


"Woods, Matthew R (DHS)" <[REDACTED]> 
To: "Breen, Chandra F (DHS)" <[REDACTED]>
FW: Emailing: HealthPartners PMI option selection and timeframe commitment for PMI remit placement.htm

May 14, 2008 9:03 AM

4 Attachments, 138 KB

Chandra, please see below. Can your UCare rep call Trisha?

From: Schirmers, Trisha W [mailto:[REDACTED]]
Sent: Wednesday, May 14, 2008 8:38 AM
To: [REDACTED] Woods, Matthew
Cc: [REDACTED] Kreps, Kaye M; Benson, Lissa M; Kadlec, Neil G; [REDACTED] Pridgen, Pamela
Subject: FW: Emailing: HealthPartners PMI option selection and timeframe commitment for PMI remit placement.htm

Matt, you had suggested that I contact you and you would connect me with the person at DHS who works with UCARE data transmissions. Marilee, I am attaching a lot of the history files to explain background on the issues and why we need the data. I am also attaching the HealthPartners solution and the attached message below is the Council of Health Plans recap.

The end game here is that Allina has appeals back to 1992 which are due to be presented to the CMS Provider Reimbursement Review Board this September with a deadline to submit data to Noridian, the fiscal intermediary, by June 5th for validation. Our consultants, Reimbursement Services Group, out of New York, has sent the data requests to UCARE, and need to be able to get to a more specific breakdown of the state program codes for MNCare.

If UCARE has provided the PMI numbers on all of these patients, we still need either UCARE or DHS to interpret the state program code for which the patient is eligible.

Marilee, Jim Rose of Reimbursement Services Group will be following up with you directly. Thanks.

Trisha Schirmers

Director Reimbursement, Allina Health System
2925 Chicago Avenue Minneapolis, MN 55407-1321

Phone [REDACTED] Fax [REDACTED]
Cell [REDACTED] Internal route number 10809
email address [REDACTED]

From: Schirmers, Trisha W
Sent: Wednesday, December 19, 2007 4:58 PM
To: Kreps, Kaye M
Cc: Woyke, Colleen A; Benson, Lissa M; Adrian, Barb; Heidkamp, Joseph C; [REDACTED]
[REDACTED] Crowley, Peggy A
Subject: FW: Emailing: HealthPartners PMI option selection and timeframe commitment for PMI remit placement.htm

Kaye, please read below and then let me know if when you re-look at the information we have from the PMAP plans, through registration and remit, if you can decipher the Medicaid program of the patient.

I need to circle back to Kathryn with our findings. Lissa and Joe, I believe we also need to update other non-Allina providers perhaps via HFMA Regulatory.

Trisha Schirmers

Director Reimbursement, Allina Health System
2925 Chicago Avenue Minneapolis, MN 55407-1321

Phone [REDACTED] Fax [REDACTED]
Cell [REDACTED] Internal route number 10809
email address [REDACTED]

From: Kathryn Kmit [mailto: [REDACTED]]
Sent: Thursday, November 29, 2007 8:12 AM
To: Schirmers, Trisha W
Cc: Benson, Lissa M; Crowley, Peggy A; Thompson, Anna M; Kuppe, Patrice M; Dannette Coleman (E-mail); Cheryl Wilson (E-mail); Paige Hinz (E-mail); Ann Hale (E-mail); Shelagh Kalland (E-mail); Kirk Jensen (E-mail); Rob Burkhardt (E-mail); Anna Tockman (MPH) (E-mail); Geoff Bartsh (E-mail); Beverly Vacinek (E-mail); Hannah LaMere (E-mail); Cindy Goff (E-mail); Cheryl Tuttle (E-mail); Bachmeier, Kim; Julie Brunner; Janny Brust
Subject: RE: Emailing: HealthPartners PMI option selection and timeframe commitment for PMI remit placement.htm

Hi Trisha:
Here is what the health plans are doing:

PMAP Major Program Code: Health Plans' Chosen Option

Option 1: embedding the PMAP enrollee's PMI in the health plan ID number	BCBSM, MHP, UCare Medica (adds leading zeroes and returns this info on both the 270 and 835 transactions)
Option 2: Returning the enrollee's Medicaid ID# through an identifiable field on the remittance	HealthPartners

I hope this is the information you are looking for. Let me know if you have additional questions.
Kathryn Kmit

-----Original Message-----

From: Schirmers, Trisha W [mailto: [REDACTED]]
Sent: Monday, November 19, 2007 4:20 PM
To: Kathryn Kmit
Cc: Benson, Lissa M; Crowley, Peggy A; Thompson, Anna M; Kuppe, Patrice M
Subject: FW: Emailing: HealthPartners PMI option selection and timeframe commitment for PMI remit placement.htm

Kathryn, I had spoken to you earlier about the success with our 2 digit program code project. I am attaching the resolution which we received from HealthPartners. Unfortunately, we cannot find any correspondence from the other payors.

