



Other Health Insurance (OHI): Collection & Discovery

Presented by: Velanie Croley

January 2025

Agenda

- Defining OHI and DD Form 2569
- DD Form 2569 Collection Responsibilities & Methods
- OHI Discovery
 - Background & Automation
 - MHS GENESIS (Experian) Discovery Process
 - ABACUS Discovery Process
- DHA UBO Compliance and DQMC Reporting
- Resources



What is OHI?

- Other Health Insurance (OHI) is used to describe any additional coverage for MTF patients that is not TRICARE
- OHI is collected on a DD Form 2569 via hard copy or eSignature and maintained in MHS GENESIS
 - Collection Frequency: 1x per year OR every time there is a patient information change
- Significance of Collection to UBO and Billing Processes
 - Increasing collections for both TPC and MSA
 - Remediating Open Audit Findings
 - Identifying future billable events



DD Form 2569 - Collection Responsibilities & Methods

CUI when filled

THIRD PARTY COLLECTION PROGRAM/MEDICAL SERVICES ACCOUNT/ OTHER HEALTH INSURANCE		OMB No. 0720-0055 OMB approval expires December 31, 2026	
<p>The public reporting burden for this collection of information is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (DDIOR), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Project Collection (0720-0055). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO REQUESTING MILITARY TREATMENT FACILITY.</p>			
<p>PRIVACY ACT STATEMENT AUTHORITY: 10 U.S.C. 1079b, Procedures for charging fees for care provided to civilians, retention and use of fees collected, 10 U.S.C. 1095, Health care services incurred on behalf of covered beneficiaries. Collection from third-party payors, 42 U.S.C. Chapter 32, Third Party Liability For Hospital and Medical Care, and E.O. 12957 (SIS), as amended. PURPOSE: DD Form 2569 collects individual's information to enable the Department of Defense (DoD) in its recovery from third parties for medical care provided to an individual in a Military Treatment Facility. ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. § 552(a) of the Privacy Act of 1974, as amended, these records may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. § 552(a)(5) as follows: to commercial insurance carriers and third parties involved in support of DoD's collection activities for health care provided to the Departments of Treasury, Veterans Affairs, and Homeland Security for reimbursement of DoD provided medical services, to other persons or organizations who may be liable for payment of DoD provided health care and medical services, to data clearinghouses and insurance carriers related to covering medical and pharmacy claims to an industry-wide format related to payment of claims. For additional details as to routine uses and exceptions to the DoD Standard Routine Uses, see the below hyperlinked SCRI. APPLICABLE SCRI: IDIA-12, Third Party Collection System (July 15, 2016, 81 FR 48989) https://www.dodig.mil/insights/SCRI/IDIA-12-ThirdPartyCollectionSystem DISCLOSURE: Voluntary. If you choose not to provide the requested information, no penalties will be imposed, however, failure to provide complete and accurate information may result in disqualification for health care services.</p>			
PATIENT INFORMATION			
1. PATIENT NAME (Last, First, Middle Initial)		2. SSN OR DOD ID NUMBER	3. DATE OF BIRTH (YYYYMMDD)
4. MAILING ADDRESS (Include ZIP Code)		5. HOME TELEPHONE NO. ()	
		6. SPONSOR/GUARANTOR SSN	
INSURANCE INFORMATION			
7. ARE YOU ELIGIBLE FOR VETERANS AFFAIRS BENEFITS?			
<input type="checkbox"/> a. YES. (If you have an insurance card (e.g., Veterans Health Identification Card (VHIC), Veterans Choice Card), that can be copied or scanned by the MTF representative, please provide it and proceed to item 8; otherwise, please complete items 7.a.(1) through (5) below.)			
(1) Member ID	(2) Plan ID	(3) Expiration Date (YYYYMMDD)	
(4) VA Facility Name (e.g., primary care/specialty clinic) that assists in coordinating your care			
(5) VA Facility Address and Telephone Number ()			
<input type="checkbox"/> b. NO. (Proceed to item 8.)			
8. DO YOU HAVE OTHER HEALTH INSURANCE? (This includes employer health insurance benefits, other commercial health insurance coverage, and Medicare Supplement.) PLEASE ATTACH COPY OF INSURANCE CARD.			
<input type="checkbox"/> a. YES. (Complete item 9 and the remaining sections below.)			
<input type="checkbox"/> b. NO. I am a DoD beneficiary and rely solely on TRICARE, Medicare, or Medicaid. (Proceed to item 13.)			
<input type="checkbox"/> c. NO, but I am not a DoD beneficiary. (Proceed to item 12.)			
9. PRIMARY MEDICAL INSURANCE INFORMATION. If you have an insurance card that can be copied or scanned by the MTF representative, please provide it and proceed to item 11; otherwise, please complete the blocks below:			
a. NAME OF POLICY HOLDER (Last, First, Middle Initial)		b. DATE OF BIRTH (YYYYMMDD)	c. RELATIONSHIP TO POLICY HOLDER
d. POLICY HOLDERS EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER		e. INSURANCE COMPANY NAME, ADDRESS AND TELEPHONE NUMBER	
f. MEMBER ID	g. POLICY ID	h. GROUP POLICY ID	i. GROUP PLAN NAME
j. ENROLLMENT/PLAN CODE	k. INSURANCE TYPE	l. POLICY EFFECTIVE DATE (YYYYMMDD)	m. POLICY END DATE (YYYYMMDD)
n.(1) Pharmacy (Rx) Insurance Company Name, Address and Telephone Number			
(2) Rx Policy ID	(3) Rx Bin Number	(4) Rx PCN Number	

DD FORM 2569, NOV 2022
PREVIOUS EDITION IS OBSOLETE.

