



ABCT Medicare Pricing System

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

© 2014-2023 by ABCT Inc. – All Rights Reserved

TABLE OF CONTENTS

AMP\$.PCM Overview	4
New Installation.....	4
Install the AMP\$.PCM Assembly	4
Finish the Installation.....	5
Connect.....	5
Install the tables.....	5
Install the procedures	6
Install the Standard Configuration	6
Set Security	6
Verify Installation	7
AMP\$.PCM Administrator	8
Config Tab.....	8
General Options	8
Note Options	9
APC Options	10
INPT Options	10
Edits Tab	11
Contracts Tab.....	12
Checks Tab	13
User defined Fields.....	14
File Menu.....	15
Connect.....	15
Export	15
Import	15
Exit.....	15
Help Menu	15
Documentation.....	15
About.....	15
PCM Configuration.....	16
Provider Ids.....	16
NPI.....	16
Medicare.....	16
Place of Service Sets	17
Revenue Code Group.....	18
Pricing Percent Options.....	18
Contract Fee Schedule	18
Medical Groups.....	21
Pricing Method Prefixes	21
User Defined Fields.....	22
APC, ASC, ESRD, HHA (Outpatient).....	22
DRG (Inpatient)	22
LTCH, Psych, Rehab, SNF (Inpatient).....	23
Inpatient Specific Setup	24
Case: Service Categories	24
Batch Code Assignments	25
Configuration Checklist.....	26
AMP\$ Admin	26
Inpatient	26
Outpatient.....	27
Troubleshooting	28
Connectivity.....	28

Blocking.....	28
Episode Creation	29
Appendix	30
Tables	30
Procedures, Functions.....	30
Pricing Hooks.....	31

