



COMPLIANCE . INTEGRATION . COLLABORATION .

e C M S

MD Department of Health and Mental Hygiene

B C C D T

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BCCDT eCMS DESKTOP OVERVIEW

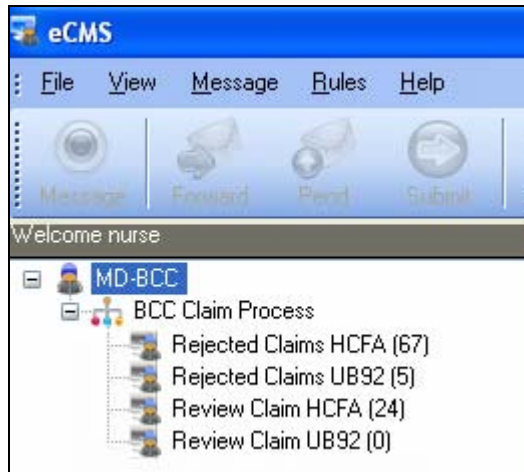
The eCMS Desktop application provides staff access to review and handle documents that are part of an automated workflow business process. While much of the business process runs automatically, some types of errors and issues need to be reviewed by staff. Documents that need staff review and action are placed in a queue for staff to access and process. Using the eCMS application, staff can:

- Review and modify documents
- View, Add or perform action such as Approve error codes
- View , Add, Edit or Delete notes
- View an audit trail of the claim detailing its path in the workflow
- Make decisions in real time such as Accepting or Rejecting a claim
- Pend a message in user’s inbox
- Forward claim(s) to another user or all users
- Set the claim(s) priority as high, normal or low
- Users have the option to activate/deactivate the ability to add a comment while performing any of the following actions: (Pend, Forward, or Submit) a claim

The screenshot displays the eCMS desktop application interface. At the top is a menu bar with 'File', 'View', 'Message', 'Rules', and 'Help'. Below the menu is a toolbar with icons for 'Message', 'Forward', 'Pend', 'Submit', 'Refresh', 'Reload', 'Refresh', and 'Help'. The main window is titled 'eCMS' and shows a 'Welcome nurse' message. On the left is a tree view for 'MD-BCC' containing 'BCC Claim Process' with sub-items: 'Rejected Claims HCFA (68)', 'Rejected Claims UB92 (5)', 'Review Claim HCFA (24)', and 'Review Claim UB92 (0)'. The central area is a 'Message List' table with columns: Username, Priority, Claim ID, Batch No., and Claim No. The table contains several rows of data, with the last row highlighted. Below the table is a toolbar with buttons for 'Pend Message', 'Accept', 'Submit', and 'Forward', along with dropdown menus for 'All users' and 'Normal'. The bottom section is a 'Message Panel' titled 'HEALTH INSURANCE CLAIM FORM' with various input fields and checkboxes for '1. MEDICARE', '2. MEDICAID', '3. PATIENT'S BIRTHDATE', '4. INSURED'S NAME', '5. PATIENTS ADDRESS', '6. PATIENT RELATIONSHIP TO INSURED', '7. INSURED ADDRESS', '8. PATIENT STATUS', '9. OTHER INSURED'S NAME', '10. IS PATIENT CONDITION RELATED TO:', and '11. INSURED'S POL'. At the bottom right is a 'Message Extensions Panel' with buttons for 'HCFA 1500', 'Rejection BCC', 'Adjudication BCC', and 'EOB'.

eCMS DESKTOP REVIEW COMPONENTS

Each type of eCMS review has a specific purpose for review of either HCFA-1500 or UB-92 forms. Each person has access to view and use only the types of reviews relevant to his/her role.



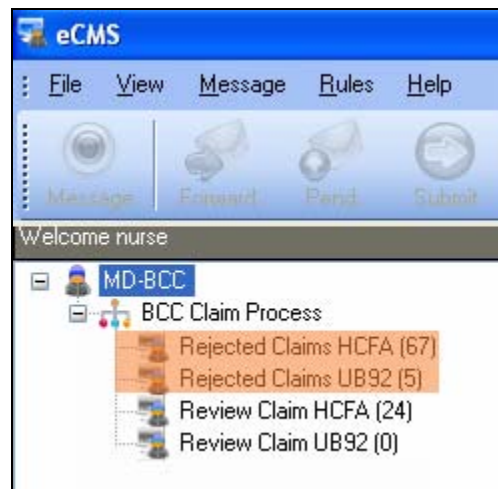
- **Rejected Claims**— Review rejected claims to generate rejection notices and print them. It also reviews and approves errors in order to accept claims deemed valid.
- **Review Claims**—Review all the claims with errors, or issues that do not conform to the business rules below. It checks the following items:
 - Patient Check**— Review the patient data and check if the patient is eligible at the date of service or not.
 - Provider Check**— Review the provider data and check if the provider federal tax ID/Suffix in the claim is the same as in his file or not.
 - Diagnosis Codes Validation**— Review claims that have invalid diagnosis codes.
 - Service Lines Validation**— Review claims that have invalid CPT codes or invalid modifiers.
 - Duplication Check**— Review claims that have some duplicated lines.
 - Statute of Limitations**— Review claims that have a service date outside the statute of limitations, it also check claim EOB and that the units don't exceed the maximum allowed.

