New Hampshire Comprehensive Healthcare Information System Annual Healthcare Claim Processors Meeting

Tuesday, August 22nd 2023

1:00pm - 2:30pm EDT



Agenda

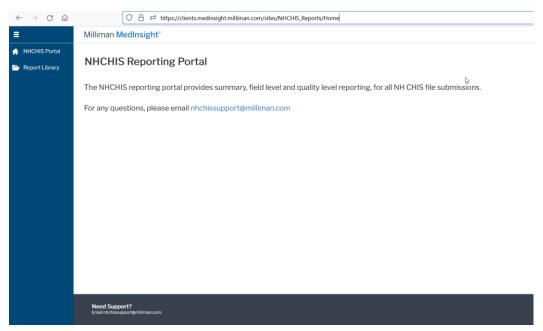
- Introduction
 - DHHS
 - NHID
 - Milliman
- NH Reporting Site
- Future file layout changes
- How is the CHIS data used
- Benefits of contributing to CHIS
- NH Exception Requests
- NH CHIS Registration
- Opt-In Attestation
- Questions



Presenter: Rose Hess (Milliman)

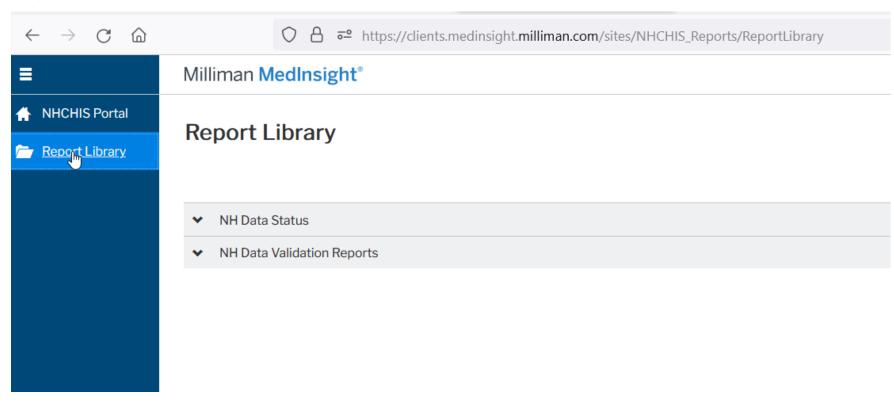


- Where is the NH Reporting site found?
 - https://clients.medinsight.milliman.com/sites/NHCHIS_Reports/Home
- Who has access?
 - Contacts who receive monthly file notifications Contacts must be registered contacts on the company's NH CHIS Registration.



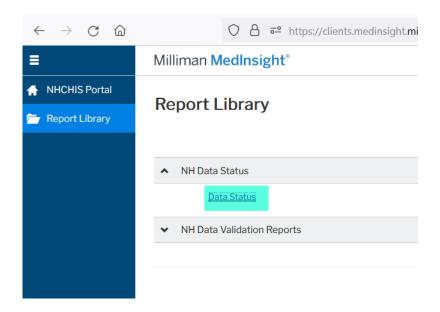


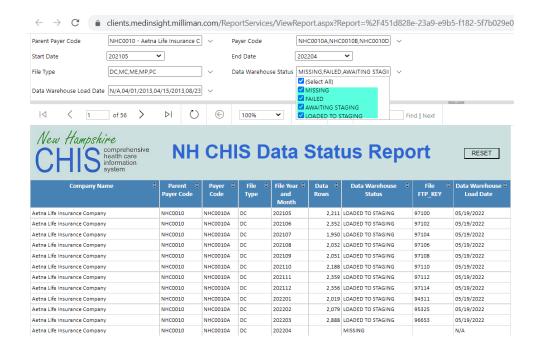
- What reports are available?
 - Contacts who receive monthly file notifications Contacts must be registered contacts on the company's NH CHIS Registration.





