



Other Health Insurance (OHI): Collection & Discovery

Presented by: Velanie Croley
January 2025

Agenda

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



Improving Health and Building Readiness. Anytime, Anywhere — Always



What is OHI?

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



Improving Health and Building Readiness. Anytime, Anywhere — Always



DD Form 2569 - Collection Responsibilities & Methods

CUI when filled

THIRD PARTY COLLECTION PROGRAM/MEDICAL SERVICES ACCOUNT / OTHER HEALTH INSURANCE			OMB No. 0720-0055 OMB approval expires December 31, 2020
<small>https://www.ed.whs.mil/Portals/54/Documents/DD%20forms/0010/2569.pdf (Read Privacy Act Statement before completing this form.)</small>			
<small>The public reporting burden for this collection of information is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to DOD, Attn: DOD Form Manager, Washington, DC 20330-1000. Requests for additional information or a copy of the burden self-assessment should be sent to DOD, Attn: DOD Form Manager, Washington, DC 20330-1000. No person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO REQUESTING MILITARY TREATMENT FACILITY.</small>			
<small>PRIVACY ACT STATEMENT</small>			
<small>AUTHORITY: 10 U.S.C. 1076, Procedures for charging fees for care provided to civilians by military medical facilities, 10 U.S.C. 1056, Health care services incurred on behalf of covered beneficiaries: Collection from third-party payers, 42 U.S.C. Chapter 32, Third Party Liability For Hospital and Medical Care; and E.O. 13577 (SSN), as amended.</small>			
<small>PURPOSE: DD Form 2569 collects individual's information to assist the Department of Defense ("DOD") in its recovery from third parties for medical care provided to an individual in a Military Treatment Facility (MTF). DD Form 2569 also collects information from third parties to assist the DOD in its recovery of amounts due to the DOD from third parties for medical care provided to an individual in a MTF. Requests for information from third parties may specifically be directed outside the DOD as a routine use pursuant to 5 U.S.C. § 552a(e)(3) to allow for commercial insurance carriers and third parties involved in support of DOD's collection activities for health care provided to the Departments of Treasury, Veterans Affairs, and Homeland Security for reimbursement of DOD provided medical services, to other persons or organizations who may be liable for payment of DOD provided health care and medical services, to data processing contractors, and to other persons or organizations related to the collection of amounts due to the DOD. Requests for information from third parties may be made in a military-wide format related to payment of claims. For additional details as to routine uses and exceptions to the DOD Standard Routine Uses, see the below hyperlinked SORN.</small>			
<small>APPLICABLE SORN: https://www.ed.whs.mil/Portals/54/Documents/DD%20forms/0010/2569.pdf#page=12</small>			
<small>DISCLOSURE: Voluntary. If you choose not to provide the requested information, no penalties will be imposed; however, failure to provide complete and accurate information may result in disqualification for health care services.</small>			
PATIENT INFORMATION			
1. PATIENT NAME (Last, First, Middle Initial)	2. SSN OR DOD ID NUMBER	3. DATE OF BIRTH (YYYYMMDD)	
4. MAILING ADDRESS (include ZIP Code)		5. HOME TELEPHONE NO. ()	6. SPONSOR/GUARANTOR SSN
INSURANCE INFORMATION			
7. ARE YOU ELIGIBLE FOR VETERANS AFFAIRS BENEFITS?			
<small>a. YES. (If you have an insurance card (e.g., Veterans Health Identification Card (VHIC), Veterans Choice Card), that can be copied or scanned by the MTF representative, please provide it and proceed to item 8; otherwise, please complete items 7.a.(1) through (5) below.)</small>			
(1) Member ID	(2) Plan ID	(3) Expiration Date (YYYYMMDD)	
(4) VA Facility Name (e.g., primary care/specialty clinic) that assists in coordinating your care			
(5) VA Facility Address and Telephone Number ()			
<small>b. NO. (Proceed to item 8.)</small>			
8. DO YOU HAVE OTHER HEALTH INSURANCE? (This includes employer health insurance benefits, other commercial health insurance coverage, and Medicare Supplement.) PLEASE ATTACH COPY OF INSURANCE CARD.			
<small>a. YES. (Complete item 9 and the remaining sections below.) b. NO, I am a DOD beneficiary and rely solely on TRICARE, Medicare, or Medicaid. (Proceed to item 13.) c. NO, but I am not a DOD beneficiary. (Proceed to item 12.)</small>			
9. PRIMARY MEDICAL INSURANCE INFORMATION: If you have an insurance card that can be copied or scanned by the MTF representative, please provide it and proceed to item 11; otherwise, please complete the blocks below.			
a. NAME OF POLICY HOLDER (Last, First, Middle Initial)	b. DATE OF BIRTH (YYYYMMDD)	c. RELATIONSHIP TO POLICY HOLDER	
d. POLICY HOLDER'S EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER		e. INSURANCE COMPANY NAME, ADDRESS AND TELEPHONE NUMBER	
f. MEMBER ID	g. POLICY ID	n. GROUP POLICY ID	l. GROUP PLAN NAME
i. ENROLLMENT/PLAN CODE	k. INSURANCE TYPE	l. POLICY EFFECTIVE DATE (YYYYMMDD)	m. POLICY END DATE (YYYYMMDD)
n. (1) Pharmacy (Rx) Insurance Company Name, Address and Telephone Number			
(2) Rx Policy ID	(3) Rx Bin Number	(4) Rx PCN Number	
DD FORM 2569, NOV 2022			
CUI when filled			
<small>Controlled by: DHA CUI Category: PRIVACY Distribution/Dissemination Control: FEDCON POC: dha.ncr.bus-ops.mbx.dha-formmanagement@mail.mil</small>			
<small>PREVIOUS EDITION IS OBSOLETE.</small>			

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



Improving Health and Building Readiness. Anytime, Anywhere – Always



DD Form 2569 – Hard Copy Collection Process

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



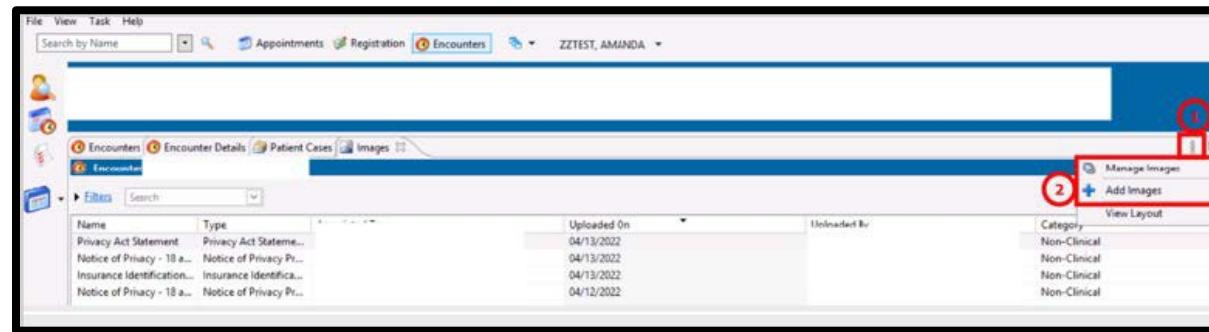
Improving Health and Building Readiness. Anytime, Anywhere — Always



