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DHA Uniform Business Office Patient Responsibility Webinar

**Max Overend
August 2025**

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Patient Responsibility -



- Patient Responsibility encounters are billed to the guarantor or patient for reimbursable charges.
 - Encounters are validated using emailed lists or in work queues.
- Patient Statement Process:
 - RevSpring is a third-party vendor that prints and mails Patient Statements.
 - Centralized Receivables Service (CRS) receives Patient Statement uploaded by UBO staff, then mails and pursues collections.
 - ✓ CRS is not available to all billing entities.



Webinar Overview of Patient Responsibility Billing

- Topics are grouped by dates, then into categories.
 - Date of Service \leq June 20, 2023
 - ✓ Pre-NDAA
 - Date of Service \geq June 21, 2023
 - ✓ NDAA 716 Hold
 - Profile & Health Plan (P&HP)

Terms used following slides:
 \leq June 20, 2023 = "June 20th"
 \geq June 21, 2023 = "June 21st"
NDAA 716 = "716"

- Dates and categories are separated into Queues.
 - RevSpring
 - ✓ Good Standing Self Pay
 - CRS Encounter Review
 - ✓ Transferred CRS WI
 - NDAA 716 Review WI
 - ✓ NDAA 716 Waiting CFR
 - NDAA 716 CRS Review WI
 - ✓ NDAA 716 CRS Waiting CFR



