



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Third Party Billing

(ABM)

Addendum to User Manual

Version 2.6 Patch 44
April 2026

Office of Information Technology
Division of Information Resource Management

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1.0 Introduction

This document provides information for the user pertaining to minor enhancements and corrections included in Third Party Billing v2.6 p44. Please distribute this addendum to the billing staff prior to patch installation.

Note: This addendum is not intended to be a process guide. Contact your business office manager or area business office coordinator for questions regarding billing practices.

1.1 Summary of Changes

- FID98104—The following changes were made to the Edit Claim Data option (EDTP > EDCL) to prevent programming errors on the Coordination of Benefits page: Added fields to the 3P Claim Data file to store insurers that are deleted from a claim (does not apply to completed insurers), removed the ability to delete a completed insurer from a claim, and removed the ability to pick a completed insurer for billing.
- FID102291—Corrected an issue with primary payments and adjustments not being displayed on the Coordination of Benefits page within the Edit Claim Data option when a patient has the same insurance twice and the Pick action is used to switch insurers.
- FID105052—Corrected a programming error that occurred in the Tribal Payment Report (RPTP > TPRP) when a patient's Tribe of Membership was not entered in patient registration. In this scenario, the Tribe field will be populated on the report with 'blank'.
- FID131042—Updated the routine used by OIT to requeue 3P Bills and 3P Cashiering Sessions to UFMS.

2.0 Patch Details

2.1 Edit Claim Data Option

Several changes were made to the Edit Claim Data option (EDTP > EDCL), or claim editor, to prevent programming errors on the Coordination of Benefits page. These errors occurred when insurers were deleted from claims and when completed insurers were picked for rebilling.

A completed insurer status indicates that the insurer has been billed and the payment(s) and adjustment(s) from that insurer have been posted in Accounts Receivable and rolled back to Third Party Billing.

2.1.1 Deleting a Completed Insurer

The Coordination of Benefits page is dependent on completed insurers being included on secondary and tertiary claims so that the primary payment(s) and adjustment(s) are reflected on the claim when billing the next responsible payer. Prior to p44, the claim editor allowed for deleting a completed insurer, resulting in a programming error. To prevent this error, p44 removes the ability to delete a completed insurer from a claim.

If a user attempts to delete a completed insurer on page 2 of the claim editor, a message will be displayed (Figure 2-1) indicating a completed insurer cannot be deleted. To return to the 'Desired ACTION' prompt, press <enter> or type '^' and press <enter>.

```

~~~~~ PAGE 2 ~~~~~
Patient: DEMO,CHILD [HRN:994632] Claim: 403175
..... (INSURERS) .....

PAGE 2 - INSURER INFORMATION

To: NARRATIVE INSURANCE Bill Type...: 131
PO BOX 1234 Proc. Code..: CPT4
DALLAS, TX 75021 Export Mode..: 837P (HCFA) 5010
(404) 444-4444 Flat Rate...: N/A
.....

BILLING ENTITY STATUS POLICY HOLDER
=====
[1] NEW MEXICO BC/BS INC COMPLETED DEMO,CHILD
[2] NARRATIVE INSURANCE ACTIVE DEMO,NARRY
[3] NARRATIVE INSURANCE PENDING DEMO,MRSNARRY
[4] NEW MEXICO MEDICAID PENDING DEMO,CHILD
-----

Desired ACTION (Add/Del/Pick/View/Next/Jump/Back/Quit): N// D

Sequence Number to DELETE: (1-4): 1

Cannot delete completed insurer!

```

```
Enter RETURN to continue or '^' to exit:
```

Figure 2-1: Message displayed when attempting to delete a completed insurer

2.1.2 Picking a Completed Insurer

A completed insurer status indicates that billing is finished. The claim editor does not expect a completed insurer to be billed again; however, prior to p44, users were able to pick a completed insurer for rebilling, resulting in a programming error with no workaround. To prevent this error, p44 removes the ability to pick a completed insurer.

If a completed insurer is selected on page 2 using the Pick action, a message will be displayed (Figure 2-2) indicating the insurer has already been billed and cannot be billed again. To return to the 'Desired ACTION' prompt, press <enter> or type '^' and press <enter>.

