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SUMMARY: This chapter provides for the manner and extent to which data submitted to or assembled by the MHDO or its predecessor agencies will be made available to the public. The rule defines the scope of the exceptions to the Freedom of Access Law that is provided in the Maine Health Data Organization statute. The rule also establishes procedures for determining whether data are confidential or privileged and for protecting filed data until that decision is made.

1. Applicability.

This rule governs disclosure to the public of data in the possession of the Maine Health Data Organization or its designee. Only data that are physically recorded or stored in written, printed, graphic, or electronic form, as opposed to the individual knowledge of Board or staff members, are covered by this rule. The coverage of all such data in this rule shall not be construed as an MHDO determination that all recorded or stored data within its offices or those of its designee are "public records" within the meaning of 1 M.R.S.A. Sec. 402(3) (1996).

2. Definitions.

- A. Carrier. "Carrier" means an insurance company licensed in accordance with 24-A M.R.S.A., including a health maintenance organization, a multiple employer welfare arrangement licensed pursuant to Title 24-A, chapter 81, a preferred provider organization, a fraternal benefit society, or a nonprofit hospital or medical service organization or health plan licensed pursuant to 24 M.R.S.A. An employer exempted from the applicability of 24-A M.R.S.A., chapter 56-A under the federal Employee Retirement Income Security Act of 1974, 29 United States Code, Sections 1001 to 1461 (1988) is not considered a carrier.
- B. Clinical Data. "Clinical data" mean health care claims, hospital, non-hospital health care facility data, quality data, and all other data as described in 22 M.R.S.A. Secs. 8708, 8708-A, and 8711.
- C. Confidential Data. "Confidential data" mean "Confidential Restructuring Data," "Confidential Agency Data", "Confidential Clinical Data," or "Confidential Financial Data," as defined below:
1. "Confidential Restructuring Data" mean any information filed by a data provider in connection with its corporate plan or reorganization that contains either a trade secret or contract information:
 - (a) that have not yet been revealed to persons other than:
 - (i) employees, agents, or attorneys of the data provider;

Claims Data (All Payer Claims Database-APCD)

Includes: Medical, Pharmacy, Dental and Eligibility data .

Data submitted by Commercial, MaineCare and Medicare

Refer to Data Elements Document for specific data elements collected and released.

Restricted and Unrestricted Releases-difference is **restricted includes** date of birth and town of residence.

Hospital Encounters Data (data submitted by Maine hospitals for all patients)

Unrestricted Hospital Discharge Inpatient Data includes:

- MHDO Physical Record Number
- Hospital Code
- Gender
- Age
- Priority of Visit (Type)
- Point of Origin of Admission (Source)
- Admitting Diagnosis
- Hospital Service Area of Patient
- Health Planning Area of Patient
- County of Patient
- Admission Year
- Admission Quarter
- Discharge Year
- Discharge Quarter
- Disposition/Discharge Status
- Principal Payer Code Aggregated (MHDO code)
- Principal Payer NAIC Number
- Secondary Payer Code Aggregated (MHDO code)
- Secondary Payer NAIC Number
- Tertiary Payer Code Aggregated (MHDO code)
- Tertiary Payer NAIC Number
- Principal or First Diagnosis Submitted
- Principal Diagnosis Present on Admission (POA) Code
- Second through Eleventh Diagnoses Submitted
- Second through Eleventh Diagnoses POA Code(s)
- Principal Procedure Code
- Second through Sixth Procedure Code(s)
- Attending Physicians Specialty

- Surgeon/Other Provider Specialty
- Accommodations Revenue Code(s)
- Accommodations Day(s)
- All-Patient DRG
- All-Patient MDC
- Length of Stay
- Estimated Birth Weight (< 30 Days Old)
- Race (coded)
- Ethnicity (coded)
- CMS DRG
- CMS MDC
- Ancillary Revenue Code(s)
- Total Number of Ancillary Revenue Code(s)