BLUF

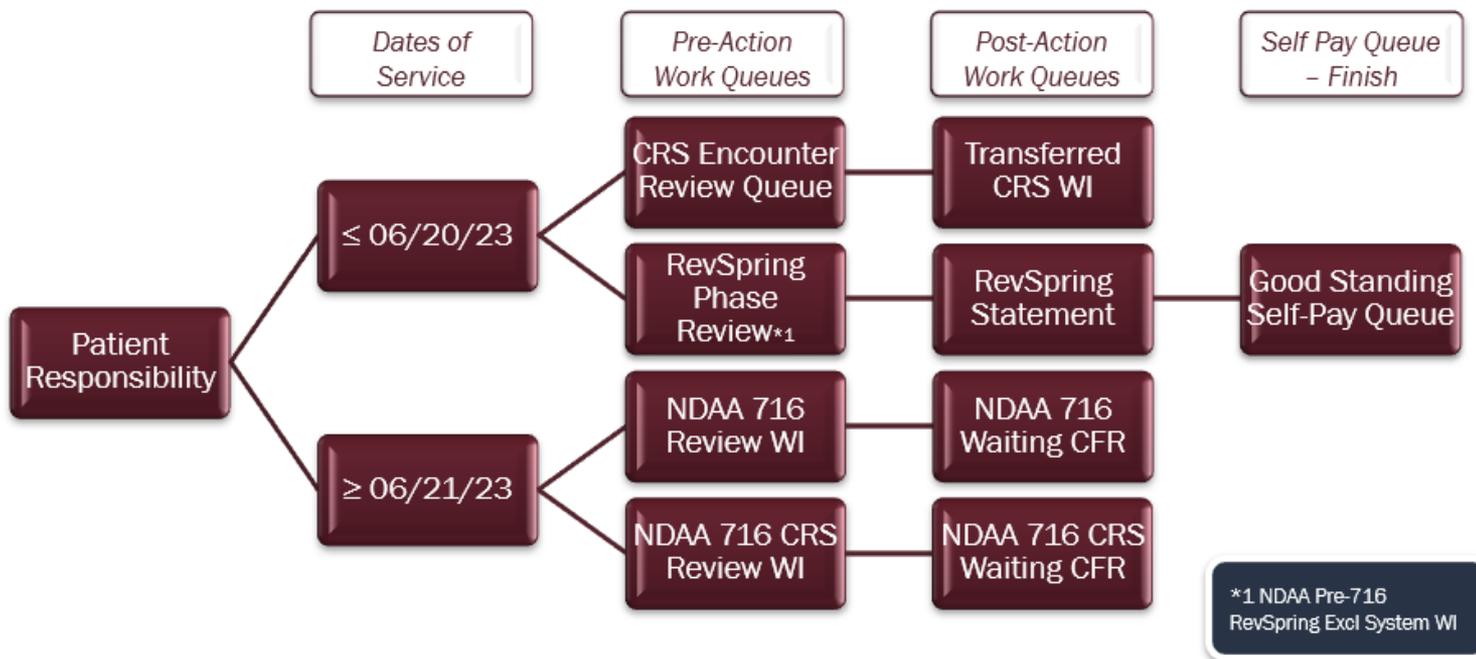


- The Patient Responsibility Webinar and the Open Forums work together to assist the billing entities to resolve the encounters in the work queues.
- The webinar has high level steps and checklists to assist in organizing what queues need to be worked and what steps to take next.

- The webinar also has detailed billing entity data of where the encounters are and where to focus efforts.
- The UBO HelpFul HandOut for Patient Responsibility has the processes to assist in resolving the encounters in the work queues.

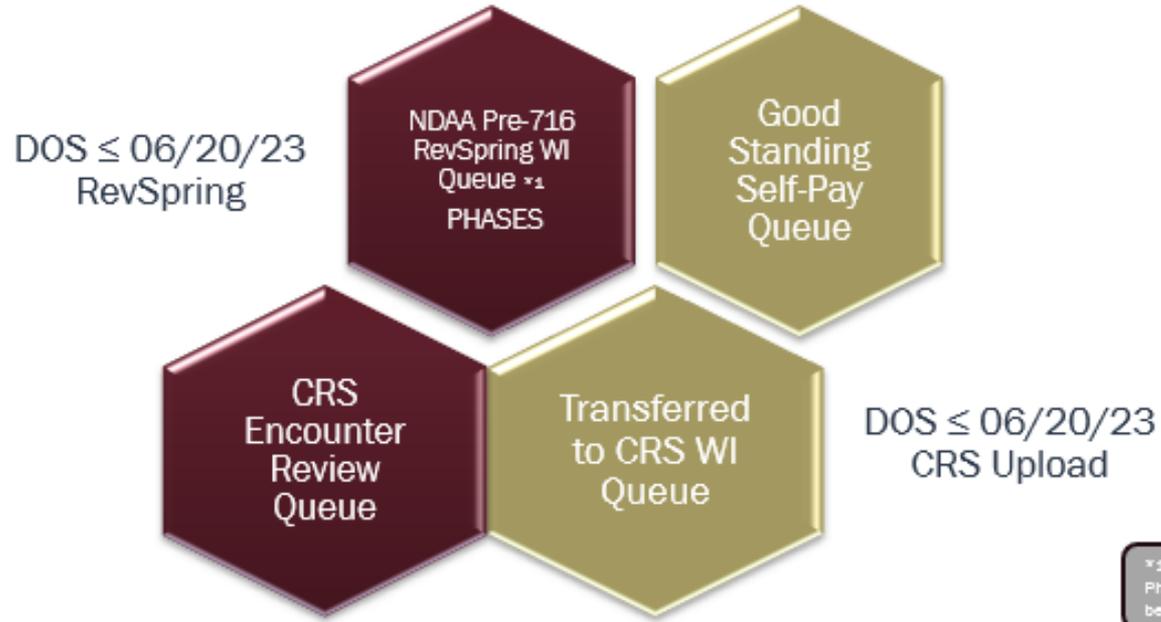


Patient Responsibility High Level by Date





PATIENT RESPONSIBILITY ≤ 06/20/2023





Overview Encounters ≤ 06/20/2023 Pre-NDAA 716



Dates
of
Service

1-April-2022 to 20-June-2023

* Prior to NDAA 716

Billable Patient Statements

- RevSpring – Print and Mail – Phases

- CRS – Upload Patient Statement



Patient Responsibility ~ ≤ 06/20/2023

RevSpring Phase Overview



RevSpring Patient Statement Phase 1a: Complete

- Financial Class of Civilian Emergency (w/exceptions)
 - Excluded Billing Entities with CRS Encounters
- Statements Generated and Sent via RevSpring

