All Payer All Claims (APAC) Technical Advisory Committee

April 20, 2022

To provide verbal public comment send a ZOOM chat message to meeting host Brian Toups, or text 503-428-3442 and request public comment.



Attendance

Please enter your name and organization in the Chat

We will make a verbal request for those attending by telephone only

Please note this meeting is being recorded.

The recording and meeting minutes will be made available on the APAC TAG website: https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/All-Payer-All-Claims-TAG.aspx

Agenda

- Meeting opening
- Public comment
- General updates
- Rule change process and timeline
- Discussion on 2022-23 proposed rule changes
- Future topics

Meeting Opening

March meeting recap

- Overview of 2022-23 proposed rule changes
- Presentation from HSRI on data quality reports

Public comment

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Please do not submit written public comment through the ZOOM chat; we will unmute you when it is your turn to speak.

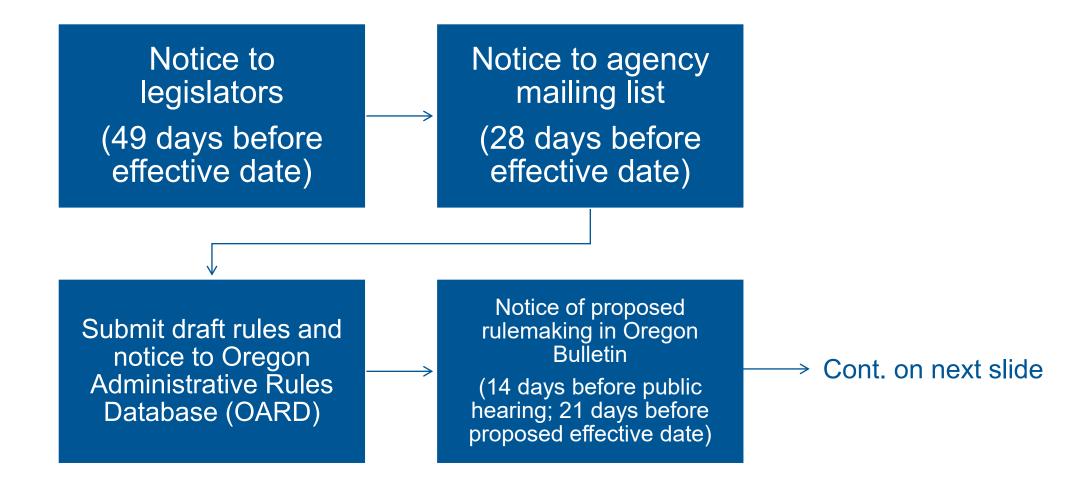


General updates

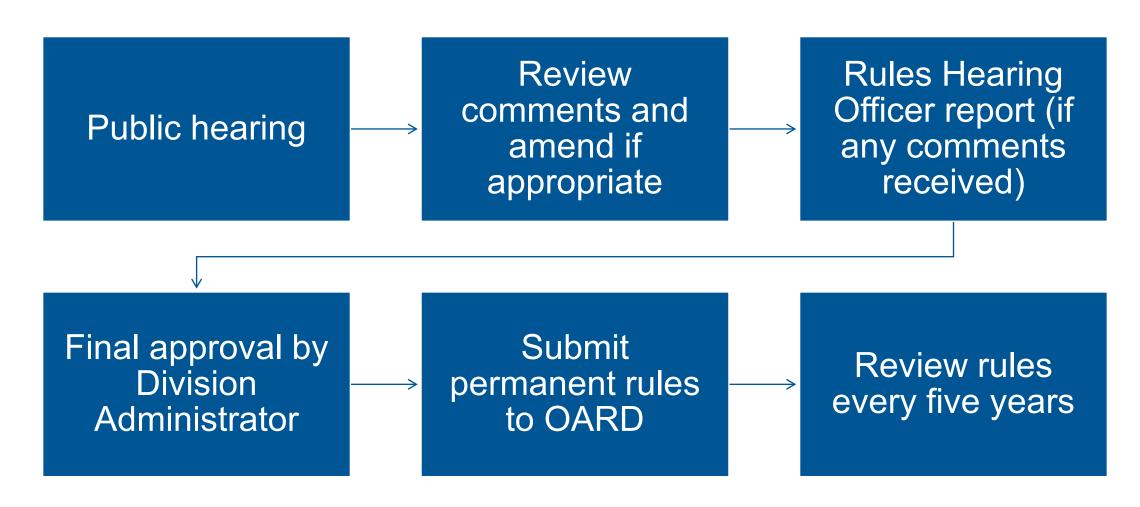
APAC data use

- Requests reviewed by Data Review Committee (DRC) in March:
 - 5743_OCHIN_Covid_19
 - 5647_Care_Coordination_Assessment_OSU_Hynes
- Requests to be reviewed by DRC in April:
 - 5793_HCV_Screening_and_Tx

Rule change process and timeline



Rule change process and timeline (cont.)



