.

APD data sources include hospital discharge data (SPARCS), vital statistics mortality data, Qualified Health Plan (QHP) enrollment and encounter data, Medicaid Managed Care (MMC) enrollment and encounter data, Essential Plan (EP) enrollment and encounter data, Child Health Plus (CHP) enrollment and encounter data, Medicaid Fee-for-Service (FFS) and Medicare Fee-for-Service data. The integration also includes Provider Network Data System (PNDS) and other provider data. In 2020, the APD began collecting data from commercial off-exchange health plans on a mandatory basis, and from self-funded commercial health plans governed by the Employee Retirement and Income Security Act of 1974 (ERISA) on a voluntary basis. Clinical and non-claims-based data, including survey and registry data and social determinants of health, will be integrated in the future.

---

[1] To follow the development of APCDs across the county, the All Payer Claims Database Council has set up this dashboard: https://www.apcdcouncil.org/state/map
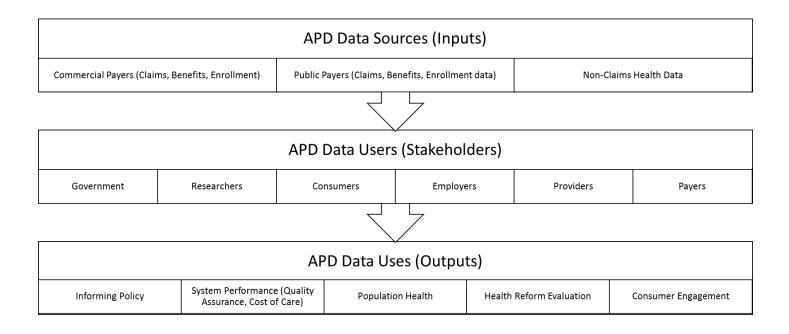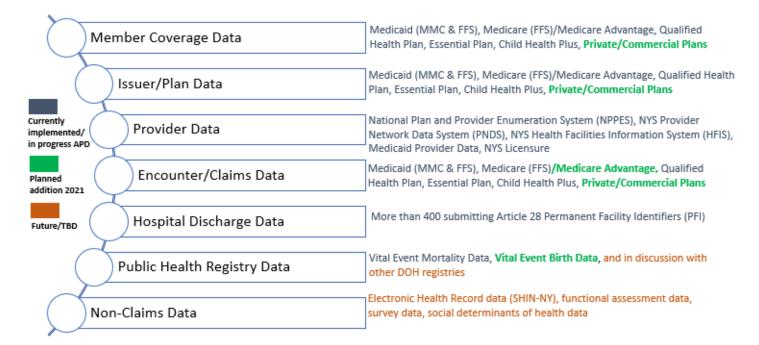
APD Data Sources (Inputs)

Commercial Payers (Claims, Benefits, Enrollment)	Public Payers (Claims, Benefits, Enrollment data)	Non-Claims Health Data

APD Data Users (Stakeholders)

Government	Researchers	Consumers	Employers	Providers	Payers

APD Data Uses (Outputs)

Informing Policy	System Performance (Quality Assurance, Cost of Care)	Population Health	Health Reform Evaluation	Consumer Engagement

Figure 2: Overview of New York State All Payer Database Data Source Integration over Time

Note: Applicable state and federal law restrictions on data use and release will apply by data type.

Member Coverage Data	Medicaid (MMC & FFS), Medicare (FFS)/Medicare Advantage, Qualified Health Plan, Essential Plan, Child Health Plus, **Private/Commercial Plans**
Issuer/Plan Data	Medicaid (MMC & FFS), Medicare (FFS)/Medicare Advantage, Qualified Health Plan, Essential Plan, Child Health Plus, **Private/Commercial Plans**
Provider Data	National Plan and Provider Enumeration System (NPPES), NYS Provider Network Data System (PNDS), NYS Health Facilities Information System (HFIS), Medicaid Provider Data, NYS Licensure
Encounter/Claims Data	Medicaid (MMC & FFS), Medicare (FFS)/**Medicare Advantage,** Qualified Health Plan, Essential Plan, Child Health Plus, **Private/Commercial Plans**
Hospital Discharge Data	More than 400 submitting Article 28 Permanent Facility Identifiers (PFI)
Public Health Registry Data	Vital Event Mortality Data, **Vital Event Birth Data,** and in discussion with other DOH registries
Non-Claims Data	Electronic Health Record data (SHIN-NY), functional assessment data, survey data, social determinants of health data

Currently implemented/ in progress APD

Planned addition 2021

Future/TBD

Program Governance

DOH's Bureau of All Payer Systems and Informatics ("APD Bureau") is responsible for administering the APD's data intake, warehouse, and analytics solution.

