

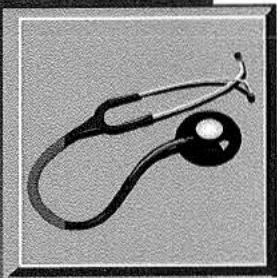
MAINE STATE LEGISLATURE

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MAINE HEALTH DATA ORGANIZATION



ANNUAL REPORT
FEBRUARY 2012

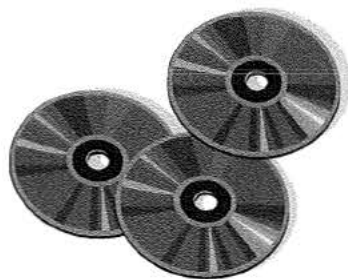


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Maine Health Data Organization
151 Capitol Street
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Exhibit 1

Maine Health Data Organization 2011 Board of Directors

Poppy Arford
Representing: Consumers

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

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

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

Peter Gore
Maine Chamber of Commerce
Representing: Employers
(Statewide Chamber of Commerce)

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

Douglas Jorgensen, D. O.
Representing: Providers
(Maine Osteopathic Association)

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

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

Chris McCarthy
Bath Iron Works
Representing: Employers
(Maine Health Management Coalition)

Catherine McGuire, **(Chair)**
Muskie School of Public Service
Representing: Consumers

Garrett Martin
Maine Center for Economic Policy
Representing: Consumers

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

Katherine Pelletreau, Exec. Dir. **(Vice-Chair)**
Maine Association of Health Plans
Representing: Third-Party Payers
(Statewide Third-Party Payer Association)

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

Vacant
Maine Department of Health and
Human Services
Representing: State of Maine

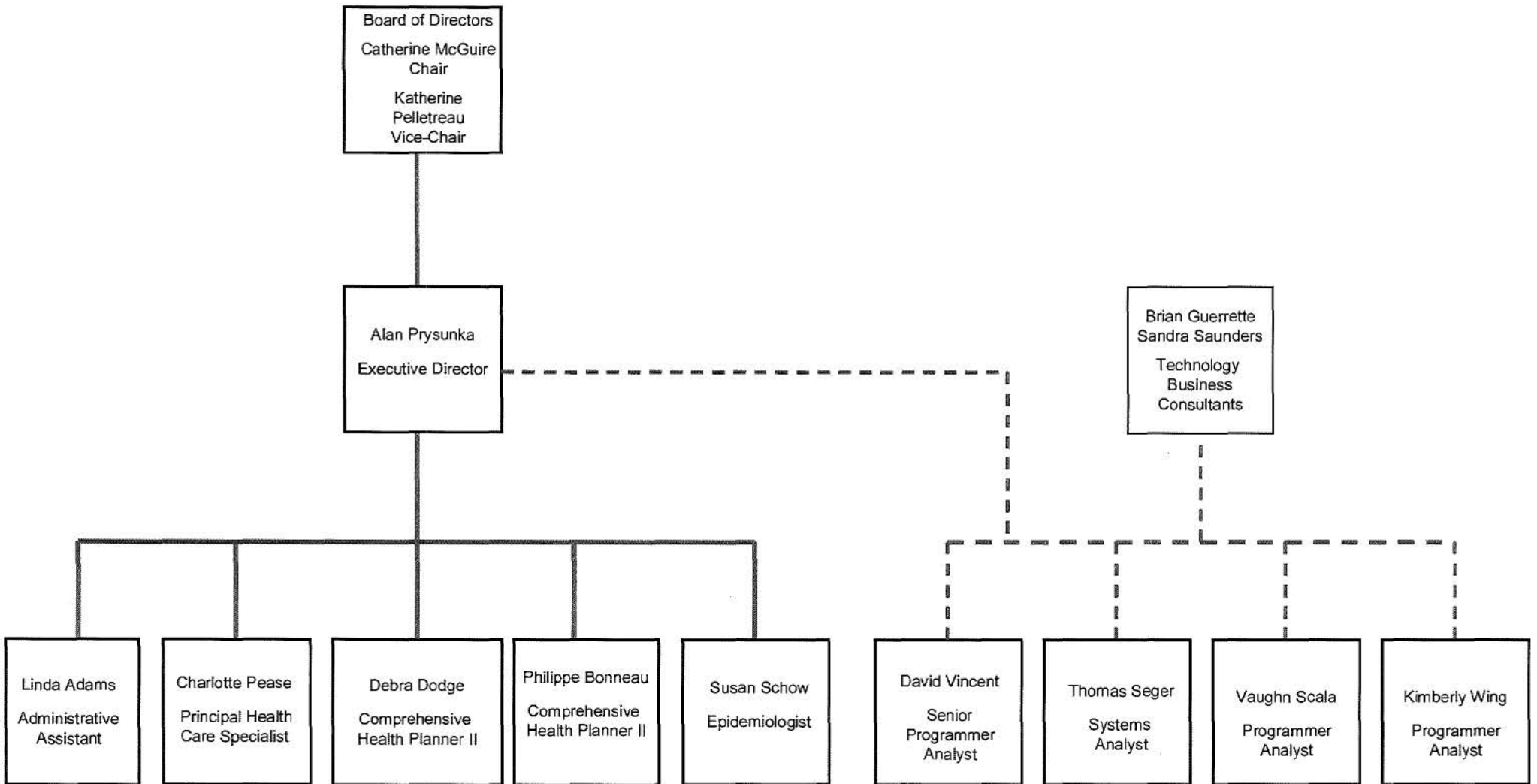
Vacant
Representing: Providers-Mental Health
(Maine Association of Mental Health Services)

Vacant
Representing: Third-Party Payers
(Statewide Third-Party Payer 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 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 current Board members is displayed as Exhibit 1 and the MHDO organizational chart is displayed as Exhibit 2.**

III. Maine Health Data Organization Activities January - December 2011

Board Meetings

The MHDO Board met ten 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 (MHDPC) Board of Directors; and refinement of the collection, processing, and storage of clinical, financial and quality data. The Maine Health Data Processing Center staff, Office of Information and

Technology, and the Maine Quality Forum (MQF) staff participate in these meetings. The MHDO Board traditionally meets every other month with additional meetings held at the discretion of the MHDO Board or Executive Director. The MHDO Board also conducted one emergency teleconference meeting in May to review legislation that would have significantly altered the mission of the MHDO by transferring primary responsibility for management of the Maine claims database to another entity.

The Board also met in October to discuss and review the Maine Health Data Organization's mission, vision, organizational structure, and strategic goals, in order to better meet the needs and demands for Maine's health data. In an effort to streamline and enhance its effectiveness and agility of the MHDO the Board discussed the governance and organizational structure of the Board, including the reduction of the membership from the current 21 members to 13. At this same meeting the Board developed a list of priorities to guide its work. These priorities include: increased integration between the clinical and administrative data; development and implementation of strategies aimed at positioning the organization to anticipate and meet data needs; and increased collaboration with other health data stakeholders (HealthInfoNet, Maine Quality Forum, Maine Health Management Coalition, and Health Information Technology).

Copies of agendas and minutes for each Board meeting are included in Appendix A.

Legislation

In June, the Legislature enacted L.D. 1212: "*An Act to Improve Hospital Reporting of MRSA and Clostridium difficile Data*". This legislation replaced the existing methicillin-resistant Staphylococcus aureus, or "MRSA", screening protocol adopted in 2009, which focused on the presence of MRSA in patients as they are admitted to a hospital, with a protocol that focuses on MRSA infections that occur in the patient population while at the hospital. This legislation added a second multidrug resistant organism, Clostridium difficile, to the data collection and public reporting system. Hospital infection data for both of these organisms will be reported directly to the National Healthcare Safety Network within the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. This legislation also provides the Maine Center for Disease Control and Prevention time to validate

the data reported by the hospitals and requires the public reporting of that data following validation.

Rules

During the past year, the MHDO promulgated Chapter 241: "*Uniform Reporting System for Hospital Inpatient Data Sets and Outpatient Data Sets*", adopted by the Board in April 2011. This rule change eliminated the option of filing data to the MHDO in diskette, CD-ROM or DVD media. It also removed language requiring the Universal Physician Identifier Number (UPIN) to be used as an identifier for health professionals and also eliminated the need for the MHDO to assign a unique code number to new physicians or other health care providers granted staff privileges at the hospital. A proposed change to shorten the current 90 day filing period for collection of the data from hospitals was not adopted due to comments received during the comment period from hospital personnel stating that a shorter filing period would result in incomplete / inaccurate data. **Copies of the associated rule fact sheets are attached in 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 converting from Data Bay Resources in-hospital PC based editing system to a web-based system, for the collection of hospital inpatient, outpatient, and emergency room data. Effective January 1, 2011, all Maine hospitals were required to process their data submission using the on-line version, ensuring a uniform platform for checking and editing the data. The MHDO continues to seek improvement in the timeliness of editing the data for release to the public. Also in 2011, a new database was developed to replace the separate inpatient and outpatient databases that currently exist. The new database is expected to provide a common platform for the processing of both the inpatient and outpatient datasets and to simplify the creation of data extracts and reports. The amount of outpatient data the MHDO collects 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. 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*", and effective with hospital fiscal year 2005, all Maine hospitals are required to submit their hospital financial data using a standardized accounting template. The templates submitted by the hospitals are reviewed and compared with the audited financials statements and other internal documents provided by the hospital for accuracy. Hospitals are notified of any discrepancies in the data submitted and given an opportunity to correct the data. The MHDO currently has five years of financial data available for researchers interested in looking at hospital trends in Maine.

Effective with hospital fiscal year 2010, all Maine hospital parent entities are required to submit a standardized template with their hospital financial data filings to the MHDO. The template was also revised in 2011 to capture advertising costs, salaries and benefit costs, and individual transfer of funds to affiliated entities. These new changes were made to address the recommendations of the *Working Group to Provide Transparency Concerning Operating Expenses for Hospitals* established pursuant to 2009 Resolves, Chapter 66: "*Resolve, To Create a Working Group to Provide Transparency Concerning Operating Expenses for Hospitals*". Establishing this standardized template has provided a consistent and uniform reporting process that has resulted in more comparative analyses and studies.

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 provides structural and organizational information on Maine's hospitals and their parent entities. These structural changes include acquisitions, consolidations, mergers,

reorganizations, and employment. This 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 90 payers are currently submitting health care claims data to the Maine Health Data Processing Center on a monthly, quarterly, or annual basis (depending on the number of members who are Maine residents).

In November 2011, the MHDO staff attended the 26th National Association of Health Data Organizations Conference (NAHDO) and the all payer claims databases (APCD) workshop held in Alexandria, Virginia. The APCD workshop brought together experts from federal, state, and private sectors to examine some of the political and technical issues associated with state based APCD implementation. APCD's are emerging nationally to support the ongoing need for healthcare transparency and reform initiatives. Currently, APCD's exist in the states of Kansas, Maryland, Massachusetts, Minnesota, New Hampshire, Oregon, Tennessee, Utah, and Vermont. The states of Colorado, New York, Rhode Island, and West Virginia are in the process of developing these databases and thirteen other states have expressed strong interest.

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, MRSA Active Surveillance Culturing data, Care Transition Measures data and Nurse Perceptions of the Culture of Safety Survey data from each of Maine's hospitals.

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 continues to be the only 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. The 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 September 2011. 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 2011, the MHDO released four quarters of hospital quality data to the Maine Quality Forum (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 while the MQF analyzes and presents the derived information. The MHDO continued to release Care Transition Measures quality data to the Maine Health Management Coalition to further their efforts to analyze and to create “actionable health care information” of the data for their own website and to make that data available to the public.

Data Requests

The MHDO responded to 69 requests for data from 61 separate users during the past year. All data is released in accordance with Chapter 120 agency rules, which protect patient confidentiality. **A list of major users who requested data and the 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 and identifiable group or policy numbers are available with the restricted data and require additional review by data advisory committees. Data sets are available 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. The MHDO Board also has the authority to approve a reduction or waiver of fee for the sale of data to an entity that uses the data to improve the health of Maine residents and makes available to the public any reports or analyses prepared from such data. In 2011, the MHDO Board granted four fee waiver requests. Special requests (reports, tables, charts, graphs) are available upon request at \$80 per hour of programming time.

Collaboratives

The MHDO is involved in a number of special projects and collaborations. In 2011, 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: State UB-92 Uniform Billing Committee; Crash Outcome Data Evaluation System (CODES) Advisory Council, National Council for Prescription Drug Providers (NCPDP) Claims Data Advisory Committee, Maine Injury Prevention Work Group, Multi Drug Resistant Organisms (MDRO) Metrics Work Group; Maine Infection Prevention Collaborative and their Coordinating Committee; and Maine Charter Value Exchange and the National Charter Value Exchange Learning Network; All Payer Claims Database Council (APCD), Health Information Technology (HIT) Committee, and membership on the National Association of Health Data Organizations (NAHDO). The MHDO Executive Director continued to serve as Chairman of the NAHDO Board of Directors. The MHDO staff and Executive Director continue to speak at conferences and meetings as requested.

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.

HealthWeb of Maine web site includes two links to Maine HealthCost and Maine HealthData. HealthWeb can be found at: www.healthweb.maine.gov/healthweb.asp.

The Maine HealthCost web site allows consumers to check prices paid for procedures by provider and by insurance carrier. Price information is based upon paid claims data. This valuable tool continues to be utilized by Maine consumers in helping them to make informed decisions about the cost of their health care. HealthCost can be found at: <http://www.healthweb.maine.gov/claims/healthcost/default.aspx>. In 2011, the MHDO received \$50,000 in grant funding through the Bureau of Insurance to enhance the HealthCost web site to include 36 new procedures, adding a function to separate the facility and practitioner payments, and updating it with the most current data available. The expansion of this web-site development will also allow the user the option of selecting one of three years in generating a report. These new enhancements will be available for use by the public in the first quarter of 2012.

On the Maine HealthData site, viewers query and create reports using Maine hospital inpatient, outpatient, emergency department and public health data. Due to the aging functionality of the site, it will be replaced in 2012 to include the ability to provide additional and more robust reports, and to make it easier for the user to navigate.

Viewers of the Maine HealthData site 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 fiscal year beginning in FY 2005 and updated each year. This information allows the user to look at hospital financial information over time, and provides a comparison of hospitals in peer grouping format as well as comparisons to U.S. and Northeast financial indicators, where applicable.

In 2011, the MHDO updated the My Own Network Agency for Healthcare Research and Quality (MONAHRQ) web-based tool, used for healthcare quality and utilization reporting, to include 2009 hospital inpatient data. The MONAHRQ website allows consumers and professionals to review information on hospital patient safety, rates of diseases, procedure utilization rates, and costs of care. It includes maps and allows the user to query information by county. The web site was updated in 2011 to include the Centers for Medicare and Medicaid Services "Hospital Compare" measures. These measures include mortality, readmissions, process of care, and Hospital Consumer Assessment of Health Providers and Systems (HCAHPS) survey of patient's experiences. The web site can be found at <http://gateway.maine.gov/mhdo2008monahrq/home.html>.

With the implementation of MHDO Rule, Chapter 280: *"Filing Requirements for Prescribers Seeking Confidentiality Protection"*, the MHDO developed and implemented a secure online registration tool for prescribers seeking confidentiality protection with the MHDO. This tool was intended to assist with the prohibition of carriers, pharmacies, and prescription drug information intermediaries from licensing, using, selling, or exchanging for value prescription drug information for any marketing purpose. The MHDO had registered 272 providers requesting this "opt-in" provision. However, in August 2011 a Federal Court ruling determined that the provisions of Maine's prescriber confidentiality statute, 22 M.R.S.A., Section 1711-E, were deemed unconstitutional. The MHDO will no longer be maintaining this web interface / database and registered prescribers were notified of this court ruling.

IV. Fiscal Summary

Budget

The MHDO is financially supported from three sources: (1) assessments on health care providers; (2) assessments on health care payers; and (3) the sale of data. Assessments are based upon 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 \$600,549 for Maine hospitals and \$600,549 for those health insurance carriers who had written health care premiums in Maine in excess of \$500,000 for calendar year 2011. \$179,385 was collected from each of the other two groups. An additional \$175,863 in revenue was collected from fees that cover the costs of releasing the data. In 2011, the MHDO Board granted four fee waiver requests totaling \$112,000. The MHDO also collected \$13,500 in fines from providers for failure to pay the annual assessment fee and/or missing or late data. These funds are deposited into the Maine State General Fund. **MHDO FY 2011 revenue and expenditure budget & FY 2012 anticipated expenditure budget are attached as Appendix D.**

V. Goals for 2012

Regulatory Agenda

In the coming year, the MHDO will make changes to the assessment rules removing the retail drug stores from the list of entities assessed due to changes in legislation. Changes may be made revising the schedule of fees charged for the sale of data to the public. The MHDO's quality rules will be amended to eliminate hospital reporting of methicillin-resistant *Staphylococcus aureus* (MRSA) screening data to the MHDO. Hospitals will be required to report healthcare-acquired MRSA and healthcare-acquired *Clostridium difficile* data directly to the US Centers for Disease Control and Prevention's National Safety Network. These quality rules will also be amended to revise the Health Associated Infections requirements to mandate reporting to the Centers for Disease Control and National Healthcare Safety Network in order to avoid duplication in collection efforts. In addition, the MHDO will be amending the inpatient, outpatient, and healthcare claims data rules to change the requirements of

existing data elements, reflect new modes of reporting the required data sets, and to correct errors in the technical appendices to conform to changes in the national standards. These rules may also be amended to add new data elements as the MHDO collaborates with other New England states. Lastly, the MHDO will repeal the rule for prescribers seeking confidentiality protection.