Restricted Hospital Discharge Inpatient Data

- MHDO Physical Record Number
- Hospital Code
- Patient Medical Record Number (Encrypted)
- Date of Birth
- Gender
- Age
- Priority of Visit (Type)
- Point of Origin of Admission (Source)
- Admitting Diagnosis
- Hospital Service Area of Patient
- Health Planning Area of Patient
- Geo Code of Patient
- Zip Code of Patient
- Admission Date
- Admission Hour
- Discharge Date
- Discharge Hour
- Disposition/Discharge Status
- Principal Payer Code Aggregated (MHDO code)
- Principal Payer NAIC Number
- Secondary Payer Code Aggregated (MHDO code)
- Secondary Payer NAIC Number
- Tertiary Payer Code Aggregated (MHDO code)
- Tertiary Payer NAIC Number
- Principal or First Diagnosis Submitted
- Principal Diagnosis Present on Admission (POA) Code
- Second through Eleventh Diagnoses Submitted
- Second through Eleventh Diagnoses POA Code(s)

- Principal Procedure Code
- Second through Sixth Procedure Code(s)
- Principal Procedure Code Date
- Second Through Sixth Procedure Code Date(s)
- Attending Physician Code (Encrypted)
- Attending Physician Specialty
- Surgeon/Other Provider Code (Encrypted)
- Surgeon/Other Provider Specialty
- Accommodations Revenue Code(s)
- Accommodations Day(s)
- DRG - All Patient
- MDC - All Patient
- Length of Stay
- Estimated Birth Weight (< 30 Days Old)
- Race (coded)
- Ethnicity (coded)
- CMS DRG
- CMS MDC
- Name of Principal Payer
- Ancillary Revenue Code(s)
- Total Number of Ancillary Revenue Code(s)

Practitioner Identifiable Data Elements for Restricted Hospital Inpatient Data

Receipt of these additional data elements requires that data providers be notified of data requests and a 30-day comment period is imposed with review by a data advisory committee.

- Attending Practitioner First Name
- Attending Practitioner Middle Initial
- Attending Practitioner Last Name
- Operating Practitioner First Name
- Operating Practitioner Middle Initial
- Operating Practitioner Last Name

Unrestricted Hospital Outpatient Data

- Hospital Code
- Gender
- Age
- County of Patient
- Hospital Service Area of Patient
- Health Planning Area of Patient
- Date of Service From
- Date of Service Thru

- Bill Type
- Discharge Status
- Source of Admission
- ICD-9 Principal Diagnosis
- ICD-9 Other Diagnoses 1 - 8
- ICD-9 Procedure Code(s) 1 - 6
- Service Date(s)
- E-Code(s)
- Ordering/Referring Practitioner Specialty Code
- Performing Practitioner Specialty Code
- Principal Payer Code
- Race
- Ethnicity
- Revenue Code(s)
- CPT or HCPC Code(s)
- Modifier(s)
- Number of Detail Records
- Units

Restricted Hospital Outpatient Data

- Hospital Code
- Medical Record Number (Encrypted)
- Date of Birth
- Gender
- Age
- Town and County Code of Patient
- Zip Code of Patient
- Hospital Service Area of Patient
- Health Planning Area of Patient
- Date of Service From
- Date of Service Thru
- Bill Type
- Discharge Status
- Source of Admission
- ICD-9 Principal Diagnosis
- ICD-9 Other Diagnoses 1 - 8
- ICD-9 Procedure Code(s) 1 - 6
- ICD-9 Procedure Code Date(s) 1 - 6
- Service Date(s)
- E-Code(s)
- Ordering/Referring Practitioner (Encrypted)
- Performing Practitioner (Encrypted)
- Ordering/Referring Practitioner Specialty Code
- Performing Practitioner Specialty Code
- Ordering/Referring Practitioner Taxonomy
- Performing Practitioner Taxonomy
- Principal Payer Code
- Race
- Ethnicity
- Revenue Code(s)
- CPT or HCPC Code(s)
- Modifier(s)
- Number of Detail Records
- Type of Record
- Units

Practitioner Identifiable Data Elements for Restricted Hospital Outpatient Data

Receipt of these additional data elements requires that data providers be notified of data requests and a 30-day comment period is imposed with review by a data advisory committee.

