UT SOUTHWESTERN MEDICAL CENTER

Work Queue Routing

Agenda

- Objective
- UT Southwestern
- Charge Review WQ
- Claim Edit WQ
- Follow-up WQ

Objective

- Review structure and lay-out of UTSW charge review, claim edit and follow-up WQs

- Share tips, tricks and lessons learned from your organization

UT Southwestern

- Location: Dallas, Texas
- 1200 billing providers
- Faculty and residents provide care to nearly 90,000 hospitalized patients and oversee more than 1.9 million outpatient visits a year
- Monthly Collections $36 million
- Currently on 2010 – December transition to 2012
- Epic PB – June 1st 2009
- Epic HB – Sept 31st 2012
- Epic Clinical – Amb 2007 IP 2009

Our Mission

- To improve health care in our community, Texas, our nation, and the world through innovation and education.

- To educate the next generation of leaders in patient care, biomedical science and disease prevention.

- To conduct high-impact, internationally recognized research.

- To deliver patient care that brings UT Southwestern's scientific advances to the bedside — focusing on quality, safety and service.
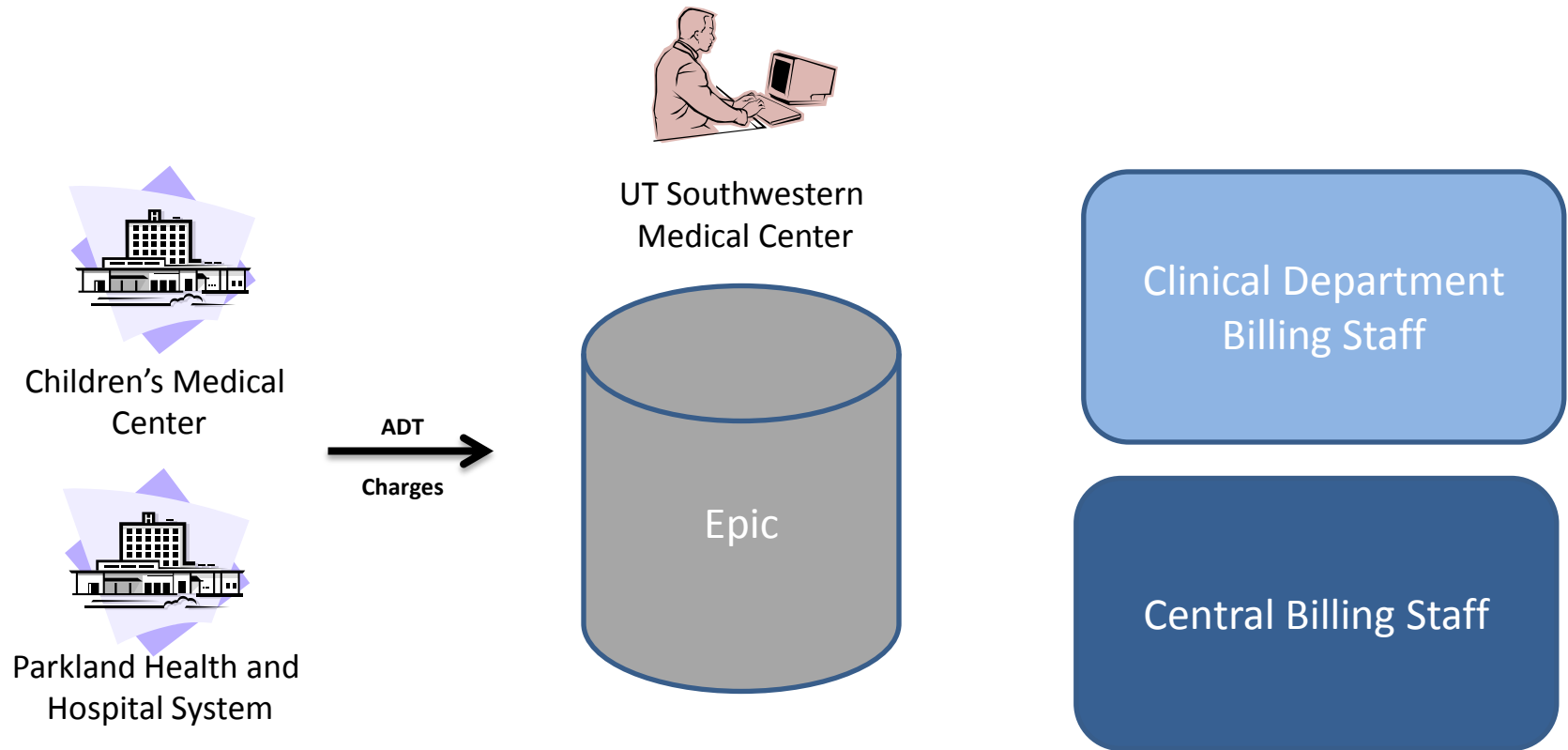
University Hospital—St. Paul

