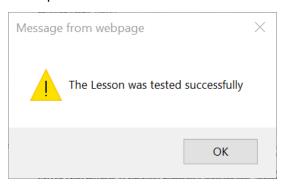
Reviewer Instructions

- Click <u>HERE</u> to preview the course.
 - o This course is not published yet and this link is only for review.
 - You may receive this pop-up during your review. Click OK and return to the active preview screen.



 Leave your feedback for the course as a comment bubble in this document, save your changes and check in this document when you are done.

1.1 Title



Notes: Welcome to the EnterpriseNow Issue Submitter course.

1.2 Intro



Notes:

EnterpriseNow is the platform for resolving customer issues. The HC Enterprise Issue Management will create standard processes to identify, record, and analyze issue drivers and prioritize actionable opportunities to improve our services for our constituents. Our commitment to resolving issues within a specific turnaround time (TAT) is evidence that we value performance. Following through with our commitment to our constituents is a display of our compassion and will fortify our relationships.

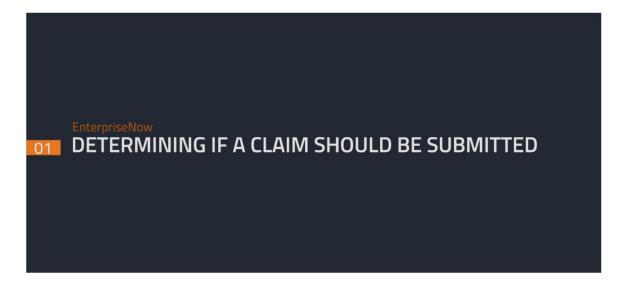
1.3 IN THIS LESSON



Notes:

In this lesson you will learn how to submit claims that need to be reprocessed through EnterpriseNow for adjustment. Take notes! There will be an assessment at the end of this lesson to gauge your understanding.

1.4 DETERMINING IF A CLAIM SHOULD BE SUBMITTED



1.5 Access Member in the system



Notes:

- All of the steps that will be reflected in this demonstration are outlined in the Call to Claim WIP Job Aid.
- Follow these steps for determining if the Issue needs to be submitted in EnterpriseNow.
- First, access the member in the system. Refer to the system User Guide Step by Step if needed https://enterprisenow. hyperlink here.
- If you find that this is a restricted issue, which means they are out of scope, warm transfer to the appropriate team. Refer to OneTool > Out of Scope Sharepoint Tab if needed https://enterprisenow.HC.com/
- If the call is regarding a claim issue that has been paid or a claim that needs to be reprocessed, you may need to route it back to claims.
- Before routing an issue to claims, be sure to do the proper research, including referencing previously submitted issues.
 Refer to ORS Routing Reviewing Notes hyperlink here) and Researching Claims QRG (/hyperlink here)

1.6 Complete auto-doc



• Complete all the auto-doc actions for this issue prior to determining if issue can be resolved/submitted. Refer to Documenting Calls - THE SYSTEM (/hyperlink here).
• Completing auto-doc actions is important. If this step isn't completed, the EnterpriseNow Submit form will not auto-populate specific fields within the form.

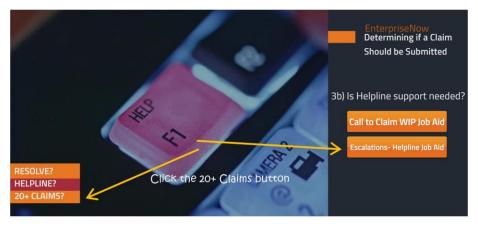
1.7 QUESTIONS FOR DETERMINATION Resolve (Slide Layer)



Notes:

- Based on your research determine if you are able to resolve the caller's issue.
- If so, complete and document the call per standard procedure.
- If not, determine if Helpline support is needed.

