



APAC Data Submission and Quality Portal: User Manual

Version History

Date	Version	Description of Change	Author
	1.0	Draft document under development	R. Rodriguez
12/18/2020	1.1	Draft for review	R. Rodriguez
1/6/2021	1.2	Revised based on OHA feedback	K. Mullins
3/4/2021	1.3	Revised based on OHA and data submitter feedback	R. Rodriguez
7/8/2021	2.0	Revised to include information regarding the submission of Payment Arrangement Files (PAF) data	K. Mullins
7/16/2021	2.1	Correction for Dental PAF file naming example	K. Mullins

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Overview

This manual aims to provide users of the APAC Data Submission and Quality Portal with step-by-step instructions for using key features of the system.

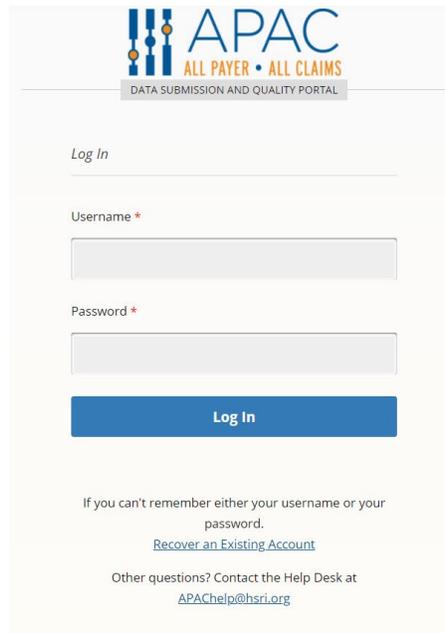
As the Administrator of the Oregon All Payer All Claims (OR APAC) Reporting Program, the Oregon Health Authority (OHA) has determined you are required to submit to the APAC. The requirements for these submissions are found on the APAC website here:

<https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/APAC-Data-Submissions.aspx>

OHA has contracted with Human Services Research Institute (HSRI) and their partner NORC at the University of Chicago to build and maintain the portal. All data is transferred directly to servers controlled by NORC, a non-profit organization that specializes in secure data warehousing. Data is then validated through HSRI systems that are built and stored entirely within NORC's secure data enclave.

Accessing the OR APAC Portal

You can access the OR APAC Portal directly at <https://apac.norc.org/>



The screenshot shows the login page for the APAC Data Submission and Quality Portal. At the top, there is a logo for APAC (All Payer • All Claims) with the tagline 'DATA SUBMISSION AND QUALITY PORTAL'. Below the logo, the text 'Log In' is displayed. There are two input fields: 'Username *' and 'Password *'. A blue 'Log In' button is positioned below the password field. At the bottom, there is a link for 'Recover an Existing Account' and a contact email 'APACHelp@hsri.org' for help desk assistance.

Administrator Login

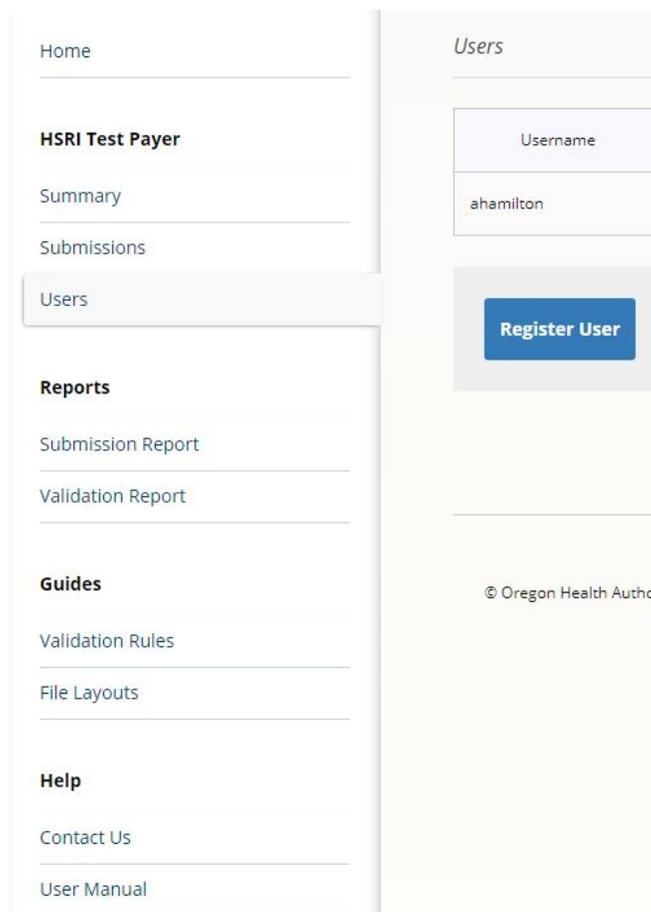
If you are a new data submitter, HSRI will work with your company to pre-register at least one Administrator user. The Administrator(s) for your company should be the first to login to the APAC Data Submission and Quality Portal. Administrators will receive their username and a temporary password from portal@apac.norc.org.

