



Claims & Non-Claims Data Submissions to MHDO

90-590 Chapters 243 and 247

July 11, 2024



Participant Reminders



Please mute your audio.



Please submit questions via the 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 available in the FAQ posted in the portal.



A recording of the webinar will be distributed after the webinar and made available on the MHDO website.

Agenda

- Welcome & Opening Comments
- Overview of Changes for Payor Submissions
- Review Changes to Chapter 243, *Uniform Reporting System for Health Care Claims Data Sets*
- Review Changes to Chapter 247, *Uniform Reporting System for Non-Claims Based Payments and Other Supplemental Health Care Data Sets*
- Annual Registration, Timelines, and Reminders
- Resources and Questions

Overview of Changes for Payor Data Submissions

Revisions to Chapter 243 and Chapter 247 were adopted by the MHDO Board of Directors in December 2023. In June 2024 the board adopted changes to the capitated structure in Chapter 243.

The **implementation date** for the submitters to include these changes in their data submission to MHDO is **January 1, 2025**.

- **For Chapter 243 data**, changes go into effect with the submission of your January 2025 data which is due by February 28, 2025.
- **For Chapter 247 data**, changes go into effect with the submission of your 2024 data which is due by August 31, 2025.

Changes for Payor Data Submissions

<https://mhdo.maine.gov/rules.htm>

The screenshot shows the MHDO website interface. At the top, there is a navigation bar with links for Home, Data, Contact, Security and Privacy, CompareMaine, and Maine Quality Forum. Below this is a language selection dropdown and a Google Translate widget. The main content area is titled 'Statute and Rules' and includes a sidebar with 'ADMINISTRATIVE' links: MHDO Board Meetings, Data Release Subcommittee, MHDO Value Proposition Subcommittee, and Rules and Statutes (which is highlighted). The main text area contains the heading 'Chapters of Rule 90 590' and a sub-heading 'Statute and Rules'.

Chapter 243

Uniform Reporting System for Health Care Claims Data Sets - (routine technical)

Revisions to Chapter 243 were adopted by the MHDO Board of Directors in December 2023 and in June 2024. The implementation date for the submitters to include these changes in their data submission to MHDO is **January 1, 2025**. Listed below, for your reference are the final version of the rule and the supporting documentation including the proposed rule and the basis statement/summary of changes document.

Changes adopted in June 2024 (which incorporate the changes that were adopted in December 2023).

- [Final Version of Rule Chapter 243 \(implementation date is January 1, 2025\)](#)
- [Proposed Rule Chapter 243](#)
- [Basis Statement/Summary of Changes](#)

Changes adopted in December 2023.

- [Final Version of Rule Chapter 243 \(implementation date is January 1, 2025\)](#)
- [Proposed Rule Chapter 243](#)
- [Basis Statement/Summary of Changes](#)

Chapter 247

Uniform Reporting System for Non-Claims Based Payments and Other Supplemental Health Care Data Sets - (routine technical)

Revisions to Chapter 247 were adopted by the MHDO Board of Directors in December 2023. The implementation date for the submitters to include these changes in their data submissions to MHDO is **January 1, 2025**.

Listed below, for your reference are the final version of the rule, and supporting documentation including the proposed rule and the basis statement/summary of changes document.

- [Final Version of Rule Chapter 247](#)
- [Proposed Rule Chapter 247](#)
- [Basis Statement/Summary of Changes](#)



Chapter 243 Uniform Reporting System for Health Care Claims Data Sets

SUMMARY OF CHANGES TO BE IMPLEMENTED JANUARY 1, 2025

Chapter 243 *Uniform Reporting System for Health Care Claims Data Sets*

De-Identified Substance Use Disorder (SUD) Claim Information

- SUD-related records must have identifying information removed and the SUD flag MC333/PC113 set to 'Y'. **This includes field MC068 PCN.** Service, admission, and other date fields should only indicate year of service.
- SUD-related records must have information such as claim number and line number removed so there will be no way to link records to non-SUD rows that do contain identifiers.
- All SUD claims for a given member must be assigned the same unique CSUM ID (MC336). This field shall be left blank on all non-SUD records.

The new structure and requirements are designed so that the SUD claims are deidentified and that there is no way to link SUD-related claim lines to non-SUD records associated with the same individual.

MHDO's Data Use Agreements protects the confidentiality of individuals and unauthorized use of the data.

*Chapter 243 Uniform
Reporting System for
Health Care Claims
Data Sets*

New Capitated Payment File

- Capitated payment information shall be reported for every month that a member is covered under a particular payment arrangement, regardless of whether services were provided.
- Capitated service records documenting any services provided to a member in a given month should continue to be reported in the medical claims file.

