



Medical Service Accounts (MSA) Patient Responsibility Billing and NDAA 716

March 2026



Agenda



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 - CRS Refresher Training
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 - Payment Methods
 - Manual Remittance Process
 - Self-Pay Remittance – workflow
 - DHA DAO Responsibilities
- **Delinquent Debt Collection - CSNG**



BLUF



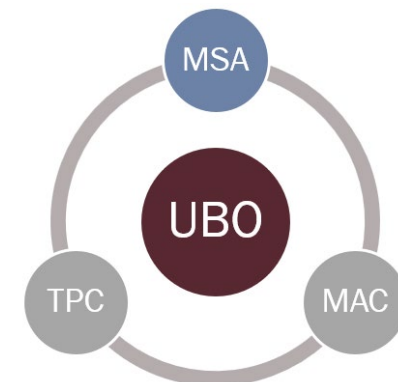
- The Military Health System (MHS) Modified Payment and Waiver Program (MPWP) went into effect on March 9, 2026. The NDAA 716 Billing Hold will be coming to an end, and patient statements that have been on hold will be released in phases.
 - The purpose of this training is to:
 - ✓ Tell you what you need to know about how the bills will be released
 - ✓ Provide instructions on how to properly bill patients and conduct patient follow-up activities
 - ✓ Provide clear guidance on the MHS MPWP, the Debt Adjudication Office (DAO), and the MTF UBO's role



MSA Public – Overview



- **MSA Public patients** are those who are NOT Active Duty, Retired Military or TRICARE beneficiaries.
- MSA Public includes the below Financial Classes/Health Plans qualified for NDAA Sec 716:
 - **Civilian Emergency/ MSA-11, MSA-12:** Civilian who receives care at MTF with or without insurance but are responsible for any charges (may or may not be eligible for care).
 - ✓ **Self-Pay**
 - **Secretarial Designee/ MSA-44, MSA-48:** This is an authorization from the SECDES Program for eligibility and care to be seen using FMR/Full Reimbursement Rate (FRR)/No Charge (NC) rates.
 - **Contractor/ MSA-6, MSA-7:** Federal contractor receives care at an MTF.
 - **Civilian Employee/ MSA-4, MSA-5:** Civilian DoD employee receives care at an MTF.





MSA Public – Profiles and Sequencing



- MSA Public includes:
 - **Patient Responsibility**
 - ✓ Patient is responsible for charges.
 - ✓ A Patient Statement is generated.
 - **Patient Responsibility with OHI**
 - ✓ Bill OHI first.
 - The appropriate profile is placed in the primary position (this sets the appropriate rates/fees), with the OHI listed as secondary.
 - ✓ Bill any remaining balance to the patient via Patient Statement.

Profile	Seq	Health Plan	Payer	Financial Class
▼ DOD-CIVILIAN CONTRACTOR				
	1	CIVILIAN CONTRACTOR 000	Self Pay	CIVILIAN CONTRACTOR

Profile placed in primary position with OHI listed second

Profile	Seq	Health Plan	Payer	Financial Class
▼ DOD-NO DIRECT CARE BENEFITS				
	1	CIVILIAN EMERGENCY 000	Self Pay	CIVILIAN EMERGENCY
	2	FOREIGN SERVICE BENEFIT AETNA PPO	FOREIGN SERVICE BENEFIT PLAN	Commercial/OHI

Sequence	Status	Health Plan	Begin Date	End Date	Adjustments	Payments	Balance	Charge Grouping
Primary	Com...	CIVILIAN EMERGENCY 000	08/05/20...	08/05/2...	\$0.00	\$0.00	\$0.00	DOD Default Te...
Primary	Com...	CIVILIAN EMERGENCY 000	08/05/20...	08/05/2...	\$0.00	\$0.00	\$0.00	DOD Default Pr...
Seconda...	Com...	FOREIGN SERVICE BENEFIT AETNA PPO	08/05/20...	08/05/2...	\$0.00	(\$113.35)	\$0.00	DOD Default Te...
Seconda...	Com...	FOREIGN SERVICE BENEFIT AETNA PPO	08/05/20...	08/05/2...	\$0.00	(\$58.72)	\$0.00	DOD Default Pr...
Self Pay	Read...	Self Pay	08/05/20...	08/05/2...	\$0.00	\$0.00	\$19.12	Self Pay
					\$0.00	\$0.00	\$19.12	



NDAA Section 716 – Background



- National Defense Authorization Act (NDAA) 2023, Section 716 requires the Defense Health Agency (DHA) to reduce financial harm to civilians who are not covered beneficiaries of the Military Health System, and who receive healthcare services at DoD military treatment facilities (MTFs). **The final rule for NDAA Sec 716 was published in the Federal Register as of February 2026**

The following billing conditions are still in place until further notice:

- June 20, 2023 – As the result of the ongoing Federal Rule Making process, the Assistant Secretary of Defense for Health Affairs (ASD(HA)) established a temporary deferral of medical billing to civilian non-beneficiaries who received care on or after June 21, 2023. During the deferral period, all MTFs should continue to submit claims to third party payers for reasonable charges for services provided, if applicable.
- March 8, 2024 - To accommodate patients who need to self-file claims to insurance carriers, Health Savings Accounts (HSA), Medical Savings Accounts (MSA), or Flexible Savings Accounts (FSA) before their filing deadlines expires, the ASD(HA) signed an additional policy outlining the conditions in which the MTFs may provide medical bills to civilian non-beneficiaries throughout the deferral period.



NDAAs Section 716 – Billing Hold & Exception Memos



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

MEMORANDUM FOR DIRECTOR, DEFENSE HEALTH AGENCY

JUN 20 2023

SUBJECT: Temporary Deferral in Medical Billing of Civilian Non-beneficiaries

While the Department is establishing procedures necessary to implement the changes to 10 U.S.C. § 1079b enacted in section 716 of the James M. Inhofe National Defense Authorization Act for Fiscal Year 2023, I direct that the Defense Health Agency defer establishment and issuance of medical bills to civilian non-beneficiary patients who are not covered by a third party insurer, and who receive care at military medical treatment facilities (MTFs) on or after June 21, 2023, until further notice.

Pursuant to authorization conferred by patient execution of the DD Form 2569 and by applicable provisions of law, MTFs shall continue to submit claims to third party payers for reasonable charges for healthcare services provided. However, when insurance payments are received, MTFs shall not issue invoices to civilian non-beneficiary patients for co-pays, co-insurance, deductibles, nominal fees, and non-covered services, until further notice.

Questions pertaining to this matter may be directed to my point of contact, Ms. Merlyn Jenkins, (703) 681-7346 or e-mail: merlyn.jenkins.civ@health.mil.

Lester Martínez-López, M.D., M.P.H.



HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

March 8, 2024

MEMORANDUM FOR DIRECTOR, DEFENSE HEALTH AGENCY

SUBJECT: Self-Filing by Insured Civilian Non-Beneficiaries During Temporary Deferral

Reference: Assistant Secretary of Defense for Health Affairs Memorandum, "Temporary Deferral in Medical Billing of Civilian Non-beneficiaries," June 20, 2023

The referenced policy memorandum requires temporary deferral of the establishment and issuance of medical bills to civilian non-beneficiary patients who are not covered by a third-party insurer, and who receive care at military medical treatment facilities (MTFs) on or after June 21, 2023, until further notice. It does not preclude MTFs from submitting claims to third party payers for the healthcare services provided.

For patients who wish to self-file a medical claim with their health insurance carrier, or submit coinsurance, copayment, or deductible amounts to the patient's Health Savings account (HSA), Medical Savings Account (MSA), or Flexible Savings Account (FSA) before their filing deadline expires, the MTF may provide the medical bill with the following conditions:

a. Self-Filing with a Health Insurance Carrier

- 1) The patient must agree that if the health insurance remittance and corresponding Explanation of Benefits (EOB) is received by the patient in lieu of the MTF, the patient agrees to pay the remittance to the MTF (if not already paid) and to provide the MTF with the EOB. A sample agreement is at Attachment 2. Failure to comply will result in the MTF billing the patient for the full amount owed once the temporary deferral is lifted.
- 2) Upon the MTF's receipt of the insurance remittance and EOB, the MTF will adjust the patient's account for charges allowed by the insurance carrier.
- 3) The MTF will defer issuing a revised bill for amounts that are the patient's responsibility (co-pays, coinsurance, deductibles, nominal fees, and non-covered services) until the billing deferral is lifted.
- 4) Upon receipt of the patient's signature on the memo, MTFs will establish a suspense file with a copy of the signed memo and take the following actions:



MHS MPWP Overview



- The **Military Health System (MHS) Modified Payment and Waiver Program (MPWP)** implements Section 716 of the FY23 National Defense Authorization Act (NDAA), establishing a permanent, structured program to provide financial relief for civilian nonbeneficiaries who receive care at military medical treatment facilities (MTFs) on or after June 21, 2023.
- Health Affairs, DHA OGC and DHA UBO have established the DHA Debt Adjudication Office to facilitate and coordinate all discount and waiver needs for patients with the Military Treatment Facilities and DHA Director.
- The MTF UBO's role is to continue standard MSA billing operations, ensure patient-facing materials are available, and compassionately redirect patients with financial assistance questions to the DAO.