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 SQL 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;
```

Network Security Configuration

Many sites require a higher level of security for connections than the default of TLS 1.0. To enable and require TLS 1.2, some registry entries need to be made. SQL Server and the

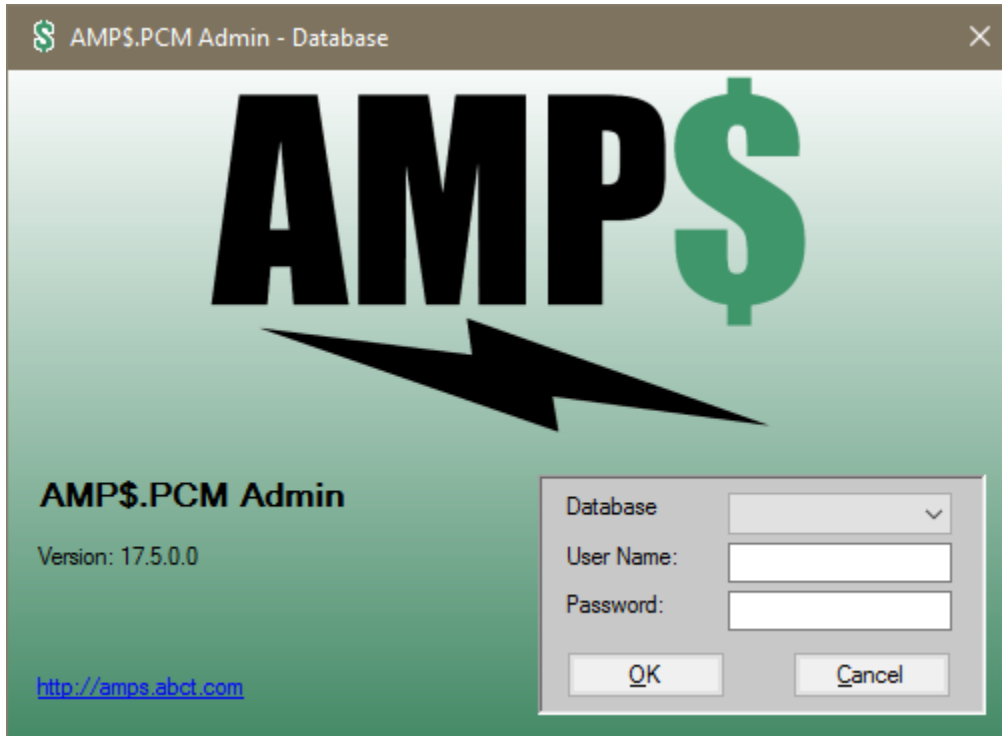
internal AMP\$ process are 32-bit, so the Wow6432Node entries are needed. This article describes what is happening:
<https://learn.microsoft.com/en-us/mem/configmgr/core/plan-design/security/enable-tls-1-2-client>

Finish the Installation

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

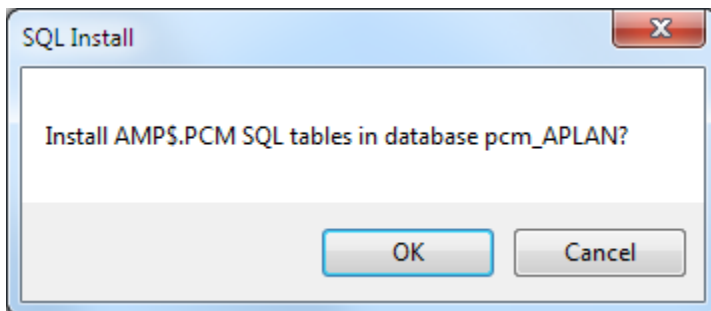
Connect

Select the PCM database you prepped in the steps above.



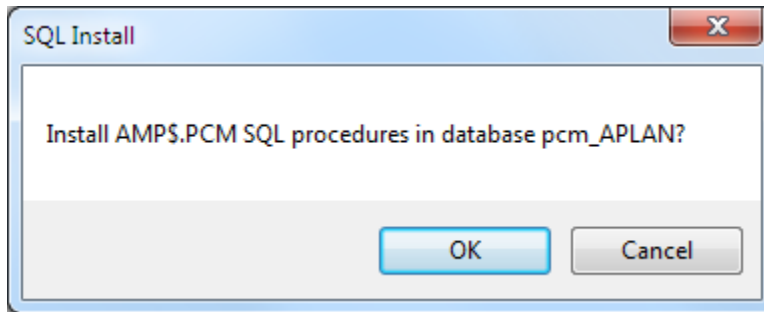
Install the tables

Click OK to install the tables.



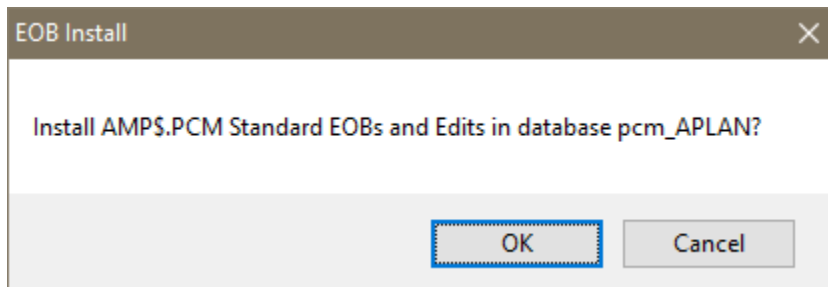
Install the procedures

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 SQL 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

The screenshot shows the 'AMP\$.PCM Admin - pcm_APLAN' window with the 'Config' tab selected. The window has a menu bar with 'File' and 'Help'. Below the menu bar is a tab bar with 'Config', 'Edits', 'Contracts', and 'Check'. The main content area is titled 'AMP\$.PCM Configuration' and contains four sections: 'General Options', 'Note Options', 'APC Options', and 'INPT Options'. Each section contains various configuration fields and checkboxes.

