Rx Billing
Express Scripts/CVS Caremark/Aetna Rx

24 March 2020 0730 – 0830 PDT
26 March 2020 1300 – 1400 PDT

For entry into the webinar, log into: http://federaladvisory.adobeconnect.com/ubo_webinar.

Enter as a guest with your full name and Service or tIMO affiliation for attendance verification.

Instructions for CEU credit are at the end of this presentation.

View and listen to the webinar through your computer or Web–enabled mobile device. Note: The DHA UBO Program Office is not responsible for and does not reimburse any airtime, data, roaming or other charges for mobile, wireless and any other internet connections and use.

If you need technical assistance with this webinar, contact us at webmeeting@federaladvisory.com.

You may submit a question or request technical assistance at any during a live broadcast time by entering it into the “Question” field of Adobe Connect.
Agenda

• Express Scripts
  • “Too Old for NCPDP Submission” Rejection
  • Rejection resolution
  • Online Assistance

• CVS Caremark and Aetna RX
  • Compared Collections
  • Setting up a Master Carrier in ABACUS
  • Available reporting & tracking tools
  • Error code explanation
  • Online payer access
• NCPDP Error: “Too Old for NCPDP Submission”

• Identify Error
  • ABACUS Custom Tool – Open Claims for Pharmacy Analysis
    • Filter to “Grouping Code”

• Recovery – Queue Info - The Drill (Recommended)
NCPDP Error Example

Recovery ver. 2.21.8.17 - (Sensitive Information)

Facility
LOB

Patient Information: Insured

Control #
Name(F/L)
SSN
Policy #
DOB
RP Name
Employer

Placement Information

Date Placed: 8/1/2019
Age at Placement: 15 Days
Date of Service: 7/18/2019 to 7/18/2019
Date Resolved:
Status: Active
Total Billed: 65.00
Payments: 0.00
WO and Adj: 0.00
Total Remaining: 65.00

Account Information

Last Denial:
Last Denial Date:
Grouping: RX: Too Old for NCPDP Submission
Pull Date: 10/23/2019
Resolution: None
Working Carrier: Primary

Notes

10/21/2019 4:01 PM [SYSTEM] NCPDP Response loaded from F:\PHARMACY\NL_29PALMS_FRD\Pending\output\12_2019-10-21.txt Control Number 1903030P0003916 Bill Number 2

RX Number: TP7C220767 FB81
Claim: Too Old 401
50DYLMT/DS

Queue: Grouping: Pull Offset Rule Num:
- TPC Out-Reject RX: Too Old for NCPDP Submission 7 1960
Step 1: Log into express-scripts.com
Step 2: Select “Contact Us”
Step 3: Select "Claim Inquiry - claim too old, claim reversal request"
Step 4: Complete Claim Inquiry – Pharmacy information automatically populates
### Step 5: Complete form and Submit

**Patient**
- Cardholder Id
- First Name
- Date Of Birth

**Group Number**
- Last Name

**Claim**
- Reason
  - Reprocess Claim – Reject 81 Claim Too Old
- Rx #
- Date of service

**Submit**
- Cancel
- Submit
Step 6: Receive message “Thank you. Your request is being processed.”
Response from Express Scripts
  Automated Email:
  “Your request for Claim Too Old processing has been received and may take up to 72 hours to process. Upon resolution, you will be notified by fax.”
  Fax received from Express Scripts
• Online
  • https://www.express-scripts.com/medco/prc/mainframe.jsp
  • New on-line account – Call: 800-922-1557
  • 1- Retail * Pharmacist * Have RX NPI * State assistance with “ACCOUNT SET-UP” (Do not have RX within 2 days – NOT MTF)
  • Need: Rx NPI * User Name * Email * Phone Number

• EFT and Electronic EOB 835 Forms:
  • Each MTF should have this done within 30 days.
  • https://www.esiprovider.com  EFT set-up  22May19
    • EFT Test acknowledgement requests to Remittance@Express-Scripts.com
Compared Collections from FY17-18 to FY19-20
- Expected to increase throughout FY20

