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

July 2019 APCD Data Release Notes

# Opening Statement

This release contains the following data:

* 2019 Q1 Commercial data
* 2019 Q1 MaineCare (Medicaid) data
* 2018 Q2 – Q3 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 2019 Q1 Release Report
3. MHDO’s 2019 Q1 Payer Index
4. MHDO’s 2019 Q1 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

**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.

**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. 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 will accept voluntary submissions from self-funded 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 claims/and categories of payers: commercial, MaineCare and Medicare. Information on these match rates can be found in MHDO’s 2019 Q1 Release Report.

**Medical Claims File**

The overall match rate for the medical claims file is 99.5%.

**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 99.2%.

# Payer Specific Notes

**Health Plans Inc (T0096)**

Health Plans Inc identified and fixed an issue of underreporting data due to groups being incorrectly excluded from submissions. As a result, they are resubmitting July 2016 – December 2018 Medical and Dental Claims data. A portion of these resubmissions are included in this release and the MHDO continues to work with the payer to complete the process for inclusion in the October release. The original, fully replaced files listed below should be removed by users who have these data. This payer had approximately 6,300 medical members per month which represents less than 1% of the commercial medical market. This payer had approximately 750 dental members per month which represents less than 1% of the commercial dental market.

|  |  |  |  |
| --- | --- | --- | --- |
| **File ID** | **File Type** | **Release Year** | **Release Quarter** |
| 154369 | MC | 2017 | Q4 |
| 153867 | MC | 2017 | Q3 |
| 153622 | MC | 2017 | Q3 |
| 153326 | MC | 2017 | Q2 |
| 153214 | MC | 2017 | Q2 |
| 152511 | MC | 2016 | Q4 |
| 152288 | MC | 2016 | Q4 |
| 152109 | MC | 2016 | Q4 |
| 151894 | MC | 2016 | Q4 |
| 151769 | MC | 2016 | Q4 |
| 151708 | MC | 2016 | Q4 |

**C0010 & C0011 – Aetna**

Historically, Aetna was reporting ICD codes to the MHDO, but not as they appear on the incoming claims. Aetna worked on a new data store which allows them to capture the ICD codes and submit to the MHDO as they appear on the incoming claims. This was completed and submitted beginning with the submission of January 2019 data and included in this release. The information below details how Aetna was reporting ICD-10 codes prior to January 2019 data.

| **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. 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.

Martin's Point Generations Advantage Inc (C0744) is missing December 2018 – March 2019 Medical Claims data. The MHDO is working with this payer to obtain the missing data for inclusion in the October 2019 release. This payer has approximately 44,000 medical members per month which represents less than 5% of the commercial medical market.

## Dental Claims File

None.

## Pharmacy Claims File

**Voluntary Submitters:**

In addition to receiving pharmacy claims from required submitters, the MHDO receives voluntary submissions from several third-party submitters. In the case of these voluntary submissions, they do not have corresponding medical claims in the APCD.

Geisinger Indemnity Insurance Company (T0552) ceased submission of Pharmacy Claims data as of October 2016. This payer has approximately 15,000 pharmacy members per month, which represents less than 2% of commercial pharmacy volume.

**Mandated Submitters:**

Wellcare Health Plans (C0053) is missing January – March 2019 Pharmacy Claims. This payer has approximately 16,000 pharmacy members per month, which represents less than 2% of commercial pharmacy volume.

Cigna HealthSpring (C0025F) previously had two data mapping issues in their Pharmacy Claims data from January 2015 – February 2019. The Quantity Dispensed (PC033) field was incorrectly mapped as a dollar amount field such that all submitted values needed to be divided by 1,000. The Postage Amount Claimed (PC038) was populated with unusually high values. The payer confirmed they do not capture Postage Amount Claimed in their system and all records should be zero (0). With approval from the payer, the MHDO has remediated the issues. This payer has approximately 10,000 pharmacy members per month, which represents less than 1% of commercial pharmacy volume.

# 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 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)

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.