

Uniform Business Office Newsletter

Helping frontline users perform their day-to-day jobs

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IN THIS ISSUE

1. ICD-10 Corner
2. Observation Billing Policy Update
3. Cosmetic Surgery Rates Update
4. OIB Rates Approved
5. Pharmacy Rate Update
6. OHI IPT Formed
7. OHI Discovery Sharing
8. MRS Update
9. UBO Learning Center
10. Spotlight on: Award Winner
11. Farewell, Colleagues

Abbreviations and Acronyms in This Issue

1. ICD-10 Corner

The Military Health System (MHS) International Classification of Diseases, version 10 (ICD-10), Integrated Project Team (IPT) is meeting monthly to review how the transition to ICD-10 will affect coding, billing systems, policies, and regulations within the MHS. Sub-workgroups are currently in an informational-awareness phase, working with Service input, and we are working towards final Health Insurance Portability and Accountability Act (HIPAA) 5010 testing by September 2011 for implementation by January 2012.

The IPT's priorities include: (1) making the minimal changes necessary to transition legacy systems to ICD-10; (2) providing job-specific training for all data users who touch codes; (3) obtaining provider buy-in; and (4) offering provider training (Army and Navy providers have begun their own ICD-10 training initiatives). Top priorities for MHS leadership include: (1) transitioning to ICD-10 on 1 October 2013; and (2) ensuring that TRICARE Management Activity (TMA) systems support the

transition and make it as seamless as possible (e.g., codes will be easy to find, and templates for AHLTA support will be provided). A functional sub-work group is reviewing compliance requirements for current MHS systems (e.g., Composite Health Care System (CHCS), Coding Compliance Editor (CCE), AHLTA) and is coordinating this analysis with the health information management (HIM) community and Defense Health Information Management System (DHIMS) offices to determine how the transition will affect the MHS. Also, a training scope statement has been approved by the Training and Communications Sub-work Group.

ICD-10 "awareness" training was received as well at the 2011 MHS Revenue Cycle Educational Conference in March. The presentation for that course is available on the UBO Web site at http://www.tricare.mil/ocfo/mcfs/ubo/annual_conf.cfm and includes information about how transitioning to ICD-10 may impact Military Treatment Facility (MTF) payment, collections, and billing systems.

2. Observation Billing Policy and User's Guide Update

The Assistant Secretary of Defense for Health Affairs (ASD (HA)) Memorandum "Policy for the Reporting and Billing of Observation Services" (11 August 2010) is being revised to include more detailed guidance for billing observation. That policy states: (1) observation must occur either in the Emergency Department or in a nursing unit only, and (2) patients in a clinic requiring observation services must be "admitted" to the hospital in CHCS and placed in a bed in a nursing unit. Also, the use of functional cost code B**0 is no longer needed.

In collaboration with the TMA UBO Program Office, the Unified Biostatistical Utility (UBU) Program Office published updated observation coding guidelines this past January. They include: how to identify clinical pathways for observation; what constitutes "admitted"; whether it is done in the Emergency Department or in a nursing unit; and what codes to use if admitted. The guidelines are available on the UBU Web site at: http://www.tricare.mil/ocfo/bea/ubu/coding_guidelines.cfm and contain a comprehensive, 10-page appendix on billing for observation services.

In addition, the TMA UBO Program Office is in the process of updating its User Guide, "Billing for Observation Services," which details how to create a correct claim or invoice (including identification of applicable observation codes and the appropriate claim forms and other information needed). The

Services will be updated on approval of the billing policy and user guide. Check the UBO Web site for updates on their status as well.

In the interim, for instances where the inpatient claim or invoice is an observation episode of care, be aware of the unique code-set referenced in the UBU coding guidelines (Appendix H) for the specific Diagnosis Related Group (DRG) code (951) and first-listed diagnosis code (V71.9). These indicate the need to cancel the inpatient charge and manually generate the appropriate outpatient charges reflected in the "Rounds" module in CHCS, in addition to the ancillary charges of laboratory, radiology, prescriptions, etc.

