

# **Oregon All Payer All Claims Database (APAC)**

## **Frequently Asked Questions**

March 2018

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## General

### Q1: What is APAC?

A1: The Oregon All Payer All Claims Database (APAC) is a large database that houses administrative health care data for Oregon’s insured populations. In particular, it includes medical and pharmacy claims, non-claims payment summaries<sup>1</sup>, member enrollment data, billed premium information, and provider information for Oregonians who are insured through commercial insurance, Medicaid, and Medicare. The Oregon Health Authority (OHA) and other state agencies use APAC as a tool to measure health care costs, quality, and utilization across the state.

### Q2: What authority does OHA have to collect data through APAC?

A2: [House Bill 2009](#), approved by the Oregon State Legislature in 2009, authorized OHA to “create an all-claims, all-payer database to collect health care data and monitor and evaluate health care reform in Oregon and to provide comparative cost and quality information to consumers, providers and purchasers of health care about Oregon’s health care systems and health plan networks in order to provide comparative information to consumers” (Section 10); and outlined the purpose of APAC and directed OHA to define the APAC framework (Sections 1200-1202). This legislation was codified into the [Oregon Revised Statutes](#) for health care data reporting (ORS 442.464, 442.466, and 442.993). Sections 409-025-0100 to 409-025-0170 of the Oregon [Administrative Rule](#) outline the guidelines for APAC’s data collection, use, and release, and are updated as needed.

### Q3: How do OHA and other state agencies use APAC?

A3: OHA and other Oregon state agencies use APAC to evaluate public health programs, assess the impact of existing or proposed policies, set health insurance rates, monitor the state’s progress toward established goals, and inform state policymakers of key public health issues and trends in the health care market. In addition, OHA endeavors to bring increased transparency to the health care market by publishing public reports with APAC data. More information on current and past APAC uses can be found in the [APAC Overview](#) or the [APAC Use Case](#) document.

### Q4: Do other states have similar databases?

A4: Yes. Oregon is one of several states that maintain similar databases, which are collectively known as All-Payer Claims Databases (APCDs). The other states include: Arkansas, Colorado, Connecticut, Kansas, Maine, Maryland, Massachusetts, Minnesota, New Hampshire, Rhode Island, Tennessee, Utah, Vermont, and Virginia. Five additional states – Delaware, Florida, Hawaii, New York, and Washington – are developing APCDs.

## Scope of APAC

### Q5: What types of data does APAC collect?

A5: APAC contains the following types of data:

- Paid medical and pharmacy claims – includes diagnoses, service utilization, and spending for medical and pharmacy services;
- Member enrollment information – includes basic demographic information on enrollees of commercial, Medicaid, and Medicare plans;
- Provider information – includes provider identifiers, locations, and specialties;

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<sup>1</sup> Payment information for health care services not billed on a claim and/or not reimbursed on a fee-for-service basis.

- Premium information – includes the total premium amounts billed to members of fully-insured, Medicare Advantage (Medicare Part C), or stand-alone prescription drug plans for each month of coverage; and
- In September 2017, APAC began collecting provider-level payment information on alternative payment methods (APMs)—that is, non-claim payments that payers make to health care providers.

**Q6: What populations are captured?**

A6: APAC contains information on Oregon residents who have health insurance coverage through commercial insurance (including the Public Employees’ Benefit Board and the Oregon Educators Benefit Board), Medicaid (including fee-for-service plans, managed care organizations, and coordinated care organizations), and Medicare (including Parts A, B, C, and D).

**Q7: How big is APAC – that is, how many claims records, individuals, and years of data are included in the database?**

A7: APAC has about 78 to 96 million annual claims for calendar years 2011 to 2016<sup>2</sup>, including from 42 to 51 million annual medical claims and from 36 to 46 million annual pharmacy claims. At any point in time, the database contains data for approximately 3.4 to 3.9 million individuals – representing about 87% to 98% of Oregon’s population. Please note that about 1% of the people in APAC are not Oregon residents, but are included because they were covered by Oregon’s Public Employees’ Benefit Board (PEBB) or the Oregon Educators Benefit Board (OEBB). And while APAC contains data for 87%-98% of Oregon residents, only 78% to 80% of Oregonians have a health care claim in APAC.

