# Lynx TotalView™ Best Practices Guide

## Recommended Reports Schedule & Checklist

Although Lynx TotalView provides reports for your entire practice, this guide is specifically geared towards a **biller**, **billing manager**, or **practice administrator**. Most of the tools listed here assume you are comfortable navigating Lynx TotalView. For basic guidance on Lynx TotalView, please see our Lynx TotalView User Guide or contact us at 1-800-482-6700, option 2.

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Basic Tips and Tricks

Lynx TotalView: your electronic EOB vault

Paper filing
- Time-consuming
- Chance of misfiling/losing an EOB
- Only one person at a time may access an EOB
- No “backup” of your data in case of flood, etc.

Lynx TotalView
- Easy to access: go to www.mckessontotalview.com and sign in
- Search by patient name – no need to look up check numbers and dates to find a payment
- Easy to pull up EOBs for manual secondary billing - print just one patient at a time, rather than folding/photocopying pages to get a single patient’s payments onto one page.
Basic Tips and Tricks

Report Parameters

Almost all reports in Lynx TotalView offer filter options at the top of the page, like this:

If you do not see these options, look for a green arrow at the top of the page. Click the arrow to display custom filter options.

You may also search for exact text (such as a specific patient name or CPT code) within the report using this search field. Use the “NEXT” link to jump from one instance of the text to the next instance.

Note: this search box may not display in certain internet browsers. Use Internet Explorer to enable this search feature.
Daily/Weekly Reports

The reports listed in this “Daily/Weekly Reports” section are most useful to your practice if you work through them daily (large practices) or 1-2 times a week (smaller practices). Many other tools and reports in Lynx TotalView are designed to work with a large pool of data, so we recommend you look at those items on a monthly or quarterly basis to analyze payor and procedure code trends. See page 7 for our monthly and quarterly recommendations.

Non-Crossover Claims

*Electronic primary claims that must drop to paper to bill to secondary*

Running this report fairly often means you can get claims out to secondary payors quickly and collect the remaining balance allowed after primary payment.

You may use this report in two ways:

1.) Print EOBs to submit claims for consideration by the secondary payor
   a. Use the [Select All] to select all the listed EOBs.
   b. Click [Print Selected EOBs] to print EOBs.

2.) Use the claim list and compare it to the secondary paper claims that may be kicked out by your billing system.

   a. This double-check process will ensure that all claims are billed out for payment.
   b. Print out a list of the patient names or export the list of EOBs to Excel and use this report to track/reconcile secondary billings. If viewing the list on screen, be sure to scroll down all the way to see the entire list (use scroll bar on right side of screen).
Denied Claims Work List

Denied claims by procedure

This report allows you to run a single report and get your denials for ALL or select payors. You may use this list to resubmit or “work” these denials.

In the “Select a Time Frame” list, there is an option for Custom, which enables you to enter specific start and end dates. Use this feature if you are faithful about running these reports and/or use the report to work through your denials, as this Custom date range will guarantee that you don’t miss or duplicate denied EOBs.

If you have a large billing staff, you may wish to create a work list to keep track of which claims are being handled by each individual.

Using the export to Excel feature, you may email a list of the denied charges (or use the export to Acrobat (.pdf) for a printable view of the list). Each biller may cross off the claims as they are handled and/or make notes as they work through the claims. This allows you to collect the lists at the end of the day or week and quickly assess the progress that your staff has made.
Daily/Weekly Reports (continued)

Physician Quality Reporting System (PQRS)*

Within the “PQRS Tool Kit”, there is a report that will show your “Missed Opportunities” for your providers to report on PQRS measures via the claims-based reporting method. By checking this report frequently, you may tag patient charts with reminders before the patient’s next visit and make sure to report appropriate measures.

Select

Scroll down to see the patient names, then click on the words Service Date to sort the patient list by date.

On the left side of the patient list, you can see which measure could have been reported for this patient. By clicking on Select, you can review a detail of the charge lines and the details of the eligible measure.

Note: You may also take advantage of registry-based reporting using the PQRS Tool Kit; click on the “PQRS Overview” link within the Tool Kit to learn more about all reporting options that are supported through TotalView.
Monthly Reports

It is important to monitor your practice’s reimbursement and denial trends monthly so that you can identify problems early. We recommend reviewing the reports in the “Practice Overview” section at least once a month. Also consider running the benchmarking reports, which allow you to compare your practice’s payments, denials, and other statistics to those of a national, regional, state, or MAC group of comparable practices.* The comparison reports may help you see which of your billing and reimbursement “aches and pains” may be specific to your practice and which may be an issue to address with your payors.

