



State of New Hampshire

Department of Health and Human Services and the Department of
Insurance Comprehensive Healthcare Information System

Annual Quality Assurance and Completeness Report

Fiscal Year 2024: July 2023 – June 2024

Prepared: August 23, 2024

Table of Contents

Introduction	1
Validation Process	2
Process Workflow.....	4
Quality and Completeness of Data.....	5
2024 Fiscal Year Extracts	9
Consolidated Extracts.....	9
Limited Use Extracts.....	9
Public Use Extracts	9
2024 NHCHIS Registration	10
2024 Fiscal Year CHIS Healthcare Processor Updates.....	10
New CHIS Healthcare Processor Payer Codes	10
Data Caveat Details	10
Summary	12

Introduction

The State of New Hampshire’s Department of Health and Human Services (DHHS) and the New Hampshire Insurance Department (NHID) requested that Milliman, Inc. (Milliman) on an annual basis provide, “a single overview report that summarizes and assesses the quality and completeness of the data, in regards, to its use for analytic tasks. The report shall include assessments of quality of data elements and records collected, any inconsistencies in quality and completeness among Carriers, and potential solutions to improve the data. The report shall be in a format appropriate for public release. After approval by DHHS it shall be posted by the Contractor on the public website in the same location as a companion to the Data Dictionary.¹”

Milliman met the DHHS/NHID’s request for fiscal year 2024. This report covers the known data quality and completeness issues (e.g., inconsistencies in quality and completeness across carriers) encountered in the fiscal year 2024, with recommendations for remediation through the creation of extracts incurred through March 2024, paid through March 2024.

¹ Page 34 of the NH CHIS contract, Section K.

Validation Process

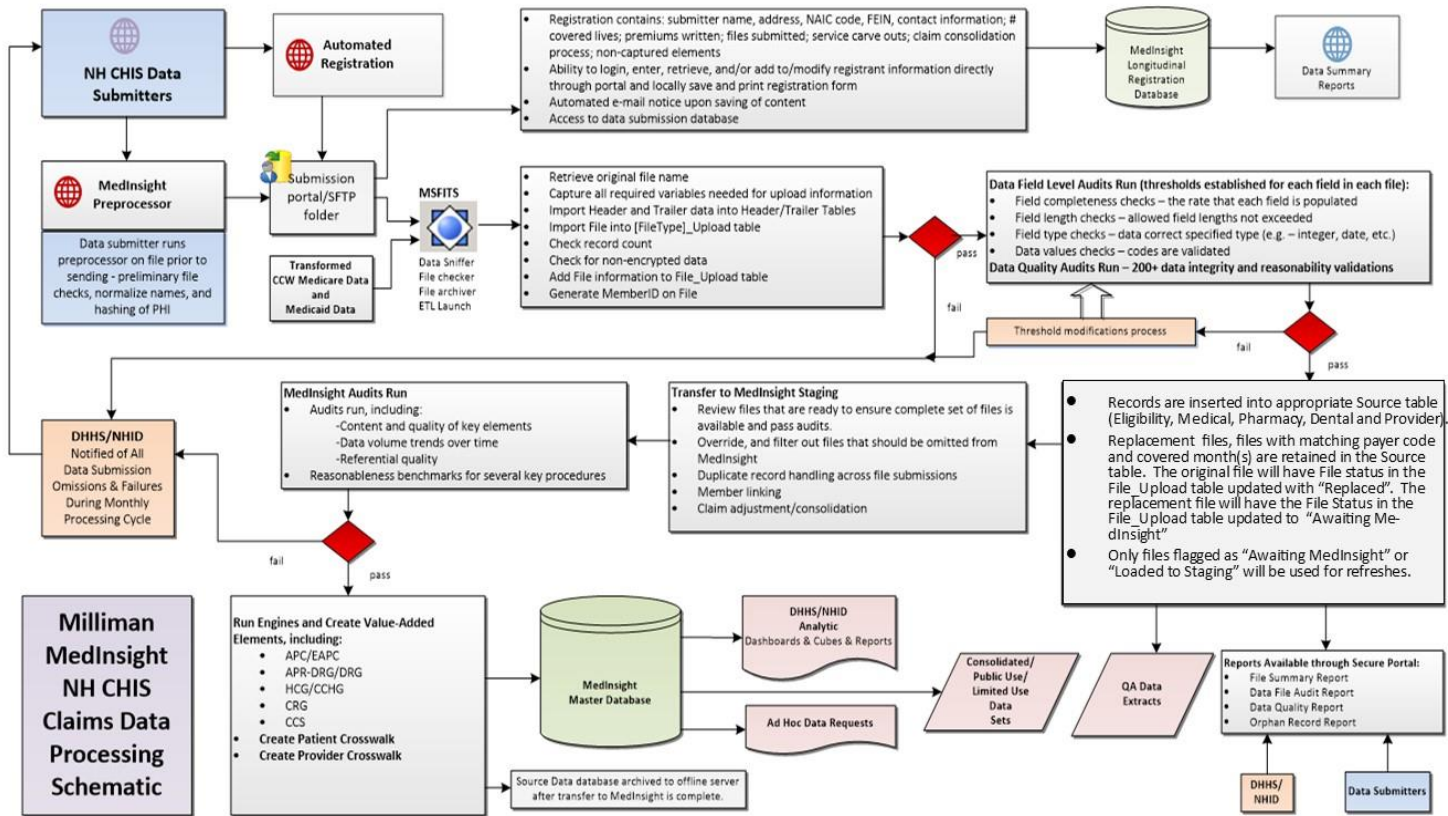
For fiscal year 2024, Milliman has processed four consolidated data sets. Milliman and the DHHS/NHID have continued to meet and discuss the data validation process at key milestones (see *Process Workflow* on page 4). These have included:

1. **Source File Processing:** NH CHIS healthcare processors continue to process their files through the MedInsight Preprocessor. Expected file types are Medical Claim, Pharmacy Claim, Dental Claim, Eligibility and Provider files. The Preprocessor hashes identifiable fields (PHI/PII) in the data submitter's files, prior to the file submission to Milliman. Milliman's data management process continues to validate the data using the MedInsight "File, Field, and Quality Checks" (FFQCs) system. The FFQC system is an automated process for file intake and the submission and ruling of exemptions. The FFQC system has field edits and quality measures, each with thresholds that have been determined by the DHHS/NHID. Only those files that have been processed through the Preprocessor, passed the FFQCs or received an exemption on any failed FFQCs, have been loaded into the MedInsight tables. Milliman and the DHHS/NHID have reviewed the status of the file inventory prior to the processing of the data sets.
 - a. The NH Preprocessor was updated in the 2024 fiscal year to update the .NET application from version 3.1 to 8.0. All NH CHIS healthcare processors were provided with the new preprocessor and required to use this preprocessor starting 7/1/2024.
2. **Source to Staging:** Approved files from Step 1 were loaded into the staging database. Milliman reconciled financial and membership data between the staging database and the source files.
3. **Engines/Analytics:** After loading the Milliman staging tables (Step 2), Milliman ran and reviewed primary analytic engine data outcomes. The results of the key engine, the Health Cost Guidelines Grouper (HCG) reconciled with the staging tables. The Chronic Condition Hierarchical Group (CCHG) analytic engine was reviewed for reasonableness.
4. **Portal/Cubes/Reports/Dashboards:** Milliman validated the data contained in the analytic portal using the approved staging tables from Step 3.
5. **Extracts (Consolidated, Limited Use and Public Use):** Milliman ran the tests required in the *Quality Assurance Methods for Extracts* document for each iteration of the cubes. These included tests on field efficiency of coding, population, value validity, consistency and reasonableness of data, and referential integrity. Milliman communicated with the DHHS/NHID on any extract inquiries and made modifications, as necessary.

Milliman has worked with the DHHS/NHID and the healthcare processors to improve and mitigate open data issues by having regular meetings with the healthcare processors. Milliman and the DHHS/NHID have discussed the gaps and anomalies in the data with several healthcare processors. The known open items with recommendations/options for resolution are described in the *Quality and Completeness of Data* section.

As indicated above, Milliman and the DHHS/NHID have partnered throughout each stage of the NH CHIS data validation process for all the consolidated data sets. The chart on the next page outlines the NH CHIS process and shows the flow of information with validations at a more detailed level. This report reflects the last data set that Milliman processed for our fiscal year.