MHS MPWP Process



- **Patient Applications & Communication:**
 - Every medical invoice will contain information on the MHS MPWP and instructions on how to apply. A public website (www.health.mil/MPWP) will provide FAQs, a discount calculator, and application forms.
 - DD Form 3201 – “APPLICATION FOR MILITARY HEALTH SYSTEM (MHS) MODIFIED PAYMENT AND WAIVER PROGRAM (MPWP)”
 - DD Form 3201-1 – “REQUEST FOR MEDICAL DEBT WAIVER, MILITARY HEALTH SYSTEM MODIFIED PAYMENT AND WAIVER PROGRAM”
- **Eligibility:**
 - ALL non-beneficiary patients are eligible to apply for a payment plan (up to 72 months) at any time during their due process before debt becomes delinquent.
 - ALL non-beneficiary patients MUST apply for a discount before requesting a waiver. Discount calculated and applied by DAO via MHS MPWP Calculator.
 - Patients with household incomes at or below 400% of the Federal Poverty Guidelines (FPG) can qualify for a waiver based on a sliding fee scale. DHA Director approval required.
- **Centralized Adjudication:**
 - The DAO (located on Joint Base San Antonio) serves as the single point of contact for all MPWP inquiries.
 - All payment plans are requested and processed by the DAO. MTF notification required.
 - All patient applications are submitted to and processed by the DAO to ensure fair, expert, and consistent decisions.



Statement Release Plan



- DHA UBO is developing a phased approach to release the billing hold and reestablish patient billing in the coming months.
- **MTF UBOs should not release any patient bills for dates of service on or after June 21, 2023, until DHA UBO provides further guidance.** This phased approach will allow for a certain amount of bills to be released based on OHI to address backlog and upcoming end user workload.
 - **FOR ABACUS USERS:** Although ABACUS may begin auto-releasing bills, MTF UBOs **SHOULD NOT PRINT** any bills from the print queue until further guidance is provided.



Statement Release Plan



- In preparation for the implementation of the Military Health System – Modified Payment and Waiver Program, DHA UBO has identified ~430,075 NDAA Sec 716 applicable claims/encounters between both billing systems

Part	System	Count	Balance
1	ABACUS Claims Held in Patient Billing	143,162	No Rate Attached
2	ABACUS Claims in Recovery	65,711	\$10,325,549.34
3	RevenueCycle Encounters Confirmed as NDAA	217,959	\$123,783,960.16
4	RevenueCycle Encounters Under Review for NDAA	3,243	\$1,975,609.47
	Total	430,075	\$136,085,118.97

Part 1: Claims held in Patient Billing for NDAA Sec 716 patients without OHI. This is the group that cannot be valued since the hold is placed at a point before the rate is assigned.

Part 2: Claims held in Recovery for NDAA Sec 716 patients with OHI - including the count and outstanding balance for patient responsibility.

Part 3: Encounters with billing hold for NDAA Sec 716 in RevenueCycle - including the count and outstanding balance for patient responsibility.

Part 4: Remaining encounters with billing hold for NDAA Sec 716 in RevenueCycle requiring review.

- DHA UBO plans to release the applicable claims in 2 phases:
 - Patient Accounts without OHI** – This phase will include Patient Accounts where a DD 2569 was NOT provided, OHI was not discovered, and the balance is the sole responsibility of the patient. This will allow for a large volume of bills to be distributed with limited MTF intervention as the items will auto generate to each systems print queues immediately upon release.
 - Patient Accounts with OHI** – This phase will include Patient Accounts where OHI is recorded and has been billed. This phase will require MTFs to do a review of third-party payments and Explanation of Benefits to assess patient's remaining balance before preparing for distribution.
- Phased approach and bill release will begin once the Due Process language in the Treasury's Centralized Receivables Service (CRS), ABACUS, and RevSpring systems are updated. The updated Due Process language is required to notify patients of the latest methods of payment and financial relief options allowed by the updated statute.



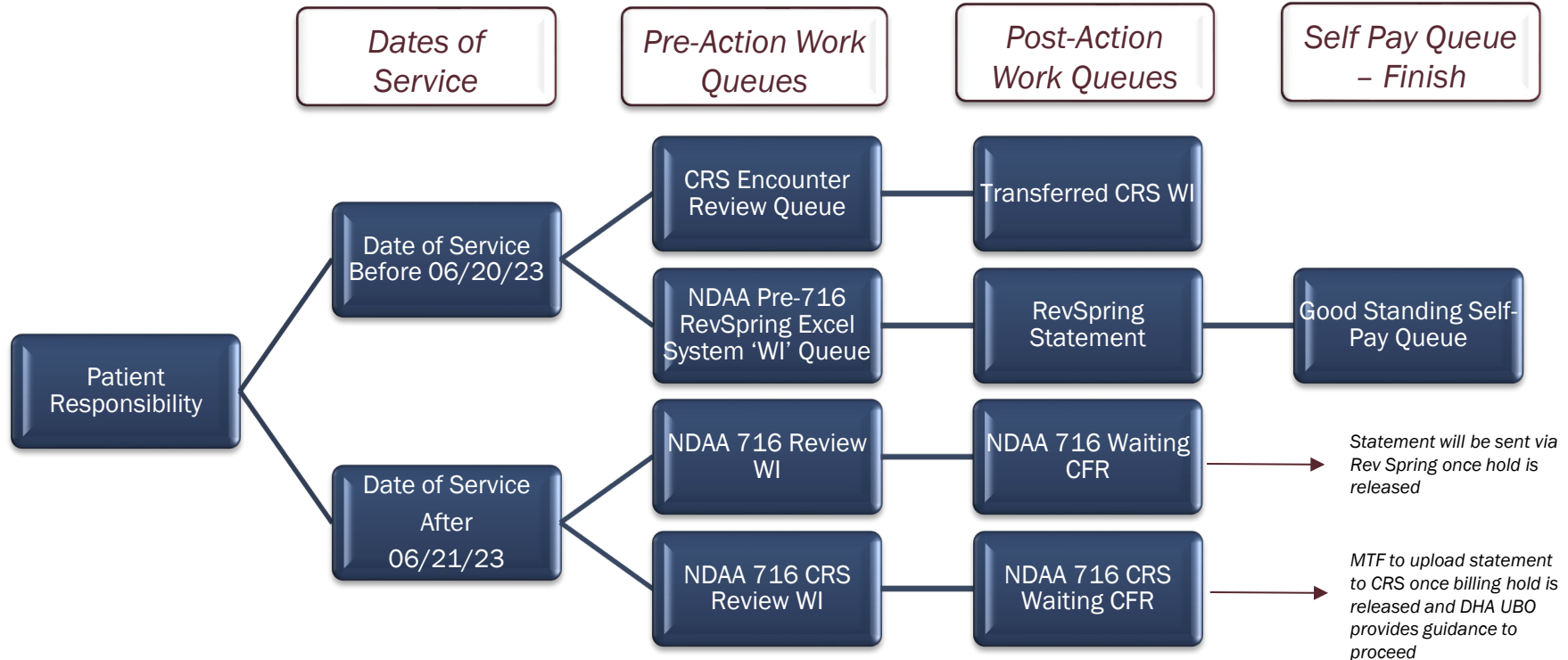
NDAAs Work Queues



- The purpose of the NDAAs Queues is to review encounters for accurate Profile & Health Plan and to verify whether the encounter qualifies for a patient statement.
 - This review process is critical to ensure billing accuracy when the billing hold is released.
- The encounters will populate in the **NDAAs 716 Review 'WI' Queue**, or the **NDAAs 716 CRS Review 'WI' Queue** for MTFs with CRS.
 - NDAAs 716 encounters (dates of service on or after 21 June 2023) should be worked and moved to the reviewed Work Item Queue at least weekly.
- Action codes are applied to move encounters from the:
 - **NDAAs 716 Review 'WI' Queue** to the corresponding **NDAAs 716 Waiting CFR Queue**,
 - **NDAAs 716 CRS Review 'WI' Queue** to the corresponding **NDAAs 716 CRS Waiting CFR Queue**.
- Once the 716 hold is released, the 'Waiting CFR' Queues will be utilized to start the process of releasing patient statements.



