



December 12, 2016

Maine Health Data Organization
Attn: Karynlee Harrington, Acting Executive Director
102 State House Station
Augusta, Maine 04333-0102

via e-mail to
Karynlee.Harrington@maine.gov

Re: Proposed Rule Chapter 243, "Uniform Reporting System for Health Care Claims Data Sets"

Dear Ms. Harrington:

On behalf of Anthem Blue Cross and Blue Shield, I would like to thank you the Maine Health Data Organization for taking action to respond to the decision of the U.S. Supreme Court in *Gobielle v. Liberty Mutual Insurance Company*. Pursuant to the Notice of Rulemaking dated November 7, 2016, this letter will serve to summarize the comments presented at the public hearing on December 1, 2016 with respect to the proposed changes to Rule Chapter 243, "Uniform Reporting System for Health Care Claims Data Sets."

The proposed changes to Rule Chapter 243 seek to clarify that, in light of the *Gobielle* decision, submission of claims data for self-funded ERISA plans is not required, and to provide for the voluntary submission of data by or on behalf of those plans.

Rule Chapter 243 defines a "third-party administrator" as "any person licensed by the Maine Bureau of Insurance under 24-A M.R.S.A., chapter 18 who, on behalf of a plan sponsor, health care service plan, nonprofit hospital or medical service organization, health maintenance organization or insurer, receives or collects charges, contributions or premiums for, or adjusts or settles claims on residents of this State." (Rule Chapter 243, section 1(Z)). However, as I indicated at the public hearing, carriers are exempt from licensure under Title 24-A, chapter 18, and therefore do not meet the definition of "third-party administrator" contained in the rule.

As a result, we would suggest modifying the proposed changes to section 2 of the rule as follows:

2. Health Care Claims Data Set Filing Description

~~Each~~ Each health care claims processor shall submit to the MHDO or its designee a completed health care claims data set for all members who are Maine residents in accordance with the requirements of this section. Each health care claims processor is also responsible for the submission of all health care claims processed by any sub-contractor on its behalf. The health care claims data set shall include, where applicable, a member eligibility file containing records associated with each of the claims files reported: a

medical claims file, a pharmacy claims file, and/or a dental claims file. The data set shall also include supporting definition files for payer specific provider specialty codes. Third-party administrators *and carriers acting as third-party administrators* for self-funded employee benefit plans covered by ERISA are not required to submit data for members in such plans.

Again, we appreciate the MHDO Board taking this action and thank you for the opportunity to submit these comments. Should you have any questions or need additional information, please do not hesitate to contact me at (207) 822-7260.

Sincerely,

A handwritten signature in blue ink that reads "Kristine M. Ossenfort". The signature is written in a cursive, flowing style.

Kristine M. Ossenfort, Esq.
Director, Government Relations

Cc: Linda Adams (linda.adams@maine.gov)