

2015 Q4 APCD Data Release Notes

# Opening Statement

This release contains Commercial and MaineCare (Medicaid) data that were submitted during the 4th Quarter of 2015. Updated Medicare data were not available for this release.

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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 2015Q4 Release Report
3. MHDO’s 2015Q4 Payor Activation/Deactivation Status Report
4. MHDO’s 2015Q4 Validation Report
5. MHDO’s 2015Q4 Missing Data Report

MHMC’s methodology for removing duplicate Rx Claims (“Methodology for Removing Duplicate Pharmacy Claims”) can be found here: <https://mhdo.maine.gov/claims.htm>

# Member Match to Eligibility

Overall, the match rate is high for all claims. The match rate refers to the member in the claims file having a corresponding eligibility file. Information on these match rates can be found in this document: MHDO’s 2015Q4 Release Report. We are working with several submitters as noted below on improving their match rate.

Note: These submitters represent 4.6% of dental volume and 0.1% of pharmacy volume.

**Medical Claims File**

The overall match rate for the medical claims file is 97.8 %.

**Dental Claims File**

The overall match rate for the dental claims file is 93.5%.

MEGA Life and Health Insurance (C0266), Union Security Insurance Company (C0182), Dentegra Insurance Company (C0500), Patient Advocates LLC (T0164), CoreSource Inc. (T0052) and United Concordia Companies Inc (T0341) have low matched record and/or claim counts (less than 50%).

**Pharmacy Claims File**

The overall match rate for the pharmacy claims file is 96.3%.

American Health Care Administrative Services Inc. (T0527) has a low matched record and claim counts (less than 50%).

# Payor Data Notes

**C0010 & C0011 – Aetna**

Pharmacy Claims: As of 1/6/2016 MHDO was formally notified that Aetna’s Pharmacy provider had inadvertently not submitted any of their pharmacy claims data for the 2015 Q1 and Q2 release. These data are still missing. The MHDO has requested that Aetna submit a corrective action plan and will update the users prior to the next data release on the status of the submission.

# Data and Missing Data Observations

In addition to the Missing Data Report, below is a summary of key issues that we are working with payors to resolve. As a reminder of our release policy, we typically don’t release a month of claims data if the supporting eligibility file was not submitted for that month.

**Medical Claims File**

Please see the missing data report for a list of payors that have not submitted their medical files for this period. The missing records represent 4.4% of the current medical claim record volume and 1.3% of the current medical eligibility record volume. We are working with these payors on a corrective action plan and will provide an update in the next data release.

Also note the ICD 10 codes went into effect for medical claims in October 2015. Overall, the field is populated for 93% of the records in 2015 Q4 We are working with several payors including Aetna (C0010 and C0011), Ameritas Life Insurance Corp (C0060), Reliance Standard Life Insurance Company (C0364), Standard Insurance Company (C0386), First American Administrators Inc (T0074), and Strategic Resource Compancy (T0187) to address higher than expected ICD 10 codes.

**Dental Claims File**

Please see the missing data report for a list of payors that have not submitted their dental files for this period. The missing records represent 0.8% of the current dental claim record volume and 0.8% of the current dental eligibility record volume. We are working with these payers on a corrective action plan and will provide an update in the next data release.

**Pharmacy Claims File**

Please see the missing data report for a list of payors that have not submitted their pharmacy files for this period. The missing records represent 0.6% of the current pharmacy claim record volume and 0.7% of the current pharmacy eligibility record volume. We are working with these payors on a corrective action plan and will provide an update in the next data release.

# Other Release Reports

1. Release Report

This report provides a summary by payor and file type of all the data included in this release (Release Summary Pivot worksheet). It also contains worksheets by each claim type (dental claims -DC, pharmacy claims-PC, and medical claims-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. Payor Activation/Deactivation Report

This report lists which payors 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 payor (payor codes as defined in the APCD Payor table). This report is produced with each quarterly release.

1. Missing Data

This report lists all of the payors 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.