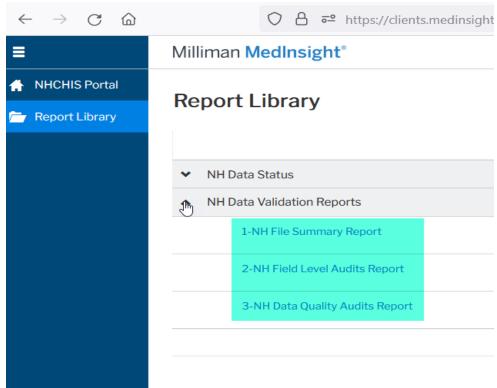
- NH Data Status report:
 - The Data Status report is available to all payers. This report is also available to the general public on the NHCHIS.com website.
 - Reports all files, by file type and year-month that have been loaded to the NH CHIS data warehouse. Data is loaded quarterly and does not show current submission status of files.







- NH Data Validation reports:
 - Status of current monthly submissions only available to payers and the contacts listed in the NH CHIS registration.
 - Payers can only see their own company submissions.
 - Reports are available at a summary, field level and quality check level.
 - The NH Reporting Site shows real-time results for files that are processed.





Future File Layout Changes

Presenter: Mary Fields (NH DHHS) & Jason Aziz (NHID)



Future File Layout Changes

- Layout changes are being planned for January 2025
 - Possible CDL layout changes and/or valid value updates
 - Possible new fields
 - Date Claim Received
 - PBM Name
 - TPA Name
 - Claim Type/Claim Source [i.e., paper vs. electronic]
 - Rebate/manufacturer coupon or program
- All layout changes would require an update to the NH CHIS Preprocessor.
- NH and Milliman will provide at least 6 month's notice will be provided to all payers.



How CHIS data is used

Presenter: Mary Fields (DHHS), Jason Aziz (NHID)



How is CHIS data used?

- Public Use Extracts
- Limited Use Extracts
- NH HealthCost Website Rx drug dashboards
- Market Conduct Examinations/Reviews
- Whitepapers
- UNH/IHPP Research and Publications
- NH Prescription Drug Affordability Board (NH PDAB)
- NHID Initiatives
 - Insurance Mandate Cost Reviews
 - Inform NH legislature
 - Insurance Fraud Investigations



How is CHIS data used?

Public Use Extracts

- Available to any requester.
- Only Commercial claims data is available from 2012 through 2023-03.
- There is no member identifiable data present in the Public Use extracts.
- Some provider data is also blinded in the Public Use extracts.
- Requesters submit a request form: <u>Public Use Request Form</u>.
- There is no charge for the Public Use Extracts.
- Provider and reference table data is also provided.
- Past Public Use Extract requests are found at <u>Public Use Data Requests</u>.



How is CHIS data used? (Continued)

Limited Use Extracts

- May contain Medical, Dental and or Pharmacy claims as well as member eligibility.
 - Limited Use Extracts are only approved for true research.
 - Requesters can apply for Limited Use Extracts through a formal request and approval process. That process includes a
 formal committee made up of various stakeholders to include:
 - One member representing insurance carriers;
 - One member representing health care facilities;
 - One member representing health care practitioners;
 - One member representing the general public;
 - One member representing purchasers of health insurance;
 - One member representing health care researchers; and
 - Two members of the department.
 - Applications are carefully reviewed and data elements are strictly limited to those needed for the project.
 - Limited Use Extracts are custom and are created using requested and approved fields from the requester's application.
 - Limited Use Extracts can contain member and claim data.
 - Medicaid data can also be included in the extracts with approval from NH DHHS. Approval is rare and researcher must demonstrate benefits to NH Medicaid.
 - Data usage can initially be approved for up to two years of use. An annual extension may be granted with formal request.
 - Mary Fields from NH DHHS manages the requests and approvals of the extracts.
 - Past approved Limited Use Extracts are found at <u>Limited Use Data Requests</u>.



