



# **DHA UBO Webinar**

## **HealthAnalytics: Patient AR Analysis**

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October 2024

# Agenda

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- What is HealtheAnalytics: Revenue Cycle (HARC)
- Reporting Link and Access
- HARC 101 & 201 Presentations and Links
- Running HARC FED Patient AR Analysis Encounter Overview
- Patient AR Analysis Encounter Use Cases
- Aged AR Deep Dive
- DNFB and Billing Holds Deep Dive
- Patient Account Summary Deep Dive
- Additional Resources
- Appendix



# What is HealthAnalytics: Revenue Cycle (HARC)

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- HARC is a reporting platform for MHS GENESIS and Cerner Patient Accounting RevCycle data.
- HARC is separate from Discern Reporting portal but contains many of the same reports.
- Reports are available in HARC for different solutions, including “Business Operations” and Patient Administration.
- Why use HARC? HARC is more standardized than Discern when it comes to data filters, inputs and outputs, and will more easily manage large volumes of data.



# HARC Reporting Link and Access

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- HealthAnalytics can be accessed at the below URL, not from the Citrix Storefront icon where you access Revenue Cycle.

**HealthAnalytics**

<https://federal.analytics.healthintent.ehr.gov/>

- If you need access, contact your Local Training and Roles Manager (TRM), they should assist with inputting a ticket to request access to HARC.
- Please contact the DHA Global Service Center (dhagsc@health.mil) for any system issues and to input a request for access.



# Running a HARC Report – HARC 101 & 201 Presentation

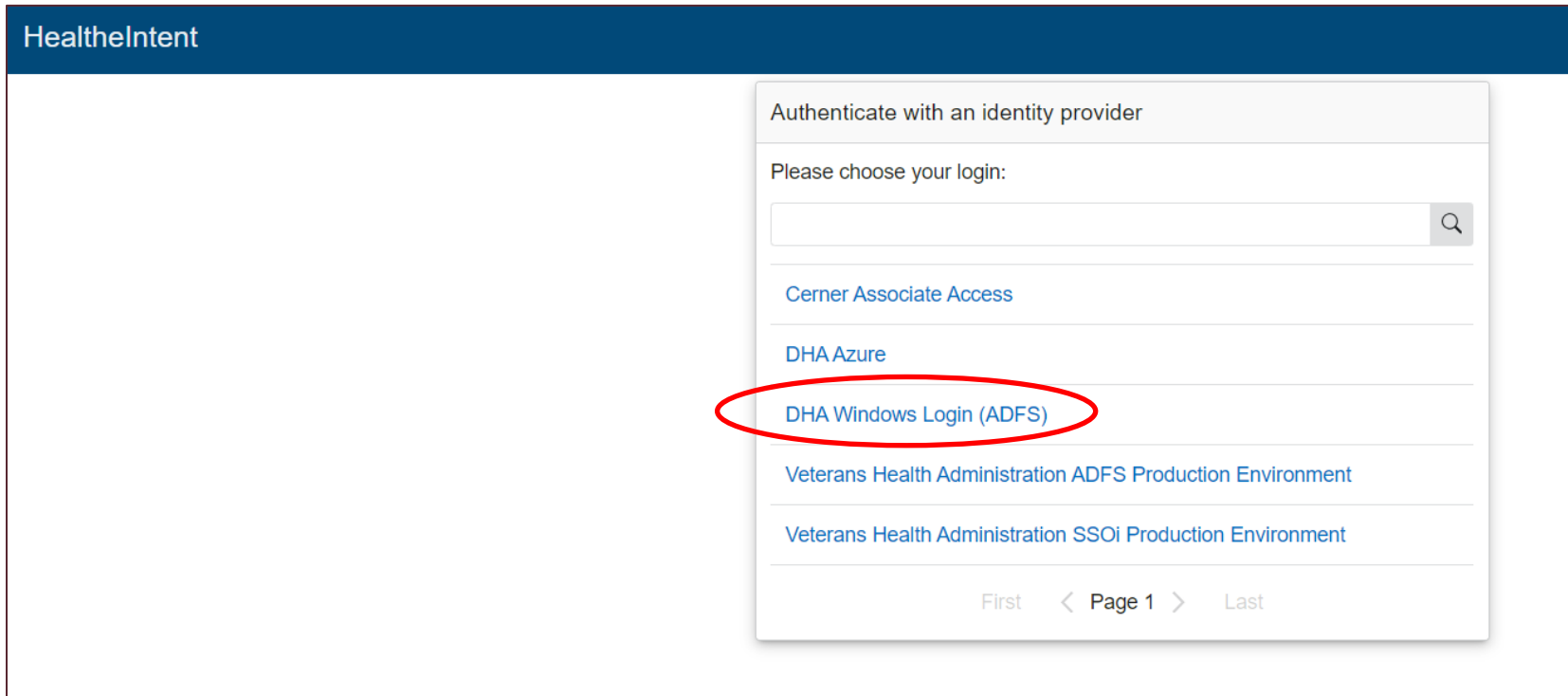
- Review November 2023 and February 2024 Webinar presentation for an overview of HARC reporting , how to run reports, and an overview of additional UBO reports
- <https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Uniform-Business-Office/UBO-Learning-Center/Archived-Webinars>
- Previous presentation also covered summarizing HARC report data using a Pivot Table in Excel

November 2023	<a href="#">HealthAnalytics: Revenue Cycle UBO Reporting Overview</a>	Including review of available reports within the Business Operations Revenue Cycle folder for UBO use as well as, tips, tricks, and best practices.	<ul style="list-style-type: none"> <li>• <a href="#">Presentation</a></li> <li>• <a href="#">Post-Test</a></li> </ul>
February 2024	<a href="#">HealthAnalytics: Revenue Cycle UBO Reporting 201 Overview</a>	Follow on to the HARC Reporting webinar presented in November 2023, giving a more detailed review of some UBO and Patient Accounting specific reports with analysis, tips, and use cases.	<ul style="list-style-type: none"> <li>• <a href="#">Presentation</a></li> <li>• <a href="#">Post-Test</a></li> </ul>



# Running Patient AR Analysis Encounter Report

- Log in to <https://federal.analytics.healthintent.ehr.gov>
- Select the “DHA Windows Login (ADFS)” link.

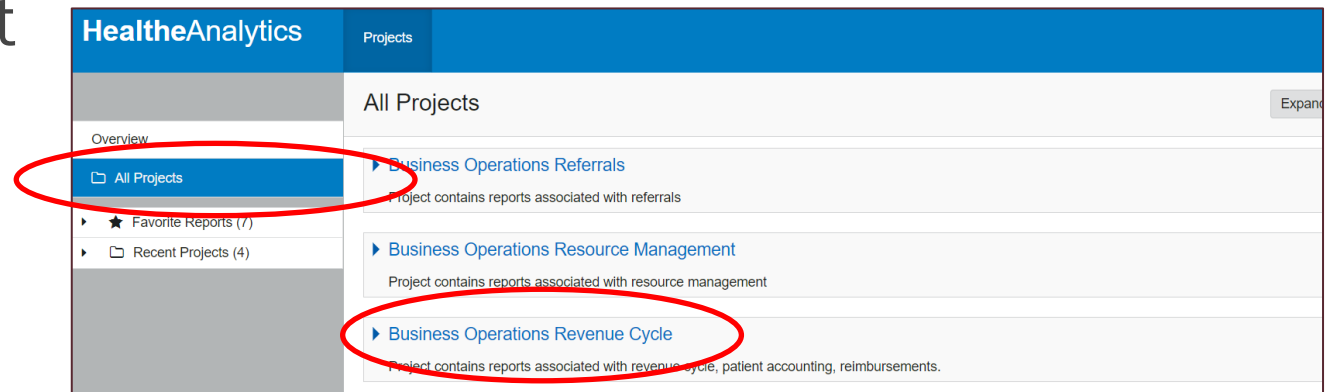
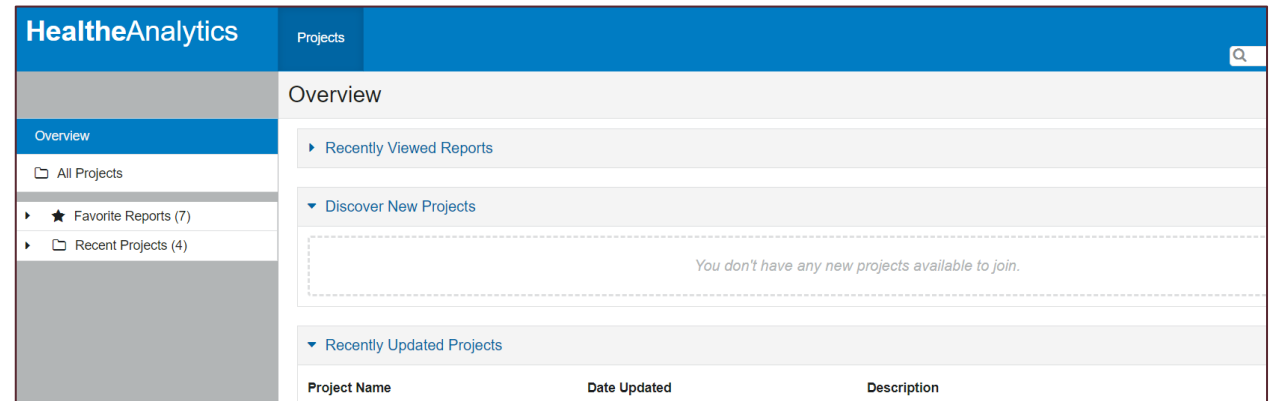


The screenshot shows the HealthIntent login interface. At the top, there is a dark blue header with the text "HealthIntent". Below the header, a white box contains the text "Authenticate with an identity provider". Underneath, it says "Please choose your login:" followed by a search input field with a magnifying glass icon. A list of login options is displayed below the search field, including "Cerner Associate Access", "DHA Azure", "DHA Windows Login (ADFS)", "Veterans Health Administration ADFS Production Environment", and "Veterans Health Administration SSOi Production Environment". The "DHA Windows Login (ADFS)" option is circled in red. At the bottom of the list, there are navigation links: "First", "< Page 1 >", and "Last".



# Running Patient AR Analysis Encounter Report, cont.

- Select the authentication credential on your CAC, select OK.
- Select Ok on the auth.health.mil window.
- Select “All Projects” on the left side of the HealtheAnalytics window.
- Select “Business Operations Revenue Cycle”.



