

MACSIS HIPAA Contracts, Pricing & Adjudication Training

Introduction

To get a claim paid in Diamond, a claim must be priced and then adjudicated.

- In order to price a claim, there must be contracts (PROVC) and rates (PROCP) set up for the provider.

Introduction (cont'd)

Provider Contracts are the basis for the pricing of claims. Incorrectly built contracts can cause unexpected pricing problems. Below are the key elements involved in contracts:

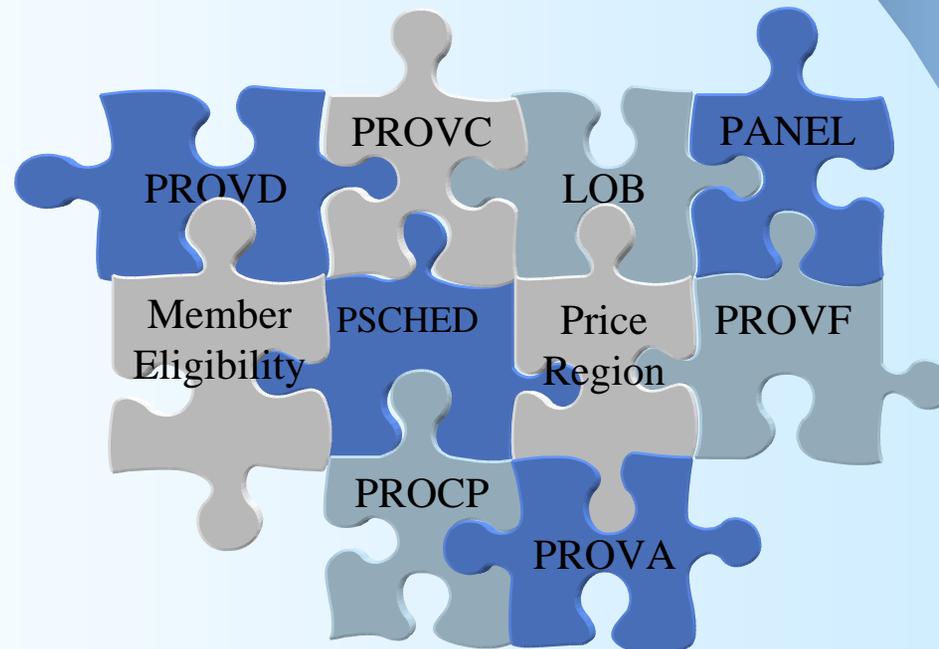
- PROVF
- PROVC
- PROVD
- PROVA
- PROCP
- MEDEF
- Price Schedules
- Line-of-Business
- Price Regions
- Panels
- Standard Contracts
- Default Contracts

Pricing/Contract Agenda

- Contract keywords/vocabulary
- Different types of contracts
- Which Price Schedule to use
- When to use different price regions
- When to use different panels
- PROCP'S
- Making Changes to Non-MCD Contracts

Overview

- All the pieces of your contract must fit for claims to price properly.



Pricing vs. Adjudication

- Pricing is the process that assigns an allowed amount, allowed reason code, medical definition, company code and G/L Ref code to a claim.
- Adjudication is the process of applying the Benefit Package that is associated with a client's plan to a claim
 - A Benefit Package contains the Benefit Rules that are associated with the Benefit Package.

Pricing/Contract Keywords

- PROVF – Provider Information
 - PROVF is the keyword in Diamond that stores provider information
 - Provider ID, provider name, address, contact information, provider type, provider specialty, NPI number, etc.
 - Each provider will have 1 PROVF record

PROVF (Screenshot)

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File Edit View Setup Execute Connect Help

PROVF Providers

—Provider Identification—

*Prov ID : 000000000413 Short Nm: CUYA CTY MH BD

—Contact Information—

Name 1 : CUYAHOGA COUNTY COMMUNITY Zip : 44113-3199 Country:
Name 2 : MENTAL HEALTH BOARD County : CUYA Alt Addr on File
Addr 1 : 1400 WEST 25TH STREET 3RD FL Phone : (216)241-3400 Ext:
Addr 2 : Fax : (216)861-5067 Def: N
City : CLEVELAND Contact : MARK JONES
RPT STAT: CLAIMS/NO BH State : OH Title : DIR UPDATED : 09/29/2003

—Other Identification—

COUNTY : CUYA MHIS CODE: Nat'l PID :
ODADAS ID : XRef ID : 10342

—Provider Information—

Type : MANC MH ANCIL NON CR Med Grp:
Spec 1 : MHP MH Prevention C: E: After Hrs :
Spec 2 : C: E: New Pat : Wt % : 100
Spec 3 : C: E: USER1DEF1 :
DOB : / / Lang 1 : USER2DEF2 :
Non-Spc: FI Claim Type: Lang 2 : USER3DEF3 :
IPA : Lang 3 : USER4DEF4 :
Vendor : 10342 CUYA AUDITORS Security :

—F2=Delete, F3=Overview, F4=Notes, F6=Special Functions, F7=Letters—
Save, Contract, aDdress, cRedential, Abandon (S,C,D,R,A,F7=Ltrs): S

Pricing/Contract Keywords

- PROVA – Provider Address
 - PROVA is the record in Diamond that holds the various provider addresses.
 - PROVA works in conjunction with PROVD to allow you to create multiple contract records to control pricing of “shared” procedure codes
 - Each PROVF record will have 3 PROVA records
 - 000 - Main Address
 - 001- AODINDIV
 - 002 - MHGROUP

PROVA - 000 (Screenshot)

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File Edit View Setup Execute Connect Help

PROVA Provider Addresses

—Identification—

*Prov ID : 000000001168 *Sequence : 000
FIRELANDS-ERIE

Name 1 : FIRELANDS COUNSELING AND
Name 2 : RECOVERY SERVICES } ← Actual Provider Address
Address 1 : 2020 HAYES AVENUE
Address 2 :
City : SANDUSKY
State : OH
Zip Code : 44870
Country :
Contact : MARSHA MRUK
Phone : (419)627-5177 Extension :
County : ERIE
Group :
Fax : (419)627-5179
Default? : N

Security :

—F2=Delete, F3=Overview, F6=Special Functions—
Enter country code or <F5> for list
You cannot update primary address - Use PROVF

PROVA - 002 (Screenshot)

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File Edit View Setup Execute Connect Help

PROVA Provider Addresses

Identification

*Prov ID : 000000001168 *Sequence : 002

FIRELANDS-ERIE

Name 1 : MHGROUP FIRELANDS-ERIE

Name 2 : [REDACTED]

Address 1 : MHGROUP } ← Group Counseling & Group CSP

Address 2 :

City :

State :

Zip Code : 43215

Country :

Contact : Marsha Mruk

Phone : (419)627-5177 Extension :

County : ERIE

Group :

Fax : (419)627-5179

Default? : N

Security :

F2=Delete, F3=Overview, F6=Special Functions

Pricing/Contract Keywords

- PROVC – Provider Contract
 - To get paid for services, a provider must have a contract created in Diamond. Each provider may have multiple contracts, based on line-of-business, panels, price regions and effective dates.
 - In MHHIPAA each provider will have multiple PROVC records depending on how long they have been processing claims in Diamond, ex:
 - Medicaid/Non-Medicaid, Standard (FY05)
 - Medicaid/Non-Medicaid, Default (FY05)
 - Medicaid/Non-Medicaid, Standard (FY04)
 - Medicaid/Non-Medicaid, Default (FY04)
 - Medicaid/Non-Medicaid Default (FY03)

PROVC (Screenshot)

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File Edit View Setup Execute Connect Help

PROVC Provider Contracts Contract Details on File

—Identification—

| | |
|--------------------------------------|-------------------------|
| *Prov ID: 000000010182 MOUNDBUILDERS | *LineBus : NON |
| *Panel : 45B | *Effective : 07/01/2003 |

—Status—

| | | |
|-------------------------|-----------------|-------------------|
| Terminated : / / | Par Flag : Y | Thresh Met : |
| Term Reason : | PCP Flag : N | Thresh Month : / |
| Default Contr : P | Enroll Limit: 0 | Print RA?(Y/N): N |
| PROVCUSERDEF : | Specialty : MOP | |
| Primary Taxonomy Code : | | |

—Pricing—

| | | |
|--------------------|--------------------|--------------|
| Price Rule 1 : OH | % Billed : 0.00 | Claim Hold : |
| Price Rule 2 : | % Allowed : 100.00 | Hold Date : |
| Price Sched : 0FP | Withhold : 0.00 | Geo Region : |
| Alt Schedule : AFP | % AWP : 0.00 | Svc Region : |
| Price Region : 45B | Disp Fee : 0.00 | Cov Group? N |
| Fund Model : | | |

—Associations—

| | |
|--------------------|------------------------|
| IPA : | Fed Tax ID : 316402630 |
| FFS Vendor : 10182 | MOUNDBUILDERS |
| CAP Vendor : 10182 | MOUNDBUILDERS |
| Security : X | |

—F1=Help,F2=Delete,F3=Contract Overview,F4=Notes,F6=SpecFuncs,F7=Letters—

Contract Termination Date

Connected

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Pricing/Contract Keywords

- **PROVD – Provider Contract Detail**
 - Used to control pricing for “shared” procedure codes under HIPAA
 - MH Individual Counseling, MH Group Counseling, AOD Individual Counseling, MH and AOD Hotline, MH Individual and Group CSP
 - Allows you to create multiple contract records defined by the provider address and claim type.
 - PROVD is a keyword and can also be accessed from PROVC using F6-T
 - Each PROVC record will have 2 PROVD records
 - 001 – AODINDIV
 - 002 - MHGROUP

PROVD - AOD (001)

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File Edit View Setup Execute Connect Help

PROVC Provider Contract Detail Pricing Determs on File

—Provider Contract Identification—

*Prov ID: 000000010182 MOUNDBUILDERS *LineBus : NON
*Panel : 45B *Effective : 07/01/2003

—Provider Contract Detail Identification—

*Address : 001 AODINDIV *Detail Eff: 07/01/2003
*Claim Type : P Term Date : / /
*Order Num : 001

—Status Override—

Contract Type : P

—Pricing Detail Override—

| | | |
|--------------------|--------------------|--------------|
| Price Rule 1 : OH | % Billed : 0.00 | Claim Hold : |
| Price Rule 2 : | % Allowed : 100.00 | Hold Date : |
| Price Sched : 1FP | Withhold : 0.00 | Geo Region : |
| Alt Schedule : BFP | % AWP : 0.00 | Svc Region : |
| Price Region : 45B | Disp Fee : 0.00 | |
| Fund Model : | | |

Security : X

—F1=Help, F2=Delete, F3=Contract Detail Overview, F6=Special Functions—

UPDATE? (Y/N):█

Receive a file using the default protocol.

