



## **ABCT Medicare Pricing System**

### **Desktop Edition**

**AMP\$** is the ABCT Medicare Pricing System. This line of products will utilize various methods and technologies to calculate Medicare Rates for claims of several types. **AMP\$** products will be available in two editions. The Desktop edition will run on a standard Windows workstation, and integrate the pricing solution with a Plexis Healthcare Systems PCM database.

### **AMP\$.PCM**

The **AMP\$.PCM** system is an integrated adjudication plug-in for Plexis Claim Manager that uses the **AMP\$.Net** system to get pricing for APC and DRG claims.

For support of **AMP\$.PCM** installation or use, please send an email to [support@abct.com](mailto:support@abct.com)

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## AMP\$.PCM Overview

**AMP\$.PCM** is an integrated plug-in for Plexis Claims Manager (PCM) adjudication that uses the AMP\$.NET web service to get pricing information for Inpatient and Outpatient claims. This enables the system to have a seamless one-pass solution to pricing of the most common Institutional claim types.

### New Installation

If this is a new **AMP\$.PCM** installation, the SQL System Administrator should perform these steps to prepare the server and database, then install the AMP\$.PCM assembly.

Note: The pcm\_APLAN database name in the examples should be changed to your own PCM database.

### Install the AMP\$.PCM Assembly

In order to install the AMP\$.PCM DLL, it needs to be installed on the server – not your development system. Copy the file Amps.PCM.dll to a temporary location on the server. *Note: the path below is relative to the server file system, not your PC.*

Modify the script Install AMP\$.PCM.sql where indicated below, then execute on your PCM database, near the top:

```
-- Change this to your PCM database
ALTER DATABASE pcm_APLAN SET TRUSTWORTHY ON; -- *****
GO

-- Change this to your PCM database
USE pcm_APLAN; -- *****
```

About the middle of the script:

```
-- Change the path 'D:\Tmp\' to the location of the DLL on the
server
CREATE ASSEMBLY [Amps.PCM]
FROM 'D:\Tmp\Amps.PCM.dll' -- *****
WITH PERMISSION_SET = UNSAFE;
GO
```

At the end of the script, there are security assignments. Make sure these are compatible with your database standards:

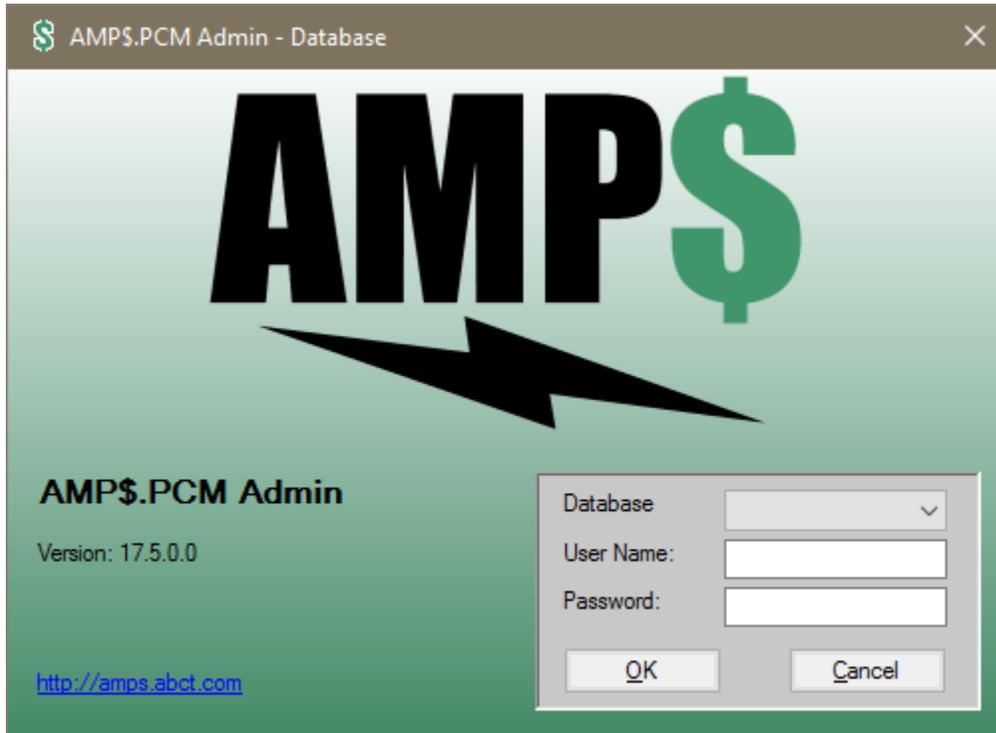
```
-- Set security
GRANT VIEW DEFINITION ON ASSEMBLY :: [Amps.PCM] TO PCM_Public;
GRANT EXECUTE ON [dbo].[usp_adj_clr_api_inpatient_price] TO PCM_Public;
GRANT EXECUTE ON [dbo].[usp_adj_clr_api_outpatient_price] TO PCM_Public;
GRANT EXECUTE ON [dbo].[usp_adj_clr_api_test] TO PCM_Public;
```

### Finish the Installation

The **AMP\$.PCM Administrator** will complete the required setup when you run it for the first time.

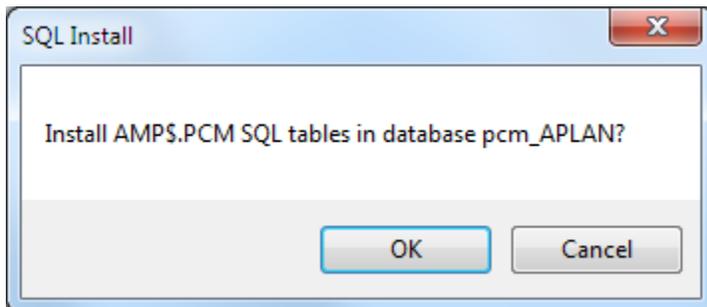
## ***Connect***

Select the PCM database you prepped in the steps above.



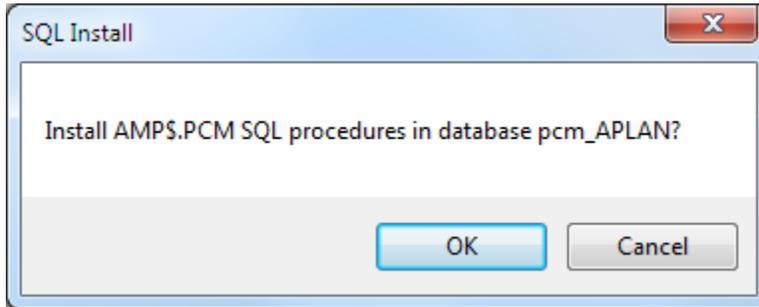
## ***Install the tables***

Click OK to install the tables.



