**Introduction**: You’ve just logged in as a Denied Claims Analyst (DCA). From your Home page, you will find all new (unworked) denied claims in the queue, grouped by reject category.

**Scenario 1 (Disposition Only): No Action Required – researched and appropriate denial**

1. First I need you to review the UM-Non Formulary (UM-NF) rejects. Go to the list of denied claims for this specific category.
2. Let’s say you’ve already prioritized your work by filtering on Protected Class drugs for this category. Let’s work claim 1111111111 for VENLAFAXINE HCL ER 225 MG TAB drug.
3. Review the Formulary information for this drug; locate the Part D formulary ID.
   1. Let’s pretend that if the formulary ID is 12345, then we know this drug is not on the formulary and it denied appropriately.
4. Since no action is required, let’s disposition the claim that it was an appropriate denial, in order to mark it complete.
   1. When marking it complete, add a note documenting that this form of the drug is not on formulary.

**Scenario 2 (Actions/Activity): Action Required – took action and keep open for follow-up**

1. Now let’s review a different category - the Prescriber Validation (PV) rejects. Go to the list of denied claims for the PV reject category.
2. Let’s say you’ve already sorted your list, to prioritize which claims to review next. Let’s work the first claim 3333333333 for member JEAN BABCOCK.
3. While reviewing details of the denied claim, what is the reject code description for this denied claim?
4. Based on that reject reason, please review the prescriber information that was submitted on the claim.
   1. For this scenario, let’s say that if the Submitted Physician ID Qualifier is 12=DEA, then we will need to contact the pharmacy to request resubmission of the claim with a valid NPI.
5. Locate the pharmacy phone # so that you can make a call.
6. Let’s assume you’ve made the call, and had to leave a message. You are awaiting a call back, but will need to follow up again at 2pm. Let’s document the actions taken:
   1. Action Type: “Requires Outreach to Pharmacy”
   2. Activity: “Outreach Attempted (Left Message)”
   3. Status: “Awaiting Response”
   4. Follow Up Date: today’s date (12/17/15)
   5. Follow Up Time: 2pm
   6. Note: “Left message to reprocess with prescriber's NPI#.”
7. Save your work. Once saved, a summary of the action taken is now available to view and update. Where do you find this information?
8. For now, you’re done with this claim. Since the denied claim was worked, but not completed, it will be saved in your My Tasks queue.
9. Let’s return to the Home page to select another denied claim.

**Scenario 3 (My Tasks): Action Required – took action and completed/closed**

1. Now let’s pretend the pharmacy just called you back about the prior claim you just worked on, for JEAN BABCOCK. Find that claim in your My Tasks queue. Select the claim for update.
2. While on the phone with the pharmacy, let’s say you explained the issue and the pharmacy advised they will resubmit the claim with correct information.
3. Update the action associated to the pharmacy outreach. Edit the action to add the following information:
   1. Activity: “Outreach Completed”
   2. Status: “Completed”
   3. Notes: “Spoke with John at pharmacy; they will reprocess with prescriber's NPI#.
4. Save your updates.
5. Disposition the claim that it is now Resolved, in order to mark it Complete.

**Scenario 4 (Assign): Action Required – forward to another user**

1. Now let’s review a different category - the Eligibility/COB rejects (ELG). Go to the list of denied claims for the ELG reject category.
2. Let’s work claim 7777777777 for member MERLYN MATTHIES.
3. Based on the reject reason, let’s review the member information to see if they have other health insurance (OHI).
   1. Does the member have OHI primary to Medicare?
   2. If so, the claim will need to be assigned to another user.
4. Assign this work item to user ABC with the action: “Request COB Review”. Set the following:
   1. Due Date: tomorrow @ 4pm
   2. Note: “Member has OHI primary to Medicare; please review”
5. You’re done with this claim. Let’s return to the Home page to select another denied claim.

**Scenario 5 (Subsequent Approved): Bulk Update – Disposition to Completed**

1. For this scenario, let’s review claims you have started working, but did not complete. From your My Tasks queue, let’s change our display to show denied claims that have subsequently approved.
2. Let’s say your page refreshed and now reflects just those with subsequent approvals.
   1. We decide there is no need to review the first 2 on the list. From this page, go ahead and mark those two as review completed.

**Scenario 6 (Refill Too Soon): Bulk Update – Disposition to Completed**

1. Go to the list of all unworked denials for the reject category Refill Too Soon.
2. Let’s say that we determine there is no need to review any denied claims in this category. From this page, go ahead and mark all the denied claims in this category as review not required.
   1. Add a note “Completed; refill too soon”.