

**Refined List of Proposed Data Fields for the APAC Technical Advisory Group (TAG)
December 9, 2014**

This document presents a refined list of proposed APAC data fields for discussion at the December 9 TAG meeting. The following criteria were used to select these fields from the original list of 41 proposed fields distributed to the TAG in September:

- At least five of the eight data suppliers who responded to a “poll” on feasibility of providing new fields reported they would be able to provide the field with the July 2015 submission.¹
- On average, data suppliers said they would be able to provide the field with at least “Good” data quality with the July 2015 submission.²

To help the TAG make recommendations, a Priority Score was assigned to each field based on feedback from data user and provider representatives:

- Data user and provider representatives were asked to consider the usefulness of each field for research, evaluation, and other analytic activities that are carried out by their organizations, or that would be valuable to stakeholders, and indicate a priority level for each field (Essential, High Priority, Medium Priority, Low Priority, Not a Priority, or Unknown).
- Priority levels were assigned the following numbers: Essential = 5, High Priority = 4, Medium Priority = 3, Low Priority = 2, Not a Priority = 1. The numbers were averaged to provide a priority score for each field, and the list was ordered by priority score (highest to lowest) and field name (A to Z).

The list will be updated and resent to the TAG as additional data user and provider representatives give feedback.

¹ Respondents included five data suppliers on the TAG and one data supplier not on the TAG but offering plans in Oregon. One respondent submitted separate results for its group, Medicare Advantage, and third party administrator lines of business. Because APAC data submission requirements apply to submissions for all lines of business, each response was treated as representing a separate data supplier in analyzing poll results.

² To calculate average data quality, data quality reported by data suppliers was assigned a number (Excellent = 5, Very Good = 4, Good = 3, Fair = 2, Poor = 1) and numbers were averaged.

Data Field	APAC File	Description/Comment	Priority Score	Number of TAG Members by Priority Level				
				Essential	High Priority	Medium Priority	Low Priority	Not a Priority
Payment Arrangement Type	MC	1 = Capitation, 2 = Fee for Service, 3 = Percent of Charges, 4 = DRG, 5 = Pay for Performance, 6 = Global Payment, 7 = Other, 8 = Bundled Payment	4.5	2	2	0	0	0
Admission Type	MC	National Model has 1 = Emergency, 2 = Urgent, 3 = Elective, 4 = Newborn, 5 = Trauma Center, 9 = Information Not Available	4.3	2	1	1	0	0
Allowed Amount	PC	Key components in cost analysis; not in National Council for Prescription Drug Programs (NCPDP) file layout	4.3	1	3	0	0	0
Primary Insurance Indicator	ME	National model: Yes = Primary Insurance, No = Secondary or Tertiary Insurance; provides more information to compile a more accurate and complete computation of the total cost for an episode of care	4.3	1	3	0	0	0
Admitting diagnosis	MC		3.8	1	1	2	0	0
Claim Type	MC	Professional (CMS1500) or Facility (UB); can be derived from Type of Bill, captured in APAC	3.3	1	0	2	1	0
E-Code	MC	Describes an injury, poisoning, or adverse effect; if captured on claim, should be populated in diagnosis field; Milliman states that it would be clearer to collect the E-codes in a separate field	3.3	0	1	3	0	0
Generic Drug Indicator	PC	Useful for comparing cost of branded and generic drugs; brand status (single, multiple, generic) is derived from NDC	3.3	0	2	1	1	0
Group Name	ME	Provides greater specificity when parsing data by group/employer; can reduce confusion if a group has multiple numbers assigned to it	3.3	0	2	1	1	0
Patient Account Number	MC	Number assigned by clinic or hospital to patient; would be used to link hospital data with claims data; would also be useful for sharing patient-level data with providers	3.3	1	1	0	2	0
Increase Diagnosis Codes 25	MC	National Model has 13 diagnosis codes	3.0	0	2	0	2	0
Increase Procedure Codes to 25	MC	Would enhance ability to accurately identifying co-morbidities and episode groupers; National Model has 6 procedure codes	3.0	0	2	0	2	0
High Deductible Health Plan Flag	ME	Whether policy meets IRS definition of HDHP	2.5	0	0	3	0	1
Carrier Plan Specific Contract Number	ME, MC, PC	For each claim, the carrier specific contract number or subscriber/member social security number when a TPA or PBM processes claims on behalf of the carrier; Milliman notes that Oregon APAC uses this field differently than the National Model; Oregon APAC statute prohibits SSN	1.8	0	0	1	1	2
Pay to Patient Flag	MC	Whether patient was directly reimbursed	1.8	0	0	0	3	1