RevSpring Patient Statement Phase 2: Complete

- Financial Class of Secretarial Designee, Civilian Contractor, Cosmetic, Non-Government Agency, Service Affiliates, Invited Guests
- Statements Generated and Sent via RevSpring



Patient Responsibility ~ ≤ 06/20/2023

RevSpring Phase Overview



RevSpring Patient Statement Phase 3: Delayed

- Financial Class of TRICARE FMR
- Delayed to review TRICARE Family Member Rate Charge Logic

RevSpring Patient Statement Phase 4: Preparation Stage

- Financial Class of Civilian Employee
- Tentative start date of 10/15/2025
- Delayed to reduce work effort on MTF with upcoming OPPB Implementation



Patient Responsibility Encounters ~ ≤ 06/20/2023

Checklist: RevSpring Patient Statement Review



RevSpring List	Steps to do
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Validate Patient List	<input type="checkbox"/> Review Every Patient
<input type="checkbox"/> Verify Profile & Health Plan	<input type="checkbox"/> Update Profile & Health Plan
<input type="checkbox"/> Verify Guarantor Name	<input type="checkbox"/> Guarantor Tab – Update if Blank
<input type="checkbox"/> Verify Guarantor Address	<input type="checkbox"/> Guarantor Tab – Update if Blank
<input type="checkbox"/> Review Tabs	<input type="checkbox"/> Resolve Work Items – Other Issues
<input type="checkbox"/> Respond When Completed	<input type="checkbox"/> Follow Instructions in Email

- RevSpring Statements are generated in phases for DOS ≤ 06/20/2023.
- Each billing entity will receive a list of patients qualifying for RevSpring Phase 4 this October.
- Each billing entity will validate each encounter, update if required.



Active Patient Level DOD Plan Indicator



- Indicator within data provided to MTF for review
 - Indicates that at patient level, there is a DOD beneficiary plan
 - Further review is needed to ensure that invalid bill is not sent to DOD beneficiary
 - Review encounter/patient, update Profile and Health Plan if applicable



Patient Statement Release Plan v6 (as of 9/23/2024)



Description	Timeframe	Estimated Date	Volume
Work Item Build	MTF Review - 3 weeks	7/29 Build Complete	
Phase 1 - Civilian Emergency Financial Class	MTF Review - 3 weeks System Work Item Applied 3-5 days	Phase 1A released 3/11/2025	≈15,000
Phase 2 – Secretarial Designee, Civilian Contractor, Cosmetic, Non-Government Agency, Service Affiliates, Invited Guests	MTF Review - 3 weeks	Phase 2 Released 4/23/2025	≈10,000
Phase 3 - TRICARE FMR Billing	MTF Review - 3 weeks	Delayed to end of Phases (review of charge logic)	≈15,000
Phase 4 - Civilian Employee Financial Class	MTF Review - 3 weeks	Tentative plan to start review on approximately 10/15/2025	≈24,000
Phase 5 – Foreign Affiliates	MTF Review - 3 weeks		≈1,500
Phase 6 – All Other Patient Responsibility or Manually Held	MTF Review - 3 weeks		

