

Welcome to the Mid-Summer 2007 edition of the New Hampshire Comprehensive Health Care Information System Newsletter. You will be notified through e-mail each time the newsletter is posted to [www.ncdms.org](http://www.ncdms.org). The July 2007 newsletter focuses on data quality – the quality of the data that we have been receiving and the measures we will be implementing to improve that quality.

## NH CHIS CURRENT SYSTEM PROCESSING

### Brief History

July 2007 marks the beginning of the third year of the collection of claims data by the state of New Hampshire. The first year was a building year for everyone involved. The second year saw submissions settle into a steady stream of data, filed in a timely manner with quality information. The second year also saw heavy usage of the data to generate standard reports and prepare special studies that are available on the web site ([www.nhchis.org](http://www.nhchis.org)). Since increased research activity causes a greater scrutiny of the data, we are in the process of developing, testing and implementing a number of new quality measures to allow us to detect problems earlier in the process and, create a more timely, higher quality data base. **All of the changes discussed in this newsletter are scheduled to take effect for all data submitted on or after October 1, 2007.**

### Database Status

Now in the second year of data collection the quality and the timeliness of the carrier data show marked improvement over the first year of operation. As of June 30, there were 1,590 submissions processed from 37 carrier systems during the second contract year with a total of 62.2 million records compared to 1,412 submissions from 34 carrier systems with 83.5 million records in year 1. Over 75% of the submissions and 84% of the records were accepted in year 2 compared to less than 40% of the submissions and 50% of the records in year 1.

A year 2 (calendar year 2006) overview of eligibility and cost for commercially insured members with medical coverage in the NH Healthcare consolidated dataset shows that on average there are 526,000 members per month with total annual plan payments for services of \$1.3 billion. The pharmacy data show an average of 537,000 covered lives with plan payments totaling \$204 million. Member payments in 2006 for both of these segments are \$88.6 million and \$65.3 million respectively.

## NH CHIS DATA QUALITY CHANGES

### Data Loading Thresholds

Review of two years of data submitted by NH carriers has led to adjusting the data element thresholds. This is being done to more accurately reflect the data quality and completeness of data currently provided by the carriers. The table at the end of this newsletter lists each of the 33 data elements with new thresholds.

In medical claims, seven fields will be increased to 100% compliance: Line Counter (MC005), Member Date of Birth (MC013), Service Provider Last Name or Organization Name (MC030), Service Provider Specialty (MC032), Claim Status (MC038), Date of Service – From (MC059), and Date of Service - Thru (MC060). In addition, there are nine medical claims data elements that will have lower thresholds than currently required.

Most of the thresholds for the eligibility fields will remain at the same level as they are now. However, Coverage Level Code (ME007), Member Date of Birth (ME014) and Member ZIP Code (ME017) will require 100% submission compliance.

Ten pharmacy claim fields will be raised to a 100% threshold level: Line Counter (PC005), Member Date of Birth (PC013), Pharmacy Number (PC018), Pharmacy Name (PC020), Claim Status (PC025), Drug Code – NDC (PC026), Drug Name (PC027), New Prescription (PC028), Generic Drug Indicator (PC029) and Date Prescription Filled (PC032). Data fields Dispense as Written (PC030), Compound Drug Indicator (PC031), and Days Supply (PC034) will be increased to a 95% threshold level.

These threshold changes are supported by the data that we have received to date. We will notify you via email when the complete list of thresholds has been published on the web site. **The new data element thresholds will take effect with all submissions received on or after October 1, 2007.** Any carrier specific thresholds that have been approved by the state of NH will remain intact even after the new thresholds have been implemented.

## NH CHIS DATA QUALITY CHANGES – continued

### Data Quality Edits

Data quality edits are intended to evaluate the reasonableness of the content of the data you have submitted. They often involve checking the contents of one field against another or looking at rates within the submission. If a submission fails one or more of the data quality tests, a staff member manually reviews the report and determines whether to fail the submission or pass it. We have reviewed all of the data quality edits and several will be modified to more accurately identify errors. These changes are primarily to reduce the number of false failures that require manual review. Many of the changes to existing data quality edits will not be evident to the carriers.

