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Work Queues, Work Items and Edit Failures DHA UBO

January 2026

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Agenda



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 - Work Queue Types
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- Examples
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 - Provider Edit Failure
 - Credit Balance State-Based Queue
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 - Test Patients
 - At Risk
- Work Item Workbook
- TPC Vendor
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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.





Revenue Cycle Work Queues (1 of 2)

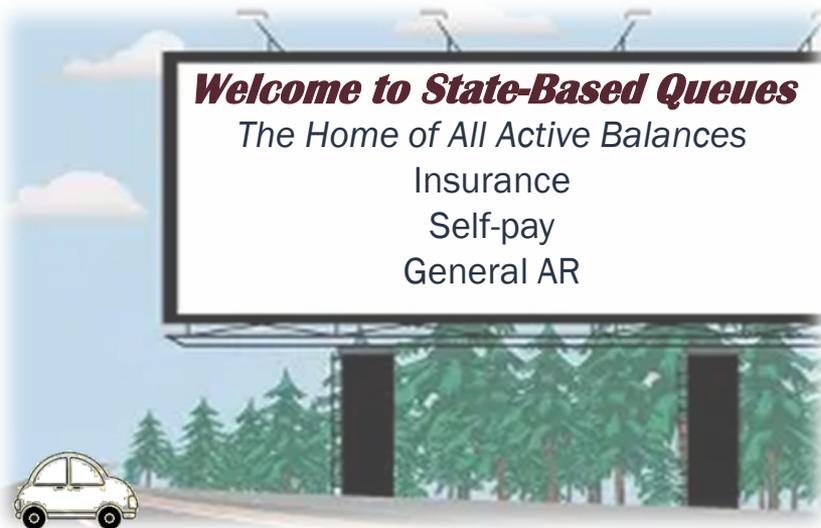
- Work Queues provide visibility and management of encounters and claims as they progress through the Revenue Cycle. Uniform Business Office (UBO) staff primarily work within 2 types of queues:
 - **State-Based:** These queues identify the current “state” or status of an active encounter balance (*balance-level*) 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





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 (<i>encounter types: preadmit, preclinic</i>)
In House	Inpatient and Recurring Encounter Types with no discharge/ end date present
Discharged Not Ready to Bill	Patient Discharged, Encounter-Level Holds (<i>standard delay</i>)
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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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)

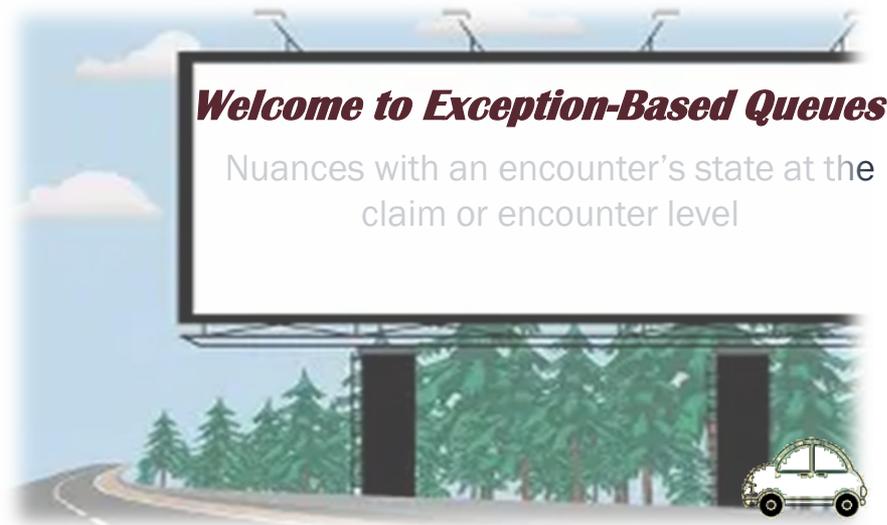




Exception-Based Information



- 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



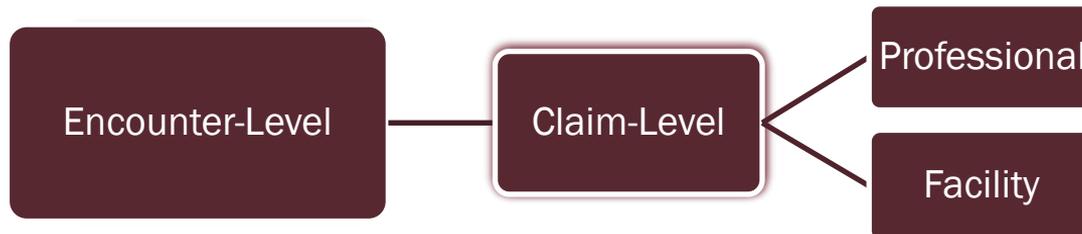


Exception Queues Continued



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.