DD Form 2569 – eSignature Collection Process

- Clinical Staff/Front Desk:

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



Improving Health and Building Readiness. Anytime, Anywhere — Always

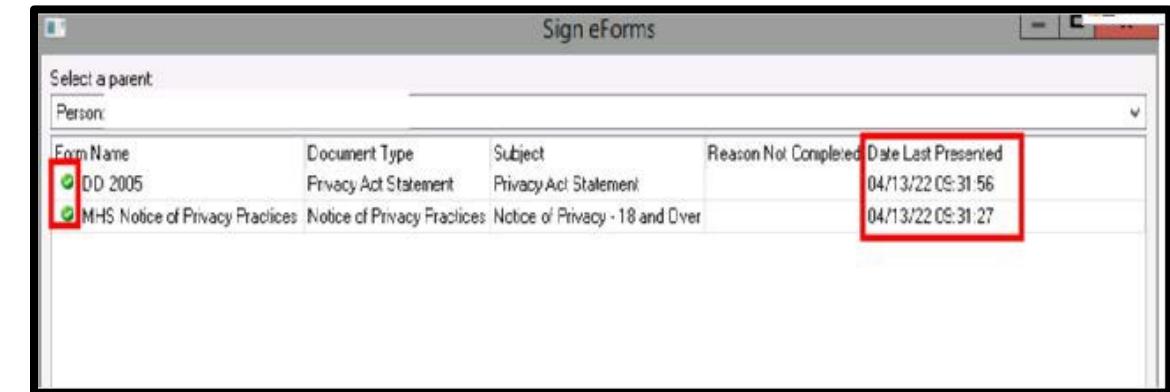
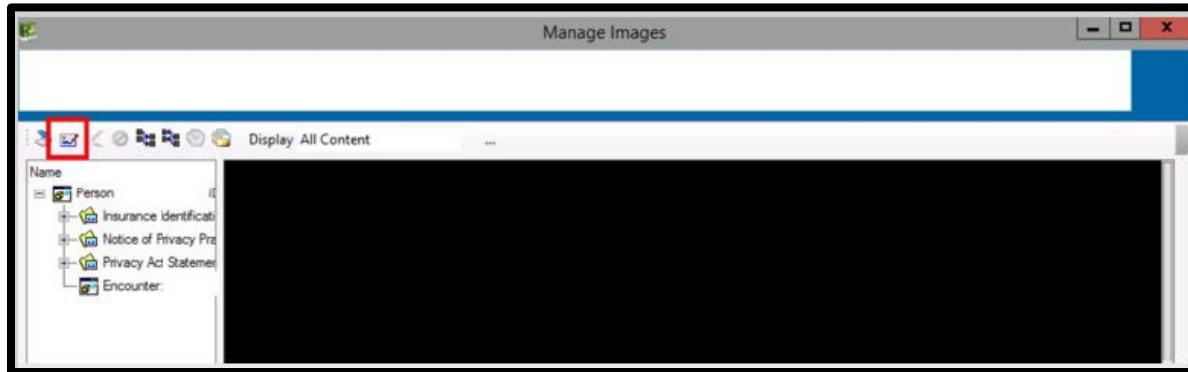


DD Form 2569 – eSignature Collection Process (cont)

- Clinical Staff/Front Desk:

4. In the “Manage Images” window - select the second icon “Sign eForms” (Image with red pencil) on the top banner.

- This will show what forms have been completed, the date presented, and what forms still need to be completed; The DD2569 does not autocue, so you will need to add it.



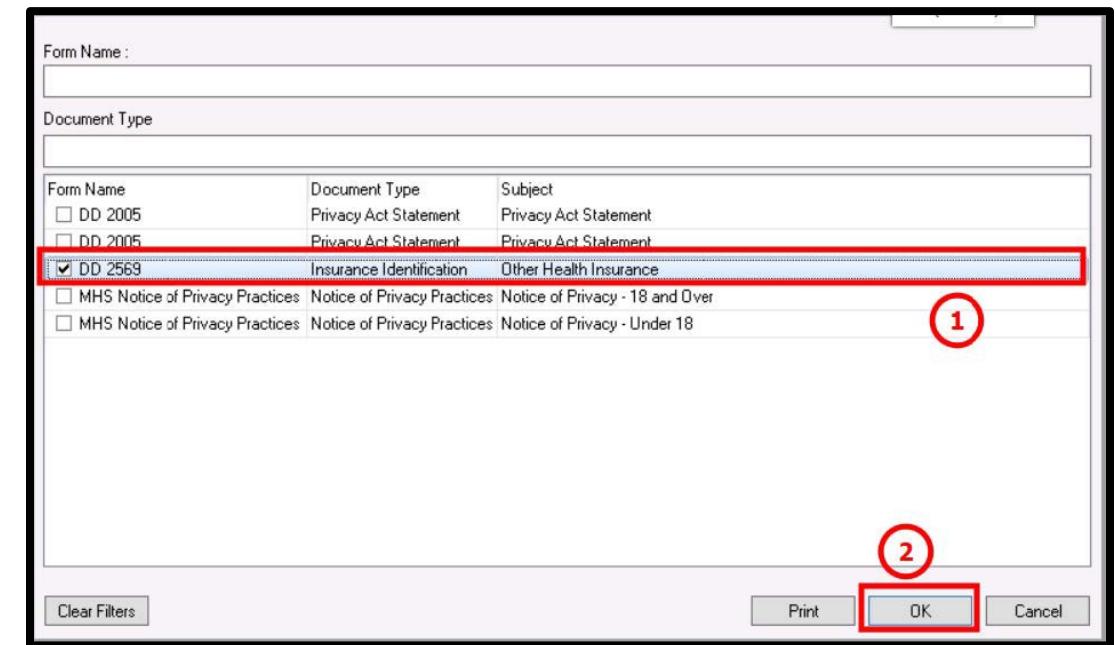
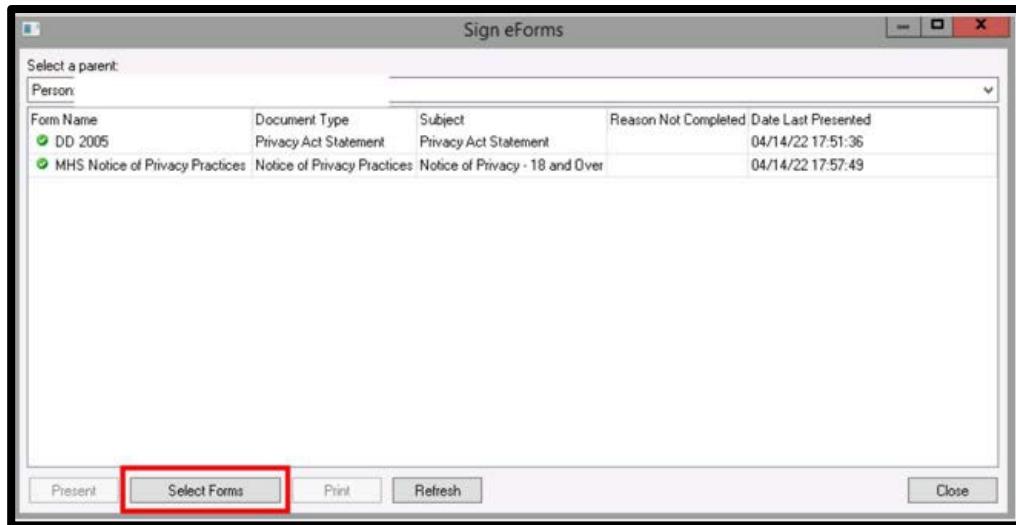
Improving Health and Building Readiness. Anytime, Anywhere — Always



