MHDO Maine Health Data Organization
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90-590 Maine Health Data Organization

Chapter 243: Uniform Reporting System for Health Care Claims Data Sets

(Routine Technical Rule)

Section I. Basis Statement

The Maine Health Data Organization is authorized by statute to collect health care data. This chapter governs the provisions for filing health care claims data sets from all third-party payors, third-party administrators, Medicare health plan sponsors and pharmacy benefits managers. The provisions include identification of the organizations required to report; establishment of requirements for the content, format, method, and time frame for filing health care claims data; establishment of standards for the data reported; and compliance provisions.

The MHDO held a public hearing on proposed changes to 90-590 Chapter 243, August 3, 2023. One of the proposed changes included clarification specific to the reporting of capitation (both services and payments). Based on public comments received, staff made non-substantive amendments to the proposed structure specific to capitation for the board's consideration. The MHDO board met on December 7, 2023, and unanimously voted to adopt the changes to Chapter 243 as proposed and amended.

At the December 7, 2023, board meeting, staff requested that the board authorize MHDO to initiate rulemaking to Chapter 243 to address the substantive comments that were received regarding the submission of capitation data. The board voted unanimously to authorize staff to initiate rulemaking.

The newly proposed changes in the structure for reporting capitation data to MHDO is based on feedback received as a result of the August 3, 2023, public hearing, and mostly align with the State of California's Capitation file (provided by Anthem), and the APCD-CDL. We believe that these proposed changes will improve the process by which payors report capitated payments and the services provided under capitated services agreements.

Below is a summary of the proposed rule changes.

1. Removes the capitation reporting requirement (recently adopted) from the Chapter 243 medical file and creates a separate Capitated Payments File (CF). These proposed changes align with the feedback provided both in terms of the reporting structure and the reporting content.

File specifications for the new CF file are found in Sec 2(B)(4)(e); Appendices G-1 and G-2, pages 99-107.

Justification: Based on the feedback received from the reporting entities, capitation payments are typically processed separately from the processing of claims data. Segregating capitation payments into a separate file avoids the complexities associated with integrating this information with the medical claims data and removes the administrative burden that merging these data would impose on payers.

2. Adds language regarding the new capitated payments file (CF) that provides instructions on how to separately report capitated payments and capitated services. [General Requirements, Sec 2(A)(2), (pages 4-5); Appendix B-1, data elements HD004, HD005, HD006 (page 19); Appendix B-2, data elements TR004, TR005, TR006 (page 20)].

Justification: Instructions are helpful to minimize confusion and helps ensure uniform reporting of this information.

3. Removes instructions for including capitated payment information in the medical claims file (pages 37, 38, 59, 60)

Justification: Instructions for including capitated payment information in Chapter 243 medical file is no longer necessary since this information will be reported only in the capitated payments file (CF).

4. Adds information to Appendix A, *MHDO's External Code Sets*, to associate the data elements in the Capitated Payments File to the appropriate external sources (pages 12-14, 16).

Justification: As part of developing a uniform data set, identification of the external code sets is foundational.

Statutory Authority: 22 MRSA, §§8703(1), 8704(4), 8708(6-A) and 8712(2)

Effective Date: TBD