# Running Patient AR Analysis Encounter Report, cont.

- Select FED Patient AR Analysis Encounter report

Projects	
Business Operations Revenue Cycle	
FED Denials Discovery ⓘ	CON-NEW-Denials Discovery (Revenue Cycle)
FED Denials Analysis ⓘ	CON-NEW-Denials Analysis (Revenue Cycle)
FED DNFB Analysis Encounter ⓘ	CON-NEW-DNFB Analysis Encounter (Revenue Cycle)
FED DNFB Discovery Encounter ⓘ	CON-NEW-DNFB Discovery Encounter (Revenue Cycle)
FED Midnight Census Analysis ⓘ	CON-NEW-Midnight Census Analysis (Revenue Cycle)
FED Encounter Demographics Analysis ⓘ	CON-NEW-Encounter Demographics Analysis (Revenue Cycle)
FED Census Management Analysis ⓘ	CON-NEW-Census Management Analysis (Revenue Cycle)
FED Patient AR Discovery Encounter ⓘ	CON-NEW-Patient AR Discovery Encounter (Revenue Cycle)
<b>FED Patient AR Analysis Encounter ⓘ</b>	CON-NEW-Patient AR Analysis Encounter (Revenue Cycle)
FED Patient AR Balance Control ⓘ	CON-NEW-Patient AR Balance Control (Revenue Cycle)
FED Claim Life Cycle Discovery ⓘ	CON-NEW-Claim Life Cycle Discovery (Revenue Cycle)
FED Claim Edit Analysis ⓘ	CON-NEW-Claim Edit Analysis (Revenue Cycle)
FED Claim Edit Discovery ⓘ	CON-NEW-Claim Edit Discovery (Revenue Cycle)
Practice Management (Cerner) ⓘ	Practice Management metrics





# Running Patient AR Analysis Report Filters

- Recommended Filters:
  - Association Type: Select your Facility
  - Balanced Date: Custom, select single date or most recent date that will populate data. There is a system data lag that is typically 1-3 days.
  - Proceed to Summary tab

Prompts and Navigation | Summary | Detail | Information

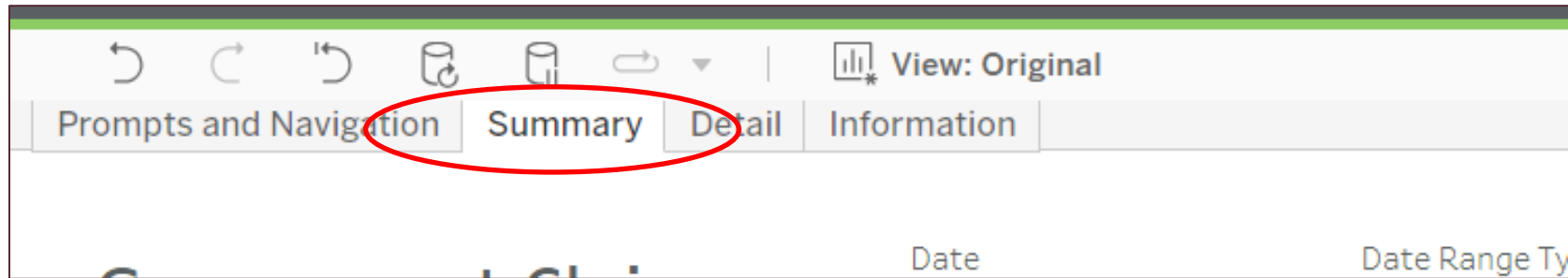
Government Patient AR  
Analysis (Encounter)

Association Type	Association	Balance Date	Custom Date
Facility	(All)	Custom	02/22/2024

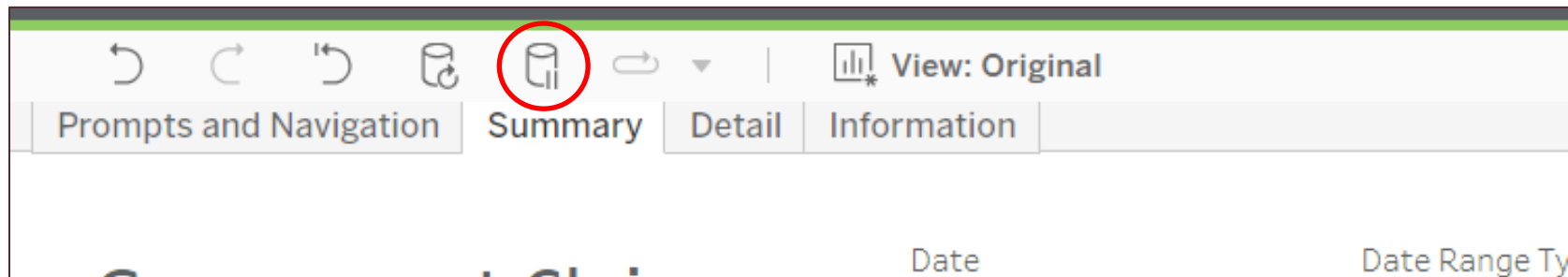


# Running Patient AR Analysis Report Filters, cont.

- Select the “Summary” tab towards the top of the page.



- Before changing any filters on the Summary tab, select the pause icon; the second barrel shaped icon above the “Summary” tab.



# Running Patient AR Analysis Report Filters, cont.

- Recommended Filters:
  - Financial Class: Exclude Tricare and TRICARE2 for smaller data extract (you can run separately if you want to include TRICARE)
  - Encounter Type: Exclude Null, Absent Sick, Between Visit, Care Not Rendered, Dental, Lifetime Pharmacy, Mass Readiness, Mass Vaccine, Outside Documentation Only, Pre Outpatient, Preadmit, Preclinic, PreRecurring, Prereg, Referral Tracking

Primary Financial Class	Secondary Financial Class
(All)	(All)
<input checked="" type="checkbox"/> INTERAGENCY PROSPECTIVE PYMNT <input checked="" type="checkbox"/> INTERAGENCY SF1080 <input checked="" type="checkbox"/> Liability Medical <input checked="" type="checkbox"/> MAC <input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicare 2 <input checked="" type="checkbox"/> Medicare Advantage <input checked="" type="checkbox"/> Medicare Supplement <input checked="" type="checkbox"/> NON GOVERNMENT AGENCY <input checked="" type="checkbox"/> OCC HLTH OWCP <input checked="" type="checkbox"/> OCC HLTH OWCP 2 <input checked="" type="checkbox"/> Other Federal Program <input checked="" type="checkbox"/> Other Non-Federal Programs <input checked="" type="checkbox"/> Point of Service (POS) <input checked="" type="checkbox"/> Preferred Provider Organization (PPO) <input checked="" type="checkbox"/> Secretarial Designee <input checked="" type="checkbox"/> Self Pay <input checked="" type="checkbox"/> SERVICE AFFILIATES <input checked="" type="checkbox"/> Title V <input type="checkbox"/> Tricare <input type="checkbox"/> TRICARE 2 <input checked="" type="checkbox"/> VA Carve Out <input checked="" type="checkbox"/> VA Core <input checked="" type="checkbox"/> VA Humanitarian <input checked="" type="checkbox"/> VA TRICARE <input checked="" type="checkbox"/> Workers Comp	
<input type="button" value="Cancel"/> <input type="button" value="Apply"/>	

Encounter Type	Provider
(All)	Admittin
<input type="checkbox"/> (All) <input type="checkbox"/> Null <input type="checkbox"/> Absent Sick <input type="checkbox"/> Between Visit <input type="checkbox"/> Care Not Rendered <input checked="" type="checkbox"/> Clinic <input checked="" type="checkbox"/> Day Surgery <input type="checkbox"/> Dental <input checked="" type="checkbox"/> Emergency <input checked="" type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Lifetime Pharmacy <input type="checkbox"/> Mass Readiness <input type="checkbox"/> Mass Vaccine <input checked="" type="checkbox"/> Observation <input checked="" type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Outpatient Hold <input checked="" type="checkbox"/> Outpatient in a Bed <input type="checkbox"/> Outside Documentation Only <input type="checkbox"/> PHA <input type="checkbox"/> Pre Outpatient <input type="checkbox"/> Pre TeleHealth <input type="checkbox"/> Preadmit <input type="checkbox"/> Preclinic <input type="checkbox"/> PreRecurring <input type="checkbox"/> Prereg <input checked="" type="checkbox"/> Recurring <input type="checkbox"/> Referral Tracking <input type="checkbox"/> TeleHealth	
<input type="button" value="Cancel"/> <input type="button" value="Apply"/>	



# Exporting Patient AR Analysis Report

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- From here, recommend exporting the data to Excel to further analyze, or develop a summary table within the HARC Analysis report Summary tab
- To export the data to Excel, you must first consolidate all of the Summary view data in order to drill to the Detail tab.
  - Note: The detail tab will not populate by just selecting Detail from the top, you must follow the steps outlined in the HandOuts and in the previous HARC presentation



# Exporting Patient AR Analysis Report, cont.

- Change “Column Grouping 1”, “Column Grouping 2”, “Column Grouping 3”, “Row Grouping 1”, “Row Grouping 2”, “Row Grouping 3”, “Row Grouping 4”, and “Row Grouping 5” to (Blank).

The screenshot displays a configuration window for a report. It features a list of fields on the left and a grid of dropdown menus on the right. The fields listed include: (Blank), Billing Organization, Facility, Source Organization, Nurse Unit Location, Service Connected, Special Authority, Financial Class, Payer, Health Plan, Plan Responsibility Sequence, Admitting Provider, Attending Provider, Verifying Provider, Claim State, Claim Status, and Claim Status Reason. The grid contains dropdown menus for 'Date Range Type' (set to 'Fiscal'), 'Date Range' (set to 'Custom'), 'Financial Class' (set to 'Multiple values'), 'Plan Responsibility Sequence' (set to '(All)'), 'Admitting Provider' (set to '(All)'), 'Attending Provider' (set to '(All)'), 'Verifying Provider' (set to '(All)'), 'Column Grouping 2' (set to '(Blank)'), and 'Column Grouping 3' (set to '(Blank)'). Below the grid, there are four 'Row Grouping' sections, each with a dropdown menu set to '(Blank)'. The 'Claim State' dropdown in the 'Column Grouping 2' section and the 'Claim Status' dropdown in the 'Row Grouping 2' section are circled in red.



# Exporting Patient AR Analysis Report, cont.

- Click Play/Pause icon again to refresh data with all previous filters and changes.
- You should now see a single row populated in the summary table for the filtered data.

