

MAINE STATE LEGISLATURE

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MAINE HEALTH DATA ORGANIZATION



ANNUAL REPORT
FEBRUARY 2010



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Exhibit 1

Maine Health Data Organization Board of Directors

Robert Anderson, M.D.
Kennebec Behavioral Health
Representing: Providers-Mental Health
(Maine Association of Mental Health Services)

Poppy Arford
Representing: Consumers

Jennifer Carroll
Hannaford Pharmacy
Representing: Providers - Pharmacists
(Maine Pharmacy Association)

Lynn F. Davey, Ph.D. **(Chair)**
Representing: Consumers

Joseph P. Ditre
Consumers for Affordable Health Care
Representing: Consumers

Maryagnes Gillman, Executive Director
Sacopec Valley Health Center
Representing: Providers - Federally
Qualified Health Centers
(Maine Primary Care Association)

Karynlee Harrington, Executive Director
Maine Dirigo Health Agency
Representing: State of Maine

Lisa Harvey-McPherson
Eastern Maine Healthcare
Representing: Providers - Home Health

Anne Head, Commissioner
Maine Department of Professional
and Financial Regulations
Representing: State of Maine

Maureen Kenney, MSSW **(Vice-Chair)**
Hannaford Bros. Co.
Representing: Employers
(Maine Health Management Coalition)

Anita Knopp, D.C.
Wellness & Chiropractic Care
Representing: Providers - Chiropractor
(Statewide Chiropractic Association)

Neil Korsen, M.D.
Maine Health
Representing: Providers
(Maine Medical Association)

Catherine McGuire
Muskie School of Public Service
Representing: Consumers

Eric Martinsen, VP Finance & CFO
Franklin Memorial Hospital
Representing: Providers
(Maine Hospital Association)

Kristine Ossenfort
Anthem Blue Cross and Blue Shield of Maine
Representing: Employers
(Statewide Chamber of Commerce)

Katherine Pelletreau, Executive Director
Maine Association of Health Plans
Representing: Third-Party Payers
(Statewide Third-Party Payer Association)

Ted Rooney, President
Health and Work Outcomes, Inc.
Representing: Employers

Lisa Tuttle, Program Director
Maine Department of Health and
Human Services
Center for Disease Control
Representing: State of Maine

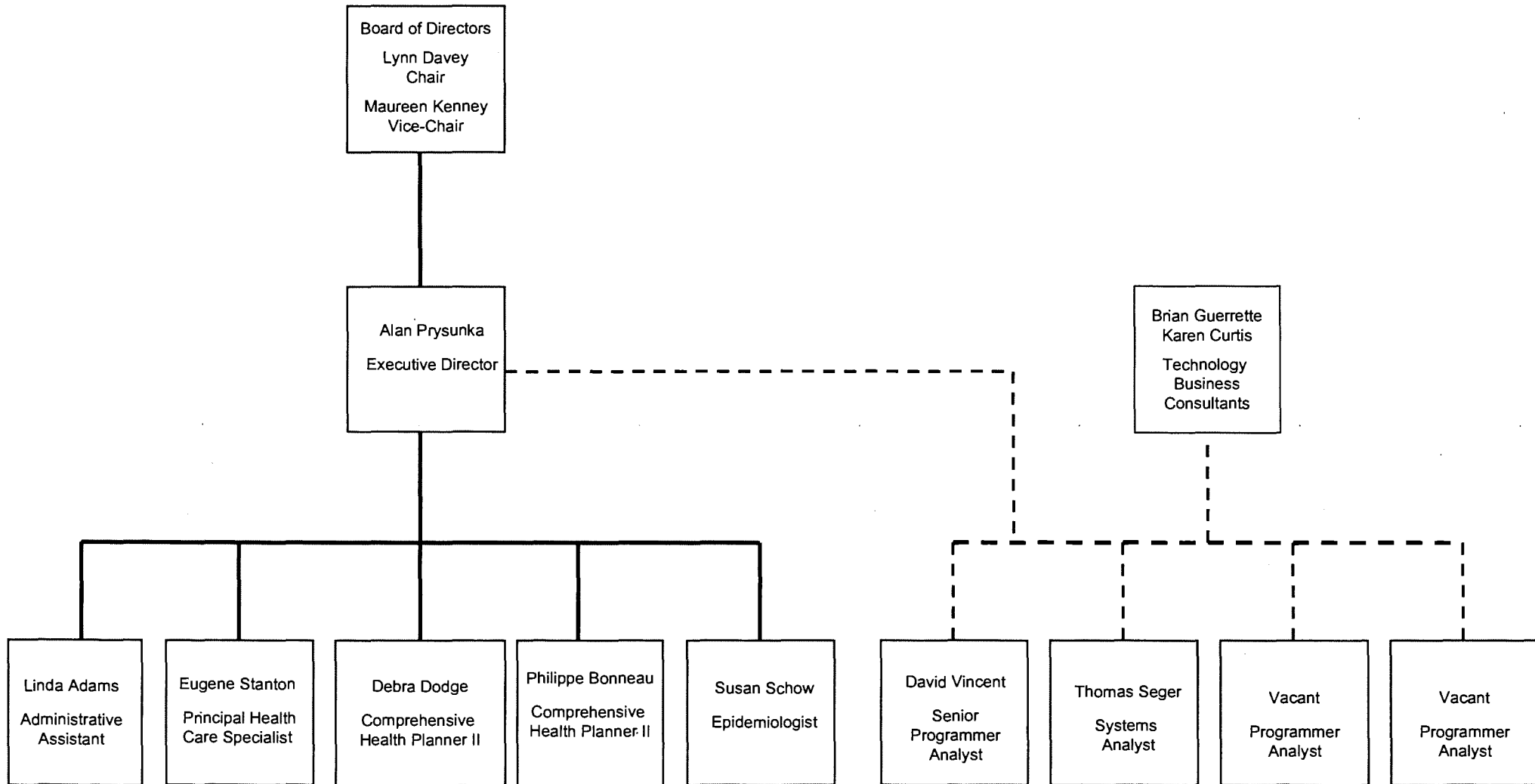
Vacant
Representing: Third-Party Payers
(Statewide Third-Party Payer Association)

Steven Weisberger, D.O., Medical Director
Arnold Memorial Medical Center
Representing: Providers
(Maine Osteopathic Association)

David Winslow
Maine Hospital Association
Representing: Providers
(Maine Hospital Association)

Exhibit 2

MAINE HEALTH DATA ORGANIZATION



I. Mission and Purpose

The Maine Health Data Organization (MHDO) was established by the Maine Legislature in 1996 as an independent executive agency to collect clinical and financial health care information. Its mission is to create and maintain a useful, objective, reliable, and comprehensive health information database that is used to improve the health of Maine citizens. This database will be publicly accessible while protecting patient confidentiality and respecting providers of care. In keeping with this mission, the MHDO releases aggregate clinical, financial and quality information to public and private users under strict guidelines of confidentiality. It maintains its own web site, HealthWeb of Maine, to allow for broader accessibility to the data.

II. Organizational Structure

The MHDO is composed of a ten person staff and a twenty-one member Board. Most of the Board is appointed by the Governor and represents providers, payers, employers, and consumer interests. The Department of Health & Human Services commissioner appoints a member who is an employee of the department to represent the State's interest in maintaining health data and to ensure that information collected is available for determining public health policy. In addition, the Dirigo Health Agency and the Department of Professional and Financial Regulation each have one representative on the Board. **A list of the Board members is Exhibit 1. The MHDO organizational chart is Exhibit 2.**

III. Maine Health Data Organization Activities January - December 2009

Board Meetings

The MHDO Board met six times over the course of the year to address the organizational, policy, administrative and fiscal issues of the Organization. Activities of the Board during the past year included: legislative initiatives and rulemaking; oversight of the process to collect health care data; participation on the Maine Health Data Processing Center Board (MHDPC) of Directors; and refinement of the collection, processing, and storage of clinical, financial and quality data. The Maine Health Data Processing Center staff and the Maine Quality Forum (MQF) staff participate in these meetings. The MHDO Board meets every other month with additional meetings held at the discretion of the MHDO Board or Executive Director. **Copies of agendas and minutes for each Board meeting are included in Appendix A.**

Legislation

In May, the 1st Regular Session of the 124th Legislature enacted L.D. 101: *An Act to Extend the Operation of the Maine Health Data Processing Center and to Amend the Maine Health Data Organization Statutes*. This legislation extended the operation of the Maine Health Data Processing Center to September 1, 2015 and increased the length of time individuals may serve on the center's board of directors. This bill also repealed the requirement for hospitals and ambulatory surgical centers to maintain lists of average charges for specified procedures and required the MHDO to create an interactive website displaying prices paid for specific procedures performed at all Maine hospitals and impacted surgical, diagnostic or other non-hospital facilities. The bill also added a representative from the Department of Professional and Financial Regulation to the MHDO Board of Directors. In June, the Legislature enacted L.D. 1444: *An Act to Protect Consumers and Small Business Owners from Rising Health Care Costs*. This legislation directs the MHDO in conjunction with the Maine Quality Forum to promote public transparency of the quality and cost of health care in Maine and to collect, synthesize and publish information and reports on an annual basis that are easily understandable by the average consumer. It also states that the MHDO's web site and reports are to compare information on health care services, including the quality of those services by health care facility, individual practitioner, and location.

In May, the Legislature adopted Resolve 2009, Chapter 66, "*Resolve, To Create a Working Group to Provide Transparency Concerning Operating Expenses for Hospitals*". This resolve replaced L.D. 724 "An Act to Provide Transparency Concerning Operating Expenses for Hospitals". The new resolve directed the MHDO and the Governor's Office of Health Policy and Finance to convene a working group to examine and make recommendations for hospital data reporting that will provide transparency concerning operating expenses, annual budgets and other financial information. Resolve 2009, Chapter 104, "*Resolve, To Study Implementation of Shared Decision Making to Improve Quality of Care and Reduce Unnecessary Use of Medical Services*" was also adopted in May. This resolve directs the Maine Quality Forum to convene an advisory group of stakeholders, including representatives from MaineCare, MHDO, the State employee health insurance program, health insurance carriers, hospitals, physicians, health care providers and consumers, to develop a plan to implement a program for shared decision making

as a strategy to improve the quality of health care in the State and control the unnecessary use of preference-sensitive health care services.

In March and July, the Legislature adopted two additional resolves related to MHDO major substantive rule changes: Resolve 2009, Chapter 82, “*Resolve, Regarding Legislative Review of Portions of Chapter 270: Uniform Reporting System for Health Care Quality Data Sets, a Major Substantive Rule of the Maine Health Data Organization*”; and Resolve 2009, Chapter 84 “*Resolve, Regarding Legislative Review of Portions of Chapter 120: Release of Data to the Public, a Major Substantive Rule of the Maine Health Data Organization*” (see “Rules” below for further explanation).

Rules

During the past year, the MHDO promulgated the following rules:

Chapter 120, “*Release of Data to the Public*”, a major substantive rule submitted to the Legislature for review (Resolves 2009, Chapter 84) was approved for adoption by the Board in August. This rule was modified to allow for the release of group numbers as long as the total number of individuals in the group is greater than 50. This rule change also established a 30-day review period for outside comments and established a data advisory committee composed of individuals who might be impacted by the release of the group numbers to review the request.

Chapter 125, “*Health Care Information That Directly Identifies An Individual*”, was adopted by the Board in February. This rule was changed to remove the insured’s health insurance group number from the list of confidential health care information that is deemed to directly identify individuals.

Chapter 241, “*Uniform Reporting System for Hospital Inpatient Data Sets and Outpatient Data Sets*”, was adopted by the Board in April 2009. In April, the rule was modified to provide Maine hospitals with another option for filing outpatient data with the MHDO for services provided at clinics in a different municipality. This change also added a “Present on Admission Indicator” data element to the “Principal Diagnosis” and “External Cause of Injury” codes for reporting of hospital inpatient data to the MHDO.

Chapter 243, *Uniform Reporting System for Health Care Claims Data Sets*, was adopted by the Board in April. This rule change requires health care claims processors to submit additional data elements, including encrypted names of subscribers and members, and billing provider information to the MHDO.

Chapter 270, “*Uniform Reporting System for Quality Health Care Data Set*”, a major substantive rule, was submitted to the Secretary of State for immediate adoption as emergency rules to assure that initiatives directed by the Maine State Legislature to identify patient groups at high risk for Methicillin-resistant *Staphylococcus aureus* (MRSA) colonization as soon as possible. MRSA colonization, a known risk factor for MRSA infection, carries a high mortality rate and is difficult to treat. **Copies of the rules’ fact sheets are attached as Appendix B.**

Data Collection

Hospital Inpatient, Outpatient, & Emergency Department Data

During the year, the MHDO continued to provide technical assistance and support to Maine hospitals utilizing the in-hospital PC based editing system, DataBay Check, for the collection of hospital inpatient, outpatient, and emergency room data. MHDO continues to seek improvement in the timeliness of editing the data for release to the public. The MHDO has a system of unique payer identification codes that assists the MHDO in identifying payers more efficiently. In addition, the MHDO maintains a unique database of all practitioners in the State and added 1,078 new practitioners to the database in 2009. The amount of outpatient data the MHDO is collecting continues to increase due to physician practices being purchased and merged as departments of Maine’s hospitals.

Hospital Financial Data

The MHDO continues to collect hospital financial information from the annual filings of Maine hospitals’ audited financial statements and other supplemental information. Effective with hospital fiscal year 2005, all Maine hospitals are required to file annually their hospital financial data using a standardized accounting template, in accordance with the requirements of PL 2005, Chapter 394 “*An Act to Implement Certain Recommendations of the Commission to Study Maine’s Community Hospitals*”. In 2009, the MHDO added hospital fiscal year 2008 to its

hospital financial database. Establishing this standardized template has provided a more consistent and uniform reporting process that has resulted in more comparative analyses and studies. Currently, three financial data reports are displayed on the HealthWeb web site and are updated annually as new data becomes available.

Hospital Organizational/Restructuring Information

As a result of the amendments to Chapter 630: “*Uniform Reporting System for Reporting Baseline Information and Restructuring Occurrences Relevant to the Delivery and Financing of Health Care in Maine*”, the MHDO began collecting organizational information in January 2007. This organizational information is collected on January and July 1st of each calendar year and pertains to information on Maine’s hospitals and their parent entities. The information continues to assist the MHDO in ensuring that hospitals are submitting all required data to the MHDO.

Health Care Claims Data

Maine is the first state in the nation collecting commercial health care claims data from carriers, third-party administrators, and from CMS (Medicare) and Maine’s Office of MaineCare Services (Medicaid). Approximately 130 entities are currently submitting health care claims data to MHDO’s designee, the Maine Health Data Processing Center on a monthly, quarterly, or annual basis, depending on the number of members who are Maine residents.

