**MHDO**

Maine Health

Data Organization

 **Information │ Insight │ Improvement**

BOARD OF DIRECTORS

Virtual Meeting

THURSDAY, May 6, 2021

9:00 a.m. - 10:30 a.m.

**Meeting Notes**

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, Sandra Parker, Michelle Probert, David Regan, and Ronald Watson. Board members absent: Peter Gore, Anne Head, and Lisa Harvey-McPherson. 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 a review of the voting protocol for virtual meetings. The board reviewed and voted unanimously to approve as drafted the February 2, 2021 board meeting notes. Neil informed the board that Dr. Healy had an unexpected conflict arise and he would not be presenting to the board as planned. Karynlee will reschedule the presentation for a future board meeting.

**Executive Director Report-Refer to Meeting Presentation which can be found here:** [**https://mhdo.maine.gov/boardMtngs.htm**](https://mhdo.maine.gov/boardMtngs.htm) **for details on topics summarized below:**

**Rulemaking Requests & Timeline for 2021**

Karynlee reviewed with the board the proposed changes and timeline for the following rules: New Rule XXX: Uniform Reporting System For Non-Claims Based Payment Data (Primary Care); Chapter 243: Uniform Reporting System for Health Care Claims Data Sets; Chapter 241: Uniform Reporting System for Hospital Inpatient Data Sets and Hospital Outpatient Data Sets; New Rule XXX*:* Interagency Reporting of Cancer-Incidence Registry and Vital Statistics Data*;* and Chapter 120: Release of Data to the Public*.*  If all goes as planned the public hearings for all five rules will be held September 2, and the board would reconvene on November 4 to review public comments and responses and consider adoption of proposed rules and changes. A motion was made and seconded to move forward with the proposed rulemaking timeline as proposed. Motion passed unanimously.

**Legislative Session**

Karynlee summarized the status of 11 Legislative Bills that the Agency is tracking closely, because if enacted as currently drafted these new laws will have an impact on MHDO. Karynlee also stated that there may be other bills in the pipeline that may have a potential impact on MHDO and that the Agency will continue to monitor and work with the MHDO’s Executive Committee, Governor’s Office and Legislative Committees as appropriate.

**SAMHSA Rule-42 CFR Part 2**

Karynlee summarized the status of the follow up with the Federal office of Substance Abuse and Mental Health Services Administration (SAMHSA), specific to requesting clarification from the office regarding 42 CFR part 2 and whether a state APCD can lawfully receive data for substance use disorder claims that are protected under Part 2. SAMHSA initially stated that they would respond in writing in March 2021, and to date there has been no response. Karynlee acknowledged again that the lack of access to SUD data continues to be a significant barrier for MHDO’s data users. She went on to summarize the history of events and decisions that have been made by the commercial payers including using their own list of codes to redact all SUD claims data (because they cannot identify a Part 2 program) before submitting to MHDO; and MHDO’s decisions after consulting with its data user group, to apply the CMS filter created by ResDAC to all claims submissions in order to create a uniform set of data. Currently, data uniformity is not as important as access to SUD data that is not subject to 42 CFR Part 2. As such, Karynlee made a recommendation that MHDO discontinue the application of the CMS filter effective immediately and to incorporate those SUD claims that were removed as a result of applying the CMS filter (after the payers applied their own filter), into the MHDO authorized data release files. A motion was made to accept the recommendation and seconded. Motion passed unanimously.

**Data Enhancement Efforts**

Karynlee summarized the status of 8 specific data enhancement efforts that the team is working on in consultation with the MHDO data user group and other subject matter experts. The initiatives include: Linking Claims and Hospital Data & Assessing the Differences; Assigning Payer Typology in the Hospital Encounter Database; Assigning Race and Ethnicity for Person ID 2.0; Assessing Location of Service in MHDO Data Sources; Geocoding Addresses; Adding DRG’s (inpatient) and APC’s (outpatient) in Claims Data; and developing the MHDO Provider Database.

**CompareMaine (CM) Version 10.0**

Karynlee reviewed the most current utilization stats and top 10 procedures searched on CM since its launch in October 2015. She reviewed the timeline for the launch of CM version 10.0, December 2021 with updated costs data for the period April 1, 2020-March 31, 2021; and the Top 25 Rx reports which will be released at the same time for the time period of July 1, 2020-June 20, 2021; and updated quality measures which will also be released at the same time for the most current data available. Karynlee reviewed specific enhancements to the website that the team is working on, including the review of what new procedures to add to the site based on high/low costs, high utilization and variation. Karynlee will e-mail the board the list of new procedures as soon as available. Lastly, Karynlee reviewed the updated table (reflecting the updates in the release CM 9.0) of information that shows for each specific category of procedures on CM the total number of CPT codes on CM vs. what is recognized by the AMA. Currently, CM represents 59% of all CPT codes. Increasing the category of surgical procedures was discussed.

**Maine Quality Forum (MQF)**

Karynlee reported that MQF’s second annual report on Primary Care Spending in the State of Maine as required by Public Law Chapter 24, was released to the Commissioner of DHHS and to the Committee on Health Coverage, Insurance and Financial Services, February 26.She also briefly discussed the status of the work that the MQF is doing on behalf of the Maine-CDC for Project Firstline, the Federal CDC’s infection control training collaborative, designed to help every frontline healthcare worker gain the knowledge and confidence to stop infections.

**Public Comments**

None

The meeting adjourned at approximately 10:30 a.m.