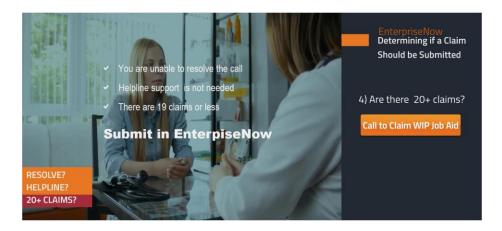
Helpline (Slide Layer)



Notes:

• If Helpline support is needed, follow the procedure according to the Helpline Job Aid (/hyperlink here).

20+ Claims (Slide Layer)



Notes:

- If the issue involves 20 or more claims, this issue cannot be routed and must be sent to the Claim Research Team (CRT).
- If you are unable to resolve the claim issue and helpline support is not needed and the issue involves less than 20 claims you can proceed with submitting the issue in EnterpriseNow.

1.8 ACCESSING ENTERPRISENOW

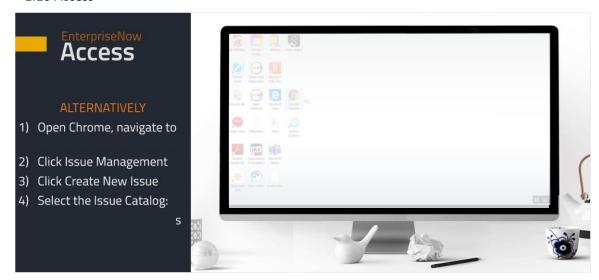


1.9 Access



- Once you have determined that an EnterpriseNow Issue will need to be submitted to a claim adjustor for reprocessing, navigate to the Follow Up/Route tab in the system.
- Next, select the Category Type: Claim to enable the new "Submit EntepriseNow Issue" button
- Click the "Submit EntepriseNow Issue" button
- EnterpriseNow will launch in a separate window.
- Remember, if you completed the auto-doc actions, THE SYSTEM will send some member, claim and provider information to the EnterpriseNow Form to be pre-populated. https://enterprisenow.HC.com hyperlink here.

• 1.10 Access



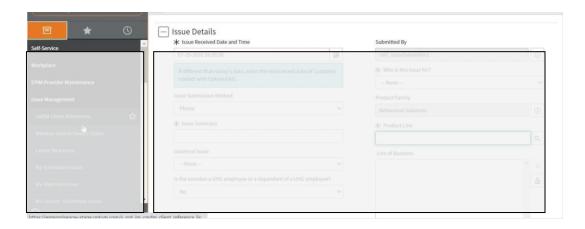
Notes:

- If you are unable to access EnterpriseNow through the system, access it manually by opening EnterpriseNow in Chrome.
- Next, open the Issue Form by clicking Issue Management, then create new issue.
- An additional step is required if accessing the form outside of the system.
- In the Service Catalog, select Issue-Behavioral Solutions.