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PROVD - MH (002)

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File Edit View Setup Execute Connect Help

PROVC Provider Contract Detail Pricing Determs on File

—Provider Contract Identification—

| | |
|--------------------------------------|-------------------------|
| *Prov ID: 000000010182 MOUNDBUILDERS | *LineBus : NON |
| *Panel : 45B | *Effective : 07/01/2003 |

—Provider Contract Detail Identification—

| | |
|------------------------|-------------------------|
| *Address : 002 MHGROUP | *Detail Eff: 07/01/2003 |
| *Claim Type : P | Term Date : / / |
| *Order Num : 001 | |

—Status Override—

Contract Type : P

—Pricing Detail Override—

| | | |
|--------------------|--------------------|--------------|
| Price Rule 1 : OH | % Billed : 0.00 | Claim Hold : |
| Price Rule 2 : | % Allowed : 100.00 | Hold Date : |
| Price Sched : 2FP | Withhold : 0.00 | Geo Region : |
| Alt Schedule : | % AWP : 0.00 | Svc Region : |
| Price Region : 45B | Disp Fee : 0.00 | |
| Fund Model : | | |

Security : X

—F1=Help, F2=Delete, F3=Contract Detail Overview, F6=Special Functions—

Enter the term date of the contract pricing detail

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Pricing/Contract Keywords

- Pricing Determinants
 - The Provider Contract Pricing Determinants screen, accessible by means of the special function F6-D from PROVD, allows you to define the contract at a more detailed level.
 - The determinant values on this screen tell you which procedure codes and modifier values must be present on the claim line to price the claim correctly.

Pricing Determinants for AOD (001)

```
VT320W32 - [adtest (adtest.odn.state.oh.us - 1)]
File Edit View Setup Execute Connect Help
[Toolbar icons]
PROVC          Provider Contract Pricing Determinants
-Provider Contract Detail Identification-
*Prov ID: 000000010182 MOUNDBUILDERS      *Address   : 001 AODINDIV
*LineBus: NON                             *Claim Type: P
*Panel  : 45B                             *Order Num : 001
*EffDate: 07/01/2003                     *Detail Eff: 07/01/2003
-Determinants-
*Line Pricing Determinant      Determinant Values
      Table          Field
-----
01  JUTILDM0.DAT  CBPROCCODE$  H0004;H0030
02  JUTILDM0.DAT  CBMODIFIER$  HF

-F1=Help-
Add,Insert,Change,Delete,Update,Quit? [A/I/C/D/U/Q/]: █

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Pricing Determinants for MH (002)

