



# Medicaid Information Technology System

**State & Local Government Solutions**

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**Medicaid Information Technology System (MITS)**

## **Copay Participant Guide**

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## Course Overview

### Overview

The goal of this course is to provide you with the knowledge and common skills necessary to perform tasks related to Copay contained within the Ohio MITS (Medicaid Information Technology System).



### Objectives

After completing this course, you should be able to:

- View a Copay Rule
- Modify a Copay Rule
- Add a Copay Rule

## Agenda

Topic	Time in Minutes
Welcome and Introductions	20
Course Overview	15
Viewing a Copay Rule	30
Modifying a Copay Rule	45
<b>Break</b>	<b>15</b>
Adding a Copay Rule	60
Review	15
<b>Total</b>	<b>200</b>

# Introduction to Copay

## Copay and MITS

Copay is the amount the recipient is responsible for paying on selected procedures or services. Copay is only indicated for specific services based on ODJFS policy. If a copay applies to the plan, it is the recipient's responsibility to pay a fixed portion of the cost for the medical service received, while the insurer pays the remainder of the costs. The copay data contains the amount to be subtracted from the allowed amount. For example, if the allowed amount is \$100 and the copay is \$20, the resulting payment to the provider from Medicaid would be \$80 and the recipient would be responsible for paying the \$20 copay.

## Copay Description

- **Previous Action:** ODJFS receives approval to create or update a copay through a change order or other routine maintenance:
- **Step 1.** Determine updates to be made. The user determines what updates in MITS are needed to meet the requirements of the requested change.
- **Step 2.** Review and enter rules for the copay
- **Step 3.** End of procedure

## Tree Structure

The tree structure consists of the breakdown of codes into separate code classifications that normally follow the structure of the published code books.

For example, the Current Procedure Terminology (CPT) codes are broken down by body systems, services within those systems, body area, etc. If the standard classification is not to be used within a specific plan or contract, the correct classification must be chosen from the dropdown box next to the benefit type (i.e. Procedure, Diagnosis, Revenue Code, etc).

Once a rule has been saved within that classification, it is 'locked' for that plan or contract for that benefit type. This results in the standard classification no longer being the default classification for that benefit type for that plan or contract.

ODJFS is able to have different classifications within the same plan or contract. For example, a plan or contract may have a custom classification for the procedure code benefit type but still default to the standard classification for the diagnosis codes benefit type.

## Summary

In this topic you learned the fundamentals of Copay and what it entails.

# Viewing a Copay Rule

## Overview

### What

This task describes how to view the copay rules in the MITS system.

### Who

The roles that might be responsible for performing this task include: Configuration analyst, claims analyst, business analyst, provider relations analyst, policy analyst with proper OHP clearance.

### When

Perform this task when researching a claim or policy rules.

## Reference - Benefit Plan Administration (BPA) - Copay

Copay is the fee paid by the consumer to the provider at the time the service is rendered, unless the consumer is exempt from that liability. This data set identifies a group of covered services (benefits) granted to an eligible member. It is important because Coverage Rules define and manage the policies that are used to process claims. The Benefit Administration panels provide the ability to maintain and add business rules in one location, thus allowing the user to identify gaps or overlaps in coverage. The Benefit Administration system reviews and compares new rules for errors or issues of concern and provides information to the user on how to correct the problem. If the coverage rules are not configured correctly, the claims will not process correctly.

## How To

Follow these steps from the MITS home page to look up a copay rule:

Step	Action
1	Click <b>Reference</b> .
2	Click <b>Benefit Administration</b> .
3	Click <b>Copay</b> .
4	Navigate to the copay rules by either method: <ul style="list-style-type: none"> <li>• Enter the search criteria by completing the <b>Type</b> (drop-down), and <b>Code</b> fields; and click <b>Find</b>.</li> <li>• Navigate to the benefit level or rule by using + sign and drop-down menus in the medical classification tree.</li> </ul>
5	To view: <ul style="list-style-type: none"> <li>• Rule edit panel - click on the rule.</li> <li>• Rule summary - click on the benefit level or code above the rules.</li> </ul>

## Success

You have successfully completed this task when the appropriate Copay rule is displayed.

## Practice

Look up a copay rule using this information (use procedure code 99281 or D1203):

- benefit code - either a provider contract or recipient plan or reimbursement agreement, and/or
- something from the medical classification tree:
  - 1) Procedure code
  - 2) Diagnosis
  - 3) Revenue code

## Summary

In this topic, you learned how to view a copay rule.

# Modifying Copay Rule

## Overview

### What

In this topic you learn how to modify a copay rule.

### Who

The Configuration analyst is responsible for performing this task.

### When

You would perform this task when a request (directive) is received that requires an update to a copay rule in the Reference subsystem.

## Relevance

### Reference - BPA - Copay

Copay is the fee paid by the consumer to the provider at the time the service is rendered, unless the consumer is exempt from that liability. This data set identifies a group of covered services (benefits) granted to an eligible member. This task is important because Coverage Rules define and manage the policies that are used to process claims.

The Benefit Administration panels provide the ability to maintain and add business rules in one location, thus allowing the user to identify gaps or overlaps in coverage. The Benefit Administration system reviews and compares new rules for errors or issues of concern and provides information to the user on how to correct the problem. If the coverage rules are not configured correctly, the claims will not process correctly.

## Requirements

In order to perform this task, there must be an approved Change request or Directive that requires an update to a copay rule.

## Guidelines

Verify that the Customer Service Request (CSR/directive is approved).

The order in which the rules are entered is critical in ensuring that the number of conflicting rules is limited during data entry. Group level rules should always be created first and then any detail level rules. The procedure for adding a new Coverage rule is the same for all benefit types.