Rename "eligibility files" as "enrollment files"

409-025-0100 Definitions

(4) "APM" means alternative payment methodology.

(1817) "Data file" means electronic health information including medical claims files, eligibility enrollment files, medical provider files, pharmacy claims files, dental claims files, control totals files, subscriber-billed premiums files, payment arrangement files and any other related information specified in these rules.

(30-29) "Eligibility Enrollment file" means a data set containing demographic information for each individual enrollee eligible for medical benefits for one or more days of coverage at 3 any time during a calendar month for an Oregon resident as defined in ORS 803.355 or a non-Oregon resident who is a member of a PEBB or OEBB group health insurance plan.

Define request types for mandatory reporters

409-025-0100 Definitions

(37) "Exemption" means a requested variance from a validation rule on data format or quality threshold.

(38) "Extension" means a requested variance from the Data Submission schedule incorporated by reference under OAR 409-025-0120 and 409-025-0125.

(100) "Waiver" means an approved variance from the types of files submitted under OAR409-025-0120 and 409-025-0125.

Clarify mandatory reporters' waiver requirements prior to their withholding data

409-025-0110 General Reporting Requirements

(8) A mandatory reporter who plans to withhold data must submit a waiver of reporting in compliance with OAR 409-025-0140. If the mandatory reporter believes that the data are prohibited from disclosure under state or federal statutes, regulations or rules, then the waiver request must state the data prohibited from disclosure and the statute, regulation or rule that requires withholding the data. Unless otherwise required by state or federal rules, regulations or statutes, mandatory and voluntary reporters may not submit claims subject to stricter disclosure limits imposed by state or federal rules, regulations, or statutes.

(10) New mandatory reporters submitting for the first time, or mandatory reporters that did not submit data in the previous year, shall submit test files before production files are due. The mandatory reporters shall submit test files no later than 60 days before the mandatory reporter's first scheduled date of submission of production files.

Correct request type for data not passing edit checks or validation

409-025-0120 Data File Layout, Format, and Coding Requirements

(13a) Data vendors may perform quality and edit checks on data file submissions. If data files do not pass data vendor edit checks or validation, mandatory reporters must make corrections and resubmit data. Mandatory reporters must submit corrected data that passes all quality and edit checks or receive an exception approved exemption request within 14 calendar days of notification by the Authority or the Authority's data vendor of the error.

(13b)(C) If the Authority finds errors through edit checks or validation, mandatory reporters must make corrections and resubmit data or receive an approved extension or exemption submit an exception request within 30 days or at the next regularly scheduled submission due date.

Define file requirements for Payment Arrangement File reporting

409-025-0125 Payment Arrangement Reporting: File Layout, Format, and Coding Requirements

- (6) All required data files shall be submitted as delimited ASCII files or the template provided by the Authority. Both Appendix 1 and Appendix 2 are required regardless of method used.
- (8a) Data vendor may perform quality and edit checks on data file submissions. If data files do not pass data vendor edit checks or validation, mandatory reporters must make corrections and resubmit data. Mandatory reporters must submit corrected data that passes all edit checks and validations or an exception request receive an approved exemption within 14 calendar days of notification by the Authority or the Authority's data vendor of the error.

Add requirement for mandatory reporters to have an active user in reporting portal

409-025-0130 Data Submission Requirements

(2) Mandatory and voluntary reporters shall submit data files directly to the data vendor unless otherwise specified by the Authority. Each mandatory reporter is required to maintain an active user in the data vendor's reporting portal to receive communications on deadlines and submit files and resolve validation issues in a timely manner.

409-025-0150 Compliance and Enforcement

- (3) Unless approved by a waiver or extension exception, failure to comply with data submission requirements includes but is not limited to:
- (a) Failure to maintain an active user in the data vendor reporting portal;

- (1) The Authority may grant a waiver, deadline extension, or exemption exception to the reporting and validation requirements.
- (2) A mandatory reporter is required by law and rule to submit all required data files no later than the submission deadline and at sufficient quality to meet or exceed the published validation requirements. Mandatory reporters shall notify the Authority of their inability to meet any requirement within the timeline stated in rule or incorporated by references.
- (3) A mandatory reporter may request a waiver of reporting requirements. The request shall be submitted 60 calendar days prior to the applicable reporting deadline using the APAC-1a form.shall submit a Waiver or Exception of Reporting Requirements Form (APAC-1) to the Authority.

- (3a) Mandatory reporters may request a waiver of reportingsubmit an APAC-1 form for the following reasons:
 - (1) a mandatory reporter who is a carrier or a third party administrator and, either due to decrease in covered lives or covered lives excluded as reporting to the federal Department of Labor under the Employment Retirement Income Security Act (ERISA), has fewer than 5,000 covered lives in Oregon to report;
 - (2) a mandatory reporter does not bill subscribers for premiums (Appendix F only);
 - (3) a mandatory reporter has no contracts sitused in Oregon for Appendices 1 and 2 under OAR 409-025-0125; or
 - (4) a mandatory reporter whose data is reported by another affiliated or contracted Oregon All Payer All Claims mandatory reporter if submitting files would create duplicate claims.