We have had discussions with other providers through the HFMA-Regulatory Group, and no one seems to be able to find the information on the electronic 837.

Our preference would be, of course, to receive everything on the 270/271 transaction, but the minimum would be the 837.

So, is there a way you can ask for a status from each plan on how they implemented the solution???

Please note that the PMI by itself does not tell us what we need to be able to break apart the revenue for the MN Dept of Health. If we do get the PMI only from the Plan, then we have to follow up with DHS for a complete data match, which has a transaction fee of \$.10 per query for every claim.

Thanks so much for your assistance.

Trisha Schirmers

Director Reimbursement, Allina Health System
2925 Chicago Avenue Minneapolis, MN 55407-1321

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-----Original Message-----

From: Crowley, Peggy A
Sent: Monday, November 19, 2007 11:18 AM
To: Benson, Lissa M; Schirmers, Trisha W
Subject: Emailing: HealthPartners PMI option selection and timeframe commitment for PMI remit placement.htm

The attached file contains the email Alissa received from HealthPartners regarding the Program 2 digit code and PMI information.

The message is ready to be sent with the following file or link attachments:

HealthPartners PMI option selection and timeframe commitment for PMI remit placement.htm

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[DSH Data C...L.doc \(34 KB\)](#) [2003-10-1...n.doc \(59 KB\)](#) [Major Progr...doc \(31 KB\)](#) [HealthPartn...t.htm \(14 KB\)](#)

Janny Brust <[REDACTED]>

June 10, 2009 4:21 PM

To: "Kunerth, Vicki M (DHS)" <[REDACTED]> "Herling, Diann K (DHS)" <[REDACTED]>

Cc: "Peed, Karen (DHS)" <[REDACTED]> "Breen, Chandra F (DHS)" <[REDACTED]>

RE: encounter data

Vicki: Thanks so much for this response which I'll send on to the plans. The Council's Encounter Data group may have questions, but this response, I'm sure, will be very helpful. Janny

From: Kunerth, Vicki [mailto:[REDACTED]]

Sent: Wednesday, June 10, 2009 4:01 PM

To: Janny Brust; [REDACTED]

Cc: Vicki Kunerth; Karen Peed; Chandra Breen

Subject: RE: encounter data

I apologize for the delay. It took us awhile to get answers together. Here they are.

1. Which claims are excluded from the pay-to provider measure? For those claims included, what exactly is considered a non-hit for the pay-to provider measure? An N280 error on the 835? Do the flags in the provider file need to be set in any particular way to designate the provider as a pay-to provider? Or, how is a pay-to provider identified? Is an error for a consolidated provider (a subset of the N280 errors) a non-hit?

The designation of 'Pay-To-Provider' is determined by the NPI/UMPI reported on the encounter claim file in the 'Pay-To-Provider' segment.

Simply, is it an NPI/UMPI in the 'Pay-to-Provider' segment on the encounter claim file registered in DHS' provider file?

MMIS edits are not used to define the population, nor are they used to evaluate whether pay-to provider numbers are valid/invalid.

It all depends on what is in the 'Pay-to-Provider' segment on the encounter claim file.

Per the 2009 withhold specs:

A) Excluded claims for the withhold calculation are:

- pharmacy
- transportation
- interpreter services
- Home and Community Based Waivered Services
- claims for enrollees in MSC/MSC+, SNBC-PINS and MnDHO

B) A 'non-hit' for the withhold calculation, and therefore Invalid per the 2009 specs is:

- 1) An NPI/UMPI not registered with DHS' provider file (this includes blank or empty values),
- 2) The plan's UMPI in the pay-to-provider, or
- 3) Pseudo UMPIs.

NOTE: 1) Consolidated NPIs are considered valid as long as they are registered with DHS' provider file.

2. Which claims will not be used in the risk adjustment data set? How can health plans identify them?

Answer: An MMIS NPI error would not cause an encounter claim to be excluded from risk adjustment.

3. Which claims will not be used in the MERC data set? How can health plans identify them?

Encounter claims

- 1) categorized as UB-Inpatient, UB-Outpatient, Pharmacy, Medical, or Dental and
- 2) with either a DHS status of 'paid' or 'denied' will be used.

NOTE: MinnesotaCare claims and Nursing Facility claims are not included in MERC reporting.