```

~~~~~ PAGE 2 ~~~~~
Patient: DEMO,CHILD [HRN:994632] Claim: 403175
..... (INSURERS) .....

                PAGE 2 - INSURER INFORMATION

To: NARRATIVE INSURANCE          Bill Type...: 131
    PO BOX 1234                   Proc. Code..: CPT4
    DALLAS, TX 75021              Export Mode.: 837P (HCFA) 5010
    (404)444-4444                 Flat Rate...: N/A
.....

                BILLING ENTITY          STATUS          POLICY HOLDER
                =====
[1] NEW MEXICO BC/BS INC          COMPLETED     DEMO,CHILD
[2] NARRATIVE INSURANCE          ACTIVE         DEMO,NARRY
[3] NARRATIVE INSURANCE          PENDING       DEMO,MRSNARRY
[4] NEW MEXICO MEDICAID          PENDING       DEMO,CHILD
-----

Desired ACTION (Add/Del/Pick/View/Next/Jump/Back/Quit): N// P

Sequence Number of Payer to BILL: (1-4): 1

NEW MEXICO BC/BS INC has Already been Billed!
Because of that NEW MEXICO BC/BS INC can not be selected to bill again

Enter RETURN to continue or '^' to exit:
    
```

Figure 2-2: Message displayed when attempting to pick a completed insurer for billing

2.1.3 Deleting and Adding Pending Insurers

Insurers that are in a status of pending can still be deleted from a claim in p44 (Figure 2-3).

```
~~~~~ PAGE 2 ~~~~~
```

Patient: DEMO,CHILD [HRN:994632] Claim: 403177
..... (INSURERS)

PAGE 2 - INSURER INFORMATION

To: NARRATIVE INSURANCE Bill Type...: 131
PO BOX 1234 Proc. Code...: CPT4
DALLAS, TX 75021 Export Mode...: 837P (HCFA) 5010
(404)444-4444 Flat Rate...: N/A

Table with 3 columns: BILLING ENTITY, STATUS, POLICY HOLDER. Rows include NARRATIVE INSURANCE (COMPLETED), NARRATIVE INSURANCE (ACTIVE), NEW MEXICO BC/BS INC (PENDING), and NEW MEXICO MEDICAID (PENDING).

Desired ACTION (Add/Del/Pick/View/Next/Jump/Back/Quit): N// D
Sequence Number to DELETE: (1-4): 3

Do you wish NEW MEXICO BC/BS INC DELETED? YES

~~~~~ PAGE 2 ~~~~~

Patient: DEMO,CHILD [HRN:994632] Claim: 403177
..... (INSURERS) .....

PAGE 2 - INSURER INFORMATION

To: NARRATIVE INSURANCE Bill Type...: 131
PO BOX 1234 Proc. Code...: CPT4
DALLAS, TX 75021 Export Mode...: 837P (HCFA) 5010
(404)444-4444 Flat Rate...: N/A

Table with 3 columns: BILLING ENTITY, STATUS, POLICY HOLDER. Rows include NARRATIVE INSURANCE (COMPLETED), NARRATIVE INSURANCE (ACTIVE), and NEW MEXICO MEDICAID (PENDING).

Desired ACTION (Add/Del/Pick/View/Next/Jump/Back/Quit): N// D
Sequence Number to DELETE: (1-3): 3

Do you wish NEW MEXICO MEDICAID DELETED? YES

~~~~~ PAGE 2 ~~~~~

Patient: DEMO,CHILD [HRN:994632] Claim: 403177
..... (INSURERS)

PAGE 2 - INSURER INFORMATION

To: NARRATIVE INSURANCE Bill Type...: 131
PO BOX 1234 Proc. Code...: CPT4
DALLAS, TX 75021 Export Mode...: 837P (HCFA) 5010
(404)444-4444 Flat Rate...: N/A

Table with 3 columns: BILLING ENTITY, STATUS, POLICY HOLDER. Header row only is visible.

```

[1] NARRATIVE INSURANCE          COMPLETED  DEMO,NARRY
[2] NARRATIVE INSURANCE          ACTIVE      DEMO,MRSNARRY
-----
Desired ACTION (Add/Del/Pick/View/Next/Jump/Back/Quit): N//

```

Figure 2-3: Deleting pending insurers from a claim

Patch 44 includes a change that stores the deleted, pending insurers in the 3P Claim Data file. The deleted insurers will not be displayed in the claim editor and will not be included on claims. They can only be viewed by accessing the 3P Claim Data file (Figure 2-4) using the FileMan Inquire to File Entries option.