Collection of Health Care Claims Data

MHDO will continue to work with Onpoint Health Data, through the Maine Health Data Processing Center, to collect and process healthcare claims data in Maine in a more timely and accurate manner. In 2012, 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 and interstate comparisons. The MHDO will also continue to work with the ASC-X12N Standards Committee to standardize claims data collection rules for states.

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 continue to implement activities recommended from the Deloitte audit assessment, conducted in 2010, and to identify additional strategies aimed at improving the processes for the collection of the data to allow for a more efficient release time for users of the data.

Data Submissions and Processing

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. The MHDO will also continue to integrate the various MHDO data systems into a uniform data platform. In addition, the MHDO will seek to develop a secure web-based tool for hospitals and their parent entities for reporting of the financial data template and organizational information to the MHDO.

Web Sites

The MHDO home web site will continue to be refined to provide for user-friendly access to information. The MHDO will continue to develop and post hard copies of analytic reports and new data summary reports. The MHDO will also continue to maintain and expand the new Maine MONAHRQ web site to include current data and to increase the usage of the web site by consumers as well as professionals.

The Maine HealthData web site will be replaced with a robust web-based data query system allowing the user to query and create reports using Maine hospital inpatient, outpatient, emergency department, and public health data. The enhancements made to the HealthCost web site, allowing the user to access information on the cost of specified procedures at Maine health care facilities, will be available to the public in 2012. The MHDO will continue to evaluate and monitor the effectiveness of the web site.

The MHDO will redesign the financial data reports to accommodate the new data elements collected in FY 2010 and the standardized template now being collected from Maine hospitals' parent entities. The MHDO will also produce a Hospital Cost Comparison Report as required for PL 2009, Chapter 350: *"An Act to Protect Consumers and Small Business Owners from Rising Health Care Costs"*. 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.

Collaboratives

In 2012, the MHDO will be focusing its efforts more strategically towards collaborations with other health data stakeholders such as Health InfoNet, Maine Quality Forum, and the Maine Health Management Coalition to avoid duplication of efforts and to assist in the development of various health initiatives that are emerging in the healthcare industry (e.g.: Patient Centered Medical Home, electronic medical records, etc.).

VI. Onpoint Health Data

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. The 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 eleven member Board of Directors. The Board is composed of one member from each of the MHDO and Onpoint Boards, and nine 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. In 2011, a Service Level Agreement between the MHDPC, Onpoint, and the MHDO was negotiated specifying the role of each party.

The collection of health care claims data through the MHDPC was operational in January 2003. The MHDPC continues to maintain Maine State’s all-payer healthcare claims database system, which includes eligibility and claims data from the state’s commercial, Medicaid, and Medicare payers. Collection frequency of the data ranges from monthly, quarterly, and annual filers. The MHDPC will be adding 100 new data quality edits for implementation in February 2012. 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. **The MHDPC annual report can be found in Appendix E.**

APPENDIX A

AGENDA

MAINE HEALTH DATA ORGANIZATION BOARD OF DIRECTORS MEETING

January 6, 2011, 9:00 a.m.
151 Capitol Street
Augusta, Maine

Approval of September 2, 2010 Minutes

Approval of November 4, 2010 Minutes

Rules

- ♦ Chapter 10: Determination of Assessments (Proposed Changes)
- ♦ Chapter 241: Uniform Reporting System for Hospital Inpatient and Outpatient Data Sets (Adoption)

Executive Director Report

- ♦ Financial Summaries (October and November)
- ♦ Compliance Report
- ♦ Data Requests Fee Waiver (Children's Hospital Boston)
- ♦ Quality Data Submission Waiver Requests
 - The Acadia Hospital
 - Franklin Memorial Hospital
- ♦ Data Requests/Data Status Report
- ♦ MHDO Priorities (MHDO Functions & Responsibilities/Board Retreat/MHDO Project List/Deloitte Recommendations PowerPoint Presentation)

Data Processing Center Report

- ♦ Michael Brannigan, DPC Chair Presentation on implementation of the Deloitte recommendations

Maine Quality Forum Report

Public Comment

Adjourn

MINUTES

MAINE HEALTH DATA ORGANIZATION
BOARD OF DIRECTORS MEETING
151 CAPITOL STREET, AUGUSTA, MAINE
THURSDAY, JANUARY 6, 2011

The meeting of the Maine Health Data Organization (MHDO) Board of Directors began at 9:05 a.m. with the following Board members present: Cathy McGuire, (Chair), Katherine Pelletreau, (Vice-Chair), Poppy Arford, Maryagnes Gillman, Karynlee Harrington, Lisa Harvey-McPherson, Douglas Jorgensen, Anita Knopp, Eric Martinsen, Chris McCarthy, Ted Rooney, and Dave Winslow. Absent members were Jennifer Carroll, Joe Ditré, Peter Gore, Anne Head, Neil Korsen, Garrett Martin, and Lisa Tuttle.

Approval of September 2, 2010 Minutes

A motion was made and seconded to accept the September 2, 2010, MHDO Board minutes as revised by Katherine Pelletreau. Motion carried.

Approval of November 4, 2010 Minutes

A motion was made and seconded to accept the November 4, 2010, MHDO Board minutes as written. Motion carried.

Rules

Chapter 10: Determination of Assessments (Proposed Changes): Executive Director Alan Prysunka explained the need for the proposed changes to the non-hospital health care facilities' maximum assessment fees from specific dollar amounts to proportional shares. Mr. Prysunka was asked to provide other options for further Board discussion at their next meeting.

Chapter 241: Uniform Reporting System for Hospital Inpatient and Outpatient Data Sets (Adoption): As a result of comments received at the public hearing, in opposition of the proposed 30-day filing period for submittal of hospital inpatient and outpatient data, a 60-day filing period was proposed. A motion was made and seconded that the Board not adopt the changes to Chapter 241, but instead restart the rulemaking process with a proposed 60-day filing period. After a lengthy discussion, the motion passed with eight members in favor and four members opposed.

Executive Director Report

Financial Summary: The Board received financial statements for October and November 2010. Mr. Prysunka noted that the Department of Health and Human Services transferred additional funds to the MHDO that were collected from prescribers who filed for confidentiality protection with their licensing board, pursuant to the prescriber opt in legislation.

Compliance Report: Phil Bonneau, MHDO Compliance Officer updated the Board on steps that have been taken in regard to unpaid assessments of five entities listed on the Compliance Report he disseminated, and he recommended a routine referral to the Attorney General's Office. A motion was made and seconded to refer Affiliated Pharmacy Services, Allied Resources for Correctional Health, Inc., Harrington Family Health Center, Possibilities Counseling Services, Inc. and Walgreens to the Office of Attorney General for enforcement action. Motion carried.

Mr. Bonneau also recommended routine referrals to the Attorney General's Office for non-compliant claims data submissions for six entities. A motion was made and seconded to refer Arcadian Health Plan, Inc., Diversified Group Brokerage, Corp., Health Care Service Corp., Magellan Behavioral Health Systems, Mega Life & Health, and UMR, Inc. to the Office of Attorney General for enforcement action. Motion carried.

The Board received copies of a letter that Humana Insurance Co. had sent to Paul Gauvreau, Assistant Attorney General, in which they outlined a corrective action plan and requested an extension for submitting their non-compliant claims data. Mr. Bonneau recommended the Board grant a conditional extension with an automatic fine if they do not meet the requested February 18, 2011 deadline. A motion was made to accept Mr. Bonneau's recommendation. The motion was seconded and passed unanimously.

Data Requests Fee Waiver (Children's Hospital Boston): The Board had received copies of a request from Children's Hospital Boston for a partial fee waiver of hospital inpatient data, and copies of an e-mail offering to share their analysis of pediatric injury in Maine in exchange for the data. There was a motion and a second that, pursuant to the rules that govern fee waivers, the request would be granted subject to Children's Hospital's ability to show how their data would benefit Maine; and to allow the Executive Director to make the determination, based on their response, as to whether or not they meet the requirement. After further discussion there was a friendly amendment to grant a full waiver if they satisfactorily demonstrate meaningful use of their data to Maine. The amended motion was seconded and passed unanimously. Mr. Prysunka was also asked to provide policy options for the Board when considering waivers.

Quality Data Submission Waiver Requests: The Board had received reporting requirement waiver requests from The Acadia Hospital for second quarter 2009 Care Transition Measure and from Franklin Memorial Hospital for portions of the second quarter 2010 nursing sensitive indicator data. Susan Schow disseminated and explained a handout showing Acadia and Franklin Hospitals' past quality data submission compliance records. Ms. Schow recommended that the Board grant

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Acadia Hospital's waiver request. A motion was made and seconded to grant Acadia Hospital the waiver with a notation in the response from the MHDO that the next time they are late will likely result in them being assessed a fine. Ms. Schow pointed out that the waiver is not for the data being submitted late but for non-submission of data, and a friendly amendment to the motion was made in that regard. The motion unanimously passed.

After a brief discussion regarding Franklin Memorial Hospital's favorable past data compliance history, a motion was made and seconded to grant Franklin Hospital a waiver as requested. The motion passed with 1 abstention.

MHDO Priorities: Mr. Prysunka provided handouts of staff responsibilities, recommendations from the Board retreat that was held in February 2010, and from the Deloitte Report. He also handed out copies of a presentation he gave in which he prioritized the various recommendations. He also informed the Board on the status of Medicare data, explained the progress being made on the social security numbers crosswalk, and stated that the individual NPI's will be incorporated in the DataBay System saving the MHDO and hospitals time when processing data. The dimensional data warehouse architecture recommended by Deloitte will take significant time to implement, but will make the MHDO more efficient. The data dictionary work is being revised, and the cooperative agreement with Muskie School to expand the MHDO web site, utilizing funds from the \$50,000 Bureau of Insurance grant, is being finalized. A Board member requested that usage statistics from the web site be shared with the Board at some point. A high priority is the MOU between the MHDO and OIT and Mr. Prysunka will provide a draft of the MOU to the Board. There was Board consensus to move forward with the work plan as discussed.

Ted Rooney sent an e-mail to the Board in which he suggested asking Deloitte Consulting to extend their analysis to look at whether or not outsourcing the data processing to another vendor e.g.: Thompson, HDMS, Ingenix, etc. would be a more efficient way to provide claims data to end users. Karynlee Harrington suggested the Board review the results of the Health Data Workgroup, which will be available to the public later in the month. A motion was made and seconded to approve hiring Deloitte Consulting for up to 10 hours to discuss evaluating and framing up a more efficient way of processing data, and a subcommittee will convene to craft meaningful recommendations to Board. There was a friendly amendment to limit the contract with Deloitte to \$5,000. The amended motion was seconded and passed unanimously. A motion was then made that the Board meet on a monthly basis for the next six months. The motion was seconded and passed unanimously.

Chris McCarthy, Ted Rooney, Karynlee Harrington, Poppy Arford, and Cathy McGuire volunteered to be on the Deloitte extension subcommittee. Mike Brannigan, Brian Guerrette and others were welcomed as well. The subcommittee will meet pending approval of the revised contract by the Division of Purchases, which Brian Guerrette will check into. Dave Winslow and Garrett Martin will also be asked if they want to join the subcommittee.

Maine Health Data Processing Center Presentation

Michael Brannigan, DPC Chair, addressed the Board regarding the DP Center's role in, and the implementation of, the Deloitte recommendations. He spoke about the Service Level Agreement which will formalize the relationship between the DP Center, Onpoint and the MHDO. A discussion ensued regarding the lack of certain representation on the DPC Board of Directors and it was agreed that this issue needs to be addressed by the DPC as well as the MHDO Board at a future time.

Maine Quality Forum Report

Karynlee Harrington informed the Board that Ellen Schneiter has been appointed Acting Director of the Maine Quality Forum and will begin those duties on January 24, 2011.

Public Comment

None provided.

The meeting adjourned at 12:00 p.m.

AGENDA

MAINE HEALTH DATA ORGANIZATION BOARD OF DIRECTORS MEETING

February 3, 2011, 9:00 a.m.
151 Capitol Street
Augusta, Maine

Approval of January 6, 2011 Minutes (9:00 - 9:05)

Chair Report (9:05 - 9:15)

- ♦ MHDPC Service Level Agreement
- ♦ Deloitte Extension Subcommittee
- ♦ Personnel Committee

Executive Director Report (9:15 - 9:30)

- ♦ December 2010 Financial Summary
- ♦ Compliance Report
- ♦ Data Requests/Data Status Report
- ♦ Discussion of APA - Paul Gauvreau (9:30 - 9:45)

Rules (9:45 - 10:30)

- ♦ Chapter 241: Uniform Reporting System for Hospital Inpatient and Outpatient Data Sets (update)
- ♦ Chapter 10: Determination of Assessments (discussion of options)

OIT Status Report (10:30 - 10:40)

Data Processing Center Report (10:40 - 10:50)

- ♦ Board representation

Maine Quality Forum Report (10:50 - 11:55)

Public Comment (10:55 - 11:00)

Adjourn (11:00)

MINUTES

MAINE HEALTH DATA ORGANIZATION
BOARD OF DIRECTORS MEETING
151 CAPITOL STREET, AUGUSTA, MAINE
THURSDAY, FEBRUARY 3, 2011

The meeting of the Maine Health Data Organization (MHDO) Board of Directors began at 9:10 a.m. with the following Board members present: Cathy McGuire, (Chair), Katherine Pelletreau, (Vice-Chair), Poppy Arford, Joe Ditré, Maryagnes Gillman, Peter Gore, Karynlee Harrington, Lisa Harvey-McPherson, Anne Head, Douglas Jorgensen, Anita Knopp, Neil Korsen, Garrett Martin, Ted Rooney, Lisa Tuttle, and Dave Winslow. Absent members were Jennifer Carroll, Eric Martinsen, and Chris McCarthy.

Approval of January 6, 2011 Minutes

A motion was made and seconded to adopt the January 6, 2011, MHDO Board minutes as presented. A Board member questioned whether a failed motion regarding the adoption of Chapter 241 as proposed had been omitted from the minutes. After some discussion the motion passed unanimously.

Chair Report

MHDPC Service Level Agreement - Cathy McGuire informed the Board that facilitators have been hired to assist in the discussions with the MHDO, Onpoint and OIT to develop a Service Level Agreement with Onpoint and a Memorandum of Understanding with OIT. The Executive Committees of each of the organizations have met with the facilitators to discuss expectations and outcomes beyond the service level agreements, and the full group plans to hold their first meeting on February 8th.

Deloitte Extension Subcommittee - The first meeting of the subcommittee will be to decide the scope of work for the Deloitte extension, and it is still in the process of being scheduled.

Personnel Subcommittee - Cathy McGuire and Katherine Pelletreau have met with the Department of Human Resources regarding the Board's responsibility to conduct an evaluation of the MHDO Executive Director. They established a personnel subcommittee, based on Board members they believed would have the least conflict of interest with the work of the MHDO and have asked consumer representative Garrett Martin and Anne Head, representative of the Department of Professional and Financial Regulations to chair the subcommittee. They were charged with producing a job description, expectations, and an evaluation. They will use a 360 review process speaking with key stakeholders, employees, as well as a self-evaluation by Mr. Prysunka. The final evaluation should be completed by September 2011.

There was some discussion surrounding the fairness of a 360 review and it was suggested that the questions be focused on job function and that Mr. Prysunka

have input as to who is asked to participate. Ms. Head will contact a State mentoring program that is available to assist in the process.

Executive Director Report

Financial Summary - There were no questions or comments regarding the December 2010 financial statement that the Board received. Mr. Prysunka stated that the State of Vermont has a pending lawsuit pertaining to their prescriber confidentiality law. Paul Gauvreau, Board Legal Counsel explained how the outcome of these proceedings could affect Maine. It was reiterated that, unless an adverse ruling is handed down from the courts, the Maine law is in effect and the MHDO can continue to fulfill requests for the list of prescribers seeking confidentiality. Also, the funds transferred from DHHS remain on hold pending the outcome of the litigation.

Compliance Report - The Board received a current Compliance Report and Phil Bonneau, MHDO Compliance Officer briefly updated the Board on the issue of American Progressive Life not submitting compliant claims data. A motion was made and seconded to authorize Mr. Gauvreau to proceed with the usual enforcement action of imposing a \$5,000 fine with the option to rescind the fine either partially or in full if they submit a written plan of correction within 30 days, and submit their outstanding data within an additional 60-day time period. After a discussion on possibly increasing the amount of future fines, the motion unanimously passed.

Kanawha HealthCare Solutions, Inc. had requested that the Board reconsider the \$5,000 fine they had imposed at the November 2010 meeting for non-compliant claims data submissions. After some discussion, a motion was made and seconded to authorize the Attorney General to proceed with the enforcement action of collecting the fine. The motion unanimously passed. A discussion ensued regarding the Board making a formal response to Kanawha's reconsideration request. A motion was made and seconded to oppose Kanawha's request reconsideration of the fine. After further discussion regarding threshold reductions, the motion passed unanimously.

Mr. Bonneau informed the Board that Mega Health and Life is not making any progress in resolving the issue to populate billing provider and servicing provider fields, stating that they may be asked to authorize enforcement action in the future if they do not comply.