CUI when filled

Controlled by: DHA
CUI Category: PRIVACY
Distribution/Dissemination Control: FEDCON
POC: dha.nic.bur-ops.mha.dha-form-management@mail.mil

- Who: Clinical Check-In Area/Front Desk Staff
- When: Immediately upon patient arrival for Outpatient (OP), Ambulatory Procedure Visit (APV), or Inpatient (IP) appointments; When ER patients are deemed stable
- How: Hard Copy & Scan
- How: eSignature (electronic version)



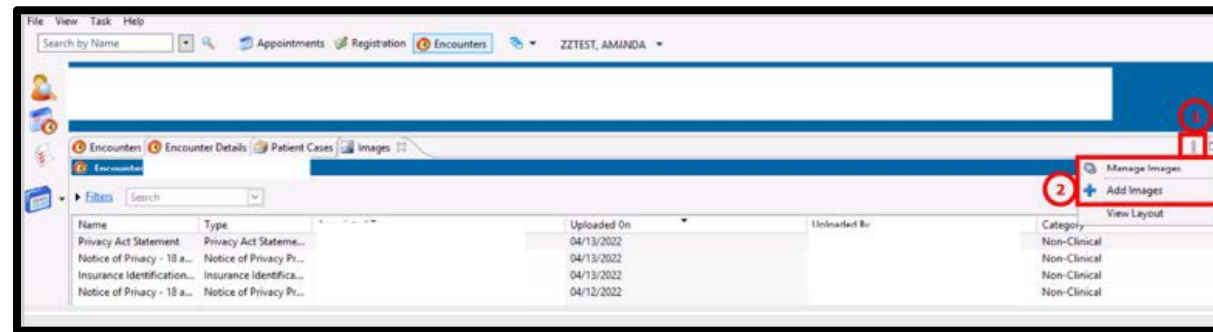
DD Form 2569 – Hard Copy Collection Process

- Clinical Staff/Front Desk:
 1. Verify if patient OHI is on file for appointment or Emergency Visit
 2. Provide hard copy of DD Form 2569 to patient for completion and signature.
 3. Access patient's chart in the Encounter Perspective in Revenue Cycle.
 4. Scan and upload signed DD Form 2569.



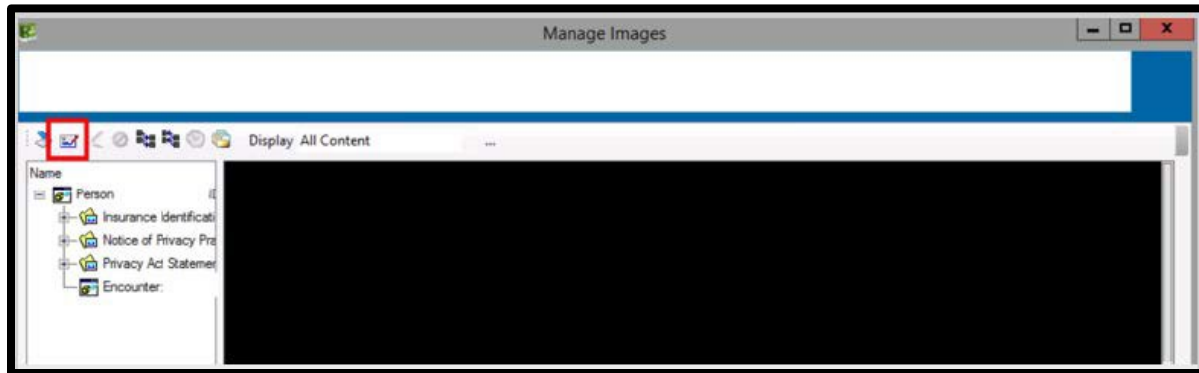
DD Form 2569 – eSignature Collection Process

- Clinical Staff/Front Desk:
 1. Verify if patient OHI is on file for appointment or Emergency Visit.
 2. Access patient's chart in the Encounter Perspective in Revenue Cycle.
 3. Navigate to the right side of screen and select the 'three dots' in the grey bar - this will display options for Add or Manage Images.



DD Form 2569 – eSignature Collection Process (cont)

- Clinical Staff/Front Desk:
 4. In the “Manage Images” window - select the second icon “Sign eForms” (Image with red pencil) on the top banner.
 - This will show what forms have been completed, the date presented, and what forms still need to be completed; The DD2569 does not autocue, so you will need to add it.



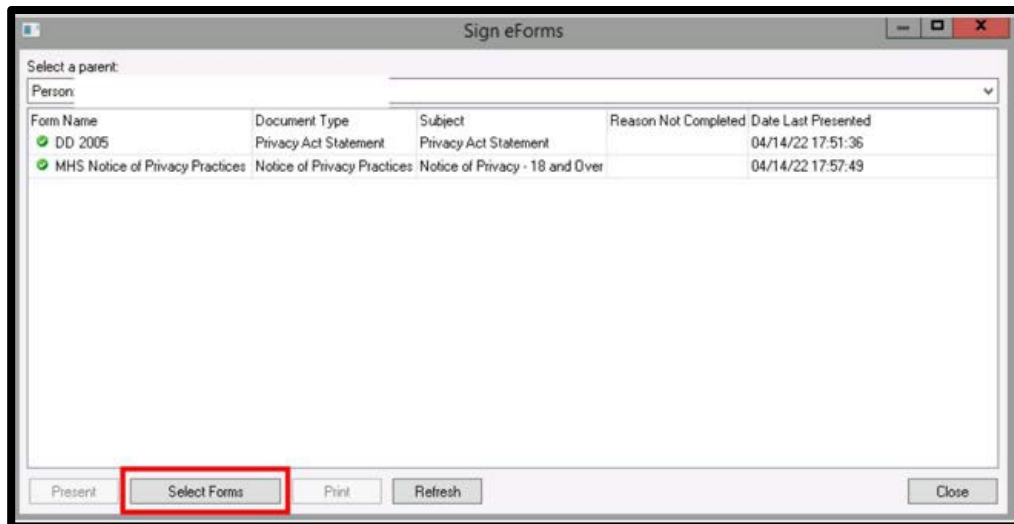
Form Name	Document Type	Subject	Reason Not Completed	Date Last Presented
DD 2005	Privacy Act Statement	Privacy Act Statement		04/13/22 09:31:56
MHS Notice of Privacy Practices	Notice of Privacy Practices	Notice of Privacy - 18 and Over		04/13/22 09:31:27



DD Form 2569 – eSignature Collection Process (cont) (1)

