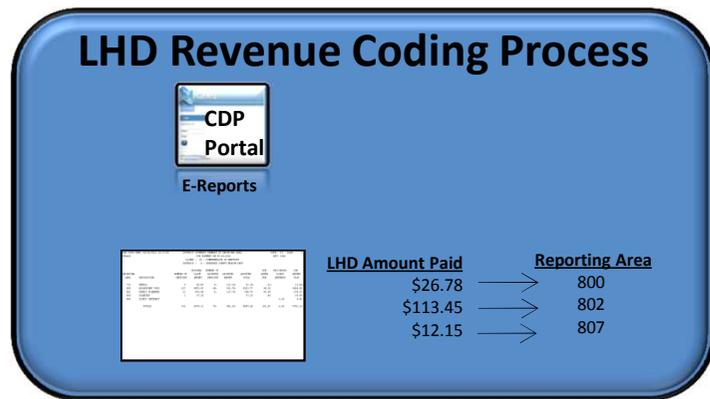
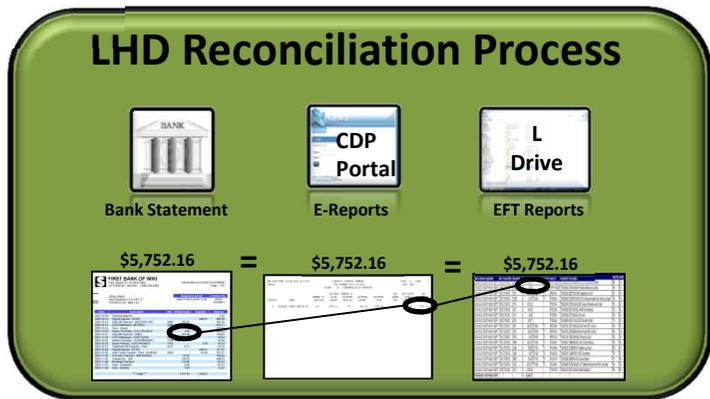
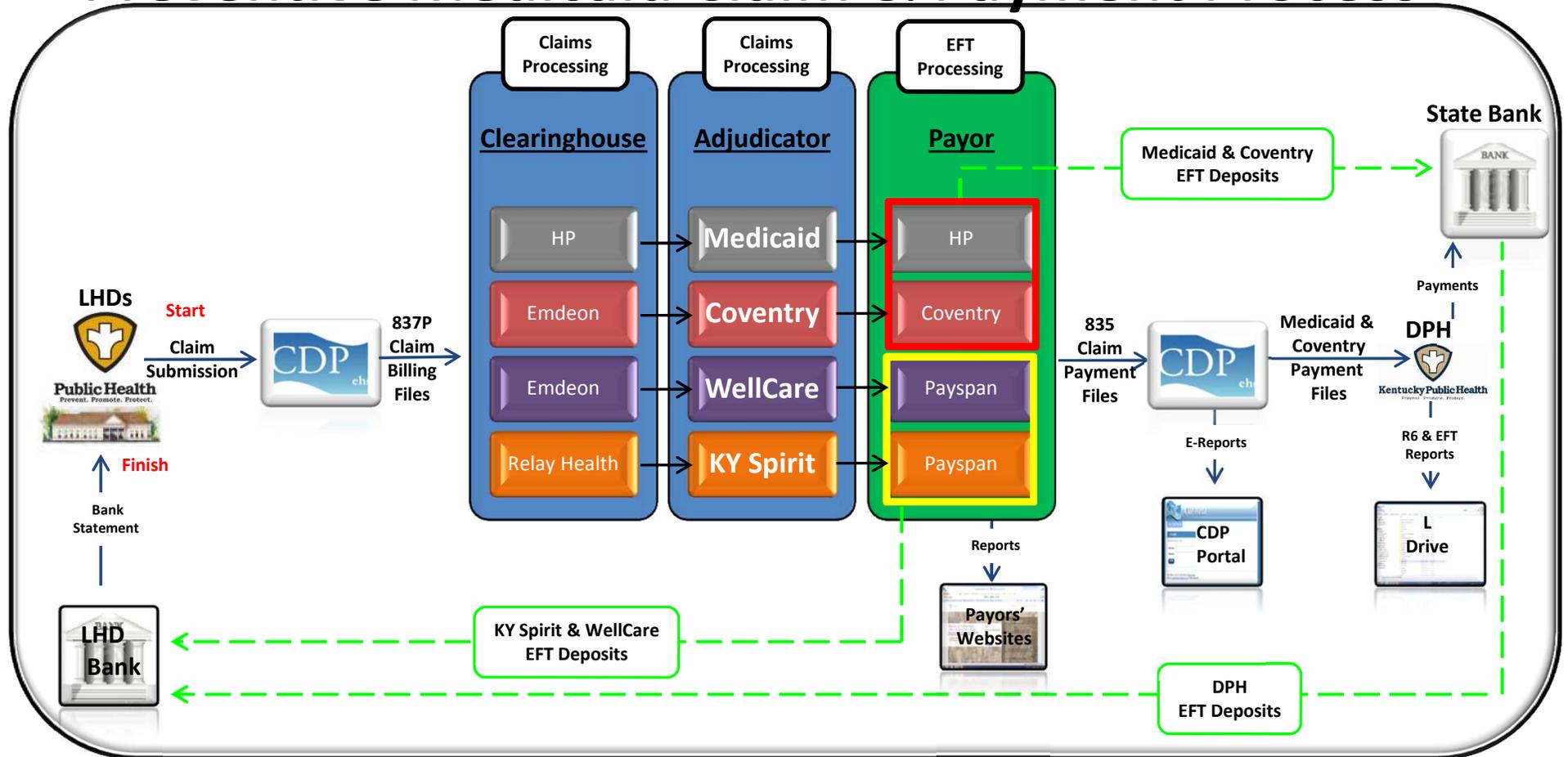