Section	Field/Option	Value/Status
General Options	Username	ABCT
	Password	*****
	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.

AMP\$.PCM Admin - pcm_APLAN

File Help

Config **Edits** Contracts Check

APC DRG Psych Rehab

APC Edits

	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

AMP\$.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)	☒	☐	☐
	DCIPA MERCY (C)	☒	☒	☒
	NC DEFAULT PROF- N...	☒	☐	☐
	NC DRG HOSP AK	☒	☐	☐
	NC DRG HOSP AR	☒	☐	☐
	NC DRG HOSP AZ	☒	☐	☐
	NC DRG HOSP CA-Ana...	☒	☐	☐
	NC DRG HOSP CA-LOS ...	☒	☐	☐
	NC DRG HOSP CA-mari...	☒	☐	☐
	NC DRG HOSP CA-North	☒	☐	☐
	NC DRG HOSP CA-Oakl...	☒	☐	☐
	NC DRG HOSP CA-SAN...	☒	☐	☐
	NC DRG HOSP CA-SAN...	☒	☐	☐
	NC DRG HOSP CA-Sant...	☒	☐	☐
	NC DRG HOSP CA-South	☒	☐	☐
	NC DRG HOSP CA-VEN...	☒	☐	☐
	NC DRG HOSP CO	☒	☐	☐
	NC DRG HOSP CT	☒	☐	☐

Checks Tab

AMP\$.PCM Admin - pcm_APLAN

File Help

Config Edits Contracts **Check**

AMP\$.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". The data rows are:

User Defined Field ID	Description	Value	Include On All
Medicare Rate	Medicare Rate 100%	2989.77	☐
Medicare Coinsurance	Medicare Coinsurance	911.18	☐
Medicare Outlier	Medicare Outlier	413.31	☐
*			☐

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", "Value", and "Include On All". The data rows are:

User Defined Field ID	Description	Value	Include On All
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.

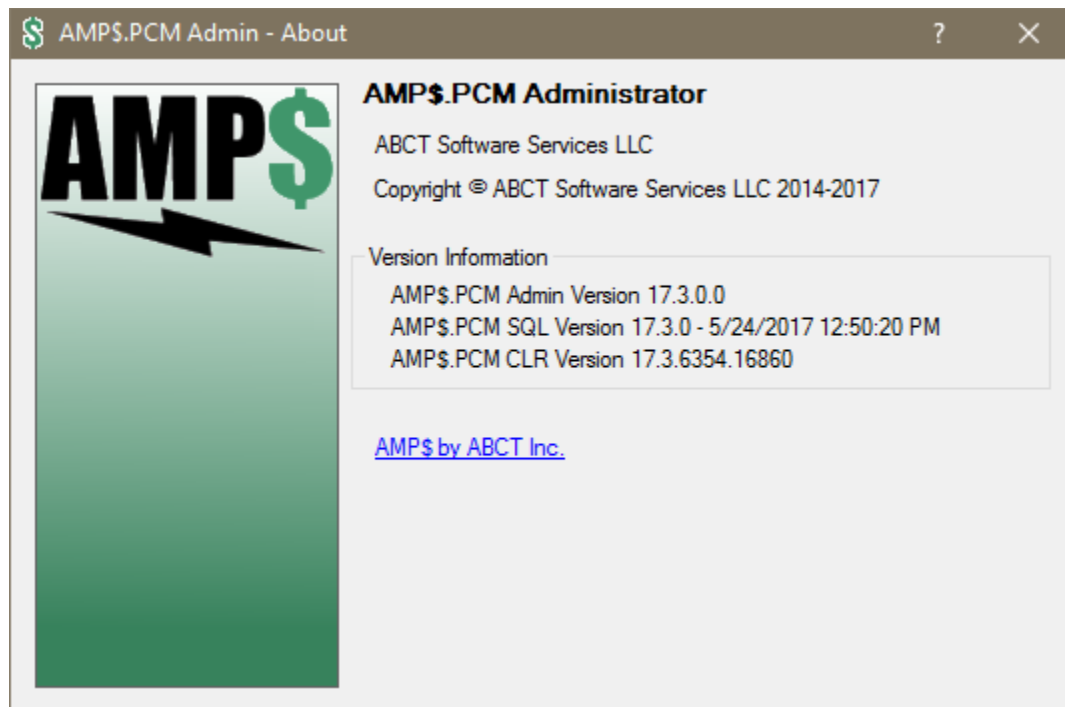
Help Menu

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**.

(Provider) - [Editing]: SKY LAKES MEDICAL CENTER, INC.

Demographics | Practice Offices/Categories/Specialties | Vendors | Medical Groups / Networks

Name

Prefix:

Last: SKY LAKES MEDICAL CENTER, INC

First:

Middle:

Suffix:

Other Information

TAG: 1659340370

Date of Birth:

Gender:

Language:

Call Back:

Medical Group ID:

Provider Currency: Z-US\$

Credential Information

Supplemental Info

Provider ID	Category	Affiliation ID	Default ID?
1659340370	TAG		☒
152371-1	OMAP		☐
MEDCERT-380050	MEDICARE CERTIF		☐
380050	MEDICARE		☒
1659340370-282N00000X	NPI-TAXONOMY		☐

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

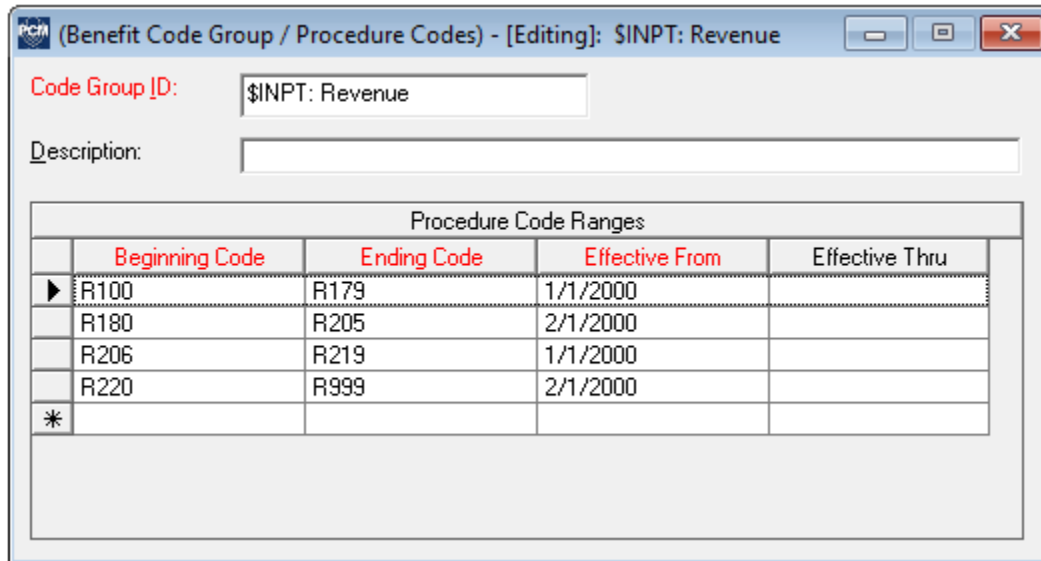
ID: \$APC Name: AMP\$ APC POS Set

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%, AMP\$ 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
*			☐	

User Defined Fields

User Defined Fee Schedule		
	Assigned Field	Fee Schedule ID
*		

• Fee Schedule Selector

(Fee Schedule) - [Editing]: \$APC 105%, AMP\$ 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		☐	☐
*								☐	☐

• 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)

Claim UDF (Totals)	Description
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

