

Electronic Billing

15 December 2020 1100 – 1200 EST 17 December 2020 1600 – 1700 EST

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- Electronic Claims Life Cycle
- 837 Electronic Data Interchange (EDI)
- 835 Electronic Remittance Advice (ERA)
- Electronic Funds Transfers (EFT)
- ABACUS Recovery
- Additional Resources



Electronic Claims Life Cycle











Select "Claims billed by patient/insurance"

Select LOB "TPC2-OUT" from drop-down

Select Date (last 3-6 months)

Select "Run" & then "Report"



- Pop-up Preview \rightarrow Export Document
 - Select "Text File" from the drop down
 - Pop-up → OK
 - − Pop-up \rightarrow "Save As" \rightarrow Insert File Name
 - Select "Save"
- Save to Desktop
 - Pop-up→ "Do you want to open this file" click "No"
- Open new Excel workbook
 - "Data" → "Get External Data" → "Select from Text"
 - Find intended document→ Select "Import"
 - Pop-up→ "Next"→ "Next"→
 "Finish"
 - Pop-up→ Import Data select "OK"
- Save As "MTF Name Payer List Electronic v1.Excel"







• Rename Sheet1 as "1y Claim Billed Master"

For Official Use Only						ABACUS				NH BREMERTON
		Header Row	/						1 BOONE RD CODE 08RAZD	
			S	BILLED BY PATIENT/INSURANCE					BREMERTON, WA 98312	
NO_OF_CLAIMS	PATI	ent_ien pat_l_name	PAT_F_	NAME	CARRIER_ID	PAYER_NAME	POLICY_NUMBER	GROUP_NUMBER	GROUP_NAME	BILL_TYPE

- Copy data to another tab
 - − Right-click tab "1y Claim Billed Master," select "move or copy" \rightarrow "Create a Copy"
 - Copy for Pharmacy HICs, also as safety file



Medical HIC IDs Billed



- Select "Header Row"
- Go to "Data" in top menu
 - In "Sort and Filter" select "Filter"
- Select "Header Row" again → "Filter Column by Bill Type"
 - Select "PHR" from drop-down
 - Select all "PHR" rows and delete
 - Select ALL from Bill Type and click OK
 - Pharmacy HICs next phase
- Select/Highlight "Header Row" along with all data rows
- Go to "Data"
 - In "Data Tools" select "Remove Duplicates







- Pop-up "Remove Duplicates" → Check Box "My Data Has Headers" and Select "Carrier ID" → "Payer Name" → "OK"
- A Box "Removed Duplicates" will show → "OK"
- List of all Billed MD Carrier ID (HIC) and Payer Name
 - Right-click tab "Rename" as "2y Claim Billed Medical



CARRIER_ID	-1 PAYER_NAME
AETKY0010	AETNA US HEALTHCARE
AETTX0031	AETNA US HEALTHCARE
BCBWA0001	BCBS FEDERAL WASHINGTON
CIGDE0015	CIGNA INTERNATIONAL



Medical Payer – HIC ID list

- Log in to ABACUS
- Go to Master Tables \rightarrow Insurance Carrier
- Enter HIC ID from list into Search box
 - Select Carrier ID HIC ID line

1940 Dve	ance Carrier							13	
54	arch arthy0010			OHCS Heat DHES 0123	~ Dete	11	D Sex Sector	Search	. v
	Patrician		Section 1	COLUMN THE REAL	availage	Total	Records : 1 14 4		
-	Carrier ID	4	OHES How OHES	Carrier Name	Address 1	Address 2	Oty	State	
	ACTIONO 10		0125	ACTIVALIS HEALTHCARE	ATTEND 50x 14079		LOCKTON	10	

• Select "Carrier Addresses" tab for MD address

Contain ID	NOT THE PLAN AND A DRIVE		The second state of the se	All sectors in the sector	
Oute Fostered	LK13/2000	Carlos Hanne	Standard V	Carrier Type	10125
Activation Date	1/01/2000	Prective Data	11	Inactivation Source	
Master Carner ID		Tax ID	000033493		
Cirtala		3) (Ven Change Log
Carrier Ceiverage Typ	aft b bl	Electronic filling Cata	Garner Web Addresses	Carrier Pay Numbers	Carner Call Centers : Garner Cor