Adding and Managing Users

Administrators can add and manage users by going to the **User menu**.

Adding Users

Click the **Register User button** to add a new user.



- Enter the user’s name and email address and create a username for them (user can update this later).
- If your company has multiple payer abbreviations or “Divisions” the new user should be associated with, please reach out to the APAC Help Desk for assistance (APAChelp@hsri.org).
- Select a role for the new user:
 - **Administrator:** This role has access to all aspects of the portal. Administrators review and manage the registration of users and will receive communications about all submissions for their company.
 - **Data Submitter:** This role can view detailed validation and quality assessment results for all submissions and will receive communications about claims (Appendices A – G) submissions for their company.
 - **PAF Submitter:** This role can view detailed validation and quality assessment results for all submissions and will receive communications about PAF (Appendices 1 & 2) submissions for their company.
 - **None:** This role can only access help resources and will be included on general information distribution lists.

- Click the **Register button**. This will automatically generate an email to the new user with instructions for navigating to the portal and logging in with a temporary password.

User Registration

Role: Administrator

Administrator
Data Submitter
Both
None

Last Name *

Email *

Username *

Register

Updating and Removing Users

Administrator users are responsible for ensuring user accounts remain up to date. Automated emails and general communications are reliant on this information being accurate. Existing accounts can be edited by clicking the Edit link under Actions. Users can be removed by clicking the Delete link under Actions.

Users

ROLE: ALL

FIND:

Username	Email	First Name	Last Name	Created	Confirmed	Administrator	Data Submitter	Actions
ahamilton	ahamilton@foundingfathers.gov	Alexander	Hamilton	10/12/2020	Yes	Yes	No	View Edit Delete
htester	htester1@hsri.org	HSRI	Tester	10/27/2020	No	Yes	No	View Edit Delete

System Notifications

The portal sends notifications to users (for example, to let them know that submitted files have been validated, an exemption request has been approved/or rejected, or a new user account has been created). All system notification emails will come from portal@apac.norc.org. Users with the Data Submitter role receive automated emails when files are received, validated, and when exemption requests are approved/denied. All

Administrators and Data Submitters receive automated emails regarding data submission deadlines and late notices. ***This is an unmonitored email address and should not be replied to*** – if you need assistance reach out to the APAC Help Desk (APAChelp@hsri.org). The home screen also serves as a communications center, displaying general system information such as upcoming deadlines and updated resources information.

Submitter Summary Information

Each payer abbreviation has a set of information associated with it regarding submission expectations. This information is found in the Summary screen. This information is maintained by OHA APAC and HSRI staff, but Administrators should review this information to ensure accuracy.

Division Summary

Name	HSRI																																																				
Status	Current Submitter																																																				
Encryption Key	[REDACTED]																																																				
Plan Type Information	[Empty Box]																																																				
Mandatory Reporters	<table border="1"> <thead> <tr> <th>Reporter Name</th> <th>Reporter Type</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>HSRI Health Plan</td> <td>• Carrier</td> <td></td> </tr> <tr> <td>HSRI Pharmacy</td> <td>• Pharmacy Benefits Manager</td> <td></td> </tr> </tbody> </table>					Reporter Name	Reporter Type	Description	HSRI Health Plan	• Carrier		HSRI Pharmacy	• Pharmacy Benefits Manager																																								
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Coverage Types	<table border="1"> <tbody> <tr> <td><input type="checkbox"/></td> <td>Medical</td> <td>Covered Lives: 0</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Dental</td> <td>Covered Lives: 0</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Pharmacy</td> <td>Covered Lives: 0</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Behavioral</td> <td>Covered Lives: 0</td> </tr> </tbody> </table>					<input type="checkbox"/>	Medical	Covered Lives: 0	<input type="checkbox"/>	Dental	Covered Lives: 0	<input type="checkbox"/>	Pharmacy	Covered Lives: 0	<input type="checkbox"/>	Behavioral	Covered Lives: 0																																				
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<input type="checkbox"/>	Behavioral	Covered Lives: 0																																																			

- **Name** – this is the payer code associated with this division.
- **Encryption Key** – this is the key or password used to encrypt your files if submitting with 256 AES encryption. Not required for PGP encryption.
- **Plan Type Information** – this is where information that might be relevant to APAC and data users can be entered. Examples include: Self-funded plan, Dental HMO, Medicare supplement, Third Party Administrator (TPA).
- **Mandatory Reporters** – this lists the mandatory reporter associated with this payer code.

