Work Queues, Work Items and Edit Failures
DHA UBO

January 2026

Agenda

- Overview
  - Revenue Cycle Overview
  - Work Queue Types
    - ✓ State-Based Queues
    - ✓ Exception Queues
- Revenue Cycle Navigation & User Groups
- Action Codes
- Edit Failures
- Examples
  - Reimbursement Edit Failure
  - Provider Edit Failure
  - Credit Balance State-Based Queue
  - NDAA 716 Review WI Queue
  - Test Patients
  - At Risk
- Work Item Workbook
- TPC Vendor
- Resources

Revenue Cycle Overview

- The Clinically Driven Revenue Cycle (CDRC) integrates patient accounting, medical coding, patient registration/access capabilities and workflows into the Electronic Health Record (EHR) MHS GENESIS. Enabling the communication and collaboration of clinical and business communities on an integrated platform supports:

  - *Delivery of high quality and reliable patient care*
  - *Patient satisfaction*
  - *Readiness*
  - *Total cost of care*
  - *Greater understanding of Revenue Cycle functionality*

- While MHS GENESIS continues to mature and stabilize, system changes, new workflows and errors are inevitable. These can occur at any point within the Revenue Cycle and impact an encounter in various ways.

Post-Encounter Discharge CDRC

Post-Encounter Discharge in a Clinically Driven Revenue Cycle

Revenue Cycle Work Queues (1 of 2)

- Work Queues provide visibility and management of encounters and claims as they progress through the Revenue Cycle. Uniform Business Office (UBO) staff primarily work within 2 types of queues:

  - **State-Based:** These queues identify the current "state" or status of an active encounter balance *(balance-level)* as it naturally progresses through the Revenue Cycle.
  - **Exception-Based:** These queues identify nuances with an encounter's state at the claim or encounter-level.

State-Based Information

- All active balances within Revenue Cycle are assigned to a state-based queue

- There are 4 state-based balance categories, however, the following 3 are relevant to UBO:
  - *Insurance*
  - *Self Pay*
  - *General Accounts Receivable*

- The nightly ops job transitions encounters insurance or self-pay balances from one state to the next based upon system defined criteria *(i.e., qualifying events, holding periods met and error resolution)*

- An encounters balance status cannot be manually adjusted

- A balance may appear in both a state-based and exception queue as they progress through the Revenue Cycle

Welcome to State-Based Queues
The Home of All Active Balances
Insurance
Self-pay
General AR
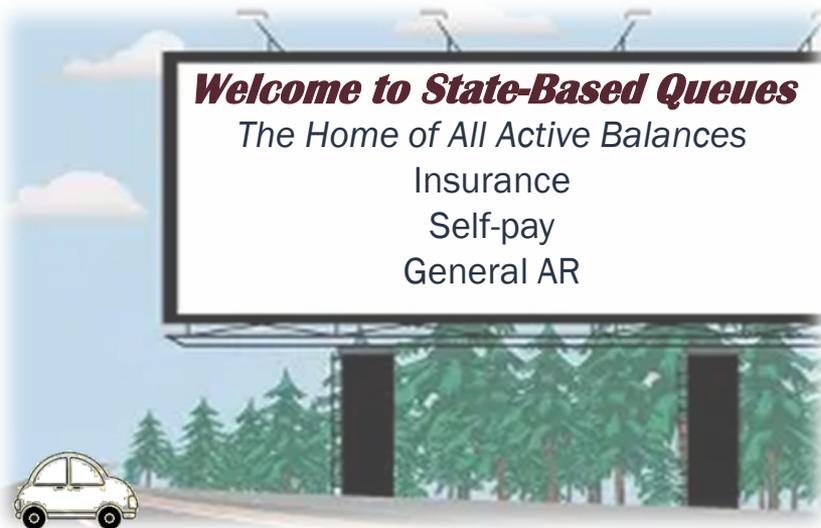
General Accounts Receivable (A/R) State Based Queue Overview

- Transactions not associated to an encounter, claim, or claim service item in Revenue Cycle post to the Account level.
- The Active General A/R queue displays these transactions
- Transactions are added and removed when a transfer is performed.

State-Based Queues Defined (1 of 2)

State-Based Queue	Description
Pre-Registration	Pre-Registered Encounters with charges /payments and missing admit/registration and/or discharge dates *(encounter types: preadmit, preclinic)*
In House	Inpatient and Recurring Encounter Types with no discharge/ end date present
Discharged Not Ready to Bill	Patient Discharged, Encounter-Level Holds *(standard delay)*
Ready to Bill	A claim is ready to be generated
Claim Generation	Claim is Generated and sent through the Alpha ii Claim Scrubber
Edit Failure	Edit Failure has been identified, manual review and Intervention is needed
Pending Edit Claim	Claim has a validation error within SSI, manual review and intervention needed
Pending Reimbursement Claim	Claim has been transmitted to the payer and is pending reimbursement

State-Based Queues Defined (2 of 2)

State-Based Queue	Description
Past Due	Number of Days Past Transmitted Date with No Payment Received • 60-119 Commercial/OHI/BCBS/ Med Supplement • 45-59 Medicare/Medicaid/ Med Advantage
At Risk	Number of Days Past Transmitted Date with No Payment Received • 120+ Commercial/OHI/BCBS/ Med Supplement • 60+ Medicare/Medicaid/ Med Advantage
EOB Variance	Payments and/or Adjustments are in Excess of the Remaining Balance
Credit Balance	Benefit Order Status of Complete or Voided and a Balance Remains
Technical Denial	Remittance Posted with Claim Adjustment Reason Code (CARC) or Remittance Advice Remark Code (RARC)
Pending Appeal	Appeal has been submitted
Pending Edit Claim	Claim has a validation error within SSI, manual review and intervention needed
Pending Reimbursement Claim	Claim has been transmitted to the payer and is pending reimbursement

Revenue Cycle Work Queues (2 of 2)

Exception-Based Information

- Exception queues are based on system and DHA defined logic

- Items identified are routed to the appropriate workqueue/work item based upon:
  - *Level (encounter/claim)*
  - *Category*
  - *User group/responsible owner*

- Items should be reviewed and resolved to the greatest extent possible upon population into the workqueues.

