
New Hampshire Insurance Department

Strategic Plan for Data Collection

Final Report

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Executive Summary

In 2015, Gorman Actuarial (GA) initiated a Strategic Planning process for the New Hampshire Insurance Department (NHID), to identify recommendations for streamlining and improving data collection efforts to inform health policy decisions. Strategic Planning activities included conducting stakeholder interviews with state agency staff, major commercial insurance carriers, and other data users; researching available data sources both in New Hampshire and nationally; and leveraging GA's own role as the data collection and analysis contractor for the Annual Hearing Report and Supplemental Report. Strategic Planning discussions focused primarily on the Annual Hearing Report and Supplemental Report, as these are the two data sources frequently used by the NHID. However, additional data sources were considered and included in the Strategic Plan.

The Strategic Planning process yielded four recommendations:

1. Align the Annual Hearing and Supplemental Report data requests.
2. Modify the data reconciliation process for Annual Hearing and Supplemental Report data submitters.
3. Integrate the Annual Hearing Report and Supplemental Report and make the content more accessible to a broader audience.
4. Leverage other data sources to gather and disseminate information.

The purpose of this Final Report is to summarize the key activities and findings from the Strategic Planning process, and to describe the four recommendations that GA identified.

Section I. Introduction

In 2015, the New Hampshire Insurance Department (NHID) engaged Gorman Actuarial (GA) to develop a Strategic Plan for Data Collection to improve the NHID’s efforts to inform health policy decision-making. As commissioned by the NHID, the Strategic Plan would recommend strategies to:

- Ease the reporting burden for data submitters (commercial carriers and third party administrators); and
- Improve the quality, compliance, and timeliness of data that are submitted to the NHID

Efforts focused primarily on the Annual Hearing Report and Supplemental Report, two major data sources that annually provide information to support the NHID’s health policy work. However, additional data sources were considered and included in the Strategic Plan. This Final Report presents the findings and recommendations from GA’s Strategic Planning efforts, and describes the process it used to investigate and develop the recommendations.

Section II. Summary of Strategic Planning Approach

GA developed the Strategic Plan for Data Collection through research, stakeholder interviews, and lessons learned from its ongoing role in data collection and analysis for the NHID’s Annual Hearing and Supplemental Reports. This section describes GA’s Strategic Planning Approach.

First, GA assessed the various data sources that currently inform the NHID’s health policy work. The January 2013 [Analysis of Data Sources to Support Rate Review](#) (prepared by Compass Health Analytics on behalf of the NHID) was a helpful resource in identifying these data sources, as was GA’s own prior data collection and analysis work for the NHID. **Appendix I** provides a summarized version of the inventory that GA developed to document all existing data sources.

In July and August 2015, Gorman Actuarial conducted stakeholder interviews with staff members from the New Hampshire Insurance Department and the Department of Health and Human Services (“internal stakeholders”), as well as representatives from three major commercial insurance carriers and the University of New Hampshire’s Institute of Health Policy and Practice (“external stakeholders”). The discussions focused on stakeholders’ perceptions of available resources such as the NHID’s [Annual Hearing Report](#), [Supplemental Report](#), and the [NH HealthCost](#) website; the experience of commercial carriers who provide data to the NHID for these reports and for the New Hampshire Comprehensive Health Information System (NH CHIS); as well as other data sources that stakeholders use to inform their health cost and health policy work. In March 2016, GA shared a preliminary version of the Strategic Plan with the stakeholders it interviewed, to gather their feedback and inform the final version.

GA also leveraged its role in managing the data collection and analysis process for the Annual Hearing Report and Supplemental Report to identify strategies for improving data collection and reducing carriers’ reporting burden. GA has already begun implementing strategies for streamlining these annual data requests, and will continue to refine them.

Section III. Summary of Key Findings

Stakeholder Engagement Findings

The primary purpose of the stakeholder engagement process was to understand internal and external stakeholders' perceptions of the benefits, uses, and limitations of the NHID's Annual Hearing Report, Supplemental Report, NH HealthCost website and other relevant NHID reports. In addition, these interviews captured stakeholders' recommendations for improving the NHID's data collection efforts.

