



OFFICE OF HEALTH ANALYTICS
All Payer All Claims Data Reporting Program

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Release Notes

All Payer All Claims (APAC) Reporting Program

Issued: September 2018 Release: APAC 2018.2

- The annual data release included medical and pharmacy claims, payment, member enrollment, providers, and billed premium data for 2016.
- The release contains updated data for 2011-2015 including data resubmissions from several large carriers.
- The release has data from three new mandatory reporters in 2016 that are pharmacy benefit managers and represent about 4,000 people and 52,000 pharmacy member months.
- OHA reversed the policy of redacting genetic testing and HIV/AIDS claims and these are now included in approved data requests.
- Date of death reported only by the Centers for Medicaid and Medicare (CMS) for 2011-current was added to APAC member demographic data and is available for request
- Race and ethnicity data reported by CMS was corrected retroactively from 2011 to current. There was an error in translating CMS reported data to the APAC codes. CMS reported Hispanic race was translated to APAC Hispanic ethnicity and to APAC as other race. CMS reported American Indian/Alaska Native race code assignment was corrected.
- Public use data was consolidated from seven to three data sets: Episodes of care, medical claims and pharmacy claims.
- A unique person identifier was added to the public use data.
- Medicaid data reported for 2016 included Medicaid recipients not reported to APAC since 2013.
- Medicaid member eligibility and demographic data reported to APAC changed from the payer extracting data from the Medicaid member month table to the Medicaid eligibility table for 2016 only. The change reduced the number of orphan claims and improved demographic reporting.
- A flag was added to identify orphan claims.
- The following changes to the data collection layout occurred:
 - * Appendix A: Length of MC061 changed from 5 to 11. QC37, QC38, QC39, OHLC1 and OHLC2 are now blank fields.
 - * Appendix B: ME103 and ME106 changed from required to situational. OHLC3, OHLC4, OHLC5, OHLC6, and OHLC7 are now blank fields. Clarified description of codes 8 and 9 in lookup table ME202.

* Appendix C: Length of MP018A changed from 15 to 25.

* Appendix D: Length of PC010 changed from 20 to 30. Length of PC003 changed from 6 to 3. PC032 changed from text element type to date element type. Length of PC034 changed from 3 to 4. Clarified description and thresholds to align with Milliman validation checks.

* Appendix E: Added premium payments to description of CFCT2 and CFCT4 in table 1 and claims file control totals in table 2. Clarified description/valid values of MMCT4 and MMCT5. Updated lookup table CFCT1 to reflect mandatory reporters in 2017.

* Appendix F: Changed threshold for PB001-PB010 from TBD to 0%.