Process Workflow



Quality and Completeness of Data

As mentioned in *Validation Process*, Milliman reviewed the data at various steps throughout data processing. Although the data issues improved, Milliman and the DHHS/NHID continue to find data gaps and aberrations throughout the 2024 fiscal year data sets. Milliman, the DHHS/NHID, and the healthcare processors are working on researching and remedying these issues. Cost models and persistency analysis have been used to evaluate the data during Validation Process (Steps 2 – 5).

This report provides a consolidation of Milliman’s and the DHHS/NHID findings by validation area with recommendations for mitigation and/or resolution. This document reflects Milliman’s and the DHHS/NHID observations in generating four data sets reflected in this report. The findings in this report are representative of the conclusions for those extracts.

No.	Validation Area	Data Quality/Data Completeness	Milliman Mitigation Strategies/Resolution(s)
1	Source	For each data set, data quality and data completeness has continued to improve, however missing and failed files still exist. The NH CHIS website Data Status report shows the gaps with any files paid through April 2024 and processed through April 2024. See <i>Addendum A</i> for an overview of the missing and failed source file statuses listed alphabetically by healthcare processor.	An automated Failed and Missing File Notifications email is sent weekly to all healthcare claims processors for failed and missing files.

No.	Validation Area	Data Quality/Data Completeness	Milliman Mitigation Strategies/Resolution(s)
2	Source	Milliman received resubmitted source files from several healthcare processors. The resubmissions were necessary to correct and improve data quality.	<ol style="list-style-type: none"> 1) Amerihealth (NHC0776) resubmitted 2019 to current medical and pharmacy claim files to correct the population of paid amounts and claim status. 2) CIGNA (NHC0030) is resubmitting medical claim files to files to correctly report versioning, service line, service line type and duplicate claims. <i>This is in progress.</i> 3) Tufts (NHC0615) is resubmitting pharmacy claims to correct duplicate reporting. <i>This is in progress.</i> 4) Wellsense (NHC0730) is making corrections to their medical and pharmacy claim submissions from August 2023 to current to correct data anomaly issues. Files were held while logic corrections are being made. <i>This is in progress.</i> 5) Harvard Pilgrim (NHC0213/NHC0774) will be updating logic to correctly report the true paid date in their pharmacy claim files. <i>This is in progress.</i>
3	Source	Final version for medical and pharmacy claims continues to be difficult for some healthcare processors to report.	NH DHHS and Milliman are reviewing logic to create a final flag and final paid flag to report the final version for medical, pharmacy and dental claims.
3	Staging	Orphaned Claims between claim files and the enrollment files for the reporting period	<p>Orphaned claims exist when the member in the claim is not found in the enrollment file, or the members date of service is not between the effective and term dates of the enrollment data.</p> <p>MedInsight reviews a custom orphaned claims report that is created from every refresh, to report orphaned claims. The report compares the current to the prior refresh for any shifts. In general, the payers have a low percentage of orphaned claims with Dental showing more orphans than pharmacy and medical.</p>

