

PLEASE NOTE: Legislative Information **cannot** perform research, provide legal advice, or interpret Maine law. For legal assistance, please contact a qualified attorney.

## **An Act To Amend the Laws Governing the Maine Health Data Processing Center and the Maine Health Data Organization**

**Be it enacted by the People of the State of Maine as follows:**

**Sec. 1. 10 MRSA §681**, as enacted by PL 2001, c. 456, §1, is amended to read:

### **§ 681. Authority to establish**

The Maine Health Data Organization, established pursuant to Title 22, chapter 1683, and a nonprofit health data processing entity referred to in this chapter as the "~~Maine Health Information Center~~" "Onpoint Health Data" or its successor organization may form a nonprofit corporation under Title 13B in order to collect and process health care claims data, to be known as the Maine Health Data Processing Center, referred to in this chapter as the "center." The center shall carry out its purposes in complement to and in coordination with the Maine Health Data Organization and the ~~Maine Health Information Center~~ Onpoint Health Data.

The center is a nonprofit corporation with a public purpose and the exercise by the center of the powers conferred by this chapter is an essential governmental function.

**Sec. 2. 10 MRSA §682, sub-§2**, as enacted by PL 2001, c. 456, §1, is amended to read:

**2. Developing claims-based data.** Building upon the experience and expertise of the Maine Health Data Organization and the ~~Maine Health Information Center~~ Onpoint Health Data to collect, process and maintain health care data extracted from claims data in a cost-effective manner;

**Sec. 3. 10 MRSA §683**, as amended by PL 2009, c. 71, §1, is further amended to read:

### **§ 683. Board of directors; officers**

The Board of Directors of the Maine Health Data Processing Center, referred to in this chapter as the "board of directors," consists of ~~13~~ 11 directors.

**1. Nominations.** The director of the Maine Health Data Organization and the president of the ~~Maine Health Information Center~~ Onpoint Health Data are ex officio members of the board of directors and are authorized to vote. ~~The~~ In order to achieve balanced representation, the director and president shall nominate the following representatives for service on the board of directors:

A. ~~One member~~ Three members representing different constituencies of the ~~Maine Health Information Center~~ Onpoint Health Data board of directors and ~~one member~~ 3 members representing different constituencies of the Maine Health Data Organization board of directors; and

B. ~~Four representatives of health care providers, 2 of whom must represent hospitals; Three nominees chosen from among the following constituency categories that are underrepresented on the board of directors:~~

(1) Health care providers;

(2) Third-party payors;

(3) Employers; and

(4) Consumers of health care.

~~C. Two representatives of 3rd-party payors;~~

~~D. One representative of consumers of health care; and~~

~~E. Two representatives of employers.~~

**2. Election.** The names of the representatives nominated under this section must be presented to the boards of directors of the Maine Health Data Organization and the ~~Maine Health Information Center~~Onpoint Health Data for election to the board of directors.

**3. Limitation on terms.** An elected person may serve as a director for not more than 2 5year terms in succession and continues to serve until a successor has been appointed.

**4. Chairs.** The board of directors shall elect a chair and a vice-chair from among its members at the first meeting of the board each year.

**5. Manager.** The board of directors shall appoint a manager to serve at the pleasure of the board and to represent the board in the management of the center. The manager has the necessary authority and responsibility for the operational management of the center in all of the activities of the center.

**Sec. 4. 10 MRSA §688**, as enacted by PL 2001, c. 456, §1, is amended to read:

### **§ 688. Audit; public access**

Before January 1st of each year, the center shall provide an independent audit of the activities of the center to the boards of directors of the Maine Health Data Organization and the ~~Maine Health Information Center~~Onpoint Health Data. Audits must be done as required by law or by the Department of Administrative and Financial Services. To ensure public accountability, the center is subject to the provisions of Title 1, chapter 13, subchapter ~~11~~.

**Sec. 5. 10 MRSA §689, sub-§1**, as amended by PL 2005, c. 565, §4, is further amended to read:

**1. Net earnings of center.** The annual net earnings of the center must be distributed to the Maine Health Data Organization and the ~~Maine Health Information Center~~Onpoint Health Data in proportion to the average annual funding provided by each entity for the operational costs of the center. The net

earnings of the center may not inure to the benefit of any officer, director or employee, except that the center is authorized and empowered to pay reasonable compensation for services rendered and otherwise hold, manage and dispose of its property in furtherance of the purposes of the center.

**Sec. 6. 10 MRSA §689, sub-§2**, as enacted by PL 2001, c. 456, §1, is amended to read:

**2. Dissolution of center.** Upon dissolution of the center, the board of directors shall, after paying or making provision for the payment of all liabilities of the center, cause all of the remaining assets of the center to be transferred to the Maine Health Data Organization and the ~~Maine Health Information Center~~Onpoint Health Data in shares proportionate to the total revenue transferred to the center by each entity.

**Sec. 7. 22 MRSA §8705-A, sub-§6** is enacted to read:

**6. Exception.** Notwithstanding the provisions of subsections 3, 4 and 5, the board or the Attorney General may not assess fines, initiate enforcement actions or seek injunctive relief against a payor that has submitted claims data for any billing provider data element contained in a claim furnished by the billing provider or for any service provider data element when associated with the billing provider elements or that fails to meet the thresholds for the data elements related to billing providers established by the organization or the Maine Health Data Processing Center under the requirements of Title 10, section 682. This subsection is repealed July 1, 2011.