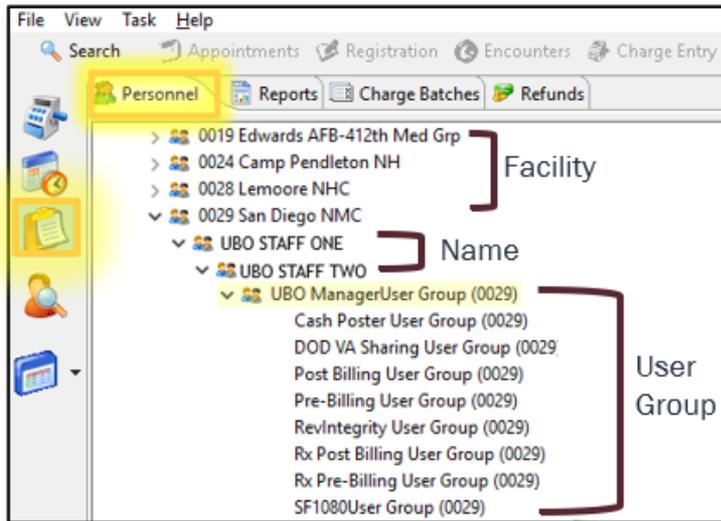




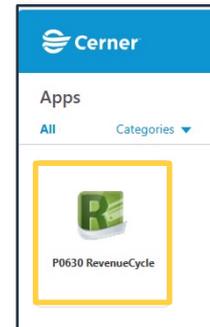
Revenue Cycle Navigation



- 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



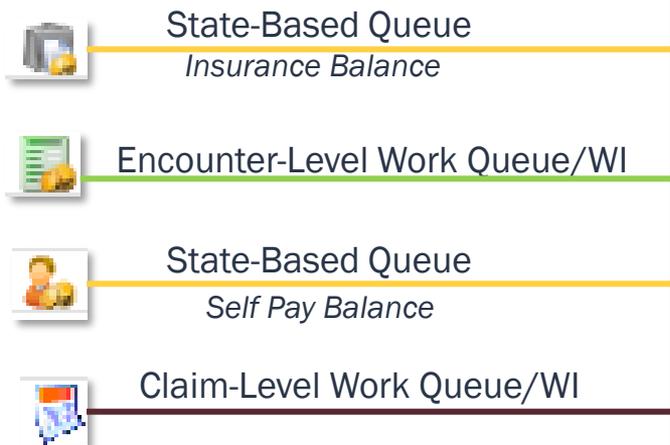
- Under the *Workflow Tab*, select *Queue View*

The screenshot displays a software interface with a navigation pane on the left and a main content area on the right. The navigation pane shows a tree structure under 'Personnel' with 'UBO ManagerUser Group (0029)' selected. The main content area has tabs for 'Workflow' and 'Remittances'. The 'Workflow' tab is active, showing 'Queue View' selected. Below the view selector is a 'Filters/Sort' search box. A table displays the queue data with columns for Status, Count, Amount, and Percent of Total.

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			1%
> 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%
> Edit Failure - Provider 'WI'			<1%
> Edit Failure - Reimbursement 'WI'			<1%
> Edit Failure - Type of Service 'WI'			<1%
> EOB Variance			



Work Queue Icons



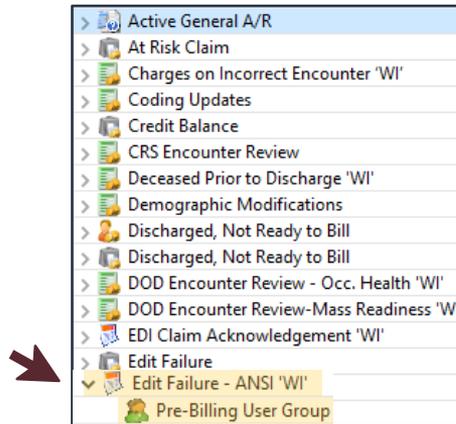
Status	Count	Amount	Percent of Total
> Active General A/R			<1%
> At Risk Claim			
> Charges on Incorrect Encounter 'WI'			
> Coding Updates			
> Credit Balance			1%
> CRS Encounter Review			<1%
> Deceased Prior to Discharge 'WI'			<1%
> Demographic Modifications			<1%
> Discharged, Not Ready to Bill			
> 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)

Filters

Return to Previous Screen

Workflow x Remittances

Filters/Sort Search Status [] Displaying 50, More Items Exist

- All
- Admission Date
- Admission Location
- Attending Provider
- Bill Type
- Claim Status
- Edit Failure Category
- Edit Failure Category Group
- Edit Failure Severity
- Encounter Date
- Encounter Status
- Encounter Type

Account	Status	Owner	Description	Priority	Health Plan	Claim Status	Admission Location
15	Edit Failu...	Pre-Billing...	Name, Patient	1-Critical	INSURANCE MD	Pending	OR-PREOP
02	Edit Failu...	Pre-Billing...	Name, Patient	1-Critical	INSURANCE MD	Pending	OR-PREOP
87	Edit Failu...	Pre-Billing...	Name, Patient	1-Critical	INSURANCE MD	Pending	OPHT-PREP
52	Edit Failu...	Pre-Billing...	Name, Patient	1-Critical	INSURANCE MD	Pending	RAD-VIR
89	Edit Failu...	Pre-Billing...	Name, Patient	1-Critical	DOD/VA SHARING	Pending	EM-ER
61	Edit Failu...	Pre-Billing...	Name, Patient	1-Critical	DOD/VA SHARING	Pending	ID-CL

Workflow x

Filters/Sort Search Status [] Displaying 50, More Items Exist

Sort Priority [] Ascending Descending

- Priority
- Status Date
- Amount
- Patient Last Name
- Encounter Number
- MRN
- Admission Date
- Updated Status Date
- Edit Failure Category
- Edit Failure Category Group
- Edit Failure Severity
- Edit Failure Alias

Account	Amount	Status	Owner	Description	Priority	Health Plan	Claim Status	Admission Location
09/07/	\$474.87	Edit Failu...	Pre-Billing...	Name, Patient	1-Critical	INSURANCE MD	Pending	OPHT-PREP
01/22/	\$521.52	Edit Failu...	Pre-Billing...	Name, Patient	1-Critical	INSURANCE MD	Pending	RAD-VIR
01/22/	\$524.89	Edit Failu...	Pre-Billing...	Name, Patient	1-Critical	DOD/VA SHARING	Pending	EM-ER
01/22/	\$581.61	Edit Failu...	Pre-Billing...	Name, Patient	1-Critical	DOD/VA SHARING	Pending	ID-CL



Work Queues (continued – 3 of 6)



Status Date	Edit Failure Alias	Amount	Status	Owner
07/12/2025	CW2547	\$1,512.15	Edit Failu...	Pre-Billing.
06/06/2025	CW2015	\$3,061.02	Edit Failu...	Pre-Billing.
09/07/2024	CW2031	\$474.87	Edit Failu...	Pre-Billing.
01/22/2025	CW2519	\$521.52	Edit Failu...	Pre-Billing.
01/22/2025	CW2001	\$524.89	Edit Failu...	Pre-Billing.
01/22/2025	CW2031	\$581.61	Edit Failu...	Pre-Billing.

Edit View Layout

Select which columns to be displayed in this view.
Move columns up or down using the arrows, or drag and drop them in the order to be displayed.