How Stakeholders Use the Annual Hearing and Supplemental Reports

In general, internal stakeholders (that is, State agency staff) use the Annual Hearing Report and Supplemental Report primarily as a reference for general information on the health insurance industry – specifically, information on cost sharing, benefit design, market share, types of coverage, and average premium rates and trends. These reports provide high-level information on the NH marketplace that the NHID can use in conversations with interested parties, such as legislators and policymakers, the media, and the general public.

External (non-State) stakeholders varied in their use of these reports. Like the State agency users, some stakeholders found the reports to be helpful tools for understanding the health insurance market, while others (in particular, some commercial carriers) found the data in the reports to be too outdated and preferred to reference their own internal data systems for similar information.

How Stakeholders Use NH HealthCost

Among the internal stakeholders interviewed,¹ the NH HealthCost website is widely valued and recognized as a tremendous resource for transparency and consumer decision-making. State staff refer policymakers and the general public to the website, as it is the only resource for New Hampshire citizens to access data from the NH CHIS; however, most State staff do not use the website for their own work other than occasionally looking up price information.

Like the State staff, external stakeholders reported referring others to NH HealthCost as a tool for consumer price transparency and decision-making. Commercial payers varied in their use of the NH HealthCost website. One company felt that the data were too outdated, and preferred to rely on their own internal data systems. Other carriers reported using NH HealthCost data in a variety of ways, including checking the cost of common procedures across providers, cross-checking the data in their own system, or determining provider efficiency across payers in order to determine Accountable Care Organization (ACO) strategies and redirect care to certain providers.

Perceived Limitations

While stakeholders generally looked favorably on the Annual Hearing Report, Supplemental Report, and NH HealthCost website, there were a few elements that respondents identified as either unnecessary or unhelpful. One user noted that the Annual Hearing's discussion of profit margins was unnecessary and detracted from the real issue of healthcare cost. Other stakeholders commented on the lag time between data reporting and publication, making the information outdated and, for some, unhelpful. Other stakeholders felt that the Supplemental Report grouped some data in a way that might not always reflect key differences and nuances in some of the market segments, such as combining the large and

¹ The stakeholder interviews took place prior to the NHID's redesign and expansion of the NH HealthCost website, which was relaunched in March 2016.

small group markets. Finally, one internal stakeholder felt that the Annual Hearing Report has primarily focused on reporting the market characteristics from the previous year, but does not include clear recommendations for cost containment measures and payment reform initiatives. While acknowledging the boundaries between the NHID's role and that of state legislators, this stakeholder recommended exploring ways to make the report more usable for policymakers.

Areas of Overlap in Reporting

Carriers were asked to identify any particular areas of overlap that they have observed in the reporting requirements for the Supplemental Report, Annual Hearing Report, and NH CHIS. In general, carriers noted that the three data requests overlap in the types of information they include, but differ in the level of detail and granularity required so that no single report could produce the other reports. Carriers saw more overlap between the Supplemental Report and NH CHIS submissions, but acknowledged key differences that prevent the two reports from tying together, such as dates, in addition to some differences in the types of information collected. Stakeholders questioned whether the State could eventually collect Supplemental Report data from, or integrate it into, the carriers' monthly NH CHIS submissions to reduce their reporting burden.

Resource-Intensive Reporting Elements

Similarly, carriers were asked to identify any components of the Supplemental Report, Annual Hearing Report, or NH CHIS data submissions that were particularly intensive for their teams to produce. All carriers considered the Supplemental Report to be particularly resource-intensive, specifically because there is no single place that the carriers can pull all the necessary data for the report. Typically, the benefit and cost sharing information come from a separate data source within the company. Submissions require pulling data from various systems, gathering some data manually, and engaging multiple departments and teams across the company.

Two carriers mentioned that the Reconciliation tab in the Supplemental Report was very labor-intensive, and that it was very difficult to tie the data to other reports with different submission dates and reporting requirements. Carriers questioned why it was necessary to reconcile the Supplemental Report data to financial data from the Supplemental Health Care Exhibit.