- Select "Electronic Billing Data" tab for Payer ID
 - Insert data into Excel

Carrier Coverag	e Type Carrier Addresses Electronic of 1 > >	Billing Data	rier Web Addresses	Carrier Fax Numbers	Carrier Call Centers Carrie
Carrier Departme	Payer Id		PCN N	unber BIN Numbe	r Effective Date
Electronic	Bling/ AETNA 60054	\sim		60054	01/01/2000
HIC ID	MEDICAL PAYER	PAYER ID	PLAN	ADD	RESS
AARGA0001	AARP Healthcare Options	36273	Commercial I	PO Box 740819 Atlan	ta GA 30374

- Prior Auth: Add notes \rightarrow MTF Notes: Add notes
- Duplicate HIC IDs
 - Research and Choose one or research and add notes how to choose correct HIC ID if duplicates exist
- Repeat for every payer, or top payers to start



Electronic Data Interchange (EDI)

ABACUS 837



Website	Insurance Website – Verify eligibility; Check claim status
837 - Bill	837 Electronic Billing Send claim electronically
835 - ERA	835 Electronic Remittance Advice (ERA) – Receive electronic ERA
EFT	Electronic Funds Transfer (EFT) – Receive electronic payment





• Master Tables \rightarrow Insurance \rightarrow Insurance Carrier

Ins	uran	ce Carrier								
0	/ervie	w Details								
	Carrie	er Insurance								
		Carrier ID	AETKY0010	Carrier Name	AETNA US HEALTHC	ARE	Carrier Type		~	
	D	ate Entered	11/03/2008	Status	Standard	~ сно	S Host DMIS	0125	~	
	Act	ivation Date	01/01/2000	Inactive Date	11	Inactiv	ation Source			
	Maste	er Carrier ID	~ ~	Tax ID	066033492					
	Detai	ls						View	Change Log	
	Carrie	er Coverage T	ype Carrier Addresses Ele	ectronic Billing Data	Carrier Web Addres	ses Carrier Fa	x Numbers	Carrier Call Centers	Carrier Contacts	Carrier Comments
		. ∢ . 1	of 1 🕨 🕅 🕂 ≻	<						
		Coverage Type	Coverage Status	Payer Billing Type	Effective Date	Termination Date	Description			Input Source
	►	MD	Standard	В	01/01/2000					Conv

- Choose Carrier-Payer HIC ID
 - Extra Coverage types can be removed
- Address Updated can be updated in PO Box 14079

Carrie	er Coverage Typ	e Carrier Addresses	Electronic Billing Data	Carrier Web Addresses	Carrier Fax Numbe	ers Carrier Call	Centers C	Carrier Contacts	Carrier Cor	mments
1.1€	∢ 1	of 1 🕨 🕅 🕂	×							
	Carrier Department	Address 1	Address	s 2	City	State	Country	Zip	Zip Extn	Email
	Claims	PO BOX 14079			LEXINGTON	KENTUCKY	UNITED ST	ATES 40512		



• Add Electronic Billing Data

Carrier Coverage Type	Carrier Addresses	Electronic Billing Data	Carrier Web Ad	ldresses	Carrier Fa	x Numbers	Carrier	Call Centers	Carrier C
	of 1 🕨 🕅 🕂	×							
Carrier Department	Payer Id			PCN Nun	nber	BIN Numb	er	Effective Date	
Electronic Billing/.	AETNA 60054					60054		01/01/2000	
Electronic Billing Da	ta								×
Electronic Billing Data	3						_	Add/Upd	ate
Carrier ID	AETKY0010	Carrier Departme	ent Electronic E	Billing/E[~				
Effective Date	01/01/2000	Termination Da	ate //						
Electronic Payer ID	AETNA 60054 🗸	PCN Numb	er		В	N Number	60054		
Description									

• Adding Master Carrier

AETKY0034	0125	AETNA GLOBAL BENEFITS	PO BOX 14079	LEXINGTON	КҮ	True
AETKY0010	0125	AETNA US HEALTHCARE	PO BOX 14079	LEXINGTON	KY	True
AETKY0005	0125	AETNA US HEALTHCARE	PO BOX 14089	LEXINGTON	КҮ	True

Removed extra Coverage Types

	Coverage Type	Coverage Status	Payer Billing Type	Effective Date	Termination Date	Description	Input Source
4	MD	Standard	В	01/01/2000		AETNA US HEALTHCARE	Conv