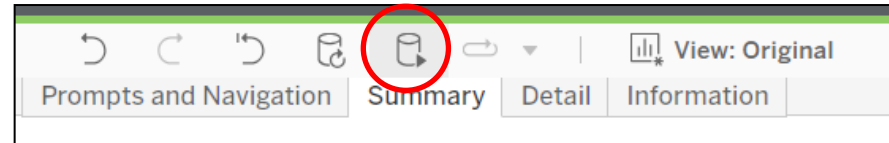


Chart Value: Total Balance Amount

Column Grouping 1: (Blank)

Column Grouping 2: (Blank)

Column Grouping 3: (Blank)

View As:

Value (\$/#)

% of Row Total

% of Column Total

Row Grouping 1: (Blank)


Row Grouping 2:

		Grand Total
	\$18,805,194.50	\$18,805,194.50
Grand Total	\$18,805,194.50	\$18,805,194.50



# Exporting Patient AR Analysis Report, cont.

- In a white cell that is not part of the Grand Total Row, left click and hover over the cell to select “Drill to Detail”.

		Grand Total
	\$18,805,194.50	<input checked="" type="checkbox"/> Keep Only <input type="checkbox"/> Exclude 
Grand Total	\$18,805,194.50	(Blank): (Blank): Total Balance Amount: \$ 18,805,194.50 Encounter Count: 40,010 Avg. Total Balance / Encounter: \$ 470.01 % of Row Total: 100.00% % of Column Total: 100.00% <a href="#">Drill to Detail</a>



# Exporting Patient AR Analysis Report, cont.

- The data should now load in a table on the Detail tab in HARC. Note: It may take a few minutes depending on the size of the report and data. Be vigilant of any session timeout warnings and Select Stay Signed In if the data takes longer than a few minutes

**Government Patient AR Analysis (Encounter)**

Billing Organization: 0029 Naval Medical Center...  
 Facility: 0029 NMC SAN DIEGO  
 Source Organization: (All)  
 Service Connected: (All)  
 Special Authority: (All)  
 Primary Financial Class: (Multiple values)  
 Primary Payer: (All)  
 Primary Health Plan: (All)  
 Secondary Financial: (All)

Billing Organization	Facility	Source Organization	Nurse Unit Location	Service Connected	Special Authority	Patient Room	Balance Status	Total Charge Amount	Total Payment Amount	Total Adjustment Amount	Total Balance Amount	Billed Balance Amount	Unbilled Balance Amount	Account Balance	Gross AR Amount	Patient Full Name	Account
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**Session Timeout Warning**

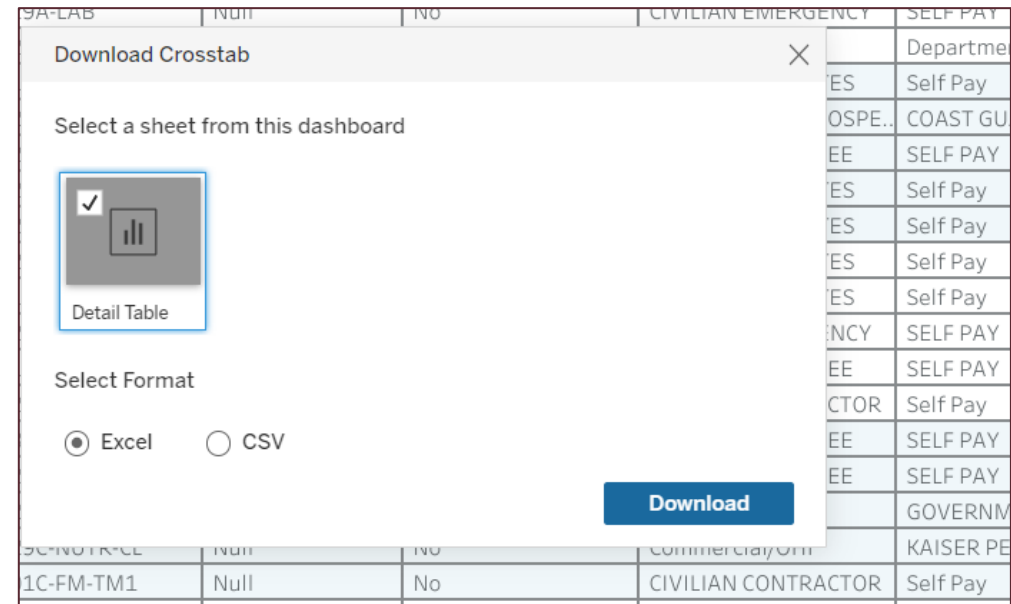
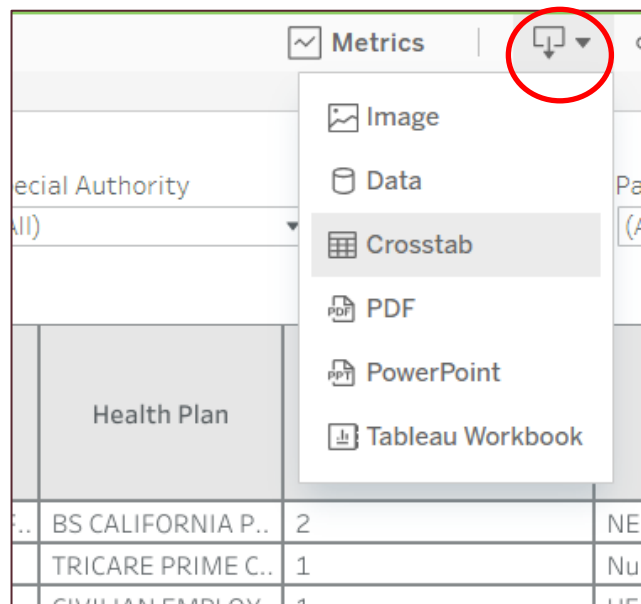
Your session has been inactive and will expire in 55 seconds. Select "Stay Signed In" to extend your session.





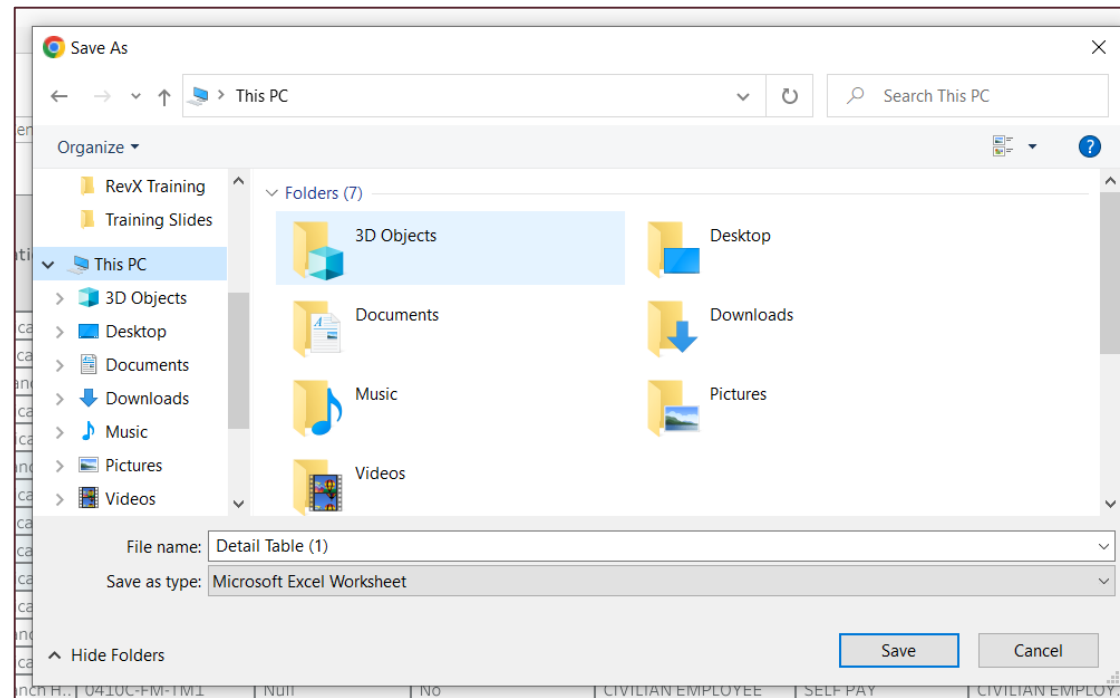
# Exporting Patient AR Analysis Report, cont.

- To export the data to Excel, select from the top right the drop-down button and select 'Crosstab'.
- Select Excel format and click Download.



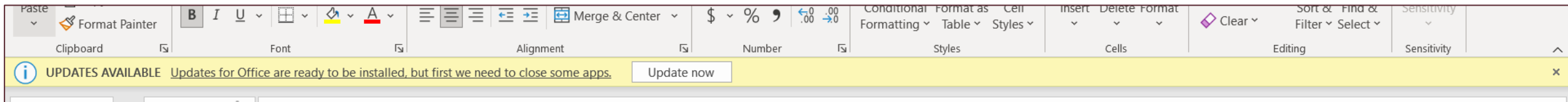
# Exporting Patient AR Analysis Report, cont.

- Re-name and save the report locally or to a shared drive where you store your documents and can retrieve later.



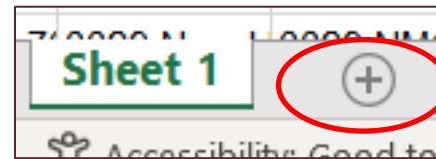
# Summarizing HARC Report Data

- Further summarize HARC report data in Excel using a Pivot Table.
- To create a Pivot Table, open Excel and ensure all banners are accepted or cleared.

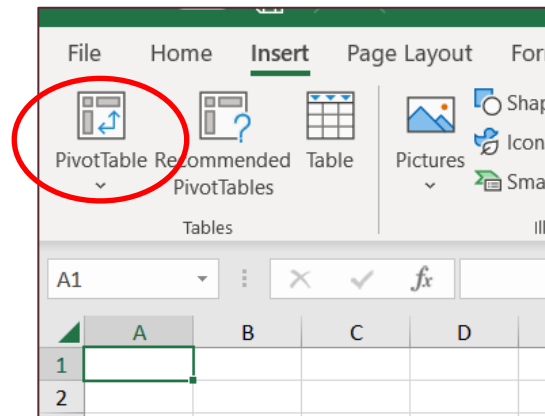


# Summarizing HARC Report Data, cont.

- Create a New Sheet by clicking the Plus button at the bottom of the Workbook.

