

- F. **Deductible.** "Deductible" means the total dollar amount a member pays towards the cost of covered services over an established period of time before any payments are made by the contracted third-party payer.
- G. **Dental Claims File.** "Dental claims file" means a data file composed of service level remittance information including, but not limited to, member demographics, provider information, charge/payment information, and current dental terminology codes from all non-denied adjudicated claims for each billed service.
- H. **Designee.** "Designee" means an entity with which the MHDO has entered into an arrangement under which the entity performs data collection, validation and management functions for the MHDO and is strictly prohibited from releasing information obtained in such a capacity.
- I. **Health Care Claims Processor.** "Health care claims processor" means a third-party payer, third-party administrator, Medicare health plan sponsor, or pharmacy benefits manager.
- J. HICN. "HICN" means the Center for Medicare and Medicaid Services Health Insurance Claim Number.
- K. Hospital. "Hospital" means any acute care institution required to be licensed pursuant to 22 M.R.S.A., chapter 405.
- L. MBI. "MBI" means the Center for Medicare and Medicaid Services Medicare Beneficiary Identifier
- ~~KM.~~ **Medical Claims File.** "Medical claims file" means a data file composed of service level remittance information including, but not limited to, member demographics, provider information, charge/payment information, and clinical diagnosis/procedure codes from all non-denied adjudicated claims for each billed service.
- ~~LN.~~ **Medicare Health Plan Sponsor.** "Medicare health plan sponsor" means a health insurance carrier or other private company authorized by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to administer Medicare Part C and Part D benefits under a health plan or prescription drug plan.
- ~~MO.~~ **Member.** "Member" includes the subscriber and any spouse or dependent who is covered by the subscriber's policy.
- ~~NP.~~ **Member Eligibility File.** "Member eligibility file" means a data file composed of demographic information for each individual member eligible for medical, pharmacy, or dental insurance benefits for one or more days of coverage any time during the reporting month.
- ~~OQ.~~ **MHDO.** "MHDO" means the Maine Health Data Organization.
- ~~PR.~~ **M.R.S.** "M.R.S." means *Maine Revised Statutes*.
- ~~QS.~~ **Non-hospital Provider.** "Non-hospital provider" means any provider of health care services other than a hospital.

Appendix C-1
Maine Health Data Organization
Member Eligibility File Specifications

Data Element #	Data Element Name	Effective Date	Type	Maximum Length	Description/Codes/Sources
ME031	Group Name	N/A	Text	3	State-specific assignment. Default value for Maine is "0".
ME032	Subscriber Last Name	1/1/2010	Text	128	Group name or IND for individual policies, and BLANK if data is not available
ME101	Subscriber First Name	1/1/2010	Text	60	The subscriber last name
ME102	Subscriber Middle Name	1/1/2010	Text	35	The subscriber first name
ME103	Member Last Name	1/1/2010	Text	25	The subscriber middle name or initial
ME104	Member First Name	1/1/2010	Text	60	The member last name
ME105	Member Middle Name	1/1/2010	Text	35	The member first name
ME106	Member Address Line 1	1/1/2010	Text	25	The member middle name or initial
ME107	Member Address Line 2	2/1/2019	Text	55	
ME108	Member Country Code	2/1/2019	Text	55	Use ISO 3166-1 alpha-2 country codes. Refer to Appendix A.
ME109	Subscriber HICN	2/1/2019	Text	2	Subscriber's Health Insurance Claim Number. Populate at least once starting February 1, 2019 and at least until MBI is reported.
ME110	Subscriber MBI	2/1/2019	Text	11	Subscriber's Medicare Beneficiary Identifier. May be populated starting February 1, 2019 or as soon as MBI is available for reporting. Required starting January 1, 2020 or if ME110 is not present.
ME111	Member HICN	2/1/2019	Text	11	Member's Health Insurance Claim Number. Required only for Medicare Supplemental/Companion Plans for which 1) the subscriber and the member are not the same person and 2) the payer is primary. Otherwise, leave blank. If not the same as ME110, populate at least once starting February 1, 2019 and at least until Member MBI is reported. Patient's Health Insurance Claim Number, if patient is not the subscriber on a Medicare Supplemental or Medigap plan

**Appendix C-1
Maine Health Data Organization
Member Eligibility File Specifications**

Data Element #	Data Element Name	Date		Type	Maximum Length	Description/Codes/Sources
		Effective				
<u>ME113</u>	<u>Member MBI</u>	<u>2/1/2019</u>		<u>Text</u>	<u>11</u>	<u>Member's Medicare Beneficiary Identifier. Required only for Medicare Supplemental/Companion Plans for which 1) the subscriber and the member are not the same person, 2) the payer is primary and 3) ME112 is not present. Otherwise, leave blank. If not the same as ME111, may be populated starting February 1, 2019; however, only required starting January 1, 2020. Patient's Medicare Beneficiary Identifier, if patient is not the subscriber on a Medicare Supplemental or Medigap plan</u>
<u>ME899</u>	<u>Record Type</u>	<u>1/1/2003</u>		<u>Text</u>	<u>2</u>	<u>ME</u>

