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2014 Q3 APCD Data Release Notes

Last Updated: 1/14/2014

# Opening Statement

In our effort toward continued quality improvement we have made several improvements in this release. These improvements are detailed at the end of this document. We want to thank the Data User Group for their input as we explore opportunities for improving all aspects of the data life cycle. As we continue to improve our documentation and reporting of these data we expect to make ongoing improvements.

# Documentation Included with This Release

The documentation included in this release:

1. MHDO’s Release Notes (this document)
2. MHDO’s 2014Q3 Release Report
3. MHDO’s 2014Q3 Payer Activation/Deactivation Status Report
4. MHDO 2014Q3 Validation Report
5. MHMC’s methodology for removing duplicate Rx Claims

# Update on Previously Reported Issues

1. Anthem Run Out Data

Anthem (C0065) recently reported that for the time period April 2013-September 2014, “run out” claims for members that terminated their coverage with Anthem prior to the claim being paid had not been submitted. Anthem has now submitted MC and PC run out data for July 2013-September 2014 and is included in this release. Unfortunately there was an issue with pulling the run out data for the months of April, May and June of 2013. After discussing with Anthem the volume of run out data for these three months, less than 1% the decision was made to exempt Anthem from submitting the run-out data for these three months.

# Update on Medicare Data

1. Medicare 2013 Q4 Data

This release includes 2013 Q4 Medicare data (G0002). While the claims included all have paid dates between October and December of 2013, included eligibility records range from January to December of 2013. In most cases, these represent revisions of previously released eligibility records rather than new eligibility records.

# Duplicate Data

1. Anthem

Previously released files 146471 and 146752 associated with Anthem (C0541) for the periods July 2012 and August 2012 are duplicate data and should be removed. These data are contained in the previously released files 146753 and 146755.

During our review of the data, we noticed that there are eligibility records for certain members for 2013Q3 in two of Anthem’s MHDO Assigned Payer codes (C0541 and C0065). Care should be taken when analyzing these data to ensure that these members are only counted under C0541 rather than both under C0065 and C0541.

1. Express Scripts Administrators

We have been notified by Express Scripts Administrators (T0292) that previously released ME and PC files for this submitter for the periods 4/1/2013, 5/1/2013, 6/1/2013, and 9/1/2013 should be removed. The File IDs to be removed for the PE table are 140712, 141376, 142302, 146068, and 147118. The File IDs to be removed for the PC table are 140715, 141378, 142304, 146069, and 147445. Replacement data for these dates are included in this release.

1. Humana

An issue was identified with eligibility files submitted by C0152 for 2014. We are still working with the payer to resolve this issue and will provide further guidance once replacement data are available.

# Missing Data

1. Payers with missing data

We are pleased to report that we are not aware of missing data from active submitters this quarter. Note: There are a number of newly activate and deactivated payers, see the Payer Activation/Deactivation Report for more detail.

# 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.

1. Payer Activation/Deactivation Report

This report lists which payers have been activated or inactivated in this quarter, 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.

# Data Release Improvements

## De-Duplication

**Issue:** Multiple submitters or a single submitter sending the same eligibility records or claims multiple times, inflating record counts.

**2014 Q3 Solution:** Flag duplicate records to ensure that one and only one version of these records goes out and is used for reporting. Only exact duplicate records are flagged as such. Minor changes to submitted fields (i.e., excluding MHDO assigned fields such as FileID and record IDN) will cause a record to not be flagged as a duplicate. Records that are flagged as duplicates are not included in the release.

We are also including a file in this release called RemoveDupeIDNs.txt. This file lists all of the row IDNs, along with their associated File Type, of records that we have identified as being identical to another, earlier record in previously released data. These records should be removed from any data you have previously received from MHDO.

Additionally we would like to remind users the Maine Health Management Coalition has provided their methodology for removing duplicate Rx claims. This information is provided in the file MHMC\_removing\_duplicate\_pharmacy\_claims.doc.

## MHDO Assigned Member ID

**Issue:** Each record is assigned a Member ID based on the DOB, Gender, and either Subscriber SSN or Contract ID fields on that record, with Subscriber SSN having preference. The population of these fields by the payers is often inconsistent by payer and over time between claims and eligibility files. These inconsistencies in the submission of the data create challenges in accurately identifying members.