- Ordering/Referring Practitioner First Name
- Ordering/Referring Practitioner Middle Initial
- Ordering/Referring Practitioner Last Name
- Operating Practitioner First Name
- Operating Practitioner Middle Initial
- Operating Practitioner Last Name

Chapter 270

1. Hospital Health Care Quality Data Set Filing Description

For all patients identified as eligible cases in the specific denominator and numerator categories (minus exclusions) listed in the current version of the *CMS Specifications Manual for National Hospital Quality Measures*, each hospital and ambulatory surgical facility or their agent shall report data to the MHDO for the following quality metrics:

- A. For each surgical patient receiving one of the selected surgeries specified in the current version of the *CMS Specifications Manual for National Hospital Quality Measures*, the Surgical Care Improvement Project (SCIP) metrics are:

SCIP-Card-2 Surgery patients on beta-blocker therapy prior to arrival who received a beta-blocker during the perioperative period (Measure steward – CMS);

SCIP-Inf-1a-h Prophylactic antibiotic received within one hour prior to surgical incision – overall rate and seven subcategory surgery rates (coronary artery bypass graft, cardiac surgery, hip arthroplasty, knee arthroplasty, colon surgery, hysterectomy, and vascular surgery) (Measure steward – CMS);

SCIP-Inf-2a-h Prophylactic antibiotic selection for surgical patients – overall rate and seven subcategory surgery rates (coronary artery bypass graft, cardiac surgery, hip arthroplasty, knee arthroplasty, colon surgery, hysterectomy, and vascular surgery) (Measure steward – CMS);

SCIP-Inf-3a-h Prophylactic antibiotics discontinued within 24 hours after surgery end time – overall rate and seven subcategory surgery rates (coronary artery bypass graft, cardiac surgery, hip arthroplasty, knee arthroplasty, colon surgery, hysterectomy, and vascular surgery) (Measure steward – CMS);

SCIP-Inf-4 Cardiac surgery patients with controlled 6 A.M. postoperative serum glucose (Measure steward – CMS);

- SCIP-Inf-09 Urinary catheter removed on postoperative day 1 (POD 1) or postoperative day 2 (POD 2) (Measure steward – CMS);
- SCIP-Inf-10 Surgery patients with perioperative temperature management (Measure steward – CMS); and
- SCIP-VTE-2 Surgery patients who received appropriate venous thromboembolism (VTE) prophylaxis within 24 hours prior to surgery to 24 hours after surgery (Measure steward – CMS).

- B. **Sampling Methods and Requirements.** For metrics identified in Sections A-D, the hospital or ambulatory surgical facility shall be subject to the current sampling strategy for the SCIP measures as specified in the current version of the CMS Specifications Manual for National Hospital Quality Measures.

2. Healthcare Associated Infection Quality Data Set Filing Description

- A. For all patients identified as eligible cases in the specific denominator and numerator categories (minus exclusions) specified by NHSN, each hospital or their agent shall report data to the MHDO for the following healthcare associated infection (HAI) quality metrics:

HAI-1 Central line catheter-associated blood stream infection rate for intensive care unit patients (Measure steward – NHSN).

HAI-2 Central line catheter-associated blood stream infection rate for high-risk nursery patients (Measure steward – NHSN).

Hospitals submitting central line catheter-associated blood stream infection rates for intensive care unit and high-risk nursery patients to the National Healthcare Safety Network database are exempt from this section.

- B. For all patients identified as eligible cases in the specific denominator and numerator categories listed in the current versions of the IHI 5 Million Lives Campaign Getting Started Kit: Prevent Central Line Infections and Prevent Ventilator Associated Pneumonia How-to Guides, each hospital or their agent shall report data to the MHDO for the following healthcare associated infection (HAI) quality metrics:

HAI-3 Percent compliance with all five evidence-based interventions for patients with intravascular central catheters (central line bundle compliance) in intensive care units (Measure steward – IHI);

HAI-4 Percent compliance with the four insertion-related evidence-based interventions for patients with intravascular central catheters (central line bundle compliance) placed preoperatively, in pre-operative areas, operating rooms, and recovery areas (Measure steward – IHI); and,

HAI-5 Percent compliance with all five evidence-based interventions for patients with mechanical ventilation (ventilator bundle compliance) in intensive care units (Measure steward – IHI).