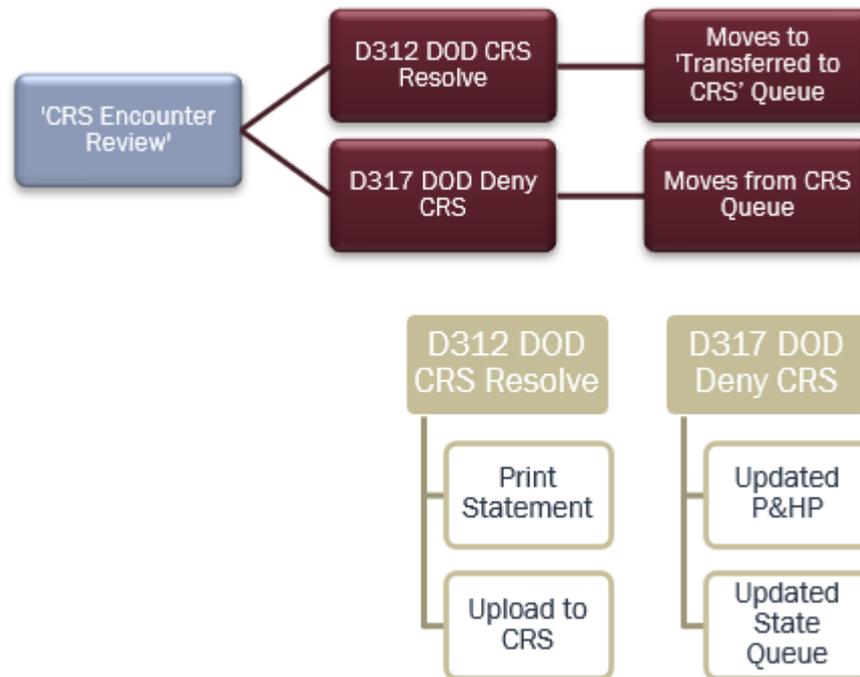


UBO HelpFul HandOut (5c2p) PtR Patient Responsibility “CRS Encounter Review” – Overview 1 ~ ≤ 06/20/2023



“CRS Encounter Review”
Work the queue 3-5 times a week.

Validated CRS encounter Statements are generated and uploaded to CRS. Not every profile and/or health plan qualifies for CRS. CRS process only applies to MTFs with CRS access.





UBO HelpFul HandOut (5c2p) PtR Patient Responsibility “CRS Encounter Review” – Overview 2 ~ ≤ 06/20/2023



Detailed steps-
HelpFul HandOut

CRS ENCOUNTER REVIEW Queue

- WorkFlow-Queue: 'CRS Encounter Review'
- Workflow Tab - Work Item: **D312 - CRS Encounter Review**
 - Apply D312 to Resolve or D317 to Deny

CRS RESOLVE D312 (Action Code)

- Workflow Tab - Apply Action Code: **D312 DOD Resolve CRS Encounter**
 - Review encounter, meets CRS criteria
 - Generate Statement - Upload to CRS
- System Moves to: '**Transferred to CRS 'WI'**'
 - Now Workflow Tab: '**D313 - DOD Transferred to CRS'**

CRS DENY D317 (Action Code)

- Workflow Tab - Apply Action Code: **D317 DOD Deny CRS Transfer**
 - Scenario #1: Profile & Health Plan Updated, Does not qualify for CRS
 - Scenario #2: No Charges or Zero Balance
 - Scenario #3: MTF does not have CRS

Transferred to CRS 'WI' ~ Resolve D313

- WorkFlow-Queue: '**Transferred to CRS 'WI'**'
- Workflow Tab- Work Item '**D313 - DOD Transferred to CRS'**
 - Apply Action Code: '**D313 to Resolve Transferred to CRS'**



Patient Responsibility Encounters ~ ≤ 06/20/2023

Checklist: “CRS Encounter Review”

