**MSA CLAIM POST-SUBMISSION REVIEW WORKSHEET**

[NAME OF MTF]

Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Claim Status: Open / Closed / Transferred

1. PATIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE:\_\_\_\_\_\_\_\_\_ PATCAT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* Claim Type: MSA / TPCP / MAC Billable MSA Patient? Y / N / Unknown
2. INSURANCE CO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ N/A – Pay Patient
* Policy Type: FEHBP / EGHP / Rx / Medicare / Medicaid / Medicare Replacement / Medigap / VA / Workers Comp / Auto / Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Is Billing Info Correct (I&R/UB-04/CMS 1500)? Y / N Is info correct in CHCS? Y / N
	+ Date(S) Of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FY \_\_\_\_\_\_\_\_\_\_\_\_
	+ Services: Inpatient / ER / APV / Observation / Ambulatory / Ancillary / Ambulance / \_\_\_\_\_\_\_\_\_\_\_

##### OUTPT:

* Does Billed Dx And Procedure Codes Match Documentation? Y / N
	+ Is Encounter Coded Correctly? Y / N - Coding Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Proper Rates Charged? Y / N
	+ Appropriate Revenue Code(S) Used? Y / N
	+ Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### INPT:

* Does Billed Dx And Procedure Codes Match Documentation? Y / N
	+ Is DRG Correct? Y / N - Coding Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ DRG RWP \_\_\_\_\_\_\_\_\_\_\_ ALOS \_\_\_\_\_\_\_\_ GMLOS \_\_\_\_\_\_\_\_\_ Short Stay Threshold \_\_\_\_\_\_\_\_\_ Long Stay Threshold \_\_\_\_\_\_\_\_\_ [FY\*\*]ASA \_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Proper RWP Calculated? Y / N Proper Rate Charged?: Y / N
	+ Appropriate Revenue Code(S) Used? Y / N
	+ Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. SUBSISTENCE/FMR:
* FY \_\_\_ Rate $\_\_\_\_\_\_\_\_\_\_ / Billed Rate: $ \_\_\_\_\_\_\_\_\_ Billed Rate Correct? Y / N
1. PAYMENT
* Amount Rec’d From Ins Co. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Acct Balance: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Reductions: CYD/ PAD / Co-Pay / Co-Ins / NC /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Policy Benefits Properly Applied? Y / N: PPO / INN / Non-PPO / OON / R&C / MSP / R&B / Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Are Benefits Noted In The Appropriate Billing System? Y / N
* Is Payment Posted Properly? Y / N
* Patient Portion: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient Payment: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Is Due Process Documented? Y / N
* Balance of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Transferred To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Is Account Transfer Properly Documented? Y / N
1. REQUIRED ACTION: None / Close / Re-Bill / Obtain Records / Refund / Transfer / Other:\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Abbreviations: FEHBP=Federal Employee Health Benefit Plan, EGHP=Employer Group Health Plan, Rx=Pharmacy, Dx=Diagnosis, DRG=Diagnosis Related Group, RWP=Relative Weighted Product, ALOS=Arithmetic Mean Length of Stay, GMLOS=Geometric Mean Length of Stay, ASA=Adjusted Standardized Amount, CYD=Calendar Year Deductible, PAD=Per Admission Deductible, NC=Not Covered, PPO=Preferred Provider Organization, INN=In-Network, OON=Out-of-Network, R&C=Reasonable and Customary, MSP=Medicare Secondary Payer Provision, Carveout=Carved-out Medicare benefits on an actively employed patient, R&B=Room and Board.