

Understanding Medical Assistance Claims

IV. MA claims payment histories

Before recovering on a Medical Assistance (MA) claim, you must have an MA claims payment history from DHS to ensure your claim amount is accurate. This section explains how you can receive an MA claims payment history, the information provided on a history, how to determine the claim amount from the history, and last steps to take before asserting a final MA claim amount. It also explains why you must use MA claims payment histories instead of PIN reports for claim amounts, and why a history may provide a different MA claim total if you order a second history at a later date.

A. Receiving an MA claims payment history

There are three ways to receive an MA claims payment history:

- Receiving an estate claim minimal report through a death match in your MN-ITS mailbox
- Receiving an estate claims paid history (ECPH) packet following a notice to the commissioner of human services
- Requesting an MA claims payment history

1. Receiving an estate claim minimal report through a death match in your MN-ITS mailbox

The estate claim minimal report provides a complete list of paid amounts for all recoverable services an MA member received at 55 years old or older, as long as the MA member was never a permanent resident in a medical institution and did not receive General Assistance Medical Care (GAMC) services before June 1994.

The estate claim minimal report provides paid amounts for the following services from June 1994 through the date on the report:

- MA long-term services and supports (LTSS)
 - Nursing facility services (NFS)
 - Home and community-based services (HCBS)
 - Waiver HCBS
 - Alternative Care (AC)
 - Brain Injury (BI)
 - Community Alternative Care (CAC)
 - Community Access for Disability Inclusion (CADI)
 - Developmental Disabilities (DD)
 - Elderly Waiver (EW)
 - Nonwaiver HCBS
 - Home care nursing
 - Home health aide services
 - Medical equipment and supplies
 - Physical therapy, occupational therapy, and speech therapy, when the service is provided by a home health agency
 - Personal care assistance (PCA)
 - Hospital and prescription drug services received during the time of NFS or HCBS
- GAMC services

The beginning of the estate claim minimal report looks like this:

Recipient ID: [REDACTED] Name: [REDACTED] Sex: [REDACTED] DOB: [REDACTED]
 Current as of [REDACTED]

PayerSystem	CT_Ind	MajorProgram	ProviderNumber	ProviderName	ServiceDatesBegin_End	PaidDate	ReimbursementAmount
FFS	Medical Equipment and Supplies	MA	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
MCO	LTSS Managed Care	MA	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
MCO	LTSS Managed Care	MA	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
MCO	LTSS Managed Care	MA	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
MCO	LTSS Managed Care	MA	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
MCO	LTSS Managed Care	MA	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

The total claim amount appears at the end of the estate claim minimal report. If the deceased's case does not have any claim adjustments, the amount will appear in the "ReimbursementAmount" column of the "Grand Total" line:

MCO	LTSS Managed Care	MA	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
FFS	Nursing Facility Services	MA	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
FFS	Nursing Facility Services	MA	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
MCO	LTSS Managed Care	MA	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	MA-Other Total	MA					[REDACTED]
	Grand Total						[REDACTED]

If the deceased's paid amounts are adjusted, the total claim amount appears after the adjustments, in the "ReimbursementAmount" column of the "Total Owed" line. An adjustment can add to or subtract from the Grand Total.

Finally, the estate claim minimal report separates paid amount subtotals for MA, AC and GAMC services. In addition, paid amounts for MA may also be separated into certain MA eligibility types, such as MA-AX, MA-BC or MA-NA. These separate subtotals become important when you [enter your recovery in MMIS](#). The separation of an MA eligibility type subtotal on the estate claim minimal report looks like this:

FFS	Medical Equipment and Supplies	MA-AX	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
FFS	Home Health Care	MA-AX	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
MCO	LTSS Managed Care	MA-AX	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
FFS	Nursing Facility Services	MA-AX	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	MA-AX Total	MA-AX					[REDACTED]

Note about certain DHS adjustments:

If under "Grand Total" there are subtractions for adjustments 669 (ANNUITY), 105 (VLNTR RCVRY DHS), 650 (RCVRY POOLED TRUST DHS), or 107 (MA LIEN RCVRY DHS), this means DHS has collected from the MA recipient or recipient's estate from all MA or GAMC paid claims. This amount, subtracted from the grand total, is the amount of the recovery that is due to LTSS claims. If the MA recipient received non-LTSS services, it will be lower than the amount the MA recipient or the estate paid to DHS.

