



# New Hampshire Insurance Department



*New Hampshire*

**CHIS**

Comprehensive HealthCare Information  
System

RX Data Collection  
Considerations in NH

# NH Reporting Requirements

- NH Legislature passed law creating CHIS in 2003 (RSA 420-G:11-a)
- With statutory authority, NH Insurance Department developed reporting rules for CHIS (INS4000)
- NHID can conduct market conduct exams
- Enforcement action can be taken against carriers for non compliance

# De-identified Data

- RSA 420 G includes requirement to remove all identifiable data:
  - “the comprehensive health care information system shall not include or disclose any data that contains direct personal identifiers”
- Unique person key created in preprocessor to track person over time and across payer

# Carrier Responsibility

- Ins 4005.01 Required Filers and Data Sets
- (c) When more than one entity is involved in the administration of a policy, data shall be submitted in accordance with the following:...
  - (3) Each carrier and third-party administrator shall submit all health care claims processed by any subcontractor on its behalf, including but not limited to claims related to pharmacy services, dental services, and behavioral health, mental health and substance abuse treatment services;
  - (4) Each carrier and third-party administrator shall ensure that the subcontractor is not submitting duplicate claims to the department or its designee if the subcontractor falls under the definition of a carrier, meets the requirements of this section, and is required to submit data as a separate entity; and
  - (5) Each carrier and third-party administrator shall ensure that member and subscriber identifiers in any files processed by subcontracts are consistent with member and subscriber identifiers in the medical and pharmacy claims files and the member eligibility files.

# Why?

- Carriers held accountable for data integrity
- Claims attributed to appropriate carrier
- Ability to associate pharmacy claims and medical claims



# Challenges

- Communication between PBM and carrier
  - Amount paid to the pharmacy is not shared with carrier
- Quality of data received by PBM from pharmacy
- Data warehousing practices of PBMs