In 2006, the MHDO, Onpoint Health Data (*formerly known as the Maine Health Information Center*), and the MHDPC developed a business plan to transfer Maine’s claims data processing capabilities to other states. Currently the states of Minnesota, New Hampshire, Tennessee, and Vermont are utilizing Maine’s claims data processing system. In addition, the states of Hawaii, New York, Oregon, and West Virginia have all expressed interest in the claims data processing system. In May, MHDO staff and other Maine collaborators attended a meeting hosted by the America’s Health Insurance Plans, funded by a grant from the Agency for Healthcare Research & Quality, to discuss standardizing claims databases across the country. In October, MHDO staff attended the annual meeting of the National Association of Health Directors Organization (NAHDO) and the National Conference on the All-Payer/All-Provider Claims Databases. The purpose of this conference was to discuss and share expertise with other states that have, or are in

the process of implementing an all-payer claims database system, and to discuss the possibility of a regional or national integrated database.

In 2005, the MHDO signed Memorandum of Agreements with the Office of MaineCare Services to obtain MaineCare claims data and with the Center for Medicare and Medicaid Services (CMS) to obtain Maine Medicare data for all Maine residents. Currently, the MHDO has included 2003 - 2006 Medicare and 2003 - 2008 MaineCare data with the commercial claim data files.

Quality Data

The MHDO is also collecting quality data consisting of Hospital Health Care data (CMS Core Measures), Nursing Sensitive Indicators data, Healthcare Associated Infection data, and Care Transition Measures data from each of Maine's hospitals. This quality data was collected for all four quarters of 2009. MHDO also began collecting the first annual submission of the Nurse Perceptions of the Culture of Safety Survey data from all hospitals for 2009.

Data Release

The MHDO has the capacity to provide to the public hospital inpatient record data from 1980 to the present. The type of data elements include: age, length of stay, diagnoses and procedures, Diagnostic Related Groupings, payer, disposition, demographics, race and ethnicity; and present on admission. Maine is also the first state in the nation to collect a complete hospital outpatient services data set. The volume of outpatient data is significantly larger, more complex and requires more time to process than the inpatient discharge data. Given these factors, the turnaround time for release to the public is longer. In 2009, the MHDO released 2007 and 2008 outpatient services data and emergency department data. This emergency department database consists of a combination of outpatient emergency room encounters and the resulting inpatient admissions. Charge data is suppressed for both inpatient and outpatient data due to the potential for exposing contractual discounts due to the collection of paid claims data in the health care claims database.

Similarly, the MHDO has the capacity to provide health care claims data to the public from January 2003 through 2009. The claims database includes eligibility, medical, pharmacy, and dental files. This comprehensive database contains over 400 data elements and provides for

utilization information in a variety of healthcare settings. Some of the data elements within the files include age, diagnoses and procedures, facility, payer, demographics, and paid amounts.

In 2009, the MHDO released four quarters of hospital quality data to the MQF for use in publications and on their web site in the form of various charts and graphs. Through its public reporting efforts, the MQF is helping providers meet their obligation to provide accountability and transparency in health care. The MQF and MHDO are partners in the process of public reporting. MHDO through its rule-making authority collects quality data sets and the MQF analyzes and presents the derived information.

Data Requests

The MHDO responded to 82 requests for data from 40 separate users during the past year. All data is released in accordance with the Chapter 120 agency rules, which protect patient confidentiality. **A list of major users who requested data and purpose of the request is provided in Appendix C.**

Accessing the clinical and other MHDO databases requires a written request, which is posted at the MHDO web site. All parties providing the data have the opportunity to review the requests through the web site. Inpatient, outpatient, emergency department, and claims data sets are categorized as “unrestricted” or “restricted” data sets. Restricted data sets require a signed confidentiality agreement. In addition, practitioner identifiable data files are available with the restricted data and require additional review by a data advisory committee composed of two members of the MHDO Board, two members of the Maine Health Data Processing Board, a representative from the Maine Quality Forum, and representatives from the Maine based practitioner professional associations and/or affiliated medical specialty organizations associated with the potentially impacted practitioners. Data sets are provided at a reduced rate for those providers and payers who are required to pay the MHDO an annual assessment fee and for non-profit and educational entities. Special requests (reports, tables, charts, graphs) are available upon request at \$80 per hour of programming time. Requests for MHDO data continue to increase and generate additional revenues.

Collaboratives

The MHDO is involved in a number of special projects and collaborations. In 2009, the MHDO continued its collaboration with the Maine Centers for Disease Control and the Maine Quality Forum. The MHDO also assisted with other special projects by providing data for initiatives such as the Maine Kids Count. In addition to these collaborations, staff at the MHDO participated in the following work groups and committees: The Integrated Public Health Information System; UB-92 Uniform Billing Committee; Healthcare Cost Utilization Project; Maine Health Management Coalition; Maine Infection Prevention Collaborative Coordinating Committee; Shared Decision Making Study Group; Hospital Operating Expenses Transparency Work Group; Multi Drug Resistant Organisms Metrics Work Group; Maine Infection Prevention Collaborative Coordinating Committee; Global Claims Work Group; and membership on the National Association of Health Data Organizations. The MHDO Executive Director continues to serve as Chairman of the NAHDO Board of Directors.

Internet

During the past year, the MHDO continued to maintain its two web sites: The MHDO home site and the HealthWeb of Maine. The MHDO home site provides information containing the available data sets, pricing information, release of data requirements, procedure for ordering information and a listing of all data requests the MHDO has received. This site also houses the MHDO statutory and regulatory information, in addition to general information about the agency, including hospital peer group tables; board member listing; meeting minutes; MHDO staff listing; and links to other health related web sites. A separate website for public reporting of MHDO's Chapter 270 Quality data was created through a contract between the MQF and Thompson Reuters Healthcare. Links to this independent web site were added to the MQF and the MHDO web sites. The MHDO home page is located at: www.maine.gov/mhdo.

In 2009, the HealthWeb of Maine web site was restructured to include two links to Maine HealthCost data and the Maine HealthData information.

In 2008, the MHDO received the methodology from New Hampshire Insurance Department to construct a HealthCost web site for Maine and in February 2009 it was operational. The Maine HealthCost web site allows the consumer to check prices paid for procedures by provider and by insurance carrier. Price information is based upon paid claims data. HealthWeb can be found at: www.healthweb.maine.gov.

On the Maine HealthData site, viewers query and create reports using Maine hospital inpatient, outpatient, emergency department and public health data. They can also view hospital financial and quality data tables. Hospital financial data consists of three reports using financial data reported by all Maine's hospitals utilizing a standardized financial template. These reports contain financial indicators and other financial data elements arrayed in various ways utilizing hospital FY 2005, FY 2006, and FY 2007 information. This information allows the user to look at hospital financial information over time.

With the implementation of MHDO Rule, Chapter 280: *"Filing Requirements for Prescribers Seeking Confidentiality Protection"*, the MHDO developed and implemented a secure on-line registration tool for prescribers seeking confidentiality protection with the MHDO. This tool is intended to prohibit carriers, pharmacies, and prescription drug information intermediaries from licensing, using, selling, or exchanging for value prescription drug information for any marketing purpose. Currently, the MHDO has registered 262 providers requesting this "opt-out" provision.

IV. Fiscal Summary

Budget

The MHDO is financially supported from four sources: (1) assessments on health care providers; (2) assessments on health care payers; (3) user fees charged to those acquiring the data; and (4) revenue from contracts with other states. The amounts to be assessed are based on the difference between the authorized MHDO allocation for the fiscal year and the ending cash balance from the previous year. The assessment for Maine hospitals and health carriers was set at 38.5% of the authorized allocation for each of the two groups. Assessments for non-hospital health care providers and third-party administrators were set at 11.5% of the authorized allocation for each group. The funding consisted of a total assessment of \$527,498 for Maine

hospitals and \$527,498 for those health insurance carriers who had written health care premiums in Maine in excess of \$500,000 for calendar year 2009. \$157,564 was collected from each of the other two groups. An additional \$93,766 in revenue was collected from fees that cover the costs of releasing the data. **MHDO FY 2009 revenue and expenditure budget & FY 2010 anticipated expenditure budget are attached as Appendix D.**

V. Goals for 2010

Collection of Health Care Claims Data

MHDO will continue to work with its partner, Onpoint Health Data, through the Maine Health Data Processing Center, to collect and process healthcare claims data in Maine. In 2010, the MHDO will continue to collaborate with Onpoint Health Data and the MHDPC in transferring the claims data processing capabilities to other states. The MHDO will continue to collaborate with other New England states to ensure that the claims databases are as consistent as possible, thus allowing for future direct regional interstate comparisons.

The MHDO will attempt to acquire Federal Employees Health Benefit Program data for inclusion in the claims database. When this process occurs, Maine will have utilization and cost data relating to nearly all Maine citizens with private or public health insurance coverage. Also, the MHDO will continue to integrate hospital financial, clinical and quality data systems in an effort to improve the integrity and overall quality of the data. Lastly, the MHDO will be looking at the processes for the collection of its data in an effort to identify strategies that may allow for a more efficient release time.

Regulatory Agenda

In the coming year, MHDO may amend its rules to collect an additional quality data set for MRSA. The rules concerning prescribers seeking confidentiality protection may be changed based on the outcome of a pending court case. In addition, the MHDO may be amending the inpatient, outpatient, and health care claims data rules to collect additional data elements to enhance the existing data sets and to standardize data collection with other New England states. Changes may also be made to the rules concerning the cost of MHDO data as the MHDO Board reviews the current pricing structure. In addition, modifications may be made to the hospital

financial reporting requirements based upon legislation resulting from recommendations from the Hospital Transparency Operating Expenses Work Group.

Data Submissions and Processing

The MHDO will work with DataBay Resources to implement a web-based system for Maine hospital data reporting for inpatient and outpatient data. In addition, the MHDO will continue to work with DataBay Resources and the hospitals to incorporate the collection of additional data elements for the inpatient and outpatient databases as needed. The MHDO will also be integrating the various MHDO data systems. In response to health care reform and initiatives here in Maine, the MHDO Board will be re-evaluating its priorities and responsibilities. The MHDO will also evaluate the need for additional resources directed at advancing methods and processes that will expedite the release of its data and providing useful information to the public.

Web Site

The MHDO web site will continue to be refined and enhanced to provide for user-friendly access and information. The MHDO will develop and post hard copies of analytic reports and new data summary reports enhancing accessibility of the data to the public.

All HealthData reports will continue to be updated as current data becomes available.

The MHDO will continue to update and refine the HealthCost web site for Maine consumers to access information on the cost of specified procedures at health care facilities across Maine. In addition, the MHDO will enhance the HealthCost web site to link this cost information to quality information at the Maine Quality Forum for further public transparency and accessibility.

VI. Onpoint Health Data (formerly Maine Health Information Center)

The Maine Health Data Processing Center was established in 2001 (PL 2001, Chapter 456, "*An Act to Create the Maine Health Data Processing Center*") as a public/private partnership between the MHDO and Onpoint Health Data. Onpoint is a not-for-profit organization that serves as the MHDO's designee in the collection and processing of health care claims data in Maine. Its operational responsibilities and costs are shared by the MHDO and Onpoint, a

private, non-profit corporation. The MHDPC operates under the supervision of an independent thirteen member Board of Directors. The Board is composed of one member from each of the MHDO and Onpoint Boards, and eleven additional members representing health care providers, hospitals, payers, and private and corporate consumers. The Executive Directors of the MHDO and Onpoint serve on the Board in an ex-officio capacity.

The collection of health care claims data through the MHDPC was operational in January 2007. Those entities conducting health insurance related business or pay medical claims for residents of the State of Maine submit their data to the MHDPC electronically. The MHDPC tests the data for accuracy and validity and then provides each reporting entity with feedback on the status of their submission, determining whether resubmission of the data is necessary. During its' sixth year of operation, the MHDPC continued to provide technical assistance to carriers and third-party administrators registered to submit data, tested data samples, and provided technical assistance to those companies experiencing difficulty with the submission process.

All health care claims data collected through the MHDPC are controlled by the MHDO regulatory process, thus guaranteeing the protection of patient confidentiality in the release of information while making the data accessible for public use. The MHDPC attends all MHDO Board meetings and provides an update of payers submitting data and those out of compliance. **The MHDPC annual report can be found in Appendix E.**

APPENDIX A

AGENDA

MAINE HEALTH DATA ORGANIZATION BOARD OF DIRECTORS MEETING

January 8, 2009, 9:00 a.m.
151 Capitol Street
Augusta, Maine

Public Hearings

- ♦ Chapter 241: Uniform Reporting System for Hospital Inpatient Data Sets and Hospital Outpatient Data Sets
- ♦ Chapter 243: Uniform Reporting System for Health Care Claims Data Sets

Approval of November 6, 2008 Minutes

Board Meeting Dates for 2009

Executive Director Report

- ♦ Financial Summary
- ♦ Compliance Issues
- ♦ Provisional Adoption of Chapter 120: Release of Data to the Public
- ♦ Final Adoption of Chapter 125: Health Care Information that Directly Identifies an Individual

Data Processing Center Report

- ♦ Introduction of Jim Harrison
- ♦ Future Roles and Responsibilities of the Data Processing Center Board
- ♦ Maine Health Data Processing Center Discussion of Future Contracts with other States

Maine Quality Forum Report

Public Comment

Adjourn

MINUTES

MAINE HEALTH DATA ORGANIZATION
BOARD OF DIRECTORS MEETING
151 CAPITOL STREET, AUGUSTA, MAINE
THURSDAY, JANUARY 8, 2009

The meeting of the Maine Health Data Organization (MHDO) Board of Directors began at 10:18 a.m. with the following Board members present: Lynn Davey (Chair), Robert Anderson, Anita Knopp, Cathy McGuire, Kristine Ossenfort, Katherine Pelletreau, John Portela, Lisa Tuttle, and Dave Winslow. Absent members were Jennifer Carroll, Joe Ditré, Lisa Harvey-McPherson, Dana Kempton, Maureen Kenney (Vice-Chair), and Sydney Sewall.

A motion was made and seconded to accept the November 6, 2008, MHDO Board minutes as written. Motion carried.

Board Meeting Dates for 2009

Due to holidays and scheduling conflicts the Board agreed to change the March 5, July 2, and September 3 Board meetings to the following Thursday of each of those months. Linda Adams will contact the absent Board members and e-mail the Board a revised schedule when completed.

Executive Director Report

Financial Summary: There were no questions or comments regarding the MHDO October and November financial statements the Board received in their packets. Mr. Prysunka stated that additional data storage disk space needs to be purchased to accommodate the large volume of Medicare and claims data.

Linda Adams reported that she had spoken with staff at the Bureau of the Budget and the State Controller's Office, both of whom said that they have no mechanism in place to reserve the funds the MHDO receives from DHHS in the event that the funds will need to be returned. The only course of action will be to monitor the funds internally.

Mr. Prysunka stated that the State of New Hampshire was successful in the appeal process regarding their Prescriber Privacy Law, but the case is likely to go to the U.S. Supreme Court. Board Counsel Paul Gauvreau stated that NH's statute is more restrictive than Maine's.