**Appendix D-1
Maine Health Data Organization
Medical Claims File Specifications**

<u>Data Element #</u>	<u>Data Element Name</u>	<u>Date Effective</u>	<u>Type</u>	<u>Maximum Length</u>	<u>Description/Codes/Sources</u>
<u>MC327</u>	<u>Member Address Line 1</u>	<u>2/1/2019</u>	<u>Text</u>	<u>55</u>	<u>Refer to Appendix A</u>
<u>MC328</u>	<u>Member Address Line 2</u>	<u>2/1/2019</u>	<u>Text</u>	<u>55</u>	
<u>MC329</u>	<u>Member Country Code</u>	<u>2/1/2019</u>	<u>Text</u>	<u>2</u>	<u>Use ISO 3166-1 alpha-2 country codes. Refer to Appendix A.</u>
<u>MC330</u>	<u>Subscriber HICN</u>	<u>4/1/2018</u>	<u>Text</u>	<u>11</u>	<u>Subscriber's Health Insurance Claim Number</u>
<u>MC331</u>	<u>Subscriber MBI</u>	<u>4/1/2018</u>	<u>Text</u>	<u>11</u>	<u>Subscriber's Medicare Beneficiary Identifier</u>
<u>MC332</u>	<u>Member HICN</u>	<u>4/1/2018</u>	<u>Text</u>	<u>11</u>	<u>Patient's Health Insurance Claim Number, if patient is not the subscriber on a Medicare Supplemental or Medigap plan</u>
<u>MC333</u>	<u>Member MBI</u>	<u>4/1/2018</u>	<u>Text</u>	<u>11</u>	<u>Patient's Medicare Beneficiary Identifier, if patient is not the subscriber on a Medicare Supplemental or Medigap plan</u>
<u>MC899</u>	<u>Record Type</u>	<u>1/1/2003</u>	<u>Text</u>	<u>2</u>	<u>Value = MC</u>

**Appendix E-1
Maine Health Data Organization
Pharmacy Claims File Specifications**

Data Element #	Data Element Name	Date Effective	Type	Maximum Length	Description/Codes/Sources
PC047	Prescribing Physician DEA	7/1/2006	Text	20	DEA for prescribing physician
PC048	Prescribing Physician NPI	10/1/2014	Text	20	NPI for prescribing physician Refer to Appendix A
PC101	Subscriber Last Name	1/1/2010	Text	60	The subscriber last name
PC102	Subscriber First Name	1/1/2010	Text	35	The subscriber first name
PC103	Subscriber Middle Name	1/1/2010	Text	25	The subscriber middle name or initial
PC104	Member Last Name	1/1/2010	Text	60	The member last name
PC105	Member First Name	1/1/2010	Text	35	The member first name
PC106	Member Middle Name	1/1/2010	Text	25	The member middle name or initial
<u>PC107</u>	<u>Member Address Line 1</u>	<u>2/1/2019</u>	<u>Text</u>	<u>55</u>	
<u>PC108</u>	<u>Member Address Line 2</u>	<u>2/1/2019</u>	<u>Text</u>	<u>55</u>	
<u>PC109</u>	<u>Member Country Code</u>	<u>2/1/2019</u>	<u>Text</u>	<u>2</u>	<u>Use ISO 3166-1 alpha-2 country codes. Refer to Appendix A.</u>
<u>PC140</u>	<u>Subscriber HICN</u>	<u>4/4/2018</u>	<u>Text</u>	<u>44</u>	<u>Subscriber's Health Insurance Claim Number</u>
<u>PC141</u>	<u>Subscriber MBI</u>	<u>4/4/2018</u>	<u>Text</u>	<u>44</u>	<u>Subscriber's Medicare Beneficiary Identifier</u>
<u>PC142</u>	<u>Member HICN</u>	<u>4/4/2018</u>	<u>Text</u>	<u>44</u>	<u>Patient's Health Insurance Claim Number, if patient is not the subscriber</u>
<u>PC143</u>	<u>Member MBI</u>	<u>4/4/2018</u>	<u>Text</u>	<u>44</u>	<u>Patient's Medicare Beneficiary Identifier, if patient is not the subscriber</u>
PC899	Record Type	1/1/2003	Text	2	PC

**Appendix F-1
Maine Health Data Organization
Dental Claims File Specifications**

Data Element #	Data Element Name	Date Effective	Type	Maximum Length	Description/Codes/Sources
<u>DC107</u>	<u>Member Address Line 1</u>	<u>2/1/2019</u>	<u>Text</u>	<u>55</u>	
<u>DC108</u>	<u>Member Address Line 2</u>	<u>2/1/2019</u>	<u>Text</u>	<u>55</u>	
<u>DC109</u>	<u>Member Country Code</u>	<u>2/1/2019</u>	<u>Text</u>	<u>2</u>	<u>Use ISO 3166-1 alpha-2 country codes. Refer to Appendix A.</u>
<u>DC110</u>	<u>Subscriber HICN</u>	<u>4/1/2018</u>	<u>Text</u>	<u>11</u>	<u>Subscriber's Health Insurance Claim Number</u>
<u>DC111</u>	<u>Subscriber MBI</u>	<u>4/1/2018</u>	<u>Text</u>	<u>11</u>	<u>Subscriber's Medicare Beneficiary Identifier</u>
<u>DC112</u>	<u>Member HICN</u>	<u>4/1/2018</u>	<u>Text</u>	<u>11</u>	<u>Patient's Health Insurance Claim Number, if patient is not the subscriber</u>
<u>DC113</u>	<u>Member MBI</u>	<u>4/1/2018</u>	<u>Text</u>	<u>11</u>	<u>Patient's Medicare Beneficiary Identifier, if patient is not the subscriber</u>
<u>DC899</u>	<u>Record Type</u>	<u>1/1/2003</u>	<u>Text</u>	<u>2</u>	<u>DC</u>