

**Annual List of Rulemaking Activity**  
**Rules Adopted January 1, 2017 to December 31, 2017**  
*Prepared by the Secretary of State pursuant to 5 MRS §8053-A, sub-§5*

**Agency name:** **Maine Health Data Organization**  
**Umbrella-Unit:** **90-590**  
**Statutory authority:** 22 MRS §§ 8703(1), 8704(4), 8708(6-A), 8712(2)  
**Chapter number/title:** **Ch. 243**, Uniform Reporting System for Health Care Claims Data Sets  
**Filing number:** **2017-045**  
**Effective date:** 3/13/2017  
**Type of rule:** Routine Technical  
**Emergency rule:** No

**Principal reason or purpose for rule:**

This rule change adds language that provides for the voluntary submission of self-funded ERISA plans data for Maine residents. In addition, the minimum threshold for submission of adjusted premiums or claims processed, for premiums or claims subject to required reporting, is increased to \$2,000,000. Other minor technical changes are being made to conform to industry standards.

**Basis statement / summary:**

The Maine Health Data Organization is authorized by statute to collect health care data. The purpose of this chapter is to explain the provisions for filing health care claims data sets from all third-party payers, third-party administrators, Medicare health plan sponsors and pharmacy benefits managers.

This rule change adds language that provides for the voluntary submission of self-funded ERISA plans data for Maine residents. In addition, the minimum threshold for submission of adjusted premiums or claims processed, for premiums or claims subject to required reporting, is increased to \$2,000,000. Other minor technical changes are being made to conform to industry standards.

These changes are intended to give payers direction regarding requirements in light of the United States Supreme Court's 2016 decision in *Gobeille v. Liberty Mutual Insurance Company*.

These changes include the following major themes:

- I. General submission requirements
  - A. Clarification of general provisions/requirements (page 1)
  - B. Section 2: Health Care Claims Data Set Filing Description. Language added to conform to decision in *Gobeille v. Liberty Mutual Insurance Company*. (page 3)
  - C. Section 2(A)(9)(a) Filing Exclusions. The minimum threshold for submission of adjusted premiums or claims processed, for premiums or claims subject to required reporting, is increased to \$2,000,000. (page 4)
  - D. Section 2(8)(1) Filled Fields. Removal of language that is no longer needed. (page 6)
  - E. Section 2(8)(3) Signs. Clarification regarding the use of special, obsoleted characters. (page 6)
  - F. Section 3(A) Registration/Contact and Enrollment Update. Proposes a new deadline for annual payer registration/information update. (page 7)
  - G. Section 3(F) Filing Periods. Quarterly filing period redefined to be consistent with the removal of the minimum enrollment threshold in Section 2(A)(9)(a). (page 7)
  - H. Sections 5 & 7 include new language regarding Voluntary File Submissions. (page 9)
- II. Appendices
  - A. Appendix A - Source Codes. (HSRI)
  - B. Appendix D-1 Medical Claims File Specifications. Typographical error (page 47)
  - C. Appendix D-2 Medical Claims File Mapping to National Standards.

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1. Removes ICD-10 code mapping to fields reserved for ICD-9 coding. (page 52)
  2. Updates mapping of diagnosis codes for CMS-1500.
- D. Appendix F-1 Dental Claims File Specifications. Typographical errors (pages 72- 73)
- E. Appendix F-2 Dental Claims File Mapping to National Standards. Corrected section header.

**Fiscal impact of rule:**

There is no fiscal impact on state municipalities, counties or businesses.

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**Agency name:** **Maine Health Data Organization**  
**Umbrella-Unit:** **90-590**  
**Statutory authority:** 22 MRS ch. 1683 §8704 sub-§4, §8708  
**Chapter number/title:** **Ch. 241**, Uniform Reporting System for Hospital Inpatient Data Sets and Hospital Outpatient Data Sets  
**Filing number:** **2017-166**  
**Effective date:** 10/31/2017  
**Type of rule:** Routine Technical  
**Emergency rule:** No

**Principal reason or purpose for rule:**

The changes contain clarifications, additions and deletions that will improve the content and value of the MHDO hospital encounter data for authorized data users. MHDO is aware of the challenges created for the hospitals when changes are made to the MHDO file layout. Therefore, we have minimized the disruption of the changes in the layout by ensuring that most of the changes occur at the end of a record type. Lastly, several of the changes align with updates to the national standards and the MHDO's new data submission process.

**Basis statement / summary:**

The Maine Health Data Organization is authorized by statute to collect health care data. This chapter governs the provisions for filing hospital inpatient data sets and hospital data outpatient data service sets. The provisions include identification of the organizations required to report; requirements for the content, form, medium, and time for filing the data; standards for the data reported; and compliance provisions.

These changes contain clarifications, additions and deletions that will improve the content and value of the MHDO hospital encounter data for authorized data users. MHDO is aware of the challenges created for the hospitals when changes are made to the MHDO file layout. Therefore, we have minimized the disruption of the changes in the layout by ensuring that most of the changes occur at the end of a record type. Lastly, several of the changes align with updates to the national standards and the MHDO's new data submission portal.

**Fiscal impact of rule:**

There is no fiscal impact on state municipalities, counties or businesses.