

**Medicaid Health Plan Encounter Quality Initiative**

**Frequently Asked Questions**

**Q. What is the cut-off date for encounter submissions?**

A. For the beta quarters, plans should submit data for encounters that have been accepted in the Data Warehouse by 1/15/12. After go live, this date will be four months after quarter end.

**Q. Who should the plans submit their completed reports to?**

A. Their contract manager.

**Q. Should denied service lines be included in the data set?**

A. No, we are only interested in accepted encounters.

**Q. Is there an update on the significant differences in Pharmacy?**

A. There is no update right now. We would like to analyze after the last beta quarter.

**Q. Is there an update on the methodology for sub-capitated claims?**

A. We are just beginning to work on this problem.

**Q. What is the correct format to submit reports?**

A. The submitted file should be an Excel document containing 16 worksheets. There should be one for Maternity and one for Blind and Disabled. There are seven age groups outlined in the Milliman methodology letter. These age groups all need to be broken out by gender, making 14 worksheets allotted to TANF.

**Q. Is the format for the report submission the same as the previous format?**

A. Yes.

**Q. Should the member months be the same across all rate cells?**

A. No, this calculation needs to be specific to the individual rate cell.

**Q. How is Annual Utilization per 1,000 calculated?**

A. This statistic evaluates how many units would be billed annually for every 1,000 members. This is one way to calculate. Annualize the number of units in column A by multiplying by 4 and divide that by the average members (member months reported in B7 divided by 3). Then multiply this by 1,000.

**Q. How is Service Cost PMPM calculated?**

A. This is simply the amount paid in column B divided by the member months reported for the rate cell.

**Q. How should Outpatient Hospital Radiology and Pathology claims be reported?**

A. The revenue codes used to identify these two types of claims are listed in the Milliman methodology letter. Once this data is obtained, it is to be combined with the professional Radiology and Pathology and reported under the Physician section of the cost model.

**Q. We are finding that we get much closer to the Department's numbers if we gather our Transportation data at the line level. Should the transportation units be derived from the header or the line?**

A. The units for transportation should be only counted once per claim. Milliman will review their logic to verify they are reporting correctly.

**Q. For professional claims, should we count the units for the procedure codes for each category instead of categorizing the whole claim?**

A. Yes, for professional services each line should be evaluated separately.

For clarifications or new questions, contact Marea Pierpoint at [pierpointm@michigan.gov](mailto:pierpointm@michigan.gov) or 517-335-5132.