

# Memorandum

**To:** CCOs

**From:** Karen Hampton, APAC Program Manager

**Date:** 2/21/2025

**Subject:** Oregon APAC CCO claims data update

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Hello CCO data partners,

Please share this communication within your organization.

As we approach the first claims required submission by CCOs directly to APAC, we want to share some important information. As a reminder, the submission deadline for the first round of required data is **May 1, 2025**, and the data will cover **enrollments and services occurring January through March 2025**.

**1. Separation of CCO from other reporting entities – this is only relevant for submitters who have commercial lines of business and have combined Medicaid in their payment arrangement files**

HSRI will create a new division for reporters with commercial and CCO arms to help APAC quickly assess submission occurrence and initial data quality for Medicaid submissions, separate from an organization's commercial activities. Other impacts include:

- **Staffing and Roles Assignment:** If an entity wishes to assign different staff or roles to the newly created CCO division, please notify HSRI **no later than February 26**. Otherwise, HSRI will add the current staff/roles to the new division. Your administrator can always modify user roles (remove and add staff) in the Data Submission and Quality portal if needed.

- Payment Arrangement Files (PAF): Starting this year, separate PAF files will be required. For those who have previously reported CCO activities in a combined PAF (Appendices 1 and 2), this change will allow APAC to track submissions before the files are processed.

**2. File types required (to be added to entity profile)**

Each CCO must submit the standard ‘carrier’ set of files, except for the Premiums (Appendix F) file. Dental files should be submitted as a separate set.

Required Files:

Medical and Pharmacy Files	Dental Files
Enrollment	Dental Enrollment
Medical Claims	Dental Claims
Pharmacy Claims	N/A
Provider	Dental Provider
Claims Control	Dental Claims Control
Member Month Control	Dental Member Month Control

Submission of Appendix 1 (Payment Arrangements) and Appendix 2 (Control File) will continue as usual (due September 30, 2025).

**3. Test period**

**Files can be tested for structural issues between March 3 and May 1.** Instructions will be sent around the end of this month. While the files do not need to be complete, they should work together as a file set. Control files must include accurate counts, etc. Exemption requests are not processed in the test environment.

For assistance:

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421 SW Oak St., Portland, OR 97204

<https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/All-Payer-All-Claims.aspx>

- HSRI ([apachelp@hsri.org](mailto:apachelp@hsri.org))
- APAC ([apacadmin@odhsoha.oregon.gov](mailto:apacadmin@odhsoha.oregon.gov))

#### **4. Extensions**

While extensions are not currently needed, they are an option for CCOs who cannot get files to pass validations by the first submission deadline (May 1 for submission and May 15 for all validations to clear).

Important Notes:

- Extensions are requested on a file-by-file basis but approved as a file set. For example, if an Enrollment file fails validation, you must request extensions for all associated files (medical claims, pharmacy claims, provider, and both control files). This applies to all lines of business (commercial, Medicare Advantage, and Medicaid).
- If extensions are needed, please request them through the Data Submission and Quality portal. Let us know if you need a walk-through of that process.

#### **5. Exemptions**

Exemptions allow for files to be accepted despite failing data quality validation rules. Exemptions must be requested for each rule failure (no 'set' is required) and can only be requested within the portal after the data fails the validation rule.

- APAC requires twelve months of data as the standard. Usually, new reporters include an entire 12 months of data starting from the first submission. Since CCOs are not required to report 2024 service data, reporting starts on January 1, 2025. This means the first file set will only contain three months of data and will fail validation rules looking for twelve months. Request an exemption for this issue after the files are processed.

Subsequent file sets will progressively include more months, with the fourth submission (due January 31, 2026) being the first to include all twelve months of data. The fifth submission (Q1 2026, due May 1, 2026) will begin the 'rolling' twelve months, including April 2025 through March 2026.

Submission Quarter	Due Date	Data Required – Service dates	Months of data included
2025 Q1	5/1/2025	January 1-March 31, 2025	3 months
2025 Q2	7/31/2025	January 1-June 30, 2025	6 months
2025 Q3	10/31/2025	January 1-September 30, 2025	9 months
2025 Q4	1/31/2026	January 1-December 31, 2025	12 months (full first year)
2026 Q1	5/1/2025	April 1, 2025-March 31, 2026	12 months (rolling)

## Validation Rules

The APAC team acknowledges that Medicaid data differs from commercial data. With this in mind, **exemption requests for certain data fields will be considered.**

Choosing not to collect or receive information is not a long-term option. Assistance will be provided for CCOs needing support with specific fields.

## 6. Reporting Payments

APAC expects CCOs to report who was paid in relation to claims data. Medical and dental claims should include the identity of the health care provider and pharmacy claims should include the name and location of the pharmacy fulfilling the order (even if it's a mail order). We understand that some CCOs may need to work with their subcontractors to obtain this detailed information, and we encourage you to do so.

## 7. Control files

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For control files, the count of member months should be based on the number of members eligible as of the first of the month. CCOs/Medicaid are different from commercial insurers in terms of eligibility dates. Ensure each member is included in the Enrollment file with their actual start and end date within the reporting period (enter 99991231 if the termination date is open-ended). The control file will include the count of members eligible on the first of each month. This means you may have more members in the Enrollment file than appear in the control file. That is acceptable.

Additional information about specific fields will be provided in the Frequently Asked Questions, which will be available soon. Thank you all very much for working with us through this change.

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Oregon Health Authority

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