

Oregon All Payer All Claims Database (APAC) Data Request Frequently Asked Questions

This document is intended to provide external data requesters with answers to commonly asked questions when determining whether APAC data will suit their needs and submitting a data request application. For information on the structure, function, and limitations of APAC data, please see the [APAC Data User Guide](#). For additional information on the data request process as a whole, please see the [APAC Data Request Webpage](#). For any additional questions, please email APAC.admin@odhsoha.oregon.gov.

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APAC Overview FAQs

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. Administrative data in this case refers to billing information, and includes the who, what, when, and how much for health services. The Oregon Health Authority (OHA), other state agencies, policy decision-makers and researchers use APAC as a tool to measure health care costs, quality, and utilization across the state.

For more details about APAC data, see the [APAC Data Profile](#) and the [APAC Data User Guide](#).

Q2: What types of data does APAC contain?

A2: APAC contains the following types of data:

- Medical, pharmacy and dental health insurance claims – includes diagnoses, service utilization, and spending for services
- Member enrollment information – includes basic demographic information on enrollees of commercial, Medicaid, and Medicare plans
- Provider information – includes provider identifiers, locations, and specialties
 - Please note that APAC data does not contain information on all providers in Oregon, only those who appear in APAC claims data. For state-wide licensed provider information, see the [OHA Health Care Workforce Reporting Program](#)
- 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
- 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.

Q3: What populations are represented in APAC data?

A3: 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 and coordinated care organizations), and Medicare (including Parts A, B, C, and D). Medicare Advantage data is collected directly from Medicare Advantage insurers and is available for request, but Medicare fee-for-service data is purchased from the Centers for Medicare and Medicaid and APAC cannot release that data to requesters.

Q4: How big is APAC – that is, how many claims records, individuals, and years of data are included in the database?

A4: For each year of data collected, the database contains information 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). Only 78% to 80% of Oregonians have a health care claim in APAC, but APAC includes member enrollment information for Oregonians even if they do not have claims. The first year of APAC data is 2011. Each quarter, new data becomes available with about a 2-year lag. Please see the [APAC webpage](#) for current estimates of the size and scope of individuals included.

Q5: What types of entities submit data to APAC?

A5: Data submitters include:

- Commercial insurance companies and licensed third-party administrators (TPAs) with at least 5,000 members who are Oregon residents
- Most pharmacy benefit managers (PBMs) in Oregon
- All coordinated care organizations (CCOs) in Oregon
- All carriers of Medicare Advantage plans
- Any carrier with a dual-eligible special needs plans (SNPs) in Oregon
- Any payer with enrollees in Oregon’s health insurance exchange
- All insurers providing group health insurance plans to PEBB and OEBB members
- OHA provides Medicaid data to APAC, although CCOs started submitting their own claims data in 2025. APAC purchases Medicare Parts A and B data from the Centers for Medicare and Medicaid Services (CMS). Although no longer required to submit to APAC, self-insured Employee Retirement Income Security Act (ERISA) plans are also invited to submit data to APAC voluntarily. See the [APAC Data Submissions webpage](#) for more information.

Q6: What data are available in APAC?

A6: APAC data available for request include five files:

- Enrollment file
- Medical claims file
- Pharmacy claims file
- Dental claims file
- Provider composite file

A full list of the specific data elements is provided in the [APAC Data Dictionary](#).

Q7: Does APAC provide data on the total cost of health care?

A7: No, APAC does not collect payer or provider administrative expenditures. APAC collects the amounts paid by payers (and anticipated paid by members) for health care services but does not collect other administrative expenditures (such as supplies, labor, and overhead). As such, APAC more accurately collects spending on health care services by diagnosis, procedure, or member.

Q8: What are the anticipated time gap between services occurring and data being available for request?

A8: To account for variation in claims lag as well as potential claims adjustments, OHA has implemented a rolling 12-month submission schedule and data are not released to data requesters until approximately twelve months after the end of the calendar year. See the [APAC Data Profile](#) for more information.

Q9: What steps are taken to ensure that APAC data are kept private and secure?

A9: OHA ensures the privacy and security of APAC data at all stages of intake, storage, and release:

- **Incoming Data:** Data are submitted using a standard data template, encrypted during transmission and storage, pass through validation rules

designed for data completeness and quality, and are housed on secure servers within a secure data center.

- **Data Storage and Access:** Access to the data is limited to authorized personnel only, namely a small group of OHA and data vendor staff designated as data users. These staff must complete regular security trainings and can only access the data in a controlled environment.
- **Data Release:** OHA also builds rigorous data privacy and security measures into its APAC data release process. Every data use application passes through a multistep review process through which OHA assures that the requester will use the data appropriately and maintain data privacy and security.

Public reports and data requester 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](#).

APAC Data Request FAQs

Q10: What types of files are available to requesters? What information does each file contain?