*Chapter 243 Uniform
Reporting System for
Health Care Claims
Data Sets*

SUD-Related Capitated Payments (if applicable)

Capitated claim information that is 42 CFR Part 2 SUD-related must be included in the capitated payments file along with non-SUD-related payments. **However:**

- SUD-related records must have identifying information removed and the SUD flag CF035 set.
- SUD-related records for a given member must be assigned the same unique CSUM ID (CF008) that appears in the medical claims file (MC336). This field shall be left blank on all non-SUD records.

*Chapter 243 Uniform
Reporting System for
Health Care Claims
Data Sets*

Other Updates

- Added definitions for Pharmacy Benefits Manager Compensation, POS, Rebate, and Substance Use Disorder.
- Retired obsolete and unused data fields for ICD-9 coding in PC and DC files.
- Removed obsolete or unsured external sources, definitions and requirements.
- Changed spelling of “Payer” to “Payor”.



Chapter 247 Uniform Reporting System for Non-Claims Based Payments and Other Supplemental Health Care Data Sets

SUMMARY OF CHANGES TO BE IMPLEMENTED JANUARY 1, 2025

Important Note: Files containing **2023** Non-Claims Based Payments and Other Supplemental Health Care Data Sets and attestations are due to MHDO August 31, 2024. There are no changes to the reporting requirements in 2024.

Chapter 247 Uniform Reporting System for Non-Claims Based Payments and Other Supplemental Health Care Data Sets

New File Type DR – Prescription Drug Rebates

- Added new file type DR – Prescription Drug Rebates for non-claims-based prescription drug rebate data.
- 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.

Chapter 247 Uniform Reporting System for Non-Claims Based Payments and Other Supplemental Health Care Data Sets

Other Changes

- Clarified descriptions of SUD data elements to better distinguish their differences and add data element Total Plan-Paid Dollars SUD Claims-Based Payments Related to Primary Care to account for non-behavioral health SUD related-payments.
- Updated Chapter Summary to provide a more specific overview of the chapter's contents.
- Reorganized and clarified General Requirements to respond to data submitter and data end user feedback.
- Deleted data elements Insurance Type/Product Code as the field is not used.
- Deleted definition for Redacted Payments to align with Rule Chapter language.
- Modified descriptions of current fields in Non-Claims Based Payment (NC), Aggregated, Redacted Based Payment (AC), and DR (Prescription Drug Rebate) file types to round to the nearest integer.

Reminder:

Ch. 247: Supporting Information Files

- When Non-Claims-Based Payment (NC) and/or Aggregated, Redacted Claims Based Payment (AC) files are required, supporting information (NS & AS) files are also required.
- Sample Supporting information files are found in the portal.

Sample Files

Below are links to the sample NCBP Supporting (NS) and ACBP Supporting (AS) files to be used to meet the requirements under 90-590 Chapter 247. These file formats will go into effect beginning with the submission of data for 2021 data.

- NCBP Supporting - [Sample NS](#)
- ACBP Supporting - [Sample AS](#)

Note: Right click on the links to the sample files above and choose "Save link/target as..." to download the files directly.

Reminder:

Ch. 247: Data Submission & Attestations

- Files containing 2023 data and attestations are due August 31, 2024. **There are no changes to reporting requirements in 2024.**
- Files containing 2024 data and attestations are due August 31, 2025.
- Attestations must be completed in the portal.

Attestations

YEAR:
2022 ▼

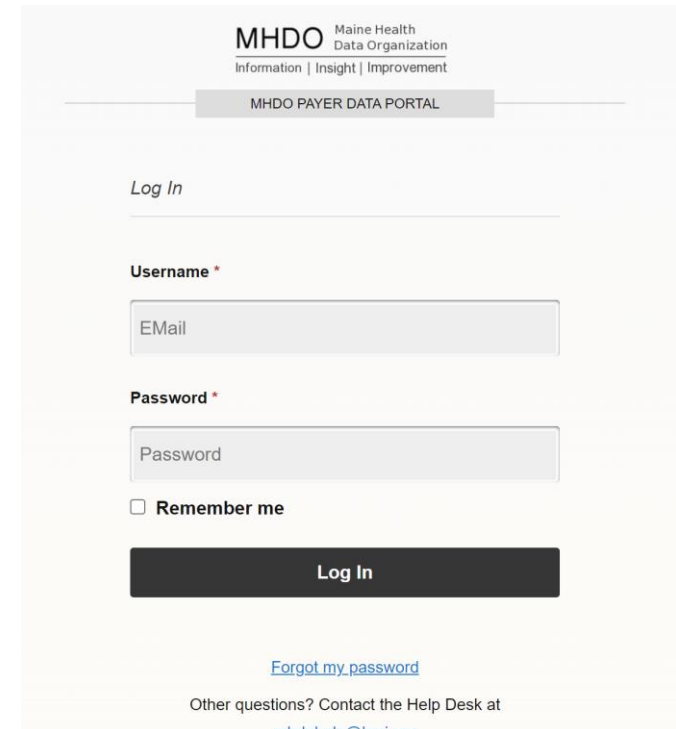
<u>File Type</u>	<u>Status</u>	<u>Timestamp</u>	<u>User Name</u>	<u>Action</u>
NC	Missing			
AC	Missing			