How is CHIS data used? (Continued)

NH HealthCost website

Cost Estimator tool for consumers/producers/regulators

https://nhhealthcost.nh.gov

Market Conduct Examinations

- Payment Parity
- Prior Authorization Reviews
- **Discriminatory Practices**

Whitepapers referencing CHIS data

Brown, 2018 **RAND** Corporation Harvard PORTAL Group

EQUILIBRIUM EFFECTS OF HEALTH CARE PRICE INFORMATION

Zach Y. Brown⁸

Abstract—Do information frictions in health care markets lead to higher care providers. This is because price transparency effectively prices and price dispersion? Focusing on medical imaging procedures, this paper examines the equilibrium effect of a unique statewide price transparency website. Price information leads to a shift to lower-cost providers, especially for patients subject to a deductible. Furthermore, supply-side effects play a significant role in the long run, benefiting all insured individuals. Supply-side effects reduce price dispersion and are especially relevant in concentrated markets. These effects are important given that high prices are thought to be a primary cause of high private health care spending.

I. Introduction

WHILE the price of health care procedures varies widely across medical providers, these prices are often difficult for patients to observe. Consequently, individuals often choose providers without comparing prices.1 A large theoretical literature, beginning with Stigler (1961) and Diamond (1971), argues that information friction can impede competition and lead to higher prices. Technological innovations have made it easier for consumers to compare prices in a number of markets, potentially increasing price competition.2 At the same time, information about prices may facilitate collusion, potentially decreasing price competition.3

In this paper, I ask how information about health care prices affects the market for health care services. Exploiting the introduction of a unique website that provided market-wide information for a subset of procedures in a state, I provide evidence on the long-run equilibrium effect of information about health care prices. I emphasize that the supply-side response to price transparency is particularly important. By observing detailed information on copay, coinsurance, deductible, and insurer payments, I also provide evidence about how insurers and patients split the savings that result from price factors that affect prices in other ways.

While we expect consumers to benefit from price transparency by choosing low-cost providers, price transparency may also allow insurers to negotiate lower prices with health

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increases residual demand elasticity, potentially incentivizing high-cost providers to lower prices. These supply-side effects could benefit all consumers, including those who do not use the information. The presence of this externality may imply a role for the public provision of information. Effects on negotiated health care prices are especially important given that high health care expenditure in the United States is often attributed to high prices, and there is currently limited evidence on policies that can reduce these prices.4

I exploit the introduction of a publicly provided website that allows individuals to access information about their insurer-specific out-of-pocket price for certain medical procedures. While previously studied price transparency efforts have primarily been conducted by specific employers, the website provided information that could be used by all privately insured individuals in the state. Since the intervention was market-wide, it potentially generated significant supplyside effects in addition to demand-side effects. In the main specification, I employ a difference-in-difference methodology that takes advantage of two sources of variation: the timing of the website introduction and variation among procedures available on the website. I also show that results are robust to exploiting cross-state variation. I focus on the universe of outpatient medical imaging visits, which account for over 9 million claims. I argue that the medical imaging procedures that were on the website are quite similar to the medical imaging procedures that were not on the website, allowing for a useful comparison. I also provide empirical support for the assumption that procedures on the website are unlikely to be differentially affected by time-varying demand and cost

First, I examine transaction prices, which include both demand- and supply-side effects. Over the five-year period after the website started, there is a 3% reduction in total visit cost for medical imaging visits on the website relative to medical imaging procedures not on the website. Much of this



Know The Care You Can Expect to Receive





How is CHIS data used? (Other NHID Initiatives)

- An annual hearing on premium and total healthcare cost drivers for the previous year.
 - 2022 Report (using 2021 NH CHIS data):
 https://www.nh.gov/insurance/reports/documents/2022-health-care-claim-cost-drivers.pdf
 - A very useful report for State (and Federal) policymakers.
- An innovative network adequacy rule adopted in 2018 supports increased transparency and market competition
 - NHID reviews provider networks based on previous years claims activity for pre-specified services.
 - Provider NPI, zip code, and procedure code are tested against NH's time and distance standards [listed in NH INS-2700]
- Claims data are often used to determine the cost implications of mandate and market reform efforts
 - These analyses help to inform lawmakers of the potential impact of a particular piece of legislation on healthcare costs.



