90-590 Maine Health Data Organization

90-590 Maine Health Data Organization	
2024-098: Chapter 270, Uniform Reporting System for Quality Data Sets	
Statutory Authority:	22 M.R.S. §§ 8704, sub-§ 4, 8708-A, 8712, 8761, and 24-A M.R.S. § 6951(2), (3)
Type:	Major Substantive
Emergency?:	No
Fiscal impact:	*There is no fiscal impact on state municipalities, counties or businesses.*
Principal purpose:	*The focus of the proposed changes to Chapter 270 include, adding a new measure for Maine nursing facilities under healthcare associated infections (HAI); adding a new measure for Maine hospitals for antimicrobial resistance (AR), and for both types of facilities a new requirement to report a subset of NHSN's direct patient identifiers that are non-required fields in NHSN. This information will inform analysis in health inequities.*
Basis Statement:	*The Maine Health Data Organization is authorized by statute to collect quality data from health care practitioners and health care facilities to support the set of quality measures adopted by the Maine Quality Forum with the goal of improving the quality of healthcare in Maine.* *Chapter 270 defines health care quality data sets and the provisions for filing the data sets by health care providers to the Maine Health Data Organization. These provisions include: identification of the organizations required to report; establishment of requirements for the content, form, medium, and time for filing health care quality metrics data; establishment of standards for the data reported; and compliance provisions.* *The focus of the proposed changes to Chapter 270 include, adding a new measure for Maine nursing facilities under healthcare associated infections (HAI); adding a new measure for Maine hospitals for antimicrobial resistance (AR), and for both types of facilities a new requirement to report a subset of NHSN's direct patient identifiers that are non-required fields in NHSN. This information will inform analysis in health inequities.* *The MHDO Board met on February 2, 2023, and authorized the MHDO to initiate rulemaking to Chapter 270. The MHDO held a public hearing on September 7, 2023, with a September 18, 2023, deadline for written comments. The MHDO board met on December 7, 2023, and unanimously voted to provisionally adopt the changes as proposed and amended, as outlined in the Basis Statement (dated December 7, 2023). Subsequently, the Board submitted the provisionally adopted rule to the Maine State Legislature for its review, in accordance with 5 MRS Sec. 8072. The Maine State Legislature authorized final adoption of the December 7, 2023 provisionally adopted rule, with no changes (Resolve 2023, ch 138). On April 4, 2024, the Board finally adopted this rule, which makes the following changes.* *Below is a summary of the rule changes.* *1. Add a definition for Direct Patient Identifiers. [page 1]* *Justification: The definition for Direct Patient Identifiers (definition is from Chapter 120, Release of Data to the Public) has been added to support the collection of direct patient identifiers.* *2. Add a general statement to section 2 specific to all measures in this section*

are to be submitted to the US CDC's NHSN in accordance with the NHSN specifications and this rule, except for a subset of non-required fields within NHSN data structure that are required per this rule if the data is available. [page 3]

Justification: With one exception, the existing requirements in Section 2 of Chapter 270 require data for each measure be submitted to the US CDC's NHSN in accordance with NHSN specifications and this rule. The change that is being proposed is the requirement that for this section a small subset of the non-required direct patient identifier fields within the NSHN reporting structure be populated when the data is available at the time of reporting. The specific fields are identified in section 10.

3. Revise the submission requirement in 2. E. to align with the fact that all nursing homes in Maine are reporting to the US CDC's National Safety Network (NHSN). [page 4]
Justification: Administrative streamlining.
4. Add a new reporting requirement for nursing facilities to submit data to NHSN for Urinary Tract Infections (UTIs) in accordance with NHSN specifications and this rule. [page 4]
Justification: Nursing homes report almost four times as many antibiotic courses of treatment for UTIs in nursing homes residents as compared to UTI events meeting surveillance definitions (Infect Control Hosp Epidemiol. 2022 Feb; 43(2): 238–240.). Post COVID, the nursing home UTI rate in Maine (3.4%) has increased above the national average (2.3%). While the number of UTI events per facility is available through the CMS Minimum Data Set (MDS), the enhanced detail available through NHSN UTI reporting allows greater transparency into the details of the UTI. This detail will allow the Maine CDC to work with nursing homes to target both prevention and antimicrobial stewardship (AMS) activities to reduce both UTI rates and use of antibiotics in nursing homes.
5. Add a new reporting requirement for hospitals to submit data to NHSN for Antimicrobial Use and Resistance (AUR). [page 4]
Justification: Major causes associated with healthcare associated infections include inadequate hand washing, uneven use of proven infection control procedures, patients who have weakened immune systems and bacteria becoming resistant to antibiotics. For example, MRSA and C. difficile bacteria (Ch. 270 requires hospitals to report MRSA and C. difficile lab ID events) can both cause serious infections leading to longer hospital stays, higher medical costs and even death. MRSA bacteria give rise to special concern, because of their resistance to multiple types of antibiotics and new strains of drug-resistant C. difficile have become more virulent. Collecting AUR data provides transparency into antimicrobial use and resistance to inform strategies to reduce antimicrobial resistant infections through antimicrobial stewardship, and interrupt transmission of resistant pathogens at the individual facility, healthcare system, and state levels.
6. Add language to 2.G. that includes direct patient identifiers in the authorization of the Maine CDC to access NHSN facility specific reports of data. Delete the language in 2. G. that limits the Maine CDC's access to NHSN for facility-specific reports of data submitted for healthcare associated infections. [page 4]