Compliance Issues: Mr. Prysunka explained the Compliance Report that was disseminated prior to the start of the meeting. After establishing that the Compliance Policy had been followed for four providers delinquent in paying their assessments, there was a motion to refer Vision Care of Maine, Admiral Home Care Services, Walgreens, and Waterville Pharmacy to the Attorney General's Office. The motion was seconded and passed unanimously. A motion was also made and seconded to refer Caremark PSC Health to the Attorney General's Office for non-submission of compliant claims data. The motion passed with one abstention.

United HealthCare was listed on the Compliance Policy due to an issue revolving around the non-submission of Medicare Parts C and D data and Mr. Gauvreau informed the Board that the Maine statute regarding submission of this data is not preempted by Federal statute. A motion was made and seconded to refer United HealthCare to the Attorney General's Office. Motion carried.

Also listed on the Compliance Report for non-submission of compliant claims data was Medical Claims Service, Inc. Mr. Gauvreau stated that he had spoken with the company and that they are being cooperative and working diligently to comply. The issue will be discussed again at the March Board meeting.

Paul Casey, Director of Health Care Operations at Aetna was introduced to the Board. Mr. Prysunka explained that Mr. Casey; Maryagnes Gillman, Federally Qualified Health Center representative; and Eric Martinsen, hospital representative; had all recently been appointed to the MHDO Board by the Governor.

Provisional Adoption of Chapter 120: Release of Data to the Public: Mr. Prysunka explained the modifications he had made to Chapter 120 as a result of comments received. After a lengthy discussion on the release of group or policy numbers, the Board agreed to initiate an additional 30-day comment period for Chapter 120.

Final Adoption of Chapter 125: Health Care Information that Directly Identifies an Individual: After Mr. Prysunka informed the Board that no comments were received, there was a motion and a second to adopt Chapter 125. Motion carried. Mr. Prysunka stated that there was a citation error, which will be corrected on the final copy.

Maine Quality Forum Report

No one was present to give the Maine Quality Forum report.

Data Processing Center Report

Introduction of Jim Harrison - Mr. Harrison, Director of the Maine Health Information Center was introduced to the Board. He reviewed the claims data submission graphs he disseminated and explained that the reason the submissions were not at 100% is due to the expansion in the number of payers now required to submit Medicare C & D data. Mr. Harrison introduced Anand Ginka, the new Director of Data Processing.

Future Roles and Responsibilities of the Data Processing Center Board and Discussion of Future Contracts with other States - At a recent DP Center Board meeting it was decided that representatives from the Maine Health Information Center (MHIC), the Data Processing Center and the MHDO Board will meet to discuss future roles in working with contracts with other states. Minnesota recently contracted with the Maine Health Information Center. The Board received a handout on the pros and cons of other states contracting with the MHDPC or the MHIC. Lynn Davey volunteered to attend the meeting and Mr. Prysunka recommended asking the Vice-Chair, Maureen Kenney to join, as well. Katherine Pelletreau and Cathy McGuire from the Maine Health Data Processing Center will attend the meetings and Mr. Harrison will recruit two people from the MHIC. After the meeting Mr. Prysunka will report back to the MHDO Board.

Public Comment

None provided.

The meeting adjourned at 11.50 a.m.

AGENDA

MAINE HEALTH DATA ORGANIZATION BOARD OF DIRECTORS MEETING

March 12, 2009, 9:00 a.m.
151 Capitol Street
Augusta, Maine

Introduction of New Board Members

Approval of January 8, 2009 Minutes

Executive Director Report

- ◆ Financial Summary
- ◆ Compliance Issues
- ◆ Parkview Medical Center Revision Waiver Request
- ◆ Provisional Adoption of Chapter 120: Release of Data to the Public
- ◆ Adoption of Chapter 241: Uniform Reporting System for Hospital Inpatient and Hospital Outpatient Data Sets
- ◆ Adoption of Chapter 243: Uniform Reporting System for Health Care Claims Data Sets
- ◆ Legislative Status Report
 - LD 101: An Act to Extend the Operation of the MHDPC and to Amend the MHDO Statutes
 - LD 353: An Act Making Appropriations and Allocations for the Expenditures of State Government for the Fiscal Years 2010 and 2011

Data Processing Center Report

- ◆ Summary of Meeting to Discuss Roles & Responsibilities of the Data Processing Center Board and Future Contracts with other states

Maine Quality Forum Report

Public Comment

Adjourn

MINUTES

MAINE HEALTH DATA ORGANIZATION
BOARD OF DIRECTORS MEETING
151 CAPITOL STREET, AUGUSTA, MAINE
THURSDAY, MARCH 12, 2009

The meeting of the Maine Health Data Organization (MHDO) Board of Directors began at 9:05 a.m. with the following Board members present: Lynn Davey (Chair), Maureen Kenney (Vice-Chair), Robert Anderson, Jennifer Carroll, Paul Casey, Joe Ditré, Maryagnes Gillman, Lisa Harvey-McPherson, Anita Knopp, Eric Martinsen, Cathy McGuire, Katherine Pelletreau, Sydney Sewall, and Lisa Tuttle. Absent members were Kristine Ossenfort, John Portela, and Dave Winslow.

Introduction of New Board Members

Introductions were made and new Board members Paul Casey, Maryagnes Gillman, and Eric Martinsen were welcomed.

Approval of Minutes

A motion was made and seconded to accept the January 8, 2009, MHDO Board minutes as written. Motion carried.

Executive Director Report

Financial Summary: Alan Prysunka stated that the funds that were transferred from the Maine Department of Health and Human Services are included in the revenue but cannot be spent until the Prescriber Opt Out Legislation has been settled in court. He also stated that the Technology line under the "All Other Expenses" category is higher than in the past, due to the fact that the three employees working at the MHDO who now fall under the Office of Information Technology are being paid through this line. Also, there has been no indication that MHDO money will be transferred to the General Fund.

Compliance Issues: Phil Bonneau updated the Board on the status of ongoing and closed issues listed on the Compliance Report that he disseminated. He then informed the Board that Walgreens has not paid their assessment for their four Maine stores. After confirming that the MHDO Compliance Policy has been followed Mr. Bonneau recommended assessing fines but to cap and reduce the percentage of the fine. The Board asked Mr. Bonneau to reconvene the Subcommittee that was previously charged with recommending guidelines for the consideration of fines. It was stated that when determining future fines it would be beneficial to have a list of prior Board actions in regard to fines imposed. After further discussion, a motion was made that Mr. Bonneau would attempt to make verbal contact with Walgreens and if, by the end of the month there is no resolution, he proceed to refer Walgreens to the Attorney General's Office to assess the fine as indicated in Chapter 100 of the MHDO's rules. Motion passed unanimously.

Medical Claims Service, Inc. has not submitted compliant claims data and has been uncommunicative. After some discussion about possibly imposing a smaller fine,

there was a motion and a second to refer Medical Claims Service to the Attorney General's Office for enforcement of the fine in accordance with Chapter 100. The Board requested that when they are asked to consider fines they have the opportunity to view any written correspondence pertaining to the issue. The motion passed unanimously.

Parkview Medical Center Revision Waiver Request: Susan Schow provided the Board with background information on Parkview's inaccurate infection data submissions for first and second quarter 2007. She also provided the Board with copies of the Maine Quality Forum's Annual Report to the Health and Human Services Committee, which reflected Parkview's incorrect data submissions. Parkview's Director of Quality Management, Elizabeth Church, and Infection Preventionist, Marissa Carmolli, were present to explain the basis for requesting a waiver allowing them to resubmit correct data, and explained the new electronic reports they have put in place to accurately measure data going forward. The Board discussed granting an exception to MHDO policy based on the importance of having the baseline data in question reported correctly. After much discussion, a vote was called. There was a motion and a second to grant the exception to Parkview Medical Center's request. The motion passed with nine in favor and five abstentions. There was a suggestion that any future data submitters requesting changes in their submissions provide an independent certification, at their expense, to assist the Board in making their decision. This issue will be discussed again at a future Board meeting.

Provisional Adoption of Chapter 120: Release of Data to the Public: Mr. Prysunka explained the changes to Chapter 120 and stated that no comments were received during the extended comment period. A motion was made and seconded to provisionally adopt Chapter 120 as proposed. Motion passed unanimously.

Adoption of Chapter 241: Uniform Reporting System for Hospital Inpatient and Hospital Outpatient Data Sets: No comments were received on Chapter 241 and a motion was made and seconded to adopt the rule as proposed. Motion passed unanimously.

Adoption of Chapter 243: Uniform Reporting System for Health Care Claims Data Sets: The Board received the comments and responses to Chapter 243; a summary of the public comments, which Mr. Prysunka reviewed with the Board; and proposed modifications to Chapter 243 resulting from those comments. Katherine Pelletreau disseminated a letter from the Maine Association of Health Plans outlining issues that they believe were not adequately addressed in the responses to their comments. After discussing these issues, there was a motion and a second to adopt Chapter 243, as modified based on comments received. In addition, after further discussion, the Board proposed to change the data element requirement date to December 31, 2009. The motion passed with one abstention and two Board members in opposition.

Legislative Status Report: LD 101: An Act to Extend the Operation of the MHDPC and to Amend the MHDO Statutes: Mr. Prysunka updated the Board on two changes to the proposed statute: one being that "average" charge be added under §1718 Consumer

Information, as requested by the Maine Hospital Association; and two, the Commissioner of the Department of Professional and Financial Regulation will appoint one Board member from within that department, not specifically from the Bureau of Insurance as originally proposed. The Health and Human Services Committee voted that the proposed statute "Ought To Pass".

LD 353: An Act Making Appropriations and Allocations for the Expenditures of State Government for Fiscal Years 2010 and 2011: Mr. Prysunka informed the Board the Appropriations Committee had just one question for the MHDO regarding payments from Personal Services to the Technology line in the All Other category. Mr. Prysunka informed the Board of two LD's he is tracking: LD 546: *An Act to Ensure Access to Public Information Which Governs the Office of Information Technology* to open up all records to any agency to which they provide service; and LD 724: *An Act to Provide Transparency Concerning Operating Expenses for Hospitals*. This will not be part of the MHDO's statute, but Mr. Prysunka will monitor and report more information as it becomes available. He also stated that some of the data requested in LD 724 is already being collected by the MHDO.

Data Processing Center Report

Summary of Meeting to Discuss Roles & Responsibilities of the Data Processing Center Board and Future Contracts with other states: Mr. Prysunka summarized the outcome of the joint meeting of the MHDPC/MHIC/MHDO Board representatives, as outlined in the minutes the Board received from that meeting. There was some discussion on whether it would be appropriate to have members on the MHDPC Board outside of the MHIC and the MHDO Boards.

Resumes were disseminated for Christine Torraca and David Harris, nominees to the Maine Health Data Processing Board. After reviewing the resumes, there was a motion to accept the two nominations. The motion was seconded and passed unanimously.

The Board received an analysis of the MHDO claims data prepared for the Maine Quality Forum by Health Dialog. The Board agreed that the report was very positive and impressive; however, it neglected to credit the MHDO for being the source of the claims data. Mr. Prysunka will bring this up at the next Maine Quality Forum meeting.

Maine Quality Forum Report

No one was present to give the Maine Quality Forum report.

Public Comment

None provided.

The meeting adjourned at 12:20 p.m.

AGENDA

MAINE HEALTH DATA ORGANIZATION BOARD OF DIRECTORS MEETING

May 7, 2009; 9:00 a.m.
151 Capitol Street
Augusta, Maine

Approval of March 12, 2009 Minutes

Executive Director Report

- ◆ Financial Summary
- ◆ Compliance Issues
- ◆ Legislative Update:
 - LD 101: An Act to Extend the Operation of the Maine Health Data Processing Center and to Amend the Maine Health Data Organization Statutes
 - LD 724: An Act to Provide Transparency Concerning Operating Expenses for Hospitals
 - LD 757: An Act to Improve the Transparency of Certain Hospitals
 - LD 1358: An Act to Implement Shared Decision Making to Improve Quality of Care and Reduce Unnecessary Use of Medical Services
 - LD 1411: Resolve, Regarding Legislative Review of Portions of Chapter 120: Release of Data to the Public, a Major Substantive Rule of the Maine Health Data Organization
 - LD 1444: An Act to Protect Consumers and Small Business Owners from Rising Health Care Costs
- ◆ Global Claims Report
- ◆ Claims Database Standardization Meeting

Subcommittee Update (Guidelines for the Considerations of Fines)

Data Processing Center Report

Maine Quality Forum Report

Public Comment

Adjourn

MINUTES

MAINE HEALTH DATA ORGANIZATION
BOARD OF DIRECTORS MEETING
151 CAPITOL STREET, AUGUSTA, MAINE
THURSDAY, MAY 7, 2009

The meeting of the Maine Health Data Organization (MHDO) Board of Directors began at 9:05 a.m. with the following Board members present: Lynn Davey (Chair), Maureen Kenney (Vice-Chair), Robert Anderson, Jennifer Carroll, Paul Casey (via phone), Joe Ditré, Lisa Harvey-McPherson, Anita Knopp, Eric Martinsen, Katherine Pelletreau, John Portela, and Lisa Tuttle. Absent members were Maryagnes Gillman, Cathy McGuire, Kristine Ossenfort, and Dave Winslow.

A motion was made and seconded to accept the March 12, 2009, MHDO Board minutes as written. Motion carried.

Executive Director Report

Financial Summary: Mr. Prysunka informed the Board that the next biennial budget may include 12 shutdown days per year and that unexpended funds will be applied to the General Fund. If the measure is passed, Mr. Prysunka will calculate the dollar amount of those funds for the next Board meeting. Mr. Prysunka explained that in the March financial summary the funds under Capital, which were transferred from the All Other category, were needed to purchase additional hardware for data storage. He also stated that additional revenue from the Prescriber Opt Out legislation will soon be transferred from the Department of Health and Human Services, and that the money cannot be spent until the pending court case is resolved. Board Legal Counsel Paul Gauvreau gave the Board an update on the case stating that a resolution could come this winter or as late as early 2010.

Compliance Issues: Phil Bonneau explained the closed issues on the Compliance Report he distributed to the Board. He stated that Caremark PCS Health has requested a written confirmation of compliance from the Attorney General's Office. There was a motion and a second to direct Mr. Gauvreau to provide written confirmation to Caremark. Motion carried.

Mr. Bonneau then gave a brief update on the ongoing issues and informed the Board that there has been no response from Medical Claims Service. It was agreed that Mr. Gauvreau would write to them in an effort to resolve the issue amicably, and he will report back to the Board with any results.

Mr. Bonneau informed the Board that Central Maine Medical Center has not submitted compliant inpatient or outpatient data. After some discussion there

was a motion for pre-approval of a routine referral to the AG's Office if CMMC's May 15 deadline to submit compliant data is not met. The motion was seconded and passed unanimously.

Paul Casey offered to call a contact of his at CMMC and Mr. Gauvreau confirmed that this action was appropriate, but that this would not preempt him from continuing to pursue the issue through the AG's Office.

After some discussion regarding two companies who are delinquent in submitting their data, the following motions were made: 1. a routine referral to AG's Office for Sterling Life Insurance Co., if the data was not submitted by end of the day (their approved extension deadline); and 2. a routine referral to AG's Office for Washington National Insurance Company. Each motion was seconded and unanimously passed.