No.	Validation Area	Data Quality/Data Completeness	Milliman Mitigation Strategies/Resolution(s)														
4	Staging	<p>The same Member ID has been found for different members.</p> <table border="1" data-bbox="478 391 1173 878"> <thead> <tr> <th data-bbox="478 391 657 431">RULE_CODE</th> <th data-bbox="657 391 1173 431">RULE_DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td data-bbox="478 431 657 521">MID1</td> <td data-bbox="657 431 1173 521">DEFAULT RULE - (CONTRACT NUMBER IF AVAIL OTHERWISE SUBSCRIBER SSN) + SEQUENCE NUMBER</td> </tr> <tr> <td data-bbox="478 521 657 586">MID2</td> <td data-bbox="657 521 1173 586">(SUBSCRIBER SSN IF AVAIL OTHERWISE CONTRACT) + SEQUENCE NUMBER</td> </tr> <tr> <td data-bbox="478 586 657 651">MID3</td> <td data-bbox="657 586 1173 651">(CONTRACT IF AVAIL OTHERWISE SUBSCRIBER SSN) + GENDER + DOB</td> </tr> <tr> <td data-bbox="478 651 657 716">MID4</td> <td data-bbox="657 651 1173 716">(SUBSCRIBER SSN IF AVAIL OTHERWISE CONTRACT) + GENDER + DOB</td> </tr> <tr> <td data-bbox="478 716 657 805">MID5</td> <td data-bbox="657 716 1173 805">MEMBER CONTRACT NUMBER OTHERWISE (SUBSCRIBER SSN IF AVAIL OTHERWISE CONTRACT) + GENDER + DOB</td> </tr> <tr> <td data-bbox="478 805 657 878">MID6</td> <td data-bbox="657 805 1173 878">(SUBSCRIBER SSN IF AVAIL OTHERWISE CONTRACT) + DOB</td> </tr> </tbody> </table>	RULE_CODE	RULE_DESCRIPTION	MID1	DEFAULT RULE - (CONTRACT NUMBER IF AVAIL OTHERWISE SUBSCRIBER SSN) + SEQUENCE NUMBER	MID2	(SUBSCRIBER SSN IF AVAIL OTHERWISE CONTRACT) + SEQUENCE NUMBER	MID3	(CONTRACT IF AVAIL OTHERWISE SUBSCRIBER SSN) + GENDER + DOB	MID4	(SUBSCRIBER SSN IF AVAIL OTHERWISE CONTRACT) + GENDER + DOB	MID5	MEMBER CONTRACT NUMBER OTHERWISE (SUBSCRIBER SSN IF AVAIL OTHERWISE CONTRACT) + GENDER + DOB	MID6	(SUBSCRIBER SSN IF AVAIL OTHERWISE CONTRACT) + DOB	<p>Member IDs are not reported in the eligibility or claim files. Therefore, Member IDs are derived based on logic from the REF Processing Table (See table on the left). Each healthcare processor is assigned the Member ID logic (i.e. MID1) based on their ability to populate necessary Member ID fields. NH CHIS healthcare processors respond to questions in their NH CHIS registration to determine the correct Member ID rule code to use.</p> <p>If the healthcare processors populate any of the Member ID logic the same for different members (same subscriber), then the same member ID could exist for different members.</p> <p>Milliman reviews problematic healthcare processor submissions as necessary to determine if the proper Member ID logic is used or if there are healthcare processors reporting issues. If there are high occurrences of orphaned claims or if the healthcare processor has changed the way they are populating key Member ID fields, then the healthcare processors submissions would be reviewed.</p>
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No.	Validation Area	Data Quality/Data Completeness	Milliman Mitigation Strategies/Resolution(s)
5	Engines	Member Month Key and Person Key population.	<p>The MedInsight Engines create member month keys for each unique Member ID + YearMonth + Coverage (MM, RX, DC).</p> <p>The Person Key population is a custom process which maintains a person's unique key through quarterly processes. If this process doesn't work correctly, then the Member Month Key is not created correctly.</p> <p>Milliman has created a custom reconciliation that reviews the counts of non-zero-member month keys by healthcare processors and between the prior and current quarterly refresh. This ensures the custom person key process has been executed properly.</p> <p>An additional person key custom recon has been created to report:</p> <ul style="list-style-type: none"> • Person keys are unique for a person, using the members First Name, Last Name, and Date of Birth.
6	Portal/ Cubes/ Reports/ Dashboards	Usability of the User Defined Definitions (UDD's) and User Defined Fields (UDFs)	All of the UDF's and UDD's are now present in the NH CHIS MedInsight Portal and can be queried using the Query Express application.
7	Extracts	DHHS found COB/TPL amounts from medical claims were overstated.	Milliman has updated their process to divide the COB/TPL amounts by 100 to correct the issue.

2024 Fiscal Year Extracts

Consolidated Extracts

The following are details of the 2024 fiscal year Consolidated extracts and shipment dates.

- Q2 2023 for data loaded through June 2023
 - Extract process began August 2023.
 - Extracts were made available for download to NHID and DHHS in September 2023.
- Q3 2023 for data loaded through September 2023.
 - Extract process began November 2023.
 - Extracts were made available for download to NHID and DHHS in December 2023.
- Q4 2024 for data loaded through December 2023.
 - Extract process began February 2024.
 - Extracts were made available for download to NHID and DHHS in April 2024.
- Q1 2024 for data loaded through March 2024.
 - Extract process began May 2024.
 - Extracts were made available for download to NHID and DHHS in June 2024.