*Assuming that there are a significant number of participating practices for your selected benchmark.

Prioritize your Denials

Every practice has some claims denied for payment and it’s easy to get overwhelmed or buried in the details of these denials. Using the “Top Denied Procedures” report in Lynx TotalView will help you prioritize your efforts toward resolving the denials that will bring the most revenue back into your practice.

Start by running the “Top Denied Procedures” report to identify your practice’s top denied procedure/drug codes by dollar amount, then use the “Procedure Coverage Reports” to work through the specific denials.

Top Denied Procedures

Select the “Top Denied Procedures” under the “Practice Overview Reports” or “Benchmarking Reports” header.

Click the

in order to set your date range to last month, all payors.

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Monthly Reports (continued)

Prioritize your Denials

*Top Denied Procedures – Benchmarking Report*

In the above example, the blue/purple bar represents J9310 (rituximab). You can see that in this example the practice has thousands of dollars tied up in denials for that product. Comparing the practice denials (left) to the Lynx TotalView National Average (right) also demonstrates that the high denial frequency on this drug is specific to the practice and is not a widespread issue. For instance, a situation like this may occur if there was a Medicare coverage policy that was issued regarding this drug but a practice might not have read through it or changed their internal processes accordingly. The difference between the practice average and the national average may also result from simple differences in patient populations or treatment styles in a practice.

**Procedure Coverage Reports**

Next, go to “Procedure Coverage Reports” to get the details on these denials for the top denied code (eg. J9310)
Monthly Reports (continued)

Prioritize your Denials

Procedure Coverage Reports

The first view of the coverage reports is the graph. Remember that this report is a break down of all of the billed charges for the particular drug you selected and for a selected date range.

In this example, you now know you are having a problem with Rituxan as a “non-covered charge,” but this problem only appears to be with United. This could prompt you to look into recent coverage policies with United for this drug, as well as put a flag on your in-office order for Rituxan so that your staff is aware they need to look into alternative therapy or filing proper paperwork with the payor before administering the drug.
Monthly Reports (continued)

Prioritize your Denials

Procedure Payor mix reports

You can also see if the payors who are denying your claims for your top denied drug make up a large percentage of your payor mix for that particular drug.

Clicking on the Dashboard is a quick way to see the other views listed on the top menu bar.

In this example, you would now know that Medicare is paying on this drug (and is paying more claims than the other payors combined). You can also determine that United makes up a very small portion of your total Rituxan paid claims, however, because you learned that the coverage denial percentage is high, you most likely want to follow up with United. You can also immediately see that all your payors are reimbursing above Medicare’s reimbursement rate.
Quarterly Reports
Monitor your commercial reimbursement rates

You may look at commercial reimbursement over time in two ways:

1.) For a single procedure code, you may look at the payment by commercial and government payors as a percentage of Medicare’s payment rate.

2.) After uploading your contract rates for a particular payor, Lynx TotalView is able to produce a Contract Variance report showing any procedure codes where the payor paid more or less than the contracted rate.

**Compare reimbursement for a single drug/procedure for multiple payors**

Go to the “Procedure Payor Mix” reports and select “Per Unit Reimbursement as % of Medicare” from the top toolbar.

Next, select the procedure and time frame (usually last quarter) that you would like to see.

*(note that you can change the procedure code you’re looking at by clicking)*

If you are being reimbursed below Medicare rates by a commercial payor, you may want to check your contract and see if your contract allows reimbursement below current CMS rates.
Quarterly Reports (continued)

Monitor your commercial reimbursement rates

Make sure a payor is paying the correct contracted rates to your practice

One incorrectly paid charge may cost your practice hundreds or thousands of dollars, so it’s well-worth the time spent uploading your commercial fee schedules so you receive benefit from this Contract Variance report.

Go to the “Contract Variance Reports”

Scroll down to the bottom of the page to see a list of payors for which you can upload fee schedules. This list is populated with all payors transmitting ERAs/EOBs electronically through Lynx TotalView.

Other Payors

The following payors were found in your remit data, but no Contract Rates have been entered for them.

- FEDEX EXPRESS
- Humana
- TRICARE WEST
- United Healthcare
- WACHOVIA CORPORATION
Quarterly Reports (continued)

Monitor your commercial reimbursement rates

Load your fee schedules

Before using this report, you’ll need to upload your contracted fee schedule.