- **File Types** – this lists the file types expected from the payer code the user is logged in under/has selected when the payer code is the payer. . If files are submitted on behalf of another payer code, they will not be listed for the submitting payer code, they will be listed in the Summary screen for that payer code.
- **Coverage Types and Covered Lives**- this is where information that might be relevant to APAC and data users can be entered.

Submitter Waiver Information

If you believe your organization should not be required to submit one or more files, [complete form APAC 1a](#) (PDF) and email to apac.admin@dhsosha.state.or.us.

If approved, the information will be entered into the APAC Data Submission and Quality Portal. Porter users can view the approved requests by going to the Waivers menu.

Reporter	Timestamp	File Type	Start Quarter	End Quarter	Notes
HSRI Health Plan	12/16/2020 9:20 PM	Enrollment	2020Q1	2020Q3	Testing 123

Submitting Data Files

File Formats

Data will be submitted in the same file format as currently required in the Administrative Rule Appendices A-G and 1 & 2, Version 2019.1.0 (also applies to 2020.0.0). This information is also displayed in the portal under File Layouts.

Naming Files Before Transmission

Files that are not properly named will not be accepted. Data submitters will receive an automated “Improper File Name” email notification if the file is rejected due to naming issues.

Standard Naming Conventions

The instructions below outline how files should be named pre-compression and encryption and before transmission.

Appendices A - G

Medical and Pharmacy Claims

- File name pre-compression and encryption: **<payer abbreviation>_<submitter abbreviation>_<file type>_<quarter>_<file created date_timestamp>.dat**

- Example file name pre-compression and encryption:
HSRI_HSRI_MEDICAL_2021Q1_20210106_120000.dat

Dental Claims

Dental files use a slightly different naming convention. In addition to the inclusion of “DENTAL” there is a double underscore between file type and quarter.

- File name pre-compression and encryption: **<payer abbreviation>_<submitter abbreviation>_<DENTAL>_<file type>__<quarter>_<file created date_timestamp>.dat**
- Example file name pre-compression and encryption:
HSRI_HSRI_DENTAL_ENROLLMENT__2021Q1_20210106_120000.dat

Appendices 1 and 2

For payers submitting medical files:

- Payment Arrangement file name pre-compression and encryption: **<payer abbreviation>_<submitter abbreviation>_APMProvider_<Year>_<file created date_timestamp>.dat**
- Example OMIP_OMIP_APMProvider_2020_20210930_010101.dat
- Payment Arrangement Control Totals file name pre-compression and encryption: **<payer abbreviation>_<submitter abbreviation>_APMTotals_<Year>_<file created date_timestamp>.dat**
- Example OMIP_OMIP_APMTotals_2020_20210930_010101.dat

For payers submitting dental files:

- Dental Payment Arrangement file name pre-compression and encryption: **<payer abbreviation>_<submitter abbreviation>_DENTAL_APMProvider__<Year>_<file created date_timestamp>.dat**
- Note: There is a double underscore between ‘DENTAL_APMProvider’ and <Year>.
- Example OMIP_OMIP_DENTAL_APMProvider__2020_20210930_010101.dat
- Dental Payment Arrangement Control Totals file name pre-compression and encryption: **<payer abbreviation>_<submitter abbreviation>_DENTAL_APMTotals__<Year>_<file created date_timestamp>.dat**
- Note: There is a double underscore between ‘DENTAL_APMTotals’ and <Year>.
- Example OMIP_OMIP_DENTAL_APMTotals__2020_20210930_010101.dat

