

90-590 Maine Health Data Organization

Chapter 247: Uniform Reporting System for Non-Claims-Based Payments

(New Rule, Routine Technical)

Section I: Basis Statement

MHDO is required by statute to create and maintain a useful, objective, reliable and comprehensive health information database that is used to improve the health of Maine citizens and to issue reports and or support the development of reports as mandated. The reason for proposing this new rule is so that MHDO's data for Primary Care payments is accurate and comprehensive in that it reflects both payments made under the traditional fee for service model (governed under Chapter 243) and alternative payment models, which are non-claims based payments (governed under this proposed rule). PL 2019, Chapter 244 requires the Maine Quality Forum to develop an annual report to submit to the legislature on primary care spending in the state of Maine, using data from the Maine Health Data Organization. Currently, MHDO's data set does not reflect the total investment that payors (both private and public) are making in primary care and therefore understates the level of spending in the state of Maine. This proposed rule provides the structure for the submission of data for non-claims based primary care payments. This will allow for accurate reporting and better inform future policy decisions specific to investments in primary care.

It is anticipated that this new rule will improve the accuracy of the State's annual reporting of primary care spending in the state of Maine. The substance of the proposed rule is based on recommendations for uniformity in defining primary care and non-claims-based payments developed by Milbank Memorial Fund, in their report titled Measuring Non-Claims-Based Primary Care Spending. The rationale for adopting the Milbank methodology is to streamline the administrative burden for reporting entities and align with a strategy that may become the national standard adopted by the National Association of Health Data Organizations (NAHDO). Access to report is here: https://www.milbank.org/wp-content/uploads/2021/04/Measuring_Non-Claims_7-1.pdf

The MHDO Board met on May 6, 2021 and authorized the MHDO to initiate rulemaking for Chapter 247. This is a new routine technical rule. The MHDO held a public hearing on September 23, 2021 with an October 4, 2021 deadline for written comments.

Section II. Names of Individuals that Provided Public Comments

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

1. Kristine Ossenfort, Esq., Senior Director Government Relations, Anthem Blue Cross & Blue Shield (verbal comment made at the public hearing)
2. Karynlee Harrington, Director, Maine Quality Forum (written comments submitted)

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

Below is a summary of comments received, MHDO's staff comments and recommended Board action:

1. Anthem Blue Cross & Blue Shield: Summary of comment made at public hearing:

Comment 1. Effective Date

Appears that there may be an inconsistency in the proposed rule regarding the effective date of the first annual filing of data and the date listed in Section 2. B. Data Elements and Attributes, under the *Date Effective* Column.

MHDO Staff Comment: Section 3. E. describes the filing period as follows: The annual filing for each submission shall cover the previous completed calendar year and shall be due by August 31. In the first year of this new rule, the data that is due August 31, 2022, is for calendar year 2021.

The column labeled *Date Effective* in Section 2. B. represents the date when the data element became available. To minimize any confusion, we would recommend deleting this column from the layout.

Recommended Board Action: Delete the column in Section 2. B. labeled **Date Effective**.

Header Record

Data	Data	Date	Type	Maximum	Definition/Description
Element	Element	Effective		Length	
#	Name				

2. Maine Quality Forum submitted the following comments:

Comment 1. Section 1. Definitions

V. Recoveries: Remove the last line in the definition since recoveries will not be reported separately. We suggest adding the following sentence: Recoveries not reported in claims payments should be netted out of the total non-claims-based payments reported.

MHDO Staff Comment: Agree with the suggestion as the revisions proposed improve the accuracy and clarity of the definition.

Recommended Board Action: Revise the definition for Recoveries in Section 1. V. as follows:

Recoveries. “Recoveries” means payments received by a provider from a payor and then later recouped due to a review, audit, or investigation. Recoveries not reported in claims payments should be netted out of the total non-claims-based payments reported.

Y. Shared-Risk Recoupments: Remove the line about the value should be reported as a negative number, since this information will not be reported. We suggest adding: “Recoupment should be netted out of the total non-claims-based payments reported.”

MHDO Staff Comment: Agree with the suggestion as the revisions proposed improve the accuracy and clarity of the definition.