```
VT320W32 - [adtest (adtest.odn.state.oh.us - 1)]
File Edit View Setup Execute Connect Help
PROVC          Provider Contract Pricing Determinants
-Provider Contract Detail Identification-
*Prov ID: 000000010182 MOUNDBUILDERS      *Address   : 002 MHGROUP
*LineBus: NON                             *Claim Type: P
*Panel   : 45B                             *Order Num : 001
*EffDate: 07/01/2003                       *Detail Eff: 07/01/2003
-Determinants-
*Line Pricing Determinant      Determinant Values
      Table      Field
-----
01   JUTILDM0.DAT CBPROCCODE$   H0004;H0036
02   JUTILDM0.DAT CBMODIFIER$   HQ
-F1=Help-
Add,Insert,Change,Delete,Update,Quit? (A/I/C/D/U/Q/): █
```

Pricing/Contract Keywords

- PSCHD - Price Schedule
 - Price Schedule is the value assigned to a fee schedule that is assigned to a specific provider.
 - Each provider will have 5 PSCHD records
 - 3 for Medicaid Reimbursable services
 - These are considered primary price schedules and begin with 0, 1, 2
 - 2 for Non-Medicaid Reimbursable services
 - These are considered alternate price schedules and begin with A or B

Pricing/Contract Keywords

- PROCP – Procedure Pricing
 - PROCP stands for Procedure Pricing and is the record in Diamond that holds the rate for that service (procedure).

PROCP (Screenshot)

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File Edit View Setup Execute Connect Help

PROCP Procedure Pricing

—Identification—

*Procedure Code : H0004 BH COUNS/THERAPY
*Price Schedule : 0FP MOUNDBUILDERS - P0
*Price Region : 45B LICKING/KNOX
*Effective Date : 11/16/2006

—Pricing Specifications—

Termination Date :
Allowed Amount : 20.67
Percent of Billed : 0.00%
Withhold % : 0.00%
Contract Type : P Fund Model :
Procedure Hold : Hold Date :

—Price Indicators—

Per Diem :
MEDICAID :
DELETE=D :
UD3 :
UD4 :
UD5 :
Security: X

—F1=Help, F2=Delete, F3=Price Overview, F6=Special Functions—
UPDATE? (Y/N):

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Pricing/Contract Keywords

- LineBus – Line-of-Business (MCD/Non)
 - Sometimes referred to as LOB
 - Do not confuse the client's line-of-business with whether the claim was reimbursed as Medicaid or non-Medicaid.
 - You can have a client with a Medicaid line-of-business who receives a non-Medicaid reimbursable service. This gets paid as a non-Medicaid claim and is assigned a non-Medicaid G/L Ref code, but the client is still a Medicaid client with a MCD LOB.

Pricing/Contract Keywords

- Panel

- Panel is used to categorize membership. Some boards have only one panel (i.e. 45B) while others use multiple panels to group clients by population, services, funding, etc. (i.e. 48A, 48M, 48D).

Pricing/Contract Keywords

- Price Rule
 - Price Rule is attached to the provider contract and identifies the pricing method for each procedure code.
 - PRULE 1 is for professional pricing and PRULE 2 is for institutional.
 - MACSIS uses PRULE 1 only and it will always be OH.
- Price Region
 - Price Region is used along with price schedule to associate rates (PROCP's) to a contract.
 - Different Price Regions can be used if you have different rates, a different range of services, or different withholds from, the Standard Medicaid Contract.

Pricing/Contract Keywords

- MEDEF – Medical Definition
 - MEDEF's are a way to categorize the type of service rendered and expense the claim (assign G/L reference codes).
 - The MEDEF is assigned based on the procedure code and modifier 1 and 2 (and place of service for MH MCD reimbursable services) .
 - Each MEDEF that is payable under a board Plan is assigned a G/L reference code (G/L reference code is assigned from the GLASS records based on plan and MEDEF).
 - MEDEF's are assigned during the pricing phase and are used in the adjudication phase.
 - **MEDEF's can also be used for ad-hoc utilization reporting.**
 - ODADAS controls the AOD MEDEF's and MH controls the MH MEDEF's

Standard vs. Default Contracts

- Standard contracts are built to price claims for services when a board contracts directly with a provider.
- Default contracts are built to price claims for services that are provided to a client who receives services from an out-of-county (out-of-panel) provider. (Board does not have a contract with this provider.)
- Every provider will have 2 default contracts; one NON and one MCD.

Medicaid vs. Non-Medicaid Contracts

- Medicaid contracts price claims for clients who are enrolled in a Medicaid plan and therefore have a MCD line-of-business
- Non-Medicaid contracts price claims for clients who are enrolled in a Non-Medicaid plan and therefore have a NON line-of-business.

Medicaid vs. Non-Medicaid Contracts (cont'd)

- A client who is enrolled in a Medicaid plan may receive non-Medicaid reimbursable services.
 - These services are paid with a non-MCD G/L reference code
 - This does not mean the client is non-MCD, just that as part of the client's eligibility they can receive non-Medicaid reimbursable services that may be paid by other board funds, these services are just not reimbursed by Medicaid.
- Do not confuse a client's LOB with the funding source that pays for the claim.
- **NOTE:** There is both a MCD and a NON-MCD default contract (out-of-county).
 - The NON-MCD default contract puts claims on hold with a reason code of OOCTY.
 - If a client that has a MCD line of business receives out-of-county services and due to the modifier, a non-MCD reimbursable MEDEF is the result this claim will not be put on hold. This is because it still hits the MCD default contract which does not put non-MCD reimbursable services on hold, instead the service will be paid with a non-MCD G/L reference code. Only services that hit the non-MCD default contract go on hold.

Primary vs. Alternate Price Schedules

- Primary Price Schedules are used for Medicaid reimbursable services (PROCP's - rates).
- Alternate Price Schedules are use for non-Medicaid reimbursable services (PROCP's - rates).

Panel

- Panels are used to categorize membership
 - Panel is one of the key fields Diamond uses when pricing claims.
 - Panels will allow you to enroll clients in the same plan and apply the same benefits, but provide a different range of services, different rates, etc.
 - Most boards have one panel, but some use panel to distinguish age group, SMD status, etc.
 - If you wanted to categorize people into smaller groups – either by age, programs, types of service, etc. you could use various panels: 18A – ADAS clients, 18M – MH clients, 18D – dually funded clients, 25K – Franklin Kids, 25J – Franklin Justice, etc.
 - Panels also allow a provider to contract with multiple boards using the same UPI and price schedules

Price Region

- All Standard MCD contracts and all Default contracts (both MCD and NON) have an OH (Ohio) price region.
- Standard Non-MCD contracts are initially built with an OH price region.
 - Boards should only change the price region to other than OH on Standard Non-MCD contracts if they have different rates, a different range of services, or different withholds than is associated with the Standard Medicaid Contract.

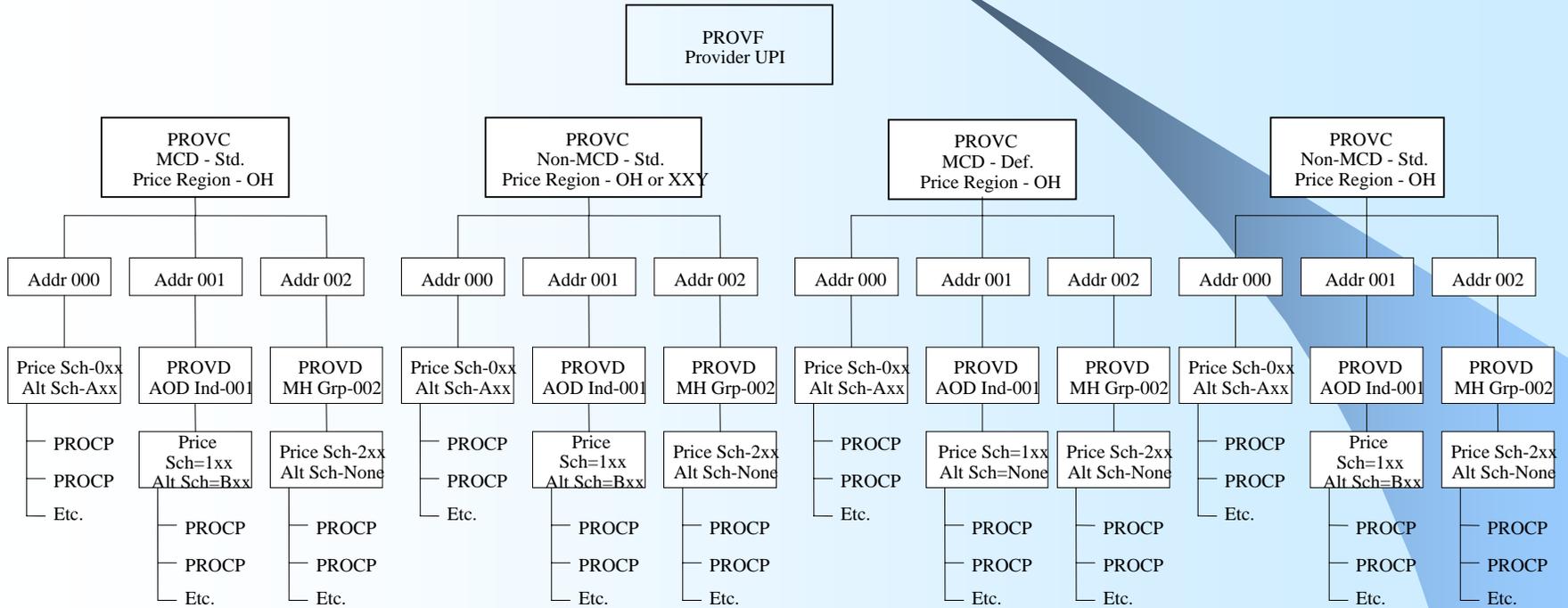
Price Region (cont'd)

- **UPI, LOB** and **Panel** point Diamond to the correct contract while **Price Region** and **Price Schedule** point Diamond to the correct rates.

PROCP's (rates)

- Medicaid rates are entered by the State
 - To view Medicaid rates you need to log on to Diamond using the login of MEDRATES and the password of MEDRATES
 - Non-Medicaid rates are entered and maintained by the boards
 - If the price region on the contract differs from the Price Region that is on the PROCP, the rate will never be found. Example: If your provider contract (PROVC) has price schedules of 093 and A93 and a price region of OH and your PROCP has a price schedule of either 093 or A93 and a price region of 45B, when the claim is priced the rate will never be found and the claim will deny.
 - If you have a denied claim with no allowed amount and no reason code, it is usually because there is no PROCP or Diamond couldn't find one with the correct price schedule and price region.
- ➔ The only thing that ties a PROCP (rate) to a contract is the Price Schedule and the Price Region.

Diamond 8+ Structure



Procedure Codes and Affiliated Price Schedules

Procedure Codes and Affiliated Price Schedules

| | Mental Health Services | | AOD Services | |
|------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| | (P0) Primary Price Schedule 044 | (P2) Primary Price Schedule 244 | (P0) Primary Price Schedule 044 | (P1) Primary Price Schedule 144 |
| Medicaid Reimbursable Services | 90801 | H0004 (grp) | H0001 | H0004 (ind) |
| | 90862 | H0036 (grp) | H0003 | |
| | H0004 (ind) | | H0005 | |
| | H0031 | | H0006 | |
| | H0036 (ind) | | H0007 | |
| | H0040* | | H0014 | |
| | H2016* | | H0015 | |
| | S0201 S9484 | | H0016 H0020 | |
| Non-Medicaid Reimbursable Services | (A0) Alt. Price Schedule A44 | n/a | (A0) Alt. Price Schedule A44 | (A1) Alt. Price Schedule B44 |
| | H0030 | | 99236 | H0030 |