• Verified electronic, deleted (X) if not blank

Carr	ier Coverage Type	Carrier Addresses	Electronic Billing Data	Carrier Web Addr	resses Carrier Fax	(Numbers	Carrier Call Centers	Carrier Contacts	Carrier Comments
ŧ I		10 🕨 🕅 🖶	\times						
	Carrier Department	Payer Id		F	PCN Number	BIN Numbe	er Effective Date	Terminatio Date	on Input Source

• Add/select Master Carrier

Insurance	Carrier							
Overview	Details							
Carrier I	nsurance							
	Carrier ID	AETKY000	5		Carrier Name	AETNA US HE	ALTHCARE	
Date	e Entered	11/03/200	8		Status	Standard	~	
Activa	tion Date	01/01/200	•		Inactive Date	11		In
Master 0	Carrier ID			~	Tax ID			
Details	_	Search	aetky001	.0				
Carrier Coverage Ty		Carrier	ID	С	arrier Name		CHCS Host DMIS	
		AETKY0010 A		AE	AETNA US HEALTHCARE		0125	

• Save





- Master Tables \rightarrow Insurance \rightarrow Electronic Payer
 - Electronic Payer & Payer ID
- MTF Detailed HIC ID Data for Medical is Tracker in Excel
- Setting up a HIC ID to bill electronically
 - Electronic Payer
 - Electronic Payer ID
 - https://www.practiceinsight.net/payers/payer-list/
 - Insurance Carrier







- Electronic Payer
 - Add Payer ID
- Search by Name or Payer ID
 - Electronic Payer-Timely Filing Days: Aetna is several years, update
- Save



E	lectronic Payer ID Overview					
	Electronic Payer	~	Payer ID	60054		Search
1					Total Records : 1 🚺 🖪	Page
	Clearinghouse	<u>ــــــــــــــــــــــــــــــــــــ</u>	Electronic Paye	r		Payer Id
	BRSI Clearinghouse	•	AETNA 60054			60054



Electronic	Payer ID							- • ×
Overview	Details							
Related	To							
	Is Active							
	Clearinghouse	BRSI Clearingho	use 🗸	Payer ID	60054]	
E	Electronic Payer	AETNA 60054	~	Date Added	02/10/2011]	
				Timely Filing Days	365]		
Enrollme	ent							
	Enrollment R	equired						
1	Enrollment Date	01/01/2011		Enrolled By	Morton, John]	
Services	s Accepted							
	Claim Status	Check Accepted	(276/277)?	Insuran	ce Verification Accept	ted (270/271)?		
837								
	Institutional	Charges	Dental Charge	es Accepted 🗹 Profe	ssional Charges Acce	pted		
	Pharmacy C	harges	Allow For Elec	ctronic Attachments				



- Log in to ABACUS
- Go to Account Management \rightarrow Custom Tools \rightarrow Custom Tools



- Custom Tools-Report Criteria
 - Select "ELECTRONIC VALIDATION REPORT -837" from drop-down
 - Select LOB "TPC2- OUT" from drop-down
 - Select date (last 2-6 months)

Report C	Orteria
Report	ELECTRONIC VALIDATION REPORT - 837
LOB	TPC2-OUT TPC2-OUT
Date(s)	5/22/2020 Tr to 7/22/2020





- Click on Payer tab, select "Aetna" from drop-down
- Review Grouping_Code tab for processed encounters
- Repeat for all payers

Training Point- Grouping Code If there are issues, it is not always apparent. Claim in Process or Electronic Bill Submitted look good, but the claim may not have gone out, or no response from insurance; check the Transmit date and Recovery for the control number if needed.

PAYOR 7	0	N NEXT PLL RES
AETNA US.	Valot	Text Filters
AETNA US.		
AETNA US.	Enter	et to search
AETNA US.	A	
AETNA US.	V AE	INA US HEALTHCARE



GROUPING_CODE	٠
Claim in Process	
Claim in Process	
Electronic Bill Submitted	
Payer is Processing Claim	







Electronic Remittance Advice (ERA)

ABACUS 835



- Identify current electronic 835-ERA in ABACUS
- Log into ABACUS
 - Go to Ledger Posting→ EOB ERA Maintenance
 - Select EOBs Approved
 - Select "Payer" in header row to alphabetize
 - E is 835-ERA and M is Manual







