

**Oregon Health Authority
Office of Health Analytics**

APAC Data Issue Log

Note: unshaded rows remain unresolved.

Item	Payer	Period impacted	Rows impacted	Issue	Expected resolution date	Date resolved
1	080	2010-2012	30k-225k members	Commercial member months volatility. Artificially alters reported cost and utilization; affects lookback period for EBMs reliant on continuous enrollment	Resolved	9/27/2016
2	006	2013-2014	~40k members	From Dec 2012 to Jan 2013 Payer reports an increase in ~40k members (20%) who apparently migrated from other plans, whereas enrollment declines ~40k from Dec 2013 to Jan 2014. Artificially increases reported cost and utilization. Note: this data should be aggregated with payer's other COMM data.	n/a	n/a
3.1	080	2014	12-16k members	Pharmacy enrollment inappropriately assigned to missing payer type (affects 5-7% of members). Artificially lowers reported pharmacy costs and utilization; affects medication-related EBMs	Resolved	12/28/2016
3.2	080	2015	12-16k members	Pharmacy enrollment inappropriately assigned to missing payer type (affects 5-7% of members). Artificially lowers reported pharmacy costs and utilization; affects medication-related EBMs	Resolved	9/27/2016
4	088	2011-2013	Varies	Aberrant paid and enrollment data leading to irregularities in expected paid PMPM Note: this data should be aggregated with payer's other ADV data.	Resolved	9/27/2016
5	080	2010-2012	Varies	Aberrant paid and enrollment data leading to irregularities in expected paid PMPM. Note: this data should be aggregated with payer's other COMM data.	n/a	n/a

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6	013	All history	1k – 2k per month	Attributes of member data being submitted without appropriate detail. Causes Person Keys to represent many member IDs	Resolved	7/7/2016
7	079	2013	0	2013 inaccurate claim status and non-final claims being submitted resulting in very high rx utilization for single member	Resolved	7/7/2016
8	023	2011-2014	10k	Payer identified a population (Informed Health) for which they had erroneously reported eligibility to APAC. This population is about 10k per month. Payer is reviewing if they can provide logic to update historical data. Membership currently overstated.	Resolved	9/27/2016
9	092	2014 – current	n/a	Admit Source and Admit Type values are not accurate	Resolved	9/27/2016
10	019	2014-2015	164k, 168k members in 2014, 2015	Market Segment (ME202) submitted as "other" for ~40% of enrollees	Resolved	9/27/2016
11	050	2015 - present	6-6.5k members	Medicare Part D data not being submitted	June 2017 (2017 Q1) refresh	
12	n/a	2015	Varies	Several Evidence Based Measures (FUH, PQI 92, ECU unavailable in MedInsight or SQL data tables	Resolved	6/10/2015
13	099	2010-present	8-10k members/month	Payer is submitting CCO ID for enrollment and claims outside of what is already submitted by the Medicaid program	Resolved	9/27/2016
14	006	2010-2012	varies	Payer has a higher-than-expected proportion of "Unknown" gender in enrollment files	n/a	n/a

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15	077	2011-2012, 2014	120-130k members/qtr; 20k members/qtr	In the 2015Q4 refresh, payer appears to have "lost" all their Medicare Advantage enrollees in 2011 and 2012 (~120-130k members/quarter), and "lost" ~20k members/quarter in 2014 Q1-Q3; ongoing problems with reporting correct product codes	Resolved	9/27/2016
16	020	2013 Q1-Q2	n/a	Pharmacy data missing for 2013Q1-Q2 Note: payer resubmitted data; 2013 numbers much lower than other years but payer no longer submitting to APAC	n/a	n/a
17	097	2014-2015	Varies	Payer type has been submitted as MPD rather than PH. The payer is a commercial carrier but because of the use of MPD payer type, was being incorrectly classified as Medicare	Resolved	9/27/2016
18	077	2014-2015	varies	Market Segment (ME202) only completed for ACA-related members, while remainder of enrollees designated as 11 (Other)	Resolved	9/27/2016
19	088	2014-2015	Varies	Aberrant paid and enrollment data leading to irregularities in expected paid PMPM	Resolved	9/27/2016
20	077	2014 Q1-2014 Q3	~70k members and associated services	Member months volatility, wherein medical and pharmacy enrollment appears to drop by 70k (20%). Artificially lowers reported cost and utilization Note: payer reports dips in enrollment in January of almost every year (20-30k members), then "recovery" of enrollment gradually over the year. Payer asserts this information is accurate; likely due to re-enrollment period	Resolved	7/7/2016

