



POST-TEST for DHA UBO Webinar:
Denials Management and ABACUS Capabilities
27 and 29 October 2020

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.



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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?