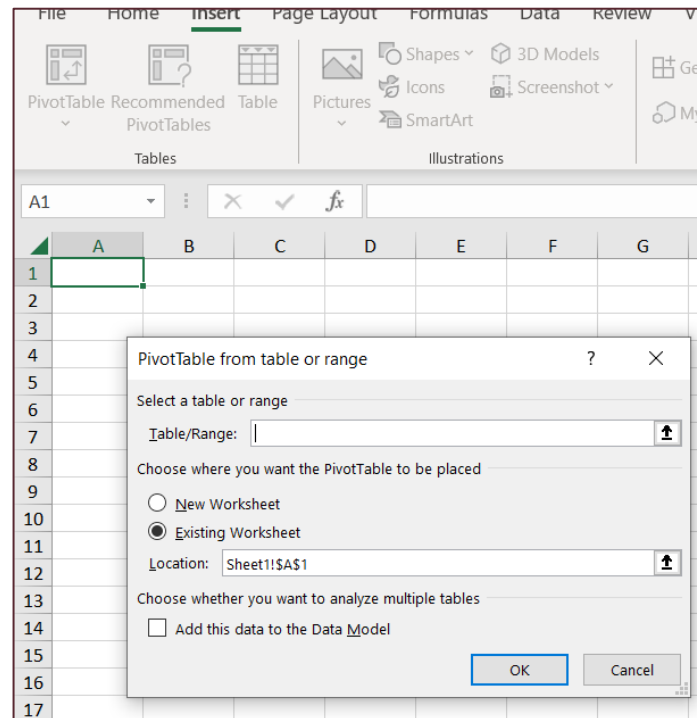


- From the top ribbon, select Insert and then PivotTable.



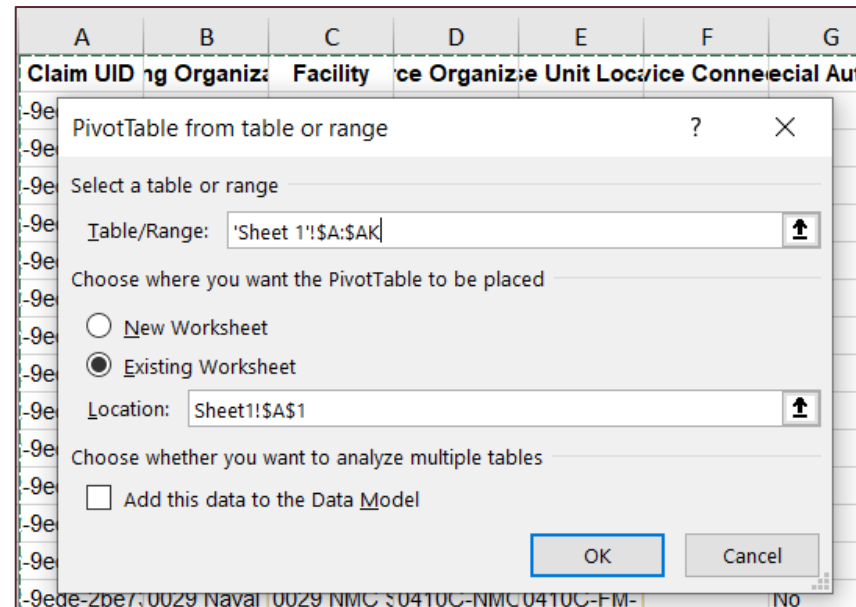
# Summarizing HARC Report Data, cont.

- In the Table/Range field, navigate to Sheet1 with your exported data with the cursor inside Table/Range.



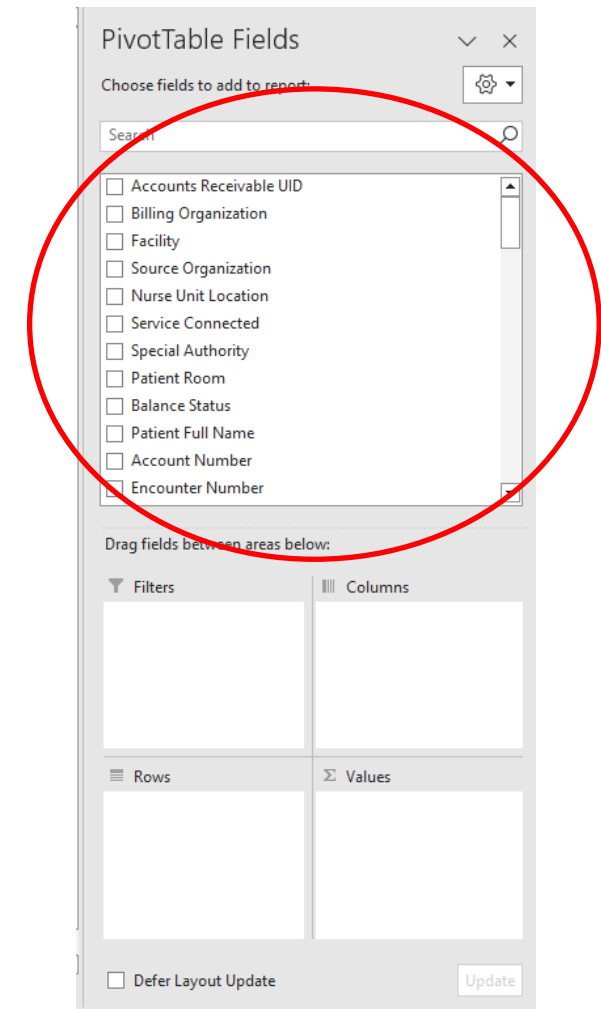
# Summarizing HARC Report Data, cont.

- Select all of your exported data. You can click and hold then move the cursor manually, or use a shortcut by selecting Column A, then on your keyboard Shift + Ctrl + Right arrow.
- Click OK.



# Summarizing HARC Report Data, cont.

- From the PivotTable Fields box that appears on the righthand side of the screen, you can add Filters, Create Rows, Columns, and Values depending on how you would like the data summarized from your exported data.



# Summarizing HARC Report Data, cont.

- Click and drag data fields to summarize data as a Pivot table

The screenshot displays the 'PivotTable Fields' task pane. The top section, 'Choose fields to add to report:', contains a search box and a list of fields with checkboxes. A red circle highlights this list. Below, the 'Drag fields between areas below:' section shows four areas: Filters, Columns, Rows, and Values. An arrow points from the 'Original Bill Age Category' field in the list to its placement in the Columns area of the pivot table layout. The pivot table layout shows 'Original Bill Age Category' in the Columns area, 'Balance Status' in the Rows area, and 'Sum of Total Balance ...' in the Values area.





# Detail Extract – FED Patient AR Analysis Encounter

Column Header	Column Reference
Accounts Receivable UID	Column A
Billing Organization	Column B
Facility	Column C
Source Organization	Column D
Nurse Unit Location	Column E
Service Connected	Column F
Special Authority	Column G
Patient Room	Column H
Balance Status	Column I
Patient Full Name	Column J
Account Number	Column K
Encounter Number	Column L
Patient MRN	Column M
Discharge Age Category	Column N
Last Payment Age Category	Column O
Responsibility Transfer Age Category	Column P
Original Bill Age Category	Column Q
Final Original Bill Age Category	Column R
Actual Arrival Date	Column S
Admission Date	Column T
Discharge Date	Column U

Original Bill Date	Column V
Final Original Bill Date	Column W
Balance Date	Column X
DNFB Status	Column Y
DNFB Reason	Column Z
Hold Reason	Column AA
Primary Financial Class	Column AB
Primary Payer	Column AC
Primary Health Plan	Column AD
Secondary Financial Class	Column AE
Secondary Payer	Column AF
Secondary Health Plan	Column AG
Responsible Financial Class	Column AH
Responsible Payer	Column AI
Responsible Health Plan	Column AJ
Plan Responsibility Sequence	Column AK
Bill Number	Column AL
Last Claim Transmitted Date	Column AM
Primary DRG	Column AN
Primary DRG Weight	Column AO
Collection Agency	Column AP
Encounter Classification	Column AQ

Encounter Type	Column AR
Medical Service	Column AS
Admitting Provider	Column AT
Attending Provider	Column AU
Consulting Provider	Column AV
Supervising Provider	Column AW
Statement Cycle Name	Column AX
Dunning Level	Column AY
Last Action Date	Column AZ
Last Action Personnel	Column BA
Last Action Code	Column BB
Last Action Description (Detail Table)	Column BC
Account Balance	Column BD
Billed Balance Amount	Column BE
Gross AR Amount	Column BF
Total Adjustment Amount	Column BG
Total Balance Amount	Column BH
Total Charge Amount	Column BI
Total Payment Amount	Column BJ
Unbilled Balance Amount	Column BK
Last Action Description	Column BL



# Detail Extract - Important Data Field Descriptions

Data Field	Description	Data Field	Description
Facility	Lists the billing parent MTF	Primary Financial Class	Categorizes and groups patient's primary payer and health plan
Source Organization	Lists the child clinic or DMIS ID where the care occurred, along with the Facility Type (A, C, H, M)	Primary Payer	The patient's primary payer
Balance Status	Categorizes encounter balance as: In-House, DNFB, Billed, or Bad Debt	Primary Health Plan	The health plan associated with the patient's primary payer
Encounter Number	This number is the same as the financial number (FIN) and uniquely identifies the encounter	Secondary Financial Class	Categorizes and groups patient's secondary payer and health plan
Patient MRN	Unique patient identifier, Medical Record Number	Secondary Payer	The patient's secondary payer
Discharge Age Category	Age bucket grouping based on discharge date: 30, 60, 90, 180, 365+	Secondary Health Plan	The health plan associated with the patient's secondary payer
Original Bill Age Category	Age bucket grouping based on bill date: 30, 60, 90, 180, 365+	Bill Number	The unique number used to identify the most recent claim or statement is displayed
Admission Date	Date on which the patient was admitted to the facility for the charge or encounter is displayed	Encounter Type	Grouping of encounter types to classify type of patient care
Discharge Date	Date on which the patient was discharged from the facility for the charge or encounter is displayed	Medical Service	Specific medical type of care the patient received, based on encounter location
Original Bill Date	The date on which the claim was transmitted or the statement or invoice was submitted is displayed	Statement Cycle Name	A statement cycle is a defined set of information that includes how often a statement is generated and the different dunning messages that can be printed on the statement depending on the criteria that the payment meets
Balance Date	Balance date field selected when running report, only one balance date can be reflected in the report	Total Adjustment Amount	Total adjustments applied to encounter
DNFB Status	The status associated with the Discharged, Not Final Billed (DNFB) reason is displayed	Total Balance Amount	Total outstanding balance on the encounter
DNFB Reason	A detailed reason for the DNFB status is displayed	Total Charge Amount	Total outstanding charges on the encounter
Hold Reason	The billing hold reason associated with the encounter is displayed and may be present only for Billed status encounters	Total Payment Amount	Total payments received and posted on the encounter

