Objective
Submit a Pay-for-Performance Results Payment

Performed by
MN–ITS DDE Users

Background
Some providers are able to request results payments when they work with MHCP patients to achieve optimal cardiac & diabetes care. To be eligible for payment the pay to provider must have billed MHCP for at least two visits and current labs, performed within the previous six-month period.

Using MN–ITS DDE

- Complete all **bolded** (required) fields
- Complete other (non-bolded, situational) fields as appropriate for your request
- **Underlined items** are linked to definitions and additional information about that item, including information about completing a field, code definitions for fields, or instructional information
- Field titles with an asterisk (*) indicate that the information is situational. Some fields are grouped together in boxes of associated information. If you complete one asterisked field within a boxed section of a screen, you must complete all asterisked fields in that section of the screen.

Submitting a Pay-for-Performance Results Payment Request
1. Log in to MN–ITS.
2. Select **Pay for Performance** from the left-hand menu.
3. Click **Cardiac Care Request** or **Diabetes Request**

Completing the Cardiac Care & Diabetes Request Transaction
1. Verify the NPI/UMPI of the rendering provider in the **Provider NPI/UMPI** field. Consolidated providers must select the exact clinic location for the provider who rendered the associated evaluation and management procedure and laboratory services. Claims submitted with a different location will deny.
2. Enter the first and last name of a contact within your organization that can answer questions about this request in the **Contact Name** field.
3. Enter the area code and phone number at which your contact can be reached at in the **Communication Number** field.
4. Enter the 8-digit member number from the recipient’s MHCP ID card in the **Subscriber ID** field.
5. Enter the recipient’s birth date in the **Birth Date** field in 2-digit month, 2-digit day, and 4-digit year (MMDDYYYY) format. The birth date must match the birth date on the MHCP file.
6. Enter the **LDL Cholesterol Level** according to the most recent lab results.

7. Enter the **HbA1c Blood Level** according to the most recent lab results (Diabetes only.)

8. Enter the **Current Systolic Blood Pressure** according to the most recent lab results.

9. Enter the **Current Diastolic Blood Pressure** according to the most recent lab results.

10. Select Yes or No from the drop down menu indicating if the subscriber is over 40 and takes aspirin daily.

11. Select Yes or No from the drop down menu indicating if the subscriber uses tobacco.

12. If the subscriber does not qualify under the daily aspirin measure above, but may qualify under the ICSI Health Care Guidelines aspirin exception, select Yes or No from the drop down menu to indicate the exception.

13. Click the **Submit** button. Within seconds, you will receive a response.

14. Print the response for your records.

15. If the subscriber qualifies for an exception, attach a copy of the response and documentation that confirms an allergy or contraindication to aspirin. Fax or mail to DHS for review.

   Secure Fax Preferred: 651-431-7577

   DHS PMQI Division
   PO Box 64986
   St Paul, MN 55164-0986

16. After your Pay-for-Performance results payment request is processed it will appear on your MHCP Remittance Advice (RA) with the following claim information:

   - Paid-Primary
   - Patient Name
   - Patient ID #
   - Payer Claim Number
   - Claim Date
   - Total Payment