For encounter claims with a DHS status of 'denied' that are used for MERC reporting, MDH will calculate a percent of claim charges

Vicki, Karen, Chandra and Diann:

The Council group met yesterday to discuss the meeting we had last month. The group reiterated their appreciation for your preparation and agreed that your plan to work on the 835 errors was the right focus area.

We discussed having a meeting in August, however, we would like to see you address a couple of the issues below as soon as possible. Currently, the health plans do not know what they should be working on that will help them improve their pay-to provider scores. Moreover, the health plans expressed concerns that since NPI was instituted, they are not confident about what DHS is including in the data sets for risk adjustment and MERC. Would you send me an e-mail that addresses the following questions:

1. Which claims are excluded from the pay-to provider measure? For those claims included, what exactly is considered a non-hit for the pay-to provider measure? An N280 error on the 835? Do the flags in the provider file need to be set in any particular way to designate the provider as a pay-to provider? Or, how is a pay-to provider identified? Is an error for a consolidated provider (a subset of the N280 errors) a non-hit?
2. Which claims will not be used in the risk adjustment data set? How can health plans identify them?
3. Which claims will not be used in the MERC data set? How can health plans identify them?

Thanks for your help in answering these questions. Janny

Janny Dwyer Brust, MPH
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that should be included in the MERC revenue calculation based on either similar claims for an individual provider from other payers for the claims types UB-Inpatient, UB-Outpatient, Pharmacy, Medical, and Dental, or based on a statewide percent of 'Reimbursement Amount of Total Claim Charges' for those claims types across all providers.

From: Janny Brust [mailto:████████████████████]
Sent: Wednesday, June 10, 2009 1:43 PM
To: ████████████████████
Cc: Vicki Kunerth; Karen Peed; Chandra Breen; Julie Brunner
Subject: RE: encounter data

Diann:

The Council's Encounter Data workgroup met today and expressed concern that we have not gotten a response to the emails (see below) on May 18th and June 2nd. We realize that DHS has demands on their time but we are requesting that you prioritize #1 in the May 18th email. The other issues are also important but #1 is considered the most important.

(#1. Which claims are excluded from the pay-to provider measure? For those claims included, what exactly is considered a non-hit for the pay-to provider measure? An N280 error on the 835? Do the flags in the provider file need to be set in any particular way to designate the provider as a pay-to provider? Or, how is a pay-to provider identified? Is an error for a consolidated provider (a subset of the N280 errors) a non-hit? All three items are important but number one is the most important.)

The health plans have millions of dollars at risk related to item #1 and don't know how to proceed or what to work on without additional information from DHS. If there is any way that I or a health plan representative could be of help to you, please let me know.

Also, we had discussed having a follow-up meeting in July or August to discuss encounter data issues in general. Given summer schedules, we should probably try to find a date now. If you send me available dates for your team, Pam Houg will be able to schedule the health plans based on your dates. We typically have meeting space too, if you're interested in having the meeting here.

Please feel free to contact me, Diann, if you need additional information. Thanks. Janny

From: Janny Brust
Sent: Tuesday, June 02, 2009 3:58 PM
To: ████████████████████
Cc: Vicki Kunerth; Karen Peed; Chandra Breen
Subject: encounter data

Diann: Just following up on the email I sent on May 18 re: encounter data issues. The health plans felt they needed answers to these questions quickly in order to improve their processes. I'd like to get back to them with either answers or an idea on when they might get answers. If you need more clarification on the issues, please let me know. Thanks. Janny

From: Janny Brust
Sent: Monday, May 18, 2009 9:00 AM
To: ████████████████████ Karen Peed; Chandra Breen; Vicki Kunerth
Subject: encounter data

July 16, 2009 5:11 PM

"Breen, Chandra F (DHS)" <[REDACTED]>
To: 'Janny Brust' <[REDACTED]>
Cc: "Peed, Karen (DHS)" <[REDACTED]> "Kunerth, Vicki M (DHS)" <[REDACTED]> "Herling, Diann K (DHS)" <[REDACTED]>
RE: encounter data processes

Janny – Thank you for taking the time to recap the discussion from our meeting on Friday, April 24th. There has been progress on most of the issues identified below.