Recommended Board Action: Revise the definition for Shared-Risk Recoupments in Section 1. Y as follows:

Shared-risk Recoupments. “Shared-risk recoupments” means payments payors recoup from providers if costs of services are above a predetermined, risk-adjusted target. Shared-risk

arrangements are typically calculated on a total cost of care basis and typically exclude high-cost outliers. Recoupment should be netted out of the total non-claims-based payments reported.

Comment 2. Section 2. A (1). General Requirements

We suggest adding the following sentence in this section or in the definition for non-claims-based payments for clarification: “Non-claims-based payments are payments from carriers to providers as defined....

MHDO Staff Comment: The revision proposed clarifies the information that is required for reporting.

Recommended Board Action: Add the suggested language to the end of Section 2. A. 1

Payors that: a) provide medical benefits to Maine residents; and b) are not excluded from submitting health care claims data sets under 90-590 Chapter 243 Sec 2(A)(9)(a-b); and c) reimburse providers by means other than a Fee-for-Service model shall submit to the MHDO or its designee complete non-claims-based payment information and in accordance with the requirements of this section. Non-claims based payments are payments from carriers to providers based on definitions above.

Comment 3. Section 2. B Data Elements and Attributes

Header Record: Date Effective –We suggest renaming the column header to “element effective date” to clarify when the variable was first included for reporting.

MHDO Staff Comment- The column labeled *Date Effective* in Section 2. B. represents the date when the data element became available. To minimize any confusion, we would recommend deleting this column from the layout.

Recommended Board Action- Delete the column in Section 2. B. labeled **Date Effective**.

Data	Data	Date	Type	Maximum	Definition/Description
Element	Element	Effective		Length	
#	Name				

Comment 4. Data Elements:

NC003 (Insurance Type/Product Code): To use the reported data in conjunction with claims-based reporting, the value of this field should match ME003 and should be added to Appendix B. We suggest revising the definition/description.

MHDO Staff Comment: We agree that adding language to the NC003 Definition/Description column regarding the value of this field should matching the data element ME003 is helpful as it improves the description of what information is required in this field. We do not recommend adding the MHDO non-standard codes to Appendix B as it is not part of a source and does not align with what is generally included in Appendix B.

Recommended Board Action: Add language to the Definition/Description column for data element NC003 as follows:

NC003	Insurance Type/Product Code	1/1/2022	Text	2	Code identifying the type of insurance policy within a specific insurance program. Refer to Appendix B for standard code list. <u>Coding should match MHDO Chapter 243 data element ME003.</u> In Addition, MHDO uses the following non-standard codes. HN Medicare Part C MD Medicare Part D 16 Medicare Part C MD Medicare Part D SP Supplemental Policy
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NC009 (Total Dollars Non-Claims-Based Payments (Primary Care Only/Portion)): We suggest adding a reference to the primary care definition.

MHDO Staff Comment: The revision proposed adds additional clarity.

211202: Amended Comment 5 on page 6; both staff response and recommended board action.

Recommended Board Action: Add language to the Definition/Description column for data element NC009 as follows:

NC009	Total Dollars Non-Claims-Based Payments (Primary Care Only/Portion)	1/1/2022	Number	10	Do not code decimal point. Two decimal places implied. <u>See definition of Primary Care above (1P) for reporting Primary Care Only.</u>
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Comment 5. Appendix B: MHDO Source Codes

Measuring Non-Claims-Based Primary Care-

We suggest removing the table since the definitions in the proposed rule are adapted from but do not exactly match the definitions in the Milbank report. We recommend also removing the abstract and instead add “adapted from”.

MHDO Proposed Response: Agree with the recommendation that we remove all references to the Milbank report, including the table in Appendix B, MHDO Source Codes; and add the following language to Appendix B: Several definitions are adapted from the Milbank Memorial Fund Report, available from:

<https://www.milbank.org/wp-content/uploads/2021/04/Measuring-Non-Claims-7-1.pdf>

Recommended Board Action: Delete the reference to the Milbank Report and associated table in Appendix B. Add the following language to Appendix B: Several definitions are adapted from the Milbank Memorial Fund Report, available from:

<https://www.milbank.org/wp-content/uploads/2021/04/Measuring-Non-Claims-7-1.pdf>

Statutory Authority: 22 M.R.S. §§8703(1); 8704(1)&(4)

Effective Date: December 12, 2021