<table>
<thead>
<tr>
<th>Collections Over $100K</th>
<th>FY17-18 (24 Months)</th>
<th>FY19-20 (15 Months)</th>
<th>Increase $$</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 NH Bremerton Washington</td>
<td>$102,877</td>
<td>$147,754</td>
<td>30%</td>
</tr>
<tr>
<td>4 NH Pearl Harbor Hawaii</td>
<td>$651,385</td>
<td>$711,626</td>
<td>8%</td>
</tr>
<tr>
<td>8 NH San Diego California</td>
<td>$176,075</td>
<td>$198,424</td>
<td>11%</td>
</tr>
</tbody>
</table>
- CVS Caremark Master HIC:
  - Set-Up for DoD Electronic Billing (Excluding Medicare D – Not TPC)
  - HIC ID CARAZ0021 BIN (004336) PCN (VACLM) for CVS Caremark
    - DO NOT SEND PAPER!!
### Electronic Billing Data

<table>
<thead>
<tr>
<th>Carrier ID</th>
<th>Carrier Department</th>
<th>Effective Date</th>
<th>Termination Date</th>
<th>Electronic Payer ID</th>
<th>PCN Number</th>
<th>BIN Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARAZ0021</td>
<td>Electronic Billing/...</td>
<td>01/01/2015</td>
<td>/ /</td>
<td>CAREMARK004</td>
<td>VACLM</td>
<td>004336</td>
</tr>
</tbody>
</table>

**Carrier Data**

<table>
<thead>
<tr>
<th>Carrier Coverage Type</th>
<th>Carrier Addresses</th>
<th>Electronic Billing Data</th>
<th>Carrier Web Addresses</th>
<th>Carrier Fax Numbers</th>
<th>Carrier ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CAREMARK004336</td>
</tr>
</tbody>
</table>

**Note:**
- The image shows a screenshot of the CVS Caremark Master Carrier interface with specific data entries for an electronic billing profile.
• Adding New Master Carrier HIC ID
  • For existing OHI with another HIC ID, add CARAZ0021 to the Master Carrier box as seen below.
Aetna Rx Master HIC:

- Set-Up for DoD Electronic Billing (Excluding Medicare D – Not TPC)
- HIC ID AETAZ0007 BIN (610502) PCN (VACLIM) for Aetna Rx
- DO NOT SEND PAPER!
• Custom Tools Reports: *Open Claims Pharmacy Analysis* and *Electronic Validation Report NCPDP*
  • Report can assist with an “organized” approach
  • Use Filters (tornado) to manage data

• Helpful Hints
  • Use Custom Tools or The Drill
  • Some errors are best worked in one or the other
  • Work all of patient bills
- Caremark On-Line: Eligibility and Claim Status
  - [https://client.caremark.com](https://client.caremark.com)
  - User ID and Password: Service Provided
  - Phone calls no longer needed
Online Access

- Main Page

Hi, Navy NAVY0001 | Log Out

Home | Client Online Services | RxPipeline™

COS Home
View Groups
Claim Search
View/Manage Plan Member
Manage Eligibility
View Claims

Client Online Services

We want your feedback! Click here to complete a brief survey.
Online Access

• “View/Manage Plan Member”
  • Manage Eligibility
  • Type ‘Plan Member ID’
    • Type Plan ID, if two digit suffix is not required for search
    • Below has Effective date 8/2019, DOS is 01/2019
    • Select ‘Name’ hyperlink
Online Access

- Bottom of screen shows history of coverage
  - First line shows current coverage; third line shows coverage for DOS

