**MAC CLAIM POST-SUBMISSION REVIEW WORKSHEET**

[NAME OF MTF]

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

Claim Status: Cost Computation provided to Legal

1. PATIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE:\_\_\_\_\_\_\_\_\_
   * FMP: 20 / 30 / 98 / \_\_\_\_\_\_ PATCAT: \_\_\_\_\_\_\_\_\_\_\_
   * Claim Type: MAC / TPCP / MSA Billable MAC Patient? Y / N / Unknown

##### ENCOUNTER:

* + Date(S) Of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FY \_\_\_\_\_\_\_\_\_\_\_\_
  + Were services identified in the MAC Enhancement Module? Y / N
  + Services: Inpatient / ER / APV / Observation / Ambulatory / Ancillary / Ambulance / \_\_\_\_\_\_\_\_\_\_\_

1. NOTIFICATION:

* Did the UBO perform the cost computations for these services? Y / N
* Did Legal instruct the UBO to provide cost computation for these services? Y / N
* How was notification made? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Did Legal specify that the cost computation should be generated under the FMCRA? Y / N
* Is there a concurrent TPCP claim? Y / N
* Was Legal notified of the concurrent TPCP claim? Y / N

##### OUTPT:

* Does Billed Dx And Procedure Codes Match Documentation? Y / N
  + Is Encounter Coded Correctly? Y / N - Coding Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Was Proper Cost Computation provided to Legal? Y / N
  + Rates/Table Used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Appropriate Revenue Code(S) Used? Y / N / NA
  + 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 Was Proper Cost Computation Provided to Legal?: Y / N
  + Rates Used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Appropriate Revenue Code(S) Used? Y / N / NA
  + Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. PAYMENT
   * Was payment deposited to correct fund cite or line of accounting? Y / N
2. REQUIRED ACTION: None / Provide Legal with this review

Abbreviations: 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.