All Payer All Claims Reporting Program

OFFICE OF HEALTH ANALYTICS

APAC is a powerful resource to answer questions about transformation.

Enrollment	Who has health insurance (demographics)?
Access	How quickly do members receive care?
Utilization	Do members receive the right care, in the right setting, at the right time?
Population Health	What kinds of health conditions and diagnoses do members have?
Quality	What percentage of members receive recommended care and services?
Spending	How much is Oregon spending on health care?

Oregon **Health** Authority

APAC captures health care claims, enrollment files, and provider files.
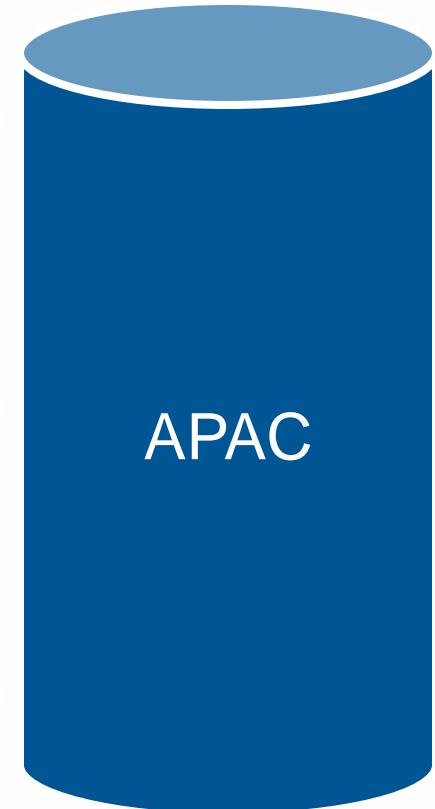
Enrollment Files

Include type of insurance, and member age, gender, and geography.

Medical and Pharmacy Claims

Include patient diagnoses, procedures performed by provider, and amount payer and patient will pay for services and prescription drugs
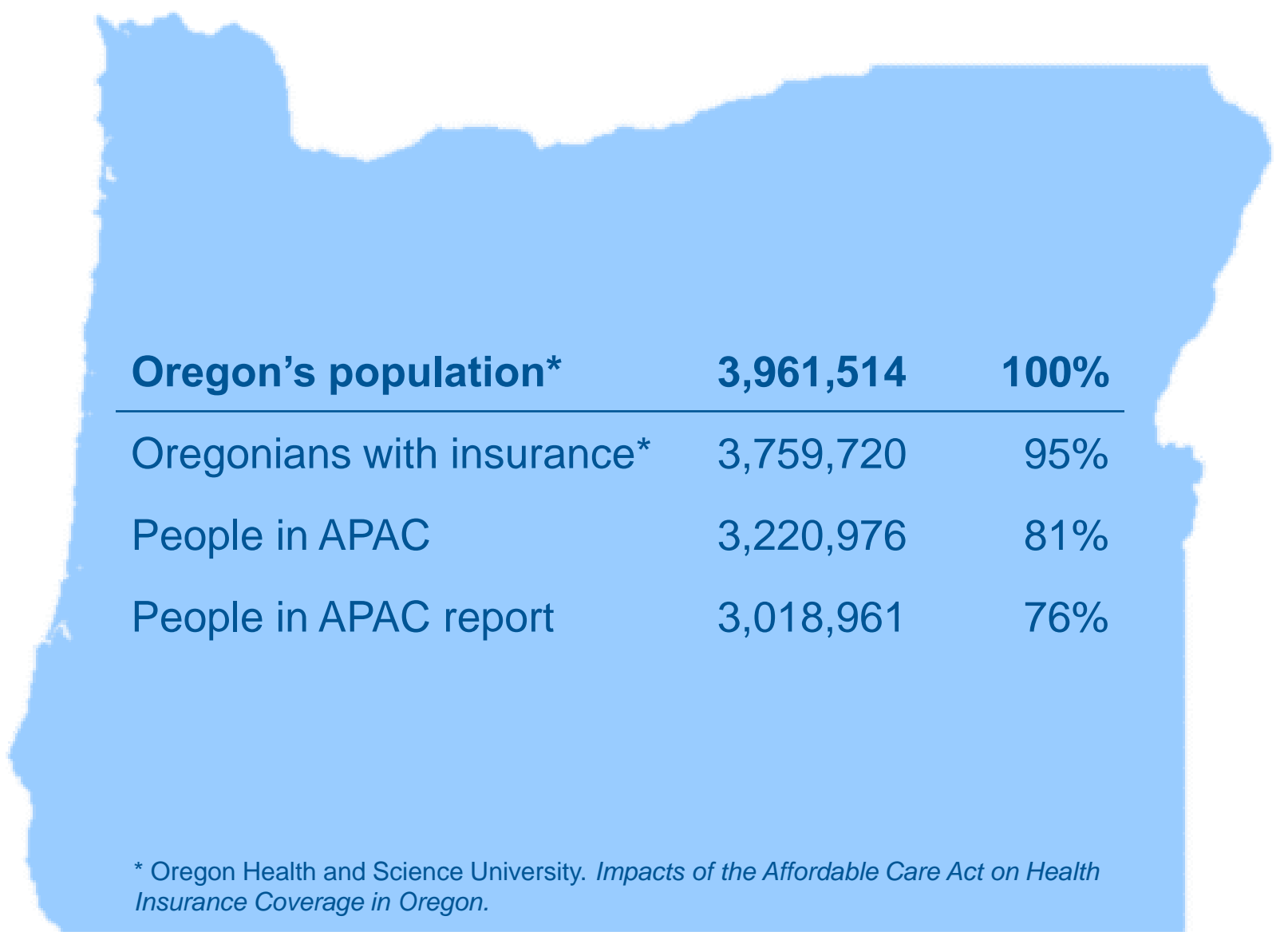
Provider Files

