

2015 Q2 APCD Data Release Notes

Last Updated: 11/6/2015

# Opening Statement

After receiving feedback from several users we are pleased to announce that we have updated the MHDO APCD Data Dictionary to include a select list of code lists. The updated Excel documents are available on the MHDO [website](https://mhdo.maine.gov/claims_data_dictionaries.htm). This Data Dictionary also aligns with some recent updates to the data release format. These updates include a new county variable (XX955\_COUNTY\_FIPS) that has been added to the data. This provides the county FIPS code associated with the city and state of the member. A county FIPS table has been included specifying the name and state of each county. This new field replaces the city and state fields.

The release contains data from Maine Community Health Options for the time period January 2013 through June 2015 - approximately 1.9 million records in the medical claims file, 560,000 records in the pharmacy claims, and almost 735,000 records in the medical and pharmacy eligibility files.

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# Documentation Included with This Release

The documentation included in this release:

1. MHDO’s Release Notes (this document)
2. MHDO’s 2015Q2 Release Report
3. MHDO’s 2015Q2 Payer Activation/Deactivation Status Report
4. MHDO’s 2015Q2 Validation Report
5. MHDO’s 2015Q2 Missing Data Report
6. MHMC’s methodology for removing duplicate Rx Claims

# Update on Medicare Data

This release contains Quarter 4 2014 Medicare data (G0002). 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 2015Q2 Release Report.

We will be working with several submitters as noted below on improving their match rate.

Note: These submitters represent 4.3% of dental volume, 0.4% of medical volume and 7.4% of pharmacy volume.

**Medical Claims File**

The overall match rate for the medical claims file is 98.0%.

Humana Insurance Company (C0152) and Gordon Group Investments (T0508) have a low matched records and/or claim count (less than 50%).

**Dental Claims File**

The overall match rate for the dental claims file is 94.4%.

MEGA Life and Health Insurance (C0266), Union Security Insurance Company (C0182), Dentegra Insurance Company (C0500) and Patient Advocates LLC (T0164) have a low matched record and/or claim counts (less than 50%).

**Pharmacy Claims File**

The overall match rate for the pharmacy claims file is 94.5%.

American Health Care Administrative Services Inc. (T0527), Gould Health Systems (T0420), Prime Therapeutics LLC (T0479) and Medco Health LLC (T0292) have a low matched record and/or claim counts (less than 50%).

# Payer Data Issues

**T0430 - Group Benefit Services Inc (GBS).**

Effective 7/1/2015, Group Benefit Services (GBS) will no longer have any employer groups with members residing in the State of Maine. There will be run-out claims through 9/30/2015.

**T0552 - Geisinger Indemnity Insurance Company**

The MC037\_FACTYPE field is to be populated only on Professional Claims; the MC036\_BILLTYPE is to be populated only on facility claims. Geisinger populates the MC037\_FACTYPE on **both** professional and facility claims.

There are instances where the MC036\_BILLTYPE is populated on some of the facility claims.

If you have code written that depends on the MC037\_FACTYPE being missing on facility claims you will need to adjust accordingly.

Additionally, this payer cannot submit ICD-9 diagnosis codes because of how their data system is currently set up. We are working with them to hopefully get this information populated in the future.

# Missing Data/Data Quality Observations

See Missing Data spreadsheet for details. We are working with the payers to resolve the missing data/data quality issues.

**Medical Claims File**

1. Geisinger Indemnity Insurance Company (T0552) Q1-Q2 2015 data will be included in the next release.
2. MEGA Life and Health Insurance Company (C0266) submitted an unusually small number of claims for April and May 2015. MEGA Life did not submit medical claims for June 2015 and did not submit medical and pharmacy eligibility data for 2015 Q2.

**Dental Claims File**

1. Patient Advocates LLC (T0164)- There are more members in their dental claims file than the dental eligibility file for the time periods: January and February 2014, August through October 2014, and from December 2014 through June 2015

**Pharmacy Claims File**

1. Aetna (C0010 and C0011) did not submit claims data for 2015 with the exception of less than 10 claims submitted in January 2015.
2. Medco Containment Life Insurance Company (C0264) has more members in their pharmacy claims file than their pharmacy eligibility file in September 2014.
3. OptumRx, Inc (T0172) has more members in their pharmacy claims file than their pharmacy eligibility file in April and May 2015
4. Gould Health Systems (T0420) has more members in their pharmacy claims file than their pharmacy eligibility file in 2015 Q1. There are a limited number of claims from 2014 Q3 and 2014 Q4 for Gould in this release.
5. Prime Therapeutics LLC T0479 did not submit claims data for February and March 2015
6. Geisinger Indemnity Insurance Company (T0552) Q1-Q2 2015 data will be included in the next release.

# 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. There have been no updates since the last 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. MHMC’s methodology for removing duplicate Rx Claims

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