Justification: The proposed changes allow the Maine CDC to access both HAI and AUR data in NHSN, including patient identifiable data which going forward will allow the Maine CDC to understand and begin to address the impact of health inequities.

7. Add language to 2.H. that includes direct patient identifiers in the authorization of the MHDO to access NHSN facility specific reports of data. Delete the language in 2. H. that limits the MHDO 's access to NHSN for facility-specific reports of data submitted for healthcare associated infections; and add language regarding the protection and confidentiality of individuals in any public reporting. [page 4]

Justification: The proposed changes allow the MHDO to access both HAI and AUR data in NHSN, including direct patient identifiers. The submission of patient identifiable data is consistent with the data submissions to MHDO from hospitals for each inpatient and outpatient encounter per the requirements in Chapter 241, Uniform Reporting System for Hospital Inpatient Data Sets and Hospital Outpatient Data Sets. Access to direct patient identifiers will allow MHDO to leverage more robust information regarding the individual's health care experience and demographic characteristics. This robust data set will improve analysis in several areas of healthcare inequities. Patient identifiable data is confidential and will be protected by MHDO per the terms of Chapter 120, Release of Data to the Public.

8. Updates to the table of Reporting Requirements in Section 9 to include the new proposed measures, UTI and AUR. Updates to the MRSA and C.difficile measures to explicitly exclude inpatient rehab. [page 7]
Justification: Updates to the table of Reporting Requirements keeps the table current.
9. Add Section 10 which is a table of the subset of non-required Direct Patient Identifiers NHSN fields that are required under Chapter 270. [page 8]

Justification: The table provides information needed so that the submitters understand the specific direct patient identifiers that are included in the NHSN reporting form for both hospitals and nursing facilities that are not required under NHSN but are required under this rule.

90-590 Maine Health Data Organization	
2024-145: Chapter 243, Uniform Reporting System for Health Care Claims Data Sets	
Statutory Authority:	22 MRSA, §§8703(1), 8704(4), 8708(6-A) and 8712(2)
Type:	Routine Technical
Emergency?:	No
Fiscal Impact:	*There is no fiscal impact on state municipalities, counties, or small businesses.*
Principal purpose:	*The proposed rule changes incorporate feedback from the reporting entities specific to the structure for reporting capitation data to the Maine Health Data Organization. These changes will improve the process by which payors report capitated data to the MHDO including payments and services.*
Basis Statement:	***Section I. Basis Statement*** *The Maine Health Data Organization is authorized by statute to collect health care data. This chapter governs the provisions for filing health care claims data sets from all third-party payors, third-party administrators, Medicare health plan sponsors and pharmacy benefits managers. The provisions include identification of the organizations required to report; establishment of requirements for the content, format, method, and time frame for filing health care claims data; establishment of standards for the data reported; and compliance provisions.* *The MHDO held a public hearing on proposed changes to 90-590 Chapter 243, August 3, 2023. One of the proposed changes included clarification specific to the reporting of capitation (both services and payments). Based on public comments received, staff made non-substantive amendments to the proposed structure specific to capitation for the board's consideration. The MHDO board met on December 7, 2023, and unanimously voted to adopt the changes to Chapter 243 as proposed and amended.* *At the December 7, 2023, board meeting, staff requested that the board authorize MHDO to initiate rulemaking to Chapter 243 to address the substantive comments that were received regarding the submission of capitation data. The board voted unanimously to authorize staff to initiate rulemaking. A public hearing was held on May 1, 2024 with a 10-day written comment period deadline of May 13, 2024. The MHDO board met on June 6, 2024, and unanimously voted to adopt the changes as proposed and amended.* *The newly proposed changes in the structure for reporting capitation data to MHDO is based on feedback received as a result of the August 3, 2023, public hearing, and mostly align with the State of California's Capitation file (provided by Anthem), and the APCD-CDL. We believe that these proposed changes will improve the process by which payors report capitated payments and the services provided under capitated services agreements.* *Below is a summary of the proposed rule changes.* *1. Removes the capitation reporting requirement (recently adopted) from the Chapter 243 medical file and creates a separate Capitated Payments File (CF). These proposed changes align with the feedback provided both in terms of the reporting structure and the reporting content. File specifications for the new CF file are found in Sec 2(B)(4)(e); Appendices G-1 and G-2, pages 99-107.* ***Justification:*** *Based on the feedback received from the reporting entities, capitation payments are typically processed separately from the processing of claims data.*

