



MEDICAL CARE DATA BASE REGULATIONS: ANALYSIS OF COMMENTS AND PROPOSED REGULATION

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SUMMARY OF CHANGES TO REGULATIONS

- Move to paid claims
- Eliminating duplication of reporting
- Dental and vision plans sold on exchange
- Medicaid
 - Full information on MCO enrollees
 - Medicaid to review and approve any data release
- Elimination of some documentation

NEW REGULATIONS SUMMARY SLIDE

- New MHCC information needs require regulatory changes
- Expands the universe of data submitters
 - Pharmacy benefit and behavioral health administrators
 - Carriers (including standalone dental plans) selling in the Maryland Health Connection (Exchange)
- Adds 3 new report files
 - Plan benefit design; non-claims-based payments to providers; dental claims from carriers selling in the Exchange
- Increases frequency of data submissions
- Requires submitters to obtain Master Patient Index (MPI) identifiers for enrollees
- Contents of required files defined in Submission Manual

SUMMARY OF COMMENTS

- Predominantly supportive of need for expansion
- Clarifications about who is required to report
- Timeline and logistics
 - Move to claims paid during reporting period vs. services rendered during reporting period
 - First two quarters of 2014 to be submitted together to avoid overlapping submission timeline with 2013 data
 - Master Patient Index
- Race and ethnicity thresholds
- Burdens of documentation

COMMENTS RECEIVED FROM...

- Alliance of Maryland Dental Plans
- CareFirst BlueCross BlueShield of Maryland, Inc.
- Cigna
- DentaQuest
- Maryland Medical Assistance Program (Medicaid), DHMH
- Maryland Hospital Association
- Mega Life and Health Insurance Company
- United Healthcare
- MedChi*

SCOPE OF PURPOSE, DEFINITIONS, AND DESIGNATED REPORTING ENTITIES

- Maryland residents and Maryland contracts
- **Only dental and vision Qualified Dental Plans and Qualified Vision Plans**
- Self-insured data
- **Concerns about duplication of reporting**
- Reporting entities for 2013 vs. 2014

MEDICAID DATA

- **Fee For Service vs. Medicaid Managed Care Organization Data**
- Current challenges with assessing costs
- The Medicaid Management Information System update is expected to be in place by 2015

TIME PERIOD FOR SUBMITTING REPORTS

- Testing period for new submitters
- Overlapping timelines for 2013 submission vs. 2014 1st quarter submission
 - **First two quarters of 2014 to be submitted together**
- Expediency vs. accuracy of data
 - Challenges with run-outs
 - **Move to claims paid during reporting period vs. services rendered during reporting period**

PROTECTION OF CONFIDENTIAL INFORMATION

- Patient identifiers
 - Payor identifier
 - Universally Unique Identifier
 - **Master Patient Index**
- Disclosure of data
 - Institutional Review Board
 - **Medicaid data**
 - Sensitive fields and workgroups
 - Payment rate data

COMMENTS RELATED TO SUBMISSION MANUAL

- **Frequency of Updates**
- Extension and Waiver or Format Modification Requests
- Concerns about moving report specifications to Manual alone
- **Burdens of documentation**
- Race and Ethnicity field thresholds
 - Workgroup to meet on October 22, 2013
- Report clarifications
 - Workgroup for two new reports to meet October 29, 2013

IMPLEMENTATION OF REGULATIONS

- Released for informal comment on September 13th
- Analysis of Comments and Revised Regulations presented today
- **Commission is being asked to vote on:**
 - **Proposed Permanent Regulations**
 - **Emergency Regulations Effective on November 21, 2013**