```

VA FileMan 22.0

Select OPTION: INQUIRE TO FILE ENTRIES

OUTPUT FROM WHAT FILE: NEW PERSON// 3P CLAIM DATA
Select 3P CLAIM DATA PATIENT: 403177 DEMO,CHILD
                                M 03-12-2019 XXX-XX-0321 DHSP 994632

ANOTHER ONE:
STANDARD CAPTIONED OUTPUT? Yes// (Yes)
Include COMPUTED fields: (N/Y/R/B): NO// BOTH Computed Fields and Record Number
(IEN)
DISPLAY AUDIT TRAIL? No// NO

CLAIM NUMBER: 403177                PATIENT: DEMO,CHILD
ENCOUNTER DATE: FEB 12, 2026        VISIT LOCATION: 2017 DEMO HOSPITAL
CLAIM STATUS: ROLLED-In Edit Mode   NUMBER ERRORS FOUND: 0
CLINIC: PEDIATRIC                   VISIT TYPE: OUTPATIENT
ACTIVE INSURER: NARRATIVE INSURANCE DATE LAST EDITED: MAR 13, 2026
BILL TYPE: 131                       MODE OF EXPORT: 837P (HCFA) 5010
DATE CREATED: MAR 03, 2026           ACTIVE INSURER PI MULTIPLE: 2
ADMISSION TYPE: 02                   ADMISSION SOURCE/NEWBORN CODE: 01
DISCHARGE STATUS: 01                 ADMISSION DATE: FEB 12, 2026
ADMISSION HOUR: 09                   DISCHARGE DATE: FEB 12, 2026
DISCHARGE HOUR: 09                   SERVICE DATE FROM: FEB 12, 2026
SERVICE DATE TO: FEB 12, 2026       COVERED DAYS: 1
RELEASE OF INFORMATION: NO           ASSIGNMENT OF BENEFITS: NO
IN-HOUSE CLIA#: 17D1020998
REFERENCE LAB CLIA#: LABORATORY CORP OF AMERICA
PCC VISIT: FEB 12, 2026@09:00        VISIT STATUS: PRIMARY
INSURER: NARRATIVE INSURANCE         PRIORITY ORDER: 1
STATUS: COMPLETED                   PRIVATE INSURANCE MULTIPLE: 1
INSURER: NARRATIVE INSURANCE         PRIORITY ORDER: 2
STATUS: ACTIVE                        PRIVATE INSURANCE MULTIPLE: 2
DELETED INSURERS: NEW MEXICO BC/BS INC
PRIORITY ORDER: 3                   STATUS: PENDING
PRIVATE INSURANCE MULTIPLE: 3
DELETED INSURERS: NEW MEXICO MEDICAID
STATUS: PENDING                   PRIORITY ORDER: 4
MEDICAID MULTIPLE: 3190312         MEDICAID ELIG POINTER: DEMO,CHILD
DIAGNOSIS: J82.83                    PRIORITY ORDER: 1
PROVIDER'S NARRATIVE: ASTHMA          ICD INDICATOR: ICD-10
PRIMARY SNOMED: 63161005
MEDICAL (CPT): 99213                 REVENUE CODE: 510
UNITS: 1                              UNIT CHARGE: 206.00
CORRESPONDING DIAGNOSIS: 1
SERVICE FROM DATE/TIME: FEB 12, 2026@09:00

```

```

DATA SOURCE: 18|326322|CPT
RADIOLOGY (CPT CODE): 71010          REVENUE CODE: 324
UNITS: 1                             UNIT CHARGE: 151.00
CORRESPONDING DIAGNOSIS: 1
SERVICE FROM DATE/TIME: FEB 12, 2026@09:00
DATA SOURCE: 22|1479|CPT
PROVIDER: DOCTOR,MISTER              TYPE: ATTENDING
ACTIVE BILLS: 403177A
    
```

Figure 2-4: Deleted insurers stored in the 3P Claim Data file

If the Add action is selected and the user has not quit out of the claim, a list of deleted insurers will be displayed (Figure 2-5) to choose from. If any of the previously deleted insurers are added back to the claim, they will be removed from the 3P Claim Data file.

```

~~~~~ PAGE 2 ~~~~~
Patient: DEMO,CHILD [HRN:994632]          Claim: 403177
..... (INSURERS) .....

                PAGE 2 - INSURER INFORMATION

To: NARRATIVE INSURANCE          Bill Type...: 131
   PO BOX 1234                   Proc. Code..: CPT4
   DALLAS, TX 75021             Export Mode.: 837P (HCFA) 5010
   (404)444-4444                Flat Rate...: N/A
.....

                BILLING ENTITY          STATUS          POLICY HOLDER
                =====
[1] NARRATIVE INSURANCE          COMPLETED     DEMO,NARRY
[2] NARRATIVE INSURANCE          ACTIVE         DEMO,MRSNARRY
-----

Desired ACTION (Add/Del/Pick/View/Next/Jump/Back/Quit): N// A

These are the previously deleted insurers:
1. NEW MEXICO BC/BS INC
2. NEW MEXICO MEDICAID

Enter the number to select one of these, or return to enter a new insurer
Selection: (1-2): 1

~~~~~ PAGE 2 ~~~~~
Patient: DEMO,CHILD [HRN:994632]          Claim: 403177
..... (INSURERS) .....

