

MHDO Public Hearing
Proposed Rule Summary of Changes
April 3, 2014

Chapter 243: Uniform Reporting System for Uniform Reporting System for Health Care Claims Data Sets <i>(routine technical)</i>
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I. General submission requirements

- a. **File-level vs. field-level encryption:** In order to ensure the security of personally identifiable information and personal health information that is submitted to the MHDO Data Warehouse and to reduce file transmission times, MHDO requires submitters to compress and encrypt all files before uploading to the warehouse. This file-level encryption will ensure the confidentiality of all data that are submitted to the warehouse, not just individual fields.
 - i. **Subscriber or Member Identification Codes:** Sec. 2A(4)(b) struck out, relocated to Sec. 2 A(13) as Subscriber or Member Identification, and references to field-level encryption removed (pp. 4-5 and 7).
 - ii. **File Format:** Sec. 2A(10) requires the use of file-level rather than field-level encryption (p. 6).
 - iii. **Appendices:** references to field-level encryption removed for data element numbers ME008 (pp. 23, 27), ME009 (p. 23), ME011 (p. 23), ME101-ME106 (pp. 26, 28), MC007 (pp. 29, 50), MC008 (p. 29), MC010 (p.30), MC101-MC106 (pp. 38, 54, 55), PC007 (pp. 60, 66), PC008 (p. 60), PC010 (p. 60), PC101-PC106 (pp. 64, 67), DC007 (pp. 68, 72), DC008 (p. 68), DC010 (p. 68), DC101-DC106 (pp. 72, 74)
- b. **Filing and Registration/Contact and Enrollment Update:** Modifies the requirements regarding payer registration or update of contact and enrollment information (Secs. 2A(9)(a) and 3A pp. 6 and 8-9, respectively).
- c. **Filing Media:** Removes obsolete media or file transfer options that are no longer available. (Sec. 3C, page 9)
- d. **Transmittal Sheet:** Deleted, no longer required or necessary (Formerly Sec. 3D, p. 9 and Appendix G, p. 75).
- e. **Testing of Files:** Provides minimum time frames for payers to structure and test healthcare data submissions to the MHDO (Sec. 3D, p. 9).
- f. **Rejection of Files:** Allows payers 15 days to resubmit rejected files (Sec 3E, p. 9).

II. Additional/modified fields; revised definitions and descriptions; updated references and element names

a. Additional/modified fields

- i. **ICD-10:** Currently payers submit claim diagnosis codes, procedure codes and E-codes in ICD-9 format (data elements MC039-MC053 and MC055-MC058). These will remain in effect for claims prior to

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October 1, 2014. Starting October 1, 2014, payers would submit (if available) ICD-10 diagnosis, other diagnosis, external cause of injury, procedure and other procedure codes, along with present on admission indicators and reason for visit diagnoses, under data element numbers MC200-MC326 (pp. 38-49, 55-59). The amount of fields and the field lengths have been increased to accommodate the new ICD-10 coding.

- ii. **Provider and service facility information:** Service provider city, state and zip (MC033-MC035) have been properly renamed and follow (as MC089-MC091) additional service facility information, including service facility name, NPI and address lines (MC085-MC088). Billing provider fields have been expanded to include billing provider tax identification number, address lines, city, state and zip (MC079-MC084). The additional information should help resolve provider identification issues and improve the MHDO's provider index.
 - 1. **Service Provider Location fields:** Retires element numbers MC033, MC034 and MC035 (pp. 32, 51, 52), creates placeholders and refers to service facility location fields MC089, MC090 and MC091 (pp. 38, 54)
 - 2. **Additional service facility fields:** MC085, MC086, MC087, MC088 (pp. 37, 38, 53, 54).
 - 3. **Additional billing provider fields:** MC079, MC080, MC081, MC082, MC083, MC084 (pp. 37, 53)
 - iii. Prescribing physician identifiers: Prescribing physician DEA (PC047, pp. 64, 67) and prescribing physician NPI (PC048, pp. 64, 67) will be collected in separate fields.
 - iv. Two additional procedure modifiers, MC057A (pp. 34, 53) and MC057B (pp. 35, 53), as accommodated in the ASC X12N 005010 standard.
- b. **Revised definition:** Designee (Sec. 1H, p. 2).
 - c. **Modified field name:** "Date Required" changed to "Date Effective" (pp. 21-26, 29-49, 60-65, 68-72).
 - d. **Revised descriptions:** Specifies additional code sets that are valid for MC032 (p. 32), MC055 – Procedure Code (p. 34), DC026 (p. 70). Eliminates code value lists that are contained in sources found in Appendix A: MC027 (p. 31); PC012 (p. 61); PC030 (pp. 62-63); DC012 (p. 69); DC021 (p. 69-70);
 - e. **Updated references** for specific MHDO data elements by file type. All references are listed alphabetically, first by authority, then by source (Appendix A, pp. 13-20).
 - f. **Updated element names:** MC020 (pp. 30, 50), MC021 (pp. 31, 50), MC023 (pp. 31, 50)

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Justification: This proposed rule amendment will change the file specifications and mapping, as mandated by the U.S. Department of Health & Human Services, in order to accommodate the implementation of the International Classification of Diseases 10th Revision, Clinical Modification (ICD-10-CM) and additional changes in conformance to the ASC X12N 005010 Standard.

Rationale: These changes are intended to give providers direction and time to implement modifications to their reporting systems, required by 10/14/2014.

Rulemaking Timeline:

- 11/12/2013 Review of rule changes sent to the payers & other interested Parties
- 03/05/2014 Preliminary review of rule changes by AG.'s Office
- 02/06/2014 Board approves initiating rule changes
- 03/12/2013 Permission to *proceed* with rulemaking changes must be submitted to Governor's Office for approval
- 03/04/2014 MAPA forms sent to SOS/Legislative Council
- 03/12/2014 Newspaper publication date
- **04/03/2014** Public Hearing
- 04/14/2014 Deadline for comments
- 05/01/2014 MHDO Board approves **adoption** of rule changes (*Board must adopt 120 days from comment period deadline*)
- _____ Permission to *finalize* adoption of the rule changes from the Governor's Office
- _____ Final review of adoption of the rule changes to the AG's Office
- _____ Send final adoption package to the SOS for adoption