- Status Date
- Reminder Type
- Edit Failure Alias
- Amount
- Work Item Amount
- Status
- Owner
- Description
- Priority
- Health Plan
- Claim Status
- Admission Location
- Admission Date
- Assessor
- Authorization End Date
- Authorized Qualifier
- Edit Failure Category
- Edit Failure Category Group
- Edit Failure Severity
- Encounter Number
- Encounter Status
- Facility

Column Display

Claim Status	Admission Location
Pending	

- Apply Action Code
- Identify Work Item
- Manual Release
- Open FirstNet
- Open PowerChart
- Open SurgiNet
- Reassign
- Reg: UBO Modify
- Release with Follow up

- *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.

Workflow X Remittances

Filters/Sort Search Status

Displaying 50, More Items Exist

Status Date	Edit Failure Alias	Amount	Status	Owner	Description	Priority	Health Plan	Claim Status	Admission Location
07/12/2025	CW2547	\$1,512.15	Edit Failu...	Pre-Billing...	Name, Patient	1-Critical	INSURANCE MD	Pending	OR-PREOP
06/06/2025	CW2015	\$3,061.02	Edit Failu...	Pre-Billing...	Name, Patient	1-Critical	INSURANCE MD	Pending	OR-PREOP
09/07/2024	CW2031	\$474.87	Edit Failu...	Pre-Billing...	Name, Patient	1-Critical	INSURANCE MD	Pending	OPHT-PREP
01/22/2025	CW2519	\$521.52	Edit Failu...	Pre-Billing...	Name, Patient	1-Critical	INSURANCE MD	Pending	RAD-VIR
01/22/2025	CW2001	\$524.89	Edit Failu...	Pre-Billing...	Name, Patient	1-Critical	DOD/VA SHARING	Pending	EM-ER
01/22/2025	CW2031	\$581.61	Edit Failu...	Pre-Billing...	Name, Patient	1-Critical	DOD/VA SHARING	Pending	ID-CL



Work Queues (continued - 5 of 6)

Workflow X Remittances

Filters/Sort Search Status

Displaying 50, More Items Exist

Status Date	Edit Failure Alias	Amount	Status	Owner	Description	Priority	Health Plan	Claim Status	Admission Location
07/12/2025	CW2547	\$1,512.15	Edit Failu...	Pre-Billing...	Name, Patient	1-Critical	INSURANCE MD	Pending	OR-PREOP
06/06/2025	CW2015	\$3,061.02	Edit Failu...	Pre-Billing...	Name, Patient	1-Critical	INSURANCE MD	Pending	OR-PREOP
09/07/2024	-----	-----	ailu...	Pre-Billing...	Name, Patient	1-Critical	INSURANCE MD	Pending	OPHT-PREP
01/22/2025	-----	-----	ailu...	Pre-Billing...	Name, Patient	1-Critical	INSURANCE MD	Pending	RAD-VIR
01/22/2025	CW2001	\$524.89	Edit Failu...	Pre-Billing...	Name, Patient	1-Critical	DOD/VA SHARING	Pending	EM-ER
01/22/2025	CW2031	\$581.61	Edit Failu...	Pre-Billing...	Name, Patient	1-Critical	DOD/VA SHARING	Pending	ID-CL

Click 1 time to highlight

- 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

Assessor: None
 Reviewer: None
 Status Date: 07/12/25
 Responsible Type: Personnel
 Responsible: Pre-Billing User Group
 Amount: \$1,512.15
 Owner: Pre-Billing User Group
 Type: Claim
 FollowUp Date: 07/12/25
 Description: ?

Alias	Description	Field	Index	Severity	Severity Reason	Category Group	Category
CW2547 (MOD) Consider billing this CPT/HCPCS code with a more descriptive modifier (XE, XP, XS, or XU) in lieu of modifier 59, when appropriate. CPT/HCPCS code - 19125				2 Critical	Actionable	Other	Other

Comment: Work Item Identified: D130 - DOD Edit Failure - Other
 SYSTEM, SYSTEM - 07/12/25 05:03



Work Queues (continued - 6 of 6)

Workflow X Remittances

Filters/Sort Search Status Owner - user group assigned to edit Displaying 50, More Items Exist

Status Date	Edit Failure Alias	Amount	Status	Owner	Description	Priority	Health Plan	Claim Status	Admission Location
07/12/2025	CW2547	\$1,512.15	Edit Failu...	Pre-Billing...	Name, Patient	1-Critical	INSURANCE MD	Pending	OR-PREOP
06/06/2025	CW2015	\$3,061.02	Edit Failu...	Pre-Billing...	Name, Patient	1-Critical	INSURANCE MD	Pending	OR-PREOP
09/07/2024	CW2031	\$474.87	Edit Failu...	Pre-Billing...	Name, Patient	1-Critical	INSURANCE MD	Pending	OPHT-PREP
01/22/2025	CW2519	\$521.52	Edit Failu...	Pre-Billing...	Name, Patient	1-Critical	INSURANCE MD	Pending	RAD-VIR
01/22/2025	CW2001	\$524.89	Edit Failu...	Pre-Billing...	Name, Patient	1-Critical	DOD/VA SHARING	Pending	EM-ER
01/22/2025	CW2031	\$581.61	Edit Failu...	Pre-Billing...	Name, Patient	1-Critical	DOD/VA SHARING	Pending	ID-CL

