

90-590 Maine Health Data Organization

Public Hearing – August 3, 2023

Basis Statement/Summary of Changes

Chapter 247: Uniform Reporting System for Non-Claims Based Payments and Other Supplemental Health Care Data Sets (Routine Technical)

The Maine Health Data Organization is authorized by statute to collect health care data. This Chapter contains the provisions for filing non-claims-based payment information and other supplemental health care data sets.

This proposed rule adds new data fields and updates others to ensure collection of complete and accurate aggregated, claims-based substance use disorder (SUD) payment data and non-claims-based prescription drug rebate data.

The MHDO Board met on February 2, 2023 and authorized the MHDO to initiate rulemaking to Chapter 247, as required under 22 MRSA §8705-A. The following represent the proposed changes to the rule and the rationale for these changes:

1. Update Chapter Summary. (page 1)

Justification: The proposed changes to the summary provide a more specific overview of the chapter's contents.

2. Introduce definitions for Pharmacy Benefits Manager, Pharmacy Benefits Manager Compensation, and Rebate. (section 1, pages 2-3)

Justification: These definitions specify data element requirements in the new data file type DR – Prescription Drug Rebates and are consistent with definitions in related data collection rules 90-590 C.M.R. Chapters 243 and 570.

3. Reorganize and clarify the General Requirements. (section 2(A), pages 5-6)

Justification: The proposed revisions in this section are based on the first years' experience of data submission and the use of the data. The revisions provide the clarity requested from both payors as well as the end user of the data specific to the general

requirement of submitting non-claims-based payments and other supplemental data. In addition, there is a new requirement for the submission of prescription drug rebate data.

4. Delete data element Insurance Type/Product Code (NC003, page 9).

Justification: The amount fields in file type NC – Non-Claims-Based Payments are aggregated by population (NC0112), not by product code (NC003); therefore, the field is not used (left blank).

5. Modify or clarify the descriptions of data elements Total Plan-Paid Dollars SUD Claims-Based Payments Not Reported to MHDO (AC008) and Total Plan-Paid Dollars on Claims/Claim Lines Sent to MHDO where SUD Codes Were Removed (AC009); add data element Total Plan-Paid Dollars SUD Claims-Based Payments Related to Primary Care (AC010). (pages 11, 12)

Justification: These changes better articulate the differences between data elements AC008 and AC009. The new data element AC010 is required because not all SUD-related payments are for behavioral health.

6. Add new value of DR – Prescription Drug Rebates to header and trailer record elements HD004 and TR004 – Type of File (pages 7, 8); add new file type DR – Prescription Drug Rebates for non-claims-based prescription drug rebate data with relevant data elements including Drug Code (DR005), Drug Name (DR006), Generic Drug Indicator (DR007), Specialty Drug Indicator (DR008), Total Count of Prescriptions Filled (DR009), Total Quantity Dispensed (DR010), Total Pharmacy Expenditure Amount (DR011), Total Manufacturer Prescription Drug Rebates (DR012), Total Pharmacy Prescription Drug Rebates (DR013), Percent Rebate Retained by PBM (DR014) and Total PBM Compensation Amount (DR015). (pages 12-15)

Justification: The collection of pharmacy rebate data improves the transparency and accuracy of prescription drug reporting in the State under 22 MRSA §8736, and validating compliance with 24-A MRSA §§4350-A and 4350-D.

Statutory Authority: 22 MRSA §§8703(1); 8704(1) & (4); and 24-A MRSA §6951

Effective Date: TBD