| | H0038 | | A023x | |
| | H0046 | | A051x | |
| | M143x | | A056x | |
| | M144x | | A061x | |
| | M153x | | A062x | |
| | M154x | | A063x | |
| | M155x | | A064x | |
| | M162x | | A065x | |
| | M181x | | A066x | |
| | M191x | | A074x | |
| | M220x | | A075x | |
| | M224x | | A078x | |
| | M225x | | A121x | |
| | M226x | | A122x | |
| | M227x | | H0009 | |
| | M228x | | H0012 | |
| | M229x | | H0017 | |
| | M312x | | H0018 | |
| | M314x | | H0019 | |
| | M411x | | H0021 | |
| | M412x | | H0022 | |
| | M413x | | H0023 | |
| | M414x | | H0047 | |
| | | | T1006 | |
| | | | T1009 | |
| | | | T1010 | |

*Until service is approved for reimbursement from Medicaid, use the Alt. Psched for entering rates.

ODMH Primary vs. Alternate Price Schedule

ODMH Services - Primary versus Alternate Price Schedule Usage

| Client and Provider Contract | | | | | | |
|------------------------------------|--|---|--|---|--|--|
| Medicaid Eligible Client | | | Non-Medicaid Eligible Client | | | |
| Medicaid Reimbursable Services | (P0) | (P2) | (P0) | (P2) | (P0) | (P2) |
| | Pri. Psched - 044 Panel - 25B Price Region - OH | Pri. Psched - 244 Panel - 25B Price Region - OH | Pri. Psched - 044 Panel - 25B Price Region - OH | Pri. Psched - 244 Panel - 25B Price Region - OH | Pri. Psched - 044 Panel - 25B Price Region - 25B | Pri. Psched - 244 Panel - 25B Price Region - 25B |
| | | | <i>(same rates and services as for Medicaid eligible client)</i> | | <i>(dif. rates, services, or withholds than for MCD elig. client)</i> | |
| | 90801 90862 H0004 (ind) H0031 H0036 (ind) H0040* H2016* S0201 S9484 | H0004 (grp) H0036 (grp) | 90801 90862 H0004 (ind) H0031 H0036 (ind) H0040 H2016 S0201 S9484 | H0004 (grp) H0036 (grp) | 90801 90862 H0004 (ind) H0031 H0036 (ind) H0040 H2016 S0201 S9484 | H0004 (grp) H0036 (grp) |
| Non-Medicaid Reimbursable Services | (A0) | N/A | (A0) | N/A | (A0) | N/A |
| | Alt. Psched - A44 Panel - 25B Price Region - OH | | Alt. Psched - A44 Panel - 25B Price Region - OH | | Alt. Psched - A44 Panel - 25B Price Region - 25B | |
| | | | <i>(same rates and services as for Medicaid eligible client)</i> | | <i>(dif. rates, services, or withholds than for MCD elig. client)</i> | |
| | H0030 H0038 H0046 M143x M144x M153x M154x M155x M162x M181x M191x M220x M224x M225x M226x M227x M228x M229x M312x M314x M411x M412x M413x M414x | | H0030 H0038 H0046 M143x M144x M153x M154x M155x M162x M181x M191x M220x M224x M225x M226x M227x M228x M229x M312x M314x M411x M412x M413x M414x | | H0030 H0038 H0046 M143x M144x M153x M154x M155x M162x M181x M191x M220x M224x M225x M226x M227x M228x M229x M312x M314x M411x M412x M413x M414x | |

*Until service is approved for reimbursement from Medicaid, use the Alt. Psched for entering rates.

ODADAS Primary vs. Alternate Price Schedule

ODADAS Services - Primary versus Alternate Price Schedule Usage

| | | Client and Provider Contract | | | | | |
|--|------------------------------------|--|---|---|---|--|--|
| | | Medicaid Eligible Client | | Non-Medicaid Eligible Client | | | |
| | Medicaid Reimbursable Services | (P0) | (P1) | (P0) | (P1) | (P0) | (P1) |
| | | Pri. Psched - 044 Panel - 25B Price Region - OH | Pri. Psched - 144 Panel - 25B Price Region - OH | Pri. Psched - 044 Panel - 25B Price Region - OH | Pri. Psched - 144 Panel - 25B Price Region - OH | Pri. Psched - 044 Panel - 25B Price Region - 25B | Pri. Psched - 144 Panel - 25B Price Region - 25B |
| | | <i>(same rates and services as for Medicaid eligible client)</i> | | | <i>(dif. rates, services, or withholds than for MCD elig. client)</i> | | |
| | | H0001 | H0004 (ind) | H0001 | H0004 (ind) | H0001 | H0004 (ind) |
| | | H0003 | | H0003 | | H0003 | |
| | | H0005 | | H0005 | | H0005 | |
| | | H0006 | | H0006 | | H0006 | |
| | | H0007 | | H0007 | | H0007 | |
| | | H0014 | | H0014 | | H0014 | |
| | | H0015 | | H0015 | | H0015 | |
| | | H0016 | | H0016 | | H0016 | |
| | | H0020 | | H0020 | | H0020 | |
| | Non-Medicaid Reimbursable Services | (A0) | (A1) | (A0) | (A1) | (A0) | (A1) |
| | | Alt. Psched - A44 Panel - 25B Price Region - OH | Alt. Psched - B44 Panel - 25B Price Region - OH | Alt. Psched - A44 Panel - 25B Price Region - OH | Alt. Psched - B44 Panel - 25B Price Region - OH | Alt. Psched - A44 Panel - 25B Price Region - 25B | Alt. Psched - B44 Panel - 25B Price Region - 25B |
| | | <i>(same rates and services as for Medicaid eligible client)</i> | | | <i>(dif. rates, services, or withholds than for MCD elig. client)</i> | | |
| | | 99236 | H0030 | 99236 | H0030 | 99236 | H0030 |
| | | A023x | | A023x | | A023x | |
| | | A051x | | A051x | | A051x | |
| | | A056x | | A056x | | A056x | |
| | | A061x | | A061x | | A061x | |
| | | A062x | | A062x | | A062x | |
| | | A063x | | A063x | | A063x | |
| | | A064x | | A064x | | A064x | |
| | | A065x | | A065x | | A065x | |
| | | A066x | | A066x | | A066x | |
| | | A074x | | A074x | | A074x | |
| | | A075x | | A075x | | A075x | |
| | | A078x | | A078x | | A078x | |
| | | A121x | | A121x | | A121x | |
| | | A122x | | A122x | | A122x | |
| | | H0009 | | H0009 | | H0009 | |
| | | H0012 | | H0012 | | H0012 | |
| | | H0017 | | H0017 | | H0017 | |
| | | H0018 | | H0018 | | H0018 | |
| | | H0019 | | H0019 | | H0019 | |
| | | H0021 | | H0021 | | H0021 | |
| | | H0022 | | H0022 | | H0022 | |
| | | H0023 | | H0023 | | H0023 | |
| | | H0047 | | H0047 | | H0047 | |
| | | T1006 | | T1006 | | T1006 | |
| | | T1009 | | T1009 | | T1009 | |
| | | T1010 | | T1010 | | T1010 | |

Review of Contracts

- Standard Medicaid Contracts
 - These contracts price based on provider (UPI), then LOB then panel code

Standard Medicaid Contracts

Medicaid Standard Contracts

Provider + LOB + Panel

Medicaid Eligible Cleint

| | Mental Health Services | | AOD Services | |
|------------------------------------|--|--|--|--|
| | (P0) Primary Psched - 044 Panel - 25B Price Region - OH | (P2) Primary Psched - 244 Panel - 25B Price Region - OH | (P0) Primary Psched - 044 Panel - 25B Price Region - OH | (P1) Primary Psched - 144 Panel - 25B Price Region - OH |
| Medicaid Reimbursable Services | 90801 | H0004 (grp) | H0001 | H0004 (ind) |
| | 90862 | H0036 (grp) | H0003 | |
| | H0004 (ind) | | H0005 | |
| | H0031 | | H0006 | |
| | H0036 (ind) | | H0007 | |
| | H0040* | | H0014 | |
| | H2016* | | H0015 | |
| | S0201 | | H0016 | |
| | S9484 | | H0020 | |
| | | | | |
| Non-Medicaid Reimbursable Services | (A0) Alt. Psched - A44 Panel - 25B Price Region - OH | n/a | (A0) Alt. Psched - A44 Panel - 25B Price Region - OH | (A1) Alt. Psched - B44 Panel - 25B Price Region - OH |
| | H0030 | | 99236 | H0030 |
| | H0038 | | A023x | |
| | H0046 | | A051x | |
| | M143x | | A056x | |
| | M144x | | A061x | |
| | M153x | | A062x | |
| | M154x | | A063x | |
| | M155x | | A064x | |
| | M162x | | A065x | |
| | M181x | | A066x | |
| | M191x | | A074x | |
| | M220x | | A075x | |
| | M224x | | A078x | |
| | M225x | | A121x | |
| | M226x | | A122x | |
| | M227x | | H0009 | |
| | M228x | | H0012 | |
| | M229x | | H0017 | |
| | M312x | | H0018 | |
| | M314x | | H0019 | |
| | M411x | | H0021 | |
| | M412x | | H0022 | |
| | M413x | | H0023 | |
| M414x | | H0047 | | |
| | | T1006 | | |
| | | T1009 | | |
| | | T1010 | | |

*Until service is approved for reimbursement from Medicaid, use the Alt. Psched for entering rates.

Review of Contracts (cont'd)

- Default Medicaid Contracts

- These contracts price based on provider (UPI) and LOB (there is no contract matching the clients panel).
- Prices claims for out-of-county or out-of-panel Medicaid clients.
- Only the Primary price schedule is attached to the default Medicaid contracts. If a provider bills for a non-MCD reimbursable service, Diamond will find no price schedules, therefore no rates and the claim will deny.

Default Medicaid Contracts

Medicaid Default Contracts

Provider + LOB

Medicaid Eligible Client

| | Mental Health Services | | AOD Services | |
|------------------------------------|---|--|---|--|
| | (P0) | (P2) | (P0) | (P1) |
| Medicaid Reimbursable Services | Primary Psched - 044 Panel - None Price Region - OH | Primary Psched - 244 Panel - None Price Region - OH | Primary Psched - 044 Panel - None Price Region - OH | Primary Psched - 144 Panel - None Price Region - OH |
| | 90801 90862 H0004 (ind) H0031 H0036 (ind) H0040* H2016* S0201 S9484 | H0004 (grp) H0036 (grp) | H0001 H0003 H0005 H0006 H0007 H0014 H0015 H0016 H0020 | H0004 (ind) |
| Non-Medicaid Reimbursable Services | Alt. Psched - None | Alt. Psched - None | Alt. Psched - None | Alt. Psched - None |
| | Any claims for non-Medicaid reimbursable services will be denied in Diamond. | Any claims for non-Medicaid reimbursable services will be denied in Diamond. | Any claims for non-Medicaid reimbursable services will be denied in Diamond. | Any claims for non-Medicaid reimbursable services will be denied in Diamond. |

*Until service is approved for reimbursement from Medicaid, use the Alt. Psched for entering rates.

Review of Contracts (cont'd)

- Standard Non-Medicaid Contracts
