All Payer All Claims Data Reporting Program (APAC)

Oregon Health Authority, May 2013

In 2009, the Oregon State Legislature passed HB 2009, which created the All Payer All Claims Data Reporting Program (APAC) to measure the quality, quantity, and value of health care in Oregon. With commercial, Medicaid, and Medicare paid claims, the APAC database will provide a more complete picture of cost, quality, and utilization across Oregon's health care system.

What Is All Payer All Claims (APAC) Data?

Through a competitive Request for Proposal (RFP) process, the Oregon Health Authority (OHA) contracted with Milliman, Inc. to collect data on paid claims from commercial health plans, licensed third party administrators, pharmacy benefit managers with Medicare Part D pharmacy plans in Oregon, and the Oregon Health Plan (Oregon's Medicaid agency).

OHA also convened an APAC technical advisory group to advise OHA on the data elements collected in the database and the timing of data submissions. Three categories of data that will be collected quarterly include:

Elibigility files capture patient demographic information such as date of birth, gender, geography, and race/ethnicity. These also serve as the starting point for indentifying claims and providers to be included in the data submissions. Inclusion criteria:

- Members living in Oregon
- Members enrolled in a plan for which the state is a payer (such as PEBB, OEBB, or OMIP), regardless of residence

Medical claims and *pharmacy claims* files capture plan payments, member financial responsibility (co-pay, co-insurance, deductible), diagnoses, procedures performed, and numerous other data fields.

Provider data files include information on location and provider specialty.
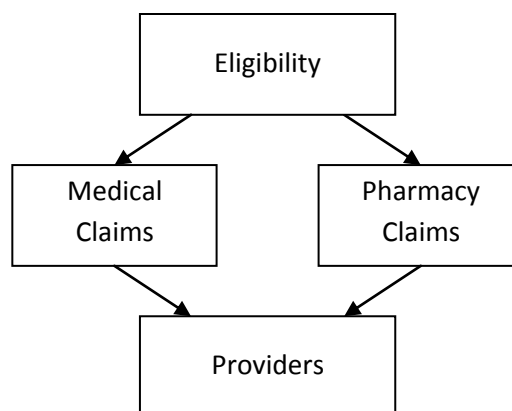
Benefits of an All Payer All Claims Data Collection Program

Comprehensive data about the quality and cost of health care will allow state policy-makers to monitor efforts to reduce health care costs and improve both care quality and population health. Complete

data can show regional and statewide variation in health care delivery, cost, and quality and used to target health system transformation efforts at the state and local level.

What Other States Are Currently Collecting This Type of Information?

Currently 18 states, including Oregon, have an all payer claims database or are in various stages of implementing an all payer claims database.[1] An additional 17 states are currently considering whether to begin all-payer all-claims database programs.

Timeline for Health Care Claims Data File Submissions

March 24, 2011 marked the inception of reporting, with the first APAC submission due on or before July 31, 2011 and included paid claims from January 1, 2010 through June 30, 2011. Thereafter, health care claims data files are to be submitted no later than 31 days following the end of the calendar quarter. Submissions will include paid claims from the preceding 12 calendar months. Currently, the APAC database has over 200 million claim lines submitted by over 40 health plans, third party administrators, pharmacy benefits managers, and the Oregon Health Plan.

APAC Activities Completed or Under Development

- Testing the completeness and accuracy of data
- Public use data files are available
- Privacy and security review process is in place for researcher access to restricted use data files
- Development of regular public reports on health care expenditures, geographic variations, and community health profiles
- Data sharing with Department of Consumer & Business Services, Cover Oregon and Department of Human Services
- Acquisition of Medicare fee-for-service data for inclusion in APAC
- Improvement in the collection of race and ethnicity data
- Supplementing data with information from other sources (e.g., hospital and ambulatory surgery center discharge data for uninsured individuals)

For More Information

Please visit Oregon's APAC web site: http://www.oregon.gov/OHPPR/RSCH/APAC.shtml

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[1] All-Payer Claims Database Council, July 2012, http://www.apcdcouncil.org/ .