2. Receiving an estate claims paid history (ECPH) packet following a notice to the commissioner of human services

After receiving your request, DHS will send you the requested claims payment history. You may get up to three different reports: the standard report, the all-MA-payments report, and the pre-June 1994

report. (Refer to examples. Examples have been redacted to comply with federal and state privacy law.)

a. The post-6/01/1994 LTSS and GAMC report (the standard report)

The ECPH packet contains the standard report, described previously, for the eligibility periods where the recipient was 55 or older, except it will not contain eligibility periods covered by the all-MA payments report (described in section 2b, immediately following).

b. The all-MA-payments report

You will get a report that includes paid amounts for all MA services (not just MA-LTSS) that an MA member received at any age during residence in a medical institution, provided the member:

- lived in the institution for six months or longer, and
- was treated by a physician, advanced practice registered nurse or physician assistant who certified in writing that the member could not reasonably be expected to be discharged and returned home.

The beginning of the all-MA-payments report looks like this:

JOB/LOC: PWMWCD81 SRU	MINNESOTA DEPARTMENT OF HUMAN SERVICES	PROCESSING DATE:	
PROC: PWMWCP81	MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS)	PROCESSING TIME:	
REPORT: PWMWC810-R2073			
PROGRAM: PWMWC810			

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REQUESTED DATES - THRU

REQUESTED RECIPIENT ID: NAME: DOB: SEX:

REQUESTED PROVIDER NUMBER: 0000000 00 NAME:

CLAIM TYPE	MAJOR PGM	PROVIDER NUMBER	PROVIDER NAME	SERVICE DATES BEGIN - END	PAID DATE	REIMBURSEMENT AMOUNT
N - NURSING FC MA		00				\$
N - NURSING FC MA		00				\$
N - NURSING FC MA		00				\$
N - NURSING FC MA		00				\$
N - NURSING FC MA		00				\$
N - NURSING FC MA		00				\$
N - NURSING FC MA		00				\$

The total claim amount appears at the end of the report after "REIMBURSEMENT AMOUNT." It looks like this:

JOB/LOC: PWMWCD81 SRU	MINNESOTA DEPARTMENT OF HUMAN SERVICES	PROCESSING DATE:	
PROC: PWMWCP81	MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS)	PROCESSING TIME:	
REPORT: PWMWC810-R2073			
PROGRAM: PWMWC810			

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REQUESTED DATES - THRU :

REQUESTED RECIPIENT ID: NAME: DOB: SEX:

REQUESTED PROVIDER NUMBER: 0000000 00 NAME:

CLAIM TYPE	MAJOR PGM	PROVIDER NUMBER	PROVIDER NAME	SERVICE DATES BEGIN - END	PAID DATE	REIMBURSEMENT AMOUNT
						REQUEST TOTALS:
						CLAIMS:
						BILLED AMOUNT: \$
						BASE RATE AMOUNT: \$
						REIMBURSEMENT AMOUNT: \$

2. Subtract any AC premiums and any Medical Assistance for Employed Persons with Disabilities (MA-EPD) premiums that were billed to the member

Subtract from the MA claim total any AC and MA-EPD premiums billed to the member during his or her life.

First, determine whether the member received AC or MA-EPD. Look up the member's ID number in MMIS and check the "RELG" screen to see whether the member had eligibility type AC or DP. Use the examples for a reference. The examples have been redacted to comply with federal and state privacy law.

