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

July 2023 APCD Data Release Notes

# Opening Statement

This release contains the following data:

* 2023 Q1 Commercial data
* 2023 Q1 MaineCare (Medicaid) data

The MHDO has been approved by CMS to receive the Q1 -Q32022 Medicare data, however MHDO has not yet received the data. We anticipate receiving the data in time for it to be included in the October 2023 APCD release.

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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 2023 Q1 Release Report
3. MHDO’s 2023 Q1 Payer Index
4. MHDO’s 2023 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

# 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. We are currently doing a comprehensive review and update of all data user documentation including the Business Rules and ERDs document, the MHDO Data Dictionary, and the FAQs. These updates are planned for release in late summer 2023.

Beginning with 2020 submissions, MHDO began receiving three-character MC036 Type of Bill values. Previously, this field had been two characters with the field indicating the type of facility and the second indicating the bill classification. The third additional character indicates the bill frequency. However, in order to prevent ongoing data recipients from having to modify their code, only the first two characters are distributed in the pre-existing MC036\_BILLTYPE field. In order to allow data users to make use of the bill type frequency, a new field has been added to the data release layout with this release labeled MC036\_BILLTYPE\_EXPANDED that distributes all three characters of the bill type code. In preparation for this change, bill type frequency codes have been loaded from the historical CMS data, so these values will be available for Home Health Aide (HHA), Hospice, Inpatient, Outpatient, and SNF claims back to 2013 upon request.

# 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 2023 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 97.6%.

## Pharmacy Claims File

The overall match rate for the pharmacy claims file is 100%.

# Payer Specific Notes

**MaineCare (G0001)**

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

Beginning with the August 2022 data, the estimated payments for Critical Access Hospitals (CAH) and Institutions for Mental Disease (IMD) on behalf of MaineCare members is available in a new field MS400\_Est\_Payment\_Amt included in the MC release tables. The new field is only populated for MaineCare claims where applicable. This is a standard Level I data element.

**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 C.M.R. Chapter 243, Sec 2(A)(9)(b): “*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 started excluding this population (approximately 720 members) in its 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.

Unfortunately, this release has a higher number of missing files than usual due to high employee turnover for several submitters. The overall impact of these missing files is low enough that MHDO determined the release could proceed as planned while continuing to work with the submitters.

## Medical Claims File

**North America Administrators (NAA)**

NAA’s Q1 2023 medical claims file was noncompliant. NAA typically submits approximately 1,750 claims per month which represents less than 1% of all medical claims. Corrected data have since been resubmitted and will be included in the October 2023 release.

**USABLE Mutual Insurance Company**

USABLE’s Q1 2023 medical claims file was noncompliant. USABLE typically submits approximately 7500 claims per month which represents less than 1% of all medical claims. Corrected data have since been resubmitted and will be included in the October 2023 release.

## Dental Claims File

**Metropolitan Life insurance Company**

Metropolitan Life’s March 2023 dental eligibility file was noncompliant. Metropolitan typically submits approximately 57,000 eligible members per month which represents less than 1% of all medical claims. Corrected data have since been resubmitted and will be included in the October 2023 release.

## Pharmacy Claims File

**Elixir Insurance Company**

Elixir’s Q1 2023 pharmacy claims and eligibility files are noncompliant. Elixir typically submits approximately 19,000 claims per month which represents less than 1% of all pharmacy claims. The MHDO is working with the payer on a corrective action plan and anticipates inclusion of these data in the October 2023 release.

**North America Administrators (NAA)**

NAA’s Q1 2023 (February and March) Pharmacy claims file was noncompliant. NAA typically submits approximately 750 claims per month which represents less than 1% of all Pharmacy claims. Corrected data have since been resubmitted and will be included in the October 2023 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, 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. MHDO uses this list to redact the SUD claims from the MaineCare data submitted to the MHDO.