Data Intake

Section 350.2 of Title 10 of the New York Codes, Rules and Regulations (NYCRR) requires third-party health care payers to submit complete, accurate, and timely APD data to the Department, pursuant to the submission specifications.

Data Submitters

Currently, entities that submit data to the APD ("data submitters") primarily do so using the Encounter Intake System (EIS). The APD Bureau has begun the implementation of the Original Source Data Submitter (OSDS) system to enable the collection of commercial off-exchange and Medicare member and encounter data. DOH anticipates that the submission of encounter data currently sent through the EIS will transition to the OSDS in early 2021, at which point encounter data submission through the EIS will be discontinued.

The APD Bureau began formal outreach to data submitters in November 2018 to facilitate communication regarding the development of the OSDS and the collection of member and encounter data. Since that time, data submitters have been encouraged to participate in regular meetings with APD Bureau staff focused on providing information and eliciting stakeholder feedback on OSDS data collection. Additional information for data submitters is available and updated regularly on the NYS Health Connector.

Data submitters must register with DOH for both the EIS system and for the OSDS system. For information on how to register, please refer to Section III: Submission Specifications.

Validation and Compliance

The EIS and OSDS automatically validate data submissions for nomenclature, formatting, duplicate submissions, and questionable data patterns. The APD Bureau monitors EIS and OSDS reports to ensure compliance with submission specifications, and work with data submitters to resolve any technical issues.

Data Warehouse

Data security and the protection of patient privacy are core principles of the APD data system. The APD is designed to uphold the security and confidentiality of protected health information (PHI) and personally identifiable information (PII) and adheres to all applicable federal and state laws.

The APD uses sophisticated de-identification methodologies to "anonymize" and protect APD data. APD data is housed in a single, secure, NIST 800-53 compliant data center and is encrypted both when it's transmitted and when it's "at rest." Following both industry standards and DOH policy, the APD solution has implemented a system of "role-based access controls" (RBAC) that restrict data by user approved role to ensure that APD data users have access only to the minimum amount of health information necessary to perform DOH-authorized functions. Users of APD data do not have access to data containing: Patient Name; Patient Address; Social Security Number; or Phone Number.

The APD's data security protocols align with New York's ITS Security Policies, the National Institute of Standards and Technologies 800-53 guidelines, the HIPAA Privacy Rule and de-identification methods, and CMS requirements.

Data Analytics

Conducting advanced analytics requires a comprehensive approach to data cleansing and data enrichment. The APD standardizes, de-duplicates and provides master data management to its data to optimize analytic performance. The APD also enriches its data through applying different types of disease and procedure classification methods, risk-adjustment methods, and geocoding.

APD Communications

APD Website

More Information about the APD is available on the NYS Health Connector at: https://nyshc.health.ny.gov/web/nyapd/home. The NYS Health Connector will be updated over time to include policies, guidance, reports, a summary of data requests, and updates on data refreshes.

Please also consult the APD website to ensure you have the latest version of this Manual, as the Manual will be updated periodically.

Listserv

DOH maintains an electronic distribution list used to communicate important information.

To subscribe to the APD Listserv, send an e-mail request to listserv@listserv.health.state.ny.us. In the body of the message, type: SUBSCRIBE NYS-APD-L First Name Last Name. For example, if your name was "John Doe", you would type:

SUBSCRIBE NYS-APD-L John Doe.

To unsubscribe send an email addressed to nys-apd-l-signoff-request@listserv.health.state.ny.us.

E-mail

Inquiries and feedback regarding the APD may be e-mailed to: nysapd@health.ny.gov.