In addition, one carrier commented that self-funded data are difficult to collect and tie out to other reports because they must pull the information from multiple sources and systems. The stakeholder noted that it was difficult for carriers who have business in multiple states to report stop-loss data at the resident level, and that the allocation methodology is not always reliable.

Insights from Other States

Stakeholders offered the following helpful insights from their experience with other states' efforts around health cost and policy:

- One carrier noted the importance of state All Payer Claims Databases (APCDs) maintaining an ongoing dialogue with carriers to communicate reporting standards, clarify expectations, and address questions or concerns. The stakeholder commented that they have enjoyed a helpful relationship with the APCD team from Massachusetts through regular one-on-one meetings as well as all-carrier sessions. This has resulted in increased confidence and trust in the quality of APCD data and how it is used.

- Another carrier noted that a continuing challenge for carriers is the lack of standardization in APCD reporting requirements across states. Carriers experience a heavier reporting burden when reporting requirements differ state by state.
- Internal and external stakeholders noted that NH is ahead of other states in terms of preparing annual health cost reports; this may make comparisons between NH and other states difficult.

Recommended Improvements and Additions

Both internal and external stakeholders offered suggestions for ways to improve or expand the Annual Hearing and Supplemental Reports:

- Break down Supplemental Report data by small group and large group
- Account for differences between the State Employee Benefits Plan and the rest of the market
- Provide summarized cost and utilization data by service category across the market
- Provide more comparisons between New Hampshire and regional and national benchmarks
- Expand focus of cost trends reports to also include utilization trends across providers
- Include information on utilization patterns and claims levels for ACOs, to determine the impact and effectiveness of ACO arrangements
- Include more detailed information on non-claims payments (e.g. Pay-for-Performance payments between payers and providers) to inform understanding of total costs that are passing through NH's health care system
- More real-time market information would be helpful in understanding the health insurance companies that are operating in the state and changes to the market
- Consider including an expanded list of quality measures for different types of facilities in NH CHIS
- Consider ways to pull the necessary Supplemental Report data from the existing NH CHIS submissions, or integrate the two submissions, to reduce the reporting burden for carriers
- Consider using the Supplemental Report/Annual Hearing Report data as a high-level reconciliation tool for NH CHIS, to check reasonability and validity of the payer size/membership volume data that carriers report to NH CHIS
- Extend the Annual Hearing and Supplemental Reports to a broader audience and simplify them to be more accessible to the general public
- Make information more accessible on the NHID website by providing simplified, easy-to-read information in different places and different formats for a wide variety of audiences.

Summary of Ongoing Data Reconciliation Approach

During GA's collection and analysis of the 2014 Supplemental Report data received from carriers, it evaluated each carrier's reconciliations between the Supplemental Report and NH CHIS data. Through subsequent conversations, carriers shared the following perceptions about the data reconciliation process:

- Carriers have difficulty reconciling claims between NH CHIS and the Supplemental Report. Claims data are reported to NH CHIS monthly based on when the claim is paid. The Supplemental Report contains claims incurred for a calendar year. Claims incurred and unpaid are reported in the Supplemental Report but not in NH CHIS.
- Member month comparisons can be difficult since NH CHIS is a snapshot and will capture a member even if they were active for a single day. There is no reporting of member months in NH CHIS and member counts do not always align with member months reported for a calendar year in the Supplemental Report.

- The definition of group size can change over time. Carriers report data monthly to NH CHIS using the group size for the month. When reporting Supplemental Report data, a group size is calculated based on the calendar year and can result in a different group size category. Carriers have to make adjustments to reconcile this data.
- Carriers are required to exclude claims for members age 65 and over for NH CHIS in order to eliminate Medicare products, but the Supplemental Report includes claims data for those members over 65 who are in a policy where a subscriber is under 65.