Legislative Update: L.D. 101: *An Act to Extend the Operation of the Maine Health Data Processing Center and to Amend the Maine Health Data Organization Statutes* - The bill is in the Governor's Office, and will become effective immediately upon being signed by the Governor. Mr. Prysunka stated that a seat has been added to include a representative from Dirigo Health and also a nonvoting member from the Department of Professional and Financial Regulation, for a total of 21, with only 20 voting Board members.

L.D. 724: *An Act to Provide Transparency Concerning Operating Expenses for Hospitals* - L.D. 724 is now a resolve requiring the MHDO and the Governor's Office of Health Policy and Finance to convene a work group, which will include representatives from the Maine Hospital Association and other stakeholders. The work group will review current hospital financial data being collected to provide transparency concerning operating expenses, and report their findings to the Health and Human Services Committee.

L.D. 757: *An Act to Improve the Transparency of Certain Hospitals* - This bill was to amend L.D. 101 regarding the posting of the hospital lists. However, since 22 MRSA § 1718 has been repealed and replaced, this bill is no longer necessary.

L.D. 1358: *An Act to Implement Shared Decision Making to Improve Quality of Care and Reduce Unnecessary Use of Medical Services* - Josh Cutler, Executive Director of the Maine Quality Forum (MQF) informed the Board that this rule would require them to determine which medical conditions are preference sensitive and to work with the MHDO, health insurance carriers, and the MaineCare program. A work group may be established to further discuss the issue, or the bill may not go through but be reevaluated in a couple of years.

L.D. 1411: *Resolve, Regarding Legislative Review of Portions of Chapter 120: Release of Data to the Public, a Major Substantive Rule of the Maine Health Data Organization* - A work session was held on May 1st where there was a unanimous vote in favor of the bill, and it is continuing through the legislative process.

L.D. 1444: *An Act to Protect Consumers and Small Business Owners from Rising Health Care Costs* - Joe Ditre summarized the options listed in the proposed rule as discussed at the May 5th hearing. He stated that there was a great interest in Part A of the legislation which would require the MHDO & the MQF to link publicly available cost data to quality outcome data. An advisory counsel was established to look at quality reform and another work session will be held on May 8, 2009.

L.D. 960: *Resolve, Requiring Rulemaking by the Maine Quality Forum Regarding Clostridium Difficile and Methicillin-resistant Staphylococcus Aureus* - Josh Cutler explained that this resolve directs the MQF to adopt rules establishing procedures for reporting hospital required infections and to report its findings to the MHDO. The resolve was voted out of Committee unanimously.

Global Claims Report: The Board received copies of the report to the Health and Human Services Committee, which was created by Mr. Prysunka from the discussions of the work group that was established to study the global claims issue. Mr. Prysunka outlined the four options that were discussed at the meetings and informed the Board that no consensus was reached by the work group. After much discussion regarding the four options, there was a motion that the Board express sentiment that Option 2B is a modest and appropriate method to pursue. The motion was seconded and passed with 3 abstentions.

Claims Database Standardization Meeting: Mr. Prysunka and Katherine Pelletreau had just returned from a meeting of the National Association of Health Data Organizations and the Regional All Payer Healthcare Information Council, which was funded by a grant from AHRQ to discuss standardizing the claims databases. The consensus was that this should be done and that Maine should be used as the model. Mr. Prysunka recommended creating a regional or national forum of payers and stated that the next step would be to use the rules of the MHDO as a starting point.

Subcommittee Update (Guidelines for the Considerations of Fines)

After recognizing the Board members and staff that participated in the meetings, Subcommittee Chairwoman Katherine Pelletreau reviewed the Guidelines for

Consideration of Fines and the Summary of Enforcement Action that the Subcommittee created and provided to the Board. It was agreed that the Summary (a history of fines) will be disseminated at meetings whenever fines are to be considered by the Board.

There was some discussion on whether or not to use the "Size of Total Company" as a factor for consideration, and on using a multi-phase plan to determine assessment of fines. Mr. Gauvreau will join the Subcommittee in a final meeting to prepare a working document for the Board to vote on at its next meeting.

Maine Quality Forum Report

Josh Cutler disseminated the All-Payer Analysis of Variation in Healthcare in Maine report created by Health Dialog, which is now on the Maine Quality Forum and Governor's Office of Health Policy and Finance's web sites. He explained that the analysis was done to determine if the claims data could be used in cost and quality analysis, and that the next phase will be to link cost and quality data.

Data Processing Center Report

Anand Ginka explained the Maine Health Data Processing Center Report he prepared and disseminated, showing the status of how Vermont is doing and how Maine compares to NH in relation to current provider linkage rates (linking zip codes with tax id). Mr. Prysunka stated that there will be one more meeting, but the issue with the NPI's is near the point where they can look at individual payer's data. There was a brief discussion on the collection of hospice, home health, long term care, workers' compensation, federal employee and tri-care data.

Public Comment

None provided.

The meeting adjourned at 11:50 a.m.

Respectfully submitted by,



Linda Adams
Administrative Assistant

AGENDA

MAINE HEALTH DATA ORGANIZATION BOARD OF DIRECTORS MEETING

July 9, 2009; 9:00 a.m.
151 Capitol Street
Augusta, Maine

Approval of May 7, 2009 Minutes

Executive Director Report

- ◆ Financial Summary
 - Fiscal Impact of Biennial Budget (shutdown days, merit & longevity freezes)
- ◆ Compliance Issues
- ◆ Vote on Final Adoption of LD 1411 Resolve, Regarding Legislative Review of Portions of Chapter 120: Release of Data to the Public
- ◆ Legislative Update:
 - LD 1358: An Act to Implement Shared Decision Making to Improve Quality of Care and Reduce Unnecessary Use of Medical Services
 - LD 1444: An Act to Protect Consumers and Small Business Owners from Rising Health Care Costs
- ◆ Maine Health Management Coalition Data Fee Waiver Request
- ◆ Cary Medical Center 4th Qtr. 2008 Quality Data Waiver Request
- ◆ Inpatient Data Reporting - Present on Admission
- ◆ Data Processing Center Budget

Subcommittee Update (Guidelines for the Considerations of Fines)

Data Processing Center Report

Maine Quality Forum Report

Public Comment

Adjourn

MINUTES

MAINE HEALTH DATA ORGANIZATION
BOARD OF DIRECTORS MEETING
151 CAPITOL STREET, AUGUSTA, MAINE
THURSDAY, JULY 9, 2009

The meeting of the Maine Health Data Organization (MHDO) Board of Directors began at 9:10 a.m. with the following Board members present: Lynn Davey (Chair), Maureen Kenney (Vice-Chair), Robert Anderson, Joe Ditré, Maryagnes Gillman, Karynlee Harrington, Anita Knopp, Neil Korsen, Eric Martinsen, Cathy McGuire, Kristine Ossenfort, Katherine Pelletreau, John Portela, and Dave Winslow. Absent members were Jennifer Carroll, Paul Casey, Lisa Harvey-McPherson, Anne Head, and Lisa Tuttle.

The meeting began with introductions from the new Board members Neil Korsen, MD, representing Providers and Karynlee Harrington, Dirigo Health representative.

A motion was made and seconded to accept the May 7, 2009, MHDO Board minutes as written. Motion carried.

Executive Director Report

Financial Summary: There were no questions or comments regarding the April or May financial statements.

Fiscal Impact of Biennial Budget - Alan Prysunka informed the Board that \$52,227 (drawn from staff furlough days, pay raises, and longevity bonuses) will be transferred to the General Fund to help balance the budget deficit for fiscal years 2010 and 2011. He stated that this will happen within all state agencies, including those funded by other dedicated accounts. The carry over amount will be available at the next Board meeting and will not include the pharmaceutical opt out funds transferred from DHHS, which cannot be spent until the pending court case is resolved. Paul Gauvreau, Legal Counsel, informed the new Board members of the details of the case and gave an update on the status.

Mr. Prysunka informed the Board that interviews had been performed for the OIT/MHDO position, which will fill data requests, work on the web site, and perform analysis. However, a candidate was not found with the necessary combined programming and medical coding skills. Mr. Prysunka is continuing to work with OIT to fill the vacant position.

Compliance Issues: Phil Bonneau reviewed with the Board the Compliance Report he disseminated, beginning with the two new issues. After some discussion, there was a motion to refer Group Benefit Services and United HealthCare to the Attorney General's

Office for non-compliant claims data. The motion was seconded and passed unanimously.

Mr. Bonneau requested Board approval of an extension for Sterling Life Insurance Co. to submit compliant test data, which the Board granted.

The Board then discussed United HealthCare's pending written request for certain elements in Medicare Part D files to be restricted. No Board action was required at this time, but concerns were voiced that if United HealthCare's request is granted it will impact the data submissions from other companies.

Mr. Bonneau explained the long-standing issue with Medical Claims Service and stated that there has been a complete change in company ownership. Mr. Gauvreau briefly explained the legality of fining a new company for the actions of another company. There was a motion and a second to approve a brief extension to allow them time for the submission of compliant data, and before assessing any new fines. The motion passed unanimously.

Vote on Final Adoption of LD 1411 Resolve: The Health and Human Services Committee reviewed the resolve and accepted the recommended changes to Chapter 120: *Release of Data to the Public*. There was a motion and a second to formally adopt the changes to Chapter 120. The motion passed unanimously.

Legislative Update: LD 1358: *An Act to Implement Shared Decision Making to Improve Quality of Care and Reduce Unnecessary Use of Medical Services* - Josh Cutler, Director of the Maine Quality Forum, explained that shared decision making is an approach that allows patients to decide between treatment choices which, historically, have been made by the doctor. However, it was decided that this is not an initiative ready to be mandated, so the MQF will convene a study group of interested parties, consisting of representatives from the MHDO, Maine Care, health insurers, hospitals, health care providers, and consumers to determine if they support the initiative. Volunteers to serve on the study group were requested, and it was also requested that the Board view the preliminary report before it is presented to the Health & Human Services Committee.

LD 1444: *An Act to Protect Consumers and Small Business Owners from Rising Health Care Costs* - Mr. Prysunka stated that this recently enacted piece of legislation (Chapter 350) was initiated by Consumers for Affordable Health Care and he explained how the legislation impacts the MHDO. He also informed the Board of a minor error in Sec. A-1 that he will propose to amend.

Joe Ditré stated that this law and the related changes to LD 101 are both tied to payment reform but are also about quality of care. Chapter 350 requires the Advisory Counsel on Health Systems Development to gather input from all stakeholders and to submit a report of its findings and recommendations to the Health and Human Services Committee and to the Insurance and Financial Services Committee.

Maine Health Management Coalition Data Fee Waiver Request: The MHMC was to ask for a waiver of the purchase price (approximately \$57,000) for the purchase of claims data. The waiver request was withdrawn. Instead, the Coalition will enter into an MOA with the Maine Quality Forum who already received the data and hired Health Dialog to prepare a similar report for other purposes. Mr. Prysunka explained that the MHDO does not charge State agencies for data unless they have funds available from other sources. Karynlee Harrington stated that she will be submitting a new data request and they will pay Health Dialog. There was some discussion regarding the fairness to other entities working in Maine who are required to purchase the data. The Board consensus was that it is an acceptable practice, but they asked that Board Legal Counsel assure that this is a legally acceptable practice. The topic of reuse of data will be discussed again at the next Board meeting.

Cary Medical Center 4th Qtr. 2008 Quality Data Waiver Request: Susan Schow informed the Board that Cary Medical Center has withdrawn their waiver request. There had been some miscommunication with new staff at the hospital and they are now able to submit the data.

Inpatient Data Reporting - Present on Admission: Susan Schow explained the reasons for adding the collection of present on admission (POA) data to the inpatient data set in March 2007. To evaluate the coding of POA, she cited a method used by the Agency for Healthcare Research based on the State of California's POA data, that has been in use since 1996. Gene Stanton and Ms. Schow analyzed the hospitals' POA data using these edit checks and she shared a list of those that appeared to be coded poorly. She also showed a table comparing POA coding in Maine and in California. Ms. Schow recommended sending a letter to the hospitals that scored poorly, to inform them of the results to see if they'd like to investigate for improvement in future reporting. Ms. Schow also informed the Board that the CMS Quality Improvement Organization for Maine, Northeast Health Care Quality Foundation, has offered to assist hospitals with POA coding issues and they will be listed as a resource in the hospital letter.

Data Processing Center Budget: The Board reviewed a budget handout for the Maine Health Data Processing Center and Mr. Prysunka explained that when MaineCare converts to a new system there may be some additional costs. He also stated that

after April of next year the data will no longer come from Muskie but instead will come, on a monthly basis, directly from the MaineCare Office.

Subcommittee Update (Guidelines for the Considerations of Fines)

The Board received the final draft of the revised Guidelines that were prepared by the Subcommittee. After Katherine Pelletreau gave an overview of the issues discussed by the Subcommittee, the Board decided to follow the fines listed in Chapter 100. Under the amount of base fine for non-compliant data submissions on the Guidelines, the Board agreed to change the wording from "one incident of missing data" to "per incident of missing data". The Subcommittee's Guidelines for the Considerations of Fines was accepted by the Board to be used as a reference document.

Data Processing Center Report

No report was available.

Maine Quality Forum Report

Josh Cutler explained how the health care infections legislation (LD 960) will affect the MHDO. He stated that the MQF will work in conjunction with the Infection Collaborative and the Maine CDC to identify infections, and to determine metrics and definitions. The MDRO Metrics Workgroup have met and Dr. Cutler disseminated minutes from their first meeting. A discussion ensued surrounding the time frame for adopting the rules and collecting the data.

Public Comment

None provided.

The meeting adjourned at 11:40 a.m.

Respectfully submitted,



Linda Adams
Administrative Assistant

AGENDA

MAINE HEALTH DATA ORGANIZATION BOARD OF DIRECTORS MEETING

September 10, 2009; 9:00 a.m.
151 Capitol Street
Augusta, Maine

Approval of July 9, 2009 Minutes

Executive Director Report

- ◆ Financial Summary
 - Carryover and assessment update
- ◆ Compliance Report
- ◆ Proposed modifications to the Maine Health Data Processing Center and Maine Health Data Organization Statutes
- ◆ Proposed Rule Changes
 - Chapter 241: Uniform Reporting System for Hospital Inpatient Data Sets and Hospital Outpatient Data Sets
 - Chapter 270: Uniform Reporting System for Health Care Quality Data Sets
 - Repeal of Chapter 700: Criteria and Standards for Price Lists at Hospitals and Ambulatory Surgical Facilities
- ◆ DataBay check system modification
- ◆ Reuse of data by requesters
- ◆ Looking Glass Analytics Proposal (Olympia, Washington re: claims data)
- ◆ Board Chair Status
- ◆ Peter Gore nomination to MHDPC Board

Data Processing Center Report

Maine Quality Forum Report

Public Comment

Adjourn

MINUTES

MAINE HEALTH DATA ORGANIZATION
BOARD OF DIRECTORS MEETING
151 CAPITOL STREET, AUGUSTA, MAINE
THURSDAY, SEPTEMBER 10, 2009

A quorum was established and the meeting of the Maine Health Data Organization (MHDO) Board of Directors began at 9:10 a.m. The following Board members were present: Lynn Davey (Chair), Maureen Kenney (Vice-Chair), Paul Casey, Karynlee Harrington, Anne Head, Anita Knopp, Eric Martinsen, Katherine Pelletreau, John Portela, Lisa Tuttle, and Dave Winslow. Absent members were: Robert Anderson, Jennifer Carroll, Joe Ditré, Maryagnes Gillman, Lisa Harvey-McPherson, Neil Korsen, Cathy McGuire, and Kristine Ossenfort.

