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MEDS III - Encounter Data

MLTC Submission

November 13, 2013

Introduction

- There are a few differences between HF's current MEDS III submission process and the process for submitting MLTC encounters.

- This presentation will describe our approach for submitting encounters through the current MEDS III process and highlight differences in MLTC where they exist.

HF MEDS III

- HF reports MEDS encounters for several lines of business.

- In addition to our PHSP product, HF submits encounter data for Senior Health Partners, Medicare Maximus and Complete Care.

- High level process includes:

  – Encounter data extracted from HF data warehouse

  – Paid and denied claims; final status only

  – Vendor data (dental, pharmacy, vision, behavioral health, etc.)

  – Medical Review data from Admin Database

- Encounters for Complete Care (Dual population) are reported to both NYS and CMS

HF MEDS III, Cont'd

- As the NYDOH uses MEDS data as the basis for risk-adjusted premium rate setting, Clinical Risk Groupings (CRG), Quality Incentive, QARR-HEDIS calculations, among other metrics, HF is committed to ensuring that the encounters we submit meet the highest standards for:

  – Accuracy and completeness

  – Risk score maximization

  – Timeliness of submission

  – Accurate reconciliation between MEDS and MMCOR reporting

MEDS III Production Process

- HF Finance Analysis Dept. runs MEDS production based on post date and service date criteria (or a list of claim numbers in certain cases).

- MEDS encounter output data are internally filtered to exclude known issues such as invalid/incomplete data.

- Validation checks are made to ensure that the data contains all required elements and valid content.

- Internal rejections are sent to the responsible units for correction, if possible, and resubmitted.
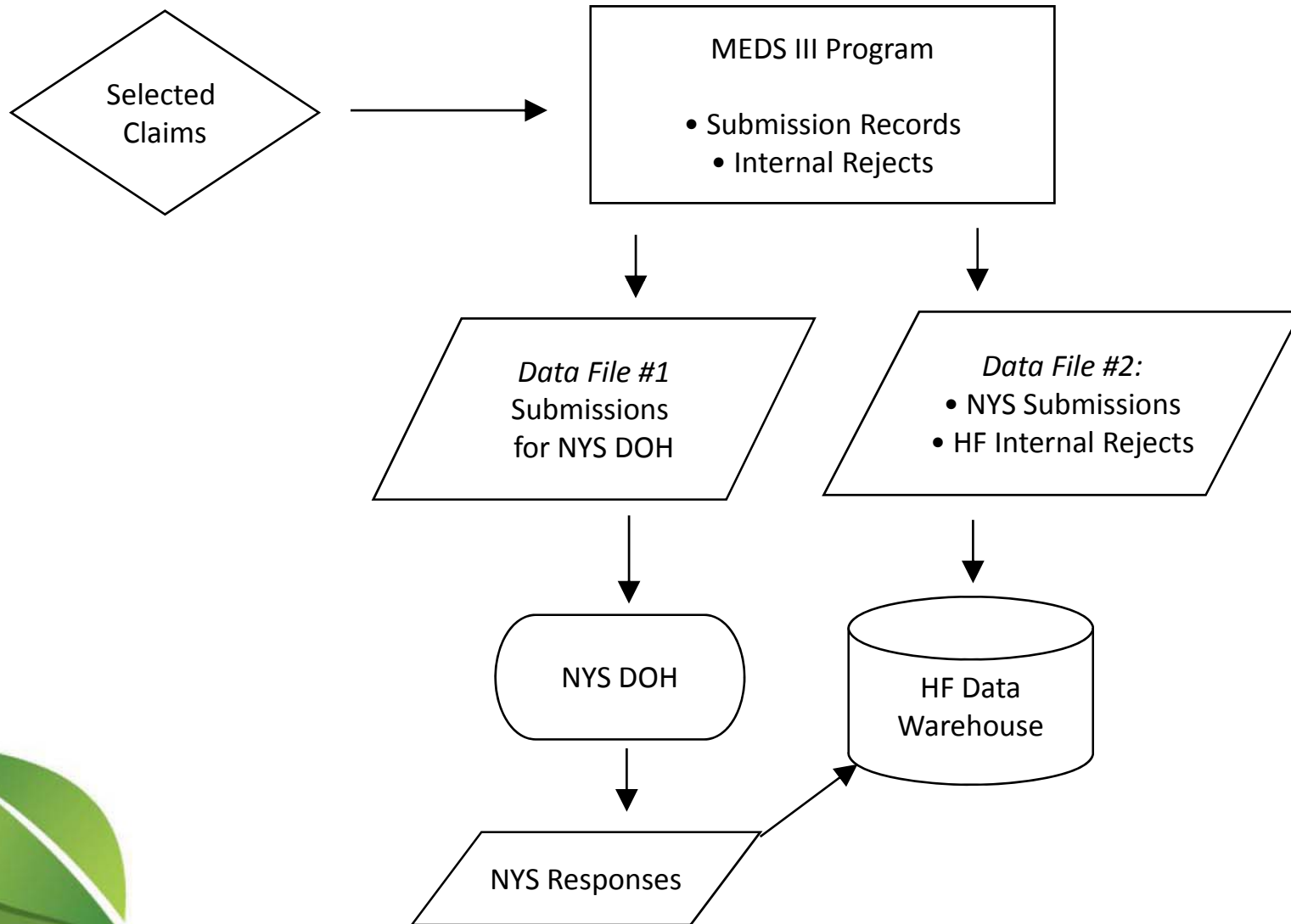
Production Process, Cont'd

- Records that pass validation are included in an output file that is submitted to NYS DOH via the eMedny system.