Data Requests / Data Status Report - The Board received a current Data Request Log and an updated Data Status Report. Mr. Prysunka stated that the social security number crosswalk has been completed and claims data with SSN's has been received from Onpoint. He also mentioned that progress is being made with the MaineCare data

and Lisa Tuttle offered to provide Mr. Prysunka with a leadership contact at the Office of MaineCare Services.

Discussion of Administrative Procedure Act (APA) - Paul Gauvreau provided Board members with an overview of the APA process. He outlined the process and the timeline for promulgating routine technical and major substantive rules; the role of the Attorney General's Office; how comments and comment periods for rules are handled, and the changes between Administrations as designated by the Executive Order of each Governor.

Rules

Chapter 241: Uniform Reporting System for Hospital Inpatient and Outpatient Data Sets - Mr. Prysunka informed the Board that the Governor's Office approved the rule extension for Chapter 241 and that the comments received from the November 4, 2010 hearing will still be valid. A Public Hearing will be held on March 3, 2011, and additional comments will be solicited. The Board requested that the comments and responses from the previous hearing be provided to them again. Another discussion then ensued regarding Chapter 241 and the earlier motion to adopt the January 6, 2011 minutes as written. A motion was made and seconded to reconsider the acceptance of the January 6, 2011 Board minutes. The motion passed with one member in opposition. A motion was then made to table the minutes. The motion was seconded and passed unanimously. The Board then directed Linda Adams, Board Clerk to review the recording to determine if the January minutes need to be amended and to report back to the Board.

Chapter 10: Determination of Assessments - Phil Bonneau explained the proposed options for revising Chapter 10 as outlined in the handout the Board received. A lengthy discussion ensued regarding various options and on the criteria used to establish the options. A subcommittee consisting of Anne Head, MaryAgnes Gillman, and Doug Jorgensen was created to review the proposed options, to review the minutes from previous Board meetings, and to review comments from the previous hearing on Chapter 10. Ms. Head will coordinate the meeting with Mr. Prysunka and the subcommittee will come back to the Board with their recommendations.

OIT Status Report

Brian Guerrette provided the Board with two status reports and gave an overview of the projects that OIT is working on with the MHDO. There was some discussion regarding the MHDO web site, the Health Cost web site, MONAHRQ, and related SQL databases moving to OIT, and running parallel systems during the transition phase. A Board member asked about producing usage statistics and requested a standard report

showing how people are using MHDO data, which Mr. Guerrette will look into producing for the Board.

Data Processing Center Report

Terry Danowski distributed three handouts: the MHDPC Overdue Report, the Data Status Graph, and a Schedule of Deliverables that she had produced and reviewed with the Board. After some discussion, the Board requested that a column be added to the Overdue Report showing what percentage of the database the information on the report represents.

DPC Board Representation - The MHDO Board received copies of the DPC Board of Directors list and were asked to let any of the members know if they have an interest in serving on the DPC Board. Katherine Pelletreau stated that she would be willing to consider stepping down if anyone else wanted the opportunity to be on the Board.

Maine Quality Forum Report

Karynlee Harrington informed the Board that Ellen Schneiter is now the Acting Director of the Maine Quality Forum. She stated that the agency has reapplied for incorporating Medicare data into the Patient Center Medical Home Pilot. She is working with Mr. Prysunka on a proposal to ask CMS to mirror the commercial claims file layout which will not need to be reformatted.

She is also working with Mr. Prysunka and staff at Muskie on a healthcare associated infections annual report required by the Legislature, which will include the results of the MRSA prevalent study. The report should be available by the end of February and Ms. Harrington will share the report with the Board.

Katherine Pelletreau asked the Board to inform the Executive Committee or Mr. Prysunka whenever they hear of any legislation that will affect the MHDO. Mr. Prysunka stated that Erin Sullivan, Legislative Policy Coordinator at the Governor's Office reviews current legislation and also informs him of any such legislation.

Public Comment

None provided.

The meeting adjourned at 11:50 a.m.

AGENDA

MAINE HEALTH DATA ORGANIZATION BOARD OF DIRECTOR MEETING

March 3, 2011, 9:00 a.m.
151 Capitol Street
Augusta, Maine

Public Hearing on Chapter 241: Uniform Reporting System for Hospital Inpatient and Outpatient Data Sets

Approval of January 6, 2011 Minutes

Approval of February 3, 2011 Minutes

Chair Report

- ♦ MHDPC Service Level Agreement
- ♦ Deloitte Extension Subcommittee

Executive Director Report

- ♦ Financial Summary
- ♦ Compliance Report
- ♦ Legislation
 - L.D. 267: An Act to Strengthen the Laws on MRSA and to Improve Health Care
 - L.D. 572: An Act to Amend the Laws Governing the Maine Health Data Organization Relating to Retail Pharmacies
- ♦ Data Requests/Data Status Report
- ♦ MHDO Rules
 - Chapter 10: Determination of Assessments (update)

OIT Status Report

Data Processing Center Report

MQF Advisory Council Meeting Update

Public Comment

Adjourn

MINUTES

MAINE HEALTH DATA ORGANIZATION
BOARD OF DIRECTORS MEETING
151 CAPITOL STREET, AUGUSTA, MAINE
THURSDAY, MARCH 3, 2011

The meeting of the Maine Health Data Organization (MHDO) Board of Directors meeting began at 9:15 a.m., following a public hearing on Chapter 241: Uniform Reporting System on Hospital Inpatient and Outpatient Data Sets. The Board members in attendance were: Cathy McGuire, (Chair), Katherine Pelletreau, (Vice-Chair), Poppy Arford, Maryagnes Gillman, Karynlee Harrington, Lisa Harvey-McPherson, Anne Head, Douglas Jorgensen, Anita Knopp, Garrett Martin, Eric Martinsen, Ted Rooney, and Dave Winslow. Absent members: Jennifer Carroll, Joe Ditré, Peter Gore, Neil Korsen, and Chris McCarthy.

Approval of January 6, 2011 Minutes

Linda Adams stated that she and Mr. Prysunka had reviewed the tape of the January 6th minutes as requested by the Board, and verified that a motion regarding Chapter 241 had been accurately captured in the minutes. There was a suggestion that going forward any Board member finding a possible discrepancy in the minutes inform the MHDO staff prior to the Board meeting. A motion was made and seconded to accept the January 6, 2011, MHDO Board minutes as written. Motion carried.

Approval of February 3, 2011 Minutes

A motion was made and seconded to accept the February 3, 2011, MHDO Board minutes as written. Motion carried.

Chair Report

MHDPC Service Level Agreement - Cathy McGuire stated that the parties working on the service level agreement have met and continue to meet on a weekly basis. Mr. Prysunka informed the Board that an outline has been created and Onpoint is expected to come back with a counterproposal regarding the compensation and penalty sections.

Deloitte Extension Subcommittee - Ted Rooney informed the Board that after some discussion, the Subcommittee decided that the original Board proposal to hire Deloitte for up to \$5,000 to discuss evaluating and framing up a more efficient way of processing data would not be beneficial to the MHDO. They discussed integrating the claims data with the clinical data, and also discussed the idea of providers receiving claims data directly from the MHDO and bypassing the quality checks of the Data Processing Center. Mr. Rooney plans to talk to Jim Leonard at an upcoming Charter Value Exchange meeting to discuss a possible pilot to accomplish that, and he will speak

with Andy Coburn about a report they are working on with ACHSD. Based his findings, Mr. Rooney will come back to the Board with some recommendations, and the Subcommittee will hold another meeting.

OIT Status Report

Brian Guerrette updated the Board on the various projects that OIT is working on with the MHDO. The Board agreed that they would like to begin receiving biweekly status report updates electronically. HealthWeb enhancements were discussed and a Board member asked if providers looking at other provider's data on the web could potentially be an anti-trust issue. Paul Gauvreau, Board Legal Counsel will check on this and report his findings to the Board.

A lengthy discussion ensued regarding the website meeting the needs of the consumer. The consensus was that the MHDO needs to stay focused on producing timely data extracts while making the planned enhancements to the website. The item was tabled, but it was stated that any suggestions for further actions that could be taken would be welcomed by the Board.

Executive Director Report

Financial Summary - Al Prysunka stated there were no issues to report regarding the January financial statement that the Board received. He also stated that he would inform the Board if there are any proposals to take money from dedicated accounts to offset the General Fund deficit.

Compliance Report - Phil Bonneau, MHDO Compliance Officer, disseminated a current compliance report showing three entities with unpaid assessments for which he recommended a \$250 fine, in accordance with the MHDO Compliance Policy. There was a motion and a second to fine Allied Resources for Correctional Health, Inc., Harrington Family Health Center, and Possibilities Counseling Services, Inc. \$250 each. Motion carried.

Mr. Bonneau also recommended that Diversified Group Brokerage Corp. be fined \$5,000, in accordance with Compliance Policy, for non-compliant claims data. A motion was made and seconded to fine Diversified as suggested. After some discussion regarding reassessing the amounts that entities are fined, the motion passed unanimously. There was some discussion about the Board receiving the percentages of what the outstanding claims represent as a total of the paid claims database. Terry Danowski stated that she is working on adding columns to a report that she produces for the Board that will show member lives and dollar claims.

L.D. 267: An Act to Strengthen the Laws on MRSA and To Improve Health Care -

Mr. Prysunka stated that this legislation does not directly impact the MHDO but he is watching for two additional L.D.'s that may have an impact on the MHDO. Karynlee Harrington stated that the MQF is working closely with the MHDO, the Maine CDC, and talking to the Administration on bills that have an impact on Hospital Acquired Infections (HAI).

L.D. 572: An Act to Amend the Laws Governing the Maine Health Data Organization

Relating to Retail Pharmacies - Mr. Prysunka stated that if this legislation passes it would remove retail pharmacies from the MHDO statute and rules. He recommended opposing this legislation because of equity issues with the assessments. The Board discussed the importance of the pharmacy data and it was stated that the MHDO would continue to receive the data in the claims database, but could not collect data from the pharmacies if there was a need. Mr. Prysunka will inform the Board when the hearing is scheduled and he will testify on behalf of the Board. It was mentioned that the bill will have a fiscal note due to the loss of revenue.

Mr. Prysunka stated that he will testify at the March 8th hearing on the MHDO budget; and that he didn't anticipate any issues or concerns. Board members were invited to testify as well.

Data Requests / Data Status Report - The Board received the current Data Request Log and the Data Status report, which they requested be prepared in green, yellow and red to make it easier to read. Mr. Prysunka noted that MaineCare data will be up-to-date by the following month and that the data will start coming in on a monthly basis. The Medicare data will also be done soon.

Karynlee Harrington stated that she has asked CMS to provide Medicare data using the commercial file layout and, regardless of that format, they will send data monthly for all Medicare beneficiaries.

Chapter 10: Determination of Assessments - Anne Head stated that she, Mr. Prysunka, MaryAgnes Gillman, and Doug Jorgensen participated in a teleconference call to discuss what factors to consider when determining equitable options in assessing licensed, non-hospital health care facilities to help support the MHDO. Ms. Head is waiting for a return call from the Maine Revenue Service (MRS) to help determine a valid financial measurement in terms of non-profit entities. Ms. Head may also contact Mike Allen, MRS Director to discuss the issue, and will report back to the Board.

Data Processing Center Report

Terry Danowski produced a Schedule of Deliverables report and a Quarterly Extract Workflow & Timeline, and explained that the workflow chart shows a simplified process of how data is handled from receipt to release, stating that there can always be issues that delay the process. Mr. Rooney indicated that the graph shows what he had hoped Deloitte Consulting would review and recommend ways to make the data quality and extract be most effective and efficient. Ms. Danowski stated that this is being discussed at the SLA meetings. The Board asked for an update at the next Board meeting on what has been implemented from the Deloitte Report.

Maine Quality Forum Report

Karynlee Harrington informed the Board that the MQF has submitted an annual report on hospital associated infections in Maine, and that it is available online, as well as their report: The Practice and Impact of Shared Decision-Making. She stated that the MQF will create, with support of a workgroup, a demonstration around shared decision-making in the State of Maine.

She also stated that the MQF has been evaluating all of the measures they collect to determine where data is being publicly reported, in the private or public sector; what the metrics are used for; the value of what is being collected; and if changes need to be made to what is being collected. Ms. Harrington will continue to update the Board as further progress is made.

Public Comment

None provided.

The meeting adjourned at 10:50 a.m.

AGENDA

MAINE HEALTH DATA ORGANIZATION BOARD OF DIRECTOR MEETING

April 7, 2011, 9:00 a.m.
151 Capitol Street
Augusta, Maine

Approval of March 3, 2011 Minutes

Chair Report

- ◆ MHDPC Service Level Agreement
- ◆ Deloitte Extension Subcommittee/Maine Health Management Coalition Foundation Proposal

Executive Director Report

- ◆ February 2011 Financial Summary
- ◆ Rules
 - Chapter 241: Uniform Reporting System for Hospital Inpatient and Outpatient Data Sets - Final adoption
- ◆ Compliance Report
- ◆ Data Requests/Data Status Report
- ◆ Legislation
 - L. D. 806: An Act to Provide Public Access to Price Lists of Hospitals and Ambulatory Surgical Facilities
 - L. D. 1131: An Act to Require Public Disclosure of Health Care Prices
 - L. D. 1212: An Act to Improve Hospital Reporting of MRSA Data
- ◆ Healthweb Anti-Trust Question
- ◆ Deloitte Audit Implementation Update
- ◆ Chapter 10: Determination of Assessments Subcommittee Update

OIT Status Report

Data Processing Center Report

MQF Advisory Council Meeting Update

Public Comment

Adjourn

MINUTES

MAINE HEALTH DATA ORGANIZATION
BOARD OF DIRECTORS MEETING
151 CAPITOL STREET, AUGUSTA, MAINE
THURSDAY, APRIL 7, 2011

The meeting of the Maine Health Data Organization (MHDO) Board of Directors began at 9:05 a.m. with the following Board members present: Cathy McGuire, (Chair), Katherine Pelletreau, (Vice-Chair), Poppy Arford, Jennifer Carroll, Maryagnes Gillman, Karynlee Harrington, Lisa Harvey-McPherson, Anne Head, Douglas Jorgensen, Anita Knopp, Garrett Martin, Eric Martinsen, Chris McCarthy, Ted Rooney, and Dave Winslow. Neil Korsen attended the meeting via telephone from 10:30 a.m. to 11:15 a.m. Absent members were Joe Ditré and Peter Gore.

Approval of March 3, 2011 Minutes

After a change was noted to the acronym HCHSD, which should have been ACHSD, a motion was made and seconded to accept the March 3, 2011 minutes. Motion carried.

Chair Report

MHDPC Service Level Agreement - Cathy McGuire informed the Board that a draft of the Rider A specifications are being worked on by Terry Danowski, Al Prysunka and their staff. Rider B, which outlines payments and penalties, is being negotiated between Onpoint and Board members Cathy McGuire, Katherine Pelletreau, Anne Head, and David Winslow.

Executive Director Report

Financial Summary - Mr. Prysunka stated that the Health and Human Services Committee had no issue with the MHDO's biennial budget at their recent work session. There was some discussion regarding the effect on the MHDO budget if L.D. 572: An Act to Amend the Laws Governing the Maine Health Data Organization Relating to Retail Pharmacies passes and pharmacies are exempt from paying MHDO assessments. Mr. Prysunka will testify in opposition, on behalf of the Board, at the upcoming Legislative hearing.

Chapter 241: Uniform Reporting System for Hospital Inpatient and Outpatient Data Sets - Mr. Prysunka gave the Board an update on the proposed rule changes and on the current comments received. After a brief discussion, a motion was made and seconded to stay with the 90-day filing period. The motion passed with one abstention.

Compliance Report - Phil Bonneau, MHDO Compliance Officer disseminated a current compliance report and updated the Board on two new issues for which he recommended the standard fines. The Board made a motion to fine Arcadian Health Plan, Inc. and Magellan Behavioral Health Systems, LLC, \$5,000 each for non-

compliant claims data submissions. The motion was seconded and passed unanimously.

Data Requests / Data Status Report - Mr. Prysunka reviewed the Data Status Report with the Board and informed them that the issues with the MaineCare data will soon be resolved and the next report should show more available MaineCare data. He also stated that commercial claims data are up-to-date and have been released. Medicare Part A and B data 2007 and 2008 files are in-house but are in a different format than the 2003 through 2006 data and CMS is contemplating releasing the data in the same format as the commercial claims. Mr. Prysunka mentioned that there is currently a two-year lag with this data, but he may pursue getting incomplete, 95% accurate data six months after the close of the year under the current Data Use Agreement.

Mr. Prysunka informed the Board that staff is continuing to work on updating the inpatient and outpatient systems to SQL Server 2008, which will be the same as the claims database. Testing will begin shortly and data release should be on track within one to two months.

L.D. 806: An Act to Require Public Disclosure of Health Care Prices and L.D. 1131: An Act to Require Public Disclosure of Health Care Prices - Mr. Prysunka provided copies of the two proposed bills for informational purposes only as they do not affect the MHDO. He gave the Board some background on a prior MHDO rule that required hospitals to make price lists available to the public. The rule was repealed when the HealthCost website became available and took the place of the price lists. There was some discussion about Board members testifying at the Legislative hearing but it was decided that individuals may testify but not as a representative of the MHDO.

L.D. 1212: An Act to Improve Hospital Reporting of MRSA Data – Mr. Prysunka explained what the proposed legislation does and how it would eliminate hospital screening for MRSA. The Maine Quality Forum, Center for Disease Control, Maine Health Data Organization and the Department of Health and Human Services have formed a group and are aligned in support of the bill but they are still contemplating making it more broad. If the legislation passes, the MHDO would be required to modify Chapter 270: Uniform Reporting System for Quality Data Sets in the next legislative session.

