

October 2020 APCD Data Release Notes

# Opening Statement

This release contains the following data:

* 2020 Q2 Commercial data
* 2020 Q2 MaineCare (Medicaid) data
* 2019 Q3 – Q4 Medicare Data (most current Medicare data available)

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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 2020 Q2 Release Report
3. MHDO’s 2020 Q2 Payer Index
4. MHDO’s 2020 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 Used for SUD Redaction

# Reminders

## Revised MHDO Member, Person, Provider ID v2.0

This is the second release that includes revised versions of the deidentified MHDO-assigned member, person, and provider replacement ID fields. These revised fields are provided in addition to the older versions of these identifiers that will continue to be provided in data releases.

These revised deidentified MHDO-Assigned replacement IDs were created with the following design goals:

* To make assignments based upon the best identification information available at the time
* To prioritize the use of identifiers so that the quality of any matching is as high as possible while allowing for name and address changes, minor typos, etc.
* To implement quality standards to disallow or flag low-quality or “suspect” matches
* To eliminate the ambiguity created by using a single identifier that may only be valid within a specific contract or -payer (i.e., to establish a true member ID/person ID distinction)
* To create an identification scheme that can be shared by both the APCD and hospital encounter data systems
* To create a system that can leverage third-party patient information sources
* Ensure that MHDO-assigned member and person replacement identifiers do not disclose in any way personally identifiable information.

### Member and Person ID

The revised deidentified MHDO-assigned replacement Member ID is meant to be unique for a given member within a given payer contract. The revised deidentified MHDO-assigned replacement Person ID is meant to be unique for a given person regardless of payer or contract. Thus, it is possible that one person ID will be associated with multiple member IDs over time. If an unambiguous member or person ID cannot be established due to ambiguous, conflicting, or missing data, no member or person ID will be assigned.

The revised deidentified MHDO-assigned replacement member identifiers appear in the claims and eligibility data as DC975\_Member\_ID, DE975\_Member\_ID, MC975\_Member\_ID, ME975\_Member\_ID, PC975\_Member\_ID, and PE975\_Member\_ID. All of these fields will contain integer values.

The revised deidentified MHDO assigned replacement person identifiers appear in the claims and eligibility data as DC976\_Person\_ID, DE976\_Person\_ID, MC976\_Person\_ID, ME976\_Person\_ID, PC976\_Person\_ID, and PE976\_Person\_ID. All of these fields will contain integer values.

### Provider ID

The revised MHDO-assigned replacement Provider ID is a single integer identifier that is assigned to a provider (regardless of whether that provider is acting as a rendering provider, an attending provider, etc.) on a given claim. Each MHDO assigned provider ID is associated with no more than one NPI. However, there are situations where no NPI could be associated with a given provider ID (less than 0.01% in claims data since 2018).

These revised MHDO-assigned replacement fields are: DC960\_Servicing\_Provider\_ID, DC961\_Billing\_Provider\_ID, DC962\_ServiceFacility\_ID, MC960\_Rendering\_Provider\_ID, MC961\_Billing\_Provider\_ID, MC962\_ServiceFacility\_ID, MC963\_Attending\_Provider\_ID, MC964\_Operating\_Provider\_ID, MC965\_Referring\_Provider\_ID, PC960\_Prescribing\_Provider\_ID, and PC961\_Pharmacy\_ID.

For data releases that include Provider Identifiable data as outlined in Chapter 120, the following revised fields will be provided: DC963\_Servicing\_Provider\_NPI, DC964\_Billing\_Provider\_NPI, DC965\_ServiceFacility\_NPI, MC966\_Rendering\_Provider\_NPI, MC967\_Billing\_Provider\_NPI, MC968\_ServiceFacility\_NPI, MC969\_Attending\_Provider\_NPI, MC970\_Operating\_Provider\_NPI, MC971\_Referring\_Provider\_NPI, PC962\_Prescribing\_Provider\_NPI, and PC963\_Pharmacy\_NPI.To support the revised MHDO-assigned replacement Provider ID, authorized data users will receive a new support table vwSupport\_Provider\_Details beginning with this release. The table will provide one row for each Provider ID with provider details as authorized under Chapter 120 for release, such as taxonomy code and, for data users authorized to receive provider identifiable information, provider name. A text file named vwSupport\_Provider\_Details\_Layout with the layout of this new file will also be included in this release.