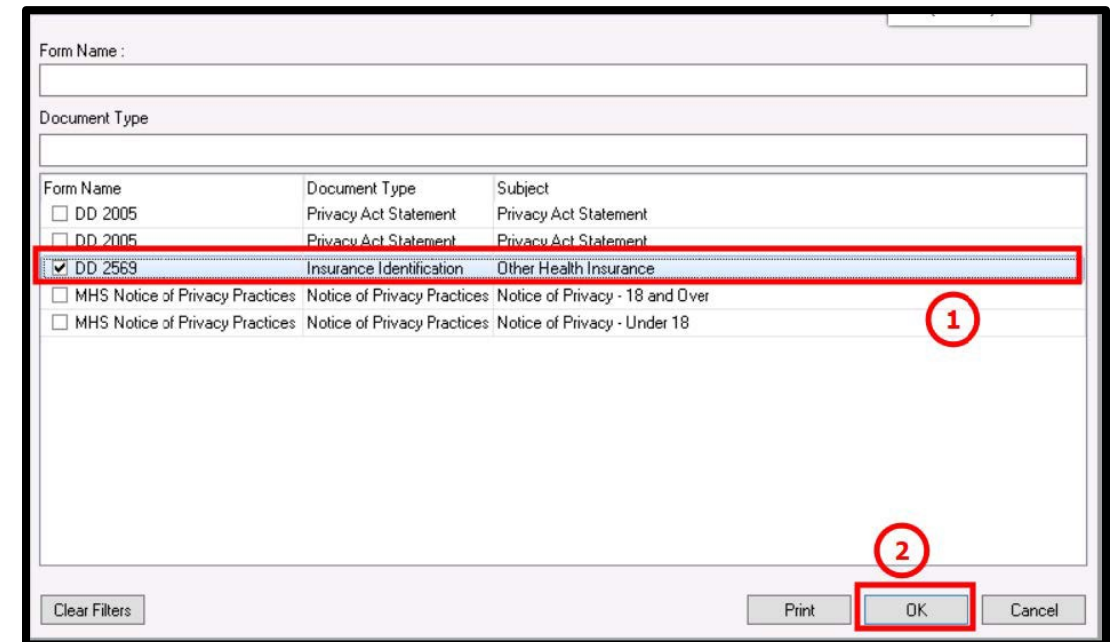
- Clinical Staff/Front Desk:

5. Hit “Select Forms” on bottom of list in the “Sign eForms” window.
6. Select DD 2569 and hit “OK”.



The screenshot shows the 'Sign eForms' window with a table of forms. The 'Select Forms' button at the bottom is highlighted with a red box.

Form Name	Document Type	Subject	Reason Not Completed	Date Last Presented
DD 2005	Privacy Act Statement	Privacy Act Statement		04/14/22 17:51:36
MHS Notice of Privacy Practices	Notice of Privacy Practices	Notice of Privacy - 18 and Over		04/14/22 17:57:49



The screenshot shows the 'Sign eForms' window with a table of forms. The 'DD 2569' form is selected, and the 'OK' button at the bottom is highlighted with a red box. A red circle with the number '1' is next to the selected row, and a red circle with the number '2' is next to the 'OK' button.

Form Name	Document Type	Subject
<input type="checkbox"/> DD 2005	Privacy Act Statement	Privacy Act Statement
<input type="checkbox"/> DD 2005	Privacy Act Statement	Privacy Act Statement
<input checked="" type="checkbox"/> DD 2569	Insurance Identification	Other Health Insurance
<input type="checkbox"/> MHS Notice of Privacy Practices	Notice of Privacy Practices	Notice of Privacy - 18 and Over
<input type="checkbox"/> MHS Notice of Privacy Practices	Notice of Privacy Practices	Notice of Privacy - Under 18



DD Form 2569 – eSignature Collection Process (cont) (2)

- Clinical Staff/Front Desk:

7. Patients will navigate the form on the left side arrow keys and sign/select any boxes required. Once the form is completed the patient will select the ‘green check mark’ labelled “Accept”.

PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

This form is not an authorization or consent to use or disclose your health information.

1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN):

10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. Chapter 55, Medical and Dental Care; 42 U.S.C. Chapter 32, Third Party Liability for Hospital and Medical Care; 32 CFR Part 199, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); DoDI 6055.05, Occupational and Environmental Health (OEH); and E.O. 9397 (SSN), as amended.

2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED:

Information may be collected from you to provide and document your medical care; determine your eligibility for benefits and entitlements; adjudicate claims; determine whether a third party is responsible for the cost of Military Health System (MHS) provided healthcare and recover that cost; evaluate your fitness for duty and medical concerns which may have resulted from an occupational or environmental hazard; evaluate the MHS and its programs; and perform administrative tasks related to MHS operations and personnel readiness.

Navigation icons: Scroll Up, Scroll Down, Accept (green checkmark), Decline (red X), Help (question mark).

Signee Relationship

Enter signee relationship:

Patient/Self

- Patient/Self
- Step Parent
- Adult Child
- Father
- Grandchild
- Grandparent
- Legal Guardian
- Mother
- Partner
- Power of Attorney
- Spouse
- Temporary Caregiver



Background & Coverage Discovery Automation

- All MTF UBOs are responsible for conducting OHI Discovery infor all coverage in MHS GENESIS and for Pharmacy Coverage in ABACUS, until the legacy system has officially sunset

MHS GENESIS/Experian (eCARE NEXT)

- Nightly batch job
- Automation can only discover coverage for “pre-registered” patients (10 day before a scheduled appt)
- Batches reviewed in eCARE NEXT queues

ABACUS

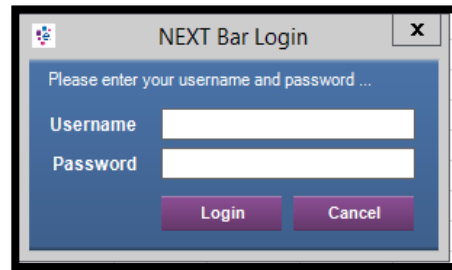
- Automation can only discover coverage for patients with a claim or visit (21 days or older)
- Batches reviewed via “OHID Not Updated in Source System” report



MHS GENESIS - Experian Discovery Documentation & Monitoring Process

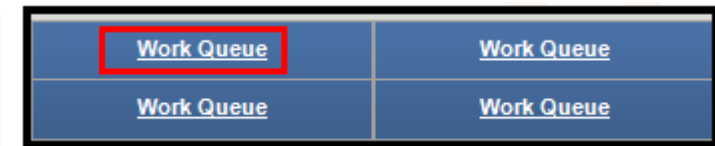
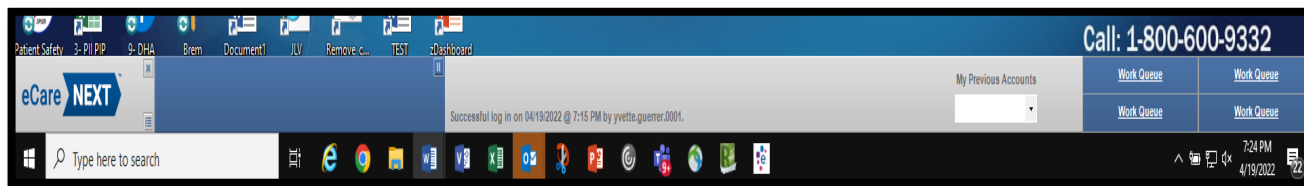
- UBO Staff:

1. Launch P0630 Experian Icon from Citrix Storefront; Login.



2. On the ECare NEXT bar located at the bottom of the screen – Select “Work Queue” in the lower right corner.

- If the bar is not visible, select the Experian icon in the taskbar to display.