Include provider identifier, location, and specialty

APAC

Oregon
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Authority

APAC includes data for over 80% of Oregonians with health insurance.

Oregon's population*	**3,961,514**	**100%**
Oregonians with insurance*	3,759,720	95%
People in APAC	3,220,976	81%
People in APAC report	3,018,961	76%

* Oregon Health and Science University. *Impacts of the Affordable Care Act on Health Insurance Coverage in Oregon.*

Oregon's major health care payers report to APAC.

Who reports to APAC:	Type of insurance:
Carriers, third-party administrators, and pharmacy benefit managers with >5,000 covered lives in Oregon	Commercial Medicare Advantage Dual eligible special needs plans
Medicaid coordinated care organizations and managed care organizations	Medicaid managed care
Oregon Health Authority	Medicaid fee for service
Federal government	Medicare fee for service

APAC excludes data on:

- Stand-alone vision, dental, and some other types of commercial insurance

- Some types of federal coverage

- Alcohol and drug treatment claims

- People who pay out of pocket

- The uninsured

APAC provides data for multiple efforts and projects in Oregon.

Oregon Insurance Division Rate Review	Review and set rates for small group and individual insurance plans
SIM Grant Reporting	Report quarterly measures for State Innovation Model grant
Health Evidence Review Commission	Review clinical evidence to guide benefit-related decision for OHA health plans
Public Health	Monitor disease incidence and prevention Conduct surveillance and preparedness activities
Sustainable Health Expenditures Workgroup	Calculate total annual health care spending in Oregon

Oregon **Health** Authority

OHA's *Leading Indicators for Oregon* is a quarterly report using APAC data.

Leading Indicators for Oregon's Health System Transformation examines outcomes across the health system and across payers.

This report will provide timely information and data to:

- Track transformation progress and outcomes
- Evaluate the spread of the coordinated care model
- Guide policy decisions

The first *Leading Indicators* report focuses on 3 areas of transformation.

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Data timeframes and sources for the first APAC report:

Spending and utilization data are not reported for 2014, the first year of Affordable Care Act coverage.

- Due to regular claims lag, 2014 spending and utilization data are not yet sufficiently complete to report.

  Claims lag: Delay between the time care occurs and the time a claim is processed and reported by the payer

- Spending and utilization data for 2014 will be "filled in" with future submissions and covered in future reports.