Payer V



• 835 ERA has all required data

O EDISummaryForm – 🗆	×
Patient Name:	
Clearinghouse Messages ERA 835	
Entered On Payer Name Check Date Check ID Check Amount Control Num Total Billed Amount Paid Pat. Resp. 8/7/2019 PREMERA BLUE CROSS 8/6/2019 4000049615 6428.2 31 31 31 31 31 31 31 31 10 10 10 10 10 10 10 10 10 10	0 ~
Account Note	
Electronic Remittance Advice data loaded from: F:\EDI\N_BREMERTON_PROD\Pending\CR835_20190806.BC.enc Bulk payment (CHK) of 6,428.20 on Check 4000049615 dated 8/6/2019 Trace 1910499247 2 PREMERA BLUE CROSS PO BOX 91059 SEATTLE, WA 98111 91-0499247 PER*BL*EDI TEAM*EM*EDI@PREMERA.COM*TE*8004352715~ Check made payable to: NAVAL HOSPITAL BREMERTON 1 BOONE RD CODE 08RAZD BREMERTON, WA 98312 Payee TaxId 91-0565147 NPI 1427010420 Claim 10 110 10 10 10 10 Patient Responsibility is 0.00 Payer's Claim Control Number = F19186034270 Claim received by payer on 7/3/2019 Service from 6/6/2019 to 6/6/2019	~
Patient:	
Service Lines: SVC ID SVC Date Charged Paid	
NU:0250 6/6/2019 13.70 13.70 NU:0250 6/6/2019 17.30 17.30	



• Research required if no payment received

	21.5		0	11011 AL 1				
O EDISummaryForm						_		\times
	Patient Name:							
Clearinghouse Messages						_		
Clearinghouse Messages								
Err Num Error Code	Severity A	Insured	H ID	Date of Service 5/14/2019	Amt Billed 18.78			^
								~
Error Message			Paver 6230	08 - CIGNA HEALTHCAR	E			
Forwarded to Payer~		^	Facility NAV	AL BRANCH HEALTH CL	INIC EVERETT			_
		~	File Name F:\E	DIW BREMERTON PRO	D\Pending\CRDataf	ileCR 2019	0702.TXT	
Payer Responses Resp Date Line Num Submit 7/3/2019 10	Date of Service Amt Billed 5/14/2019 18	Insured ID						*
Paver Response			Device					~
Acknowledgement/Receipt-The clai	in has been received Entity ack	nowledges 🔨	Claim File	CIGHA HEALTHCARE				-
receipt of claim/encounter (Code A	1-13-40/%		Response File	CRDatafilePR 2019070	13 1 TXT			-
		×	response file	C.C.G.G.G.G.C.F.C.2015070				



Electronic Funds Transfer (EFT)



- Identify medical payer payment method
- Review daily check log
- Review Collections Information Repository (CIR) or Internal tracker for EFT (ACH) and credit card payments
 - Insert CC for credit card for all payers in the daily credit card log
 - Insert EFT for EFT (ACH) for all payers in the daily EFT log



- Review master list- medical payers- online service
- Each Payer may be a different process to implement

K * DD1131 OTCnet	DATE	DD1131 * OTCnet/Checl	Cł	neck Total	ТF *	PC OutPt TPT* K1
4000134634	7-Jul-2020	BCBS Federal	\$	3,321.28	\$	3,321.28
4000133839	30-Jun-2020	BCBS Federal	\$	9,767.66	\$	9,767.66
198814839	26-Jun-2020	Premera Blue Cross	\$	147.97	\$	147.97
то	TAL: K*DD1131	\$ 13,236.91	\$	13,236.91	\$1	13,236.91

Checks



G * DD1131 CGateway	DATE	CreditGateway- ACH (EFT)	Check Total	TPC OutPt *TPT*
V020032	2-Jul-2020	PREMERA	\$13,671.82	\$13,671.82
V060017	6-Jul-2020	PREMERA	\$ 1,179.05	\$ 1,179.05
V060017	6-Jul-2020	REGENCE BCBCO	\$ 58.00	\$ 58.00
тот	AL: G*DD1131	\$ 14,908.87	\$14,908.87	\$14,908.87
				EFT

C * DD1131 PayGov	DATE	PayGov/Credit Card	Check Total	TPC OutPt *TPT* C1
V548685	9-Jul-2020	Sound Health & Wellness T	\$ 2,426.75	\$ 2,426.75
V548685	9-Jul-2020	Sound Health & Wellness T	\$ 54.74	\$ 54.74
v551218	14-Jul-2020	Sound Health & Wellness T	\$ 196.80	\$ 196.80
тот	AL: C*DD1131	\$ 2,678.29	\$ 2,678.29	\$ 2,678.29

