MHDO Assessment of Ability to Link Pharmacy Claims to Medical Claims

Updated 7/20/2018

# Background

Data users have indicated that having the ability to link pharmacy claims for a given member to any medical claims that that member may also have, would improve their ability to make use of MHDO’s data. While pharmacy and medical claims and eligibility data use the same logic to determine the MHDO-assigned Member ID, variances in identification information submitted by the payers has historically caused issues.

To resolve this issue, the MHDO made modification to Chapter 243 to require “a carrier or health care claims processor and any contracted entity acting on its behalf shall ensure that member and subscriber identifiers for the same individuals are unique and consistent across medical claims, pharmacy claims and member eligibility files.” In other words, medical claims and eligibility should have the exact same values for contract number, subscriber SSN, and member SSN as the pharmacy claims and eligibility.

Now that the MHDO has been receiving data under this new rule for some time, HSRI has performed an assessment to gauge the extent to which pharmacy and medical claims can be linked and to identify next steps in order to improve this rate of linkage, if necessary.

# Results Summary

The table below summarizes the percentage of members with medical and pharmacy eligibility who were able to be matched, by payer type for 2017.

|  |  |
| --- | --- |
| Payer Type | Match Rate |
| Top 5 (volume) Commercial Insurers[[1]](#footnote-1) | 99.0% |
| All Commercial | 59.2% |
| Medicaid/MaineCare | 87.8% |
| Overall | 66.1% |

The linkage rate was 99% for Maine’s largest commercial payers. The rate for all commercial payers was much lower at 59.2%. The three main reasons we were not able to link the smaller commercial payers are as follows:

1. There is a large pharmacy benefit manager (PBM) who sends us claims for all their members, regardless of their medical coverage. Many of these members have medical plans who would not qualify to submit claims data to MHDO.
2. In a contract with a plan sponsor, a PBM may not be aware if the plan sponsor is providing medical coverage, or which administrator/payer is responsible for processing the medical claims.
3. The APCD contains pharmacy data for Medicare participants and MHDO is not able to require that they use common identifiers.

1. Aetna C0010 & C0011, Cigna C0025, United Healthcare C0065 & C0541, Community Health Options C0726 [↑](#footnote-ref-1)