



MMIS Integrated Claims Payment

Processing ODMHSAS claims using the SoonerCare Payment System-MMIS



MMIS Integrated Claims Payment

- Agenda
 - Claim Enters MMIS
 - Initial Editing of Claim
 - Processing of Claim
 - Processing Claim Against PA
 - Auditing Claim
 - Process Contract Line
 - Finalize Claim

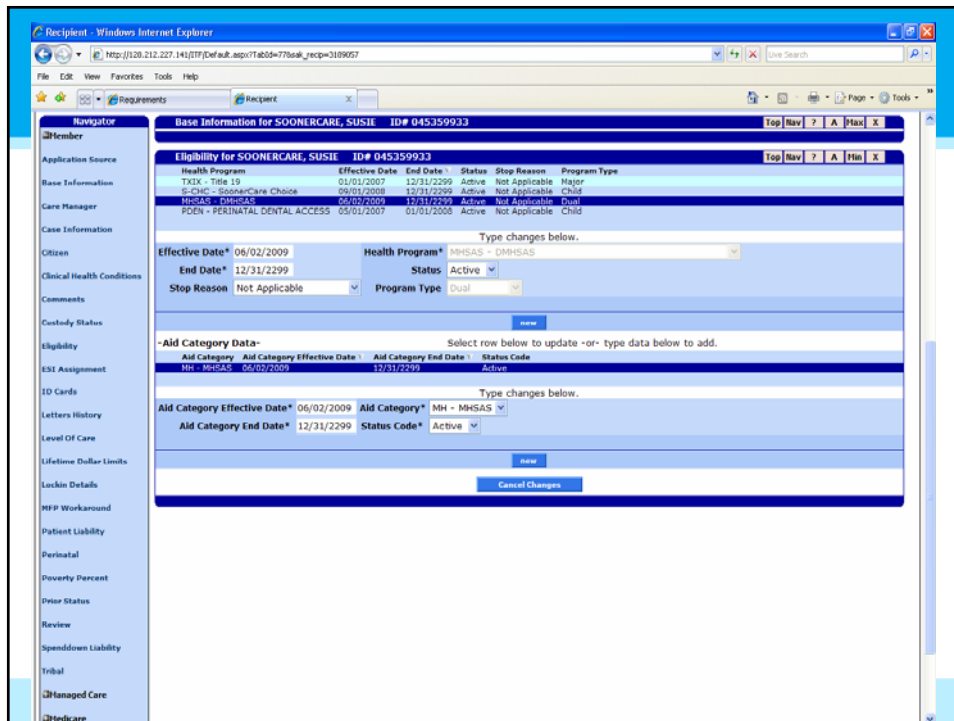
Claim Enters MMIS

Claims may enter the MMIS for processing by:

- Using claim screen on website
- EDI
- Batch

Initial Editing of Claim

- Some of the upfront editing includes:
 - Is the provider number valid
 - Is the provider number active
 - Is the client ID valid
 - Is the client currently enrolled in any program



Processing the Claim

- After the claim passes initial editing:
 - The service is sent to the reference file to check if the procedure is covered for the program the recipient is actively enrolled in.
 - The service restrictions are checked
 - The service PA requirement is checked

Procedure - Windows Internet Explorer

Http://129.212.227.141/ITFF/DefWeb.aspx?Tab05=1036&=13621

Print this Page Select Previous Search

Navigator

Procedure

Program Coverage Maintenance - Procedure: 90808 Desc: INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT

Program Code	Program Description	Age From	Age To	Mod	PA	Med Rvw	POS	Pricing Method	Rate Type	Adml Crd	Units Min	Units Max	From OK
ALIEN	Alien Emergency Services Only	4	999	N	N	N	N	RBRVS	Default	Y	0	1	Y
CCP	Crippled Children's Program	4	20	N	Y	N	N	RBRVS	Default	N	0	1	Y
CUST	Child Custody	4	20	N	N	N	N	RBRVS	Default	Y	0	1	Y
MN	Medical Assistance Medically Needy	4	999	N	N	N	N	RBRVS	Default	N	0	1	Y
MN-CAT	Medical Assistance Medically Needy Catastrophic	21	999	N	N	N	N	RBRVS	Default	N	0	1	Y
PUB	PUBLIC PROQUEST O-BRYC IP	4	65	N	N	N	N	RBRVS	Default	Y	0	1	Y
S-PLS	SoonerCare Plus	4	999	N	N	N	N	RBRVS	Default	N	0	1	Y
TXIX	Title 19	4	999	N	N	N	N	RBRVS	Default	Y	0	1	Y