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Name</th>
<th>Member ID</th>
<th>Effective From Date</th>
<th>Effective Thru Date</th>
<th>Effective Date Status</th>
<th>Eligibility Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARDHOLDER</td>
<td>CARDHOLDER</td>
<td></td>
<td>08/01/2019</td>
<td>12/31/2099</td>
<td>A</td>
<td>Active</td>
</tr>
<tr>
<td>CARDHOLDER</td>
<td>CARDHOLDER</td>
<td></td>
<td>02/01/2019</td>
<td>07/31/2019</td>
<td>T</td>
<td>Active</td>
</tr>
<tr>
<td>CARDHOLDER</td>
<td>CARDHOLDER</td>
<td></td>
<td>05/15/2016</td>
<td>01/31/2019</td>
<td>T</td>
<td>Active</td>
</tr>
<tr>
<td>CARDHOLDER</td>
<td>CARDHOLDER</td>
<td></td>
<td>01/10/2016</td>
<td>05/14/2016</td>
<td>T</td>
<td>Active</td>
</tr>
<tr>
<td>CARDHOLDER</td>
<td>CARDHOLDER</td>
<td></td>
<td>01/01/2015</td>
<td>01/09/2016</td>
<td>T</td>
<td>Active</td>
</tr>
<tr>
<td>SPOUSE</td>
<td>SPOUSE</td>
<td></td>
<td>01/10/2016</td>
<td>05/14/2016</td>
<td>T</td>
<td>Active</td>
</tr>
<tr>
<td>SPOUSE</td>
<td>SPOUSE</td>
<td></td>
<td>08/01/2019</td>
<td>12/31/2099</td>
<td>A</td>
<td>Active</td>
</tr>
<tr>
<td>CHILD</td>
<td>CHILD</td>
<td></td>
<td>01/01/2015</td>
<td>12/31/2014</td>
<td>I</td>
<td>Inactive</td>
</tr>
<tr>
<td>CHILD</td>
<td>CHILD</td>
<td></td>
<td>02/01/2019</td>
<td>01/31/2019</td>
<td>I</td>
<td>Inactive</td>
</tr>
</tbody>
</table>
Online Access

- Current coverage data: “Member ID” Use full number NOT -00
  - Each family Member will have a different suffix, each group will use different suffix logic
- **Update ABACUS for each family member and each claim that was submitted**
- Carrier ID should be included in ABACUS as the “Group ID”. ADD the letters RX before the Group ID in ABACUS.
• **ABACUS response shows payment or processed claim**
  • Several ways to research: 1) Patient Policy # or 2) CVS ClaimNbr
  • Need to research why no payment or write-off
• “View Claims” from Menu on the left side
• Shows history of all prescriptions
• Still not enough information
• Below shows there was no payment but a co-pay
  • Do a ‘Snip-It’ and save in Recovery, then write-off can be done
**Different claim that was paid**

### Pricing - This Claim

<table>
<thead>
<tr>
<th>Price Type</th>
<th>Submitted</th>
<th>Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ingredient Cost</td>
<td>79.40</td>
<td>26.47</td>
</tr>
<tr>
<td>Dispensing Fee</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Flat Sales Tax</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Percent Sales Tax</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Incentive Amount</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Other Patient-Payor Responsibility</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Professional Service Fee</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Patient Pay</td>
<td>0.00</td>
<td>10.59</td>
</tr>
<tr>
<td>Coordination of Benefits</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Usual &amp; Customary</td>
<td>26.47</td>
<td>0.00</td>
</tr>
<tr>
<td>Other</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Amount Due</td>
<td>79.40</td>
<td>15.88</td>
</tr>
<tr>
<td>Source</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Payment Information Details

<table>
<thead>
<tr>
<th></th>
<th>Paid</th>
<th>Reversal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date posted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transaction Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check Number</td>
<td>1124581</td>
<td></td>
</tr>
<tr>
<td>Reimbursement Type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount Paid</td>
<td>15.88</td>
<td></td>
</tr>
<tr>
<td>Check Amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Batch Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EFT Trace Number</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
• “Claim Search” with ‘CVS ClaimNbr’
• Response 8/5/19 – Today is 9/16/19 ** Over 30/days what is status
- Pricing - This Claim

<table>
<thead>
<tr>
<th>Price Type</th>
<th>Submitted</th>
<th>Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ingredient Cost</td>
<td>23.60</td>
<td>23.60</td>
</tr>
<tr>
<td>Dispensing Fee</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Flat Sales Tax</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Percent Sales Tax</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Incentive Amount</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Other Patient-Payor Responsibility</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Professional Service Fee</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Patient Pay</td>
<td>0.00</td>
<td>15.00</td>
</tr>
<tr>
<td>Coordination of Benefits</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Usual &amp; Customary</td>
<td>23.60</td>
<td>0.00</td>
</tr>
<tr>
<td>Other</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Amount Due</td>
<td>23.60</td>
<td>8.60</td>
</tr>
<tr>
<td>Source</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Online Access