                PAGE 2 - INSURER INFORMATION

To: NARRATIVE INSURANCE          Bill Type...: 131
   PO BOX 1234                   Proc. Code..: CPT4
   DALLAS, TX 75021             Export Mode.: 837P (HCFA) 5010
   (404)444-4444                Flat Rate...: N/A
.....

                BILLING ENTITY          STATUS          POLICY HOLDER
                =====
[1] NARRATIVE INSURANCE          COMPLETED     DEMO,NARRY
[2] NARRATIVE INSURANCE          ACTIVE         DEMO,MRSNARRY
    
```

```

[3] NEW MEXICO BC/BS INC                PENDING    DEMO,CHILD
-----
Desired ACTION (Add/Del/Pick/View/Next/Jump/Back/Quit): N// A

These are the previously deleted insurers:
1. NEW MEXICO MEDICAID

Enter the number to select one of these, or return to enter a new insurer
Selection: (1-1): 1

~~~~~ PAGE 2 ~~~~~
Patient: DEMO,CHILD [HRN:994632]                Claim: 403177
..... (INSURERS) .....

                PAGE 2 - INSURER INFORMATION

To: NARRATIVE INSURANCE                    Bill Type...: 131
    PO BOX 1234                             Proc. Code..: CPT4
    DALLAS, TX 75021                       Export Mode.: 837P (HCFA) 5010
    (404)444-4444                          Flat Rate...: N/A
.....

                BILLING ENTITY                STATUS                POLICY HOLDER
                =====                =====                =====
[1] NARRATIVE INSURANCE                    COMPLETED            DEMO,NARRY
[2] NARRATIVE INSURANCE                    ACTIVE                DEMO,MRSNARRY
[3] NEW MEXICO BC/BS INC                    PENDING              DEMO,CHILD
[4] NEW MEXICO MEDICAID                    PENDING              DEMO,CHILD
-----

Desired ACTION (Add/Del/Pick/View/Next/Jump/Back/Quit): N//
    
```

Figure 2-5: Deleted insurers displayed when the Add action is selected and user did not quit out of claim

To add a new insurer that was never listed on the claim (Figure 2-6), press <enter> at the ‘Selection’ prompt, then type the insurer name at the ‘Select Payer’ prompt and make your selection as usual.

```

~~~~~ PAGE 2 ~~~~~
Patient: DEMO,CHILD [HRN:994632]                Claim: 403177
..... (INSURERS) .....

                PAGE 2 - INSURER INFORMATION

To: NARRATIVE INSURANCE                    Bill Type...: 131
    PO BOX 1234                             Proc. Code..: CPT4
    DALLAS, TX 75021                       Export Mode.: 837P (HCFA) 5010
    (404)444-4444                          Flat Rate...: N/A
.....

                BILLING ENTITY                STATUS                POLICY HOLDER
                =====                =====                =====
[1] NARRATIVE INSURANCE                    COMPLETED            DEMO,NARRY
[2] NARRATIVE INSURANCE                    ACTIVE                DEMO,MRSNARRY
-----

Desired ACTION (Add/Del/Pick/View/Next/Jump/Back/Quit): N// A

These are the previously deleted insurers:
    
```

```

1. NEW MEXICO BC/BS INC
2. NEW MEXICO MEDICAID

Enter the number to select one of these, or return to enter a new insurer
Selection: (1-2): <enter>

===== ADD MODE - INSURERS =====
Select Payer: AETNA US HEALTHCARE
  1  AETNA US HEALTHCARE      NORTH CAROLINA      27402-6117
  2  AETNA US HEALTHCARE      CALIFORNIA          93777
  3  AETNA US HEALTHCARE      PENNSYLVANIA        18195-0501
  4  AETNA US HEALTHCARE DENTAL PPO      KENTUCKY            40512-4079
  5  AETNA US HEALTHCARE HMO          CALIFORNIA          92193

Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 1  AETNA US HEALTHCARE      NORTH CAROLINA      27402-6117

~~~~~ PAGE 2 ~~~~~
Patient: DEMO,CHILD [HRN:994632]          Claim: 403177
..... (INSURERS) .....

                PAGE 2 - INSURER INFORMATION

To: NARRATIVE INSURANCE          Bill Type...: 131
    PO BOX 1234                  Proc. Code..: CPT4
    DALLAS, TX 75021             Export Mode.: 837P (HCFA) 5010
    (404)444-4444                Flat Rate...: N/A
.....

                BILLING ENTITY          STATUS          POLICY HOLDER
                =====
[1] NARRATIVE INSURANCE          COMPLETED     DEMO,NARRY
[2] NARRATIVE INSURANCE          ACTIVE          DEMO,MRSNARRY
[3] AETNA US HEALTHCARE          PENDING        DEMO,CHILD
-----

Desired ACTION (Add/Del/Pick/View/Next/Jump/Back/Quit): N//
    
```