Patient Responsibility High Level by Date of Service

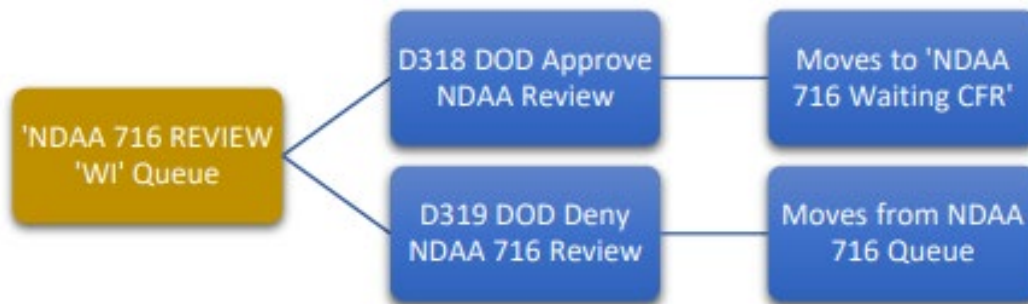




NDAA 716 Review 'WI' Queue



- Action Codes for NDAA Review 'WI':
 - **APPROVE:** D318 DOD Approve NDAA 716 Review
 - ✓ Encounter reviewed and qualified for patient statement.
 - **DENY:** D319 DOD Deny NDAA 716 Review
 - ✓ Encounter reviewed and does not qualify; an example is no balance on health plan, Profile & Health Plan updated.

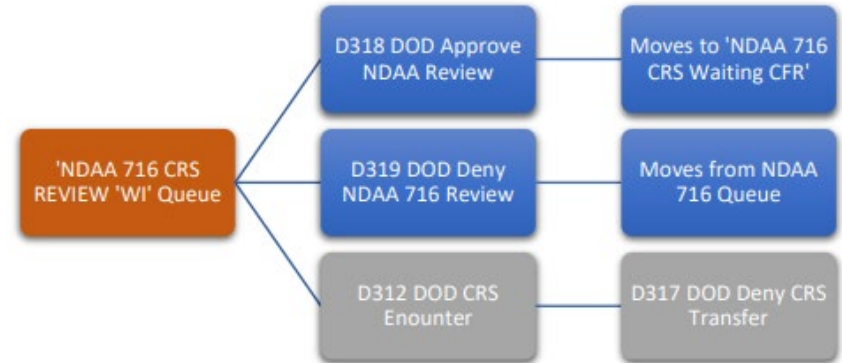




NDAAs 716 CRS Review 'WI' Queue (Sites with CRS Only)



- Action Codes for NDAAs Hold 716 CRS Review 'WI':
 - **APPROVE:** D318 DOD Approve NDAAs 716 Review
 - ✓ Encounter reviewed and qualified for CRS process.
 - ✓ Encounter reviewed and qualified for patient statement.
 - **DENY:** D319 DOD Deny NDAAs 716 Review
 - ✓ Encounter reviewed and does not qualify; an example is no balance on health plan, Profile & Health Plan updated to a non-self-pay health plan.
 - ✓ Scenario #1: Profile & Health Plan Updated, no longer qualifies for NDAAs.
 - ✓ Scenario #2: No Charges or Zero Balance.





Identifying the NDAA 716 Review 'WI' Encounters from the Workflow Tab



- From the Workflow Tab-Queue View, select either:
 - NDAA 716 Review 'WI'
 - NDAA 716 CRS Review 'WI'
 - NDAA Pre-716 RevSpring Excl System 'WI'

Status	Count
Active General A/R	14
At Risk Claim	1115
Charges on Incorrect Encounter 'WI'	358
Coding Updates	1035
Credit Balance	16
Demographic Modifications	7
Discharged, Not Ready to Bill	780
Discharged, Not Ready to Bill	6814
DOD Encounter Review-Mass Readiness 'WI'	2
DOD USFHP and CompDemo Review 'WI'	1
ECS Reconciliation 'WI'	1
EDI Claim Acknowledgement 'WI'	3
Edit Failure	768
Edit Failure - ANSI 'WI'	11
Edit Failure - Dates 'WI'	1
Edit Failure - Provider 'WI'	1
Edit Failure - Type of Service 'WI'	6
EOB Variance	171
Foreign Military Billing Processing 'WI'	38
Foreign Military Review - UBO 'WI'	3
Generated Claim	36
Good Standing Self Pay	471
HIM Review Needed Complete	1
In House	3
Late Charge Review	61
NDAA 716 CRS Review 'WI'	1
NDAA 716 Review 'WI'	222
NDAA 716 Waiting CFR	1
NDAA Pre-716 RevSpring Excl System 'WI'	24
PAD to Coding Review Needed 'WI'	1
Past Due	115
Past Due Self Pay	99
Pending Edit Claim	1340
Pending Reimbursement Claim	2800
PreRegistration	3
PreRegistration	2
Ready to Bill	32
Ready to Bill	28
Self Pay Credit Balance	11
Tech Denials - Additional Info Need 'WI'	58
Technical Denial	129
Technical Denials - Benefits 'WI'	42
Technical Denials - Billing Errors 'WI'	7



Identifying the NDAA 716 Review 'WI' Encounters



- Sort by Status Date or Patient Last Name.
- Last name search is efficient for researching the patient P&HP only once.

Workflow × Remittances

Personnel: 0098 Fort Sill-Reynolds AHC - Encounter

Filters/Sort Search Status NDAA 716 Review 'WI'

Sort Patient Last Name Ascending Descending

Status Date	Amount	Work Item Amount	Status	Owner	Description
10/01/2024	\$173.87	\$0.00	NDAA 716 Review 'WI'	Pre-Billing User Group (0098)	
06/26/2025	\$174.65	\$0.00	NDAA 716 Review 'WI'	Pre-Billing User Group (0098)	
04/10/2024	\$38.70	\$0.00	NDAA 716 Review 'WI'	Pre-Billing User Group (0098)	
02/25/2024	\$225.90	\$0.00	NDAA 716 Review 'WI'	Pre-Billing User Group (0098)	



Resolving the NDAA 716 Review WI Encounters



- **Goal is to determine if the guarantor is liable for the charges:**
 - If yes, 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 no, apply the **D319 DOD Deny NDAA 716 Review** action code.
- **The NDAA 716 CRS Review 'WI' Queue will use the same review process and action codes for approvals and denials.**



Review Patient Account Perspective Under Encounter Level



- Review the following tabs:
 - Encounter tab
 - Workflow Tab
 - Balance Tab
- **Review other tabs if necessary.**

Description	Status Date	Amount	Work Item	Status	Reason	Owner	Priority	Category	Type
[Redacted]	02/17/2025	\$277.75	D318 - DOD Hold NDAA 716 Pat	NDAA 716 Review 'WI'	DOD Hold NDAA 716 Patient	Pre-Billing User Group (0098)	1-Crit...	Other	Financial Encounter
[Redacted]	09/30/2024	\$277.75				Post Billing User Group (009...	Pending	Other	Self Pay Balance



Working the NDAA 716 Review WI Queue - Encounter Perspective



- Review Encounter Perspective
 - Click Encounter Details Tab
 - Click Encounter Information Tab
 - Review Reason for Visit
- Click Insurance Tab
 - Review the current P&HP; then go to Registration Perspective.
- **Go to Registration Perspective and GIQD to verify patient does not have eligibility.**

Encounter Information Tab

Location

Facility	Building	Nurse Unit	Room
0098A	0098A-RAHC	0098A-UCC-CL	EXAM-2
Bed	Encounter Type	Previous Patient Type	Medical Service
1	Emergency	Emergency	Emergency Medicine
Accommodation	Accommodation Request	Isolation	