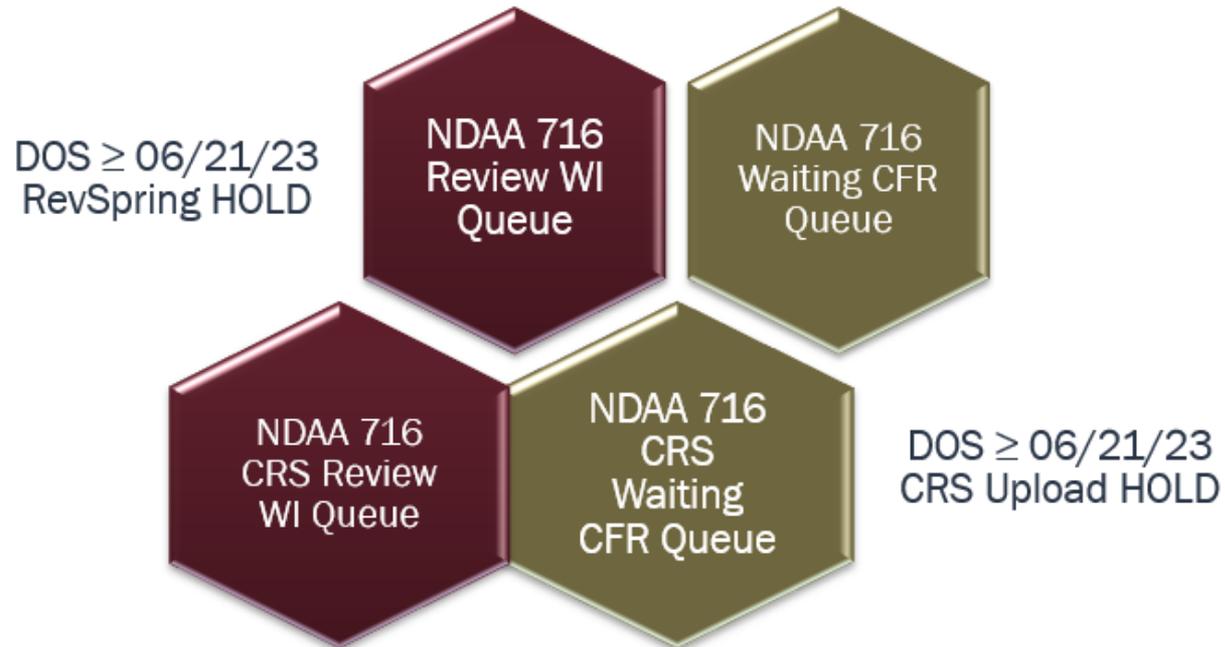


CRS Encounter Review	Steps to do
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Filter ≥ 06/21/23	<input type="checkbox"/> Apply Action Code D317 Remove
<input type="checkbox"/> Filter ≤ 06/20/23	<input type="checkbox"/> Only if above not done
<input type="checkbox"/> Verify Profile & Health Plan	<input type="checkbox"/> Update Profile & Health Plan
<input type="checkbox"/> Verify Guarantor Name	<input type="checkbox"/> Guarantor Tab - Update if Blank
<input type="checkbox"/> Verify Guarantor Address	<input type="checkbox"/> Guarantor Tab - Update if Blank
<input type="checkbox"/> Qualify for CRS Upload ~ YES	<input type="checkbox"/> Print Statement ~ Statement Cycle
<input type="checkbox"/> Upload to CRS ~ YES	<input type="checkbox"/> Apply Action Code D312 Resolve
<input type="checkbox"/> Qualify for CRS ~ NO	<input type="checkbox"/> Apply Action Code D317 Deny

- Validate each encounter ≤ 06/20/23. Incorrect P&HP, update, then apply action code; qualifies for CRS, print Statement, update Statement Cycle, then upload to CRS, apply action code.
- Remove DOS ≥ 06/21/23, system error select encounters and apply action code to remove.



PATIENT RESPONSIBILITY ≥ 06/21/2023





Overview Encounters ~ ≥ 06/21/2023 NDAA 716



Dates of Service 21-June-2023 to Current

* NDAA 716 Hold

Hold Patient Statements

- Review for RevSpring

- Review for CRS



NDA 716

**Patient Responsibility Hold
Effective ≥ 06/21/2023**



THE ASSISTANT SECRETARY OF DEFENSE

**1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200**

HEALTH AFFAIRS

JUN 20 2023

MEMORANDUM FOR DIRECTOR, DEFENSE HEALTH AGENCY

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.



