APAC Data Requests Fact Sheet

Oregon All Payer All Claims (APAC) is a database for administrative health care data, such as health insurance enrollment and payments to providers (claims).

APAC data may only be used for the following purposes:[1]

- **Treatment activities,** such as the provision, coordination, or management of health care by a health care provider organization;

- **Payment activities,** including reimbursement for care, determination of eligibility or coverage, or billing;

- **Health care operations,** such as quality assessment, improvement activities, provider or health plan performance, business planning and development including cost management;

- **Public health activities,** such as surveillance and interventions by a public health authority; and

- **Research** that has received approval from an Institutional Review Board (IRB) or patient consent.

APAC will only provide the **minimum necessary** data required for a project.

APAC collects a variety of data, but not all of it is available for request

Available	- Commercial claims - Medicaid claims, if requested with at least one other payer type (commercial or Medicare Parts C or D)[2]
Limited	- Data not relevant to a contract or payment, such as race, ethnicity, language spoken, marital status, education, and others - Denied and orphan claims are only available for limited data sets
Internal state use only	- Medicare fee-for-service Parts A and B - Payment arrangement files - Claims related to substance use disorder treatment[3]
Not collected	Test results, medical record, medical chart or electronic health record (EHR) data are **not** collected by APAC

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[1] Per HIPAA and Oregon statutes and rules

[2] APAC is not the correct source for those only needing Medicaid data. Contact OHA.HealthAnalyticsRequest@state.or.us for more info.

[3] Per 45 CFR part 2

New calendar year (CY) data is released annually in January

APAC collects claims data on a rolling schedule to ensure that data are as complete and reliable as possible.

In a rolling schedule, claims data within a set period are collected multiple times a year. This schedule accommodates claims lag, as well as potential claims adjustments.

It takes **15 months** from the first submission deadline for a full calendar year of claims data to be complete and reliable.
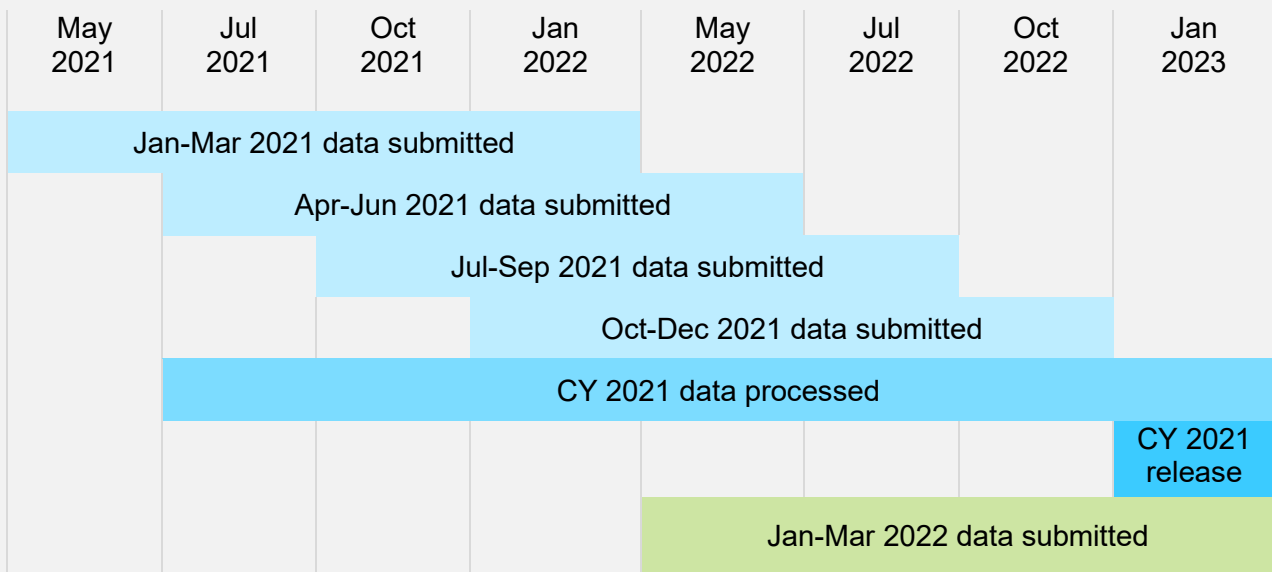
Data	Release date
CY 2020 claims	January 2022
CY 2021 claims	January 2023
CY 2022 claims	January 2024

Example: CY 2021 claims data schedule

Below you can see the submission and release schedule for CY 2021 claims data. Payers submit a quarter's worth of data four times each year. Multiple quarters of data are also collected each submission.