- Manual review and resolution is often required

- An item may appear in multiple Exception Queues, but only one balance in State-Based Queue

Welcome to Exception-Based Queues

Nuances with an encounter's state at the claim or encounter level
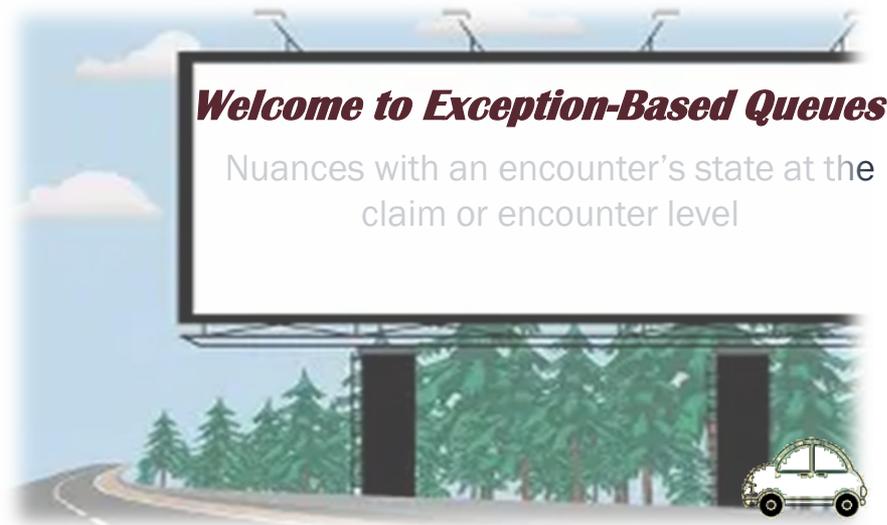
Exception Queues Continued

An encounter may be stopped within the Revenue Cycle at any time due to a variety of reasons such as system logic, clinical events, errors, delays etc. It is important to recognize situations that may require manual intervention to ensure continued progression through the cycle.

- **Encounter-Level:** An item that occurs at the encounter-level affects all services and charges (professional and facility) that are present. *The most common items at the encounter-level are Holds.*

- **Claim-Level:** An item that occurs at the claim-level affects the services/charges that are captured on either the professional or facility claim. *The most common items at the claim-level are Edit Failures.*
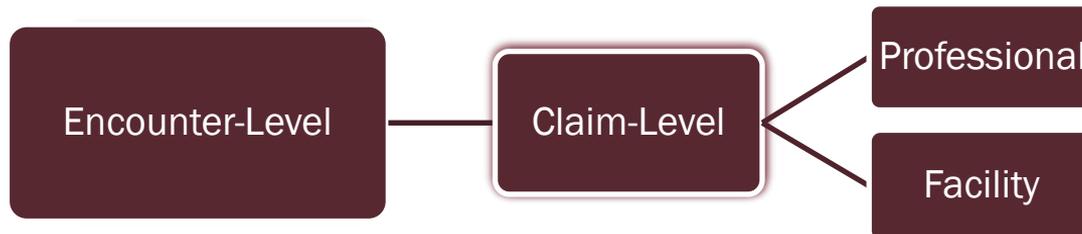
Exception Based Examples

Encounter-Level Holds
- Applied automatically based on system configuration/logic or manually depending on the encounter information and events.
- Prevent claim generation and further progression through the Revenue Cycle.
- Encounters may populate within defined work queues for review.
- One or multiple holds may be present on a single FIN.

Claim-Level Edit Failures
- The claim scrubber in Revenue Cycle (Alpha ii) checks generated claims for potential errors that could impact billing and reimbursement.
- If an error (edit failure) is present on a claim it cannot progress through the Revenue Cycle.
- The claim is routed to the appropriate work queue and edit failure category for manual review and resolution.
- Multiple edits may populate on Professional and Facility claims.

Revenue Cycle Navigation

- Locate the *My Workflow* icon
- Select from the *Personnel Tab*
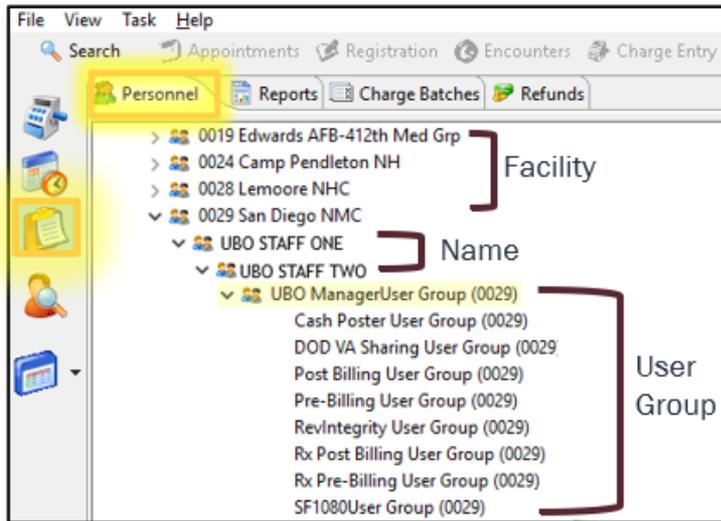
- Open the Citrix Storefront

- Locate the Revenue Cycle Icon

- Double-click to launch the Revenue Cycle application
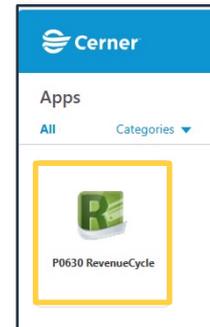
Queue View

