

Potential Chapter 243 Changes

Last Updated: November 24, 2014

# Data Elements/Structure

| # | Issue Type | Issue | Recommendation/Notes | Recommendation Type | Priority |
| --- | --- | --- | --- | --- | --- |
| 1 | Existing Data Element | No or limited race/ethnicity information, Race & Ethnicity is currently marked as “leave blank” but would like it to be an option. | Check if MaineCare and/or Medicare submit this. Too difficult to require Commercial Insurers to provide, wouldn’t be consistent across payers. | No change. | N/A |
| 2 | Existing Data Element | Proper use of MC005A Version Number field | Data Users will handle on their own. | Remove from list. | N/A |
| 3 | Existing Data Element | Proper population of Payer (002) fields | Put a description together that describes how these fields are used and include with release notes. | Payer and Data User Education. |  |
| 4 | Missing Data Element | No or limited patient lifestyle or behavior data like smoking, drinking, exercising, etc. | Not available from payers. Data Users will handle on their own. | Remove from list.  | N/A |
| 5 | Missing Data Element | Lack of cost data at claim/service level for capitated HMO services or other special payment arrangements such as bundled payments or DRG payments. |  | Change Chapter 243 |  |
| 6 | Missing Coverage Information | Indication of coverage type:* Full medical
* supplemental medical
* vision only
* behavioral health only
* other limited plan
* limitations on going out of network
* shared decision-making (restrictions on certain procedures)
* Distinguish clearly Medigap from full coverage
 | Release fields ME028-30 and ME912 may contain information that may be useful. May need to look at data transformed from ME003 to ME912 (see list at bottom). Data dictionary is out of date, in the meantime refer to Chapter 243 information about what the payers include in ME028-30: <http://www.maine.gov/sos/cec/rules/90/90/590/590c243.docx> | Data User Education, Change Chapter 243 |  |
| 7 | Missing Coverage Information | Plan cost information:* Premium Costs
* Deductible Amount
 | Remove from list. This information isn’t easy to compare across plans. | Remove from list. | N/A |
| 8 | Missing Coverage Information | When coverage is through a group:* financial type of group (public vs private)
* Self or fully insured
* Industry of group providing coverage
 | Refer to notes is #6. | Data User Education, Change Chapter 243 |  |
| 9 | Missing Coverage Information | For plans on ACA exchange in future, Include level of coverage: gold, silver, bronze, catastrophic only, etc. | Discuss with 3 plans (Anthem, Harvard, Maine Community Health Options) who provide coverage recommendation for new data element. | Change Chapter 243 |  |
| 10 | Missing Provider Information | Include the Attending Provider on all inpatient stays. |  | Change Chapter 243 |  |
| 11 | Missing Provider Information | Include Ordering (Prescribing) Provider on Pharmacy Claims |  | Change Chapter 243 |  |
| 12 | Missing Provider Information | Define Facility Name: facility mailing address vs. facility physical address vs. location of injury/event  |  | Change Chapter 243 |  |
| 13 | Missing Provider Information | Add manual confirmation of provider detail records with 100 or more professional claims | Need more information. Is this for providers who don’t have an NPI? |  |  |

**ME003 Valid ANSI ASC X12 Insurance Policy Type Code**

14 Medicare Secondary, No-fault Insurance including Auto is Primary

15 Medicare Secondary Worker's Compensation

16 Medicare Secondary Public Health Service (PHS)or other Federal Agency

41 Medicare Secondary Black Lung

42 Medicare Secondary Veteran's Administration

43 Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP)

47 Medicare Secondary, Other Liability Insurance Primary

D Disability

DB Disability Benefits

EP Exclusive Provider Organization

FF Family or Friends

GP Group Policy

HM Health Maintenance Organization (HMO)

HS Special Low Income Medicare Beneficiary

IN Indemnity

IP Individual Policy

LC Long Term Care

LD Long Term Policy

LI Life Insurance

LT Litigation

AP Auto Insurance Policy

C1 Commercial

CO Consolidated Omnibus Budget Reconciliation Act (COBRA)

CP Medicare Conditionally Primary

12 Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan

13 Medicare Secondary End-Stage Renal Disease Beneficiary in the Mandated Coordination Period with an Employer's Group Health Plan

MA Medicare Part A

MB Medicare Part B

MC Medicaid

MH Medigap Part A

MI Medigap Part B

MP Medicare Primary

OT Other

PE Property Insurance - Personal

PL Personal

AB Medicare A/B

PP Personal Payment (Cash - No Insurance)

PR Preferred Provider Organization (PPO)

PS Point of Service

QM Qualified Medicare Beneficiary

RP Property Insurance - Real

SP Supplemental Policy

TF Tax Equity Fiscal Responsibility Act (TEFRA)

WC Workers Compensation

WU Wrap Up Policy

HN Medicare Part C

MD Medicare Part D

**We also accept the following codes if the submitter is Medicare:**

0 NOT ENTITLED

1 PART A ONLY

2 PART B ONLY

3 PART A AND PART B

A PART A, STATE BUY-IN

B PART B, STATE BUY-IN

C PARTS A AND B, STATE BUY-IN