



COMAR 10.25.06 – *Maryland Medical Care Data Base and Data Collection*

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**M e d i c a l C a r e D a t a B a s e**

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**2012 MCDB**

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**Payers' Monthly Meeting #2**

**February 20, 2013**

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# Data Quality & Data Consistency

- **Quality Review Statement (QRS)** – Professional Services, Pharmacy, Provider, Institutional Services, Medical Eligibility
  - Review MHCC **Comments** column and **Notes** section
  - Compare **information reported** and threshold values assigned
  - Resolve any pre-submission **threshold quality** reporting issues
- **Data Summary Worksheets** (*replaces Data Completeness Summary Report*) – Professional Services, Pharmacy, Institutional Services, Medical Eligibility
  - Worksheets detail **users, services, and payment** for key variables on claims file
  - Number of **enrollees** and number of **member months** on eligibility file
  - Review information for **noteworthy changes** for 2010 – 2011
  - Document significant differences as **legitimate** or submission **errors**
  - Insert 2012 data reported in **Control Total Verification** tables to calculate changes for 2011 – 2012
  - Provide brief explanation if **year to year** change is greater than **10% (+/-)**
  - **Save** document (\_mmddyy) and **return** with 2012 submission
  - Payer option to send in advance to discuss changes

# Data Submission Schedule

- **Waiver or Exception Requests**

- Deadline for filing data element, threshold, or format modification **waiver** exemptions is **May 20, 2013**
- Submit requests **ONLY** for data elements with an assigned threshold value **AND** fell below the threshold in the preceding year

*(Do not submit requests for data elements which payer exceeded or met the edit threshold for the previous year's submission)*

- **Data Submission due date – June 30, 2013**

- Commitment to submission schedule; Need for the data
- Initial submission **deadline extension** based on ability to provide data in a timely manner

- **MHCC/SSS Re-Submission Deadlines**

- Based on ability to **correct** data quality and formatting problems, plus **turn-around** time

# Data Submission Manual

- Reconfigured to accommodate **file** and data **element** requirements
- Match information requested in submission **manual** and information reported in Data Summary Worksheets
- Claims **adjudicated** (01/01/12 – 04/30/13) for **services** provided and **prescriptions** filled between January 1, 2012 through December 31, 2012
- Maryland residents insured under fully insured and self-insured contracts
- Non-Maryland residents insured under Maryland contracts (*Health Care Reform initiatives*)
- Payers continue to provide **Patient/Enrollee IdentifierP** (*payer encrypted*) and **Patient/Enrollee IdentifierU** (*UUID encrypted*)
- Payers **MUST** provide **National Provider Identifier** number (*where requested*)
- Place of Service codes updated to include **“Walk-in Retail Health Clinic” (# 17)**

# Data Submission Manual

- **Section II: File Documentation – MCDB Data Submission**  
Documentation\_022013 *(Excel workbook)*
  - Control Total Verification Tables: number of unique patient IDs, number of services, and total payment; number of enrollees and member months
  - Provides an assessment of current submission
- **Section III: Data Element Documentation – MCDB Data Element**  
Documentation\_022013 *(Excel workbook)*
  - Values mapped from payer system and number of services
- Information related to **2012 MCDB** data submission available on MHCC website at  
<http://mhcc.dhmh.maryland.gov/payercompliance/Pages/payercompliance/default.aspx>