POST-TEST for DHA UBO Webinar:
Denials Management and ABACUS Capabilities
17 and 18 December 2019

POST-TEST INSTRUCTIONS: View the recorded webinar located at: http://health.mil/Military-Health-Topics/Business-Support/Uniform-Business-Office/The-UBO-Learning-Center/Archived-Webinars and complete the 10 questions below.

Submit your answers via e-mail to webmeeting@federaladvisory.com with "Answers, Post-Test— **Denials Management and ABACUS Capabilities"** in the subject line (a read receipt for your records is recommended).

Results may take up to five business days. If you have any questions, please submit them via e-mail to webmeeting@federaladvisory.com. **NOTE:** You must have at least 70% of the questions answered correctly, in order to receive a Certificate of Approval with Index Number (via e-mail). Individuals receiving a score of 69% or lower will be notified via e-mail and may resubmit the Post-Test, after reviewing the webinar, for processing.

1. The purpose of an Explanation of Benefits (EOB) is to provide detailed _____ information relative to a specific claim.

2. Name three reasons why a payer may deny an MTF's claim for reimbursement for care provided to the payer's beneficiary: _____, _____, and _____.

3. Title 32, Code of Federal Regulations, Part 220 implements 10 U.S.C. 1095 and specifies which of the following?

   a) Rights and obligations of beneficiaries
   b) Applicable charges
   c) Certain payers excluded from Third-Party Collections Program
   d) Special rules for Medicare supplemental plans, automobile insurance, and workers' compensation
   e) All of the above

4. True or False: The health care industry has one universal definition for what constitutes a claim denial?

5. Name three challenges presented by denial reason codes: _____, _____, and _____.

6. With whom should you ask to speak if the payer representative is not helpful? _____

7. The _____ tool, within the Accounts Management table, allows users to track and reconcile accounts.

8. The _____ tab allows users to generate templates.

9. In the Account Information section of the Recovery screen, denials can be grouped into
    _____, _____, and _____.

10. Which of the following is not a question you should ask when speaking with a payer
    representative?

    a) What data was missing or inaccurate on the claim?
    b) How long do I have to resubmit the claim?
    c) Why don't you know what you're doing?
    d) Where does the additional information need to be sent?