GA believes that these perceived issues can largely be addressed through increased communication and education with carriers at the beginning of the data collection process. GA will increase its level of carrier education and communication during the 2016 data collection process in order to reduce data reconciliation issues.²

Section IV. Recommendations

Based on its findings, GA recommends that the NHID consider the following improvements to streamline and improve its data collection efforts:

Recommendation #1: Align the Annual Hearing and Supplemental Report data requests.

GA explored options for integrating the Annual Hearing (AH) and Supplemental Report (SR) data requests, in an effort to reduce the reporting burden of those carriers that must submit both datasets. GA was well positioned for this task, as 2015 was the first year that GA was responsible for managing the data collection and reporting process for both reports.

During the 2015 reporting cycle, GA evaluated whether it would make sense to create a single, integrated data template that included all necessary information for both the AH and SR surveys. GA ultimately determined that it is not feasible to fully integrate the two data requests, due to several significant differences in some of the required data elements in the SR and AH surveys. For example, the SR survey captures membership, claims and premium information for each group size and cost-sharing combination, while the AH focuses on more aggregate trends by service category along with demographic and membership by plan design information which impact premium rates. In addition, the AH request is issued to a subset of the carriers required to complete the SR request.

Therefore, instead of fully integrating the AH and SR data requests into a single form, GA pursued strategies for aligning the two templates to streamline data collection and eliminate redundancies while at the same time purposely maintaining some common data elements (such as total allowed claims and member months) as a way to reconcile the two data sources. GA made improvements to the 2015 data requests³ to reduce some duplication of efforts, such as eliminating the request for administrative expense information and relying instead on the federal Medical Loss Ratio (MLR) templates, as well as eliminating the request for premium information in the AH request and instead relying on the information in the SR request. In the future, GA will continue to evaluate the AH and SR templates to

² This activity will fall under GA's existing SR/AH data management contract with the NHID.

³ Starting in 2015, the data collected for CY 2014 reported by carriers in 2015 in the Supplemental Report data request will be referred to as 2015 Supplemental Report data. Consistent with prior years, the data collected primarily for 2014 and early 2015 in the Annual Hearing data request will be referred to as 2015 Annual Hearing data.

reduce unnecessary overlap while also enabling the reports to tie together. For example, GA plans to build automated checks into the Excel template for the AH data request, to better facilitate reconciliation and alignment between the two reports. In addition, GA will implement improvements to the SR data collection process to include more carrier education and technical assistance in completing the information requests. GA believes that these changes will streamline the reporting cycle in 2016 and future years.

In addition, GA examined the SR data request alongside the reporting guidelines that carriers must use to submit data to NH CHIS. During the stakeholder interviews, carriers noted that there is overlap in reporting requirements between the SR and NH CHIS data files that they periodically submit to the NHID. GA explored options for eliminating certain data elements from the SR and pulling the necessary data from the carriers' NH CHIS files. The structure of the two data requests is very different, with the NH CHIS data being reported at the claim level and the SR data being reported at the plan design level. In addition, it makes sense to keep some common data elements between the two sources as a way to reconcile these two data sources. Therefore, GA recommends that the NHID keep the data elements that are currently reported in the SR, and use the NH CHIS data as verification that both data reports are consistent.

Moving forward, GA will continue to support the NHID in identifying and implementing additional ways to further align the two data requests. GA recommends that the NHID continually assess the SR and AH data requests to confirm that they meet the evolving needs of the Department along with the ever evolving health policy landscape, and to ensure that any updates to the two surveys are made concurrently so that they align as much as possible.

Recommended Strategies

Strategy 1.1: Maintain separate data requests for the Annual Hearing and Supplemental Reports, but continue to more closely align them.^{4,5}

Strategy 1.2: Continue to reduce redundancies in reporting between the SR and AH where possible, while still maintaining some common data elements that allow the two reports to tie together.⁶

Strategy 1.3: Regularly evaluate whether the SR and AH data requests continue to meet the needs of the NHID, and update both data requests as needed to ensure that they collect the necessary information and remain as consistent with each other as possible.

Recommendation #2: Modify the data reconciliation process for AH and SR data submitters.