**Q8: What populations and types of information are excluded from APAC?**<sup>3</sup>

A8: APAC does not include data on uninsured individuals or other populations who pay out-of-pocket for their health care; nor does it include data on individuals insured through certain federal programs such as Tricare, the Federal Employees Health Benefits Program, the Indian Health Service, or the Department of Veterans Affairs. The database also does not collect data on members of small commercial health plans with fewer than 5,000 covered lives.

The database does not include information on other types of insurance, such as workers’ compensation or stand-alone dental or vision coverage. Finally, claims related to alcohol and drug treatment are also masked in APAC.

**Q9: Does APAC collect information that could identify individuals?**

A9: Yes, APAC collects certain direct identifiers such as names, date of birth, address, and gender, although it **does not** collect Social Security numbers. All information is highly protected at all stages of data collection, storage, analysis, and release so as to prevent any misuse of the data. A full list of the data elements that APAC collects is available in [Appendices A-H](#) of the Administrative Rule as well as in the [Data Submission Instruction Memo](#).

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<sup>2</sup> 2011-2016 are the calendar years of data available for request.

<sup>3</sup> As of March 2017, OHA has reversed its internal policy of redacting claims lines related to genetic testing, as well as claims lines related to HIV/AIDS. These claim lines may now be included in future approved data requests.

**Q10: Does APAC collect information on non-claims payments, such as quality incentive programs, capitated payments, and other alternative payment methods?**

A10: Historically, APAC has only collected payment information processed through health care claims. However, in September 2017, APAC began collecting provider-level payment information on alternative payment methods (APMs). By adding these non-claims payments, APAC can provide a more comprehensive look at the full universe of health care spending in Oregon. More information about the new APM data collection specifications is available in Appendices G and H as well as the FAQs found in the [Data Submission Instruction Memo](#).

## Data Collection

**Q11: What types of entities submit data to APAC?**

A11: Data submitters include commercial insurance companies and licensed third-party administrators (TPAs) with at least 5,000 members in Oregon; all pharmacy benefit managers (PBMs) in Oregon; all coordinated care organizations (CCOs) in Oregon, any carrier with a dual-eligible special needs plans (SNPs) in Oregon; any payer with enrollees in Oregon’s health insurance exchange, and all insurers providing group health insurance plans to PEBB and OEGB members. OHA provides Medicaid data to APAC (including data on behalf of CCOs). The Centers for Medicare and Medicaid Services (CMS) provides Medicare Parts A and B data. Although no longer required to submit to APAC, self-insured ERISA plans are also invited to submit data to APAC voluntarily.

**Q12: What is the difference between data submitters and Mandatory Reporters?**

A12: “Mandatory Reporters” are entities required by law to submit data to APAC, and are defined in section 409-025-0110 of the [Administrative Rule](#). They include commercial insurance companies and licensed third-party administrators (TPAs) with at least 5,000 members in Oregon; all pharmacy benefit managers (PBMs) in Oregon; all coordinated care organizations (CCOs) in Oregon, any carrier with a dual-eligible special needs plans (SNPs) in Oregon; any payer with enrollees in Oregon’s health exchange, and all insurers providing group health insurance plans to PEBB and OEGB members.

“Data submitters” is the general term used to describe all entities that report data to APAC. It includes Mandatory Reporters as well as OHA (which submits Medicaid data), CMS (which submits Medicare Parts A and B data), and voluntary reporters (such as self-insured ERISA plans).

**Q13: How many Mandatory Reporters submit data to APAC?**

A13: In 2017, there were approximately 70 Mandatory Reporters, and there are about 78 Mandatory Reporters in 2018<sup>4</sup>.