Claim Procedure UDF	Description
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)

Claim or Claim Procedure UDF	Description
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

Plexis Administrator on Database APLAN

File Components Utilities Help

10001010100 10001000101011101 01010111010101000

Plexis CM Administrator ...A Plexis Innovation

(System Tables) - [Editing]: User Defined Fields

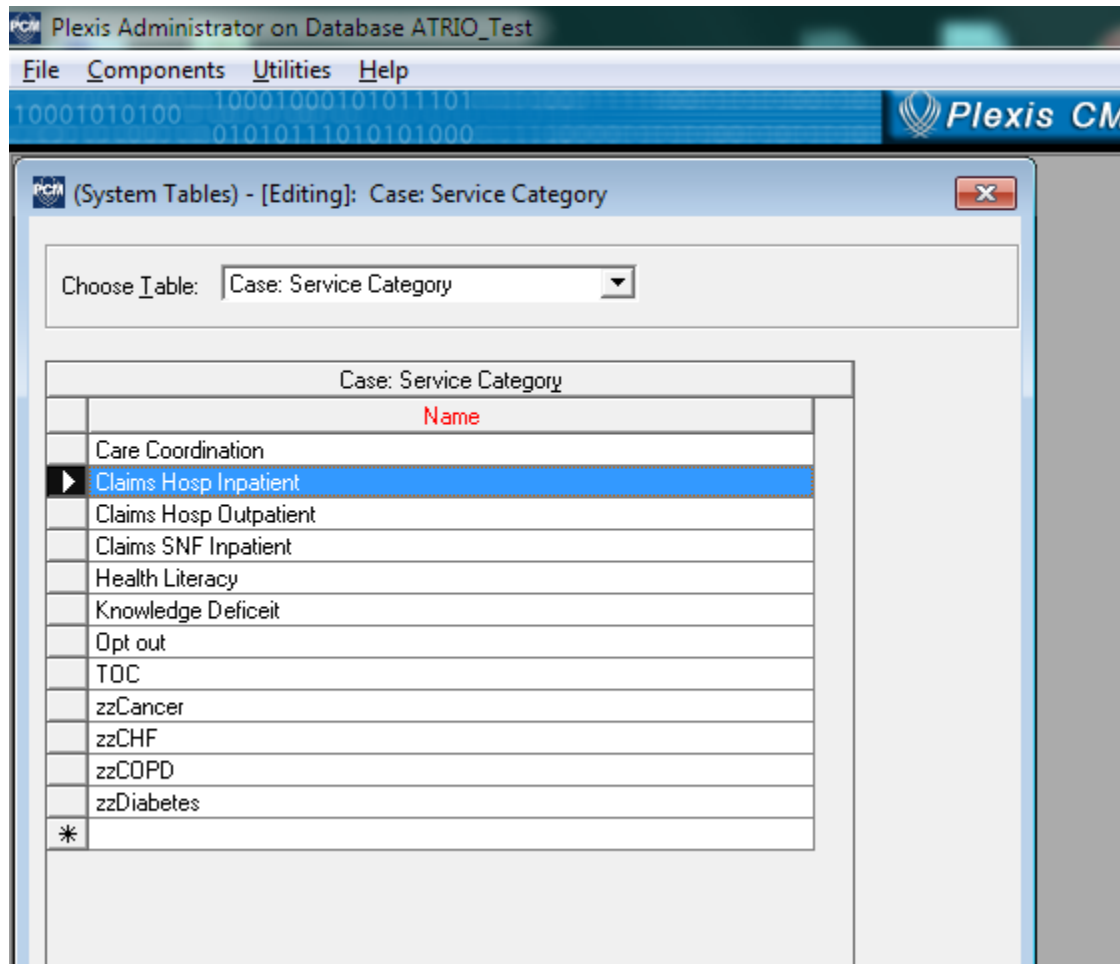
Choose Table: User Defined Fields

ID	Description	Notes	Display in Field 1 on Procedure Detail Form	Display in Field 2 on Procedure Detail Form
► Medicare Capital	Medicare Capital		☐	☐
Medicare DSH	Medicare DSH		☐	☐
Medicare FSP	Medicare FSP		☐	☐
Medicare HSP	Medicare HSP		☐	☐
Medicare IME	Medicare IME		☐	☐
Medicare Low Volume	Medicare Low Volume		☐	☐
Medicare Outlier	Medicare Outlier		☐	☐
Medicare Pass Thru	Medicare Pass Thru		☐	☐
Medicare Rate	Medicare Rate 100%		☐	☐
Medicare Readmission	Medicare Readmission		☐	☐
Medicare Tech Add	Medicare Tech Add		☐	☐
Medicare Value Based	Medicare Value Based		☐	☐
*			☐	☐

Inpatient Specific Setup

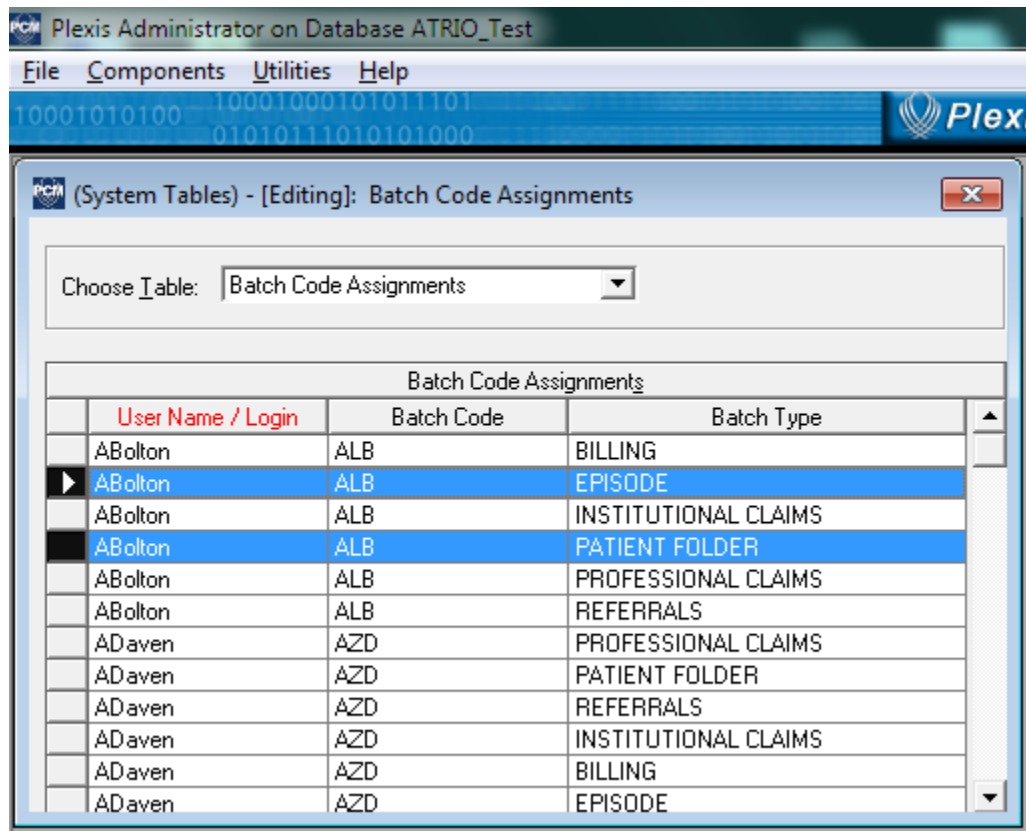
Case: Service Categories

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.



Configuration Checklist

AMP\$ Admin

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

Inpatient

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

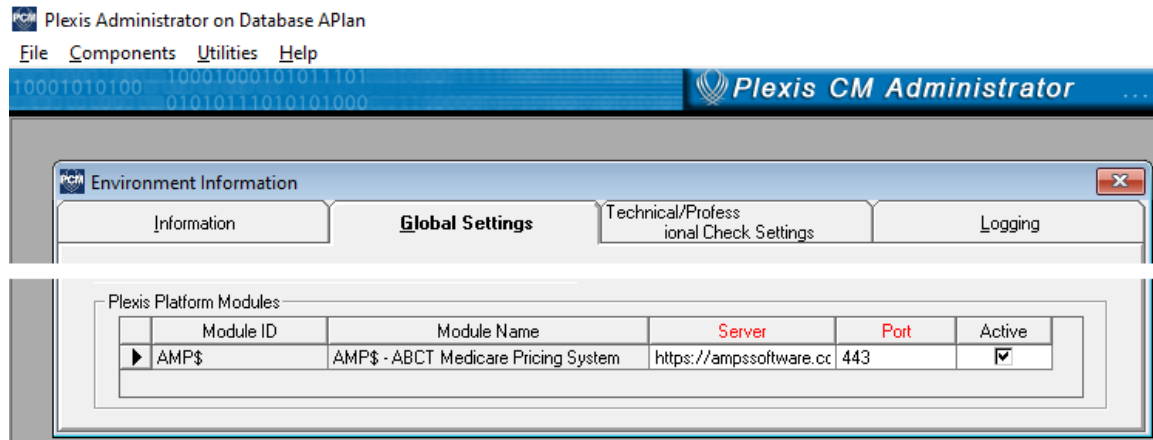