Mr. Prysunka also mentioned L.D. 1410: An Act to Amend the Maine Administrative Procedure Act which, if passed, would require every State agency to publish on their web sites specific information regarding all proposed rules and rule modifications.

HealthWeb Anti-Trust Question - The Board had received an e-mail from Paul Gauvreau in response to a question at the March Board meeting regarding

a potential anti-trust issue with providers being able to view other provider's data on HealthWeb. Doug Jorgansen stated that he will share the response with the Maine Medical Association and the Maine Osteopathic Association.

Deloitte Audit Implementation Update - Mr. Prysunka stated that a semi-final draft of the Service Level Agreement with Onpoint and the Maine Health Data Processing Center should be available at next meeting and that the Board should be asked to vote on the SLA at the June meeting. Mr. Prysunka has spoken with the House Chair of the Health and Human Services Subcommittee and plans to talk to Governor's staff before going forward with the request for a new position, given the current budget climate.

Internally, staff is writing new code to change the system database load extracts from the MHDPC and are considering reconfiguring the entire database and looking at options to link the claims databases with Maine HealthInfoNet data.

Staff is also working on patient member identifiers without identifying practitioners; and on a table or file that can more easily combine hospital and claims data in SQL Server 2008.

Chapter 10: Determination of Assessments Subcommittee Update - Anne Head stated that she has yet to reach anyone at the Maine Revenue Service to discuss a valid financial measurement in terms of non-profit entities, but she will continue to try. It was reiterated that the Board will find the money for the next fiscal year to cover any loss in non-hospital assessment revenue due to the current rate structure, but should keep in mind the possibility of having to address a more substantial loss of revenue if the proposed pharmacy legislation passes.

Deloitte Extension Subcommittee/Maine Health Management Coalition Foundation Proposal - Employer representative Ted Rooney provided the Board with handouts and explained the MHMC's proposal for a 3 year pilot to get more timely data, on a monthly basis, including MaineCare and Medicare, and to change encryptions to begin to combine claims data with clinical data. During the 3 year pilot, the data would not be used for public reporting; only for providers own patients, in an effort to better determine how they are doing and to look for gaps in care.

The Subcommittee had asked Mr. Prysunka to get clarification from Paul Gauvreau about any legal ramifications of the proposed pilot. Mr. Gauvreau informed the Board that 22 MRSA §8701 prohibits the MHDO from participating in the proposed pilot. Chris McCarthy asked for the specific request from Mr. Prysunka to Mr. Gauvreau that was sent on behalf of the Subcommittee. Mr. Prysunka will forward the e-mail request he had sent to Mr. Gauvreau to that Board member.

Mr. Rooney was asked to come back to the Board with a detailed flow chart showing the current process, its flaws, and the benefits to the MHDO to implement the proposed pilot. The issue was tabled until the next Board meeting.

OIT Status Report

Brian Guerrette, OIT liaison reviewed the project status report with the Board, stating that the financial project has taken a considerably more time than anticipated. They are continuing to work with Muskie on enhancing the Health Cost web site and continuing his search for the best way to determine the number of people who view the web site on a monthly basis.

Data Processing Center Report

Jim Harrison stated that the Data Processing Center is working collaboratively with the MHDO and they are on track for continued improvement. They have managed to cut three months out of the data processing time and are hoping to go down to just one month.

Terry Danowski reviewed the MHDPC Overdue Report and Data Status Graph that she disseminated to the Board and she informed them that the DP Center is preparing to process 2011 claims data.

Maine Quality Forum Report

Karynlee Harrington updated the Board on a project that the DHA/MQF is working on with Muskie which is to organize the current quality measures being collected by MQF, MHDO, the Maine Health Management Coalition and Hospital Compare into the National Quality Forum community reporting dashboard domains and sub-domains. The purpose of the NQF Dashboard is to create standardized reporting which will allow for comparisons across the States. These efforts will provide an organized framework of the data that is collected currently, where it resides, and ultimately how to move forward with the collection and reporting of quality measures.

Public Comment

None provided.

The meeting adjourned at 11:40 a.m.

MINUTES

MAINE HEALTH DATA ORGANIZATION EMERGENCY BOARD OF DIRECTORS TELECONFERENCE MONDAY, MAY 2, 2011

The meeting of the Maine Health Data Organization (MHDO) Board of Directors began at 10:05 a.m. with the following Board members present: Cathy McGuire, (Chair), Katherine Pelletreau, (Vice-Chair), Poppy Arford, Karynlee Harrington, Lisa Harvey-McPherson, Anne Head, Anita Knopp, Neil Korsen, Garrett Martin, Eric Martinsen, Chris McCarthy, Ted Rooney, and Dave Winslow. Absent members were Jennifer Carroll, Joe Ditré, Peter Gore, Maryagnes Gillman, and Douglas Jorgensen.

Katherine Pelletreau chaired the emergency teleconference, which was called specifically to review L.D. 1467: An Act to Improve Timely Access to Health Care Data. The Board had planned to discuss the bill at its regularly scheduled Board meeting on Thursday, May 5th; however, the bill was instead scheduled for public hearing on Wednesday, May 4rd. L.D. 1467 would significantly alter the mission of the MHDO by transferring primary responsibility for management of the Maine claims database to a new entity. The public interest would be advanced by convening an emergency Board meeting to allow the Board to take a position on the pending legislation. The Legislature would benefit by having the insight and recommendation of the MHDO Board as it considers and deliberates this legislation.

Ms. Pelletreau began by informing the Board that Al Prysunka and other Board members had met with the Maine Health Management Coalition, (MHMC) the organization behind the creation of this bill, on Friday. The MHMC is open to amending the proposed legislation, and they are no longer concerned about shortening the timeframe of the data as long as the MHDO produces the data on a 90 day schedule. However, it is unclear if an amendment to the proposed legislation will be presented at the public hearing so Mr. Prysunka will prepare testimony based on the legislation as written, guided by the Board's decision.

Of concern, however, is the public health information (PHI) issue. The Board discussed the pilot program that the MHMC is suggesting for the MHDO to collect and then release PHI to be used for physicians' own patients to improve health care that they provide.

Paul Gauvreau, Board Legal Counsel discussed HIPPA regulations as they relate to the MHDO and stated that the MHDO statute would need to be changed, as well as the collection rules and release rules. Alan Prysunka, MHDO Executive Director stated that the release rules, Chapter 120: Release of Data to the Public, are major substantive. The time urgency was discussed and it was noted that the entire process could take two to three years to become fully implemented.

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There was some discussion on the Health Information Technology (HIT) project with Jim Leonard, HIT Program Coordinator, who also participated in the call. Mr. Leonard informed the Board of a legal workgroup of interested parties that are currently addressing the PHI problem for Health InfoNet and recommended that the Board contact them.

After further discussion, a motion was made and seconded to oppose L.D. 1467: An Act to Improve Timely Access to Health Care Data. Motion carried with 8 Board members in favor, 1 opposed, and 3 abstentions.

A motion was then made and seconded to support, in concept, the pursuit of enabling legislation that would allow the MHDO to further explore the collection and dissemination of PHI. The motion passed with 9 votes in favor and 3 abstentions.

The meeting adjourned at 11:10 a.m.

AGENDA

MAINE HEALTH DATA ORGANIZATION BOARD OF DIRECTOR MEETING

May 5, 2011, 9:00 a.m.
151 Capitol Street
Augusta, Maine

Approval of April 7, 2011 Minutes

Chair Report

- ♦ MHDPC Service Level Agreement Update
- ♦ Deloitte Extension Subcommittee/Maine Health Management Coalition Foundation Proposal

Executive Director Report

- ♦ March 2011 Financial Summary
- ♦ Compliance Report
- ♦ Data Requests/Data Status Report
- ♦ Legislation
 - L. D. 572: An Act to Amend the Laws Governing the Maine Health Data Organization Relating to Retail Pharmacies
 - L. D. 1467: An Act to Improve Timely Access to Health Care Data
- ♦ Chapter 10: Determination of Assessments Subcommittee Update

OIT Status Report

Data Processing Center Report

MQF Advisory Council Update

Public Comment

Adjourn

MINUTES

MAINE HEALTH DATA ORGANIZATION
BOARD OF DIRECTORS MEETING
151 CAPITOL STREET, AUGUSTA, MAINE
THURSDAY, MAY 5, 2011

The meeting of the Maine Health Data Organization (MHDO) Board of Directors began at 9:15 a.m. with the following Board members present: Katherine Pelletreau, (Vice-Chair), Anne Head, Anita Knopp, Neil Korsen, Eric Martinsen, Chris McCarthy, Ted Rooney, and Dave Winslow. Absent members were Cathy McGuire, (Chair), Poppy Arford, Jennifer Carroll, Joe Ditré, Maryagnes Gillman, Peter Gore, Karynlee Harrington, Lisa Harvey-McPherson, Douglas Jorgensen and Garrett Martin.

Katherine Pelletreau chaired the meeting in Ms. McGuire's absence. She informed the Board of two items that would be added to the agenda for the meeting: approval of minutes from the emergency teleconference Board meeting held on May 2, 2011, with an update of the Public Hearing on LD 1467: An Act to Improve Timely Access to Health Care Data; and Paul Gauvreau, Assistant Attorney General's, recommendation concerning conflict of interest.

Approval of April 7, 2011 Minutes

A motion was made and seconded to accept the April 7, 2011 meeting minutes with an amendment to identify the name of the Board member (Chris McCarthy) who had asked for the specific request from Executive Director Alan Prysunka, to be sent on behalf of the Subcommittee, to Mr. Gauvreau, to clarify any legal ramifications of the proposed Medical Home Pilot Project. Motion carried.

Approval of May 2, 2011 Minutes

Paul Gauvreau stated that the Board could adopt the minutes from the May 2, 2011 meeting even though they were not listed as an agenda item. A motion was made and seconded to adopt the minutes as written. Motion carried.

Chair Report

MHDPC Service Level Agreement - Ms. Pelletreau stated that a three month extension had been granted under the current contract with Onpoint and the Maine Health Data Processing Center (MHDPC) to October 1, 2011. This extension will allow the Board more time to see what happens with LD 1467. A closer look at the language in current statutes concerning the relationship between the MHDO and the MHDPC was reviewed and Paul Gauvreau concluded that the MHDO Board has the discretion to remove itself from the MHDPC and contract with a claims data processor or process the data within Maine State Government.

Deloitte Extension Subcommittee/Maine Health Management Coalition Foundation Proposal/LD 1467 - It was stated that the public hearing on LD 1467 was held on May 4, 2011 and the Maine Health Management Coalition explained the need for identifiable health information to be used by employers and providers. The sponsor

of the proposed legislation presented amended language requesting a work group be formed to further evaluate data needs. This working group would report back to the Health and Human Services Committee with its recommendations by January 20, 2012. The work session will be held on May 11th at 1:00 p.m., where the composition of the working group, the lead agency, and other factors for the group will be decided. A lengthy discussion continued and Mr. Gauvreau advised the Board to proceed carefully. Ms. Pelletreau advised the Board that there will be an audio of the work session available for anyone who wants to listen to the discussion. A motion was made and seconded to have at least one MHDO Board member on the working group. The motion carried. Mr. Rooney requested that the person(s) recommended by the Chair/Vice-Chair be someone with expertise in identifying the pros and cons for evaluating the risks involved in releasing the data. This will be discussed further at a future Board meeting.

Conflict of Interest - Paul Gauvreau provided his interpretation of the issue to the Board. He stated that if a Board member has a personal interest in a subject matter, they may be involved in the discussion of the topic; however, they should exclude themselves from a formal vote. He suggested that Board members should air on the side of caution. Mr. Gauvreau recommended that the MHDO Board adopt a "Conflict of Interest Policy", and he offered to assist the Board in doing so. He also recommended that the language be worded carefully as to not prevent the Board from taking action. Chris McCarthy asked why the Board was discussing the issue and Ms. Pelletreau stated that a Board member contacted the Chairs and asked them to consult with Mr. Gauvreau for clarification.

Executive Director Report

March 2011 Financial Summary - Mr. Prysunka stated that the Board was provided a corrected financial summary and explained that a previous calculation error had been made resulting in an understated amount in the YTD Total Expenses on the original summary sent to the Board. Mr. Prysunka reminded the Board that funds transferred from DHHS for the Prescribers Opt-In program cannot be utilized until a decision is made by the U.S. Supreme Court. It is expected that the Supreme Court will make a decision in the Vermont case by June 2011.

Compliance Report - Phil Bonneau, MHDO Compliance Officer disseminated a current compliance report, copy of Guidelines for Consideration of Fines table, and Summary of Enforcement Action for consideration in the discussion of two non-compliant payers, American Progressive Life & Health Insurance Company and Diversified Group Brokerage Corp. Mr. Bonneau also provided copies of a letter received from Diversified Administration Corp. requesting a waiver of their fine. Mr. Bonneau reminded the Board that after they adopted the guidelines for consideration of fines, amounts were reduced and that, based on their philosophy at the time, the consistency of the action of imposing

the fines was more of mitigating factor in enforcing compliance than the amount of the fine. Mr. Bonneau asked the Board how much history they wanted to see on the report in determining a fine for compliance action. Since the policy was changed in September 2009 the Board thought they should see the history from that time going forward. Therefore, Mr. Bonneau recommended a reduction in the fine amounts from \$5,000 to \$1,000. A motion was made and seconded to reduce the fines to both payers, as recommended. Motion carried. Ted Rooney commented that he would like to see a YTD total summary of fine amounts included on the report.

Data Requests/Data Status Report - The Board received a Data Request Log in their packets and Mr. Prysunka provided them with a copy of the Data Submission Schedules/ Data Availability Report. Mr. Prysunka stated that the MHDO is getting MaineCare data from two sources and that there are some minor issues that are being worked on, but should be resolved soon. Overall, the data will be more timely and the quarterly release of the data goal should occur on a consistent basis. Ted Rooney stated that he had a concern when he read the Deloitte report that the MHDO needs to beef up the operations to improve the technology to handle any glitches or unexpected events in the future. He also stated that he would like to see more of the MHDO data being used for improving the health of Maine citizens vs. market share initiatives. Mr. Prysunka stated that it has always been the policy of the Board to collect and disseminate the data collected, but that the MHDO continues to be criticized publicly for not doing more analysis with the data. It was stated that Board members should consider this when talking to stakeholders in a public forum about the MHDO and the collection and use of the data collected.

LD 572: An Act to Amend the Laws Governing the Maine Health Data Organization Relating to Retail Pharmacies - Mr. Prysunka stated that Gordon Smith, Executive Vice President of the Maine Medical Association spoke in opposition of the legislation citing that this bill would increase the other remaining providers share of the MHDO assessment fees. At the May 3rd work session, the HHS Committee voted 7 to 3 Ought Not to Pass. The bill must be considered before the full Legislature for floor debate before a final decision is made.

Chapter 10: Determination of Assessments Subcommittee Update - Anne Head, Subcommittee Chair stated there is nothing new to report as the committee is monitoring the outcome of proposed legislation LD 572.

OIT Status Report

Jim Lopatoski presented the OIT report on behalf of Brian Guerrette, noting that MaineCare Data (MIHMS) work is almost complete. Mr. Prysunka asked why the Medicare data file mapping to the Maine claims structure was put "On Hold" in the status report. After checking with Mr. Guerrette, he informed the Board that the task

is currently being worked on and that the project status was incorrectly reported. The Medicare Patient Centered Medical Home Pilot project may allow for a monthly feed of data from Medicare. A Board member questioned the significance of the color code in the status column in the report. Mr. Lopatoski will get clarification from Mr. Guerrette and make sure that it is clear in future reports. Chris McCarthy questioned the HealthCost web-site upgrade/expansion project task and asked that this be given a higher priority. Mr. Prysunka explained that there was a legal issue at the start of the contract with Muskie to do the work, but that the issue had been resolved and the project was moving forward.

Data Processing Center Report

Terri Danowski provided the Board with the current MHDPC Overdue Report and stated that the 1st quarter claims data ended on April 30, 2011. Late notices have been sent out and payers have 10 days to respond. The 1st quarter claims data should be available for release by June 30, 2011. Ms. Danowski stated that Cigna and Caremark's missing data on the Overdue Report represents a significant amount of data from the health care claims database because they are large payers.

MQF Advisory Council Update

No one was present to provide the update.

LD 1212: An Act to Improve Hospital Reporting of MRSA Data - Mr. Prysunka informed the Board that at the work session on May 4th the HHS Committee voted Ought to Pass, with amended language. Maine hospitals will no longer be required to send MRSA active surveillance testing data to the MHDO, instead they will be required to send hospital acquired MRSA data directly to the US Center for Disease Control (CDC). The Maine CDC and MHDO will be able to access the information as data users. This change is expected to take effect in February 2012.

Ms. Pelletreau advised the Board of the upcoming Massachusetts Consortium conference that will include a presentation of Massachusetts' collection of data sets and how the data is being utilized.