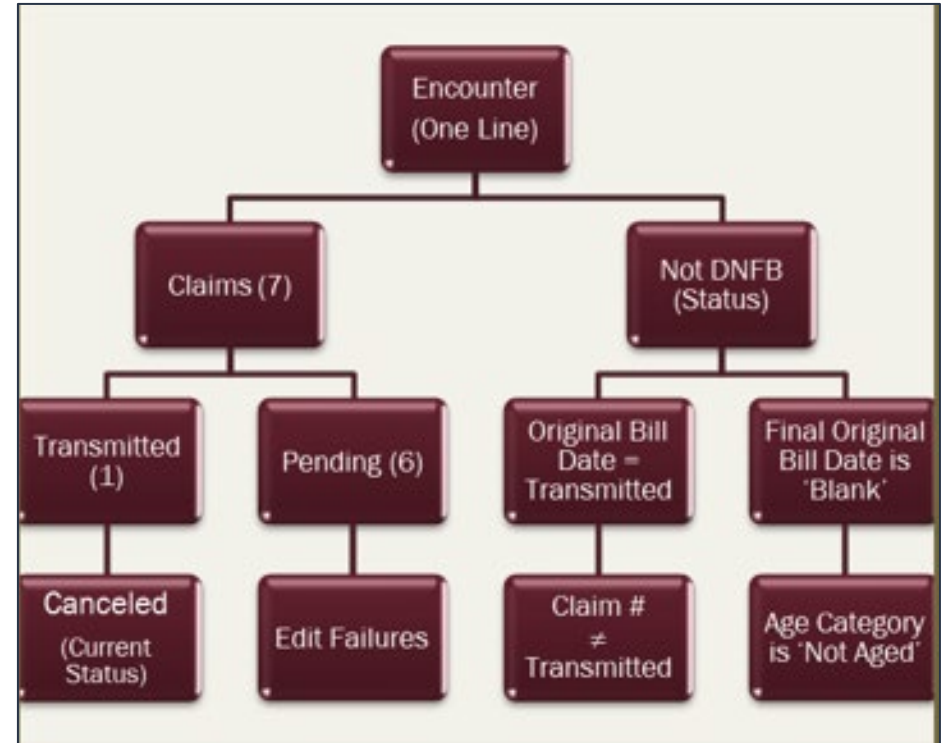


*Improving Health and Building Readiness. Anytime, Anywhere — Always*



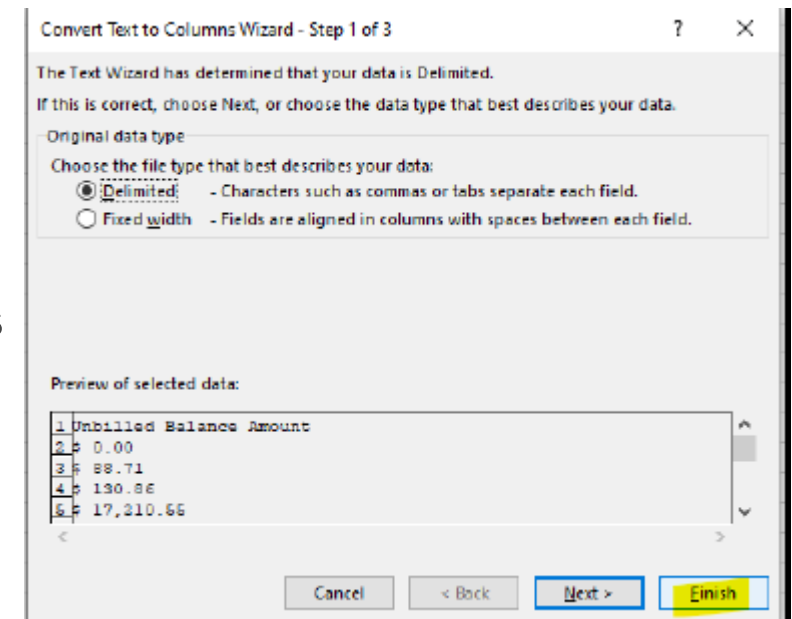
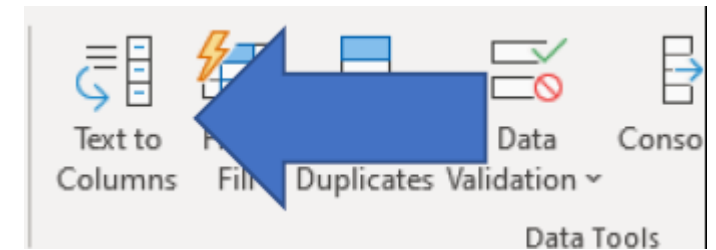
# FED Patient AR Analysis Encounter Use Cases

- Reporting Level: Encounter level, one row per encounter will return on the report
- Report Use Cases:
  - Aging Accounts Receivables (AR)
    - ✓ Tracking Overall Health of Business, snapshot of all AR
    - ✓ Leadership reporting
    - ✓ Timely Filing
  - Monitoring Discharged Not Final Billed (DNFB) encounters
    - ✓ Identifying Credit Balances
  - Patient Responsibility Tracking
    - ✓ Patient Account Summary



# Data Formatting Steps

- Convert Balances from Text
  - Total Balance Column, click above entire column to highlight
  - Go to Data tab in Excel, select From Text to Column button
  - Click Next, and Finish button to convert
  - Right click on pivot table and refresh
- (Optional) Add Not Aged Groupings
- (Optional) Add Financial Class (FC) Groupings
- (Optional) Remove/Identify any test patient records
  - Under Patient Name, remove or mark ZZZ, QQQ name rows to exclude from data
  - Link to Steps: Starting on Pg. 20  
[https://info.health.mil/bus/brm/ubo/\\_layouts/15/DocIdR edir.aspx?ID=C2EHN3SFWHDM-1647691618-130](https://info.health.mil/bus/brm/ubo/_layouts/15/DocIdR edir.aspx?ID=C2EHN3SFWHDM-1647691618-130)



# Analysis of AR Data using Pivot Tables

- Recommended Pivot table:
  - Below is the recommended setup for monitoring Aged AR for monitoring of accounts receivable and reporting to leadership

Aged AR by Category, Financial Class										
	Not Aged	0-30	31-60	61-90	91-120	121-150	151-180	181-365	366+	Grand Total
In-house	\$ 173,925									\$ 173,925
DNFB	\$ 11,453,694									\$ 11,453,694
Billed	\$ 3,573,222	\$ 379,111	\$ 65,261	\$ 112,158	\$ 220,791	\$ 213,439	\$ 193,130	\$ 568,351	\$ 707,498	\$ 6,032,962
Grand Total	\$ 15,200,841	\$ 379,111	\$ 65,261	\$ 112,158	\$ 220,791	\$ 213,439	\$ 193,130	\$ 568,351	\$ 707,498	\$ 17,660,581

Drag fields between areas below:

**Filters**

**Columns**

Original Bill Age Categ... ▼

**Rows**

Balance Status ▼

Primary Financial Class ▼

**Values**

Sum of Total Balance ▼



# Analysis of AR Data by Financial Class

- Click the + to expand Balance Status rows to show the Primary Financial Class:

Aged AR by Category, Financial Class										
	Not Aged	0-30	31-60	61-90	91-120	121-150	151-180	181-365	366+	Grand Total
<b>In-house</b>	\$ 173,925									\$ 173,925
<b>DNFB</b>	\$ 11,453,694									\$ 11,453,694
<b>Billed</b>	\$ 3,573,222	\$ 379,111	\$ 65,261	\$ 112,158	\$ 220,791	\$ 213,439	\$ 193,130	\$ 568,351	\$ 707,498	\$ 6,032,962
Blue Cross/Blue Shield	\$ 46,327	\$ 9,911	\$ 20,249	\$ 5,004	\$ 3,549	\$ 13,209	\$ 10,870	\$ 219,837	\$ 106,529	\$ 435,485
CIVILIAN CONTRACTOR	\$ 81,419	\$ 69	\$ 120	\$ 98	\$ 121			\$ 271	\$ 1,212	\$ 83,310
CIVILIAN EMERGENCY	\$ 1,391,471	\$ 6,399	\$ 145	\$ 323		\$ 1,549	\$ 698	\$ 8,398	\$ 17,812	\$ 1,426,794
CIVILIAN EMPLOYEE	\$ 1,096,989	\$ 877	\$ 729	\$ 901	\$ 637	\$ 1,038	\$ 11	\$ 2,724	\$ 4,996	\$ 1,108,902
Commercial/OHI	\$ 56,746	\$ 102,980	\$ 62,634	\$ 82,020	\$ 192,124	\$ 181,166	\$ 217,977	\$ 303,446	\$ 178,031	\$ 1,377,124
DOD-VA SHARING	\$ (39)	\$ 241,549	\$ (32,517)	\$ 3,105	\$ 19,940	\$ (20,206)	\$ (28,680)	\$ 20,377	\$ 180,013	\$ 383,542
FOREIGN AFFILIATES	\$ 232,854									\$ 232,854
HMO									\$ 432	\$ 432
INTERAGENCY PROSPECTIVE PYMNT	\$ 261,141									\$ 261,141
INTERAGENCY SF1080	\$ 73,682	\$ 12,620	\$ 10,286	\$ 9,163	\$ 776	\$ 536	\$ (19,311)	\$ 3,777	\$ 133,182	\$ 224,710
MAC		\$ 4,707	\$ 3,546	\$ 10,750	\$ 3,644	\$ 36,146	\$ 11,565	\$ 9,521	\$ 84,053	\$ 163,932
Medicare Supplement				\$ 794						\$ 794
NON GOVERNMENT AGENCY	\$ 1,290		\$ 69							\$ 1,359
Secretarial Designee	\$ 11,534								\$ 811	\$ 12,344
Self Pay									\$ 426	\$ 426
SERVICE AFFILIATES	\$ 319,809									\$ 319,809
<b>Grand Total</b>	<b>\$ 15,200,841</b>	<b>\$ 379,111</b>	<b>\$ 65,261</b>	<b>\$ 112,158</b>	<b>\$ 220,791</b>	<b>\$ 213,439</b>	<b>\$ 193,130</b>	<b>\$ 568,351</b>	<b>\$ 707,498</b>	<b>\$ 17,660,581</b>