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

- Clinical Staff/Front Desk:

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



Improving Health and Building Readiness. Anytime, Anywhere — Always



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

- Clinical Staff/Front Desk:

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

PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

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

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

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

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

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

Scroll Up Scroll Down   

Signee Relationship

Enter signee relationship:

Patient/Self

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



Improving Health and Building Readiness. Anytime, Anywhere — Always



Background & Coverage Discovery Automation

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

MHS GENESIS/Experian (eCARE NEXT)

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

ABACUS

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



Improving Health and Building Readiness. Anytime, Anywhere — Always



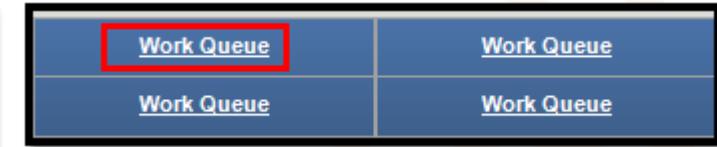
MHS GENESIS - Experian Discovery Documentation & Monitoring Process

- UBO Staff:

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



2. On the ECare NEXT bar located at the bottom of the screen – Select “Work Queue” in the lower right corner.
 - If the bar is not visible, select the Experian icon in the taskbar to display.

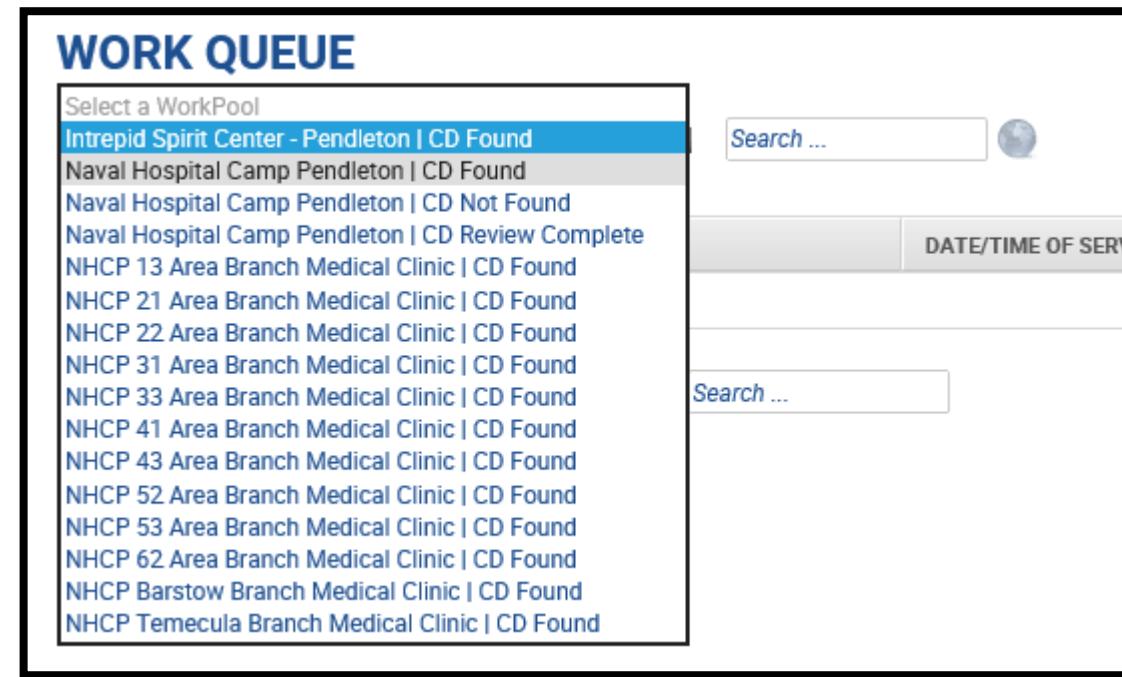


Improving Health and Building Readiness. Anytime, Anywhere — Always



MHS GENESIS - Experian Discovery (cont)

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



The screenshot shows a 'WORK QUEUE' interface. At the top, a search bar contains 'Search ...' and a magnifying glass icon. Below the search bar is a table with a single visible row labeled 'DATE/TIME OF SERV'. The main area is a list of work items, each representing a site and its status: 'CD Found'. The first item in the list, 'Intrepid Spirit Center - Pendleton | CD Found', is highlighted with a blue background and white text. The other items in the list are in a standard black font on a white background. The list includes:

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

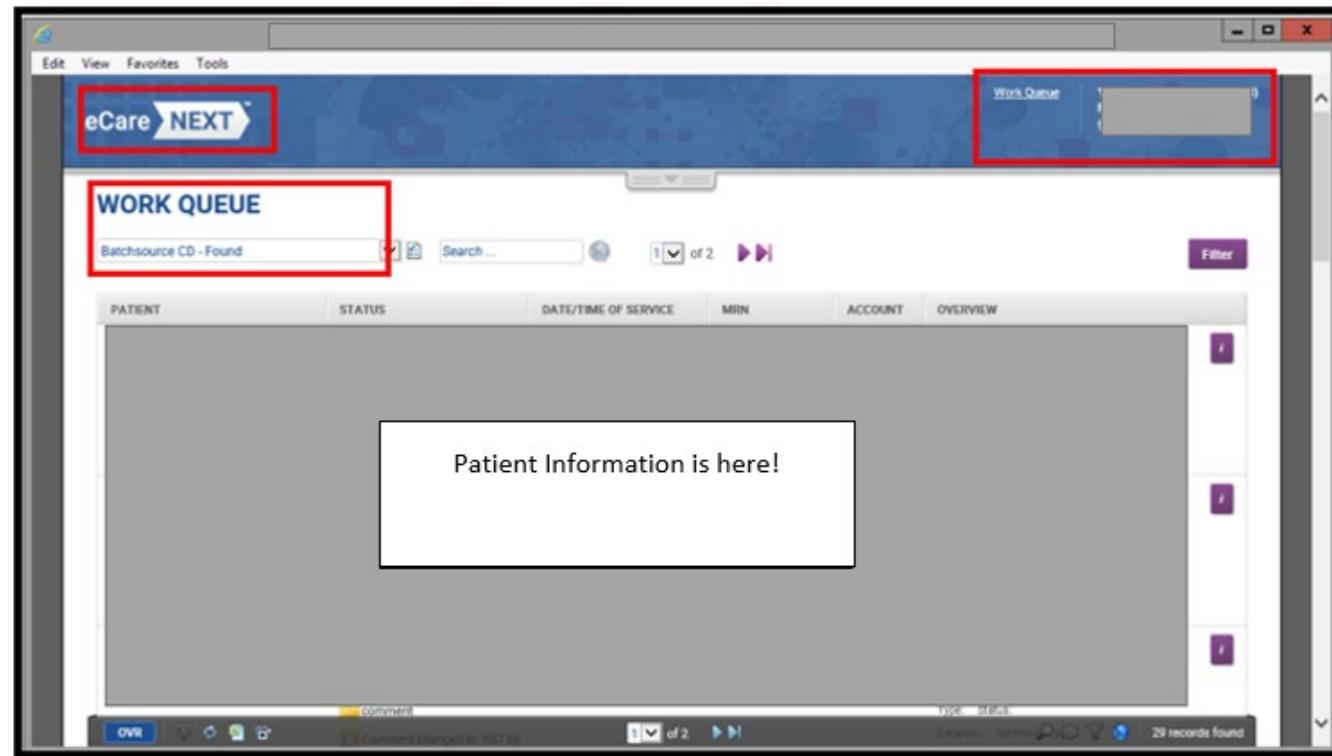


Improving Health and Building Readiness. Anytime, Anywhere — Always



MHS GENESIS - Experian Discovery (cont) (1)