During the stakeholder interviews, insurance carriers expressed that data reconciliation between the Supplemental Report and other data sources was a particularly challenging and resource-intensive step in the SR data submission process. GA has identified options for reducing carriers' data reconciliation efforts and creating a more efficient process.

First, GA recommends adding an automated data reconciliation process for carriers who are required to submit both AH and SR data. Although GA has worked to eliminate overlap between the AH and SR (as discussed in Recommendation #1), there are some data elements that are deliberately common to both.

⁴ Effective 2015, the Annual Hearing Report and the Supplemental Report have been merged, although GA will continue to collect two separate data requests for the combined report. Beginning in 2016, the Supplemental Report template will be called the Supplemental Data Request to reflect this change.

⁵ This activity will fall under GA's existing SR/AH data management contract with the NHID.

⁶ Ibid.

This process would compare high level totals of things such as calendar year member months and allowed claims PMPM broken out by market segment. This has been implemented in the 2016 Annual Hearing data request.

Next, GA suggests that NHID eliminate the SR's reconciliation to financial data from the NAIC Supplemental Health Care Exhibit (SHCE). GA recognizes that there are significant differences between the data collected in the SR and data reported in the SHCE. Specifically, the SHCE has financial data whereas the SR has actuarial data. There are also differences in the timing and run-out of claims and definition of group size. Removing this requirement from the SR's reconciliation section will reduce the reporting burden on carriers. This has been implemented in the 2016 Supplemental Data Request.

Finally, GA recommends focusing the NHID's reconciliation efforts on tying the SR data to NH CHIS. To do this, GA proposes providing more focused guidance to carriers on the reconciliation required between SR and NH CHIS. This would reflect some of the common themes identified above. GA recommends holding conference calls with carriers early in the submission cycle to review carrier specific-issues, review the state's expectations for data submission, and discuss ways to improve the data request process.

Furthermore, NH CHIS does not currently have a separate reconciliation process outside of the reconciliation with the SR data. There is some interest among the NHID and its data collection contractors in leveraging the SR as a reconciliation/quality assurance tool for the NH CHIS data that each carrier submits. GA recommends that the NHID explore the feasibility of creating a standard report to compare NH CHIS and SR, perhaps taking advantage of the MedInsight⁷ reporting capability.

Recommended Strategies

Strategy 2.1: Build automated checks between the AH and SR templates, and increase technical assistance and education efforts for data submitters.⁸

Strategy 2.2: Eliminate reconciliation to financial data in SHCE.⁹

Strategy 2.3: Focus reconciliation efforts on tying together SR data and NH CHIS data and increase support for data submitters.¹⁰

Strategy 2.4: NHID staff to consider leveraging the MedInsight tool to build a standard NH CHIS/SR reconciliation report.

Recommendation #3: Integrate the Annual Hearing Report and Supplemental Report and make the content accessible to a broader audience.

While the Supplemental Report and Annual Hearing Report are helpful reference tools for NHID staff (as highlighted in the stakeholder discussions), they are lengthy documents that other audiences such as policymakers or consumers may not take the time to read. Internal stakeholders noted that they would like to see the reports extended to a broader audience and simplified to be more accessible to the general public.

⁷ MedInsight® is Milliman's data warehousing and analytics platform. For more information, visit:

<http://www.medinsight.milliman.com/>

⁸ This activity will fall under GA's existing SR/AH data management contract with the NHID.

⁹ Ibid.

¹⁰ Ibid.

In response to this feedback and its own observations from preparing prior AH reports and using SR data, GA integrated the two reports for the 2015 Annual Hearing. To make the report easier to read and more accessible, GA produced a condensed report that highlights the most important findings from both data requests, as well as an Appendix of tables and charts from both data requests. In addition, GA prepared an Executive Summary of key findings, to supplement the full report. GA proposes that the NHID consider this approach for future years.

In addition, GA recommends that the NHID produce additional materials specifically aimed at policymakers, the media, and the general public to provide the most pertinent information from the SR and AH reports. This could include a plain-language, one-page summary of key findings, as well as topic-focused fact sheets to help consumers become familiar with new topics. The NHID should consider posting these materials throughout its website to increase visibility and access for consumers. For example, the New York State Department of Financial Services publishes a list of consumer FAQs¹¹ on various health insurance topics.