1.11 CREATING AN ISSUE

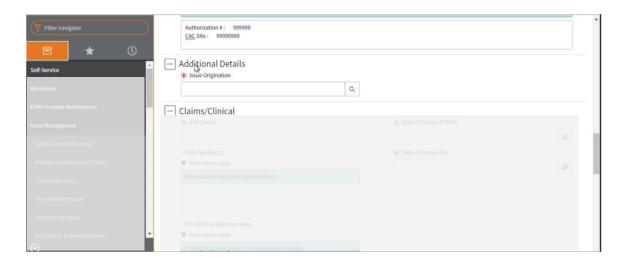


1.12 Issue Details Section



- Complete the issue form by filling out as much information with as much detail as possible to help meet our Service Level Agreement (SLA) goals.
- As you complete the fields in EnterpriseNow Issue form, you can access the various THE SYSTEM tabs to obtain the
 information for the form without losing the auto-populated information. Please use the copy/paste functionality from
 THE SYSTEM/OneTool as needed.
- Required fields will be noted with an asterisk.
- Some fields will be pre-populated with information from other systems.
- Let's take a moment to review the form.
- The first section is the Issue Details section.
 - The Issue Received Date will is system generated based on the time and date of the incoming call. Do not change the Issue Received Date.
 - Your named will be auto populated in the Submitted By field. This is not an editable field
 - Select Phone as the Issue Submission Method since you will create issues based on incoming calls you receive.
 - Use the drop down to select **Who the Issue** is for; a member, provider or client. This is a dynamic field
 - Issue Summary will auto-fill after the form is submitted with the Member name and description of the claim issue. You do not have to enter text in this field.
 - Use the **Universal Issue** field to indicate if the issue is related to COOVID-19
 - The **Product Family** is system generated and is not an editable field
 - Select Behavioral ORS to Claim as the Product Line.
 - Select the Issue Category and Sub-Category based on the claims platform and nature of the issue. These
 fields are important because they will route the issue to the appropriate group for resolution. Some Sub Categories
 will require additional information. A pop-up will appear as a template for notes. The template will let you know
 what information to add to the Full Description of Issue/ Expected Outcome field.
 - In the Line of Business field select commercial, Medicaid or Medicare.
 - If the Client / Account Name is available and relevant, search for the client name and Provider in the respective fields.
 - The fill in the Group/Policy ID if available and didn't pre-populate.
 - The Claims Platform field is a required field.
 - The Full Description of Issue/ Expected Outcome field will be filled in with the notes from the template in the pop-up box. You can add additional information as needed.

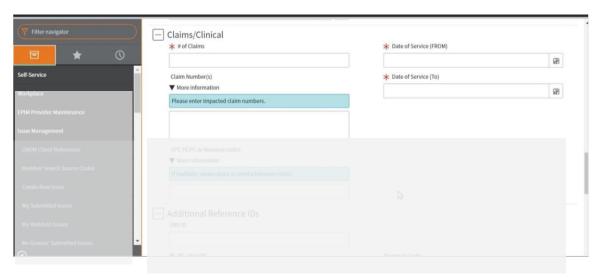
1.13 Additional Details Section



Notes:

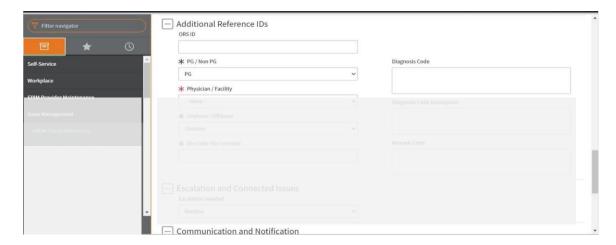
- Scroll down to the next section of the form: The Additional Details Section.
 - Since the issues you receive are from incoming calls, select Customer Contact -Call as the **Issue Origination** field using the drop down.

1.14 Claims/Clinical Section



- Claims/Clinical is the next section of the issue form.
 - Enter the **Number of Claims** being sent back for adjustment.
 - The To and From Date of Service fields are required.
 - If there are multiple claim impacted, enter the **Claim Number**(s)
 - If available, enter the CPT, HCPC or Revenue codes

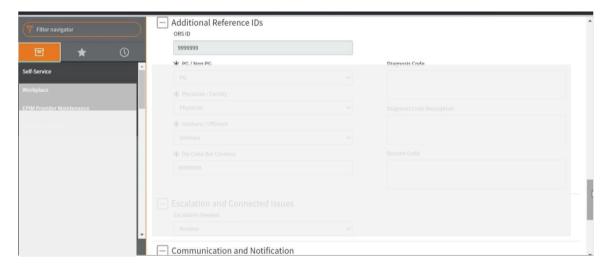
1.15 Addtnl Ref IDs Section



Notes:

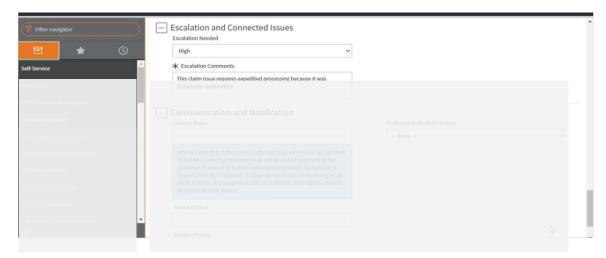
• Additional Reference IDs is the next section of the issue form. Some of the fields in this section will be pre-filled from auto-documentation. Enter the **ID**. Select an option from the **Physician / Facility** drop down. For claims on the platform enter the Div Code