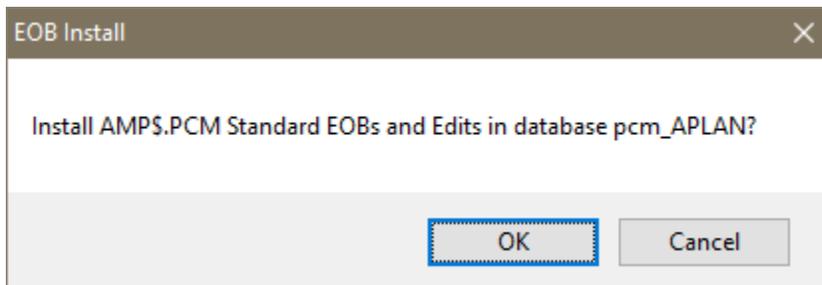
## ***Install the procedures***

Click OK to install the procedures.



## ***Install the Standard Configuration***

This **optional** installation step will update your PCM **EOB** table to include the following standard error and pricing information EOBs: AP0, AP1, APC, AS0, AS1, ASC, DR0, DR1, DRG, DME, DRU, LAB, MIS, OTH, PRO, PS0, PS1, PSY, RH0, RH1, RHB. The Plexis Admin tool can be used to create other custom EOBs if desired. Standard AMP\$ **Place of Service Sets** will also be created. These are **Medicare Inpatient, Medicare Outpatient, \$APC, \$ASC, \$ESRD, \$HHA, \$HSPC, \$INPT, \$LTCH, \$PSY, \$RHB and \$SNF.**



## ***Set Security***

Check or modify security on the AMP\$.PCM tables as appropriate for your security configuration.

```
GRANT SELECT, UPDATE ON dbo.amps_edit TO PCM_Public;  
GRANT SELECT ON dbo.amps_edit_action TO PCM_Public;  
GRANT SELECT ON dbo.amps_edit_type TO PCM_Public;  
GRANT SELECT, UPDATE ON dbo.amps_option TO PCM_Public;  
GO
```

## Verify Installation

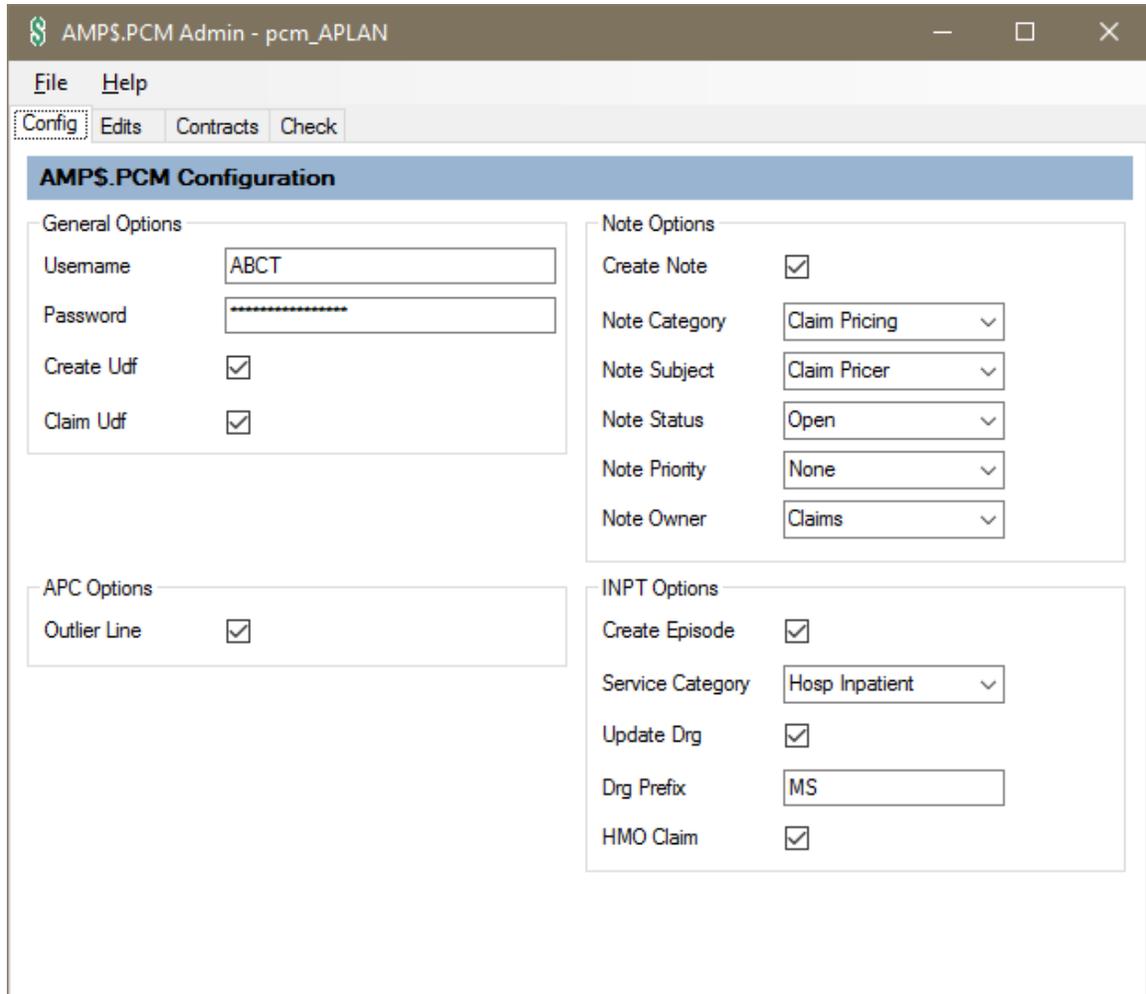
Use the Help > About menu choice to verify that your components are all at the current version.



# AMP\$.PCM Administrator

Once the installation is complete, the *AMP\$.PCM Administrator* will start.

## Config Tab



AMP\$.PCM Admin - pcm\_APLAN

File Help

Config Edits Contracts Check

### AMP\$.PCM Configuration

**General Options**

Username: ABCT

Password: [Masked]

Create Udf:

Claim Udf:

**Note Options**

Create Note:

Note Category: Claim Pricing

Note Subject: Claim Pricer

Note Status: Open

Note Priority: None

Note Owner: Claims

**APC Options**

Outlier Line:

**INPT Options**

Create Episode:

Service Category: Hosp Inpatient

Update Drg:

Drg Prefix: MS

HMO Claim:

### General Options

**Username & Password:** Fill-in the Username and Password that you were given to access the *AMP\$.NET* system.

**Create Udf:** If checked, the detailed pricing information will be stored in User Defined Fields.

**Claim Udf:** If checked will put the User Defined Fields that hold payment information at the claim level (showing the claim totals). If not checked, UDFs will be added to each claim line.

## ***Note Options***

**Create Note:** If checked, this will cause a Note to be created that has the pricing report. The note is linked to the claim that has been priced.

**Important:** If you wish to create a note, all the options below must have a selection or the note creation will fail.

**Note Category:** Select the Note Category that you wish to use for the pricing notes.

**Note Subject:** Select the Note Subject that you wish to use for the pricing notes.

**Note Status:** Select the Note Status that you wish to use for the pricing notes.

**Note Priority:** Select the Note Priority that you wish to use for the pricing notes.

**Note Owner:** Select the Note Owner that you wish to use for the pricing notes.

**Note:** You can create new Note Category, Subject and Owner, such as a Category of **Claim Pricing** using Plexis Administrator.