A10: There are several publicly available dashboards and reports using APAC:

- [Primary Care Spending Report](#)
- [Hospital Payment Report](#)
- [Value Based Payment Report](#)
- [Patient Cost Sharing in Oregon](#)

Limited Data Sets offer a high level of detail 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 and can be linked to other external data sets if explicitly approved by OHA. Limited datasets are organized into five files:

Medical Claims, Pharmacy Claims, Dental Claims, Enrollment, and Provider Composite. 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 each specific data element requested, 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](#).

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

Q11: How do I start the application process for requesting APAC data?

A11: A consultation with the APAC Team is required for new data requesters of Limited Data Sets prior to submitting a data request to help determine whether APAC data will suit the requester’s needs, and if so, to answer additional requester questions and provide information to help the requester move through the application process successfully. To request a meeting, please email the [APAC Admin Inbox](#).

Q12: What are the steps in the Application process?

A12: These are the following steps:

1. Requester attends consultation meeting with the APAC staff. To request a meeting, please email [APAC Admin Inbox](#)
2. APAC analyst assigned to project
3. Requester submits [APAC-3 Limited Dataset application](#), [Data Elements Workbook](#), [Security Plan](#), and IRB application, determination, and research methodology to the [APAC Admin Inbox](#)
4. APAC analyst review APAC-3 application materials
5. APAC staff post project details on the OHA website for a 2-week public comment period
6. The Data Review Committee (DRC) reviews and approves the application
7. Appropriate individuals for the requester’s organization and OHA sign data use agreement
8. Requester pays invoice

9. APAC analyst builds dataset

10. APAC's data vendor releases data to requester via secure download portal

Q13: What is the cost of an APAC Limited Dataset?

A13: The cost of the Limited Dataset varies from request to request; however, it includes an \$890 processing fee for APAC's data vendor as well as a cost for the hours of labor needed from APAC staff to complete the request. There is an additional cost from APAC's data vendor if the request requires any finder-file matching, data linking, or other special request.

Q14: What is the expected timeline for receiving the data from an APAC Limited Dataset request?

A14: The amount of time it takes to fulfill an APAC data request varies greatly from request to request and depends on multiple factors, such as complexity of the request and the timeliness of responses from the requester and their associated organizations at each step of the process. Typically, we see requests taking from six to eight months; but due to the individual nature of each request, we cannot commit to a set timeframe for each request. As the application moves along, APAC staff will be in contact with the requester getting clarification, providing updates, sharing documents for review and gathering signatures. APAC strives to be communicative and transparent when it comes to fulfilling data requests.

Q15: Do I need IRB review to receive APAC data? If so, why?

A15: Yes, if you are applying for a Limited Data Set for research purposes (see Q10 for definitions of types of requests). Requesters must provide documentation of an IRB review of the provided research question and its determination of either approval or exemption, even if the exemption appears obvious to the data requester or their IRB. Data requesters are not permitted to self-determine IRB exemption status.

This IRB review is a requirement under HIPAA and is an important step for safeguarding the privacy of individuals and their PHI in APAC.

Q16: What is the Data Review Committee and what is its role in the data request process?

A16: The Data Review Committee (DRC) is an advisory body that evaluates requests for Limited Datasets 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 for a 2-week duration at which time the public may comment on APAC applications via email.

Q17: Are there restrictions on what purposes Limited Data Sets from APAC can be released for?

A17: Yes. Per HIPAA and Oregon statutes and rules, APAC Limited Data Sets may only be released for:

1. **Research** that has received approval from an Institutional Review Board (IRB) or patient consent.
2. **Health care operations**, such as quality assessment, improvement activities, provider or health plan performance, business planning and development including cost management; and
3. **Public health activities**, such as surveillance and interventions by a public health authority.

When applying for Limited Data Sets, requesters must make a compelling case that their proposed project aligns with one of these allowed uses.

Q18: For Limited Data Set requests, what elements should I include in my research question on the APAC-3 application form?

A18: Please be as specific as possible. Providing a comprehensive research question with your application helps the APAC team determine which APAC products will best suit your project and what the minimum necessary data elements will be to answer your research question. Each data element you request must be justified by your specific research question. APAC staff will also use the following information to discern whether APAC is an appropriate data source to answer the stated research question.

Recommended research question components include:

- Population of interest (i.e., people with specific diagnosis, procedure or NDC codes reported, along with any exclusion and inclusion criteria)
- Procedures and/or diagnoses of interest
 - These can be defined using procedure codes (HCPCS/CPT, ICD-10-PCS, ICD-9-CM), diagnosis codes (ICD 9 or 10), or clinical groupers (e.g. [CCSR](#))
- Independent and dependent variables
- Research design (e.g., descriptive, quasi-experimental)
- Any payment components
- Any geographic components (these require stronger justifications due to privacy and trade secret considerations)
- Analysis time frame and justification if multiple years are requested
- Any plans to link APAC data to other datasets

Specificity in your research question is essential for a successful data request application. For example, the research question of “examining the impact of comorbidities on healthcare cost and utilization after a COVID-19 hospitalization” is not specific enough; definitions for comorbidities of interest, measuring cost and utilization, and COVID-19 hospitalizations using APAC data elements and/or appropriately linked external datasets would be required.