Encounter Details

Admit Type	Admit Source	Referral Source	Reason for Visit
Emergency	Patient/Self		Can't keep anything down x

Insurance Tab

Insurance Summary

Financial Responsibility	Primary Self-Pay Status	Self-Pay Follow Up Dat
Medicare Coverage	Medicare Beneficiary ID	Wounded Warrior
		NO

Seq	Health Plan	Payer	Financial Class
1	CIVILIAN EMERGENCY 000	SELF PAY	CIVILIAN EMERGENCY



Working the NDAA 716 Review WI Queue – Registration Perspective



- Click on Registration Perspective
 - Select Demographics tab
 - ✓ Select Insurance Tab
- Review and update Profile & Health Plan if necessary.
- Review GIQD to verify eligibility if necessary

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

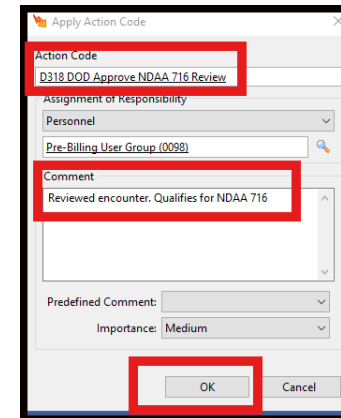
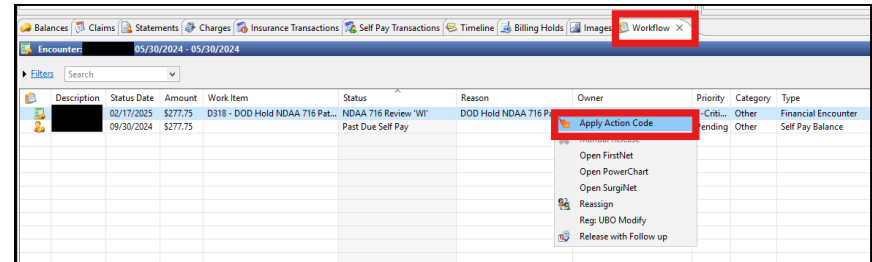
Profile	Seq	Health Plan	Payer	Financial Class
✓ DOD-NO DIRECT CARE BENEFITS	1	CIVILIAN EMERGENCY 000	SELF PAY	CIVILIAN EMERGENC
✓ Pharmacy	1	000 CIVILIAN EMERGENCY RX	SELF PAY	CIVILIAN EMERGENC



Approving NDAA 716 Review 'WI' Encounter



- End user determines the encounter qualifies for a patient statement
- Go back to the Patient account perspective to the workflow tab.
- Right Click NDAA 716 Review 'WI' line item
 - Click Apply Action Code
 - Apply D318 DOD Approve NDAA 716 Review Action Code
 - Enter Comment
 - Click OK





NDAAs 716 Waiting CFR” Queue



- After the NDAAs 716 Review ‘WI’ encounter is approved, the encounter will then move to NDAAs 716 Waiting CFR Queue.
 - Statements will be released from this queue via RevSpring once the billing hold is lifted.

>	NDAAs 716 Review 'WI'	222	
>	NDAAs 716 Waiting CFR	1	



Working the NDAA 716 Review WI Encounter



- 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

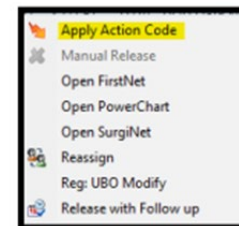
- ✓ For example:

- \$0.00 balance
 - Profile & Health Plan was updated

Type	Status	Date	Status	Amount	Description	Work Item	Reason
Fin:	09/15/2023	NDA...		\$0.00	75811629	D318 - D...	DOD Hold NDAA 716 Patient

- In the Workflow tab

- Right-click the 'D318 DOD Hold NDAA 716 Patient' Work Item
- Click Apply Action Code
- Apply D319 DOD Deny NDAA Review Action Code
- Enter Comment
- Click OK





Working the NDAA 716 Review WI Encounter



- Workflow tab no longer has the NDAA 716 Work Items.
- Process is Complete.

Apply Action Code ✕

Action Code

Assignment of Responsibility
 No follow up defined for action

Comment



Balances Claims Charges Statements Insurance Transactions Self Pay Transactions Billing Holds Workflow X Timeline						
Encounter: 09/05/2023 - 09/05/2023						
Filters Search						
Description	Status Date	Amount	Work Item	Status	Reason	



Other Health Insurance (OHI) Billing



- OHI Billing consists of Claims Processing , Payor Payment Analysis and OHI Remittance
- When patients have OHI, the OHI is always billed prior to billing the patient for any remaining balance.
 - Claims being billed electronically to insurance payers are transmitted through the claims clearinghouse, SSI.
- MTF UBO staff/TPC Vendor should review monitoring queues in Revenue Cycle to identify holds or errors that need to be resolved prior to claim submission.
- If a claim has no holds or errors, it will populate in the Ready to Bill queue.
 - If the patient has OHI, a nightly ops job will generate the claim and transmit to the payer.
 - If the patient does not have OHI, a nightly ops job will generate a patient statement via RevSpring once the billing hold is lifted.
- MTF UBO staff/TPC vendor must also monitor SSI and resolve any claim errors, to ensure the claim is successfully transmitted to the payer.



Payor Payment Analysis – EOB/Remittance Review



- Electronic remittances flow from SSI into Revenue Cycle and can be viewed in the Remittances tab.
 - The Remittance Details will show any applicable copay, coinsurance, or deductible amounts.

Remittance Detail																																																	
Remittance: open																																																	
Filters Search																																																	
Count: 1 Claim Total: \$161.71 Payment: (\$35.76) Adjustment: \$0.00 Patient Liability: \$0.00 Displaying 5 Items																																																	
#	Payment	Adjustment	Name	Posted To	Posting Level	Health Plan	Adjustment Alias	Payer Control Number	Remarks																																								
5	(\$35.76)				Charge	BCBS MARYLAND CAREFIRS...																																											
<table border="0"> <tr> <td>Status: Working</td> <td>Sequence: 5</td> <td>Posted To:</td> <td>Posting Level: Charge</td> <td>Name:</td> <td>Health Plan: BCBS MARYLAND CAREFIRST PPO</td> </tr> <tr> <td>Policy Number:</td> <td>Converted Payment: (\$35.76)</td> <td>Payment: (\$35.76)</td> <td>Payer: BLUE CROSS BLUE SHIELD MARYLAND CAREFIRST</td> <td>Payment Alias: 4600</td> <td></td> </tr> <tr> <td>Payment Method: Check</td> <td>Payment Description:</td> <td>Check Number: 216916286</td> <td>Check Date:</td> <td>Received From: GHMSI</td> <td>Payment Type: Insurance payment - DOD Insurance Payment</td> </tr> <tr> <td>Payer Control Number:</td> <td>Adjustment:</td> <td>Adjustment Alias:</td> <td>Adjustment Group/Reason:</td> <td>Adjustment Type:</td> <td>Payment Identifier:</td> </tr> <tr> <td>Coinsurance: \$0.00</td> <td>Deductible: \$0.00</td> <td>Entered By: System</td> <td>Guarantor:</td> <td>Claim DOS: 03/03/2025</td> <td>Copay: \$0.00</td> </tr> <tr> <td>Comment:</td> <td colspan="9"></td> </tr> </table>										Status: Working	Sequence: 5	Posted To:	Posting Level: Charge	Name:	Health Plan: BCBS MARYLAND CAREFIRST PPO	Policy Number:	Converted Payment: (\$35.76)	Payment: (\$35.76)	Payer: BLUE CROSS BLUE SHIELD MARYLAND CAREFIRST	Payment Alias: 4600		Payment Method: Check	Payment Description:	Check Number: 216916286	Check Date:	Received From: GHMSI	Payment Type: Insurance payment - DOD Insurance Payment	Payer Control Number:	Adjustment:	Adjustment Alias:	Adjustment Group/Reason:	Adjustment Type:	Payment Identifier:	Coinsurance: \$0.00	Deductible: \$0.00	Entered By: System	Guarantor:	Claim DOS: 03/03/2025	Copay: \$0.00	Comment:									
Status: Working	Sequence: 5	Posted To:	Posting Level: Charge	Name:	Health Plan: BCBS MARYLAND CAREFIRST PPO																																												
Policy Number:	Converted Payment: (\$35.76)	Payment: (\$35.76)	Payer: BLUE CROSS BLUE SHIELD MARYLAND CAREFIRST	Payment Alias: 4600																																													
Payment Method: Check	Payment Description:	Check Number: 216916286	Check Date:	Received From: GHMSI	Payment Type: Insurance payment - DOD Insurance Payment																																												
Payer Control Number:	Adjustment:	Adjustment Alias:	Adjustment Group/Reason:	Adjustment Type:	Payment Identifier:																																												
Coinsurance: \$0.00	Deductible: \$0.00	Entered By: System	Guarantor:	Claim DOS: 03/03/2025	Copay: \$0.00																																												
Comment:																																																	



