



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

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### **Annual Registration Reminder**

Registration notifications will be emailed on February 15, 2020. Please provide your annual update of registration information for the NH CHIS by March 15, 2020.

### **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 when contacts are removed so permissions are disabled as well.

### **2020 Quality Check Updates for FFQC**

NH DHHS, NHID and Milliman will be reviewing a few FFQC Quality Checks for potential logic updates. Any updates will be communicated in advance prior to the changes being implemented.

### **NH Preprocessor – Did you know?**

The NH Preprocessor **will** split a file containing multiple months of data into separate hashed files? In order to do this, the header and trailer need to specify the appropriate Period Beginning Date and Period Ending Date.

Example: If the claim file you are sending through the Preprocessor contains paid dates of September 2019 through November 2019, then the header and trailer record of the file should have Period Beginning Date = 201909 and Period Ending Date = 201911. The Preprocessor will split your file into three individual files which will be processed as individual files.

This can be done with **all** file types.

### **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 January 2020 will contain December 2019 paid dates - If any of the December 2019 files have failed, the failed files need to be resolved by the end of January 2020.

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 reports ALL failed even if an exception request is in the queue, for any of the failed files showing in the email notification.*

### **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 the 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 actions 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 October 2019, and has added those files to the data warehouse.

## **Changes to Data Suppliers Business**

### ***Platform Changes***

If your data warehouse is moving to a new data warehouse, it is important to relay this information to NH and Milliman. 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 supplier (i.e. A new company will be providing source data), it is important to relay this information to NH and Milliman. These type of changes can impact how your monthly files are populated. For any questions, please email: [NHCHISsupport@milliman.com](mailto:NHCHISsupport@milliman.com)

