

**N.H. Comprehensive Health Information System Registration Form
For Submission of Data to the Maine Health Information Center**

Company Name: _____

Mailing Address: _____

1. Does your company currently conduct health insurance related business in the State of New Hampshire or have active certificate holders in the State of New Hampshire?

_____ Yes _____ No (Skip to #7)

1a) Are you a **PAYER** that writes more than \$250,000 in accident and health insurance premiums in New Hampshire? _____ Yes (Skip to #2) _____ No (Answer 1b)

1b) Are you an **ADMINISTRATOR** that covers more than 200 New Hampshire lives in total? _____ Yes (Continue) _____ No (Skip to #7)

2. Please complete information below in relationship to the eligibility data your company will be submitting.

Estimated # Total Covered Lives for 1 Month: _____

Estimated # Medicare Supplemental Covered Lives in 1 Month: _____

Contact Name: _____ Phone: _____

Email Address: _____ Fax: _____

Company Name: _____

Mailing Address: _____

3. Will your company be submitting medical claims data? ___ No (Skip to #4) ___ Yes

Contact Name: _____ Phone: _____

Email Address: _____ Fax: _____

Company Name: _____

Mailing Address: _____

4. Will your company be submitting pharmacy claims data? ___ No (Skip to #5) ___ Yes

Contact Name: _____ Phone: _____

Email Address: _____ Fax: _____

Company Name: _____

Mailing Address: _____

5. Does your company generate HEDIS summary information for NCQA? ___Yes ___No

If yes, provide contact information below.

Contact Name: _____ Phone: _____

Email Address: _____ Fax: _____

Company Name: _____

Mailing Address: _____

6. Does your company generate CAPHS information for NCQA? ___Yes ___No

If yes, provide contact information below.

Contact Name: _____ Phone: _____

Email Address: _____ Fax: _____

Company Name: _____

Mailing Address: _____

7. Person completing form:

Contact Name: _____ Phone: _____

Email Address: _____ Fax: _____

Company Name: _____

Mailing Address: _____

8. Is the person completing this form the compliance contact? ___Yes ___No

If no, provide legal/compliance contact information below.

Contact Name: _____ Phone: _____

Email Address: _____ Fax: _____

Company Name: _____

Mailing Address: _____

Date Completed: _____

Please fax registration form to:

Data Manager
(207) 622-7086

Questions: Data Manager
Email: nhinfo@ncdms.org
Telephone: (207) 623-2555 ext.126