

Basis Statement/Summary of Changes

Chapter 247: Uniform Reporting System for Non-Claims Based Payments and Other Supplemental Health Care Data Sets (Routine Technical)

This Chapter contains the provisions for filing non-claims-based payment information and other supplemental health care data sets.

The MHDO Board met on April 7, 2022 and authorized the MHDO to initiate rulemaking to Chapter 247, as required under 22 M.R.S. §8705-A. A public hearing was held on October 6, 2022, with a 10-day public comment period. The primary reason for this rulemaking is for the Board to adopt the changes needed because of PL 2021, c. 603.

The following proposed changes were presented, and no public comments were received by the 10-day public comment period.

**Rule Title**

-Added “and Other Supplemental Health Care Data Sets”. (page 1)

**Rationale:** Generalizes the scope of uniform reporting under Chapter 247, which facilitates the collection and reporting of supplemental health care data as additional reporting requirements are identified, starting with behavioral health care payment information referenced in PL 2021, c.603, 24-A MRSA §6951, sub-§13.

**Section 1. Definitions**

-Added definition for Behavioral Health Care. (page 1)

**Rationale:** Behavioral Health Care is defined in PL 2021, c.603, 24-A MRSA §6903, sub-§1-A.

-Replaced definition for Primary Care. (page 2)

**Rationale:** Aligned the definition for Primary Care with what is in PL 2019, c. 244: An Act To Establish Transparency in Primary Health Care Spending.

-Added definition for Redacted Payments. (page 3)

**Rationale:** The term appears in PL 2021, c.603, 24-A MRSA §6951, sub-§13 (C) and the definition in the rule provides clarification of the term.

-Added definition for Supplemental Health Care Data Sets. (page 4)

**Rationale:** The definition of Supplemental Health Care Data Set, and its inclusion in the title of Chapter 247, generalizes the scope of uniform reporting under this Rule to include the various data sets required.

**Section 2. Non-Claims-Based Payments and Other Supplemental Health Care Data Set Filing Description**

**-**Section title adds “and Other Supplemental Health Care Data Set,” which includes aggregated, redacted claims-based payment (AC) data to the pre-existing requirement for non-claims-based payment (NC) data.(page 4)

**Rationale:** Required under PL 2021, c.603, 24-A MRSA §6951, sub-§13 (C)

-Section 2(A)(1) introduces aggregated, redacted claims-based payment (AC) data and supporting information files. (page 4)

**Rationale:** Required under PL 2021, c.603, 24-A MRSA §6951, sub-§13 (C)

-Section 2(A)(2) contains new language that the payor(s) that administer(s) health insurance for State of Maine employees and the Maine Education Association Benefits Trust to pay for behavioral health care shall also submit separate data sets and supporting information for these two groups. (page 4)

**Rationale:** Required under PL 2021, c.603, 24-A MRSA §6951, sub-§13 (A)

-Section 2(A)(3) includes new technical language. (page 5)

**Rationale:** The new language clarifies how to properly aggregate data within the AC and NC file types.

-Section 2(A)(4) includes new technical language. (page 5)

**Rationale:** The new language ensures this rule is consistent with the requirements of PL 2021, c.603, 24-A MRSA §6951, sub-§13 and 90-590 C.M.R. Chapter 243.

-Section 2(A)(5) includes new technical language. (page 5)

**Rationale:** The new language ensures this rule is consistent with the requirements of PL 2021, c.603, 24-A MRSA §6951, sub-§13 and 90-590 C.M.R. Chapter 243.

-Section 2(A)(6) includes new technical language. (page 5)

**Rationale:** The new language specifies the performance period for each file type.

-Section 2(B) title; Header Record title; HD004 Definition/Description; Trailer Record title; TR004 Definition/Description; File Type NC title; Definitions/Descriptions for NC004, NC005, NC006, NC007, NC009, and NC013 contain new language. (pages 5 – 8)

**Rationale:** The new language is required for clarification or technical implementation of PL 2021, c.603, 24-A MRSA §6951, sub-§13.

-Section 2(B) Data Element NC003 is not coded for extraction, but its position is retained in the file layout and left blank. (page 7)

**Rationale:** Per PL 2021, c.603, 24-A MRSA §6951, sub-§13 (A), the data in file type NC must be aggregated by population (NC012), not by insurance type/product code (NC003).

-Section 2(B) Data Element NC010 is new. (page 8)

**Rationale:** This data is necessary to fully implement PL 2021, c.603, 24-A MRSA §6951, sub-§13 (B) and subsequent reporting.

-Section 2(B) Data Element NC011 is new. (page 8)

**Rationale:** This data is necessary to fully implement PL 2021, c.603, 24-A MRSA §6951, sub-§13 and subsequent reporting.

-Section 2(B) Data Element NC012 is new. (page 8)

**Rationale:** PerPL 2021, c.603, 24-A MRSA §6951, sub-§13 (A), the data in file type NC must be aggregated by population (NC012).

-Section 2(B) File Type AC – Aggregated, Redacted Claims-Based Payments contains the data elements and attributes for an entirely new file type. (pages 9-10)

**Rationale:** Required under PL 2021, c.603, 24-A MRSA §6951, sub-§13 (C)

**Section 2 (C) File-Level Specifications/Section 3 Submission Requirements**

-Sections 2(C)(1), 3(A) and 3(B) contain both new and pre-existing, reorganized instructions. (pages 10-11)

**Rationale:** Improves clarity and technical consistency.

**Appendix A/Appendix C (old)**

-Appendix A footnote and original Appendix C deleted. (pages 13 and 15-20)

**Rationale:** The information is no longer needed or useful.

**Appendix C (new)**

-New Appendix C introduces a table that contains behavioral health provider type taxonomy codes and descriptions. (pages 21-24)

**Rationale:** The information in this table is useful for responding to NC010 - Total Dollars Non-Claims-Based Payments (BH/SUD Only Portion).

**Statutory Authority:** 22 M.R.S. §§8703(1); 8704(1) & (4); and 24-A M.R.S. §6951

**Effective Date:** TBD