REJECTED CLAIM




PURPOSE

Review rejected claims to generate rejection notices and print them. It also reviews and approves errors in order to accept claims deemed valid.

In this review, it is important to review the errors and notes that may give more details and a description of the errors regarding the claim.



STEPS

1. In the **Inbox**, double click the **Rejected Claim** for either HCFA or UB92 to display claim in the **Message List**.
2. Double click a message in the **Message List**, or select a message and click  "View message" button in the toolbar to display the form in the **Message Panel**.
3. Review the **Error Details** in the  Errors Panel to understand the reasons for rejection.
4. View the  **Notes Panel** as necessary to understand any issues and previous actions on this claim that may need to be explained in the rejection notice.

- Select the "Rejection BCC" tab to review and modify the rejection notices form in the **Message Panel**.

The screenshot shows the eCMS application interface. At the top, there is a menu bar with 'File', 'View', 'Message', 'Rules', and 'Help'. Below the menu bar is a toolbar with icons for Message, Forward, Pend, Submit, Refresh, Reload, Relogin, Help, and Exit. The main window is divided into several sections:

- Left Panel:** A tree view showing the 'MD-BCC' folder expanded to 'BCC Claim Process', which includes sub-items: 'Rejected Claims HCFA (67)', 'Rejected Claims UB92 (5)', 'Review Claim HCFA (24)', and 'Review Claim UB92 (0)'.
- Table:** A table with columns: Username, Priority, Claim ID, Batch No., and Claim No. It lists several rows of data, all with 'All users' as the username and 'Normal' as the priority.
- Form Area:** Below the table, there are buttons for 'Pend Message', 'Accept', 'Submit', 'Forward', and 'Priority'. Below these is the 'STATE OF MARYLAND' logo and the 'DHHM' logo. A red button labeled 'Rejection Notice Form' is highlighted.
- Message Panel:** At the bottom, there is a tabbed interface with 'Rejection BCC' selected. Below the tabs is a 'Message Errors' table.




| Code | Description | Level | Type | Status | User | Comment |
|--------|-------------|--------|-------------|----------|--------|---------------------------------------|
| 100902 | BCC Error | Normal | Logic Error | New | SYSTEM | Patient has another insurance, ... |
| 100502 | BCC Error | Normal | Logic Error | Approved | SYSTEM | Some diagnosis codes are invalid. |
| 100205 | BCC Error | Normal | Logic Error | New | SYSTEM | Patient status is inactive in the p.. |

- Check/Uncheck any rejection reasons:** Review or change the reasons for rejecting the claim by checking or unchecking the checkboxes for each rejection reason.
- Add or modify the provider address:** Click "Provider Address" field in the rejection notice form and "Provider Address" window will be displayed to enter the provider address.
- Add additional information, if necessary, explaining the reasons for rejecting a claim.** Click the "Other" field in the rejection notice form and the "Other Reason(s)" window displays where you can enter additional information about why a claim is rejected.

- **Print the rejection notice form:** Select the "Print" item from the File menu. Keep the default settings of "Fit Each Tab to Single Page."
6. Select an action for the claim. (Steps to complete each action are described below):
- Pend
 - Submit by accepting or rejecting the claim.
 - Forward to others

Pend


Pending a claim saves the claim for you to review later.

- a. Add any  notes to the claim that may be helpful to you.
- b. Select  "Pend" from the **Actions Panel**.
- c. If you selected from the View-> Options menu to be prompted for a comment a pending reason window will be displayed where you type your comment.
- d. Click  "Close" from the **Actions Panel** to close the claim.

Result: The claim will appear in the Message List in blue with a tool tip displaying the pending reason. At this point, the eCMS Desktop is ready for your next action.

Submit (Accept)

Overriding an error forwards the claim on towards payment. If the claim has other errors, it may be stopped along the path towards payment more than once.

- a. Add any  notes to the claim that may be helpful to others. (Optional)
- b. Click the "Errors Tab" in the Errors Panel.
- c. Double Click the error in the Errors Panel where the "Error Details wizard" will be displayed.
- d. Select "Approved" status from the Status drop down list in the "Errors Details" wizard.