Section II: Data Governance

Data Governance Policies and Procedures

General Information

DOH's process for releasing limited identifiable APD data sets to researchers and other qualified recipients is currently under development. Preliminarily, release of limited identifiable APD data is expected to require:

- Execution of a Data Use Agreement (DUA), Data Exchange Application Agreement (DEAA) and/or Business Associate Agreement (BAA)
- Review by an Institutional Review Board (IRB)
- Review by a Data Release Review Committee or similar body, convened by DOH

DOH will charge reasonable fees for release of limited identifiable data sets and for analytical services based upon the cost of establishing and operating the APD. Per regulation, any request for access to limited identifiable APD data will require an explicit plan for data storage and maintenance, preventing breaches or unauthorized disclosures of identifying data elements pertaining to any individual and for destruction of data within specified timeframes.

Future versions of this Manual will include additional details regarding Data Governance policies. Please consult the NYS Health Connector to ensure you have the latest version of this Manual.

De-Identification

The APD is designed to uphold the security and confidentiality of Protected Health Information (PHI) and Personal Identifiable Information (PII). DOH will ensure that sophisticated de-identification methodologies are used to anonymize and protect APD data that is made available to the public.

Data Release

When fully developed, the APD will include tools to enable data analysis by a wide variety of stakeholders, including the State, local governments, insurance carriers, health care providers, researchers and consumers. Data sets of limited identifiable APD data may be released to researchers and other entities serving a public interest purpose, subject to review and approval by DOH, in compliance with State and federal law.

DOH will develop and adopt policies and safeguards for the release of APD data based on applicable law, including review of proposed research by a Data Release Review Committee or similar body. Per regulation, APD data will only be released to the public when DOH has confirmed the completeness and accuracy of the underlying data.

NYS Health Connector Public Use Data

The NYS Health Connector features a suite of dashboards designed to allow researchers, policymakers and the public to explore and understand public health issues using de-identified all payer data and other public health data. This public use resource provides interactive data visualizations that can be filtered, sorted, and organized based on a wide variety of variables. Each includes explanatory information on the underlying data set and how it can be used to inform health care decision making. Dashboards covering new public health topics are added regularly.

Data Submitters

In accordance with DOH regulations and contracts, data submitters must submit complete, accurate, and timely data as defined below to the APD. The term "data submitter" includes third-party health care payers. A third-party health care payer, as defined by DOH regulation, means:

- An insurer, organization, or corporation licensed or certified pursuant to:
  - Article 42, 43, or 47 of the Insurance Law; or
  - Article 44 of the Public Health Law; or
  - An entity, such as a pharmacy benefits manager, fiscal administrator, or administrative services provider that participates in the administration of a third-party health care payer system, including any health plan under 42 USC § 1320d.

Unless permitted by federal law, self-insured health plans regulated by the Employee Retirement Income Security Act of 1974 (ERISA) are not required to submit data to the APD, although such plans that operate in New York State may choose to participate as a data submitter.

DATA SUBMITTER INFORMATION – EIS SYSTEM

Data submitters must register with and submit data through DOH's Encounter Intake System (EIS). Registration instructions are provided in the **EIS Standard Companion Guide – Trading Partner Information**, available at DOH's APD website: https://nyshc.health.ny.gov/web/nyapd/guidance-manuals

DATA SUBMITTER INFORMATION – OSDS SYSTEM

In August 2020, the Original Source Data Submitter (OSDS) system opened for submissions of off-exchange commercial and Medicare data. Current EIS encounter data submitters will transition to the OSDS system in early 2021. Registration instructions are provided in the APD OSDS Guidance Manuals section of the NYS Health Connector at: https://nyshc.health.ny.gov/documents/39436/108308/osds_standard_companion_guide_data_submitter_information.pdf

Data submission specifications and requirements for accuracy, timeliness, etc. exist for other systems as well (e.g. Provider Network Data System). This section of the APD Guidance Manual focuses on EIS and OSDS data submitters.

Data Types and Transaction Formats

Currently, the APD's EIS accepts data submissions in the following formats:

- X12 Post Adjudicated Claims Data Reporting (PACDR)
- National Council for Prescription Drug Programs (NCPDP) Post Adjudication Standard

The OSDS will accept the above formats for encounter data and also accept the following for enrollment data:

- X12 834 Plan Membership Reporting

DOH requires that data submitters submit post-adjudicated claims data for all members and for all health care related claims, including payment data, that have been adjudicated. This includes outpatient visits, inpatient admissions, dental care, emergency room, urgent care visits, pharmacy and laboratory services. Each of these "encounters" must be recorded as a unique occurrence of service to a member by a provider.

