

**Summary of Public Comments and
MHDO's Proposed Responses
to
Chapter 243: Uniform Reporting System for Health Care Claims Data Sets**

Overview of Process:

The MHDO submitted a set of proposed changes to Rule Chapter 243 to the Board of the Maine Health Data Organization. The Board approved the changes to the proposed rule and on July 16, 2015 held a public hearing on the proposed changes. Written comments were accepted until July 27, 2015. Below are the comments that were received on the proposed changes to Rule Chapter 243:

Impacted section in the proposed rule: Duplicate Claims (Section 2(A)(12), page 5)

Comment 1: The commenter suggests that the application of this section be limited to other sources with whom the health care claims processor or carrier has a contractual relationship with and who is acting on behalf of the claims processor since the health care claims processor has no way to know or coordinate the submission of claims by an independent third-party with whom they do not have a relationship. In addition, the commenter suggests that this section be worded so that the health care claims processors will use their best efforts to ensure that duplicate claims are not submitted since it would be impossible to ensure that duplicate claims are never submitted.

MHDO Response: The MHDO agreed with the recommendation and revised the proposed rule accordingly.

Impacted section in the proposed rule: Subscriber or Member Identification (Section 2(A)(14)(d), page 6)

Comment 2: The commenter suggests that language be added to this section to clarify that the entity refers to only those entities with whom a carrier has a contractual relationship and who is acting on behalf of the claims processor.

MHDO Response: The MHDO agreed with the recommendation and revised the proposed rule accordingly.

Impacted section in the proposed rule: Service Provider Codes (Appendix D-1, pages 32 & 34)

Comment 3: The commenter recommends that the Service Provider Country Name (data element MC070) be treated as a placeholder and left blank since it is not consistently interpreted and populated by payers. In addition, two country codes (billing provider MC093 and service facility location, MC094) should be added to accommodate payers who already have the information in their systems.

Response: The MHDO has revised the proposed rule accordingly.

Commenter(s):

- (1) Kristine M. Ossenfort, Esq. Director, Government Relations, Anthem Blue Cross and Blue Shield
- (2) Karynlee Harrington, Acting Executive Director, Maine Health Data Organization