**Q14: How will the U.S. Supreme Court’s recent in *Gobeille v. Liberty Mutual Insurance Company* impact APAC data collection?**

A14: Prior to March 2016, self-insured plans regulated by the federal Employment Retirement Income Security Act of 1974 (ERISA) were considered Mandatory Reporters for APAC as well as for other APCDs across the country. In March 2016, however, the U.S. Supreme Court ruled that states are unable to require such plans to submit data to APCDs. As such, self-insured ERISA plans are now exempt from mandatory reporting to APAC. Moving forward, APAC welcomes voluntary data reporting from self-insured ERISA plans. More information on the impact of the *Gobeille v. Liberty Mutual* decision on APAC data collection is available [here](#).

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<sup>4</sup> The list of Mandatory Reporters in 2018 can be found on page 33 of [Appendices A-H](#).

**Q15: What specific data elements are collected?**

A15: APAC submissions are currently captured by nine files:

- Medical claims file (Appendix A)
- Eligibility file (Appendix B)
- Provider file (Appendix C)
- Pharmacy claims file (Appendix D)
- Control file: Billed and Paid Amounts (Appendix E)
- Control file: Medical and Pharmacy Member Months (also referred to as Appendix E)
- Premiums file (Appendix F)
- Provider Level APM file (Appendix G)
- Control file: Provider Level APM (Appendix H)

A full list of the specific data elements currently collected in these files is provided in [Appendices A-H](#) of the current [Administrative Rule](#).

**Q16: How frequently does data collection take place?**

A16: Data submitters report data required by Appendices A-F to APAC every quarter. Data required by Appendices G and H are submitted annually in September. A data submission schedule is available [here](#).

**Q17: Do all data submitters report data in the same format?**

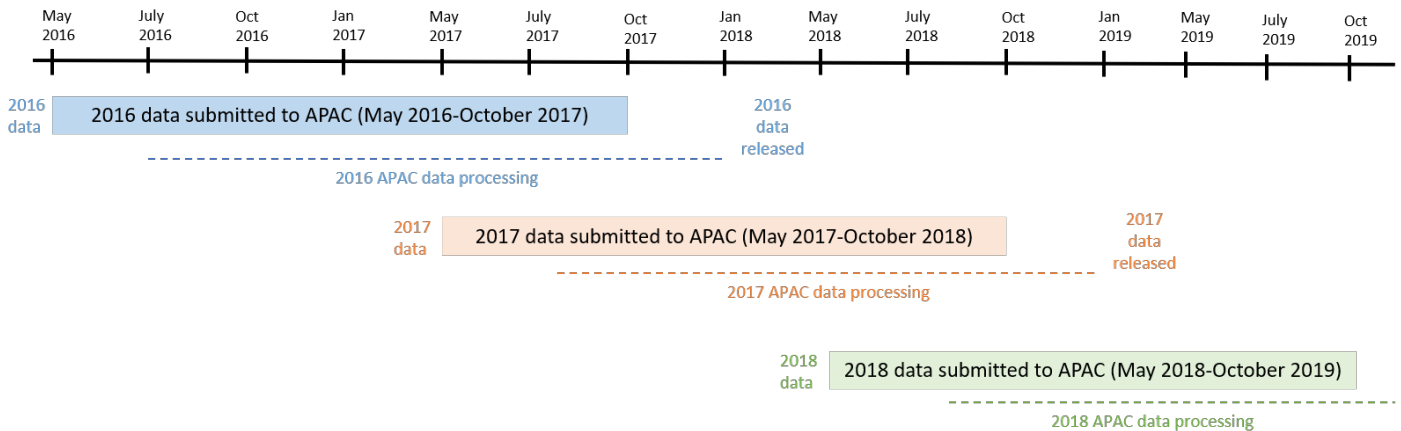
A17: Yes, all data submitters use an established format for reporting data, which is outlined in the [APAC Submission Instruction Memo](#).