After adjudication, claims data is submitted using X12 PACDR and the NCPDP Post Adjudication Standard transactions. X12 PACDR is used for institutional, professional, and dental claims. The NCPDP Post Adjudication Standard is used for pharmacy claims.

Data submitters that are also off-exchange commercial plans will be required to submit enrollment data as part of APD data using X12 834. The OSDS 834 X318 Companion Guide defines NYS-specific requirements for processing member data.

DOH selected the X12 and NCPDP Standards Organizations to support the anticipated adoption of a single set of data reporting standards for health care post adjudicated claims data relative to the format, data elements, and code sets to be used for reporting to APCDs nationwide. Data submitters must collect, maintain, and submit information contained within the provider's claim transactions as required by the associated **X12 and NCPDP Implementation Guides** and the **EIS Standard Companion Guides – Transaction Information: X12 and NCPDP**, and **OSDS Standard Companion Guides** which conform to the requirements of any associated **X12 and NCPDP Implementation Guides**.

Administrative Claims Denials

Data submitters must submit encounter data for paid claims and claims that are administratively denied. Denied claims are not reported.

A claim is administratively denied if it is generally covered by an insurance policy, but is denied for other reasons that may include, but are not limited to:

- claims for services that require prior authorization;
- claims for services that are covered within a capitated arrangement;
- claims that are covered within a previous global bill; and
- claims that did not meet prompt payment rules (submitted after 90 days).

Because data submitters may have unique systems for coding claims, DOH is not able to identify specific denial or service codes that represent administrative denials.

Timing of Submissions

Third-party health care payers are required to submit APD data at least monthly. OSDS data submissions must be made on a weekly basis unless the data submitter is subject to a conflicting contractual obligation. Additional guidance on submission frequency is available on the NYS Health Connector.

Data submitters must submit at least 95 percent (95%) of APD data within 60 days from the end of the month of the adjudicated claims being submitted for payment, and 100 percent (100%) of APD data within 180 days from the end of the month of the adjudicated claims being submitted for payment.

In the event that technical difficulties prevent timely submission of APD data, data submitters must contact the APD Bureau for assistance and provide a description of the issue, the specific submission requirement to be extended, varied, or waived, and how and when the organization's APD data submissions will be brought into compliance with specifications. DOH may issue extensions of the submission deadline or other variances when deemed appropriate.

Method of Submissions

APD data submissions are made electronically by data submitters in accordance with specifications detailed in the appropriate implementation guide and companion guides (see Technical Data Submission Documentation section below).

Data Resubmissions

If a submission is rejected by the EIS or OSDS, detailed response files are transmitted electronically to data submitters for submission rejections. If directed, data must be corrected and resubmitted, and remain subject to APD submission frequency and completeness requirements, as well as APD data validation and compliance processes and requirements.

Technical support is available from both the APD Bureau and the contracted data intake vendor to assist data submitters with understanding response files and with correcting data submission errors.

Technical Data Submission Documentation

Submission Specifications include technical EIS and OSDS documents developed and maintained by DOH and the EIS vendor/OSDS vendor that describe the procedures for registration as a data submitter, transaction formatting and submission, file processing, and validation. Submission Specification documents are posted to the APD website for each system:

EIS Available Documentation: EIS Standard Companion Guide – Trading Partner Information; EIS Standard Companion Guide – Transaction Information: X12; and EIS Standard Companion Guide – Transaction Information: NCPDP; Tier 2 Edit Disposition Spreadsheet.

Available at: https://nyshc.health.ny.gov/web/nyapd/guidance-manuals

OSDS Available Documentation: OSDS Standard Companion Guide – Data Submitter Information; OSDS Standard Companion Guide – X12 37 Post-Adjudicated Claim Data Reporting (PACDR); OSDS Standard Companion Guide – X12 834 Plan Member Reporting; OSDS Standard Companion Guide – NCPDP Post-Adjudication Standard; Tier 2 Edit Disposition Spreadsheet.

Available at: https://nyshc.health.ny.gov/web/nyapd/apd-osds-guidance-manuals

Standard Companion Guides and Tier 2 Edit Disposition Spreadsheets are revised and updated as needed.