## ***APC Options***

None.

## ***INPT Options***

*Note: These options apply to DRG, Psych and Rehab claims.*

**Create Episode:** If checked, an EPISODE will be created (in the Case Management Patient Folder). Users will have to have batch user codes for EPISODE and PATIENT FOLDER. *See the note about episode creation during adjudication job in the Troubleshooting section.*

**Service Category:** Select the Service Category that you wish to use for the Episode, if the Create Episode option is checked.

**Update Drg:** Not used.

**Drg Prefix:** Enter the prefix of the DRGs as defined in your system.

**HMO Claim:** Sends the HMO indicator to the AMP\$.NET system for Inpatient claims. This is a global setting, affecting all inpatient claims. (See the Contract/Fee Schedule section for a way to control this by contract.)

## Edits Tab

The **Edits** tab allows the user to add actions and associated EOB codes to selected edits produced by the **AMP\$.PCM** system. The actions available are: Pend Line, Deny Line, Deny Claim. EOBs are from the current database. Plexis Administrator can be used to create custom EOBs such as those below.

Code	Descr	Disposition	Action	Eob 1	Eob 2
AP0	AMP\$ Service Error		Pend ...	AP0	
AP1	APC Pricer Error		Pend ...	AP1	
APC	APC Payment			APC	
INC	Incidental			_97	N19
DME	DME Payment			DME	
DRU	DRUG Payment			DRU	
LAB	LAB Payment			LAB	
OTH	OTHER Payment			OTH	
OUT	Outlier			_70	N470
PRO	PFS Payment			PRO	
001	Invalid diagnosis code	RTP	Deny ...	_16	MA63
002	Diagnosis and age conflict	RTP	Deny ...	_9	M76
003	Diagnosis and sex conflict	RTP	Deny ...	_10	M76
004	Medicare secondary payer alert	CLM SUSP	Pend ...		
005	E-code cannot be used as principal dia...	RTP	Deny ...	_16	MA63
006	Invalid procedure code	RTP	Deny ...	_181	M51
007	Procedure and age conflict (a)	RTP	Deny ...	6	N129

## Contracts Tab

AMPS.PCM Admin - pcm\_APLAN

File Help

Config Edits **Contracts** Check

**Contracts**

	Contract	Use Allowed Amount	Use Inpatient Pricing	Use Outpatient Pricing	
▶	CCC MWMC/SLMC (C)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▲
	DCIPA MERCY (C)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	NC DEFAULT PROF- N...	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	NC DRG HOSP AK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	NC DRG HOSP AR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	NC DRG HOSP AZ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	NC DRG HOSP CA-Ana...	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	NC DRG HOSP CA-LOS ...	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	NC DRG HOSP CA-mari...	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	NC DRG HOSP CA-North	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	NC DRG HOSP CA-Oak...	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	NC DRG HOSP CA-SAN...	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	NC DRG HOSP CA-SAN...	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	NC DRG HOSP CA-Sant...	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	NC DRG HOSP CA-South	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	NC DRG HOSP CA-VEN...	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	NC DRG HOSP CO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	NC DRG HOSP CT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▼

## Checks Tab

AMPS.PCM Admin - pcm\_APLAN

File Help

Config Edits Contracts **Check**

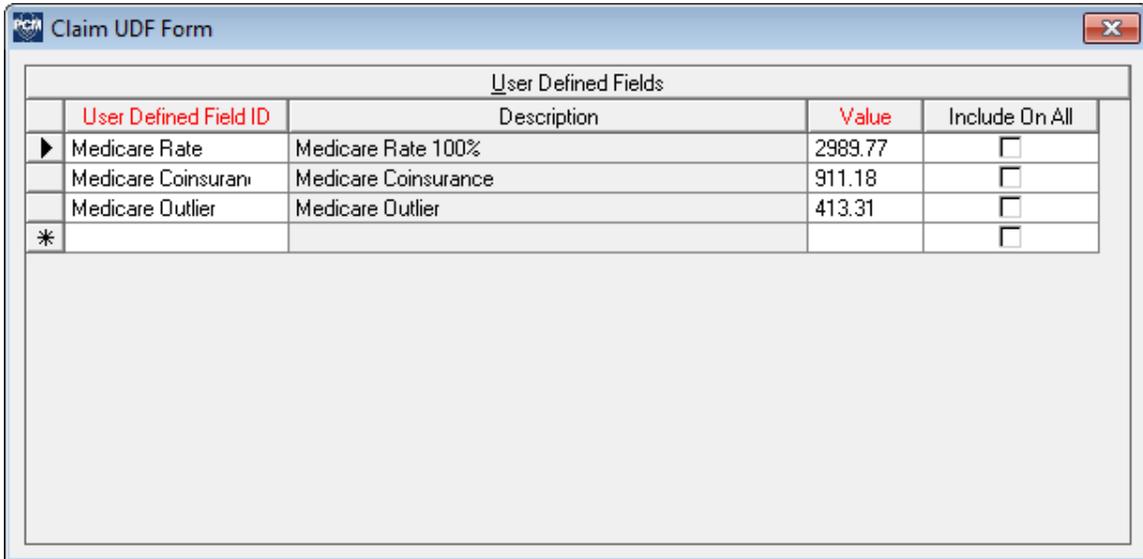
**AMPS.PCM Check**

Pricer	Configuration	Name	Value
API	API Config	na	1
APC	Use Outpt Pricing	(PCM Contract)	4
APC	Medical Groups	\$APC ###%	3
APC	Outlier Code Group	\$Outlier	1
INPT	Use Inpt Pricing	(PCM Contract)	4
INPT	Revenue codes	\$INPT: Revenue	1
DRG	Medical Groups	\$INPT ###%	3
PSY	Medical Groups	\$PSY ###%	3
RHB	Medical Groups	\$RHB ###%	1
RHB	Revenue Code Group	\$RHB: Revenue	1
UDF	User Defined Field	Adjusted Rate	1
UDF	User Defined Field	Adjusted Outlier	1
UDF	User Defined Field	Medicare Rate	1
UDF	User Defined Field	Medicare Outlier	1
UDF	User Defined Field	Medicare Deductible	1
UDF	User Defined Field	Medicare Coinsurance	1
UDF	User Defined Field	Medicare Reduced Coins	1
UDF	User Defined Field	Medicare Blood Deduct	1

## User defined Fields

If there are User Defined Fields defined, the various pricing amounts will be updated at this time as well. See the Plexis Set Up section for a complete list of User Defined Fields. If Claim Udf option is not checked, DRG Claims will have the Udfs on the “DRG” line.