3. Cosmetic Surgery Estimator v7.0 Effective 1 July

The TMA UBO Program Office has rolled out the FY2011 Cosmetic Surgery Estimator (CSE) v7.0 that is effective for procedures scheduled on or after 1 July 2011. Two new codes have been added, five codes deleted, and a few descriptions modified to provide more clarity. In addition,

- The business rule for inpatient services change, with separate professional and anesthesia fees are broken out from the inpatient facility rate and reflected in the Cost Estimate Report in the CSE.
- The \$1,000 fee for multiple or bilateral procedures has been eliminated.
- In addition, more and enhanced instructional pop-up text boxes and reminders have been made.
- New this year, the CSE v7.0 and supporting documents, including the User Guide, Superbill, etc., are posted to a secure file transfer protocol (FTP) server from which the Services may download it during specified times. If MTFs subsequently need access to download, the TMA UBO Program Office will repost the CSE for a limited time by request.
- The need for MTF-specific user names and passwords has been eliminated.

2011 Effective Dates	
1 July	Cosmetic Surgery Estimator, v7.0
1 July	Outpatient Itemized Billing (including Cosmetic Surgery) Rates
8 August	FY2011 Pharmacy Rates and Pharmacy Pricing Estimator Tool (PPET)

A Webinar providing an overview of changes to the rates, business rules and the procedure code list, along with enhancements to the CSE and updates to the Cosmetic Surgery User Guide and Superbill, was presented on 21 and 23 June 2011. Visit the UBO Learning Center at http://www.tricare.mil/ocfo/mcfs/ubo/learning_center.cfm to view the Webinar and presentation materials.

4. CY 2011 OIB Rates Approved and Released for MTF Installation

Calendar Year (CY) 2011 Outpatient Itemized Billing (OIB) rates for billing outpatient care provided within a MTF have been approved by the ASD (HA) and released to the Third Party Outpatient Collection System (TPOCS) and CHCS for installation. The OIB rates, in conjunction with CY 2011 Cosmetic Procedure rates, are effective 1 July 2011. **All CHCS sites must have installed by 30 June 2011 for the effective date of 01 July 2011 as the earliest effective date is the installation date + 1.** The corresponding TPOCS update was 27 June 2011 and must be installed before any bills with dates of service on or after 01 July 2011 are created. If your MTF has any questions related to the CY 2011 OIB Rate release, contact the UBO helpdesk at 703-575-5395 or ubo.helpdesk@altarum.org.

The OIB rates package includes: CHAMPUS Maximum Allowable Charge (CMAC) Rates, CMAC Component Rates, Anesthesia, Ambulance, Dental, Durable Medical Equipment/Durable Medical Supply, Immunization, and Elective Cosmetic Procedure rates. The package also updates the interagency rate

(IAR) and international military education and training (IMET) rates, Ambulatory Procedure Visit (APV) rates as well as the TPOCS Mapping Table, Current Procedural Terminology (CPT) Revenue Mapping Table, Defense Medical Information System (DMIS) Identifier (ID) Table, and the Modifier Mapping Table.

The only major change in rate setting methodology from CY 2010 to CY 2011 is with anesthesia rates. Prior to the CY 2011 update, anesthesia charges were based on a single, system-wide cost per anesthesia procedure derived from Medical Expense and Performance Reporting System (MEPRS) data. With the CY 2011 update, anesthesia charges are specific to the anesthesia procedure based on the sum of the base units and national average time units for the procedure multiplied by the national conversion factor. The format of the table is the same, and MTFs will still apply the associated rate per corresponding procedure.

The overall average increase of the OIB rates was 4.5%. Other specific percentage differentials and changes in the CY 2011 rate package were provided in the June 2011 OIB Rate Update Webinar. Participants had the opportunity to ask questions pertaining to their command and specific situations. For more information, to view the Webinar and to download the presentation materials, visit the UBO Learning Center at http://www.tricare.mil/ocfo/mcfs/ubo/learning_center.cfm.

5. Pharmacy Rates Update Effective 8 August 2011

The TMA UBO Program Office will be implementing the second FY2011 Pharmacy Rate Table update on 8 August 2011. The UBO Pharmacy Pricing Estimator Tool (PPET), available at http://www.tricare.mil/ocfo/mcfs/ubo/mhs_rates/pharmacy.cfm, will also be updated at that time. The updated rate table and PPET will provide prices for approximately 132,000 National Drug Codes (NDCs) listed in the May 2011 Defense Logistics Agency (DLA) Managed Care Pricing File (MCPF). Approximately 46,000 of these are over-the-counter NDCs (which are generally not a covered benefit), and 86,000 are formulary NDCs (the beneficiary needs a prescription to obtain the prescribed pharmaceutical).