Chairwoman Lynn Davey welcomed newly appointed Board member Anne Head, Commissioner of the Department of Professional and Financial Regulation.

There was a discussion on amending the July minutes to reflect action taken on the Subcommittee's Guidelines of Fines document. A motion was made and seconded to accept the July 9, 2009, MHDO Board minutes with the addition of the following language: the Guidelines of Fines document was accepted by the Board to be used as a reference document. Motion carried. Also, it was clarified that when the transfer of Personal Services funds to the General Fund takes place it will not show up in a separate line category on the financial summary.

Executive Director Report

Financial Summary: The Board received the June FY 2009 and July 2010 financial statements in their packets.

Carryover and Assessment Update - Alan Prysunka stated that the fiscal year 2010 carryover is listed on the July statement, and he noted the additional DHHS transfer of funds in June from the prescriber opt out legislation. He gave a brief update on the status of the pending lawsuit and Assistant Attorney General Paul Gauvreau explained the legal process the lawsuit might follow. There was also some discussion on potential legal fees. Mr. Gauvreau stated that if the plaintiff loses, the MHDO will then be able to utilize the funds.

There was a question about the increase in funds carried over from 2009 to 2010. Mr. Prysunka explained that the carryover includes money from DHHS and the vacant position, and that any carry over is subtracted from the following year's assessment. He also stated that assessment checks have already begun to come in from three of the four groups; however, the Maine hospitals have not yet been sent assessment letters.

Compliance Issues: Philippe Bonneau informed the Board that Parkview Adventist Medical Center is late in submitting their financial data and they have asked for an extension until September 30 to submit the data. Mr. Bonneau asked the Board to grant a routine referral to the Attorney General's Office if that deadline is not met. Ted Lewis, President of Parkview was present to explain that, as a result of an agreement with Central Maine System they have changed auditors, and due to financial and personnel issues the financial information was

not completed on time. However, the audited financial statements are now complete and are awaiting approval at their Board's September 29 meeting. Mr. Lewis stated that both the missing Audited Financial Statements and the template will be filed once approved by their Board. Due to the timing of their next meeting the Board discussed moving the extension date up until October 15 so that the deadline date can realistically be met. A motion was made and seconded to move the extension date ahead to October 15, 2009, and then proceed with referral to the AG's Office if that deadline is not met. Motion carried.

Mr. Bonneau also requested routine referrals for CaremarkPSC Health, Health Network America, and Kanawha HealthCare Solutions for non-compliant claims data. After some discussion there was a motion and a second to grant a routine referral to the AG's Office for all three payers. Motion carried.

United Healthcare is requesting confidentiality status for two elements (ingredient cost/list price and dispensing fee) of Medicare Part C and D, and they have been informed by the Attorney General's Office that if they submit all the other data immediately they will be given a temporary exception for those two data elements. Mr. Prysunka has attempted to contact CMS to discuss the issue, and is waiting to hear back from them. Mr. Gauvreau informed the Board that Mr. Prysunka has the final say in determining if the data elements should be confidential. Mr. Prysunka stated that if United Healthcare's request is approved, it will be applied to the data for all other payers.

Group Benefit Services - Mr. Bonneau informed the Board that Group Benefit Services was given a deadline by the AG's Office to submit their outstanding claims data by September 21, and recommended a fine if the deadline is not met. A motion was made to accept the recommendation. The motion was seconded and passed unanimously.

Sterling Life Insurance Co. - Phil Bonneau discussed with the Board the issues surrounding Sterling Life Insurance Company's outstanding claims data submissions and recommended a fine of \$5,000. There was a motion and a second to access the \$5,000 fine, which passed unanimously.

Medical Claims Service Inc. - Mr. Bonneau gave a brief overview of the circumstances surrounding Medical Claims Service (MCS) stating that they were fined \$185,000 on 37 files, and that EBS RMSCO has purchased, and are legally responsible for MCS. There was a motion and a second to authorize the Attorney General's Office to pursue appropriate enforcement action against Medical Claims/EBS RMSCO for the previous \$185,000 fine. Some discussion ensued on the legal course of action and on how the Board may proceed going forward. It was stated that the Board now has a new fine structure and the possibility of amending the fine was discussed. The motion carried with one in opposition and one abstention. Mr. Gauvreau will include an invitation in his correspondence for them to address the Board.

Proposed Modification to the Maine Health Data Processing Center and Maine Health Data Organization Statutes: Mr. Prysunka informed the Board that the proposed changes, which he explained, have been approved by the Governor's Office.

Proposed Rule Changes: Chapter 241: *Uniform Reporting System for Hospital Inpatient and Outpatient Data Sets* - Mr. Prysunka explained that a field needs to be added to separate the Insurance Policy ID number from the SSN to eliminate confusion. Other minor rule changes need to be made to conform to the National Uniform Billing Committee definitions.

Chapter 270: *Uniform Reporting System for Quality Data Sets* - Susan Schow, MHDO Epidemiologist explained why certain measures are being recommended to be retired by CMS and that one new measure is being recommended.

Ms. Schow stated that the MDRO Metrics Workgroup will continue to meet to determine the definition of populations at an increased risk for MRSA infections. Mr. Gauvreau was concerned about not having a definition before the public hearing and explained some of the options available. There was also some discussion of where the new measure should be added in the rule. The Board will get an updated copy of the proposed rule with the correct definition.

Chapter 700 *Criteria and Standards for Price Lists at Hospitals and Ambulatory Surgical Facilities* - Due to the fact that the section of the law that governed Chapter 700 was removed during the last legislative session this rule needs to be repealed.

There was a motion to initiate the rulemaking process on the rules discussed, with the understanding that Chapter 270 will not proceed until the definition of MRSA is finalized. The motion was seconded and passed unanimously. There will be a hearing on these rules on November 5, prior to the Board meeting.

DataBay Check System Modification: Mr. Prysunka explained that representatives from Data Bay Resources came to Maine to present a web-based system that will produce automatic updates and enhancements to make editing easier for the hospitals. Beta testing will begin with the larger hospitals during the third week in October. Mr. Prysunka will continue to update the Board on the system status.

Reuse of Data by Requesters: There was some discussion surrounding the concerns with MQF and Health Dialog and the reuse of data for the Maine Health Management Coalition. Mr. Prysunka will convene a meeting of the Executive Committee and Mr. Gauvreau to address the impact of sharing data with other state agencies, contractors, and/or vendors and report back to the full Board at the next meeting.

Looking Glass Analytics Proposal: Mr. Prysunka gave the Board a brief presentation of the proposal suggesting automated variation analysis. He stated that he has had similar requests from others. Looking Glass Analytics wants to build the program from grant money and swap the program for MHDO data. The Board discussed the legal implications, using sole source or going out to RFP, fulfilling the MHDO and MQF missions, and capitalizing on the MHDO's leadership role. Mr. Prysunka was asked to bring the issue to the MQF Advisory Council and to the Executive Committee for discussion, and to bring their recommendations back to the Board.

Board Chair Status: Mr. Prysunka informed the Board that Chairwoman Lynn Davey's final term ends before the next Board meeting; however, she will continue to serve until a replacement is found.

Peter Gore Nomination to the MHDPC Board: The Board received a copy of Mr. Gore's resume and Mr. Prysunka stated that he had previously served on the MHDO Board. There was a motion and a second to approve Mr. Gore's nomination to the MHDPC Board. Motion carried.

Data Processing Center Report

Jon Harvell stated that with the most recent Chapter 243 rule changes all enrollment, medical, and pharmacy claims files for ME, NH & VT are standardized. Their systems are set to begin testing this month. This will begin a three month trial period where parallel test systems will be run with a live date of February 1, 2010 for the new system cut over. A discussion followed regarding comparing data between states and it was pointed out that release rules are different between the states and that this is something that will need to be looked at in the future. Mr. Prysunka also stated that Minnesota and Tennessee are considering starting their own claims databases. New York has once again has expressed an interest in doing so.

Maine Quality Forum Report

Karynlee Harrington reported that Josh Cutler was not available because he was attending a Share Decision Workgroup. She stated that they will hold another meeting later this month and asked anyone interested in participating to call her or Dr. Cutler.

The Health Information Technology Stakeholder Group is working in conjunction with the Governor's Office of Health Policy and Finance to apply for HIT/HIE grants. It was stated that the model being used is a strong public/private partnership and the Health Information Exchange portion would be \$4 to \$10M every year for four years, in addition to the Health Information Technology portion. Mr. Prysunka stated that proposed HIT Maine legislation would add another MHDO Board member.

The Governor's Office was recently awarded an \$ 8.5M grant from DHHS. If the first year is successful they qualify to receive \$8.5M per year for another three years. The money is for low income, uninsured, part-time, seasonal workers in large businesses. A business advisory group will be established and members were solicited and welcomed to serve on the group. A product, possibly using a voucher system, needs to be in place by January 1, 2010.

Public Comment

None provided.

The meeting adjourned at 11:40 a.m.

AGENDA

MAINE HEALTH DATA ORGANIZATION BOARD OF DIRECTORS MEETING

November 5, 2009; 9:00 a.m.
151 Capitol Street
Augusta, Maine

Public Hearing

- ♦ Chapter 241: Uniform Reporting System for Hospital Inpatient and Hospital Outpatient Data Sets
- ♦ Chapter 270: Uniform Reporting System for Quality Data Sets
- ♦ Chapter 700: Criteria and Standards for Price Lists at Hospitals and Ambulatory Surgical Facilities

Approval of September 10, 2009 Minutes

Executive Director Report

- ♦ Financial Summary
- ♦ Staffing Issues
- ♦ Compliance Report
 - ♦ EBS-RMSCO request for reconsideration of fines
- ♦ Adoption of Chapter 270: Uniform Reporting System for Quality Data Sets (EMERGENCY)
- ♦ Resolve Chapter 66 (Working Group to Provide Transparency Concerning Operating Expenses for Hospitals) Update
- ♦ Race/ethnicity issues with outpatient hospital data involving provider-based clinics/offices
- ♦ 2010 Board meeting schedule

Executive Committee Report

- ♦ Reuse of data by requesters
- ♦ Looking Glass Analytics proposal

Data Processing Center Report

Maine Quality Forum Report

Public Comment

Adjourn

MINUTES

MAINE HEALTH DATA ORGANIZATION
BOARD OF DIRECTORS MEETING
151 CAPITOL STREET, AUGUSTA, MAINE
THURSDAY, NOVEMBER 5, 2009

The meeting of the Maine Health Data Organization (MHDO) Board of Directors began at 9:15 a.m. with the following Board members present: Lynn Davey (Chair), Maureen Kenney (Vice-Chair), Robert Anderson, Paul Casey, Joe Ditré, Karynlee Harrington, Lisa Harvey-McPherson, Anne Head, Anita Knopp, Neil Korsen, Eric Martinsen, Cathy McGuire, Kristine Ossenfort, Katherine Pelletreau, John Portela, Lisa Tuttle, and Dave Winslow. Absent members were Jennifer Carroll and Maryagnes Gillman.

A motion was made and seconded to accept the September 10, 2009, MHDO Board minutes as written. Motion carried.

Executive Director Report

Financial Summary: It was requested that the funds transferred from Department of Health and Human Services (DHHS) to the MHDO on the July financial summary be removed from the total amount available as previously discussed. This is due to the fact that the funds are on hold pending results of the prescriber opt out lawsuit.

The Office of Information Technology (OIT) fee schedules are due to come out soon and Mr. Prysunka informed the Board that there may be an issue with the data storage rate. He will continue to work with OIT and provide updates to the Board as necessary.

Staffing Issues - Mr. Prysunka stated that Chad Jolin who worked with the claims data set has resigned. Priorities have shifted and there may be a change in staff responsibilities. Staff will be focusing on preparing the 2007/2008 MaineCare and 2009 commercial claims data for release. The preparation of these files will take precedence over fulfilling data requests until the two vacant positions at the MHDO are filled. Given recent legislative changes and the workload ahead, there was mention of the Board advocating for additional positions. Onpoint would be willing to assist the MHDO with temporary staffing and the OIT has temporary positions with experience in this field, which Mr. Prysunka will pursue.

Resolve Chapter 66 Update (*Working Group to Provide Transparency Concerning Operating Expenses for Hospitals*) - Mr. Prysunka informed the Board that the work group discussed using IRS 990 Forms submitted to DHHS as the source for additional information to be included with the MHDO's financial data. A Board discussion ensued regarding analyzing the data and the possibility of creating a limited-term position to perform the analysis.

A discussion followed regarding concerns of the burden the MHDO will have due to recently enacted legislation, Chapter 350: *An Act to Protect Consumers and Small Business Owners from Rising Health Care Costs*. Chapter 350 requires posting data on the MHDO web site in a clear, understandable manner, at the individual practitioner level. It was stated that the MHDO web site needs to be user friendly and that the Board needs to determine who uses the web site and what other data are available on the web to avoid duplication. Mr. Prysunka mentioned the Monarch Tool that was created by AHRQ. Board members mentioned other possible resources such as national health experts at UNE; a RWJ Foundation grant that Ted Rooney is working with; and it was stated that the Maine Health Management Coalition has for many years placed information in the public domain and has brought in national experts on health literacy. It was recommended and agreed upon that the Board will hold a retreat to further discuss the issue.

Seeking grant money to do a series of five or six outreach seminars around the state to educate the public regarding consumers accessing the web site was also mentioned and the Board will also discuss this option at the retreat.

Compliance Report: Phil Bonneau disseminated and reviewed with the Board the Closed and Ongoing Issues on the Compliance Report. He stated that Health Network has not met their deadline and recommended a \$5,000 fine for one incident of 9 missing data files. There was a motion to impose the recommended fine of \$5,000 for Health Network. The motion was seconded and passed unanimously.

A routine referral to Attorney General's Office was recommended for Goodall Hospital and Maine Coast Hospital if the November 16 deadline for submitting non-compliant data is not met. The motion was made, seconded and passed with 2 abstentions.

EBS-RMSCO, fka Medical Claims Service (MCS), sent a letter requesting a waiver of their \$185,000 fine, or a reduction of the fine to \$25,000; based on their belief that since the issue started with MCS, it should be one fine for one incident inherited from their predecessor. After a lengthy discussion, a motion was made that Paul Gauvreau, Legal Counsel to the Board, shall notify EBS-RMSCO that the Board will take no action at this time and that the current fine is due. The request will be considered at the next Board meeting and the check will be held until that meeting to review any further action. The motion was seconded and passed unanimously.