**Q18: How soon after a health care service takes place is the claim reported to APAC, and how soon are the data available to APAC users? It's 2018! Why is OHA only providing data through 2016? Can I pre-request data that is not currently available?**

A18: The time it takes for a claim to be reported to APAC depends on the length of the claims lag – that is, the time between when a health care service takes place and when the claim is generated, processed, and paid by the insurer. The claims lag period varies based on the provider submitting the claim and/or the insurer paying the claim. Once the insurer pays the claim, it must then report the claim to APAC during its next quarterly submission. While some claims are paid and reported to APAC within two months of the date of service, others can take up to 12 months. Furthermore, some claims require adjustments once they've been submitted to APAC, if the payer discovers an error in the claim. To account for variation in claims lag as well as potential claims adjustments, OHA has implemented a rolling 12-month submission schedule. Each quarterly submission refreshes, or replaces, the data already submitted by overwriting the files previously submitted that were incurred during that same timeframe. For example, a payer's July 31, 2018 submission would include one new quarter of claims (April-June of 2018) and would replace previously submitted claims for three quarters (July 2017-March 2018).

Because of variations in claims lag and OHA's rolling 12-month submission schedule, APAC data are not considered complete—and thus not released—for approximately two years. For example, claims for calendar year 2015 were released in January 2017 – as soon as data from the fourth quarter of 2015 could be considered complete. This lag time helps ensure that the data are as complete and reliable as possible. The graphic below illustrates the timeline for APAC claims data submission and release.

## Timeline for Claims Data Submitted to APAC



Data requesters may only request data that is currently available. If you have an active Data Use Agreement and would like access to a newly available year of data, you may request this via an amendment.

## Data Management

### Q19: Who is responsible for collecting and managing the data?

A19: OHA maintains oversight and management of APAC, and contracts with Milliman, Inc., to collect and process the data.

### Q20: What happens to the data once they are submitted to APAC?

A20: Data submissions are checked immediately upon receipt, and then periodically afterwards, to ensure that the data are complete and without error. Milliman manages this process and maintains ongoing communication with data submitters to identify and resolve any data issues. If Milliman determines that the data submission does not adhere to the specified format, it denies the submission and the payer must resubmit corrected files. The submissions then must pass field-level edit checks and quality audits (described in Q21); submissions that fail must be corrected and resubmitted. Once the data submissions have passed the edit checks and quality audits, the files are accepted and loaded into APAC’s data warehouse. From there, Milliman creates unique identifiers for all members and providers in order to link the data across the database. Milliman then uses a set of proprietary tools, including grouper software and other analytic supports, to facilitate meaningful analysis of the data.

### Q21: How does OHA ensure that the data are reliable and valid?

A21: Milliman performs three levels of edit checks and quality audits on data submitted to APAC. At Level 1, Milliman checks each data file as soon as it is submitted to APAC, to confirm that the file is complete and there are no visible errors such as missing data fields or incorrect formatting. At Level 2, Milliman performs a quarterly audit of each payer’s data submission after the files are already accepted, but before the submission is processed—which helps keep inaccurate data out of the system. The Level 2 audit verifies whether all the files within the submission can tie together and whether the data are reasonable compared to previous submissions from that payer. Level 3 checks occur annually and produce a comprehensive summary report which is sent back to each payer for validation. This Level 3 report includes a snapshot of the data submitted over the past year as well as year-over-year trends,



and serves as another opportunity for data submitters to confirm that the data in APAC are accurate. After each level of data quality testing, Milliman communicates its findings to the data submitter and works to resolve any data issues identified. When necessary, the payer re-submits the files.

OHA also performs two additional validation steps. Level 4 validation compares fully-processed APAC data against other state data sources to make sure that discrepancies are identified and understood. These data sources include hospital discharge data, quarterly reports submitted by payers to the Insurance Division, disease registries, vital records, and others. This effort helps ensure that APAC remains a trusted resource for state agency staff, policymakers, consumers, and other stakeholders.

Level 5 validation focuses on promoting the use of APAC data to the user community through public-facing reports. APAC data are summarized and shared publicly, through resources such as the [Leading Indicators Report](#) and the annually-updated [Data User Guide](#). The APAC initiative is only as good as the quality of the underlying data. Similar to other complex datasets with multiple sources and years of data, APAC will become more robust as more people understand it, analyze it, and use it.

#### **Q22: How does OHA resolve data issues when they arise?**

A22: If/when a data issue arises, OHA's APAC staff first analyzes the issue internally. If the APAC staff think it is a true issue, they consult Milliman for a second opinion. If Milliman also thinks it is a true issue, they contact the data submitter and ask them to confirm the issue. If it is a true error in the data, the data submitter will work to resubmit corrected data. OHA maintains an [APAC Data Issue Log](#) that is updated as new data issues are identified or known issues are rectified.