Q19: 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?

A19: 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](#), [APAC Data User Guide](#), [APAC Use Case](#) document, and a list of all data elements collected in [APAC Data Dictionary](#). After reviewing these resources, a consultation meeting with the APAC Team is the next step in determining whether APAC is the right dataset for your research. To request a meeting, please email APAC.Admin@odhsoha.oregon.gov.

Q20: Can APAC data be linked to other external data sets?

A20: It is possible to link data from APAC Limited Datasets to other external data sets, but this is only permitted if the data linkage was specified on the requester's APAC-3 application form, approved by the Data Review Committee (DRC), and included in the Data Use Agreement. A key guiding principle behind APAC's Limited Data Sets is reduce the possibility of re-identification of individuals using APAC, so direct personal identifiers are never shared with requesters. This is intended to protect the privacy of individuals and to prevent the data from being misused.

Applications that request linkages will receive more scrutiny from APAC staff as well as the DRC to ensure that the planned data use is appropriate and will not compromise the privacy of any individuals. The APAC team or their vendor generally conducts the linkages themselves rather than allowing the requester to, in which case there may be an additional cost for staff time and resources.

Q21: What is the difference between APAC, OHA's Hospital Discharge Data (HDD), and data from OHA's Medicaid Management Information System (MMIS)? Can APAC data be linked to HDD and/or MMIS?

A21: Please see the table below for some of the key differences between APAC, HDD, and MMIS. APAC, HDD, and MMIS were not developed with the intention of being linked, and a linking variable does not exist between the data sets. See the data profiles for [HDD](#) and [MMIS](#) for more information.

APAC	HDD	MMIS/Medicaid Data
Represents people with health insurance, about 87-98% of Oregonians	Represents 100% of inpatient acute care stays at one of Oregon's 60 acute care hospitals	Represents 100% of Medicaid enrollees in Oregon
Contains data about Oregonians who have health insurance and how insurance was used 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 data about Oregonians who have Medicaid and use it to pay for health care or prescriptions

APAC	HDD	MMIS/Medicaid Data
Contains actual claims data	Contains abstracted claims data	Contains mostly encounter data (about 90% of data) and claims data (remaining 10% of data)
Contains payments (paid, copay, coinsurance, and deductible)	Contains billed amount by revenue code category	Claims data includes amount paid by Medicaid, encounter data does not
Data is sourced from payers (insurance companies, Medicaid, Medicare)	Data is sourced from hospitals	Data is sourced from Medicaid
Service location is less reliable	Service location is reliable	Service location is unreliable

Q22: Does OHA provide any technical assistance to data users?

A22: Yes, APAC can provide limited technical assistance based on staff availability and expertise. OHA can answer clarifying questions or queries from data requesters and 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 Limited Data Sets have prior understanding of health care claims and data analysis.

Q23: Can I have all the data in APAC?

A23: No, you can only have the exact data elements to answer a specific research question, and you will have to justify each data element that you request. This is different from many other data request processes, in which you request a restricted file and receive every data element offered. APAC must follow the HIPAA standard of “minimum necessary,” which means we

review each application individually and build a Limited Data Set that only includes what is minimally required to answer the specified research question.

Q24: Are claims with substance use disorder (SUD) diagnoses and/or treatments available for request?

A24: Yes, although at a higher level of scrutiny and protection.

Q25: Are denied claims available for request?

A25: Denied claims are not currently available, but there are ongoing efforts to confirm the data quality of denied claims currently in the APAC data before offering them as an option for data requesters.

Q26: Are there restrictions on project timelines when using APAC data?

A26: Yes, projects utilizing APAC data are expected to be completed within 2 years of receiving the data.

Q27: If OHA approves my data request, how will I receive the data?

A27: Once your data request is approved by the DRC and an APAC analyst builds your dataset, the data will be encrypted and sent in delimited text files over a secure FTP site.

Q28: How big are APAC files? Can I use Excel or Access to analyze APAC data?

A28: APAC data sets, depending on the type of file and size of request, can be as large as 85 GB per year of data. 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.

Q29: I already have an APAC Limited Data Set. Can I simply reuse the data I currently have for another project?

A29: No. APAC Limited Data Sets may not be reused for any use not specified in the application and data use agreement. Each application is reviewed for use of data and minimum necessary data elements specific to the project and research questions. Using data for another unauthorized use would violate the data use agreement, be considered a security breach and potentially exclude the requester from future data use.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the All Payer All Claims Reporting Program at APAC.admin@odhoha.oregon.gov . We accept all relay calls.

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<https://www.oregon.gov/oha/hpa/analytics/pages/all-payer-all-claims.aspx>