- C. Each hospital shall submit to the US CDC's National Healthcare Safety Network (NHSN) infection data for nosocomial MRSA (healthcare associated infections where MRSA is the pathogen) for all inpatients (facility-wide) by unit (location specific) on a monthly basis in accordance with NHSN specifications-beginning no later than October 1, 2011. Each hospital shall authorize the ME CDC to have access to the NHSN for these facility-specific reports of nosocomial MRSA infection data for public health surveillance purposes no later than November 1, 2011. Upon completion of validation of this data by the ME CDC, each hospital shall also authorize the MHDO to have access to the NHSN for facility-specific reports of nosocomial MRSA infection data for public reporting purposes (Measure steward - NHSN).
- D. Each hospital shall submit to the US CDC's NHSN data for Clostridium difficile Lab ID Events for all inpatients (facility- wide) by unit (location_specific) on a monthly basis in accordance with NHSN specifications beginning when rule becomes effective. Each hospital shall authorize the ME CDC access to the NHSN for these facility-specific reports of Clostridium difficile Lab ID Events for public health surveillance purposes when rule becomes effective. Upon completion of validation of this data by the ME CDC, each hospital shall authorize the MHDO to have access to the NHSN for facility-specific reports of Clostridium difficile Lab ID Events for public reporting purposes (Measure steward - NHSN).
- E. For any future healthcare associated infection measures mandated by the CMS HAI Inpatient Prospective Payment System Hospital Inpatient Quality Reporting Program for reporting to the CDC's NHSN for full Medicare inpatient reimbursements, each participating hospital shall authorize the ME CDC to have this data for public health surveillance purposes. Each participating hospital shall also authorize the MHDO to have access to the NHSN for facility-specific reports of this data for public reporting purposes.

3. Nursing-Sensitive Patient-Centered Health Care Quality Data Set Filing Description.

American Nurses Association (ANA) measures (NSPC-2 & NSPC-3): Each hospital or their agent shall report data to the MHDO for NSPC-2 and NSPC-3 as defined by NDNQI, National Database for Nursing Quality Indicators, Guidelines for Data Collection on the American Nurses Association's National Quality Forum Endorsed Measures, May 2010 or as updated by the ANA.

The Joint Commission measures (NSPC-1, NSPC-4): Each hospital or their agent shall report data to the MHDO for NSPC-1 and NSPC-4 as currently defined by the Joint Commission, *Implementation Guide for the NQF Endorsed Nursing Sensitive Care Measure Set*.

For each nursing-sensitive patient-centered (NSPC) health care outcome measure, the NSPC metrics are:

- NSPC – 1 Percentage of inpatients who have a hospital-acquired Stage 1 or greater pressure ulcer (Measure steward – The Joint Commission);
- NSPC – 2 Number of inpatient falls per inpatient days (Measure steward: ANA);
- NSPC – 3 Number of inpatient falls with injuries per inpatient days (Measure steward- ANA); and
- NSPC – 4 Percentage of inpatients who have a vest or limb restraint (Measure steward – The Joint Commission).

4. Nursing-Sensitive System-Centered Health Care Quality Data Set Filing Description

ANA measures (NSSC-1, 2, 3, 4, 5, 6): Each hospital or their agent shall report data to the MHDO for NSSC-1, 2, 3, 4, 5, and 6 as defined by NDNQI, National Database for Nursing Quality Indicators, Guidelines for Data Collection on the American Nurses Association’s National Quality Forum Endorsed Measures, May 2010 or as updated by the American Nurses Association.

The Joint Commission measures (NSSC 7a & NSSC 7b): Each hospital or their agent shall report data to the MHDO for NSSC 7a and 7b as currently defined by The Joint Commission, *Implementation Guide for the NQF Endorsed Nursing Sensitive Care Measure Set*.