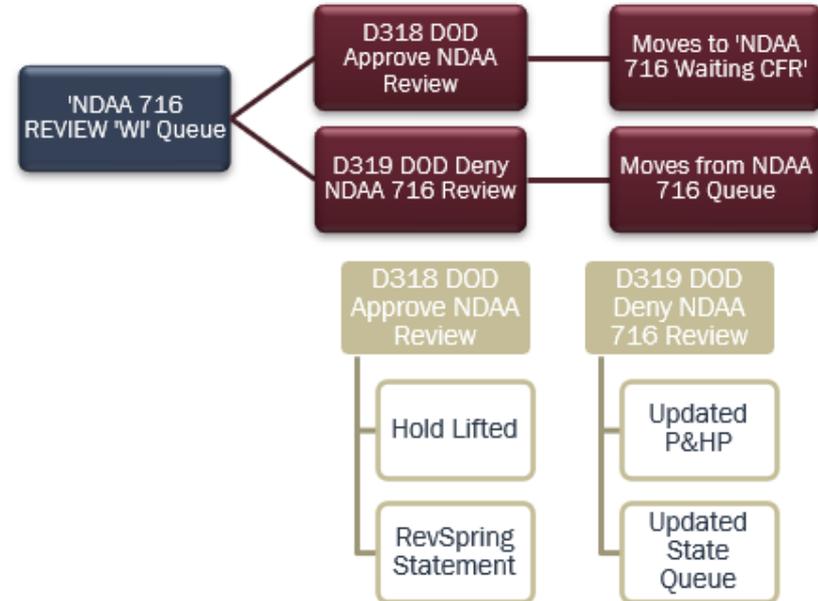


UBO HelpFul HandOut (5c2p) PtR Patient Responsibility “NDAA 716 Review ‘WI’” –Overview 1 ~ ≥ 06/21/23



Encounters with a date of service \geq 06/21/2023 with a self-pay health plan and/or financial class; to include self-pay after insurance has been processed populate the “NDAA 716 Review ‘WI’” queue.

Action codes are applied to move encounters to the corresponding “NDAA 716 Waiting CFR” queue. Updated P&HP are moved to appropriate queue.





UBO HelpFul HandOut (5c2p) PtR Patient Responsibility “NDAA 716 Review ‘WI’” – Action Codes ~ ≥ 06/21/23



Detailed steps-
HelpFul HandOut

NDAA 716 REVIEW 'WI' Queue

- WorkFlow-Queue: **'NDAA 716 Review 'WI'** Queue
- Workflow Tab - Work Item: **D318 - DOD Hold NDAA 716 Patient**
- Current Billing Holds Tab: **'DOD Hold NDAA 716 Patient'**
- Review: Apply D318 to Approve or D319 to Deny (Pending D320 Resolve)

NDAA 716 APPROVE D318 (Action Code)

- Workflow Tab - Apply Action Code: **D318 DOD Approve NDAA 716 Review**
- Reviewed encounter, meets RevSpring Patient Statement criteria
- System Moves to: **'NDAA 716 Waiting CFR'** Queue
- Now Workflow Tab: **'D318 - DOD Hold NDAA 716 Patient'**
- Now Billing Holds Tab: **'DOD Hold NDAA 716 Patient'**

NDAA 716 DENY D319 (Action Code)

- Workflow Tab - Apply Action Code: **D319 DOD Deny NDAA 716 Review**
- Scenario #1: Profile & Health Plan Updated, Does not qualify for NDAA
- Scenario #2: No Charges or Zero Balance
- Moves to - Varies per encounter
- Billing Holds - Removed

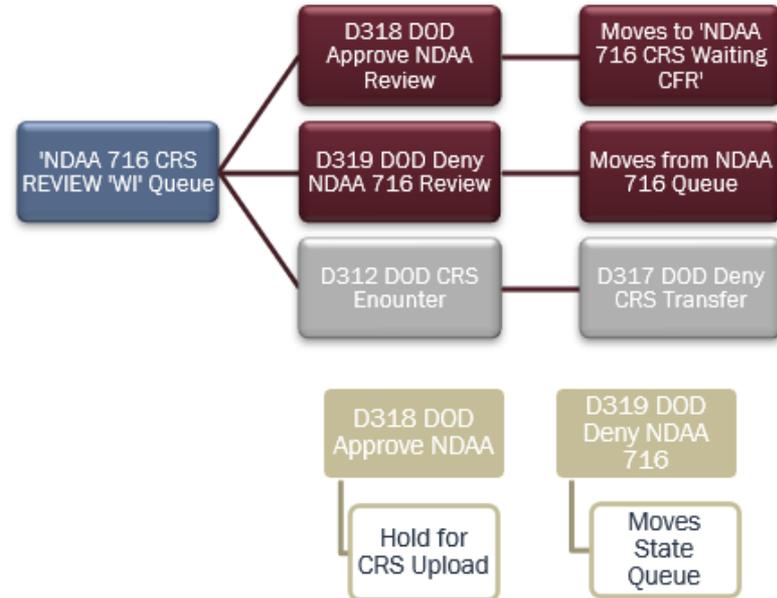


UBO HelpFul HandOut (5c2p) PtR Patient Responsibility “NDAA 716 CRS Review ‘WI’” Overview 1 ~ ≥ 06/21/2023



