Participant Reminders:
• Please mute your line.
• Please submit your questions via webinar Chat feature.
• We will address as many questions as possible at the end of today’s webinar. For those questions we are unable to get to answers will be distributed to the group.
Agenda

Welcome (5 minutes)
  ◦ Opening Comments/Review Agenda
  ◦ Meeting Goals

Chapter 243 Updates (10 minutes)

Annual Updates (10 minutes)
  ◦ Registration Updates

Implementation Timeline (5 minutes)
  ◦ Overview
  ◦ Payer Q & A

  ◦ Validation Override Resets
  ◦ Validation Rule Additions/Updates
Meeting Goals

1. Review Chapter 243 Updates
2. Review Upcoming Registration Updates
3. Review Validation Override Resets and Validation Updates
4. Review Implementation Timeline
Changes to Chapter 243

Summary
- New definitions
- Updated code list reference information
- Updated mapping information
- Addition of fields

The changes go into effect with the submission of your January 2019 data which is due by February 28, 2019. The portal will be available for submission of January 2019 files no sooner than 2/6/19.
Chapter 243: New Definitions

HICN. “HICN” means the Center for Medicare and Medicaid Services Health Insurance Claim Number.

MBI. “MBI” means the Center for Medicare and Medicaid Services Medicare Beneficiary Identifier.
The majority of the Chapter 243 changes are a result of a transition occurring at the federal level with Medicare.

**Background:**


A new MBI will replace the SSN-based HICN on the new Medicare cards for Medicare transactions like billing, eligibility status, and claim status.

What is the time line for transition?

CMS plans to have a transition period where business partners can use either the HICN or the MBI to exchange data.

The transition period will begin **no earlier than April 1, 2018** and run **through December 31, 2019**. After the **transition period ends on January 1, 2020**, MBIs will be required with few exceptions on claims previously carrying HICN.
Chapter 243 HICN/MBI Transition

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Effective Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>HICN</td>
<td>2/1/19-12/31/19</td>
<td>Payer submits at least one eligibility file with HICN</td>
</tr>
<tr>
<td>MBI</td>
<td>2/1/19-12/31/19</td>
<td>If Payer has transitioned to MBI they may send to MHDO in eligibility file</td>
</tr>
<tr>
<td>MBI</td>
<td>2/1/2020 (for 1/1/2020 submission)</td>
<td>Payer must send MBI in eligibility file for any product type requiring this identifier.</td>
</tr>
</tbody>
</table>

The submitter must send either HICN or MBI during the transition period. Both fields cannot be blank. MBI is required starting with Jan 2020 file submission.
New Data Fields-as of 2019 Data Submissions

ME107  Member Address Line 1
ME108  Member Address Line 2
ME109  Member Country Code
New Data Fields-as of 2019 Data Submissions

ME110  Subscriber HCIN
Subscriber’s Health Insurance Claim Number. Populate at least once starting February 1, 2019 and at least until MBI is reported.

ME111  Subscriber MBI
Subscriber’s Medicare Beneficiary Identifier. May be populated starting February 1, 2019 or as soon as MBI is available for reporting. Required starting January 1, 2020 or if ME110 is not present.
New Data Fields-as of 2019 Data Submissions

**ME112  Member HCIN**
Member’s Health Insurance Claim Number. Required only for Medicare Supplemental/Companion Plans for which 1) the subscriber and the member are not the same person and 2) the payer is primary. Otherwise, leave blank. If not the same as ME110, populate at least once starting February 1, 2019 and at least until Member MBI is reported.

**ME113  Member MBI**
Member’s Medicare Beneficiary Identifier. Required only for Medicare Supplemental/Companion Plans for which 1) the subscriber and the member are not the same person, 2) the payer is primary and 3) ME112 is not present. Otherwise, leave blank. If not the same as ME111, may be populated starting February 1, 2019; however, only required starting January 1, 2020.
New Data Fields-as of 2019 Data Submissions

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MC327</td>
<td>Member Address Line 1</td>
</tr>
<tr>
<td>MC328</td>
<td>Member Address Line 2</td>
</tr>
<tr>
<td>MC329</td>
<td>Member Country Code</td>
</tr>
<tr>
<td>PC107</td>
<td>Member Address Line 1</td>
</tr>
<tr>
<td>PC108</td>
<td>Member Address Line 2</td>
</tr>
<tr>
<td>PC109</td>
<td>Member Country Code</td>
</tr>
<tr>
<td>DC107</td>
<td>Member Address Line 1</td>
</tr>
<tr>
<td>DC108</td>
<td>Member Address Line 2</td>
</tr>
<tr>
<td>DC109</td>
<td>Member Country Code</td>
</tr>
</tbody>
</table>
Changed Data Fields-as of 2019 Data Submissions

**Country Name is now Country Code**

PC024A Pharmacy Country Code
Annual Registration Updates

Updates to Registration Information

• All portal registration information needs to be reviewed and updated annually.

• During the month of February 2019 you will complete your updates in the Portal.
Annual Validation Override Resets

Profile and Exemption Resets

• All existing profile and exemption-level override will expire as of February 1, 2019. Submissions that occur after this reset (January 2019 data) will be evaluated against all validation rules.

• New profile and exemption-level overrides will have to be requested as needed.
Validation Changes

Proposed changes will be distributed in September.

Expected Changes

- New rules for new fields.
- Modify existing rules to address repeat data quality concerns.
# Implementation Timeline

<table>
<thead>
<tr>
<th>Task</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposed Validation Rule Changes Distributed</td>
<td>9/17/2018</td>
<td>9/28/2018</td>
</tr>
<tr>
<td>Instructions regarding testing will be emailed</td>
<td>10/8/2018</td>
<td>10/12/2018</td>
</tr>
<tr>
<td>Payer Testing of Chapter 243 format and Validation Changes</td>
<td>10/15/2018</td>
<td>11/15/2018</td>
</tr>
<tr>
<td>Instructions regarding annual updates will be emailed</td>
<td>2/1/2019</td>
<td>2/1/2019</td>
</tr>
<tr>
<td>Submissions during this period will be held (not validated) until new rules are in place and overrides are reset</td>
<td>2/1/2019</td>
<td>2/5/2019</td>
</tr>
<tr>
<td>Chapter 243 and Validation Rule Changes Deployed to Production - Annual override reset</td>
<td>2/6/2019</td>
<td>2/6/2019</td>
</tr>
<tr>
<td>Payers Complete Annual Registration Information Updates</td>
<td>2/6/2019</td>
<td>2/28/2019</td>
</tr>
</tbody>
</table>
Portal Resources

Help Desk
The Help Desk is available to answer technical questions related to portal submissions.

- Online: [https://mhdo.maine.gov/portal/Home/Contact](https://mhdo.maine.gov/portal/Home/Contact)
- Email: mhdohelp@hsri.org
- Phone: (866) 451-5876

Compliance Issues
For compliance related issues contact:
Philippe Bonneau, Compliance Officer, Maine Health Data Organization
- Email: philippe.bonneau@maine.gov
- Phone: (207) 287-6743
Questions?

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