- Generated encounter records, internally-rejected records, and response files from the State are archived in our data warehouse.

MEDS III Process Flow

MEDS III Compliance

- HF has demonstrated consistency in meeting the required percentile for the State's monthly threshold calculations for MEDS submissions.

- For MLTC, these include inpatient, ER, primary care, physician specialist and pharmacy.

- To ensure accuracy and completeness HF pays close attention to CRG submission deadlines (ex. 2013 deadline was July 25 for Jan 2012 – Dec 2012 DOS).

MEDS III Monitoring

At Healthfirst, we employ several strategies to ensure completeness and accuracy of MEDS reporting:

- Encounters are screened upstream to avoid rejection by State.

- Tier 1 edits are monitored closely to avoid DOH rejecting entire files.

- To avoid missing monthly deadlines, we submit on a bi-weekly basis.

- Risk corridor members provided by DOH for MLTC plans are closely monitored for completeness and accuracy.

- MEDS monthly validation reports posted at the HPN site are downloaded and reviewed on a regular basis.

- In addition, HF tracks internally created reports on a monthly basis to monitor completeness.

2013 MEDS HF Sample Report*

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Encounter Type	(1) Not Submitted	(2) Internal Rejection	(3) MEDS Submitted/ No Response	(4) MEDS Accepted	(5) MEDS Rejected	Total Encounters
Inpatient		$50,000		$4,000,000	$200,000	$4,250,000
Outpatient	$6,000	$30,000		$3,000,000	$300,000	$3,336,000
Professional	$650,000	$80,000	$900	$116,000,000	$607,000	$117,337,900
Total	**$656,000**	**$160,000**	**$900**	**$123,000,000**	**$1,107,000**	**$124,923,900**
					MEDS Acceptance %	98.46%

Data shown in the above chart are not actual but are consistent with HF reported compliance percentages

MEDS III vs MLTC

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MEDS III

- Reports Medicaid dollars only.

- Excludes environmental support service codes.

- Encounters are reported only to NYS.

- Excludes Risk Corridor Membership.

MLTC

- Reports both Medicaid and Medicare dollars (for Complete Care) as this is a dual population.

- Home-grown environmental support service codes are cross-walked to industry standard codes.

- Encounters are reported to both NYS and CMS.

- Risk Corridor members provided by DOH.

CC Home-Grown Codes Crosswalk

MLTC HOME-GROWN CODES CROSSWALKED TO INDUSTRY STANDARD CODES

Company	Home-Grown Codes	Industry Standard Service Code	Home-Grown Code Description	Industry Standard Code Description
02	99539	S5165	UNLISTED HOME VISIT SERVICE OR PROCEDURE	HOME MODIFICATIONS; PER SERVICE
02	AIRC1	S5165	AIR CONDITIONERS	HOME MODIFICATIONS; PER SERVICE
02	FUTON	S5165	FUTONS - PREFERRED OVER ROLLAWAY BEDS	HOME MODIFICATIONS; PER SERVICE
02	HEAT1	S5165	HEATERS	HOME MODIFICATIONS; PER SERVICE
02	LIPCA	T1020	LIVE IN PCA	PERSONAL CARE SERVICES, PER DIEM, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL, NURSING FACILITY...
02	MICRO	S5165	MICROWAVES	HOME MODIFICATIONS; PER SERVICE
02	PCAH1	T1019	PCA HOURLY SERVICES	PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL, NURSING FACILITY...
02	PRVSC	S5165	PRIVACY SCREENS	HOME MODIFICATIONS; PER SERVICE
02	RBEDS	S5165	ROLLAWAY BEDS	HOME MODIFICATIONS; PER SERVICE
02	S9121	T1021	ADDED DURING FEE SCHEDULE LOAD PROCESS	PERSONAL CARE SERVICES, PER DIEM, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL, NURSING FACILITY...
02	SLIPC	T1020	LIVE IN PCA (SHARED)	PERSONAL CARE SERVICES, PER DIEM, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL, NURSING FACILITY...
02	SPCAH	T1019	PCA HOURLY SERVICES (SHARED)	PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL, NURSING FACILITY...
02	STERL	S5165	STERALITE - PLASTIC DRAWERS ON WHEELS FOR STORAGE	HOME MODIFICATIONS; PER SERVICE

Thank You!