#### **Q23: What steps are taken to ensure that APAC data are kept private and secure?**

A23: Data are encrypted during transmission and storage, and are housed on secure servers within a secure data center. Access to the data is limited to authorized personnel only, namely a small group of OHA and Milliman staff designated as data users. These staff must complete regular security trainings and can only access the data in a controlled environment. OHA also builds rigorous data privacy and security measures into its APAC data release process. Every data use application passes through a multi-step vetting process through which OHA assures that the requester will use the data appropriately and maintain data privacy and security. Public reports and user data sets are subject to the privacy standards and regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which protects the privacy and security of individuals' personal health information. OHA reserves the right to deny any request for data that it deems inappropriate according to the guidelines provided in section 409-025-0160.3(d) of the [Administrative Rule](#).

### **Data Access and Use**

#### **Q24: Who has access to data from APAC?**

A24: Select staff from OHA's APAC team and its contractor, Milliman, Inc., have direct access to the APAC database to perform analyses and prepare data sets. Staff from other OHA divisions, other state agencies, or external organizations may request APAC data through the formal data request process.

#### **Q25: What types of files are available to users? What information does each file contain?**

A25: There are four types of APAC data that may be requested:

- **Summarized data** are generated by request only. Because Summarized data show counts or aggregated totals only, this type of APAC data is usually requested by individuals who would like analytic support from OHA. Summarized data offer the lowest level of detail and do not contain

protected health information (PHI) or patient-level data. Because creating these reports is not OHA’s primary function, the requester must clearly outline the parameters of the data request – including what summarized data elements to include from the [Data Elements Workbook](#) and how to stratify the data.

- **Public Use data sets** contain claim level detail, but exclude PHI and any combination of data elements that directly identify any person. Public Use data sets cannot be linked to external data sets and the data are organized into seven “pre-made” files based on the type of health care service: Episodes of Care<sup>5</sup>, All Medical Claims, Hospital Inpatient Claims, Emergency Department Claims, Ambulatory Surgery Claims, Ambulatory Outpatient Claims, and All Pharmacy Claims. Requesters may request one or more [Public Use Data Set Files](#), and will receive all data elements included in each requested file.
- **Limited data sets** offer a higher level of detail than Public Use data sets and contain PHI, although they exclude direct identifiers such as patient name or address. Limited data sets can be disclosed for research, health care operations, or to a public health authority for public health purposes. Limited data sets can be linked to other external data sets, if explicitly approved by OHA. As with Public Use data sets, Limited data are organized into seven files: Episodes of Care<sup>2</sup>, All Medical Claims, Hospital Inpatient Claims, Emergency Department Claims, Ambulatory Surgery Claims, Ambulatory Outpatient Claims, and All Pharmacy Claims. In contrast to the Public Use data sets, however, these files are not “pre-made” for users; rather, in compliance with federal privacy laws regulating the release of PHI, requesters must identify and provide justification for the specific data elements needed within these files, and only the minimum necessary data elements required for the project will be approved and provided. The data elements that can be requested are listed in the [Data Elements Workbook](#).
- **Custom data sets** may include any of the data elements that APAC collects, whether that element is included in the Public Use or Limited data set specifications or not; however, the list of requested data elements is subject to scrutiny during the application review process. Direct identifiers such as patient name or address are only released in compliance with HIPAA requirements, and may require specific approvals such as patient consent and review by an Institutional Review Board (IRB) and/or Oregon’s Department of Justice (DOJ). Custom data sets can be linked to other external data sets, as long as this is explicitly approved by OHA. To develop a request for a Custom data set, requesters may request data elements listed in the [Data Elements Workbook](#) as well as any other data elements that APAC collects (listed in the *Data Elements Collected by APAC* section of the [APAC Data User Guide](#)). As with Limited data sets, only the minimum necessary data elements required for the project will be approved and provided.

More information about requesting APAC data sets can be found on the [APAC Data Request](#) page.

