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2015 Q1 APCD Data Release Notes

Last Updated: 7/24/2015

# Opening Statement

After receiving feedback from several users on the draft, we are pleased to include in this release our final new and improved MHDO APCD Data Dictionary. This Data Dictionary aligns with the updated data release format reflecting recent changes to Rule Chapter 243 (Uniform Reporting System for Health Care Claims Data Sets-Maine), which went into effect October, 2014[[1]](#footnote-2).

# Documentation Included with This Release

The documentation included in this release:

1. MHDO’s Release Notes (this document)
2. MHDO’s 2015Q1 Release Report
3. MHDO’s 2015Q1 Payer Activation/Deactivation Status Report
4. MHDO’s 2015Q1 Validation Report
5. MHDO’s 2015Q1 Missing Data Report
6. MHDO’s Data Dictionaries
7. MHMC’s methodology for removing duplicate Rx Claims

# Update on Medicare Data

This release contains 2014, quarters 1-3 of Medicare data (G0002). As of this release, we have implemented an external QC review for the Medicare data. There are no issues to report with this release.

**Informational:**

Below is a list of ME912\_MHDO\_PRODUCT codes that are non-standard and specific to Medicare.

0 = NOT ENTITLED

1 = PART A ONLY

2 = PART B ONLY

3 = PART A AND PART B

A = PART A, STATE BUY-IN

B = PART B, STATE BUY-IN

C = PARTS A AND B, STATE BUY-IN

# Member Match to Eligibility

We continue to monitor and improve the Member Match on the Claims file to the Eligibility file. Information on these match rates can be found in this document: MHDO’s 2015Q1 Release Report.

The match rate for some submitters still needs some improvement. We will be working with these submitters over the coming months to improve the match rates. These submitters represent 4.3% of dental volume, 0.4% of medical volume and 7.4% of pharmacy volume.

**Medical**

The overall match rate for medical is 99.4%. All submitters had at least a 50% match rate.

**Dental**

The overall match rate for dental is 94.6%. Union Security Insurance Company (C0182), Dentegra Insurance Company (C0500) and Patient Advocates LLC (T0164) have low matched record and claim counts (less than 50%).

**Pharmacy**

The overall match rate for pharmacy is 94.2%. For Pharmacy Claims, American Health Care Administrative Services Inc. (T0527) and Express Scripts Administrators, LLC (T0292), have low matched record and claim counts (less than 50%).

# Missing Data

See Missing Data spreadsheet for details.

**Medical**

We are missing a low volume of data from our regular data submitters. Group Benefit Services (T0430) has not submitted medical claims for Q1 and Patient Advocates is missing March data. There are a number of recently activated payers (Geisinger T0552, Gordon Group T0508 and Maine Community Health Options C0746) who we have been working with to bring into compliance - we anticipate their data being included in the next release of APCD data.

**Dental**

We are missing March dental data from two payers (Delta Dental C0148 and Dentegra C0500).

**Pharmacy**

Aetna Life Insurance Company (C0010), Aetna Health Inc. (C0011), Geisinger (T0552), Gordon Group (T0508), and Maine Community Health Options (C0746) are missing pharmacy claims for this quarter.

# Newly Activated/Deactivated Payers

Refer to the Payer Activation/Deactivation Report for new details regarding the anticipated release date for each newly activated payers.

# Other Release Reports

1. Release Report

This report provides a summary by payer and file type of all the data included in this release (Release Summary Pivot worksheet). It also contains worksheets by each claim type (DC, PC, and MC) on the match rate to the eligibility file. This report is produced with each quarterly release.

1. Payer Activation/Deactivation Report

This report lists which payers have been activated or inactivated in the past year, and indicates the reasons for these changes. This report is produced with each quarterly release.

1. Validation Report

This report lists all validations that incoming data is checked against, and indicates accuracy by payer (payer codes as defined in the APCD Payer table). This report is produced with each quarterly release.

1. Missing Data

This report lists all of the payers whose data we were not able to include in this release. We provide a list of the missing files and expected volume.

1. Data Dictionaries

Data users will receive data dictionaries that are associated with the data files you have received.

1. MHMC’s methodology for removing duplicate Rx Claims

This document details one user’s methodology for removing duplicate pharmacy claims.

# Data Dictionaries

We are pleased to be including final data dictionaries with this release.

To improve the management of the MHDO data ingestion, validation, publication, and other data processing tasks, we have developed a strategy to enhance the existing platform by capturing additional metadata elements and developing metadata driven tools and services to support the data processing and reporting.

Initial MHDO metadata enhancements efforts have focused on the data dictionaries, resulting in the capture of structural metadata around files/tables, data elements/variables, and codes/classifications. Future phases will focus on reference metadata (also known as “descriptive” metadata), administrative metadata and behavioral metadata (also known as “paradata”).

We look forward to sharing more tools and resources with data users as they are developed.

# Data Release Improvements

In the last data release, we had added a number of fields related to the servicing provider to the Practitioner Identified medical claims. Based on feedback from the data users, this information has been reduced to a single field: MC950\_SERVICING\_NPI. When a claim record is associated with a provider master file (MC\_ProviderMasterPI) record which has an NPI, this is the NPI that will be used; otherwise, the NPI from the provider detail file (MC\_ProviderPI) will appear here. As before, this is additional information being added to the claim record; if you are currently pulling servicing provider information from the provider detail and/or provider master tables, you can continue to do so.

No change has been made to the layout of the non-Practitioner Identified medical claims.

1. A copy of those changes can be found here: <https://mhdo.maine.gov/_docs/Final_Summary%20of%20Changes_R05_2014.doc> [↑](#footnote-ref-2)