

PVT CALCULATOR OVERVIEW

The PVT Calculator consists of three tools to make determination of PVT faster and easier:

- A) PVT Calculator** determines the PVT based on One Claim Per Patient Per Day, including all eligible Medicaid paid claims;
- B) Multiple Payors Converter** adapts an encounter-based format to the claims-based format expected by PVT Calculator;
- C) The Group Roster Creator** pre-populates the group roster with any provider information included in the claims data.

The advanced algorithms embedded in these tools implement the PVT regulations. Starting with some explanations of how claims are interpreted, the sections below explain how the tools work and the basics of how to use these tools.

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DEFINITION OF ELIGIBLE AND DUPLICATE CLAIMS

What is an Eligible Claim versus a Duplicate Claim?

Encounter versus Claim: The PVT calculation is based on the one claim per day per patient requirement. This is not one encounter per day, but one claim per day. Therefore, when an encounter has multiple payors, each payor must be treated as a separate claim. Only one of these claims can be counted as an Eligible Claim in the PVT. [The other claims are considered Duplicate Claims.](#)

Multiple Encounters versus Multiple Claims: If there are multiple encounters for one patient on a given day, each encounter may have one or more payors. Again, each payor must be treated as a separate claim. [So for that day, only one of the claims of one of the encounters can be counted as an Eligible Claim. All the other claims for that day are considered Duplicates and must be excluded.](#)

What claim will be selected? If any of the daily payors is a Medicaid payor, that Medicaid claim will be included, provided it is an eligible claim. If there are multiple Medicaid payors, only one of the Medicaid payors will be included. If there are no Medicaid payors, then one claim of one of the other payors will be included.

For instance: Patient Apple sees Doctor Green twice in one day.

For the first visit, a claim is made to 3 payors (Primary: Insurance1, Secondary: Medicaid1, Tertiary: Insurance2).

For the second visit, a claim is made to 2 payors (Primary: Insurance1, Secondary: Insurance3).

The total number of claims for that day is $3 + 2 = 5$. Only one of the 5 will be included in the PVT, and the Eligible Claim included will be Secondary: Medicaid1. [The other 4 claims will be considered Duplicates for that day.](#)

HOW DO THE TOOLS WORK?

A) How does the PVT Calculator work?

PVT Calculator expects each claim to be listed on a separate Excel row, regardless of whether the claim is for the same or a different encounter. So claims to primary, secondary, tertiary or other payors are all expected to appear on individual rows.

The PVT Calculator will multi-sort the data to select the Eligible Claims and identify the Duplicate Claims. If the enrollee method is used, it will also consider the zero-paid claims and the denial reasons. Once this evaluation of the claims has been completed, the PVT Calculator will calculate the PVT based on the Eligible Claims it found.

To ensure all Eligible Medicaid Claims are included in the PVT Numerator, the PVT Calculator will select:

- 1) Medicaid Payor over Non-Medicaid Payor
- 2) Paid Claim over Zero-Paid Claim
- 3) Eligible Denial Reason over Non-Eligible or Missing reason (if enrollee method is used)

B) What is the purpose of the Multiple Payor Converter?

Your claims sheet may not list the multiple claims information in separate rows, but in multiple columns on the same row. In this case, each row represents an encounter rather than a claim while the extra columns represent the additional secondary, tertiary and quaternary claims.

The Multiple Payor Converter, transforms this encounter-based format into the claims-based format expected by the PVT Calculator. In the conversion, the Converter duplicates the multiple claims columns into multiple claims rows. It leaves the original encounter-based information intact, but adds 2 (or 3 for enrollee method) new columns, in which it copies the data of each payor. These columns are labeled "All Payors", "All Paid" (and "All Denial Reasons") . See the example below.

Multiple Payor Example in Encounter Format before conversion:

Patient ID	Date of Service	Primary Payors	Primary Paid	Secondary Payors	Secondary Paid
Mr Apple	4/14/2017	Insurance1	\$100	Medicaid	\$200

Multiple Payor Example in Claims Format after conversion:

Patient ID	Date of Service	Primary Payors	Primary Paid	Secondary Payors	Secondary Paid	All Payors	All Paid
Mr Apple	4/14/2017	Insurance1	\$100	Medicaid	\$200	Insurance 1	\$100
Mr Apple	4/14/2017	Insurance1	\$100	Medicaid	\$200	Medicaid	\$200

By using the new "All Payors" and "All Amounts" column, the PVT Calculator can now determine which claims to select, including the claims to primary, secondary, tertiary or other payors. For the enrollee method, the converter will also create the "All Denial Reasons" column, and consider whether denied claims were for Medicaid eligible patients.

What does the PVT Calculator do with the extra claims rows produced by the Converter?

The PVT Calculator simply dedupes the extra claims back out after it selects the Eligible Claim. So for each patient and day, the Calculator will identify the Eligible Claim and will consider the rest of the claims for that day for the same patient as Duplicates.

So going back to the example, the Calculator will identify the first claim as a Duplicate and the second claim (the new row) as the Eligible Claim. The reason it selects the second row is that the PVT Calculator will always select a Medicaid Payor over another payor, provided the Medicaid claim is eligible. After Clean Up, the two rows will be reduced back to one row and the "All Payors" column will show which payor was selected, as displayed in the example below.

Multiple Payor Example after deduping:

Patient ID	Date of Service	Primary Payors	Primary Paid	Secondary Payors	Secondary Paid	All Payors	All Paid
Mr Apple	4/14/2017	Insurance1	\$100	Medicaid	\$200	Medicaid	\$200

After the Clean Up feature of the PVT Calculator has been used, all extra rows created by the Multiple Payor Converter will have been removed again. The conversion in combination with the PVT calculation simply ensures that all eligible Medicaid paid claims will be included, whether as primary, secondary, tertiary, etc.

C) What is the purpose of the Group Roster Creator?

The Group Roster Creator is for EPs who report as a group. This tool has no purpose for EPs who report individually.

The Creator helps you create the required Group Roster from the data in your claims sheet. If any of the first five data elements are included in your claims data, use the Creator to retrieve and organize this data for you. The rest of the roster data you will have to add manually. At a minimum, you will need to include the provider name and/or NPI in the claims data for the Creator to work.

After the Creator is done, you will also have to manually add all the other providers in the group that don't have claims data. For instance, a Resident would be part of the group, but will probably not have any claims data. As such, the Resident will have to be added manually.

After the roster is generated, you can sort the data by Provider Name or NPI, based on what is most convenient to you.

You can use "FILE - Print" in the Excel menu to print this Overview