**Introduction**: You’ve just logged in as a Denied Claims Analyst (DCA). From your Home page, you are able to see each of the Reject Categories and the number of new (unworked) denied claims or work items in the queue.

Review of High-Level Concepts:

* Work Item (duplicate rejections grouped)
* Denied Claims Analyst (DCA) queue
* Ownership & My Tasks

**Scenario 1 (View Mode): View Work Item**

1. Go to the list of denied claims for the Payment Determination (PD) category. Here you will see the new rejections for the category.
2. Let’s say you’ve already prioritized your work by filtering on Protected Class drugs for this category.
3. If you only want to view that first claim 4639803679 without taking ownership of it, how do you think you would do that?
4. Now that you’ve viewed the work item, let’s say you want to go back to the home page to start working it. How would you go about doing so?

**Scenario 2 (Actions/Activity): Action Required – Populate/Export template to Fax Physician**

1. From the Payment Determination (PD) category, let’s work that first claim 4639803679 for drug ABC by editing it.
2. You are taken to the Review page where you can view relevant claim information by navigating through the side navigation tabs.
3. Let’s say you’ve done all the research for this “PA Required” rejection and it will require contacting the physician.
4. So we need to take action for this work item - let’s document the ACTION that the claim Requires Outreach to Prescriber.
	1. Set **Follow Up Date** to 2/20/16 @ 8am
	2. **Activity** we will perform is to Export Fax Template / Fax Physician. You may notice that fields are presented below and auto-populated where applicable.
	3. Let’s shorten the **Denial Reason** to “PRIOR AUTHORIZATION REQUIRED”
	4. In the **Additional Information**, let’s note: “If you would like this to be considered for coverage, contact us at XXX”
5. Once populated, let’s Export the fax template.
6. User Input:
	1. Who in your organization (if any) typically does this type of prescriber outreach?
	2. How do you envision using this physician fax template functionality – are you more likely to print directly from here, or copy/paste into a standard fax template?
	3. Is there any key information you feel is missing?
7. Return to the Home page for the next scenario.

**Scenario 3 (My Tasks): Edit Action – Mark Completed**

1. Now let’s pretend the prescriber just called you back about the prior claim you just worked on, for SKIPPY JOY. Since you owned it, find that claim in your My Tasks queue.
2. Let’s edit this work item.
3. For this scenario let’s assume the physician’s office advised of the diagnosis, so a PA will be required.
4. Let’s update the open action of Outreach to Prescriber so that we can mark it completed. Edit the action to add the following information:
	1. **Status**: “Completed”
	2. **Activity**: “Outreach Completed”
	3. **Activity Notes**: “Prescriber provided addl Dx info…”
5. Save your updates.
6. Stay on this work item so that we can add a new action to request PA review.

**Scenario 4 (Forward, outside the tool): Action Required – Populate/Export and forward to other Dept**

1. For this same claim, we will document the request to create a PA based on information we just obtained from the doctor.
2. Let’s add another ACTION to Request PA (Clinical) Review.
3. We will be forwarding this information on to the PA department, *outside* the tool, i.e. via email. So the **Activity** we will perform is to Export Action Details/Forward to Other Department.
	1. Set **Follow Up Date** to 2/19/16 @ 5pm
	2. Add **Activity Notes** that “Dr Pepper provided info; please create PA”
4. For this action, notice a set of fields displays at the bottom. Populate the following:
	1. **Diagnosis**: XXX
	2. **Receipt Time and Date**: 2/18/16
	3. **Decision to Process under D or B**: D
	4. **Length of time for the PA**: 12 months
	5. **Effective date of the PA**: 1/1/2016
5. Now Export the information.
6. User Input: Scenario enables forwarding information to another dept while still “owning” the work item in the system, to track to completion.
	1. What are your thoughts on this functionality?
	2. Do you anticipate there will be users in your organization that may help resolve a denied claim, but will NOT utilize this tool to track their work?
	3. Are there other scenarios when this type of export functionality would be useful?

**Scenario 5 (Assign, within tool): Action Required – Assign to another user within the tool**

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 your research you determine this work item should be assigned to another user within the application.
4. Assign this work item to User 2 with the action: “Request COB Review”.
5. Set a due date and time you expect it to be done, and add a note.
6. User Input: Before you assign and close this page, notice the checkbox “return to owner”.
	1. What do you think this box represents?
	2. Are there instances where you would assign a work item to another user and expect it be returned to you when they are done? Vice versa?
7. Assign and close the work item. Return to the Home page to select another denied claim.

**Scenario 6 (Change Ownership): Laterally reassign task to peer**

1. Go to My Tasks.
2. Let’s say you need help with the claim for member HOOP, HULA and need to change ownership by reassigning it to a peer.
3. How would you go about doing that?

**Scenario 7 (Own Tasks): Select/Add multiple tasks to My Tasks queue**

1. Go to the list of denied claims for the Utilization Management – Non Formulary (UM-NF) reject category.
2. If you wanted to own all claims in this queue, how would you go about owning them?
	1. Where do you think they go when you own them?

**Scenario 8 (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 9 (Refill Too Soon): Bulk Update – Disposition to Completed**

1. Go to the list of all unworked denials for the reject category Refill Too Soon (RTS).
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”.