Objective
Submit a Health Information Request (HIR)

Performed by
Provider organizations other than pharmacies do not have access rights using their organization’s NPI. Clinic and hospital clinicians must be registered in MN–ITS using their individual National Provider Identifier (NPI) to access the HIR tool. If you are not already registered, use your MN–ITS Welcome Letter to register for MN–ITS (contact the Provider Call Center if you need a copy of your letter).

HIR is a clinical tool; it is not intended for billers, office staff, accounting professionals or other non-clinical individuals within your organization. HIR is designed to be used by pharmacies and individual clinicians registered for MN–ITS within one of three MHCP-enrolled types of provider organizations: primary care clinics, hospitals or pharmacies. Access must be restricted to the following clinical providers:
- Clinical nurse specialists
- Nurse midwives
- Nurse practitioners
- Pharmacists
- Physician assistants
- Physicians

The MN–ITS Administrator for the individual MN–ITS account(s) must further restrict HIR access to the clinician assigned to treat patients directly and, as appropriate, their designees who have been trained to handle protected health information appropriately.

Background
HIR allows you to search up to 3 years of claims history for inpatient and emergency department history and up to 1 year of drug utilization history on an MHCP recipient. This information is from claims paid by MHCP fee-for-service, and paid claims for emergency room and inpatient stays by a managed care organization (MCO).

Limitations
Claim history will be incomplete if the recipient:
- Was not enrolled with MHCP for the full three years
- Sought care outside of the MHCP FFS or MCO network
- Was seen by another MHCP provider who did not yet submit claims

Claim history does not include treatment for chemical dependency services.

Using MN–ITS
- Complete all fields with an asterisk (*) (* = required fields)
- 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
• From and To dates default one year from today’s date. Adjust dates as needed and select Refresh
• Print Page on the top right corner allows you to print the response page
• Return to Main Menu to the left brings you to the MN–ITS Home page

Navigating Breadcrumbs within the Health information Response
Breadcrumbs are located near the top left portion of the screen and can be used to navigate back to previous site or to begin a new search. Example:

- MN–ITS Home: Returns user to the MN–ITS Home page
- HIR Home – Search Patient: Allows user to begin a new Subscriber ID search

The name of the tab you last searched will display at the end of the breadcrumb.

Submitting a Health Information Request

1. Log in to MN–ITS using the Pharmacy’s organization NPI or the clinic or hospital’s individual clinician NPI registered with MN–ITS.
2. Select Health Information Request from the left-hand menu.
3. Enter the Subscriber ID (8-digit Minnesota Health Care Program number). The From Date and To Date will appear and defaults one year from today’s date; adjust dates as needed.
4. Select Continue.

Reviewing the Health information Response

If a match is found within any of the three claim history criteria (Emergency Department, Inpatient, or Pharmacy), the Subscriber Name and information will display in the response:

<table>
<thead>
<tr>
<th>Subscriber Name:</th>
<th>John Doe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscriber ID #:</td>
<td>033333333</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>03/22/1930</td>
</tr>
</tbody>
</table>

If no data is available in the initial search, you will receive a response stating: no Emergency Dept. records exist for this date range. Inpatient or Pharmacy records may exist.

1. Select the Refresh button to adjust the dates.

2. Select the appropriate tab to check if records exist. After selecting Inpatient or Pharmacy tab a response will appear within seconds indicating the claim history or if no records exist.

3. Review data displayed at the bottom of each response page. Each response will indicate the number of records per page and the page number.
• Emergency Department data displayed:
  i. From Date – To Date
  ii. Primary Diagnosis Code
  iii. Primary Diagnosis Description
  iv. Hospital
  v. Attending Provider

Select either the diagnosis code or the diagnosis code description to display the Emergency Department visit details response page. Select *Back to Results Page* to request results for other claim history criteria or date span.

• Inpatient data displayed:
  i. From Date – To Date
  ii. Primary Diagnosis Code
  iii. Primary Diagnosis Description
  iv. Hospital
  v. Attending Provider

Select either the diagnosis code or the diagnosis code description to display the Inpatient visit details response page. Select *Back to Results Page* to request results for other claim history criteria or date span.

• Pharmacy data displayed:
  i. Fill Date
  ii. NDC Code
  iii. Generic Name (Brand)
  iv. Dosage Form
  v. Strength
  vi. Quantity
  vii. Days Supply
  viii. Prescribing Provider
  ix. Pharmacy Name
Pharmacy claim details can be sorted numerically or alphabetically by selecting any of the data elements.

4. Print the response for your records.

5. Navigate using the **breadcrumbs** options, Back to Results Page or **Return to Main Menu** button on the left.