Use Default Copy From Effective Date: Select Program(s) for Coverage: ESI - EMPLOYER SPONSORED INSURANCE, FP - FAMILY PLANNING, LOCMR - L.C.F./M.R. Level of Care, MN-CRS - DMH&AS Child

Public Health Program	Effective Date	End Date	Age From	Age To	Medical Review	MR Age From	MR Age To	PA Indicator	PA Age From	PA Age To	From-Thru OK	Units Covered Min	Units Covered Max	POS Editing	Modifier Editing	Pricing Method	Rate Type
MHSAS	06/01/2009	12/31/2299	0	999	No	0	999	Yes	0	999	No	0	9999	None	None	Max Fee	Default

Update the entries and then click save -or- click on new button -or- click on cancel to cancel changes.

Effective Date* 06/01/2009 End Date* 12/31/2299

Age From* 0 Age To* 999

Medical Review* No MR Age From* 0 MR Age To* 999

PA Indicator* Yes PA Age From* 0 PA Age To* 999

From-Thru OK* No Units Covered Min* 0 Units Covered Max* 9999

POS Editing* None Modifier Editing* None

Pricing Method* Max Fee Rate Type* Default

PA/POS Codes

*** No rows found ***

PA / POS Code

Processing of Claim Against PA

- If a PA requirement exists for the program and procedure the claim will look at the PA file for a PA that matches:
 - Client ID
 - Provider ID
 - PA Service Group (a group that contains many HCPCS and Modifiers) or a single Service
 - Matching DOS
 - Available dollars or units

Auditing Claim

- The claim will go to a history file that contains past claims for the client and/or provider looking for:
 - Duplicate paid claims
 - Prior units paid if the service has a limit.

Process Contract Line

- Once a service line is set for payment for a client with MHSAS program the claim checks to see what Contract Source was billed with that line. The service line then searches the providers contract for a match on:
 - Contract Source
 - Dollars available for DOS

Process Contract Line

- If available dollars for the service line are found the claim moves to financial adjudication
- If there are no available funds the line is denied and moved to a holding file. This file is processed once a month searching for available dollars.

DMH Budget - SMITH, SEAN, 5552133188					Top Nav ? A Min X
Fiscal Year	Contract Source	Hierarchy	Fund Source	Allocation Amount	
2009	01	1	Fed	12000	
2009	02	1	State	24000	
2009	02	2	Fed	0	

Click on record to maintain budget or click on button below for creating a budget.

Fiscal Year	2009				
Contract Source	DMH-01	Hierarchy	1	Allocation	12000
Fund Source	Fed				
Class Fund	Sample	Department	Sample		
CFDA Number	1	PO Reference Number	1		
Account Number	1	Operating Unit	1		
Project ID	1	Activity	Sample		
PC Business Unit	Sample				

Allocated Details					Top Nav ? A Min X
Status	Begin Month	End Month	Allocated	Claims Amount	
Active	July 1	July 31	1000	0	
Active	August 1	August 31	1000	0	
Active	September 1	September 31	1000	0	
Active	October 1	October 31	1000	0	
Active	July 1	November 31	1000	0	
Active	December 1	December 31	1000	0	
Active	January 1	January 31	1000	0	
Active	February 1	February 31	1000	0	
Active	March 1	March 31	1000	0	
Active	April 1	April 31	1000	0	
Active	May 1	May 31	1000	0	
Active	June 1	June 31	1000	0	

Finalize Claim

- Once all of the service lines on the submitted claim have been through this process the claim moves to the financial system for payment or denial.
- Check is cut
- Provider receives remittance or 835.

Things To Remember

- If a client has any Medicaid programs and the new ODMHSAS program you may bill them on the same claim. Only one check is produced.
- The Contract Source will need to come on every service line. The system will only use it if the service line will pay out of the ODMHSAS program.
- Contract Source will be sent on 837I and 837P HCP2400
 - If HCP01=10, then map the value of HCP04 (contract source)