This update implements a pricing methodology that uses TRICARE allowable payment data from the MHS retail Pharmacy Data Transaction Service (PDTS) database to set UBO prices for a majority of prescription drugs so they correspond to what TRICARE allows. The methodology does not limit the availability of drugs; it only identifies billable drugs and the amount to bill. Where a drug is represented in the MCPF but not in the PDTS, the median average wholesale price methodology is used to set the price. The TMA UBO Program Office will still retain the implementation of a \$2.00 per script dispensing fee—again consistent with the average dispensing fee allowed by the TRICARE retail pharmacy. In addition to providing pricing allowable by TRICARE reimbursement, the updated table will provide a current list of NDCs to the MTF billing systems.

A Webinar reviewing the rate methodology and the updates will be presented on 12 and 14 July 2011. Visit the UBO Learning Center at http://www.tricare.mil/ocfo/mcfs/ubo/learning_center.cfm for more information, including the presentation material.

6. Integrated Project Team (IPT) Formed to Redesign Other Health Insurance (OHI) Information Needs

An OHI management IPT has been formed to redesign the MHS standard insurance table (SIT) OHI information needs. Members of the IPT include TMA Information Management (IM) representatives, the TMA UBO Program Office and its contract support, the Service Program Managers, Managed Care Contract Support and Pharmacy representatives. The team's goals are to help implement the MHS electronic health records (EHR) way-ahead initiative and for the direct care sector to meet and exceed

industry practice of capturing, facilitating, and sharing OHI information by centralizing management of OHI data to allow for real-time data updates.

Over the course of the next 15 months, the IPT will determine what is required to centralize, enhance management capability, and improve OHI functionality, including how to: centrally manage and control access to SIT/OHI data; remove duplicate health insurance carrier (HIC) identifiers; reduce the volume of “placeholder” insurance policies; standardize the request for and verification of SIT/OHI information; and resolve incomplete OHI information. Compliance with HIPAA 5010 requirements will also be ensured.

The initial phase of the project is to validate the current “as-is” OHI process (e.g., data collection, business rules, and business processes) by September 2011. By September 2012, the IPT will propose a “to-be” process based on analysis of identified gaps in MHS capabilities to recover program costs, including necessary functionality needed to extract OHI information from a patient’s medical health record.

7. Other Health Insurance (OHI) Discovery Project Implemented

The TMA UBO Program Office, in coordination with other TRICARE offices, has been sponsoring an OHI discovery activity with TMA West to identify OHI for TRICARE patients using purchased care. Over 900 OHI policies have been uncovered with contractor support, and there is significant potential for additional billing of insurance carriers to recover the costs of care provided in direct care facilities.

The OHI data has been determined from sources other than the Defense Enrollment Eligibility Reporting System (DEERS), including private insurance companies, for 2010 purchased care patient files by researching whether they had medical and pharmacy plans during time period they received care in the purchased care system. The TMA UBO PO has requested 2011 purchased care OHI data as well. The OHI data covers patient care delivered by purchased care in the continental United States (CONUS) and will be screened against the MHS Data Repository (MDR) to identify the MTFs that provided the care to the patients with newly discovered OHI.

The TMA UBO Program Office will use a secure file transfer server (FTS) to transfer files and safeguard protected health information and personally identifiable information (PHI/PII). The Services can download and access the data with an ID and password for this server. The Services will then be able to upload the OHI information to CHCS. The Service Program Managers will be notified on the availability of this information.

8. Metrics Reporting System (MRS) Update

The TMA UBO Program Office uses the MRS—an automated, Web-based, data collection tool—to facilitate capturing, consolidating, validating, and reporting Department of Defense (DD) Form 2570 Third Party Collections Program (TPCP) results. Effective 1 April 2011, the MRS was upgraded primarily to protect the system from cyber attacks and to keep the system compliant with Department of Defense (DoD) Information Assurance Certification and Accreditation Process (DIACAP). It is now operating with secure socket layer (SSL) registration, certification, and encryption. The uniform resource locator (URL) for the site has not changed, but users will note that there is an “s” following the “http.”