## How To

### How to Modify a Copay Rule

Follow these steps from the MITS home page to modify a copay rule:

Step	Action
1	Click <b>Reference</b> .
2	Click <b>Benefit Administration</b> .
3	Click <b>Copay</b> .
4	Navigate to the appropriate benefit code using the <b>Search Type</b> and <b>Code</b> fields or by expanding the + signs on the tree structure.
5	Select a directive from the <b>Directive Version</b> drop-down box. <b>Note:</b> If you have not already created the Directive for the new rule, you will first need to create the directive.
6	Single click to display the rule.
7	In the top portion of this panel, update the fields to be modified (Copay).
8	Edit any of the other values, as necessary, in the <b>Indicator</b> fields, <b>Date</b> fields, or <b>Copay Amount</b> fields.
9	In the lower portion of this panel, use drop-down menus to set conditions for this rule. Choices are <b>No/Yes</b> or <b>No/Include/Exclude</b> , depending on the condition. <b>Note:</b> If you choose an option other than <b>No</b> , additional Assigned and Available boxes display in the section below the condition name. <ul style="list-style-type: none"> <li>To add an item to the rule, click on an item in the Available box, then click the left arrow key. The selected item is copied into the <b>Assigned</b> box.</li> <li>To remove an item from the rule, click on an item in the <b>Assigned</b> box, then click the right arrow key. The selected item is moved into the <b>Available</b> box.</li> </ul>
10	Click <b>Save</b> to launch the 3-step save and simplification process.

## Success

You have successfully completed this task when confirmation displays “Copay – Save was successful.”

There is a three-step Save process which includes:

- 1) **Step 1:** The State Conflicts step identifies conflicting rules. When this happens, the claim engine is unable to process the claim properly. If No state errors were found, click the Okay button. The system will not save the changes until the ambiguity is removed or corrected. Click Cancel to return to the previous screen to make the appropriate changes to the rules. Refer to the Summary window to determine how to correct the conflict.
- 2) **Step 2:** Simplifications checks for ways to make the rules work together and will automatically combine rules to simplify the data and rule.
- 3) **Step 3:** Directive Verification validates the chosen Directive and Version.

At each step, the system allows you to back out of the Save process and correct any problems it finds.

## Practice

Modify a copay rule using this information:

- Use 99281
- Copay amount

## Summary

In this topic, you learned how to modify a Copay Rule.

# Adding Copay Rule

## Overview

### What

In this topic you learn how to add copay rules.

### Who

A Configuration analyst adds copay rules.

### When

You would do this task when a change request (directive) is received that requires adding a copay rule to the reference subsystem.

## Relevance

### Reference Data - BPA - Copay

Copay is the fee paid by the consumer to the provider at the time the service is rendered, unless the consumer is exempt from that liability. This data set identifies a group of covered services (benefits) granted to an eligible member. It is important because Coverage Rules define and manage the policies that are used to process claims. The Benefit Administration panels provide the ability to maintain and add business rules in one location, thus allowing the user to identify gaps or overlaps in coverage. The Benefit Administration system reviews and compares new rules for errors or issues of concern and provides information to the user on how to correct the problem. If the coverage rules are not configured correctly, the claims will not process correctly.

## Requirements

In order to perform this task there must be an approved Change request or Directive.

## Guidelines

You should verify that the CSR/directive is approved.

The procedure for adding a new Coverage rule is the same for all benefit types. The order in which the rules are entered is critical in ensuring that the number of conflicting rules is limited during data entry. Group level rules should always be created first and then any detail level rules.

## How To

### To Add a Copay Rule

Follow these steps from the MITS home page to add a copay rule:

Step	Action
1	Click <b>Reference</b> .
2	Click <b>Benefit Administration</b> .
3	Click <b>Copay</b> .
4	Navigate to the appropriate benefit code using the <b>Search Type</b> and <b>Code</b> fields or expanding the + signs on the medical classification tree structure.
5	Select a directive from the <b>Directive Version</b> drop-down box. <b>Note:</b> If you have not already created the Directive for the new rule, you will first need to create the directive.
6	Right click the desired benefit level or code where the rule will be added.
7	Select <b>Add Rule</b> .
8	In the top portion of the <b>Copay rule</b> panel, add \$3.00
9	Edit any of the copay amount default values in the Indicator fields, <b>Copay Amount</b> fields.
10	Click <b>Save</b> to launch the 3-step save and simplification step.

## Success

There is a 3-step Save process which includes:

- 1) **Step 1:** The State Conflicts step identifies conflicting rules. When this happens, the claim engine is unable to process the claim properly. If No state errors were found, click Okay. The system will not save the changes until the ambiguity is removed or corrected. Click Cancel to return to the previous screen to make the appropriate changes to the rules. Refer to the Summary window to determine how to correct the conflict.
- 2) **Step 2:** Simplifications checks for ways to make the rules work together and will automatically combine rules to simplify the data and rule.
- 3) **Step 3:** Directive Verification validates the chosen Directive and Version. At each step, the system allows you to back out of the Save process and correct any problems it finds.

A confirmation message displays "Copay - Save was successful."

## Practice

### Add a copay rule

Add a copay rule using this information:

- Procedure code or provider number to attach rule to (use 99282)
- Directive version (use drop down arrows)
- You will choose either copay deduct
- Copay amount

When you are done, click Save.

## Summary

In this topic, you learned how to add a Copay Rule.

## Review

### Objectives

In this course, you learned how to:

- View a Copay Rule
- Modify a Copay Rule
- Add a Copay Rule