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21	077	2015 Q3 or after	n/a	Encounters are no longer distinguished from Paid claims (by use of claim status). Currently 9/2014 forward. 1/2014 as of May refresh.	n/a	n/a
22	025	2013 Q2	n/a	Missing claims artificially decreases reported spending in APAC by ~\$20M over the missing quarter	Resolved	7/7/2016
23	023	2015	10k	Payer identified a population (Informed Health) for which they had erroneously reported eligibility to APAC. This population is about 10k per month. Payer is reviewing if they can provide logic to update historical data. Membership currently overstated for 2014 and prior	Resolved	9/27/2016
24	n/a	All years(?)	n/a	Errata in UDF bill_prov_lname_fac_cw, which is populated by Milliman in consult with Hospital Policy Analyst.	Resolved	7/23/2016
25	083	2015 Q3 - Q4	~50k	Suspected errata in admits and days for SNF claims. Have not ruled out a data issue.	Resolved	9/27/2016
26	n/a	2012-2014	Varies; up to 1.1M	Rx member months volatility, some of which is caused by one payer.	TBD	
27	080	2013 Q1 - present	n/a	PPO allowed has large decrease 2012-2013 and 2013 to 2014; large drop in MM	Resolved	12/28/2016
28	077	2015 Q2 - present	~150k	Substantial drop in Rx member months	Resolved	9/27/2016
29	019	2015Q2-present; 2011-2012	n/a	Volatility in allowed amount by product code. Payer confirms issue with correctly reporting product codes.	TBD	
30	024	2012-12	n/a	Negative allowed and paid for 12/2012. Informational only.	n/a	n/a

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31	ALL	2010 - present	varies	When commercial payers resubmit historical data, claims for ERISA plans are omitted. When historical data are replaced in APAC, the ERISA claims no longer appear. Over time there will be incrementally fewer ERISA claims available in APAC. Additional details are available here: www.oregon.gov/oha/analytics/APACPageDocs/Go-beille-v-Liberty-Mutual-Decision.pdf	n/a	n/a
32	080	2014	~16k members	Missing Medicare HMO pharmacy data.	Resolved	12/28/2016
33	ALL	2010 - 2016	~13k claims	972 CPT and HCPCS codes labelled "ANESTH, PELVIS SURGERY" in QE and SQL.	Resolved	12/28/2016
34	077	2011 - 2016	148 claims	Inpatient claims populated in all rows with home health procedure codes.	n/a	n/a
35	Multiple	2010 - 2016	~20k claims with ED revenue code; ~4k claims with inpt. room/board revenue code	Emergency department and inpatient claims grouped as home health (P82a or P82b).	TBD	
36	083	2014-2016	~90% of member months	Ethnicity unknown for a large proportion of recent member months.	TBD	
37	083	2010-2013	All member months	Ethnicity unknown for historical member months. This was a known Medicaid system limitation and cannot be fixed.	n/a	n/a
38	079	All years	All claims	Payer not able to identify final claims. Data is on a legacy system. Payer has approved APAC 1.	n/a	n/a
39	013	All years	All claims	Payer did not identify and submit final claims.	TBD	7/5/2017
40	050	All years	All claims	Payer did not identify and submit final claims.	TBD	
41	033	All years	All claims	Payer did not identify and submit final claims.	Resolved	7/5/2017