Error Details

User: nurse Component Name: MDCMS.BCC.BCCL

Code: 100502

Location:

Description: BCC Error

Level: Normal Type: Logic Error

Status: Approved Date: 6/13/2005 9:36:44 AM

Comment: New
Approved

Some diagnosis codes are invalid.



Error Details: No link available.

Show History >> OK Cancel

If the error is acceptable and does not prevent the acceptance of a claim, change the Error Status field to “Approved.”

Note: In order for a claim to be accepted, every error status must be changed to “Approved” or the message will not go to the next pathway.




Note: You should select “Approved” for every error in the message to be successfully adjudicated. In case the units field is not filled, changing the status to “Approved” will not bypass the error. In this case the error should be resolved by entering a numeric unit value in the units field then change the error status to “Approved”.

- e. Select “Accept” from the Actions Panel.
- f. Click  “Submit” to forward the claim on towards payment.
- g. Click  “Close” from the Actions Panel to close the claim.

Result: eCMS System moves the claim along the adjudication pathway. At this point, Inbox messages are refreshed and the eCMS Desktop is ready for your next action.

Submit (Reject)




Rejecting the claim due to an error will immediately remove the claim from the adjudication pathway. This claim will be sent along the rejection pathway, possibly meeting rules, automated processes and other users along the way.

- a. Add any  notes to the claim that may be helpful to others. (Optional)
- b. Select "Reject" from the **Actions Panel**.
- c. Click  "Submit" to forward the claim along the rejection pathway.
- d. Click  "Close" from the **Actions Panel** to close the message.

Result: The claim will disappear from view as the eCMS System moves it along the rejection pathway. At this point, the eCMS Desktop is ready for your next action.

Forward to Others

You can send a claim to others for review and input.

- a. Add any  notes to the claim that may be helpful to others. (Optional)
- b. Select a user to send the claim to from the  "Forward" dropdown list. You may select a specific person or send it to all users.
- c. Click  "Close" from the **Actions Panel** to close the message.

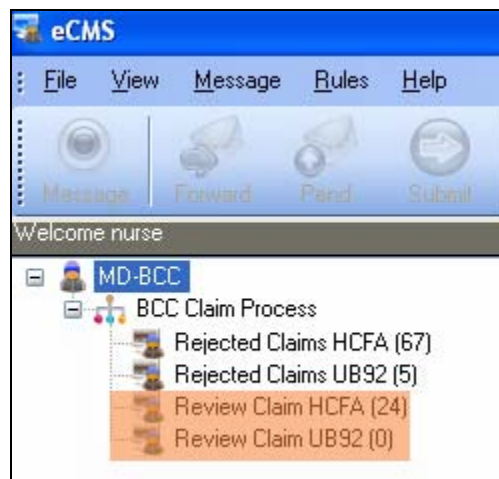
Result: eCMS system moves the claim to other users. At this point the eCMS Desktop is ready for your next action.

REVIEW CLAIM





PURPOSE

Review all the claims with errors, or issues that do not conform to the business rules below. It is possible to override the errors with invalid SOL (Statute of Limitations), but errors in patient or provider data cannot be overridden. It checks the following items:

- **Patient Check**— Review the patient data and check if the patient is eligible at the date of service or not.
- **Provider Check**—Review the provider data and check if the provider federal tax ID/Suffix in the claim is the same as in his file or not
- **Diagnosis Codes Validation**— Review claims that have invalid diagnosis codes.
- **Service Lines Validation**— Review claims that have invalid CPT codes or invalid modifiers.
- **Duplication Check**— Review claims that have duplicated lines.
- **Statute of Limitations**— Review claims that have a service date outside the statute of limitations, it also check claim EOB and that the units don't exceed the maximum allowed.






STEPS

1. In the **Inbox**, select **Review Claim** for either HCFA or UB92 to display claim in the **Message List**.
2. Double click a message in the **Message List**, or select a message and click  "View message" button in the toolbar to display the form in the **Message Panel**.
3. View the **Error Details** in the  **Errors Panel** to determine if the error is acceptable or an issue requiring claim rejection.
4. View the  **Notes** and  **Audit Panel** as necessary to understand any issues and previous actions on this claim.
5. Select an action for the claim. (Steps to complete each action are described below):
 - Pend
 - Submit by accepting or rejecting the claim.
 - Forward to others

Pend


Pending a claim saves the claim for you to review later.