EIS Standard Companion Guide – Trading Partner Information

The **EIS Standard Companion Guide – Trading Partner Information** provides detailed technical information needed by trading partners to exchange EDI data with the EIS. This includes information about registration, testing, support, supported transactions, file processing, editing and validation.

Instructions for enrolling as a NYSOH Trading Partner, obtaining technical assistance, initiating and maintaining connectivity, sending and receiving test files, and other related information can also be found in this **EIS Standard Companion Guide.** This guide does not provide detailed data specifications, which are published separately by the industry committees responsible for the creation and maintenance of such standards.

EIS Standard Companion Guide – Transaction Information: X12

The **EIS Standard Companion Guide – Transaction Information: X12** provides detailed technical information for creating X12 transactions for data submission to the APD. It covers institutional, professional and dental claims, and includes additional DOH specific instructions for how certain data elements should be formatted and submitted, including NYS Medicaid category of service and provider specialty codes. The **EIS Standard Companion Guide – Transaction Information: X12** must be used in conjunction with the associated **X12 Implementation Guide**.

EIS Standard Companion Guide – Transaction Information: NCPDP

The **EIS Standard Companion Guide – Transaction Information: NCPDP** provides detailed technical information on creating NCPDP compliant transactions for data submission to the APD. It covers pharmacy claims and includes additional DOH specific instructions for how certain data elements should be formatted and submitted. The **EIS Standard Companion Guide – Transaction Information: NCPDP** must be used in conjunction with the **NCPDP Post Adjudication Standard Implementation Guide, Data Dictionary and External Code List**.

EIS Tier 2 Edit Disposition Spreadsheet

The EIS Tier 2 Edit Disposition Spreadsheet provides a detailed list of the descriptions, logic and disposition codes (hard or soft) for all Tier 2 edits applied to professional, institutional, dental and pharmacy claims submissions.

OSDS Standard Companion Guide – Data Submitter Information

The OSDS **Standard Companion Guide – Data Submitter Information** provides detailed technical information needed by data submitters to exchange EDI data with the OSDS. This Data Submitter Information Companion Guide is intended as a resource to assist issuers, their third party administrators, and all other data submitters of the New York State Department of Health (NYSDOH) All Payer Database (APD) OSDS system in successfully conducting EDI of Post-Adjudicated Claims Data Reporting (PACDR) and 834 Member Reporting transactions. This Companion Guide provides instructions for enrolling as a data submitter for the NYSDOH OSDS system, obtaining technical assistance, initiating and maintaining connectivity, sending and receiving test files, and other related information. This Data Submitter Companion Guide does not provide detailed data specifications. Detailed specifications are published separately by the industry committees responsible for their creation and maintenance.

This Companion Guide provides communications-related information which a Data Submitter needs to enroll, obtain support, format the X12 Interchange Control Header (ISA) and Functional Group Header (GS) envelopes, the NCPDP Header and Trailer information, and exchange test transactions with the NYSDOH OSDS system.

OSDS Standard Companion Guide – X12 837 Post-Adjudicated Claim Data Reporting (PACDR)

The **OSDS Standard Companion Guide – X12 Post-Adjudicated Claim Data Reporting (PACDR)** provides detailed technical information for creating X12 transactions for data submission to the APD. It covers institutional, professional and dental claims, and includes additional DOH specific instructions for how certain data elements should be formatted and submitted, including NYS Medicaid category of service and provider specialty codes. The **OSDS Standard Companion Guide – X12 Post-Adjudicated Claim Data Reporting (PACDR)** must be used in conjunction with the associated **X12 Implementation Guide**.

OSDS Standard Companion Guide – X12 834 Plan Member Reporting

The **OSDS Standard Companion Guide – X12 834 Plan Member Reporting** provides detailed technical information for creating X12 member transactions for data submission to the APD. It includes additional DOH specific instructions for how certain data elements should be formatted and submitted. The **OSDS Standard Companion Guide – X12 834 Plan Member Reporting** must be used in conjunction with the associated **X12 Implementation Guide**.