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42	Multiple	2014 - 2016	ALL	Member months not aggregating correctly in Query Express. Does not affect the member months view or the membership cube. Medical member months appear to be exactly double the correct value.	Resolved	10/14/2016
43	082	Unknown	Unknown	ICD-10 procedue codes trucated to 4 characters.	n/a	n/a
44	Multiple?	Unknown	Unknown	Erroneous denominator changes for certain EBMs.	Resolved	2/17/2017
45	062	2016-06	Commercial PPO	Large decrease in allowed dollars. Payer exiting Oregon so expect volatility.	n/a	n/a
46	019	2016-02 to 2016-05	Commercial EPO	Large increase in allowed dollars. Explained by a corresponding increase in member months.	n/a	n/a
47	057	2015-07 to 2016-06, plus 2016-07	ALL	Level 2 failure; excluded from 2016 Q3 refresh.	Resolved	4/3/2017
48	ALL	2016	Commercial	Medical member months ~1M less than 2015. Presumably due to Gobeille.	n/a	n/a
48.1	ALL	2016	Commercial	SIP medical member months ~360k less than 2015. Presumably due to Gobeille.	n/a	n/a
48.2	ALL	2016	Commercial	SIF medical member months ~350K less than 2015. Presumably due to Gobeille.	n/a	n/a
48.3	ALL	2016	Commercial	PPO medical member months ~300k less than 2015. Presumably due to Gobeille.	n/a	n/a
49	092	2016	Commercial	Medical member months ~460k less than 2015. Presumably due to Gobeille.	n/a	n/a
50	050	2016	Commercial	Medical member months ~210k less than 2015. Presumably due to Gobeille.	n/a	n/a
51	023	2016	Commercial	Medical member months ~190k less than 2015. Presumably due to Gobeille.	n/a	n/a

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52	035	2016	Commercial	Medical member months ~100k less than 2015. Presumably due to Gobeille.	n/a	n/a
53	062	2016	Commercial	Medical member months ~85k less than 2015. Presumably due to Gobeille.	n/a	n/a
54	041	2016	Commercial	Medical member months ~40k less than 2015. Presumably due to Gobeille.	n/a	n/a
55	080	2013-2015	Commercial	SIP member months 250k - 350k less than 2015Q4 refresh. Presumably due to Gobeille and correction of historical data.	n/a	n/a
56	081	2011-2012	Commercial	Erroneously high PPO and SIP member months prior to 2016 Q3 refresh. Presumably due to Gobeille and correction of historical data.	n/a	n/a
57	090	2014-2016	Commercial	Pharmacy claims are missing.	Resolved	4/3/2017
58	066	2015-2016	ALL	Level 3 review - erroneous data	Resolved	4/3/2017
59	077	2013	Unknown	Provider IDs contain incorrect taxonomy code	Resolved	4/3/2017
60	019	Unknown	ALL	Taxonomy codes may be incorrect	Resolved	7/5/2017
61	001	2016 Q1 - 2016 Q4	ALL	Level 1 failure; excluded from 2016 Q4 refresh.	Resolved	7/5/2017
62	004	2016 Q1 - 2016 Q4	ALL	Level 1 failure; excluded from 2016 Q4 refresh.	Resolved	7/5/2017
63	138	2016 Q1 - 2016 Q4	ALL	Level 2 failure; excluded from 2016 Q4 refresh.	Resolved	7/5/2017
64	135	2016 Q1 - 2016 Q4	ALL	Level 2 failure; excluded from 2016 Q4 refresh.	Resolved	7/5/2017
65	086	2016 Q1 - 2016 Q4	ALL	Level 2 failure; excluded from 2016 Q4 refresh.	Resolved	7/5/2017
66	020	2013	14,077	Number of claims grouped to P99g is unreasonable. Total allowed is egregiously high.	n/a	n/a
67	077	2010-2014	All pharmacy	Extraction error caused ~20% under-reporting.	n/a	n/a
68	077	2015-16	All pharmacy	Extraction error caused ~20% under-reporting.	Resolved	7/5/2017
69	n/a	2015 to current	Inpatient	Facility crosswalk errata: mis-attribution and un-attribution of hospitals.	Resolved	7/5/2017