Adoption of Chapter 270: Uniform Reporting System for Quality Data Sets (EMERGENCY) - Legislation was passed last session requiring the MHDO to work with the MQF to amend Chapter 270, a major substantive rule, to establish procedures for reporting hospital acquired infections. Dates have been added to the emergency rule indicating when a survey, developed by the MQF to measure prevention and control

programs, should be distributed and returned to the MQF. The rule will go into effect once adopted by the Board and will remain in place until the major substantive rules are adopted. A motion was made to adopt the Chapter 270 emergency rule. The motion was seconded and passed with one abstention. The Board requested that Mr. Prysunka go to the Health and Human Services Committee to clarify how time consuming the process is for categorizing the Chapter 270 rules and to request that they be classified as routine technical.

Mr. Prysunka informed the Board that three out of the four hospitals that have been experiencing problems with reporting data for provider-based clinics/offices are still in violation but are continuing to work diligently with their vendor to resolve the issues. However, it is now apparent that those four hospitals will be unable to supply race and ethnicity data without extensive additional modifications.

2010 Board meeting schedule - There were no conflicts with the 2010 schedule the Board received in their packets.

Executive Committee Report

Looking Glass Analytics Proposal - Mr. Gauvreau had informed Mr. Prysunka that if the state were to consider entering into a bartering arrangement with a non-governmental private/non-profit entity they would be required to go through the Division of Purchases bidding process. Mr. Prysunka recommended not pursuing their proposal due to the fact that the product is not unique and because Looking Glass Analytics is still in the process of trying to secure federal grant money. Mr. Gauvreau also stated that bartering between states is acceptable such as the exchange that occurred between the MHDO and the New Hampshire Bureau of Insurance where the MHDO received the code to replicate NH's cost web site and the MHDO agreed to provide them the proper mapping when they receive Medicare data.

Further discussion ensued regarding the exchange of product with monetary value with non-profit entities and Mr. Prysunka stated that the MHMC may introduce legislation to allow non-governmental private/non-profit entities to request a data fee waiver, or a reduced price, when the product that they produce is placed, in its entirety, in the public domain. This will also be a retreat agenda item.

Data Processing Center Report

Jon Harvell stated that there are currently no major payer compliance issues and that the Data Processing Center is working on finalizing the 2008 MaineCare data.

Maine Quality Forum Report

Karynlee Harrington stated that she and Josh Cutler met with the Maine Health Management Coalition to discuss an agreement to leverage payment reform. They shared a concern of accessing timely and accurate MaineCare data for analysis. There was a discussion regarding the MaineCare agreement with Muskie School and the Office of Medical Services (OMS), who will be supplying data directly to the MHDO beginning in April 2010. After further discussion there was a motion and a second to send a letter from the Board Chair to Brenda Harvey, Commissioner of DHHS with a copy to Trish Riley, Executive Director, Governor's Office of Health Policy and Finance; Tony Marple, Director of OMS; and to the Health and Human Services Committee clarifying the roles of OMS and the MHDO under the terms of the MaineCare MOA, specifically the length of time it has taken for the data to be supplied to the Muskie School, mapped, converted, and supplied to the MHDO. The motion passed unanimously.

Public Comment

None provided.

The meeting adjourned at 11:30 a.m.

Respectfully submitted,



Linda Adams
Administrative Assistant

APPENDIX B

Rule-Making Fact Sheet (5 MRSA §8057-A)

AGENCY: 90-590 Maine Health Data Organization

NAME, ADDRESS, PHONE NUMBER OF AGENCY CONTACT PERSON:

Debra Dodge, Health Planner
Maine Health Data Organization
151 Capitol Street
102 State House Station
Augusta, ME 04333-0102
287-6722

CHAPTER NUMBER AND RULE TITLE: Chapter 120: Release of Data to the Public

STATUTORY AUTHORITY: 22 M.R.S.A., Chapter 1683, §8704, sub-§4 and §8707

DATE AND PLACE OF PUBLIC HEARING: None Scheduled

COMMENT DEADLINE: March 6, 2009

PRINCIPAL REASON OR PURPOSE FOR PROPOSING THIS RULE: After receiving comments related to the initial rule modification to allow the release of group numbers with stipulations, the MHDO Board is proposing to further modify the rules as they relate to data requests for group numbers. This proposed change will increase the review period for outside comments from ten to thirty days and establishes a data advisory committee composed of individuals who may be impacted by the release of group numbers. The proposed rule also changes the definitions of "health care claims processor" and "third party payer" to be consistent with the Maine Health Data Organization statutes and other related rules. This proposed rule does not have any adverse impact on small business.

ANALYSIS AND EXPECTED OPERATION OF THE RULE: This rule change may increase the number of data requests to the Maine Health Data Organization.

FISCAL IMPACT OF THE RULE: There is no fiscal impact on state municipalities.

**FOR RULES WITH FISCAL IMPACT OF \$1 MILLION OR MORE, ALSO INCLUDE:
ECONOMIC IMPACT, WHETHER OR NOT QUANTIFIABLE IN MONETARY TERMS:
INDIVIDUALS OR GROUPS AFFECTED AND HOW THEY WILL BE AFFECTED:
BENEFITS OF THE RULE:** N/A

Rule-Making Fact Sheet (5 MRSA §8057-A)

AGENCY: 90-590 Maine Health Data Organization

NAME, ADDRESS, PHONE NUMBER OF AGENCY CONTACT PERSON:

Debra Dodge, Health Planner
Maine Health Data Organization
151 Capitol Street
102 State House Station
Augusta, ME 04333-0102
287-6722

CHAPTER NUMBER AND RULE TITLE: Chapter 125: Health Care Information That Directly Identifies an Individual

STATUTORY AUTHORITY: 22 M.R.S.A., Chapter 1683, §8704, sub-§4 and Chapter 1711-C, sub-§1-E

DATE AND PLACE OF PUBLIC HEARING: November 6, 2008, 9:00 A.M.
Maine Health Data Organization
151 Capitol Street
Augusta, Maine 04333-0102

COMMENT DEADLINE: November 17, 2008

PRINCIPAL REASON OR PURPOSE FOR PROPOSING THIS RULE: This proposed rule is being changed to remove the insured's health insurance group number from the list of confidential health care information that is deemed to be direct identifiers of individuals and is directly related to the proposed change to Maine Health Data Organization rule, Chapter 120: Release of Data to the Public. This proposed rule does not have any adverse impact on small business..

ANALYSIS AND EXPECTED OPERATION OF THE RULE: This rule change may increase the number of data requests to the Maine Health Data Organization.

FISCAL IMPACT OF THE RULE: There is no fiscal impact on state municipalities.

**FOR RULES WITH FISCAL IMPACT OF \$1 MILLION OR MORE, ALSO INCLUDE:
ECONOMIC IMPACT, WHETHER OR NOT QUANTIFIABLE IN MONETARY TERMS:
INDIVIDUALS OR GROUPS AFFECTED AND HOW THEY WILL BE AFFECTED:
BENEFITS OF THE RULE:** N/A

Rule-Making Fact Sheet

AGENCY: 90-590 Maine Health Data Organization

NAME, ADDRESS, PHONE NUMBER OF AGENCY CONTACT PERSON:

Debbie Dodge, Health Planner
Maine Health Data Organization
151 Capitol Street
102 State House Station
Augusta, ME 04333-0102
287-6722

CHAPTER NUMBER AND RULE TITLE: Chapter 241: Uniform Reporting System For Hospital Inpatient Data Sets and Hospital Outpatient Data Sets

STATUTORY AUTHORITY: 22 M.R.S.A., Sections 8704 (4) and 8708 (1) (B)

DATE AND PLACE OF PUBLIC HEARING: January 8, 2009, 9:00 A.M.
Maine Health Data Organization
151 Capitol Street
Augusta, Maine 04333-0102

COMMENT DEADLINE: January 20, 2009

PRINCIPAL REASON OR PURPOSE FOR PROPOSING THIS RULE: This rule change allows Maine hospitals another option in filing outpatient data with the MHDO for services provided at clinics in a different municipality. This change also includes a "Present on Admission Indicator" data element to the "Principal Diagnosis" and "External Cause of Injury" code for reporting of hospital inpatient data. Other minor technical changes are being made to conform with the National Uniform Billing Committee definitions.

ANALYSIS AND EXPECTED OPERATION OF THE RULE: These changes are necessary to standardize the MHDO inpatient indicators with National Uniform Billing Committee definitions or indicators for present on admission.

FISCAL IMPACT OF THE RULE: There is no fiscal impact on state municipalities.

FOR RULES WITH FISCAL IMPACT OF \$1 MILLION OR MORE, ALSO INCLUDE:

ECONOMIC IMPACT, WHETHER OR NOT QUANTIFIABLE IN MONETARY TERMS:

INDIVIDUALS OR GROUPS AFFECTED AND HOW THEY WILL BE AFFECTED:

BENEFITS OF THE RULE:

Rule-Making Fact Sheet

AGENCY: 90-590 Maine Health Data Organization

NAME, ADDRESS, PHONE NUMBER OF AGENCY CONTACT PERSON:

Debbie Dodge, Health Planner
Maine Health Data Organization
151 Capitol Street
102 State House Station
Augusta, ME 04333-0102
287-6722

CHAPTER NUMBER AND RULE TITLE: Chapter 243: Uniform Reporting System For Health Care Claims Data Sets

STATUTORY AUTHORITY: 22 M.R.S.A., §8704, sub-§4 and §8708, sub-§6-A.

DATE AND PLACE OF PUBLIC HEARING: January 8, 2009, 9:00 A.M.
Maine Health Data Organization
151 Capitol Street
Augusta, ME 04333-0102

COMMENT DEADLINE: January 20, 2009

PRINCIPAL REASON OR PURPOSE FOR PROPOSING THIS RULE: This proposed rule will require health care claims processors to submit additional data elements, including encrypted names of subscribers and members, and billing provider information. It also requires health claims processors to submit an insured group or policy number look-up table when submitting member eligibility files and to update the table annually. This change will also correct errors in the technical appendices.

ANALYSIS AND EXPECTED OPERATION OF THE RULE: These changes are necessary to standardize the MHDO data consistent with data collected from other New England States.

FISCAL IMPACT OF THE RULE: There is no fiscal impact on state municipalities.

FOR RULES WITH FISCAL IMPACT OF \$1 MILLION OR MORE, ALSO INCLUDE:

ECONOMIC IMPACT, WHETHER OR NOT QUANTIFIABLE IN MONETARY TERMS:

INDIVIDUALS OR GROUPS AFFECTED AND HOW THEY WILL BE AFFECTED:

BENEFITS OF THE RULE:

Rule-Making Fact Sheet
(5 MRS A §8057-A)

AGENCY: 90-590 Maine Health Data Organization

NAME, ADDRESS, PHONE NUMBER OF AGENCY CONTACT PERSON:

Debra Dodge, Health Planner
Maine Health Data Organization
151 Capitol Street
102 State House Station
Augusta, ME 04333-0102
287-6722

CHAPTER NUMBER AND RULE TITLE: Chapter 270: Uniform Reporting System For Quality Data Sets

STATUTORY AUTHORITY: 22 M.R.S.A., §§8054, 8073, § 8704, sub-section 4, and §§8708-A

DATE AND PLACE OF PUBLIC HEARING (if any): None Scheduled

COMMENT DEADLINE: N/A

PRINCIPAL REASON OR PURPOSE FOR PROPOSING THIS RULE:

The Maine Health Data Organization has determined that the immediate adoption of these rules on an emergency basis is necessary to assure that initiatives directed by the Maine State Legislature are achieved as soon as possible.

FINDING

Methicillin resistant staphylococcus aureus, or MRSA, is a bacterium which can cause serious infection and which is resistant to several classes of antibiotics which make it difficult to treat. Transmission of MRSA from asymptomatic carriers to vulnerable patients and conversion of asymptomatic carriers to actively infected patients occurs in hospitals because of the presence of patients who, because of age, chronic or acute illness, or surgical operation, have weakened immune systems. This rule change is being submitted on an emergency basis so that identification of patient groups at high risk for MRSA colonization may begin as soon as possible. MRSA colonization is a risk factor for MRSA infection, which carries a high mortality rate and is difficult to treat. In order that these populations be identified, MRSA prevalence studies in hospitalized patients must be designed and implemented. Active surveillance of these high risk populations, which depends on their identification by prevalence studies, is essential to the effective prevention of transmission of MRSA and MRSA infection in Maine's hospitals. The overriding goal is eradication of MRSA infection in Maine's hospitals, which is an identified threat to public health and safety.

The above mentioned presents an immediate threat to public health, safety, or general welfare as defined in 5 M.R.S.A. § 8054 and warrants adoption of these rules on an emergency major substantive rule-making basis.

ANALYSIS AND EXPECTED OPERATION OF THE RULE: This rule establishes the process the MHDO will utilize for the collection of this additional health care quality measure.

FISCAL IMPACT OF THE RULE: There is no fiscal impact on state municipalities.

APPENDIX C

**Maine Health Data Organization
Report to the Joint Standing Committee on Health and Human Services
Requested Data for Calendar Year 2009**

Affiliation	Purpose
Anthem BC/BS of Maine	The FY 2008 Maine Coast Regional Health Facilities Audited Financial Statements will be used to compare with previous fiscal year data.
Anthem BC/BS of Maine	The 2008 restricted Medical Claims and Practitioner Identification data will be analyzed to compare product values between MHDO data and Anthem's internal data warehouse; to analyze hospital and commercial reimbursement with respect to identified diagnosis and/or procedure codes and geographic implications to support internal planning; and to track statewide values of claims cost and utilization over time.
Catholic Health East, Newtown Sq., PA *	The 2008 and 2009 Inpatient data will be used to assist Catholic Health East and Mercy Hospital in the planning, marketing and strategic management process.
Central & Western Maine Regional PHO	The 2003 - 2007 restricted Practitioner Identified Medical and Pharmacy Claims with Eligibility data files will be used to evaluate provider treatment patterns using provider profiling, employee reporting, public reporting and disease management analysis.
Central Maine Healthcare *	The 2007 and 2008 restricted Inpatient and Outpatient data will be used for analysis of utilization by DRG and selected demographic characteristics to identify potential opportunities to better serve the community, and will be used strictly for internal planning purposes.
Dartmouth -Hitchcock	The 2007 - 2009 restricted Inpatient data will be used to improve the health status of communities served by Dartmouth-Hitchcock (Connecticut Valley region of New Hampshire, Vermont and western Massachusetts) through understanding healthcare utilization and trends, and variations in outcomes based on the variables available in the data sets.
Eastern Maine Health Care *	The 2008 Inpatient data will be used to conduct ongoing market research for specific areas and services.
Eastern Maine Health Systems*	The 2008 - 2010 restricted Inpatient and 2006-2010 Outpatient data will be used by the Planning Department staff to conduct ongoing market research for specific geographic areas and patient services to determine utilization patterns and to plan for future needs.
Eastern Maine Medical Center	The 2003 - 2007 restricted Practitioner Identified Medical and Pharmacy Claims with Eligibility data files will be used to evaluate provider treatment patterns using provider profiling, employee reporting, public reporting and disease management analysis.
Federal Trade Commission	The 2nd quarter 2008 through 1st quarter 2009 restricted inpatient data will be used for the antitrust review of a proposed hospital merger in the state of Maine.
Federal Trade Commission	The 2008 restricted outpatient data will be used for the antitrust review of proposed mergers in the state of Maine.
Franklin Memorial Hospital *	The 2008 Inpatient data will be used to develop detailed patient origin and other patterns of utilization information by staff at Franklin Memorial Hospital.
HCA - Capital Division	The 2008 restricted Inpatient data (selected zip codes only) will be used for market research for Portsmouth Regional Hospital and Parkview Medical Center.
Health Infotechnics	The 2008 restricted Inpatient data will be used to calculate utilization rates and to produce aggregate market share reports that hospitals use in marketing and strategic operations planning.
IMS Health	The prescriber opt-out file will be used to identify those Maine prescribers who have opted-out pursuant to the law.
Ingenix	The 2008-2010 restricted inpatient data will be used for data analysis around coding and reimbursement, price and cost, along with developing a quality product for consumers to better understand a hospital's quality.
Lewiston Sun Journal	The FY '06 & FY '07 Audited Financial Statements for Central Maine Healthcare will be used in a news story.
Maine Attorney General's Office	The 2008 restricted Inpatient data will be used to review proposed hospital merger transactions for antitrust compliance.