Password protection has also been strengthened. At login, users are asked to change their passwords to meet the new requirements. Passwords must: be at least eight characters; contain at least one lower case letter, one upper case letter, one digit, and one special character (valid special characters are @ # \$ % ^ & + =); and not be the same as any of the previous 24 passwords. You can reach the Web site by going to <https://ubometrics.org>.

Before you can access the MRS, you must contact your UBO Service Program Manager for permission. You must include your full name, the name of your MTF, your contact phone number, your e-mail address, and your DMIS ID in your request for permission. You will receive an automated e-mail from the UBO MRS with your user name and temporary password.

In addition, new enhancements for users were made. Errors in the users reports are now highlighted to indicate which cells need correcting. Users who report on several DMIS IDs no longer need multiple user IDs and passwords. In addition, users are able the view the entire report when editing (e.g., correcting errors, updating visits).

A Webinar reviewing the MRS upgrades—and presentation materials including screen shots of the new MRS—is available at http://www.tricare.mil/ocfo/mcfs/ubo/learning_center/training.cfm.

9. UBO Learning Center

In May 2011, in the spirit of the DoD's efficiency initiative, the TMA UBO Program Office upgraded the delivery of its Webinars to allow participants to stream audio through their computer or other Web-enabled device. To take advantage of this, you must have Adobe® Flash® Player on your computer and also a sound card and speakers (similar to those needed for Webinars in the Learning Center at http://www.tricare.mil/ocfo/mcfs/ubo/learning_center/training.cfm). If you do not have Adobe® Flash® Player, contact your system administrator to request authorization to download.

This upgrade has eliminated the noise and other background disruptions experienced in past Webinars and allows an unlimited number of participants (previously limited to 50). Also, because a telephone line is not required, participants have more flexibility to login from any location.

If you cannot stream audio, e-mail webmeeting@altarum.org for a dial-in number and participant code. Because the TMA UBO Program Office is charged a per user fee for this dial-in number, we encourage participants to stream audio where possible. The URL and instructions for logging into the Webinar remain the same (approximately 10 minutes prior to the meeting start time, go to: <http://altarum.adobeconnect.com/ubo/>), and we ask that you **include your Service affiliation** (e.g., Army, Navy, Air Force) with your login name for the Services to be credited for their member's attendance. A question-and-answer field is still available during the Webinar in which you can submit any questions during the presentation and request technical assistance at any time.

Upcoming Webinars include:

12 and 14 July 2011	CY 2011 Pharmacy Rates Update
16 and 18 August 2011	Deciphering the TPOCS Error Report
September 2011	Standard Insurance Table/Other Health Insurance (SIT/OHI)

Presentations listed below are available to any computer with Web browsing capability, from the UBO Learning Center at http://www.tricare.mil/ocfo/mcfs/ubo/learning_center/training.cfm.

- CY 2011 Outpatient Itemized Billing (OIB) Rates Update
- CY 2011 Cosmetic Surgery Rates Update
- 2010 ICD-10 Updates: How They Impact Billing
- 2010 ICD-9-CM Updates: How They Impact Billing
- CHCS and the Billing Process
- Program Integrity, Anti-Fraud
- CPT/HCPCS Changes for 2011
- Judge Advocate General (JAG) Support for UBO Billing
- Metrics System Upgrade Update
- How to Determine Charges Using the VA/DoD Calculator

Visit the TMA UBO Learning Center for any changes and/or additions to the schedule. You may also contact the TMA UBO helpdesk at (703) 575-5385 or UBO.helpdesk@altarum.org with any questions.

We encourage you to recommend training topics and speakers that would help you in your daily tasks. Let us know how we can help you do your job easier and better.

10. Spotlight on Third Party Collections Department Head, Naval Hospital Bremerton

The TMA UBO Program Office congratulates the Third Party Collections Department Head at Naval Hospital Bremerton for being awarded the BUMED (Bureau of Surgery and Medicine) Resources Management Analyst of the Year Echelon 4 and Below. The award recognizes her consistent record of hard work and dedication.

Excerpt from award citation: She “has been exceptionally successful in the management of NHB’s Uniform Business Office (UBO) over the last several years.... Under her supervision, 79 percent of billing is paid within 60 days of billed date. She also developed an Other Health Insurance (OHI) Incentive Award program to increase collection of the DD 2569 insurance verification form by 13 percent; this resulted in an increase of 7 percent of outpatient clinic transactions billed. Her team’s efforts resulted in NHB collecting \$2.8 million, allowing the command to modernize equipment and provide additional services to [its] beneficiaries.” Learn more details: “NHB Department Head Awarded BUMED Analyst of the Year” at: <http://www.med.navy.mil/sites/nhbrem/CommandInfo/Pages/news.aspx>.

