

Presenter: Janel Heath

**BILLING FOR \$2.55/\$2.65  
MONTHLY DEDUCTIBLES**

# \$2.55/\$2.65 MONTHLY DEDUCTIBLES

- Effective January 1, 2012, a family deductible equal to the maximum amount allowed under the Code of Federal Regulations was mandated for healthcare claims for services beginning September 1, 2011.
- The monthly deductible (a.k.a. cost-sharing) is listed as an adjustment on healthcare claims in SSIS with a reason code of 99 - Family Deductible.
- This monthly deductible is also reported in the Client Responsibility field on the healthcare claim in SSIS.

# \$2.55/\$2.65 MONTHLY DEDUCTIBLES

- SSIS Healthcare Claim categories that may include monthly deductibles are:
  - DD Screening
  - LTCC Screening
  - MH-TCM
  - RSC-TCM
  - VA/DD-TCM
  - Waiver and AC (CAC, CADI, DD, EW, BI)
- 2011-2012 service dates = \$2.55
- 2013 service dates = \$2.65

# ADVANCED HEALTHCARE CLAIM SEARCH

Searches:  Max results:   Search on open 0.87 Secs, 16 Results

Claim #:	Claim category:	Claim detail:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Claim status:	<ul style="list-style-type: none"><li>CW-TCM</li><li>DD Screening</li><li>LTCC</li><li>MH-TCM</li><li>RSC-TCM</li><li>Rule 5</li><li>VA/DD-TCM</li><li>Waiver and AC</li></ul>	Revenue account:
<input type="text" value="Partially paid"/>	<input type="text"/>	<input type="text"/>
Date filters	Date range:	From: To:
Date type:	Custom	12/1/2012 1/31/2013
Service dates	County person #:	SSIS person #:
Client filters	PMI #:	<input type="text"/>
Client first name:	<input type="text"/>	
HCPCS/modifiers filters	<input type="text"/>	
Additional filters	Filter by: TCN: <input type="text"/>	
Amount filters	Operation:	Minimum: Maximum:
Amount type:	Between	<input type="text" value="\$2.55"/> <input type="text" value="\$2.65"/>
Client responsibility		

Search for healthcare claims where the Client Responsibility is between the \$2.55 and \$2.65, or equals a specific amount.

# SEARCH RESULTS

Add columns to the grid and group by Claim Categories.

Claim Category <span style="float: right;">△</span>									
☰	Claim Detail	First Service Date	Last Service Date	Units	Amount	Allowed Units	Paid Amount	Client Responsibility	Unreimbursed Amount <span style="float: right;">△</span>
☐ Claim Category : MH-TCM									
		12/19/2012	12/19/2012	1	\$768.00	1	\$765.45	\$2.55	\$2.55
		12/18/2012	12/18/2012	1	\$768.00	1	\$765.45	\$2.55	\$2.55
		1/30/2013	1/30/2013	1	\$768.00	1	\$765.35	\$2.65	\$2.65
		1/14/2013	1/14/2013	1	\$768.00	1	\$765.35	\$2.65	\$2.65
Count: 4							\$3,061.60	\$10.40	\$10.40
☐ Claim Category : VA/DD-TCM									
		12/17/2012	12/17/2012	1	\$768.00	1	\$765.45	\$2.55	\$2.55
		12/11/2012	12/11/2012	1	\$768.00	1	\$765.45	\$2.55	\$2.55
		1/17/2013	1/17/2013	1	\$768.00	1	\$765.35	\$2.65	\$2.65
		1/22/2013	1/22/2013	1	\$768.00	1	\$765.35	\$2.65	\$2.65
		12/19/2012	12/19/2012	1	\$768.00	0	\$0.00	\$2.55	\$768.00
Count: 5							\$3,061.60	\$12.95	\$778.40
☐ Claim Category : Waiver and AC									
	DD	12/27/2012	12/27/2012	6	\$129.24	6	\$126.69	\$2.55	\$2.55
	CADI	12/27/2012	12/27/2012	2	\$45.48	2	\$42.93	\$2.55	\$2.55
	DD	1/28/2013	1/28/2013	1	\$21.54	1	\$18.89	\$2.65	\$2.65
	EW	1/16/2013	1/16/2013	2	\$47.30	2	\$44.65	\$2.65	\$2.65
	CADI	1/24/2013	1/24/2013	12	\$272.88	12	\$270.23	\$2.65	\$2.65
	CADI	12/13/2012	12/13/2012	12	\$272.88	12	\$247.59	\$2.55	\$25.29
	EW	1/31/2013	1/31/2013	11	\$260.15	11	\$186.55	\$2.65	\$73.60
Count: 7							\$937.53	\$18.25	\$111.94
				55	\$7,961.47	54	\$7,060.73		

# HEALTHCARE CLAIM DETAIL

## EXAMPLE #1

Healthcare Claim	Time Records	Payments	Comments	Status - Adjustments	Remittance Advice/Adjustments
Claim #: 999999999	Claim category: VA/DD-TCM	Claim detail: 	Generated date: 02/21/2013 10:35:45 AM		
First service date: 01/17/2013	Last service date: 01/17/2013	Claim status: Partially paid	Status date: 02/26/2013 12:00:00 AM		
Bill type: Original claim	Original claim #: 	Disposition: Open	Disposition date: 02/21/2013 10:35:47 AM		
Units: 1	Amount: \$768.00	TCN: 000000000000000000			
Allowed units: 1	Paid amount: \$765.35	Client responsibility: \$2.65			

Healthcare Claim	Time Records	Payments	Comments	Status - Adjustments	Remittance Advice/Adjustments
Adjusted Rate	Reason Code	Reason			Index
\$2.65	99	FAMILY DEDUCTIBLE			0

Healthcare Claim	Time Records	Payments	Comments	Status - Adjustments	Remittance Advice/Adjustments
Group Code	Group Description	Reason Code	Reason	Adjustment Units	Adjustment Amount
PR	Spenddown or co-pay	1	Deductible Amount		\$2.65

# HEALTHCARE CLAIM DETAIL

## EXAMPLE #2

Healthcare Claim		Time Records	Payments	Comments	Status - Adjustments	Remittance Advice/Adjustments
Claim #:	Claim category:	Claim detail:	Generated date:			
999999999	Waiver and AC	EW	02/21/2013 10:37:38 AM			
First service date:	Last service date:	Claim status:	Status date:			
01/31/2013	01/31/2013	Partially paid	02/26/2013 12:00:00 AM			
Bill type:	Original claim #:	Disposition:	Disposition date:			
Original claim		Open	02/21/2013 10:37:39 AM			
Units:	Amount:	TCN:				
11	\$260.15	000000000000000000				
Allowed units:	Paid amount:	Client responsibility:				
11	\$186.55	\$2.65				

Healthcare Claim	Time Records	Payments	Comments	Status - Adjustments	Remittance Advice/Adjustments
Adjusted Rate	Reason Code	Reason			Index
\$70.95	05	AUTH LIMIT EXCEEDED CUTBACK			0
\$2.65	99	FAMILY DEDUCTIBLE			1

Healthcare Claim	Time Records	Payments	Comments	Status - Adjustments	Remittance Advice/Adjustments
Group Code	Group Description	Reason Code	Reason	Adjustment Units	Adjustment Amount
CO	Other adjustment	62			\$70.95
PR	Spenddown or co-pay	1	Deductible Amount		\$2.65