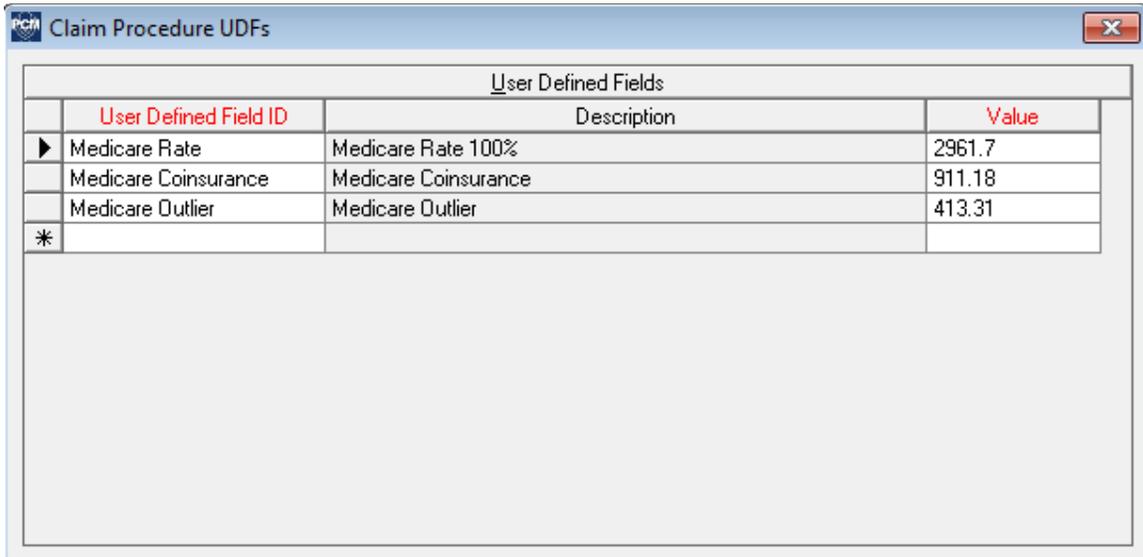
Claim UDF showing Medicare (APC) pricing total amounts:



The screenshot shows a window titled "Claim UDF Form" with a table of User Defined Fields. The table has four columns: "User Defined Field ID", "Description", "Value", and "Include On All". There are four rows, including a wildcard row marked with an asterisk.

User Defined Fields			
User Defined Field ID	Description	Value	Include On All
▶ Medicare Rate	Medicare Rate 100%	2989.77	<input type="checkbox"/>
Medicare Coinsurance	Medicare Coinsurance	911.18	<input type="checkbox"/>
Medicare Outlier	Medicare Outlier	413.31	<input type="checkbox"/>
*			<input type="checkbox"/>

Claim Procedure UDF showing Medicare (APC) pricing amounts on one of the lines:



The screenshot shows a window titled "Claim Procedure UDFs" with a table of User Defined Fields. The table has four columns: "User Defined Field ID", "Description", and "Value". There are four rows, including a wildcard row marked with an asterisk.

User Defined Fields		
User Defined Field ID	Description	Value
▶ Medicare Rate	Medicare Rate 100%	2961.7
Medicare Coinsurance	Medicare Coinsurance	911.18
Medicare Outlier	Medicare Outlier	413.31
*		

## File Menu

### ***Connect***

**Connect** restarts the program, allowing you to choose a different database.

### ***Export***

**Export** will write out the content of the Config values and the Edits table to a file, allowing you to save your setup.

### ***Import***

**Import** will read a file created with **Export** and replace the Config and Edits with these settings. This facilitates moving a setup from a test database to a production system, for example. Note: the Note and Episode values and EOBs are exported by the string value, so the system will adapt to differing internal Ids between databases, as long as the strings match.

### ***Exit***

**Exit** closes the program and exits to windows.

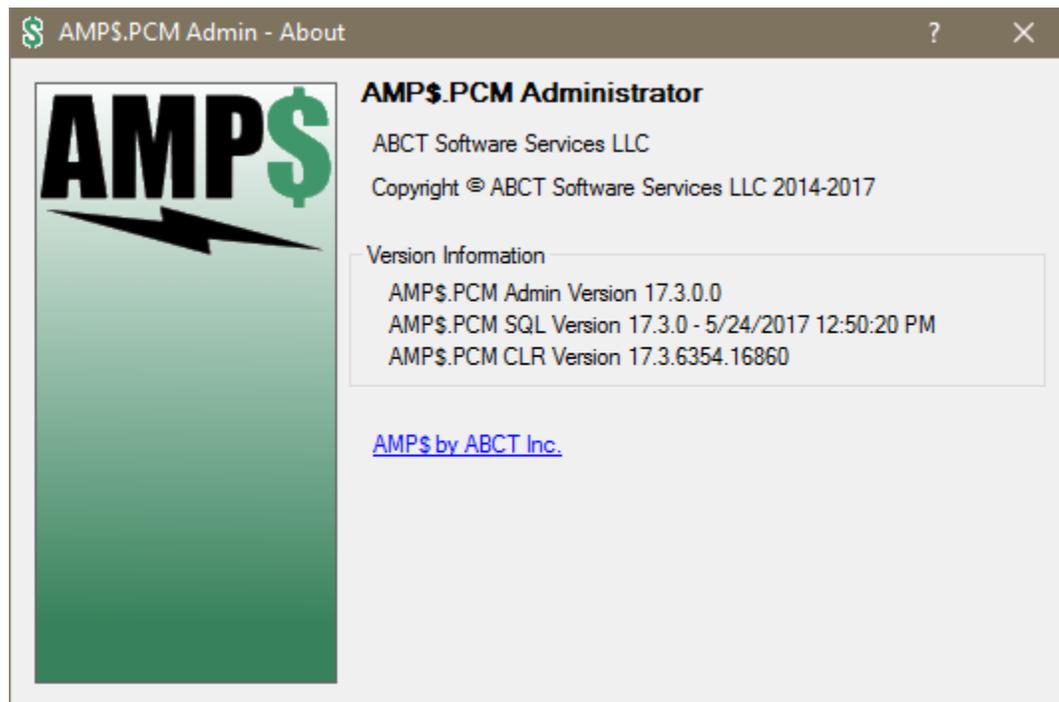
## Help Menu

### ***Documentation***

**Documentation** brings up this document. It can also be found in the installation zip file.

### ***About***

**About** displays the versions of various parts of the AMP\$.PCM system.



# PCM Configuration

## Provider Ids

### NPI

The providers have their NPI entered into the Provider Id Category **NPI**, or in their (default) TAG id. If the TAG is not the NPI, providers must have an NPI category and an NPI defined.

### Medicare

Optionally, providers may have their 6-digit OSCAR Medicare Id defined in the **MEDICARE** Id category.

For example, SKY LAKES has the TAG as the **NPI**, and the optional **MEDICARE** Id category with the 6-digit Medicare Id.

Because many institutions have Inpatient Acute, Psych and/or Rehab units, for Psych providers, use the Id category **MEDICARE PSYCH**, or simply **PSYCH**. Similarly, for Rehab providers use the Id category **MEDICARE REHAB** or **REHAB**.

The screenshot shows a software window titled "(Provider) - [Editing]: SKY LAKES MEDICAL CENTER, INC.". The window has several tabs: "Demographics", "Practice Offices/Categories/Specialties", "Vendors", and "Medical Groups / Networks". The "Demographics" tab is active.

The "Name" section contains fields for Prefix, Last (SKY LAKES MEDICAL CENTER, INC), First, Middle, and Suffix.

