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

October 2019 APCD Data Release Notes

# Opening Statement

This release contains the following data:

* 2019 Q2 Commercial data
* 2019 Q2 MaineCare (Medicaid) data
* 2018 Q4 Medicare data

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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 2019 Q2 Release Report
3. MHDO’s 2019 Q2 Payer Index
4. MHDO’s 2019 Q2 Validation Report
5. MHDO’s APCD FAQ
6. MHMC’s Methodology for Removing Duplicate Rx Claims
7. Business Rules and Entity Relationship Diagrams (ERDs)
8. CMS/ResDAC Codes Used for SUD Redaction
9. 2019Q2\_Post Release Excluded Files 20191001.xlsx

# Reminders

**Substance Abuse and Mental Health Services Administration (SAMHSA)-Confidentiality of Substance Use Disorder (SUD) Patient Records, 42 CFR Part 2**

MHDO applies the CMS/ResDAC filter to all data in the APCD including, commercial, Medicare and MaineCare data to redact claim lines containing SUD-related codes prior to releasing MHDO APCD data to authorized MHDO data users; which means we have removed any claim lines that have a code that is included on the redaction list. We leave any portion of a claim that doesn’t include one of these codes.

**Notes:**

* Commercial payers use their own filters to suppress SUD-related claim lines before submitting the data files to the MHDO. The application of the CMS/ResDac filter is an additional measure taken by the MHDO.
* A listing of the CMS/ResDAC codes used for redaction is available with this release and posted on the MHDO website: <https://mhdo.maine.gov/claims.htm>

**Impact of SAMHSA** **42 CFR Part 2 on MHDO Historical and Future Claims Data**

The CMS/ResDAC filter has been applied to all historical claims (commercial, MaineCare and Medicare) in the MHDO Data Warehouse on 7/7/2017. Thus, any data releases after this date will not include SUD-related claims data. The first release of new data that included this filter was the Q1-Q2 2017 APCD Data (Commercial and MaineCare) and Medicare Q4 2016 release on 10/6/2017.

**Identification of Non-Continuing Self-Funded Groups or Employers**

MHDO produced a file in September 2017 of MHDO Member IDs of individuals who were part of a self-funded ERISA employer group for which submissions to the MHDO discontinued in 2015/16 after the Gobeille decision. There are 271,002 distinct member IDs included in this file. You can flag these distinct member IDs in your 2015 and 2016 MHDO claims data if you are looking to create a 2015 data set (pre-Gobeille) that looks like 2016 (post-Gobeille) data. Since the file was produced, MHDO has continued to pursue the submission of voluntary data from self-funded ERISA plans. Some of the state’s largest groups, which temporarily discontinued submissions, have since recommenced. As of May 2019, an updated file of non-continuing Member IDs between 2015 and 2016 is available upon request.

Please note:  The MHDO will accept voluntary submissions from self-funded ERISA plans.  If an employer agrees to voluntarily submit claims data to the MHDO, we request that submissions recommence at the date when they discontinued (usually December 31, 2015).  For analysis that involves a period pre-Gobeille vs post-Gobeille, the MHDO has a list of member IDs that were impacted and that it can make available to the authorized MHDO data user.

If you would like to obtain this list, please contact the MHDO at [Webcontact.MHDO@maine.gov](mailto:Webcontact.MHDO@maine.gov).

# Member Match to Eligibility

Overall, the match rate (which represents the percentage of claims that have a matching eligibility record for the member) is high for all claims/and categories of payers: commercial, MaineCare and Medicare. Information on these match rates can be found in MHDO’s 2019 Q2 Release Report.

**Medical Claims File**

The overall match rate for the medical claims file is 99.4%.

**Dental Claims File**

The overall match rate for the dental claims file is 99.0%.

**Pharmacy Claims File**

The overall match rate for the pharmacy claims file is 99.3%.

# Payer Specific Notes

**Health Plans Inc (T0096)**

Health Plans Inc identified and fixed an issue of underreporting data due to groups being incorrectly excluded from submissions. As a result, they resubmitted July 2016 – December 2018 Medical and Dental Claims data. A portion of these resubmissions were included in the July 2019 release and the remaining are included in this release. **The original, fully replaced files are listed in the attachment 2019Q2\_Post Release Excluded Files 20191001.xlsx. and should be removed by users who have these data.** This payer had approximately 6,300 medical members per month which represents less than 1% of the commercial medical market. This payer had approximately 750 dental members per month which represents less than 1% of the commercial dental market.