University Hospital—Zale Lipshy

Outpatient Services

The New University Hospital

UT Southwestern Medical Center at Dallas

Parkland Health & Hospital System

Children's Medical Center

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UTSW Overview

Charge Review WQ Configuration

Revenue Location		
UTSW	**PHHS**	**CMC**
Clean Charge Review Charge Review Edits	Clean Charge Review Charge Review Edits	Clean Charge Review Charge Review Edits

If departments are small they may only have one WQ and use POS filters.

Larger departments may have a lower level of "division" this is a grouper on the provider master.

What is your organization doing?
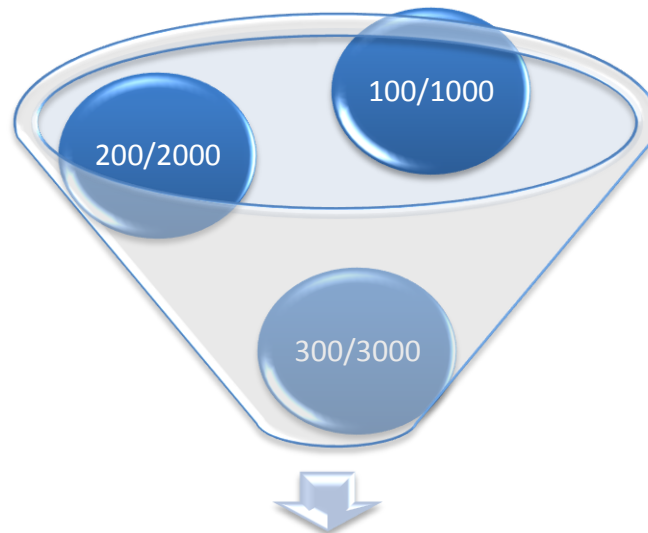
- Tips….
- Tricks….
- Lessons learned….

Claim Edit General

- All upfront rejections are routed back into Claim Edit WQs
- Error Classifications

  100/1000 - Registration Error

  200/2000 – Coding

  300/3000 – Past Timely Filing/Secondary Claims/NPI Taxonomy

  4000 – New unclassified from clearing house/payers

  5000 – Provider not credentialed

  6000 – Needs paperwork attachment

Claim Edit Distribution of Work

Department Billing	Central Billing Demo	Central Billing Follow-up	IT PB	IT Provider Main
• Clinic Registration Edits (100/1000) • All Coding Edits (200/2000)	• Non Clinic Reg Edits (100/1000) • Claims that need attachments (6000)	• Clearing House Rejections and NPI/Taxonomy (300/3000)	• Unclassified (4000)	• Provider Credentialing (5000)

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What is your organization doing?