#### **Q26: How do I access APAC data? How much does it cost? How long does it take?**

A26: Requests for all types of APAC data must begin with completing the [APAC-2](#) form (Pre-Application). To request Limited and Custom data sets, requesters should first submit the APAC-2 form and then, when prompted by OHA, submit the more extensive [APAC-3](#) form (Application). The table below provides the costs and time needed to process the application for each type of data set.

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<sup>5</sup> The Episodes of Care file contains all medical and pharmacy claims. If you request the Episodes of Care file, you do NOT need to request any other data file.

Data Set	Required Forms	User Cost	Processing Time
Summarized Data	APAC-2	Based on time and materials needed	2-4 weeks
Public Use Data Set	APAC-2	Listed in APAC-2	2-4 weeks
Limited Data Set	APAC-2, then APAC-3 when prompted	Listed in APAC-3	2-4 months
Custom Data Set	APAC-2, then APAC-3 when prompted	Based on time and materials needed (generally range from \$2,000-\$10,000)	2-6 months

**Q27: I already have an APAC data set. Can I simply reuse the data I currently have for another project?**

A27: No—and doing so would mean a breach of the Data Use Agreement. OHA reviews and approves the use of APAC data on a *project* basis, in order to: track uses, ensure that APAC data is being used appropriately, and to prioritize the privacy and security of the data above all else. In other words, each project must have its own application (APAC-2 and/or APAC-3) and its own Data Use Agreement—even if the data user remains the same between different projects. **Data users may *not* reuse or recycle APAC data already in their possession.**

**Q28: Is APM data available for request?**

A28: In September 2017, APAC began collecting payment information for health care services not billed on a claim and/or not reimbursed on a fee-for-service basis. This alternative payment methodology (APM) data is collected in Appendices G and H. However, OHA is still analyzing this new data and, thus, it is not currently being released. OHA does not yet have a timeline for when APM data may be available for request.

**Q29: Is there a provider file available? Can I link providers by using “attid” (Attending provider ID) or “billid” (Billing provider ID)?**

A29: APAC collects provider information from data submitters, but does not currently release a provider file to users. This is primarily because claims-based provider data is very complex and often unstandardized across payers; for example, the provider that billed the payer on the claim (the “billing provider”) is not always the same provider that rendered the health care service (the “rendering provider”). APAC does not currently have a mechanism for confirming the rendering providers on all incoming claims. To prevent the possibility of users reaching misguided or incomplete conclusions from the data, OHA has chosen not to release a provider file at this time.

“Attid” is an ID number that represents the attending, servicing, or rendering provider. This is an internal ID to each payer and, therefore, cannot be used to track a provider across multiple payers.

“Billid” is an ID number that represents the billing entity. For medical claims, this is the billing provider ID. For pharmacy claims, this is the billing pharmacy ID. This is an internal ID to each payer and, therefore, cannot be used to track a provider across multiple payers.

**Q30: What is the Data Review Committee and what is its role?**

A30: The Data Review Committee (DRC) is an advisory body that evaluates requests for Limited and Custom data sets—as well as other research requests unrelated to APAC—and helps determine whether applications comply with state and federal guidelines for data use. The DRC meets monthly to review

pending data applications, and its meeting schedule can be found on the [DRC website](#). Requests pending DRC review are posted to its website, and the public may comment on APAC applications via email.

**Q31: Are there restrictions on how Limited or Custom data sets from APAC can be used?**

A31: Yes. Per HIPAA and Oregon statutes and rules, APAC Limited and Custom data sets may only be used for the following purposes:

- **Treatment activities**, such as the provision, coordination, or management of health care by a health care provider;
- **Payment activities**, including reimbursement for care, determination of eligibility or coverage, billing, or collection management;
- **Health care operations**, such as quality assessment, improvement activities, provider or health plan performance, business planning and development including cost management;
- **Public health activities**, such as surveillance and interventions by a public health authority; and
- **Research** that has received approval from an Institutional Review Board (IRB) or patient consent.

When applying for Limited or Custom data sets, requesters must make a compelling case that their proposed project aligns with one of these allowed uses.

