

2014 Q4 APCD Data Release Notes

Last Updated: 4/30/2015

# Opening Statement

We are pleased to include in this release our new and improved MHDO APCD Data Dictionary (draft). This Data Dictionary aligns with the updated data release format which reflects recent changes to Rule Chapter 243 (Uniform Reporting System for Health Care Claims Data Sets-Maine), which went into effect October, 2014[[1]](#footnote-2). We will be soliciting input from our data users regarding the utility of the new Data Dictionary.

There are a number of newly activated companies which have begun submitting data to the MHDO. Geisinger’s 2013 and 2014 data was received before the cutoff date for this release, but unfortunately during our quality control review, concerns about the data quality and completeness were identified. As such we will not be including the Geisinger data in this release. We will work with Geisinger to include these data in the release scheduled for the week of July 6, 2015.  As a result of our experience with Geisinger we are making several changes in our process when working with a new payer to improve compliance with Chapter 243 and the quality of the data submitted. More detail on newly activated company status can be found in the document: MHDO’s 2014Q4 Payer Activation/Deactivation Status Report.

# Documentation Included with This Release

The documentation included in this release:

1. MHDO’s Release Notes (this document)
2. MHDO’s 2014Q4 Release Report
3. MHDO’s 2014Q4 Payer Activation/Deactivation Status Report
4. MHDO’s 2014Q4 Validation Report
5. MHDO’s Data Dictionaries
6. MHMC’s User Guide 2014Q4
7. MHMC’s methodology for removing duplicate Rx Claims
8. HPHC BEH Claims (HPHC BEH claims v2.xlsx)

# Update on Medicare Data

This release does not include any Medicare data (G0002). The Q1 and Q2 2014 Medicare data was released by CMS the end of March and will be included in our July 2015.

# Payer Reported Data Issues

**Harvard Pilgrim Health Care (C0213) Behavioral Health Claims Versioning**

On Thursday, April 30th 2015 Harvard Pilgrim Health Care (HPHC) notified MHDO that they uncovered some observations they were previously unaware of regarding how their behavioral health (BEH) claims that have been adjusted are being enumerated in our data. We wanted to share these observations with you as they may have an impact upon the procedures you use to summarize claims that have been adjusted over time. Harvard Pilgrim’s behavioral health data is managed and adjudicated by a third party vendor and these data are included in Harvard Pilgrim’s medical claims files that are submitted to the MHDO.

In the past HPHC thought that the final payment decision on a claim for all claims in our medical claim file could be reached using either:

1. Selecting the line with the highest version (MC005A) value for a given service line, OR

2. Summarizing all the versions of the line to obtain the final payment amounts.

However, HPHC has determined that there is an anomaly in the way the MC005A column is being populated for the BEH claims having to do with the way HPHC’s third party vendor for BEH reprocesses claims and the way this is tracked at HPHC. In certain situations, the final version of the claim line is not the line with the highest value for MC005A; instead, it is the line with MC005A=0 and the highest paid date. Please see the spreadsheet HPHC BEH claims v2.xlsx for examples of this issue that were supplied to MHDO by HPHC.

# Duplicate Data

1. Prime Therapeutics LLC (T0479) sent pharmacy claims that duplicated claims from Health Care Service Corporation – Illinois (C0509B). The file IDs with high duplication rates for payer Health Care Service Corporation (C0509B) are included in the MHMC's User Guide 2014Q4 document as the second tab.

# Member Match to Eligibility

We continue to monitor and improve the Member Match on the Claims file to the Eligibility file. Information on these match rates can be found in this document: MHDO’s 2014Q4 Release Report. There are some submitters that we are still having achieving less than desirable match rates and we are planning on working with them over the coming months to improve these match rates. These submitters represent just 2.7% of dental volume, 0.7% of medical volume and 4.1% of pharmacy volume. Over all, the matched rates are 96.4%, 98.6%, and 94.6% for dental, medical, and pharmacy, respectively.

For Dental Claims Match to Eligibility, Union Security Insurance Company (C0182C), Health Plans Inc. (T0096), and Patient Advocates LLC (T0164) have low matched record and claim counts (less than 50%).

For Medical Claims, Health Plans Inc (T0096) has low matched record and claim counts (less than 50%).

For Pharmacy Claims, American Health Care Administrative Services Inc (T0527), Express Scripts Administrators, LLC (T0292), Medco Containment Life Insurance Company (CO264) have low matched record and claim counts (less than 50%).

# Missing Data

1. Payers with missing data

*Current Payers*

Anthem Health Plans of Maine Inc. (C0065) is missing Dental Claims and Eligibility for December. During our quality review process we realized their December submission contained November data. We will work with them to ensure the December data will be available in the next release.

United Behavioral Health Inc. (T0202) is missing Eligibility for December. During our quality review process we realized their December submission contained mostly November data. We will work with them to ensure the December data will be available in the next release.

*Newly Activated*

Refer to the Payer Activation/Deactivation Report for new details regarding the anticipated release date for each newly activated payers.

# Other Release Reports

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

1. Payer Activation/Deactivation Report

This report lists which payers have been activated or inactivated in this quarter, and indicates the reasons for these changes. This report is produced with each quarterly release.

1. Validation Report

This report lists all validations that incoming data is 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 User Guide

The first tab of this document provides some notes about payer coverage type and data issues. The second tab of this document includes a table identifying duplicate data for payer Health Care Service Corporation (C0509B).

# Data Dictionaries

We are pleased to be including new draft data dictionaries with this release. We will be soliciting input from data users on the utility of the updated Data Dictionary and working on another draft for the next release.

# Data Release Improvements

**Enhanced PI Claim Information**

Starting with this release, the Practitioner Identified medical claims layout includes the servicing providers name and NPI information.

1. A copy of those changes can be found here: <https://mhdo.maine.gov/_docs/Final_Summary%20of%20Changes_R05_2014.doc> [↑](#footnote-ref-2)