

January 2019 APCD Data Release Notes

# Opening Statement

This release contains the following data:

* 2018 Q3 Commercial data
* 2018 Q3 MaineCare (Medicaid) 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 2018 Q3 Release Report
3. MHDO’s 2018 Q3 Payer Index
4. MHDO’s 2018 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

# Updated Metadata Documentation: Business Rules and Entity Relationship Diagrams (ERDs)

The Business Rules documentation describes 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 document has been updated to reflect user feedback. 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).

# 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.

This SUD-related data is stored in its own protected database and may be available to authorized MHDO data users under the terms and conditions of payment, health care operations and other health care related activities. Please contact MHDO for additional information.

**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.

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 are asking that they go back to the date its TPA discontinued submissions to the MHDO (usually December 31, 2015).  For analysis that is looking at a time period pre-Gobeille vs post-Gobeille, the MHDO has a list of member IDs that were impacted and 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.

# 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. Information on these match rates can be found in MHDO’s 2018 Q3 Release Report.

**Medical Claims File**

The overall match rate for the medical claims file is 99.1%.

**Dental Claims File**

The overall match rate for the dental claims file is 99.2%.

**Pharmacy Claims File**

The overall match rate for the pharmacy claims file is 98.8%.

# Payer Specific Notes

**C0010 & C0011 – Aetna**

Aetna is reporting ICD codes to the MHDO, but not as they appear on the incoming claims. Aetna is working on a new data store which will allow them to capture the ICD codes and submit to the MHDO as they appear on the incoming claims. This will be completed beginning with the submission of January 2019 data. The information below details how Aetna is reporting ICD-10 codes in the interim.

| **Data Element** | **Notes** |
| --- | --- |
| MC200  | Will be populated with any ICD-10 code.   |
| MC202 | Will be populated with any ICD-10 code for inpatient facility claims only.  If there is only one ICD-10 code billed by the provider the code can be populated in both the MC200 and the MC202. Unable to distinguish the admitting versus principal diagnosis in our claims system.  |
| MC203 - MC205 (Reason Codes)  | It would be reasonable if Aetna leaves these three fields null in the data. |
| MC206  | Will be populated when the first byte of the ICD-10 diagnosis code is equal to ‘V’, ‘W’, ‘X’, or ‘Y’ and is not equal to the value in MC200. |
| MC208 | Will be populated when the first byte of the ICD-10 diagnosis code is equal to ‘V’, ‘W’, ‘X’, or ‘Y’ and is not equal to the value in MC200, or MC206. |
| MC210 | Will be populated when the first byte of the ICD-10 diagnosis code is equal to ‘V’, ‘W’, ‘X’, or ‘Y’ and is not equal to the value in MC200, MC206 or MC208. |
| MC212 | Will be populated when the first byte of the ICD-10 diagnosis code is equal to ‘V’, ‘W’, ‘X’, or ‘Y’ and is not equal to the value in MC200, MC206, MC208, or MC210. |
| MC214  | Will be populated when the first byte of the ICD-10 diagnosis code is equal to ‘V’, ‘W’, ‘X’, or ‘Y’ and is not equal to the value in MC200, MC206, MC208, MC210, or MC212. |
| MC216 | Will be populated when the first byte of the ICD-10 diagnosis code is equal to ‘V’, ‘W’, ‘X’, or ‘Y’ and is not equal to the value in MC200, MC206, MC208, MC210, MC212, or MC214. |
| MC218  | Will be populated when the first byte of the ICD-10 diagnosis code is equal to ‘V’, ‘W’, ‘X’, or ‘Y’ and is not equal to the value in MC200, MC206, MC208, MC210, MC212, MC214, or MC216. |
| MC220  | Will be populated when the first byte of the ICD-10 diagnosis code is equal to ‘V’, ‘W’, ‘X’, or ‘Y’ and is not equal to the value in MC200, MC206, MC208, MC210, MC212, MC214, MC216, or MC218. |
| MC222 | Will be populated when the first byte of the ICD-10 diagnosis code is equal to ‘V’, ‘W’, ‘X’, or ‘Y’ and is not equal to the value in MC200, MC206, MC208, MC210, MC212, MC214, MC216, MC218, or MC220. |
| MC224 | Will be populated when the first byte of the ICD-10 diagnosis code is equal to ‘V’, ‘W’, ‘X’, or ‘Y’ and is not equal to the value in MC200, MC206, MC208, MC210, MC212, MC214, MC216, MC218, MC220, or MC222. |
| MC226 | Will be populated when the first byte of the ICD-10 diagnosis code is equal to ‘V’, ‘W’, ‘X’, or ‘Y’ and is not equal to the value in MC200, MC206, MC208, MC210, MC212, MC214, MC216, MC218, MC220, MC222, or MC224.                                             |
| MC228  | Will be populated when the first byte of the ICD-10 diagnosis code is equal to ‘V’, ‘W’, ‘X’, or ‘Y’ and is not equal to the value in MC200, MC206, MC208, MC210, MC212, MC214, MC216, MC218, MC220, MC222, MC224, or MC226. |
| MC230 - MC252 | Not available in our data as it does not downstream to our adjudication system. |
| MC254 – MC274 | Other diagnosis fields will be populated with any ICD-10 code that has not already been populated in fields MC200, MC202 or MC206 through MC228.  |

# 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. Their self-funded ERISA client data has been transitioned to a new payer, with which the MHDO is working to obtain submission on a voluntary basis of both historical and current data. 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.

Anthem Insurance Companies, Inc. (C0541) Member Claim to Eligibility match rate fell below 50% and their per member per month increased sharply in August 2018. This payer has approximately 70 medical members per month which represents less than 1% of the commercial medical market.

## Dental Claims File

No issues to report.

## Pharmacy Claims File

**Voluntary Submitters:**

Geisinger Indemnity Insurance Company (T0552) ceased submission of Medical Claims data as of October 2016. Their self-funded ERISA client data has been transitioned to a new payer, with which the MHDO is working to obtain submission on a voluntary basis of both historical and current data. This payer has approximately 15,000 pharmacy members per month, which represents less than 2% of commercial pharmacy volume.

**Mandated Submitters:**

Cigna HealthSpring (C0025F) previously missing Q1 2015 – Q2 2018 Part D Medicare data has been resubmitted to address issues with the payer-assigned contract numbers that rendered the eligibility and claims data unusable. These data and Q3 2018 data are included in this release. This payer has approximately 10,000 pharmacy members per month, which represents less than 1% of commercial pharmacy volume.

Empire HealthChoice HMO, Inc (C0645) is missing Q3 2018 Pharmacy Claims data. The MHDO is working with the payer to determine when files containing supplemental data will be submitted and available for release. These data represent approximately 3.5% of the pharmacy total data for Anthem companies. This payer has approximately 4,500 pharmacy members per month which represents less than 1% of the commercial pharmacy volume.

# 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 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) - UPDATED

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.