Figure 2-6: Adding a new insurer to a claim

If one or more pending insurers have been deleted from a claim, and the user quits out of the claim and then goes back in, the deleted insurers will automatically be added back to the claim and removed from the Deleted Insurers fields in the 3P Claim Data file.

2.2 Tribal Payment Report

The Tribal Payment Report (RPTP > TPRP) option (Figure 2-7) provides billing and/or payment data based on a patient’s Tribe of Membership.

A correction was made to the Tribal Payment Report to prevent a programming error when a patient's Tribe of Membership was not entered in patient registration. This rare incident occurs when a user is kicked out of the patient registration Add a New Patient option before entering the patient's Tribe of Membership. In this scenario, the Tribe field in the Tribal Payment Report will be populated with 'blank'.

```

TRIBAL PAYMENT REPORT                                FEB 18,2026@12:10:10    Page 1
for Visit Dates from 06/20/2025 to 06/30/2025
Billing Location: 2017 DEMO
=====
PATIENT                CLAIM      DOS              AMOUNT BILLED AMOUNT PAID
=====
Location: 2017 DEMO HOSPITAL

  Tribe: blank
  Visit Type: OUTPATIENT
  Insurer Type: PRIVATE
DEMO,PATIENT          123456A  06/20/2025      225.00         200.00
DEMO,PATIENT          234567B  06/28/2025       25.00           0.00
=====
                        Visit Type Totals      250.00         200.00
  Visit Type: PROFESSIONAL COMPONENT
  Insurer Type: PRIVATE
DEMO,ARBOR            123456B  06/20/2025      162.00           0.00
=====
                        Visit Type Totals      162.00           0.00
=====
                        Tribe Totals              412.00         200.00
=====
                        Report Totals              412.00         200.00

(REPORT COMPLETE):
    
```

Figure 2-7: Tribal Payment Report when a patient's record is missing the Tribe of Membership

For reference, the Tribe of Membership field (Figure 2-8) is located on page 2 of Patient Registration.

```

IHS REGISTRATION EDITOR (page 2)                    2017 DEMO HOSPITAL
=====
DEMO,PATIENT                                         HRN:145664 CHS & DIRECT
=====
                        Religion/Tribal Data/Employment
1. RELIGIOUS PREFERENCE : CATHOLIC
2. CLASSIFICATION/BENEFICIARY : INDIAN/ALASKA NATIVE
3. TRIBE OF MEMBERSHIP :
4. TRIBE QUANTUM : FULL                            5. INDIAN BLOOD QUANTUM : FULL
6. TRIBAL ENROLLMENT NO. : 338833
7. OTHER TRIBE : * NONE LISTED *
=====
8. FATHER'S NAME :                                9. CELL PHONE:
10. EMAIL ADDRESS:                               11. ALT.PHONE:
12. MOTHER'S MAIDEN NAME :                       13. CELL PHONE:
14. EMAIL ADDRESS:                               15. ALT.PHONE:
=====
    
```

```
16.          EMPLOYER NAME :
17.   SPOUSE'S EMPLOYER NAME :
18.   FATHER'S EMPLOYER NAME :
19.   MOTHER'S EMPLOYER NAME :
=====
-----
Last edited by: USER,ONE on Feb 11, 2026
=====
< Tribe Selected and Indian Quantum are Inconsistent >
      Corrections are to be made:
CHANGE which item? (1-19) NONE//:
```

Figure 2-8: Tribe of Membership field in Patient Registration

Acronym List

| Acronym | Meaning |
|----------------|--|
| 3P | Third Party |
| ABM | Acronym assigned to the Third Party Billing application |
| EDCL | Acronym assigned to the Edit Claim Data option |
| EDTP | Acronym assigned to the Add/Edit Claim Menu option |
| FID | Feature Identification (a number assigned to a change request) |
| IHS | Indian Health Service |
| OIT | Office of Information Technology |
| RPMS | Resource and Patient Management System |
| RPTP | Acronym assigned to the Reports Menu |
| TPRP | Acronym assigned to the Tribal Payment Report option |
| UFMS | United Financial Management System |

Contact Information

If you have any questions or comments regarding this distribution, please contact the IHS IT Service Desk.

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