

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

**(Routine Technical Rule)**

**Table of Contents**

**Section I. Basis Statement.**

**Section II. Names of Individuals that Submitted Comments.**

**Section III. Summary of Comments Received by Submitter with Proposed Agency Response.**

**Section I. Basis Statement.**

The Maine Health Data Organization is authorized by statute to collect health care data. The purpose of this Chapter is to explain the provisions for filing health care claims data sets from all third-party payers, third-party administrators, Medicare health plan sponsors and pharmacy benefits managers.

In light of the United States Supreme Court’s decision in *Gobeille v. Liberty Mutual Insurance Company,* this proposed rule amendment adds language that provides for the voluntary submission of self-funded ERISA claims data for Maine residents to the Maine Health Data Organization. In addition, the minimum threshold for submission of adjusted premiums or claims processed, for premiums or claims subject to required reporting, is increased to $2,000,000. Other minor technical changes are being made to conform to industry standards.

**Section II. Names of Individuals that Submitted Comments.**

The following is a list of individuals and affiliations that submitted written comments to the Maine Health Data Organization (MHDO) regarding proposed rule Chapter 243:

1. Kristine Ossenfort, Esq. Director, Government Relations, Anthem Blue Cross and Blue Shield
2. Peter Soifer, Senior Director, Head, Regulatory Data Management Compliance & Regulatory Affairs, Aetna
3. Katherine Pelletreau, Executive Director, Maine Association of Health Plans

**Section III. Summary of Comments Received by Submitter with Proposed Agency Response & Action.**

1. Anthem Blue Cross and Blue Shield submitted the following comment:

Comment 1: “The proposed changes to Rule Chapter 243 seek to clarify that, in light of the *Gobeille* decision, submission of claims data for self-funded ERISA plans is not required, and to provide for the voluntary submission of data by or on behalf of those plans.

Rule Chapter 243 defines a “third-party administrator” as “any person licensed by the Maine Bureau of Insurance under 24-A M.R.S.A., chapter 18 who, on behalf of a plan sponsor, health care service plan, nonprofit hospital or medical service organization, health maintenance organization or insurer, receives or collects charges, contributions or premiums for, or adjusts or settles claims on residents of this State.” (Rule Chapter 243, section 1(Z)). However, as I indicated at the public hearing, carriers are exempt from licensure under Title 24-A, chapter 18, and therefore do not meet the definition of “third-party administrator” contained in the rule. As a result, we would suggest modifying the proposed changes to section 2 of the rule as follows:

2. Health Care Claims Data Set Filing Description

~~Each h~~ Health care claims processors shall submit to the MHDO or its designee a completed health care claims data set for all members who are Maine residents in accordance with the requirements of this section. Each health care claims processor is also responsible for the submission of all health care claims processed by any sub-contractor on its behalf. The health care claims data set shall include, where applicable, a member eligibility file containing records associated with each of the claims files reported: a medical claims file, a pharmacy claims file, and/or a dental claims file. The data set shall also include supporting definition files for payer specific provider specialty codes. Third-party administrators and carriers acting as third-party administrators for self-funded employee benefit plans coveredby ERISA are not required to submit data for members in such plans.

**MHDO Response:** We agree that carriers are exempt from licensure under Title 24-A, Chapter 18 and therefore do not meet the definition of “third-party administrator” and as such we agree with the proposed revision to section 2 of the rule as follows:

~~2. Each h~~ Health care claims processors shall submit to the MHDO or its designee a completed health care claims data set for all members who are Maine residents in accordance with the requirements of this section. Each health care claims processor is also responsible for the submission of all health care claims processed by any sub-contractor on its behalf. The health care claims data set shall include, where applicable, a member eligibility file containing records associated with each of the claims files reported: a medical claims file, a pharmacy claims file, and/or a dental claims file. The data set shall also include supporting definition files for payer specific provider specialty codes. Third-party administrators and carriers acting as third-party administrators for self-funded employee benefit plans regulatedby ERISA are not required to submit data for members in such plans.

