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

October 2023 APCD Data Release Notes

# Opening Statement

This release contains the following data:

* 2023 Q2 Commercial data
* 2023 Q2 MaineCare (Medicaid) data
* 2022 Q1 – Q3 Medicare data

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# Documentation Included with This Release

The documentation included in this release: (a description of each document is provided on page 4 of this document)

1. MHDO’s Release Notes (this document)
2. MHDO’s 2023 Q2 Release Report
3. MHDO’s 2023 Q2 Payer Index
4. MHDO’s 2023 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

# Reminders

The MHDO APCD Business Rules and Entity Relationship Diagrams (ERDs) document is designed to assist the user with understanding the relationships between tables and the current methodology used to derive the value-added components of the MHDO APCD. The document was last updated on December 19, 2022 to reflect enhancements made to the APCD over the past year, including the MHDO de-identified Member, Person, and Provider IDs. Information has also been added regarding the newly available Geocoded FIPs codes. We are currently doing a comprehensive review and update of all data user documentation including the Business Rules and ERDs document, the MHDO Data Dictionary, and the FAQs. The Data Dictionary updates are planned for release by the end of 2023. The APCD Business Rules, ERDs, and FAQs updates are planned for early 2024.

# Data Availability

Beginning with 2020 submissions, MHDO began receiving three-character MC036 Type of Bill values. Previously, this field had been two characters with the field indicating the type of facility and the second indicating the bill classification. The third additional character indicates the bill frequency. However, in order to prevent ongoing data recipients from having to modify their code, only the first two characters are distributed in the pre-existing MC036\_BILLTYPE field. To allow data users to make use of the bill type frequency, a new field has been added to the data release layout with this release labeled MC036\_BILLTYPE\_EXPANDED that distributes all three characters of the bill type code. Bill type frequency codes have been loaded from the historical CMS data, so these values will be available for Home Health Aide (HHA), Hospice, Inpatient, Outpatient, and SNF claims back to 2013 upon request.

# 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 2023 Q2 Release Report.

## Medical Claims File

The overall match rate for the medical claims file is 99.8%.

## Dental Claims File

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

## Pharmacy Claims File

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

# Payer Specific Notes

None.

# 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.

As previously reported, during the Q1 2023 release there was a higher number of missing files than usual due to high employee turnover for several submitters. The overall impact of the missing files is low enough that MHDO determined the release could proceed as planned while continuing to work with the submitters. These missing files have been submitted and are included as part of this release.

## Medical Claims File

**North America Administrators (NAA)**

NAA’s Q1 2023 data is included in this release (as previously reported Q1 2023 data was missing from the Q1 2023 release). NAA’s claims data represents less than 1% of all medical claims.

**USABLE Mutual Insurance Company**

USABLE’s Q1 2023 data is included in this release (As previously reported Q1 2023 data was missing from the Q1 2023 release). USABLE’s data represents less than 1% of all medical claims.

## Dental Claims File

**Metropolitan Life insurance Company**

Metropolitan Life’s March 2023 dental eligibility data is included in this release (as previously reported March 2023 data was missing from the Q1 2023 release). Metropolitan typically submits approximately 57,000 eligible members per month, which represents less than 1% of all medical claims.

## Pharmacy Claims File

**Elixir Insurance Company**

Elixir’s Q1 2023 pharmacy claims and eligibility data is included in this release (as previously reported the Q1 2023 data was missing was missing from the Q1 2023 release). Elixir typically submits approximately 19,000 claims per month, which represents less than 1% of all pharmacy claims.

**North America Administrators (NAA)**

NAA’s February and March 2023 pharmacy claims data is included in this release (as previously reported February and March 2023 data was missing from the Q1 2023 release). NAA typically submits approximately 750 claims per month, which represents less than 1% of all Pharmacy claims.

# 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, and the MHDO Hospital Encounter Data. The MHDO Data Dictionary is 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.

1. CMS/ResDAC Substance Use Disorder Codes

A listing of Substance Use Disorder (SUD) procedure codes developed by CMS/ResDAC. MHDO uses this list to redact the SUD claims from the MaineCare data submitted to the MHDO.