The "Other Information" section contains fields for TAG (1659340370), Date of Birth, Gender, Language, Call Back, Medical Group ID, and Provider Currency (Z-US\$).

There are two buttons on the right: "Credential Information" and "Supplemental Info".

Below the form is a table titled "Provider Identifiers" with the following data:

Provider ID	Category	Affiliation ID	Default ID?
1659340370	TAG		<input checked="" type="checkbox"/>
152371-1	OMAP		<input type="checkbox"/>
MEDCERT-380050	MEDICARE CERTIF		<input type="checkbox"/>
380050	MEDICARE		<input type="checkbox"/>
1659340370-282N00000X	NPI-TAXONOMY		<input type="checkbox"/>

## Place of Service Sets

AMP\$.PCM uses two main place of service sets (along with the additional place of service sets and medical groups described below) to determine how claims are priced. These are **Medicare Inpatient** and **Medicare Outpatient**. As we add more pricing methods, more Place of Service entries may be added.

(Place of Service Set) - [Editing]: Medicare Inpatient, AMP\$ Inpatient POS Set

ID: Medicare Inpatient      Name: AMP\$ Inpatient POS Set

Description:

Places of Service			
Place of Service ID	Place of Service Name	Effective From	Effective Thru
▶ 21	Inpatient Hospital	1/1/2000	
31	Skilled Nursing Facility	1/1/2000	
51	Inpatient Psychiatric Facility	1/1/2000	
61	Comprehensive Inpatient Rehabilitation Facility	1/1/2000	
*			

(Place of Service Set) - [Editing]: Medicare Outpatient, AMP\$ Outpatient POS Set

ID: Medicare Outpatient      Name: AMP\$ Outpatient POS Set

Description:

Places of Service			
Place of Service ID	Place of Service Name	Effective From	Effective Thru
▶ 12	Home	1/1/2000	
22	Outpatient Hospital	1/1/2000	
23	Emergency Room	1/1/2000	
24	Ambulatory Surgical Center	1/1/2000	
65	End Stage Renal Disease Treatment Facility	1/1/2000	
*			

Further select of specific types is determined by using the place of service sets for each of these types: **\$APC, \$ASC, \$ESRD, \$HHA, \$HSPC, \$INPT, \$LTCH, \$PSY, \$RHB** and **\$SNF**. **\$APC** is shown as an example.

(Place of Service Set) - [Editing]: \$APC, AMP\$ APC POS Set

ID: \$APC      Name: AMP\$ APC POS Set

Description:

Places of Service			
Place of Service ID	Place of Service Name	Effective From	Effective Thru
▶ 22	Outpatient Hospital	1/1/2000	
23	Emergency Room	1/1/2000	
*			

## Revenue Code Group

This group defines the Revenue code line that will be used to put pricing information in the event the claim does not have a DRG line. If all Inpatient claims have a DRG line, then this Code Group is not needed. If you need this option, the group name is **\$INPT: Revenue**. The update routine will select the first line that matches, in order of **Effective From**, then line number. This allows you to have, for example, a first and second choice of lines, as shown.

Procedure Code Ranges				
	Beginning Code	Ending Code	Effective From	Effective Thru
▶	R100	R179	1/1/2000	
	R180	R205	2/1/2000	
	R206	R219	1/1/2000	
	R220	R999	2/1/2000	
*				

## Pricing Percent Options

AMP\$.PCM has two methods for determining the pricing percentage (percent of Medicare). The simplest is using Medical Groups. Each provider is put into a medical group with the name formatted in a way that the system can find the group by name, and evaluate the percent of Medicare to apply. The second method uses fee schedules in the contract to do the same thing, find the schedule and determine the percent of Medicare to price the claims.

Both methods may be used. During execution, the contract and medical group membership are evaluated. If there is an appropriately named fee schedule, the contract percent is used. If not, the medical group is used.

### ***Contract Fee Schedule***

Create a Fee Schedule Selector and Fee Schedule for each method and percent payment you will be using, such as \$APC 100%, for example. For the Fee Schedule selector you may use effective date and optionally a term dates. Note that this method will also require you to use the POS Sets as defined previously as PCM will check that these don't overlap in coverage. (Uncheck the Use Allowed Amount box to edit the fee schedule grid.)

Similarly, you can also control the HMO setting for inpatient claims for each contract. Create a Fee Schedule named \$Inpt HMO and link it to each contract you want to pay as HMO. The global HMO Claim setting must be unchecked for this to work (or it will always be on).

The content of the Fee Schedule is unimportant as the Use Allowed Amount checkbox bypasses PCM fee schedule pricing, but PCM will require one row, at least.

(Payment Contract Definition) - [Editing]: MERCY Medicare, Mercy Medical Center

ID:  Name:

Description:

Management Fee Percent:  Management Fee Computation:

Withhold Percent:  Diagnosis Codes:

Max Members for whom Provider Is PCP:   Deduct Member Responsibility

Capitation Contract ID:  From:

Expected Payment Contract ID:

Timely Filing Days:

Reduce Contract to Billed Amount

PEND Codes That Are Not In Fee Schedules

Payment Contract Pricing Criteria

Use Allowed Amount

Use CMS Assistant Surgeon Rule

Use Inpatient Pricing

Use Outpatient Pricing

Fee Schedule Selectors							
	Precedence	POS Set ID	TOS Set ID	ZIP/Postal Code Set ID	FS Selector ID	Eff From	Eff Thru
▶	PRIMARY	\$APC			\$APC 110%	1/1/2000	12/31/2009
	PRIMARY	\$INPT			\$Inpt 105%	1/1/2000	
	PRIMARY	\$APC			\$APC 105%	1/1/2010	
	SECONDARY				\$Inpt HMO	1/1/2000	

Procedure Code Depreciation							
	Px Code Group ID	Modifier Group ID	Schedule ID	Ranking Method	EOB Code	Eff From	Eff Thru
*							

• Contract

(Fee Schedule Selector) - [Editing]: \$APC 105%, AMPS APC 105%

ID:  Name:

Contracted Amount

Code Year:  Base Fee Schedule ID:  Base Fee Schedule Modifier ID:

Fee Schedule Exception Set				
	Start Diagnosis Code	End Diagnosis Code	Allowed ?	Fee Schedule ID
*			<input type="checkbox"/>	

User Defined Fields

User Defined Fee Schedule		
	Assigned Field	Fee Schedule ID
*		

• Fee Schedule Selector

(Fee Schedule) - [Editing]: \$APC 105%, AMPS APC 105%

ID:  Name:

Procedure Code Year:  Fee Schedule Type:

Anesthesia Time Interval  Minutes

Fee Schedule Information									
	1st Service Start	1st Service End	2nd Procedure	Modifier	Payment Method	Payment Value	Anesthesia Time Value	Pend for Review	Hold for Payment
▶	R001	R999			Flat Rate	\$105.00		<input type="checkbox"/>	<input type="checkbox"/>
*								<input type="checkbox"/>	<input type="checkbox"/>

• Fee Schedule

## Medical Groups

Create a Medical Group ID for each percent payment you will be using, named \$APC 100%, for example. For this medical group, you must enter the Institutional provider with an effective date and optionally a term date.

