

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

**Table of Contents**

Section I. Basis Statement.

Section II. Names of Individuals that Submitted Comments.

Section III. Summary of Comments Received by Submitter with Proposed Agency Response.

**Section I. Basis Statement**

The Maine Health Data Organization is authorized by statute to collect health care data. The purpose of this Chapter is to explain the provisions for filing health care claims data sets from all third-party payers, third-party administrators, Medicare health plan sponsors and pharmacy benefits managers.

The MHDO Board met on June 4, 2020 and authorized the MHDO to initiate rulemaking to Chapter 243. This is a routine technical rule. The MHDO held a public hearing on September 3, 2020. September 14, 2020 was the deadline for written comments.

**Section II. Names of Individuals that Submitted Comments**

The following is a list of individuals and affiliations that submitted written comments to the Maine Health Data Organization (MHDO) regarding the proposed rule:

1. Kristine Ossenfort, Anthem BC/BS
2. Katherine Pelletreau, Maine Association of Health Plans (MeAHP)
3. Karynlee Harrington, Maine Health Data Organization (MHDO)

**Section III. Summary of Comments Received by Submitter with Proposed Agency Response & Action.**

Below is a summary of the comments received by each submitter and the proposed Agency Response and Board Action:

1. **Anthem, BC/BS** submitted the following comment:

**Comment: (Race & Ethnicity, Appendix C-1, pp. 22-24)**

1. With respect to changes to require collection of race and ethnicity data (Appendix C-1, pp. 22-24), we would suggest the following changes: Clarify that the submission of race and ethnicity information is only required to the extent it is available. That is how we interpret Appendix C-1, but the summary of changes implies otherwise.

**MHDO Proposed Response:** The data element descriptions for the race and ethnicity fields in Appendix C-1 align with the Common Data Layout (CDL) for State APCDs (APCD-CDL™), and the submission of race and ethnicity information is required to the extent it is available.

**Recommended Board Action:** None required.

1. We would like to clarify, particularly since the majority of member do not provide racial or ethnic information. Eliminate the distinction between “UN” (Unknown/not specified) and “leave blank”. We do not have the ability to differentiate whether the member left it blank, whether the member answers unknown, or has refused to answer. Furthermore, we would note that the distinction between these categories is unnecessary and meaningless— whatever the reason, the result is the same—the member’s race and ethnicity is not known.

**MHDO Proposed Response: ‘**Un’ meaning ‘Unknown’/‘Not Specified’ is a valid code value and should only be used when a member checks off unknown or does not respond to the request for this information. If the payer is not asking for this information and therefore a member does not have the option to respond, then the field record should be left blank.

**Recommended Board Action:** None required.

1. Our data warehouse does not store the information needed to populate the additional race and ethnicity codes ME022, ME023, or ME024.

**MHDO Proposed Response**: The proposed change to Chapter 243 is to collect race and ethnicity data consistent with the Common Data Layout (CDL) for State APCDs (APCD-CDL™). We understand that payers have different internal structures and at times will need to make changes to their systems to comply with the requirements in Chapter 243. MHDO will work with individual payers, as needed, as they work toward compliance with the requirement.

**Recommended Board Action:**  None required.

1. **MeAHP submitted the following comments:**

**Comment: (Race & Ethnicity)**

1. We would echo the comments offered by Anthem Blue Cross and Blue Shield at the public hearing. Race and ethnicity data collection is complex. This data is usually the collection responsibility of providers who then may submit it on bills to health plans. It can also be a part of application data collected by a health plan at the time of enrollment. While requested, these data are typically not required to receive service from either a provider or a health plan.

People can be reluctant to provide race and ethnicity data for a variety of reasons, often held private. Health plans do not have the ability to distinguish between whether the data is not present because of a refusal to respond, it is unknown, or the field was left blank for some other reason. Does the reason matter for MHDO’s purposes?

**MHDO Proposed Response: ‘**Un’, meaning ‘Unknown’/‘Not Specified’ is a valid code value and should only be used when a member checks off unknown or does not respond to the request for this information. If the payer is not asking for this information and therefore a member does not have the option to respond, then the field record should be left blank.

**Recommended Board Action:**  None required

1. Since health plans do not have complete information on these questions to submit to MHDO, we suggest that health plans be obliged to submit only what they have. That said, given the increasing research on disparities in care for certain populations, this data is important to collect, and we are willing to work with MHDO and providers to improve it.

**MHDO Proposed Response:** The data element descriptions for the race and ethnicity fields in Appendix C-1 align with the Common Data Layout (CDL) for State APCDs (APCD-CDL™), and the submission of race and ethnicity information is required to the extent it is available. As stated in Ms. Pelletreau’s comment above, given the increasing research on disparities in care for certain populations, this data is important to collect. MHDO will reach out to the Maine Association of Health Plans and Providers to talk through strategies to improve the collection of race and ethnicity information.

**Recommended Board Action:**  None required

**Comment: (In-Plan Network Indicator)**

Additionally, on the In-Plan Network Indicator, at least one of our Plans is not able to provide this data for pharmacy claims but can for medical and dental.

**MHDO Proposed Response:** The data element descriptions for the In-Plan Network Indicator fields align with the Common Data Layout (CDL) for State APCDs (APCD-CDL™), and the submission of this information is required to the extent it is available.

**Recommended Board Action:** None required.

1. **MHDO Staff submitted the following comment:**

**Comment: (Race & Ethnicity, Appendix C-1 & C-2)**

It has come to my attention that in the drafting of our proposed rule changes to Rule Chapter 243, Uniform Reporting System for Health Care Claims Data Sets, data elements ‘Other Race’ (ME023) and ‘Other Ethnicity’ (ME027) in Appendix C-2 were not also renamed Race 3 (ME023) and Ethnicity 3 (ME027) as they were in Appendix C-1.

**MHDO Staff Response:** Revise Appendix C-2 to align with Appendix C-1 as stated above.

**Recommended Board Action:** None required**.**