There are three ways to upload a fee schedule:

1) If your fee schedule is in (or can be put into) an Excel spreadsheet, you may upload that file directly into Lynx TotalView

Note: the Excel template that you download will be specific to your practice and contain ONLY the procedure codes that your practice charges electronically.

The TotalView contract uploader is compatible with Regimen Profiler! If you have already entered your fee schedule into Regimen Profiler, upload that Excel file to TotalView. You can also export fee schedules built within TotalView for uploading to Regimen Profiler.

2) If a payor reimburses at exactly the CMS fee schedule, then click the CMS logo. This option may be appropriate for Medicare Part C/Medicare HMO payors.

3) You may enter your contracted rates into the website directly or by modifying your CMS fee schedule to fit a commercial reimbursement rate. Click on the golden + sign next to a payor to begin customizing a fee schedule for that payor.
Quarterly Reports (continued)

Monitor your commercial reimbursement rates

_Load your fee schedules (continued)_

Once you have selected your payor to enter a new fee schedule, enter your contract effective date in the “as of” field.

Click “Pre-populate Procedure List” to load a list of drugs and procedure codes. All lines will default to a reimbursement rate of $0.

Try pre-populating the drugs and procedure codes with the CMS rates. Drugs may be pre-populated with a percentage of CMS National Rates while Procedures will pre-populate based on CMS Regional Rates. If you do not have easy access to your payor fee schedules, this is an easy way to estimate Medicare-based payor contracts OR do some simple contract modeling.

You can enter a percentage greater or less than 100% of CMS rates.

How many decimal places would you like to display? The default is set to 3, since that is the way CMS sends out the national fee schedules.
Quarterly Reports (continued)

Monitor your commercial reimbursement rates

Load your fee schedules (continued)

Click on EDIT to manually update a line item reimbursement rate.

Use the Add a new rate box to add a procedure code or drug that is not listed.

On the Contract Variance menu, you can now select this payor and run the Contract Variance report, using LAST QUARTER as the time frame or a custom time period of your choosing that will relate to the fee schedule you’ve built.
Quarterly Reports (continued)

Monitor your commercial reimbursement rates

Review your Contract Variance report quarterly

Review your Contract Variance reports quarterly, if not more often, to identify payor underpayments.

Use this report to identify gross charges for procedure codes that may be set below a contract rate within your charge master. Often a practice will “under-bill” certain drugs or procedure codes and this may go undetected without monitoring payment rates via the Contract Variance report.

Below is the claim detail for Velcade. The “Billed Amount” is equal to the payor “Allowed Amount,” indicating that the practice actually under-billed for the drug, adding up to $4,695 in lost revenue for the quarter for a single drug.

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
<th># Claims</th>
<th>Avg Contract Rate</th>
<th>Calculated Avg Reimb Rate</th>
<th>% Difference</th>
<th>Total Allowed</th>
<th>Est Contract Total</th>
<th>Est Total Diff</th>
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<tr>
<td>J9041</td>
<td>Velcade injection</td>
<td>105</td>
<td>$36.27</td>
<td>$35.00</td>
<td>96 %</td>
<td>$129,290.00</td>
<td>$133,985.59</td>
<td>($4,695.59)</td>
</tr>
<tr>
<td>J9320</td>
<td>Zanosar injection</td>
<td>14</td>
<td>$279.21</td>
<td>$168.79</td>
<td>60 %</td>
<td>$3,643.00</td>
<td>$6,119.84</td>
<td>($2,476.84)</td>
</tr>
<tr>
<td>J9217</td>
<td>Lupron Depot</td>
<td>14</td>
<td>$210.07</td>
<td>$167.74</td>
<td>80 %</td>
<td>$9,393.58</td>
<td>$11,763.92</td>
<td>($2,370.34)</td>
</tr>
<tr>
<td>J9350</td>
<td>Hycamtin</td>
<td>41</td>
<td>$948.41</td>
<td>$901.39</td>
<td>95 %</td>
<td>$41,457.04</td>
<td>$43,581.34</td>
<td>($2,124.30)</td>
</tr>
</tbody>
</table>

Below is the claim detail for Velcade. The “Billed Amount” is equal to the payor “Allowed Amount,” indicating that the practice actually under-billed for the drug, adding up to $4,695 in lost revenue for the quarter for a single drug.
Additional Lynx TotalView Support

We are here to help you maximize the use of our application in order to bring the most value from TotalView to your practice, so please contact our TotalView support staff whenever you need assistance.

Lynx TotalView Support Hotline:

1-800-482-6700, option 2