Another recommended strategy for increasing data availability is to make aggregated SR and AH data publicly available in a format online. While the annual AH and SR reports that the NHID has released to date provide robust and helpful information, they do not exhaustively report all the data elements that the NHID collects through these annual surveys. There are still opportunities for making this information more publicly available and increasing its potential uses. In the future, the NHID should consider making the data accessible to the general public through an online interface where the general public can run queries to access information that most interests them. Types of queries may include identifying the most common cost-sharing attributes by group size and actuarial value level or medical loss ratios by group size or region. Implementing this long-term goal may require a phased-in approach. For example, the NHID could launch the web-based interface with a short set of queries that answer the most important questions not currently addressed in the Annual Hearing Report. The NHID could then expand the interface to include additional queries each year. The NHID would need to aggregate the SR and AH data in a way that protects carriers' proprietary information while also allowing the general public to use the data for meaningful analyses. (The Employer page of the NH HealthCost website is one potential location for this interface. Historically, the NHID has provided a link to the Supplemental Report on this page, and a SR/AH data interface would align with the interactive format of the newly enhanced NH HealthCost website.)

Recommended Strategies

Strategy 3.1: Integrate the AH and SR reports into a single report and expanded Appendix.¹²

Strategy 3.2: Provide brief, topic-focused literature targeted at policymakers and consumers who may not read the full report.

Strategy 3.3: Investigate creating a public-facing query tool that interested parties can use to search and query the aggregated SR and AH data.

Recommendation #4: Leverage other data sources to gather and disseminate information.

As part of the Strategic Planning process, GA assessed the various data sources that the NHID and other governmental and non-governmental entities in New Hampshire currently collect. As demonstrated by the list of data sources in Appendix I, the NHID currently has a wealth of information available through

¹¹ New York Department of Financial Services. "Health Insurance Rate Review (Prior Approval) Consumer FAQs." Available at: http://www.dfs.ny.gov/consumer/health_ins_prem_faqs.htm.

¹² This activity will fall under GA's existing SR/AH data management contract with the NHID.

its ongoing data collection methods. GA recommends that the Department leverage these efforts to organize and share the information in new ways.

One strategy the NHID could implement is to repurpose existing data to develop or inform new reports and communication materials. As one internal stakeholder noted, the NHID's challenge is not a lack of meaningful information; rather, the challenge is trying to sort through the breadth of information and make it accessible to audiences. GA recommends that the NHID explore ways to align its existing data sources in new ways. For example, the NHID could produce topic-focused fact sheets and one-page summaries from information already available, to serve as a quick reference for state staff and external audiences. Topics for these materials could include rate review, impacts of the ACA, and medical loss ratios. In addition to data from the AH and SR, other resources such as data from DHHS, the New Hampshire Hospital Association and internal NHID reports like the Line of Business Surveys could be leveraged for these purposes.

Similarly, the NHID should consider making its current data and reports more easily accessible to the general public. One example is the monthly enrollment reports for health insurance policies on New Hampshire's federally-operated insurance exchange. These reports are publicly available via the SERFF portal, but are difficult to locate. The NHID could compile these reports and create a monthly snapshot of enrollment trends month over month, as well as enrollment stratified by metallic tier. Increasing the public's knowledge of, and access to, this type of information could help consumers understand the progress of the exchange's insurance market and make more informed decisions.

Finally, the NHID should consider its intended audience for these reports, and how the audience's data uses and information needs may evolve over time. The NHID understands its audience to include state agency staff, policymakers, key stakeholders in the health insurance industry (e.g. brokers, payers, providers, and purchasers), and the general public. Monthly or quarterly meetings among the NHID Health Team and other NHID staff may be helpful for discussing new information requests or questions that staff members have received from interested parties across the state. Based on evolving information needs and/or relevant current events in the health insurance market, the NHID could release new reports or information using the wealth of existing information it already has available. GA recommends that the NHID regularly meet to discuss its audience's changing information needs and identify appropriate responses.