This is what AC coverage looks like on the RELG screen:

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NEXT: RIDS                                MMIS ELIGIBILITY-RELG
*
*
*****
- - - - - E L I G I B I L I T Y - - - - -
01 PRG: AC ALT CARE   ELIG TY: AC ALTERNATIVE CARE   CASE:
  ELIG BEGIN:         ELIG END:         CFR:         STATUS:         REASON:
STATUS DATE:         DATE ADDED:         INDICATOR:     APPL DT:

02 PRG:              ELIG TY:              CASE:
  ELIG BEGIN:         ELIG END:         CFR:         STATUS:         REASON:
STATUS DATE:         DATE ADDED:         INDICATOR:     APPL DT:

03 PRG:              ELIG TY:              CASE:
  ELIG BEGIN:         ELIG END:         CFR:         STATUS:         REASON:
STATUS DATE:         DATE ADDED:         INDICATOR:     APPL DT:

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This is what MA-EPD coverage looks like on the RELG screen:

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NEXT: RIDS                                MMIS ELIGIBILITY-RELG
*
*
*****
- - - - - E L I G I B I L I T Y - - - - -
01 PRG:              ELIG TY:              CASE:
  ELIG BEGIN:         ELIG END:         CFR:         STATUS:         REASON:
STATUS DATE:         DATE ADDED:         INDICATOR:     APPL DT:

02 PRG:              ELIG TY:              CASE:
  ELIG BEGIN:         ELIG END:         CFR:         STATUS:         REASON:
STATUS DATE:         DATE ADDED:         INDICATOR:     APPL DT:

03 PRG: MA MEDICAID  ELIG TY: DP MA FOR EMPLOYED DISA W/ PREM   CASE:
  ELIG BEGIN:         ELIG END:         CFR:         STATUS:         REASON:
STATUS DATE:         DATE ADDED:         INDICATOR:     APPL DT:

04 PRG:              ELIG TY:              CASE:
  ELIG BEGIN:         ELIG END:         CFR:         STATUS:         REASON:
STATUS DATE:         DATE ADDED:         INDICATOR:     APPL DT:

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Second, if the member received AC or MA-EPD services, send an email to DHS requesting the premium payments using the following format:

To: dhs.made@state.mn.us

Subject: AC and/or MA-EPD Recovery – Payment History Request

Body: Include the following:

- Member's name
- Member's PMI number and MAXIS case number
- Request for the total amount of monthly premiums paid by the client for AC or MA-EPD services (or both)

Third, wait for a response from DHS. When DHS emails the total premium amount paid, subtract it from the MA claim total (this includes Alternative Care). This figure is the final MA claim amount.

C. Why you must use claims payment histories instead of PIN reports

The Program Integrity Network (PIN) is a DHS data warehouse investigatory tool that is available to county fraud investigators and collection workers. It allows them to pull MA claims information from the data warehouse. PIN information can be a starting point to figure out what went on in an estate recovery case and estimate the potential MA claim amount.

You can use a PIN report to find out whether a potential MA claim amount exists. If one does, you can then request a claims payment history from DHS. (You can always request a claims payment history without using PIN first.)

However, a PIN report cannot tell you whether all claims contained in the data warehouse are collectible under estate recovery laws. The actual amount of the claim can be larger or smaller than the amount shown in the PIN report. All information obtained from PIN must be verified by a secondary source. You cannot collect on an estate using the claim amounts or claim total in a PIN report.

Before beginning MA estate recovery, you must request a claims payment history from DHS. A PIN report may not be submitted to any party, to attorneys, or to the court.

In summary, you can use a PIN report to investigate whether to begin estate recovery, but you may use only a claim total from a claims-payment-history report to recover on an estate.

D. Why a claims payment history may provide a different MA claim total if you order a second history at a later date

MA providers have one year from the date of service to bill DHS. In addition, amounts billed for MA services may be adjusted at a later date. Consequently, depending on the circumstances, if you order a second MA claims payment history for a deceased MA member at a later date, the MA claim total from the new reports may be different from what was previously reported. Change is the nature of the health care system. If circumstances demand that you order a second MA claims payment history, use the MA claim total from the new reports and revise your MA claim amount to the new total if you have already asserted the old MA claim amount in probate or elsewhere.