- A. For each nursing-sensitive system-centered (NSSC) health care measure, the NSSC Skill Mix metrics are:
 - NSSC – 1 Percentage of RN care hours to total nursing care hours (Measure steward – ANA);
 - NSSC – 2 Percentage of LVN/LPN care hours to total nursing care hours (Measure steward – ANA);
 - NSSC – 3 Percentage of UAP care hours to total nursing care hours (Measure steward – ANA); and
 - NSSC – 4 Percentage of contract care hours (RN, LVN/LPN, and UAP) to total nursing care hours (Measure steward – ANA).
- B. For each nursing-sensitive system-centered (NSSC) health care measure, the NSSC nursing care hours per patient day metrics are:
 - NSSC – 5 Number of RN care hours per patient day (Measure steward – ANA); and
 - NSSC – 6 Number of total nursing care hours (RN, LVD/LPN, UAP) per patient day (Measure steward – ANA).
- C. For each nursing-sensitive system-centered (NSSC) health care measure, the NSSC voluntary turnover metric is:

- NSSC – 7a Number of voluntary uncontrolled separations during the quarter for RNs and advanced practice nurses (Measure steward – The Joint Commission); and
- NSSC – 7b Number of voluntary uncontrolled separations during the quarter for LVN/LPNs and nurse assistants/aides (Measure steward – The Joint Commission).

6. 3-Item-Care Transition Measure (CTM) Health Care Quality Data Set Filing Description

Hospitals shall conduct measurement of patients' perspectives on coordination of hospital discharge care using the current version of the Care Transition survey questions included in the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospital Survey also known as "HCAHPS" and specified in the *HCAHPS Quality Assurance Guidelines* Version 8.0, March 2013 or as updated by CMS. Hospitals shall survey a simple random sample of monthly discharges to accomplish N=25 completed surveys per month (300 per year). For hospitals not able to reach 300 completed surveys per year, hospitals should sample as many discharges as possible with a minimum of 100 completed surveys per year. Each hospital or their agent shall report to the MHDO the individual survey question raw scores by respondent for the following three care transition item quality metrics (Measure steward – CMS):

UNDERSTANDING YOUR CARE WHEN YOU LEFT THE HOSPITAL

During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

When I left the hospital, I clearly understood the purpose for taking each of my medications.

Maine psychiatric hospitals and acute rehabilitation hospital subject to licensure by the Maine Department of Health and Human Services are excluded from the above mentioned surveying and reporting requirements.

Chapter 300

Financial Data

- A. Every parent entity shall file with the MHDO individually and for its Maine hospital(s), subsidiaries and/or affiliated health care facilities the following:

- (1) An electronic copy of its annual audited consolidated financial statements that include a balance sheet, income statement, statement of changes in net assets, and cash flow statements with accompanying supplemental information in PDF format and submitted via e-mail.
 - (2) An electronic copy of its consolidating schedules for all entities to include a consolidating balance sheet, income statement, changes of net assets, and cash flow statements in PDF format and submitted via e-mail.
 - (3) An electronic copy of its individual hospital(s) audited financial statements with additional accompanying supplemental information including-details/schedule of revenue by inpatient and outpatient charges; and the deductions from revenue in PDF format and submitted via e-mail.
- B. Every parent entity and hospital shall annually complete a MHDO Standardized Accounting Template, as presented in Appendix A, for its unconsolidated functions. The data contained in the electronic standardized accounting template shall be derived from the parent entity or hospital's most recently completed fiscal year.

Chapter 630

Organizational Data:

- A. Every hospital and parent entity must file restructuring changes. The occurrences of structural or organizational changes that must be reported to the MHDO include the following:
- (1) Acquisitions. The buyout or takeover of one person, health care facility, hospital, and/or parent entity by another hospital or parent entity.
 - (2) Consolidation. The dissolution of two or more hospitals or parent entities followed by the creation of a totally new entity.
 - (3) Mergers. The joinder of two or more hospitals or the absorption of one hospital or parent entity by another.
 - (4) Reorganization. The change in the operations of a hospital or parent entity or an addition to or increase in the types of health care services offered.