How is CHIS data used? (Continued)

UNH Presentation



How is CHIS data used? (Continued)

Pharmacy Drug Affordability Board (PDAB)

- Data is used to inform this legislative board about costs, payments, and cost sharing.
- The Board's authority and duties fall under RSA126-BB. It includes:
 - Rx Drug Price Transparency
 - Identifying Rx Drug spending targets among 'public payors'
 - Public Payor defined as any division of state, county, or municipal government that administers a health plan for its employees or an association of state, county, or municipal employers that administers a health plan for its employees.
 - Requesting drug specific pricing and rebate information from drug manufacturers, PBMs, and/or payors.



Benefits of contributing to CHIS

Presenter: Jason Aziz (NHID)



Benefits of contributing to CHIS

- #1 reason: COST-CONTROL
 - This was the major driver for the creation of APCDs
 - Price transparency exerts downward pressures on procedure and Rx prices
- Fully de-identified data—protects your customers.
- Informs clinical, epidemiological, and Public Health policymakers.
- Help other states; and thus, Federal Government.
- Create and 'even playing field' for insurers.



NH Exception Requests



Exception Requests

Pursuant to RSA: 4009.09 (b)

..."If a file is processed and rejected for failing to meet the field level or quality audit default thresholds, the healthcare claims processor can request an exemption to the default threshold through a standardized process. Exemptions or adjustments may be granted for data variances that cannot be corrected due to systematic issues."

Threshold exception requests should include data field OR data quality-specific reasoning to support the request. Failure to provide this may result in the exception request denial and/or complete file failure.

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 reasoning why you aren't able to meet the threshold reiterating the description of the quality check is not reasoning 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.
- Include overall comments about the file if the file size is impacted by significant events like the pandemic or the add/loss of a large client group



- Submit files to be accepted as is with no threshold changes.
- Leave the Notes section empty.
- Reiterate the description of the quality check in the "Reason For Request".
- Assume the reviewer will remember the comments you included last year, if the same reason applies year to year please include details each time.









Exception Request Example

New Hampshire

Exception Request System

File Name Records File Date File Checked	me NHCHIS Data Submit MENHNHC012320200 625 Jul 27 2020 10:12:28AI Jul 27 2020 8:33:33AM:	06_20200620318635.txt M I	stem. These issues. hx	owever, are not fat:	al and deal only with potential	data quality is:	issues. Once you have verified that the data are being pulled appropriately and have determined th	hat the data are o	f the highest	attainable quality, y	ou mav either r	equest that the thresholds b	pe changed using the form "."	Threshold Exceptions
thresholds) by using the form at the bottom of the page labelled "File Exception Request". (Click here to take you to the bottom of the page) Threshold Exceptions Request Below is a list of all thresholds that were not met by the file. You may request that thresholds be changed for this and future files by completing the form. • Check the box to indicate you're requesting a threshold change for that test • Fill in the new threshold value(s) • You may enter optional notes to help explain why this threshold change is needed. • Click the submit button.														
Field Level Failu: Field Name (Position) Click to view history	Test	Current Threshold Compariso Criteria	requests will always overword File Results Exception	write previous requists.	Exception Notes]	w w					
Quality Failures Name Descrip		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								File MAX	Request	Thresholds Requested		
DQE316 (Ratio o	f distinct non-blank group	names to distinct non-bla	ak group numbers) - l	Number of records	with distinct non-blank Group	p Names (ME0	E032) divided by the total number of records with distinct non-blank Insured Group or Policy Nu	mber (ME006).2		Results Threshol	Exception	Minimum - Maximum		
You may add notes You may add notes		that will be presented to	he reviewer. Use this	space to make any	y suggestions as to why the file	e as a whole sh		=nto:				n		

To request the file be passed without changing the thresholds, simply add notes explaining why and then click the "Request File Exception" button. The system will keep you up to date on the status of your request.