Encounters with a date of service ≥ 06/21/2023 with a self-pay health plan and/or financial class; to include self-pay after insurance has been processed populate the “NDAA 716 CRS Review ‘WI’” queue for an MTF with CRS. Review the CRS section for additional information.

Action codes are applied to move encounters to the corresponding “NDAA 716 CRS Waiting CFR” queue. Updated P&HP are moved to appropriate queue.





UBO HelpFul HandOut (5c2p) PtR Patient Responsibility

“NDAA 716 CRS Review ‘WI’” Overview 2 ~ ≥ 06/21/2023



Detailed steps-
HelpFul HandOut

NDAA 716 CRS REVIEW 'WI' Queue

- WorkFlow-Queue: **NDAA 716 CRS Review 'WI'** Queue
- Workflow Tab - Work Item: **D319 - DOD Hold NDAA 716 CRS Patient**
- Current Billing Holds Tab: **'DOD Hold NDAA CRS 716 Patient'**
- Review: Apply D318 to Approve or D319 to Deny (Pending D320 Resolve)

NDAA 716 APPROVE D318 (Action Code)

- Workflow Tab - Apply Action Code: **D318 DOD Approve NDAA 716 Review**
- Reviewed encounter, meets CRS Patient Statement criteria
- System Moves to: **'NDAA 716 CRS Waiting CFR'** Queue
- Now Workflow Tab: **'D319 - DOD Hold NDAA 716 CRS Patient'**
- Now Billing Holds Tab: **'DOD Hold NDAA 716 CRS Patient'**

NDAA 716 DENY D319 (Action Code)

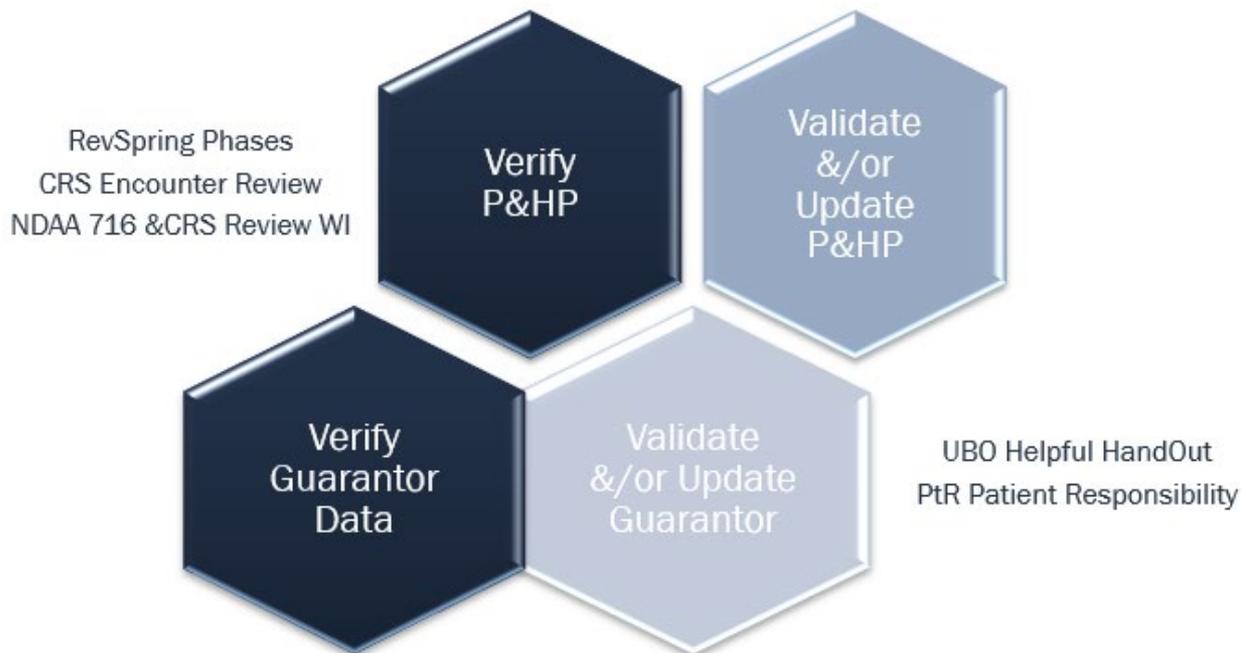
- Workflow Tab - Apply Action Code: **D319 DOD Deny NDAA 716 Review**
- Scenario #1: Profile & Health Plan Updated, Does not qualify for NDAA
- Scenario #2: No Charges or Zero Balance
- Moves to - Varies per encounter
- Billing Holds - Removed