Limited Use Extracts

Limited Use Extracts were provided *three (3)* times for the 2024 fiscal year. These requests can be found at [NH CHIS Limited Use Requests](#).

Public Use Extracts

Public Use Extracts were provided 26 times for the 2024 fiscal year. These requests can be found at [NH CHIS Public Use Requests](#).

2024 NHCHIS Registration

51 NH CHIS healthcare processors submitted their yearly 2024 NH CHIS registration.

2024 Fiscal Year CHIS Healthcare Processor Updates

New CHIS Healthcare Processor Payer Codes

- AETNA (NHC0010). Starting 2024, this payer code consolidated payer codes NHC0010A, NHC0010G, and NHT0007C. Submissions for NHC0010A, NHC0010G, and NHT0007C stopped submitting in December 2023.
- DentaQuest (NHC0775). The payer NHC0675 New Hampshire Delta Dental is responsible for NHC0775 submissions.

Data Caveat Details

The following are detailed caveats of the data that are currently being worked on by the data suppliers. Some of them are referenced at a higher level in the items listed above.

With the release of the information, the NH DHHS, the NHID, and Milliman want to provide the following known caveats:

1. **Minuteman:** Pharmacy Claims have Quantity overstated because the payer implied decimal by adding 00 at the end of the field. The payer code is NHC0720.
2. **Harvard Pilgrim:** Payer codes NHC0213 and NHC0774 have been populating the field PC211 Cross Reference Claim ID with their unique internal key to track the history of a claim. This was done because their older PBM was not able to report adjustments correctly. This field should only be used for Claim ID's that begin with the letters "AM". The payer's current PBM reports the Pharmacy Claim ID's correctly and are still populating PC211. PC211 should not be used for their current PBM. The current PBM claims do not begin with the letters "AM".
3. **Harvard Pilgrim & Health Plans Inc:** Payer codes NHC0213, NHC0774 and NHT0096 report a decrease in medical claim reporting for April 2023 and/or May 2023. There is no pharmacy claims submitted for NHC0213 or NHC0774 for May 2023.
4. **Tufts:** Payer code NHC0615 has been submitting dental enrollment however hasn't been submitting dental claims. The payer is not able to submit the dental claims and will therefore start suppressing their dental enrollment reporting in Q4 2023. Please disregard any dental enrollment from this payer code.

5. **Provider Information:** Milliman and the DHHS/NHID have worked to improve the roll-up of the facility information for New Hampshire and the major border facilities in the data sets. In addition, Milliman has worked to eliminate situations where individual providers show as organizations in the Public Use extract.
6. **Missing/Failed Files:** When Milliman creates the consolidated extracts for the DHHS/NHID, they reflect data submitted as of a point in time. To know which files were in a failed or missing status for this set of Limited Use extracts, go to the NHCHIS website (<https://nhchis.com>). Select “Data Status” (on right) and then push “Proceed to Report” (top left). Select “Data Status” on the left-hand side, and then select “Proceed to Report” at the top right. Once in the report, select “Data Warehouse Load Date” of ‘N/A’ and End Date of March 2024. Select only “Missing” and “Failed” from “Data Warehouse Status.” This will provide a list of the files not imported into the extracts.
7. **Medicaid LOB:** Unless expressly noted and approved, your data sets do not contain Medicaid data. Two carriers (NHT0139 through 2019 paid dates and NHT0005 for all years) are erroneously reporting some records as Medicaid. Please note these are all commercial claims.

Summary

Milliman's focus over the 2024 fiscal year has been: 1) Resolving healthcare processor source data issues; 2) Creating quality reconciliation to flag issues before the quarterly extracts are delivered; 3) Obtaining missing files and improved data sets. Milliman has been working with the healthcare processors to mitigate these gaps.

Milliman has cited other known issues in the *Quality and Completion of Data* section. Milliman will work with the DHHS/NHID to resolve the issues that can be resolved through changes to the process.