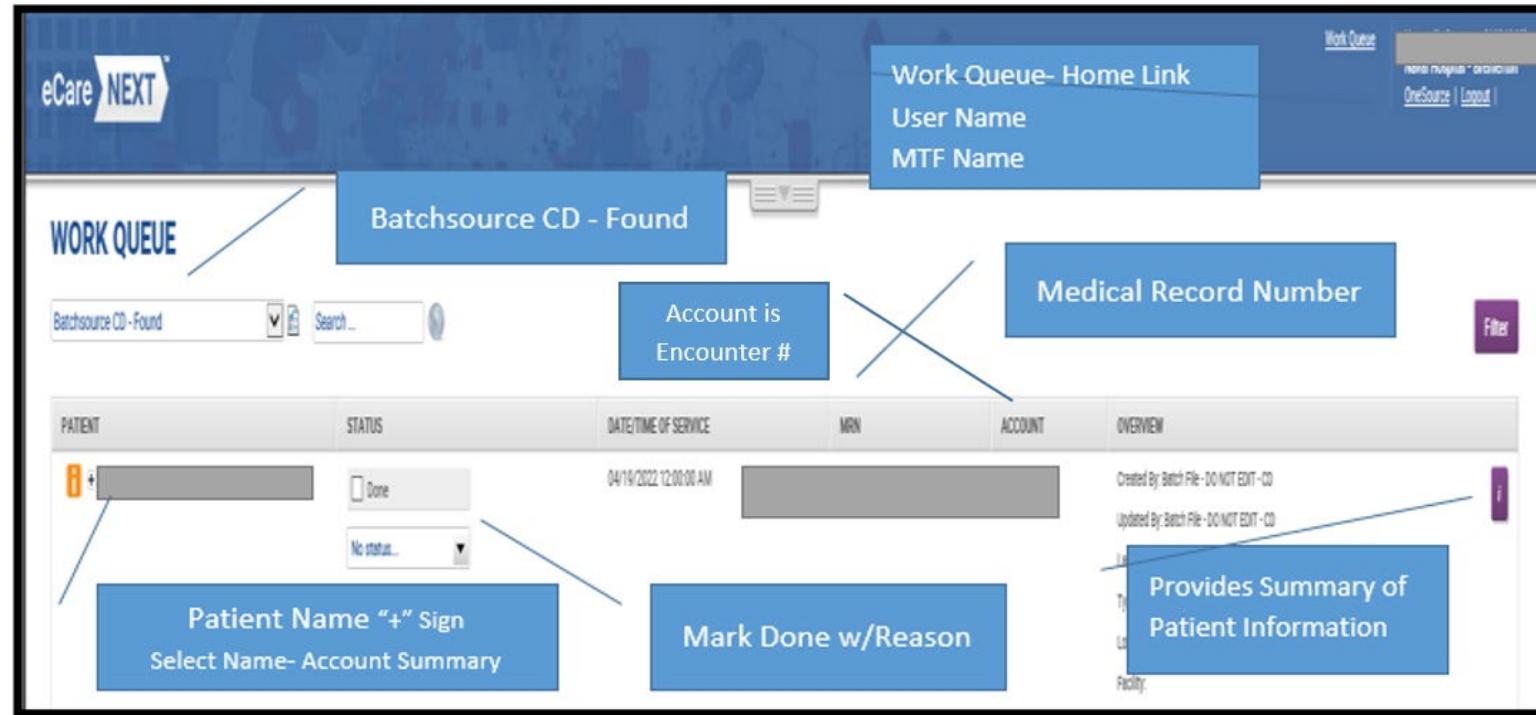
4. Work Queue will launch Experian Website; Work Queue Window Opens and displays new insurance list.



Improving Health and Building Readiness. Anytime, Anywhere — Always



Experian – eCARE NEXT Work Queue Layout

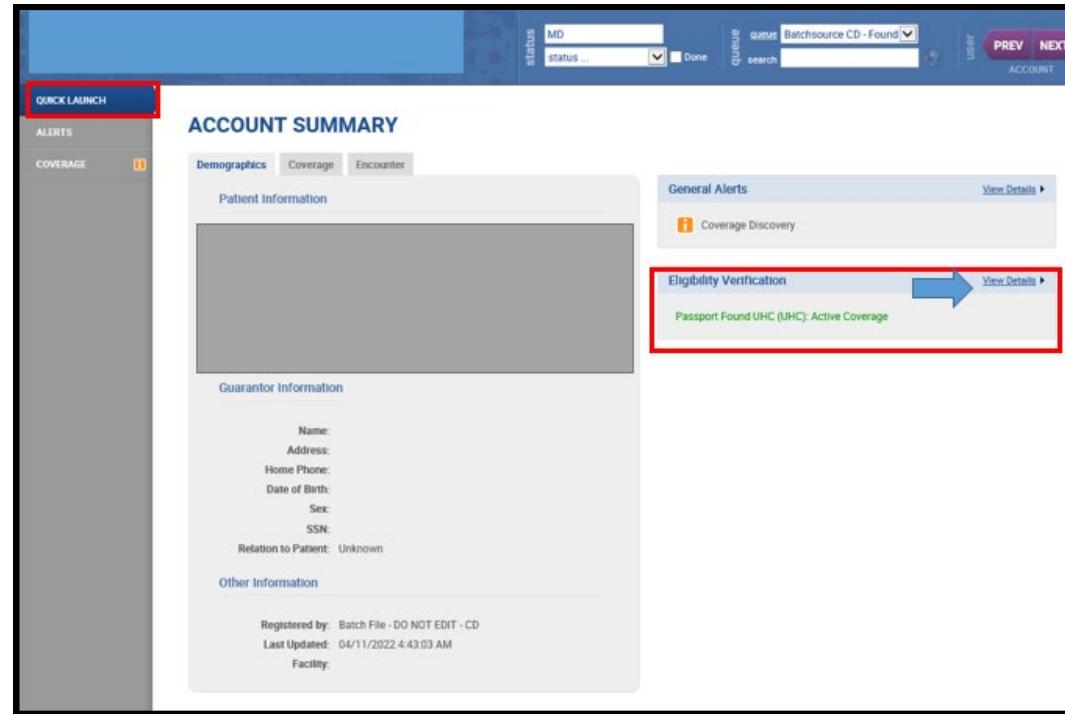


Improving Health and Building Readiness. Anytime, Anywhere — Always



MHS GENESIS - Experian Discovery (cont) (2)

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



Improving Health and Building Readiness. Anytime, Anywhere — Always



MHS GENESIS - Experian Discovery (cont) (3)

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

The screenshot shows the 'Coverage' tab in the MHS GENESIS interface. At the top, a message box displays 'Passport Found CIGNA (CIGNA-HCIN)'. Below this, a green bar indicates 'CHLIC - Eligible' and 'Medical and Limited Benefit Coverage Exists'. A yellow bar below it says 'CHECK ALL ALERTS'. The 'Full Response' button is highlighted in yellow. The page includes sections for 'Subscriber' (Member ID Code, Name, Sex, Date of Birth, Address), 'Plan' (Plan(s), Plan Dates, Date), and 'General Benefits (MISC)' (Active Coverage, Plan). The 'Payer' section lists CHLIC contact information. Navigation buttons at the bottom include 'My View', 'Patient', 'Plan', 'In Network', 'Out of Network', and 'Unspecified Network'.