Connectivity

If you get a connection error in a claim indicated by an error EOB such as AP0 - APC Service Error (or any other pricing method) with additional information “The underlying connection was closed. An unexpected error occurred on a receive” it is likely caused by a Firewall blocking communication with the AMP\$ web service.

Important: AMP\$ runs in the database in the SQL Server, so that server must have connectivity to the AMP\$ server.

The service is called with a standard encrypted web protocol to <https://ampsoftware.com> using the standard port 443. The IP address is currently 104.40.28.133 though this is subject to change.

You can check the setting in PCM using PCM Administrator, Components > Edit System Environment and near the bottom of the window is the Plexis Platform Modules section which should have this AMP\$ entry:



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.

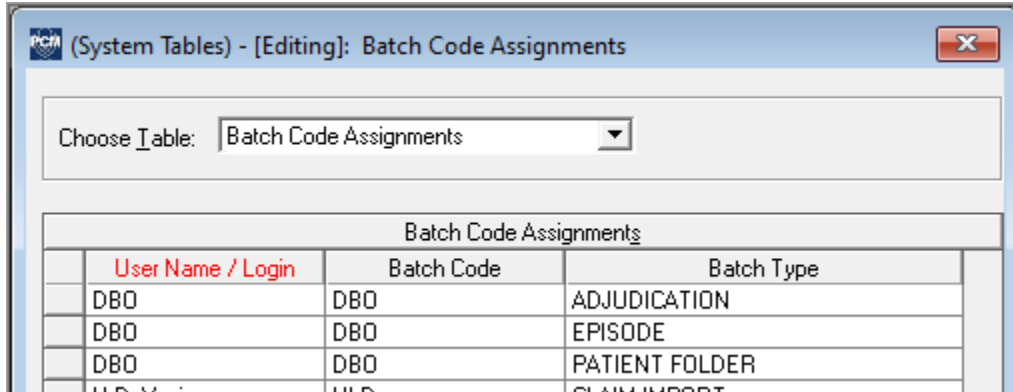
To set the Maximum Degree of Parallelism to 2 run the following in SSMS:

```
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 select 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.

For the exact configuration of the adjudication job, consult your server administrator.



Choose Table: Batch Code Assignments

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.

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