MCO Reconciliation and Coding Process

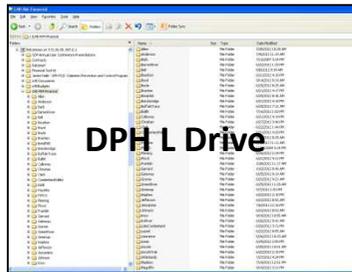
Overview

- Preventive Medicaid Claim & Payment Process (Big Picture)
- Important Server & Web site Links
- CDP Reports
- DPH Admin Fee Calculations
- DPH Admin Fee Process for WellCare & KYSpirit
- LHD Payment Determination Example
- LHD Reconciliation Process
- LHD Revenue Coding Process
- Medicaid Match Fee Process
- What to do with Paper Checks
- Ineligibility Criteria for MCO Enrollment

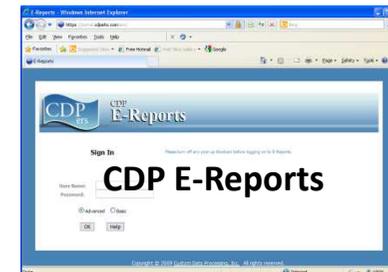
Preventive Medicaid Claim & Payment Process



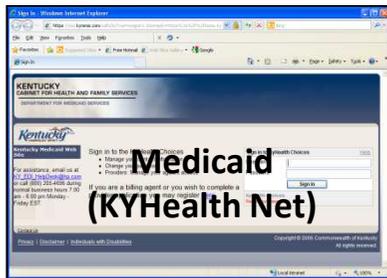
Important Server & Web Site Links



<\\172.26.55.150\lhdcommon\LHD-RM-Financial>



<https://portal.cdpehs.com/ers/>



<https://sso.kymmis.com/>



<https://www.directprovider.com/>



<http://www.kentuckyspirithealth.com/>



<https://kentucky.wellcare.com/>



<https://www.payspanhealth.com/>

CDP E-Reports

- Overview of Changes
 - MCOs began making adjustments & paying interest
 - This information was not being captured on the reports
 - CDP made programming changes to capture data
 - CDP made changes to reports to reflect new data

4 New Columns

RUN DATE:TIME: 09/05/2012 16:17:02		DISTRICT COVENTRY SUMMARY BY REPORTING AREA					SITE: 34		PAGE: 1	
PSR&60		FOR PAYMENT ON 07-10-2012					RPT: 3682			
		CLIENT - 30 - COMMONWEALTH OF KENTUCKY								
		DISTRICT - X - XXXXXXXX COUNTY HEALTH DEPT								
REPORTING AREA	DESCRIPTION	NUMBER OF SERVICES	ORIGINAL CLAIM AMOUNT	NUMBER OF ADJUSTED SERVICES	ADJUSTED AMOUNT	ADJUSTED TOTAL	DPH ADMIN FEE	895/480001 CLINIC INTEREST	LHD AMOUNT PAID	
712	DENTAL	6	90.00	4-	112.18-	22.18-	.32-		21.86-	
800	ADOLESCENT VISI	217	5875.47	68-	351.70-	5523.77	68.19		5455.58	
802	FAMILY PLANNING	12	476.49	4-	117.74-	358.75	83.60		275.15	
809	DIABETES	1	37.15			37.15	.46		36.69	
895	CLINIC INTEREST							6.60	6.60	
TOTALS		236	6479.11	76-	581.62-	5897.49	151.93	6.60	5752.16	

CDP E-Reports

- **District Summary Report (PM & Lab)**
 - 582 – Medicaid
 - 3782 – KYSpirit
 - 3682 – Coventry
 - 3882 – WellCare

RUN DATE:TIME: 09/05/2012 16:17:02		DISTRICT COVENTRY SUMMARY BY REPORTING AREA					SITE: 34		PAGE: 1	
PSRA60		FOR PAYMENT ON 07-10-2012					RPT: 3682			
		CLIENT - 30 - COMMONWEALTH OF KENTUCKY								
		DISTRICT - X - XXXXXXXX COUNTY HEALTH DEPT								
REPORTING AREA	DESCRIPTION	NUMBER OF SERVICES	ORIGINAL CLAIM AMOUNT	NUMBER OF ADJUSTED SERVICES	ADJUSTED AMOUNT	ADJUSTED TOTAL	DPH ADMIN FEE	895/480001 CLINIC INTEREST	LHD AMOUNT PAID	
712	DENTAL	6	90.00	4-	112.18-	22.18-	.32-		21.86-	
800	ADOLESCENT VISI	217	5875.47	68-	351.70-	5523.77	68.19		5455.58	
802	FAMILY PLANNING	12	476.49	4-	117.74-	358.75	83.60		275.15	
809	DIABETES	1	37.15			37.15	.46		36.69	
895	CLINIC INTEREST							6.60	6.60	
	TOTALS	236	6479.11	76-	581.62-	5897.49	151.93	6.60	5752.16	

- Used for reconciling and coding revenue
- Reflects services for Preventive Medicaid & lab

CDP E-Reports

- **District (Lead) Summary Report**
 - 2582 – Medicaid
 - 3684 – Coventry
 - 3784 – KYSpirit
 - 3884 – WellCare

RUN DATE:TIME: 09/12/2012 19:39:50		DISTRICT COVENTRY(LEAD)SUMMARY BY RPT AREA					SITE:	PAGE:	1
PSRA60		FOR PAYMENT ON 07-10-2012					RPT: 3684		
		CLIENT - 30 - COMMONWEALTH OF KENTUCKY							
		DISTRICT - COUNTY HEALTH DEPT							
REPORTING AREA	DESCRIPTION	NUMBER OF SERVICES	ORIGINAL CLAIM AMOUNT	NUMBER OF ADJUSTED SERVICES	ADJUSTED AMOUNT	ADJUSTED TOTAL	DPH ADMIN FEE	895/480001 CLINIC INTEREST	LHD AMOUNT PAID
815	LEAD	3	52.02			52.02	41.61		10.41
	TOTALS	3	52.02			52.02	41.61		10.41

- Used for reconciling and coding revenue
- Reflects services for Lead only

NOTE: LHDs should code revenue to cost center 811 (Lead). If LHDs do not utilize cost center 811 (Lead), they should code this payment to cost center 800 (Pediatrics).

