CGM TASK MANAGEMENT

Kathy Puziak PMP CMPE

KPG Revenue Cycle Management, Inc.

Agenda

- Set-up sanity
- Have you set up your workflows?

Set-Up Sanity Check

Task Management Parameters

Months to hold task history	99
Months to hold upload files	3
Maximum number of days for task review	45
Maximum number of tasks per queue	10000

Auto Queue Filters

Balance Types to Include	☐ Personal ☑ Insurance ☑ Worker's Comp ☐ Collections
Balances to Include	○ All Balances ◉ Only Open Balances ○ Only Balances Greater Than .00

Save   Cancel   Reset

Action Codes – Status Codes

Action Codes

- No maximum
- Cannot search on Action Codes
- Tells you what was done
- One system code "TRANSF"

Status Codes

- Maximum of 25 codes
- 9 System defined codes that cannot be deleted
- Can search on Status Codes
- Tells you current state of the task

Task Queues

- Scrub Queues
- Edit Queues (Report fed by format)
- Rejection Queues (Claim based; auto fed)
- Denial Queues (Charge based; auto fed)
- A/R Queues (Charge based; auto fed)
- Other Queues
  - Admin Queue
  - Refund Queues

What queues can look at other queues?

▪ Report fed queues can look at auto fed queues IF

Auto Fed Queue:

In All Queues	When looking across queues ◉ Include this queue ○ Exclude this queue

Report Fed Queue

In All Queues	When feeding a report into this queue, look at included queues and ... ☑ Create a task only if there are no active tasks for this charge/claim ☐ Create a task if the charge/claim has not had a task created within the past 0 days

Don't forget the display!

Select to Display in Task Summary				
Date of Service	☐	Amount		☑
Provider	☑	Due Amount		☑
Provider Group	☐	Personal Balance		☐
Ordering Physician	☐	Insurance Balance		☐
Supervising Physician	☐	Total Balance		☑
Reason	☑	Payment Status		☑
Insurance	☑	Review Date		☑
Procedure Code	☐	Last Edited On		☑
Place of Service	☐	Last Edited By		☑
Billing Area	☐			

Don't forget Messages

Queues		Message		Last Edit	Remove Message
ANTHEM DELAY		TIMELY FILING FOR UHC: 120 DAYS. PHONE NUMBER: 333-333-3333. WEB SITE: www.anthem.com Work in following order: NOTEADD, REVIEW, TRANSF, NEW		06/02/2013 ADMIN	☐

Save Cancel Reset

Have You Set up Workflows?

Setting priorities

- Establishing priorities in working denials and insurance follow-up ensures your staff understands the goals and objectives of the organization as it relates to their role.

Denial queues – Process flows

- Design considerations
- Display (3.5)
- Criteria
- Workflow

This is the problem	This is what I need to do to fix the problem	This is the Action Code I need to apply in Task Management	This is the Status Code I need to apply in Task Management	Do I need to send a claim or form letter?	Do I put in a review date?	Is a note required?	Can I transfer the task?	Notes
Zero Pays requiring an appeal	Reason for the denial? What documents were submitted with the appeal? What letter sent? Who was the letter sent to? When was letter sent? How was letter sent?	APPEAL	APPEAL	Depends on payer and type of appeal	Depends on payer	Yes - use template for APPEAL	No	When searching in your queue, consider excluding status type of APPEAL.
Eligibility - able to verify and fix problem	Call the insurance to verify ID number If correct ID verified, fix account in system	CLDINS	COMPL OR PEND	Yes (this may depend on the payer) For example Aetna may reprocess over the phone	COMPL - NO PEND - YES	Yes - use template for CLDINS	No	

Insurance follow-up queues – Process flows

- **Design considerations**
- **Criteria**
- **Workflow**

Insurance Follow-Up Queue Processes								
This is the problem	**This is what I need to do to fix the problem**	**This is the Action Code I need to apply in Task Management**	**This is the Status Code I need to apply in Task Management**	**Do I need to send a claim?**	**Do I put a Review Date?**	**Is a note required ?**	**Do I transfer the task?**	**Comments**
Charge is already in a denial queue	Review the notes to be sure it is being handled	OTHRQ (Other Queue)	COMPL	No	No	Yes – Note that you have reviewed the task and it is being managed in XXX queue	No	Be sure the follow up is done in the Denial Queue.
Timely Filing limit reached and claim went electronically	Research how claim was filed and when it was sent	APPEAL1 (First stage appeal)	APPEAL	Depends on payer	5 -10 business days depending on how information was transmitted to payer	Yes	No	

Rejection queues – Process flows

- Design considerations
- Criteria
- Workflow

Rejection Workflows

This is the problem	This is what I need to do to fix the problem	This is the Action Code I need to apply in Task Management	This is the Status Code I need to apply in Task Management	Do I need to send a claim?	Do I put a Review Date?	Is a note required?	Do I transfer the task?	Comments
QSBSB National Drug code unit basis qualified must be F2 Gr ML or UN	Check constants setup. Check the charge. Correct the error. Resubmit.	CRTCHG	COMPL	Yes	No	Yes – Note the corrected information & re-bill date.	No	If the charge is corrected and reposted it will automatically exit from TM
255 Diagnosis Code	Diagnosis invalid for date of service. Depends on protocol in office – May need to transfer to Coding queue for resolution	CRTCHG Or TRANSF	COMPL Or N/A	YES Or After resolved	NO Or 5 days	Yes – Note the corrected information & re-bill date. Or Note to Coding about info required	No Or Yes	If the charge is corrected and reposted it will automatically exit from TM

Variance Reporting

- New report from Alternate Fees

KPG Revenue Cycle Management Inc.