Segregating capitation payments into a separate file avoids the complexities associated with integrating this information with the medical claims data and removes the administrative burden that merging these data would impose on payers.

2. Adds language regarding the new capitated payments file (CF) that provides instructions on how to separately report capitated payments and capitated services. [General Requirements, Sec 2(A)(2), (pages 4-5); Appendix B-1, data elements HD004, HD005, HD006 (page 19); Appendix B-2, data elements TR004, TR005, TR006 (page 20)].

Justification: *Instructions are helpful to minimize confusion and helps ensure uniform reporting of this information.*

3. Removes instructions for including capitated payment information in the medical claims file (pages 37, 38, 59, 60)

Justification: *Instructions for including capitated payment information in Chapter 243 medical file is no longer necessary since this information will be reported only in the capitated payments file (CF).*

4. Adds information to Appendix A, MHDO's External Code Sets, to associate the data elements in the Capitated Payments File to the appropriate external sources (pages 12-14, 16).

Justification: *As part of developing a uniform data set, identification of the external code sets is foundational.*

Section II. Names of Individuals that Submitted Comments

The following is a list of individuals and affiliations that made oral comments at the public hearing and/or submitted written comments to the Maine Health Data Organization (MHDO) regarding the proposed rule:

Karynlee Harrington, MHDO, Executive Director

Section III. Summary of Comments Received by Submitter with Proposed Agency Response & Action

Maine Health Data Organization submitted the following comment(s):

Comment(s):
It has come to my attention that in the drafting of our proposed rule changes to Rule Chapter 243, Uniform Reporting System for Health Care Claims Data Sets, a clarification correction should be made to page 7, Sec 2(A)(13)(d) to read as follows:
"Consistent, Inter-file Identifiers. A carrier or health care claims processor and any contracted entity acting on its behalf shall ensure that member and subscriber identifiers for the same individuals are unique and consistent across medical claims, pharmacy claims and member <u>all</u> eligibility <u>and claims</u> files."

Justification: *The proposed revisions clarify explicitly with the requirement that consistent inter-file identifiers are to be provided for all MHDO eligibility and claims files, including MHDO dental claims and eligibility files.*

90-590 Maine Health Data Organization	
2024-213: Chapter 340, Uniform Reporting System for Reporting 340B Drug Program Data Sets	
Statutory Authority:	22 M.R.S. §§ 8703(1), 8704(1) & (4) and PL 2023, ch. 276 [22 M.R.S. § 1728]
Type:	Routine Technical
Emergency?:	No
Fiscal Impact:	*There is no fiscal impact on state municipalities, counties, or small businesses.*
Principal purpose:	*This new rule is being proposed to implement the provisions in Title 22 M.R.S. §1728(2)(A-D)(3).*
Basis Statement:	*The Maine Health Data Organization is authorized by statute to collect health care data.* *PL 2023, Chapter 276, "An Act to Increase Transparency Regarding Certain Drug Pricing Programs", requires the Maine Health Data Organization to collect data in a standardized way from Maine hospitals participating in the federal drug pricing program under Section 340B of the federal Public Health Service Act, 42 United States Code, Section 256b, referred to in this document as the 340B program.* *This new proposed chapter governs the provisions for filing 340B Drug Program data sets from participating Maine hospitals. The provisions include identification of the organizations required to report; establishment of requirements for the content, format, method, and time frame for filing 340B Drug Program data; establishment of standards for the data reported; and compliance provisions.* *The MHDO Board met on September 7, 2023, and authorized the MHDO to initiate rulemaking for this new routine technical rule. The MHDO held a public hearing on May 1, 2024, with a May 13, 2024, deadline for written comments. The MHDO Board met on September 5, 2024, and voted unanimously to adopt the changes as amended and presented below and in the corresponding rule.*