\$APC 100%  
 \$APC 105%  
 \$APC 110%  
 \$APC OMIT NPI

(Medical Group) - [Editing]: \$APC 110%, Outpt/ER 110% for contracted providers

ID:       Name:

Providers | Practice Offices

Providers					
	Default Provider ID	Provider Name	Medical Group Provider ID	Effective From	Effective Thru
▶	1659340370	SKY LAKES MEDICAL CENTER, INC.		7/1/2005	
*					

## Pricing Method Prefixes

For the *AMP\$.PCM* system, below is a listing of each medical group and/or contract fee schedule prefix used for each claim type for the application:

Prefix	Claim Type
\$APC	Outpatient, ER
\$ASC	Ambulatory Surgery Center
\$ESRD	End Stage Renal Disease
\$HHA	Home Health
\$HSPC	Hospice
\$INPT	Inpatient DRG
\$LTCH	Long Term Care Hospital
\$PSY	Psych Facility
\$RHB	Rehab Facility
\$SNF	Skilled Nursing Facility

## User Defined Fields

You may optionally configure User-defined fields (using **Plexis Administrator**) to capture more detailed pricing information for both Outpatient and Inpatient claims. The most commonly desired would be the **Medicare Rate** UDF, which is the non-adjusted total Medicare reimbursement amount. Other data that may be captured is listed below. Note that **all** of these UDFs are optional, and not required for proper operation of **AMP\$.PCM**.

*Note: The **UDF** column text is used to find the **User Defined Field**, so the name must match those that are listed **exactly**.*

### **APC, ASC, ESRD, HHA (Outpatient)**

<b>Claim UDF (Totals)</b>	<b>Description</b>
Medicare Rate	Medicare Total Payment (100%)
Medicare Deductible	Medicare Total Deductible Amount
Medicare Coinsurance	Medicare Total Coinsurance Amount
Medicare Reduced Coins	Medicare Total Provider-elected Reduced Coinsurance
Medicare Blood Deduct	Medicare Total Blood Deductible Amount
Medicare Outlier	Medicare Total Outlier Amount
Adjusted Rate	The Medicare Rate multiplied by the Payment Percent
Adjusted Outlier	The Medicare Outlier multiplied by the Payment Percent

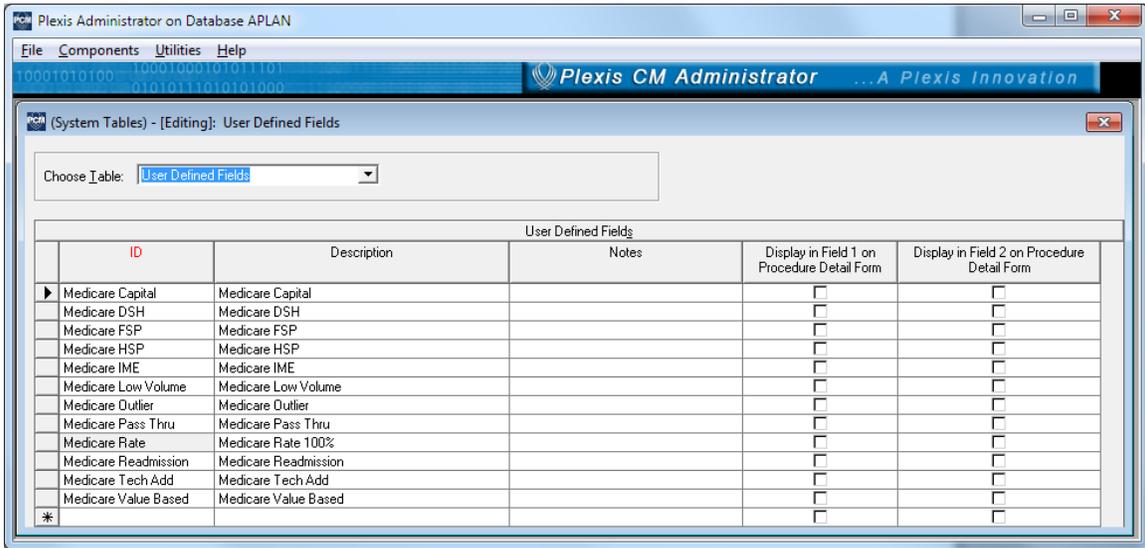
<b>Claim Procedure UDF</b>	<b>Description</b>
Medicare Rate	Medicare Payment (100%)
Medicare Deductible	Medicare Deductible Amount
Medicare Coinsurance	Medicare Coinsurance Amount
Medicare Reduced Coins	Medicare Provider-elected Reduced Coinsurance
Medicare Blood Deduct	Medicare Blood Deductible Amount
Medicare Outlier	Medicare Outlier Amount
Adjusted Rate	The Medicare Rate multiplied by the Payment Percent
Adjusted Outlier	The Medicare Outlier multiplied by the Payment Percent

### **DRG (Inpatient)**

<b>Claim or Claim Procedure UDF</b>	<b>Description</b>
Medicare Rate	Medicare Total Payment (100%)
Medicare FSP	Medicare Federal Specific Portion
Medicare HSP	Medicare Hospital Specific Portion
Medicare IME	Medicare Indirect Medical Education
Medicare DSH	Medicare Disproportionate Share, Hospital
Medicare Outlier	Medicare Outlier Amount
Medicare Capital	Medicare Capital Amount
Medicare Pass Thru	Medicare Secondary Payer Pass-through Amount
Medicare Tech Add	Medicare New Technology Add-on
Medicare Low Volume	Medicare Low Volume Add-on
Medicare Readmission	Medicare Readmission Reduction
Medicare Value Based	Medicare Value-based Purchasing Adjustment
Adjusted Rate	The Medicare Rate multiplied by the Payment Percent
Adjusted Outlier	The Medicare Outlier multiplied by the Payment Percent