The screenshot shows the 'Full Response' view for UnitedHealthcare. The top navigation bar includes 'My View', 'Full Response' (which is selected and highlighted in yellow), and 'Full Web Response'. The main content area displays 'Eligible' and 'UnitedHealthcare Eligibility'. A notice states: 'NOTICE: This information is classified as individually identifiable healthcare information and is intended strictly for the confidential use of the authorized requestor. Any unauthorized use or disclosure of this information is prohibited.' The 'Member is Eligible' section is shown. The 'SEARCH CRITERIA' section lists fields for NPI, Subscriber Social Security Number, Patient Last Name, Patient First Name, Relationship to Subscriber, Eligibility Coverage Type, Beginning Date of Service, and Ending Date of Service. The 'SUBSCRIBER' section lists fields for Name, Member ID Number, Group Number, Address, Date of Birth, Sex, Relationship, and Plan Begin Date. The 'ACTIVE COVERAGE' section is partially visible on the right.



Improving Health and Building Readiness. Anytime, Anywhere — Always



MHS GENESIS - Experian Discovery (cont) (4)

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



A screenshot of a software interface showing a blue header bar with the text "enter comments here...". Below the bar is a "status" dropdown menu with the text "status ..." and a dropdown arrow icon. To the right of the dropdown is a "Done" button with an unchecked checkbox. On the far right of the bar is a "queue" button with a downward arrow icon.

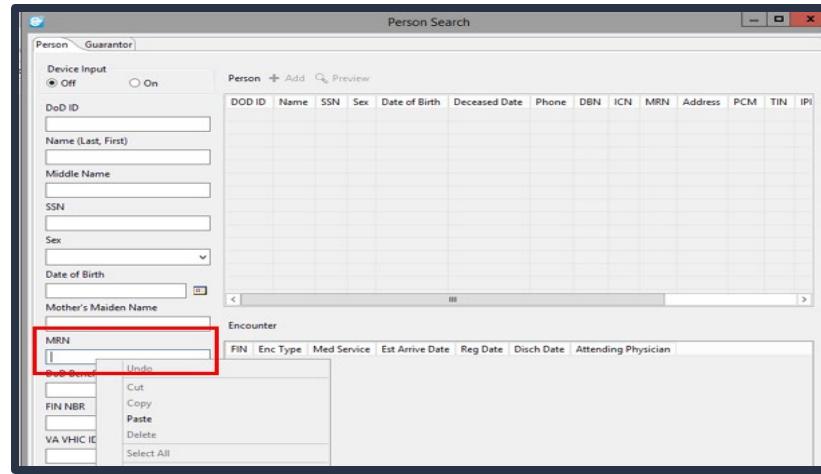


A screenshot of a software interface showing a blue header bar with the text "Non-Billable Medicaid". Below the bar is a "status" dropdown menu with the text "CD Review Complete" and a dropdown arrow icon. To the right of the dropdown is a "Done" button with a checked checkbox. On the far right of the bar is a "queue" button with a downward arrow icon.



MHS GENESIS - Experian Discovery (cont) (5)

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

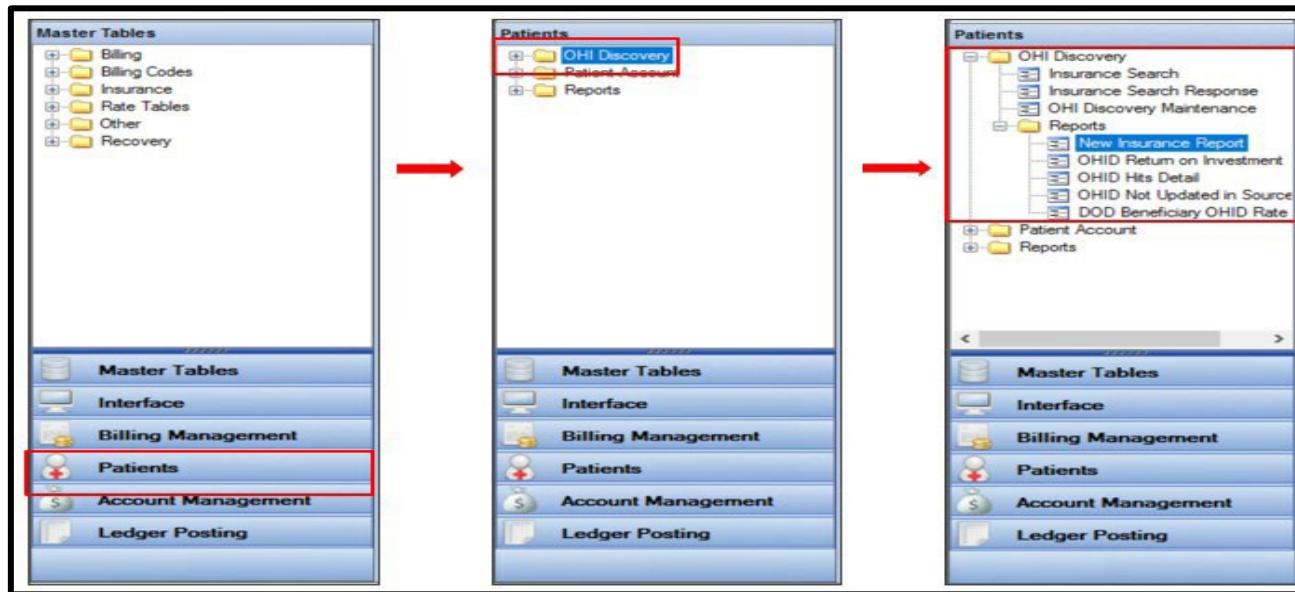


Improving Health and Building Readiness. Anytime, Anywhere — Always



ABACUS – Discovery Process Documentation & Monitoring

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



Improving Health and Building Readiness. Anytime, Anywhere — Always



ABACUS – Discovery Process (cont)

