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

January 2022 APCD Data Release Notes

# Opening Statement

This release contains the following data:

* 2021 Q3 Commercial data
* 2021 Q3 MaineCare (Medicaid) data
* 2020 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 2021 Q3 Release Report
3. MHDO’s 2021 Q3 Payer Index
4. MHDO’s 2021 Q3 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

# Reminders

## Enhanced MHDO Member, Person, Provider ID v2.0

This is the seventh release that includes enhanced versions of the deidentified MHDO-assigned member, person, and provider replacement ID fields. These enhanced fields are provided in addition to the older versions of these identifiers that will continue to be provided in data releases.

These enhanced deidentified MHDO-Assigned replacement IDs were created with the following design goals:

* To make assignments based upon the best identification information available at the time
* To prioritize the use of identifiers so that the quality of any matching is as high as possible while allowing for name and address changes, minor typos, etc.
* To implement quality standards to disallow or flag low-quality or “suspect” matches
* To eliminate the ambiguity created by using a single identifier that may only be valid within a specific contract or -payer (i.e., to establish a true member ID/person ID distinction)
* To create an identification scheme that can be shared by both the APCD and hospital encounter data systems
* To create a system that can leverage third-party patient information sources
* Ensure that MHDO-assigned member and person replacement identifiers do not disclose in any way personally identifiable information.

### Enhanced Deidentified Member and Person ID

The enhanced deidentified MHDO-assigned replacement Member ID is unique for a given member within a given payer contract to the extent possible given the identifiers we receive from data submitters. Similarly, the enhanced deidentified MHDO-assigned replacement Person ID is unique for a given person regardless of payer or contract, subject to the same limitations. Thus, it is possible that one person ID will be associated with multiple member IDs over time. If an unambiguous member or person ID cannot be established due to ambiguous, conflicting, or missing data, no member or person ID will be assigned.

The previous MHDO-assigned Member ID only relied upon the contract number, member SSN, and/or the subscriber SSN in addition to the member gender and date of birth to make an identification. Thus, when only contract number was available, the original Member ID only identified a member within that contract. When the member or subscriber SSN was available, the original Member ID could identify individuals between payers and contracts.

The enhanced MHDO-assigned Person ID makes use of the full set of demographic information available in order to make a Person ID assignment. This includes member/subscriber name, address and patient control numbers. Thus, the enhanced Person ID can better identify persons between payers and across time.

The enhanced deidentified MHDO-assigned replacement member identifiers appear in the claims and eligibility data as DC975\_Member\_ID, DE975\_Member\_ID, MC975\_Member\_ID, ME975\_Member\_ID, PC975\_Member\_ID, and PE975\_Member\_ID. All of these fields will contain integer values.

The enhanced deidentified MHDO assigned replacement person identifiers appear in the claims and eligibility data as DC976\_Person\_ID, DE976\_Person\_ID, MC976\_Person\_ID, ME976\_Person\_ID, PC976\_Person\_ID, and PE976\_Person\_ID. All of these fields will contain integer values.

### Provider ID

The enhanced MHDO-assigned replacement Provider ID is a single integer identifier that is assigned to a provider (regardless of whether that provider is acting as a rendering provider, an attending provider, etc.) on a given claim. Each MHDO assigned provider ID is associated with no more than one NPI. However, there are situations where no NPI could be associated with a given provider ID (less than 0.01% in claims data since 2018).

These enhanced MHDO-assigned replacement fields are: DC960\_Servicing\_Provider\_ID, DC961\_Billing\_Provider\_ID, DC962\_ServiceFacility\_ID, MC960\_Rendering\_Provider\_ID, MC961\_Billing\_Provider\_ID, MC962\_ServiceFacility\_ID, MC963\_Attending\_Provider\_ID, MC964\_Operating\_Provider\_ID, MC965\_Referring\_Provider\_ID, PC960\_Prescribing\_Provider\_ID, and PC961\_Pharmacy\_ID.

For data releases that include Provider Identifiable data as outlined in Chapter 120, the following enhanced fields will be provided: DC963\_Servicing\_Provider\_NPI, DC964\_Billing\_Provider\_NPI, DC965\_ServiceFacility\_NPI, MC966\_Rendering\_Provider\_NPI, MC967\_Billing\_Provider\_NPI, MC968\_ServiceFacility\_NPI, MC969\_Attending\_Provider\_NPI, MC970\_Operating\_Provider\_NPI, MC971\_Referring\_Provider\_NPI, PC962\_Prescribing\_Provider\_NPI, and PC963\_Pharmacy\_NPI.To support the enhanced MHDO-assigned replacement Provider ID, authorized data users will receive a new support table vwSupport\_Provider\_Details beginning with this release. The table will provide one row for each Provider ID with provider details as authorized under Chapter 120 for release, such as taxonomy code and, for data users authorized to receive provider identifiable information, provider name. A text file named vwSupport\_Provider\_Details\_Layout with the layout of this new file will also be included in this release.

## Claim Consolidation Table Adjustments

On occasion, data submitters send in revised claims or eligibility files to replace ones that have already been released. In the past, the MHDO has provided information about these resubmissions in the release notes so that recipients of past releases can adjust their analyses. The Medical Claim Consolidation Table has been adjusted to eliminate any of these resubmitted files. Thus, data users who join to this table will automatically have resubmitted files removed from their analyses. The MHDO intends to begin distributed lists of valid file IDs as a part of future data releases for all file types.