- Under the *Workflow Tab*, select *Queue View*

Work Queue Icons

State-Based Queue
Insurance Balance

Encounter-Level Work Queue/WI

State-Based Queue
Self Pay Balance

Claim-Level Work Queue/WI

Status	Count	Amount	Percent of Total
Active General A/R			<1%
At Risk Claim			
Charges on Incorrect Encounter 'WI'			
Coding Updates			
Credit Balance			1%
CRS Encounter Review			<1%
Deceased Prior to Discharge 'WI'			<1%
Demographic Modifications			<1%
Discharged, Not Ready to Bill			
Discharged, Not Ready to Bill			1%
DOD Encounter Review - Occ. Health 'WI'			<1%
DOD Encounter Review-Mass Readiness 'WI'			<1%
EDI Claim Acknowledgement 'WI'			
Edit Failure			
Edit Failure - ANSI 'WI'			<1%
Edit Failure - Dates 'WI'			<1%
Edit Failure - Other 'WI'			<1%

Work Queues (continued – 1 of 6)

- Double-Click a Work Queue or Work Item(WI) to open
  - *Click the carrot to select a user group or name*

Work Queues (continued – 2 of 6)

Work Queues (continued – 3 of 6)

Column Display

- *Edit* to Modify
- *Save* to Save Column Display

Work Queues (continued – 4 of 6)

Edit Failure Alias: unique alpha-numeric edit identifier that includes detailed information specific to the selected edit and corresponding encounter.

Work Queues (continued - 5 of 6)

- To preview an edit, click 1 time to highlight the claim line
- Click the arrow on the bottom of the window to view details
- Edit details can be found at the bottom of the screen
- Yellow highlighted information is specific to the Edit Alias
- The gray highlighted information is specific to the claim
- Click the arrow again to close the detail view

Work Queues (continued - 6 of 6)

Status Date: The date the claim qualified for the work queue

Claim Status:
- Pending - claim has not been submitted/transmitted
- Submitted – claim has been sent to SSI
- Transmitted – claim has been sent to the payer
- Denial – claim has been rejected by the payer

Only *PENDING* claims with Edit Failures should be worked within Revenue Cycle!

Edit Failure Workflow Overview

1. Identify and Review the Edit Failure

2. Open / Validate the Claim

3. Resolution
   - *Add*
   - *Delete*
   - *Modify*
   - *Update*
   - *Review*

4. Apply Action Code

5. Claim
   - *Cancel and Regenerate*
   - *Submit Batch*

Every Edit Failure is unique; workflow and resolution will vary depending upon edit and claim details

Edit Failures - Example

- Open the Revenue Cycle Application
- Click the My Workflow Icon
- From the Personnel Tab, select the desired MTF, user group or user
- From the Workflow Tab, select Queue View
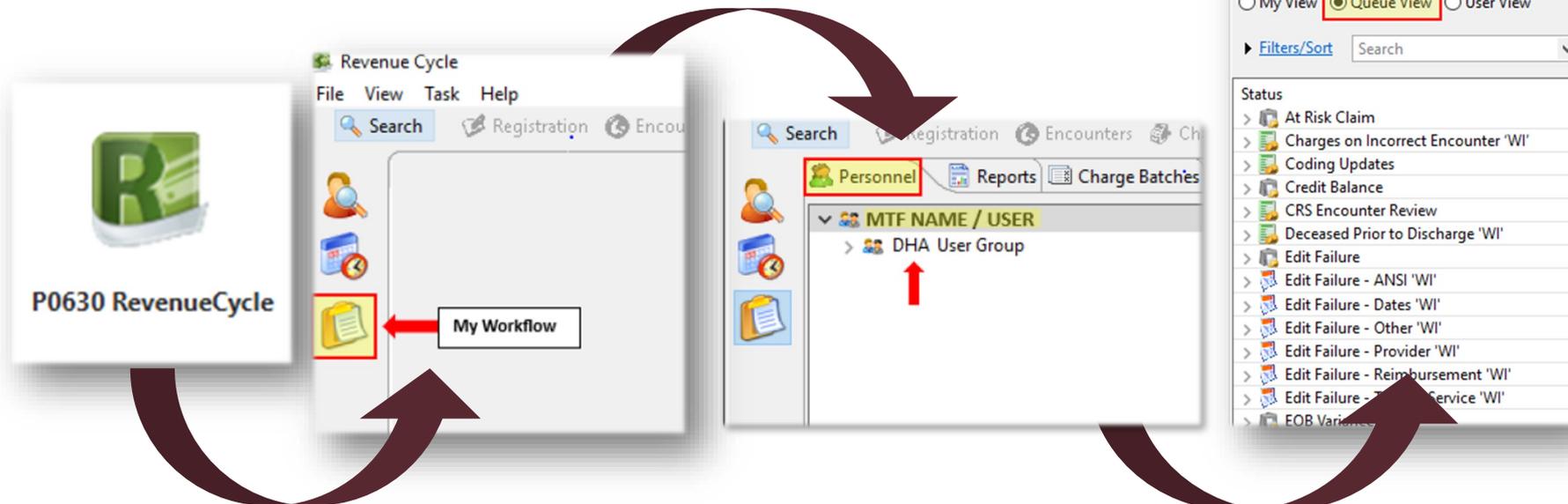
Reimbursement WI (1 of 7)

Edit: CW15092 (REIMB) This service was rendered by a non-physician provider. Medicare reimbursement is calculated at 15 percent less than the full physician allowance.

- This Medicare based edit failure populates on claims when the rendering provider is classified as being a non-physician. *This edit is informational only and may be bypassed/submitted to batch when it is the only edit failure present on the claim.* If additional edits are present, they must be resolved prior to utilizing this workflow.

Reimbursement WI (continued – 2 of 7)

Person » Patient Account » **Encounter** » Balance » **Claim**

Patient Account | Workflow ✕

Breadcrumb Trail

Account is entered at the Claim Level, use the breadcrumb trail to navigate to the Encounter Level

The workflow tab displays the queues that this encounter is currently in

Displaying 4 Items

	Status	Owner	Amount	Description	Priority	Category	Reason	S.	T	W	W
	Edit Failure	Post Billing User Group	$125.95		Pending	Other		0..	I...		
	Edit Failure - Reimbursement 'WI'	Pre-Billing User Group	$88.22		2-High	Other	DOD Edit F...	0..	C.	D.	

