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e C M S

MD Department of Health and Mental Hygiene

K D P

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KDP eCMS 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

Inbox

Username	Priority	Batch No.	Claim No.	Claim ID	Patient No.	Patient Name	Provide
All users	Normal	K304	004	D1390	112139	EDWARDS	52:115E
All users	Normal	K304	005	D1391	11		
All users	Normal	K304	019	D1405	11		
All users	Normal	K304	020	D1406	11		
All users	Normal	K304	021	D1407	112139	EDWARDS	52:115E
All users	Normal	K304	022	D1408	112139	EDWARDS	52:115E
All users	Normal	K304	023	D1409	112139	EDWARDS	52:115E

Message Panel

HEALTH INSURANCE CLAIM FORM

1. MEDICARE MEDICAID CHAMPUS CHAMPVA FECA OTHER (ID)

1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1) 112139

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) EDWARDS, DENNIS

3. PATIENT'S BIRTHDATE M/D/Y M F SEX

4. INSURED'S NAME (Last Name, First Name, Middle Initial) EDWARDS, DENNIS

6. PATIENT RELATIONSHIP TO INSURED SELF Spouse Child Other

7. INSURED'S ADDRESS (No., Street) 1409 TOWNWAY CT

8. PATIENT STATUS Single Married Other Employed Full-Time Student Part-Time

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO: YES NO

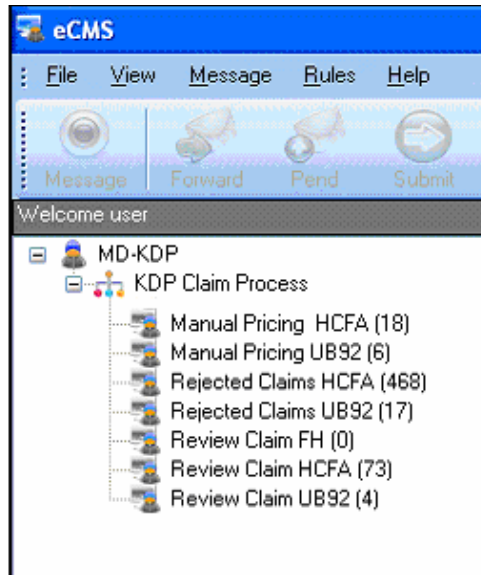
11. INSURED'S POLICY GROUP OR FECA NUMBER

Message Extensions Panel

HCFA 1500 Rejection KDP Adjudication KDP EDB

eCMS REVIEW COMPONENTS

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



- **Manual Pricing**— Review all the claims that have errors in pricing that automatic adjudication failed to solve. It also reviews the claims that have errors in insurance information.
- **Rejected Claims**— Review auto-rejected claims to generate rejection notices and print them.
- **Review Claims**— Review all the claims with errors, or issues that do not conform to the business rules below. This feature reviews all claims that violate the following rules:

Statute of Limitations— Review claims that have a service date outside the statute of limitations.

Diagnosis Codes Check—Review claims that have invalid diagnosis codes.

Provider Check— Review claims that have invalid provider data.

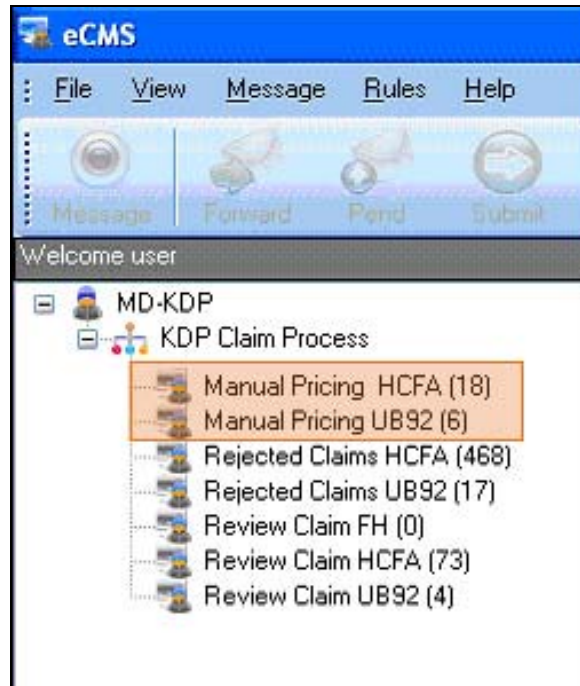
Patient Check— Review claims that have invalid patient name code.