Recommended Strategies

Strategy 4.1: Continue to identify existing data sources that can provide information for new reports and other materials.

Strategy 4.2: Make existing reports more easily accessible to inform the public of market progress on an ongoing basis.

Strategy 4.3: The NHID to meet on a regular basis to assess the NHID audience's evolving information needs and identify the most appropriate response.

Conclusion

This report summarizes the key findings and recommendations from GA's Strategic Planning efforts for the NHID in 2015. GA is confident that these strategies will help the NHID better streamline and improve its data collection efforts to inform the Department's health policy work.

Appendix I: Summary of Current Data Sources

NHID

- Supplemental Report Data Request Template
- Annual Hearing Data Request Template
- New Hampshire Comprehensive Health Information System (NH CHIS)
- NH HealthCost Website
- Line of Business (LOB) Statements
- Carrier Rate Filings
- NHID Rate Filing Database

CCIIO / CMS

- 2015 QHP Templates
 - Plans & Benefit
 - Carrier URRT
 - Other - Rx, Network, Service Area, etc.
- MLR Template
- Summary Report on Transitional Reinsurance Payments and Risk Adjustment
- MLR Rebate Summary
- ASPE QHP Enrollment

NAIC

- NAIC Annual and Quarterly Filing Statement
- NAIC Supplemental HealthCare Exhibit
- SHCE Report (Aggregated Totals by State)
- System For Electronic Rate and Form Filing (SERFF)
- Public SERFF Filing Access
- Internet – State Interface Technology Enhancement (I-Site)
- Insurance Commissioner’s State Based System (SBS)
- Statistical Compilation of Annual Statement Information for Health Insurance Companies

NH Entities

- NH Department of Health and Human Services
- NH Purchasers Group on Health
- New Hampshire Hospital Association (NHHA)

National Data

- US Census
 - Current Population Survey (CPS)
 - American Community Survey
- Medical Expenditure Panel Survey (MEPS)

- Kaiser Family Foundation
- The Commonwealth Fund
- Health Care Cost and Utilization Report
- American Hospital Directory
- Accountable Care Project
- Health Resources and Services Administration Uniform Data System (UDS) Resources

Reports

Recent New Hampshire Reports and Analyses

Responsible Party	Report	Date
Compass/UMass	Health Care Payment Reform: Options and Recommendations	April 2015
GA (going forward)	SUPPLEMENTAL REPORT OF THE 2013 HEALTH INSURANCE MARKET IN NEW HAMPSHIRE	January 2015
Wakely	New Hampshire Health Insurance Market Analysis PHASE II REPORT - Wakely	January 2015
GA	Annual Hearing - Final Report of the 2013 Medical Cost Drivers	November 2014
Health Care Cost Institute Inc.	2013 Health Care Cost and Utilization Report	October 2014
Wakely	New Hampshire Health Insurance Market Analysis - Wakely	August 2014
Manatt Health Solutions	Provider Payment Reform in New Hampshire: Legal Considerations for Policymakers	June 2014
UMass/FHC	NH's Health Insurance Market and Provider Payment System: An Analysis of Stakeholder Views	June 2013
NHID	NHID Analysis of Population Health Status by Carrier and Market Segment	April 2013
Compass	Analysis of Data Sources to Support Rate Review 2012-RRG-03	January 2013
University of New Hampshire	Analysis of the New Hampshire Comprehensive Health Information System (NH CHIS)	November 2012
ReportingMD	Comparative Analysis Report Rate Review Data & Data Catalogue	November 2012
GA	New Hampshire Market Study Key Findings	September 2012
Rath/Young/Pignatelli	New Hampshire Insurance Laws and Regulations	July 2012
UMass	Analysis of Price Variation in New Hampshire Hospitals	April 2012
New Hampshire Center for Public Policy	The Costs of NH's Health Care System: Hospital Prices, Market Structure, and Cost-Shifting	March 2012
Susan Tyler Perry	Understanding Hospital Costs in New Hampshire	February 2012