New Hampshire Comprehensive Healthcare Information System Annual Healthcare Claim Processors Meeting

In-person (NH DHHS Brown Building Auditorium) and WebEx

Tuesday, July 28, 2015

1:00pm – 3:00pm EDT

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Agenda

- Introduction
  - DHHS
  - NHID
  - Milliman
  - UNH
- Revisions to New Hampshire rules: Ins 4000 Uniform Reporting System for Health Care Claims Data Sets
  - Background
  - Summary of Changes
  - Registration Changes
  - Exclusion Criteria Changes (Ins 4005)
  - Consistent IDs (4005.01)
  - New format
    - Provider File – New file (4010.05)
    - Eligibility File – New Data elements (4006.04)
    - Claim File – New Data elements (4009)
  - Code Lists (4010.06)
- Updated Submission Manual and FFQC User Guide
- New Field, File, Quality (FFQ) Checks and Exception Process
  - FFQ and Exception Process
  - Demo
- Implementation Dates
- Questions

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New Hampshire Insurance Department

Ins4000: Uniform Reporting System for Health Care Claims Data Sets

Presenters: Martha McLeod & Maureen Mustard (NHID); Mary Fields (DHHS)

Background

http://www.nh.gov/insurance/legal/documents/ins4000adopted.pdf

- Work on revisions began January 2014
- Freedman HealthCare consultants; held webinar with data submitters June 2014
- Rule language reorganized; tables reformatted; technical specifications remain as part of the rule
- Public hearing held March 24, 2015 and comments received
- Revised rule approved by Joint Legislative Committee on Administrative Rules (JLCAR) June 26, 2015
- Rule adopted July 8, 2015

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Summary of Changes

- Registration
- Exclusion Criteria
- Consistent Identifiers
- Provider File
- Member Eligibility File
- New Data Elements
  - Denied claims
- State-specific code lists
- Important Dates
- Department contacts

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Registration Changes

- System ready on or before November 1, 2015
- Short cut to contact information on first screen
- Allows registrant to add notes for clarification: mergers, system changes, gain/loss of business, etc.
- Requires data warehouse information (source)
- Requires NAIC number of parent company

Exclusion Criteria Changes (Ins 4005)

- Carriers that do not offer any products on the health insurance exchange for residents of New Hampshire and did not cover more than 9,999 members in NH at any point in any medical, pharmacy or dental coverage class during the prior calendar year

- TPAs that did not cover more than 9,999 members in New Hampshire at any point in any medical, pharmacy or dental coverage class during the prior calendar year

- Member count for de minimis purposes includes aggregate of parent company business New Hampshire

- Carriers and TPAs that fall below the de minimis continue to submit claims for each month in which they met the criteria and 180 days after.

- Medicare supplemental claims excluded

Consistent IDs (4005.01)

- All files must use consistent member and subscriber identifiers to support accurate alignment of member information across files

- Matched across the member eligibility, medical claims, pharmacy and dental files, as well as behavioral health claims, as applicable, even where the claims are processed by a subcontractor

Provider file (Table 4010.05)

- A provider file is now required.
  - Data file listing information about the service providers identified in the medical claims, pharmacy claims, and the dental claims file as servicing billing, prescribing, or primary providers.
  - File is in addition to the claim file elements
  - Use consistent provider number (NPI) regardless of where services are provided

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Provider file (Table 4010.05)

Table 4010.05 (c) Provider File Detailed Specifications				
Data Element #	Element	Type	Length (decimal places)	Description/Codes/Sources
MP001	Payer	Text	8	Payer submitting payments. NHID Submitter Code
MP002	Plan ID	Text	30	CMS National Plan ID or NAIC code.
MP003	Provider ID	Text	30	Unique identified for the provider as assigned by the reporting entity
MP004	Provider Tax ID	Text	10	Tax ID of the provider. Do not code punctuation.
MP005	Provider Entity	Text	1	Specify the value that defines the type of entity
				1 Person; physician, clinician, orthodontist, and any individual that is licensed/certified to perform health care services.
				2 Facility; hospital, health center, long term care, rehabilitation and any building that is licensed to transact health care services.
				3 Professional Group; collection of licensed/certified health care professionals that are practicing health care services under the same entity name and Federal Tax Identification Number.
				4 Retail Site; brick-and-mortar licensed/certified place of transaction that is not solely a health care entity, i.e., pharmacies, independent laboratories, vision services.
				5 E-Site; internet-based order/logistic system of health care services, typically in the form of durable medical equipment, pharmacy or vision services. Address assigned should be the address of the company delivering services or order fulfillment.
				6 Financial Parent; financial governing body that does not perform health care services itself but directs and finances health care service entities, usually through a Board of Directors.
				7 Transportation; any form of transport that conveys a patient to/from a healthcare provider.
				8 Other; any type of entity not otherwise defined that performs health care services.