COB Balancing Check— Review EDI claims that have invalid COB balancing.





MANUAL PRICING

PURPOSE

Review all the claims that have errors in pricing that automatic adjudication failed to solve. It also reviews claims that have errors in insurance information.



STEPS

1. In the **Inbox**, click the **Manual Pricing** eCMS node for either HCFA or UB92 to display claims in the **Message List**.
2. Double click a message in the **Message List**, or select a message and click the  "View Message" button from the toolbar, to display the form in the **Message Panel**.
3. View the  **Notes**,  **Errors** and  **Audit Panel** as necessary to understand any issues and previous actions on this claim.
4. Select "Adjudication KDP" tab to manually price the claim.

REV. CD.	Description	HCPS	Service Date	Units	\$ MA Rate	Mod. %	\$ Calculated Charges	S*	\$ Billed Charges	\$ Amount To Pay**	
000		D7485	09-27-2004	1	\$		\$		\$ 576.49	\$	
									Total \$	\$	
									EST. AMOUNT DUE:	\$ 614.61	<input type="button" value="Calculate"/>

Note1: The total adjudicated takes into consideration the amount paid.

Note2: Don't click the Calculate button, just change the total amount.

*Status>> Y: Accepted ,R: Rejected ,E: Duplicate




**You can manually edit and override the Amount to Pay in the individual lines or Total.

UB-92 | Rejection KDP | **Adjudication KDP** | EDB

5. Enter the Manual Price on the fields in the Manual Charges column (If it is blank or if you want to modify the value entered in it). Then click the "Calculate" button to determine the "Total Amount" to pay for this claim.
 - **Acceptable Flag Symbols (S*):** "Y" means that the service line is acceptable. "E" means that the service line is an exact duplicate. "R" means that the service line is rejected. Fields that contain "Y" will be added to the total amount to pay otherwise their amount will not be calculated.
 - **Manual Price:** The default price is the smaller of the Calculated Charges and the Billed Charges, but you should enter the price manually when any of the following errors occurs:
 - MA Rate is zero in the database.
 - Modifier Percentage Price is equal to zero or doesn't exist in the database.
 - **Total Calculated Charges:** This is the sum of all Service Lines of the Calculated Price for each line, excluding rejected or duplicate Service lines.
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.KDP.KDP

Code: 300105

Location:

Description: KDP Error

Level: Normal Type: Data Format Error

Status: New Date: 6/16/2005 12:28:22 PM



Comment: New
Approved

Service type '1' is invalid.

Error Details: No link available.

Show History >> OK Cancel




Note: Select "Approved" for every error in the message or the message will not go to the adjudication pathway.

- a. Click "OK" to return to the Actions Panel.
- b. Select "Accept" from the Actions Panel.
- c. Click  "Submit" to forward the claim on towards payment.
- d. 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.

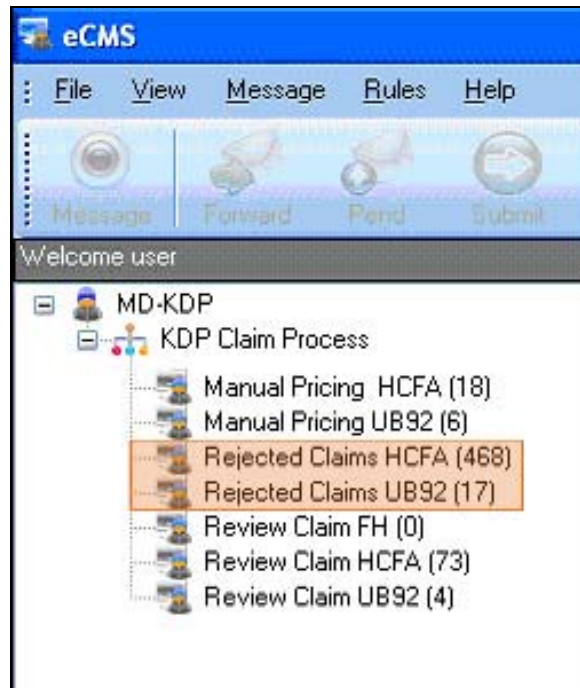
- a. Add any  notes to the claim that may be helpful to others. (Optional)
- b. Select a user to send the claim to from the  “Forward” dropdown list. You may select a specific person or send it to all users.
- c. Click  “Close” from the **Actions Panel** to close the message.