3. Notate the Patient's OHID Export Date.

<i>For Official Use Only</i>									
Uniform Business Office									
OHI Discovery Not Updated in Source System									
WRNMMC									
2/1/2021 thru 2/28/2021									
Patient Last Name	Patient First Name	DOB	Last 4 SSN	Patient IEN	PATCAT	Carrier Name	OHID Export Date	IN TYPE	
BARNES	JILL	03/20/1980	6710	4399466	N41	CAREFIRST BCBS MD	02/05/2021	MEDICAL	
BARNES	JILL	03/20/1980	6710	4399466	N41	CAREMARK	02/05/2021	PHARMACY	
DIZON	MARIA	03/15/1962	3658	3890474	N43	BCBS GEORGIA	02/05/2021	MEDICAL	
DIZON	MARIA	03/15/1962	3658	3890474	N43	CAREMARK-004336	02/05/2021	PHARMACY	
MOLVAK	JAN	04/15/1967	9408	852629	M31	CIGNAHEALTHCARE	02/05/2021	MEDICAL	
MOLVAK	JAN	04/15/1967	9408	852629	M31	DSTPSVRX	02/05/2021	PHARMACY	
MOLVAK	JAN	04/15/1967	9408	852629	M31	EXPRESS SCRIPTS	02/05/2021	PHARMACY	
PARANAL	WILLIE	11/23/1960	7976	7782898	N31	AETNA - TX	02/05/2021	MEDICAL	
PARANAL	WILLIE	11/23/1960	7976	7782898	N31	CAREMARK-004336	02/05/2021	PHARMACY	
PEETERS-PRICE	SARAH	12/28/1975	7865	1645263	N41	CAREFIRST BCBS FED MD	02/05/2021	MEDICAL	
PEETERS-PRICE	SARAH	12/28/1975	7865	1645263	N41	CAREMARK CAREFIRST B02/05/2021	02/05/2021	PHARMACY	
SCOTT	NEVA	06/23/1970	8069	7476568	A43	EXPRESS SCRIPTS	02/05/2021	PHARMACY	
SHOFFNER	MARTIN	05/09/1963	0294	4662305	N31	CIGNA	02/05/2021	MEDICAL	
SHOFFNER	MARTIN	05/09/1963	0294	4662305	N31	EXPRESS SCRIPTS	02/05/2021	PHARMACY	
STONEWALL	SONYA	07/10/1972	0316	4513421	N43	CAREFIRST BCBS MD	04/24/2020	MEDICAL	
STONEWALL	SONYA	07/10/1972	0316	4513421	N43	CAREFIRST BCBS MD	02/05/2021	MEDICAL	
STONEWALL	SONYA	07/10/1972	0316	4513421	N43	CAREMARK	04/24/2020	PHARMACY	

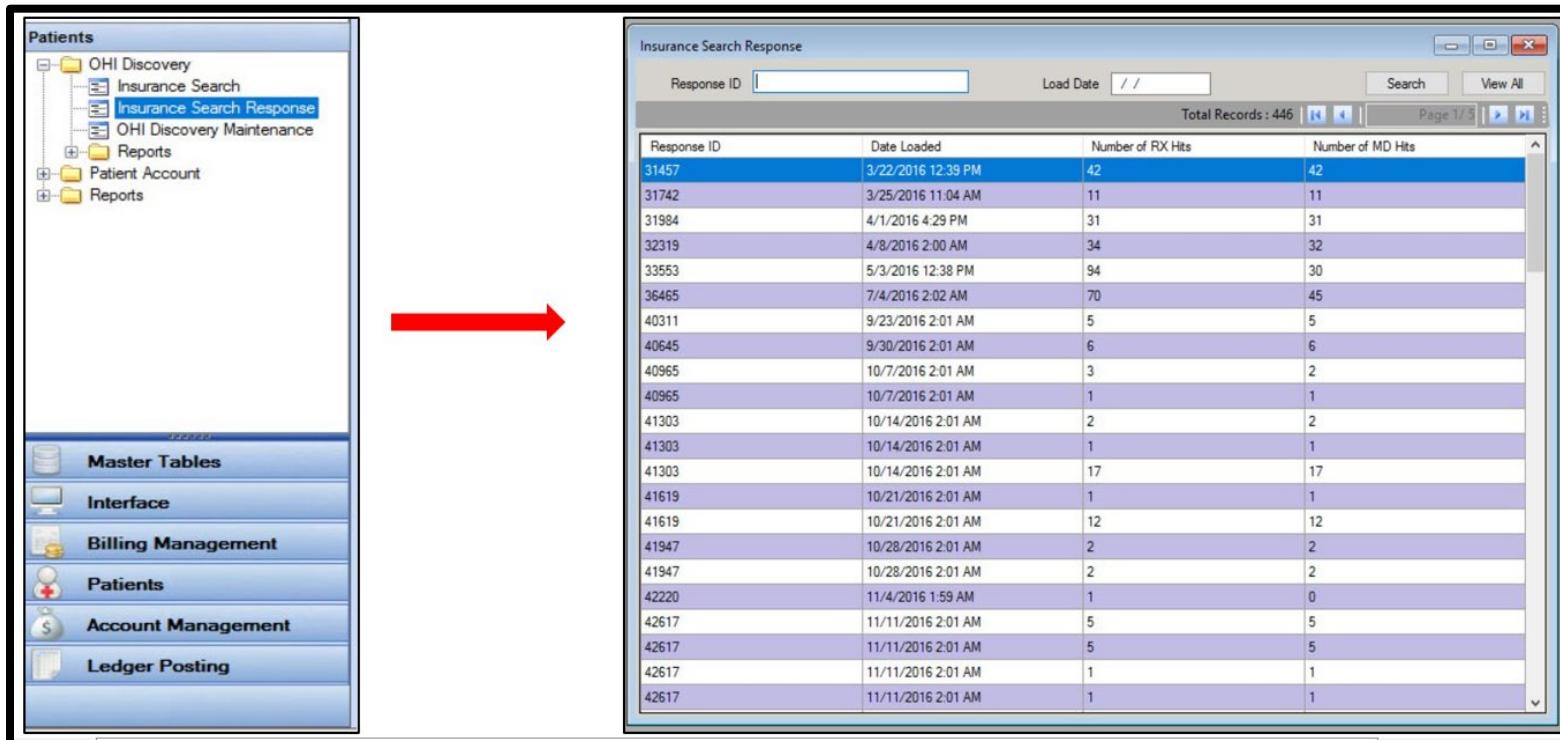


Improving Health and Building Readiness. Anytime, Anywhere — Always



ABACUS – Discovery Process (cont) (1)