Data timeframes and sources for the first APAC report:

**The report excludes for the following payers that report to APAC:**

- Medicaid fee for service: Pays claims for Medicaid enrollees not enrolled in CCOs or other Medicaid managed care.

- Medicare fee for service: Pays claims for Medicare enrollees not enrolled in a Medicare Advantage plan.

    OHA is in the process of validating these data, and will include Medicare FFS data from APAC in future reports.

Medicaid spending data are from OHA's Medicaid data warehouse.
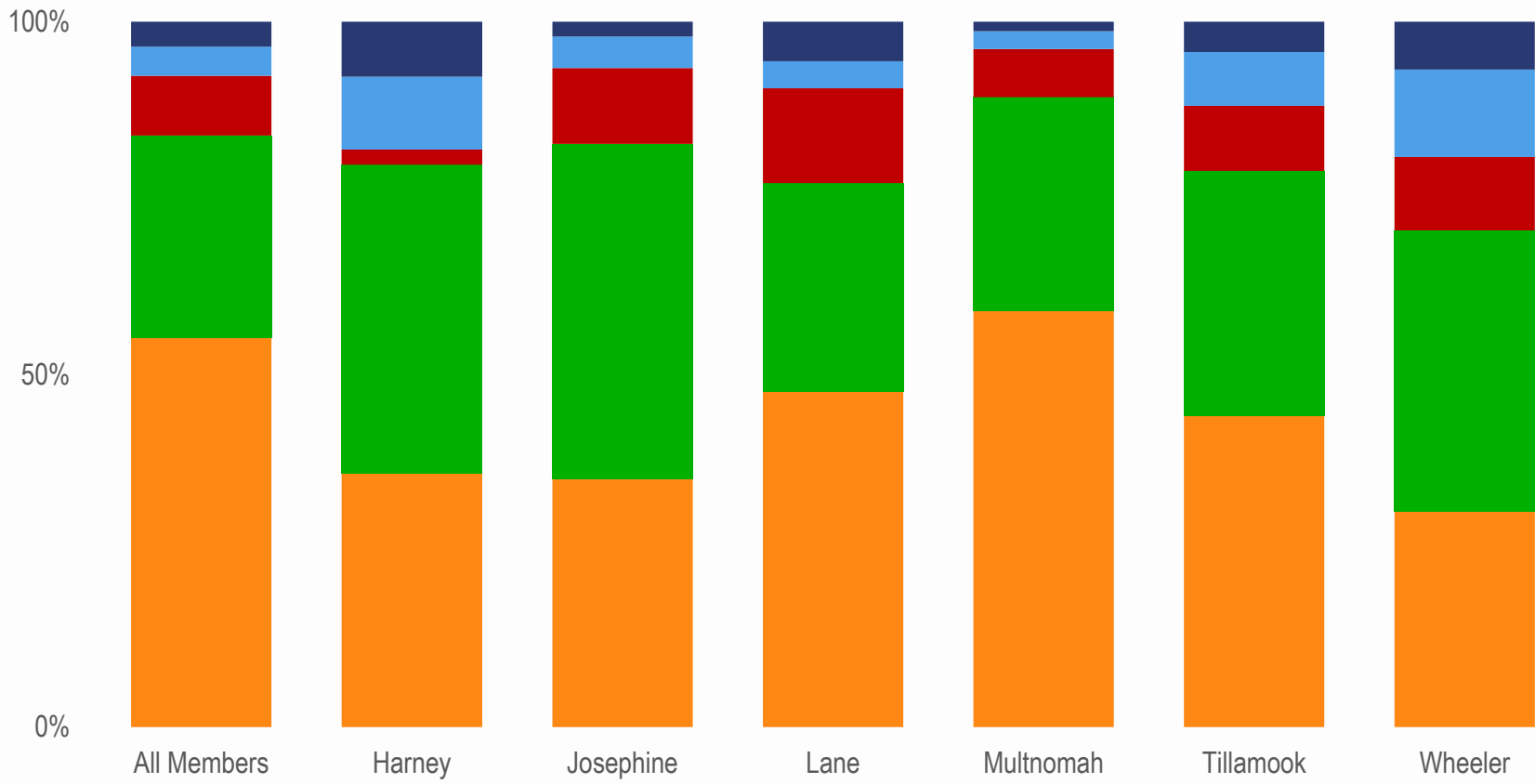
- All other data are from APAC.