CDP E-Reports

- **District Summary by Reporting Area (FYTD) Report**
 - 795 – Medicaid
 - 3695 – Coventry
 - 3795 – KYSpirit
 - 3895 – WellCare

RUN DATE:TIME: 09/12/2012 19:40:10		DISTRICT COVENTRY SUMMARY BY REPORTIING AREA					SITE: 34 PAGE: 1		
PSRA60		FROM 07-01-2012 THRU 07-10-2012					RPT: 3695		
		CLIENT - 30 - COMMONWEALTH OF KENTUCKY							
		DISTRICT - X - XXXXXXXX COUNTY HEALTH DEPT							
----- Y E A R T O D A T E -----									
REPORTING AREA	DESCRIPTION	NUMBER OF SERVICES	ORIGINAL CLAIM AMOUNT	NUMBER OF ADJUSTED SERVICES	ADJUSTED AMOUNT	ADJUSTED TOTAL	DPH ADMIN FEE	895/480001 CLINIC INTEREST	LHD AMOUNT PAID
712	DENTAL	34	510.00			510.00	6.12		503.88
800	ADOLESCENT VISI	266	7380.99	70-	470.17-	6910.82	99.03		6811.79
802	FAMILY PLANNING	15	669.00	6-	111.45-	557.55	165.24		392.31
803	MATERNITY	2	96.14			96.14	1.19		94.95
809	DIABETES	1	37.15			37.15	.46		36.69
815	LEAD	4	69.36			69.36	55.48		13.88
895	CLINIC INTEREST							7.23	7.23
	TOTALS	322	8762.64	76-	581.62-	8181.02	327.52	7.23	7860.73

- **Used for reconciling FYTD payments**
- **Reflects services for PM, Lab, & Lead**

CDP E-Reports

- **MCO # Claims Adjustment Report**
 - 583 – Medicaid (#2)
 - 583 – KYSpirit (#7)
 - 583 – Coventry (#6)
 - 583 – WellCare (#8)

INVOICE NUMBER		PAT ID		PAT NAME		DATE OF SERVICE	ORIGINAL CLAIM AMOUNT	AMOUNT NOT PAID	AMOUNT FROM OTHER SRCS	ADJUSTED AMOUNT	EOB	ICN
SRV DT	SERVICE	PLC	SRV	EMP #	QTY							
21825232					03-15-2012		40.40-					350601800000000000
03-15-2012	90471		11		10		22.00-			22.00-		
03-15-2012	90716		11		10		18.40-	18.40-		.00	125	
TOTAL -							40.40-	18.40-		22.00-		
PROVIDER TOTAL -							40.40-	18.40-		22.00-		
TOTAL CLAIMS ADJUSTED -								1				
TOTAL SERVICES ADJUSTED -								20				

- Used for adjustment reconciliation (determining which claims were included in the adjustment)