**Sec. 8. 22 MRSA §8712**, as amended by PL 2009, c. 71, §8 and c. 350, Pt. A, §1, is further amended to read:

## **§ 8712.Reports**

The organization shall produce clearly labeled and easy-to-understand reports as follows. Unless otherwise specified, the organization shall distribute the reports on a publicly accessible site on the Internet or via mail or email, through the creation of a list of interested parties. ~~The organization shall publish a notice of the availability of these reports at least once per year in the 3 daily newspapers of the greatest general circulation published in the State.~~ The organization shall make reports available to members of the public upon request.

**1. Quality.** ~~At a minimum, the~~The organization shall promote public transparency of the quality and cost of health care in the State in conjunction with the Maine Quality Forum, established in Title 24A, section 6951; and shall develop and produce annual quality reports collect, synthesize and publish information and reports on an annual basis that are easily understandable by the average consumer and in a format that allows the user to compare the information listed in this section to the extent practicable. The organization's publicly accessible websites and reports must, to the extent practicable, coordinate, link and compare information regarding health care services, their outcomes, the effectiveness of those services, the quality of those services by health care facility and by individual practitioner and the location of those services. The organization's health care costs website must provide a link in a publicly accessible format to provider-specific information regarding quality of services required to be reported to the Maine Quality Forum.

**2. Payments.** The organization shall create a publicly accessible interactive website that presents reports related to health care facility and practitioner payments for services rendered to residents of the State. The services presented must include, but not be limited to, imaging, preventative health, radiology and surgical services and other services that are predominantly elective and may be provided to a large number of patients who do not have health insurance or are underinsured. The website must also be constructed to display prices paid by individual commercial health insurance companies, 3rd-party administrators and, unless prohibited by federal law, governmental payors.

~~A. The organization shall promote public transparency of the quality and cost of health care in the State, in conjunction with the Maine Quality Forum as established in Title 24-A, section 6951, and shall collect, synthesize and publish information and reports on an annual basis that are easily understandable by the average consumer and in a format that allows the user to compare the information listed in this section to the extent practicable. The organization's publicly accessible websites and reports shall, to the extent practicable, coordinate, link and compare information regarding health care services, their outcomes, the effectiveness of those services, the quality of those services by health care facility and by individual practitioner and the location of those services. The organization's health care costs website must provide a link in a publicly accessible format to provider-specific information regarding quality of services required to be reported to the Maine Quality Forum.~~

**3. Comparison report.** At a minimum, the organization shall develop and produce an annual report that compares the 15 most common diagnosis-related groups and the 15 most common outpatient procedures for all hospitals in the State and the 15 most common procedures for nonhospital health care facilities in the State to similar data for medical care rendered in other states, when such data are available.

**4. Physician services.** The organization shall provide an annual report of the 10 services and procedures most often provided by osteopathic and allopathic physicians in the private office setting in this State. The organization shall distribute this report to all physician practices in the State. The first report must be produced by July 1, 2004.

**Sec. 9. 24-A MRSA §2436, sub-§2-A,** as amended by PL 2003, c. 469, Pt. D, §4 and affected by §9, is repealed and the following enacted in its place:

**2-A.** For a claim submitted by a health care provider or health care facility with respect to a health plan as defined in section 4301A, subsection 7, for purposes of this section, "undisputed claim" means a timely claim for payment of covered health care expenses that is submitted to a carrier in conformity with the following requirements.

A. The claim must be submitted on one of the following claims forms:

(1) For a health care facility claim submitted on paper, the standard claim form, using standards approved by a national uniform billing committee;

(2) For a health care provider claim submitted on paper, the standard claim form, using standards approved by a national uniform claim committee; and

(3) For health care facility and health care provider claims submitted electronically, an electronic form using standards approved by an accredited standards committee of the American National Standards Institute.

**Sec. 10. 24-A MRSA §2436, sub-§2-B** is enacted to read:

**2-B.** If a claim does not conform to the requirements specified in subsection 2A and payment is denied to a health care provider or health care facility by a carrier, the health care provider or health care facility may not request payment from the insured or beneficiary and shall attempt to rectify the deficiencies with the claim and resubmit the claim to the carrier.

**Sec. 11. Claim forms.** For the purposes of the Maine Revised Statutes, Title 24A, section 2436, subsection 2A, paragraph A, subparagraph (1), it is the intent of the Legislature that the standard claim form is the UB04. For the purposes of Title 24A, section 2436, subsection 2A, paragraph A, subparagraph (2), it is the intent of the Legislature that the standard claim form is the CMS1500.

**Sec. 12. Working group.** The Maine Health Data Organization shall convene a working group including representatives of health care providers, health coverage carriers and other interested parties to resolve issues regarding submission of data concerning service and billing providers and to present a plan of action and implementation schedule to provide the data to the Maine Health Data Organization in a timely and accurate fashion. The working group must be cochaired by one person chosen by the providers and one person chosen by the carriers. By November 15, 2010, the working group shall report to the Joint Standing Committee on Health and Human Services with a plan to resolve the service and provider issues and with an implementation schedule.

Effective 90 days following adjournment of the 124th  
Legislature, Second Regular Session, unless otherwise indicated.