

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

**(Routine Technical Rule)**

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**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.

This rule change adds subscriber and member fields to improve the MHDO’s patient index and to prepare for the Centers for Medicare and Medicaid Services (CMS) transition from Heath Insurance Claim Number (HICN) to Medicare Beneficiary Identifier (MBI). Other minor technical changes are also being made to conform to industry standards.

These changes are intended to give providers direction and time to implement modifications to their reporting systems. It is anticipated that these changes will allow for more useful analyses of the data by MHDO data users.

**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. Katherine Pelletreau, Executive Director, Maine Association of Health Plans
2. Kristine Ossenfort, Esq. Senior Director, Government Relations, Anthem Blue Cross and Blue Shield

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

Maine Association of Health Plans submitted the following comments:

Comment 1:

* System Limitation on the Number of Fields: Currently, the Medical Claims report (Appendix D-2) contains 250 fields. One Plan’s system limitation is 255 fields. MHDO proposes to add 7 additional fields to the report which increases the field count to 257. The current Medical Claims layout includes three placeholder fields. If MHDO would either drop those fields or utilize them for three of the new proposed fields, that should solve the problem.

**MHDO Response:** MHDO will remove the proposed fields for HICN and MBI from the medical, pharmacy and dental claims file and only retain them in the eligibility file.

**Board Action:** Board approved MHDO Response to Comment – no further action required.

Comment 2:

* MBI: At least one MeAHP member’s proprietary system does not hold MBI. Although they may be able to obtain it for Medicare Part D business, it will incur additional administrative burden and expense to do so.

**MHDO Response:** If a payer does not collect the MBI from Medicare, then it can request an exemption from the MHDO. In any case, payer files must be submitted in the same format and with the same number of fields, whether the fields can be populated or not.

**Board Action:** Board approved MHDO Response to Comment – no further action required.

Comment 3:

* Duplication of Field Information: On all files (dental, medical, eligibility and pharmacy) there are 4 new fields being added for subscriber and member HICN and subscriber and member MBI.  The member HICN and member MBI would be a duplication of the field, as the subscriber is always the member on Medicare Advantage plans. Moreover, one of our Plans is unable to provide both HICN and MBI, only one or the other. We suggest that Plans be permitted to choose their preference between the two numbers and submit what they have.

**MHDO Response:** As stated in a previous response, the MHDO is removing the new fields from the medical, dental and pharmacy files and only retaining them in the eligibility file. The MHDO does not expect simultaneous population of both the HICN and MBI fields, nor frequent or regular population of Member HICN or Member MBI. To help clarify when these fields should be populated, the MHDO has added language to Appendix C1, page 23 of Rule Chapter 243.

**Board Action:** Board approved MHDO Response to Comment – no further action required.

Comment 4:

* Effective Date: The effective date for submission of these new reporting requirements is aggressive and provides insufficient time to adapt systems to accommodate the new rules. MeAHP requests that the MHDO consider an effective date of April 1, 2018 with October 1, 2018 as the first report date to include the newly adopted fields.

**MHDO Response:** MHDO has updated the effective dates in Appendix C-1 and will clarify with the payers during our webinar that the first file submissions to include the newly adopted format and fields will be January 2019 data starting February 1, 2019.

**Board Action:** Board approved MHDO Response to Comment – no further action required.

Anthem Blue Cross and Blue Shield submitted the following comments:

Comment 1:

* The proposed rule adds a new definition for “Health Insurance Claim Number” (“HICN”) but does not include a definition of “Medicare Beneficiary Identifier” (“MBI”), although that term is also used in the proposed rule.

**MHDO Response:** In the definition section of Rule Chapter 243, MHDO has added a definition for Medicare Beneficiary Identifier (MBI).

**Board Action:** Board approved MHDO Response to Comment – no further action required.

Comment 2:

* Use of the Medicare Beneficiary Identifier, or “MBI”, is not required until January 1, 2020. CMS has provided for a transition period, from April 1, 2018 through and including December 31, 2019 during which either the HICN or the MBI can be used. Therefore, submission of MBIs should not be required until January 1, 2020.

**MHDO Response**: MHDO will accept either the HICN or the MBI or both during the transition period (April 1, 2018 through and including December 31, 2019). MHDO will require the submission of MBI’s beginning with January 2020 data submissions.

**Board Action:** Board approved MHDO Response to Comment – no further action required.

Comment 3:

* Anthem does not have the ability to collect or submit both the HICN and the MBI—we can collect and submit one or the other, and we can submit it in the correct field for the applicable data element, but we cannot submit both the HICN and the MBI. Once the crosswalk file has been received from CMS, the HICNs will be replaced with the MBIs in all of Anthem’s systems, and we will no longer have access to HICNs and will not have the ability to submit them.

**MHDO Response:** MHDO is not requiring the submission of both the HICN and MBI. However, for continuity, the MHDO will require that HICN be submitted at least once between February 1, 2019 and December 31, 2019 in an eligibility file.

**Board Action:** Board approved MHDO Response to Comment – no further action required.

Comment 4:

* As a result, we would suggest modifying the proposed changes to Appendix C-1, proposed data elements ME-110—ME-113 to require submission of either the HICN or the MBI until January 1, 2020, but not both.

**MHDO Response:** MHDO has revised the language in Appendix C-1 to clarify that submission of either element is required, but not both.

**Board Action:** Board approved MHDO Response to Comment – no further action required.

Comment 5:

* Finally, any changes must be prospective and not retroactive. Appendix C-1 indicates that carriers would be required to begin submitting the HICN or MBI effective April 1, 2018. That is prior to the likely effective date of the proposed rule and does not give carriers sufficient time to ensure compliance. Furthermore, as previously noted, the use of an MBI is not required until January and should not be required prior to that date. Therefore, we would suggest January 1, 2020 as the effective date for reporting of the MBI. In any event, submission of HICN or MBI should not be required prior to January 1, 2019 to provide carriers time to come into compliance with the new requirement.

**MHDO Response:**  MHDO has clarified in Appendix C-1 the effective dates and requirements for these new fields which are prospective.

**Board Action:** Board approved MHDO Response to Comment – no further action required.

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| **Data Element**  | **Effective Date** | **Action** |
| HICN | 2/1/19-12/31/19 | Payer submits at least one eligibility file with HICN |
| MBI | 2/1/19-12/31/19 | If Payer has transitioned to MBI they may send to MHDO in eligibility file |
| MBI | 2/1/2020 (for 1/1/2020 submission) | Payer begins to send MBI in eligibility file |

Updates to Rule Chapter 243, Appendix C-1 provide the details that support the summary in the table.