Plan Limitation - Example



Balances will NOT roll to Self Pay = No Patient Responsibility

Balances will roll to Self Pay = Patient Responsibility

	MTF Medical Bill for Emergency Care		\$ 70,000.00	<div style="border: 1px solid black; padding: 10px; background-color: #cccccc;"> <p>This amount should be adjusted using the D25 adjustment alias/transaction code</p> </div>
	EOB Shows			
Not Patient Responsibility	Unallowable Charges*	\$ (20,000.00)		
	Allowable Covered Charges		\$ 50,000.00	
	Insurance Payment	\$ (47,000.00)		
Patient Responsibility	Co-payments, Deductibles, Non-covered services and Nominal Fees		\$ 3,000.00	
	Balance Remaining		\$ 3,000.00	

*Sometimes listed as "Out-of-Network", "Contractual Obligation", or "CAR 45"



EOB Review – Revenue Cycle



- EOBs that are received electronically from payers:
 - 835 Remit will be available in the Remittances tab in Revenue Cycle. A copy of the EOB can also be located in SSI.
 - ✓ Please refer to the [UBO Helpful Handout – Poster UBO](#) for detailed instructions on reviewing the EOB in SSI, and posting remittances in Revenue Cycle.
- EOBs that are received via paper mail from payers:
 - Remittance will need to be posted manually in Revenue Cycle
- Review the remittance/EOB to identify amounts not covered by insurance.
 - The patient is responsible for any co-payments, deductibles, co-insurance and non-covered services.
 - Post payments to the appropriate balances.
 - Any remaining balance (aside from the insurance payment and patient responsibility amount) should be adjusted using the alias **D25**.



RevenueCycle – OHI Remittance Past View



TPC Claims: Adjustment Alias, Adjustment, Adjustment Group Code, and Adjustment Reason Code; the amounts will clear the balance prior to rolling to Tricare Benefit Order.

Remittance Entry x Remittance

Remittance: 20220801 20220805 AETNA \$50 GUERREROC, 3035049, Open

Claim	Payer	Payer Control Number	Payment Alias	Payment	Payment Method
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Payment Description	Check Date	Adjustment Alias	Adjustment	Adjustment Group Code	Adjustment Reason Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Copay	Coinsurance	Deductible			
<input type="text"/>	<input type="text"/>	<input type="text"/>			

MSA ←

↑ TPC

MSA Claims: Copay, Coinsurance, and Deductible; the amounts will not clear the balance prior to rolling to the patient's self-pay.



RevenueCycle – OHI Remittance Current State



Remittance Entry x Remittance

Remittance: 649820171, Open

Claim	Payer	Payer Control Number	Payment	Payment Method	
Payment Description	Check Date	Adjustment Alias	Adjustment	Adjustment Group Code	Adjustment Reason Cod
Copay	Coinsurance	Deductible			

MSA with Plan Limitations

Enter any plan limitation amount using the D25 Adjustment Alias

Enter any copay, coinsurance, and deductible amounts that the patient is responsible for

Balances will NOT roll to Self Pay = No Patient Responsibility

Balances will roll to Self Pay = Patient Responsibility



RevenueCycle – OHI Remittance



- Enter the Adjustment Alias *D25 - DOD NDAA 716 HEALTH PLAN LIMIT* with amount as provided on EOB.

Remittance Entry x Remittance

Remittance: TEST REMIT 12345, 643549619, Open

Claim	Payer	Payer Control Number	Payment Alias	Payment	Payment Method
			4600		Check
Check Number	Check Date	Adjustment Alias	Adjustment	Adjustment Group Code	Adjustment Reason Code
123123123	03/05/2026	D25			
Copay	Coinsurance	Alias	Sub Type	Reason	A/R Effect
		D25	Other credit adjustment	DOD NDAA716 HEALTH PLAN LIMIT BAL WO	Credit

Remarks

- Add Adjustment Group Code, Contractual Obligation, from drop-down selection.

Remittance Entry x Remittance

Remittance: TEST REMIT 12345, 643549619, Open

Claim	Payer	Payer Control Number	Payment Alias	Payment	Payment Method
			4600		Check
Check Number	Check Date	Adjustment Alias	Adjustment	Adjustment Group Code	Adjustment Reason Code
123123123	03/05/2026	D25	\$10.00		
Copay	Coinsurance	Deductible	Adjustment Group Code		
			<ul style="list-style-type: none"> Contractual Obligations Correction and Reversals Other Adjustments Patient Responsibility Payer Initiated Reductions 		

Remarks

Remark Amount Remark Group Code



RevenueCycle – OHI Remittance



- Enter the Adjustment Reason Code.

The screenshot shows the 'Remittance Entry' window with the 'Adjustment Reason Code' dropdown menu open. The selected code is '45', which corresponds to the reason 'Chgs exceed contract/legsltd fee arrange'. Other visible codes include '145' (Premium payment withholding) and '245' (Provider performance program withhold).

Alias	Reason
45	Chgs exceed contract/legsltd fee arrange
145	Premium payment withholding
245	Provider performance program withhold

- Complete appropriate Copay, Coinsurance and Deductible in boxes as identified on EOB.

The close-up shows the 'Copay', 'Coinsurance', and 'Deductible' fields highlighted in yellow. The 'Adjustment Alias' is 'D25' and the 'Check Date' is '03/05/2026'.

Check Number	Check Date	Adjustment Alias	Ad
123123123	03/05/2026	D25	\$
Copay	Coinsurance	Deductible	
Remarks			

- Post Remittance by selecting the Green Checkmark.





EOB Review - ABACUS



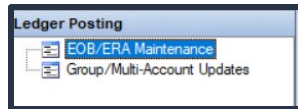
- EOBs that are received electronically from payers:
 - 835 Remit will be available in ABACUS and any EOBs can be located in Ledger Posting > EOB/ERA Maintenance as Pending.
- EOBs that are received via paper mail from payers:
 - Remittance will need to be posted manually in ABACUS in Ledger Posting > EOB/ERA Maintenance.
- Review the EOB to identify amounts not covered by insurance.
 - The patient is responsible for any co-payments, deductibles, co-insurance, nominal fees and non-covered services.
 - Post payments to the appropriate balances.
 - Any remaining balance (aside from the insurance payment and patient responsibility amount) should be written off with the adjustment alias D25.



ABACUS – OHI Remittance



- The Ledger Posting module in ABACUS is used to post and track payments and write-offs from checks and EOBs received from payers. Information can be posted manually by a user or automatically if the EOB is received electronically.
 - These actions are performed in the EOB/ERA Maintenance program.



