**MHDO**

Maine Health

Data Organization

**Information │ Insight │ Improvement**

**MINUTES**

BOARD OF DIRECTORS MEETING

151 CAPITOL STREET

AUGUSTA, MAINE

9:00am-11:00am

THURSDAY, June 4, 2020

The virtual meeting of the Maine Health Data Organization (MHDO) Board of Directors began at 9:00 a.m. with the following Board members in attendance: Neil Korsen, (Chair), Joel Allumbaugh, Andy Ellis, Peter Gore, Anne Head, Lisa Harvey-McPherson, Sandy Parker, Michelle Probert, David Regan, and Ronald Watson. Also participating were Karynlee Harrington, Executive Director and Deanna White, Agency Assistant Attorney General.

**Chair Report**

Dr. Korsen opened the virtual meeting with introductions and with a review of the voting protocol for virtual meetings. Dr. Korsen also updated the Board on new board member appointments and appointments that are up for renewal. Karynlee will continue to follow up with the Boards and Commissions Office on the status of new appointments and she will work with members as they renew their paperwork as needed. Neil also reminded members that they may continue to serve until replaced.

**Executive Director Report**

Vote to Initiate Rulemaking:

Karynlee asked the board for their authorization to allow her to initiate rulemaking for two existing MHDO rules and to develop a new rule:

Chapter 570: *Uniform Reporting System for Prescription Drug Price Data Sets*

New Rule for collecting non-claims based Primary Care Provider Payments

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

She summarized the primary rationale for the proposed revisions to the existing rules and the rationale for the development of a new rule to collect non-claims based payments. (Refer to PowerPoint Presentation for details)

There was discussion and comments made by board members in support of the rationale provided by Karynlee. A motion was made to authorize Karynlee to initiate rulemaking as requested. The chair called on each board member for their vote. All members present voted in favor of the request to authorize Karynlee to initiate rulemaking as requested. Karynlee reviewed the timeline associated with the proposed rulemaking.

Vote to Initiate Enforcement Provisions Defined in Rule Chapter 100, Section 3. E.

Karynlee reviewed the new reporting requirement in Rule Chapter 570, Section 2. A. She reported that as of the date of the meeting approximately 72% of the estimated number of reporting entities defined in Chapter 570 (manufactures, wholesale distributors and pharmacy benefits manager) that may meet the requirements defined in Rule Chapter 570 have registered. Karynlee provided a breakdown by reporting entity (refer to PowerPoint). Karynlee then reviewed section 3. E. in Rule Chapter 100, Enforcement Procedures. It was then recommended that the board authorize MHDO to notify the reporting entities that have not registered as required in Rule chapter 570, that the board has authorized the MHDO to impose the financial penalties as described in Rule Chapter 100, Section 3. E. effective July 13, 2020. A motion was made as recommended. The chair called on each board member for their vote. All members present voted in favor of the request to authorize Karynlee to enforce Section 3. E. as requested.

Update on CompareMaine V.9.0 (release date scheduled for December 2020)

Karynlee summarized the findings in the 2020 Report Card on State Price Transparency developed by the Catalyst for Payment Reform and the Source on Healthcare Price and Competition, at the University of California Hastings College of Law, which ranked Maine and New Hampshire with an A grade. She went on to say that as reported, *States that scored high in this year’s report are those with* robust price transparency laws and useful resources for consumers, such as mandatory websites that display price information at no charge and in a consumer-friendly format.

Karynlee reviewed the latest stats on the number of sessions and pageviews and the list of top ten procedures searched on CompareMaine (CM). She then discussed the goal the board set in 2018 for CM: to report on 80% of commercial payments and not to limit the addition of procedures to “shoppable”. She reminded the board that the team continues to work with the commercial claims data looking for the costliest, most common and high variation procedures. Karynlee went on to say that the next launch of CompareMaine is version 9.0 and is scheduled for December 2020. The payment data will represent the period April 1, 2019-March 31, 2020. The team is working on adding 27 new procedures and 32 new facilities. Karynlee reviewed the 27 procedures and provided the origin of the request. There was board discussion specifically questioning the value in adding the payments associated with an Emergency Department (ED) visit for three of the five codes used for ED visits: very minor, low complexity and moderate severity. Karynlee will follow up with David and Andy to discuss in more detail some of the technical issues that the team has been working through in pulling the payments for the facility and professional component of these visits.

CompareMaine 9.0 will represent over 63% of total commercial payments reported in the APCD.

Karynlee provided the board with additional details on the specific categories of procedures listed on CompareMaine and the potential universe of procedures. (Refer to PowerPoint Presentation for details)

Update on the Implementation of Public Law Chapter 668 (LD 2105) *An Act To Protect Consumers from Surprise Emergency Medical Bills*

Karynlee reviewed the requirements in PL 668 that are specific to the MHDO. She went on to say that the Superintendent of Insurance is required to develop a rule on the implementation of this new law and that she had an initial meeting with the BOI and will continue to work closely with them on defining and clarifying MHDO’s process and role. As discussed previously with the board, MHDO will leverage the code and infrastructure already developed for CompareMaine when asked to produce median payments.

Review of Key Projects Over Next 12-18 Months

Karynlee reviewed a list of key deliverables over the next 12-18 months. (Refer to PowerPoint Presentation for detailed list). Karynlee also reminded the board that MHDO’s contract with HSRI & NORC ends November 2022 and that a Request for Proposal for competitive bids for MHDO’s data collection, processing, storage, release, analytics and other related services will be released to the field in the first quarter of 2022. Karynlee reviewed the draft timeline and deliverables for the Data Vendor RFP. Karynlee will convene the internal team as well as some external support within the next few months to begin the process of developing the requirements for the RFP. The goal is to send a draft RFP to purchases for approval 11/1/2021.

**Maine Quality Forum**

Update on HAI External Validation

Karynlee stated that because of the pandemic, the external validation of healthcare associated infections (HAI) data will not occur in 2020. MQF and the CDC will re-evaluate in 2021.

Update on 2021 Annual Report: Primary Care Spending in State of Maine (PL Chapter 244)

Karynlee reported that based on feedback from the Primary Care Advisory Group to leverage regional/national definitions, MQF is working with the New England States Consortium Systems Organization (NESCSO) who has contracted with Onpoint Health Data to develop a multi-state report on primary care investments. She went on to say that a core objective of the initiative is to develop a standardized methodology to report the percent of primary care investments relative to total healthcare spending in six New England states – Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, and Vermont. NESCSO will release its report later this fall and will present the project at NESCSO’s 2020 annual meeting.

Karynlee provided the tentative timeline for the development of the MQF 2021 Annual Primary Care Spending Report. (Refer to PowerPoint for details). Upcoming key date is September/October-Convene Primary Care Advisory Group.

**Public Comment**

No public comment was provided.

The meeting adjourned at approximately 11am.