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*

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

4. Apply Action Code

5. Claim

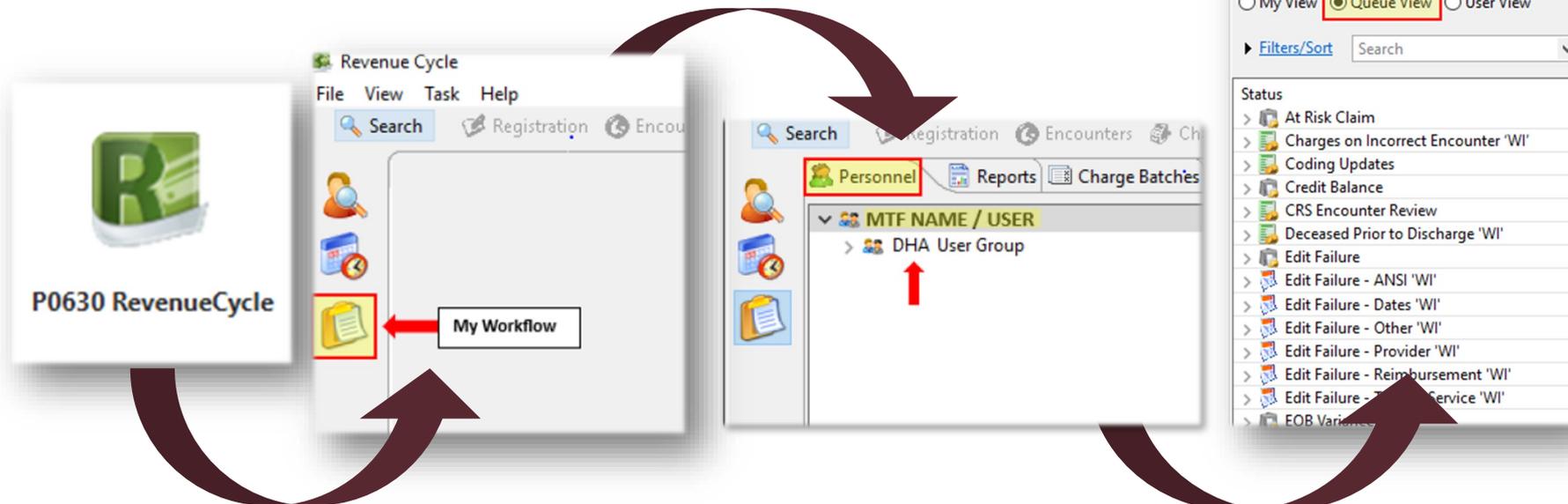
- *Cancel and Regenerate*
- *Submit Batch*



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)

Breadcrumb Trail

Person » Patient Account » Encounter » Balance » Claim

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

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

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

Account Summary:

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

Encounter:

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)



Balances Claims Statements Charges Insurance Transactions Self Pay Transactions Timeline Images

Encounter: Filters Search

Right-click onto the Pending claim line

#	Health Plan	Status	Claim	Total Charges	Payments	Adjustments	Remainder	Statement
1	MD INSURANCE	Pending		\$0.00	\$0.00	\$0.00	\$88.22	
	MD INSURANCE	Pending		\$0.00	\$0.00	\$0.00	\$125.05	

Professional Claim
Facility Claim

Select *Open Claim*

- Apply Action Code
- Apply Adjustment
- Apply Comment
- Apply Remark
- Cancel Claim
- Deny Claim
- Identify Work Item
- Manage Images
- Mark as Transmitted
- Open Claim
- Print Claim
- Replace Claim

Claim Opens

Validate Claim

Bill Record Browser

Task Bill Help Debug

Submit Batch Submit as Paper Print Validate Review Deny Cancel Search Comment Exit

View Edit Info

HEALTH INSURANCE CLAIM FORM

APPROVED BY: PIGA

1. MEDICARE (Medicare)

2. PATIENTS

5. PATIENTS

CITY

ZIP CODE

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

a. OTHER INS

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO

PLACE (State)

b. OTHER CLAIM ID (Designated by)

Claim Has Validation Errors

To ignore validation errors and continue submitting the claim, click Submit. To cancel submission and return to Bill Record Browser, click Cancel.

Alias	Description	Field	Index	Severity
CW15092	(REIMB) This service was rendered by a non-ph...		1	CRITICAL

Review Claim Errors

Continue Cancel



Reimbursement WI (continued – 4 of 7)



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

Bill Record Browser

Task Bill Help Debug

Submit Batch Submit as Paper

View Edit Info

HEALTH INSURANCE

APPROVED BY NATIONAL UNION

PICA

1. MEDICARE (Medicare#)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

CITY

ZIP CODE

TELEPHONE (Include Area Code)

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. OTHER INSURED'S POLICY OR GROUP NUMBER

13. EMPLOYMENT? (Current or Previous)

14. INSURED'S DATE OF BIRTH

Claim Has Validation Errors

To ignore validation errors and continue submitting the claim, click Submit. To cancel submission and return to Bill Record Browser, click Cancel.

Alias	Description	Field	Index	Severity
CW15002	(REIMB) This service was rendered by a non-physician provider.		1	CRITICAL

Click *Continue*

Continue Cancel

A notification will appear verifying the claim was submitted successfully

Bill Record Browser

The claim was submitted to batch successfully.

Click *OK*

OK



Reimbursement WI (continued - 5 of 7)



Person » Patient Account » Encounter ← Click the Encounter breadcrumb to *Refresh* the Encounter

Patient Account Workflow X

Encounter:

Filters Search Displaying 4 Items

Status	Owner	Category	Reason	T	W	W
Edit Failure	Post Billing	Other	DOD Edit F...	...	C.	D.
Edit Failure - Reimbursement 'WI'	Pre-Billing U	2-High				

Right-click onto the now *Resolved* Edit Failure

Select *Apply Action Code*

- Apply Action Code
- Manual Release
- Open FirstNet
- Open PowerChart
- Open SurgiNet
- Reassign
- Reg: UBO Modify
- Release with Follow up

Balances Claims X Statements Charges Insurance Transactions Self Pay Transactions Timeline Images

Encounter:

Filters Search

#	Health Plan	Status	Claim	Date	State
1	MD INSURANCE	Ready to S...			
1	MD INSURANCE	Pending	\$125.95	\$0.00	\$0.00
			\$125.95		11/26/2024

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)



Person » Patient Account » Encounter

Patient Account Workflow

Encounter:

Filters Search Displaying 4 Items

Status	Owner	Amount	Description	Priority	Category	Reason	S	T	W	W
Edit Failure	Post Billing User Group (0010)	\$88.22		Pending	Other		0..	l...		