Appendix Name	File Type Name	Example File Name (pre-compression/encryption)
Appendix A: Eligibility	Enrollment	hsri_tester_enrollment_2021Q1_20210223_124303.dat
Appendix B: Medical Claims	Medical	hsri_tester_medical_2021Q1_20210106_120000.dat
Appendix C: Pharmacy Claims	Pharmacy	hsri_tester_pharmacy_2020Q1_20210114_110000.dat
Appendix D: Dental Claims	Dental	hsri_tester_dental_dental__2021Q1_20210106_120000.dat
	Dental Enrollment	hsri_tester_dental_enrollment__2021Q1_20210106_120404.dat
	Dental Provider	hsri_tester_dental_provider__2021Q1_20210106_120404.dat
	Dental Premium	hsri_tester_dental_premium__2021Q1_2021116_120505.dat
	Dental Totals	hsri_tester_dental_premium__2021Q1_20210106_120505.dat
	Dental Membership	hsri_tester_dental_membership__2021Q1_20210106_120505.dat
Appendix E: Provider	Provider	hsri_tester_provider_2021Q1_20210217_130000.dat
Appendix F: Subscriber Billed Premium	Premium	hsri_tester_premium_2021Q1_20210202_235959.dat
Appendix G: Control Totals	Totals	hsri_tester_totals_2021Q1_20210223_120001.dat
	Membership	hsri_tester_membership_2021Q1_20210223_120001.dat
Appendix 1:	APM Provider	hsri_hsri_APMProvider_2020_20210426_000000.dat
	Dental APM Provider	hsri_hsri_DENTAL_APMProvider__2020_20210426_000000.dat
Appendix 2:	APM Totals	hsri_hsri_APMTotals_2020_20210426_000000.dat
	Dental APM Totals	hsri_hsri_DENTAL_APMTotals__2020_20210426_000000.dat

File Created Timestamp

The file created timestamp component of the file name should be 6 digits and should be on a 24-hour format. The format of the timestamp is HHMMSS. HH = hours (24-hour), MM = minutes, SS = seconds.

Examples:

081230 = 8:12 AM and 30 seconds

160511 = 4:05 PM and 11 seconds

Accepted File Extensions

Files without one of the following file extensions will be rejected. Additionally, files with two or more extensions (.dat.pgp) will be rejected. These extensions are added after the files are encrypted and compressed and before transmission.

- .zip
- .7z
- .pgp
- .gpg

Compression and Encryption Requirements

To ensure the security of personally identifiable information and personal health information, and to reduce file transmission times, OHA requires submitters to compress and encrypt all files before uploading. This file-level encryption ensures the confidentiality of all data submitted to the warehouse, not just certain sensitive fields. See below for encryption guidelines.

- Each file that is to be uploaded to the OR APAC Portal should be added to a *separate* zip archive. Archives with multiple files will *not* be accepted.
- The archive **MUST** be encrypted using 256-bit AES encryption using the submitter's unique encryption password. This password must be obtained within the portal under each Division's Summary page (shown below).
- If PGP encryption is preferred, please contact the Help Desk to ensure proper set up of transmission. If using PGP, files do not need to be zipped after encryption.
- If your organization requires the use of GPG encryption, please reach out to the Help Desk for assistance.

The screenshot shows the 'Division Summary' page. On the left is a navigation menu with links for Home, HSRI Test Payer, Summary, Submissions, Users, Reports, and Submission Report. The main content area displays a table with the following data:

Name	HSRI Test Payer
Status	Current Submitter
Encryption Key	
Plan Type Information	

The 'Encryption Key' field is highlighted with a red rectangular box.

Transferring Files

All files transferred via SFTP will be automatically associated with the submitter account based on the file name. It is important that the files be named per a standard naming convention outlined above to ensure that the file type and submission periods can properly be discerned.

Many tools exist for Secure File Transfer Protocol. *FileZilla* and *WinSCP* are two examples. Please refer to your program's documentation for help with setup, if needed.

SFTP Accounts

Data submissions will be made via SFTP. Accounts are generated for each submitter and credentials are provided to the designated individual via secure download from NORC at the University of Chicago.

SFTP account passwords are reset every 90 days to comply with security requirements. Please contact the APAC Help Desk if you need guidance on how to best manage your account and meet your business needs.

Connection and Folder Information

- Server Name: *transfer.norc.org*
- User: the account name issued via secure download
- Password: the SFTP password issued via secure download
- Directory:
 - [root]/incoming/Claims_Prod
 - The *Claims Prod* folder should be used to submit the following production file types: Appendix A: Eligibility, Appendix B: Medical Claims, Appendix C: Pharmacy Claims, Appendix D: Dental Claims, Appendix E: Provider, Appendix F: Subscriber Billed Premium, Appendix G: Control Totals.
 - Files submitted to this folder will be processed and viewable in the production APAC Data Submission and Quality Portal.
 - [root]/incoming/PAF_Prod
 - The *PAF Prod* folder should be used to submit the following production file types: Appendix 1: Payment Arrangement and Appendix 2: Payment Arrangement Control.
 - Files submitted to this folder will be processed and viewable in the production APAC Data Submission and Quality Portal.
 - [root]/incoming/Claims_Test
 - The *Claims Test* folder should be used to submit the following test file types: Appendix A: Eligibility, Appendix B: Medical Claims, Appendix C: Pharmacy Claims, Appendix D: Dental Claims, Appendix E: Provider, Appendix F: Subscriber Billed Premium, Appendix G: Control Totals.
 - Files submitted to this folder will be processed and viewable in the test APAC Data Submission and Quality Portal.
 - [root]/incoming/PAF_Test
 - The *PAF Test* folder should be used to submit the following test file types: Appendix 1: Payment Arrangement and Appendix 2: Payment Arrangement Control.
 - Files submitted to this folder will be processed and viewable in the test APAC Data Submission and Quality Portal.