**Q32: Can I access Medicare fee-for-service (Parts A and B) data from APAC?**

A32: Medicare fee-for-service data is shared with APAC through a Data Use Agreement between OHA and the Centers for Medicare and Medicaid Services (CMS). This agreement precludes OHA from releasing claims-level Medicare fee-for-service data from APAC unless the project is managed and funded by OHA. As such, Medicare fee-for-service data are available at the summary level through Summarized data requests, but are not available through Public Use, Limited, or Custom data sets. Medicare Parts C and D data, on the other hand, are collected from Mandatory Reporters and are available for release as part of any of the APAC data sets described above.

**Q33: Can I access Medicaid data from APAC?**

A33: Yes, but Medicaid data must be requested in addition to at least one other payer (commercial or Medicare). In other words, APAC is not the correct data source for those solely needing Medicaid data. Please contact [OHA.HealthAnalyticsRequest@state.or.us](mailto:OHA.HealthAnalyticsRequest@state.or.us) for further instruction on requesting a Medicaid data set.

**Q34: Can APAC data be linked to other external data sets?**

A34: A key guiding principle behind APAC's Limited and Custom data sets is to preclude deterministic person-level linkage to external data. This is intended to protect the privacy of individuals and to prevent the data from being misused or abused. It is possible to link data from the Limited and Custom data sets to other external data sets, but this is only permitted if the data linkage was specified on the requester's APAC-3 form, approved by the Data Review Committee (DRC), and included in the Data Use Agreement. Applications that request linkages will receive more scrutiny from the DRC to ensure that the planned data use is appropriate and will not compromise the privacy of any individuals.

**Q35: What is the difference between APAC and OHA’s Hospital Discharge Data (HDD)? Can APAC data be linked to HDD?**

A35: Please see the table below for some of the key differences between APAC and HDD.

APAC	HDD
Represents about 87-98% of Oregonians <sup>6</sup>	Represents 100% of inpatient acute care stays to one of Oregon’s 60 acute care hospitals
Contains data about Oregonians who have health insurance and have used that insurance to pay for health care or prescriptions	Contains data about people that had an inpatient stay in an acute care Oregon hospital, regardless of insurance status or how the stay was paid
Contains actual claims data	Contains abstracted claims data
Contains payments (paid, copay, coinsurance, and deductible)	Contains billed amount by revenue code category
Data is sourced from payers (insurance companies, Medicaid, Medicare)	Data is sourced from providers (hospitals)
Service location is unreliable	Service location is reliable

OHA’s APAC and HDD were not intended to be linked, and a linking variable does not exist between the data sets.

**Q36: Does APAC provide data on the total cost of health care?**

A36: APAC collects the amounts paid for health care services, but does not collect payer or carrier administrative expenditures (such as supplies, labor, and overhead). As such, APAC more accurately determines health care *spending*, rather than total costs.

**Q37: I want to know whether the standard APAC files contain a particular data element. How can I find this out?**

A37: The data elements included in the Public Use and Limited data sets are listed in the [Public Use Data Set Files](#) and [Data Elements Workbook](#), respectively. Individuals requesting Summarized data may request aggregates from the data elements listed in the [Data Elements Workbook](#). Individuals requesting a Custom data set may request any of the data elements from the [Data Elements Workbook](#) as well as any other data elements collected in APAC (as listed in the *Data Elements Collected by APAC* section of the [APAC Data User Guide](#)), although approval of these requests is subject to close review and some data elements may be denied if they are not deemed necessary or appropriate for the project. OHA encourages data requesters to explore these documents to understand which data elements are included in each data set file.

**Q38: What is the difference between the variables “patid” (Encrypted patient ID) and “personkey” (Unique person identifier)? Can I use these variables to link the medical claims of an individual patient across years/coverage?**

A38: “Patid” is an identifier for a person’s membership in a plan. “Personkey” is an individual identifier. Patid **can** map many-to-one with personkey (for example, if the individual is covered by both

<sup>6</sup> Please note that about 1% of the people in APAC are not Oregon residents, but are included because they were covered by Oregon’s Public Employees’ Benefit Board (PEBB) or the Oregon Educators Benefit Board (OEBB). And while APAC contains data on 87%-98% of Oregon residents, only 78% to 80% of Oregonians have a health care claim in APAC.