- No Payment Info for this “ClaimNbr,” but second one did *Note that Check # differs (not received)
• ABACUS EOB – Ledger Posting

<table>
<thead>
<tr>
<th>EOB ID</th>
<th>Check Number</th>
<th>Check Date</th>
<th>Load Date</th>
<th>Payer</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>E</td>
<td>2,015</td>
<td>08/09/2019</td>
<td>08/15/2019</td>
<td>CAREMARK</td>
<td>353.87</td>
</tr>
</tbody>
</table>

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>451.10</td>
<td>135.33</td>
<td>315.77</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.60</td>
<td>15.00</td>
<td>8.60</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**CVS Staff Works** - Common Trigger Rejects

- CVS works these Rejects, do not reprocess or work. Only EOB will have a new Reject code or processed.
  - *Reject 05*
  - *Reject AD – Research Client Intent*
  - *Rejects: 40, 50, 99, 97 – Remediation Required*
  - *Reject 81*
RAR Error Codes

- **RAR 01, 04, 06** Error * M/I BPG * Incorrect BIN PCN
  - Steps to work errors RAR 01 04 06 per CVS Caremark
    - CVS works these, then response is via EOB; if not worked at this time site needs to do the below for updated status
      - If another error, that code will be in Note Tab in Recovery
      - If paid/processed “COB_Indicator: 01 Payment: 00”; does not always mean $$
  - Recovery ABACUS:
    - Use The Drill
      - Queue Selection: Select All ** Carrier Name only shows insurance
      - Select + for Grouping ** Select line ** Load Selected into Recovery
RAR 01 04 06 Grouping
RAR Error Codes

- If “PAPER” above * Change to CARAZ0021 on Tab FL31A thru FL41
RAR Error Codes

- **RAR 09** DOB * **RAR 10** Gender
  - Verify in DEERS * If correct still, call CVS

- **RAR 11 (06)** * Patient Relationship Code
  - Two-digit code at the end of Policy Number such as-
    - 00 Subscriber GEHA, then 01...
    - 01 Subscriber Aetna RX, then 02...
  - Find the pattern, correct in UB04 Bill #2 add the two-digit code
  - Update source and ABACUS Patient and Demographics
  - Ensure all new policies are set-up correctly

- **RAR 21** * Product Service ID Requires Corrected Prescription Data
  - Invalid NDC
    - Contact pharmacy for current NDC
    - See RAR 70 for process to update, add NDC to local Excel
RAR Error Codes

- **RAR 22** * DAW Dispense As Written
  - Verify correct NDC (Generic vs Name Brand)
  - DAW 3 – Substitution Allowed Pharmacist Selected Product Dispensed
  - DAW 1 – Substitution Not Allowed by Prescriber
    - Once you select DAW code, the “check mark” will be activated and you will need to save (upper left hard corner).

![Pharmacy Charge Detail per Line Item](image)
RAR Error Codes

- **RAR 25** * Prescriber ID Requires Correct Member Info
  - Verify correct Provider NPI, use NPPES NPI Registry online; or is the Provider invalid (not licensed)
    - Create Bill #2 and Correct ** Update Master Table - Provider

- **RAR 43, 44** * DEA is Inactive
  - Verify Provider NPI and DEA are valid
    - Create Bill #2 and Correct ** Update Master Table - Provider
RAR Error Codes

• **RAR 52, 06** * Non-Matched Cardholder ID No Eligibility
  • Verify OHI has not been updated, if not call the DoD phone # for CVS and validate data, or visit the CVS website
    • Update OHI data, Term if applicable; Update source systems
      – Data can change by year also
    • This could even be a name issue, insurance has middle as first name, hyphenated names can cause issues
    • For any that cannot be resolved we will need a list for me to forward to CVS

• **RAR 68, 69** * Filled After Coverage Expired / Terminated
  • Apply A02 – Unless incorrect
RAR Error Codes

RAR 70 * Product Not Covered / Benefit Exclusion – Plan Rejects
- Each Health Plan and NDC may have a different step to be performed
  - Name Brand NDC used, verify Generic dispensed; Change NDC and reprocess.
    - Do not just write-off, DoD IG found sites not following-up
  - Create a tracking sheet so not every denial has to be researched from beginning, work RAR 70 at same time. Remember each plan may be different.