## Claim Consolidation Table Adjustments

On occasion, data submitters send in revised claims or eligibility files to replace ones that have already been released. In the past, the MHDO has provided information about these resubmissions in the release notes so that recipients of past releases can adjust their analyses. The MHDO is exploring a more formal means for communicating this information as a part of the standard data release process. The Medical Claim Consolidation Table has been adjusted to eliminate any of these resubmitted files. Thus, data users who join to this table will automatically have resubmitted files removed from their analyses. The MHDO intends to begin distributed lists of valid file IDs as a part of future data releases for all file types.

## Substance Abuse and Mental Health Services Administration (SAMHSA)-Confidentiality of Substance Use Disorder (SUD) Patient Records, 42 CFR Part 2

For consistency purposes, 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.

# 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 2020 Q2 Release Report.

## Medical Claims File

The overall match rate for the medical claims file is 99.6%.

## Dental Claims File

The overall match rate for the dental claims file is 93.5%.

## Pharmacy Claims File

The overall match rate for the pharmacy claims file is 99.4%.

# Payer Specific Notes

**MaineCare (G0001)**

In April 2020 it was brought to the attention of MHDO that there was an issue with the way MaineCare populates the prescribing physician NPI in the pharmacy claims data. MHDO’s Rule Chapter 243, Uniform Reporting System for Health Care Claims Data Sets, requires information about the pharmacy filling a given prescription (fields PC018 through PC024A) and the provider who wrote the prescription (fields PC044 through PC048).

MaineCare has confirmed that the PC048 Prescribing Physician NPI that they have been providing is the same NPI that they report in field PC021, which is the Pharmacy NPI. Field PC048, Prescribing Physician NPI should have been left blank because MaineCare has not been collecting the Prescribing Physician NPI. Additionally, there was a mapping error in their data extract process that caused both fields to be populated with the Pharmacy NPI information.

MaineCare plans to collect Prescriber NPIs on claims in the near future. They are also modifying their extract process so that these data are properly included in future extracts as soon as they are available. Note there will be no PC048 NPI information for their historical data. MHDO removed the data MaineCare previously provided in PC048 Prescribing Physician NPI field from its data warehouse. **Data users who have received the PC950\_PRESCRIBING\_NPI from MHDO in past data extracts should remove these values from all pharmacy claims for payer G0001, because it is incorrect. The PC950\_PRESCRIBING\_NPI field for this payer will be set to NULL for this and future data releases until MaineCare is able to provide correct values.**

# 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.

## Medical Claims File

The number of medical claims paid decreased by approximately 25% across all payers during the quarter. Several payers reported a decrease in services being offered during the period due to COVID-19 restrictions.

## Dental Claims File

The number of dental claims paid decreased significantly (by as much as 90%) across all payers in April 2020. Several payers reported a decrease in services being offered during the period due to COVID-19 restrictions.

## Pharmacy Claims File

The number of pharmacy claims paid decreased by approximately 20% during the quarter. Several payers reported a decrease in services being offered during the period due to COVID-19 restrictions

**Attributing pharmacy claims to specific payers** **(i.e. Medicare, Medicare Advantage, and Commercial)**

In an effort to create a robust pharmacy data set, we have accepted pharmacy claims data from payers who are not required to submit to the MHDO. As a result, those claims may not have corresponding medical coverage and claims information.

MHDO has been working with several data users that have identified a few challenges related to attributing pharmacy claims to specific payers (i.e. Medicare, Medicare Advantage, and Commercial) in the APCD data.

The following summarizes the key issues:

1. When medical coverage is provided through one payer and pharmacy coverage through another (carve-out coverage) and each payer uses its own internal member identifiers in its data file submissions, the medical and pharmacy claims for any one member are difficult to link. The new xx976\_Person\_ID fields may allow coverages to be linked in these situations. This linkage may be imperfect due to differences in the identifier information submitted, but this field reflects a broader matching criterion than the traditional MHDO\_Assigned Member ID.
2. There are a few Pharmacy Benefit Managers (PBMs) that submit pharmacy claims and pharmacy eligibility information to the MHDO APCD for all Maine residents of which some may not have medical coverage in the APCD.  Self-funded ERISA plans who do not report medical information to the APCD are one example as well as carriers that are exempt from submitting data to the MHDO because they fall under the reporting thresholds defined in MHDO Rule Chapter 243, Uniform Reporting System for Health Care Claims Data Sets.

**Mandated Submitters:**

SilverScript Insurance Co (C0540) recently discovered that data for several Medicare Part D plans were incorrectly excluded from MHDO claims data submissions since June 2017. The error has been corrected so these data will be included starting with the January 2021 release. MHDO is working with the payer to submit the previously missing June 2017 – December 2019 data so it can be included in a future release.

# 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. 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.