- Tips….
- Tricks….
- Lessons learned….
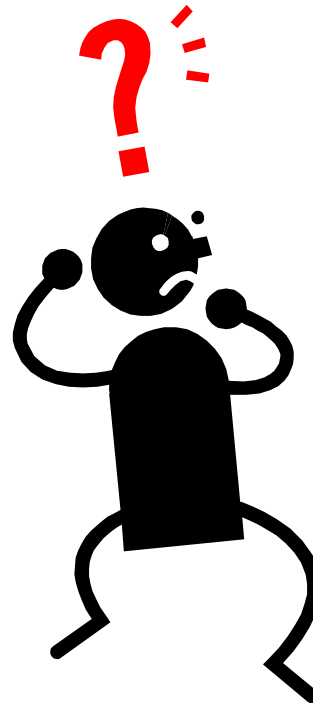
Follow-up

Denial Classification	
Adjudication – Billing Ops	Exceeds Benefits Max
Adjudication - Dept	Info Needed from Patient/Other Source
Authorization	Informational
Bundled	No Response (BLANK)
Claim Form	Needs Attachment
Coding	Non-Covered
Duplicate	Past Timely Filing
Eligibility/Registration	Re-Coupment

Follow-up WQ Distribution

"No Response" WQs
- Payor/FC WQ
- All claims start on "System Deferred Tab"
- No response claims move to Active after designated time

Clinical Department WQ
- Coding/Bundled/Authorization Denials automatically route
- Clinical dept. resolve and route back to "main follow-up WQs

"Primary Follow Up" WQs
- Split by Specialty and Payor
- Adjudication, Claim Form Issues, Exceeds Benefit Max,. Info needed from Pt, Non-Covered, Provider Enrollment, Non-Dept Coding, Timely Filing

Eligibility WQs
- All Eligibility Denials
- Split by POS

Attachment WQs
- All "Needs Attachment" Denials
- Split by POS

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What is your organization doing?

- Tips….
- Tricks….
- Lessons learned….

Tools for Managing WQs

Work Queue History Report

	Change		Begin		Added		Removed		End	
	Amount	Count	Amount	Count	Amount	Count	Amount	Count	Amount	Count
⊟ Summary	314,023.82	-916	1,558,538.08	18108	17,059,884.07	87258	16,745,860.25	88174	1,872,561.90	17192
Active	292,058.86	-1036	1,551,329.08	18095	15,700,167.32	83144	15,408,108.46	84180	1,843,387.94	17059
User Deferred	21,964.96	120	7,209.00	13	1,359,641.32	4110	1,337,676.36	3990	29,173.96	133
System Deferred	0.00	0	0.00	0	75.43	4	75.43	4	0.00	0
Show Detail										
⊟11793 - DENIALS-ELIGIBILITY/REGISTRATION/P...	543,738.94	4286	382,440.46	4645	8,369,444.11	39733	7,825,705.17	35447	926,179.40	8931
Active	536,105.80	4258	382,440.46	4645	7,974,597.91	38744	7,438,492.11	34486	918,546.26	8903
User Deferred	7,633.14	28	0.00	0	394,846.20	989	387,213.06	961	7,633.14	28
System Deferred	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
⊟11794 - DENIALS-ELIGIBILITY/REGISTRATION/CMC	289,811.02	1217	380,065.32	3909	3,524,798.89	19185	3,234,987.87	17968	669,876.34	5126
Active	276,674.05	1141	378,583.32	3906	3,025,241.99	17658	2,748,567.94	16517	655,257.37	5047
User Deferred	13,136.97	76	1,482.00	3	499,556.90	1527	486,419.93	1451	14,618.97	79
System Deferred	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
⊟11795 - DENIALS-ELIGIBILITY/REGISTRATION/U...	-372,411.63	-4235	413,700.60	4333	2,271,201.87	10716	2,643,613.50	14951	41,288.97	98
Active	-367,319.61	-4232	408,024.60	4324	2,037,293.92	10132	2,404,613.53	14364	40,704.99	92
User Deferred	-5,092.02	-3	5,676.00	9	233,832.52	580	238,924.54	583	583.98	6
System Deferred	0.00	0	0.00	0	75.43	4	75.43	4	0.00	0
⊞11796 - DENIALS-ELIGIBILITY/REGISTRATION/S...	-147,114.51	-2184	382,331.70	5221	2,894,439.20	17624	3,041,553.71	19808	235,217.19	3037