Recovery Response
- CVS Website will indicate if this is a “Speciality Drug”
RAR Error Codes

- Bill #1: Generic brand is dispensed

- Bill #2: Updated NDC. After adding “Check the black check mark.”
RAR Error Codes

• **RAR 75** * Prior Authorization Required – Plan Rejects
  • ABACUS: Master Tables > Other > NDC Needing Authorization
    • Add: NDC Number * Now this NDC will stop in Interface
    • Check with the Insurance Plans
  • Note: Add this to your CVS Caremark / Aetna RX Excel
    • Also, verify there will be a payment ** NDC is billed $25 and co-pay is $25....

• **RAR 76, 19** * Plan Limitations Exceeded / M/I Days Supply – Plan Rejects
  • Bill #2 – Change Day Supply to 30 days
RAR Error Codes

- **RAR 77** * Discontinued Product Service ID Number
  - Contact pharmacy for current NDC
    - Create Bill #2 (add to Excel)

- **RAR 79** * Refill Too Soon
  - Apply W09 – Unless incorrect

- **RAR 83** * Previously Paid
  - Verify posted in ABACUS, if not is there a missing EOB/Check

- **RAR 85** * Claim Not Processed COB (Coordination of Benefits)
  - Verify with patient if there is other OHI
RAR Error Codes

• **RAR 88** * DUR Reject Error (Drug Utilization Review)*
  • Call DoD phone #, may need to update Quantity/Days Supply (add to Excel)

• **RAR E7** * M/I Quantity Dispensed*
  • Validate there is not a mismatch (cream/inhaler...) correct
  • Quantity is wrong

• **RAR RAR** * COB Indicator*
  • See RAR 85

• **RAR R6** * Product Not Appropriate For This Location*
  • Specialty Drug can be dispensed in appropriate pharmacy
    • Hold these! Army legal is working with CVS 14Jun19
Processed Claim:

- Below two scripts are now processed, was RAR 04/06/01, resent electronic Bill #2
• Timely Filing – Per CVS Caremark
  • DOD has 6 years from DOS to submit claims. Submit with as many corrections as needed. Get them to a valid status.
  • ABACUS Timely Filing Days- Change to 2190 (BIN 004336-CVSCaremark)/(BIN 610502-AetnaRX)
• Resubmitting Closed Claims
  • Recovery: Account Information – Resolution to “NONE”
    • This will show on Custom Tools Report *Open Claims by LOB*
    • Reverse write-off

• OCONUS
  • OCONUS Electronic Claims with error RAR-05
    • CVS Caremark – AetnaRX is able to process claims electronically for OCONUS
      – Contact Region or Headquarters as appropriate
        ▪ Region/HQ send email to CVS Caremark for unique 7-digit number
          • Will be used NPI and NCPDP
    • DHA Ticket to ABACUS requesting Business Rule to be set-up:
      – Provide MTF name and MTF stateside address (sister site-headquarters)
    • Send a few claims once set-up
      – Once successful, request for all claims to be resubmitted
• Screenshots in ABACUS
  • Custom Tools
  
  ![ABACUS Report Criteria]

  • Prior Claims Resubmitted

  ![ABACUS Table]