 - These contracts price based on provider (UPI), then LOB then panel code.
 - These are maintained by the boards
 - These contracts may be the same as the Standard Medicaid contracts (except the LOB is NON) unless a board has different rates, services or withholds than they do for Medicaid eligible clients.

Review of Contracts (cont'd)

- Standard Non-Medicaid Contracts (cont'd)
 - If a board does provide a different range of services, charges different rates or is using withholds, they would use a local price region (other than OH) and would then need to enter rates for all services being provided with the correct price schedule and the local price region.
 - This is double the work. Ex., H0004 (Ind. Counseling) – State would enter the MCD rate with the OH price region and the board would enter the Non-MCD rate with the local price region.

Standard Non-Medicaid Contracts

Non-Medicaid - Standard Contracts
 Provider + LOB + PANEL
 Non-Medicaid Eligible Client

| Medicaid Reimbursable Services | (P0) Primary Psched - 044 Panel - 25B Price Region - OH | (P2) Primary Psched - 244 Panel - 25B Price Region - OH | (P0) Primary Psched - 044 Panel - 25B Price Region - OH | (P1) Primary Psched - 144 Panel - 25B Price Region - OH |
|-------------------------------------|--|--|---|--|
| | 90801 90862 H0004 (ind) H0031 H0036 (ind) H0040* H2016* S0201 S9484 | H0004 (grp) H0036 (grp) | H0001 H0003 H0005 H0006 H0007 H0014 H0015 H0016 H0020 | H0004 (ind) |
| Non-Medicaid Reimbursable Services. | (A0) Alt. Psched - A44 Panel - 25B Price Region - OH | N/A | (A0) Alt. Psched - A44 Panel - 25B Price Region - OH | (A1) Alt. Psched - B44 Panel - 25B Price Region - OH |
| | H0030 H0038 H0046 M143x M144x M153x M154x M155x M162x M181x M191x M220x M224x M225x M226x M227x M228x M229x M312x M314x M411x M412x M413x M414x | | 99236 A023x A051x A056x A061x A062x A063x A064x A065x A066x A074x A075x A078x A121x A122x H0009 H0012 H0017 H0018 H0019 H0021 H0022 H0023 H0047 T1006 T1009 T1010 | H0030 |

*Until service is approved for reimbursement from Medicaid, use the Alt. Psched for entering rates.

Review of Contracts (cont'd)

- Default Non-Medicaid Contracts

- These contracts price based on provider (UPI) and LOB (there is no contract matching the clients panel).
- Prices claims for out-of-county or out-of-panel non-Medicaid clients.
- All Medicaid reimbursable services and all non-Medicaid reimbursable services price and pay but are placed on hold with a hold reason of OOCTY.

Default Non-Medicaid Contracts

Non-Medicaid - Default Contracts

Provider + LOB

Non-Medicaid Eligible Client

ALL CLAIMS FOR NON-MEDICAID ARE PLACED ON HOLD

| | | Mental Health Services | | AOD Services | |
|-------------------------------------|-------|--|---|--|--|
| | | (P0) | (P2) | (P0) | (P1) |
| | | Primary Psched - 044 Panel - None Price Region - OH | Primary Psched - 244 Panel - None Price Region - OH | Primary Psched - 044 Panel - None Price Region - OH | Primary Psched - 144 Panel - None Price Region - OH |
| Medicaid Reimbursable Services | | 90801 | H0004 (grp) | H0001 | H0004 (ind) |
| | | 90862 | H0036 (grp) | H0003 | |
| | | H0004 (ind) | | H0005 | |
| | | H0031 | | H0006 | |
| | | H0036 (ind) | | H0007 | |
| | | H0040* | | H0014 | |
| | | H2016* | | H0015 | |
| | | S0201 | | H0016 | |
| | S9484 | | H0020 | | |
| Non-Medicaid Reimbursable Services. | | (A0) Alt. Psched - A44 Panel - None Price Region - OH | N/A | (A0) Alt. Psched - A44 Panel - None Price Region - OH | (A1) Alt. Psched - B44 Panel - None Price Region - OH |
| | | H0030 | | 99236 | H0030 |
| | | H0038 | | A023x | |
| | | H0046 | | A051x | |
| | | M143x | | A056x | |
| | | M144x | | A061x | |
| | | M153x | | A062x | |
| | | M154x | | A063x | |
| | | M155x | | A064x | |
| | | M162x | | A065x | |
| | | M181x | | A066x | |
| | | M191x | | A074x | |
| | | M220x | | A075x | |
| | | M224x | | A078x | |
| | | M225x | | A121x | |
| | | M226x | | A122x | |
| | | M227x | | H0009 | |
| | | M228x | | H0012 | |
| | | M229x | | H0017 | |
| | | M312x | | H0018 | |
| | M314x | | H0019 | | |
| | M411x | | H0021 | | |
| | M412x | | H0022 | | |
| | M413x | | H0023 | | |
| | M414x | | H0047 | | |
| | | | T1006 | | |
| | | | T1009 | | |
| | | | T1010 | | |

*Until service is approved for reimbursement from Medicaid, use the Alt. Psched for entering rates.

How Claims Price

- When a claim is entered into Diamond the first process prices the claim – gives you the allowed amount based on the rate entered via a PROCP, assigns a MEDEF and G/L Ref code. In order to price a claim, Diamond asks a series of questions:
 - Is the client eligible on the date of service?
 - **No** – If client is not eligible on the date of service (no eligibility span covering the date of service) the claim is rejected (critical error). (For manually entered claims, they deny due to MBRIN.)
 - **Yes** - If the client is eligible Diamond looks to see if the provider (UPI) who provided the service has a contract in Diamond that matches the clients LOB for that date of service.

How Claims Price (cont'd)

- Is there a provider contract that matches the client's line-of-business for the date of service?
 - **Yes** – There will always be a provider contract that matches the client's LOB.
 - There will always be default contracts built to cover the period prior to the actual effective date for a provider.
 - These contracts will have no price schedules and will cause all EDI claims that may come in with a date of service prior to the actual effect date of the provider to deny with a reason code of PRVIN. These claims will have no allowed amount.

How Claims Price (cont'd)

- Is there a contract based on the client's panel?
 - **No**
 - If the **LOB is Medicaid** – The MCD default contract is used to price the claim.
 - Is there a rate in Diamond for the service received by the client?
 - Yes - MCD reimbursable services (primary price schedules) are priced and assigned an allowed amount, a MEDEF and a G/L Ref code. The claim is assigned a CLAIM STAT of "P" (payable claim) and a PROC STAT of "U" (un-finalized).
 - No – Claims are denied and assigned a CLAIM STAT of "D" (denied) and a PROC STAT of "U" (un-finalized). Any non-MCD reimbursable services (alternate price schedules) are denied.

How Claims Price (cont'd)

- If the **LOB is NON** – The NON default contract is used to price the claim.
 - Is there a rate in for the service received by the client?
 - Yes - All claims (on either the primary or alternate price schedules) are priced and assigned an allowed amount, a MEDEF, G/L Ref code, a CLAIM STAT of “P” and a PROC STAT of “H” (held) with an OOCTY hold reason.
 - No - Claims are denied and assigned a CLAIM STAT of “D” (denied) and a PROC STAT of “U” (un-finalized).

How Claims Price (cont'd)

- Is there a contract based on the client's panel? (cont'd)
 - **Yes** - If there is a contract with the client's LOB and panel, the standard contract prices the claim. (The following is true whether the client's LOB is MCD or NON-MCD.)
 - Is there a rate in for the service received by the client?
 - **Yes** - If Diamond finds a rate on either the primary or alternate price schedules, the claim is priced (allowed amount, MEDEF and G/L Ref code is assigned) and the claim will have a CLAIM STAT of "P" (payable claim) and a PROC STAT of "U" (un-finalized).
 - Diamond will use the first rate it finds. If a board has attached a rate for the same procedure code to both the Primary and Alternate contract, the rate on the Primary contract will be used to price the claim. The second rate is ignored.

How Claims Price (cont'd)

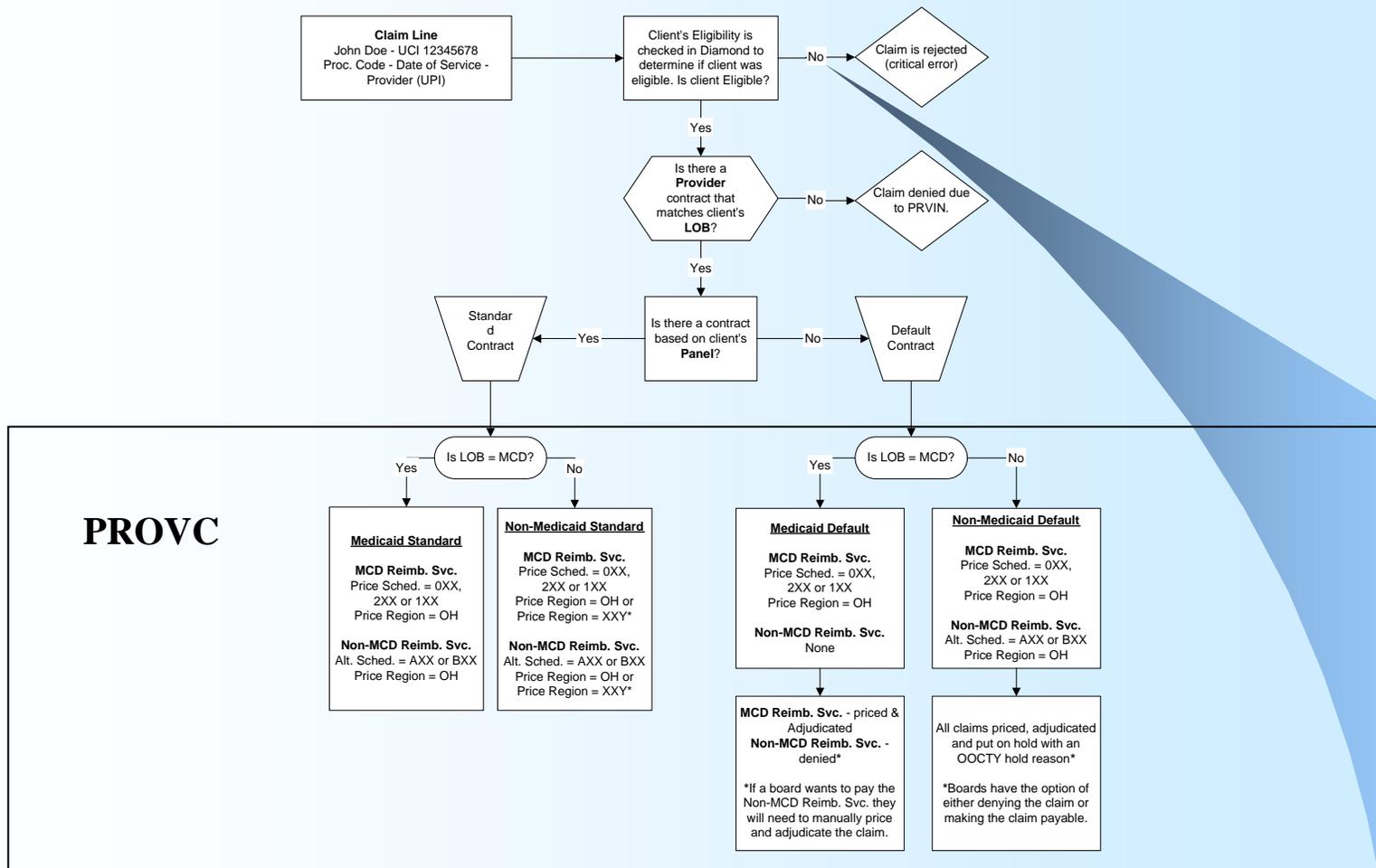
- No – If Diamond does not find a rate on either the primary or alternate price schedules the claim is denied and will not have an allowed amount or a denied reason code. A CLAIM STAT of “D” (denied) and a PROC STAT of “U” (un-finalized) are assigned.

How Claims Price (cont'd)

- When claims do not price properly:
 - Check the claim header to make sure the Prov Addr flag is correct
 - Check to see if there is a contract that matches the clients line of business and panel
 - Check to see if there is a PROCP in effect for the service with the correct PSCHD and the same Price Region as the contract.

Hint: If there is no allowed amount, Diamond is not finding a rate (PROCP) and is usually caused by one of the above.

Contracts and Pricing



*If Board used different rates, withholds or services than for the Standard Medicaid contract then the Board's price region would be used.

EXAMPLE #1: MH GROUP COUNSELING/CPST

837P Claim - Medicaid Client

Loop 2010AA, REF02 = 12345 (UPI)
Loop 2010AA, N301: 123 Nowhere Lane
Loop 2400, SV101-2 = H0004 (Counseling)
Loop 2400, SV101-3 = HQ (MH Group)

Pre-Processor

Is service H0004-HQ or H0036-HQ?

YES

XML

Rendering Provider Address = "MHGROUP"

Diamond 8+

PROVA

Search PROVA for "MH GROUP"
Set Claim Header Prov Addr Flag = 002

PROVD

Find PROVD Addr Seq # 002 (MH Group).

PROCP

Find PROCP based on PROVD price schedules

EXAMPLE #2: MH INDIVIDUAL COUNSELING/CPST