**Board Action: Board approved MHDO response to comment-no further action required.**

1. Aetna submitted the following comment:

Comment 1: “Aetna Life Insurance Company, Inc. ("ALIC") is an insurance company that is authorized to transact insurance business in Maine and, as such, is exempt under state law from the requirement to be licensed as a third party administrator ("TPA"). In its capacity as a carrier so-authorized (but not as a licensed TPA), ALIC at times provides only administrative services for self-funded ERISA plan sponsors in Maine. As drafted, the proposed amendments to Chapter 243 would require ALIC to submit health care claims data on behalf of those self-funded plan sponsors. This is in contravention of the Supreme Court's decision in *Gobeille v. Liberty Mutual Insurance Co*., which preempts state reporting requirements with respect to self-funded ERISA plans. We submit this written comment to address this drafting oversight.”

“Specifically, the proposed rule requires "health care claims processors" to submit health care claims data to the MHDO, but then exempts only licensed TPAs from having to do so on behalf of self-funded ERISA plans. As noted above, ALIC is not a licensed TPA in Maine. However, because the definition of "health care claims processors" includes a "third-party payer" which, in turn, includes a "carrier that provides only administrative services for plan sponsors," the proposed rule would require ALIC to report health care claims data on behalf of self-funded ERISA plan sponsors when it administers those plans. Accordingly, we request that the proposed rule be amended to clarify that carriers who are not licensed TPAs but provide only administrative services for self-funded ERISA plan sponsors are also exempt from the rule's reporting requirements.”

**MHDO Response:** We agree that carriers are exempt from licensure under Title 24-A, Chapter 18 and therefore do not meet the definition of “third-party administrator” and as such propose the following revision to section 2 of the rule to address the concern raised in this comment.

~~2. Each h~~ Health care claims processors shall submit to the MHDO or its designee a completed health care claims data set for all members who are Maine residents in accordance with the requirements of this section. Each health care claims processor is also responsible for the submission of all health care claims processed by any sub-contractor on its behalf. The health care claims data set shall include, where applicable, a member eligibility file containing records associated with each of the claims files reported: a medical claims file, a pharmacy claims file, and/or a dental claims file. The data set shall also include supporting definition files for payer specific provider specialty codes. Third-party administrators and carriers acting as third-party administrators for self-funded employee benefit plans regulated by ERISA are not required to submit data for members in such plans.

**Board Action: Board approved MHDO response to comment-no further action required.**

1. Maine Association of Health Plans submitted the following comment:

Comment 1: “As written the proposal only exempts licensed TPA’s, not carriers acting as TPAs. Maine law does not require that carriers be licensed as TPAs to administer self-funded plans so technically that exception wouldn’t cover plans that do. We request that the proposed rule be amended to clarify that carriers who are not licensed TPA’s but provide only administrative services for self-funded ERISA plan sponsors are exempt from the rule’s reporting requirements.”

**MHDO Response:** We agree that carriers are exempt from licensure under Title 24-A, Chapter 18 and therefore do not meet the definition of “third-party administrator” and as such propose the following revision to section 2 of the rule to address the concern raised in this comment.

~~2. Each h~~ Health care claims processors shall submit to the MHDO or its designee a completed health care claims data set for all members who are Maine residents in accordance with the requirements of this section. Each health care claims processor is also responsible for the submission of all health care claims processed by any sub-contractor on its behalf. The health care claims data set shall include, where applicable, a member eligibility file containing records associated with each of the claims files reported: a medical claims file, a pharmacy claims file, and/or a dental claims file. The data set shall also include supporting definition files for payer specific provider specialty codes. Third-party administrators and carriers acting as third-party administrators for self-funded employee benefit plans regulated by ERISA are not required to submit data for members in such plans.

**Board Action: Board approved MHDO response to comment-no further action required.**