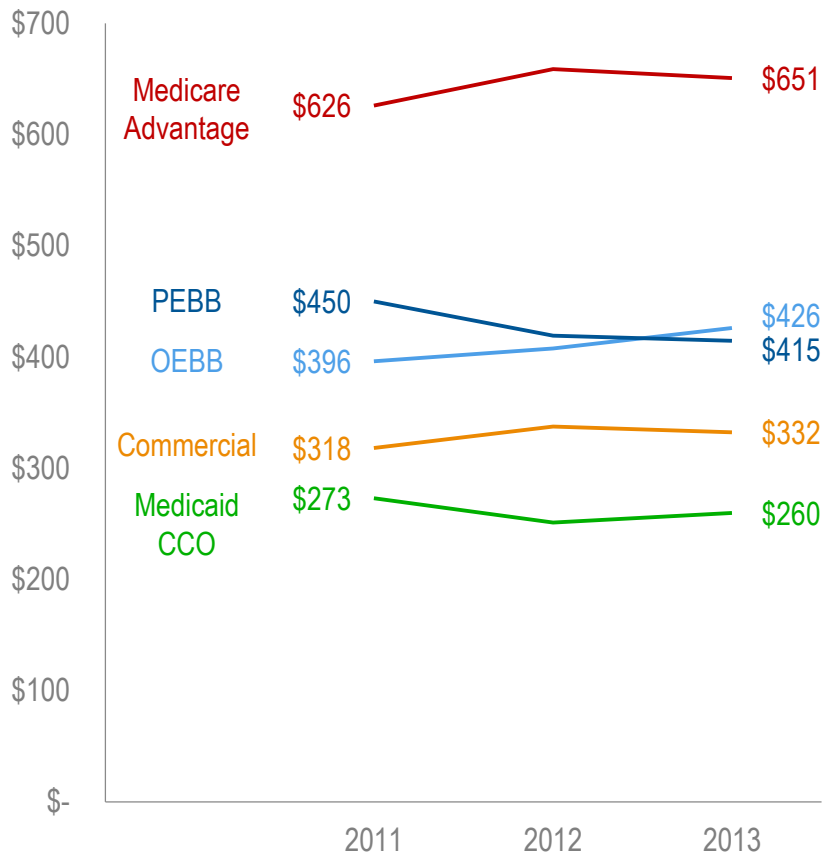# ENROLLMENT: From 2013 to 2014, total enrollment increased by 313,535 people.