- (3b) A mandatory reporter who intends to withhold data under OAR 409-025-0110(8) must request a waiver and receive approval prior to withholding data.
- (c) Mandatory reporters other than carriers and third party administrators may request a waiver of reporting based on the number of covered lives potentially reported. The Authority may approve a waiver if it determines the burden of reporting outweighs the value of the data in understanding services and costs in Oregon.
- (d) Waivers are required only for the file types identified for the mandatory reporter type under OAR 409-025-0120 and OAR 409-025-0125.
- (e) The Authority shall approve or deny the waiver request and provide written notification to the requestor within 14 calendar days of receipt of the request.
- (f) Waivers of reporting are approved for one calendar year and may cover partial reporting years. Waivers must be requested each year that the reason for waiver continues to be in effect.

- (4) A mandatory reporter may request a deadline extension for initial submission or correction of validation errors. The request shall be submitted within the APAC vendor's reporting portal 14 calendar days prior to the applicable reporting deadline.
- (a) The mandatory reporter must explain why sufficient data or resources are not allocated to reporting to meet the published expectations for timing and data quality. The request must include the organization's plan to mitigate future incidents and whether the plan has been approved and resources allocated to accomplish the activity within the stated timeline.
- (b) The Authority shall approve or deny the extension request and provide notification to the requestor within seven (7) calendar days of receipt of the request.
- (c) Extensions are approved for one reporting period. Failure to submit acceptable files at the end of the extension may result in a civil penalty under OAR 409-025-0150.

- (5) A mandatory reporter may request an exemption for validation rules identified as 'Exemption' level. The request must be submitted through the APAC vendor's reporting portal and cannot be submitted in advance of validation failure.
- (a) Specific review of the failed validation results is required prior to requesting an exemption. Mandatory reporters must explain why the validation rule cannot be met and should not rely on receipt of poor-quality data as a reason for exemption. Requests that are not specific to the validation rule and data file submitted will be denied.
- (b) The Authority shall approve or deny the extension request and provide notification to the requestor through the APAC vendor's reporting portal within seven (7) calendar days of receipt of the request.
- (c) Exemptions are approved for a single submission or up to one calendar year. Failure to submit acceptable files based on approved exemptions may result in a civil penalty under OAR 409-025-0150.

Change the Authority's review period for mandatory reporter requests from 14 days to 7 days

409-025-0140 Waivers, Extensions and Exemptions Exceptions

One example:

(4b) The Authority shall approve or deny the extension request and provide notification to the requestor within fourteen seven (14-7) calendar days of receipt of the request.

Exclude agency requests from Data Review Committee (DRC) review to reduce delays

409-025-0160 Data Access and Release

- (5) The Authority shall provide data, in compliance with applicable Authority policies and state and federal rules, regulations and statutes, to Oregon state agencies and local public health authorities. Use is limited to activities required to meet the agency's duties as authorized by Oregon law.
- (a) Agency-use data sets may include protected health information.
- (b) Requestors seeking access to APAC agency data sets shall complete the Application for Agency Data Files and must explain use of each data element requested.

Remove duplicate language

409-025-0170 Public Disclosure

(2) The Authority may convene advisory groups to advise the Authority on topics related to the All Payer All Claims Reporting Program. The advisory groups shall include, but not be limited to representatives from: (a) Mandatory reporters, including carriers, TPAs, PBMs, and CCOs; and; (b) Other stakeholders and interested parties.

409-025-0180 APAC Technical Advisory Group

The Oregon Health Authority shall convene a technical advisory group to advise the Authority on submission specifications including but not limited to file layouts, the Data Submission Schedule, and any additional data submission requirements. The advisory group shall include but is not limited to representatives from: (1) Mandatory reporters; (2) Providers; (3) Researchers, and; (4) Other stakeholders and interested parties.

Changes to file layouts

Claims (quarterly) files

Expect subscriber ID (me007) and member ID (ME010, MC010, PC010, DC010) to be consistent between files and over time

Changing name of ME013 from member gender to member sex

Format for street address ME015A

Moving patient pay amount to inactive (null/blank in future) MC067A, PC043, DC067A

Adding Capitation status field MC207

PAF (annual) files

Adding Hospital indicator as a required field with values of 1= Yes, 2= No or not known to include a hospital, 9= Unknown

If submitting an Excel file, a separate control file (also Excel) will be required; template in review

Future Topics

- Rules Advisory Committee meeting in May 2022
 - Email in lieu of May TAG meeting
- Race and ethnicity in APAC discussion in summer 2022

Thank You

Questions? Contact APAC.Admin@dhsoha.state.or.us

