



## All-payer, all-claims (APAC) data reporting program: An update

### Background

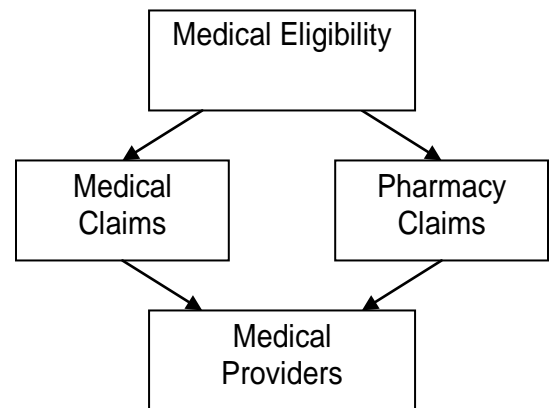
- Oregonians pay for health care without comparable information about cost and quality across the health care system settings. From a variety of sources: annual estimates for Oregon health care spending range from \$20-25 billion or between \$5,400 and \$7,000 per Oregonian.
- Currently, Oregon has fragmented, inconsistent and incomplete information about how our health care system is performing.
- The 2009 Oregon State Legislature passed HB 2009, which created the all-payer, all-claims (APAC) database to measure the quality and value of health care in Oregon.
- The all-payer, all-claims 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) has contracted with Milliman, Inc. to collect data on all paid claims from commercial health insurance carriers, licensed third party administrators, pharmacy benefit managers, Medicaid managed care organizations, Medicaid fee-for-service and Medicare parts C and D.

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

- 1. Medical eligibility files** will serve as the starting point for identifying claims and providers to be included in the data submission, and will include:
  - Members living in Oregon, or members enrolled in a plan for which the state is a payer (such as PEBB, OEBC, or OMIP), and will also capture patient demographic information such as date of birth, gender, geography, and race/ethnicity.
- 2. Medical and pharmacy claims** will capture:
  - Plan payments, member financial responsibility (co-pay, coinsurance, deductible), diagnoses, procedures performed, and type of bill (i.e. inpatient, outpatient, emergency department).



### 3. Health care provider information

### How Will The Data Be Used by Entities Outside of OHA?

OHA has convened an APAC public use advisory group to advise the Agency on the creation and publication of public use data sets related to the APAC database. Specifically, the advisory group will address issues relating to the types of public

use data sets that would best serve the public interest, the data elements that should be contained in those data sets, a schedule for publishing the data sets, and the elements and protocols for evaluating requests for limited data sets. In addition, the APAC legislation included references to making the data available to Oregon programs for the purpose of leveraging ongoing community efforts aimed at improving quality in health care. OHA is working with various partners and researchers to develop mechanisms for data sharing that conform to agency, state and federal privacy laws and standards.

### 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 healthcare delivery, cost, and quality. A key advantage of using billing data is that because these data are generated automatically for every medical encounter in a standardized format, it is relatively inexpensive to develop a data system based on these data.

### What Other States Are Currently Collecting This Type of Information?

Currently 14 states, including Oregon, have or are in the implementation phase of an APAC reporting program.<sup>2</sup> Most of these states created these programs as the initial step toward health care reform efforts.

<b>Table 1. Benefits of All-Payer, All-Claims Data Collection Programs<sup>1</sup></b>
<p><b>Consumers</b></p> <ul style="list-style-type: none"> <li>• Provides consumers with access to information on healthcare cost and quality to help them make informed healthcare purchasing decisions.</li> </ul>
<p><b>Providers</b></p> <ul style="list-style-type: none"> <li>• Supports provider efforts to design targeted quality improvement initiatives.</li> <li>• Enables providers to compare their performance with that of their peers.</li> </ul>
<p><b>Policymakers</b></p> <ul style="list-style-type: none"> <li>• Enables OHA to identify communities that provide cost-effective care and learn from their successes.</li> <li>• Allows targeted population health initiatives.</li> <li>• Allows reform efforts to be evaluated so successful initiatives can be identified and replicated.</li> <li>• Allows identification of opportunities for further reform.</li> </ul>

### Timeline for Healthcare 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 includes paid claims from January 1, 2010 through June 30, 2011. Thereafter, healthcare claims data files shall be submitted no later than 31 days following the end of the calendar quarter.

Submissions shall include paid claims from the preceding 12 calendar months.

### For More Information

Please see: <http://www.oregon.gov/OHPPR/RSCH/APAC.shtml>

<sup>1</sup> Oregon Health Fund Board, "Aim High: Building a Healthy Oregon—Final Report," November 2008, [http://www.oregon.gov/OHPPR/HFB/docs/Final\\_Report\\_12\\_2008.pdf](http://www.oregon.gov/OHPPR/HFB/docs/Final_Report_12_2008.pdf).

<sup>2</sup> All-Payer Claims Database Council, May 2011, <http://www.apcdouncil.org/>.