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

Commercial payers submitting data to MHDO redact SUD -related codes from their data submissions to MHDO as they feel is required under Federal Rule, 42 CFR Part 2.

On behalf of MaineCare, MHDO applies the ResDAC filter to the MaineCare data prior to release. A listing of the CMS/ResDAC codes used for redaction is available on the MHDO website: <https://mhdo.maine.gov/claims.htm>

## 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 accepts voluntary submissions from self-funded employer 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 claim types and payer categories. Information on these match rates can be found in MHDO’s 2021 Q3 Release Report.

## Medical Claims File

The overall match rate for the medical claims file is 99.7%.

## Dental Claims File

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

## Pharmacy Claims File

The overall match rate for the pharmacy claims file is 99.7%.

# Payer Specific Notes

**MaineCare (G0001)**

*Prescribing Physician NPI*

In April 2020, it was brought to the attention of MHDO that there was an issue with the way MaineCare populates the prescribing physician NPI in the pharmacy claims data. MHDO’s Rule Chapter 243, Uniform Reporting System for Health Care Claims Data Sets, requires information about the pharmacy (fields PC018 through PC024A) and the prescriber (fields PC044 through PC048).

MaineCare has confirmed that the PC048 Prescribing Physician NPI that they have been providing is the same NPI that they report in field PC021, which is the Pharmacy NPI. Field PC048, Prescribing Physician NPI should have been left blank because MaineCare had not been collecting the Prescribing Physician NPI. Additionally, there was a mapping error in their data extract process that caused both fields to be populated with the Pharmacy NPI information.

Starting with April 2021 data, Prescriber NPI (PC048) is reported to the extent it is available, meaning that the information is present for the claims that require it. By Q4 2021, claims that require the prescriber NPI will be rejected by MaineCare if it is absent or invalid. Note: For the period prior to April 2021, the MHDO has removed the MaineCare data provided in PC048 Prescribing Physician NPI from its data warehouse and set PC950\_PRESCRIBING\_NPI in release data for this payer to NULL. **Data users who have received the PC950\_PRESCRIBING\_NPI from MHDO in past data extracts should remove these values from all pharmacy claims for payer G0001 because they are incorrect.**

*$0 Payments in Claims Data for Critical Access Hospitals and Institutions for Mental Disease*

It has come to our attention that for claims paid to Critical Access Hospitals (CAH) and Institutions for Mental Disease (IMD) on behalf of MaineCare members, a $0 in the total paid field indicates the payment made to the CAH or IMD falls under a non-claims-based payment methodology. There are valid claim payments to CAHs and IMDs for MaineCare members for amounts greater than $0 when MaineCare is not the primary payer of the claim. MHDO will begin collecting non-claims-based payments in 2022 with the adoption of MHDO Rule Chapter 247, *Uniform Reporting System for Non-Claims-Based* *Payments*, and at that time will determine how best to supplement the claims data with the non-claims-based data.

**Harvard Pilgrim Health Care (HPHC)**

Harvard Pilgrim Health Care (HPHC) recently brought to the MHDO’s attention an issue regarding their MHDO medical claims submissions for CYs 2020 and 2021. Due to a programming issue there are records in2020 and 2021 that dropped from HPHC’s claims data submissions to MHDO. MHDO’s data validations did not pick up on the changes in HPHC’s volume because the missing records fell below our thresholds and/or any changes were confirmed as accurate by HPHC at that time through our validation process.

HPCH just completed the process of submitting updated medical claims files to MHDO for CYs 2020 and 2021. The missing medical claim records represent approximately 3% of the commercial medical claims data in 2020 and approximately 5% in 2021.

The MHDO will replace the current HPHC medical claims data for CYs 2020 and 2021 with the updated HPHC data which will be available upon request to MHDO in April 2022.

# Missing Data and Other Data Observations

Refer to the **MHDO Payer Index file** 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

## Dental Claims File

None

## Pharmacy Claims File

**Pharmacy claims not attributed to specific payers** **(i.e. Medicare, Medicare Advantage, and Commercial)**

To create a robust pharmacy data set, we have accepted pharmacy claims data from payers who voluntarily submit data to the MHDO. As a result, those claims may not have corresponding medical coverage and claims information.

MHDO has been working with several data users who have identified a few challenges related to attributing pharmacy claims to specific payers (i.e. Medicare, Medicare Advantage, and Commercial) in the APCD data.

The following summarizes the key issues:

1. When medical coverage is provided through one payer and pharmacy coverage through another (carve-out coverage) and each payer uses its own internal member identifiers in its data file submissions, the medical and pharmacy claims for any one member are difficult to link. The new xx976\_Person\_ID fields may allow coverages to be linked in these situations. This linkage may be imperfect due to differences in the identifier information submitted, but this field reflects a broader matching criterion than the traditional MHDO-Assigned Member ID.
2. A few Pharmacy Benefit Managers (PBMs) submit pharmacy claims and pharmacy eligibility information to the MHDO APCD for all Maine residents, some of whom may not have medical claims in the APCD.  This may be due to ERISA self-funded plans that may not report medical information or to carriers that may be exempt from submitting data to the MHDO because they fall under the reporting threshold defined in MHDO Rule Chapter 243: Uniform Reporting System for Health Care Claims Data Sets.

# 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 report provides the registration information for each payer by year. It includes both active and deactivated 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 Substance Use Disorder Codes

A listing of Substance Use Disorder (SUD) procedure codes developed by CMS/ResDAC