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70	n/a	2015 to current	Outpatient surgery	Facility crosswalk errata: mis-attribution and un-attribution of hospitals and ambulatory surgery centers.	Resolved	7/5/2017
71	083	2015-current	Medical member months	In 2015 about 700k medical member months have unknown CCO. In 2016 about 1.4M medical member months have unknown CCO.	TBD	
72	050	2016 Q2 - 2017 Q1	ALL	Failed level 2 validation; excluded from 2017 Q1 refresh	Resolved	10/6/2017
73	082	2016 Q2 - 2017 Q1	ALL	Failed level 2 validation; excluded from 2017 Q1 refresh	Resolved	10/7/2017
74	088	2016 Q2 - 2017 Q1	ALL	Failed level 2 validation; excluded from 2017 Q1 refresh	Resolved	10/8/2017
75	066	2016 Q2 - 2017 Q1	ALL	Failed level 2 validation; excluded from 2017 Q1 refresh	Resolved	10/9/2017
76	025	2016 Q2 - 2017 Q1	ALL	Failed level 1 validation; excluded from 2017 Q1 refresh	Resolved	10/10/2017
77	077	Sept. 2014	128	Exceptionally high allowed for HCG I24 (other newborn), caused by three claims for one person key totaling ~\$8.6M. Claims are for extensive NICU care (73 days) and multiple neonatal surgeries, so the allowed dollars are not necessarily unreasonable.	n/a	n/a
78	ALL	ALL years	Unknown	Distinct person counts in QE are different than SQL for undocumented reasons. Support ticket already open.	Resolved	7/18/2017
79	019	ALL years	Claims	Erroneously excluded risk withholds from paid amounts.	Resolved	10/6/2017
79	083	2016	Medical member months	In 2016 zero member months are identified as FFS.	2018 Q1 refresh (June 2018)	

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80	041, 033	2016 q3 - 2017 q2	Claims, member months, premiums, and providers	Failed level 2 validation; excluded from 2017 Q2 refresh	Resolved	12/29/2017
81	001, 048, 082, 086, 110, 138	2016q4 - 2017q3	Claims, member months, premiums, and providers	Excluded from 2017 Q3 refresh.	Resolved	
82	ALL	ALL years	PUF data files	Orphan claims included in public use data sets.	2017q4 refresh (Apr. 2018)	
83	083	2014-current	Claims, member months	Certain members have been excluded from data submissions.	TBD	
84	ALL	ALL years	PUF data files	Sensitive conditions excluded from public use data sets.	TBD	
85	ALL	ALL years	PUF data files, 2015 to current	Ecodes not populated in public use data sets.	TBD	
86	ALL	ALL years	PUF data files	Public use data files are not mutually exclusive.	TBD	
87	ALL	ALL years	Member rows	Member language has been aggregated into six categories.	TBD	
88	093	2016	Member months	Unexpected increase in member months in 2016 annual file.	n/a	
89	ALL	ALL	Member months and claims	Deschutes and Washington counties have an additional row each in all caps. SQL groups these into distinct rows.	Resolved	
90	082	2016q4 - 2017q4	Claims, member months, premiums, and providers	Failed level 1 validation; excluded from 2017 Q4 refresh. Continuation of item 81.	2018 Q1 refresh (June 2018)	
91	025, 082, 153	2017q1 - 2017q4	Claims, member months, premiums, and providers	Failed level 2 validation; excluded from 2017 Q4 refresh.	2018 Q1 refresh (June 2018)	
92	037	2017q1 - 2017q4	Pharmacy claims	Incomplete pharmacy data; included in refresh pending resubmission.	2018 Q1 refresh (June 2018)	
93	083	2017q1 - 2017q4	Claims and member months	Failed level 2 validation; PERC QB claims excluded from refresh due to missing member months.	2018 Q1 refresh (June 2018)	

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94	ALL	ALL	ALL	MI_PERSON_KEY may change over time, so it isn't a static primary key as was expected.	TBD	
95	ALL	ALL	Medicare Adv. and FFS	About 10k - 33k people have Medicare enrollment with no medical member month. Issue is persistent from beginning to current.	TBD	
96	ALL	ALL	Outpatient claims	1024 CPT codes are incorrectly described as 'ANESTH, PELVIS SURGERY'.	Resolved	
97	ALL	ALL	ALL	Collation incompatibility of an unknown number of fields prevents joins of limited extract tables to SQL views.	2018 Q1 refresh (June 2018)	