- *State Based Queue: Edit Failure*
- *Claim-Level Edit Failure: Reimbursement WI*

Account:
ABN Status:
Current Responsibility: Commercial/OHI, Primary
ⓘ
Total Balance: $214.17
Dunning Level:
Bad Debt Balance: $0.00
Bankruptcy Begin Date:
End Date: 11/27/2024 1:59
Type: Clinic
Location:
Billing Provider:
Primary Diagnosis Code: N63.20

Open the *Claims Tab* to view claim-level detail

Balances ✕ | **Claims** | Statements | Charges | Insurance Transactions | Self Pay Transactions | Timeline | Images

Encounter:

▶ Filters | Status ▼

		Sequence	Status	Health Plan	Begin Date	End Date	Adjustments	Payments	Balance	Charge Grouping	Policy Number
❗		Primary	Generated	MD INSURANCE	11/26/2024	11/27/2024	$0.00	$0.00	$125.95	DOD Default Technical Char...	
		Primary	Generated	MD INSURANCE	11/26/2024	11/27/2024	$0.00	$0.00	$88.22	DOD Default Professional - ...	

Reimbursement WI (continued – 3 of 7)

Right-click onto the Pending claim line

Professional Claim

Facility Claim

Select *Open Claim*

Validate Claim

Review Claim Errors

Claim Opens

Reimbursement WI (continued – 4 of 7)

If the Reimbursement Edit *CW15002-This service was rendered by a non-physician provider* is the <u>ONLY</u> edit present, Click *Submit Batch* to bypass and submit the claim

A notification will appear verifying the claim was submitted successfully

Click *OK*

Reimbursement WI (continued – 5 of 7)

Click the Encounter breadcrumb to *Refresh* the Encounter

Select *Apply Action Code*

Right-click onto the now *Resolved* Edit Failure

Claim Status will now show as *Ready to Submit*

Reimbursement WI (continued – 6 of 7)

Action Codes

- Alpha numeric 4-digit codes that are specific to an edit or hold category
- Action codes are applied after an edit or hold is resolved to signify that the work item is completed and can be removed from the workqueue
- If the edit category being resolved does not have a specific action code, use D116

Action Code	Description
D116	DOD Resolve Edit Failure
D303	DOD Resolve Room and Bed/LOS Mismatch
D410	DOD Resolve CCI/OCE Edit
D417	DOD Resolve Modifier Edit
D443	DOD Resolve Units Edit

Example only, not a complete listing of action codes

Apply Action Code

Action Code
D116 DOD Resolve Edit Failure ← Enter *D116*

Assignment of Responsibility
No follow up defined for action

Comment

Predefined Comment:
Importance: Medium

Click *OK* → OK   Cancel

Reimbursement 'WI' (continued – 7 of 7)

Reimbursement WI is resolved

Nightly Ops Job will transition the claim to a *Submitted* status
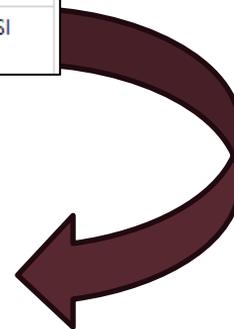
Example – ANSI (1 of 2)

- ANSI Edit Failures should **NEVER** be bypassed!
  - *This will cause the entire batch to fail, resulting in rework and delayed processing*
- Loops, Segments, Elements and Sub-elements describe the information or data that is causing the error
- Typically populate first, and prevent additional edits from generating until resolved
- Usually populate in groups and are often accompanied by internal edits *(provide additional information)*

Alias	Description	Field	Index	Severity	Severity Reason	Category Group	Category
CS81106~0	(ANSI) Loop: 2300, Segment: HI (Claim Information) failed due to: The segment could not be identified.		1	Critical	Reject Claim	Master File	ANSI

Alias	Description	Field	Index	Severity	Severity Reason
	Diagnosis Code Missing			INFORMATION	
	(2400 SV107) Diagnosis Pointer Missing		1	INFORMATION	
	(2400 SV107) Missing line level diagnosis		1	INFORMATION	
	(2400 SV107) Diagnosis Pointer Missing		2	INFORMATION	
	(2400 SV107) Missing line level diagnosis		2	INFORMATION	
CS8110...	(ANSI) Loop: 2300, Segment: HI (Claim Informat...		1	CRITICAL	Reject Claim
CS8000...	(ANSI) Loop: 2300, Segment: HI (Claim Informat...		1	CRITICAL	Reject Claim
CS5150-1	(ERR) This claim/encounter contains inaccurate...		1	CRITICAL	Reject Claim
CS8000...	(ANSI) Loop: 2400 Element: SV107-1 (Service Li...		1	CRITICAL	Reject Claim
CS8000...	(ANSI) Loop: 2400 Element: SV107-1 (Service Li...		1	CRITICAL	Reject Claim

Internal edits

ANSI edits

Example – ANSI (2 of 2)

Alias	Description	Field	Index	Severity	Severity Reason	Category Group	Category
CS80012	(ANSI) Loop: 2310A Segment: NM1 (Attending Provider Name - Attending Provider Name - Identification Code Qualifier) failed due to: Pair element relation not met. Specified elements: 08, 09		1	Critical	Reject Claim	Master File	ANSI

Claim Has Validation Errors
Validation has completed successfully. Below are the validation errors that were found.

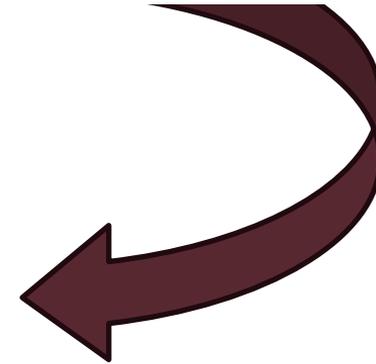| Alias	Description	Field	Index	Severity
	(2010A NM109) The attending physician is eithe...	WPC837I5010_2310A...		INFORMATION
CS80012	(ANSI) Loop: 2310A Segment: NM1 (Attending P...		1	CRITICAL

Internal

ANSI

(ANSI) Loop: 2310A Segment: NM1 (Attending Provider Name - Attending Provider Name - Identification Code Qualifier) failed due to: Pair element relation not met. Specified elements: 08, 09

OK

Example: Credit Balance State Based Queue

- Credit balances will populate in this queue.