Medicare and commercial insurance, she will have two different patid's mapping to her single personkey). Personkey will allow you to follow an individual across insurers and over time.

**Q39: What is the difference between the “Commercial Insurance” and “PEBB/OEBB” payer options? If I request “Commercial Insurance,” will I also receive PEBB and OEBB data?**

A39: If you request “Commercial Insurance,” you will also receive PEBB/OEBB claims. The “PEBB/OEBB” option is for those who only want PEBB/OEBB data.

**Q40: What does “paid amount” represent? Can’t data users add paid amounts to the patient cost share variables to calculate “allowed amount?”**

A40: “Paid amount” is the amount paid by the payer to the provider. It is exclusive of any amount paid by the patient. In some cases, paid amount + the patient cost share variables = allowed amount. However, this is often not the case. OHA will not release the data element “allowed amount”.

**Q41: I want to know whether APAC data can answer my specific research question or support a certain type of analysis. How can I find this out?**

A41: Individuals interested in using APAC data are encouraged to explore the resources and background materials provided on APAC’s [website](#). These include the [APAC Overview](#), the [APAC Data User Guide](#), the [APAC Use Case](#) document, a list of all data elements collected in APAC ([Appendices A-H](#))<sup>7</sup>, and descriptions of the [types of data sets](#) available to users.

**Q42: Does OHA provide any technical assistance to data users?**

A42: Yes, but this is not OHA’s main function. OHA can answer clarifying questions or queries from qualified data users; however, it does not have the staff capacity to coach users in understanding and using APAC data. For this reason, OHA strongly recommends that individuals requesting Public Use, Limited, or Custom data sets have prior understanding of health care claims and data analysis.

**Q43: If OHA approves my data request, how will I receive the data?**

A43: Once your data request is approved by OHA, the APAC data set will be encrypted and sent in delimited text files over a secure FTP site.

**Q44: How big are APAC files? Can I use Excel or Access to analyze APAC data?**

A44: APAC data sets, depending on the type of file, can be as large as 85 GB *per year* of data. For example, an All Pharmacy Claims file for 2013 contains more than 37 million rows and is 6 GB; a 2014 All Medical Claims file contains more than 111 million rows and is 41 GB; and an Episodes of Care file for 2015 will comprise over 163 million rows and occupies more than 84 GB. Appropriate software for importing/analyzing APAC data sets are SAS, SQL Server, R, and SPSS. APAC data sets are generally too big for Microsoft Excel and Access.

**Q45: I don’t have the skills/equipment to analyze APAC data; can someone at OHA do this for me or answer a specific question?**

A45: OHA will perform HIPAA-compliant, aggregated/summarized reporting based on query criteria provided by the requester. Because doing these pulls is not OHA’s primary function, the requesting

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<sup>7</sup> In September 2017, APAC began collecting payment information for health care services not billed on a claim and/or not reimbursed on a fee-for-service basis. This alternative payment methodology data is collected in Appendices G-H. However, data from Appendices G-H is not yet available for release.

entity needs to formulate their question and do their own research to very specifically outline the parameters of the data request – including stratification of the data, explicit details about what to include or exclude, ICD code ranges, etc. This type of Summarized data request can be completed via the [APAC-2](#) form. There are costs associated with Summarized data requests, which are based on the time and materials that OHA spends to pull the request.

## APAC Resources

### **Q46: Where can I find additional information about APAC?**

A46: APAC's website has a wealth of resources about APAC:

<http://www.oregon.gov/oha/HPA/ANALYTICS/Pages/All-Payer-All-Claims.aspx>. The [APAC Overview](#) provides a general introduction to all aspects of the APAC initiative, and is a good place to start.

### **Q47: Who can I contact with more questions about APAC?**

A47: Additional questions may be directed to [APAC.Admin@dhsoha.state.or.us](mailto:APAC.Admin@dhsoha.state.or.us). Also, OHA will update this FAQ document periodically to serve as an ongoing resource for people interested in learning more about APAC.