

# PROCEDURES FOR CORRECTING MACSIS MEDICAID CLAIMS PRICED USING TIERED PAYMENT LOGIC

## AoD Case Management and MH CPST Services

### MH CPST Reimbursement

The CPST Reimbursement process (tiered payment logic) that was implemented 7/1/2011, reimburses the first six units (90 minutes) of individual CPST and the first six units (90 minutes) of group CPST at 100% the UCC (Usual Customary Charge) or the Medicaid rate (PROCP rate), whichever is lower.

Additional units of individual or group CPST will be reimbursed at either the UCC or 50% of the Medicaid rate, whichever is lower.

Below is a table with examples of how the reimbursed amount is calculated. We never reduce the provider's usual customary charge.

Scenario	Units Billed	Billed Amt.	Provider UCC	Medicaid Rate (PROCP)	Rate for Units 1-6	Units 1-6 Paid Amt.	Medicaid Rate (PROCP)	Rate for Units 7-8	Units 7-8 Paid Amt.	TOTAL PAID
1	8	160.00	20.00	21.33	20.00	120.00	10.67	10.67	21.34	141.34
2	8	240.00	30.00	21.33	21.33	127.98	10.67	10.67	21.34	149.32
3	8	80.00	10.00	21.33	10.00	60.00	10.67	10.00	20.00	80.00

**Scenario 1:** Provider's UCC is less than the Diamond<sup>1</sup> rate, so the first six units are paid at the provider's rate. Since 50% of the Diamond Rate is less than the provider's rate of \$20, units 7-8 are paid at 50% of the Diamond rate which is \$10.67.

**Scenario 2:** Provider's UCC is more than the Diamond rate, so the first six units are paid at the Diamond rate. Since 50% of the Diamond Rate is less than the provider's rate of \$30, units 7-8 are paid at 50% of the Diamond rate which is \$10.67.

**Scenario 3:** Provider's UCC is less than the Diamond rate, so the first six units are paid at the provider's rate. Since 50% of the Diamond Rate is more than the provider's rate of \$10, units 7-8 are paid at the provider's rate of \$10.

### AoD Case Management Reimbursement

The case management reimbursement process (tiered payment logic) implemented for claims with dates of service on and after 11/1/2011, reimburses the first 1.5 units (1.5 hrs./90 minutes) of case management at 100% the UCC (Usual and Customary Charge) or the Medicaid rate (PROCP rate), whichever is lower.

Additional units of case management will be reimbursed at either the UCC or 50% of the Medicaid rate, whichever is lower.

Below is a table with examples of how the reimbursed amount is calculated. We never reduce the provider's UCC.

<sup>1</sup> Diamond and MACSIS are used interchangeably throughout the document.

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Scenario	Units Billed	Billed Amt.	Provider UCC	Medicaid Rate (PROCP)	Rate for Units 1-1.5	Units 1– 1.5 Paid Amt.	Medicaid Rate (PROCP)	Rate for Units 1.6 +	Units 1.6 + Paid Amt.	TOTAL PAID
1	3	225.00	75.00	78.17	75.00	112.50	39.08	39.08	58.63	171.13
2	3	240.00	80.00	78.17	78.17	117.26	39.08	39.08	58.63	175.88
3	3	105.00	35.00	78.17	35.00	52.50	39.08	35.00	52.50	105.00

**Scenario 1:** Provider's UCC is less than the Diamond<sup>2</sup> rate, so the first 1.5 units are paid at the provider's rate. Since 50% of the Diamond Rate is less than the provider's rate of \$75, units 1.6+ are paid at 50% of the Diamond rate which is \$39.08.

**Scenario 2:** Provider's UCC is more than the Diamond rate, so the first 1.5 units are paid at the Diamond rate. Since 50% of the Diamond Rate is less than the provider's rate of \$80, units 1.6+ are paid at 50% of the Diamond rate which is \$39.08.

**Scenario 3:** Provider's UCC is less than the Diamond rate, so the first 1.5 units are paid at the provider's rate. Since 50% of the Diamond Rate is more than the provider's rate of \$35, units 1.6+ are paid at the provider's rate of \$35.

### Viewing Diamond Pricing Decision

With the implementation of the EDI Module, the PREDI-P (pricing report) was discontinued. In order to access the pricing decision, boards could go to the claim detail, re-price/re-adjudicate (F6-B) and then view the pricing decision by accessing F6-P. With the implementation of the tiered pricing logic, re-pricing/re-adjudicating a MH CPST (H0036) or AoD case management (H0006) claim in order to see the pricing decision caused the claim to improperly price.