MHS GENESIS - Experian Discovery (cont)

3. Choose your applicable site “CD Found” Queue from the Work Queue List.
 - “[Site Name] | CD Found”

WORK QUEUE

Select a WorkPool

- Intrepid Spirit Center - Pendleton | CD Found
- Naval Hospital Camp Pendleton | CD Found
- Naval Hospital Camp Pendleton | CD Not Found
- Naval Hospital Camp Pendleton | CD Review Complete
- NHCP 13 Area Branch Medical Clinic | CD Found
- NHCP 21 Area Branch Medical Clinic | CD Found
- NHCP 22 Area Branch Medical Clinic | CD Found
- NHCP 31 Area Branch Medical Clinic | CD Found
- NHCP 33 Area Branch Medical Clinic | CD Found
- NHCP 41 Area Branch Medical Clinic | CD Found
- NHCP 43 Area Branch Medical Clinic | CD Found
- NHCP 52 Area Branch Medical Clinic | CD Found
- NHCP 53 Area Branch Medical Clinic | CD Found
- NHCP 62 Area Branch Medical Clinic | CD Found
- NHCP Barstow Branch Medical Clinic | CD Found
- NHCP Temecula Branch Medical Clinic | CD Found

Search ...

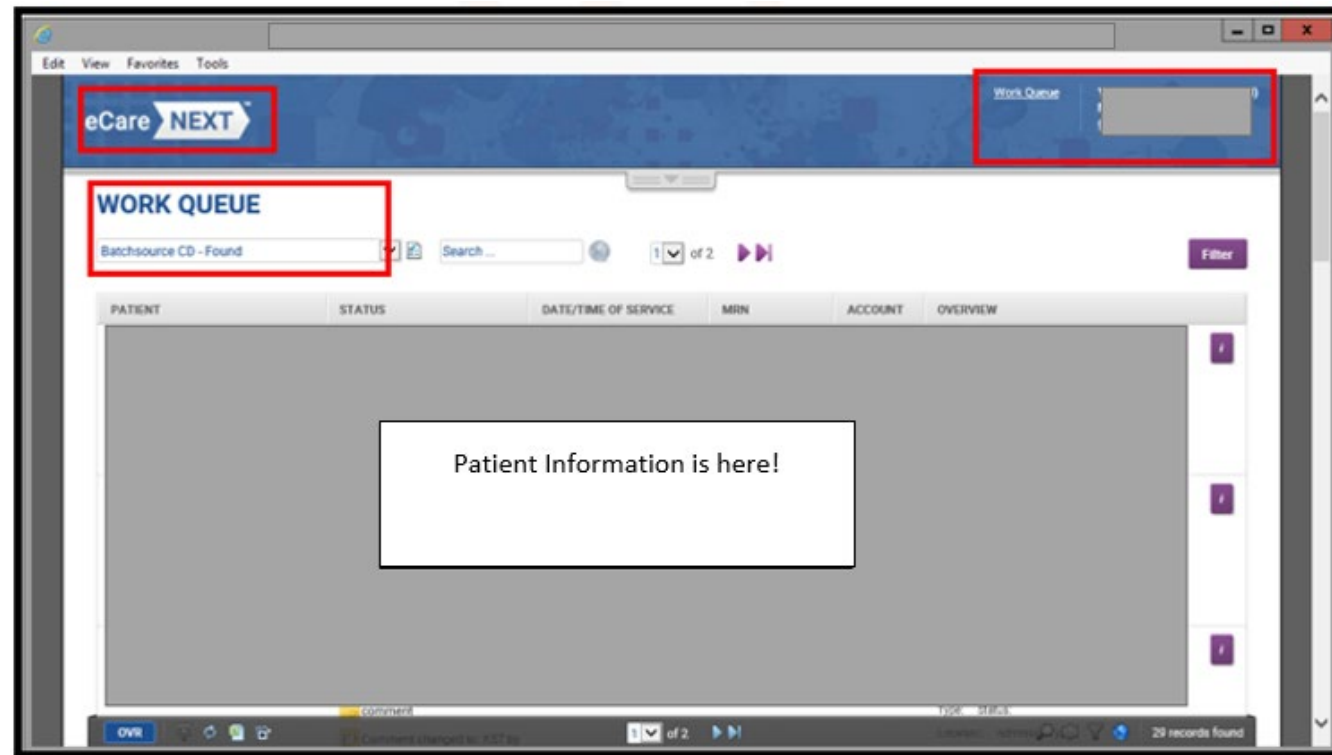
DATE/TIME OF SERV

Search ...



MHS GENESIS - Experian Discovery (cont) (1)

4. Work Queue will launch Experian Website; Work Queue Window Opens and displays new insurance list.



Experian – eCARE NEXT Work Queue Layout

The screenshot displays the eCARE NEXT Work Queue interface. At the top left is the eCare NEXT logo. The top right corner contains a 'Work Queue' link, a 'Home' link, and a 'Logout' link. A blue box labeled 'Work Queue- Home Link' points to the top right area, which also includes 'User Name' and 'MTF Name' fields. Below the header, the main section is titled 'WORK QUEUE'. A search bar contains the text 'Batchsource CD - Found'. A blue box labeled 'Batchsource CD - Found' points to this search bar. Below the search bar is a table with columns: PATIENT, STATUS, DATE/TIME OF SERVICE, MRN, ACCOUNT, and OVERVIEW. A blue box labeled 'Account is Encounter #' points to the 'ACCOUNT' column. Another blue box labeled 'Medical Record Number' points to the 'MRN' column. The first row of the table shows a patient with a '+' sign in the PATIENT column, a 'Done' button in the STATUS column, and a date '04/16/2022 12:00:00 AM' in the DATE/TIME OF SERVICE column. A blue box labeled 'Patient Name "+" Sign Select Name- Account Summary' points to the '+' sign. Another blue box labeled 'Mark Done w/Reason' points to the 'Done' button. The 'OVERVIEW' column contains text: 'Created By: Batch File - DO NOT EDIT - CD' and 'Updated By: Batch File - DO NOT EDIT - CD'. A blue box labeled 'Provides Summary of Patient Information' points to this text. A 'Filter' button is visible on the right side of the table.