D312 DOD CRS Encounter with D319 DOD Hold NDAA 716

- Workflow Tab - Apply Action Code: **D317 DOD Deny CRS Transfer**
- D312 applied in error
- Apply D317 for all encounters with a NDAA 716 CRS



PATIENT RESPONSIBILITY Profile & Health Plan ~ Guarantor





Registration / Encounters Perspective Checklist: Profile & Health Plan Verify and Update



Profile & Health Plan	Steps to do
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Verify Profile & Health Plan	<input type="checkbox"/> Correct P&HP or Incorrect P&HP
<input type="checkbox"/> Registration Perspective	<input type="checkbox"/> Tricare Benefit? Other Benefit?
<input type="checkbox"/> Encounters Perspective	<input type="checkbox"/> Correct P&HP or Update P&HP
<input type="checkbox"/> Guarantor Tab	<input type="checkbox"/> Next Slide
<input type="checkbox"/> Action Code if Applicable	<input type="checkbox"/> DOD Deny or DOD Approve or Nothing

- Review and verify the Profile & Health Plan in Insurance Tab in the Registration / Encounters Perspective.
- The encounters should be Patient Responsibility, unless updated.



Registration / Encounters Perspective Checklist: Guarantor Verify and Update



Guarantor	Steps to do
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (1st: Verify Profile & Health Plan)	<input type="checkbox"/> (Update if Required)
<input type="checkbox"/> Encounters Perspective	<input type="checkbox"/> Verify Guarantor Tab Name/Address
<input type="checkbox"/> Missing/Incomplete Data	<input type="checkbox"/> Update Required
<input type="checkbox"/> Registration/Encounters Perspective	<input type="checkbox"/> Update Guarantor Tab

- Review and verify the Guarantor tab in the Registration / Encounters Perspective. A name and complete address are required for all financial classes. The Guarantor name and address populate the Patient Statement and is a required data element.
- If data incomplete the Statement will be suspended in RevSpring.



Profile & Health Plan Verify and Update Tricare Benefit in Registration Perspective



Registration Perspective Encounters Perspective

Registration Perspective

- Tricare Benefit
- Eligible on DOS

Encounters Perspective

- P&HP = Self-Pay
- ▲ Modify – Change Profile Tricare

Patient Account Perspective

- Tricare P&HP for Encounter
- ▲ Apply Action Code
 - ➤ D317 DOD Deny CRS
 - ➤ D319 DOD Deny NDAA 716
- ▲ Resolve Voided Benefit Order
 - ➤ D170 Resolve Voided Benefit

Tricare Benefits

- ✓ Newborn:
 - ◀ Additional research if Tricare not in Registration Perspective. PAD assistance. Do not just transfer to PAD if not actively worked.
- ✓ Mom Tricare
 - ◀ Secretarial Designee Newborn
- ✓ DOD Benefits – Expired
 - ◀ Tricare Benefits on DOS

Not an all-inclusive list.



Questions?



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