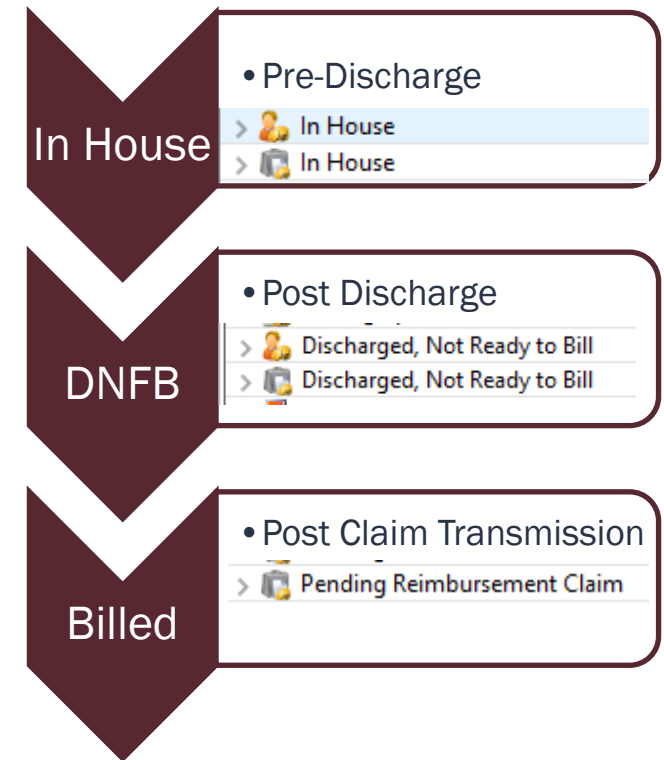


# Encounter Balance Status

Aged AR by Category, Financial Class	
<b>In-house</b>	\$
<b>DNFB</b>	\$ 11
<b>Billed</b>	\$ 3
Blue Cross/Blue Shield	\$
CIVILIAN CONTRACTOR	\$
CIVILIAN EMERGENCY	\$ 1
CIVILIAN EMPLOYEE	\$ 1
Commercial/OHI	\$
DOD-VA SHARING	\$
FOREIGN AFFILIATES	\$
HMO	
INTERAGENCY PROSPECTIVE PYMNT	\$
INTERAGENCY SF1080	\$
MAC	
Medicare Supplement	
NON GOVERNMENT AGENCY	\$
Secretarial Designee	\$
Self Pay	
SERVICE AFFILIATES	\$
<b>Grand Total</b>	<b>\$ 15</b>

- Report breaks down AR into the following three Balance Statuses:

- In-House:** Encounter not yet discharged, but accruing charges.
- DNFB:** Encounter is discharged, but not final billed. Hold reason present.
- Billed:** Encounter has qualified as “Billed” per the defined qualifications. Hold may still be present.



# Aging Groups

	Not Aged	0-30	31-60	61-90	91-120	121-150	151-180	181-365	366+	Grand Total
	\$ 173,925									\$ 173,925
	\$ 11,453,694									\$ 11,453,694
	\$ 3,573,222	\$ 379,111	\$ 65,261	\$ 112,158	\$ 220,791	\$ 213,439	\$ 193,130	\$ 568,351	\$ 707,498	\$ 6,032,962
	\$ 46,327	\$ 9,911	\$ 20,249	\$ 5,004	\$ 3,549	\$ 13,209	\$ 10,870	\$ 219,837	\$ 106,529	\$ 435,485
	\$ 81,419	\$ 69	\$ 120	\$ 98	\$ 121			\$ 271	\$ 1,212	\$ 83,310
	\$ 1,391,471	\$ 6,399	\$ 145	\$ 323		\$ 1,549	\$ 698	\$ 8,398	\$ 17,812	\$ 1,426,794
	\$ 1,096,989	\$ 877	\$ 729	\$ 901	\$ 637	\$ 1,038	\$ 11	\$ 2,724	\$ 4,996	\$ 1,108,902
	\$ 56,746	\$ 102,980	\$ 62,634	\$ 82,020	\$ 192,124	\$ 181,166	\$ 217,977	\$ 303,446	\$ 178,031	\$ 1,377,124
	\$ (39)	\$ 241,549	\$ (32,517)	\$ 3,105	\$ 19,940	\$ (20,206)	\$ (28,680)	\$ 20,377	\$ 180,013	\$ 383,542
	\$ 232,854									\$ 232,854
									\$ 432	\$ 432
NT	\$ 261,141									\$ 261,141
	\$ 73,682	\$ 12,620	\$ 10,286	\$ 9,163	\$ 776	\$ 536	\$ (19,311)	\$ 3,777	\$ 133,182	\$ 224,710
		\$ 4,707	\$ 3,546	\$ 10,750	\$ 3,644	\$ 36,146	\$ 11,565	\$ 9,521	\$ 84,053	\$ 163,932
				\$ 794						\$ 794
	\$ 1,290		\$ 69							\$ 1,359
	\$ 11,534								\$ 811	\$ 12,344
									\$ 426	\$ 426
	\$ 319,809									\$ 319,809
	\$ 15,200,841	\$ 379,111	\$ 65,261	\$ 112,158	\$ 220,791	\$ 213,439	\$ 193,130	\$ 568,351	\$ 707,498	\$ 17,660,581

- Age groupings total the outstanding balances of encounters by the Bill Age
- Not Aged should be categorized differently owing to balance status: In House, DNFB, or Billed
- Aged groups are the number of days from the Bill Date





# Report Aging and Total Balance Field

## ORIGINAL\_BILL\_AGE and FINAL\_ORIGINAL\_BILL\_AGE:

Fields and corresponding aging buckets are based on the first and latest dates from the primary benefit order(s):

1. Transmit date from an OHI/DOD-VA SHARING claim
2. Submit date from a patient statement if the encounter is self pay primary

Total Balance = Total Charges - Total Payments - Total Adjustments

- Aging can be broken into ORIGINAL\_BILL\_AGE and FINAL\_ORIGINAL\_BILL\_AGE fields in the report to age off bill date
  - Aging may also be created based off DISCHARGE\_AGE
  - Note: Discharge Aging Category will not Age DNFB Balance Status

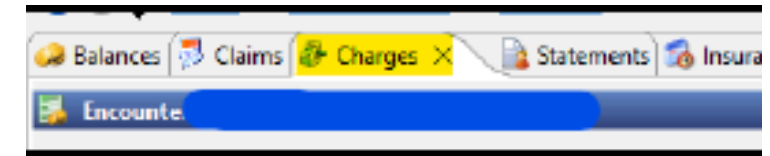


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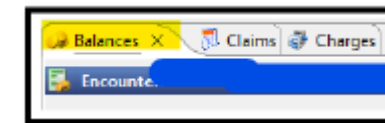
# Calculating Total Balance

Report Data Field	Description
Total Charge Amount	Sum of Charges Tab
Total Payment Amount	Insurance and Self Pay Transactions Tab - Payments
Total Adjustment Amount	Insurance and Self Pay Transactions Tab - Adjustments
Total Balance Amount	Sum of Balances Tab



Type	Date	Activity Date	AR GL Date	Reversed Date	Transferred Date	Original Amount	Amount	Alias
Payment	12/12/2023	12/22/2023	12/23/2023			(\$26,686.34)	(\$26,686.34)	4500

Type	Date	Activity Date	AR GL Date	DNFB Status and Holds	Reversed Date	Original Amount	Amount	Alias
Adjustment	12/12/2023	12/22/2023	12/23/2023			(\$26,686.34)	(\$26,686.34)	4500



- Total Balance field is used to display the Total Encounter Balance based off the report run date (Balance Date) and represents Total Charges minus Total Payments and/or Adjustments at the Encounter Level



# HARC Default Summary Table Rows and Columns

- If you are not in need of detail for reporting, exporting isn't necessary:

Chart Value	Column Grouping 1	Column Grouping 2	Column Grouping 3				
Total Balance Amount	Discharge Age Category	(Blank)	(Blank)				
View As:		<b>Not Aged</b>	<b>DNFB</b>	<b>0-30</b>	<b>31-60</b>	<b>61-90</b>	<b>91-120</b>
<input checked="" type="radio"/> Value (\$/#)	<b>Blue Cross/Blue Shield</b>	\$74.69	\$206,209.19	\$4,597.57	\$23,987.75	\$21,673.39	\$24,738.76
<input type="radio"/> % of Row Total	<b>CIVILIAN CONTRACTOR</b>	\$0.00	\$13,275.37	\$2,415.13	\$951.07	\$5,561.94	\$2,595.50
<input type="radio"/> % of Column Total	<b>CIVILIAN EMERGENCY</b>	\$10,313.68	\$46,268.40	\$4,796.60	\$46,967.32	\$9,591.07	\$5,626.14
Row Grouping 1:	<b>CIVILIAN EMPLOYEE</b>	\$0.00	\$39,596.57	\$6,221.56	\$9,989.10	\$26,051.59	\$14,857.11
Primary Financial Class	<b>Commercial/OHI</b>	\$9,116.99	\$174,297.43	\$7,163.63	\$27,247.96	\$6,590.90	\$36,897.07
Row Grouping 2:	<b>DOD-VA SHARING</b>	\$652,970.54	\$9,429,695.12	\$72,548.72	\$810,500.62	\$742,744.36	\$923,868.47
Primary Payer	<b>FOREIGN AFFILIATES</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Row Grouping 3:	<b>INTERAGENCY PROSPEC..</b>	\$3,037.90	\$496,745.29	\$4,511.34	\$15,301.34	\$21,171.25	\$28,488.96
Primary Health Plan	<b>INTERAGENCY SF1080</b>	\$161.48	\$16,721.57	\$8,135.15	\$6,966.84	\$4,110.35	\$10,292.77
Row Grouping 4:	<b>MAC</b>	\$0.00	\$4,647.26	\$0.00	\$469.59	\$1,029.07	\$2,807.94
Balance Status	<b>Medicare 2</b>	\$0.00	\$596.73	\$0.00	\$0.00	\$0.00	\$0.00
Row Grouping 5:	<b>Medicare Advantage</b>	\$0.00	\$223.26	\$0.00	\$0.00	\$0.00	\$0.00
(Blank)	<b>Medicare Supplement</b>	\$0.00	\$9,315.18	\$9.89	\$686.24	\$0.00	\$0.00
	<b>NON GOVERNMENT AGE..</b>	\$0.00	\$235.20	\$0.00	\$0.00	\$0.00	\$0.00
	<b>OCC HLTH OWCP</b>	\$169.32	\$15,889.37	\$0.00	\$8.79	\$136.38	\$515.85
	<b>Self Pay</b>	\$1,281.70	\$644,016.34	\$0.00	\$0.00	\$0.00	\$0.00
	<b>SERVICE AFFILIATES</b>	\$0.00	\$5,112.53	\$1,372.41	\$2,076.63	\$4,696.50	\$6,568.13
	<b>VA Humanitarian</b>	\$0.00	\$301.43	\$0.00	\$0.00	\$0.00	\$0.00
	<b>Grand Total</b>	<b>\$677,126.30</b>	<b>\$11,103,146.24</b>	<b>\$111,772.00</b>	<b>\$945,153.25</b>	<b>\$843,356.80</b>	<b>\$1,057,256.70</b>