**LTCH, Psych, Rehab, SNF (Inpatient)**

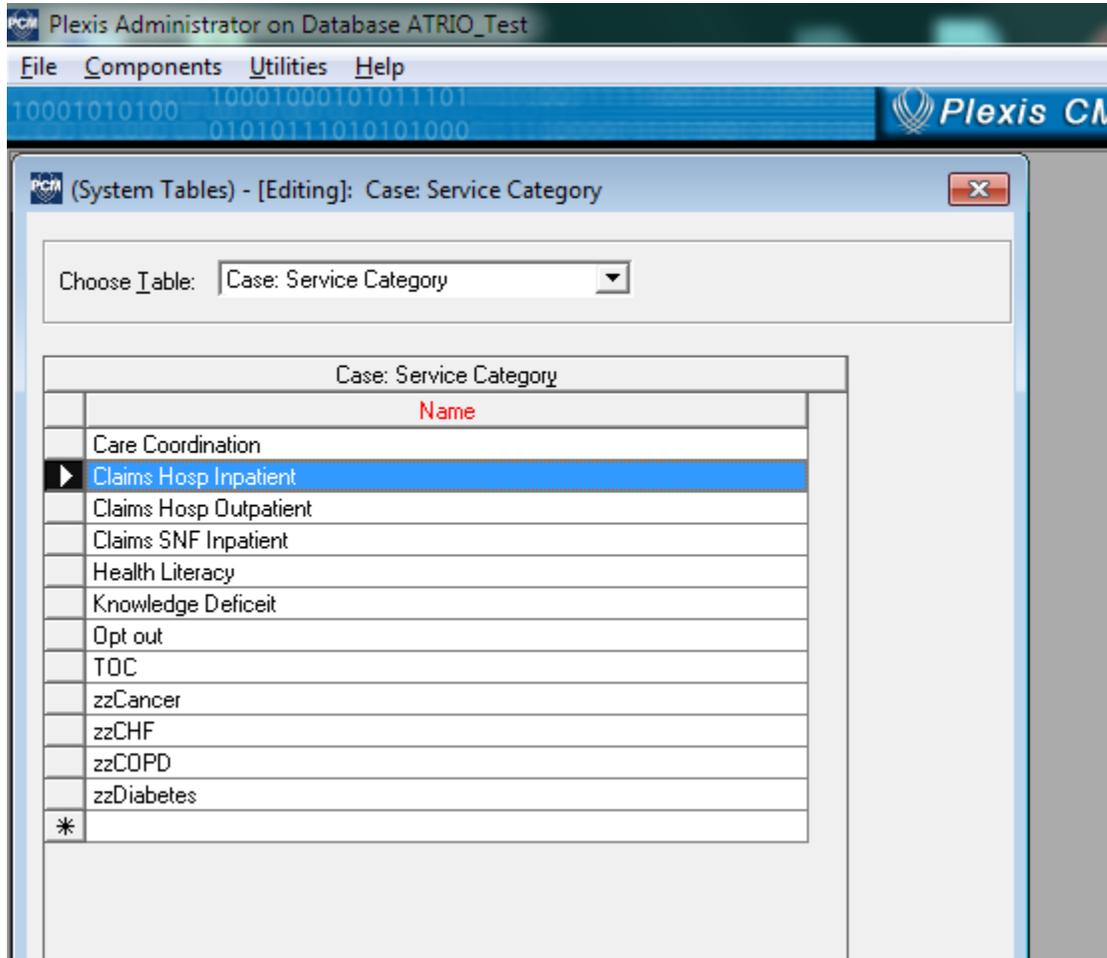
Claim or Claim Procedure UDF	Description
Medicare Rate	Medicare Total Payment (100%)
Medicare Outlier	Medicare Outlier Amount
Adjusted Rate	The Medicare Rate multiplied by the Payment Percent
Adjusted Outlier	The Medicare Outlier multiplied by the Payment Percent



## Inpatient Specific Setup

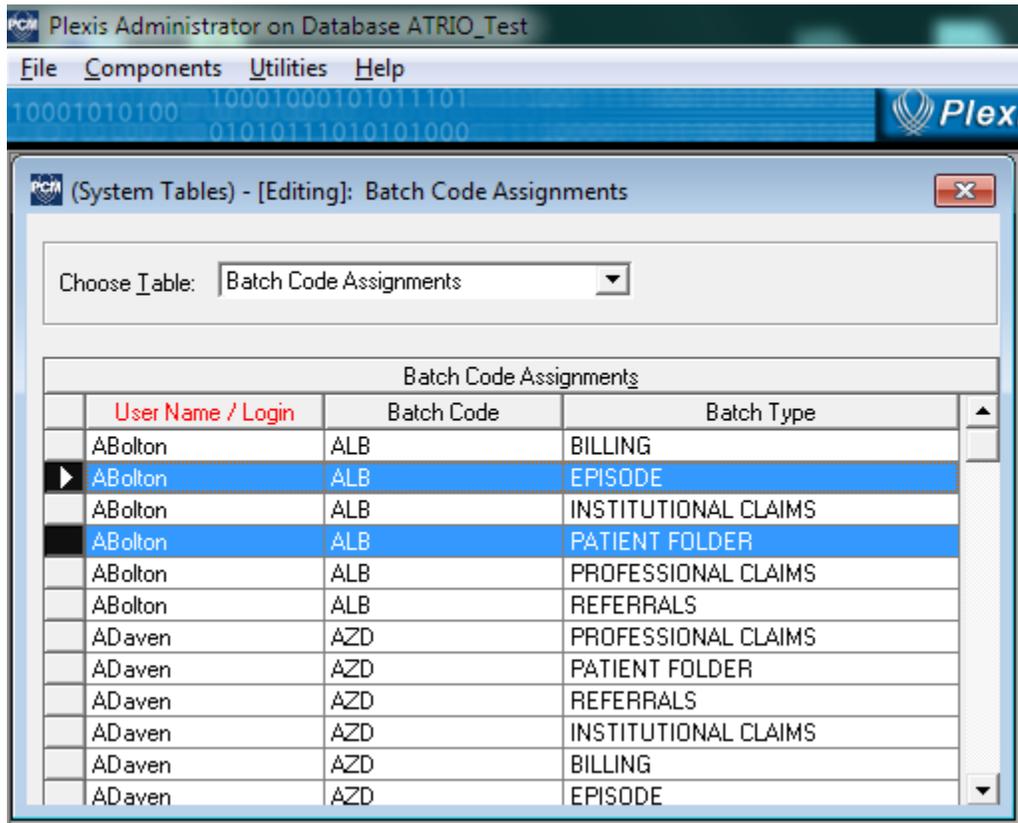
### *Case: Service Categories*

The Inpatient pricer may create or update an Episode for each Claim. A **Case: Service Category** entry needs to be defined for this to work, for example **Claims Hosp Inpatient**.



## Batch Code Assignments

Each user needs to have **EPISODE** and **PATIENT FOLDER** batch code assignments if the Create Episode option is checked.



The screenshot shows the Plexis Administrator application window titled "Plexis Administrator on Database ATRIO\_Test". The main window displays a table titled "Batch Code Assignments" with the following columns: "User Name / Login", "Batch Code", and "Batch Type". The table contains 13 rows of data. The second and third rows are highlighted in blue, indicating they are selected. The second row shows "ABolton" with "ALB" and "EPISODE". The third row shows "ABolton" with "ALB" and "PATIENT FOLDER".