1.16 Escitd & Cnnctd Issues Section



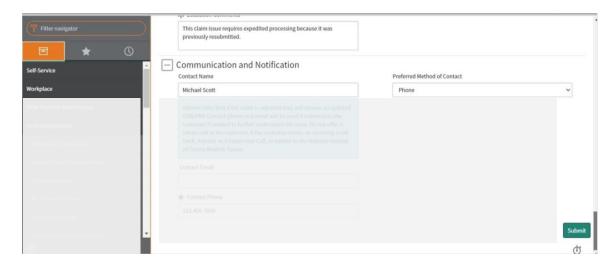
- Complete the Escalation and Connected Issues section by selecting the appropriate escalation level from the drop-down.
- For High and Critical escalation, you must complete the Escalations Comments field.

1.17 Communication & Notification Section



- Complete the Communication And Notification section by filling out the customer contact information.
- Do not offer a callback to the customer. Contact phone and email will only be used if we need to reach out to the customer to further understand the issue.
- Inform caller that if the claim is adjusted, they will receive an updated EOB/PRA.
- If the customer insists on receiving a call back, transfer as a Supervisor Call, or submit to the Helpline instead of Claims Rework Teams.

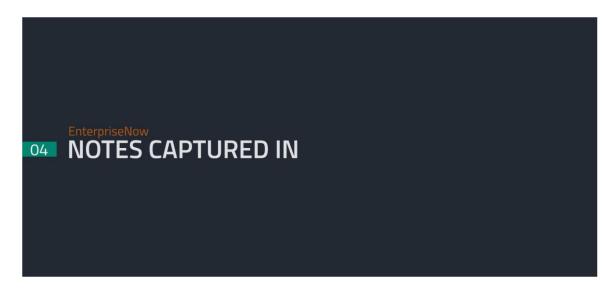
1.18 Communication & Notification Section



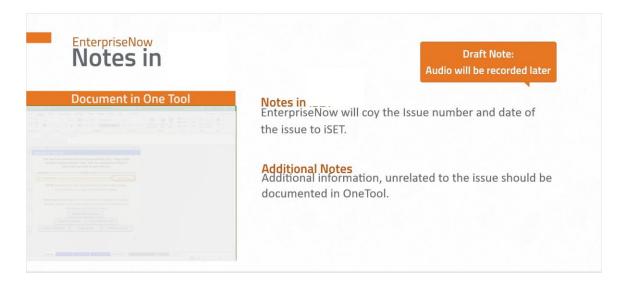
Notes:

- •Click the Submit button. The EnterpriseNow Issue Submit form screen will not close out until the issue has been fully submitted.
- \cdot Provide the caller with the EnterpriseNow Issue Submission number and Remind the caller to follow up after the turnaround time.

1.19 NOTES CAPTURED IN the system



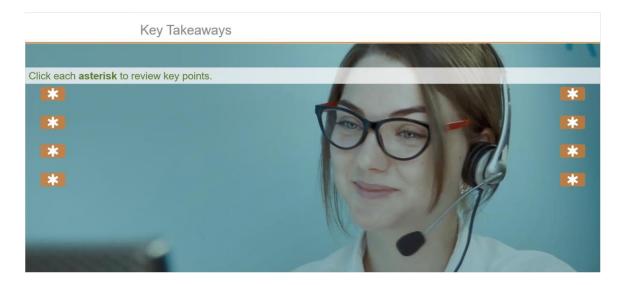
1.20 Notes in the system



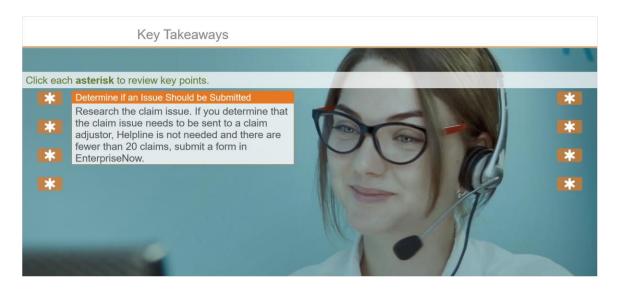
Notes:

- · EnterpriseNow will create a note and post to the system including the issue number and the date sent.
- · This will ensure, if the caller calls again, that the next agent will be able to know that an issue was created.
- \cdot If there is additional information that needs to go into the system, unrelated to the issue itself, create the note in one tool as is standard practice today.