Commercial
Medicaid CCO
Medicare Advantage
OEBB
PEBB
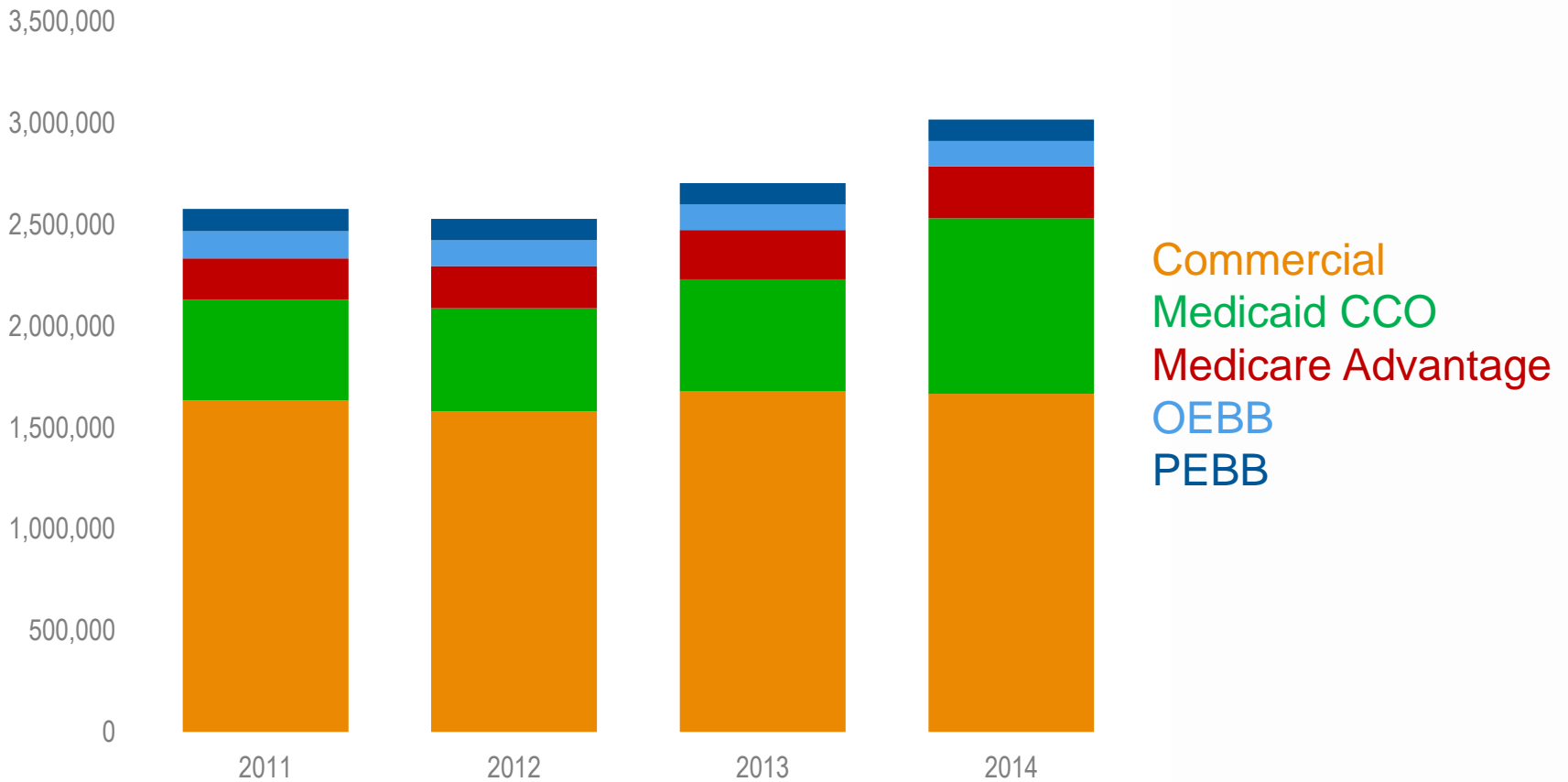
ENROLLMENT: As of June 2014, 27% of all members were age 18 or younger.

45% of Medicaid CCO members were age 18 or younger

89% of Medicare Advantage members were age 18 or younger

ENROLLMENT: Type of insurance varies widely across counties.

SPENDING: From 2011 to 2013, total spending by Medicaid CCOs and PEBB plans declined.

$700

$600

$500

$400

$300

$200

$100

$-

Medicare Advantage $626 — $651

PEBB $450 — $415
OEBB $396 — $426

Commercial $318 — $332

Medicaid CCO $273 — $260

2011   2012   2013

Total spending per member, per month is defined as:

$$\frac{total\ paid\ by\ payer + total\ paid\ by\ patien}{member\ months}$$

Oregon Health Authority

SPENDING: In 2013, payers spent the most on outpatient services, except for Medicaid.
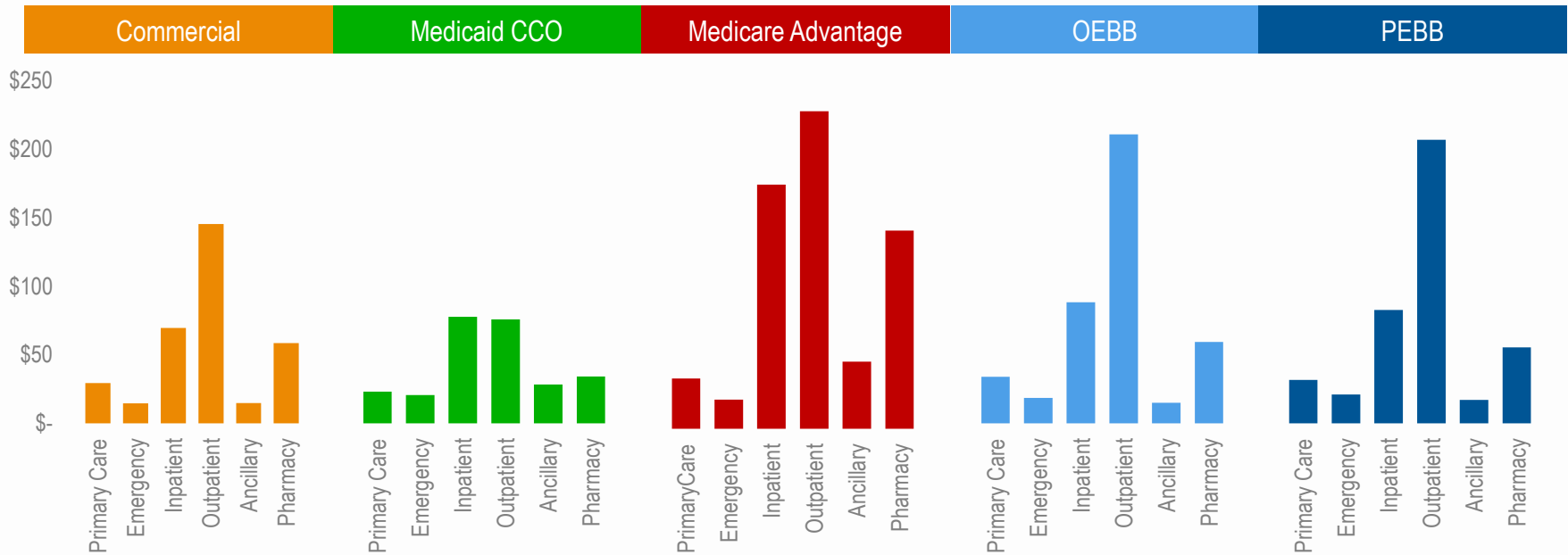
Primary Care: Services provided during visits to a primary care provider, including preventive exams and well-baby exams.

**Emergency:** Visits to the hospital emergency department.

Inpatient: Care provided at a hospital or other inpatient facility where the patient stays overnight.

Outpatient: Care provided at a hospital, clinic, or other facility where the patient does not stay overnight.

Ancillary: Includes psychiatric hospital and residential care, private duty nursing, ambulance and non-emergency transportation, dental care, durable medical equipment, and supplies.
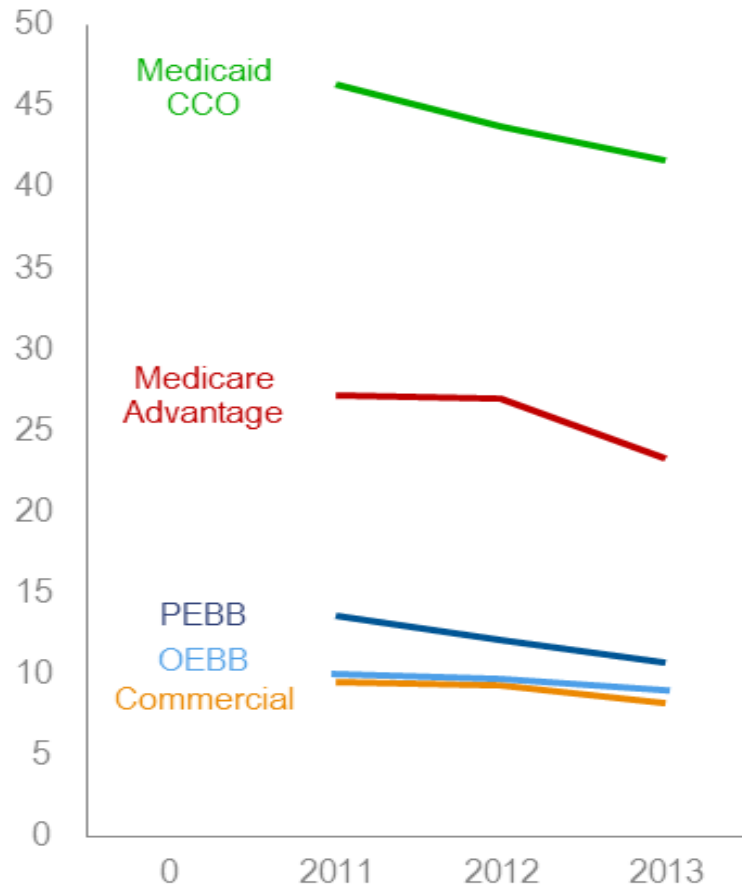
Pharmacy: Prescription drugs where at least part of the cost is paid by a payer.