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Provider file (Table 4010.05) (cont.)

				Table 4010.05 (c) Provider File Detailed Specifications
Data Element #	Element	Type	Length (decimal places)	Description/Codes/Sources
MP006	Provider First Name	Text	35	Individual first name. Leave blank if provider is a facility or organization
MP007	Provider Middle Name or Initial	Text	25	
MP008	Provider Last Name or Organization Name	Text	60	Full name of provider organization or last name of individual provider
MP009	Provider Suffix	Text	10	Example: Jr; Set as leave blank if provider is an organization. Do not use credentials such as MD or PhD
MP010	Provider Specialty	Text	10	Report the HIPAA-compliant health care provider taxonomy code. Code set is available at the National Uniform Claims Committee's web site at http://www.nucc.org/
MP011	Provider Office Street Address	Text	50	Physical address – address where provider delivers health care services
MP012	Provider Office City	Text	30	Physical address – address where provider delivers health care services
MP013	Provider Office State	Text	2	Physical address – address where provider delivers health care services. Use postal service standard 2 letter abbreviations
MP014	Provider Office Zip	Text	9	Physical address – address where provider delivers health care services. Minimum 5 digit code. Do not include dashes
MP015	Provider DEA Number	Text	12	
MP016	Provider NPI	Text	20	
MP017	Provider State License Number	Text	30	
MP018	Entity Code	Text	2	Enter the value that defines the entity provider type. Required when MP005 does not = 1
				1 Academic Institution

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Provider file (Table 4010.05) (cont.)

				Table 4010.05 (c) Provider File Detailed Specifications
Data Element #	Element	Type	Length (decimal places)	Description/Codes/Sources
				2 Adult Foster Care
				3 Ambulance Services
				4 Hospital Based Clinic
				5 Stand-Alone, Walk-In/Urgent Care Clinic
				6 Other Clinic
				7 Community Health Center - General
				8 Community Health Center - Urgent Care
				9 Government Agency
				10 Health Care Corporation
				11 Home Health Agency
				12 Acute Hospital
				13 Chronic Hospital
				14 Rehabilitation Hospital
				15 Psychiatric Hospital
				16 DPH Hospital
				17 State Hospital
				21 Licensed Hospital Satellite Emergency Facility
				22 Hospital Emergency Center
				23 Nursing Home
				24 Pharmacy
MP899	Record Type	Text	2	MP

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Member Eligibility File (4006.04)

- A member eligibility file is required for each member eligible for benefits (medical, dental or pharmacy) during a reporting period

- Any retrospective updates should correspond to previously submitted eligibility data

- Include claims adjudicated during the reporting month for all members in the member eligibility file for that month

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New Data Elements (4009)

- **Claims files** must now include record of service under alternative payment arrangements with zero paid amounts when such claims exist.

- Tooth Number/Letter

- New data elements to enhance the use of NHCHIS to validate NHID Supplemental Filing report

  - plan identification numbers

  - metallic value

  - plan characteristics; as they relate to ACA, premium data and NHHealthCost

- Refer to supplemental document for details

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New Data Elements-Claims

Denied claims are now a mandatory element in claims files.

- MC038-Service line status-describes the payment status of the specific service line record
- MC219-Denied Claim Indicator
- MC220-Denial Reason-Use if partially denied or no payment made. Uses X12 standard (edi link provided in rule)

New Data Elements

New elements to improve data quality:

- ICD 9/ICD 10 flag

- Prior claim transaction identification number

- Five additional ICD-CM fields

- Payment arrangement type to signal capitated or other non Fee For Service (FFS) payment arrangements

- Practitioner Group Practice

Code Lists (Table 4010.06)

- Code lists have been standardized across all files.
  - Insurance type, product code
  - Relationship code
  - Race, ethnicity
  - Discharge status
  - Place of service
  - Claim status
  - Point of origin

Data Submission Manual & FFQC User Guide

These two documents will be available by August 15th 2015. These documents will be needed as a resource for format changes as per the new rule.