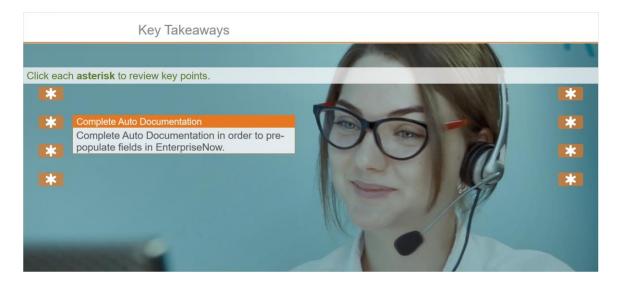
1.21 Key Takeaways



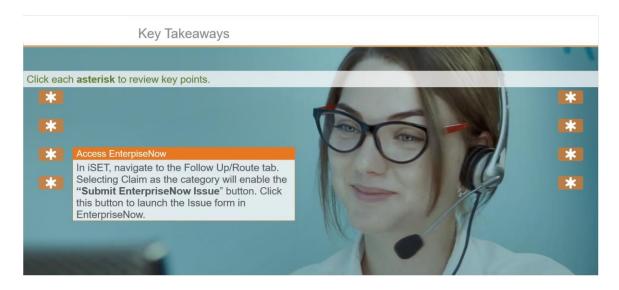
Determine (Slide Layer)



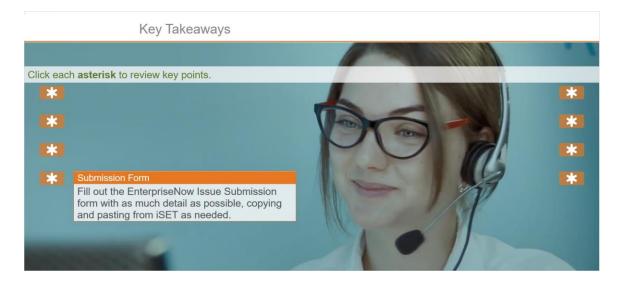
Auto Doc (Slide Layer)



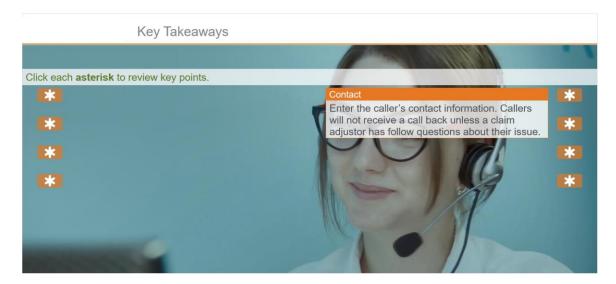
Access (Slide Layer)



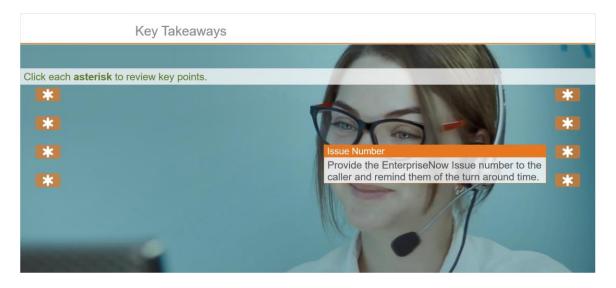
Submission Form (Slide Layer)