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# Monitoring DNFB – Pivot Table

- Recommended Pivot table:
  - Below is the recommended setup for monitoring DNFB to determine top DNFB Statuses and Hold reasons preventing timely billing

Primary Financial Class	(Multiple Items)	
		Sum of Total Balance
+ In-house	\$	173,925
- DNFB	\$	11,453,694
+ Bill Suppression	\$	7,680,622
+ Correction Required	\$	930,589
+ Credit Balance	\$	(5,049)
+ Held in Scrubber	\$	210,547
+ Ready to Bill	\$	1,160,849
+ Standard Delay	\$	139,808
+ Waiting for Coding	\$	1,336,328
+ Billed	\$	6,032,962
<b>Grand Total</b>	<b>\$</b>	<b>17,660,581</b>

Drag fields between areas below:

Filters	Columns
Primary Financial Class ▼	
Rows	Σ Values
Balance Status ▼	Sum of Total Balance ▼
DNFB Status ▼	
DNFB Reason ▼	
Hold Reason ▼	



# Monitoring DNFB – Pivot Table Expanded

- Use the + to expand the Balance Statuses by DNFB Status/Reason, or use the Primary Financial Class Filter to identify top statuses and hold reasons by health plan grouping

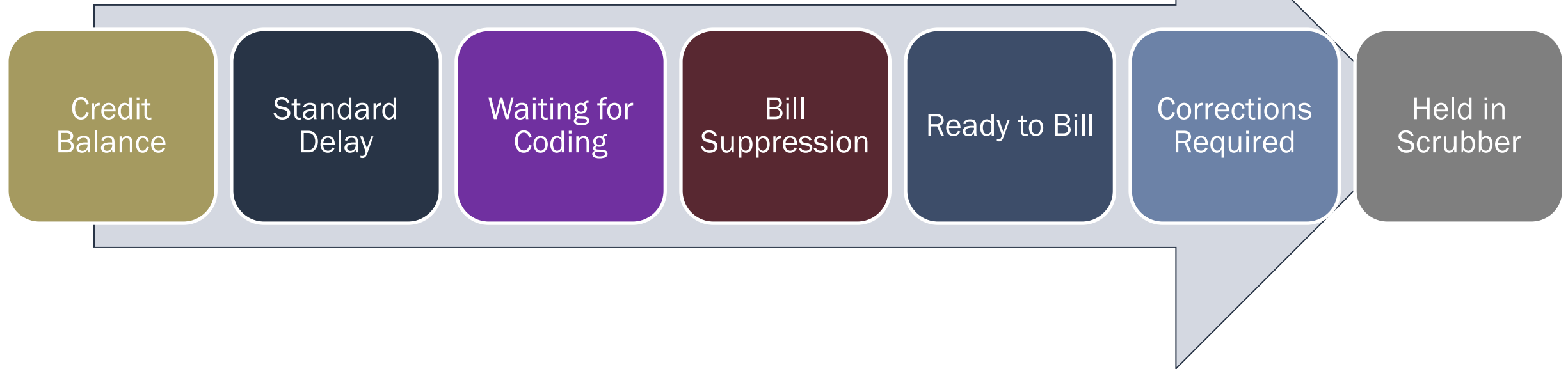
The screenshot shows a software interface with a filter menu and a pivot table. The filter menu is open, showing options like 'Blue Cross/Blue Shield', 'CIVILIAN CONTRACTOR', 'CIVILIAN EMERGENCY', 'CIVILIAN EMPLOYEE', 'Commercial/OHI', and 'COSMETIC'. The pivot table shows a list of items with a 'Sum of Total Balance' column. The items are sorted by balance, with the highest balance at the top.

Primary Financial Class	(Multiple Items)	
		Sum of Total Balance
<b>DNFB</b>		\$ 11,453,694
<b>Bill Suppression</b>		\$ 7,680,622
+ DOD Conversion Hold		\$ 1,398,788
+ DOD CRS Statement Suppression		\$ 3,117
+ DOD Hold NDAA 716 CRS Patient		\$ 429,476
+ DOD NDAA Pre-716 RevSpring Excl System H		\$ 124,522
+ DOD Professional Waiting for Coding (3M)		\$ 70,149
+ Foreign Military Review		\$ 3,144
+ Hold Claims		\$ 18,019
+ Patient Profile Review		\$ 5,326,260
+ Pending Registration Modification		\$ 300
+ Room and Bed/LOS Mismatch		\$ 306,845
<b>Waiting for Coding</b>		\$ 1,336,328
<b>Ready to Bill</b>		\$ 1,160,849
<b>Correction Required</b>		\$ 930,589
<b>Held in Scrubber</b>		\$ 210,547
<b>Standard Delay</b>		\$ 139,808
<b>Credit Balance</b>		\$ (5,049)
<b>Billed</b>		\$ 6,032,962
<b>In-house</b>		\$ 173,925
<b>Grand Total</b>		\$ 17,660,581



# Understanding the DNFB Priority

- DNFB Status is determined by the hold priority, and it can only be one status per encounter. Accounts will only show up in the category with the higher priority in the DNFB hierarchy.



# DNFB Status and Holds

DNFB Status	Description
Bill Suppression	A hold is applied to the encounter where the hold has either "Statement Suppression" or "Claim Suppression." Bill Suppression status can further be broken out and categorized by DNFB Reason.
Correction Required	Bill is generated but is in a Pending Status with a Status reason of "Correction Required."
Held In Scrubber	Claim has been generated and is in an external scrubber, but hasn't transmitted to payer.
Credit Balance	No charges have been applied to the encounter and it has a credit balance.
Ready to Bill	Encounter is Ready to Bill. Once Claim/Statement is transmitted it will be removed from DNFB.
Standard Delay	This is a client defined period of time (usually a few days) that allows charges to be dropped. Inpatient = 4 days, Observation = 3 days, all other encounter types = 2 days in Standard Delay.
Waiting for Coding	A Waiting for coding hold is applied, pending coding completion.

- DNFB “Bill Suppression” and “Waiting for Coding” can further be broken down by DNFB or Hold Reason



# DNFB Status and Holds

The screenshot displays a software interface for managing patient accounts. A navigation menu on the left includes options like Balance Summary, Balances, Billing Holds (selected), Charges, Claims, and Correspondence. The main window shows the 'Billing Holds' tab for a patient account. A search bar and a 'Filters' dropdown are visible. Below, two tables show the results of the search. The first table has one entry: 'Room and Bed/LOS Mismatch' dated '08/30/2023'. The second table has two entries: 'DOD Professional W...' dated '09/26/2024' and 'Waiting for Coding' dated '09/26/2024'.

Hold	Date
Room and Bed/LOS Mismatch	08/30/2023

Hold	Date
DOD Professional W...	09/26/2024
Waiting for Coding	09/26/2024

- Billing Holds can be found within the Billing Holds tab within Revenue Cycle
- Only one billing hold can be listed per encounter row in the report, but many holds may be on the encounter in RevenueCycle
- Bill Suppression priority is based on Claim or Statement Suppression hold priority





# FED Patient AR Analysis DNFB Bill Suppression

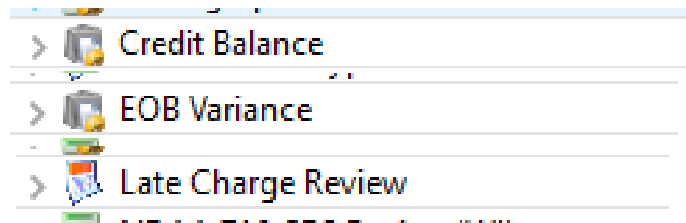
DNFB Status	DNFB/Hold Reason	Description	Work Item	Functional Ownership
Bill Suppression	DOD Professional Waiting for Coding (3M)	Billing hold applied to the account as it waits to be “final coded” in 3M Encoder by Coding for professional services.	DOD Profee Coding - High Level E&M, 3M Profee Coding, DOD Profee Coding - Recurring Monthly, DOD Profee Coding-Inpatient, DOD 3M Profee Coding - Post Discharge	Coding
Bill Suppression	DOD IP Room and Bed Clean Up	Billing work item applied to Inpatient encounters requiring Room and Bed rate price toggling for incorrect daily charges.	DOD IP Room and Bed Clean up	UBO/LPDH
Bill Suppression	DOD Pharmacy Clean Up	Billing work item applied to encounters with pharmacy charges requiring price toggling for incorrect pharmacy charges: either 100% mark-up incorrectly applied, or no DoD-VA Sharing discount applied.	DOD Pharmacy Clean Up	UBO/LPDH
Bill Suppression	Room and Bed/LOS Mismatch	Inpatient encounters that have a length of stay that doesn’t match the number of Room & Board charges. System drops a Room and Board charge nightly for patients’ overnight stays to capture facility fees.	DOD Room and Bed/LOS Mismatch	Clinical Ownership/RI
Bill Suppression	Patient Profile Review	Encounters flagged and held due to their Profile/PIP registration being incorrect. Correction of the Profile/PIP is required for accurate reporting and downstream billing.	DOD Incorrect Coordination of Benefits, DOD Self-Pay Only, DOD Pending DEERs Benefits Eligibility, DOD Missing Identification	PAD Registration
Bill Suppression	OCE Lab Edits	This work item queues up non-inpatient encounters with Lab CPT combinations on same date of service (DOS) requiring a Modifier. Following standard Medicare Outpatient Code Editor (OCE) billing requirements.	DOD OCE Lab Edits: 80048, 80051, 80069, 81003, 82575, 82945, 84160, 85-25, 86141, 80076, 80053	Coding
Bill Suppression	DOD Conversion Hold	Hold is applied at Go-live to In-house patient’s to ensure charges get captured appropriately in RevX.	DOD Conversion Claim Suppression, DOD OCONUS Conversion Hold	Coding/UBO/LPDH
Bill Suppression	Hold Claims	Flags and holds VA-Sharing encounters missing an Authorization for billing.	DoD-VA Sharing Authorization Missing	UBO
Bill Suppression	Pending Registration Modification	Encounters holding due to the registration information update, but charges haven’t completed processing. Patient Identification Process (PIP), consisting of the patient profile and health plan may be updated if registered incorrectly or at a later date.		PAD Registration
Bill Suppression	Trauma Team Response	Flags and holds Emergency Department (ED) visits that are indicated as qualifying for Trauma Activation for HIM to validate. Trauma Activation charges have an increased rate	DOD Trauma Team Response	Coding