Field	Description
Report Type	Under/Over – Specified whether the report should detail payments where the payment allowed amount was less than the charge allowed amount (under) or if the payment allowed amount was greater than the charge allowed amount (over). Default is Under.

Field	Description
Variance Percentage	A percentage Amount. Enter the percent to indicate how much greater than or less than the charge allowed amount the report should select. The percent sign is assumed. The default is .00. This is a required field. If a percent is not entered, display message Zero Percent is Not Allowed when selecting Print.
File Creation	Select from Drop Down Menu: No File, File & Summary Report or File & Full Report Select one of the options lets the user generate the output as a comma delimited file direct to their PC. This provides the ability to generate a spreadsheet to send to a payer to appeal the payments.
Date of Service Range	Enter an 8-character date field Specify a date of service range for the report. You can enter a from date and leave the thru date blank. You can enter a thru date and leave the from date blank. You can specify a range date.

Field	Description
Payment Date Range	Enter an 8-character date field Specify a payment date range for the report. You can enter a from date and leave the thru date blank. You can enter a thru date and leave the from date blank. You can specify a range date.
Payment Posting Date Range	Enter an 8-character date field Specify a payment posting date range for the report. You can enter a from date and leave the thru date blank. You can enter a thru date and leave the from date blank. You can specify a range date.
Exclude	Check the checkbox to exclude the data entered. Exclude options are available for Insurance Classes, Insurance Codes, Procedure Code Range, Procedure Code, Procedure Modifier, Revenue Centers, Provider Specialty, Provider Groups, Provider Codes, Place of Service Range and Place of Service Codes. Default all boxes to unchecked.

Field	Description
Insurance Classes	Four alphanumeric insurance class code You may enter up to 10 Insurance Class Codes to include or exclude in the report. You may run a report on an unavailable Insurance Class Code.
Insurance Codes	Four alphanumeric insurance code You may enter up to 10 Insurance Codes to include or exclude in the report. You may run a report on an unavailable Insurance Code.
Procedure Code Range	Seven character procedure code Allows you to enter up to 10 Procedure Codes ranges to include or exclude in the report. You may run a report on unavailable Procedure Codes.
Procedure Code	Seven character procedure code Allows you to enter up to 10 Procedure Codes to include or exclude in the report. You may run a report on unavailable Procedure Codes.

Field	Description
Procedure Modifiers	Two character procedure modifier Allows you to enter up to 10 Procedure Modifiers to include or exclude in the report. You may run a report on unavailable Procedure Modifiers.
Revenue Centers	Two character charge revenue center (1- 20) You may enter up to 10 Revenue Centers to include or exclude in the report. You may run a report on an unavailable Revenue Center.
Provider Specialty	Two character specialty code You may enter up to 10 Provider Specialties to include or exclude in the report. You may run a report on an unavailable Provider Specialty.
Provider Groups	Five character Provider Group Code You may enter up to 10 Provider Groups to include or exclude in the report. You may run a report on unavailable Provider Groups and must have security to the Provider Groups entered through Report security.

Field	Description
Provider Codes	Three character provider code You may enter up to 10 Provider Codes to include or exclude in the report. You may run a report on unavailable Provider Codes.
Place of Service Range	Five Character place of service code Allows you to enter a Place of Service Range to include or exclude in the report. Values entered do not need to be on file and/or available.
Place of Service Code	Five Character place of service code Allows you to enter a Place of Service Code to include or exclude in the report. Values entered do not need to be on file and/or available.

Field	Description
Generate Task In	Up to 20 letters, numbers, or punctuation marks You should leave this field blank if you do not wish to have this report populate a Task Management queue. If you do wish to populate a Task Management queue for the transactions that are included in output enter the queue name here. The queue you choose must be available. It must also be defined as report-fed with a source of "All Other Reports", and it must be charge-based. A report is spooled to Printer Management detailing what was uploaded.
Sort By	Select from Drop Down Menu You can sort the report by any one of the following selections: Date of Service, Payment Date, Payment Posting Date, Insurance Code, Procedure Code, Procedure Modifier, Provider Code, or Place of Service Code.

Questions?

Contact Information

Kathy Puziak, CMPE

KPG Revenue Cycle Management, Inc.

Consulting, Training, Speaker

Las Vegas, Nevada

kathy.puziak@kpgrcm.com

303-478-3828