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

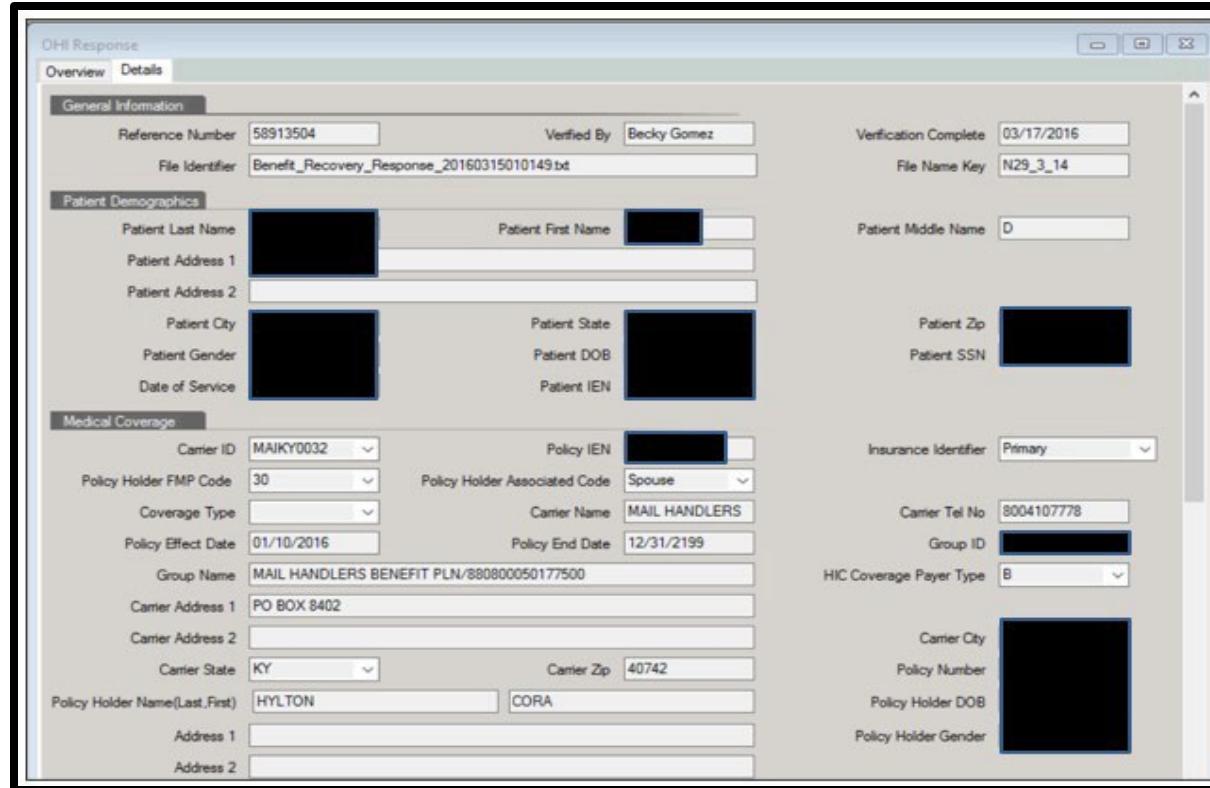


Improving Health and Building Readiness. Anytime, Anywhere — Always



ABACUS – Discovery Process (cont) (2)

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



The screenshot shows the 'OHI Response' software interface with the 'Details' tab selected. The window is divided into several sections:

- General Information:** Reference Number: 58913504, Verified By: Becky Gomez, Verification Complete: 03/17/2016, File Name Key: N29_3_14.
- Patient Demographics:** Patient Last Name, Patient First Name, Patient Middle Name, Patient Address 1, Patient Address 2, Patient City, Patient State, Patient Zip, Patient DOB, Patient IEN, Patient Gender, Date of Service, Patient SSN.
- Medical Coverage:** Carrier ID: MAIKY0032, Policy IEN, Insurance Identifier: Primary, Carrier Tel No: 8004107778, Group ID, HIC Coverage Payer Type: B, Carrier City, Policy Number, Policy Holder DOB, Policy Holder Gender.
- Carrier Information:** Carrier Associated Code: Spouse, Carrier Name: MAIL HANDLERS, Carrier End Date: 12/31/2199, Carrier Address 1: PO BOX 8402, Carrier Address 2, Carrier State: KY, Carrier Zip: 40742, Carrier Name (Last, First): HYLTON, CORA, Address 1, Address 2.



Improving Health and Building Readiness. Anytime, Anywhere — Always



ABACUS – Discovery Process (cont) (3)

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

Patient Demographics and OHI

Overview

Patient SSN	Patient Last Name	Patient First Name	Patient IEN	EDIPN	DMIS Code	Sponsor SSN	Sponsor Last Name	Sponsor First Name
999-99-0011	WINSTON990	GEORGE88	909090		0039	999-99-0011	WINSTON9000	GEORGE88
999-98-7097	THORNTON00	KHALID09	33531		0039	999-98-7097	THORNTON00	KHALID09
999-95-1951	DOE1	MOM1	951951		0039	999-95-1951	DOE1	MOM1
999-93-7921	HOLMES068	RENEE775	3388737		0039	999-93-7921	HOLMES068	RENEE775
999-93-5935	DOE1	DEAN1	935935		0039	999-93-5935	DOE1	DEAN1
999-93-1931	DOE1	ERIN1	139139		0039	999-93-1931	DOE1	ERIN1
999-93-1931	DOE1	BRAD1	931931		0039	999-93-1931	DOE1	BRAD1
999-92-6925	DOE1	HARRY1	926926		0039	999-92-6925	DOE1	HARRY1
999-92-5925	DOE1	JOEY1	925925		0039	999-92-5925	DOE1	JOEY1
999-92-0920	DOE1	MAURICE1	920920		0039	999-92-0920	DOE1	MAURICE1
999-91-3913	DOE1	STEVE1	913913		0039	999-91-3913	DOE1	STEVE1
999-88-8555	JACKSON01	JOSHUA01	900000000022		0039	999-88-8555	JACKSON01	JOSHUA01

Patient Demographics and OHI

Patient Details

Patient SSN	Patient IEN	Indirect	Other Info
999-04-9981	82707	<input type="checkbox"/>	CHCS Host DMIS
WYATT1	Patient First Name	ENRIQUE2	0039
Address 1	85 CONVALE BOUTIQUE	Medicare Coverage	AB
Address 2		Carrier Lookup	
City	COLORADO	Facility History	
State	MN	Date Billed out 2509	
Zip, Extr	81837	Rank	
Country	US	FNP	
Home Phone	522-555-5358	Date Billed out 2509	
Gender	Female	Pat Cat	A47
Form Location		Other	<input type="checkbox"/>
Remarks		Dual Eligible?	<input type="checkbox"/>
Represented Country	EDPS	Last OHI Search	11/11/2018
DEERS Check Date		OHI Found Date	
Sponsor Information		Patient Email	
Billed Entity Patient Employer			
<input type="checkbox"/> Patient is the Sponsor?			
Sponsor SSN	Sponsor Last Name	Sponsor First Name	Middle Name
999-04-9981	WYATT1	ENRIQUE2	SR
Address 1	85 CONVALE BOUTIQUE	City, State, Country	COLORADO
Address 2		State	MN
Gender		Zip, Extr, Phone	81837
Medical Insurance Info Rx Coverage Info Attachments Command Interest Codes Notes Pre-Authorization Covered Members Info CARE/OAID Veterans Affairs			
<input type="checkbox"/> Include Non-Ranked			
Insurance Type	Identifier	Policy No	Policy IEN
Medical Only	Primary	R5033288	1
		Carrier ID	EDPSL0004
		Name	WYATT1, ENRIQUE2
		Effective Date	01/01/1995
		Termination Date	
		Status	Active