- The goal is to resolve credit balances for billable encounters within 7-10 days.

- To resolve items in this queue, the credit balance needs to be resolved either by applying a payment, adjustment, refund, or balance transfer.

- Open the Credit Balance queue. The list can be filtered by financial class, date, or other parameters.

Credit Balance Example

Credit Balance Example

	#	Health Plan	Status	Claim	Total Charges	Payments	Adjustments	Remainder	Statement From Date	Statement To Date	Created Date	Submitted Date	Transmitted Date
	1	CIVILIAN EM...	Voided...		$13.13	$0.00	$0.00	$13.13	02/10/2023	02/10/2023	03/20/2023	03/20/2023	
	1	DOD OCC HE...	Submi...		$18.59	$0.00	$0.00	$18.59	02/10/2023	02/10/2023	12/11/2025	12/11/2025	
	2	GEHA UNITE...	Voided...		$18.59	($13.13)	$0.00	$5.46	02/10/2023	02/10/2023	09/23/2025	09/23/2025	11/17/2025

Tabs: Balances | Claims | Statements | Charges | Insurance Transactions | Self Pay Transactions | Timeline | Images — Encounter: — Filters — Search

!		Status	Service Date	Revenue Code	CPT	HCPCS	Diagnosis	M...	Units	Amount	Description	Activity Type	Remaining Amount	NDC	Activity Date	Adjustments	Original Amount	Original Units
		Adjusted - Billed	02/10/2023 ...	0771	90471		Z23		1	$13.13	90471 IMM...	*Coding Cha...	($13.13)		02/10/2023 1...	($13.13)	$13.13	1
		Adjusted - Billed	02/10/2023 ...	0636	90691				1	$5.46	typhoid va...	Pharmacy	$0.00	492...	02/10/2023 1...	($5.46)	$5.46	1

Tabs: Balances | Claims | Statements | Charges | Insurance Transactions | Self Pay Transactions | Timeline | Images — Encounter: — Filters — Source

	Type	Date	Amount	Alias	Alias Description	Created By	Activity Date	Adjustment Group/Reason	Claim	Original Amount
	Payment	12/15/2025	($13.13)	4600	Insurance payment - DOD Insur...		01/02/2026		.	($13.13)
	Payment	12/15/2025	$0.00	4600	Insurance payment - DOD Insur...		01/02/2026			$0.00
	Informati...	12/15/2025	$0.00	N130	Consult plan benefit docs for inf...		01/02/2026			
	Technical...	12/15/2025	$5.46	102	Major Medical Adjustment		01/02/2026	OA-102		
	Technical...	12/15/2025	($5.46)	102	Major Medical Adjustment		01/02/2026	PR-102		
	Technical...	12/15/2025	($5.46)	96	Non-covered charge(s)		01/02/2026	PR-96		
	Adjustme...	12/10/2025	($13.13)	5104	Discount adjustment - DOD No ...	SYSTEM, SYSTEM Ce...	12/10/2025			($13.13)
	Adjustme...	12/10/2025	($5.46)	5104	Discount adjustment - DOD No ...	SYSTEM, SYSTEM Ce...	12/10/2025			($5.46)

Resolving Credit Balance

- Review the Encounter to identify the reason for the credit.
    - In this example, a duplicate adjustment was applied.
    - The credit balance is identified in red text in the Balances tab.

Resolving Credit Balance (1 of 2)

- In the Insurance Transactions tab, select the duplicate line item, right click, and select Reverse Transaction.

Resolving Credit Balance (2 of 2)

- After reversing the adjustment, a red "X" will display next to the adjustment line item.

- In the Balances tab, there is no longer a credit balance. The next day, the item will be removed from the Credit Balance State-Based Queue.

NDAA 716 Review WI Queue

- The purpose of the **NDAA 716 Review WI** queue is to review encounters for accurate Profile & Health Plan and verify whether the encounter qualifies for a patient statement.
  - Encounters in this queue have the D318 – DOD Hold NDAA 716 Patient Work Item
  - If it is determined that the encounter does warrant a patient statement, the D318 DOD Approve NDAA 716 Review action code should be applied.
    - ✓ A statement will be sent via RevSpring once the NDAA 716 billing hold is listed.
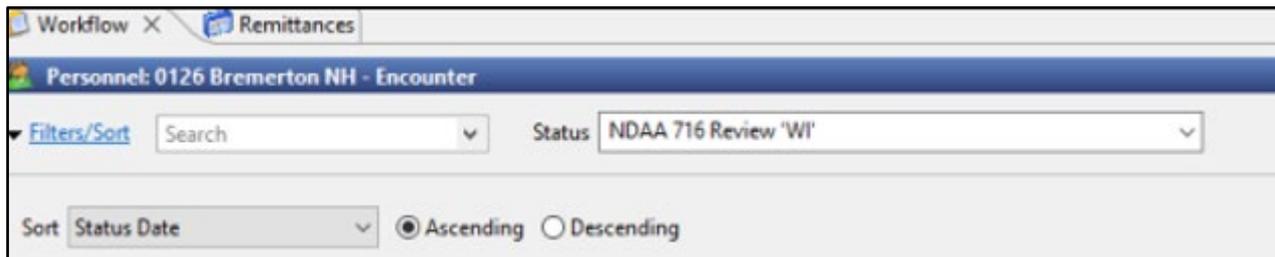
Working the NDAA 716 Review WI Queue

- Access the NDAA 716 Review WI queue from Queue View in the My Workflow tab:

- It can be beneficial to filter the list by date or last name.
  - Sorting by last name is more efficient if the patient has multiple encounters, reducing the time spent researching their Profile and Health Plan.

Working the NDAA 716 Review WI Queue (continued)

- Review the Insurance information in the Registration Perspective.
  - Review to determine if the Profile and Health Plan is correct. Update the Profile and Health Plan if needed.

