



## **Health Care Processor Quarterly New Hampshire CHIS Update**

Volume 6  
August 2019

### **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 **August 27<sup>th</sup> from 1:00-2:30 PM ET**. The primary agenda topics will be the Common Data Layout (CDL) and determining the final Pharmacy claims version, attendance is important.

Milliman will be onsite for the Annual Meeting – if you are local and can attend in person, this would be a great opportunity to meet data submitters.

### ***Meeting Location***

Room 288  
DHHS Brown Building  
129 Pleasant Street  
Concord, NH

Please RSVP if you are attending in person. If you cannot attend in person, you may participate via WebEx using the following information:

### **Teleconference Information**

Dial-In Toll-Free Number: 1-866-913-6864 (US)  
Conference Code: 128-928-9836

### **WebEx Information**

<https://milliman.webex.com/milliman/j.php?MTID=m1998e47bea6a878bacd622f8c9ba48b2>

Topic: NH CHIS 2019 Annual Health Care Claim Processors Meeting  
Date: Tuesday, August 27, 2019  
Time: 1:00–2:30pm, Eastern Daylight Time (New York, GMT-04:00)  
Meeting Number: 790 263 958  
Meeting Password: This meeting does not require a password.

## **NH CHIS Registration Website**

If you would like staff to receive file email notifications or to have permissions to submit exception requests, then add the new personnel to the payer's NH registration. Milliman will be notified when new contacts are added to payer's registration and will set up new accounts and permissions to submit exception requests.

Likewise, if staff is no longer with a payer, please remove them from the payer's registration. Milliman is also notified with contacts are removed so permissions are disabled as well.

## **Data Submission Compliance**

Current month data files are required to be submitted and be in a **PASSED** status for the previous month's paid dates, by the end of the month. For example, files submitted July 2019 will contain June 2019 paid dates - If any of the July 2019 files have failed, the failed files need to be resolved by the end of July 2019.

Methods for checking file submission status:

- 1) NHCHIS Reporting site: <https://NHCHIS.COM/reports>
- 2) Weekly "Missing and Failed Files" email notification. This email notification will be updated to show ALL failed files instead of those older failed files older than 14 days.

## **NH Exception Requests**

After many years of reviewing and ruling NH Exception requests from payers, NH DHHS and NHID have compiled a list of helpful feedback for submitting exception requests.

### **Do:**

- Submit your exception request within 10 days of a file failure notification. If an exception request is not received, your failed file will expire and a new file will need to be resubmitted.
- Submit threshold changes for failed field and quality checks.
- Provide a business reason/logic why you aren't able to meet the threshold.
- Request the exception request based on your annualized needs for threshold changes instead of monthly needs for a threshold change.

**Don't:** These will cause your exception request to automatically be rejected.

- Submit files to be accepted as is with no threshold changes.
- Leave the Notes section empty.
- Just state in the Notes Section "The data is accurate."
- Reiterate the description of the quality check in the "Reason For Request".
- **ASK** questions in the Notes section.

**Please note:** If a data submitter has questions regarding why a threshold wasn't met or has questions on the calculation for a quality check, please email [NHCHISsupport@milliman.com](mailto:NHCHISsupport@milliman.com). Avoid sending these type of questions to NHID (NH Insurance Department) as they will not be able to answer your questions.

## **Confusion about Denied Claims**

To clarify some confusion regarding Denied Claims:

- Claim Status/Service Line Status (PC025, DC031, and MC038): Describes the payment status of the specific service line record. A denial is coded as '04' for these fields

- *Denied Claim Indicator (PC216, DC219, and MC219)*: Describes the payment status of the ENTIRE claim. This field is coded with a '1' when **all** the claims lines were paid at the allowed amount. When **some** of the claims were paid at the allowed amount, this field should be coded with a '2'.

Quality Checks DQM509, DQP505, DQD505: (% of records with a valid Denial Reason Code when the Service Line Status is Denied)

- These quality checks use the **Claim Status/Service Line Status = '04'** and Denial Reason.
- The Denied Claim Indicator field is **NOT** used for these quality checks.

## **NH CHIS Data Status**

Milliman has received and processed files for Commercial business from more than 50 licensed health care claims processors, which cover the period paid from June 2012 to February 2019, and has added those files to the data warehouse.

## **Changes to Data Submitter Business**

### ***Platform Changes***

If your data warehouse is moving to a new data warehouse, it is important to relay this information to NH. Many times, changing platforms also changes how data is populated in your monthly files. Please email [NHCHISsupport@milliman.com](mailto:NHCHISsupport@milliman.com) for any questions.

### ***Contractual Changes Impacting File Reporting***

If your company has been purchased by another company or there are changes to any data you receive from a Third Party submitter (i.e. New company will be providing source data), it is important to relay this information to NH. These type of changes can impact how your monthly files are populated. For any questions, please email: [NHCHISsupport@milliman.com](mailto:NHCHISsupport@milliman.com)

## **Common Data Layout (CDL)**

We are inviting feedback during the Annual Meeting and in email to hear from NH CHIS Data Submitters.

- What are your thoughts of implementing the CDL, in general and specifically for NHCHIS?
- How much time would you need to be able to submit data in the CDL format?
- Additional questions?

## **Reporting Versions in Pharmacy Claims**

- What fields do you have in your claims system that determines a final pharmacy claim? These fields could be available in the current NH Pharmacy Claim format **or** not.

## **NH CHIS Potential future fields**

There is **no** NH Rule change at this time however NH DHHS and NHID would like input from data submitters of fields that are not included in the current format, and would be helpful for reporting.