Reimbursement WI is resolved

Balances Claims Statements Charges Insurance Transactions Self Pay Transactions Timeline Images

Encounter:

Filters Search **Nightly Ops Job will transition the claim to a *Submitted* status**

#	Health Plan	Status	Claim	Total Charges	Payments	Adjustments	Remainder	Statement From Date	State
1	MD INSURANCE	Ready to S...		\$88.22	\$0.00	\$0.00	\$88.22		
1	MD INSURANCE	Pending		\$125.95	\$0.00	\$0.00	\$125.95	11/26/2024	



Example – ANSI (1 of 2)

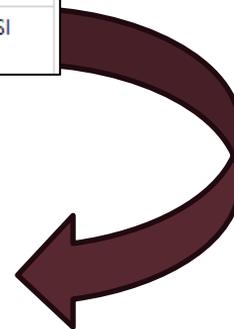
- ANSI Edit Failures should **NEVER** be bypassed!
 - *This will cause the entire batch to fail, resulting in rework and delayed processing*
- Loops, Segments, Elements and Sub-elements describe the information or data that is causing the error
- Typically populate first, and prevent additional edits 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 either...	WPC83715010_2310A...		INFORMATION
CS80012	(ANSI) Loop: 2310A Segment: NM1 (Attending P...		1	CRITICAL

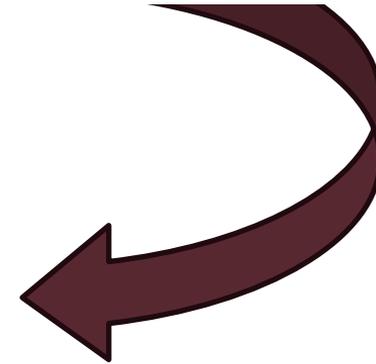
ANSI

Internal

<div style="display: flex; justify-content: space-between; align-items: center;"> < > </div>				
--	--	--	--	--

(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.

Status	
>	Active General A/R
>	At Risk Claim
>	Charges on Incorrect Encounter 'WI'
>	Coding Updates
>	Credit Balance



Workflow X		Remittances				
Personnel: ... - Insurance Balance						
Filters/Sort		Financial Class	Status	Credit Balance		
Financial Class		Blue Cross/Blue Shield				
Sort		Amount	<input checked="" type="radio"/> Ascending <input type="radio"/> Descending			
Status Date	Admission Date	Amount	Balance Status	Status	Payer	
2/7/2023	12/2/2022	(\$129.54)	Generated	Credit Balance	BLUE SHIELD WASHINGTO...	
8/17/2023	1/12/2023	(\$115.67)	Generated	Credit Balance	BLUE CROSS WASHINGTO...	
2/14/2023	11/10/2022	(\$95.31)	Generated	Credit Balance	BLUE CROSS WASHINGTO...	



Credit Balance Example



Person >> Patient Account >> Encounter

Patient Account Workflow

Encounter: Filters Search Displaying 2 Items

Status	Owner	Amount	Description	Priority	Category	Rea...	Status...	Type	Wo...	Workflow Model
Credit Balance	Post Billing Us...	(\$13.13)		Pending	Other		01/03/...	Insuranc...		
Technical Denia...	Post Billing Us...	(\$13.13)		3-Med...	Other	DOD...	01/02/...	Insuranc...	D14...	

Encounters

Account:	Encounter:
ABN Status:	Holds: No
Current Responsibility:	Insurance Pending: (\$13.13)
Total Balance: (\$13.13)	Copay: \$0.00
Dunning Level:	Guarantor:
Bad Debt Balance: \$0.00	Bad Debt Date:
Bankruptcy Begin Date:	VIP:
End Date: 02/11/2023 2:59	DRG:
Type: Clinic	Type Class: Outpatient
Location:	Discharge Location:
Billing Provider:	Admitting Physician:
Primary Diagnosis Code: Z23	Health Plan: DOD OCC HE... CIVIL SERVICE

Balances X 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	Estimated Balance
Primary	Generated	DOD OCC HEALT...	02/10/2023	02/11/2023	(\$18.59)	\$0.00	\$0.00	DOD Default Technical Char...		
Self Pay	Ready to ...	Self Pay	02/10/2023	02/11/2023	\$0.00	\$0.00	\$0.00	Self Pay		\$0.00



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

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

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.

Balances X Claims Charges Statements Insurance Transactions Self Pay Transactions Billing Holds Workflow Timeline Images Balance Summary Related Encounters Refunds											
Encounter: 05/19/2023 - 05/19/2023											
Filter Search											
Begin Date	Sequence	Status	Health Plan	Payer	Financial Class	Charge Grouping	Adjustments	Payments	Balance	Bill Type	Workflow Status
5/19/2023	Primary	Complete	TRICARE PRIME	TRICA...	Tricare	DOD Default Technical Charge G...	(\$6.85)	\$0.00	\$0.00	HCFA 1450	
5/19/2023	Primary	Generated	TRICARE PRIME	TRICA...	Tricare	DOD Default Professional - ZIM...	(\$5.86)	\$0.00	(\$2.93)	HCFA 1500	Credit Balance
5/19/2023	Self Pay	Ready to bill	TRICARE FINAL BE...		Self Pay	Self Pay	\$0.00	\$0.00	\$0.00		



Resolving Credit Balance (1 of 2)



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

Encounter: [REDACTED] 05/19/2023 - 05/19/2023

Filters Search

Type	Date	Activity Date	AR GL Date	Reversed D...	Transferred ...	Original Amou...	Amount	Alias
✓ Adjustment	5/24/2023	5/24/2023	5/25/2023			(\$2.93)	(\$2.93)	5100
✓ Adjustment	5/24/2023	5/24/2023	5/25/2023			(\$2.93)	(\$2.93)	5100
✓ Adjustment	5/24/2023	5/24/2023	5/25/2023			(\$6.85)	(\$6.85)	5100

Duplicate adjustment

	Apply Comment
	Reverse Transaction
	Transfer Transaction



Resolving Credit Balance (2 of 2)



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

Type	Date	Activity Date	AR GL Date	Reversed D...	Transferred ...	Original Amou...	Amount	Alias
X Adjustment	5/24/2023	5/24/2023	5/25/2023	3/12/2024		(\$2.93)	\$0.00	5100
✓ Adjustment	5/24/2023	5/24/2023	5/25/2023			(\$2.93)	(\$2.93)	5100
✓ Adjustment	5/24/2023	5/24/2023	5/25/2023			(\$6.85)	(\$6.85)	5100

- 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.

