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

2015 Q3 APCD Data Release Notes

# Opening Statement

We announced in our release notes for 2015 Q2 that we updated the MHDO APCD Data Dictionary to include a select list of code lists. This information is available in Excel documents on the MHDO [website](https://mhdo.maine.gov/claims_data_dictionaries.htm). As we noted our Data Dictionary aligns with some recent updates to the data release format. These updates include a new county variable (XX955\_COUNTY\_FIPS) that has been added to the data. This provides the county FIPS code associated with the city and state of the member. A county FIPS table has been included specifying the name and state of each county. This new field replaces the city and state fields.

We anticipate including the first two quarters of 2015 Medicare data in our July 2016 APCD release.

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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 2015Q3 Release Report
3. MHDO’s 2015Q3 Payer Activation/Deactivation Status Report
4. MHDO’s 2015Q3 Validation Report
5. MHDO’s 2015Q2 Missing Data Report
6. MHMC’s methodology for removing duplicate Rx Claims

# Member Match to Eligibility

Overall, the match rate is high for all claims. Information on these match rates can be found in this document: MHDO’s 2015Q3 Release Report.

We are working with several submitters as noted below on improving their match rate.

Note: These submitters represent 5.5% of dental volume, 0.04% of medical volume and 3.9% of pharmacy volume.

**Medical Claims File**

The overall match rate for the medical claims file is 97.8 %.

Humana Insurance Company (C0152) has a low matched claim count (less than 50%).

**Dental Claims File**

The overall match rate for the dental claims file is 93.4%.

MEGA Life and Health Insurance (C0266), Union Security Insurance Company (C0182), Dentegra Insurance Company (C0500), Patient Advocates LLC (T0164) and United Concordia Companies Inc (T0341) have low matched record and/or claim counts (less than 50%).

**Pharmacy Claims File**

The overall match rate for the pharmacy claims file is 93.7%.

American Health Care Administrative Services Inc. (T0527), Gould Health Systems (T0420), and Medco Health LLC (T0292) have low matched record and/or claim counts (less than 50%).

# Payer Data Notes

**C0010 & C0011 – Aetna**

Pharmacy Claims: As of 1/6/2016 MHDO was formally notified that Aetna’s Pharmacy provider had inadvertently not submitted any of their pharmacy claims data for the 2015 Q1 and Q2 release. Pharmacy data was submitted for 2015 Q3. Aetna is working with their pharmacy provider to submit the missing 2015 Q1 and Q2 data. We anticipate these data will be available in the 2015 Q4 release scheduled for the week of April 4, 2016.

**T0430 - Group Benefit Services Inc (GBS).**

Medical Claims: As of 7/1/2015, Group Benefit Services (GBS) no longer has employer groups with members residing in the State of Maine. There will be run-out claims through 9/30/2015.

**T0549 - Massachusetts Benefit Administrators (MBA)**

Dental Claims: As of 8/31/2015, MBA will no longer be required to submit dental claims because of low volume and low enrollment since it was activated in Jan 2014. For 2014, only three claims paid for a total of $1,000. For 2015 there are only eight covered lives.

**T0552 - Geisinger Indemnity Insurance Company**

Per the requirements in MHDO Rule Chapter 243, the MC037\_FACTYPE field is to be populated only on professional claims; the MC036\_BILLTYPE is to be populated only on facility claims. Geisinger is populating the MC037\_FACTYPE on **both** professional and facility claims.

In addition there are instances where the MC036\_BILLTYPE is not populated on facility claims.

If you have code written that depends on the MC037\_FACTYPE to be populated only on professional claims you may want to adjust accordingly.

Lastly, Geisinger has submitted ICD-9 diagnosis codes but they are not able to submit ICD-9 procedure codes.

# Missing Data and Other Data Observations

In addition to the Missing Data Report, below is a summary of key issues that we are working with payers to resolve. As a reminder of our release policy, we typically don’t release a month of claims data if the supporting eligibility file was not submitted for that month.

**Medical Claims File**

1. Humana Insurance Company (C0152) has more members in the claims file than the eligibility file for the months of July and August 2015. This indicates that there may be an issue with the completeness of the eligibility file. We are following up with the payer on this issue.
2. CoreSource, Inc. (T0052) did not submit medical eligibility in September 2015 and continues to not submit claims files. We are working with the payer on this issue.

**Dental Claims File**

1. Anthem Health Plans of Maine, Inc (C0065) is missing August 2015 eligibility. During release processing it was discovered that the August file contained July records. We are working with the payer to submit the missing August eligibility.
2. Delta Dental Insurance Company (C0148) has no eligibility or claims in September 2015 for this release. We are working with the payer to submit these files.
3. CoreSource, Inc. (T0052) has no claims or eligibility in September 2015. We are working with the payer on this issue.
4. Patient Advocates LLC (T0164) has more members in the claims file than the eligibility file for all of 2015Q3. This indicates that there may be an issue with the completeness of the eligibility file. We are following up with the payer on this issue.

**Pharmacy Claims File**

1. Goold Health Systems (T0420) has more members in the claims file than the eligibility file for all of 2015Q3. This indicates that there may be an issue with the completeness of the eligibility file. We are following up with the payer on this issue.

# 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 each claim type (DC, PC, and MC) on the match rate to the eligibility file. This report is produced with each quarterly release. There have been no updates since the last release.

1. Payer Activation/Deactivation Report

This report lists which payers have been activated or inactivated in the past year, and indicates the reasons for these changes. This report is produced with each quarterly release.

1. Validation Report

This report lists all validations that incoming data is 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. Missing Data

This report lists all of the payers whose data we were not able to include in this release. We provide a list of the missing files and expected volume.

1. MHMC’s methodology for removing duplicate Rx Claims

This document details one user’s methodology for removing duplicate pharmacy claims.