- To post a check received with a paper EOB, select Add Manual EOB in the button bar

Button bar – Select
Add Manual EOB

osting ver. 2.18.6.10

Views: EOBs Pending Approval

Search Criteria:

EOB ID	Check Number	Payer	Amount	Status
				Pending

Check Date Range: [] TO []

EOB ID	Check Number	Check Date	Load Date	Payer	Amount
M 8,473	5236957	04/01/2014	02/17/2016	AETNA	9.00
M 8,474	5236958	04/01/2014	02/18/2016	AETNA	21.00
M 8,475	5236998	04/01/2014	02/19/2016	AETNA	6.00
M 8,476	5236998	04/01/2014	02/18/2016	AETNA	12.00
E 8,408	815013290001645	01/20/2015	01/15/2015	AETNA	22.17
E 8,410	815014550002084	01/21/2015	01/15/2015	AETNA	1,584.05
E 8,414	815015520004644	01/22/2015	01/16/2015	AETNA	124.94
M 8,472	0004050772	09/10/2015	02/12/2016	BLUE CROSS BLUE SHIELD OF ALABAMA	817.60
M 8,464	123456	01/05/2015	01/05/2016	1199 NATIONAL BENEFIT FUND	23.00
E 8,415	3010108235	01/06/2015	01/16/2015	MAGELLAN	289.53
E 8,422	RAW01152015	01/15/2015	01/16/2015	OFFICE OF THE JUDGE ADVOCATE GENERAL	1,566.06
M 8,423	1235	01/28/2015	01/28/2015	PATIENT NAME	50.00
M 8,427	1235	02/11/2015	02/13/2015	PATIENT NAME	233.65
M 8,433	7857	05/01/2015	05/24/2015	1199SEIU NATIONAL BENEFIT FUND	100.00
M 8,432	123456789	05/24/2015	05/24/2015	CIGNA	50.00
M 8,437	324	06/01/2015	06/26/2015	1199SEIU BENEFIT FUNDS	90.00
M 8,436	3432	06/25/2015	06/26/2015	1199SEIU NATIONAL BENEFIT FUND	100.00
M 8,440	1654	08/07/2015	08/07/2015	AARP	100.00
M 8,441	123	08/28/2015	08/28/2015	1199 NATIONAL BENEFIT FUND	1.00

AB_DEV



ABACUS – OHI Manual Remittance



- Search for Payer the payment was received from by ID or Name and click Select.
 - Enter details including the pay type, payment source, and check number and date if applicable.
 - Click Save.

Carrier Lookup

Search Criteria

ID: Name:

Accounts

ID	Name
CIGNY0002	CIGNA HEALTHCARE
CIGNY0004	CIGNA HEALTHCARE
CIGTX0044	CIGNA HEALTHCARE
CIGTN0057	CIGNA HEALTHCARE
CIGTX0006	CIGNA HEALTHCARE
CIGTX0008	CIGNA HEALTHCARE
CIGTX0009	CIGNA HEALTHCARE
CIGTX0014	CIGNA HEALTHCARE
CIGTX0015	CIGNA HEALTHCARE
CIGTX0016	CIGNA HEALTHCARE



Posting - EOB Claims

Facility: 8277 NINHC ATLANTA

Payer: Tax ID:

Summary

EOB ID: Lead Date: 4/16/2021

Check ID:

Claims: Balance:

Payments:

Date:

Amount:

No Check

City: State: Zip:

Pay type: Pay amt:

Claims

Control Number	DOB	Patient Name	Pyets	W/O A&B	Status	Billed	Adjustments	Fac

Provider Adjustments

Date	Code	Description	Code ID	Reference ID	Amount

Warnings & Errors

- Pay type must be selected
- Pay Src must be selected
- Payer Tax ID cannot be blank

Click to add attachment

DOC_NAME	DOC_DATE	Doc_Type



ABACUS – OHI Remittance



- Select Add Claim button to open the Posting – Account Information screen.
- This is where payment/adjustment/write-off information is updated for the EOB.
 - In the Control Number field, locate the claim this EOB is linked to.

Posting - EOB Claims

Facility: 8277 NBHC ATLANTA

Summary: EOS ID: [], Lead Date: 6/16/2021, Claims: [], Payments: []

Check: ID: [], Date: [], Amount: [], No Check:

Payer: Tax ID: [], Name: [], Address: [], City: [], State: [], Zip: [], Pay type: [], Pay arc: []

Control Number	DOS	Patient Name	Pynts	WVO & Adj	Status	Billed	Adjustments	Paid

Provider Adjustments: Date, Code, Description, Code ID, Reference ID, Amount

Warnings & Errors: Pay type must be selected, Pay Src must be selected, Payer Tax ID cannot be blank



Posting - Account Information

Account Details: Payer ID: [], First Name: [], Last Name: [], Control Number: []

Responsible Party: Payer ID: [], First Name: [], Last Name: []

Charge Lines: BILL, TYPE, CODE, BILLED, PAID, DEDUCT, CONS, COPY, OTHER

Recovery Notes: Add, Save, Cancel

Save & Add Another Claim, Save, Cancel



ABACUS – OHI Remittance



- On the Account information screen, enter the Paid, Copay, Coinsurance, Deductible or other amounts as indicated on the EOB.
- Start by clicking in the PAID column and press Tab to work through the remaining fields.

Posting - Account Information

Account Details: Date of Service: 03/03/2020, Control Number: 210275L0000652, Payer ID: []

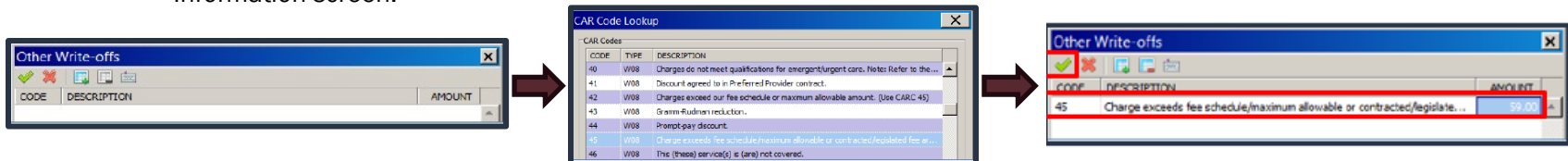
Patient: Payer ID: [], First Name: Splash1, Last Name: Splash1

Responsible Party: Payer ID: [], First Name: Splash1, Last Name: Splash1

Charge Lines

FRM	TYPE	CODE	BILLED	PAID	DEDUCT	COINS	COPAY	OTHER
CMS	CPT	99213	1,413.79	1,000.00				

- The OTHER column is where plan limitation adjustments will be posted.
 - From the Other column, press Enter to display the Other Write-offs screen.
 - Click the Code field to open the CAR Code Lookup.
 - Select the appropriate CAR code as identified on the EoB, and click OK. When complete, select the green check mark.
 - Click Save to return to Posting – EOB Claims screen OR Save and Add Another Claim to open a new blank Posting- Account Information screen.





OHI Billing – Workflow Demo



-
- Claims Processing
 - OHI Remittance
 - Payor Payment Analysis
 - [DHA UBO MSA Public Workflow](#)



Patient Responsibility - Due Process



MSA Public Patient Follow-Up & Collections



- Patient follow-up and collection efforts are only applicable to MSA encounters.
 - TPC/TRICARE encounters should not have remaining patient balances to collect.
- Due process begins 30 days after the date of the Patient Statement/I&R.
- MTFs must follow up with patient non-payment correspondence on the 30th, 60th and 90th day after the date of the Patient Statement.
- On the 120th day of non-payment, patient accounts are considered delinquent and must be transferred to the U.S. Dept of Treasury, Cross Servicing Next Generation (CSNG).
 - CSNG is the Treasury repository for all debts that have gone delinquent and require transfer as per the Debt Collection Improvement Act (31 USC 3711-16).



MTF, BRSi, CRS Responsibilities



Where does the Patient Responsibility Bill Go?

CRS Sites	In-Service Debt	Out -of- Service Debt
Active Non-Delinquent Debt Due Process	RevSpring/ABACUS ¹	CRS ²
Delinquent Debt	DFAS ³	CSNG ⁴
Non-CRS Sites	In-Service Debt	Out -of- Service Debt
Active Non-Delinquent Debt Due Process	RevSpring/ABACUS ¹	RevSpring/ABACUS ¹
Delinquent Debt	DFAS ³	CSNG ⁵

¹ RevSpring Bills will be auto generated. MTF or TPC Contractor responsible for printing and mailing from ABACUS Print Queue.

² Out of Service Debt will be uploaded to CRS by MTF or TPC Contractor.

³ MTF responsible to send Delinquent Debt to DFAS.




⁴ CRS will send Delinquent Debt to CSNG.

⁵ MTF responsible to send Delinquent Debt to CSNG.