Credit Card

Collections Infor	matic her Det	on Repo	ository (CIR) t
Reporting Program/Subprogram:	Pay.gov		
Partner Name:	Pay.gov	Credit card	
Reporting Program/Subprogram:	Credit Ga	teway:ACH	
Partner Name:	ACH CG		FFT
Reporting Program/Subprogram:	OTCnet:E	-Check Depos	it
Partner Name:	OTCnet		Check
			CHECK



ABACUS Account Management

Recovery Grouping Codes







- Log-in to ABACUS
- Master Tables → Recovery → Recovery Codes
 - Select code type "group" from drop-down
 - Click "search"

Master Tables							
🕀 🧫 Billing	Recov	very Code					
Billing Codes	Over	view				r	•
Circle Insurance	Gen	reh.			Code Type (2001)		Search
Rate Tables	 				contribution		368101
Other					Total Records :	49 14 4	Page 1/
Recovery		Code Type	Group Name	Description		 Status 	Resolution
Transaction Types		(20) 8	Defect	Set I avail Annual Cont		ACTIVE	
E CAR Codes	 Ľ	0400	Denault	at teve Appealoen		ACTINE	
📰 Recovery Code		GROUP	Default	2nd Level Appeal Sent		ACTIVE	

- Available Recovery Codes are listed with Active Status
 - Prior ARMS-Pro sites will have additional Grouping Codes



- Go to Account Management \rightarrow Recovery
- Click "Queue Info"
- Click on "The Drill" tab
 - Queue Selection \rightarrow "Select All" (pulls up open encounters)



O Recovery ve	er. 4.0.0.20 - (Se	ensitive Inform	natio								I
	270	🖩 🖉 Save	×						t	Queue info	I
O Recovery Special	list Statisti	þ					a	-			×
Account Groupings	Pull Date Schedule	Carrier Groupings	Transactions	Daily Work Log	Inventory	DMIS Groupings	Name and Control Number Lookup	The Drill	Statistics		
Level 1	Level 2		Level 3							Queue Selection	

- Select Level 1 "Grouping" from drop-down
- Select Level 2"Carrier Name" from drop-down
- Select Level 3 "Placement Data" from drop-down

÷



 Select "+"Grouping Code for Electronic Bill Pending, then Payer, then Placement Date

Lev	el '	1		Level 2	2			Level 3			
Grou	ıpir	g	~	Carrier	Name		\sim	Placeme	entDate	~	
de	etai	il Gri	ouning			Count	Place	d			
	1	Cla	im Worked			15		\$3137	88		
]	Ele	ectronic Bill Pendi	na		47		\$4,668.	65		
		d	ier Name					Count	Placed		
		+	AETINA US HE	ALTHCAR	E			4	1	\$278.86	
		+	FEDER/	AL WASHIN	IGTON			E	;	\$273.46	
			CAREMARK					16	5	\$2,497.07	
			PlacementDate	Count	Pis, ed						
			08/07/2020	2		\$20.0	2				
			08/10/2020			\$13.7	0				
			08/13/2020	3		\$57.4	3				
			08/17/2020	2		\$93.1;	2				
			08/18/2020	1		\$327.5	2				
			08/25/2020	4		\$911.6	5				
			08/26/2020	3		\$1,073.6	2				
			End of Level								
		+	CIGNA					1		\$13.12	
		+	GOVT EMPLO	YEES HOS	P ASSI	DC GEHA		1		\$76.10	
		+	GROUP HEAL	тн сооре	BATIV	E		1		\$110.36	
		+	KAISER PERM	IANENTEN	WA			1		\$46.20	
		+	OPTIONS HEA	LTH PLAN	1			1		\$76.10	
		+	PREMERA BL	UE CROSS	i			7	,	\$659.01	
			End of Level								

Select desired row

_	-		Ciain	n worked	15
►			Elec	tronic Bill Pending	47
			detail	Carrier Name	Co
			÷	AETNA PHARMACY MANAGEM	ENT
			+	AETNA US HEALTHCARE	
			+	BCBS FEDERAL WASHINGTON	
		Þ	+	CAREMARK	
			_	=-=	



Click "Load Selected into Recovery"