Maine Health Data Organization
Report to the Joint Standing Committee on Health and Human Services
Requested Data for Calendar Year 2009

Maine Attorney General's Office	The 2008 restricted Outpatient and Emergency Department data with practitioner group variables related to the Ordering/Referring Practitioner and Operating Practitioner will be used to review proposed hospital merger transactions for antitrust compliance.
Maine Children's Alliance	The 2007 and 2008 unrestricted Outpatient and Emergency Room data on mental health encounters/self-injury for adolescents will be used in the Maine Kids Count annual publication.
Maine Coast Memorial Hospital	The 2007 restricted medical claims data will be used to study outpatient service out migration and market share capture. Also to study relative costs between hospital providers of inpatient and outpatient services to aid in market
Maine Department of Health and Human Services, Center for Disease Control and Prevention	The 2003 - 2007 restricted Claims data will be used to examine quality indicators for several chronic diseases, including stroke, diabetes, asthma, and myocardial infraction.
Maine Department of Health and Human Services, Center for Disease Control and Prevention *	The 2007 - 2009 restricted Inpatient data will be used to conduct the basic functions of public health, including public health assessment and evaluation within various programs administered by the Maine CDC.
Maine Department of Health and Human Services, Certificate of Need	The 2007 - 2009 unrestricted Hospital Financial template data will be used to access the annual Hospital Cooperation Act fee to each of Maine's hospitals and to conduct other CON analysis, as necessary.
Maine Dept. of Health & Human Svcs., Div. of Licensing & Regulatory Svcs.	The 2008 restricted Inpatient data will be used to identify specific diagnoses in the hospital inpatient data that may meet the definition of a sentinel event and may not have been reported as a sentinel event to the Licensing Div.
Maine Department of Health & Human Services, Office of Quality Improvement *	The 2005 - 2009 restricted Hospital Inpatient data will be used to evaluate psychiatric inpatient utilization trends and to develop standards for consent decree compliance.
Maine Health Information Center	The 2003 - 2007 restricted Practitioner Identified Medical and Pharmacy Claims with Eligibility data files will be used to evaluate provider treatment patterns using provider profiling, employee reporting, public reporting and disease management analysis.
Maine Health Information Center	The 2003 - 2007 restricted Practitioner Identified Medical, Pharmacy, and Eligibility data will be used in a study that will focus on how public reporting programs like the Maine Health Management Coalition's Pathways to Excellence, can improve the quality of primary care.
Maine Medical Association	The 2007 Claims data (number of prescriptions and what they were written for, by ophthalmologist and optometrists) will be used to respond to issues presented in L.D. 682, which would greatly expand the authority of optometrists to prescribe various types of drugs.
Maine Medical Center *	The 2008 Inpatient data will be used for market share patient origin and utilization along service lines.
Maine Medical Center Planning Department	The 1997-2002 unrestricted report of discharge data will be used in an epidemiologic study of burn incidence in Maine.
Maine Physician Hospital Organization	The 2003 - 2007 restricted Practitioner Identified Medical and Pharmacy Claims with Eligibility data files will be used to evaluate provider treatment patterns using provider profiling, employee reporting, public reporting and disease management analysis.
Maine Quality Forum and the Maine Health Management Coalition Foundation	The 2003-2008 Restricted Claims, Inpatient & Outpatient Data with Identifiable Practitioner fields will be used to assess the cost and quality of health care delivery in Maine by health service area and by provider using provider identifiable information; and to inform development of a provider reimbursement model including practice/practitioner identifiable reports using cost and quality information.
MaineGeneral Medical Center *	The 2008 restricted Inpatient data will be used to establish market share information, patient origin information, and a variety of utilization reports for MaineGeneral's inpatient services lines.
Martin's Point	The 2003 - 2007 restricted Practitioner Identified Medical and Pharmacy Claims with Eligibility data files will be used to evaluate provider treatment patterns using provider profiling, employee reporting, public reporting and disease management analysis.
Mercy Hospital	The 2006 - 2009 restricted Inpatient data will be used to study Mercy Hospital's market share.
Mid Coast Memorial Hospital	The 2008 Audited Financial Statements for Parkview Medical Center will be used for planning in the context of continuing to study the ongoing costs of maintaining two acute care facilities in the mid coast service area.

**Maine Health Data Organization
Report to the Joint Standing Committee on Health and Human Services
Requested Data for Calendar Year 2009**

Milliman, Inc.	The 2008 - 2010 restricted Inpatient data will be used for actuarial analyses and will be used in updates to actuarial tables and clinical guidelines published by the firm. The data will also be used to provide estimates of the utilization and costs of various inpatient procedures and will be aggregated by key parameters such as geographic area, payer and DRG.
Muskie School of Public Service, University of Southern Maine	The 2005 - 2007 restricted Claims data will be used to conduct a comparative study of health care utilization by enrollees of state access initiatives in Maine, Massachusetts and Vermont, including DirigoChoice enrollees between the dates of 1/1/05 and 12/31/07.
NovaHealth	The 2003 - 2007 restricted Practitioner Identified Medical and Pharmacy Claims with Eligibility data files will be used to evaluate provider treatment patterns using provider profiling, employee reporting, public reporting and disease management analysis.
Penobscot Bay Medical Center *	The 2008 Inpatient data will be used to analyze internal trends, benchmark with other organization, and to track changes in market share.
Solucient, LLC, Ann Arbor, MI *	The 2009 - 2010 unrestricted Inpatient data will be used to address the issues of hospital utilization, service demand, care patterns, and charge relationships by identifying utilization patterns, determining patient volume, and developing normative benchmarks for length of stay, admission and mortality rates for various indicators at the hospital, state, regional, and national level.
Total Benchmark Solution, LLC	The 2007 - 2010 unrestricted Inpatient data will be used with other states' public health data to help health-care providers increase the quality of care they provide to their patients by effectively benchmarking their quality, safety, satisfaction, cost and utilization to their peers. The data will also be placed in a consumer website currently being developed to provide citizens free of charge with the ability to choose certain healthcare criteria (cost, quality, patient satisfaction, geographic location etc.) and will give them an analysis as to where they would find the best healthcare service, based upon their chosen criteria.
Verispan, Inc., Yardley, PA	The 2008 unrestricted Inpatient and 2007 Emergency Room data will be used to estimate diagnoses and procedures volume.
Verispan, Inc., Yardley, PA	The 2007 restricted Outpatient data will be used to estimate diagnoses and procedures volume.
WebMD, Inc., Acton, MA *	The 2006 - 2008 restricted Inpatient data will be used with hospital administrative data from over 23 states as well as CMS MedPar data to analyze market share information, charge and cost comparisons after adjustment for severity of illness, length of stay, and quality of care using accepted AHRQ indicator definitions adjusted for severity and risk.
York Hospital Home Care	The 2009 restricted Hospital Inpatient data, for York County residents only, will be used to determine utilization rates for marketing and strategic planning.

* Data released quarterly

APPENDIX D

MAINE HEALTH DATA ORGANIZATION

	FISCAL YEAR '09 BUDGET	JUNE '09 AMOUNT	YTD 6/30/09 AMOUNT	YTD 6/30/09 VARIANCE	% YTD/BDGT
<u>REVENUES</u>					
HOSPITAL/PAYER ASSESSMENTS	1,052,272.00	0.00	1,052,273.00	(1.00)	100.00%
PROVIDER/TPA ASSESSMENTS	314,314.00	0.00	310,795.00	3,519.00	98.88%
SALE OF DATA	100,000.00	6,905.00	93,765.54	6,234.46	93.77%
TRANSFER FROM DHHS	0.00	15,600.00	408,000.00	(408,000.00)	0.00%
CARRY FORWARD	599,711.29	0.00	599,711.29	0.00	100.00%
TRAVEL REIMBURSEMENT	0.00	428.20	1,052.40	(1,052.40)	0.00%
TRANSFER FROM ALL OTHER	0.00	0.00	(39,520.00)	39,520.00	0.00%
TRANSFER TO CAPITAL	0.00	0.00	39,520.00	(39,520.00)	0.00%
TOTAL REVENUES	2,066,297.29	22,933.20	2,465,597.23	(399,299.94)	119.32%
<u>EXPENSES</u>					
PERSONAL SERVICES	844,044.00	41,160.60	513,377.22	330,666.78	60.82%
TRANSFER TO TECHNOLOGY	334,460.00	0.00	334,460.00	0.00	100.00%
TOTAL PERSONAL SERVICES	509,584.00	41,160.60	513,377.22	(3,793.22)	100.74%
All Other Expenses					
PROF. SERVICES, NOT BY STATE	495,371.00	40,570.16	263,378.91	231,992.09	53.17%
PROF. SERVICES, BY STATE	69,206.00	0.00	23,700.60	45,505.40	34.25%
TRAVEL EXPENSES, IN STATE	4,166.00	0.00	181.44	3,984.56	4.36%
TRAVEL EXPENSES, OUT OF STATE	9,654.00	0.00	2,701.74	6,952.26	27.99%
UTILITY SERVICES	9,532.00	27.50	6,849.37	2,682.63	71.86%
RENTS	56,430.00	39.90	41,136.31	15,293.69	72.90%
REPAIRS	4,166.00	0.00	0.00	4,166.00	0.00%
INSURANCE	4,087.00	0.00	632.36	3,454.64	15.47%
GENERAL OPERATIONS	48,394.00	590.49	20,100.21	28,293.79	41.53%
EMPLOYEE TRAINING	9,132.00	0.00	150.00	8,982.00	1.64%
COMMODITIES - FOOD	4,054.00	0.00	53.28	4,000.72	1.31%
TECHNOLOGY	705,115.00	25,511.31	462,966.53	242,148.47	65.66%
OFFICE & OTHER SUPPLIES	26,437.00	258.72	5,213.96	21,223.04	19.72%
TRANS TO GEN FUND STACAP	10,969.00	606.77	7,384.40	3,584.60	67.32%
TOTAL ALL OTHER	1,456,713.00	67,604.85	834,449.11	622,263.89	57.28%
TOTAL EXPENSES	1,966,297.00	108,765.45	1,387,316.33	578,980.67	70.55%
			YTD REVENUES	2,465,597.23	
			LESS EXPENSES	1,387,316.33	
			AVAILABLE CASH	1,078,280.90	

MAINE HEALTH DATA ORGANIZATION
2010 Revenue and Expenditures

<u>Revenues</u>	<u>FY 1'0 Budget</u>
Hospital/Payer Assessments	1,054,996.00
Provider/TPA Assessments	315,128.00
Sale of Data *	90,000.00
Carry Forward	694,489.00
Total Revenues:	2,154,613.00

<u>Expenditures</u>	
Personal Services	528,066.00
<u>All Other Expenses</u>	
Professional Services, Not By State	600,000.00
Professional Services, By State	80,000.00
Travel Expenses, In State	6,000.00
Travel Expenses, Out of State	10,000.00
Utility Services	10,000.00
Rents	50,000.00
Repairs	1,000.00
Insurance	1,000.00
General Operations	29,722.00
Employee Training	2,000.00
Commodities - Food	1,000.00
Technology	690,957.00
Office & Other Supplies	8,000.00
Transfer to General Fund StaCap	11,867.00
Total All Other:	1,501,546.00
Capital	35,000.00

Total Expenses: 2,064,612.00

* This revenue source is anticipated and cannot be used to calculate annual revenues and expenditures. Therefore, the total expenses are lower by this amount than the total revenues. The additional revenue from the sale of data is deducted proportionately from the following year's assessments.

APPENDIX E

Maine Health Data Processing Center Annual Report 2009

I. Background

In 2001 the Maine Health Data Processing Center (DP Center) was created as a public-private partnership by joining the Maine Health Data Organization (MHDO), Maine's state agency for healthcare data collection, with Onpoint Health Data (formerly Maine Health Information Center), an independent Maine non-profit organization devoted to the processing and analysis of healthcare data. By statute, the DP Center is "a nonprofit corporation with a public purpose" and its activities have been deemed as "an essential governmental function". To accomplish the business objective of establishing an all-payer healthcare claims database, the DP Center Board of Directors contracted with Onpoint Health Data (Onpoint) to perform the data management functions of the DP Center.

Building on its work in claims data aggregation for Maine's employer community, Onpoint developed the National Claims Data Management System (NCDMS) for the secure loading, processing, tracking, and editing of claims data submissions. Initial Maine payer testing began in November 2002 and live data was first submitted in January 2003. Since January 2003, over 35,000 submissions with over 900 million records have been processed for the DP Center. On October 1, 2009 NCDMS was renamed Onpoint Claims Data Manager (Onpoint CDM), more on the name change follows in this report.

Using Onpoint CDM and contracted Onpoint staff, the DP Center collects and manages claims and eligibility data for medical, pharmacy and dental services provided to Maine residents from over 140 carrier systems. The DP Center is also responsible for building and maintaining Maine's data dictionary and Maine's master provider index.

II. Mission and Purpose

The mission and purpose of the DP Center is to establish and maintain an all-payer and all-setting healthcare claims database system. During the year the board has re-worked its mission and purpose statement. The primary changes reflect the position the DP Center has taken as a leader in national harmonization efforts. The DP Center mission as a corporation is to:

1. collect and process health care claims data in coordination with existing state, regional, and local agencies.
2. establish, maintain, and make available to the Maine Health Data Organization an all-payer and all-setting health care claims database system in addition to the existing databases of the Maine Health Data Organization. The Corporation shall provide the Maine Health Data Organization with a health care claims database for public dissemination, subject to confidentiality requirements of Title 22, Chapter 1683 and the rules adopted pursuant to that chapter, within the time period and in the manner specified by the Maine Health Data Organization.

