# IN / AMB / PM Processing Calculation Workflow

This calculation workflow ensures a comprehensive approach to processing claims in the IN / AMB / PM system, taking into account all relevant factors such as Copart, discounts, and the division of payment responsibilities between patients, providers, and insurers. The structured steps provide clarity and consistency in calculating and processing claims.

## 1. Item-Level Calculations

## 1.1 Item Copart Calculation

• New Items:

Item Copart=Total Price × Copart Percentage.

- Approved Items:
  - o Maintain the Copart amount as initially entered without recalculation.

### 1.2 Item Discount Calculation

Calculate the discount for each item using the following formula:
 Item Discount= (Total Price-Declined Amount-Deduction Amount) × Discount %

## 1.3 Item Provider/Physician Share Calculation

Calculate the share that goes to the provider or physician after all deductions:
 Item Provider/Physician Share=
 Total Price-Declined Amount-Deduction Amount-Copart Amount-Discount amount

## 2. Calculation Details:

## 2.1 Gross Claim

Sum of total prices for all items:
 Gross Claim=∑Total Price of Each Item

### 2.2 Gross Declined

Sum of all declined amounts across items:
 Gross Declined=∑Declined Amount for Each Item

### 2.3 Gross Approved

Sum of all approved amounts across items:
 Gross Approved=∑Approved Amount for Each Item

### 2.4 Gross Deductible

Total deductible amount across all items:
 Gross Deductible=∑Deductible Amount for Each Item

## 2.5 Gross Copart

Sum of copart amounts for all items:
 Gross Copart=∑Copart for Each Item

## 2.6 Paid by Patient

Total amount paid by the patient:
 Paid by Patient=Gross Copart + Gross Deductible

### 2.7 Gross Discount

Sum of discount amounts for all items:
 Gross Discount=∑Discount for Each Item

#### 2.8 Gross Audit Deduction

Sum of audit deduction amounts for all items:
 Gross Audit Deduction=∑Deduction Amount for Each Item

#### 2.9 Provider Share

Sum of amounts related to the provider:
 Provider Share=∑Provider Share for Each Item

## 2.10 Physician Share

Sum of amounts related to the physician:
 Physician Share=∑Physician Share for Each Item

## 2.11 Paid by Insurer

• Total amount paid by the insurer, including both provider and physician shares: Paid by Insurer= Provider Share + Physician Share

# 2. AMB / PM Special Conditions:

- **Default Status for New Items:** When the processing officer enters a new item, the system should automatically set the status to "Rejected" under the Audit Decision and total Audit deduction = total price
- Approved Quantity and Unit Price Defaults: For new items entered by the processing
  officer, the default values for the approved quantity and unit price should be set to zero.
- Max Limit on Unit Price Deduction (When Approved Price = 0): If the approved price for an item is set to \$0, the maximum deduction on the unit price should not exceed the unit price of the item.
- Max Limit on Unit Price Deduction (When Approved Price > 0): If the approved price for an item is greater than 0, the maximum deduction on the unit price should not exceed the approved unit price.

# 3. IN Special Conditions:

- **Default Status for New Items:** When the processing officer enters a new item, user has to enter the status and denied amount
- Approved quantity and unit price for new items default to quantity and unit price.
- Declined amount should not be calculated
- Max Limit on Unit Price Deduction (When Approved Price = 0): If the approved price for an item is set to \$0, the maximum deduction on the unit price should not exceed the unit price of the item.
- Max Limit on Unit Price Deduction (When Approved Price > 0): If the approved price for an item is greater than 0, the maximum deduction on the unit price should not exceed the approved unit price.