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WAIVER APPLICATION DECISION
PERTAINING TO ANTHEM BLUE CROSS BLUE SHIELD'S
AMENDED REQUEST FOR A WAIVER FROM INS 4000 FOR
CERTAIN PHARMACY CLAIMS DATA ELEMENTS

On January 30, 2019, Anthem Blue Cross Blue Shield (“Anthem”) submitted a waiver application, pursuant to Ins 4008.01, seeking a waiver of the submission of certain data elements under Ins 4000. On March 22, 2019, Anthem submitted an amended waiver application. The New Hampshire Insurance Department (“Department”) has considered Anthem’s amended waiver application and for the reasons described below conditionally approves the amended waiver request:

Legal Background:

N.H. Code of Admin. R. Ins Chapter 4000, Uniform Reporting System for Health Care Claims Data Sets, establishes procedures and substantive requirements for the submission of health care data by insurance companies, third-party payers, third-party administrators, and carriers that provide administrative services for a plan sponsor, to the New Hampshire Comprehensive Health Information System (NH CHIS) as required under NH RSA 420-G:11, II. Carriers are required to submit data in the specified format for all residents of New Hampshire and for all members who receive services under a policy issued in New Hampshire. Ins 4005.01(b). When more than one entity is involved in the administration of a policy, it is the carrier’s responsibility to submit the claims data on policies it has written. Ins 4005.01(c).

Ins Chapter 4000 sets forth detailed technical requirements for the submission of data. It is the responsibility of the carrier to comply with “all the technical specifications contained in Ins Part 4009 and . . . [to] include all data elements contained in Ins Part 4010, including required formats, definitions and sources.” Ins 4006.01(a). The rule requires submission of “fully-processed claims that have gone through an accounts payable run and been booked to the health plan ledger in all medical, dental and pharmacy claims file submissions.” Ins 4006.03(g); see also Ins 4009.03(d). To the extent a carrier submits multiple iterations of the same claim, the rules require that the versions be numbered in a way that allows the claims to be linked. Ins 4009.03 (c) and (e). However, nothing in the rules requires that multiple iterations of a claim be submitted, so long as all fully-processed claims are included in the submission.

The rules allow the department to grant a waiver of the requirement to submit a particular data element upon a showing by the carrier that:

- (1) The data element does not exist on the carrier's or third-party administrator's transaction system;
- (2) The data element cannot be derived reliably from other information available on the carrier's or third-party administrator's transaction system; and
- (3) The data element does not reflect information necessary to process claims or to conduct business operations in accordance with generally accepted industry standards, such that it should reasonably be available.

Ins 4008.01(a).

Amended Waiver Application:

Anthem originally sought a waiver under Ins 4008.01 for the submission of two required data elements for pharmaceutical claims, Element PC 211 (Cross Reference Claims ID) and PC 217 (Denial Reason). Anthem asserted that these data elements presently do not exist, cannot be reliably derived from other information available to Anthem, and are not necessary for the processing of pharmacy claims by Anthem's current Pharmacy Benefit Manager (PBM), Express Scripts (ESI).

Anthem has withdrawn its request for a waiver with respect to Element PC 211, following clarification by the NHID that submission of only the final version of claims that have gone through an accounts payable run and been booked to the health plan ledger is permissible under Ins 4006.03(g) and Ins 4009.03(d). Submission of only the final version obviates the need to populate Element PC 211.

Anthem's amended waiver request only includes Element PC 217. With respect to Element PC 217, Anthem asserts that pharmacy claims are reversed or voided only when the member declines the fill or fails to pick up the prescription within a certain period of time. Specifically, Anthem believes the requirement that carriers populate Element PC 217 with a valid NCPDP code for claim reversals (Service Line Status PC025 = 22) is incorrect, as there are no valid NCPDP (National Council for Prescription Drug Programs) Reject codes for claim reversals (i.e. a voided claim).

Analysis:

From a legal perspective, the requirement to populate Element PC 217 is triggered any time a claim is denied or reversed. However, if the data include only voided claims, not reversals, as Anthem asserts, this field is not required to be populated. The Department recognizes the validity of Anthem's assertion that actual reversals are rare in the context of pharmacy claims, and that the common occurrence is that the claim was voided. Therefore, the Department is willing to grant the requested waiver, for pharmacy claims only, on condition that Anthem supply a denial code in the event the company is aware that there was an actual reversal rather than a voided claim. To the extent there is confusion about the codes to be used for Element PC 217 in that instance, please note that it is permissible to use the list from NCPDP for Denial Code Reasons for pharmacy.

Conclusion:

In accordance with the analysis above, Anthem's request for a waiver of the requirement to supply a reversal code in data element PC217 specifically for pharmacy claims is granted, subject to the condition that the company monitor the claims and supply a reversal code if it is aware that there was an actual reversal, not a voided claim. In proceeding under this waiver, Anthem must follow the protocols established by the Department's data consolidator, Milliman, including requesting a threshold exception for the field and quality checks that may fail as a result of having no denial reason code for reversed pharmacy claims.

Date: 7/3/19

Alexander K. Zeldowel, Deputy Commissioner, for

John Elias, New Hampshire Insurance Commissioner