837P Claim - Medicaid Client

Loop 2010AA, REF02 = 12345 (UPI)
Loop 2010AA, N301: 123 E ROAD
Loop 2400, SV101-2 = H0004 (Counseling)
Loop 2400, SV101-3 = HE (MH Individual)

Pre-Processor

Is service H0004-HQ or H0036-HQ?

NO

XML

Rendering Provider Address = "123 E ROAD"

Diamond 8+

PROVA

Search PROVA for "123 E ROAD". Set
Claim Header Prov Addr Flag = 000

PROVD

No PROVD for "000" address. Default
to PROVC.

PROCP

Find PROCP based on PROVC price
schedules

EXAMPLE #3: AOD INDIVIDUAL COUNSELING/BH HOTLINE

837P Claim - Medicaid Client

Loop 2010AA, REF02 = 12345 (UPI)
Loop 2010AA, N301: 123 E ROAD
Loop 2400, SV101-2 = H0004 (Counseling)
Loop 2400, SV101-3 = HF (AOD Individual)

Pre-Processor

Is service H0004-HQ or H0004-HE?

NO

XML

Rendering Provider Address = "AODINDIV"

Diamond 8+

PROVA

Search PROVA for "AODINDIV". Set
Claim Header Prov Addr Flag = 001

PROVD

Find PROVD Addr Seq # 001 (AOD
Group).

PROCP

Find PROCP based on PROVD price
schedules

Adjudication

- Once a claim is priced the second process adjudicates the claim.
 - The benefit rules that are attached to the benefit package associated with a client's plan are applied.
 - Benefit rules use the MEDEF's that are assigned during pricing.
 - Each member is enrolled in a plan. Each plan is assigned a benefit package. The benefit package contains the benefit rules. Types of benefit rules are: Exclusions, Deductible, Copays, Coinsurance, Limits, Out of Pocket Maximums and Message and Holds.

Adjudication (cont'd)

- Diamond compares the MEDEF on the claim to the MEDEF's contained in the benefit rules
 - If the MEDEF is found in a rule(s) that rule is then applied to the claim (i.e., copay, exclusion, hold, etc.)
 - More than one benefit rule can be applied to a claim
 - Client may have a rider code that would apply a copay and another benefit rule may put the claim on hold.

Adjudication Keywords

- BRULE - Benefit Rules
 - Benefit rules are used to define what is not covered, what services should be placed on hold for further review and to list exceptions or limits on items that are covered (copays, riders, etc.).
 - Benefit rules are built around MEDEF's.
 - Place claims with certain MEDEF's on hold
 - Apply a rider to claims with certain MEDEF's
 - Limit the number of services a client can receive based on MEDEF's

Adjudication Keywords

- Types of Benefit Rules
 - BRULE00 – Copay
 - BRULE10 – Coinsurance
 - BRULE20 – Limits
 - BRULE30 – Deductibles
 - BRULE40 – Out-of-Pocket Maximums
 - BRULE50 – Message and Holds
 - BRULE60 – Exclusions
- The benefit rule can be set up to apply the rule to those MEDEF's listed or to apply the rule to all MEDEF's except the ones that are listed (“!” would precede the MEDEF's).

BRULE

VT320W/32 - [HIPAA (mhhipaa.odn.state.oh.us - 1)]
File Edit View Setup Execute Connect Help

BRULE Benefit Rules

*Rule ID : 040%SFS Type : 10 Short Desc : 0% SLIDING FEE SCALE
Med Def : !1000:19ZZ;!5000:5ZZZ;!2600:2745;!2800:2815
Narrative : 0% SLIDING FEE SCALE

Rule Attributes

COINSURANCE RULE
Coinsure % : 0.00

Maximum Coins : 0.00
Count toward Max :
Reason code : 00%SF 0% SLIDING FEE
Time Frame : C No. Years/Days : 1
Carryover : N No. Years/Days : 0
Files : P Member/Family : M
Other Med Defs:

Security : S

F1=Help, F2=Delete, F3=Overview, F4=Notes, F6=Special Functions
Rule Type - Press <F5> for a listing

Exclude these MEDEF'S

Adjudication Keywords

- BENEFF - Benefit Package
 - Benefit rules (BRULES) are attached to the Benefit Package (BENEFF).
 - The Benefit Package (BENEFF) is attached to a board's plan through the keyword GRUPD.
 - Each client is enrolled in a board plan.

BENEF (first screen)

VT320W/32 - [HIPAA (mhhipaa.odn.state.oh.us - 1)]

File Edit View Setup Execute Connect Help

BENEF Benefit Packages

| | | | | | | |
|-------------|---|-------------|------------------------|----------|-------------|-----|
| *Package | : 25B00001 | Description | : FRAN DEFAULT | Security | : F | |
| Narrative 1 | : FRANKLIN COUNTY ADAMH BOARD DEFAULT BENEFIT | | | | | |
| Narrative 2 | : | | | | | |
| Narrative 3 | : | | | | | |
| Copay Restr | : Percent | : 0.00 | Apply WCP Pt Liability | : A | Cascade Net | : N |

—F1=Help, F2=Delete, F3=Overview, F4=Notes, F6=Spec Fcts—
Save, save and add benefit Detail, or Abandon changes? (S,D,A):

BENEF (second screen)

VT320W/32 - [HIPAA (mhhipaa.odn.state.oh.us - 1)]

File Edit View Setup Execute Connect Help

BENEF Benefit Packages

*Package : 25B00001 Description : FRAN DEFAULT Security : F
 Narrative 1 : FRANKLIN COUNTY ADAMH BOARD DEFAULT BENEFIT
 Narrative 2 :
 Narrative 3 :
 Copay Restr : Percent : 0 Apply WCP Pt Liability : A Cascade Net : N

| 40 rules | Start | End | AU | Sub | Asgnd | From | Thru |
|-------------------------------|------------|------|-----------|-----------|-------|------|------|
| Rule ID | Date | Date | TH Riders | Flag | Prov | #Mon | #Mon |
| 001 ADMCDDAYS | 07/01/2003 | / / | | | | 000 | 999 |
| AOD MCD DAY SVC LMT ParProv : | | | | AuthLvl : | | | |
| 002 ADMCDOUTP1 | 07/01/2003 | / / | | | | 000 | 999 |
| AOD MCD OUTPAT 15MINParProv : | | | | AuthLvl : | | | |
| 003 ADMCDOUTP2 | 07/01/2003 | / / | | | | 000 | 999 |
| AOD MCD OUTPAT 24HRSParProv : | | | | AuthLvl : | | | |
| 004 OHINVALID | 07/01/2003 | / / | | | | 000 | 999 |
| DENY INVALID MED DEFParProv : | | | | AuthLvl : | | | |
| 005 MHPARHOSPA | 07/01/2003 | / / | | | | 000 | 999 |
| MH PAR HOSP ADULTS ParProv : | | | | AuthLvl : | | | |

ADD,CHG,DELETE,RDEL,REPEAT,SUBST,UPDATE,QUIT? (A/C/D/RD/R/S/U/Q/):

ODMH Procedure Code, Modifier and Medical Definition Matrix

ODMH Procedure Code, Modifier and Medical Definitions Matrix

| | | PAYABLE MEDICAL DEFINITIONS | | | | | | | | | | | | | | | | | | | |
|-------|---------------------------------|-----------------------------|------------|-----------------------------|-----------------------|----------|--------|----------|----------|----------|-------|-----------------------------|-----------------------|--------|----------|----------|-------|-----------------------------|-----------------------|--------|-------|
| Code | Procedure Name | LOB | Modifier 1 | HE | HE | HE | HE | HE | HE | HQ | HQ | HQ | HQ | HQ | GT | GT | GT | GT | GT | GT | |
| | | | Modifier 2 | blank/99 not 51/99/09 | UK not 51/99/09 | blank/99 | UK | blank/99 | UK | blank/99 | UK | blank/99 not 51/99/09 | UK not 51/99/09 | 99/09 | 99/09 | blank/99 | UK | blank/99 not 51/99/09 | UK not 51/99/09 | 99/09 | 99/09 |
| | POS | | 51/99/09 | 51/99/09 | 99/09 | 99/09 | 51 | 51 | 51/99/09 | 51/99/09 | 99/09 | 99/09 | 51 | 51 | 51/99/09 | 51/99/09 | 99/09 | 99/09 | 51 | 51 | |
| 90801 | PSYCH DIAG INT EXAM - PHYS | MCD | 1200 | *1220 | 1230 | *1235 | **1240 | *1245 | | | | | | | | | | | | | |
| 90801 | PSYCH DIAG INT EXAM - PHYS | NON | 2200 | *2220 | 2230 | *2235 | 2240 | *2245 | | | | | | | | | | | | | |
| 90862 | PHARMOCOLOGIC MGMT | MCD | 1300 | *1320 | 1330 | *1335 | **1340 | *1345 | 1305 | | | | | | | | | | | | |
| 90862 | PHARMOCOLOGIC MGMT | NON | 2300 | *2320 | 2330 | *2335 | 2340 | *2345 | 2305 | | | | | | | | | | | | |
| H0004 | BH COUNS/THERAPY - IND | MCD | 1400 | *1420 | 1430 | *1435 | **1440 | *1445 | | | | | | | | | | | | | |
| H0004 | BH COUNS/THERAPY - IND | NON | 2400 | *2420 | 2430 | *2435 | 2440 | *2445 | | | | | | | | | | | | | |
| H0004 | BH COUNS/THERAPY - GRP | MCD | | | | | | | 1500 | *1520 | 1530 | *1535 | **1540 | *1545 | | | | | | | |
| H0004 | BH COUNS/THERAPY - GRP | NON | | | | | | | 2500 | *2520 | 2530 | *2535 | 2540 | *2545 | | | | | | | |
| H0031 | MH ASSESSMENT - NON-PHYS. | MCD | 1200 | *1220 | 1230 | *1235 | **1240 | *1245 | | | | | | | | | | | | | |
| H0031 | MH ASSESSMENT - NON-PHYS. | NON | 2200 | *2220 | 2230 | *2235 | 2240 | *2245 | | | | | | | | | | | | | |
| H0036 | COM PSYCH SUP THERAPY - IND | MCD | 1600 | 1620 | 1630 | 1635 | **1640 | **1645 | | | | | | | 1650 | 1660 | 1670 | 1675 | **1680 | **1685 | |
| H0036 | COM PSYCH SUP THERAPY - IND | NON | 2600 | 2620 | 2630 | 2635 | 2640 | 2645 | | | | | | | 2650 | 2660 | 2670 | 2675 | 2680 | 2685 | |
| H0036 | COM PSYCH SUP THERAPY - GRP | MCD | | | | | | | 1700 | 1720 | 1730 | 1735 | **1740 | **1745 | | | | | | | |
| H0036 | COM PSYCH SUP THERAPY - GRP | NON | | | | | | | 2700 | 2720 | 2730 | 2735 | 2740 | 2745 | | | | | | | |
| H0040 | ACT CLINICAL COMPONENT | MCD | #2850 | | 2850 | | 2850 | | | | | | | | | | | | | | |
| H0040 | ACT CLINICAL COMPONENT | NON | 2850 | | | | 2850 | | | | | | | | | | | | | | |
| H2016 | IHBT CLINICAL COMPONENT | MCD | #2860 | | 2860 | | 2860 | | | | | | | | | | | | | | |
| H2016 | IHBT CLINICAL COMPONENT | NON | 2860 | | | | 2860 | | | | | | | | | | | | | | |
| S0201 | PAR HOSP-ADULTS | MCD | 1800 | | | | **2800 | | | | | | | | | | | | | | |
| S0201 | PAR HOSP-ADULTS | NON | 2800 | | | | | | | | | | | | | | | | | | |
| S0201 | PAR HOSP-CHILDREN | MCD | 1805 | | | | | | | | | | | | | | | | | | |
| S0201 | PAR HOSP-CHILDREN | NON | 2805 | | | | | | | | | | | | | | | | | | |