Another area of focus will be the completeness and quality of hospital facility data. That data will be isolated and subjected to additional edits that may result in a higher carrier failure rate than experienced in the past. These edits will rely heavily on the accurate coding of Type of Bill - Institutional (MC036) and Revenue Codes (MC054). If we see that this is a problem area for you, we will be in contact with you.

The quality of information regarding providers is of high importance. There will be several data quality edits added in this area that may cause submissions to begin to fail. Staff will be testing these new edits with data we have in house and will be contacting you in advance if your earlier submissions would have failed under the new edits.

### Other items under review

Over the upcoming months, work will continue in the following areas:

- Monitoring the submission of compliant NPI data for NH data submissions and implementation of a NPI threshold requirement later this year
- Provider data assessment and linkage work
- Quarterly comparisons of payer defined specialty codes to our internal-linked specialty codes
- Invalid CPT code evaluation (you may be asked to supply updated definitions for "local procedure codes")
- Confirmation of the claims rollup methodology that we have implemented to create the NH CHIS Commercial Incurred Consolidated Dataset.

## EVENTS AND KEY DATES

### September Carrier Meeting

**A carrier meeting to be held in Concord is in the planning stages.** The meeting will be held at the NHID State Offices in Concord NH in September 2007. We will send out an email with the date and post it on the web site as soon as that is set.

Topics that will be discussed include:

- Data quality and data usage
- Demonstration of the NHID medical service cost analysis web site
- Demonstration of the NHCHIS Medicaid and Commercial public reporting web site.
- Compliance; commercial data availability to the public and potential NH rule modifications.

### Other

**07/31/2007** – Updated Public release provider files available via the web.

**07/31/2007** – June 2007 Paid Claims and Eligibility Due with NPI values listed

## KEY EMAIL ADDRESSES

- [nhinfo@ncdms.org](mailto:nhinfo@ncdms.org) for general questions
- [WebAdmin@ncdms.org](mailto:WebAdmin@ncdms.org) for questions or issues regarding the web site, including the data upload process and encryption software.
- [nhdata@ncdms.org](mailto:nhdata@ncdms.org) for questions or issues regarding a Data Submission or data file status. This includes questions about sending data via the web.

Thank you for your time and support for this project. We look forward to working with you in the coming months and seeing you in September.

**Adam J. Thebeau**  
Director of Health Information Systems  
Maine Health Information Center

## Proposed Load Threshold Changes

Field #	Field Name	File Type	Current Threshold	New Threshold	Change from Default
MC005	LINE	M	70	100	30
MC013	DOB	M	90	100	10
MC023	PTDIS	M	80	90	10
MC028	PRVFNAME	M	50	40	-10
MC029	PRVMNAME	M	20	15	-5
MC030	PRVLNAME	M	90	100	10
MC032	PRVSPEC	M	95	100	5
MC036	BILLTYPE	M	40	20	-20
MC037	FACTYPE	M	70	60	-10
MC038	STATUS	M	90	100	10
MC042	DX2	M	60	50	-10
MC043	DX3	M	40	20	-20
MC044	DX4	M	20	5	-15
MC045	DX5	M	10	0	-10
MC055	CPT	M	60	80	20
MC059	FDATE	M	95	100	5
MC060	LDATE	M	95	100	5
ME007	XPLAN	E	95	100	5
ME014	DOB	E	90	100	10
ME017	PATZIP	E	90	100	10
PC005	LINE	P	70	100	30
PC013	DOB	P	90	100	10
PC018	PHARM	P	90	100	10
PC020	PHARMNM	P	90	100	10
PC025	STATUS	P	90	100	10
PC026	NDC	P	90	100	10
PC027	DRUGNM	P	90	100	10
PC028	NEWPR	P	70	100	30
PC029	GENRX	P	90	100	10
PC030	DAW	P	50	95	45
PC031	COMPOUND	P	90	95	5
PC032	FDATE	P	95	100	5
PC034	DAYS	P	90	95	5
PC047	PHYSNUM	P	60	95	35