Transmission Requirements

The system requires the submission of single files only into the appropriate folders. Do not bundle single files under a folder and upload that new folder into the designated Claims and PAF folders. Doing this would create an error in the file transfer process.

Do not submit files under the top Incoming folder structure instead of one of the four designated Claims and PAF folders, as that file would not be processed and will remain un-transferred on the SFTP server.

Viewing Your Submission History

All files successfully submitted via the SFTP process can be viewed by going to the Submissions menu. You can filter the list using Type, Role, Mode, Status, Start Year, Quarter, End Year, End Quarter. Any file associated with the payer code/division will be displayed regardless whether it is the payer or submitter identified in the file name. If you want to see files for which the division is the payer or the submitter you can use the Role filter to filter out other files.

Submissions

TYPE:	ROLE:	MODE:	STATUS:
ALL	ALL	ALL	ALL
START YEAR:	START QUARTER:	END YEAR:	END QUARTER:
2019	1	2020	4

ID	Payer	Submitter	Type	Mode	Quarter	Created	Arrived	Issues	Status	Action
----	-------	-----------	------	------	---------	---------	---------	--------	--------	--------

Determining a File's Status

Once a file has been received, its status will show as one of the following:

- **Queued:** The file is waiting to be processed and validated.
- **Processing:** The file is being processed and validated.
- **Failed:** The file has one or more validation issues, causing it to fail.
- **Passed:** The file has passed all validation rules and will be loaded to the data warehouse for additional quality control checks.

MODE: ALL

STATUS: ALL

END YEAR: 2020

Queued
Processing
Error
Failed
Passed

Submitting Test Data Files

Test claims data files may be submitted to the production portal anytime. Files need to be prepared and submitted as if they are production data and as described in the Submitting Data Files section above. Any test file you do not want ingested into the APAC Data Warehouse for further processing and quality assessment needs to be cancelled in the production portal no later than each submission deadline (May 1, July 31 etc.).

Test payment arrangement files will be submitted to the test portal during a specified period in July 2021. More information will be distributed.

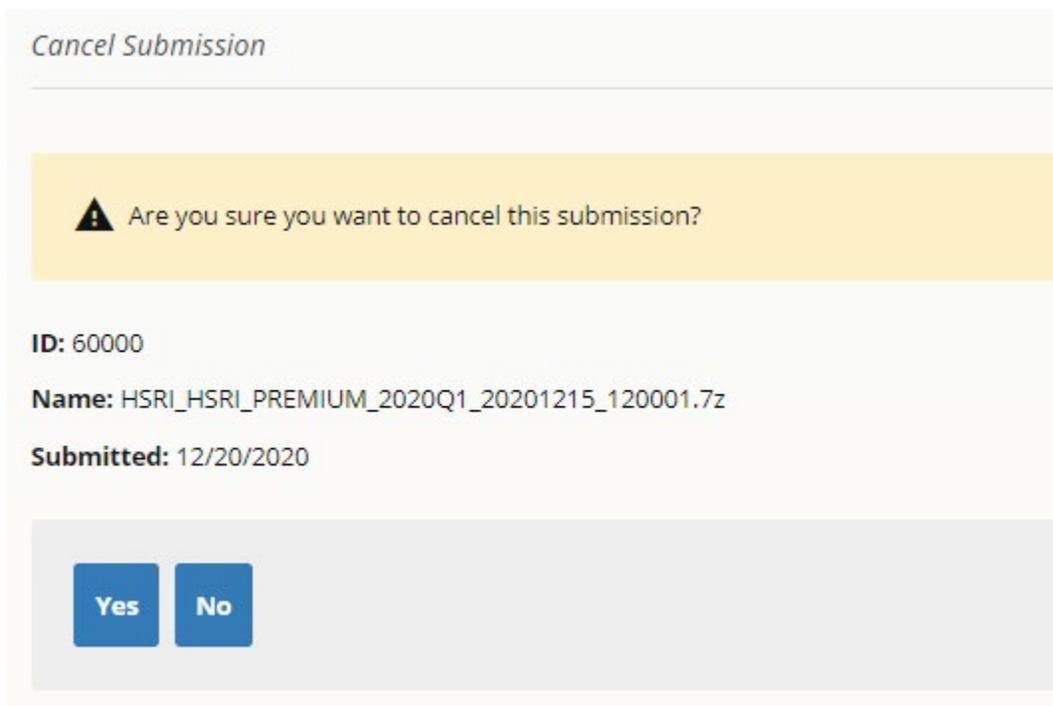
To cancel a file, go to the Submissions screen and click the Cancel link under the Actions column. You will be asked to confirm. Click the Yes button. Once cancelled the file will no longer be displayed in the Submission screen.