| S9484 | CRISIS INT MH SVCS | MCD | 1000 | 1020 | 1030 | 1035 | **1040 | **1045 | | | | | | | 2050 | 2060 | 2070 | 2075 | 2080 | 2085 | |
| S9484 | CRISIS INT MH SVCS | NON | 2000 | 2020 | 2030 | 2035 | 2040 | 2045 | | | | | | | 2050 | 2060 | 2070 | 2075 | 2080 | 2085 | |
| H0030 | BH HOTLINE | ALL | 3620 | | 3620 | | 3620 | | | | | | | | | | | | | | |
| H0038 | SELF HELP/PEER SUPPORT | ALL | 3660 | | 3660 | | 3660 | | | | | | | | | | | | | | |
| H0046 | MH SVCS NOT OTHERWISE SPECIFIED | ALL | 3680 | | 3680 | | 3680 | | | | | | | | | | | | | | |
| M143X | OCCUPATIONAL THERAPY | ALL | 3100 | | 3100 | | 3100 | | | | | | | | | | | | | | |
| M144X | ADJUNCTIVE THERAPY | ALL | 3120 | | 3120 | | 3120 | | | | | | | | | | | | | | |
| M153X | SCHOOL PSYCHOLOGY | ALL | 3140 | | 3140 | | 3140 | | | | | | | | | | | | | | |
| M154X | ADULT EDUCATION | ALL | 3160 | | 3160 | | 3160 | | | | | | | | | | | | | | |
| M155X | SOCIAL RECREATION | ALL | 3200 | | 3200 | | 3200 | | | | | | | | | | | | | | |
| M162X | EMPLOYMENT/VOCATIONAL | ALL | 3350 | | 3350 | | 3350 | | | | | | | | | | | | | | |
| M181X | IHBT NON-CLINICAL COMPONENT | ALL | 2865 | | 2865 | | 2865 | | | | | | | | | | | | | | |
| M191X | ACT NON-CLINICAL COMPONENT | ALL | 2855 | | 2855 | | 2855 | | | | | | | | | | | | | | |
| M220X | RESIDENTIAL CARE | ALL | 3480 | | 3480 | | 3480 | | | | | | | | | | | | | | |
| M224X | COMMUNITY RESIDENCE | ALL | 3460 | | 3460 | | 3460 | | | | | | | | | | | | | | |
| M225X | FOSTER CARE | ALL | 3500 | | 3500 | | 3500 | | | | | | | | | | | | | | |
| M226X | SUBSIDIZED HOUSING | ALL | 3520 | | 3520 | | 3520 | | | | | | | | | | | | | | |
| M227X | RESPIRE CARE | ALL | 3540 | | 3540 | | 3540 | | | | | | | | | | | | | | |
| M228X | CRISIS CARE | ALL | 3560 | | 3560 | | 3560 | | | | | | | | | | | | | | |
| M229X | TEMPORARY HOUSING | ALL | 3580 | | 3580 | | 3580 | | | | | | | | | | | | | | |
| M312X | CONSUMER OPERATED | ALL | 3640 | | 3640 | | 3640 | | | | | | | | | | | | | | |
| M314X | OTHER MH SVC (NON HEALTHCARE) | ALL | 3680 | | 3680 | | 3680 | | | | | | | | | | | | | | |
| M411X | PREVENTION | ALL | 3720 | | 3720 | | 3720 | | | | | | | | | | | | | | |
| M412X | CONSULTATION | ALL | 3740 | | 3740 | | 3740 | | | | | | | | | | | | | | |
| M413X | INFO AND REFERRAL | ALL | 3760 | | 3760 | | 3760 | | | | | | | | | | | | | | |
| M414X | COMM EDUCATION | ALL | 3780 | | 3780 | | 3780 | | | | | | | | | | | | | | |

* Kids Only

** Only clients under 22 and 65 and over

Until this service has been approved for reimbursement from Medicaid, this procedure code will process and pay as a non-Medicaid reimbursable service.

ODMH Procedure Code, Modifier and Medical Definition Matrix (cont'd)

The following are MH non-payable Medical Definitions:

| | |
|-------------|--------------------------------|
| MMCD | MH MCD Fall - Through |
| MNON | Non-MCD Fall - Through |
| MMOD | MH Modifier Problem |
| MMPU | MH MCD Partial Units |
| MNPU | MH Non-MCD Partial Units |
| MMDX | MH DX Required/MCD Service |
| MNDX | MH DX Required/Non-MCD Service |
| MAGE | MH Client not Under 18 |
| MTEL | MH Telephone not Valid |

These are shared non-payable MEDEF's that will default to a MH Company Code:

| | |
|-------------|---------------------------|
| MINV | BH Code/Modifier Problem |
| NPUA | No Partial Units - BH |
| NODX | Missing Diagnosis - BH |
| ZMCD | MCD BH Fall - Through |
| ZNON | Non-MCD BH Fall - Through |

AOD Procedure Code, Modifier and Medical Definition Matrix

AOD Procedure Code, Modifier and Medical Definitions Matrix

| | | | PAYABLE MEDICAL DEFINITIONS | | | | | | | | |
|-------|--|-----|-----------------------------|----------|------|------|----------|------|------|----|----------|
| Proc | Procedure Name | LOB | Modifier 1 | HA | HA | HA | HF | HF | HF | HF | H9 |
| | | | Modifier 2 | blank/99 | H9 | HD | blank/99 | H9 | HA | HD | blank/99 |
| H0001 | ASSESSMENT | MCD | | 5010 | 5011 | 5012 | 5013 | 5014 | | | 5015 |
| H0001 | ASSESSMENT | NON | | 6010 | 6011 | 6012 | 6013 | 6014 | | | 6015 |
| H0003 | LABORATORY URINALYSIS | MCD | | 5070 | 5071 | 5072 | 5073 | 5074 | | | 5075 |
| H0003 | LABORATORY URINALYSIS | NON | | 6070 | 6071 | 6072 | 6073 | 6074 | | | 6075 |
| H0004 | IND COUNSELING | MCD | | | | | 5050 | 5051 | | | 5052 |
| H0004 | IND COUNSELING | NON | | | | | 6050 | 6051 | | | 6052 |
| H0005 | GROUP COUNSELEING | MCD | | 5040 | 5041 | 5042 | 5043 | 5044 | | | 5045 |
| H0005 | GROUP COUNSELEING | NON | | 6040 | 6041 | 6042 | 6043 | 6044 | | | 6045 |
| H0006 | CASE MGMT | MCD | | 5020 | 5021 | 5022 | 5023 | 5024 | | | 5025 |
| H0006 | CASE MGMT | NON | | 6020 | 6021 | 6022 | 6023 | 6024 | | | 6025 |
| H0007 | CRISIS INTERVENTION | MCD | | 5030 | 5031 | 5032 | 5033 | 5034 | | | 5035 |
| H0007 | CRISIS INTERVENTION | NON | | 6030 | 6031 | 6032 | 6033 | 6034 | | | 6035 |
| H0014 | AMBULATORY DETOX | MCD | | 5000 | 5001 | 5002 | 5003 | 5004 | | | 5005 |
| H0014 | AMBULATORY DETOX | NON | | 6000 | 6001 | 6002 | 6003 | 6004 | | | 6005 |
| H0015 | INTENSIVE OUTPATIENT | MCD | | 5060 | 5061 | 5062 | 5063 | 5064 | | | 5065 |
| H0015 | INTENSIVE OUTPATIENT | NON | | 6060 | 6061 | 6062 | 6063 | 6064 | | | 6065 |
| H0016 | MEDICAL/SOMATIC | MCD | | 5080 | 5081 | 5082 | 5083 | 5084 | | | 5085 |
| H0016 | MEDICAL/SOMATIC | NON | | 6080 | 6081 | 6082 | 6083 | 6084 | | | 6085 |
| H0020 | METHADONE ADMIN | MCD | | | | | 5090 | 5091 | | | |
| H0020 | METHADONE ADMIN | NON | | | | | 6090 | 6091 | | | |
| 99236 | 23 HOUR OBSERVATION BED | ALL | | 6120 | 6121 | 6122 | 6123 | 6124 | | | 6125 |
| A023X | MED COMM RES - NON-HOSP SETTING | ALL | | 7020 | 7021 | 7022 | 7023 | 7024 | | | 7025 |
| A051X | REFERRAL AND INFORMATION | ALL | | 7610 | 7611 | 7612 | 7613 | 7614 | | | 7615 |
| A056X | CONSULTATION | ALL | | 7540 | 7541 | 7542 | 7543 | 7544 | | | 7545 |
| A061X | INFORMATION DISSEMINATION | ALL | | 7570 | 7571 | 7572 | 7573 | | 7574 | | 7575 |
| A062X | EDUCATION (PREVENTION) | ALL | | 7550 | 7551 | 7552 | 7553 | | | | 7555 |
| A063X | COMM BASED PROCESS | ALL | | 7530 | 7531 | 7532 | 7533 | | | | 7535 |
| A064X | ENVIRONMENTAL | ALL | | 7560 | 7561 | 7562 | 7563 | | | | 7565 |
| A065X | PROBLEM ID AND REFERRAL | ALL | | 7600 | 7601 | 7602 | 7603 | | | | 7605 |
| A066X | ALTERNATIVES | ALL | | 7510 | 7511 | 7512 | 7513 | | | | 7515 |
| A074X | ROOM AND BOARD | ALL | | 7650 | | 7651 | 7652 | | | | 7653 |
| A075X | TRANSPORTATION | ALL | | 7660 | | 7661 | 7662 | | | | 7663 |
| A078X | URINE DIP SCREENING | ALL | | 6110 | 6111 | 6112 | 6113 | 6114 | | | 6115 |
| A121X | MED COMM RES - HOSP SETTING | ALL | | 4520 | 4521 | | 4522 | 4523 | | | |
| A122X | NON-MED COMM RES TX | ALL | | 7040 | 7041 | 7042 | 7043 | 7044 | | | 7045 |
| H0009 | ACUTE HOSPITAL DETOX | ALL | | 4500 | 4501 | | 4502 | 4503 | | | |
| H0012 | SUB ACUTE DETOX | ALL | | 7000 | 7001 | 7002 | 7003 | 7004 | | | 7005 |
| H0017 | BH MED COMM RES TX HOSP | ALL | | 4510 | 4511 | | 4512 | 4513 | | | |
| H0018 | RES TREAT NON-HOSP | ALL | | 7010 | 7011 | 7012 | 7013 | 7014 | | | 7015 |
| H0019 | BH NON-MED COMM RES TX | ALL | | 7030 | 7031 | 7032 | 7033 | 7034 | | | 7035 |
| H0021 | TRAINING | ALL | | 7620 | 7621 | 7622 | 7623 | 7624 | | | 7625 |
| H0022 | INTERVENTION | ALL | | 7580 | 7581 | 7582 | 7583 | 7584 | | | 7585 |
| H0023 | BH OUTREACH | ALL | | | | | 7590 | 7591 | 7592 | | 7593 |
| H0030 | BH HOTLINE | ALL | | | | | 7520 | | | | |
| H0047 | ALC/OTHER SUB ABUSE NOT OTHERWISE CLASSIFIED | ALL | | 7500 | 7501 | 7502 | 7503 | 7504 | | | 7505 |
| T1006 | FAMILY COUNSELING | ALL | | 6100 | 6101 | 6102 | 6103 | 6104 | | | 6105 |
| T1009 | CHILDCARE | ALL | | 7630 | | 7631 | 7632 | | | | 7633 |
| T1010 | MEALS | ALL | | 7640 | | 7641 | 7642 | | | | 7643 |

AOD Procedure Code, Modifier and Medical Definition Matrix (cont'd)

The following are non-payable AOD Medical Definitions:

| | |
|-------------|---------------------------------|
| AMCD | AOD MCD Fall - Through |
| ANON | AOD Non-MCD Fall - Through |
| AMOD | AOD Modifier Problem |
| AMPU | AOD MCD Partial Units |
| ANPU | AOD Non-MCD Partial Units |
| AMDx | AOD DX Required/MCD Service |
| ANDx | AOD DX Required/Non-MCD Service |
| DXNA | AOD Svc Requires AOD DX |
| ODYS | DADAS Plan/UPI not 1131 |

These are shared non-payable MEDEF's that will default to a MH Company Code:

| | |
|-------------|-------------------------------|
| MINV | BH Code/Modifier Problem |
| NPUA | No Partial Units Allowed - BH |
| NODx | Missing Diagnosis - BH |
| ZMCD | Medicaid BH Fall - Through |
| ZNON | Non-MCD BH Fall - Through |

Adjudicating Claims

- Diamond checks to see what plan a client is enrolled in on the date of service.
- Diamond then checks to see what benefit package (BENEF) is associated with the client's plan.
- Diamond then goes through each benefit rule (BRULE) that is attached to the benefit package to see if the MEDEF on the claim is in the benefit rule.
 - Only the benefit rules that include/exclude that MEDEF are applied to the claim.
- Application of benefit rules will effect the net amount, CLAIM STAT (“P”–payable, or “D”–denied) and PROC STAT (“U”–un-posted, or “H”–held).

