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## **Milliman selected as new vendor for New Hampshire Comprehensive Health Care Information System data collection and processing**

On July 1, 2012, Milliman, Inc. replaced Onpoint Health Data as the vendor to receive and process health care claims data sets to populate the New Hampshire Comprehensive Health Care Information System (NH CHIS) as mandated by New Hampshire statutes and the New Hampshire Insurance Department (NHID) rules, Chapter Ins 4000 Uniform Reporting System for Health Care Claims Data Sets, which require that all health insurance carriers and third party administrators submit electronic claims data that pertain to members or subscribers who receive their benefits under a policy or plan issued in New Hampshire. Milliman will provide the data collection and processing services through a contract with the NH Department of Health and Human Services (DHHS).

It is our hope to make the transition as seamless and efficient as possible. If you have any questions with respect to the claims data submission transition to Milliman, please contact:

Natasha Rosenblatt (Milliman) e-mail: [NHCHISsupport@milliman.com](mailto:NHCHISsupport@milliman.com)

Andrea Stewart (DHHS) e-mail: [astewart@dhhs.state.nh.us](mailto:astewart@dhhs.state.nh.us)

For more information on the NH CHIS requirements, please go to: <https://nhchis.com/>

### **NH CHIS data status**

**Historical Data** – In order to test the load thresholds and quality edits created by Milliman, some of the historical data (provided by Onpoint Health Data) associated with the larger data submitters have been loaded and processed. These data, along with the remainder of the historical data, will be merged with the data files submitted directly to Milliman after July 1, 2012. The historical data covers the period January, 2005 – May, 2012.

**Current Data** – Thus far, Milliman has received files from 48 of 49 licensed health care claims processors. These data files have been loaded and we will process them immediately after the historical data for the larger data submitters have been successfully tested. Health care claims processors suppliers will then be notified of any issues with the current data.

**Note:** During this transition, we are working through a number of items to help ensure that your data submission reports are valid. We apologize for the delay in providing you with submission reports. We will provide all data submitters with your login credentials as soon as these reports are available for you.

## **Reminder to update NH CHIS registration form**

In accordance with NHID rules, Chapter Ins 4000 Uniform Reporting System for Health Care Claims Data Sets, any health care claims processor meeting New Hampshire's health care claims data submission thresholds must register with Milliman prior to submitting any data files. Third party payers that write \$250,000 or more in accident and health insurance premiums in New Hampshire on an annual basis are required to submit their health care claims data sets. Third party administrators that administer health insurance plans covering 200 or more New Hampshire lives in total are also required to submit their health claims data.

It is also important to remember that each health care claims processor shall also submit all health care claims processed by any sub-contractor on its behalf. In instances where more than one entity is involved in the administration of a policy, the health carrier shall be responsible for submitting the claims data on policies that it has written, and the third party administrator shall be responsible for submitting claims data on self-insured plans that it administers.

If you are a health care claims processor that has been submitting data and have not reregistered, it is important that you do so because the registration form has been modified to include additional questions that will allow us to better understand the eligibility and claims data being submitted. The registration form now includes additional questions related to claim consolidation, carve outs, and incomplete data.

All health care claims processors currently submitting data files were to re-register with Milliman in September, and are required to reregister by March 15, 2013 and March 15th of each year thereafter.

To register or re-register online, please use the following link:

<https://nhchis.com/Registration/Company>

## **Monthly and quarterly submission schedules**

As a reminder to all health care claims processors, the schedules established by the DHHS and NHID for submission of the eligibility and all medical, pharmacy, and dental claims files are as follows:

- For health care claims processors required to submit monthly (those who have 2,000 or more covered lives who are NH residents), the data files must be submitted prior to the end of the month following the month in which the claims were paid or eligibility records were valid.
- For health care claims processors required to submit quarterly (those who have between 200 and 1,999 covered lives who are NH residents), the data files must be submitted prior to April 30th, July 31st, October 31st, and January 31st for each preceding calendar quarter in which the claims were paid or eligibility records were valid.

If a data submission is rejected, it is expected that the health care claims processor will address the issues with the data file(s) and resubmit the corrected file(s) within ten days.

## **Automated e-mail system for data file edit results and establishment of web site portal**

As the eligibility and claims files are submitted and loaded, a validation process is performed on each

data file. We first validate load threshold levels for individual data elements against those defined by the DHHS and NHID, and then apply a number of quality edits to determine the validity of the data against default quality threshold levels established by both the DHHS and NHID and Milliman.

Submitters are required to submit accurate and complete data, and should not rely on the validation process to determine if the data submission is correct. An effective quality assurance process by the submitter is highly encouraged to avoid potential resubmissions and enforcement actions.

After the edits are applied, the process will automatically generate an e-mail notifying each health care claims processor that the file submission has passed or failed. If the files fail to meet any of the load and/or quality thresholds, the e-mail will include a detailed report citing the specific element(s) and reason(s) for rejection. In addition, Milliman will establish a secure web site portal containing data submitter-specific file submission status information, including additional detail of file submission failures, copies of quality assurance reports, and a list of all default load and quality thresholds. We will notify data submitters from all registered health care claims processors when this site is operational.

As in the past, if it is determined that a health care claims processor may not be able to meet one or more of the load thresholds and/or quality edits due to the data being excluded from the claims transaction process, an element level threshold variance may be granted on a temporary basis. The health care claims processor is required to explain the reason for the deficiency and include a corrective action plan before a threshold variance is granted. Please make the variance request to Milliman at [NHCHISsupport@milliman.com](mailto:NHCHISsupport@milliman.com). We will forward all variance requests to the State of New Hampshire for approval.

### **New version of NHpreprocessor to be released in 2013**

In early 2013, Milliman will be providing all health care claims processors with a new version of the NHpreprocessor. Version 2 will include three new functions:

- Ten variable character voluntary data elements will be included at the end of the eligibility, medical claims, pharmacy claims, and dental claims files – Those health care claims processors who have agreed to submit additional data to NH CHIS will create the 10 additional fields at the end of the files for this purpose.

These elements will not need to be validated for being populated, having valid values, or hashed or processed in any manner. Health care claims processors who supply optional elements will just need to ensure that they populate these elements in the correct field that NH CHIS has established for each element. Health care claims processors who do not supply any additional optional fields will not need to alter their extracts to create these additional fields.

- The subscriber and member name data elements will be scrubbed and converted prior to hashing. Any extraneous characters will be removed from the names and common names will be converted to standard names prior to the SHA-512 hashing process.
- The NHpreprocessor version number will be added to the file name that the NHpreprocessor assigns to the file – The addition of the NHpreprocessor version number will allow Milliman to track how the files were pre-processed over time.

## Establishment of a NH CHIS health care claims processor stakeholder team

In an effort to improve the data submission aspects of the NH CHIS, NH DHHS, NHID, and Milliman are seeking direct input from the health care claims processors through the establishment of a stakeholder team. The purpose of the team is to facilitate collaboration, share best practices, and to address issues and concerns that may arise during the NH CHIS implementation and operational processes. It is expected that the health care claims processor stakeholder team will meet quarterly (or more frequently, if necessary) via conference calls and Web Ex.

If you would like to be part of the NH CHIS stakeholder team, please contact Al Prysunka at Milliman.

E-Mail: [al.prysunka@milliman.com](mailto:al.prysunka@milliman.com)

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NHCHIS Support

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