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



REJECTED CLAIM

PURPOSE

Review auto-rejected claims to generate rejection notices and print them. 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**, click the **Rejected Claim** eCMS node for either HCFA or UB92 to display claims 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 relevant form in the **Message Panel**.
3. Review the **Error Details** in the  Errors Panel to understand the reasons for rejection.

6. Select an action for the claim. (Steps to complete each action are described below):
 - Pend
 - Submit (Reject)
 - 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. (Optional)
- 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 on the pending reason. At this point, the eCMS Desktop is ready for your next action.

Submit (Reject)




Rejecting a claim removes it from the adjudication pathway. The rejected claim is sent to a different Inbox to print a rejection notice.

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

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.

- 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 forward it to all users.
- c. Click  "Close" from the **Actions Panel** to close the claim.

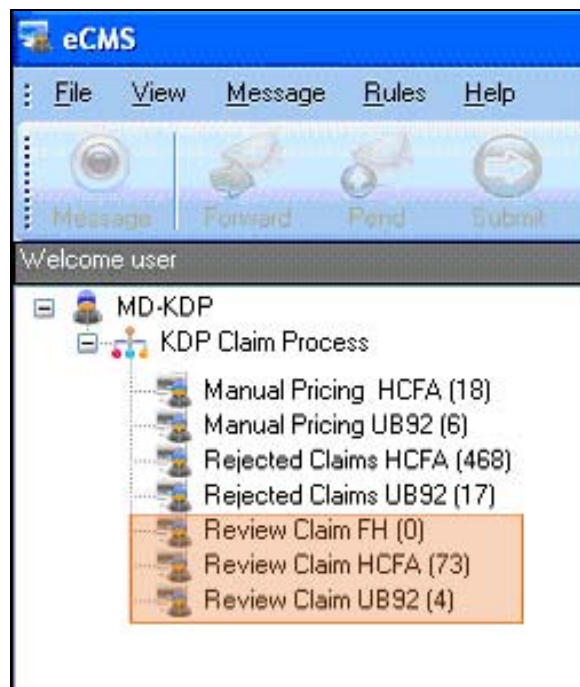
Result: eCMS system moves the claim to other users. At this point the eCMS Desktop is ready for your next action.

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.

- **Statute of Limitations**— Review claims that have a service date outside the statute of limitations.
- **Provider Check**— Review the provider data and check if this provider is registered with the KDP program. The provider check, checks the "vendor number " which consists of the combination of the Federal Tax ID number and Service Type on KDP Vendor file and the Store Number if exists.
- **Patient Check**— Review the patient data and check if the patient is registered with the KDP program. This program checks the Patient Last Name field: First and second character of the last name.
- **COB Balancing Check**— Review EDI claims that have invalid COB balancing.





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




Note: You should select "Approved" for every error in the message for adjudication. In the case of Patient or Provider Check, "Approved" will not bypass the error. In those cases the error should be resolved by changing provider or patient file. "Approved" will recheck for the error.

Note: In order for a claim to be accepted, every error must be individually overridden by changing each error's status to "Approved."

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. (Optional)
- b. Select  "Pend" from the **Actions Panel**.
- c. 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.

- 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: Component Name:

Code:

Location:



Description:

Level: Type:

Status: Date:

Comment:



Error Details: No link available.

- 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 claim.

Result: The claim will move 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.

- 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 claim.

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