  - Repeat in the Encounter Perspective - review and/or update the Profile and Health Plan at the encounter level if needed.

NDAA 716 Action Code

- **If the guarantor is liable for the charges:**
  - Apply the **D318 DOD Approve NDAA 716 Review** action code.
  - The encounter will be moved to the NDAA 716 Waiting CFR queue. Once the NDAA 716 hold is released, a statement will be generated via RevSpring.

- **If the patient is NOT liable for the charges:**
  - Apply the **D319 DOD Deny NDAA 716 Review** action code when the patient is not responsible for the balance, for example, if the Profile & Health Plan was updated.
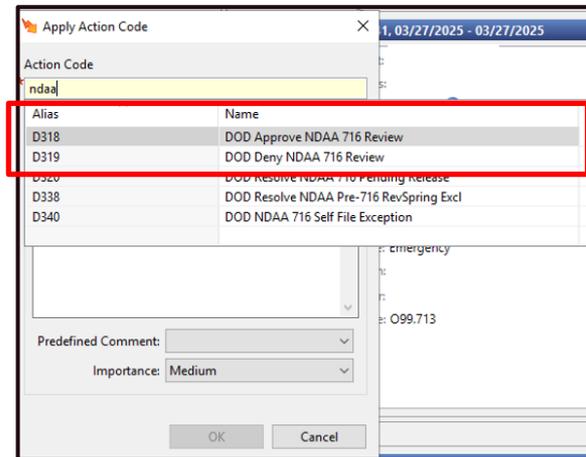
NDAA 716 Action Code

- In the Workflow tab, right click on the WI and select Apply Action Code.
- Search and select the appropriate Action Code.
- Apply a Comment and click OK.
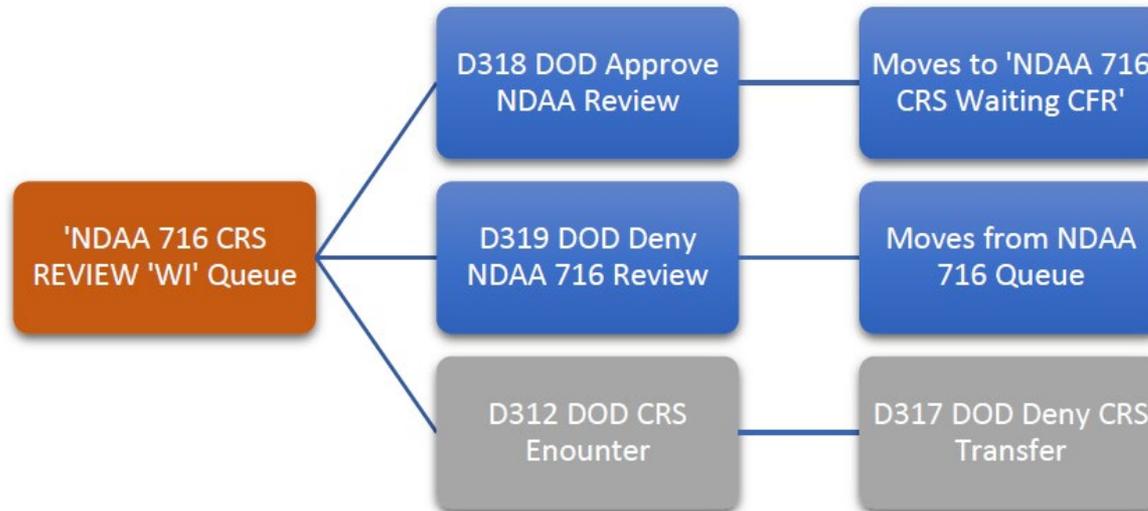- When the action code is applied, the Work Item will be removed.
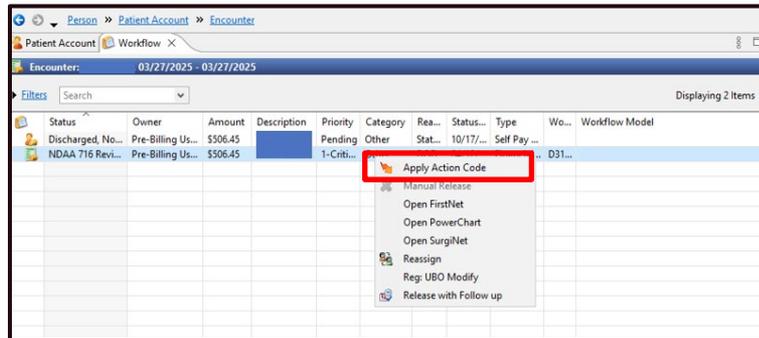
NDAA 716 CRS Review WI

- Follow the steps for normal NDAA 716 Review utilizing action codes for CRS as seen below.
  - Only sites that utilize CRS will have the NDAA 817 CRS Review WI queue.

Test Patients with Charges WI Queue (1 of 7)

- Open Queue and select Test Patient.

- Verify the Test Patient WI in the Workflow of Patient Account.

Test Patients with Charges WI Queue (continued – 2 of 7)

- At the Registration Perspective verify Test Patient has appropriate Profile and Health Plan.

- If Test Patient Profile and Health Plan do not exist, one must be added.

Test Patients with Charges WI Queue (continued – 3 of 7)

- Add Insurance Health plan by selecting Modify (Green Pencil)
- Select Add (Blue Plus sign)
- Search for the DOD – TEST PATIENT HEALTH PLAN

Test Patients with Charges WI Queue (continued – 4 of 7)

- Finish Health Plan details with Begin Date = Date of Service and DBN/OHI = DODID+9M and click OK.

Test Patients with Charges WI Queue (continued – 5 of 7)

- Associate Test Patient Health Plan to the Test Patient Profile.