Any type of claim correction to CPST or case management claims which requires re-pricing/re-adjudication causes improper pricing if there are any other claims in the system for the same day for MH CPST/AoD case management. In order to allow boards to view the pricing decision (F6-P) without doing an F6-B, a parameter has been set in Diamond that will store the pricing decision. Boards that need to see how a MH CPST/AoD case management claim (or any other claim) priced will no longer have to re-price/re-adjudicate (F6-B) the claim.

#### To view the pricing decision for claims submitted electronically:

1. Access the claim header.
2. Hit <End>.
3. Select **A** (Adjudicate), then <Enter>
4. Enter **001** at the **Line Item Detail** prompt and hit <Enter>.
5. Hit **F6-P** to bring up the Pricing Decision. You may need to <Page Down> to see the entire pricing decision.

#### To view the pricing decision on a manually entered or a re-priced/re-adjudicated claim:

1. After entering the detail line, enter a **Y** at the **UPDATE? [Y/N]:** and hit <Enter>.

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2. Hit <Home> to return to the claim header.
3. Hit <End>.
4. Select **A** (Adjudicate), then <Enter>
5. Enter **001** at the **Line Item Detail** prompt and hit <Enter>.
6. Hit **F6-P** to bring up the Pricing Decision. You may need to <Page Down> to see the entire pricing decision.

### How to Correct a Claim Priced Using Tiered Payment Logic

When a MH CPST or AoD case management claim is entered in MACSIS, the pricing logic for tiered payments looks for any MH CPST or AoD case management claims in MACSIS to determine how many units of have previously been paid. Based on the number of units already paid, the tiered pricing logic then determines at what percentage the units on the newly entered claim should be paid.

The tiered pricing logic does not store the number of units paid at 100%; therefore, when a new claim comes in, if the units already paid are 6 units or over for MH CPST or 1.5 units or over for AoD case management, the new units will be priced at 50%.

When a MH CPST or AoD case management claim is corrected, or re-priced/re-adjudicated the same logic applies.

**Example 1 (AoD and MH):** Only one claim is in the system for that date-of service. Any change will price/adjudicate the claim properly. This is the case whether the claim has a **PROC STAT** of **U** or **F/P**.

- Finalized/Paid claims - **PROC STAT F/P** – reverse the claim and then split the claim, entering the correct information.
- Un-finalized claims – **PROC STAT** of **U** – make the correction, do an F6-B, and update the detail.

**Example 2 (AoD and MH):** More than one claim is in the system for that date-of-service, but total units do not exceed the 6-unit limit for CPST or 1.5 unit limit for case management. Any change to any of the claims will price/adjudicate the claim properly. This is the case whether the claims have a **PROC STAT** of **U** or **F/P**.

- Finalized/Paid claims - **PROC STAT F/P** – only the incorrect claim would need to be reversed and split.
- Un-finalized claims – **PROC STAT** of **U** – only the incorrect claim would need to be corrected and re-priced/re-adjudicated by doing an F6-B and updating the detail.

**Example 3 (MH CPST):** First claim has 8 units (6 units paid at 100% and 2 units paid at 50%), second claim has 2 units paid at 50% and a third claim has 1 unit paid at 50%; total of 11 units of CPST .

- First claim is corrected – number of units is changed from 8 to 7. The logic sees 3 units from subsequent claims and 7 units on the corrected claim. The logic assumes the 3 units from the subsequent claims were paid at 100%; the logic pays 3 of the 7 units on the corrected claim at 100% and the remaining 4 units at 50%. **There are only three units paid at 100%.**
- First claim is corrected – modifier change – claim needs re-priced/re-adjudicated. The logic sees 3 units from subsequent claims and 8 units on the corrected claim. The logic assumes the 3 units from the subsequent claims were paid at 100%; the logic pays 3 of the 8 units on the corrected claim at 100% and the remaining 5 units at 50%. **There are only three units paid at 100%.**
- First, second or third claim is corrected – **OthCarr** amount and **OthCarr Rsn** code is entered. The claims do not need to be re-priced/re-adjudicated. The pricing for the units does not change. Just enter the

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other carrier amount in the **OthCarr** amount and enter through the fields until you come to the **OTHCarr Rsn** field, enter the other carrier reason code and hit <enter>, then <end>. At the **UPDATE? [Y/N]** prompt enter a **Y** and then hit <enter>.

**Example 3 (AoD case management):** First claim has 2 units (1.5 units paid at 100% and .5 units paid at 50%), second claim has 2 units paid at 50% and a third claim has 1 unit paid at 50%; total of 5 units of case management .