CDP E-Reports

- **Claims Paid Report**

- 432 – Medicaid

- 437 – KYSpirit

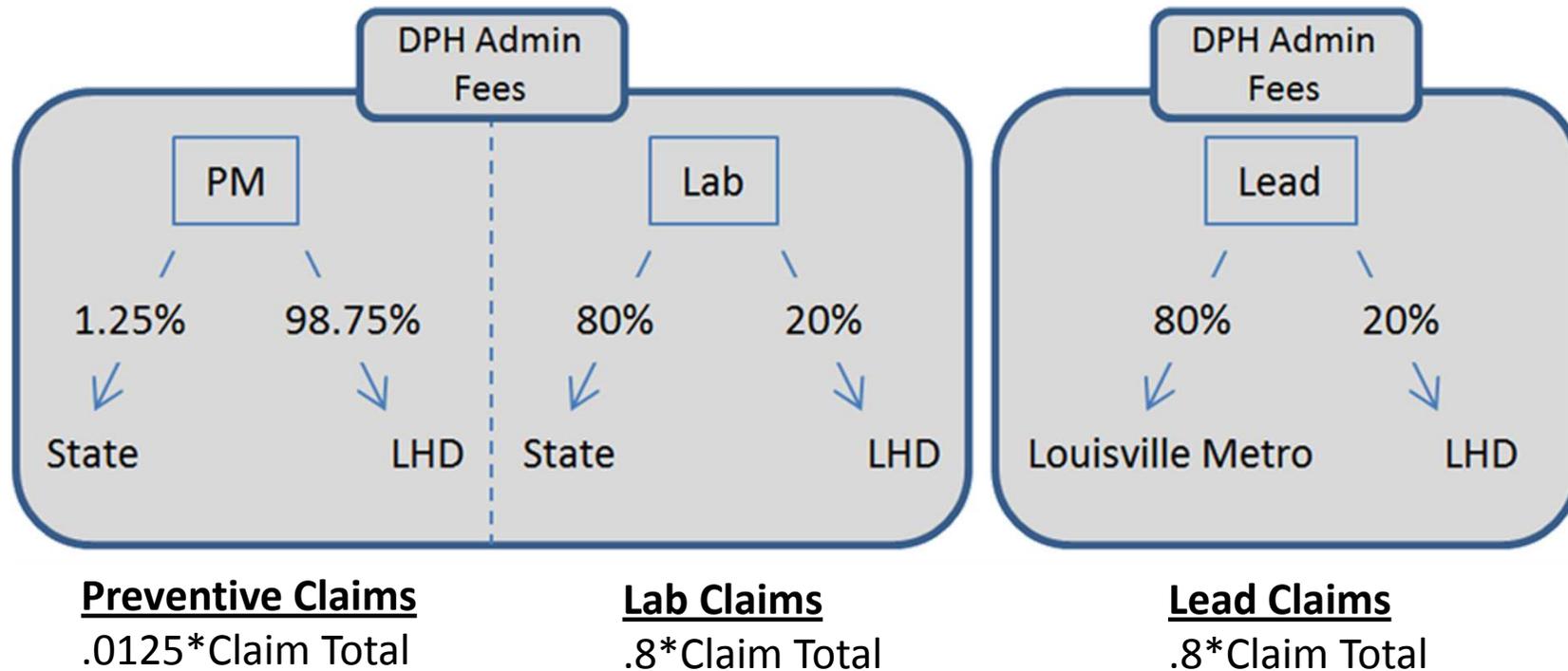
- 436 – Coventry

- 438 – WellCare

RUN DATE:TIME: 09/12/2012 19:36:53		MCO 6 - COVENTRY CLAIMS PAID ON		07-10-2012		SITE: XXX		PAGE: 1	
PSRA60		CLIENT - 30 - COMMONWEALTH OF KENTUCKY				RPT: 436			
		PROVIDER # - XXXXXXXXXXXX - COUNTY - XXXXXXXXXXXX		CO HEALTH DEPT					
INVOICE NUMBER	PAT ID	PAT NAME	DATE OF SERVICE	AMOUNT BILLED	AMOUNT NOT PAID	AMOUNT FROM OTHER SRCS	AMOUNT PAID	EOB	ICN
SRV DT	SERVICE	PLC SRV	EMP #	QTY					
21866536	XXXXXXXXXX	XXXXXXXXXX M	03-30-2012	84.27			84.27		323958100000000000
03-30-2012	99212	11	1	37.15			37.15		
03-30-2012	J1055	11	1	47.12			47.12		

- **Used for adjustment reconciliation (determining which claims were paid)**

DPH Admin Fee Calculation



NOTE: DPH Admin Fee calculations do not always equal 1.25% or 80% because of rounding down or small payment amounts . However in those instances, the DPH Admin Fee will based on a lesser percentage.

DPH Admin Fee Calculation

582/3682/3782/3882 – District Summary Report (PM & Lab)

RUN DATE:TIME: 09/12/2012 19:39:50		DISTRICT COVENTRY SUMMARY BY SERVICE						SITE: XXX PAGE: 1			
PSRA60		FOR PAYMENT ON 07-10-2012						RPT: 3682			
CLIENT - 30 - COMMONWEALTH OF KENTUCKY											
DISTRICT - X - XXXXXXXXX COUNTY HEALTH DEPT											
SERVICE CODE	DESCRIPTION	REPORTING AREA	NUMBER OF SERVICES	ORIGINAL CLAIM AMOUNT	NUMBER OF ADJUSTED SERVICES	ADJUSTED AMOUNT	ADJUSTED TOTAL	DPH ADMIN FEE	895/480001 CLINIC INTEREST	LHD AMOUNT PAID	Admin Fee/Adj Total Percentage
A4217		800			1-	1.78-	1.78-	.02-		1.76	.0112
A6216		800			20-	60.00-	60.00-	.75-		59.25	.0125
A6402		800			10-	1.57-	1.57-	.01-		1.56	.006
A6446		800			28-	19.40-	19.40-	.22-		19.18	.0113
D1206 30	FLUORIDE VARN	712	6	90.00			90.00	1.08		88.92	.012
G0154		800			3-	157.50-	157.50-	1.95-		155.55	.0123
INTPY	INTEREST PYMT	895							7.23	7.23	
J1055 30	DEPO INJECT	802	4	188.48	3-		188.48	2.32		186.16	.0123
W9211 30	BRIEF E/M ESTB	800	81	1460.43			1460.43	17.82		1442.61	.0122
W9212 30	LIMIT E/M ESTB	800	108	3454.95			3454.95	42.78		3412.17	.0123
W9212 30	LIMIT E/M ESTB	802	5	185.75	3-	111.45-	74.30	.92		73.38	.0123
W9212 30	LIMIT E/M ESTB	809	1	37.15			37.15	.46		36.69	.0123
W9213 30	EXPN E/M ESTB	800	4	248.12			248.12	3.08		245.04	.0124
W9382	PR IN E/M 1-4	800	1	95.94			95.94	1.19		94.75	.0124
W9382 30	PR IN E/M 1-4	800	1	95.94			95.94	1.19		94.75	.0124
W9384 30	PR IN E/M12-17	800	1	104.23	1-	104.23-					
W9391 30	PR PER E/M <1	800	1	75.38	1-	75.38-					
W9392 30	PR PER E/M 1-4	800	1	84.04			84.04	1.05		82.99	.0124
81025 30	PREG URINE	802	1	1.72			1.72	.02		1.70	.0116
83655 50	LEAD TEST	800	1	17.34			17.34	13.87		3.47	.7998
85018	HGB	800	1	3.05			3.05	.03		3.02	.0098
85018 30	HGB	800	3	9.15	1-	3.05-	6.10	.06		6.04	.0098
87491 50	CHLAMYDIA TRAC	802	1	50.27			50.27	40.21		10.06	.7998
87591 50	GC	802	1	50.27			50.27	40.21		10.06	.7998
90647 30	Hib,PRP-OMP 3D	800	1	18.40			18.40	.23		18.17	.0125
90648	Hib,PRP-T 4 DO	800	1	18.40			18.40	.23		18.17	.0125
90670 30	PCV-13	800	2	36.80	1-	18.40-	18.40	.23		18.17	.0125
90680 30	ROTAVIRUS VACC	800	1	18.40			18.40	.23		18.17	.0125
90698 30		800	2	36.80	1-	18.40-	18.40	.23		18.17	.0125
90700	DTaP	800	1	18.40			18.40	.23		18.17	.0125
90700 30	DTaP	800	1	18.40			18.40	.23		18.17	.0125
90707	HMR	800	1	18.40			18.40	.23		18.17	.0125
90744 30	HEP B PED/ADOL	800	2	36.80	1-		36.80	.46		36.34	.0125
92551 30	SCRN AUDIOMETR	800	2	20.92	1-	10.46-	10.46	.13		10.33	.0124
99173 30	SCR TST VISUAL	800	1	2.52	1-		2.52	.03		2.49	.0119
TOTALS			237	6496.45	76-	581.62-	5914.83	165.80	7.23	5756.26	.028