Public Comment

None Provided

The meeting adjourned at 10:45

AGENDA

MAINE HEALTH DATA ORGANIZATION BOARD OF DIRECTOR MEETING

June 2, 2011, 9:00 a.m.
151 Capitol Street
Augusta, Maine

Ratify Board Actions at May 5, 2011 Meeting

- ◆ Approval of April 7, 2011 Minutes
- ◆ Approval of May 2, 2011 Minutes
- ◆ Motion for an MHDO Board member to be on the data needs work group
- ◆ Motion to reduce fines for American Progressive and Diversified Group

Approval of May 5, 2011 Minutes

Chair Report

- ◆ MHDPC Service Level Agreement
- ◆ Meeting Schedule

Executive Director Report

- ◆ April 2011 Financial Summary
- ◆ Compliance Report
- ◆ Legislation
 - LD 572: An Act to Amend the Laws Governing the MHDO Relating to Retail Pharmacies
 - LD 1212: An Act to Improve Hospital Reporting of MRSA Data
 - LD 1244: An Act Regarding Payment of Medical Fees in the Workers' Compensation System
 - LD 1290: Resolve, To Promote Prevention Practices in Oral Health Care
 - LD 1467: An Act to Improve Timely Access to Health Care Data
- ◆ Data Requests/Data Status Report
- ◆ Workers' Compensation Board data fee waiver request
- ◆ MHDO Staffing
- ◆ MHDO Data Analysis

Chapter 10: Determination of Assessments Subcommittee Update

OIT Status Report

Data Processing Center Report

MQF Advisory Council Update (MAPCP)

Public Comment

Adjourn

MINUTES

MAINE HEALTH DATA ORGANIZATION
BOARD OF DIRECTORS MEETING
151 CAPITOL STREET, AUGUSTA, MAINE
THURSDAY, JUNE 2, 2011

The meeting of the Maine Health Data Organization (MHDO) Board of Directors began at 9:15 a.m. with the following Board members present: Cathy McGuire, (Chair), Katherine Pelletreau, (Vice-Chair), Poppy Arford, Jennifer Carroll, Karynlee Harrington, Anita Knopp, Neil Korsen, Garrett Martin, Eric Martinsen, Ted Rooney, and Dave Winslow. Absent members were Joe Ditré, Maryagnes Gillman, Peter Gore, Lisa Harvey-McPherson, Anne Head, Douglas Jorgensen, and Chris McCarthy.

Ratify Board Actions at May 5, 2011 Board Meeting (due to the absence of a quorum)

Approval of April 7, 2011 Minutes - A motion was made and seconded to accept the Board's approval of the April 7, 2011 minutes at the May 5th meeting. Motion carried.

Approval of May 2, 2011 Minutes - A motion was made and seconded to accept the Board's approval of the May 2, 2011 minutes at the May 5th meeting. Motion carried.

Motion for an MHDO Board member to be on the data needs work group and to reduce fines for American Progressive and Diversified Group - A motion was made and seconded to accept the two Board votes taken at the May 5th meeting, as stated in the minutes. Motion carried.

Approval of May 5, 2011 Minutes

A motion was made and seconded to accept the May 5, 2011 MHDO Board minutes as written. Motion carried with three abstentions.

Chair Report

MHDPC Service Level Agreement - Cathy McGuire informed the Board that Rider A of the Service Level Agreement is still being worked on but Rider B (the cost piece) will resume after the current legislative session ends.

Meeting Schedule - After a brief discussion, a motion was made and seconded to hold the July 7th Board meeting, to not hold a meeting in August, and to decide in September whether to continue with monthly meetings or to resume the standard schedule of meeting every other month. Motion passed.

Executive Director Report

April 2011 Financial Summary - Mr. Prysunka stated that \$26,824 has been transferred to the General Fund to help with the budget deficit. After some discussion regarding All Other Expenses line items, Mr. Prysunka assured the Board that there is a sufficient amount of money in the budget for any necessary Technology expenditures.

MHDO Board Minutes

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Compliance Report - Phil Bonneau, MHDO Compliance Officer disseminated a current compliance report and outlined two new issues. After some discussion, there was a motion and a second to reduce Arcadian Health Plans' fine to \$1,000. Motion carried. Mr. Bonneau then explained the current issue with Health Care Service Corp. and a motion was made and seconded to fine them \$5,000. After a brief mention of the fine not being severe enough, the motion unanimously passed.

LD 572: An Act to Amend the Laws Governing the MHDO Relating to Retail Pharmacies - Mr. Prysunka informed the Board that the Senate put a fiscal note on the pending legislation and that it is still being debated.

LD 1212: An Act to Improve Hospital Reporting of MRSA Data - Mr. Prysunka explained that if this LD passes, the major substantive rule Chapter 270: Uniform Reporting of Quality Data Sets will need to be changed. After some discussion regarding the necessary changes, and of the timeline, it was decided that the rulemaking process should begin at the July Board meeting.

Workers' Compensation Board (WCB) data fee waiver request - The Board reviewed the data request from the WCB and discussed the work involved, noting that this is a special request and that they were asking the MHDO to do the work. Mr. Korsen recommended that staff get clarification from the WCB on their request for average commercial payment amount vs. maximum paid amounts, as both were indicated on the Data Request Summary Form. There was a motion and a second to approve the Workers' Compensation Board's fee waiver request. Motion passed unanimously.

LD 1244: An Act Regarding Payment of Medical Fees in the Workers' Compensation System - Mr. Prysunka explained that the WCB is trying to establish a medical fee schedule for what they pay, based on the MHDO's claims data. It was stated that Medicaid already does this so there may already be a mechanism in place to capture the information they are looking for through Onpoint Health Data.

LD 1290: Resolve, To Promote Prevention Practices in Oral Health Care - Mr. Prysunka informed the Board that the MHDO is included in this resolve to provide oral health information to the Department of Health and Human Services.

LD 1467: An Act to Improve Timely Access to Health Care Data - Mr. Prysunka explained that this LD was to become a resolve to study claims data processing, content, and access. Modifications to the resolve distributed to the Board included the addition of the MQF to the group and an increase in the number of voting members of the recommended working group. Sec. 5 requires both funding and staffing to be obtained by outside entities. However, it was stated that Jim Leonard has voiced his hopes that his office, Health Information Technology, and the MHDO will fund the working group.

It was mentioned that data needs are being expressed by a host of stakeholders and a discussion ensued regarding what data is needed and if the MHDO has that data available. It was recommended that appropriate, clear uses of MHDO claims data be documented and its limitations be discussed at a Data Processing Center meeting. Karynlee Harrington stated that Patient Centered Medical Home Pilot is using MHDO data for pilot practices and that practices outside of the pilot are interested. She will forward an e-mail to Linda Adams regarding this issue, for distribution to the Board, and this will be an agenda item at the next Board meeting. Health Dialog, HDMS, and possibly others will be invited to the next Board meeting to give a presentation to help educate the Board on the issue.

Data Requests / Data Status Report - No status report was produced this month but Mr. Prysunka stated that there were not many changes. He also stated that MHDO and Onpoint have been working diligently on the MaineCare data through September 2010. The data is in and looks better, but there are certain issues that need to be fixed going forward. In addition, Dirigo/MQF and the MHDO are trying to obtain monthly Medicare data files from CMS. However, these files will be in a different format and will need to be converted to the same format as the commercial data. Karynlee Harrington stated that, if necessary, the Maine Quality Forum will pay for the conversion. There will be an update at the July Board meeting.

MHDO Staffing - Mr. Prysunka stated that as a recommendation from the Deloitte Report, he will start the process to hire a limited period position. The Board Chairs will submit a letter of support.

MHDO Data Analysis - Mr. Prysunka informed the Board that during the legislative session, he had been asked what the MHDO does. He informed those who had asked that the primary functions are data collection and distribution and was then questioned as to why we do not do more reports. The Board was asked to consider whether or not they want to expand that role and provide more reports or make more data available. A suggestion of an offsite retreat in early fall to discuss this issue, PHI, etc. was discussed and there was Board consensus.

Chapter 10: Determination of Assessments Subcommittee Update

Mr. Prysunka reported for Anne Head who had informed him that the Maine Revenue Service cannot provide the revenue information for for-profit entities. It was determined that a reasonable effort had been made, but because the information sought cannot be accessed, the Board should revisit the original request and that the Subcommittee be dissolved (depending on the outcome of LD 572). The Chair recommended documenting the process and results of the Subcommittee.

Data Processing Center Report

Janice Bourgault, Director of Data Quality and Applications at Onpoint reviewed the MHDPC Data Status Graph and Overdue Report that was disseminated to the Board.

She reported that first quarter 2011 extract is on target for submission to the MHDO on June 15 and it was stated that calendar year 2010 commercial claims data, including the MaineCare data will be available at the end of June. Phil Bonneau explained that Caremark will start populating record level data for companies for which they are submitting adjudicated claims.

Paul Gauvreau informed the Board that he will file a request for injunctive relief against Humana Insurance Company and Kanawha HealthCare Solutions, Inc., demanding delinquent data. He stated that they have paid fines for missing data, but have not submitted the outstanding data.

MQF Advisory Council Update

Karynlee Harrington informed the Board that Acting Director Ellen Schneiter has accepted a position at the University of Maine at Augusta, and if the Governor's budget is enacted as it stands, funding for the MQF would end on December 31, 2013. The MQF Director will not be replaced at this time. She stated that at an upcoming Advisory Council meeting they will discuss key priorities over the next 30 months such as the Patient Centered Medical Home Pilot, shared decision-making, and Patient Experience of Care Survey work. She also informed the Board of a Resolve to create a state advisory committee for the creation of state insurance exchanges, which the MQF will staff, along with other State agencies. They will be expected to produce a report to the Governor and the Legislature by September 1, 2011, and Ms. Harrington stated that they may consider recommending keeping the MQF in the insurance exchange.

OIT Status Report

Jim Lopatosky reviewed the OIT Project Status Report that he disseminated to the Board. There was some discussion regarding certain priorities being put on hold and issues with DataBay Resources. Mr. Lopatosky was asked to prioritize items in future reports. There was a request for an update on the recommendations from the Deloitte Report at the next Board meeting. A discussion ensued regarding talking points relating to Deloitte goals being met. It was suggested that Board members inform interested parties whenever possible that a detailed SLA with MHDPC/Onpoint is being finalized. The Management Services Agreement, which defines responsibilities, timelines and protocol with more specificity and greater efficiency, should be in effect by October 1, 2011. Also, the backlog of data has been cleared up and data delivery continues to remain on track.

Poppy Arford asked that an update on the HealthCost upgrade be put on the next Board meeting agenda.

Public Comment

None provided.

The meeting adjourned at 11:20 a.m.

AGENDA

MAINE HEALTH DATA ORGANIZATION BOARD OF DIRECTOR MEETING

July 7, 2011, 9:00 a.m.
151 Capitol Street
Augusta, Maine

Approval of June 2, 2011 Minutes

Chair Report

- ◆ MHDPC Service Level Agreement Update

Executive Director Report

- ◆ 2011 May Financial Summary
- ◆ Compliance Report
- ◆ MHDO Rules
 - Chapter 10: Determination of Assessments - Vote on Initiating Rulemaking
 - Chapter 270: Uniform Reporting System for Quality Data Sets - Vote on Initiating Rulemaking
- ◆ Maine Health Management Coalition Foundation data fee waiver request
- ◆ Legislative Update
 - L. D. 572: An Act to Amend the Laws Governing the Maine Health Data Organization
 - L. D. 1212: An Act to Improve Hospital Reporting of MRSA Data
 - L.D. 1244: An Act Regarding Payment of Medical Fees in the Workers' Compensation System
 - L.D. 1290: Resolve, To Promote Prevention Practices in Oral Health Care
 - L.D. 1467: An Act to Improve Timely Access to Health Care Data

Education Presentation (Patrick Miller, APCD Council, NH Institute for Health Policy and Practice)

Data Requests/Data Status Report

Medicare Data Conversion Update

Update on Deloitte Report Recommendations

Update on HealthCost Upgrade

OIT Status Report

Data Processing Center Report

MQF Advisory Council Update

- Patient Center Medical Home Pilot Update

Retreat Date and Agenda Items

Public Comment

Adjourn

MINUTES

MAINE HEALTH DATA ORGANIZATION
BOARD OF DIRECTORS MEETING
151 CAPITOL STREET, AUGUSTA, MAINE
THURSDAY, JULY 7, 2011

The meeting of the Maine Health Data Organization (MHDO) Board of Directors began at 9:05 a.m. with the following Board members present: Cathy McGuire, (Chair), Katherine Pelletreau, (Vice-Chair), Poppy Arford, Joe Ditré, Maryagnes Gillman, Douglas Jorgensen, Anita Knopp, Garrett Martin, Eric Martinsen, and Ted Rooney. Absent members were Jennifer Carroll, Peter Gore, Karynlee Harrington, Anne Head, Lisa Harvey-McPherson, Neil Korsen, Chris McCarthy, and Dave Winslow.

Approval of June 2, 2011 Minutes

A motion was made and seconded to accept the June 2, 2011, MHDO Board minutes as written. Motion carried with one abstention.

Chair Report

MHDPC Service Level Agreement Update - On behalf of the Executive Committee, Cathy McGuire recommended the MHDO to go out to bid for the all-payer claims database work, to start January 1, 2013. Beginning in October an interim contract will be in effect with Onpoint. There was a motion that the MHDO Board explore development of an RFP around the claims databank. It was stated that clear expectations and performance responsibilities should be included. The motion was seconded and passed with 1 abstention. The RFP should be released between January and March 2012.

Another motion was made to authorize the committee to work with Onpoint relative to making a functional working relation with the all claims database for the 15 month period. It was reiterated that expectations and performance responsibilities should be made clear. The motion passed unanimously. Ms. McGuire stated that DPC Board and the MHDO Board need to sign the agreement and that the contract negotiation team is working with a facilitator.

Executive Director Report

Financial Summary - The Board received the May financial summary and Alan Prysunka stated that there are no budget issues to report.

Compliance Report - Phil Bonneau, MHDO Compliance Officer disseminated a current compliance report and recommended the Board approve referrals to the Attorney General's Office for two entities delinquent in submitting their claims data. There was a motion and a second to refer Tufts Benefit Administrators, Inc. and UltraBenefits, Inc. to the Attorney General's Office for non-compliant data. After brief mention of a Board member's objection to the low fine schedule, the motion passed unanimously.

Chapter 10: Determination of Assessments - Mr. Prysunka provided the Board with five options to resolve the issue of non-hospital health care facility assessments no longer generating their 11.5% share of annual assessments. After recommending two out of

the five options, there was a motion and a second to go with Case 3, which includes no caps; adjusted individual proportions; and keeping the current 11.5% share. The motion passed with 3 abstentions.

Paul Gauvreau, Assistant Attorney General stated that because LD 572: An Act to Amend the Laws Governing the MHDO Relating to Retail Pharmacies becomes effective at the end of September 2011, pharmacy assessments would need to be pro-rated, and it would not be beneficial to the MHDO, for such a short period of time (July through September).

Chapter 270: Uniform Reporting System for Quality Data Sets - After some discussion regarding the proposed rule changes, a motion was made to proceed with rulemaking as proposed. The motion was seconded and passed with one Board member opposed. The opposition was due to the fact that the proposed changes replace a system which provided the hospitals with more information based on surveillance of their patient populations by category. The new system seems less informative although more expedient.

Maine Health Management Coalition Foundation (MHMC-F) Data Fee Waiver Request - Mr. Prysunka stated that this data request does not meet the waiver criteria of MHDO's Chapter 50 rules. They did not provide any information showing an inability to pay for the data and there was no definitive information on the analysis being publicly accessible or on making the data available in the public domain. A lengthy discussion ensued regarding the granting of past waiver requests and on clarification of who will actually use the data, the Foundation or the Coalition. A motion was made that the Board express their desire to work with the Maine Health Management Coalition in support of their project. In order to grant the waiver the MHDO needs additional information on how the MHMC-F plans to meet the requirements of Section 7 B of 90-590 MHDO Chapter 50. The motion was seconded and passed with 6 in favor, 1 opposed, and 3 abstentions.

Legislative Update - Mr. Prysunka reported that L. D. 572: An Act to Amend the Laws Governing the Maine Health Data Organization, L. D. 1212: An Act to Improve Hospital Reporting of MRSA Data, and L.D. 1244: An Act Regarding Payment of Medical Fees in the Workers' Compensation System all passed; L.D. 1290: Resolve, To Promote Prevention Practices in Oral Health Care was vetoed; and L.D. 1467: An Act to Improve Timely Access to Health Care Data was on the Governor's desk, awaiting his signature.

Education Presentation - Patrick Miller, Research Associate Professor at the University of New Hampshire and Chair of the All-Payer Claims Data (APCD) Council began his presentation by giving the Board some background information on the APCD Council. He displayed a map of each states' APCD progress by stage of implementation and explained what datasets are being collected. Mr. Miller explained the various uses of the APCD data nationally, stating that the New Hampshire Medical Home Pilot Council has begun to look at uses of data across the country and they are using the data to make comparisons.

MHDO Board Minutes

July 7, 2011

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He also explained the issues being worked on with the new APCD 2.0. He spoke about data collection and release standards, collection of direct patient identifiers for linkage of APCD and health information exchange data, the collection of premium information and the creation of a master provider index. Mr. Prysunka will send copies of the slides to the Board members.

Due to time restraints, the following topics were tabled: Data Requests/Data Status Report, Medicare Data Conversion Update, Update on Deloitte Report Recommendations, and the Update on HealthCost Upgrade.

OIT Status Report

Jim Lopatosky disseminated an OIT Status Report and stated that releasing the quarterly claims data has been the priority and that MaineCare data is being processed for transfer.