Profile	Seq	Health Plan	Payer	Financial Class	Subscriber
DOD-NO DIRECT CARE BENEFITS					
	1	CIVILIAN EMERGENCY 000	SELF PAY	CIVILIAN EMERGENCY	QQQDODTESTBEL, JEHRVALONE ORANGE
Unassociated					
	1	DOD-TEST PATIENT HEALTH PLAN	TEST PATIENT	TEST PATIENT	QQQDODTESTBEL, JEHRVALONE ORANGE

Insurance Profile
DOD-TEST PATIENT

Available Insurances
CIVILIAN EMERGENCY 000 - 16107334219M

Selected Insurances
DOD-TEST PATIENT HEALTH PLAN - 161073

OK   Cancel

Profile	Seq	Health Plan	Payer	Financial Class	Subscriber
DOD-NO DIRECT CARE BENEFITS					
	1	CIVILIAN EMERGENCY 000	SELF PAY	CIVILIAN EMERGENCY	QQQDODTESTBEL, JEHRVALONE ORANGE
DOD-TEST PATIENT					
	1	DOD-TEST PATIENT HEALTH PLAN	TEST PATIENT	TEST PATIENT	QQQDODTESTBEL, JEHRVALONE ORANGE

- Save changes (Floppy Disk)

Test Patients with Charges WI Queue (continued – 6 of 7)

- Navigate to the Encounter Perspective to add the newly added Profile and Health Plan.

- Modify encounter (Green Pencil)

- Select Test Patient Profile to add to Encounter and Save (Floppy Disk).

Test Patients with Charges WI Queue (continued – 7 of 7)

- Finally Navigate to Patient Account and take note of Holds.

- To remove hold, it may be necessary to apply the D200 Resolve Test Patient Review action code.

At Risk State Based Queue

- The At Risk State-Based Queue contains insurance balances that are associated with claims that have been transmitted but are past the expected adjudication date.

- Review Timeline tab for the claims in this queue to determine what follow up actions have occurred. Follow up with the payer may be necessary to determine the status of the claim.

- Actions that remove balances from this queue include:
  - A denial is posted to the claim
  - The claim is cancelled
  - Payment/adjustment is applied

Filtering by Date of Service

- Filter by date of service to identify and prioritize items to work in the list. For example:
  - Prioritize older dates of service for follow up
  - If your MTF is under the centralized TPC contract, this can be used to create a clear distinction of items that the TPC vendor is responsible for vs. items your MTF UBO is responsible for, based on the date your site began receiving vendor support.
- To modify settings:
  - Click vertical dots > View Layout > Edit
  - Verify Admission Date is selected and click OK
  - To save, click vertical dot icon > View Layout > Save
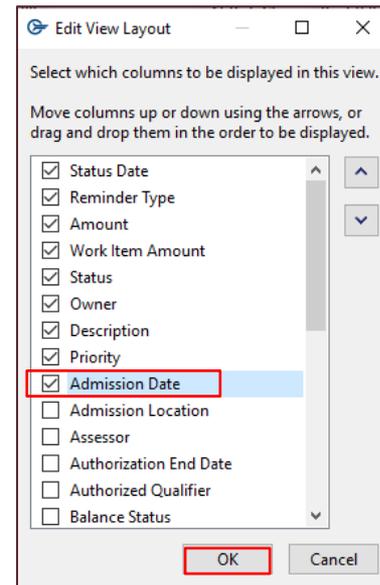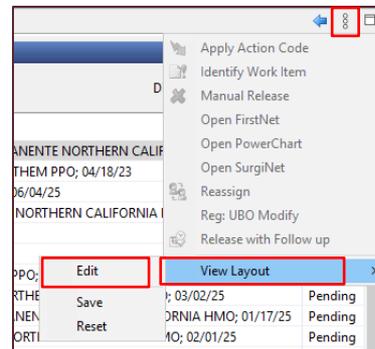
Filtering by Date of Service

- To save these settings permanently, select the vertical dots > View Layout > Save.
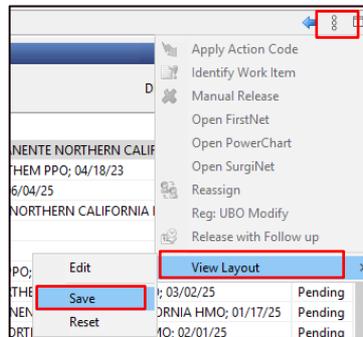
- The list can now be filtered by Admission Date.
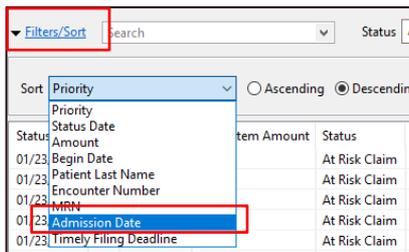
Work Queues and Work Items Checklist

☑ Work all Pre-Billing and Post-Billing Work Queues daily

☑ Confirm & Verify System Access and user role assignment *(User groups, UBO work queues etc.)*

☑ Reference existing Revenue Cycle/Edit Failure guidance

☑ Identify, Review and Resolve UBO Edit Failures to the greatest extent possible

☑ Identify, Review and Resolve UBO Edit Failures in a timely manner

☑ Communicate with MTF departments as needed to ensure complete edit resolution

☑ Ask for help if needed

Compliance Checklist Questions

5.1	Are all Pre-Billing and Post-Billing Work Queues being worked daily?	UBO Work Queues	Reference
5.2	If applicable, are Centralized Receivables Service (CRS) Review Work Item encounters uploaded to CRS via Web Portal (manual) or updated accordingly within 5 days (Day 5)? This is verified via the CRS Work Item Queue and CRS Report. *** Prior to 21 June, 2023**	UBO Work Queues CRS	Reference
6.2	Are National Defense Authorization Act (NDAA) Sec. 716 encounters (dates of service on or after 21 June 2023) being reviewed weekly in the NDAA 716 Review 'WI' queue OR the NDAA 716 CRS Review 'WI' queue? In addition, are the accurate Action Codes applied IAW UBO HelpFul HandOut (5c2p) for Patient Responsibility?	Self-Pay Billing Process	q

Work Item Workbook

- The MHS GENESIS Revenue Cycle Work Item Workbook represents the Defense Health Agency (DHA) enterprise guidance for navigating, reviewing, and resolving Alpha ii Edit Failures and Pre-Billing Holds within the Revenue Cycle application.

