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

January 2023 APCD Data Release Notes

# Opening Statement

This release contains the following data:

* 2022 Q3 Commercial data
* 2022 Q3 MaineCare (Medicaid) data

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# Documentation Included with This Release

The documentation included in this release: (a description of each document is provided on page 4 of this document)

1. MHDO’s Release Notes (this document)
2. MHDO’s 2022 Q3 Release Report
3. MHDO’s 2022 Q3 Payer Index
4. MHDO’s 2022 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

# Important Updates

The MHDO APCD Business Rules and Entity Relationship Diagrams (ERDs) document is designed to assist the user with understanding the relationships between tables and the current methodology used to derive the value-added components of the MHDO APCD. The document was last updated on December 19, 2022 to reflect enhancements made to the APCD over the past year, including the MHDO de-identified Member, Person, and Provider IDs. Information has also been added regarding the newly available Geocoded FIPs codes. Another update to the document is planned for the April 2023 release.

# 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 2022 Q3 Release Report.

## Medical Claims File

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

## 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 99.0%.

# Payer Specific Notes

**MaineCare (G0001)**

*$0 Payments in Claims Data for Critical Access Hospitals and Institutions for Mental Disease*

As previously reported for claims paid to Critical Access Hospitals (CAH) and Institutions for Mental Disease (IMD) on behalf of MaineCare members, a $0 in the total paid field indicates the payment made to the CAH or IMD falls under the departments non-claims-based payment methodology. Note: There are valid claim payments to CAHs and IMDs for MaineCare members for amounts greater than $0. when MaineCare is not the primary payer of the claim. MaineCare is now producing a file which contains the missing claims payments prospectively (beginning with August 2022). The estimated payments for these claims are now available in a new field **MS400\_Est\_Payment\_Amt** included in the MC release tables as a standard Level I data element. The new column appears on every row but is only expected to be populated for MaineCare claims where applicable.

**Harvard Pilgrim HealthCare**

HPHC recently discovered that they have not been excluding a particular segment of their Medicare supplemental population as described in MHDO 90-590 Chapter 243 “*claims related to Medicare supplemental, Tricare supplemental, or other supplemental health insurance policies are to be excluded if the claims are not considered to be primary. If the policies cover health care services entirely excluded by the Medicare, Tricare, or other program, the claims must be submitted*” HPHC will begin excluding this population (approximately 720 members) beginning with their October 2022 monthly submission.

# 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

None

## Dental Claims File

None

## Pharmacy Claims File

**Martins Point Generation Advantage Inc**

MHDO recently determined during the quality control process for this release that the Pharmacy Benefit Manager (PBM) for Martins Point Generation Advantage plans has not included in their data submissions to MHDO the pharmacy claims data for Martins Point for the time-period Q2-Q3 2022.

The payor is working with their PBM to determine the reason for not submitting the pharmacy data to MHDO. MHDO will work with the payor on a remediation plan and will communicate to the users once the plan is agreed upon.

# 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, and the MHDO Hospital Encounter Data. The MHDO Data Dictionary is 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.

1. CMS/ResDAC Substance Use Disorder Codes

A listing of Substance Use Disorder (SUD) procedure codes developed by CMS/ResDAC