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Milliman's File Field and Quality Check (FFQC) Process for the New Hampshire Comprehensive Health Care Information System (NHCHIS)

Presenter: Ryan Andersen, Director SaaS Operations

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FFQC Overview

- FFQC system is a highly-automated data audit tool for data file intake verification and processing

- System checks data files submitted through a SFTP for conformity to data submission requirements

- Requirements include: data file structure; field detail (type and max/min length), % filled field frequency default thresholds; data quality checks with maximum and minimum default thresholds

- System is a self-service, online tool designed to provide feedback that allows data suppliers to identify and take action on resolving data quality issues

- System is designed to send audit results in a very short period of time via email reports that outline the outcomes of all phases of the data checking process

- Milliman will also provide support through a ticketing system to allow data suppliers to submit any questions or issues that may arise during the FFQC process

- System allows data suppliers to submit threshold exception (adjustment) requests resulting from non-catastrophic data completeness and quality failures (threshold exceptions existing under the current system will be nullified and will need to be re-established under the new FFQC)

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Possible Failures Identified by FFQC

- **Catastrophic Failures** - failures that must be fixed by the data supplier and resubmitted (cannot be overwritten using an exception request) and may include:
  - Naming Convention Error
  - Structural and File Errors - the system must verify that there are no structural or file errors (e.g. - incorrect number of data columns, invalid record delimiters) before the data can be reviewed for field errors
  - Field Errors - field format and maximum length errors
- **Standard Failures** - if the data supplier verifies that the data is being pulled appropriately and of the highest possible quality, and one or more of the following occurs, a default threshold exception request may be submitted to identified State of New Hampshire staff:
  - Threshold Requirements - not meeting threshold requirements for percentage of filled fields in the records or not meeting ratio threshold requirements on data quality audits (e.g., percentage of males versus females within a file)
  - Valid Value Errors - file containing invalid values for a data element (e.g., invalid ICD codes)
  - Minimum Length Errors - data elements that contains values that are not of a required length (e.g., modifier codes with one character)

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File, Field, and Quality Checks Process

File/Field Checks

- Data supplier submits data files using the pre-processor.

- Data files first process through a file sniffer to verify naming conventions

- Data files then process through a file checker system to verify:
  - All files have the correct structure, file format, and minimum and maximum field lengths
  - All values are valid for their given fields

- Data supplier required to resubmit or request exceptions on failed files within 10 calendar days of receiving the file report.

File, Field, and Quality Checks Process (continued)

Quality Checks

- Data files are next processed through a quality checker system, which creates customized, multifaceted quality checks to produce one number that can be compared against a predefined acceptable threshold

- Quality checks include both % filled field frequency default threshold comparisons and data quality maximum and minimum default threshold comparisons

- If files fail the quality checker review, the data supplier receives:
  - A standard color coded report highlighting the field level failures and/or quality audit failures with one-click access to the web-based failure response system
  - Guidance for file correction and resubmission
  - A link to an electronic exception request form

- Data supplier cannot manually delete failed file submissions

- If an exception is not requested, the system will automatically delete the failed files after 10 days

- If the files pass all checks within the quality checker, the data supplier receives a success report via email

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File, Field, and Quality Checks Process (continued)

Exception Requests

- Data supplier must complete the web-based exception form to request an exception
- A request can be submitted for a complete file acceptance or specific thresholds for each failure on the report
- A data supplier can also view the exception history of each file by clicking on the hyperlinked Field Names (Positions)
- The State of New Hampshire acts upon all exception request(s):
  - If approved, the State of New Hampshire will determine if it is a time-limited or permanent exception
  - If denied, the data supplier will be notified and the files will be deleted
  - If altered, the data supplier will be able to contact Milliman using the email ticketing process to request assistance/guidance in meeting the threshold(s)

File, Field, and Quality Checks Process (continued)

Exception Requests (continued)

- If the data supplier does not request an exception within 10 calendar days, the original failed files will be deleted and a resubmission expected

- For each request, only one initial exception date (the most current assigned and no date ranges) and one expiration date allowed in the system

- Once an expiration date is reached, the system will automatically revert to the default threshold, unless it is extended prior to that date

FFQC Demo

Implementation Schedule & Important Dates

- June 26th 2015 – Revised Ins 4000 passed by NH Joint Legislative Committee on Administrative Rules.

- August 1st 2015 – New FFQC will go live

- August 15th 2015 – Updated Submission manual available

- Oct 15th, 2015 - Updated preprocessor will be available for the data submitters.

- November 1st 2015 – Anticipated date for updated registration go –live. (Email confirmation to be sent in advance.)

- November 1st 2015 – Milliman ready to receive files from Submitters

- January 1st 2016 – Updated FFQC system ready for new file layouts submitted under the new regulations. New file format will be fully implemented. No files will be accepted in old format.

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Questions or Comments Regarding Policy?

Please direct any questions or comments to:

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(603) 271-7973

Mary Fields

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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 either

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Thank you