Data Processing Center Report

Janice Bourgault provided the Board with an MHDPC Overdue Report, a Data Status Graph, and an Onpoint Health Data Transmittal Report. She stated that incorporating monthly data submissions would eliminate the time lag shown on the Overdue Report. She also stated that the Status graphs show a large decline in May due to submissions that were scheduled to come in that week. The Board asked that the graphs be revised/cut back to eliminate showing the huge decline on every report. Ms. Bourgault also explained the newly created Transmittal Report that Onpoint is now sending out with all data requests.

MQF Advisory Council Update

No one was present to give the Maine Quality Forum Advisory Council update.

Retreat Date and Agenda Items

Linda Adams will coordinate with Mr. Prysunka and Board members to schedule the fall retreat.

Public Comment

None provided.

It was stated that the Board should be proactive in helping entities who request data and Mr. Prysunka was asked bring a revised data request application to the Board in September. The Board also asked that staff at the Office of Information Technology provide an update on any progress towards tracking the number people who view the Health Cost web site.

The meeting adjourned at 12:05 p.m.

AGENDA

MAINE HEALTH DATA ORGANIZATION BOARD OF DIRECTOR MEETING

September 1, 2011, 9:00 a.m.
151 Capitol Street
Augusta, Maine

Public Hearing on Chapter 270: Uniform Reporting of Quality Data Sets

Approval of July 7, 2011 Minutes

Chair Report

- ◆ MHDPC Service Level Agreement Update

Executive Director Report

- ◆ June and July 2011 Financial Summary/Provider Opt-In Revenue Status
- ◆ Compliance Report
- ◆ Data Requests/Data Status Report
- ◆ Maine Health Management Coalition Foundation Data Fee Waiver Request
- ◆ DHHS, Maine Cancer Registry Public Health Exception Data Request
- ◆ L.D. 1467: An Act to Improve Timely Access to Health Care Data
Update/Request to Fund
- ◆ Medicare Data Conversion Update
- ◆ Update on Deloitte Report Recommendations

Presentation - Health InfoNet Patient/Member Linkage Project

Update on HealthCost Upgrade

Retreat Agenda Items

Data Processing Center Report

MQF Advisory Council Update

Public Comment

Adjourn

MINUTES

MAINE HEALTH DATA ORGANIZATION
BOARD OF DIRECTORS MEETING
151 CAPITOL STREET, AUGUSTA, MAINE
THURSDAY, SEPTEMBER 1, 2011

The meeting of the Maine Health Data Organization (MHDO) Board of Directors began at 9:30 a.m. after a Public Hearing on Chapter 270: Uniform Reporting System for Quality Data Sets. The following Board members were present: Cathy McGuire, (Chair), Katherine Pelletreau, (Vice-Chair), Poppy Arford, Maryagnes Gillman, Peter Gore, Lisa Harvey-McPherson, Anne Head, Douglas Jorgensen, Anita Knopp, Jim Leonard, Eric Martinsen, Chris McCarthy, and Ted Rooney. Absent members were Jennifer Carroll, Joe Ditré, Karynlee Harrington, Neil Korsen, Garrett Martin, and David Winslow.

Approval of July 7, 2011 Minutes

A motion was made and seconded to accept the July 7, 2011, MHDO Board minutes as written. Motion carried.

Chair Report

MHDPC Service Level Agreement Update - Cathy McGuire informed the Board that an agreement had been reached, and there will be a Data Processing Center meeting on Thursday, September 8, 2011 to ratify the agreement. Katherine Pelletreau added that Onpoint Health Data has agreed to continue their work for the same amount of money as last year, while an RFP is being produced.

Executive Director Report

Financial Summary/Provider Opt-In Revenue Status - The Board had received a copy of the judgment from the U.S. District Court stating that Maine's provider opt-in legislation is unconstitutional. The judgment also states that the Court will determine entitlement and the amount of legal fees to be awarded to the prevailing parties. At this point in time it is unclear how much of the approximately \$870,000 will go toward the plaintiff's legal fees. The Maine Department of Health and Human Services will discontinue assessing annual fees to manufacturers, and the law will need to be repealed by the Legislature.

Staff at Governor LePage's Office contacted Executive Director Alan Prysunka regarding their opposition to the assessment increases proposed in Chapter 10: Determination of Assessments. The Board discussed the MHDO's budget and ways to make up for the anticipated loss of revenue. The Board requested that if an issue arises with a budget line item that Mr. Prysunka provide an explanation of the cause and the pending outcome.

The topic of prioritizing upcoming projects and matching them with anticipated expenditures led to a discussion on zero based budgeting. State departments have been notified of their participation in zero based budgeting, but not independent agencies. Anne Head updated the Board on the information she has been given regarding zero based budgeting. A recommendation was made and accepted by the Board that Anne Head informally communicate to the Administration that the Board plans to move forward as an independent agency with the understanding of the Administration's goal of having every state agency review its budget.

Compliance Report - After an update and a recommendation from MHDO Compliance Officer Phil Bonneau, a motion was made and seconded to refer United Concordia Companies, Inc. to the Office of Attorney General for non-compliant claims data. The motion passed unanimously.

Maine Health Management Coalition Foundation Data Fee Waiver Request - Mike DeLorenzo, MHMC Director of Health Analytics introduced Elizabeth Mitchell, CEO of MHMC and Foundation Board member Dr. Barbara Crowley. They were present to explain their plans to meet the public reporting requirements of the MHDO Chapter 50 provisions, as requested at the September Board meeting. They stated that the data they are requesting will be used for public reporting to increase the level of information to consumers and that the Foundation's mission is exclusively for putting data in public domain. After some discussion, a motion was made and seconded to approve the request with the condition that in May of each year of the requested data, the Maine Health Management Coalition Foundation will update the Board on public reporting, per the schedule they have established. It was stated that if no public reporting has been done by May then they should be prepared to show what progress has been made towards that end. The motion passed with 1 abstention.

DHHS, Maine Cancer Registry Public Health Exception Data Request - Mr. Prysunka explained the terms and requirements of the public health exception in the MHDO data release rules, which allow for the possibility of releasing identifying data to the Department of Health and Human Services. Dr. Molly Scwhenn, Medical Director at the ME CDC Cancer Registry, was present to give the Board an overview of the Maine Cancer Registry project to link individuals in the state cancer registry to claims in the Maine all-payer claims database; with the findings being presented to the US CDC. After Board discussion, a motion was made to grant the request, conditioned upon the Maine CDC's compliance with the public health exception requirements in accordance with the MHDO guidelines. The motion was seconded and passed unanimously.

L.D. 1467: An Act to Improve Timely Access to Health Care Data Update/Request to Fund - Mr. Prysunka explained that a workgroup was to be created from the Resolve,

To Evaluate the All-payor Claims Database, which Jim Leonard was charged with implementing. Mr. Leonard gave the Board some background information on what the Health Data workgroup had done last year and explained the three things the Resolve seeks to do: 1. extend the Health Data workgroup to bring forward recommendations to the Legislature in a report due to the Health and Human Services Committee by the end of January 2012, of Maine's health data needs, including the use of the all-payor claims database; 2. evaluate the availability of protected health information within existing data structures; and 3. look more closely at the statewide health information exchange, HealthInfoNet, which collects data from electronic health records systems, as a new source of information to provide insight on health needs, and combine that resource with what the MHDO has been doing, to work in a more effective and efficient way.

At the Legislative hearings, it was requested that this be a facilitated process and Mr. Leonard recommended that the Hanley Center be used for this purpose. He has requested that two state agencies (Maine Quality Forum and MHDO) that will be directly involved as part of the standing group, share financial responsibility of the facilitated process. Their share would be \$10,000 each. Four other primary non-state organizations (Onpoint, HealthInfoNet, Maine Health Management Coalition and the Association of Health Plans) have been approached and Onpoint has fully committed to the financial aspect and of the senior leadership to participate in the process. The budget was discussed and Mr. Leonard handed out an expense breakdown to the Board. There was a motion and a second to conditionally approve funds if all other funds are raised. The lack of consumer representation was noted and it was stated that consumers are not adequately being represented, which Mr. Leonard agreed to take into consideration. The motion was called and passed with 9 in favor, 1 opposed, and with 1 abstention.

Data Requests / Data Status Report - Mr. Prysunka reported that there was an issue with the September MaineCare eligibility files submission which resulted in incomplete data being released. They are working on a resolution, and all other APCD data is currently up-to-date.

Medicare Data Conversion Update - Mr. Prysunka stated that the MHDO is close to receiving data submissions on a monthly basis and informed the Board that monthly submissions are not as clean as annual submissions so there may be limitations. He also stated that the mapping 2007 and 2008 update is almost complete.

Update on Deloitte Report Recommendations and HealthCost Upgrade - Due to time constraints, these issues were tabled until the November meeting.

HealthInfoNet Patient/Member Linkage Project

Dev Culver attended the meeting to discuss the proposal the Board had received in their packets for HealthInfoNet to work with the MHDO to test the technical feasibility of linking clinical data with the Claims database. He assured the Board that the data they will be working with will not be released beyond this project. Mr. Culver was asked to report on their progress at the January Board meeting and a motion was made and seconded to proceed with project. The motion unanimously passed.

Retreat Agenda Items

The tentative date for the Board retreat is Thursday, October 27 and it will be held at the Maine State Armory in Augusta.

Data Processing Center Report

The Board received the standard graphs with some modifications, as requested at the last Board meeting. Jim Harrison, explained the improvements to the submissions graph noting the addition of benchmark target information, historical 18 months calculated average, etc. A discussion ensued regarding the Overdue Report and the issues surrounding the large payors who are delinquent in submitting their data.

MQF Advisory Council Update

No one was present to give the MQF Advisory Council Update.

Public Comment

None provided.

The meeting adjourned at 11:45 a.m.

AGENDA

MAINE HEALTH DATA ORGANIZATION BOARD OF DIRECTOR MEETING

November 3, 2011, 9:00 a.m.
151 Capitol Street
Augusta, Maine

Approval of September 1, 2011 Minutes

Chair Report

- ◆ Board Retreat Summary and Action Items

Executive Director Report

- ◆ 2011 Financial Summary
- ◆ Compliance Report
- ◆ Data Requests/Data Status Report
- ◆ Maine Medical Center Waiver Request (Nursing Culture of Safety Survey data)
- ◆ Maine Legislature/DHHS/Medical Care Development Medical ED Claims/Dental Claims Data Request Waiver
- ◆ MHDO Rules
 - Chapter 270: Uniform Reporting System for Quality Data Sets - provisional adoption
 - Chapter 270: Uniform Reporting System for Quality Data Sets - modify statute to make rules routine technical
- ◆ Update on hospital database rebuild
- ◆ Update on Deloitte Report recommendations
- ◆ Update on MONAHRQ (Version 2)
- ◆ Update on the HealthCost upgrade

Maine Health Data Processing Center Report

MQF Advisory Council Update

Public Comment

Adjourn

MINUTES

MAINE HEALTH DATA ORGANIZATION
BOARD OF DIRECTORS MEETING
151 CAPITOL STREET, AUGUSTA, MAINE
THURSDAY, NOVEMBER 3, 2011

The meeting of the Maine Health Data Organization (MHDO) Board of Directors began at 9:05 a.m. with the following Board members present: Cathy McGuire, (Chair), Katherine Pelletreau, (Vice-Chair), Poppy Arford, Maryagnes Gillman, Lisa Harvey-McPherson, Anita Knopp, Neil Korsen, Garrett Martin, Eric Martinsen, and Dave Winslow. Absent members were Jennifer Carroll, Joe Ditré, Peter Gore, Karynlee Harrington, Anne Head, Douglas Jorgensen, Jim Leonard, Chris McCarthy, and Ted Rooney.

Approval of September 1, 2011 Minutes

The MHDO Board approved the September 1, 2011, MHDO Board minutes as written.

Executive Director Report

Compliance Report - Phil Bonneau, MHDO Compliance Officer disseminated a current compliance report for Board review. After a brief update from Mr. Bonneau, a motion was made and seconded to refer Diversified Group Brokerage Corp. to the Attorney General's Office for non-compliant claims data submissions. Motion carried. He then explained the ongoing issue with Magellan Behavioral Health Systems, and a motion was made and seconded to enforce the \$5,000 fine for non-compliant claims data submissions. The motion passed unanimously. The Board then discussed Tufts Benefits Administrators' outstanding claims data submissions and a motion was made that the \$5,000 fine be enforced. The motion was seconded and passed with one abstention. United Condordia Companies non-compliant claims data submissions was discussed and a motion was made to assess a \$5,000 fine. The motion was seconded and unanimously passed. The Board requested that when they are being asked to consider fines that they receive information on the percentage of volume the company produces, to help determine the appropriateness of the fine.

Maine Medical Center Waiver Request (Nursing Culture of Safety Survey data) -

Susan Schow explained the reason for Maine Medical Center's request for a waiver of their 2011 survey data submission, and recommended that the Board grant the waiver. A motion was made and seconded to grant Maine Medical Center's waiver request. The motion carried with one abstention.

Maine Legislature/DHHS/Medical Care Development Medical ED Claims/Dental Claims Data Request Waiver - Mr. Prysunka explained the background of this data request and a motion was made and seconded to grant the waiver request. The motion passed unanimously.

Update on MONAHRQ (Version 2.02) - Susan Schow explained the improvements in Version 2.02 of MONAHRQ and provided a draft memo to be sent to hospitals informing them of these updates. The memo also provides a link that will allow hospitals the opportunity to review the web site before it is publicly available. Ms. Schow asked the Board to approve this process for all future updates; of which there were no objections. Linda Adams will e-mail the link to the test site to the Board when it is ready.

Chapter 270: Uniform Reporting System for Quality Data Sets (provisional adoption) - Susan Schow updated the Board on the changes made to Chapter 270 as a result of the comments received at the public hearing. There was a motion and a second that the Board provisionally adopt Chapter 270 with the changes. Motion carried.

Chapter 270: Uniform Reporting System for Quality Data Sets - modify statute to make rules routine technical - Mr. Prysunka stated that given the lengthy agenda he would explain at a future meeting the reasons for requesting that the Board approve modifying the MHDO statute to change Chapter 270 rules from major substantive to routine technical.

Chair Report

Board Retreat Summary and Action Items - Chairwoman Cathy McGuire reviewed the documents that the Board had recently received via e-mail. She and Ms. Pelletreau explained the discussions that took place regarding the decision around downsizing the Board to 11 members. There was some discussion of the timing of the changes, on tightening language regarding consumer representatives, and on allowing professional organizations to continue recommending nominees. It was stated that the Board would be dissolved and recreated, and language drafted to require 50% of current Board members be reinstated during the transition period. It was agreed that the Board would have discretion to convene a Provider Advisory Committee once or twice a year as needed, with at least one of the provider board member being part of the Committee. After much input from Board members, a motion was made to accept the recommended Board structure; to have the Director craft legislation to present to the Board with transitional language stating that at least 50% of the current Board members remain on the new Board, and language that a provider advisory group with at least one provider member to act as liaison. There was more discussion regarding consumer representation and it was agreed that the current Consumer representatives, Legal Counsel Paul Gauvreau, and Chairwoman Cathy McGuire will discuss the issue via a conference call, before the next Board meeting. A friendly amendment was added that one sitting Board member from each category will remain on the Board. The motion was seconded and after further discussion the motion passed with one Board member opposed. It was also stated that pending appointments will be put on hold.

Next, the Powers and Duties of the Board handout, which lists Board and staff functions was discussed. It was noted that the MHDO statute mentions the Board and the Organization but it is not clear if Organization includes the Board or just refers to MHDO staff. Mr. Prysunka and Mr. Gauvreau will work together to clarify this. Mr. Prysunka will draft statutory changes to clarify Board and staff roles as discussed and will bring the proposed language revisions to the next meeting for Board review.

The next two Board meetings will be held on December 1, 2011 and January 5, 2012.

Eric Martinsen has announced that he has resigned from the Board and Cathy McGuire announced that she will be resigning at end of her term in December. The Board was asked to contact Mr. Prysunka with any nominations or requests for Board Chair and Vice-Chair for a vote at the next meeting.

Financial Summary - Mr. Prysunka noted that there have been no decisions yet on what will happen to the opt-in money transferred from DHHS, or regarding any legal fees resulting from the court case. Mr. Bonneau informed the Board that almost all of the assessments for this year have already been paid.

Data Requests / Data Status Report - The Board received a Data Status Report in their packets. Mr. Prysunka informed the Board that second quarter claims data has been released. He also stated that there are some issues currently being worked on with MaineCare data. Mr. Prysunka was informed by CMS that the MHDO cannot receive Medicare data on a monthly basis to be used in the claims database and will have to go back to waiting one and a half years for the data. He plans to speak with members of the Congressional staff regarding the issue.

The Board discussed having an informational presentation in the spring from Quality Counts regarding the Community Care Teams project.

Update on Hospital Database Rebuild - Mr. Prysunka informed the Board that the rebuild is almost complete but one issue currently being resolved is the loading of the data, which takes an excessive amount of time. However, staff is close to having the 2010 Hospital Inpatient and Outpatient data available for release.

Update on Deloitte Report recommendations - The Board discussed a Deloitte Report recommendation to establish ongoing regular meetings with Onpoint, which is now also a requirement of the Service Agreement. Mr. Prysunka stated that scheduling of these meetings has not yet been coordinated but will be in the near future.

Data Processing Center Report

Janice Bourgault distributed a MHDPC Project Status report and reviewed each of the projects with the Board. A discussion ensued regarding the implementation of approximately 100 new data quality edits that will become effective February 1, 2012. The Board requested copies of the notice to payers as well as updates on evaluations being done prior to the effective date, for use in discussions on the issue going forward.