NOTE: DPH Admin Fee calculations do not always equal 1.25% or 80% because of rounding down or small payment amounts . However in those instances, the DPH Admin Fee will based on a lesser percentage.

DPH Admin Fee Coding Process for WellCare & KYSpirit

3782/3882 – District Summary Report (PM & Lab)

RUN DATE:TIME: 09/05/2012 16:17:02		DISTRICT COVENTRY SUMMARY BY REPORTING AREA					SITE: 34	PAGE: 1	
PSRA60		FOR PAYMENT ON 07-10-2012					RPT: 3882		
		CLIENT - 30 - COMMONWEALTH OF KENTUCKY							
		DISTRICT - X - XXXXXXXX COUNTY HEALTH DEPT							
REPORTING AREA	DESCRIPTION	NUMBER OF SERVICES	ORIGINAL CLAIM AMOUNT	NUMBER OF ADJUSTED SERVICES	ADJUSTED AMOUNT	ADJUSTED TOTAL	DPH ADMIN FEE	895/480001 CLINIC INTEREST	LHD AMOUNT PAID
712	DENTAL	6	90.00	4-	112.18-	22.18-	.32-		21.86-
800	ADOLESCENT VISI	217	5875.47	68-	351.70-	5523.77	68.19		5455.58
802	FAMILY PLANNING	12	476.49	4-	117.74-	358.75	83.60		275.15
809	DIABETES	1	37.15			37.15	.46		36.69
895	CLINIC INTEREST							6.60	6.60
	TOTALS	236	6479.11	76-	581.62-	5897.49	151.93	6.60	5752.16

- **DPH Admin Fee**
 - WellCare & KYSpirit are paying LHDs directly, DPH Admin Fees will be billed for at the same time as Medicaid Match
 - Treat DPH Admin Fees as an Account Payable on the balance sheet
 - Code \$151.93 to one of the appropriate GL accounts:
 - KYSpirit – 140701
 - WellCare – 140801

LHD Payment Determination

582/3682/3782/3882 – District Summary Report (PM & Lab)

REPORTING AREA	DESCRIPTION	NUMBER OF SERVICES	ORIGINAL CLAIM AMOUNT	NUMBER OF ADJUSTED SERVICES	ADJUSTED AMOUNT	ADJUSTED TOTAL	DPH ADMIN FEE	895/480001 CLINIC INTEREST	LHD AMOUNT PAID
712	DENTAL	6	90.00	4-	112.18-	22.18-	.32-		21.86-
800	ADOLESCENT VISI	217	5875.47	68-	351.70-	5523.77	68.19		5455.58
802	FAMILY PLANNING	12	476.49	4-	117.74-	358.75	83.60		275.15
809	DIABETES	1	37.15			37.15	.46		36.69
895	CLINIC INTEREST							6.60	6.60
TOTALS		236	6479.11	76-	581.62-	5897.49	151.93	6.60	5752.16

ORIGINAL CLAIM AMOUNT - ADJUSTED AMOUNT - DPH ADMIN FEE + CLINIC INTEREST = LHD AMOUNT PAID
 6479.11 - 581.62 - 151.93 + 6.60 = 5752.16

NOTE: DPH ADMIN FEE is a combination of 1.25% of ADJUSTED TOTAL for Preventive Medicaid claims and 80% of Lab claims

2582/3684/3784/3884 – District (Lead) Summary Report

REPORTING AREA	DESCRIPTION	NUMBER OF SERVICES	ORIGINAL CLAIM AMOUNT	NUMBER OF ADJUSTED SERVICES	ADJUSTED AMOUNT	ADJUSTED TOTAL	DPH ADMIN FEE	895/480001 CLINIC INTEREST	LHD AMOUNT PAID
815	LEAD	3	52.02			52.02	41.61		10.41
TOTALS		3	52.02			52.02	41.61		10.41

ORIGINAL CLAIM AMOUNT - ADJUSTED AMOUNT - DPH ADMIN FEE + CLINIC INTEREST = LHD AMOUNT PAID
 52.02 - 0 - 41.61 + 0 = 10.41

NOTE: DPH ADMIN FEE equals 80% of ADJUSTED TOTAL (41.61 = 52.02*.8)

LHD Reconciliation Process

Bank Statement

FIRST BANK OF KY ACCOUNT STATEMENT
Page : 1 of 1

XXXXXX Health Department
1234 Main St
Springfield KY 45556

Statement period: 07-15-2012 to 08-14-2012
Account No.: 00005-123-456-7

Date	Description	Ref.	Withdrawals	Deposits	Balance
07-15-2012	Balance				\$15,692.15
07-17-2012	EFT Transfer - Treasury			\$5,762.57	\$21454.72
07-18-2012	Payroll		\$5,239.14		\$16215.58
07-18-2012	Bluegrass Energy		\$312.15		\$15,903.43



LHD AMOUNT PAID

21.86-
5455.58
275.15
36.69
6.60

5752.16

582/3682/3782/3882 – District Summary Report (PM & Lab)

