

# Payer Data Submitter Group

Webinar – 12/14/2021

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

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## Welcome (5 minutes)

- Opening Comments/Review Agenda
- Meeting Goals

## Chapter 243 Claims Data (20 minutes)

- Chapter 243 Updates
- Validation Override Resets
- Validation Rule Additions/Updates
- Implementation Timeline

## Chapter 247 Non-Claims-Based Payment Data (10 minutes)

- Introduction to Chapter 247
- Implementation Timeline

## Annual Registration Updates (10 minutes)

- Requirements

## Resources and Questions (5 minutes)

# Meeting Goals

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1. Review Chapter 243 Updates
2. Review Validation Override Resets and Validation Updates
3. Chapter 247 Overview
4. Review Upcoming Registration Updates
5. Review Implementation Timelines

# Chapter 243

## Claims Data

### Summary of Changes

- Changed existing fields to placeholders
- Addition of fields
- Clarifications to data field descriptions/codes/sources

**The changes go into effect with the submission of your January 2022 data which is due by February 28, 2022.**

The portal will be available for submission of January 2022 files no sooner than February 2, 2022.

# Placeholder fields as of 2022 Data Submissions

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ME110 Subscriber HICN

ME112 Member HICN

# New Data Fields as of 2022 Data Submissions

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MC331 Payment Arrangement Type Indicator

PC111 Payment Arrangement Type Indicator

DC110 Payment Arrangement Type Indicator

# FAQ re: Payment Arrangement Type Indicator

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**Q.** None of the Payment Arrangement Type Indicator codes apply to my organization. Should we submit “Other” for all records?

**A.** 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.

In the context of pharmacy claims, if a payer has a mixture of payment arrangement types at the claim level that are mostly values of ‘01’, ‘02’ and ‘03’, then it is incorrect to indicate that all claims are ‘07’(other). That is why the MHDO created a validation rule that would require an exemption if the population of ‘07’ exceeded a threshold of 5%. It would be more accurate to indicate that the payment arrangement type at the claim level is unknown by leaving the field/records blank. This will cause a failure for Payment Arrangement Type Indicator Populated, which is a profile-level validation rule. A data submitter would then be able to override the failure by providing an explanation and the above information (highlighted).

# Changes to Existing Data Fields as of 2021 Data Submissions

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ME021	Race 1
ME022	Race 2
ME023	Race 3
ME025	Ethnicity 1
ME026	Ethnicity 2
ME027	Ethnicity 3
MC063	Paid Amount
PC036	Paid Amount
MC330	In-Plan Network Indicator
PC110	In-Plan Network Indicator
DC110	In-Plan Network Indicator



# Changes to Existing Data Fields as of 2021 Data Submissions

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MC085	Service Facility Location Name
MC086	National Provider ID – Service Facility
MC087	Service Facility Location Address Line 1
MC088	Service Facility Location Address Line 2
MC089	Service Facility Location City Name
MC090	Service Facility Location State or Province
MC091	Service Facility Location Zip Code
MC092	Service Facility Number
MC093	Service Facility Location Country Code
DC051	Service Facility Location Name
DC052	National Provider ID – Service Facility
DC053	Service Facility Location Address Line 1
DC054	Service Facility Location Address Line 2
DC055	Service Facility Location City Name
DC056	Service Facility Location State or Province
DC057	Service Facility Location Zip Code
DC058	Service Facility Number

# Annual Validation Override Resets

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## Profile and Exemption Resets

- All existing profile and exemption-level overrides will expire as of February 1, 2022. Submissions that occur after this reset (January 2022 data) will be evaluated against all validation rules.
- New profile and exemption-level overrides will have to be requested as needed.



# Validation Changes

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- Each new Payment Arrangement Type Indicator field will have rules checking population, validity, and the rate of “Other” values being submitted.
- Removed validation rules for Subscriber and Member HICN fields. Adding rules to enforce blank placeholder fields.
- Added rules to enforce proper population of Subscriber MBI.
- Modified validation rules for updated Paid Amount fields.