NH CHIS Registration Website

Presenter: Rose Hess (Milliman)



NH CHIS Registration Website

- No updates to the NH CHIS Registration Website this year.
- Annual registration notices to be emailed to all payers, February 2024.
- Update Registration for your payer when:
 - Any Contacts have been added or are no longer with your organization.
 - Changes to your organization that affects your ability to report to NH CHIS.
- Adding or removing personnel to email file report notifications are only done after the NH CHIS registration website has been updated.



Opt-In Attestation

Presenter: Jason Aziz (NHID)



Opt-In Attestation

- In accordance with INS 4005.03, adopted 11/17/2016, each third-party administrator and carrier is required to provide the NHID Opt-In Form to any self-funded private employer within 60 days of the effective date of the rule.
- Pursuant to INS 4005.03 (d): "Each carrier and third-party administrator shall provide to the department annually on March 15 an attestation of compliance with this section with respect to all accounts to which this section was applicable during the prior year."
- NHID is tracking compliance with the submission(s) of the Attestation of Compliance with the rules set forth in 4005.03 beginning in March 2023.



Opt-In Attestation Form

- March 15th is the annual submission deadline for the Opt-in Attestation form.
- Ins-4005.03(b): The "NHID Opt-In Form" shall be presented at least once for each contractual period but need not be presented annually if the contractual period exceeds one year.
- E-mail: Karen.L.McCallister@ins.nh.gov with questions.

The State of New Hampshire Insurance Department



21 South Fruit Street, Suite 14 Concord, NH 03301 (603) 271-2261 Fax (603) 271-1406 TDD Access: Relay NH 1-800-735-2964

NHID Opt-In Form

All-Payer Claims Database Indication of Intent for Private Employers Offering Self-Funded Health Coverage in New Hampshire

You are receiving this form under a 2016 New Hampshire law allowing a self-funded private employer to direct its claims administrator to include the health care claims data of its employees and covered dependents in the state's All-Payer Claims Database (APCD) (NH RSA 420-G:11, V).

- In response to rising health care costs, the New Hampshire Insurance Department has, since 2003, collected health care claims data from insurers and third-party administrators in an APCD. To protect privacy, under state law the database "shall not include or disclose any data that contains direct personal identifiers".
 (NH RSA 420-G:11-a, I)
- The APCD enhances transparency, providing employers, policymakers, payers, and health care providers with vital information about the factors contributing to rising health care costs in New Hampshire. In addition, the Insurance Department uses the database to provide health cost information to the public, including employers and their employees, through the NH HealthCost website: http://nhhealthcost.nh.gov/.
- New Hampshire's database has always included data from self-funded employers, because the accuracy of information derived from the database increases when more claims are included. In 2016, the U.S. Supreme Court ruled that Vermont could not require self-funded private employers to submit data to the state's APCD. To clarify New Hampshire law after that ruling, the legislature required the creation of this form to allow self-funded private employers to direct their claims administrators to include their data.

If you elect to participate, please indicate your intent below by checking, signing, and providing the requested information; then return this form to your claims administrator. If you have questions about New Hampshire's APCD or the department's efforts to improve health care cost transparency, contact the NH Insurance Department at 603.271.2261 or requests@ins.nh.gov, or visit http://www.nh.gov/insurance/. Thank you.





Questions or Comments Regarding Policy?

Please direct any questions or comments to:

Jason Aziz

Jason.J.Aziz@ins.nh.gov
New Hampshire Insurance Department
(603) 271-4191

Mary Fields

Mary.fields@dhhs.nh.gov

New Hampshire Department of Health and Human Services (603) 271-9358



Questions or Comments?

Please direct any questions or comments to:

NH Ticketing System

NHCHISSUPPORT@milliman.com

You may copy

Rose Hess

Rose.Hess@Milliman.com

206-504-5468



Thank you