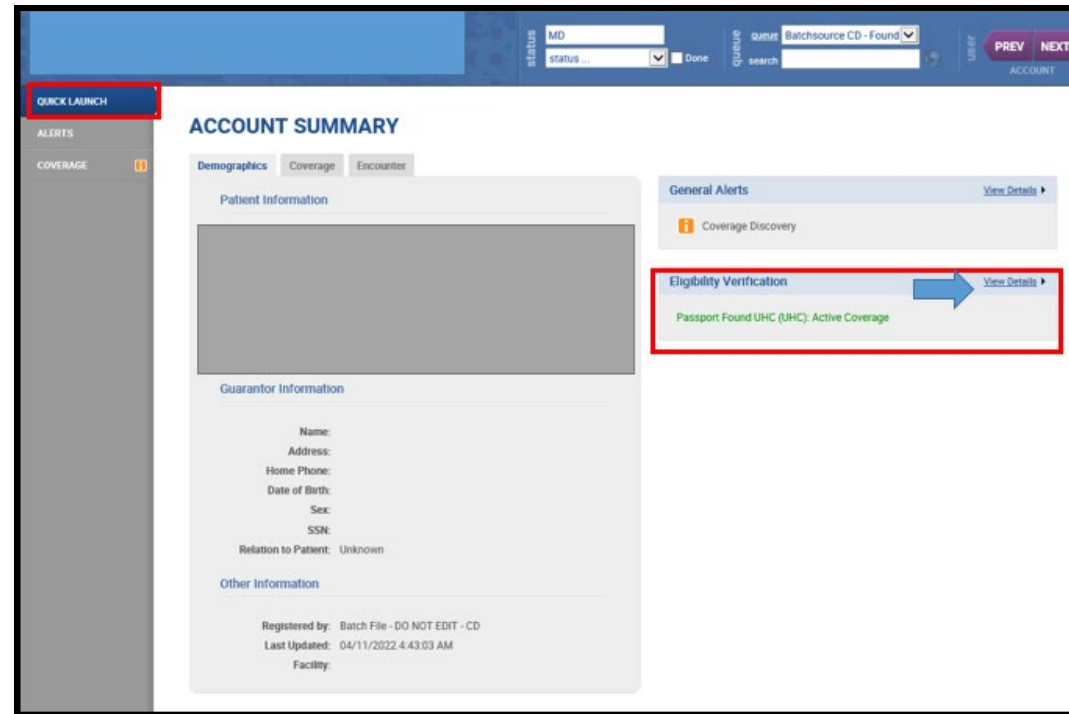


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MHS GENESIS - Experian Discovery (cont) (2)

5. Select patient name to open “Account Summary” screen.
6. Select “View Details” in the “Eligibility Verification” box on the right side.



MHS GENESIS - Experian Discovery (cont) (3)

7. The “Coverage” Tab will open; Select “Full Response” and Review the Full Web Response for: Subscriber, Group Name, and General Benefits.

COVERAGE

Passport Found CIGNA (CIGNA-HCIN)

CHLIC - Eligible

Medical and Limited Benefit Coverage Exists

CHECK ALL ALERTS

Copy All Print Customize Change Payer Previous Full Response

My View Patient Plan In Network Out of Network Unspecified Network

Subscriber

Member ID Code [REDACTED]
Name [REDACTED]
Sex MALE
Date of Birth [REDACTED] 2010
Address [REDACTED]
Group ID [REDACTED]
Group Name Community and Family Services Foundation

Plan

Plan(s) Open Access Plus
Plan Dates 01/01/2023 - 12/31/2023
Date 10/01/2022

General Benefits [MISC]

Health Benefit Plan Coverage

Active Coverage
Plan Open Access Plus
Complete Care Management

Payer

Name CHLIC
Phone (866) 494-2111
Precert. # (866) 494-2111
Website cignaforhcp.cigna.com

My View Full Response Full Web Response Print Close

UNITEDHEALTHCARE

Eligible

UnitedHealthcare Eligibility

NOTICE: This information is classified as individually identifiable healthcare information and is intended strictly for the confidential use of the authorized requestor. Any unauthorized use or disclosure of this information is prohibited.

Member is Eligible

SEARCH CRITERIA

NPI
Subscriber Social Security Number
Patient Last Name
Patient First Name
Relationship to Subscriber
Eligibility Coverage Type
Beginning Date of Service
Ending Date of Service

SUBSCRIBER

Name
Member ID Number
Group Number
Address
Date of Birth
Sex
Relationship
Plan Begin Date

ACTIVE COVERAGE

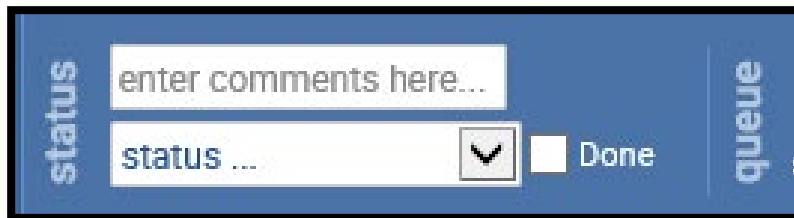


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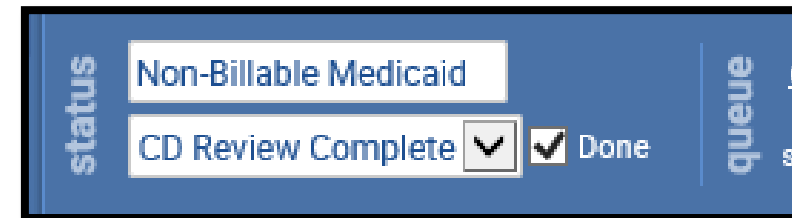


MHS GENESIS - Experian Discovery (cont) (4)

8. Enter in the comments whether the identified coverage was useable or unusable.
 - Useable coverage: will be added to an applicable patient encounter in MHS GENESIS.
 - Unusable coverage: not added to an applicable patient encounter in MHS GENESIS.
9. Change the status to “CD Review Complete”.