# Implementation Timeline for Chapter 243

Task	Start Date	End Date
<b>Payer testing</b> of Chapter 243 and validation rule changes in Payer Data Portal Test Site	12/8/21	1/11/22
Instructions regarding annual updates will be emailed	1/24/22	1/28/22
<b>Last day files for any period will be accepted in the old Chapter 243 format</b>	1/31/22	1/31/22
Files submitted on this day must be in the new format and will be held until and processed on 2/2/22	2/1/22	2/1/22
<b>Submission of files in the new format begins</b> (January 2022 data) – Annual override reset	2/2/22	2/2/22
Annual registration information updates are due	2/28/22	2/28/22
<b>January 2022</b> data files are due in the new format	2/28/22	2/28/22

# New Requirement: Chapter 247 Non- Claims-Based Payments Data

## Summary

- Collection of non-claims-based payment information related to the delivery of health care services.
- Non-claims-based means payments that are for something other than a fee-for-service claim. Non-claims-based payments are defined to include but are not limited to:
  - Capitation Payments
  - Care Management/Care Coordination/Population Health Payments
  - Electronic Health Records/Health Information Technology Infrastructure/Other Data Analytics Payments
  - Global Budget Payments
  - Patient-centered Medical Home Payments
  - Pay-for-performance Payments
  - Pay-for-reporting Payments
  - Primary Care and Behavioral Health Integration Payments
  - Prospective Case Rate Payments
  - Prospective Episode-based Payments
  - Provider Salary Payments
  - Retrospective/Prospective Incentive Payments
  - Risk-based Payments
  - Shared-risk Recoupments
  - Shared-savings Distributions
- Annual registration due February 28, 2022
- First submission due August 31, 2022, for the period of Calendar Year (CY) 2021
- Annual attestation due August 31, 2022

# Implementation Timeline for Chapter 247

Task	Start Date	End Date
<b>Webinar</b> to review requirements in detail and demo of submission portal	Early May	Early May
<b>Payer testing</b> of data submission process in Payer Data Portal Test site	5/18/22	6/17/22
<b>Begin submissions of 2021</b> data to production Payer Data Portal site	8/3/22	8/3/22
<b>2021</b> data files and attestations are due	8/31/22	8/31/22

# Annual Payer Registration Updates for Chapter 243 & Chapter 247

## Summary

- Review and Update Users
- Review and Update Contacts
  - New non-claims-based payment (NCBP) contact roles
- Review and Update Summary
  - New non-claims-based payment (NCBP) question in Payer Details

**Annual registration updates are due by February 28, 2022.**

# Annual Registration Updates

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## Updates to Registration Information

- All portal registration information needs to be reviewed and updated annually.
- During the month of February 2022, you will complete your updates in the Portal.
- **There are new requirements related to Chapter 247 Non-Claims-Based Payments**





# Review and Update Contacts

## New Non-Claims-Based Contact Types

**Each company must designate at least one person for each new NCBP type. These individuals will receive important information about upcoming requirements and milestones.**

NCBP Administrator – Responsible for annual registration and managing company users and contacts.

NCBP Compliance – Responsible for ensuring NCBP data submissions meet requirements and deadlines.

NCBP Submitter – Responsible for submitting NCBP data.

The screenshot shows a web form titled "Contact Details". It contains several sections:

- Contact Type:** A dropdown menu with "NCBP Administrator" selected.
- Contact Information:** A section with a checkbox labeled "Use an existing user" which is currently unchecked.
- User:** A dropdown menu with "MHDO DW Portal Edit" selected.
- First Name:** A text input field with a red asterisk indicating it is a required field. The placeholder text "First Name" is visible.

A legend below the "Contact Information" section states: "\* indicates required field".

# Review and Update Summary

## New Non-Claim-Based Payments Question

Please indicate if your company has **non-claim-based payments** to submit or be submitted on your behalf.

### Submit Non-Claims-Based Payments

Yes  No

#### Indicate the types of NCBPs, if known:

- Capitation Payments
- Care Management/Care Coordination/Population Health Payments
- Electronic Health Records/Health Information Technology Infrastructure/Other Data Analytics Payments
- Global Budget Payments
- Patient-centered Medical Home Payments
- Pay-for-performance Payments
- Pay-for-reporting Payments
- Primary Care and Behavioral Health Integration Payments
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- Shared-savings Distributions



# Portal Resources

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## Help Desk

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

Online: <https://mhdo.maine.gov/portal/Home/Contact>

Email: [mhdohelp@hsri.org](mailto:mhdohelp@hsri.org)

Phone: (866) 451-5876

## Compliance Issues

For compliance issues contact:

Philippe Bonneau, Compliance Officer, Maine Health Data Organization

Email: [philippe.bonneau@maine.gov](mailto:philippe.bonneau@maine.gov)

Phone: (207) 287-6743

## Questions?

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**MHDO** Maine Health  
Data Organization

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