• Selected encounters are now in Recovery screen

LOB			Accounts Loaded from Drill - No Filter	The Cost Research
Patient Information Insured	Placement information	1	Account Information	Read Contract Castal
View Companions	Date Pisced Age at Piscement Date of Service Date Resolved Status Total Biled Payments Wild and Adj Total Remaining	272920 15 Days 7/24/2020 to 7/24/2020 Active 8.12 0.00 9.00 58.12	Last Denial Last Denial Data Grouping Pull Data Versione Working Carrier Presolution None Working Carrier Premary	Inding U
Carrier Information Requests Letters Images G Terrer CARAZGO21) CAREMARIX 91 Claims for 1 Address Phone Pax Web Page Comments Department Address1 Address2 C • CAREMARIX PO BOX 52195 P	No Carrier Ay Ste MOENEX AZ	Notes Status Add Add From Spectro 7.54 AM JSYSTEM] 6/25/020 7.52 AM (SYSTEM)	Cipboard View All Cipboard View	X Carport Mitted
< Transactions UB04 Delence 7	> Ning Change	LOB Transfer to Legr	al 👔 Ramova Transfer	



- Encounters may also be pulled up by "Control Number" or "Patient Name"
 - Click on "Account Lookup"
 - Click "Refresh Search" for results
 - Account lookup will open closed encounters

O Recovery ver. 4.0.0.20 - (Sensitive Information) Image: Construction of the sense of the sen		Select 🏦 Quisessen 🔾 Account Lookup
O Account Lookup		
Last Name First Name	Control Number Load	Into Recovery Search Method
	Ref	esh Search Sort by: Default ~





- Working by Carrier
 - Allows pattern finding, research on website, phone calls
- Working by Grouping
 - Allows for identification and working of bill holds in Recovery
 - Displays open encounters

L Ca	.ev arri	el 1 er N	Vame	~	Grouping		~	Leve	13		<
	de	etai	l Carri	er Name			Co	unt	Placed		
	Ŧ	1	BLU	E CROSS BLUE	SHIELD			18	\$12,	613.72	
Þ	Ξ	1	BLU	E CROSS CALIF	ORNIA LA CABLC			26	\$12,	537.47	
			detail	Grouping		Count		Placed			
			•	Claim in Process			12		\$861.58		
			+	Electronic Bill Su	ubmitted		10		\$854.49		
			+	Payer is Process	sing Claim		3		\$390.97		
			+	Waiting for Cheo	ok.		1		\$10,430.43		

Le	veri	Leveiz		Level 5
arc	ouping			<u> </u>
	detail	Grouping	Count	Placed
1	+	1st Level Appeal Sent	1	\$68.90
	+	99199 Review	9	\$25,375.63
1	+	Anesthesia Review	7	\$6,822.59
1	+	Bill Correction Needed	228	\$61,505.52
1	+	Bill Ready to Print	1,263	\$588,042.46
1		Billing Manager Review	22	\$3,111.57
1	+	Caremark Upload Error Received	18	\$4,940.02
		CHCS_CONV	2	\$502.28
1	+	Claim in Process	7,839	\$1,744,038.59
1	+	CLOSED 🗧	312	\$71,631.27
1		Denial Review	110	\$21,343.89
1	+	Dining Hall	62	\$295.95
1		ECS Review Complete	564	\$2,041.60
1	+	Electronic Bill Pending	49	\$5,871.64
1	+	Electronic Bill Submitted	409	\$219,995.76
1		EOB Received	156	\$36,570.81
1	+	Flag for Review	624	\$234,227.21
1		High Dollar Claim Review 🛛 🗧 🖛	20	\$376,266.06
1	+	Inpatient Claim Review	12	\$264,944.29
1	•	Invoice Mailed	214	\$74,746.69
1		MAC Ready to Print	225	\$708,035.94
1	+	MEPRS HOLD FOR REVIEW	269	\$204,913.21
1		MSA Interagency W/0	1	\$26.52

- "Rx Billing" (March 2020)
- "ABACUS EDI Rx Claims Overview" (October 2018)
- "Electronic Billing" (October 2017)

https://health.mil/Military-Health-Topics/Business-Support/Uniform-Business-Office/UBO-Learning-Center/Archived-Webinars

• Contact DHA UBO Helpdesk ubo.helpdesk@intellectsolutions.com





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- The original Certificate of Approval may not be altered except to add the participant's name and webinar date or the date the archived Webinar was viewed. Certificates should be maintained on file for at least six months beyond your renewal date in the event you are selected for CEU verification by AAPC
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