Ms. Bourgault also disseminated the standard submissions graphs and Overdue Reports, which she reviewed with the Board. Phil Bonneau informed them that Anthem Blue Cross Blue Shield is planning to consolidate their warehouses into one national data warehouse and during that process will be out of compliance for a six month period of time, which will result in the data being in arrears by two quarters. It was agreed that communication should be sent to data users regarding this issue; an issue with Medicare C, which Mr. Prysunka explained; and the current MaineCare issues. Mr. Prysunka stated that it is common practice to notify affected parties whenever there is a significant issue that they need to be made aware of, and he will provide follow-up to Board.

MQF Advisory Council Update

No one was present to give the MQF Advisory Council Update.

Public Comment

None provided.

Update on the HealthCost upgrade - Kim Wing gave a presentation on the HealthCost upgrade, showing the site as it currently looks. She gave a brief overview of the additional procedures and categories that will be listed on the web site and stated that combined payments will be broken down by amounts paid to facilities and to practitioners by the insurance company, excluding patient contribution. The enhancements should be available to the public at the beginning of 2012.

There was some discussion on the next steps, which would be to add links to quality data and the possibility of contacting and linking with MHMC's Get Better Maine was mentioned. It was also recommended that a consumer focus group review the web site before it goes live. Ms. Wing also displayed the new MONAHRQ site and gave a brief overview.

The meeting adjourned at 12:25 p.m.

AGENDA

MAINE HEALTH DATA ORGANIZATION BOARD OF DIRECTOR MEETING

December 1, 2011, 9:00 a.m.
151 Capitol Street
Augusta, Maine

Approval of November 3, 2011 Minutes

Chair Report

- ◆ Board Chair Vote
- ◆ Board Vice-Chair Vote

LD 1467 Workplan (Jim Leonard)

Executive Director Report

- ◆ October 2011 Financial Summary
- ◆ Compliance Report
- ◆ Data Requests/Data Status Report
- ◆ Medicare/MaineCare Data Status
- ◆ Legislation
 - An Act to Amend the Laws Governing the Maine Health Data Organization - proposed changes
- ◆ MHDO Rules
 - Chapter 270: Uniform Reporting System for Quality Data Sets - modify statute to make rules routine technical
- ◆ University of New Hampshire Data Fee Waiver Request

Data Processing Center Report

MQF Advisory Council Update

Public Comment

Adjourn

MINUTES

MAINE HEALTH DATA ORGANIZATION
BOARD OF DIRECTORS MEETING
151 CAPITOL STREET, AUGUSTA, MAINE
THURSDAY, DECEMBER 1, 2011

The meeting of the Maine Health Data Organization (MHDO) Board of Directors began at 9:05 a.m. with the following Board members present: Cathy McGuire, (Chair), Katherine Pelletreau, (Vice-Chair), Poppy Arford, Maryagnes Gillman, Peter Gore, Karynlee Harrington, Anne Head, Douglas Jorgensen, Anita Knopp, Neil Korsen, Jim Leonard, and Chris McCarthy. Absent members were Jennifer Carroll, Joe Ditré, Lisa Harvey-McPherson, Garrett Martin, Ted Rooney, and Dave Winslow.

Approval of November 3, 2011 Minutes

A motion was made and seconded to accept the November 3, 2011, MHDO Board minutes as written. Motion carried.

Chair Report

Board Chair Vote - A motion was made to accept a nomination made for Katherine Pelletreau as Chair. The motion was seconded and passed unanimously.

Board Vice-Chair Vote - A motion was made and seconded to accept a nomination of Anne Head as vice-chair. The motion passed unanimously.

LD 1467 Work Plan (Jim Leonard)

Jim Leonard distributed copies of the L.D. 1467 Resolve, To Evaluate the All Payor Claims Database System for the State; copies of the work plan drafted as a result of the Resolve; and the Resolve Project Plan Draft Outline. He stated that principles have been established to frame up the work plan, which focuses on availability and use of data to understand the cost and quality performance of Maine's health system. Mr. Leonard will present to the Legislature on January 10, 2012, a detailed outline of what the work group has learned about the challenges that are ahead and how to address those issues. The work group will not meet the January 31, 2012 deadline of reporting recommendations to the Health and Human Services Committee, but will continue their work and make their recommendations in 2013. It was noted that the work plan does not provide any emphasis on market-based models or on access to cost of care information prior to receiving services. Mr. Leonard stated that this was an oversight which will be corrected.

Mr. Leonard stated that HealthInfoNet has started working on the merging of clinical and administrative data. An upcoming meeting will be held with core individuals, including members of a DHHS Quality Improvement group, MQF/Dirigo Health Agency's

epidemiologist, and Assistant Attorney Generals Tom Bradley and Paul Gauvreau will participate in the area of protected health information.

It was suggested that the work plan include data needs to support the health insurance exchange, and a financial analysis to ensure a cost efficient model going forward. Mr. Leonard agreed that both suggestions should be looked at by the work group, providing the resources are available to do so.

Karynlee Harrington informed the Board of a work group that is creating a practitioner database to be incorporated in the final report.

Mr. Leonard will provide quarterly updates to the Board and was asked to send supporting documentation in advance of the updates.

Executive Director Report

Financial Summary - Al Prysunka stated that there are no current issues with budget or revenues and that most of the assessments have been received.

Compliance Report - Phil Bonneau reported on the delinquency of CBA Blue's outstanding claims datasets. Upon recommendation from Mr. Bonneau, a motion was made and seconded to refer CBA Blue to the Attorney General's Office for a third stage compliance letter. There was some discussion regarding the size of the entity and the volume of missing data. It was reiterated that the amount of fines may be too low to be effective. Motion carried.

Data Status Report - Mr. Prysunka informed the Board that the rebuild of hospital database is almost complete and that the most current Inpatient and Outpatient data should be available in the next few weeks. The claims data is up-to-date, with the exception of Medicare data.

Medicare/MaineCare Data Status - Mr. Prysunka informed the Board that he will talk to CMS about not being able to receive Medicare data monthly. He also stated that there are quality issues with MaineCare eligibility files and Karynlee Harrington stated that the Patient Care Medical Home pilot is not able to run practice reports without quality MaineCare data. Mr. Prysunka will be working with MaineCare staff to find a resolution.

University of New Hampshire Data Fee Waiver Request - Mr. Prysunka stated that he will contact the appropriate people at UNH to gather more information regarding their fee waiver request. The Board discussed what information is required to assist them in making an informed decision when asked to vote on waiver requests, and Poppy Arford

will draft a form that can be used for this purpose going forward. Chris McCarthy will review the draft and it will be shared with the Board at their next meeting.

An Act to Amend the Laws Governing the MHDO proposed changes including modifying Chapter 270: Uniform Reporting System for Quality Data Sets from major substantive to routine technical - Mr. Prysunka summarized the proposed changes on the draft legislation that was distributed. The Board discussed the proposal to reduce the size of the Board from 21 to 11 members, and the effectiveness of establishing a Practitioner Advisory Committee. It was stated that the roles of the Advisory Committee would need to be clarified.

There was a discussion regarding the executive director serving at the pleasure of the Board and being subject to Civil Service Law, also on changing "board" to "organization" in the statute. It was agreed the term Organization would be clearly defined.

The Board received draft language that had been prepared by the Board's consumer representatives regarding consumer membership, which included a proposal to establish a Consumer Advisory Council. Assistant Attorney General and Board Legal Counsel Paul Gauvreau informed the Board of what would be required to create an advisory council and an alternative suggestion was to have an Ad hoc group. The consumer representatives will meet again to further discuss the issue.

Mr. Prysunka recommended adding statutory language that would change Chapter 270 from major substantive rules to routine technical. Board consensus was that Mr. Prysunka should proceed with this recommendation.

No vote was taken on the draft legislation pending further discussions on all the issues raised. Everyone was welcomed to join in the conversations regarding consumer representation, Board structure, powers of the Board, personnel issues, etc. and any alternative to what was proposed should be submitted in writing by December 9 to Mr. Prysunka to allow time for a new draft to be discussed at the January 5, 2012 Board meeting.

A discussion ensued regarding the possibility of having the legislation be a Governor's bill and it was suggested that it may be more appropriate for the legislation to be introduced under a joint order of the Health and Human Services Committee. Katherine Pelletreau offered to speak with the Committee co-chairs and it was stated that language, and approval from the Committee co-chairs would need to be in place by the end of January.

Data Processing Center Report

Janice Bourgault reviewed the MHDPC Overdue Report and Data Status Graph that she handed out to the Board. She explained that the third quarter extracts due to the MHDO are on track and that payors have been notified of the new data quality edits that will become effective on February 1, 2012. She informed the Board that Phil Bonneau is working with Onpoint to revise the annual payer registration form, and that the first managers meeting was held this past week, as recommended in the Deloitte Report.

MQF Advisory Council Update

Karynlee Harrington informed the Board of a work group that is developing a pilot on shared decision making. There is also a group working on a patient experience of care survey whose goal is to get surveys out to patients by spring next year.

Ms. Harrington mentioned a data mapping document that catalogs all measures currently being collected to be used in evaluating the Chapter 270 rules. The MQF Advisory Council will be reviewing recommendations from the work group and will come to the MHDO Board with some recommendations by July 2012. The data mapping document is available on the Dirigo Health Agency web site.

Ms. Harrington informed the Board that Maine was recently notified that they have received a \$5.9 million Federal establishment grant for the health insurance exchange. The Maine Quality Forum is working with the Administration to move the process forward.

Public Comment

None provided.

The meeting adjourned at 11:30 a.m.



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
287-6724

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., Chapter 1683, §8704, sub-§4 and §8708

DATE AND PLACE OF PUBLIC HEARING: November 4, 2010, 9:00 A.M.
Maine Health Data Organization
151 Capitol Street
Augusta, ME 04333

COMMENT DEADLINE: November 15, 2010

PRINCIPAL REASON OR PURPOSE FOR PROPOSING THIS RULE: This proposed rule change will reduce the filing period from 90 days to 30 days for hospital inpatient discharge and hospital outpatient service records following the calendar quarter in which the discharge or service occurred. It also removes the option of filing the data files in diskette, CD-ROM or DVD media. **This rule will not have a fiscal impact on municipalities, counties or small businesses.**

ANALYSIS AND EXPECTED OPERATION OF THE RULE: It is anticipated that the hospital data that the MHDO collects and is made available to the public will be more timely.

FISCAL IMPACT OF THE RULE: There is no fiscal impact on state municipalities, counties or businesses.

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

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 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
287-6724

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., Chapter 1683, §8704, sub-§4 and §8708

DATE AND PLACE OF PUBLIC HEARING: March 3, 2011, 9:00 A.M.
Maine Health Data Organization
151 Capitol Street
Augusta, ME 04333

COMMENT DEADLINE: March 14, 2011

PRINCIPAL REASON OR PURPOSE FOR PROPOSING THIS RULE: This proposed rule change will reduce the filing period from 90 days to 60 days for hospital inpatient discharge and hospital outpatient service records following the calendar quarter in which the discharge or service occurred. It also removes the option of filing the data files in diskette, CD-ROM or DVD media. **This rule will not have a fiscal impact on municipalities, counties or small businesses.**

ANALYSIS AND EXPECTED OPERATION OF THE RULE: It is anticipated that the hospital data that the MHDO collects and is made available to the public will be more timely.

FISCAL IMPACT OF THE RULE: There is no fiscal impact on state municipalities, counties or businesses.

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

ECONOMIC IMPACT, WHETHER OR NOT QUANTIFIABLE IN MONETARY TERMS:

INDIVIDUALS OR GROUPS AFFECTED AND HOW THEY WILL BE AFFECTED:

BENEFITS OF THE RULE:

APPENDIX C

**Maine Health Data Organization
Report to the Joint Standing Committee on Health and Human Services
Requested Data for Calendar Year 2011**

Affiliation	Purpose
Abbott	The current Maine Prescriber data will be used to identify those Maine prescribers seeking confidentiality protection with the Maine Health Data Organization pursuant to 22 MRSA 1711E sub-§4 and 22 MRSA 8713.
Alcon Laboratories	The current Maine Prescriber data will be used to identify those Maine prescribers seeking confidentiality protection with the Maine Health Data Organization pursuant to 22 MRSA 1711E sub-§4 and 22 MRSA 8713.
Amgen, Inc.	The current Maine Prescriber data will be used to identify those Maine prescribers seeking confidentiality protection with the Maine Health Data Organization pursuant to 22 MRSA 1711E sub-§4 and 22 MRSA 8713.
Associated Press	The 2005 to 2010 unrestricted hospital inpatient data will be used in a news story on newborns with drug withdrawal syndrome.
Astellas Pharma US, Inc.	The current Maine Prescriber data will be used to identify those Maine prescribers seeking confidentiality protection with the Maine Health Data Organization pursuant to 22 MRSA 1711E sub-§4 and 22 MRSA 8713.
Bristol-Myers Squibb, Co.	The current Maine Prescriber data will be used to identify those Maine prescribers seeking confidentiality protection with the Maine Health Data Organization pursuant to 22 MRSA 1711E sub-§4 and 22 MRSA 8713.
Catholic Health East, Newtown Sq., PA *	The 2010 - 2012 Inpatient data will be used to assist Catholic Health East and Mercy Hospital in the planning, marketing and strategic management process.
Celgene Corporation	The current prescriber data will be used to identify Maine prescribers seeking confidentiality protection with the Maine Health Data Organization pursuant to 22 MRSA 1711E sub-§4 and 22 MRSA 8713.
Central Maine Healthcare *	The 2010 - 2012 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.
Children's Hospital - Boston	The 2008 and 2009 restricted Maine Hospital Inpatient data will be used to expand the New England Pediatric Trauma Database to allow broader analysis of the effect of socioeconomic status on pediatric injury and illness
DHHS, MaineCare	The 2010 custom unrestricted data report which includes count of individuals by age cohort with specific medications prescribed, as well as a count of total patient enrollment will be used to understand the scope of use of specific drugs in MaineCare and non-MaineCare population.
Dirigo Health Agency	The 2008 - 2010 Restricted Medical, Pharmacy, Dental and Member Eligibility data sets will be used in planning for the implementation of a health insurance exchange.
Dirigo Health Agency, Quality Forum	The 2008 - 2012 restricted Medical and Pharmacy: Claims, Eligibility, Provider, Provider Master and all ancillary associated files including all identifiable practitioner fields will be used by Muskie School of Public Service in a formal evaluation to measure the impact of the Patient-Centered Medical home model on healthcare quality, cost and efficiency at baseline (2008) and during the three intervention years (2010, 2011 and 2012).
Eastern Maine Health Care *	The 2009 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.
Franklin Memorial Hospital *	The 2009 Inpatient data will be used to develop detailed patient origin and other patterns of utilization information by staff at Franklin Memorial Hospital.
Genentech	The current prescriber data will be used to identify Maine prescribers seeking confidentiality protection with the Maine Health Data Organization pursuant to 22 MRSA 1711E sub-§4 and 22 MRSA 8713.

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Harvard Pilgrim Health Care	The 7/1/09 - 6/30/10 restricted practitioner identified member eligibility, medical claims, and pharmacy claims data will be used to develop a detailed cost and clinical analysis of the payers in Maine and, specifically, identifying the underlying drivers of Harvard Pilgrim's cost position in the state.
HCA Capital Division	The 2009 Unrestricted Hospital Inpatient Discharge data will be used for market research for Portsmouth Regional Hospital and Parkland Medical Center in New Hampshire
Health Info Technics, LLC	The 2010 restricted Inpatient data will be used to calculate utilization rates and to produce aggregate market share reports that hospitals use in marketing, and strategic and operations planning.
HealthLeaders InterStudy	The 2008-2010 Profitability Sections of Hospital Financial Information Part II for Maine Medical Center, Mercy Hospital, Mid Coast Hospital, So. Maine Medical Center and York Hospital will be used for research on southern Maine hospitals, to be published in Portland, Maine market overview.
IMS Health	The current prescriber data will be used to identify those Maine prescribers seeking confidentiality protection with the Maine Health Data Organization pursuant to 22 MRSA 1711E sub-§4 and 22 MRSA 8713.
Ingenix	The current prescriber data will be used to identify Maine prescribers seeking confidentiality protection with the Maine Health Data Organization pursuant to 22 MRSA 1711E sub-§4 and 22 MRSA 8713.
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.
Maine Cancer Registry	The 2005-2008 restricted Medical Claims, Eligibility, and Pharmacy data will be utilized to assess the value of state cancer registry linkage with the ME all payer claims database. Results will be analyzed with help from Westat, USM epidemiologists, NH Cancer Registry, & Dartmouth Medical School faculty. Findings to be presented to the US
Maine CDC/DHHS Cardiovascular Health Program	The 2007 - 2008 restricted medical claims and eligibility data and pharmacy claims and eligibility data will be used for an analysis of quality measures for stroke care and outcomes of that care in Maine.
Maine Children's Alliance	The 2009 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 Department of Health & Human Services, Office of Quality Improvement *	The 2009 restricted Hospital Inpatient data will be used to evaluate psychiatric inpatient utilization trends and to develop standards for consent decree compliance.
Maine Department of Health and Human Services, Certificate of Need	The 2008 - 2010 financial information for inpatient and outpatient services provided by all hospitals, sorted by hospital, with category of payer - Medicare, Medicaid and all others and including discharges, number of days and charges (GPSR) will be used to determine baseline of Mainecare service providers.
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 Economic Growth Council	The 2003 - 2011 unrestricted claims data report will be used for a health care expenditure indicator for the Measures of Growth report.
Maine Health Management Coalition	The 2 nd through 4 th quarter 2010 and 1 st quarter 2011 Care Transition Measure data will be used to analyze or interpret "actionable health care information" for reporting on the Maine Health Management Coalition's website for members of the coalition and the general public.
Maine Health Management Coalition	The 3 rd and 4 th quarter 2009 and 1 st quarter 2010 Care Transition Measure data will be used to analyze or interpret into "actionable health care information" for reporting on the Maine Health Management Coalition's website for members of the coalition and the general public.
Maine Medical Center	The 2010 - 2012 restricted Inpatient and Outpatient data will be used to support MaineHealth and its members' strategic, service line, physician recruitment and facility plans; as well as for Certificate of Need applications.