# FED Patient AR Analysis DNFB Bill Suppression, cont.

DNFB Status	DNFB/Hold Reason	Description	Work Item	Functional Ownership
Bill Suppression	DOD CRS Statement Suppression	Patient balances flagged to be transferred to Department of Treasury Centralized Receivables Service (CRS) for collection.	DOD CRS Encounter Review	UBO
Bill Suppression	Possible Two Midnight	Patient encounters registered with a Medicare health plan and having an Inpatient encounter spanning less than two midnights to be reviewed for medical necessity.	DOD Possible Two Midnight	Clinical Ownership - Discharge Planning Staff
Bill Suppression	Hold Due to Combine	Patient encounters registered with a Medicare health plan, this hold is applied to all Outpatient encounters and retains for 72-hours before falling off if the patient does NOT qualify for the CMS 72-hour rule.	DOD 72HR- MR- Combine, DOD 72HR-NMR-Move Diagnostic/Therapeutic Charges, DOD Same Day Encounters Combine, DOD 72HR-Medically Related Assessment	HIM/Coding
Bill Suppression	Billing Combine Hold	If the encounter does qualify for CMS's 72 hour rule, these queue up for the HIM department to review medical relatedness between the Outpatient & Inpatient visit.		UBO
Bill Suppression	Pending GL Alias Classification	Research required.		UBO
Bill Suppression	Ambulance Review	Encounters with the Ambulance charge HCPCS code captured for UBO to review prior to billing.	DOD Ambulance Review	UBO
Bill Suppression	Physician Note Review	Ambulatory visits that didn't have their physician note signed clinically to prevent billing.	DOD Physician Note Review	Coding
Bill Suppression	Charge Review	Hold is leveraged for a few different Work Items including: 'Between Visit Encounter w/ Charges', 'Charge Review', 'ECS Reconciliation'. The highest volume of these is likely the Between Visit Encounter work items.	DOD ECS Reconciliation, DOD Charge Review (Medical - Ambulatory), DOD Between Visit Encounter w/ Charges	UBO
Bill Suppression	Professional Coding Hold	Hold used on all Profee Coding work items to hold professional claims until that portion of coding was complete		Coding

# Credit Balances

- Credit Balances are negative AR balances remaining on encounters that will queue up in various Revenue Cycle work queues for correction such as EOB Variance, Credit Balance, and Late Charges
- Re-run report and on the Summary page, select only AR – Credit from the Balance Type dropdown before running report

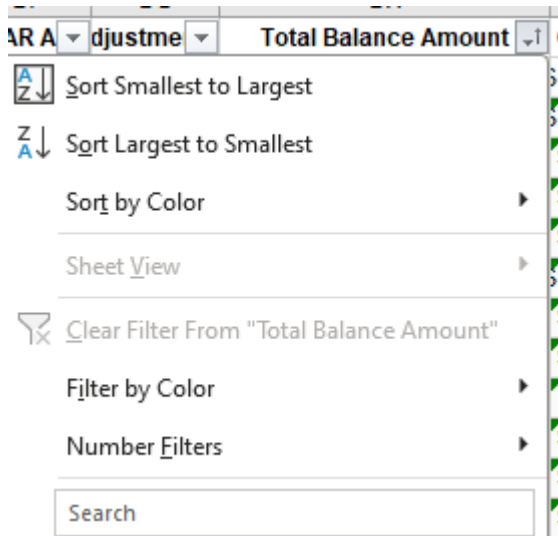


Encounter Type II)	Provider Type Admitting Provi...	DNFB Reason (All)	Source Description LCAH:NCR_MILLENN
Charge Category Type Charge Age Category	Provider (All)	Balance Type (All)	
Charge Category II)	DNFB Status (All)	<input type="checkbox"/> (All) <input checked="" type="checkbox"/> AR - Credit <input type="checkbox"/> AR - Debit <input type="checkbox"/> AR - Zero	
		<input type="button" value="Cancel"/> <input type="button" value="Apply"/>	

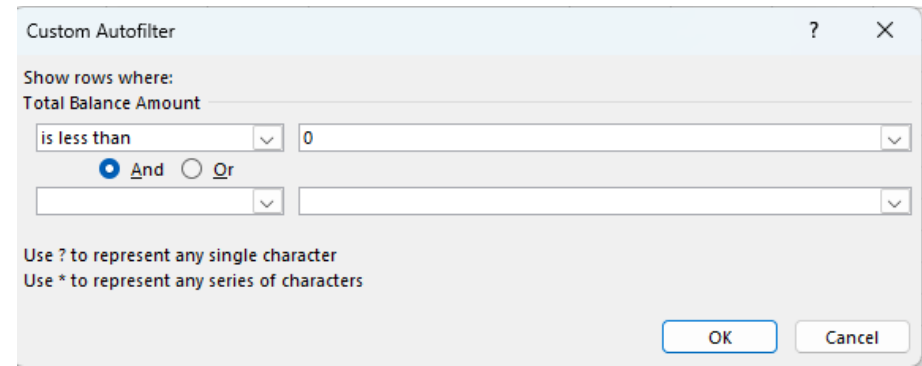
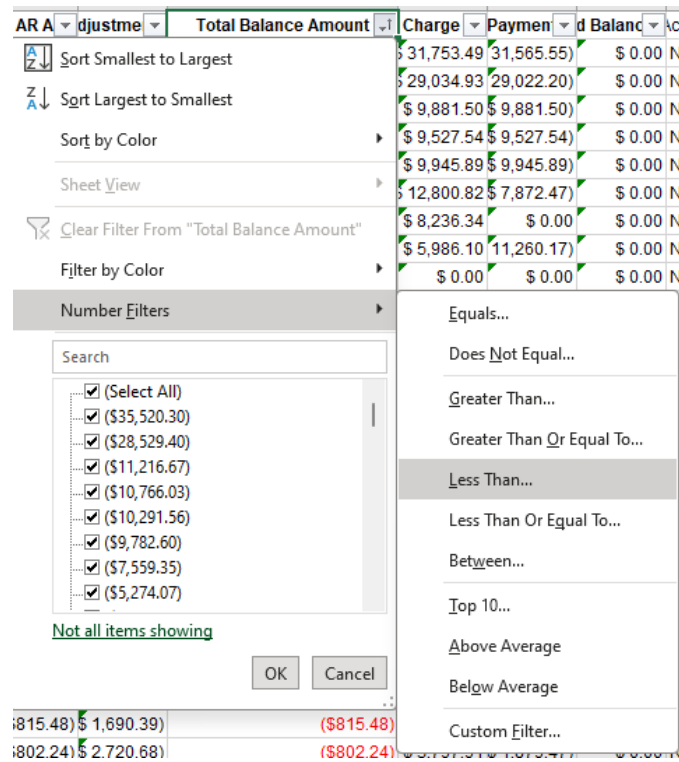


# Credit Balances Steps

- This reporting can identify Credit Balances separately, sort Total Balance column by Smallest to Largest, or filter by Balances Less than Zero



OR



# Patient Responsibility

- Report may also be used to summarize Patient Account information and review Statement Cycle or Submitted Status Self Pay patients
  - Use the below pivot to review this information
  - Use Primary Financial Class and Billed Status to limit the data the pivot will group all encounters by Patient MRN

Drag fields between areas below:

Filters	Columns
Primary Financial Class ▼	
Balance Status ▼	
Rows	Values
Patient MRN ▼	Sum of Total Balance ▼
Patient Full Name ▼	
Statement Cycle Name ▼	
Bill Number ▼	

Primary Financial Class	(Multiple Items)	▼
Balance Status	Billed	▼



# Statement Cycle Name and Bill Date

- The Statement Cycle Name, Bill Number, and Bill Date can all be used to determine whether statements have been generated and submitted for Self Pay billing
- The Statement Cycle name will differ based on type of billing: SF1080, MSA, FMR, CRS, etc.

The screenshot displays a software interface with a window titled "Statement Cycle Name". Below the title bar, there is a search bar containing the text "MTF SF1080 Billed". A list of items is shown with checkboxes:

- (Select All)
- 0029 Naval Medical Center San Diego Collections
- 0029 Naval Medical Center San Diego FMR (I&R 2.0)
- 0029 Naval Medical Center San Diego MSA-Public
- 0029 Naval Medical Center San Diego SP No Payment 1
- MTF Centralized Receivables Service (CRS)
- MTF SF1080 Billed
- MTF SF1080 Ready to Bill
- (Blanks)

Below the list, there are two filter controls:

- A "Bill Number" dropdown menu.
- An "Original Bill Date" dropdown menu showing the date "04/30/2024".



# Additional Resources

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- DHA UBO Revenue Cycle HelpFul HandOuts:
  - [MHS GENESIS – UBO Revenue Cycle \(health.mil\)](#)
- [Discern and HARC Instructions](#)
- [Patient AR Analysis Deep Dive](#)
- HealtheAnalytics Project Portal / log on URL:
  - <https://federal.analytics.healthintent.ehr.gov>
- Federal Reporting Content Catalog:
  - <https://federalcontentcatalog.cerner.com/>
- HealtheAnalytics: Revenue Cycle Help Page
  - <https://wiki.ucern.com/x/MecvVw>
- Overview of Standardized Data Models
  - <https://wiki.cerner.com/x/q5VzYw>
- KPI Data Dictionary
  - <https://wiki.ucern.com/x/4IDiXw>



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  - View the entire broadcast
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