A screenshot of a blue status field in the MHS GENESIS interface. The field is labeled 'status' on the left and 'queue' on the right. It contains a text input field with the placeholder text 'enter comments here...' and a dropdown menu with the text 'status ...'. To the right of the dropdown is a 'Done' button with a checkmark icon.

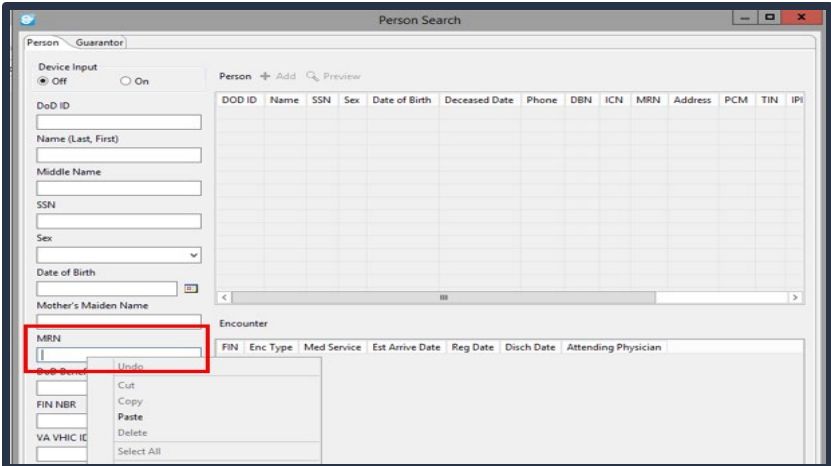
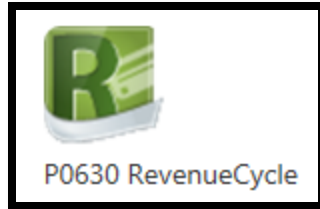


A screenshot of a blue status field in the MHS GENESIS interface. The field is labeled 'status' on the left and 'queue' on the right. It contains a text input field with the text 'Non-Billable Medicaid' and a dropdown menu with the text 'CD Review Complete'. To the right of the dropdown is a 'Done' button with a checked checkmark icon.



MHS GENESIS - Experian Discovery (cont) (5)

10. Launch Revenue Cycle from Citrix Storefront; Login.
11. Copy MRN at the top of the screen from Experian.
12. In Revenue Cycle, select the magnifying button next to “Quick Search” – Paste the MRN.
13. Add medical insurance information to both the “Registration Perspective” and “Encounter Perspective”.



Person Search

Person + Add Preview

DoD ID	Name	SSN	Sex	Date of Birth	Deceased Date	Phone	DBN	ICN	MRN	Address	PCM	TIN	IPI

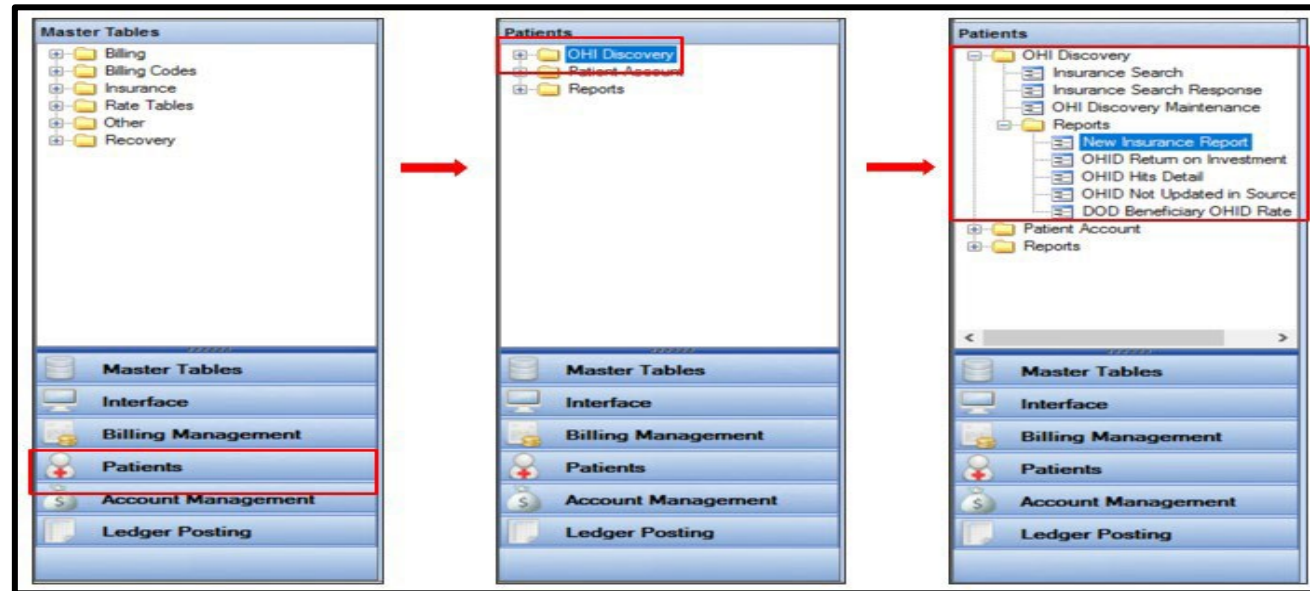
MRN

FIN | Enc Type | Med Service | Est Arrive Date | Reg Date | Disch Date | Attending Physician

Copy
Cut
Paste
Delete
Select All

ABACUS – Discovery Process Documentation & Monitoring

- UBO Staff:
 1. Launch ABACUS.
 2. Run the standard ABACUS OHI Discovery report “OHID Not Updated in Source System” under OHI Discovery Reports
 - Report will populate OHI Discovery hits that have not been added into ABACUS for billing.