- First claim is corrected – number of units is changed from 2 to 1. The logic sees 3 units from subsequent claims and 1 unit on the corrected claim. The logic assumes the 3 units from the subsequent claims were paid at 100%; the logic pays the 1 unit on the corrected claim at 50%. **There are zero units paid at 100%.**
- First claim is corrected – modifier change – claim needs re-priced/re-adjudicated. The logic sees 3 units from subsequent claims and 2 units on the corrected claim. The logic assumes the 3 units from the subsequent claims were paid at 100%; the logic pays the 2 units on the corrected claim at 50%. **There are zero units paid at 100%.**
- First, second or third claim is corrected – **OthCarr** amount and **OthCarr Rsn** code is entered. The claims do not need to be re-priced/re-adjudicated. The pricing for the units does not change. Just enter the other carrier amount in the **OthCarr** amount and enter through the fields until you come to the **OTHCarr Rsn** field, enter the other carrier reason code and hit <enter>, then <end>. At the **UPDATE? [Y/N]** prompt enter a **Y** and then hit <enter>.

**There may be variations to “Example 3”. In all cases, if there are multiple claims where the total units of all the claims for that date-of-service exceeds 6 units for MH CPST or 1.5 units for AoD case management, any change that requires re-pricing and re-adjudicating requires multiple steps to correct the claims (see below).**

### Steps to correct a claim priced with the tiered payment logic when there is more than one claim on the same day and the total units for the day exceeds the units paid at 100%:

1. First, determine if there are any other claims for the same service in Diamond for the same date of service.
  - a. Go to the keyword **PSDSP**:
    - i. Enter the UCI number in the Member field; hit <Enter>
    - ii. Enter 00 in the next field (person number); hit <Enter>
    - iii. Enter P in the File type field; hit <Enter>
    - iv. Enter P in the Production or Archive Files field; hit <Enter>
    - v. Enter the date-of-service in the Primary Date field; hit <Enter>
    - vi. The **OK? [Y/N]**: field is already valued with a field is already valued with a **Y**; hit <Enter>

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PSDSP                               Member Utilization Display

Member          : TEST              00 TEST JOE
File type       : P
Production or Archive Files: P
Sequence Number :
Primary date    : 01/01/2011

-F1-Help

OK? (Y/N): █
    
```

b. Page down, if necessary to find claims for the date of service and procedure.

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PSDSP                               Member Utilization Display                               STEMP=PSDSP

Memb 7999999      00 UNDER18          TESTER          DOB 04/23/1996 M
-----
CLAIM NUM      DATE  NET AMOUNT  PROC  M1 M2 UNITS  LOB  CL  PR  PROVIDER
-----
00000147061620  01/01      149.01  80000  ME      2.0  MCD  P  U  CHILDRENS HOSP

<Up/Down>=roll, D=Claims detail display, <Home>=exit: █
    
```

- c. There is only one claim.
  - i. If the claim is un-finalized (**PROC STAT of U**)
    - Go to the claim detail, make the correction then do **F6-B** to re-price/re-adjudicate the claim; update the detail line.
  - ii. If the claim is finalized/paid (**PROC STAT of F/P**)





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- 2) Access the detail of the claim that needs corrected.
    - a) Make the changes necessary; make sure you enter past the last field corrected.
    - b) Do F6-B to re-price/re-adjudicate the claim. Update the claim line.
  - 3) Access the detail lines of the claims that you previously denied.
    - a) Do F6-B to re-price/re-adjudicate each claim. Make sure you update each claim line; this is what saves the re-priced/re-adjudicated claim line.
- If all claims have a **PROC STAT** of **F** or **P**:
    - 1) Determine whether the claims have been extracted and sent to ODJFS for payment. If none of the claims has been extracted, it is okay to reverse and split all of the claims. If some of the claims have been extracted but not all have been returned, **you must wait to make the appropriate correction(s) after the claims have come back from ODJFS as either paid or denied.**
      - a) Go to the claim detail and reverse the claims.
        - If you do not know how to reverse a claim, please refer to **Reversing a Claim** at <http://mentalhealth.ohio.gov/assets/macsis/claims/reversing-a-claim.pdf>.
      - b) Access the header of the claim and split the claim, enter the correct information on the detail line.
        - If you do not know how to split a claim, please refer to **Splitting a Claim** at <http://mentalhealth.ohio.gov/assets/macsis/claims/splitting-a-claim.pdf>.
  - If the **PROC STAT** on the claims varies (example: One is un-finalized, one is finalized and been returned from ODJFS, and one is finalized but has not been returned from ODJFS), you will need to wait until all the claims can be corrected (reversed and split) at the same time.

***The above claims correction process is applicable to all claims priced using the tiered payment logic.***