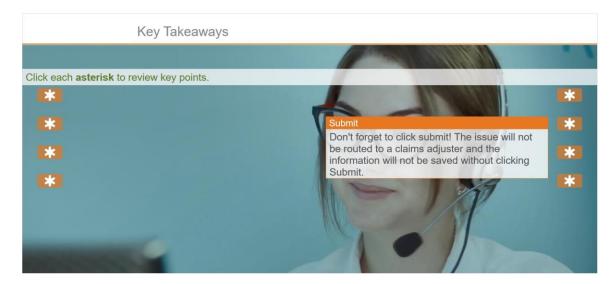
Contact (Slide Layer)



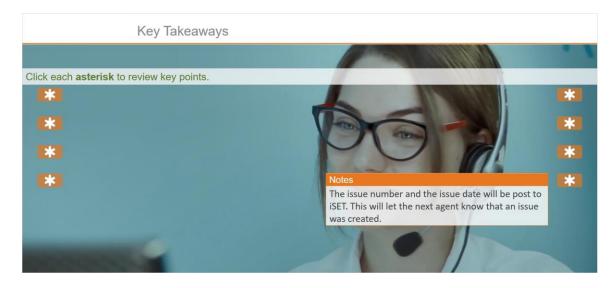
Issue Number (Slide Layer)



Submit (Slide Layer)



Notes (Slide Layer)



2.1 QUIZ INSTRUCTIONS



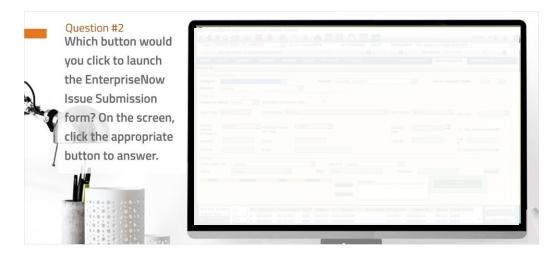
2.2 Hotspot

(Hotspot, 10 points, 1 attempt permitted)



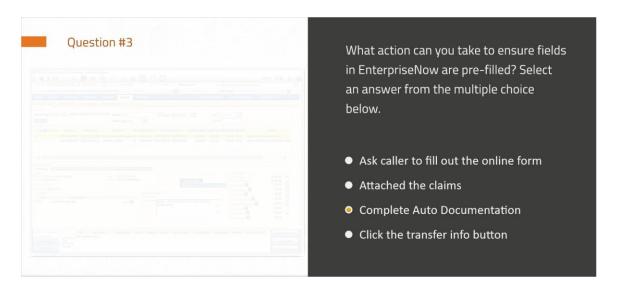
2.3 Hotspot

(Hotspot, 10 points, 1 attempt permitted)



2.4 MULTIPLE CHOICE

(Multiple Choice, 10 points, 2 attempts permitted)

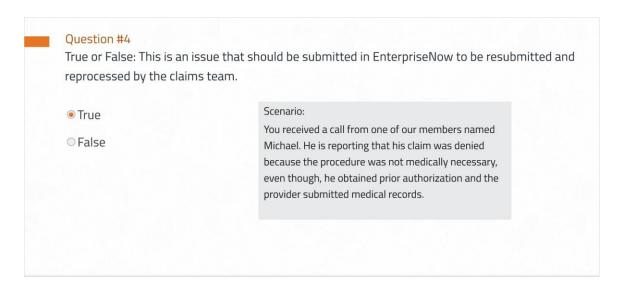


2.5 QUIZ SCENARIO



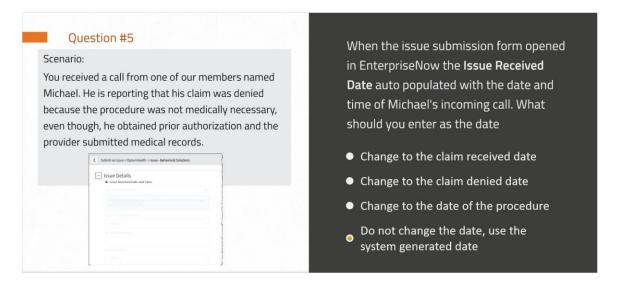
You received a call from one of our members named Michael. He is reporting that his claim was denied because the procedure was not medically necessary, even though, he obtained prior authorization and the provider submitted medical records.