Billing Mgr Dashboard

☰ Top Ten Charge Review Workqueues ↖					▽ ⊟
Workqueue	Charge line count	Session count	Amount	Avg WQ age	Avg svc date age
10730-SURGERY FACULTY BILLING	393	208	1,069,088	8	16
2623-ANES PROVIDER RETURN	591	544	844,223	19	53
2653-ANES BACKEND ALL POS WQ	434	327	543,903	34	80
14956-PEDI EMERGENCY MEDICINE BACKEND WQ	954	653	498,509	17	26
14961-PEDI CRITICAL CARE CLEAN CHARGE WQ	503	281	493,190	9	51
2620-ANES PENDED CHARGE WQ	361	320	471,487	25	42
2690-SURGERY DEPT 71450 71210 71430 BACKEND WQ	231	148	465,548	8	15
14955-PEDI EMERGENCY MEDICINE CLEAN CHARGE WQ	937	877	409,992	13	32
10726-SURGERY BILLING OFC GENERAL SURGERY WQ	162	107	401,600	7	7
2689-SURGERY DEPT 71450 71210 71430 PEND CHARGE WQ	160	99	389,877	8	11
Data collected on: 7/15/2013 12:45:04 AM					

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Tools for Managing WQs

User Activity Summary Report

Carrie Taylor

Date	Total Score	Acct Contact Score	Acct Contact Accounts	Follow-up WQ Score	Follow-up WQ Invoices	Follow-up WQ Charges
Mon 07/08/13	633.0	7.0	4	626.0	48	64
Tue 07/09/13	536.0	19.0	10	517.0	44	53
Wed 07/10/13	479.0	3.0	3	476.0	46	52
Thu 07/11/13	823.0	11.0	9	812.0	61	78
Fri 07/12/13	623.0	28.0	22	595.0	47	60

Account Contact History

| Date	Total Score	Total Accounts	Billing Note Score	Billing Note Count	Billing Note Accounts	Inquiry Score	Inquiry Count	Inquiry Accounts
Mon 07/08/13	7.0	4	0.0	0	0	7.0	7	4
Tue 07/09/13	19.0	10	0.0	0	0	19.0	19	10
Wed 07/10/13	3.0	3	0.0	0	0	3.0	3	3
Thu 07/11/13	11.0	9	0.0	0	0	11.0	11	9
Fri 07/12/13	28.0	22	0.0	0	0	28.0	28	22

Operations Summary Report

Charge Review Workqueue
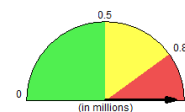
Amount: 1,597,957.96
% change: 0.17%
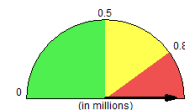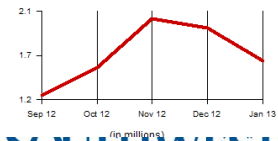
Account Workqueue
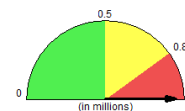
Amount: 4,493,380.74
% change: -0.05%

Charge Review WQ by Error

Amount: 1,597,443.96
% change: -0.98%

Tools for Managing WQs

- Clarity Reports

Table 1

Sum of AMOU		WQ_Aging	WQ_Aging			
			⊟1	⊟2	⊟3	⊟4	**Grand Total**
WQF_QUE	**WORKQUEUE_NAME**		**0-3**	**4-6**	**7-10**	**11-30**	
⊟ **10730**	SURGERY FACULTY BILLING			17,408	72,839	14,822	105,069
⊟ **2693**	SURGERY DEPT 91150 92730 92740 BACKEND W		50,079				50,079
⊟ **3206**	SURGERY CMC INTERFACE CLEAN CHARGE WQ		37,933				37,933
⊟ **2694**	SURGERY DEPT 91150 92730 92740 PEND CHAR(		26,077				26,077

