



**POST-TEST for DHA UBO and DQMC Program Webinar:
Denial Management Best Practices**
[broadcast 28 and 30 May 2024]

POST-TEST INSTRUCTIONS: View the recorded Webinar located at [UBO Learning Center Archived Webinars](#) and then complete all of the 10 questions below. Submit your answers via e-mail to webmeeting@triafed.com with “Answers, Post Test **Denial Management Best Practices**” in the subject line (a read receipt for your records is recommended). If at least 70% of the questions are answered correctly, you will receive a Certificate of Approval with Index Number via email. If you receive a score of 69% or lower, you will be notified via email and may review the archived Webinar and resubmit the post-test. Results may take up to five business days. If you have any questions, please submit those as well to webmeeting@triafed.com.

- 1) **Multiple Choice:** What is one reason denial management can be difficult?
 - a. The number of reports you need to pull
 - b. Requires coordination throughout the revenue cycle
 - c. There is a lot of math to figure out
 - d. None of the above

- 2) **Fill in the blank:** When speaking with the payer, be sure to ask _____.
 - a. How long do I have to resubmit the claim
 - b. To speak with a supervisor if the payer representative is not helpful
 - c. If the payer needs any additional documentation sent with the claim
 - d. Where does the information need to be sent
 - e. b and d are correct

- 3) **True or False:** The purpose of an explanation of benefits (EOB) is to provide detailed payment information relative to the claim and, if applicable, to describe why the total original charges have not been paid in full.
 - a. True
 - b. False

- 4) **Fill in the blank:** Upheld denials require the payer to send _____.
 - a. Remittances
 - b. Reports
 - c. Supporting Documentation
 - d. Revenue
 - e. All of the above



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- 5) **True or False:** Title 15, United State Code, Section 1095 authorizes the government to collect reasonable charges from third-party payers for health care provided to non-beneficiaries.
- True
 - False
- 6) **Multiple Choice:** What are some tips for submitting clean claims?
- Making copies
 - Avoiding handwritten claims
 - Attaching labels or stickers
 - Adding notes or instructional assistance
 - a, c, and d
- 7) **Multiple Choice:** Some of the common reasons for claim denials are:
- Coding errors
 - Incorrect balances
 - Incorrect dates of service
 - Non-covered benefits
 - a,c, and d.
- 8) **True or False:** An EOB or Electronic Remittance Advice (ERA) is a report issued by the payer stating the status of the denial; whether it is paid, suspended (pending) rejected, or denied.
- True
 - False
- 9) **True or False:** Title 32, Code of Federal Regulations, Part 220 implements 10 U.S.C. 1095 and specifies the rights and obligation of beneficiaries.
- True
 - False
- 10) **Multiple Choice:** What is a challenge in understanding a denial?
- Some denial codes will not fit the reason the claim was denied
 - Consistently applying codes with the same payer
 - The denial code is consistently identifying the real issue
 - None of the Above
 - All of the above