- All content and workflows have been reviewed and approved by DHA Functional Groups and Stakeholders.
  - Version 1 - July 1st, 2024
  - Version 2 – December 10, 2024

- [Work Item Workbook](#)

MHS GENESIS Revenue Cycle Work Item Workbook
Produced by the Revenue Cycle Management (RCM) Revenue Integrity (RI) Program Branch

Version 2.0
Effective: December 10, 2024

DHA
Defense Health Agency ®

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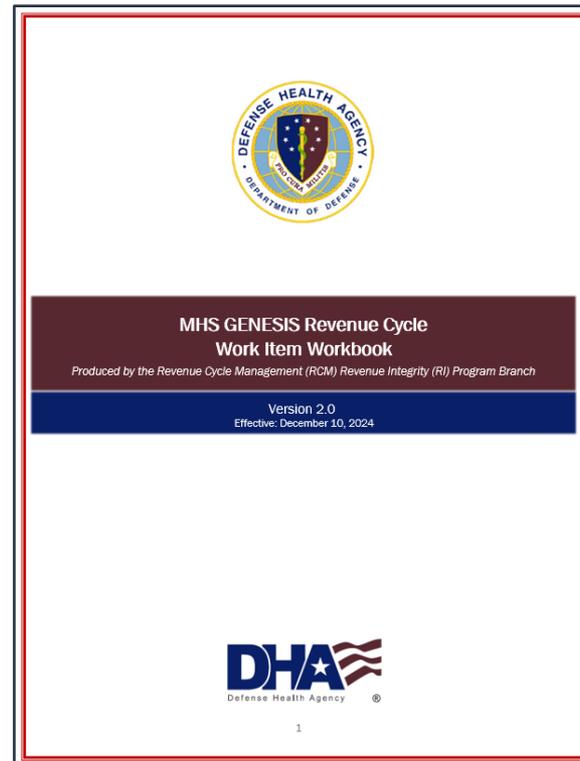
TPC Contract

- MTFs under the TPC contract have vendor support with working specific queues in Revenue Cycle.

- For questions, please contact your TPC Vendor POC and the TPC Contract COR at dha.ncr.financial-ops-j-8.mbx.dha-ubo-tpc-contract@health.mil.

- The TPC contract vendor is responsible for working encounters with commercial OHI in applicable queues (see next slide).

  - However, it is important for MTF UBO staff to note that you may still be responsible for items in these queues, depending on the specific financial class or the date of service.

  - MTFs on the TPC contract are still responsible for working non-OHI encounters in these queues.

  - Please reach out to your BRSi POC and the TPC Contract COR if you have any questions.

TPC Contract – Work Item Queues

- Past Due Claim Queue
- At Risk Claim Queue
- EOB Variance Queue
- Insurance Credit Balance Queue
- Unassigned State – Insurance Follow Up Queue
- Appeal Submitted – CM Work Item Queue
- Appeal Submitted Work Item Queue
- Charge Review Comp – Medical Amb Work Item Queue
- Charge Review Comp – Medical Inp Work Item Queue
- Charge Review Comp – Medical OP Clinic Work Item Queue
- Charge Review Comp – Medical Pharmacy Work Item Queue
- Credit Balance Insurance
- EDI Claim Acknowledgement Work Item Queue
- Edit Failure Other
- Edit Failure – ANSI Work Item Queue
- Edit Failure – Authorization Work Item Queue
- Edit Failure – Dates Work Item Queue
- Edit Failure – Demographics Work Item Queue
- Edit Failure – ID Work Item Queue
- Edit Failure – Modifier Work item Queue
- Edit Failure – Occurrence Codes Work Item Queue
- Edit Failure – Other Work Item Queue
- Edit Failure – Place of Service Work Item Queue
- Edit Failure – Provider Work Item Queue
- Edit Failure – Quality Measures Work Item Queue
- Edit Failure – Reimbursement Work Item Queue
- Edi Failure – Revenue Codes Work Item Queue
- Edit Failure – Type of Service Work Item Queue
- Encounter Modification Review Work Item Queue
- Edit Failure – Units Work Item Queue
- Encounter Combine Work Item Queue

- Incorrect Coordination of Benefits Work Item Queue
- Insurance Credit Balance Work Queue
- Insurance Profile + Health Plan Mismatch Work Item Queue
- Interim- Anticipated Date Review Work Item Queue
- Interim Diagnosis Request Review Work Item Queue
- Medical Record Request – Management Work Item Queue
- Medical Record Request Work Item Queue
- Medically Related – Combine Encounters Work Item Queue
- Medicare No Pay Work Item Queue
- Not Medically Related – Move Diagnostic Charges Work Item Queue
- OHI Not Applicable Work Item Queue
- Returned Mail – Insurance Work Item Queue
- Same Day Encounters Combine Work Item Queue
- Technical Denial – Additional Info Work Item Queue
- Technical Denial – Benefits Work Item Queue
- Technical Denial – Billing Errors Work Item Queue
- Technical Denial – Coding Work Item Queue
- Technical Denial – Medical Necessity Work Item Queue
- Technical Denial – Registration Work Item Queue
- Technical Denial – Reimbursement Work Item Queue
- Technical Denial – Technical Denials Work Item Queue
- Technical Denial Review Required Complete Work Item Queue
- Technical Denial Work Items Other
- TPC Large Balance Review Queue
- TPC Small Balance Review Queue
- Tricare Encounter Modification Review Work Item Queue
- Two Midnight Assessment Not Met Work Item Queue
- Voided Benefit Order Work Item Queue

Work Queues and Work Items – Resources

- [DHA UBO Helpful Handouts](#)
  - UBO Helpful Handout (3a1p) WQ Workflow Queue A-Z
- [Revenue Integrity Launchpad](#)
  - Work Queue Resolution Document
  - Work Item Workbook
- [MHS Genesis 1DOD Workflows](#)
- Setting Preferences in Revenue Cycle:

Setting
rences in Revenue

- Queues worked by TPC Vendor:

BRSi Queues