Registration, Timelines, and Reminders

User Account Access & Permissions

- Use the “Forgot my password” feature on the login page if you do not remember your password.
- User permissions can be changed by the Administrator(s) for your company.
- If the Administrator(s) are no longer with your company, contact the MHDO Help Desk for assistance.



The screenshot shows the login page for the MHDO Payer Data Portal. At the top, it displays the MHDO logo (Maine Health Data Organization) with the tagline 'Information | Insight | Improvement'. Below this is the title 'MHDO PAYER DATA PORTAL'. The page features a 'Log In' section with a 'Username *' field (containing 'EMail') and a 'Password *' field. There is a 'Remember me' checkbox and a 'Log In' button. At the bottom, there is a link for 'Forgot my password' and contact information for the Help Desk: 'Other questions? Contact the Help Desk at mhdohelp@hsri.org'.

Updates to Registration Information

- Administrators should update user permissions and contacts as often as needed to maintain timely, focused communication.
- Administrators must carefully review and revise the Payor Details prior to confirming the annual update - expected file types and compliance reporting are based on this information.



Annual Registration Updates

- At minimum, all portal registration information needs to be reviewed and updated annually during the month of February.
- Next annual registration due February 28, 2025.



Review and Update Summary Information

- Non-Claim-Based Payments Question
- This information will be used to determine Ch. 243 Capitation Payment File submission requirements
- Redacted Medical and/or Pharmacy Claims 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
- Prospective Case Rate Payments
- Prospective Episode-based Payments
- Provider Salary Payments
- Retrospective/Prospective Incentive Payments
- Risk-based Payments
- Shared-risk Recoupments
- Shared-savings Distributions

Submit redacted medical and/or pharmacy claims

Yes No

Data Submission Expectations

- When information is not known or is unavailable - leave blank rather than providing system defaults (e.g., ME008).
- It is preferable to explain and override a Profile-Level failure because a field does not meet a population threshold than it is to request an Exemption for invalid content.

ME008

Subscriber Social Security Number

Subscriber's social security number
Leave blank if unavailable

Resolving Validation Issues

- Resolve Structural-level failures before attempting to resolve any other failure types.
- Start and End Dates for Exemption override requests should cover the date range for the data, regardless of when the exemption is requested.

Implementation Timeline for Chapter 243

Task	Start Date	End Date
Payer testing (optional) of Ch 243 and validation rule changes in Payor Data Portal Test Site	12/09/24	1/10/25
Instructions regarding annual updates will be emailed	1/23/25	1/27/25
Last day files for any period will be accepted in the old Chapter 243 format	1/31/25	1/31/25
Files submitted on this day must be in the new format and will be held until and processed on 2/2/2025	2/1/25	2/1/25
Submission of files in the new format begins (January 2025) data – Annual override reset	2/2/25	2/2/25
Annual registration information updates are due	2/28/25	2/28/25
January 2025 data files are due in the new format	2/28/25	2/28/25

Implementation Timeline for Chapter 247

Task	Start Date	End Date
2023 data files and attestations are due	8/31/24	8/31/24
Payer testing (optional) of data submission process in Payor Data Portal Test Site	Early to mid-June 2025	Late June to early July 2025
Begin submissions of 2024 data to production Payer Data Portal Site	8/1/25	8/1/25
2024 data files and attestations are due	8/31/25	8/31/25

Support Resources

Help Desk – Technical Questions for Portal Submissions

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

Email: mhdohelp@hsri.org

Phone: (866) 451-5876

Compliance Issues

Karynlee Harrington, Executive Director, Maine Health Data Organization

Email: Karynlee.Harrington@maine.gov

Phone: A call may be scheduled, if necessary.

Questions?



Please submit questions via the webinar chat feature.



We will address as many questions as possible at this time. For questions we are unable to get to, answers will be provided in the FAQ available in the portal.