[](http://mhdo.maine.gov/imhdo/)

2016 Q1 APCD Data Release Notes

# Opening Statement

How the Gobeille Decision and Action of Payers Has Impacted the 2016Q1 Data Release

This release contains MaineCare (Medicaid) data that were submitted during the 1st Quarter of 2016, along with 1st and 2nd Quarter 2015 Medicare data. Commercial data for the 1st Quarter of 2016 is not part of this release. In March 2016, the United States Supreme Court issued a decision in Gobeille v. Liberty Mutual This decision has negatively impacted the submission of commercial claims data to MHDO as of the 1st Quarter of 2016. Several of our largest payers (representing about 80% of our commercial claims have suspended all claims data submissions to the MHDO until they work out the technical and legal issues raised as a result of the decision.

In response to these concerns, the MHDO sent a communication to the payers stating that the MHDO will suspend the enforcement of data submission requirements under Rule Chapter 243, Uniform Reporting System for Health Care Claims Data Sets, for a five month (March – July 2016) period. We hope after this five month period we will all have some clarity regarding the direction of claims submissions post the Gobeille decision.

**During this interim period, we will not be releasing 2016 commercial claims data. The most current commercial data available for release is data through December 2015.** We are working on estimating the impact of the runout for 2015 and will make this information available on our website early August.

There are questions about the impact of the Gobeille decision on the MHDO’s ability to collect commercial ERISA claims data The MHDO is committed and actively working on a solution that will minimize disruption and allow us to maintain a comprehensive claims database. We will continue to communicate updates at our [data user group meetings](https://mhdo.maine.gov/dugPage.htm).

**County Level Data**

Also, note that in compliance with MHDO Rule Chapter 120 section 9(A)(2)(f) by default, data releases will only include county to identify the patients’ home addresses unless the additional data elements of city, state and zip code are specifically requested and approved by the MHDO. If the MHDO approves these additional data elements, the data applicant must agree to the following: any analyses or report produced under this request will not publically disclose individual data elements (i.e. discharges, diagnosis etc.) for population centers of less than 20,000.

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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 2016Q1 Release Report
3. MHDO’s 2016Q1 Validation 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 2016Q1 Release Report.

**Medical Claims File**

The overall match rate for the medical claims file is 97.5 %.

**Dental Claims File**

The overall match rate for the dental claims file is 98.5%.

**Pharmacy Claims File**

The overall match rate for the pharmacy claims file is 98.1%.

# Payor Data Notes

**G0001 – MaineCare**

It has been brought to the attention of the MHDO that the data sources for several member and provider data elements submitted by MaineCare are coming from various MIHMS (Integrated Health Management Solution) database locations.

**G0002 – Medicare**

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

# 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. 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.