Adjudicating Claims (cont'd)

- Claims that are adjudicated with a CLAIM STAT of “P” and a PROC STAT of “U” will finalize as a paid claim once APUPD is run; if left unchanged.
- Claims that are adjudicated with a CLAIM STAT of “D” and a PROC STAT of “U” will finalize as a denied claim once APUPD is run; if left unchanged.
- Claims that are adjudicated with a CLAIM STAT of “P” or “D” and a PROC STAT of “H” must be manually taken off hold before it can finalize through the APUPD process.

NOTE: Any un-finalized claim (PROC STAT of “U” or “H”) can be corrected/changed.

- Payable claim can be changed to a denied claim
- Denied claim can be changed to a payable claim
- Incorrect units, billed amount, third party, etc. can also be corrected.

Denying Non-Medicaid claims beyond submission deadline.

- Some boards set deadlines for submission of claims for the prior fiscal year.
- To meet this need the state has come up with a procedure that will automatically deny these claims. The drawbacks are:
 1. New contracts must be built and the old contracts termed.
 2. The alternate price schedules must be removed from the termed MCD contract and all price schedules from the termed non-MCD contracts.
 3. There will be no denied reason code on the claim.
 4. You can not do this ahead of time.
 5. This is an all or none scenario – must deny all non-MCD services. It is not procedure code specific.

Denying Non-Medicaid Claims beyond submission deadline (cont'd).

- In order to implement this procedure, boards must notify MACSIS Support with the appropriate information as outlined in the procedure “Denying Claims beyond Submission Deadline” which can be found on the MACSIS web site:

http://www.mh.state.oh.us/ois/macsis/claims/Procedure_for_allowing_boards_to_deny_non.pdf

Contract/Rates Changes

- Medicaid contract and rate changes must be submitted through each department's Medicaid Policy area.
- Non-Medicaid contract and rate changes are maintained by the boards

How to Make Non-MCD Contract Changes

- Changing a current Non-MCD Contract
 - Changing price region, withhold amount or removing price schedules.
- Go to the Diamond keyword PROVC
- Enter the UPI and LineBus (NON) and then page down until you come to the contract you wish to change.

How to Make Non-MCD Contract Changes (cont'd)

- Make the appropriate changes and save the record.
- You will also need to make changes to the PROVD records.
 - Price Region and Withhold amounts on the PROVD records should be the same as on the PROVC record.
- Select F6-T to access the PROVD records
 - Page down until you come to the 001 AODINDIV PROVD record and make the appropriate changes and save the record.
 - Be sure to verify you have the correct PROVD record. It should have the same effective date and LineBus as the PROVC record.

How to Make Non-MCD Contract Changes (cont'd)

- Page down until you come to the 002 MHGROUP PROVD record and make the appropriate changes and save the record.
 - Be sure to verify you have the correct PROVD record. It should have the same effective date and LineBus as the PROVC record.
- Remember when changing the PROVC you also need to change PROVD.

How to Enter New Non-MCD Contracts

- Go to the keyword PROVC
- Enter the UPI and LineBus of NON and page down until you come to the desired NON MCD contract
- First you must term the current contract by:
 1. Locate the Non-MCD contract you will be replacing with the new Non-MCD Contract.
 - Hint: Make a screen shot of the PROVC, PROVD and Pricing Determinant records.
 2. Term the current PROVC record by putting the appropriate date in the **Terminated** field, hit enter then <end> and save the changes.

How to Enter New Non-MCD Contracts (cont'd)

3. Select F6-T to access the PROVD records.
4. Access the appropriate 001 AODINDIV and 002 MHGROUPO PROVD records and enter the same **Term Date** as you entered on the PROVC record, hit enter then <end> and save the changes.

How to Enter New Non-MCD Contracts (cont'd)

- Next you must enter the new Non-Medicaid contracts.
 1. There are two ways to enter the new contract; manually or using the F6-C copy function.
 - a. Enter all the information in the PROVC record (use the screen shot as a guide) making sure to enter the appropriate **Effective** date (this should be the day after the old contract was terminated) and save the record or,
 - b. Access the PROVC record you just termed and do an F6-C to copy the record.
 - Enter the appropriate **Effective** date and remove the **Terminated** date, hit enter then <end> and save changes.

How to Enter New Non-MCD Contracts (cont'd)

- Next you must enter the new PROVD records.
 - You can access the PROVD records from the PROVC record or from the Diamond keyword PROVD.
 1. There are two ways to enter the new PROVD records; manually or using the F6-C copy function.
 - a. Enter all the information in the PROVD record (use the screen shot as a guide) making sure to enter the appropriate **Effective** date in the **Provider Contract Identification** section and the **Detail Eff** date in the **Provider Contract Detail Identification** section and save the record or,
 - b. Access the PROVD record you just termed and do an F6-C to copy the record.
 - Enter the appropriate **Effective** date in the **Provider Contract Identification** section and the **Detail Eff** date in the **Provider Contract Detail Identification** section, hit enter then <end> and save changes.

How to Enter New Non-MCD Contracts (cont'd)

- Next you must enter the new Provider Contract Pricing Determinant records.
 - You can access the **Pricing Determinants** from the PROVD record by selecting F6-D
 1. If you entered the PROVD records manually you will need to manually enter the Pricing Determinant records. Use the screen shots to enter the correct information.
 - a. Once you have entered all of the information make sure you save and update the record.
 2. If you copied the PROVD records, the **Pricing Determinant** records were also copied; however they do not always copy properly so you need to access the **Pricing Determinant** record for each PROVD record and make any necessary changes.
 - a. Save and update the record after you've made any changes.

Entering New PROCP Records

- If you are entering a rate for a new provider service:
 1. Access the Diamond keyword PROCP
 2. Enter the Procedure Code
 3. Enter the Price Schedule
 - Make sure you are entering the appropriate price schedule (refer to the <http://www.mh.state.oh.us/ois/macsis/codes/contract.psched.procedure.tables.pdf>)

Entering New PROCP Records (cont'd)

4. Enter the Price Region

- Make sure the price region is the same that is on your contract (PROVC) record.
- When entering PROCP records for Non-Medicaid reimbursable services, if you using a local price region on your Non-MCD PROVC you will need to enter the PROCP record once with the local price region and once with the OH price region (if a MCD client can also receive the service).

Entering New PROCP Records (cont'd)

5. Enter the Effective Date
6. Enter the Allowed Amount
7. The Percent Billed should be 0.00%
8. Enter the Withhold amount if applicable
9. Contract Type is always “P”
10. Enter your security code.

Entering New PROCP Records (cont'd)

- If a provider's rate for a service has changed you must first term the old rate.
 1. Access the Diamond keyword PROCP
 2. Go to the rate you want to term and enter a **Termination Date**.
 3. You can enter a new rate by following the previously described method or use F6-C to copy the old record.
 - a. Once the PROCP record has been copied change the **Effective Date** to the day after the termination date on the old PROCP and remove the **Termination Date**.
 - b. Enter the new **Allowed Amount**
 - c. Save/update.

Change Control Policy

- When a board wants to change benefit rules, benefit packages, plans, panels, etc., they should follow the Change Control Policy which is topic #1 of the Guidelines Pertaining to the Implementation of MACSIS under HIPAA.

Summary

- The information on the member's eligibility span that encompasses the date of service determines the contract under which a claim is priced.
- The contracts and PROCP's price the claim and determine the allowed amount and the assigned MEDEF.
- The Benefit Rules are applied during the adjudication process and determine the net amount.

Summary (cont'd)

- If claims are not pricing/paying properly it is usually caused by:
 - Improperly built contract
 - Missing or improperly entered PROCP
 - Benefit rules not performing as intended

TIP: *When claims do not price properly (either incorrect allowed amount or no allowed amount) use the Contracts and Pricing flowchart to go through each step to try and pinpoint what is causing the problem.*

Where to Get More Information

- MACSIS Web Site
- MACSIS Support Desk
- Guidelines Pertaining to the Implementation of MACSIS under HIPAA
- Attend the Claims User Group Meetings
- Participate in the monthly POP bridge calls