



New Hampshire Comprehensive Health Care Information System Newsletter

Volume 2, June 2013

Annual Meeting

The New Hampshire Department of Health and Human Services and the New Hampshire Insurance Department will hold its annual meeting with health care claims processors on July 25, 2013 from 10:00-11:30AM

Meeting Location

Auditorium
DHHS Brown Building
129 Pleasant Street
Concord, NH

If you cannot attend in person, you can participate via WebEx using the following information:

Meeting Number: 639 490 732

Meeting Password: 0725

Go to:

<https://milliman.webex.com/milliman/j.php?ED=167501117&UID=480282937&PW=NNjA4OWE0YTg4&RT=MiMxMQ%3D%3D>

Teleconference information:

Call-in toll-free number: 1-866-913-6864 (US)

Conference Code: 239 521 0224

For assistance:

1. Go to: <https://milliman.webex.com/milliman/mc>
2. On the left navigation bar, click "Support"
3. To update this meeting to your calendar program (for example Microsoft Outlook), click this link: <https://milliman.webex.com/milliman/j.php?ED=167501117&UID=480282937&ICS=MIU2&LD=1&RD=2&ST=1&SHA2=u4fIQj171lpQ/DU8OITBKQTWjPNIHHwHcy90Z5DHs=>
4. To check whether you have the appropriate players installed for UCF (Universal Communications Format) rich media files, go to: <https://milliman.webex.com/milliman/systemdiagnosis.php>.

NH CHIS data status

Historical Data - Most of the January, 2005-May, 2012 historical commercial data has now been processed and added to the data warehouse.

Current Data – Milliman has received and processed files from 50 licensed health care claims processors which cover the period from June to December, 2012, and has added those files to the data warehouse. However, there were a number of files submitted during this period which had issues. Because the issues associated with these data files have not yet been completely resolved, they will not be included in the initial extracts generated by Milliman.

Files submitted between January and March, 2013 are currently being prepared for upload to the data warehouse. In addition, all corrected files for submission dates prior to January, 2013 are being uploaded for inclusion in the data warehouse.

Work has also begun to load the 2010 -2012 NH Medicaid fee for service data, which we are targeting to include in the second load.

Data audit results

In general, the data supplied by the NH health care claims processors are of high quality. However, there were some problems resulting from the practice of a carrier "carving out" pieces of coverage (pharmacy and/or dental) for their members, with the coverage being administered through a contract with a third party. The most serious problems encountered, which impact the quality of the data during the data consolidation phase, are the following:

- Inability to associate members' medical claims with pharmacy and/or dental claims because the hashed identifiers (SSN, contract number, and name fields) don't always match in the eligibility files submitted by separate entities
- Inability to accurately aggregate members by group number due to the assignment of different numbers for the same employer by the different payers submitting data for the same individual members
- Inability to easily segregate and match claims for each carrier when data files are submitted by a third party in aggregate on behalf of multiple carriers

In addition, when individual health care claims processors submit files from multiple platforms, it is sometimes difficult to match the claims files with the appropriate eligibility files, especially if the relationships change over time.

We know these problems are complicated and will be difficult to solve. We welcome any ideas you may have to address these problems and improve the data quality.

Additional information on data file audit process

A number of questions have arisen over the past six months about the initial phase of the audit process as the files are submitted to and arrive at Milliman via SFTP. The first part of the process (designated as "sniffer") evaluates the integrity of the submitted files to determine if they are encrypted and that their defined format has not been corrupted in transit. The question was asked about the operational frequency of the "sniffer". The "sniffer" runs every hour of the day.

Another question pertained to number and types of notifications a health care claims processor can expect to receive during the auditing process. First, after the audits are applied, the process will

automatically generate an e-mail notifying each individual associated with the specific files as designated in the registration form that the file submission has passed or failed. Timing for receiving responses varies according to the size of the file and the number of files being processed simultaneously. However, if you haven't received a response on your file within 5 business days, you may want to check with Milliman at NHCHISsupport@milliman.com to ensure there were no issues with processing your file.

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, health care claims processors can also log into the Data Submitter Report Portal (<https://nhchis.com/Reports/Pages/Folder.aspx>) to check the status of their data submissions, which includes additional detail of file submission failures, copies of quality assurance reports, and a list of all default load and quality thresholds.

Modification to Chapter Ins 4000 Uniform Reporting System for Health Care Claims Data Sets

The NH Insurance Department will propose modifications to its rules governing the submission of health care claims data sets sometime during the latter part of 2013, with implementation occurring sometime in 2014. Proposed modifications will include new (or reassignment of) data elements, corrections to code sets, and updates to the file mapping tables.

While formal input related to the proposed modifications will be occur under the provisions for public input prescribed by New Hampshire's Administrative Procedure Act (RSA 541-A), NH DHHS and NHID will ask the health care claims processors stakeholder team to review the proposed changes prior to the initiation of the rule-making process.

Establishment of NH CHIS health care claims processor stakeholder team

In the first NH CHIS Newsletter, NH DHHS, NHID, and Milliman asked if any health care claims processors were interested in serving on a stakeholder team. We did hear from a number of you but it was determined to not convene a meeting until the historical and all of 2012 calendar year data were processed. That has occurred and once again we ask if you have any interest in participating as a member of the 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. The stakeholder team will also be asked to evaluate proposed modifications to the NH claims data reporting rules (Chapter Ins 4000). It is expected that the first health care claims processor stakeholder team meeting will occur in August. The specific date and time, with additional information, will be provided to those participating in July.

If you would like to be part of the NH CHIS stakeholder team, please contact Al Prysunka at Milliman via email at al.prysunka@milliman.com.

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