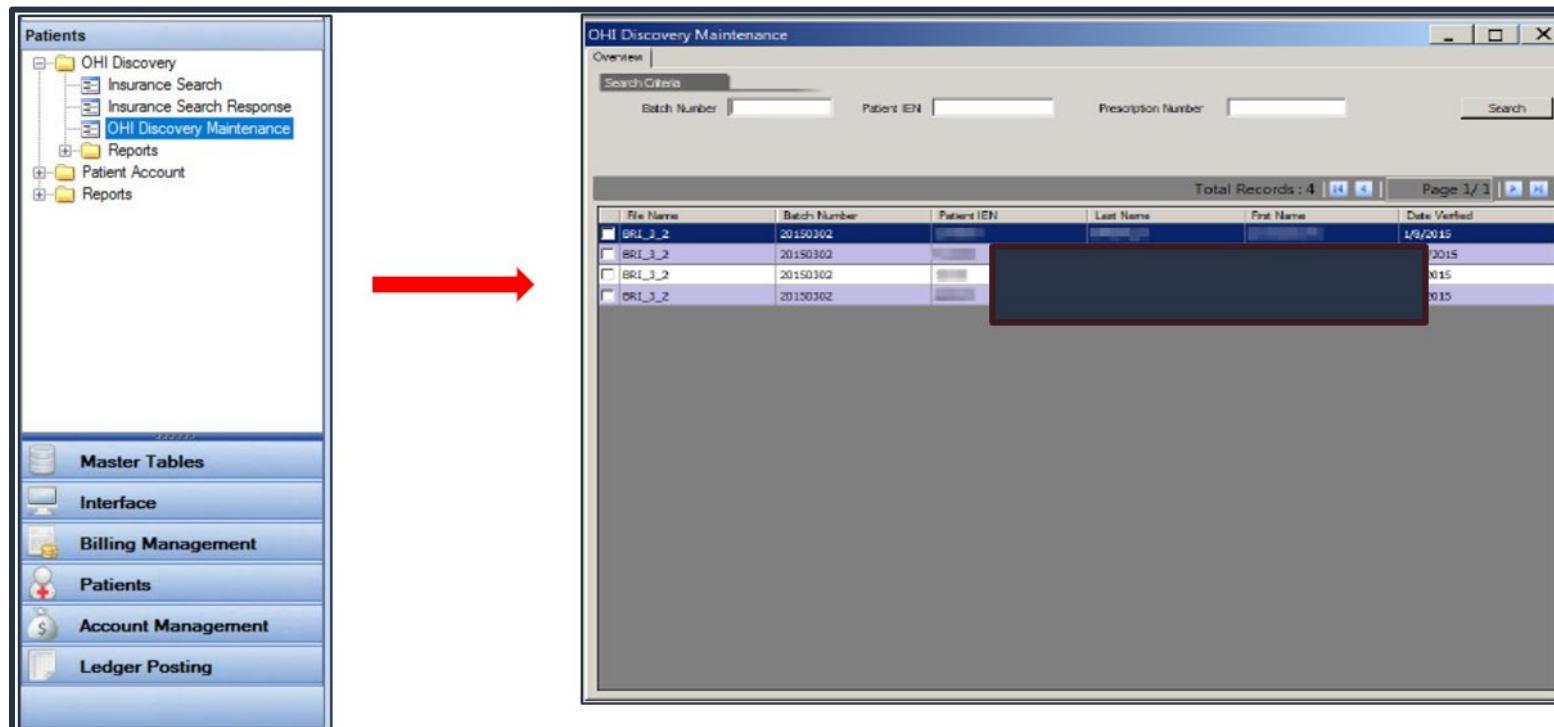


Improving Health and Building Readiness. Anytime, Anywhere — Always



ABACUS – Discovery Process (cont) (4)

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



Improving Health and Building Readiness. Anytime, Anywhere — Always



ABACUS – Discovery Process (cont) (5)

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

The screenshot displays the 'OHB Discovery Maintenance' software window. It is divided into two main sections: 'Medical Coverage' and 'Pharmacy Coverage'. The 'Medical Coverage' section contains fields for Carrier ID, Policy IEN, Policy Holder FMP Code, Policy Holder Associated Code, Coverage Type, Carrier Name (BCBS OF WASHING), Policy Effect Date, Policy End Date, Group Name (LES SCHWAB WAREHOUSE CENT), Carrier Address 1 (PO BOX 91059), Carrier Address 2, Carrier State (WA), Carrier Zip (98111), Policy Holder Name (Last, First) (SALINAS90, BLAKE), Address 1, Address 2, City, St, Ctry, Zip, and Pol Holder SSN. The 'Pharmacy Coverage' section contains fields for Carrier ID, Policy IEN, Policy Holder FMP Code, Policy Holder Associated Code, Rx Group Plan Name (RX LES SCHWAB - HSA), Rx Effective Date (01/01/2015), Rx Termination Date, Rx Name (CatalystRx), Rx Address (PO BOX 968022), Rx State (IL), Rx Zip (60196), BIN Number (610623), PCN Number (2050000), Rx City (SCHAUMBURG), Rx Policy Number (1.30E+11), and Rx Phone (8009973784). On the right side of the window, there are 'Update MD Insurance' and 'Update RX Insurance' buttons, and sections for Insurance Identifier, Carrier Tel No (8007221471), Group ID (10014978), HIC Coverage Payer Type (B), Carrier City (SEATTLE), Policy Number (LSL13020967868), Policy Holder DOB (05/11/1979), Policy Holder Gender, and Phone Number.



Improving Health and Building Readiness. Anytime, Anywhere — Always



DHA UBO Compliance and Data Quality Reporting

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



Improving Health and Building Readiness. Anytime, Anywhere — Always



Resources, Training and Policies

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



Improving Health and Building Readiness. Anytime, Anywhere — Always



Questions?

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



Improving Health and Building Readiness. Anytime, Anywhere — Always



Instructions for CEU Credit

This in-service webinar has been approved by the American Academy of Professional Coders (AAPC) for 1.0 Continuing Education Unit (CEU) credit for DoD personnel (.mil address required). Granting of this approval in no way constitutes endorsement by the AAPC of the program, content or the program sponsor. There is no charge for this credit.

- **Live broadcast webinar (Post-Test not required)**
 - Login prior to the broadcast with your: 1) full name; and 2) your site
 - View the entire broadcast
 - After completion of both live broadcasts and after attendance records have been verified, a Certificate of Approval including an AAPC Index Number will be offered via e-mail to participants who logged in to attend. Please email webmeeting@triafed.com to receive CEU. This may take several business days.
- **Archived webinar (Post-Test required)**
 - View the entire archived webinar (free and available on demand at <https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Uniform-Business-Office/UBO-Learning-Center/Archived-Webinars>)
 - Complete a post-test available with the archived webinar
 - E-mail answers to webmeeting@triafederal.com
 - If you receive a passing score of at least 70%, we will e-mail MHS personnel with a .mil email address a Certificate of Approval including an AAPC Index Number
- The original Certificate of Approval may not be altered except to add the participants name and webinar date or the date the archived Webinar was viewed. Certificates should be maintained on file for at least six months beyond your renewal date in the event you are selected for CEU verification by AAPC
- For additional information or questions regarding AAPC CEUs, please contact the AAPC.
- Other organizations, such as American Health Information Management Association (AHIMA), American College of Healthcare Executives (ACHE), and American Association of Healthcare Administrative Managers (AAHAM), may also grant credit for DHA UBO Webinars. Check with the organization directly for qualification and reporting guidance.