UTILIZATION: From 2011 to 2013, primary care visits increased by 9% for Medicaid members.
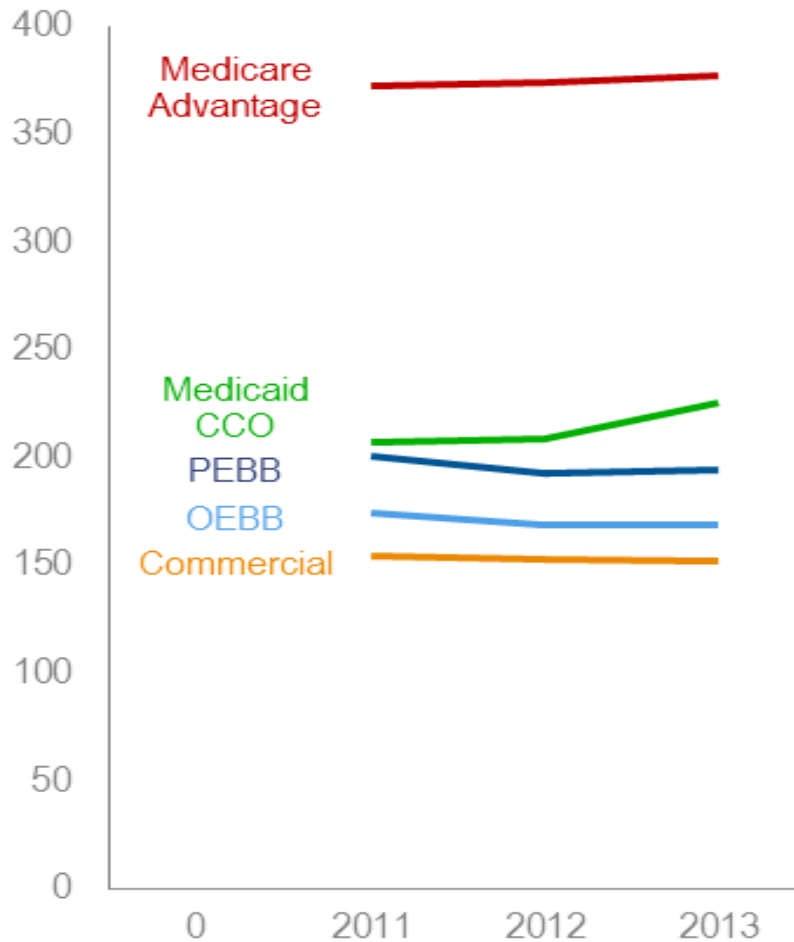
This graph shows the number of primary care visits per 1,000 total months of member enrollment (aka member months)

UTILIZATION: ED visits from 2011-2013 show a trend downward, especially for Medicaid.

This graph shows the number of emergency department visits per 1,000 member months

Questions or more info?

Contact:

Stacy DeLong

Office of Health Analytics

stacy.delong@state.or.us

Website:

http://www.oregon.gov/oha/ohpr/rsch/pages/apac.aspx