MHDO Maine Health Data Organization

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90-590 Maine Health Data Organization

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

(Routine Technical Rule)

Section I. Basis Statement

The Maine Health Data Organization is authorized by statute to collect health care data. This chapter governs 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. The provisions include identification of the organizations required to report; establishment of requirements for the content, format, method, and time frame for filing health care claims data; establishment of standards for the data reported; and compliance provisions.

This proposed rule will provide for a change to the claims filing requirement, add new fields for payment arrangement type, remove obsoleted data elements and clarify the requirements for others.

The MHDO Board met on May 6, 2021 and authorized the MHDO to initiate rulemaking to Chapter 243. This is a routine technical rule. The MHDO held a public hearing on September 23, 2021 with an October 4, 2021 deadline for written comments. Below is a summary of these rule changes.

1. New fields for Payment Arrangement Type Indicator (MC331, pages 52 & 64; PC111, pages 69 & 71; DC111, pages 79 & 82)

   Justification: This proposed change will improve data quality and analysis by requiring information on the type of payment methodology used by payers at the claim level. This update aligns with the requirements in the APCD-CDL™

2. Deleted definition for HICN (page 2), Subscriber and Member HICN (ME110, pages 24, 25; ME112, page 27)

Justification: CMS discontinued use of HICN and transitioned to the Medicare Beneficiary Identifier (MBI).

3. Clarifications to data element descriptions/codes/sources
    a. Race (ME021 – ME023, pages 21-22)
    b. Ethnicity (ME025 – ME027, pages 22-23)
    c. Paid Amount (MC063, page 34; PC036, page 68)
    d. Service Facility Identification and Location (MC085 – MC093, pages 37-38; DC051 – DC058, pages 77 & 78)
    e. In-Plan Network Indicator (MC330, page 52; PC110, page 69; DC110, page 79)

Justification: Based on feedback from data submitters and MHDO's experience working with data submitters, we are updating either the description of the data element and or the information to the source of the data in an effort to clarify requirements and ultimately improve the uniformity of the data submissions.

Section II. Names of Individuals that Submitted Comments

The following is a list of individuals and affiliations that made oral comments at the public hearing and or submitted written comments to the Maine Health Data Organization (MHDO) regarding the proposed rule:

1. Bernie Inskeep, UnitedHealthcare, Regulatory Financial Operations, APCD Program Director

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

1. UnitedHealthcare submitted the following comment(s):

Comment:
For the new field in the claims file, Payment Arrangement Type Indicator (MC331, PC111, and DC111), there are expanded payment arrangement types to be utilized in order to label the type of claims payment. These payment arrangement types are in alignment with the Common Data Layout (CDL) and are Valid codes are: 01=Capitation (supported on some platforms, not all); 02=Fee for Service (the vast majority of our claim labels); 03=Percent of Charges; 04=DRG; 05=Pay for Performance; 06=Global Payment; 07=Other; 08=Bundled Payment.

After a comprehensive review of our claims payment system and the available data for claims specific reporting in the APCD files, our UHG submitters are limited in the number of payment arrangement type labels that are available. As such, UnitedHealth Group submitters have the values of 01 for Capitation and 02 for Fee For Service. The other

payment arrangement types are not tracked in claims reporting systems, data warehouse systems nor are they able to be extrapolated from the claims processing system. In short, payment arrangement types which are calculated outside of the claim processing systems are not adjudicated in the claims processing system, nor are they re-adjudicated in the claim processing system following a reconciliation period.

MHDO Staff Response: Payers should report the payment arrangement types that are available within their organizations at the claim level, as described in the proposed changes. Payers should notify the MHDO of those payment arrangement types that are not tracked in their claims reporting systems but are payment types their organizations utilize. Based on the information provided as part of the notification, the MHDO may determine a more effective way to collect payer arrangement type data.

Recommended Board Action: No further action required.

Statutory Authority: 22 M.R.S.A., §§8703(1), 8704(4), 8708(6-A) and 8712(2)

Effective Date: November 15, 2021