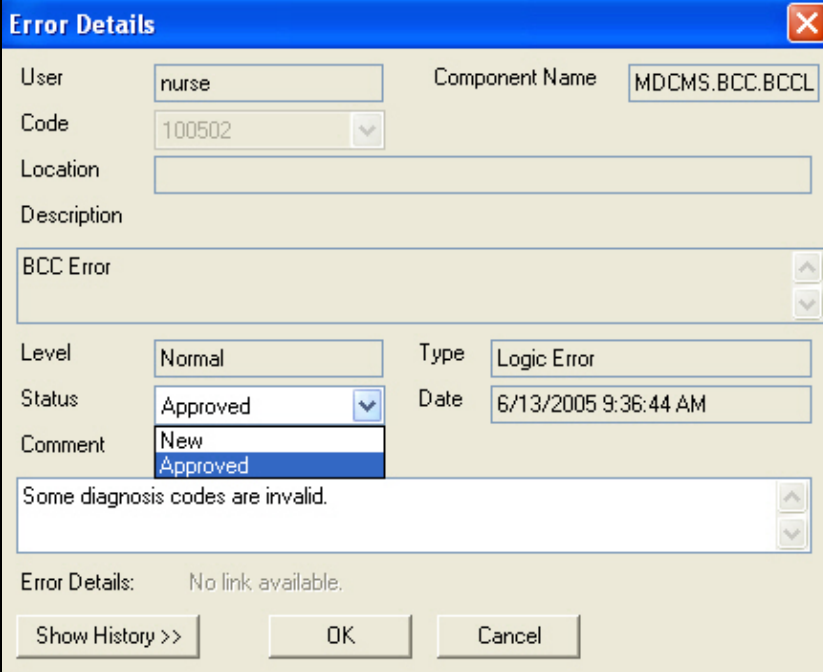
- a. Add any  notes to the claim that may be helpful to you.
- b. Select  "Pend" from the **Actions Panel**.
- c. If you selected from the View-> Options menu to be prompted for a comment a pending reason window will be displayed where you type your comment.
- d. Click  "Close" from the **Actions Panel** to close the claim.

Result: The claim will appear in the Message List in blue with a tool tip displaying the pending reason. At this point, the eCMS Desktop is ready for your next action.

Submit (Accept)

Overriding the error forwards the claim on towards payment. If the claim has other errors, it may be stopped along the path towards payment more than once.

- Add any  notes to the claim that may be helpful to others. (Optional)
- Click the "Errors Tab" in the **Errors Panel**.
- Double click the error in the **Errors Panel** where the "Error Details" wizard will be displayed.
- Select "Approved" Status from the Status drop down list in the "Errors Details" wizard.



Error Details

User: nurse Component Name: MDCMS.BCC.BCCL

Code: 100502

Location:

Description: BCC Error

Level: Normal Type: Logic Error

Status: Approved Date: 6/13/2005 9:36:44 AM

Comment: New, Approved

Some diagnosis codes are invalid.



Error Details: No link available.

Show History >> OK Cancel

If the error is acceptable and does not prevent the acceptance of a claim, change the Error Status field to "Approved."

Note: In order for a claim to be accepted, every error status must be changed to "Approved" or the message will not go to the next pathway.




Note: You should select "Approved" for every error in the message to be successfully adjudicated. In case the Patient or Provider Check failed for some reason, changing the error status to "Approved" will not bypass the error. In these cases the error should be resolved by changing provider or patient file then change the error status to "Approved" in order to recheck the error.

- e. Click "OK" to return to the **Actions Panel**.
- f. Select "Accept" from the **Actions Panel**.
- g. Click  "Submit" to forward the claim on towards payment.
- h. Click  "Close" from the **Actions Panel** to close the claim.

Result: The claim will be submitted directly to the output folder. At this point, the Inbox messages are refreshed and the eCMS Desktop is ready for your next action.

Submit (Reject)



Rejecting the claim due to an error will immediately remove the claim from the adjudication pathway. This claim will be sent along the rejection pathway, possibly meeting rules, automated processes and other users along the way.

- a. Add any  notes to the claim that may be helpful to others. (Optional)
- b. Select "Reject" from the **Actions Panel**.
- c. Click  "Submit" to forward the claim along the rejection pathway.
- d. Click  "Close" from the **Actions Panel** to close the message.

Result: The claim will disappear from view as the eCMS System moves it along the rejection pathway. At this point, the eCMS Desktop is ready for your next action.

Forward to Others

You can send a claim to others for review and input.

- a. Add any  notes to the claim that may be helpful to others. (Optional)
- b. Select a user to send the claim to from the  "Forward" dropdown list. You may select a specific person or send it to all users.

- c. Click  "Close" from the **Actions Panel** to close the message.

Result: eCMS system moves the claim to other users. At this point the eCMS Desktop is ready for your next action.

Note: When a claim is submitted or sent, a read-only view persists on the screen till user dismisses it.