  • Recovery “Bill”
    – “Reprint Date” is ABACUS resending

  ![ABACUS Transaction Details]
• Locator 1/2 Set – up

• Locator 56/57 Set – up
RAR Error Codes

- **CVS Caremark & Aetna Rx:**
  - **UBO Works- Common Standing Rejects (RAR):**
    - Reject 01 (04 06) * M/I BIN Number
    - Reject 04 (06 01) * M/I Processor Control Number – M/I BPG
    - Reject 06 (01 04) * M/I Group ID – Requires Correct Member Info
    - Reject 09 * M/I Date of Birth – Requires Correct Member Info
    - Reject 10 * M/I Patient Gender Code – Requires Correct Member Info
    - Reject 11 (06) * M/I Patient Relationship Code – Requires Correct Member Info
    - Reject 21 * M/I Product Service ID – Requires Corrected Prescription Data
    - Reject 22 * M/I Dispense As Written DAW – Requires Corrected Prescription Data
    - Reject 25 * M/I Prescriber ID – Requires Correct Member Info
    - Reject 43 44 * Plans Prescriber data base indicates DEA submitted is Inactive
    - Reject 52 (06) * Non-Matched Cardholder ID – No Eligibility


**RAR Error Codes**

- **CVS Caremark & Aetna RX:**
  - **UBO Works- Common Standing Rejects (RAR):**
    - Reject 68 69 (06) * Filled After Coverage Expired/Terminated
    - Reject 70 * Product Not Covered / Benefit Exclusion – Plan Rejects
    - Reject 75 * Prior Authorization Required – Plan Rejects
    - Reject 76 (19) * Plan Limitations Exceeded / M/I Days Supply – Plan Rejects
    - Reject 77 * Discontinued Product Service ID Number
    - Reject 79 * Refill Too Soon – Plan Rejects
    - Reject 83 * Previously Paid
    - Reject 85 * Claim Not Processed
    - Reject 88 * DUR Reject Error
    - Reject E7 * M/I Quantity Dispensed
    - Reject RAR * COB Indicator
    - Reject R6 * Product Not Appropriate For This Location
Summary

- All Express Scripts will go electronic, this allows for NCPDP response and tracking; regardless of date of service. Every MTF UBO will require electronic access to efficiently verify OHI, bill and perform follow-up. Please be aware of this process.

- All NMW sites have had their ABACUS updated, plus re-pointed billed HICs to the Master HICs. Monitor electronic billing to ensure there no typos, or re-pointed a MD to a RX; also, are the days 2190 for old bills to be resent electronic. Take an organized approach, send a few claims for each error and ensure these have processed. Claims go on Tuesday, response on Friday or Thursday with response on Monday. All electronic responses need to be done within two weeks, balance back billing with current.

- ** RESUBMIT ALL TRANSFERRED CRS for VALID STATUS ** UPDATE CRS/CSNG AS REQUIRED **

- DoD Help Desk 866-257-4879

- CARAZ0021 BIN 004336 PCN VACLMM **** AETAZ0007 BIN 610502 PCN VACLMM
Questions?
This in-service webinar has been approved by the American Academy of Professional Coders (AAPP) for 1.0 Continuing Education Unit (CEU) credit for DoD personnel (.mil address required). Granting of this approval in no way constitutes endorsement by the AAPC of the program, content or the program sponsor. There is no charge for this credit.

• **Live broadcast webinar (Post-Test not required)**
  – Login prior to the broadcast with your: 1) full name; 2) Service affiliation; and 3) e-mail address
  – View the entire broadcast
  – After completion of both of the live broadcasts and after attendance records have been verified, a Certificate of Approval including an AAPC Index Number will be sent via e-mail to participants who logged in or e-mailed as required. This may take several business days.

• ** Archived webinar (Post-Test required) **
  – Complete a post-test available within the archived webinar
  – E-mail answers to webmeeting@federaladvisory.com
  – If you receive a passing score of at least 70%, we will e-mail MHS personnel with a .mil email address a Certificate of Approval including an AAPC Index Number

• 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

• For additional information or questions regarding AAPC CEUs, please contact the AAPC.

• Other organizations, such as American Health Information Management Association (AHIMA), American College of Healthcare Executives (ACHE), and American Association of Healthcare Administrative Managers (AAHAM), may also grant credit for DHA UBO Webinars. Check with the organization directly for qualification and reporting guidance.