RUN DATE: TIME: 09/05/2012 16:17:02
PSRA60

DISTRICT COVENTRY SUMMARY BY REPORTING AREA
FOR PAYMENT ON 07-10-2012
CLIENT - 30 - COMMONWEALTH OF KENTUCKY
DISTRICT - X - XXXXXXXX COUNTY HEALTH DEPT

REPORTING AREA	DESCRIPTION	NUMBER OF SERVICES	ORIGINAL CLAIM AMOUNT	NUMBER OF ADJUSTED SERVICES	ADJUSTED AMOUNT	ADJUSTED TOTAL	DPH ADMIN FEE	895/480001 CLINIC INTEREST	LHD AMOUNT PAID
712	DENTAL	6	90.00	4-	112.18-	22.18-	.32-		21.86-
800	ADOLESCENT VISI	217	5875.47	68-	351.70-	5523.77	66.19		5455.58
802	FAMILY PLANNING	12	476.49	4-	117.74-	358.75	83.60		275.15
809	DIABETES	1	37.15			37.15	.46		36.69
895	CLINIC INTEREST						6.60		6.60
TOTALS		236	6479.11	76-	581.62-	5897.49	151.93	6.60	5752.16



2582/3684/3784/3884 – District (Lead) Summary Report

RUN DATE: TIME: 09/12/2012 19:09:00
PSRA60

DISTRICT COVENTRY (LEAD) SUMMARY BY RPT AREA
FOR PAYMENT ON 07-10-2012
CLIENT - 30 - COMMONWEALTH OF KENTUCKY
DISTRICT - X - XXXXXXXX COUNTY HEALTH DEPT

REPORTING AREA	DESCRIPTION	NUMBER OF SERVICES	ORIGINAL CLAIM AMOUNT	NUMBER OF ADJUSTED SERVICES	ADJUSTED AMOUNT	ADJUSTED TOTAL	DPH ADMIN FEE	895/480001 CLINIC INTEREST	LHD AMOUNT PAID
815	LEAD	3	52.02			52.02	41.61		10.41
TOTALS		3	52.02			52.02	41.61		10.41

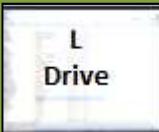
LHD AMOUNT PAID

10.41

10.41

EFT Report

Vendor Customer Legal Name	Fund	Record Date	Sub-function	Paid Amount	Program Code	Prog Per	Invoice #	Document ID	Description
XXXXXXXXX COUNTY HEALTH DEPT	138H	7/17/2012	SAPC	\$ 5,752.16			PPHP314026	1300028644	SAPC/895/463 Preventive Medicaid (Coventry)
XXXXXXXXX COUNTY HEALTH DEPT	138H	7/17/2012	SAPC	10.41			PPHP314A026	1300028644	SAPC/895/463 Preventive Medicaid (Coventry)
XXXXXXXXX COUNTY HEALTH DEPT	1200	7/18/2012	SDP1	\$ 3,829.97	021400	12	PBIO304A	1300035838	SDP1/821/438 Preparedness Coord



NOTE: The EFT Deposit on the Bank Statement should reconcile with the E-Reports from the CDP Portal and the EFT Report from the L Drive.

LHD Reconciliation Process (Journal Entry for Medicaid/Coventry)

Journal Entry

	<u>Debit</u>	<u>Credit</u>
104000	5,762.57	
712463XXX	21.86	
800463XXX		5,455.58
802463XXX		275.15
809463XXX		36.69
895480001		6.60
800/811463XXX		10.41
	<hr/> 5,784.43	<hr/> 5,784.43

LHD Reconciliation Process (Journal Entry for WellCare/KYSpirit)

Journal Entry

	<u>Debit</u>	<u>Credit</u>
104000	5,956.11	
712463XXX	21.86	
800463XXX		5,455.58
802463XXX		275.15
809463XXX		36.69
895480001		6.60
800/811463XXX		10.41
<u>140701/801</u>		<u>193.54</u>
	5,977.97	5,977.97

LHD Reconciliation Process (Negative Payment)

582/3682/3782/3882 – District Summary Report (PM & Lab)

REPORTING AREA	DESCRIPTION	NUMBER OF SERVICES	ORIGINAL CLAIM AMOUNT	NUMBER OF ADJUSTED SERVICES	ADJUSTED AMOUNT	ADJUSTED TOTAL	DPH ADMIN FEE	895/480001 CLINIC INTEREST	LHD AMOUNT PAID
712	DENTAL	6	90.00	4-	112.18-	22.18-	.32-		21.86-
800	ADOLESCENT VISI	217	5875.47	68-	351.70-	5523.77	68.19		5455.58
802	FAMILY PLANNING	12	476.49	4-	117.74-	358.75	83.60		275.15
809	DIABETES	1	37.15			37.15	.46		36.69
895	CLINIC INTEREST							6.60	6.60
TOTALS		236	6479.11	76-	581.62-	5897.49	151.93	6.60	5752.16

LHD AMOUNT PAID
5752.16

7/10/12 Pay Date
Positive Amount

2582/3684/3784/3884 – District (Lead) Summary Report

REPORTING AREA	DESCRIPTION	NUMBER OF SERVICES	ORIGINAL CLAIM AMOUNT	NUMBER OF ADJUSTED SERVICES	ADJUSTED AMOUNT	ADJUSTED TOTAL	DPH ADMIN FEE	895/480001 CLINIC INTEREST	LHD AMOUNT PAID
815	LEAD	3	52.02			52.02	41.61		10.41
TOTALS		3	52.02			52.02	41.61		10.41

LHD AMOUNT PAID
10.41

582/3682/3782/3882 – District Summary Report (PM & Lab)

