

MN Department of Human Services (DHS)
SNF Work Group Minutes
Tuesday, September 25, 2007
1:30-3:30

Host Location:

Westwood Care Center – St. Louis Park

Thank you for hosting the September MREP Work Group Meeting and a special thanks to Shirley Upham for her assistance in coordinating the meeting.

Facilitator:

Rose Kline, RN, Medicare Revenue Enhancement Program (MREP) DHS
651-431-3151 rosemary.kline@state.mn.us

Introduction:

- Amber Jacobs is the LTC Trainer in the Health Care Operations division at the Minnesota Department of Human Services (DHS). The MHCP Provider Call Center is 651-431-2700 or 1-800-366-5411; if they are unable to answer your question you may contact Amber at 651-431-4393.

Announcements:

- With today's electronic submission of claims, facilities are not always updating DHS with the change of information e.g., facility name change, address, phone number. Whenever a facility has a change please call the MHCP Call Center at 651-431-2700 or 800-366-5411 so the DHS system can be current.
- You can view the MREP Newsletter, Meeting Minutes, and MREP Schedule for upcoming MREP Meetings on-line, by going to www.dhs.state.mn.us/provider. On the right side you will find Medicare Revenue Enhancement Program (MREP); click on that and it will open to MREP.

Presenter:

Thanks to our presenter, Christina Baltés for sharing her knowledge and expertise with us.

Featured Presentation: "Medicaid PERM It's Here!"

The power point presentation is attached for your use and review.

Overview:

The Centers for Medicare and Medicaid Services (CMS) developed the Payment Error Rate Measurement (PERM) program in response to the Improper Payment Information Act, 2002 [IPIA, Public Law 107–300,] enacted November 26, 2002. This act required federal agencies to review annually programs they oversee that are susceptible to significant erroneous payments, to estimate the amount of improper payments, to report those estimates to Congress and to submit a report of the actions the federal agency is taking to reduce erroneous expenditures.

To comply with the IPIA, CMS published PERM regulations at 42 CFR Parts §431 and §457. The final regulations were published on August 31, 2007 and will become effective October 1,

2007, formalizing the measurement of Medicaid and State Children's Health Insurance Program (SCHIP) improper payments. PERM measures error rates in claims processing, medical necessity and recipient eligibility.

Commonly referred to as PERM, the Payment Error Rate Measurement is a comprehensive, ongoing federal audit to measure how frequently errors occur when providers submit claims to states and when states pay those claims. This federal audit includes examining submitted claims that have been approved and paid, as well as claims that have been denied. All 50 states will be measured over a three-year period. Minnesota, along with 16 other states, was selected to be one of the first states to undergo the federal audit for federal fiscal year (FFY) 2006. A state and national payment error rate will be announced after all data is collected.

PERM is designed to estimate the proportion of Medicaid payments made erroneously. The estimated payment error rate is calculated as the ratio of the dollar value of all inaccurate payments to the dollar value of the total payments. The dollar amounts of any errors identified (overpayments and underpayments) are tracked and used to calculate the final payment error rate. The state-specific estimates will be used to establish national payment error rates for Medicaid and SCHIP.

CMS selected three national contractors to conduct PERM:

- The Lewin Group, which provides statistical support by producing the samples to be reviewed and by calculating Minnesota's error rate.
- Livanta LLC, which provides the documentation/database support by collecting payment related policies from states and by medical records from providers. Livanta LLC will be contacting sampled providers for medical/service records.
- Health Data Insights, which examines the accuracy of the claims-processing system and the medical necessity of the service for which payment was claimed.

Minnesota providers whose claims were selected for the 2006 PERM received a letter from the Department of Human Services (DHS) that informed them that a claim had been selected for review and a representative from Livanta LLC would contact them to verify contact information so that a request for medical/service records can be sent to the provider.

If providers have any questions you are encouraged to contact Christina Baltes at (651) 431-4279 or e-mail at christina.baltes@state.mn.us.

Q&A

1. Q: How many claims were reviewed?

Approximately 1,200 Medicaid fee-for-service claims that were either paid or denied.

2. Q: How were the claims selected?

By a random selection process.

3. Is eligibility verified?

MN is slated to conduct eligibility audits in Federal Fiscal Year 2009. At that time, each recipient in a randomly selected sample will be audited to verify that the recipient met the eligibility requirements.

Next Meeting:

Date: Tuesday, October 23, 2007 1:30 - 3:30

Topic: Minimum Data Set (MDS) Tips and Updates

Presenter: Marci Martinson, RN
MDH State RAI Coordinator

Host Site: MN Masonic Home
11501 Masonic Home Drive
Bloomington, MN 55437

If you are planning on attending the October session please RSVP to Rose Kline @ rosemary.kline@state.mn.us by Oct. 16 and include any specific questions you may want addressed.

2 Nursing CEUs offered

Note: Each participant is responsible for determining whether this activity meets the requirements for acceptable continuing education credits.