**2014 Q3 Solution:** For each record, we have internally created up to three Member IDs: one using Subscriber SSN, one using Contract ID, and one using Member SSN. We then perform a grouping procedure where different Member IDs that refer to the same individual are assigned a MHDO Unique Person Identifier (UPID). For instance, if a member had an eligibility record with a member SSN and a Contract ID and another eligibility record with no SSN and the same contract ID, we would assign both records the same UPID. Each UPID is then assigned a “best” Member ID; Member IDs constructed from Member SSN are given the highest priority, followed by those created from Subscriber SSN, followed by those created from Contract ID. This value is then assigned an integer value (or a previously assigned integer value is used) which is then included in the released data.

There were some situations where there was a conflict between the Member IDs. That is, the grouping procedure ended up assigning a Member ID value to more than one UPID. The most likely reason for these situations is the default values that payers are populating in the SSN or Contract fields. In these cases we continue to use the old Member IDs on these records. In the overall APCD, approximately 23% of rows fell into this category.

Approximately 50% of rows in the APCD have the same Member ID that they had previously and 50% are now associated with a new Member ID (although, this may just be shifting from a Subscriber SSN based one to a Member ID SSN based one).

As a part of this release, we are distributing a file called MemberIDCrosswalk.txt. It has two columns: MemberID and Old\_MemberID. This table can be used to convert Member IDs in previously distributed data to the new Member IDs.

In some cases, a record that previously had no Member ID assigned now has one. This was a rare occurrence that only affects 91,380 medical claims records (0.015% of total claims), 1,383 dental claim records (0.005%), 569 pharmacy claim records (< 0.001%), 20 dental eligibility records (< 0.001%), and 6,861 medical eligibility records (0.003%).

We are distributing a file called PreviouslyUnassigned.txt that has three columns: FileType, IDN, and MemberID. The FileType column indicates the type of record (DC, MC, PC, DE, or ME). The IDN column is the row identifier of the row in question (DC902\_IDN, MC902\_IDN, etc., depending on the file type). The MemberID column provides the integer value of the Member ID now assigned to this row.

This solution should improve the ability of data users to link records across time and between payers.

**Future State:** Development of a person index. We anticipate that this will involve including additional demographic information in the assignment of UPIDs in order to improve member matching.

## Provider Matching

**Issue:** Currently, in the claims data that we receive from over 60 commercial payers and two public payers we are not able to attribute the identity for about 13% of the provider rows associated with claims incurred in 2013 and 2014. This includes both providers with no match on the provider master file and providers associated with DPCID 130190, which is a code for unknown or missing provider information. Claims submitted with insufficient descriptive information on the servicing provider is the biggest problem that currently contributes to unmatched providers.

**2014 Q3 Solution:** The current provider match uses a deterministic matching procedure to match new provider records with existing Master File rows. While this currently allows us to match providers with a Master File row most of the time, it relies on existing “sufficiently close” rows in the data that have previously been matched.

To improve the match rate, MHDO has provided HSRI with the 2014 hospital organizational data collected per Rule Chapter 630 list of 2,101 individual providers affiliated with one or more of the 39 facilities in the state of Maine. These are known-active providers for whom we expect to receive claims. We have matched each of these individual providers with a corresponding Master File row and created new Master File rows when necessary. We then went through a process using this “known good” identity information to assign corresponding provider records to these Master File rows. This will allow the deterministic matching to have a higher match rate for known Maine providers.

We have concluded that over 97% of claims with unmatched providers have either a servicing or a billing NPI associated with them. While this identifier may sometimes conflict with other provider information provided (e.g., the provider name may differ or it may be an organizational code rather than an individual one), initial results suggest that the NPI on the claim is generally accurate. We recommend that these identifiers be used to attribute claims with unmatched providers.

**Future State:** The MHDO is working with its external QC reviewers to develop a proposal on how provider information will be handled going forward. Given the accuracy and high rates of population of the NPI included on the claim, we are working to develop a method that will allow data users to use these identifiers exclusively going forward, while providing the ability to meaningfully link codes to historical data and records that lack an NPI. We anticipate that this proposal will be presented to the Data Users Group at the 1/28/2015 meeting with the goal of an implementation for the 2014 Q4 release.