Let's look at claims that occurred between October and December 2021. Due to how long processing takes, a payer may not have all claims in this period finalized until August 2022. To account for this lag, APAC accepts claims data from this period in January, May, July and October 2022.

After the final submission in October 2022, APAC's data vendor processes the data for an additional ten weeks. CY 2021 data is then ready for release in January 2023.

May 2021	Jul 2021	Oct 2021	Jan 2022	May 2022	Jul 2022	Oct 2022	Jan 2023

Jan-Mar 2021 data submitted

Apr-Jun 2021 data submitted

Jul-Sep 2021 data submitted

Oct-Dec 2021 data submitted

CY 2021 data processed

CY 2021 release

Jan-Mar 2022 data submitted

Oregon Health Authority

APAC ALL PAYER • ALL CLAIMS

APAC offers two data products, Public Use File and Limited Data Sets
Products vary in level of detail, requirements, cost and anticipated timeframe.

	Public use files	Limited data sets
Level of detail	Statewide, de-identified claims-level data	May contain personal health information (PHI), excluding direct identifiers (e.g., patient name or address).
Packaged extracts	Four annual premade files: Medical claims, pharmacy claims, medical member month and pharmacy member month. Denied and orphan claims are excluded	Customized based on requested fields in Data Elements Workbook
Application required	APAC-2	APAC-3 with Data Elements Workbook, IRB application and approval (if applicable)
Review process	No review needed, as files already meet minimum necessary requirements	Posting for public comment and review by the Data Review Committee (DRC) (see review process below)
Linking external data	Not allowed	Only if explicitly approved by OHA
Cost	$500 per file	Hourly rate of APAC staff + $890 flat fee for vendor transfer
Data use agreement	Required	Required
Estimated timeframe	2-4 weeks	3-6 months

Fees help cover the cost of collecting, processing, and warehousing data

APAC will send requesters an invoice if and when their request is approved. APAC will process data requests once requestor pays the fee. OHA only accepts payment by check. Checks should be made payable to Oregon Health Authority. Payment for filled requests non-refundable. Requesters may also apply for a partial or full cost waiver.

APAC offers an incentive to requesters eliminating racial injustice

Requesters can apply for an optional incentive if they believe their project will identify concrete actions to eliminate health inequities stemming from historical and contemporary racial injustices and the inequitable distribution of resources and power. See more information on this option and how to apply here.

The Data Review Committee reviews Limited Data Set requests

The Data Review Committee (DRC) is an advisory body convened by OHA. They review applications to determine whether they comply with state and federal guidelines for using APAC data. At a minimum, the DRC evaluates whether:

- Proposed project purpose is allowable under OHA policies and state and federal laws;

- IRB documentation is required and if submitted, sufficient;

- Proposed privacy and security protections are sufficient;

- Minimum amount of data necessary to complete the project is requested; and

- Further clarification is needed.

The DRC meets monthly and reviews requests in the order received. OHA must post applications for public comment **at least two weeks prior** to DRC review. If an application is received within two weeks of DRC meeting, it will not be reviewed until the next month's meeting.

The DRC may ask the requester for additional information before completing their review. OHA strongly encourages requesters to thoroughly complete the application as soon as possible to account for this review process.

For more information about DRC and meeting schedule, visit: https://go.usa.gov/xu3dq

Guidelines for receiving APAC data

Before making a request, please ensure your organization has the capability and resources to import and analyze these data sets. Payment for filled requests non-refundable.

- APAC data sets are generally too large for Microsoft Excel and Access. Software capable of importing and analyzing APAC data sets includes SAS, SQL Server, R, and SPSS.

- APAC data sets can be as large as 85 GB *per year* of data. For example, the 2020 public use file for medical claims only contains more than 77 thousand rows and is 12 GB. Limited data sets may be larger based on the request type.

- APAC data sets will be encrypted and sent as delimited text files over secure FTP. Public Use data sets are tab-delimited. Limited data sets are pipe-delimited.

We strongly recommend talking with the APAC Team prior to submitting a data request. To request a meeting, please email us at APAC.Admin@dhsoha.state.or.us.