Table 2

AMOUNT_DUE		Service Date Aging Rank	Service Date Aging								351	351
		⊟1	⊟2	⊟3	⊟4	⊟5	⊟6	**Grand Total**			15,173	219,509
INTERNAL RULE_ERROR_CODE	**RULE_NAME**	**0-30**	**31-60**	**61-90**	**91-120**	**121-180**	**181-270**			
⊟100	UT INSURANCE COVERAGE MEMBER ID IS MISSING	3,285	1,125	2,904				7,314		
	UT INVALID PATIENT CITY/STATE ZIP	1,536						1,536		
	UT PAYOR/COVERAGE ADDRESS INCOMPLETE									
	UT WC PT REL TO SUB EQUAL EMPLOYEE									
	UT SUBSCRIBER ID NOT BLANK OR 1 CHARACTER									
	UT PB MEDICAL ACCT WITH DENTAL CVG									
	UT PB INVALID CHARACTER IN SUBSCRIBER ADDRESS									
	UT PB PT REL TO SUB <> SELF OR DONOR									
	UT PB SUBSCRIBER ID AND GROUP ID ARE THE SAME									
	UT INVALID SUBSCRIBER CITY/STATE ZIP									
⊟101	UT INVALID SUBSCRIBER CITY/STATE ZIP									
	UT INVALID ZIP CODE FOR SUBSCRIBER									
⊟200	CONSULTATION CODES ON MEDICARE CLAIMS									
	MEDICARE SECONDARY PAYOR QUESTIONNAIRE CHE									
	UT PB CHARGE AFTER DISCHARGE DATE									
	UT PB MISSING CLAIM LEVEL REFERRAL NUMBER									
	UT PB REFERRAL SOURCE MISSING									

Table 3

Sum of OUTSTANDING_AM(	Create_A	Create_Ag						
	⊟1	⊟2	⊟3	⊟4	⊟5	⊟6	⊟7	**Grand Tota**
Reason Category 1	**0-30**	**31-60**	**61-90**	**91-120**	**121-180**	**181-270**	**271-1 yr**	
Authorization	15,829	19,054	27,069	25,187	100,331	62,908	49,258	299,636
N/A	4,461	43,067	30,273	30,850	15,814	57,305	17,830	199,599
Claim Form Issues	2,203	1,024	83,204	35,918	4,777	19,950	10,265	157,341
Past Timely Filing	15,431	26,650	11,638	21,877	14,411	20,499	14,847	125,352
Informational	4,126	12,299	13,738	3,277	15,998	13,907	36,960	100,304
Coding	214	7,284	11,866	17,737	19,879	14,677	15,243	86,900
Adjudication Research - Billing O	487	13,480	27,710	11,376	16,224	2,801	12,511	84,589
Non-Covered	855	8,098	6,294	3,495	5,525	10,187	33,043	67,497
Eligibility/Registration	7,668	10,178	4,304	8,711	9,372	2,956	7,989	51,179
Bundled	459	1,529	6,761	2,014	9,097	4,660	15,622	40,142
Needs Attachment	4,948	3,229	8,770		4,469	2,689	9,391	33,496
Non-Dept Coding	1,579	3,720	6,070	697	2,405	5,418	2,523	22,412
Secondary EOB or Attachment	3,183	2,162	3,740	259	4,530	1,152		15,026
Coding - Needs Additional Document					2	5,823	8,217	14,042

What is your organization doing?

- Tips….
- Tricks….
- Lessons learned….

Questions?

Kelly Kloeckler

Associate Vice President

Faculty Practice and Financial Services

214-645-0336 office

Kelly.kloeckler@utsouthwestern.edu