ABACUS – Discovery Process (cont)

3. Notate the Patient's OHID Export Date.

For Official Use Only

Uniform Business Office
OHI Discovery Not Updated in Source System
 WRNMMC
 2/1/2021 thru 2/28/2021

Patient Last Name	Patient First Name	DOB	Last 4 SSN	Patient IEN	PATCAT	Carrier Name	OHID Export Date	IN TYPE
BARNES	JILL	03/20/1980	6710	4399466	N41	CAREFIRST BCBS MD	02/05/2021	MEDICAL
BARNES	JILL	03/20/1980	6710	4399466	N41	CAREMARK	02/05/2021	PHARMACY
DIZON	MARIA	03/15/1962	3658	3890474	N43	BCBS GEORGIA	02/05/2021	MEDICAL
DIZON	MARIA	03/15/1962	3658	3890474	N43	CAREMARK-004336	02/05/2021	PHARMACY
MOLVAK	JAN	04/15/1967	9408	852629	M31	CIGNAHEALTHCARE	02/05/2021	MEDICAL
MOLVAK	JAN	04/15/1967	9408	852629	M31	DSTPSVRX	02/05/2021	PHARMACY
MOLVAK	JAN	04/15/1967	9408	852629	M31	EXPRESS SCRIPTS	02/05/2021	PHARMACY
PARANAL	WILLIE	11/23/1960	7976	7782898	N31	AETNA- TX	02/05/2021	MEDICAL
PARANAL	WILLIE	11/23/1960	7976	7782898	N31	CAREMARK-004336	02/05/2021	PHARMACY
PEETERS-PRICE	SARAH	12/28/1975	7865	1645263	N41	CAREFIRST BCBS FED MD	02/05/2021	MEDICAL
PEETERS-PRICE	SARAH	12/28/1975	7865	1645263	N41	CAREMARK CAREFIRST B02	02/05/2021	PHARMACY
SCOTT	NEVA	06/23/1970	8069	7476568	A43	EXPRESS SCRIPTS	02/05/2021	PHARMACY
SHOFFNER	MARTIN	05/09/1963	0294	4662305	N31	CIGNA	02/05/2021	MEDICAL
SHOFFNER	MARTIN	05/09/1963	0294	4662305	N31	EXPRESS SCRIPTS	02/05/2021	PHARMACY
STONEWALL	SONYA	07/10/1972	0316	4513421	N43	CAREFIRST BCBS MD	04/24/2020	MEDICAL
STONEWALL	SONYA	07/10/1972	0316	4513421	N43	CAREFIRST BCBS MD	02/05/2021	MEDICAL
STONEWALL	SONYA	07/10/1972	0316	4513421	N43	CAREMARK	04/24/2020	PHARMACY



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ABACUS – Discovery Process (cont) (1)

4. Use the OHI Export Date from the report to search for the patients in “Insurance Search Response” under OHI Discovery.

The screenshot displays the ABACUS software interface. On the left is a navigation pane titled "Patients" with a tree view containing "OHI Discovery", "Insurance Search", "Insurance Search Response" (highlighted), "OHI Discovery Maintenance", "Reports", "Patient Account", and "Reports". Below the tree is a menu with "Master Tables", "Interface", "Billing Management", "Patients", "Account Management", and "Ledger Posting". A red arrow points from the "Insurance Search Response" item in the tree to a report window on the right. The report window, titled "Insurance Search Response", shows a table with columns: "Response ID", "Date Loaded", "Number of RX Hits", and "Number of MD Hits". The table contains 20 rows of data. At the top of the report window, there are input fields for "Response ID" and "Load Date", and buttons for "Search" and "View All". The status bar indicates "Total Records : 446" and "Page 1/3".

Response ID	Date Loaded	Number of RX Hits	Number of MD Hits
31457	3/22/2016 12:39 PM	42	42
31742	3/25/2016 11:04 AM	11	11
31984	4/1/2016 4:29 PM	31	31
32319	4/8/2016 2:00 AM	34	32
33553	5/3/2016 12:38 PM	94	30
36465	7/4/2016 2:02 AM	70	45
40311	9/23/2016 2:01 AM	5	5
40645	9/30/2016 2:01 AM	6	6
40965	10/7/2016 2:01 AM	3	2
40965	10/7/2016 2:01 AM	1	1
41303	10/14/2016 2:01 AM	2	2
41303	10/14/2016 2:01 AM	1	1
41303	10/14/2016 2:01 AM	17	17
41619	10/21/2016 2:01 AM	1	1
41619	10/21/2016 2:01 AM	12	12
41947	10/28/2016 2:01 AM	2	2
41947	10/28/2016 2:01 AM	2	2
42220	11/4/2016 1:59 AM	1	0
42617	11/11/2016 2:01 AM	5	5
42617	11/11/2016 2:01 AM	5	5
42617	11/11/2016 2:01 AM	1	1
42617	11/11/2016 2:01 AM	1	1



ABACUS – Discovery Process (cont) (2)

5. Double click to select patient and review details of the OHI hit.

The screenshot displays the 'OHI Response' application window, which is divided into three main sections: General Information, Patient Demographics, and Medical Coverage. The 'General Information' section includes fields for Reference Number (58913504), Verified By (Becky Gomez), Verification Complete (03/17/2016), File Identifier (Benefit_Recovery_Response_20160315010149.txt), and File Name Key (N29_3_14). The 'Patient Demographics' section contains fields for Patient Last Name, Patient First Name, Patient Middle Name (D), Patient Address 1, Patient Address 2, Patient City, Patient State, Patient Zip, Patient Gender, Patient DOB, Patient SSN, and Date of Service. The 'Medical Coverage' section includes Carrier ID (MAIKY0032), Policy IEN, Insurance Identifier (Primary), Policy Holder FMP Code (30), Policy Holder Associated Code (Spouse), Coverage Type, Carrier Name (MAIL HANDLERS), Carrier Tel No (8004107778), Policy Effect Date (01/10/2016), Policy End Date (12/31/2199), Group ID, HIC Coverage Payer Type (B), Group Name (MAIL HANDLERS BENEFIT PLN/880800050177500), Carrier Address 1 (PO BOX 8402), Carrier Address 2, Carrier State (KY), Carrier Zip (40742), Carrier City, Policy Holder Name (Last, First) (HYLTON CORA), Policy Number, Policy Holder DOB, and Policy Holder Gender.



