

**Summary of Public Comments and
Maine Health Data Organization Responses
to
Chapter 243: Uniform Reporting System for Health Care Claims Data Sets**

The MHDO submitted a set of proposed changes to Rule Chapter 243 to the Board of the Maine Health Data Organization. The Board adopted the proposed changes and on April 3, 2014 a public hearing was held. Written comments were accepted until April 14, 2014.

Timing for Testing of Files (page 9)

Comment 1:

On behalf of UnitedHealthcare and its affiliated companies, hereinafter referred to as UnitedHealth Group, we are gratified to see the adoption of a UnitedHealth Group suggested change under Section 3(D) – Timing for Testing of Files of the proposed revision of 90-590 Maine Health Data Organization; Chapter 243.

Response:

No response necessary.

New Data – Additional Procedure Modifier Codes, MC057A and MC057B (pages 34-35, 53)

Comment 2:

Several UnitedHealth Group submitting entities receive and maintain less than four procedure modifier codes. If the State expands the number of procedure modifier codes to be included in the data files, some of the UnitedHealth Group submitting entities will need to request variances.

Response:

Inclusion of these fields in the rule requires that a payer provide this information to the extent that it is available in the payer's system(s). Payer-specific variances will be allowed.

New Data – Addition of Billing Provider and Service Facility Codes, MC079 – MC091 (pages 37-38, 53-54)

Comment 3:

Some of the UnitedHealth Group submitting entities house limited billing provider and service facility information. If the State adds the billing provider and service facility codes as noted in the proposed rule, these submitters will likely need to request variances for these fields.

Response:

Inclusion of these fields in the rule requires that a payer provide this information to the extent that it is available in the payer's system(s). Payer-specific variances will be allowed.

New Data – Addition of External Cause of Injury Codes (pages 39-43, 55-56)**Comment 4:**

Some of the UnitedHealth Group submitting entities do not house the suggested External Cause of Injury Codes. If the State requires the submission of these data fields, several of our submitting entities will need to request variances.

Response:

Inclusion of these fields in the rule requires that a payer provide this information to the extent that it is available in the payer's system(s). Payer-specific variances will be allowed.

New Data – Present on Admission Indicators 1 – 24 (pages 39-47, 55-58)**Comment 5:**

We noted that the Present On Admission codes 1 through 24 are in fields MC207-MC253 and again in fields MC255-MC301. Some of the UnitedHealth Group submitting entities do not house POA information. Other data submitters only have one set of POA codes. Please explain the purpose of the second set of POA codes. If the State requires the submission of two separate sets of POA codes, several of the UnitedHealth Group submitting entities will need to request variances. Other UnitedHealth Group submitting entities will need to request variances for all POA codes.

Response:

POA codes are paired with the Diagnosis, Other Diagnosis or External Cause of Injury Codes with which they are associated. Inclusion of these fields requires that a payer provide this information to the extent that it is available in the payer's system(s). Payer-specific variances will be allowed.

New Data – Additional Diagnosis Codes (pages 43-47, 56-58)**Comment 6:**

UnitedHealth Group submitting entities receive and maintain between one and eight diagnosis codes. If the State expands the number of diagnosis codes to be included in the data files, some of the UnitedHealth Group submitting entities will need to request variances.

Response:

Inclusion of these fields requires that a payer provide this information to the extent that it is available in the payer's system(s). Payer-specific variances will be allowed.

New Data – Additional Procedure Codes (pages 48-49, 58-59)

Comment 7:

UnitedHealth Group submitting entities receive and maintain between one and ten procedure codes. If the State expands the number of procedure codes to be included in the data files, some of the UnitedHealth Group submitting entities will need to request variances.

Response:

Inclusion of these fields in the rule requires that a payer provide this information to the extent that it is available in the payer's system(s). Payer-specific variances will be allowed.

Commenter(s):

- 1-7. Gail Kahl, Director of Regulatory Compliance, Northeast Region,
UnitedHealthcare Insurance Company