Self Pay Statement Cycle Without Insurance (MTFs without CRS)



0-30 Days	31-60 Days	61-90 Days	91-120 Days
<p data-bbox="40 408 446 508">'Good Standing Self Pay' Work Queue</p> <div data-bbox="30 615 477 672">  Good Standing Self Pay </div>	<p data-bbox="510 408 890 508">'Past Due Self Pay' Work Queue</p> <div data-bbox="529 615 913 672">  Past Due Self Pay </div>	<p data-bbox="979 408 1360 508">'Past Due Self Pay' Work Queue</p> <div data-bbox="998 615 1404 672">  Past Due Self Pay </div>	<p data-bbox="1447 408 1881 565">Encounter populates in 'In Collections Preview' Work Queue</p> <p data-bbox="1447 639 1833 910">After 120 days, if patient's collective account balance is over \$25, transfer account to CSNG.</p>



Self Pay Statement Cycle With Insurance (MTFs without CRS)



0-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	151 + Days	Transfer to Collections
<p>Insurance with Response (Claim Transmitted – Pending Insurance Payment)</p> <p> Pending Reimbursement Claim</p>	<p>EOB or correspondence received from insurance payer – <i>Claim not paid in full, patient billed remaining balance</i></p>	<p>Self-Pay Good Standing Work Queue</p> <p> Good Standing Self Pay</p>	<p>Self-Pay Past Due Work Queue</p> <p> Past Due Self Pay</p>	<p>Self-Pay Past Due Work Queue</p> <p> Past Due Self Pay</p>	<p>Encounter populates into the In Collections Preview work queue and is eligible for transfer to collections</p>	<p>Transfer encounter to collections . Apply the Encounter Transferred to Collections action code</p>
<p>Insurance with No Response (Claim Transmitted – Pending Insurance Payment)</p> <p> Pending Reimbursement Claim</p>	<p>No EOB or correspondence received from insurance payer</p>	<p>Self-Pay Good Standing Work Queue</p> <p> Good Standing Self Pay</p>	<p>Self-Pay Past Due Work Queue</p> <p> Past Due Self Pay</p>	<p>Self-Pay Past Due Work Queue</p> <p> Past Due Self Pay</p>		



CRS Collections



- Some sites utilize the [Centralized Receivables Service \(CRS\)](#) from the U.S. Dept of Treasury to assist with patient follow-up and collections.
 - CRS is the all-in-one system to upload an invoice for complete and compliant due process by Treasury.
 - Patients with Medicare may only be billed for Copayments and deductibles identified on the Medicare EOB.
 - Patients with commercial insurance at 717 sites may only be billed for copayments and deductibles identified on the EOB.
- Applicable MTFs upload patient accounts to CRS immediately after generating the Patient Statement/Invoice & Receipt (I&R).
 - Only debt for non-beneficiary emergencies, secretarial designee, and contractors are to be transferred to CRS.
- CRS will communicate with the patient and collect debt on behalf of the DHA.
- Updates and payments are monitored by the MTF UBO via Artiva and CIR.
- MTFs with the TPC Vendor: BRSi will not be completing any uploads of Patient Statements to CRS. This is an MTF responsibility.



CRS Sites



- The following MTFs currently utilize CRS:

<u>DMIS ID</u>	<u>CRS MTF Name</u>
0024	NH Camp Pendelton
0028	NHC Lemoore
0029	NMC San Diego
0030	NH 29 Palms
0038	NH Pensacola
0039	NH Jacksonville
0048	Martin-Benning ACH
0052	Tripler Army Medical Center
0060	Blanchfield Army Community Hospital
0067	Walter Reed National Military Medical Center
0068	NHC Patuxent River
0079	Nellis AFB (99th Medical Group)
0089	Womack Army Medical Center

<u>DMIS ID</u>	<u>CRS MTF Name</u>
0091	NMC Camp Lejeune
0092	NHC Cherry Point
0100	NHC New England
0103	NHC Charleston
0104	NH Beaufort
0108	William Beaumont Army Medical Center
0109	Brooke Army Medical Center
0117	Lackland AFB
0118	NHC Corpus Christi
0123	Ft. Belvoir Community Hospital
0124	NMC Portsmouth
0125	Madigan Army Medical Center


<u>DMIS ID</u>	<u>CRS MTF Name</u>
0126	NH Bremerton
0127	NHC Oak Harbor
0280	NHC Hawaii
0306	NHC Annapolis
0385	NHC Quantico
0607	Landstuhl Regional Medical Center
0615	NH Guantanamo Bay
0617	Naval Hospital Naples
0618	Naval Hospital Rota
0620	NH Guam
0621	NH Okinawa
0622	NH Yokosuka
0624	NH Sigonella




CRS Encounter Review Queues




- For MTFs that utilize CRS:
 - MTFs should review and work the below queues in reverse chronological order (oldest first)
 - Dates of service after 21 June 2023 will populate in the NDAAs 716 CRS Review WI queue.
 - ✓ Review the Profile and Health Plan of the encounter to verify it is correct and verify the balance should be transferred to CRS once the billing hold is lifted.
 - ✓ Apply the action code to move the encounter to the NDAAs 716 CRS Waiting CFR Queue.

 NDAAs 716 CRS Review 'WI'

- When the billing hold is released and DHA UBO provides notice to proceed, MTFs that utilize CRS should work encounters in the NDAAs 716 CRS Waiting CFR queue.
 - ✓ Review the Profile and Health Plan of the encounter to verify it is correct and verify the balance should be transferred to CR. Transfer balance to CRS.

 NDAAs 716 CRS Waiting CFR

- New patient balances that are eligible for CRS transfer will populate in the CRS Encounter Review queue.

 CRS Encounter Review



CRS Refresher Training



-
- A CRS refresher training will be offered next week.
 - Please reference the [CRS website](#) and the CRS User Guide for in-depth guidance.



Patient Follow-Up & Collections – Workflow Demo



-
- Post-NDAA Sec 716 Patient Follow-Up and Collections
 - [DHA UBO MSA Public Workflow](#)



Patient Follow-Up and Debt Collection – Checklist



- Patient Statements/I&R for patients without OHI are billed within 30 days of discharge.
- Patient Statements/I&R for patients with OHI are generated via RevSpring or manually after receipt of EOB.
- Patients with OHI are only billed for copayments and deductibles identified on the EOB.
- MTFs using CRS, should transfer patient accounts the same day as Patient Statement/I&R generation.
- Patient Follow-Up correspondences for past due invoices are sent every 30 days from the date on Patient Statement/I&R.
- All account history notes are documented.
- Delinquent Patient accounts are sent to CSNG between the 121st and no later than the 180th day from the date on the Patient Statement/I&R.



Self-Pay Payment Methods



- Patient payments can be received in a number of ways. Patient payments are posted to the appropriate transactions, and payment is deposited.
 - **Pay.Gov Payments**
 - ✓ Some MTFs have a Pay.Gov account, where patients can pay their bills online. Pay.Gov payments appear in the CIR.
 - Once they appear in the CIR, the MTF UBO should post to the statement in Revenue Cycle via a manual remittance, and deposit the payment.
 - **Check Payments - OTCNet**
 - ✓ Check payments are processed/deposited through OTCNet via a scanner, or processed using the Mobile Check Processing process with the FedRevCollect application on a government-owned smart device.
 - **Cash Payments**
 - ✓ Cash payments are processed/deposited through OTCNet Deposit Processing and brought to local bank.



Self-Pay Remittance - RevenueCycle



- To create a self pay remittance, select the Create Remittance button on the left side of the screen in Revenue Cycle.
- The Create New Remittance window will display.

A screenshot of a software window titled "Create New Remittance". The window contains several input fields and dropdown menus. The "Remittance Name" field is highlighted in yellow. Below it is the "Currency Type" dropdown menu, currently set to "United States Dollar". The "Payment Control Total" field is empty. The "Deposit Date" and "Posted Date" fields are both empty, with the "Posted Date" field containing the date "07/25/2022". The "Payer" field is empty. The "Payment Method" dropdown menu is empty, and the "Check Date" field is empty. The "Payment Description" field is empty. The "Payment Alias" and "Adjustment Alias" fields are empty. The "Apply Comment" field is empty. The "Predefined Comment" dropdown menu is empty. The "Importance" dropdown menu is set to "Medium". At the bottom of the window are "OK" and "Cancel" buttons.