OSDS Standard Companion Guide – NCPDP Post Adjudication Standard

The **OSDS Standard Companion Guide – NCPDP Post Adjudication Standard** provides detailed technical information on creating NCPDP compliant transactions for data submission to the APD. It covers pharmacy claims and includes additional DOH specific instructions for how certain data elements should be formatted and submitted. The **OSDS Standard Companion Guide – NCPDP Post Adjudication Standard** must be used in conjunction with the **NCPDP Post Adjudication Standard Implementation Guide, Data Dictionary and External Code List**.

OSDS Tier 2 Edit Disposition Spreadsheet

The OSDS Tier 2 Edit Disposition Spreadsheet provides a detailed list of the descriptions, logic and disposition codes (hard or soft) for all Tier 2 edits applied to professional, institutional, dental, pharmacy claims as well as member submissions.

Communications and Technical Assistance

New data submitters should contact DOH to ensure they have all necessary and current submission specifications documentation to facilitate successful registration and submission of data to the EIS and/or OSDS. Data submitters may also receive technical assistance and support from the respective EIS and OSDS vendors. Contact information can be found below and on the APD website at:

EIS: https://nyshc.health.ny.gov/web/nyapd/stay-connected

OSDS: https://nyshc.health.ny.gov/web/nyapd/apd-osds-stay-connected

Contact Information

We welcome comments and feedback on this guidance document. Please contact us at:

Bureau of All Payer Systems and Informatics
Division of Information and Statistics
Office of Quality and Patient Safety
New York State Department of Health
Corning Tower Room 1911
Albany, New York 12237

Email: nysapd@health.ny.gov

Website: https://nyshc.health.ny.gov/web/nyapd/home

Change Log

Version / Date	Section Changed	Description of Change
Version 1.0 / September 2017	Initial Version	Initial Version
Version 2.0 / October 2020	Section I – Program Operations Section II – Data Governance Section III – Submission Specifications	I. Updated Legal Authority, Data Sources, Program Governance, Data Intake and Data Analytics. Updated Figure 2. Added section on Data Warehouse. Added information on the NYS Health Connector. II. Updated General Information. Added information on De-Identification and Data Release III. Updated EIS Data Submitter Information. Added submission specifications for the OSDS System. Updated information on Technical Data Submission Documentation. Updated Contact Information.

Appendix A: Terms and Acronyms

The table below contains commonly used NYS APD Terms and Acronyms.

Table 1. Common Terms and Acronyms

Term	Description
42 CFR Part 2	Commonly referred to as "Part 2" are the Federal regulations governing the confidentiality of drug and alcohol abuse treatment and prevention records.
APCD	All Payer Claims Databases
APD	All Payer Database
BAA	Business Associate Agreement
CCIIO	Center for Consumer Information and Insurance Oversight
CHP	Child Health Plus
CMS	Centers for Medicare and Medicaid Services
DCS	Department of Civil Service
DEAA	Data Exchange Application Agreement
DFS	Department of Financial Services
DOH	Department of Health
DPE	Data Providing Entity
DRRC	Data Release Review Committee
DUA	Data Use Agreement
EDI	Electronic Data Interchange
EIS	Encounter Intake System
EP	Essential Plan
ERISA	Employee Retirement Income Security Act
FFS	Fee-for-Service
HHS	Health and Human Services
HIOS	Health Insurance Oversight System
HIPAA	Health Insurance Portability and Accountability Act
HIT	Health Information Technology
HITECH	Health Information Technology for Economic and Clinical Health Act
MMC	Medicaid Managed Care
MPI	Master Patient Index or Master Provider Index
NCPDP	National Council for Prescription Drug Programs
NYS	New York State
NYSOH	NY State of Health
OHIP	Office of Health Insurance Programs
OITS	Office of Information Technology Services
OQPS	Office of Quality and Patient Safety
OSDS	Original Source Data Submitter System

Term	Description
PACDR	Post Adjudicated Claims Data Reporting
PHI	Protected Health Information
PHL	Public Health Law
PII	Personally Identifiable Information
PPACA	Patient Protection and Affordable Care Act
PUF	Public Use File
QHP	Qualified Health Plan
RBAC	Role Based Access Controls
ResDAC	Research Data Assistance Center
SHIN-NY	State Health Information Network of New York
SPARCS	Statewide Planning and Research Cooperative System
TPIN	Trading Partner Identification Number
X12	X12 has developed uniform standards for inter-industry electronic exchange of business transactions, namely electronic data interchange.