Begin Date	Sequence	Status	Health Plan	Payer	Financial Class	Charge Grouping	Adjustments	Payments	Balance
5/19/2023	Primary	Complete	TRICARE PRIME	TRICA...	Tricare	DOD Default Technical Charge G...	(\$6.85)	\$0.00	\$0.00
5/19/2023	Primary	Generated	TRICARE PRIME	TRICA...	Tricare	DOD Default Professional - ZIM...	(\$2.93)	\$0.00	\$0.00
5/19/2023	Self Pay	Ready to bill	TRICARE FINAL BE...		Self Pay	Self Pay	\$0.00	\$0.00	\$0.00



NDA 716 Review WI Queue



- The purpose of the **NDA 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 NDA 716 Patient Work Item
 - If it is determined that the encounter does warrant a patient statement, the D318 DOD Approve NDA 716 Review action code should be applied.
 - ✓ A statement will be sent via RevSpring once the NDA 716 billing hold is listed.



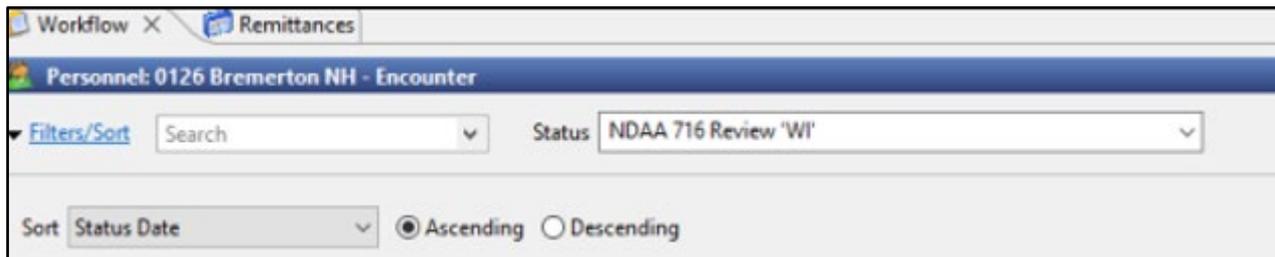
Working the NDAA 716 Review WI Queue



- 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.

File View Task Help

Search Registration Encounters Patient Account Charge Entry

Demographics Transaction History Viewer Guarantor Balance Summary Patient Cases Timeline

Modify Patient - DoD

Patient Alerts and Statuses Military Information Relationships Guarantor **Insurance**

Medicare Coverage Medicare Beneficiary ID Wounded Warrior

NO

+ Add View Remove Manage Profiles Submit Eligibility Eligibility Details

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

Encounters Encounter Details Patient Cases Images

Encount 7/08/2023 7:30 AM-08/08/2023 11:59 PM

Patient Information Encounter Information Guarantor **Insurance** UB04

Insurance Summary

Financial Responsibility Primary Self-Pay Status Self-Pay Follow Up Dat

Medicare Coverage Medicare Beneficiary ID Wounded Warrior

NO

+ Add View Remove Sequence Insurances Change Profile Submit Eligibility

	Seq	Health Plan	Payer	Financial Class
▼ DOD-NO DIRECT CARE BENEFITS	1	CIVILIAN EMERGENCY 000	SELF PAY	CIVILIAN EMERGENCY



NDAAs 716 Action Code



- **If the guarantor is liable for the charges:**
 - Apply the **D318 DOD Approve NDAAs 716 Review** action code.
 - The encounter will be moved to the NDAAs 716 Waiting CFR queue. Once the NDAAs 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 NDAAs 716 Review** action code when the patient is not responsible for the balance, for example, if the Profile & Health Plan was updated.

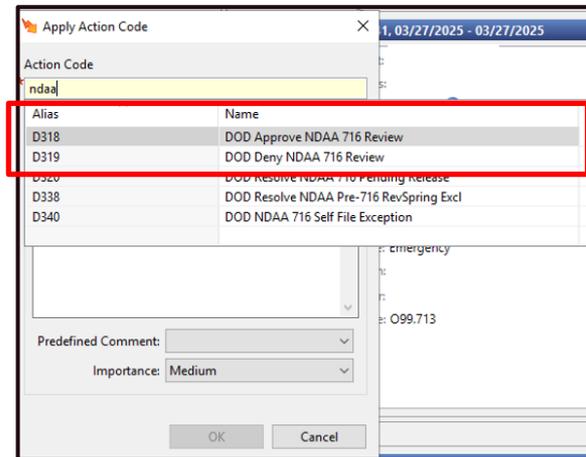
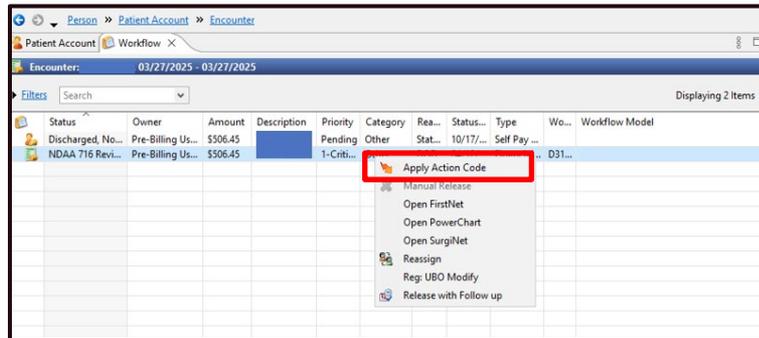




NDAAs 716 Action Code



- 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.