The TMA UBO Program Office congratulates her in receiving a most prestigious and deserved award!

11. Farewell, Respected Colleagues

The TMA UBO Program Office congratulates and bids farewell to the Navy’s Regional (Navy Medicine East (NME)) UBO Program Manager as she retires from an illustrative 39-year career with the Navy including the last nine years at NME. Whatever the future brings you, thank you for all you have given us—professionalism, guidance, inspiration, dedication, tenacity, hard work, and many good laughs!

The TMA UBO Program Office also bids farewell to a valued support team member who is embarking on a new chapter of her professional career. Over the past two years she has provided subject matter expertise in the areas of health information management and cosmetic surgery. Thank you for your hard work and dedication as well.

Both colleagues have a passion for educating and working with others. They presented at many TMA UBO conferences receiving outstanding attendee feedback. We congratulate and wish the best to both of our departing colleagues.

Abbreviations/Acronyms in This Issue

AHLTA	DoD electronic medical record
APV	Ambulatory Procedure Visit
ASD	Assistant Secretary of Defense
BUMED	Bureau of Medicine and Surgery (Navy)
CCE	Coding Compliance Editor
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
CHCS	Composite Health Care System
CMAC	CHAMPUS Maximum Allowable Charge
CONUS	Continental United States
CPT	Current Procedural Terminology
CSE	Cosmetic Surgery Estimator
CY	Calendar year
DD	Department of Defense
DEERS	Defense Enrollment Eligibility Reporting System
DHIMS	Defense Health Information Management System
DIACAP	Defense Information Assurance Certification and Accreditation Process
DLA	Defense Logistics Agency
DMIS	Defense Medical Information System
DoD	Department of Defense
DRG	Diagnosis Related Group
HER	Electronic Health Record
FTP	file transfer protocol
FTS	file transfer server
HA	Health Affairs
HCPCS	Healthcare Common Procedure Coding System
HIC	Health insurance carrier
HIM	health information management
HIPAA	Health Insurance Portability and Accountability Act of 1996
IAR	Interagency rate
ICD	International Classification of Diseases, Revisions 9 and 10
ID	identifier
IM	Information Management, TMA
IMET	International military education and training
IPT	Integrated Project Team, MHS
JAG	Judge Advocate General
MCPF	Managed Care Pricing File
MDR	HHS Data Repository
MEPRS	Medical Expense and Performance Reporting System
MHS	Military Health System
MRS	Metrics Reporting System
MTF	Military Treatment Facility
NDC	National Drug Code
NHB	Naval Hospital Bremerton
OHI	Other Health Insurance
OIB	Outpatient Itemized Billing
PDTS	Pharmacy Data Transaction Service
PHI	Protected health information
PII	Personally identifiable information
PO	Program Office
POC	Point of contact
PPET	Pharmacy Pricing Estimator Tool
SIT	Standard Insurance Table
SSL	Secure socket layer
TMA	TRICARE Management Activity
TPCP	Third Party Collections Program
TPOCS	Third Party Outpatient Collection System
UBO	Uniform Business Office
URL	Uniform Resource Locator
UBU	Unified Biostatistical Utility

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UBO Subject Matter Experts

Patient Financial Services

Billing office operations such as MHS rate development, CHCS/TPOCS mapping tables, and reimbursement procedures

Medical Management

Documentation, coding, and policy development, including ICD-9 & ICD-10 diagnosis and procedure coding, CPT-4, and HCPCS coding

Access Management

Registration, identification of other health insurance (OHI), third party contract management, and the standard insurance table (SIT)

Compliance & Policy Management

Policy and guidance to ensure MTF revenue cycle business processes are conducted in accordance with DoD and national compliance standards

Metrics System Support

Education and Conference



Share Good News, a Bright Idea

Send us your MTF's best practices and stories, including real-life experiences, successes, and how you have overcome challenges.

If your MTF and UBO Program Office have a good news story, accomplishment or tip(s) to share, e-mail us your story at

UBO.helpdesk@altarum.org. Include your name, MTF location and contact information.