Submissions

TYPE: ALL ROLE: ALL MODE: ALL STATUS: ALL

START YEAR: 2009 START QUARTER: 4 END YEAR: 2021 END QUARTER: 1

ID	Payer	Submitter	Type	Mode	Quarter	Created	Arrived	Issues	Status	Action
60000	HSRI	HSRI	Premium	PROD	2020Q1	12/15/2020	12/20/2020	7	Failed	Results Cancel



HSRI is evaluating a longer-term solution for data submitters to submit test files. Options may include reopening the test APAC Data Submission and Quality Portal or developing a new file naming convention to denote test files.

Resolving Validation Issues

The validation system was designed to be user friendly, allowing Data Submitters to resolve many issues quickly and easily. A full list of the Validation Rules is located in the APAC Data Submission and Quality Portal under “Guides.”



When a validation fails, an issue will be generated. Issues must be resolved before the file can be accepted. There are five types of validation issues: Structural, Failure, Exemption,

and Profile. Each is defined below. The validation rules for each file type and structural-level validations across file types can be viewed under the Validation Rules menu.

Exemption and Override requests can be requested by the Administrator or Data Submitter for the division with the failed file. If your user account is associated with more than one division or payer abbreviation you need to make sure you're viewing the appropriate division to make a request. To do so, you need to navigate to Company Level > Select "Summary" > Divisions > Select Division > "Submissions" > Navigate to Failed Files > Click on "Results" > Navigate to specific failure > Click on "Details" > Click on "Request Override".

Validation Rules

RULE SET: Enrollment ISSUE TYPE: ALL

ID	Element	Name	Description	Effective	Issue Type	Threshold
2	ME001	Valid Payer type	When not blank, a valid entry means the value is in the list of standard values.	9/25/2020	Exemption	100%
3	ME001	Populated Payer type	A valid entry means that the field is not blank.	9/25/2020	Exemption	100%
4	ME003	Valid Product code	When not blank, a valid entry means the value is in the list of standard values.	9/25/2020	Exemption	100%

You can filter the validation rules using Rule Set and Issue Type.

After your files have been validated (within 24 hours of your submission) you will receive an email notification whether your file has passed or has issues. To review the validation issues, go to the Submission screen and click Results for a file.

Validation Results - 3435 / HSRI Test Payer / ME / 03/2020

ISSUE TYPE: ALL STATUS: Failed

Rule ID	Element	Rule Name	Issue Type	Threshold	Passing	Status	Action
532	ME014	Valid Member DOB	Exemption	99.5%	97.5%	Failed	Details
50	ME103	Subscriber Middle Name Populated	Profile	25%	23.6%	Failed	Details
425	ME003	Valid Product Code	Exemption	99.5%	98.2%	Failed	Details

- Click on “Details” to see the specifics of a validation issue.
- There are two options for reviewing additional information:
 - Click “Details” to view a listing of failing records and values.
 - Click “Summary” to view the most frequently failing values.
- After reviewing the specifics of the validation issue, you will be able to determine if a resubmission is needed or if overrides are possible.
- Resolution of these failures can only be made by the submitting entity (those listed as the submitter in the file name).

Failure-Level Issues

“Failure” level issues typically involve an intrinsic issue with the format of the data. These issues cannot be overridden and will need to be fixed and resubmitted.

Structural-Level Issues

Structural-level issues occur when the file fails to meet the required file format. Details about the file format requirements can be viewed in the Guides menu under “File Layouts.” A list of structural-level validations is available under the Validation Rules menu. Structural-level validation issues cannot be overridden and must be resolved for a file to be accepted. They typically prevent the use or evaluation of the data.

File Layouts

FILE TYPE:
Enrollment ▼

Position	Element	Name	Description	Type	Length	Required
1	ME001	Payer type	See lookup table ME001	Text	1	Yes
2	ME003	Product code	See lookup table ME003	Text	3	Yes
3	ME004A	Eligibility date	CCYYMMDD (example: 20100402). Dates before the submission date range are not valid. See Schedule A for submission data range.	Date	8	Yes
4	ME005A	Termination date	CCYYMMDD (example: 20100702). Use 99991231 if termination date is open-ended.	Date	8	Yes

The only way to resolve a structural-level issue is to correct the file format and resubmit the file.

