

January 2024 APCD Data Release Notes

# Opening Statement

This release contains the following data:

* 2023 Q3 Commercial data
* 2023 Q3 MaineCare (Medicaid) data
* 2022 Q4 Medicare 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 2023 Q3 Release Report
3. MHDO’s 2023 Q3 Payer Index
4. MHDO’s 2023 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

# Reminders

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. The Data Dictionary updates are planned for release in January 2024. The APCD Business Rules, ERDs, and FAQs updates are planned for early 2024.

# 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 Q3 Release Report.

## Medical Claims File

The overall match rate for the medical claims file is 99.3%.

## Dental Claims File

The overall match rate for the dental claims file is 95.3%.

## Pharmacy Claims File

The overall match rate for the pharmacy claims file is 99.2%.

# Payer Specific Notes

**MaineCare**

MaineCare submitted a supplemental medical claims file for claims paid in December 2021 to capture approximately 98,000 previously missing claims. These missing claims are included as part of this release and can be identified by the value of ’02 in the MC331 Payment Arrangement Type Indicator field. The value of ‘02’ represents Fee for Service. The MC331 field is blank for all previously submitted 2021 claims because the element was not present in 90-590 Chapter 243, Uniform Reporting System for Health Care Claims Data Sets, at the time.

# 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.

**Care Improvement Plus South Central Insurance Company (CIPSCIC)**

The MHDO recently identified Care Improvement Plus South Central Insurance Company (CIPSCIC) as meeting the threshold for submission of eligibility, medical claims, and pharmacy claims beginning with January 2022 data. The payer indicated they had started submitting these data under another United Health Group payer ID. Historical records and future submissions will appear under the new CIPSCIC payer ID. CIPSCIC has approximately 10,000 members in Maine.

**USABLE Mutual Insurance Company**

USABLE’s Q1 2023 medical claims file was noncompliant. USABLE typically submits approximately 7500 medical claims per month which represents less than 1% of all medical claims. Corrected data have since been resubmitted and will be included in the April 2024 release.

## Dental Claims File

None.

## Pharmacy Claims File

**North America Administrators (NAA)**

NAA’s Q3 2023 Pharmacy claims file was noncompliant. NAA typically submits approximately 750 pharmacy claims per month which represents less than 1% of all Pharmacy claims. We expect these data will be included in the April 2024 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.