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ABACUS – Discovery Process (cont) (3)

6. Search Patient in “Patient Demographics & OHI” screen; Select Patient and verify if OHI from the “Insurance Search Response” is present for the patient.
7. Resolve the hits by adding the OHI information into “Patient Demographics and OHI” or “OHI Discovery Maintenance”

Patient SSN	Patient Last Name	Patient First Name	Patient IEN	EDIPI	DMIS Code	Sponsor SSN	Sponsor Last Name	Sponsor First Name
999-99-0011	WINSTON990	GEORGE88	909090		0039	999-99-0011	WINSTON9000	GEORGE88
999-98-7897	THORNTON00	KHALID89	33531		0039	999-98-7897	THORNTON00	KHALID89
999-95-1951	DOE1	MIMI1	951951		0039	999-95-1951	DOE1	MIMI1
999-93-7921	HOLMES068	RENEE775	3388737		0039	999-93-7921	HOLMES068	RENEE775
999-93-5935	DOE1	DEAN1	935935		0039	999-93-5935	DOE1	DEAN1
999-93-1931	DOE1	ERIN1	139139		0039	999-93-1931	DOE1	ERIN1
999-93-1931	DOE1	BRAD1	931931		0039	999-93-1931	DOE1	BRAD1
999-92-5925	DOE1	HARRY1	925925		0039	999-92-5925	DOE1	HARRY1
999-92-5925	DOE1	JOEY1	925925		0039	999-92-5925	DOE1	JOEY1
999-92-0920	DOE1	MAURICE1	920920		0039	999-92-0920	DOE1	MAURICE1
999-91-3913	DOE1	STEVE1	913913		0039	999-91-3913	DOE1	STEVE1
999-88-8555	JACKSON01	JOSHUA01	90000000022		0039	999-88-8555	JACKSON01	JOSHUA01

Insurance Type	Identifier	Policy No	Policy IEN	Carrier ID	Name	Effective Date	Termination Date	Status
Medical Only	Primary	R50313288	1	BCBFL0004	WYATT1, ENRIQUEZ	01/01/2006		Active



ABACUS – Discovery Process (cont) (4)

8. Locate the patient in “OHI Discovery Maintenance” and double click to select patient.

The screenshot shows the ABACUS software interface. On the left is a navigation pane with a tree view under 'Patients'. The 'OHI Discovery Maintenance' folder is selected. Below the tree are buttons for 'Master Tables', 'Interface', 'Billing Management', 'Patients', 'Account Management', and 'Ledger Posting'. A red arrow points from the 'OHI Discovery Maintenance' folder to the main window. The main window is titled 'OHI Discovery Maintenance' and has an 'Overview' tab. It contains search criteria fields for 'Batch Number', 'Patient IEN', and 'Prescription Number', with a 'Search' button. Below the search fields is a table with the following data:

File Name	Batch Number	Patient IEN	Last Name	First Name	Date Verified
BRI_3_2	20150302	[REDACTED]	[REDACTED]	[REDACTED]	1/9/2015
BRI_3_2	20150302	[REDACTED]	[REDACTED]	[REDACTED]	0015
BRI_3_2	20150302	[REDACTED]	[REDACTED]	[REDACTED]	015
BRI_3_2	20150302	[REDACTED]	[REDACTED]	[REDACTED]	015

ABACUS – Discovery Process (cont) (5)

9. Select “Complete” at the bottom of the screen. Patient will drop from the “Not Updated in Source System” report list.

The screenshot displays the 'OHF Discovery Maintenance' application window, which is divided into two main sections: 'Medical Coverage' and 'Pharmacy Coverage'. Each section contains a form with various fields for data entry and validation.

Medical Coverage Section:

- Carrier ID: [Dropdown]
- Policy IEN: [Dropdown]
- Insurance Identifier: [Dropdown]
- Policy Holder FMP Code: [Dropdown]
- Policy Holder Associated Code: [Dropdown]
- Coverage Type: [Dropdown]
- Carrier Name: BCBS OF WASHIN
- Policy Effect Date: [Date Field]
- Policy End Date: [Date Field]
- Group Name: LES SCHWAB WAREHOUSE CENT
- Carrier Address 1: PO BOX 91059
- Carrier Address 2: [Text Field]
- Carrier State: WA
- Carrier Zip: 98111
- Policy Holder Name (Last, First): SALINAS90 BLAKE
- Address 1: [Text Field]
- Address 2: [Text Field]
- City, St, Cntry: [Dropdowns]
- Pol Holder SSN: [Text Field]
- Zip: [Text Field]
- Status: [Dropdown]
- Buttons: Update MD Insurance

Pharmacy Coverage Section:

- Carrier ID: [Dropdown]
- Policy IEN: [Dropdown]
- Insurance Identifier: [Dropdown]
- Policy Holder FMP Code: [Dropdown]
- Policy Holder Associated Code: [Dropdown]
- Rx Group Plan Name: RRX LES SCHWAB - HSA
- Rx Effective Date: 01/01/2015
- Rx Termination Date: [Date Field]
- Rx Name: CatalystRx
- Rx Address: PO BOX 968022
- Rx State: IL
- Rx Zip: 60196
- Bin Number: 610623
- PCN Number: 2050000
- Buttons: Update RX Insurance

Additional fields on the right side of the form include: Carrier Tel No (8007221471), Group ID (10014978), HIC Coverage Payer Type (B), Center City (SEATTLE), Policy Number (LSL13020967868), Policy Holder DOB (05/11/1979), Policy Holder Gender, Phone Number, Rx Group Number (10014978), HIC Coverage Payer Type (B), Rx City (SCHAUMBURG), Rx Policy Number (1.30E+11), and Rx Phone (8009973784).



DHA UBO Compliance and Data Quality Reporting

- The DHA UBO Quarterly Compliance Checklist includes 3 OHI Discovery questions
- The DQMC Review List includes 2 OHI Discovery questions
 - The MTF UBO will provide the useable and unusable count of coverages moved to the “CD Found” Queue for each data month
 - The MTF UBO will provide the number of OHI Discovery hits resolved and the remaining balance of hits in ABACUS for each data month



Resources, Training and Policies

- [MHS GENESIS eSignature Tipsheet](#)
- [ABACUS OHI Discovery Webinar \(2024\)](#)
- [ABACUS Computer-Based Training](#)
 - OHI Discovery & Reports
- [ABACUS FAQ/Knowledge Base](#)
 - ABACUS Training Operation Manual (TOM)
 - OHI Discovery Job Aids
- [DHA UBO Compliance Management Launchpad](#)
- [DHA DQMC Launchpad](#)
- [DHA DQMC Userguide](#)



Questions?

- For more information or additional questions regarding OHI Collection and Discovery– Contact the [DHA UBO Helpdesk](#)



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