REPORTING AREA	DESCRIPTION	NUMBER OF SERVICES	ORIGINAL CLAIM AMOUNT	NUMBER OF ADJUSTED SERVICES	ADJUSTED AMOUNT	ADJUSTED TOTAL	DPH ADMIN FEE	895/480001 CLINIC INTEREST	LHD AMOUNT PAID
712	DENTAL	6	82.96	12-	282.96-	200.00-	2.50-		200.00-
TOTALS		6	82.96	12-	282.96-	200.00-	2.50-		200.00-

LHD AMOUNT PAID
200.00-

7/12/12 Pay Date
Negative Amount

Amount Deposited = \$5,752.16 + \$10.41 - \$200.00 = **\$5,562.57**

Vendor Customer Legal Name	Fund	Record Date	Sub-function	Pstng Amount	Program Code	Prog Per	Invoice #	Document ID	Description
XXXXXXXXX COUNTY HEALTH DEPT	138H	7/17/2012	SAPC	\$ 5,552.16			PPHP314026	1300028644	SAPC/895/463 Preventive Medicaid (Coventry)
XXXXXXXXX COUNTY HEALTH DEPT	138H	7/17/2012	SAPC	\$ 10.41			PPHP314A026	1300028644	SAPC/895/463 Preventive Medicaid (Coventry)
XXXXXXXXX COUNTY HEALTH DEPT	1200	7/18/2012	SDP1	\$ 3,829.97	021400	12	PBIO304A	1300035838	SDP1/821/438 Preparedness Coord

LHD Reconciliation Process (Medicaid/Coventry Journal Entry)

Journal Entry

	<u>Debit</u>	<u>Credit</u>
104000	5,562.57	
712463XXX	21.86	
800463XXX		5,455.58
802463XXX		275.15
809463XXX		36.69
895480XXX		6.60
800/811463001		10.41
712463XXX	200.00	
	<hr/>	<hr/>
	5,784.43	5,784.43

LHD Reconciliation Process (WellCare/KYSpirit Journal Entry)

Journal Entry

	<u>Debit</u>	<u>Credit</u>
104000	5,756.11	
712463XXX	21.86	
800463XXX		5,455.58
802463XXX		275.15
809463XXX		36.69
895480XXX		6.60
800/811463001		10.41
712463XXX	200.00	
<u>140701/801</u>		<u>193.54</u>
	5,977.97	5,977.97

Adjustment Reconciliation

582/3682/3782/3882 District Summary Report (PM & Lab)

583

MCO # Claims Adjustment Report

REPORTING AREA	DESCRIPTION	NUMBER OF SERVICES	ORIGINAL CLAIM AMOUNT	NUMBER OF ADJUSTED SERVICES	ADJUSTED AMOUNT	ADJUSTED TOTAL	DPH ADMIN FEE	895/480001 CLINIC INTEREST	LHD AMOUNT PAID
712	DENTAL	6	90.00	4-	112.18-	22.18-	.32-	21.86-	
800	ADOLESCENT VISI	217	5875.47	68-	351.70-	5523.77	68.19	5455.58	
802	FAMILY PLANNING	12	476.49	4-	117.74-	358.75	83.60	275.15	
809	DIABETES	1	37.15	4-	117.74-	37.15	.46	36.69	
895	CLINIC INTEREST						6.60	6.60	
TOTALS		236	6479.11	76-	561.62-	5897.49	151.93	5752.16	

INVOICE NUMBER	PAT ID	PAT NAME	DATE OF SERVICE	ORIGINAL CLAIM AMOUNT	AMOUNT NOT PAID	AMOUNT FROM OTHER SRCS	ADJUSTED AMOUNT
2186536	XXXXXXXXXX	XXXXXXXXXX M	03-30-2012	84.27-			
03-30-2012	99212	11	1	37.15-			37.15-
03-30-2012	J1055	11	1	47.12-	47.12-		.00
TOTAL -				84.27-	47.12-		37.15-
21804122	XXXXXXXXXX	XXXXXXXXXX D	03-09-2012	84.27-			
03-09-2012	99212	11	1	37.15-			37.15-
03-09-2012	J1055	11	1	47.12-	47.12-		.00
TOTAL -				84.27-	47.12-		37.15-
21804123	XXXXXXXXXX	XXXXXXXXXX H	03-08-2012	120.26-			
03-08-2012	99384	11	1	104.23-			104.23-
03-08-2012	92551	11	1	10.46-			10.46-
03-08-2012	99173	11	1	2.52-	2.52-		.00
03-08-2012	85018	11	1	3.05-			3.05-
TOTAL -				120.26-	2.52-		117.74-
41210120	XXXXXXXXXX	XXXXXXXXXX M	12-27-2011	531.44-			
12-27-2011	G0154	33	1	150.00-	97.50-		52.50-
12-27-2011	A6402	33	10	4.50-	2.93-		1.57-
12-27-2011	A6446	33	10	19.80-	12.87-		6.93-
12-27-2011	G0154	33	1	150.00-	97.50-		52.50-
12-27-2011	A6216	33	20	10.00-	50.00-		60.00-
12-27-2011	A6446	33	8	15.84-	10.30-		5.54-
12-27-2011	A4217	33	1	11.50-	9.72-		1.78-
12-27-2011	G0154	33	1	150.00-	97.50-		52.50-
12-27-2011	A6446	33	10	19.80-	12.87-		6.93-
TOTAL -				531.44-	291.19-		240.25-
2186542	XXXXXXXXXX	XXXXXXXXXX D	03-26-2012	84.27-			
03-26-2012	99212	11	1	37.15-			37.15-
03-26-2012	J1055	11	1	47.12-	47.12-		.00
TOTAL -				84.27-	47.12-		37.15-
21804129	XXXXXXXXXX	XXXXXXXXXX A	03-06-2012	130.58-			
03-06-2012	99391	11	1	75.38-			75.38-
03-06-2012	90698	11	1	18.40-			18.40-
03-06-2012	90744	11	1	18.40-	18.40-		.00
03-06-2012	90670	11	1	18.40-			18.40-
TOTAL -				130.58-	18.40-		112.18-
PROVIDER TOTAL -				1035.09-	453.47-		581.62-
TOTAL CLAIMS ADJUSTED -							6
TOTAL SERVICES ADJUSTED -							76