	User Name / Login	Batch Code	Batch Type
	ABolton	ALB	BILLING
▶	ABolton	ALB	EPISODE
	ABolton	ALB	INSTITUTIONAL CLAIMS
▶	ABolton	ALB	PATIENT FOLDER
	ABolton	ALB	PROFESSIONAL CLAIMS
	ABolton	ALB	REFERRALS
	ADaven	AZD	PROFESSIONAL CLAIMS
	ADaven	AZD	PATIENT FOLDER
	ADaven	AZD	REFERRALS
	ADaven	AZD	INSTITUTIONAL CLAIMS
	ADaven	AZD	BILLING
	ADaven	AZD	EPISODE

## Configuration Checklist

### AMP\$ Admin

CLAIM TYPE	CONFIGURATION	NAME	VALUE(S)
All	Create Note	Note Category	AMP\$ Pricing
		Note Subject	Claim Price
		Note Owner	Claims
Inpatient	Create Episode INPT Options	Service Category	Hosp Inpatient
		DRG Prefix	MSDRG
		HMO Claim	-

### Inpatient

CLAIM TYPE	CONFIGURATION	NAME	VALUE(S)
All Inpatient	Place of Service Set Code Group	Medicare Inpatient	21, 31, 51, 61
		\$INPT: Revenue	R0100-R0179, R0206-R0219
Inpatient	Place of Service Set Provider Id Category Medical Groups	\$INPT	21
		MEDICARE	-
		\$INPT 100%	Provider(s)
LTCH	Place of Service Set Provider Id Category Medical Groups	\$LTCH	21
		MEDICARE	-
		\$LTCH 100%	Provider(s)
Psych	Place of Service Set Provider Id Category Medical Groups	\$PSY	51
		MEDICARE PSYCH	-
		\$PSY 100%	Provider(s)
Rehab	Place of Service Set Code Group	\$RHB	61
		\$RHB: Revenue	R0024
	Provider Id Category Medical Groups	MEDICARE REHAB	-
		\$RHB 100%	Provider(s)
SNF	Place of Service Set Provider Id Category Medical Groups	\$SNF	31
		MEDICARE	-
		\$SNF 100%	Provider(s)

## Outpatient

CLAIM TYPE	CONFIGURATION	NAME	VALUE(S)
All Outpatient	Place of Service Set	Medicare Outpatient	12, 22, 23, 24, 34, 65
APC (O/P, ER)	Place of Service Set	\$APC	22, 23
	Provider Id Category	NPI	-
	Medical Groups	\$APC 100%	Provider(s)
ASC	Place of Service Set	\$ASC	24
	Provider Id Category	NPI	-
	Medical Groups	\$ASC 100%	Provider(s)
ESRD	Place of Service Set	\$ESRD	65
	Provider Id Category	MEDICARE	-
	Medical Groups	\$ESRD 100%	Provider(s)
Home Health	Place of Service Set	\$HHA	12
	Provider Id Category	MEDICARE	-
	Medical Groups	\$HHA 100%	Provider(s)
Hospice	Place of Service Set	\$HSPC	34
	Provider Id Category	MEDICARE	-
	Medical Groups	\$HSPC 100%	Provider(s)

## Troubleshooting

### Blocking

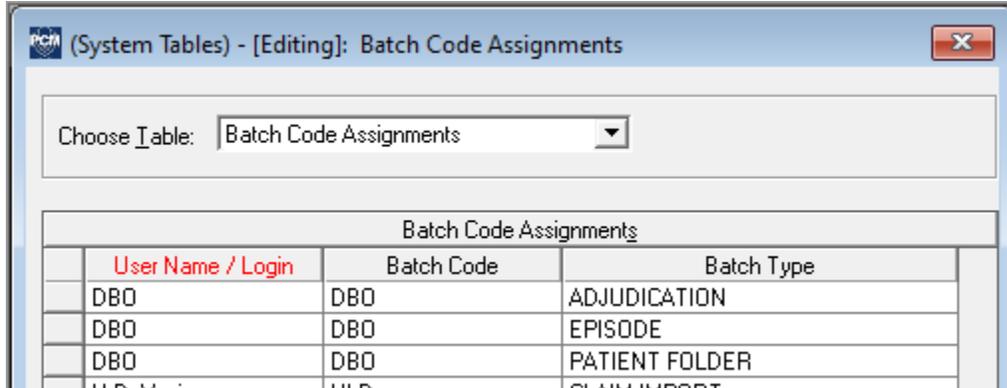
You may experience “Blocking” of other processes like PCM during adjudication. If that is a problem, you should check to see if there are an excessive number of CXPACKET waits. One way to reduce blocking is to set the Maximum Degree of Parallelism, which is unlimited by default. (This is an advanced server option.) If set to 2, for instance, at most two cores will be used for the adjudication procedure.

To set the Maximum Degree of Parallelism to 2 run the following in SSMS:

```
EXEC sp_configure 'show advanced option', '1';
GO
RECONFIGURE WITH OVERRIDE;
GO
EXEC sp_configure 'max degree of parallelism', 2;
GO
RECONFIGURE WITH OVERRIDE;
GO
```

### Episode Creation

If you have selected the Inpatient option to create Episodes, you will likely have to create a batch code for a network login used for the SQL Server Agent service (such as SQLSERVERAGENT). Or, if you set the PCM adjudication step to run as the user sa, for example, the user for batch code assignment will default to DBO.



Batch Code Assignments		
User Name / Login	Batch Code	Batch Type
DBO	DBO	ADJUDICATION
DBO	DBO	EPISODE
DBO	DBO	PATIENT FOLDER

## Appendix

The AMP\$ Installation in PCM creates the following tables and procedures:

### **Tables**

dbo.amps\_edit  
dbo.amps\_edit\_action  
dbo.amps\_edit\_type  
dbo.amps\_option

### **Procedures, Functions**

dbo.usp\_adj\_clr\_api\_apc\_price  
dbo.usp\_adj\_clr\_api\_inpt\_price

dbo.usp\_adj\_rule\_inpatient\_outpatient\_pricing  
dbo.usp\_adj\_rule\_inpatient\_outpatient\_provider\_pricing\_contracts

dbo.amps\_version  
dbo.amps\_check\_config  
dbo.fnAge  
dbo.amps\_add\_note  
dbo.amps\_add\_outpt\_pricing  
dbo.amps\_add\_outlier

dbo.amps\_inpt\_type  
dbo.amps\_inpt\_get  
dbo.amps.ltch\_get  
dbo.amps\_psy\_get  
dbo.amps\_rhb\_get  
dbo.amps\_snf\_get  
dbo.amps\_inpt\_episode

dbo.amps\_eob\_update  
dbo.amps\_claim\_udf\_update  
dbo.amps\_claim\_udf\_delete  
dbo.amps\_cp\_udf\_delete  
dbo.amps\_cp\_udf\_update

dbo.amps\_drg\_update  
dbo.amps\_drg\_claim\_udf\_update  
dbo.amps\_drg\_cp\_udf\_update  
dbo.amps\_inpt\_claim\_udf\_update  
dbo.amps\_inpt\_cp\_udf\_update

dbo.amps\_outpt\_type  
dbo.amps\_outpt\_get  
dbo.amps\_asct\_get  
dbo.amps\_esrd\_get  
dbo.amps\_hha\_get  
dbo.amps\_outpt\_update

dbo.amps\_outpt\_claim\_udf\_update  
dbo.amps\_outpt\_claim\_proc\_udf\_update

dbo.amps\_update\_edit  
dbo.amps\_apply\_edits

### ***Pricing Hooks***

AMP\$ pricing may be modified by using the PCM client map system. For example, to price certain services using a flat rate or fee schedule. Another example would be to remove some pricing component such as Home Health outlier. You may need to enable **User Defined Fields** to get at pricing components.

<b>CLAIM TYPE</b>	<b>CLIENT MAP</b>
Inpt	3301
LTCH	3302
Psy	3303
Rhb	3304
SNF	3305
HHA	3311
APC	3312
ASC	3313
ESRD	3314
Hspc	3315