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Report to the Joint Standing Committee on Health and Human Services
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Maine Medical Center *	The 2009 Inpatient data will be used for market share patient origin and utilization along service lines.
Maine Workers' Compensation Board	The average commercial payment amount per CPT for 2010 professional fee claims data will be used in performing a study to consider maximum charges paid by private third-party payers for similar services provided by health care providers, pursuant to the Maine Workers' Compensation Act of 1992.
MaineGeneral Medical Center *	The 2010 - 2012 Restricted Inpatient data will be used for strategic planning and marketing purposes.
MaineHealth	The 2008 - 2010 restricted Inpatient data will be used for data analyses to examine preventable hospitalization trends among MaineHealth hospitals to inform quality improvement efforts. The 2008 - 2010 restricted Emergency Room data will be used in the exploration of MaineHealth hospitals Emergency Department visits related to complications of prior hospital admissions.
MaineHealth	The 2006 - 2011 restricted, practitioner identified, Medical Claims, Pharmacy & Eligibility data will be used to improve the quality and safety of services provided by MaineHealth, to identify ways to make those services less costly and to prepare member organizations and strategic affiliates to assume the responsibilities and risks of Accountable Care Organizations capable of participating in the Medicare Shared Savings Program and the MaineCare Program's planned managed care initiatives.
MaineHealth	The 2011 - 2013 audited financial statements for various Maine hospitals will be used in strategic analysis and comparative data sets.
MedAssets	The 2008 - 2010 unrestricted hospital inpatient data will be used to establish benchmarks based on DRGs, ICD-9 codes, complication rates and charges. MedAssets will analyze clients' and public data to uncover deficiencies and variations leading to suboptimal clinical and financial performance.
Medical Care Development	The 2006 - 2010 Restricted Medical, Dental and Eligibility Claims data will be used in furtherance of a legislative study commissioned to evaluate barriers to oral health care in Maine, and to make recommendations of policy changes to address that need.
MedImmune, Inc.	The current prescriber data will be used to identify Maine prescribers seeking confidentiality protection with the Maine Health Data Organization pursuant to 22 MRSA 1711E sub-§4 and 22 MRSA 8713.
MedPro Systems, LLC	The current prescriber data will be used to identify Maine prescribers seeking confidentiality protection with the Maine Health Data Organization pursuant to 22 MRSA 1711E sub-§4 and 22 MRSA 8713.
Merck & Co., Inc.	The current prescriber data will be used to identify Maine prescribers seeking confidentiality protection with the Maine Health Data Organization pursuant to 22 MRSA 1711E sub-§4 and 22 MRSA 8713.
Mercy Hospital*	The 2006 - 2009 restricted Inpatient data will be used to study Mercy Hospital's market share.
Mid Coast Hospital	The 2010 Parkview Adventist Medical Center Audited Financial Statements 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.
Mid Coast Hospital	The 2010 Central Maine Healthcare and Central Maine Medical Center's Financial Statements will be used for planning purposes.
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.
National Center for Health Statistics, Centers for Disease Control and Prevention	The 2009 & 2010 restricted Inpatient data will be used in producing annual estimates for the National Hospital Discharge Survey, a federally mandated probability survey designed to gather information on patients discharged from non-federal, short-stay hospitals in the US.

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Novo Nordisk, Inc.	The current Maine Prescriber data will be used to identify those Maine prescribers seeking confidentiality protection with the Maine Health Data Organization pursuant to 22 MRSA 1711E sub-§4 and 22 MRSA 8713.
NYCAMH/Northeast Center for Agricultural and Occupational Health	The 2008 - 2011 restricted Inpatient and Emergency Dept. data containing ICD-9 codes pertaining to accidents caused by agricultural machines, animal-drawn vehicle accidents and accidents involving animals being ridden will be used to evaluate the impact of injury prevention and health promotion programs by looking at injury trends in New Jersey, New York, West Virginia and Maine.
Onpoint Health Data*	The 2009 - 2011 restricted Outpatient data will be used to provide summary reporting and statistics on utilization patterns and market share to a variety of clients.
Onpoint Health Data*	The 2010 - 2012 restricted Inpatient data will be used to provide summary reporting and statistics on utilization patterns and market share to a variety of clients.
Onpoint Health Data*	The 2003 to 2014 Restricted Medical, Pharmacy, and Eligibility Claims data with table of Member ID values for specific payer groups, will be used for employer group level reporting and analysis, including trend and variation analysis of cost, quality, and utilization of healthcare services.
Penobscot Bay Medical Center *	The 2009 Inpatient data will be used to analyze internal trends, benchmark with other organization, and to track changes in market share.
Quorum Health Resources, LLC	The 2009 - 2010 Restricted Maine Hospital Inpatient and Outpatient data will be used for business planning activities determining patient origin and market share for QHR managed hospitals in Maine.
SciMetrika, LLC	The 2008 - 2010 Restricted Member Eligibility, Medical Claims, and Pharmacy Claims data will be used to support activities to be performed under the Prime contract SciMetrika holds with the CDC related to the CDC's interest in evaluating data sets for the purpose of improving surveillance capabilities of selected CDC programs, with a special focus on monitoring changes to the US healthcare system resulting from the 2009 Health Reform legislation.
St. Mary's Health System	The June 1, 2009 - December 31, 2010 restricted Inpatient ventilation data will be used to determine the incidence of Ventilation Care in Maine.
Thomson Reuters *	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.
University of Connecticut Health Center	The 2009 - 2010 unrestricted Inpatient data will be used for a publication in a peer review journal of vascular diseases about the changes in utilization of certain procedures for the treatment of carotid artery and abdominal aortic aneurysm disease.
University of New England, Center for Community & Public Health	The 2006 - 2010 Restricted Inpatient data and 2007 through 2009 Restricted Outpatient data will be analyzed to measure population-based rates for selected diagnosis groups by selected patient age groups and by Maine counties for the OneMaine Health Collaborative.

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University of New Hampshire	The 2005 - 2010 Restricted Medical, Eligibility, & Pharmacy Claims data will be used to examine patterns in costs, utilization, and measures of care between Maine and New Hampshire to better understand ways to improve the health care system.
University of Wisconsin Surgical Outcomes Research Center	The 2007 - 2008 restricted Inpatient and Outpatient data will be used in analysis of individual surgeon case mix and is necessary to determine variation in case mix amidst general surgeons within the same institution or practice.
WebMD, Inc., Acton, MA *	The 2009 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.
WebMD, LLC, New York, NY	The current prescriber data will be used to identify Maine prescribers seeking confidentiality protection with the Maine Health Data Organization pursuant to 22 MRSA 1711E sub-§4 and 22 MRSA 8713.
Wolters Kluwer Pharma Solutions	The current prescriber data will be used to identify Maine prescribers seeking confidentiality protection with the Maine Health Data Organization pursuant to 22 MRSA 1711E sub-§4 and 22 MRSA 8713.
Youth Alternatives Ingraham	The average charges for mental health and substance abuse ICD-9 and CPT codes for Cumberland County, from the 2003 Restricted Inpatient and Outpatient databases will be used to demonstrate the value of the services Youth Alternatives Ingraham provides as compared to higher level of care alternatives.

* Data released quarterly

APPENDIX D

MAINE HEALTH DATA ORGANIZATION

	FISCAL YEAR '11 BUDGET	JUNE '11 AMOUNT	YTD 6/30/11 AMOUNT	YTD 6/30/11 VARIANCE	% YTD/BDGT
<u>REVENUES</u>					
HOSPITAL/PAYER ASSESSMENTS	1,156,098.00	0.00	1,156,098.00	0.00	100.00%
PROVIDER/TPA ASSESSMENTS	345,328.00	0.00	339,759.00	5,569.00	98.39%
SALE OF DATA	100,000.00	19,515.33	175,862.90	(75,862.90)	175.86%
TRANSFER FROM DHHS	0.00	6,000.00	868,349.76	(868,349.76)	0.00%
CARRY FORWARD	666,415.00	0.00	666,415.00	0.00	100.00%
TRANSFER TO GENERAL FUND	0.00	0.00	(26,824.00)	26,824.00	0.00%
TOTAL REVENUES	2,267,841.00	19,515.33	2,311,310.90	(43,469.90)	101.92%
<u>EXPENSES</u>					
PERSONAL SERVICES	536,483.00	37,878.36	452,657.52	83,825.48	84.37%
TOTAL PERSONAL SERVICES	536,483.00	37,878.36	452,657.52	83,825.48	84.37%
All Other Expenses					
PROF. SERVICES, NOT BY STATE	554,000.00	43,220.98	388,194.52	165,805.48	70.07%
PROF. SERVICES, BY STATE	77,000.00	3,265.00	3,933.10	73,066.90	5.11%
TRAVEL EXPENSES, IN STATE	4,500.00	76.56	263.88	4,236.12	5.86%
TRAVEL EXPENSES, OUT OF STATE	10,000.00	312.59	3,156.65	6,843.35	31.57%
UTILITY SERVICES	10,000.00	38.50	7,339.82	2,660.18	73.40%
RENTS	60,000.00	0.00	42,342.85	17,657.15	70.57%
REPAIRS	4,500.00	0.00	0.00	4,500.00	0.00%
INSURANCE	4,500.00	0.00	458.75	4,041.25	10.19%
GENERAL OPERATIONS	56,000.00	611.66	19,794.58	36,205.42	35.35%
EMPLOYEE TRAINING	10,000.00	1,792.00	1,792.00	8,208.00	17.92%
COMMODITIES - FOOD	4,500.00	0.00	179.64	4,320.36	3.99%
TECHNOLOGY	795,197.00	45,463.03	806,719.65	(11,522.65)	101.45%
OFFICE & OTHER SUPPLIES	29,000.00	304.82	7,430.13	21,569.87	25.62%
TRANS TO GEN FUND STACAP	12,162.00	468.78	6,033.20	6,128.80	49.61%
TOTAL ALL OTHER	1,631,359.00	95,553.92	1,287,638.77	343,720.23	78.93%
TOTAL EXPENSES	2,167,842.00	133,432.28	1,740,296.29	427,545.71	80.28%
			YTD REVENUES	2,311,310.90	
			LESS EXPENSES	1,740,296.29	
			AVAILABLE CASH	571,014.61	

MAINE HEALTH DATA ORGANIZATION
2012 Revenue and Expenditures

<u>Revenues</u>	<u>FY '12 Budget</u>
Hospital/Payer Assessments	1,201,098
Provider/TPA Assessments	358,770
Sale of Data *	100,000
Carry Forward	593,241
Total Revenues:	2,253,109

<u>Expenditures</u>	
Personal Services	521,750
 <u>All Other Expenses</u>	
Professional Services, Not By State	279,658
Professional Services, By State	77,000
Travel Expenses, In State	4,500
Travel Expenses, Out of State	10,000
Utility Services	10,000
Rents	60,000
Repairs	4,500
Insurance	4,500
General Operations	56,000
Employee Training	10,000
Commodities - Food	4,500
Technology	1,069,539
Office & Other Supplies	29,000
Transfer to General Fund StaCap	12,162
Total All Other:	1,631,359

Total Expenses: 2,153,109

* 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



Annual Report

Maine Health Data Processing Center
2011 Annual Report

Background

The Maine Health Data Processing Center (DPC) was created in 2001 as a “non-profit corporation with a public purpose” — the efficient collection and management of healthcare claims from across the state. Designed as a public-private partnership, the DPC brings together two key organizations: the Maine Health Data Organization (MHDO) and Onpoint Health Data (formerly the Maine Health Information Center), a private nonprofit expert in the processing, normalization, and analysis of healthcare claims data.

By joining MHDO and Onpoint, the DPC leverages both organizations’ critical expertise: MHDO provides the leadership and regulatory authority to develop the filing mandates and public database access rules, while Onpoint provides deep technical knowledge and a well-developed claims processing system with the data quality and validation edits required to ensure a reliable all-payer database.

Initial Maine payer testing began in November 2002, and live data was submitted first in January 2003. To date, the DPC has processed more than 1 billion records, collecting and managing claims and eligibility data for dental, medical, and pharmacy services provided to Maine residents by more than 246 carrier systems, including commercial, Medicaid, and Medicare payers. The DPC also has become responsible for building and maintaining Maine’s master provider index, which allows the state to more closely track healthcare outcomes by individual provider. Deemed “an essential government function” by the state, the DPC has become a widely successful joint effort and a national front-runner in the operation of an all-payer claims database.

OPERATION

The DPC continues to maintain Maine State’s all-payer, all-setting healthcare claims database system, which includes both eligibility and claims data (i.e., dental, medical, and pharmacy) from the state’s commercial, Medicaid, and Medicare payers. Collection frequency ranges from monthly (for 88 companies, including MaineCare) to quarterly (16 companies) to annual (17 companies).

Appropriate and secure maintenance and distribution of the claims data collected for Maine residents is the exclusive function of the MHDO, which provides permanent storage of all data as well as distribution to the public. The DPC neither retains nor releases any of the data.

GOVERNANCE

The DPC is governed by an 11-member board of directors (see [Table 1](#) below), which includes MHDO’s executive director and three MHDO board members, each representing a different constituency; Onpoint’s president/CEO and three Onpoint board members, each representing a different constituency; and three constituency representatives (e.g., healthcare providers, third-party payers, employers, and consumers of healthcare).

During 2011, the board was responsible for ensuring that the Deloitte report recommendations were implemented, including a formal Service Level Agreement that was signed in the fall of 2011. The board continues to monitor the performance, quality, and finances of the DPC. They also continue to focus on state and national issues that have implications for the efficient management of data in Maine.

Table 1. Maine Health DPC Board Members (by Role on DPC Board) (2011)

NAME	TITLE & ORGANIZATION	ROLE ON DPC BOARD
Maine Health Data Organization (MHDO)		
Alan Prysunka	<i>Executive Director,</i> Maine Health Data Organization	MHDO Executive Director
Peter Gore	<i>VP of Advocacy and Government Relations,</i> Maine State Chamber of Commerce	MHDO Board Member, Representative — Employers
Cathy McGuire	<i>Director, Health Data Resources,</i> Muskie School of Public Service, USM	MHDO Board Member, Representative — Consumers
Katherine Pelletreau	<i>Executive Director,</i> Maine Association of Health Plans	MHDO Board Member Representative — Third-Party Payers
Onpoint Health Data		
James Harrison	<i>President/CEO,</i> Onpoint Health Data	Onpoint President/CEO
John Marr	<i>Senior Vice President of Claims,</i> Maine Employers Mutual Insurance Co. (MEMIC)	Onpoint Board Member, Representative — Employers
Christine Torraca *	<i>Director of Informatics,</i> Martin's Point Health Care	Onpoint Board Member, Representative — Third-Party Payers
John Wipfler	<i>CEO,</i> Orthopaedic Associates of Portland	Onpoint Board Member, Representative — Healthcare Providers
Constituency Representatives		
Michael Brannigan †	<i>Group Underwriting Consultant,</i> Anthem BCBS of Maine	Representative — Third-Party Payers
Eric Martinsen	<i>VP of Finance / Chief Financial Officer,</i> Franklin Memorial Hospital	Representative — Healthcare Providers
[Open]		Representative — Healthcare Consumers

* DPC Secretary / Treasurer

† DPC Board Chair

Maine Health DPC 2011 Submission Statistics

Table 2. DPC Submission Metrics by Calendar Year

TOTAL RECORDS RECEIVED	2007	2008	2009	2010	2011
Total Records Received	85,469,588	150,142,214	252,067,978	330,639,959	172,592,641
Total Unique Submitters	85	96	98	101	96
Average Records per Submitter	1,005,524	1,563,981	2,572,122	3,273,663	1,797,840
MaineCare Records Submitted	0	26,941,110	115,622,233	223,779,021	83,206,556

2011 Accomplishments

- Working collaboratively, Onpoint and MHDO addressed issues with data delivery and quality. Commercial data met all timelines and quality specifications throughout 2011.
- Medicaid data were submitted in time to be included in the 2011 quarterly extracts. However, outstanding quality issues continue to be addressed by Molina, MaineCare, MHDO, and Onpoint.
- New thresholds were implemented and became effective on July 1, 2011, increasing the quality of incoming data.
- Onpoint and MHDO worked together to update Chapter 243 (Uniform Reporting System for Health Care Claims Data Sets) to incorporate the new X12 5010 specifications, which took effect on January 1, 2012.
- A new formal Service Level Agreement (SLA) between MHDO and Onpoint was signed and implemented. This SLA covered many of the Deloitte report's recommendations, including expectations related to the structure and management of claims and the timing of data delivery.
- The Onpoint and MHDO management teams met more regularly, improving communication between the organizations.



ONPOINT
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