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3. foster effective public/private partnership between the Maine Health Data Organization and the Onpoint Health Data by building on their respective experience and expertise in the collection, processing, and maintenance of claims data.
4. collect and process data from third-party payers, third-party administrators and governmental agencies.
5. promote the collection and organization of high-quality and accurate data and facilitate access to the health care database by multiple users under terms and conditions specified by the Maine Health Data Organization.
6. improve existing claims data management services and promote administrative consistency to assure Maine's continued role as national leader and resource in health data management.
7. be operated in an efficient and cost effective manner with appropriate financial and administrative oversight by management and Board of Directors.

III. Organizational Structure

The DP Center is a public-private partnership between the MHDO and Onpoint. The claims data collected for Maine residents is the sole and exclusive property of the MHDO. The MHDO provides for permanent storage and distribution to the public of all processed claims data. The DP Center does not retain or release any of the data.

The DP Center is governed by a Board of Directors whose membership is defined by legislation: one member of the Onpoint Board of Directors, one member of the MHDO Board of Directors, four healthcare providers, two of whom represent hospitals, two third party payer representatives, one consumer representative and two employer representatives. The Executive Director of MHDO and the President/CEO of Onpoint serve as ex officio members of the board and are authorized to vote. The DP Center board members are:

- David E. Harris, Ph. D, Professor, Natural & Applied Sciences University of Southern Maine, Lewiston-Auburn College
- Michael Brannigan, Anthem Blue Cross Blue Shield of Maine
- Richard Fournier, Planning Analyst, Eastern Maine Healthcare Systems
- Eric Martinsen, Chief Financial Officer, Franklin Health Network
- Catherine McGuire, Director, Health Data Resources, Institute for Health Policy, Muskie School of Public Service, University of Southern Maine
- Kristine Ossenfort, Senior Governmental Affairs Specialist, Maine Chamber of Commerce
- Christine Torraca, Director of Informatics, Martin's Point Health Care
- Katherine Pelletreau, Executive Director, Maine Association of Health Plans

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- John Wipfler, Chief Executive Officer, Orthopaedic Associates
- Paul Zimmerman, DDS, Togus VA Medical Center
- James Harrison, President/CEO, Onpoint Health Data
- Alan Prysunka, Executive Director, Maine Health Data Organization

IV. Maine Health Data Processing Center Activities January – December 2009

Board Meetings

The DP Center Board met four times during the year. Activities of the Board included: financial oversight of the DP Center, directing the expansion of education on issues associated with the processing and use of claims data, providing ongoing strategic direction and administrative oversight of DP Center operations. Copies of the December 2009 DP Center Board meeting agenda and minutes are included in Appendix A.

Name Change

After a careful brand reassessment process undertaken in early 2009, Maine Health Information Center changed its name to Onpoint Health Data. This name change helps reflect the growth of business at the national level. As part of the coordinated branding efforts the National Claims Data Management System (NCDMS) with a new look and feel began operating under its new name, Onpoint CDM (Claims Data Manager) on October 1, 2009.

Onpoint CDM remains operated and owned by Onpoint Health Data and is the next generation of NCDMS, the nation's front-runner in All Payer Claims Databases since 1994. NCDMS was the first of its kind, built to help 30 of Maine's largest employers examine their healthcare costs and trends using a single, integrated database. In 2002, it became a statewide system, integrating claims from nearly every Maine payer in every setting.

More states now are asking how we can help them better understand their healthcare trends and costs, and Onpoint CDM is a critical component to help answer those questions in Maine and the nation. Onpoint CDM remains a ground-breaking data solution for integrating claims from all payers in all settings.

Data Collection

Maine collects eligibility and claims data submissions for medical, pharmaceutical and dental commercial business that is carried out in the state. Maine has the most mature collection rules and longest running collection processes. Maine DP Center completion and compliance rates continue to be in excess of 85% accuracy for initial submissions. The DP Center has managed 35,000 file submissions and over 900,000,000 Maine records since its inception.

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The following table shows the most recent three year totals for the DP Center data submissions. Please note, data submissions for 2009 are not yet complete.

Year	% of Initial Submissions That Passed Data Quality Standards	% Of Records That Passed Initial Data Quality Standards	Total File Submission	Total Records Submitted
2007	81.7%	59.0%	4,429	155,222,225
2008	84.8%	85.9%	4,758	112,126,662
2009	86.0%	92.0%	3,423	67,099,353

Data collection in 2009 continued the work associated with the processing of MaineCare eligibility and claims data for the years 2007 and 2008. The MaineCare data requires some major adjustments to standard DP Center thresholds to move it through Onpoint CDM. To date the DP Center has processed and distributed to MHDO January 2003 – September 2009 commercial and self insured eligibility and paid claims, January 2003 – December 2007 Medicare eligibility and paid claims and January 2003 – December 2008 MaineCare eligibility and paid claims.

Provider Linkage

The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) standard. The NPI is a unique identification number for healthcare providers. The Centers for Medicare & Medicaid Services (CMS) legislated that covered health care providers and all health plans and health care clearinghouses will use NPIs in the administrative and financial CMS transactions adopted under HIPAA.

Under the direction of MHDO, the DP Center implemented a threshold for the NPI field to be required as of January 2008 data with an initial completeness level set to a minimum level. In depth reviews of data submissions in the summer of 2008 to revealed fundamental issues with the accuracy of the NPI.

Until such time that the NPI is available at a meaningful level in the payers' submissions, the DP Center must identify all provider codes assigned to a single provider and create a unique identification number. Onpoint has developed application software and business rules to create a master provider index similar to the software and business rules used in the creation of a master patient index in an electronic medical record system. A unique medical provider record consists of the combination of the federal tax identification code, the provider code assigned by the carrier, the provider name and the provider's zip code. At the close of 2009, there were over 2.6 million unique medical provider records associated with Maine resident claims that were indexed to over 300,000 unique provider codes. Less than 500,000 of the of the provider records represent over 10,000 unique Maine provider codes.

The number of total provider records will continue to increase over time as new payers submit data, existing payers change key provider values in their systems or providers themselves move around in the healthcare system. But as the total number of records increase, the number of unique provider entities will also decrease over time as

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continually improving provider linkage work is performed. The number of providers is high because it includes both in-state and out-of-state providers.

System Modifications

System modifications occur primarily to Onpoint CDM that improve processing performance for all users of the system. It is our goal that changes be carried out to be transparent to end users and interruptions of live processing are planned or non-existent. The following list indicates some of the changes that occurred in 2009:

- Development system and testing system separation. Onpoint CDM underwent internal programming changes during the fall of 2009 that have now fully segmented development, testing and production systems. This required infrastructure upgrades and substantial work on code and database design modifications. Testing and development will now be able to be handled independently on our system both for new and existing clients.
- Rule modification programming. Onpoint CDM testing environment was completely modified to handle the rule changes legislated in Chapter 243. These changes have been active on a parallel test system since November 1, 2009 and Maine data submitters have been testing since then. Changes will move into production on February 1, 2010.
- Increased bandwidth and higher guaranteed uptime for system uploading functionality. We began hosting our uploading servers at a new facility that provides better bandwidth performance and a more reliable method of redundancy.

Data Harmonization

Maine Health Data Organization finalized rule changes to Chapter 243 Uniform Reporting System for Health Care Claims Data Sets. These changes were designed to clarify the rule surrounding who is required to report and what elements are required to be reported.

Record submission layout was expanded to move toward the mutually agreed to harmonization standard at work in the region. Data elements were further clarified where additional elements are now active or federal guidelines have provided expanded definitions. HIPAA references in the rule were been updated to include reference mappings to the new X12 5010 standard.

This harmonization is the result of the work Maine and New Hampshire began in 2006 regarding potential analytical uses of their respective all-payer state claims databases. This collaboration quickly added additional participants from other states and became the Regional All Payer Healthcare Information Council (RAPHIC) (www.raphic.org). RAPHIC is designed:

- To serve in an information sharing capacity for those states who have developed, or are developing, an all payer healthcare claims database.
- To work across states to harmonize the rules governing data collection and data release so that researchers and others will have access within 2-5 years to a

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regional all payer dataset; the goal is for the dataset to be seamless across state lines in terms of being a longitudinal record based on the patient. To provide a multi-state analysis platform for policy analysis for various branches of state government.

- To provide a technical users group forum to end users of the databases.

RAPHIC has worked extensively over the last year to bring a standard to the data collection datasets for eligibility, medical, pharmaceutical and dental claims that Maine, New Hampshire, Massachusetts and now Vermont will be using. With MHDO staff chairing the initiative, the work group has agreed that each dataset should be a superset of the required data elements for all states. States are now working through the process of rule modification to bring collection rules into a common standardization. We expect this process to be ongoing as additional data elements and collection needs come to the forefront.

Focus on consistency in data release for data harmonization is a goal in the coming year. Pharmacy submissions have also become a focus for RAPHIC work. Ways to identify the issues of pharmacy submissions and to develop ways to improve and streamline the submissions are being discussed.

Staff Updates

Jonathan Harvell, VP of Information Technology and Administration at Onpoint continues as the DP Center Manager. Mr. Harvell has been with Onpoint for three and a half years and has served in the role of DP Center Manager for over a year now. The staff associated with Onpoint CDM continues to grow as the clients it serves have expanded. Two new data intake personnel have been hired: Lashanna L. Kimball and Susan M. Haynes. Starting in 2010 we will have Kelly Goulet (long time Onpoint employee) assume the day to day operational support of the DPC Center. Kelly has recently been working with Crystal Breton on transitioning to that role.

Terese M. Danowski joined the Onpoint Health Data team as Director of Health Data Services in October of 2009. Terry will take on responsibility for management of the Onpoint CDM staff and specifically the Minnesota and Tennessee contracts. Terry comes to us from Maine Neurology with more than ten years of healthcare management experience. She has broad experience in provider billing and is a tremendous asset for Onpoint CDM.

Contractually Onpoint staff provide services for the DP Center and they work directly with the MHDO staff in day-to-day data compliance and acceptance review processes. Key staff from Onpoint supporting the DP Center are: Jonathan Harvell (DP Center Manager), Gloria McCann (manager Onpoint data processing staff), Crystal Breton (day to day operational support of DP Center) and a number of Onpoint analytical and technical staff.

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V. 2010 DP Center Goals

The DP Center Board has identified some key goals for the upcoming year.

- Continue participation in the national initiative to standardize data collection rules.
- Maintain and modify data release rules.
- Improve consistency in data release rules and value added elements between states.
- Improve data release process: review and documentation of extract to MHDO, review and documentation of data release from MHDO and attempt to reduce release time for data for purposes of analysis.
- Maintain strong lines of communication between Onpoint and MHDO staff through quarterly meetings.
- Improve reporting of NPI servicing/rendering provider identification in claims dataset.
- Continued focus on DP Center Users' Group to enhance use of data in research and analytical initiatives in Maine and regionally.

Appendix A: Sample DP Center Board Agenda and Minutes

AGENDA
Maine Health Data Processing Center
Board of Directors Meeting

Date: 12/4/09 **Time:** 9-11am Location: Onpoint Office, Manchester

Upcoming Meetings: Exec. Comm.: 2/5/2010, 9-11am, Onpoint Office, Portland
 Board: 3/5/2010, 9-11am, Onpoint Office, Manchester

Participants: DPC Board – J Harrison, A Prysunka, C McGuire, K Pelletreau, J Wipfler, E Martinsen, C Torraca, D Fournier, M Brannigan, D Harris, P Gore; Management – J Harvell, A Dawkins, A Ginka

Topic	Summary	Who	Time
Call to Order		C McGuire	
Board Administration	<ul style="list-style-type: none"> o Minutes from November 6, 2009 Executive Committee Meeting (attached) o 2010 meeting calendar (attached) o Conflict of interest policy (attached) o <u>Board Membership</u> – Peter Gore of Maine Chamber has been approved by Onpoint and MHDO boards. o <u>Bylaw Changes</u> – Recommended bylaw language changes (attached). Exec. Committee reviewed and recommended full board review, in particular of Article IV section 2 language 		
Financial Report	<ul style="list-style-type: none"> o 10/09 YTD Financials (attached) o Year end 5 year trend (attached) 	A Dawkins	
DPC Report	<ul style="list-style-type: none"> o Rule change update including system improvements o Sample reporting: data status and compliance 	J Harvell	
MHDO Update	<ul style="list-style-type: none"> o MaineCare / Medicare Update o Compliance / Issues 	A Prysunka	
Other Business	<ul style="list-style-type: none"> o Data security presentation o Use and utility of data (including direction for users group) 	J Harrison J Harvell A Ginka	
Adjournment		C McGuire	

**Minutes
Maine Health Data Processing Center
Board of Directors Meeting**

Date: 12/4/09

Time: 9 – 11 am

Location: Onpoint Office, Manchester, Maine

Upcoming Meetings: Exec. Comm.: 2/5/2010, 9-11am, Onpoint Office, Portland
Board: 3/5/2010, 9-11am, Onpoint Office, Manchester

Present: DPC Board – A Prysunka, C McGuire, K Pelletreau, E Martinsen, D Fournier and M Brannigan. C Torraca via phone; Management – J Harrison, J Harvell, A Dawkins

Absent: J Wipfler and D Harris

Topic	Discussion	Action
Call to Order		<ul style="list-style-type: none"> • Meeting was called to order at 9:00 a.m.
Board Administration	<ul style="list-style-type: none"> ○ Minutes from November 6, 2009 Executive Committee Meeting noted ○ 2010 meeting calendar approved ○ Conflict of interest policy handed out with expected return ○ Board Membership – Peter Gore of Maine Chamber has been approved by Onpoint and MHDO boards. ○ Bylaw Changes – Recommended bylaw language changes (attached). Exec. Committee reviewed and recommended full board review, in particular of Article IV section 2 language. Board approved changes to be forwarded to attorney. 	<ul style="list-style-type: none"> • J Harrison to forward to attorney for review
Other Business	<ul style="list-style-type: none"> ○ Data Security presentation – J Harvell, A Ginka and J Harrison provided an overview of Onpoint's data security review/gap analysis, goals and timeline for implementation. 	
Financial Report	<ul style="list-style-type: none"> ○ 10/09 YTD Financials presented and reviewed. Importance of noting more clearly how out of state contributions offset Maine's 	

Appendix A: Sample DP Center Board Agenda and Minutes

	<ul style="list-style-type: none"> core DPC expenses. <ul style="list-style-type: none"> o Review of 5 year trend of DPC financials. Discussion surrounding cost of technical assistance (provider linkage) 	
DPC Report	<ul style="list-style-type: none"> o Rule change update including system improvements o Sample reporting: data status and compliance 	<ul style="list-style-type: none"> • Reports included representative quality and accuracy
MHDO Update	<ul style="list-style-type: none"> o MaineCare / Medicare Update <ul style="list-style-type: none"> • MaineCare '08 data edits being applied • Medicare '07 data mapping has changed o Compliance / Issues 	
Adjournment		<ul style="list-style-type: none"> • Meeting was adjourned at 11 a.m.

Recorded by:

Jon Harvell, Vice President of Information Technology & Administration