- Original Claim Amount – The amount of the original claim
- Amount Not Paid – The amount of the original claim that was not paid
- Adjusted Amount – The amount of the original claim that was paid (Recoupment) – Amount is removed from patient A/R

LHD Revenue Coding Process

582/3682/3782/3882 – District Summary Report (PM & Lab)

REPORTING AREA	DESCRIPTION	NUMBER OF SERVICES	ORIGINAL CLAIM AMOUNT	NUMBER OF ADJUSTED SERVICES	ADJUSTED AMOUNT	ADJUSTED TOTAL	DPH ADMIN FEE	895/480001 CLINIC INTEREST	LHD AMOUNT PAID
712	DENTAL	6	90.00	4-	112.18-	22.18-	.32-		21.86-
800	ADOLESCENT VISI	217	5875.47	68-	351.70-	5523.77	68.19		5455.58
802	FAMILY PLANNING	12	476.49	4-	117.74-	358.75	83.60		275.15
809	DIABETES	1	37.15			37.15	.46		36.69
895	CLINIC INTEREST							6.60	6.60
	TOTALS	236	6479.11	76-	581.62-	5897.49	151.93	6.60	5752.16

- Use this report to code the correct amount of the payment to each of the appropriate Reporting Areas (Cost Centers)
- Code both Positive and Negative Amounts – enter negative amounts as a debit and a positive amount as a credit

<u>Reporting Area</u>	<u>LHD Amount Paid</u>	
712	→ (\$21.86)	} Total \$5752.16
800	→ \$5455.58	
802	→ \$275.15	
809	→ \$36.69	
895	→ \$6.60	

LHD Revenue Coding Process

2582/3684/3784/3884 – District (Lead) Summary Report

RUN DATE: TIME: 09/12/2012 19:39:50 PSRA60		DISTRICT COVENTRY (LEAD) SUMMARY BY RPT AREA FOR PAYMENT ON 07-10-2012					SITE: RPT: 3684	PAGE: 1	
		CLIENT - 30 - COMMONWEALTH OF KENTUCKY DISTRICT - COUNTY HEALTH DEPT							
REPORTING AREA	DESCRIPTION	NUMBER OF SERVICES	ORIGINAL CLAIM AMOUNT	NUMBER OF ADJUSTED SERVICES	ADJUSTED AMOUNT	ADJUSTED TOTAL	DPH ADMIN FEE	895/480001 CLINIC INTEREST	LHD AMOUNT PAID
815	LEAD	3	52.02			52.02	41.61		10.41
	TOTALS	3	52.02			52.02	41.61		10.41

- Use this report to code the lead amount to the appropriate Reporting Area (Cost Center).

Reporting Area
 800 or 811 → LHD Amount Paid
 \$10.41

NOTE: LHDs should code revenue to cost center 811 (Lead). If LHDs do not utilize cost center 811 (Lead), they should code this payment to cost center 800 (Pediatrics).

Medicaid Match Fee Process

3782/3882 – District Summary Report (PM & Lab)

REPORTING AREA	DESCRIPTION	NUMBER OF SERVICES	ORIGINAL CLAIM AMOUNT	NUMBER OF ADJUSTED SERVICES	ADJUSTED AMOUNT	ADJUSTED TOTAL	DPH ADMIN FEE	895/480001 CLINIC INTEREST	LHD AMOUNT PAID
712	DENTAL	6	90.00	4-	112.18-	22.18-	.32-		21.86-
800	ADOLESCENT VISI	217	5875.47	68-	351.70-	5523.77	68.19		5455.58
802	FAMILY PLANNING	12	476.49	4-	117.74-	358.75	83.60		275.15
809	DIABETES	1	37.15			37.15	.46		36.69
895	CLINIC INTEREST							6.60	6.60
	TOTALS	236	6479.11	76-	581.62-	5897.49	151.93	6.60	5752.16

- DPH will invoice the Medicaid Match Rate based on the Adjusted Total amount
 - Match percentage is computed by CMS and is based on the Federal FY
 - Medicaid Match Percentage:
 - Federal FY12 (Oct 2011–Sep 2012) – 28.82%
 - Federal FY13 (Oct 2012–Sep 2013) – 29.45%
 - Match Amount = \$5,897.49* .2882 = \$1,869.40
 - Code match fees to 891 585 389 129

What to do with Paper Checks

- **General Rule of Thumb**

- If there is an associated District Summary Report (PM & Lab), deposit the check and code it according to the report
- If there is not an associated District Summary Report (PM & Lab), deposit the check and code the revenue to the appropriate GL account

	<u>CC</u>	<u>GL</u>	<u>MO</u>
• Coventry	895	463	601
• KYSpirit	895	463	701
• WellCare	895	463	801

- If you know the check does not belong to you, return the check to the appropriate MCO
- For example:
 - Home Health Claims
 - MailHandler Claims

Ineligibility Criteria for MCO Enrollment

- Individuals who shall spend down to meet eligibility income criteria
- Individuals currently Medicaid eligible and have been in a nursing facility for more than 30 days
- Individuals determined eligible for Medicaid due to a nursing facility admission including those individuals eligible for institutionalized hospice
- Individuals served under the Supports for Community Living, Michele P, home and community-based, or other 1915© Medicaid waivers
- Qualified Medicare Beneficiaries (QMBs), specified low income Medicare Beneficiaries (SLMBs) or Disabled Working Individuals (QDWIs)
- Time limited coverage for illegal aliens for emergency medical conditions
- Working Disabled Program
- Individuals in an intermediate care facility for mentally retarded (ICF-MR)
- Individuals who are eligible for the Breast or Cervical Cancer Treatment Program

Questions?