

**Annual List of Rulemaking Activity**  
**Rules Adopted January 1, 2018 to December 31, 2018**  
*Prepared by the Secretary of State pursuant to 5 MRS §8053-A, sub-§5*

**Agency name:** **Maine Health Data Organization**  
**Umbrella-Unit:** **90-590**  
**Statutory authority:** 22 MRS §§ 8703(1), 8704(4), 8708(6-A), 8712(2)  
**Chapter number/title:** **Ch. 243**, Uniform Reporting System for Health Care Claims Data Sets  
**Filing number:** **2018-111**  
**Effective date:** 6/27/2018  
**Type of rule:** Routine Technical  
**Emergency rule:** No

**Principal reason or purpose for rule:**

This rule change adds subscriber and member fields in order to improve the MHDO's patient index and to prepare for the Centers for Medicare and Medicaid Services (CMS) transition from Health Insurance Claim Number (HICN) to Medicare Beneficiary Identifier (MBI). Other minor technical changes are also being made to conform to industry standards.

**Basis statement:**

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

This rule change adds subscriber and member fields in order to improve the MHDO's patient index and to prepare for the Centers for Medicare and Medicaid Services (CMS) transition from Health Insurance Claim Number (HICN) to Medicare Beneficiary Identifier (MBI). Other minor technical changes are also being made to conform to industry standards.

These changes are intended to give providers direction and time to implement modifications to their reporting systems. It is anticipated that these changes will allow for more useful analyses of the data by MHDO data users.

**Fiscal impact of rule:**

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