Structural issues should always be resolved first. When a file contains structural issues (e.g., a field is too long) subsequent validations may be inaccurate. By resolving structural errors first, other validations can be successfully performed, and other issues may clear up as a result.

Profile-Level Issues

Profile-level issue types represent validations that are associated with optional fields that may vary by book of business.

Users can override validation issues for any Profile Issue Type by clicking “Override” on the Validation Result screen. You will need to provide a reason for the override. Profile-level overrides do not require approval.

Validation Result / OHA

[Back](#)

File Type: MEDICAL
Period: 2020Q2
Rule ID: 279
Element: MC048P_POA_8
Rule Name: Populated POA flag 8
Rule Description: For inpatient claims when corresponding Diagnosis is populated, a valid entry means that the field is not blank.
Condition: (MC_Inpatient = 1) AND (MC048_Other_Diagnosis_8 <> "")
Logic: MC048P_POA_8 <> "
Issue Type: Profile
Threshold: 98.8%
% Passing: 0% (0 / 238,987)
Status: Failed

[Details](#) [Summary](#) [Override](#)

Override

Please provide an explanation below.

Override Details

Reason for Override:

[Submit](#) [Cancel](#)

At the start of a new calendar year Profile-level overrides will be reset. Many payer’s data improves over the course of the year. If you need to continue your override into the next

year, you can view a record of your overrides from past year when requesting the override or by clicking “View Override” on an existing Profile-level Override.

Exemption Level Issues

This issue type typically occurs with fields that are listed as required in the data submission requirements. Users can override validation issues for any Exemption Issue Type by clicking “Request Override” on the Validation Result screen. A submitter may request an exemption from a rule by providing an explanation or justification to OHA. If authorized, the explanation will be maintained in the system as metadata and made available to OHA data users. Exemptions are limited to the current calendar year.

Validation Result / OHA

[Back](#)

File Type: PROVIDER
Period: 2020Q2
Rule ID: 364
Element: MP010A_Provider_Specialty_2
Rule Name: Populated Provider second specialty
Rule Description: A valid entry means that the field is not blank.
Condition:
Logic: MP010A_Provider_Specialty_2 <> "
Issue Type: Exemption
Threshold: 98.8%
% Passing: 0% (0 / 56,677)
Status: Failed

[Details](#) [Summary](#) [Request Override](#)

Override

Override Request

Please note that **Start Period** and **End Period** refer to the data submission period and not the date on which the submission was made.

Start Period:
Year: Quarter:

End Period:
Year: Quarter:

Exemption overrides are meant for issues that cannot be easily resolved. Exemptions are not meant for minor issues or those that can be easily solved if resources are allocated. Explain the extenuating circumstances of your organization that supports the Exemption override at this time:

If an exception request is granted, OHA's expectation is that grantees continue to work to meet the deadlines, requirements or quality threshold as quickly as possible. Explain steps and resources that will be used to become fully compliant (i.e., meet statutory deadlines or data quality in the future):

Overridden Status

If a file has failed and multiple fields are showing a status of Overridden, this is simply an indicator that the field has a pre-existing exemption or profile override created by a user within the division. When you see this status in a file that has been shown to have failed the validation rules, focus on the fields that have a status of Failed—those are the fields that need to be resolved for the file to be successfully submitted into the portal. The Overridden fields are shown for your reference.

Reports

Submission Report

All users who are either an Administrator or Data Submitter user can view the Submission Report. To access the Submission Report, go to the Reports menu and select Submissions Report.

Reports

Submission Report

Validation Report

Submission Report - HSRI Test Payer

START YEAR:	START MONTH:	END YEAR:	END MONTH:	FILE TYPE:
2020	1	2020	10	ALL

File Type	Period	Status	File ID	Submitted	Records
ME	01/2020	Missing			
ME	02/2020	Missing			
ME	03/2020	Failed	3435	4/3/2020	193774
ME	04/2020	Missing			

This page allows a user to filter on the Start Year, Start Quarter, End Year, and End Quarter. The user will be able to view File Type, Period, Status, File ID, Date Submitted, and number of records for each submission.

To further investigate file submission issues, you can click on the File ID in the File ID column to open the validation results for the submitted file.

Missing			
Failed	3435	4/3/2020	193774

Validation Results - 3435 / HSRI Test Payer / ME / 03/2020

ISSUE TYPE:	STATUS:
ALL	Failed

Rule ID	Element	Rule Name	Issue Type	Threshold	Passing	Status	Action
532	ME014	Valid Member DOB	Exemption	99.5%	97.5%	Failed	Details
50	ME103	Subscriber Middle Name Populated	Profile	25%	23.6%	Failed	Details
425	ME003	Valid Product Code	Exemption	99.5%	98.2%	Failed	Details

Help & Troubleshooting

Guides

Validation Rules

This section provides a detailed look into the rules that are reviewed during the validation process. You are able to sort through various File Types and Issue Type (Failure, Profile, Exemption, Ad Hoc).