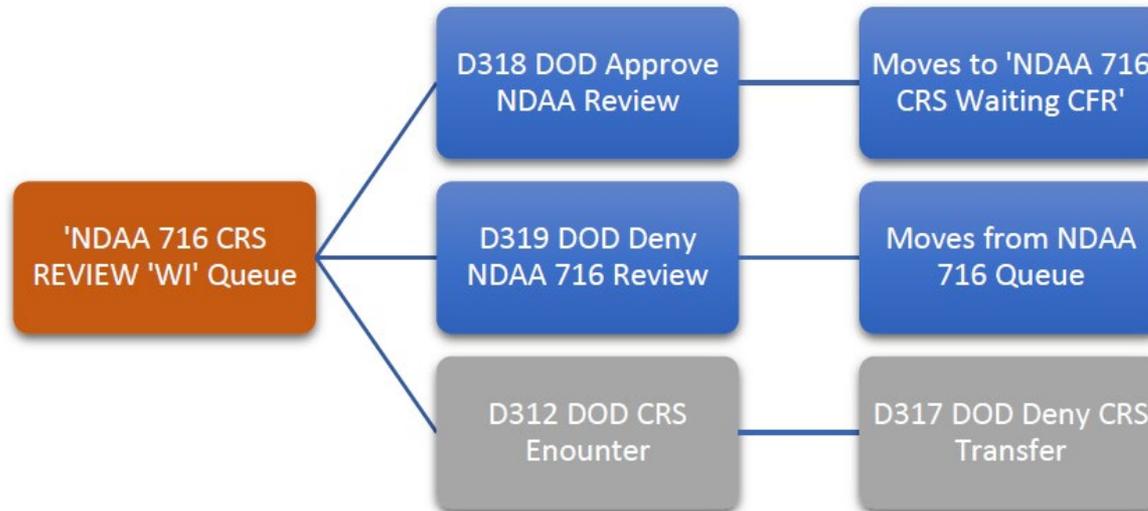




NDA 716 CRS Review WI



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





Test Patients with Charges WI Queue (1 of 7)

- Open Queue and select Test Patient.

Status Date	Amount	Description	Priority
mm/dd/yyyy	\$\$	QQQDODTESTBEL, JEHRVALONE ORANGE	Pending
mm/dd/yyyy	\$\$	QQQDODTESTDUN, JEHRVALTHREE PINK	Pending
mm/dd/yyyy	\$\$	QQQDODTESTQNT, JEHRVALTWO GREEN	Pending

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

The screenshot shows the 'Patient Account' workflow in a software application. The breadcrumb navigation is 'Person >> Patient Account >> Encounter'. Below the navigation, there are tabs for 'Patient Account' and 'Workflow'. The 'Encounter' section is active, showing a search bar and a table of charges.

Status	Owner	Amount	Description	Priority	Category	Rea...
Test Patient Wit...	Pre-Billing Us...			2-High	Other	DOD.



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

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

Appointments Registration Encounters Charge Entry Patient Account QQQDODTESTBEL, JEHRVALONE ORANGE

Demographics Transaction History Viewer Guarantor Balance Summary Patient Cases Timeline

Modify Patient - DoD

Patient Alerts and Statuses Military Information Relationships Guarantor Insurance

Medicare Coverage Medicare Beneficiary ID Wounded Warrior

+ Add View Remove Manage Profiles Submit Eligibility Eligibility Details

Profile	Seq	Health Plan	Payer	Financial Class	Subscriber	Member Number
▼ DOD-NO DIRECT CARE BENEFITS	1	CIVILIAN EMERGENCY 000	SELF PAY	CIVILIAN EMERGENCY	QQQDODTESTBEL, JEHRVALONE ORANGE	16107334219M
▼ DOD-TEST PATIENT	1	DOD-TEST PATIENT HEALTH PLAN	TEST PATIENT	TEST PATIENT	QQQDODTESTBEL, JEHRVALONE ORANGE	1610733421

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

*Demographics Transaction History Viewer Guarantor Balance Summary Patient Cases Timeline

Modify Patient - DoD

Patient Alerts and Statuses Military Information Relationships Guarantor Insurance

Medicare Coverage Medicare Beneficiary ID Wounded Warrior

+ Add Modify Remove Manage Profiles Submit Eligibility Eligibility Details

Profile	Seq	Health Plan	Payer	Financial Class	Subscriber	Member Number	Group Number	Begin
▼ DOD-NO DIRECT CARE BENEFITS	1	CIVILIAN EMERGENCY 000	SELF PAY	CIVILIAN EMERGENCY	QQQDODTESTBEL, JEHRVALONE	16107334219M	M000	



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.

Seq	Health Plan	Payer	Financial Class	Subscriber	Patient Number	End D
1	CIVILIAN EMERGENCY 000	SELF PAY	CIVILIAN EMERGENCY	QQQDODTESTBEL, JEHRVALONE ORANGE	16107334219M	

- Modify encounter (Green Pencil)



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



Profile	Plan Name	Payer	Financial Class	Subscriber	Gr
<input type="checkbox"/> DOD-NO DIRECT CARE BENEFITS					
<input type="checkbox"/>	CIVILIAN EMERGENCY 000	SELF PAY	CIVILIAN EMERGENCY	QQQDODTESTBEL, JEHRVALONE	M
<input checked="" type="checkbox"/> DOD-TEST PATIENT					
<input checked="" type="checkbox"/>	DOD-TEST PATIENT HEALTH PLAN	TEST PATIENT	TEST PATIENT	QQQDODTESTBEL, JEHRVALONE	
<input type="checkbox"/> DOD-CIVILIAN EMERGENCY					
<input type="checkbox"/> DOD-COSMETIC SERVICES					
<input type="checkbox"/> DOD-EXPIRED/UNASSOCIATED BENEFITS					



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

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

The screenshot shows the 'Patient Account' view for a patient with ID QQQDODTESTBEL, JEHRVALONE ORANGE. The 'Encounter' tab is active, displaying a table with one item:

Status	Owner	Amount	Description	Priority	Category	Rea...	Status...	Type
Test Patient Wit...	Pre-Billing Us...			2-High	Other	DOD...		Financial...

On the right, the 'Encounter' details panel shows:

- Account: [blank]
- ABN Status: [blank]
- Current Responsibility: [blank]
- Total Balance: \$
- Encounter: [blank]
- Holds: Yes (1)
- Insurance Pending: \$0.00
- Copy: \$0.00

A callout box indicates: Pending Registration Modification, DOD Test Patient Hold.

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

The screenshot shows the same patient account, but the 'Encounter' details panel now shows:

- Account: [blank]
- ABN Status: [blank]
- Current Responsibility: [blank]
- Total Balance: \$0.00
- Encounter: [blank]
- Holds: No
- Insurance Pending: \$0.00
- Copy: \$0.00

The table in the 'Encounter' tab now shows a different item:

Status	Owner	Amount	Description	Priority	Category	Rea...	Status...	Type
Discharged, No...	(0067), DNFB, ...	\$0.00	80004506; I...	Pending	Other	Insu...	10/21/...	Insuranc...