1. DHS did meet with internal staff to discuss the consolidated NPI provider issue. There were a number of issues raised in relation to this topic and DHS needs to continue to meet with its internal staff to address these issues before meeting with the MCOs. We are hoping to schedule a meeting with the MCOs some time in August.
2. DHS did meet internally to discuss the enumeration of encounter-only providers and we are currently testing a process that allows for electronic transmission of data between DHS and the MCOs. We are in the final stages of that testing and hope to communicate the process to all MCOs in the update next week.
3. DHS provided a number of clarifications on the calculations of the "Treating Provider" and "Pay To" withhold measures in a Q&A format, which was included in an MCO update just recently. As questions come in from MCOs on these topics, DHS will address this through the MCO update.
4. See response to #2.
5. DHS did request information from each MCO on the size of encounter file limits and did receive the requested information from each MCO. DHS has reviewed the information and is currently testing different file size limits through our existing translator program. DHS hopes to complete the testing with the translator program in the next couple of weeks, and will make a determination on the file size in September. The reason it will be in September is due to an installation of an encounter zone to intake the files. DHS will also be installing a new translator program in the fall to produce the 997s. With the installation of the new translator, files will be translated in parallel and processed serially.
6. DHS has completed its MCO interviews on the True Denials Project and has received management approval to move ahead with the development of the systems change request. MCOs will be involved in this process and have identified team members who will participate in the implementation of this project.
7. DHS appreciates the Council's acknowledgement of our preferred method of communicating with the MCOs on encounter data, which is the most efficient in terms of time and resources.

In its interviews with the MCOs, DHS has have communicated how the encounter data unit will work with them on projects and initiatives. At times it will be beneficial to work with MCOs on an individual basis due to their specific data systems and their processes, for example, as in the true denials project. At other times it will be advantageous to work with the MCOs in a group. This will totally depend on the project or initiative.

Although, we appreciate your offer to facilitate a meeting in August, it will not be necessary. Many of the issues have been resolved or will soon be resolved, with the exception of items #1 and #6 which are ongoing and already involve or will involve participants from each of the MCOs. DHS prefers to schedule and coordinate its own meetings regarding encounter data with all MCOs as this is a topic that impacts all of the DHS MCO contractors. We will schedule the meeting for item #1. I'm sorry for the delay in responding to your e-mail, but as you are probably aware DHS is very busy with implementing 2009 legislation. Thanks again for your e-mail.

Chandra Breen
Manager of Contract Management and Compliance
Minnesota Department of Human Services
P.O. Box 64984
St. Paul, MN 55164-0984

Fax: [REDACTED]

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From: Janny Brust [mailto: [REDACTED]]
Sent: Monday, April 27, 2009 9:09 AM
To: Vicki Kunerth; Karen Peed; Chandra Breen; [REDACTED]
Subject: encounter data processes

Vicki, Karen, Chandra and Diann:

Thank you so much for taking the time to meet with us Friday on the encounter data processes. We appreciate your thorough review of the issues described in our February 19th letter and the ideas you brought to the table. Below are the action items we discussed:

1. DHS will look at the "consolidated" NPI provider issue to see if there is a way DHS could accept the NPI the plans are utilizing instead of requiring the use of DHS legacy enumeration that cannot accept "consolidated" providers.
2. DHS will discuss its enumeration requirements to register encounter-only providers.
3. DHS will clarify the "pay to" withhold calculation. As part of that clarification, DHS will consider how to handle the encounter/MCO-only providers in the withhold.
4. If DHS decides to maintain the requirement to register MCO-only providers, then DHS will consider:
 - .. Developing a process that will allow for the electronic transmission of data between DHS and the plans.
 - .. Identifying mechanisms to avoid duplication of requests from health plans.
 - .. Developing automation for internal processing or develop a plan to address the current backlog MCO only provider enrollment forms.
5. DHS will request individual responses from each health plan on the current costs and business issues of the 5,000 file size limit, description of each plan's current processing, and recommendations from each plan as to the ideal size limit. Chandra plans to put this into the next MCO Update.
6. Diann is planning to study how each health plan processes the 835 and develop a process to send only "true" denials on the 835. She will start the process by contacting each plan for individual feedback.
7. DHS will communicate about encounter data in at least three primary ways to all the health plans: a) Chandra's MCO updates; b) Diann's DHS website postings; c) project-specific meetings. DHS will communicate about changes in advance of their effective dates to all the plans. When DHS asks for health plan feedback on an issue or change, DHS prefers input from all the plans.

As we discussed, the health plans would like to see DHS reconvene the Encounter Workgroup. In the interim, we would like to recommend that the Council and DHS meet again in August to review our progress on the action items from the meeting. Rest assured that the health plans understand the changes you have under consideration may take many months due to the complexity. Consequently, the health plans request that DHS prioritize these changes with respect to the impact on the plans' reimbursement such as withhold, risk adjustment, MERC, etc. As I am sure DHS understands, the plans need to concentrate their efforts on correcting the issues that have a negative impact on their revenue.

Thank you again. Please let me know how we can help as DHS moves forward on updating encounter data and payment processing.

Janny Dwyer Brust, MPH
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