Validation Rules

RULE SET: Enrollment ▼ ISSUE TYPE: ALL ▼

ID	Element	Name	Description	Effective	Issue Type	Threshold
2	ME001	Valid Payer type	When not blank, a valid entry means the value is in the list of standard values.	9/25/2020	Exemption	100%
3	ME001	Populated Payer type	A valid entry means that the field is not blank.	9/25/2020	Exemption	100%
4	ME003	Valid Product code	When not blank, a valid entry means the value is in the list of standard values.	9/25/2020	Exemption	100%

File Layouts

The specifics of your file layout requirements from the 'the Administrative Rule Appendices A-G and 1 & 2 version 2020.0' are summarized under the File Layouts in Guides. Any questions regarding specific data elements can be located under this section.

File Layouts

FILE TYPE: Enrollment ▼

Position	Element	Name	Description	Type	Length	Required
1	ME001	Payer type	See lookup table ME001	Text	1	Yes
2	ME003	Product code	See lookup table ME003	Text	3	Yes
3	ME004A	Eligibility date	CCYYMMDD (example: 20100402). Dates before the submission date range are not valid. See Schedule A for submission data range.	Date	8	Yes

Help

User Manual

The user manual provides the How-Tos of using the portal. It will be updated on a rolling basis and any changes to elements of the portal will be made here and updated accordingly.

APAC Info

This link brings users to the All Payer All Claims Reporting Program website where information about submission requirements can be located.

FAQs

FAQs are quick way to troubleshoot any issues you may have. As portal activity increases, the APAC Help Desk will be adding more FAQs.

Contact Us

The APAC Data Submission and Quality Portal has a Contact Us Form. To ensure the Help Desk receives all the information it may need to respond appropriately, please fill out as much information as possible, including screenshots* regarding your request. Expect a response within 24 business hours from the support team.

*To ensure HIPAA compliance, please avoid utilizing any PHI (protected health information).

Contact Us

Name *	<input type="text"/>
Email *	<input type="text"/>
Submitter ID *	<input type="text"/> <input type="checkbox"/> Not assigned yet
Issue Category *	Account Information <input type="button" value="v"/>
Description *	<input type="text"/>
File ID	<input type="text"/>
Validation Rule ID	<input type="text"/>
Screenshot	<input type="button" value="Choose File"/> No file chosen

Portal Help Desk

APACHelp@hsri.org

866-451-5876 (Toll-Free)

9:00 AM - 5:00 PM PST

Monday – Friday

OHA – Oregon Health Authority

500 Summer St, NE, E-20

Salem, Oregon, 97301

Submission Questions: apac.admin@state.or.us

Definition of Terms

Term	Definition
Ad Hoc-Level Issue Types	Submitters may override ad hoc-level rules during the data submission process; however, these only apply to the current submission.
Exemption-Level Issue Type	These issue types will generally be associated with required data elements as indicated in the data submission requirements. OHA may agree to bypass certain validations on a submitter-by-submitter basis.
Exemption Request	A request from a submitter to bypass the obligation of a specific exemption-level validation rule.
Issue Type	Identifies the type of issue—Structural, Failure-Level Exemption-Level or Profile-Level—that prevents a file from being accepted. Each validation has an associated issue type that will determine the options a data submitter has when a validation fails to pass.
Metadata	Information about the data, such as the validation rules applied and other contextual information about the submission. All data submitted to the Data Warehouse will have metadata associated with it.
Payer Code	A code assigned by OHA to uniquely identify healthcare claims payers and processors.
Override	A process by which a validation can be bypassed.

Term	Definition
Profile-Level Issue Types	Profile-Level Issue Types represent validations that may vary by submitter and, with an accompanying explanation, can be overridden by the data submitter.
Structural-Level Issue Types	The most serious issue type; these typically prevent the use or evaluation of the data and must be resolved before a file may be accepted. These must be fixed, and the file must be resubmitted.
Submitter	An entity that submits claims to the APAC Data Submission and Quality Portal.
Threshold	The percentage of records that must pass a given validation.
User Account	An APAC Data Submission and Quality Portal user account associated with a single individual.
Validation	An evaluation that is performed on data before it is allowed into the data warehouse.
Validation Issues	A list of issues generated when a file is validated.
Validation Rules	The full list of validations.