Self-Pay Remittance - RevenueCycle



- Complete the following fields:
 - Remittance name
 - Payment Control Total – Deposit Amount
 - Deposit Date
 - Posted Date – defaults to today
 - Payment Method – select from drop-down
 - Add comment
 - Click OK

The screenshot shows a 'Create New Remittance' dialog box with the following fields and values:

- Remittance Name:** (highlighted in yellow)
- Currency Type:** United States Dollar
- Payment Control Total:** (empty)
- Deposit Date:** (empty)
- Posted Date:** 07/25/2022
- Payer:** (empty)
- Payment Method:** (empty)
- Check Date:** (empty)
- Payment Description:** (empty)
- Payment Alias:** (empty)
- Adjustment Alias:** (empty)
- Apply Comment:** (empty)
- Predefined Comment:** (empty)
- Importance:** Medium

Buttons: OK, Cancel



Self-Pay Remittance - RevenueCycle



- Patient payments are posted to the Patient Account or a Specific Encounter. Select the appropriate option from the drop-down.
 - When the transactions post at the patient account level, the amount is posted using the first-in, first-out (FIFO) method across all encounters for the account and applied to the self-pay balances. If the payment needs to be applied to a specific encounter, select the Encounter level.

A screenshot of a software interface titled "Remittance Entry" with a sub-window "0014_A_3915093_Open". The interface contains several input fields and dropdown menus. A red rectangular box highlights a dropdown menu on the left side. The dropdown menu is open, showing the following options: "Account", "Claim", "Claim Service Item" (which is selected with a checkmark), "Encounter", "Invoice", and "Statement". Other visible fields include "Payer", "Payer Control Number", "Payment Alias", "Payment Method", "Payment Description", "Check Date", "Adjustment Alias", "Treatment Group Code", "Copay", "Coinsurance", "Deductible", "Remark Group Co", "Apply Comment", and "Predefined Comment". There are "Add" and "Clear" buttons at the bottom right of the form.



Self-Pay Remittance - RevenueCycle



- Select the Search icon. The Account Search box will display.
- In the Patient tab, enter the patient's name or MRN in the corresponding box, and then click Search. A list of options displays.

A screenshot of a web form titled 'Account Search'. The form has several input fields: 'Account' (with a dropdown menu and a search icon), 'Guarantor', 'Payment', 'Received From', 'Check Date', and 'Adjustment Alias'. A red box highlights the search icon next to the 'Account' field.



A screenshot of the 'Account Search' window. The window title is 'Account Search'. Below the title is the text 'Enter search criteria.' There are five tabs: 'Patient', 'Client', 'Business', 'Research', and 'Guarantor'. The 'Patient' tab is selected and highlighted with a red box. Below the tabs are two input fields: 'Patient Name' and 'MRN'. At the bottom left are 'Search' and 'Clear' buttons. On the right side of the window is a table with the following columns: 'Patient', 'MRN', 'Account', and 'Acco'.

Patient	MRN	Account	Acco



Self-Pay Remittance - RevenueCycle



- Highlight the appropriate patient then click Select.

Account Search

Enter search criteria.

Patient Client Business Research Guarantor

Patient Name: Daniels

MRN:

Search Clear

Patient	MRN	Account	Account Balance	Patient Balance
DANIELS, CATHERINE	6686	6686	\$2,443.08	(\$511.00)
DANIELS, CATHERINE	6686	6686	\$356.00	\$215.00
DANIELS, CATHERINESBOY	6949	6949	\$0.00	\$0.00
DANIELS, GREG	6743	6743	\$1,265.00	\$0.00
DANIELS, GREG	6743	6743	\$19.80	\$19.80
DANIELS, SEVEN	7051	7051	\$11.00	\$0.00
DANIELS, TWO	7052	7052	\$11.00	\$0.00

Select Cancel



Self-Pay Remittance - RevenueCycle



- Enter the payment amount, payment method, payment alias, and any other relevant details.
- Once all details are entered, in the 'Apply Comment' enter any applicable comments and Click Add.
- In the 'Remittance Entry' tab, click Post Remittance to post the remittance.

- For detailed posting instructions, please refer to the [UBO Helpful Handout UBO Poster](#) document, as well as the [1DOD Workflow](#) – Patient Accounting – Self Pay Remittance.



Self-Pay Remittance – ABACUS



- The Invoice Payments program in ABACUS is where patient payments are posted to outstanding invoices.
 - Use the drop down menu to search by Responsible Party, Invoice Voucher #, or Patient IEN.
 - Check the box next to the invoice record(s) to which the payment needs to be applied, and click Enter Payment.
 - Enter payment details and click Distribute.

Invoice Payments

Invoice | Payments

Search

Responsible Party

or

Invoice Voucher #

or

Patient IEN

Search

Enter Payment

Drag a column header here to group by that column.



Invoice Payments

Invoice | Payments

Enter Payment

Amount

Payment Type

Payment Type ID

Payment Source

Total Amount of selected invoices: \$118.59

Payments will be applied from oldest to newest.

Please enter the amount of the payment.

Distribute

Confirm

Cancel

Drag a column header here to group by that column.

Invoice Voucher #	Invoice Date	Open Amount	Amount of Payment to be Applied
190029-15-000259	4/10/2015	118.59	0.00



Self-Pay Remittance and Reconciliation – Workflow Demo



-
- Self-Pay Remittance and Reconciliation
 - [DHA UBO MSA Public Workflow](#)



Debt Adjudication Office Responsibilities



- DAO serves as the single point of contact for all MPWP inquiries after patients have received a Statement/I&R
- Payment Plans
 - DAO is responsible for initiating and making system adjustments for all payment plans for non-delinquent debts
 - ✓ Payment plans can be requested for up to 72 months, and monthly payments no less than \$25
 - DAO will notate and communicate all payment plan adjustments to MTFs with ongoing collections
- Discount/Waivers
 - DAO is responsible for processing and adjudicating all MHS MPWP applications, including:
 - ✓ Review for completeness
 - ✓ Discount calculations
 - ✓ All system adjustments and patient communications for discounts and waivers
 - ✓ Coordination to Certified Medical Authority (CMA) and DHA Director (CAD Chief) for Waiver Approval
 - [Website & Calculator Review](#)



Delinquent Debt Collections – CSNG



- “FedDebt” is an online debt management tool that enables MTF UBO staff to upload their **delinquent** claims/accounts directly into the [U.S. Treasury’s Cross-Servicing Next Generation \(CSNG\)](#) program to assist with collections.
 - Delinquent claims/accounts must be at least 120 days old, without payment to be eligible for transfer to CSNG.
 - Individual claim/account must have an outstanding balance of at least \$25 to be eligible for transfer to CSNG.
 - Multiple claims can be combined to exceed \$25, in order to transfer the patient account to CSNG.
- MTFs can track the progress of collection efforts online.
- For MTFs that utilize CRS, the transferring of delinquent accounts to CSNG will be done by CRS.



How to Transfer Accounts to CSNG



- For MTFs that do not utilize CRS, delinquent patient accounts are transferred to CSNG after due process has been completed.
 - From the 'In Collections Preview' queue, select the encounter.
 - In the Patient Account, in the Encounters window, click the view menu icon and select **Assign to Collections**.
 - Assign encounter to **Department of Treasury** and select OK.
 - In Encounter window, ensure balance is written off to Bad Debt.
 - Apply 'Resolve Collection Agency Assignment' action code.

The screenshot displays the 'Patient Account' interface. The 'Encounters' window is open, showing a table of encounters. The 'View' menu is open, and the 'Assign to Collections' option is highlighted with a red box. The 'Balance Summary' window is also visible, showing a table of balance types.

Balance Type	Unbilled	1 to 30	31 to 60
Patient Liability	\$0.00	\$0.00	\$0.00
Total Outstanding	\$0.00	\$0.00	\$0.00

Begin Date	End Date	Encounter	Type	Facility	Location	Billing Entity	Attending Physician
10/24/2025 07:48	10/24/2025 23:59		Clinic				
05/02/2025 07:24	05/02/2025 23:59		Clinic				
17/06/2024 08:30	17/06/2024 23:59		Clinic	0042C	0042C-000001/01	0042C-0E-H-06th MEDGRP	STAR1 SORLA M. M



Resources



- [DHA UBO Helpful Handouts.](#)
 - UBO Helpful Handout (5c2p) PATIENT RESPONSIBILITY 2024.
 - UBO HelpFul HandOut (2a2p) POSTER UBO 2024_0604.
 - UBO Helpful Handout Workflow Queue A-Z 2025
- [UBO Workflows and Narratives](#)
 - DHA UBO MSA Public Workflow
- [NDAA 716 Updates and MHS MPWP Implementation – DHA UBO Newsletter](#)
- [DHA DAO Sharepoint](#)