2.6 True or False: This is an issue that should be submitted in

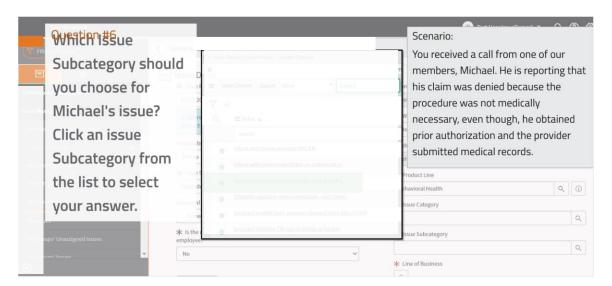


2.7 MULTIPLE CHOICE

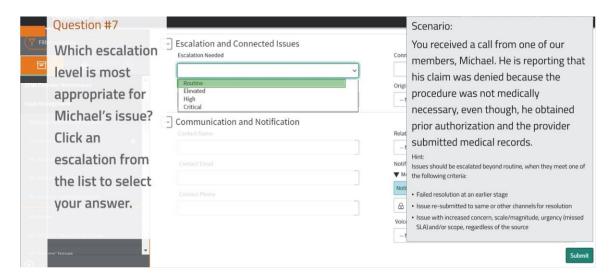
(Multiple Choice, 10 points, 2 attempts permitted)



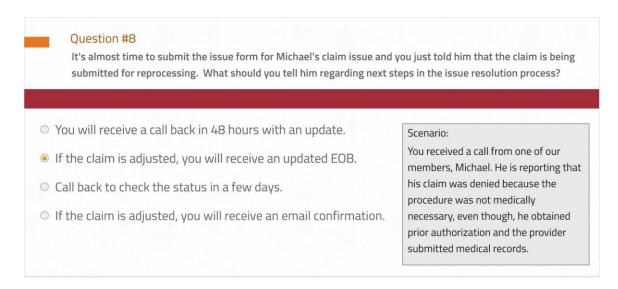
2.8 Hotspot



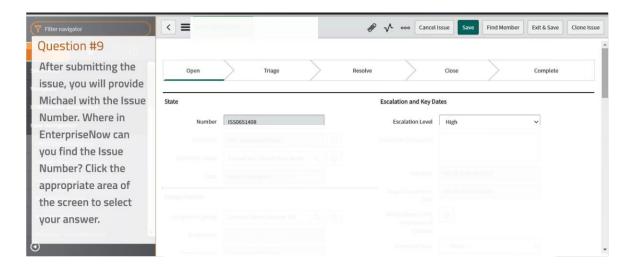
2.9 Hotspot



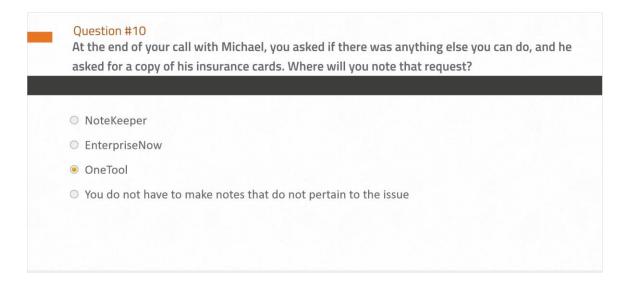
2.10 MULTIPLE CHOICE



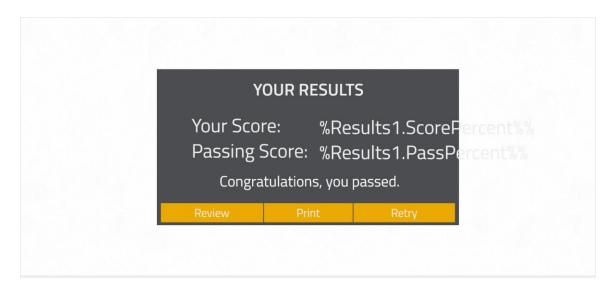
2.11 Hotspot



2.12 MULTIPLE CHOICE



Quiz Results



2.14 Conclusion

