**90-590**

**MAINE HEALTH DATA ORGANIZATION**

2014 Regulatory Agenda

AGENCY UMBRELLA UNIT NUMBER: **90-590**

AGENCY NAME: **Maine Health Data Organization (MHDO)**

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**EMERGENCY RULES ADOPTED SINCE THE LAST REGULATORY AGENDA:** None

**EXPECTED 2014-2015 RULE-MAKING ACTIVITY:**

**CHAPTER 10:** Determination of Assessments (*Routine Technical*)

STATUTORY BASIS: 22 M.R.S.A., §8704, sub-§4 and §8706, sub-§2.

PURPOSE: These rules may be amended to revise the schedule of assessment fees due to the MHDO by providers and payers**.**

SCHEDULE FOR ADOPTION: Prior to October 2015

AFFECTED PARTIES: All Maine health care providers and all non-profit hospital and medical service organizations, ambulatory services and surgery facilities, health insurance carriers, health maintenance organizations and third-party administrators of health benefits plans administered for employers.

CONSENSUS-BASED RULE DEVELOPMENT: Not applicable.

**CHAPTER 50:** Prices for Data Sets**,** Fees for Programming and Report Generation**,** Duplication Rates (*Routine Technical*)

STATUTORY BASIS: 22 M.R.S.A., §8704, sub-§4; §8706, sub-§2A.

PURPOSE: These rules may be amended to revise the schedule of fees charged for the sale of health data available to the public from the MHDO.

SCHEDULE FOR ADOPTION: Prior to October 2015

AFFECTED PARTIES:All parties who request, access, and utilize data from the MHDO.

CONSENSUS-BASED RULE DEVELOPMENT: Not applicable.

**CHAPTER 120:** Release of Information to the Public (*Major Substantive*)

STATUTORY BASIS: 22 M.R.S.A., §8704, sub-§4, §8708, §8714, §8715, §8716, §8717

PURPOSE: In accordance with P.L. 2014, c528, “An Act to Amend Laws Relating to Health Care Data”, this rule will be repealed and replaced to accommodate the management and release of protected health information (PHI) including the manner and extent to which data submitted to or assembled by the MHDO or its predecessor agencies will be made available to the public**.**

SCHEDULE FOR ADOPTION: Prior to October 2015

AFFECTED PARTIES:All parties who request, access, and utilize data from the MHDO and all parties who submit data to the MHDO.

CONSENSUS-BASED RULE DEVELOPMENT: Not applicable.

**CHAPTER 125: Health Care Information that Directly Identifies an Individual** *(Routine Technical)*

STATUTORY BASIS: 22 M.R.S.A., §8704, sub-§4, and §1711-C, sub-§1-E

PURPOSE: These rules may be amended to define health care information that directly identifies an individual.

SCHEDULE FOR ADOPTION: Prior to October 2015

AFFECTED PARTIES: All parties who request, access, and utilize data from the MHDO and all parties who submit data to the MHDO.

CONSENSUS-BASED RULE DEVELOPMENT: Not applicable

**CHAPTER 241:** Uniform Reporting System for Hospital Inpatient Data Sets and Hospital Outpatient Data Sets(*Routine Technical*)

STATUTORY BASIS: 22 M.R.S.A., §8704, sub-§1 and 4 and§8708

PURPOSE: These rules may be amended to add new data elements as needed as the MHDO collaborates with other New England states to ensure that the databases are as consistent as possible, thus allowing for direct regional interstate comparisons. Timelines, record formats and submittal requirements may also be modified.

SCHEDULE FOR ADOPTION: Prior to October 2015

AFFECTED PARTIES: All Maine hospitals that submit health-related data to the MHDO.

CONSENSUS-BASED RULE DEVELOPMENT: Not applicable.

**CHAPTER 243:** Uniform Reporting System for Health Care Claims Data Sets (*Routine Technical*)

STATUTORY BASIS: 22 M.R.S.A., §8704, sub-§1 and 4, and§8708

PURPOSE: These rules may be amended for clarification and alignment with current industry requirements.

SCHEDULE FOR ADOPTION: Prior to October 2015

AFFECTED PARTIES: All Maine licensed health insurance carriers, health maintenance organizations, and carriers that provide only administrative services for plan sponsors, and third-party administrators of health benefits plans administered for employers or a plan sponsor that pay claims for Maine residents.

CONSENSUS-BASED RULE DEVELOPMENT: Not applicable.

**CHAPTER 270:** Uniform Reporting Systemfor Health Care Quality Data Sets (*Major Substantive*)

STATUTORY BASIS: 22 M.R.S.A., §8704, sub-§4 and §8708-A

PURPOSE: These rules may be amended to add and/or eliminate health care quality measures collected by the MHDO to streamline and conform to national standards. In accordance with the provisions of 22 M.R.S.A, §8708-A, the modification of the rules must be coordinated between the Maine Quality Forum and the Maine Quality Forum Advisory Council.

SCHEDULE FOR ADOPTION: Prior to October 2015

AFFECTED PARTIES: All health care practitioners.

CONSENSUS-BASED RULE DEVELOPMENT: Not applicable.

**CHAPTER 300:** Uniform Reporting for Hospital Financial Data (*Routine Technical*)

STATUTORY BASIS: 22 M.R.S.A. §8704, sub-§4 and §8709

PURPOSE: This rule may be amended to change the format of filing hospital financial data to the MHDO or to include additional financial information.

SCHEDULE FOR ADOPTION: Prior to October 2015

AFFECTED PARTIES**:** All Maine hospitals and their parent entities

CONSENSUS-BASED RULE DEVELOPMENT: Not applicable.

**CHAPTER 630**: Uniform System for Reporting Baseline Information and Restructuring Occurrences Relevant to the Delivery and Financing of Health Care in Maine *(Routine Technical)*

STATUTORY BASIS: 22 M.R.S.A., §8704, sub-§4 and §8710

PURPOSE: These rules may be amended to revise the provisions for filing information to the Maine Health Data Organization regarding major structural changes relevant to the restructuring of hospitals and their parent entities in Maine.

SCHEDULE FOR ADOPTION: Prior to October 2015

AFFECTED PARTIES: All Maine hospitals and their parent entities

CONSENSUS-BASED RULE DEVELOPMENT: Not applicable.