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

Person » Patient Account » Encounters » Balance

At Risk Claim

Patient Account Encounters

Encounter: 15394, 06/18/2018 - 06/19/2018

Account: 6743
Encounter: 15394
Status: Active
ABN Status:
Holds: Yes
Activity Summary:
Current Responsibility: Medicare, Primary
Insurance Pending: \$150.00
Patient Balance: \$0.00

Balances

Balance: Institutional, Primary, 06/18/2018 - 06/19/2018

Activity Summary:
Workflow Info: At Risk Claim
Sequence: Primary
Type: Institutional
Status: Generated
Encounter: 15394
Balance: \$150.00
Non-Covered Amount: \$0.00
Begin Date: 06/18/2018

Claims Insurance Transactions Related Balances Related Encounters Charges Timeline

Balance: Institutional, Primary, 06/18/2018 - 06/19/2018



Claims Insurance Transactions Related Balances Related Encounters Charges Timeline

Balance: Institutional, Primary, 06/18/2018 - 06/19/2018

Created	Applied To	Applied By	Type
9/27/2018 11:05 AM	Balance: Institutional, Primary, 06/18/2018 - 06/19/2018	Model, User 160 Cermer	Apply Action
9/11/2018 10:05 AM	Balance: Institutional, Primary, 06/18/2018 - 06/19/2018	Cermer Test, Patient Accounting - Biller/Claims Rep Cermer	Apply Action
9/7/2018 9:40 AM	Claim : 3000649968 : Institutional	Cermer Test, Patient Accounting - Biller/Claims Rep Cermer	Comment
6/18/2018 10:15 AM	Balance : Institutional, Primary, 06/18/2018 - 06/19/2018	Model, User 314 Cermer	Balance Status

Created: 9/27/2018 11:05 AM Applied By: Model, User 160 Cermer Applied To: Balance: Institutional, Primary, 06/18/2018 - 06/19/2018

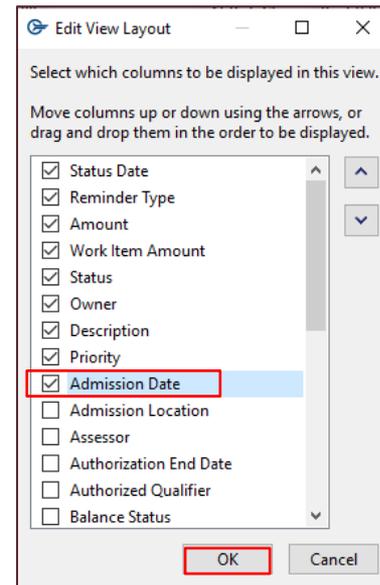
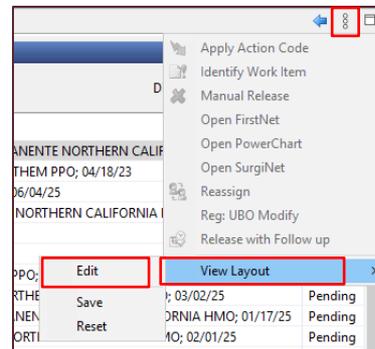
Description: Phone Call Outbound To Action Code: 408-Phone Call Outbound To
Comment: Medicare - payment to be processed in 7 days.



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

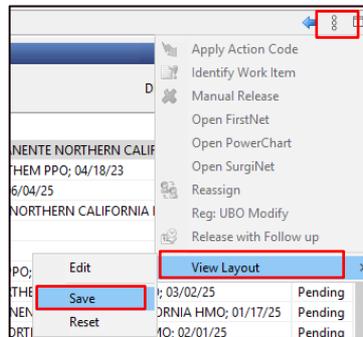




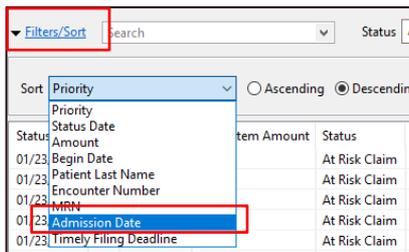
Filtering by Date of Service



- 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



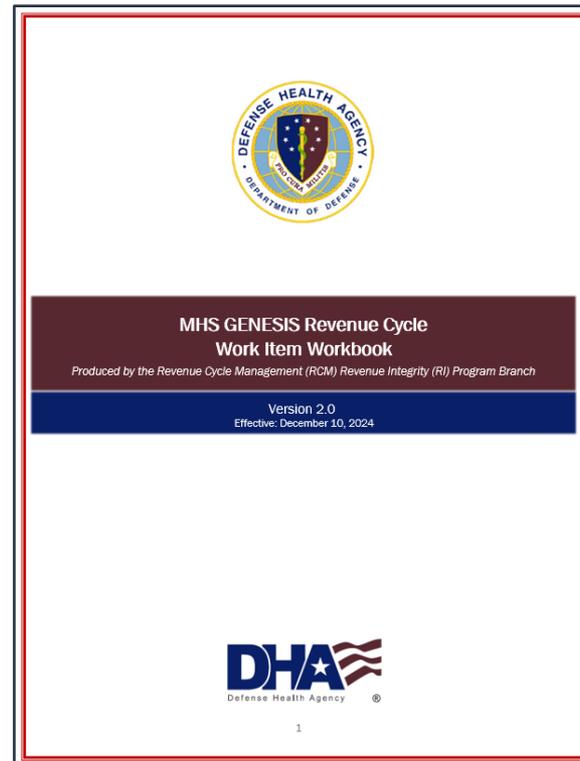
5.1	Are all Pre-Billing and Post-Billing Work Queues being worked daily?	UBO Work Queues	Reference
5.2	If applicable, are Centralized Receivables Service (CRS) Review Work Item encounters uploaded to CRS via Web Portal (manual) or updated accordingly within 5 days (Day 5)? This is verified via the CRS 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](#)





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
Preferences in Revenue

- Queues worked by TPC Vendor:



BRSi Queues