**Anthem Health Plan of Maine Inc (C0065)**

Anthem recently notified MHDO that the claims data for two employer groups that had been removed from their data submissions to MHDO beginning in March 2016 as a result of the Gobeille decision, was an error. As such, Anthem will submit the historical data as well as current data for these two employer groups later this year. The data will be included in the MHDO’s April 2020 APCD data release. These two groups represent approximately 22,000 members annually.

# Missing Data and Other Data Observations

Refer to the **MHDO Payer Index** for more information about payer submitter deactivations and data end dates. As a reminder of our data release policy, we typically don’t release claims data if valid eligibility for that reporting period is not available.

## Medical Claims File

**Voluntary Submitters:**

Geisinger Indemnity Insurance Company (T0552) ceased submission of Medical Claims data as of October 2016. This payer had approximately 17,000 medical members per month, which represented less than 3% of commercial medical volume.

**Mandated Submitters:**

Ameritas Life Insurance Corp. (C0060) has a low ratio of Medical Claim records (less than 100) to Medical Eligibility records (approximately 15,000) per month for all years. This is due to vision exams being the only claims submitted.

Martin's Point Generations Advantage Inc (C0744) was previously missing December 2018 – March 2019 Medical Claims data. These data have been submitted and are included in this release. This payer has approximately 44,000 medical members per month which represents less than 5% of the commercial medical market.

## Dental Claims File

None.

## Pharmacy Claims File

**Voluntary Submitters:**

In addition to receiving pharmacy claims from required submitters, the MHDO receives voluntary submissions from several third-party submitters. In the case of these voluntary submissions, they do not have corresponding medical claims in the APCD.

Geisinger Indemnity Insurance Company (T0552) ceased submission of Pharmacy Claims data as of October 2016. This payer has approximately 15,000 pharmacy members per month, which represents less than 2% of commercial pharmacy volume.

**Mandated Submitters:**

Wellcare Health Plans (C0053) previously appeared to be missing January – March 2019 Pharmacy Claims. This payer discovered all the appropriate data had been submitted to the MHDO but the mapping of their respective MHDO IDs (C0053, C0534, C0749) needed to be updated and will be accurate for all future submissions beginning in September 2019. Data reflective of this change will be included in the MHDO’s January 2020 APCD data release. This payer has approximately 16,000 pharmacy members per month, which represents less than 2% of commercial pharmacy volume.

# Description of Documentation Included in MHDO APCD Release to support the Data

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 claim type (DC, PC, and MC) on the match rate to the eligibility file. This report is produced with each quarterly release.

1. Payer Index

This release includes a new Payer Index. With each previous release, we included a Payer Activation/Deactivation Report that contained select information from our portal registration system but only included payers with recent activity. The Payer Index now contains additional information for all payers.

1. Validation Report

This report lists all validations that incoming data are 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. MHMC’s methodology for removing duplicate Rx Claims

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

1. Frequently Asked Questions

This resource on the MHDO website is available to answer questions about the APCD: [https://mhdo.maine.gov/faqs\_data.html#apcd data](https://mhdo.maine.gov/faqs_data.html%23apcd%20data)

1. MHDO Data Dictionary

The MHDO Data Dictionary is an interactive tool to assist data users with understanding the content, format and structure of the MHDO All Payer Claims Database (APCD) data sets. MHDO has launched the Hospital Data Dictionary, which is now integrated with the APCD Data Dictionary and available at <https://mhdo.maine.gov/mhdo-data-dictionary/>

1. Business Rules and Entity Relationship Diagrams (ERDs)

This documentation was developed in collaboration with our data users to support the MHDO’s metadata strategy. The Business Rules describe the current methodology used to derive the value-added components of the MHDO APCD. The entity relationship diagrams (ERDs) show the relationships between data tables. The documentation will evolve as we enhance the MHDO Data Warehouse and APCD capabilities. This will include the development of analysis-ready datasets and the inclusion of more value adds (groupers).

1. CMS/ResDAC Codes Used for SUD Redaction

A listing of the CMS/ResDAC codes used to filter all data in the APCD including, commercial, Medicare and MaineCare data to redact claim lines containing SUD-related codes prior to releasing MHDO APCD data to authorized MHDO data users.