

Uniform Business Office Newsletter

Helping frontline users perform their day-to-day jobs

Volume 3, Issue 3
April – June 2005

IN THIS ISSUE

1. [2005 UBU/UBO Conference a Success!!](#)
2. [Keynote Speaker Jim Sheehan Discusses Fraud](#)
3. [Updating CHCS and DEERS Demographics Data](#)
4. [Cosmetic Surgery Estimator](#)
5. [What You Said About the UBO Website and Training Opportunities](#)
6. [SIT/OHI Conversion Update](#)
7. [Compliance Plans – They Help](#)
8. [CMAC/OIB Rates Update](#)
9. [UBO Tier III Trouble Tickets](#)
10. [The Benefits of E-Billing](#)
11. [Metrics Reporting](#)

IMPORTANT NOTICE: Due to Privacy concerns, all personal identifiers, such as names and personal e-mail addresses, have been removed from this newsletter. We apologize for this inconvenience. If you have questions about an article, please do not hesitate to contact the UBO Help Desk (UBO.helpdesk@altarum.org/703-575-5385)

1. 2005 UBU/UBO Conference a Success

The 2005 UBU / UBO Conference entitled "Core Competencies, Coding and Billing" by all measures was a success. Over 400 participants attended basic and advanced classes covering coding, billing, compliance, OHI, denials, Medical Services Accounts (MSA), new rules and regulations, and a number of other topics. Participants were treated to information from 16 exhibitors and the peaceful surroundings of the National Conference Center. Overall feedback from participants was very positive.

Seventy-seven presentations were given during the three-day conference, along with five days of hands-on training on MSA, Coding Compliance Editor and the TPOCS system.

[Name Redacted] developed the new Medical Services Account track. He presented a significant portion as well. His hands-on classes on Monday and Friday were particularly well received and helpful for beginners and experienced staff. The other MSA speakers also received excellent reviews. Without a doubt, MSA was a huge success and will probably have even more participation next year.

You can obtain copies of the presentations at the UBO Website under the "[Training](#)" section.

Start planning now for next year's UBU/UBO Conference.

2. Keynote Speaker Discusses Fraud

An Associate US Attorney from the Department of Justice was the featured keynote speaker. In his address he said he was moving forward on collecting information for possible violations of the Federal False Claims Act based on payors who received claims but failed to pay facilities. He believes that payors who practice a pattern of behavior called "intentional" failure to pay and have a "reckless" disregard of their legal obligation to pay can be prosecuted. Successful prosecution would result in debarment from government participation, fines of up to \$5,000 per "knowing refusal" plus triple damages.

In his opinion, "certain kinds of behavior are intentional and long-standing." He recommended educating payors on our unique system. He also recommended that when working denials:

- Call and ask why the claim was rejected - ask to speak with the supervisor and record the date, time, phone number and full name of everyone with whom you speak at the payor's office.
- Find out where the claims are processed (locally or in another state).
- Ask what claims processing software they are using and what system they use.
- Ask if there is a VIP list for processing claims and how is it developed.

- Ask if interest is paid on payments for previously denied claims. Ask about holdbacks.
- Record date when claims are sent (electronic or paper) and the date the check is received.
- Within 30 days of sending the claim, check that it is in their system.
- When mailing out problem/high dollar claims send them "return-receipt requested" and one to an envelope to prove they were received by the payor.
- Keep any records of meetings with the payor and all correspondence and emails.
- Bundle problem claims together and set up meeting with payor to discuss.
- Keep notes in the patient accounting system or excel spreadsheet of every inquiry.

The US Attorney reminded participants that to develop a case against a payor for specific patterns of behavior, a facility must have proof that the payor had intention not to pay. He acknowledged that payors are not solely to blame when claims are not paid. He stressed that claims must be coded correctly.

3. Updating CHCS and DEERS Demographics Data

History: Updating address, telephone and e-mail address in CHCS and DEERS was a one-way street from DEERS to CHCS. When staff made an appointment for a patient in CHCS, the automatic nightly DEERS check would overwrite the more current data in CHCS. This was a problem as staff would have updated CHCS, but not DEERS. Also, a report would be generated and printed out in Patient Administration every day, of patients with scheduled appointments who were not DEERS eligible.

Then, a few years back, an X12 transaction (HIPAA 275, patient data update) was implemented between CHCS and DEERS. Instead of the old one-way feed, data traveled in both directions. When patient demographics are updated in CHCS, CHCS sends a message to DEERS during the nightly update. This was when the EDIPN (Electronic Data Interchange Patient Number) became important.

- If the patient has an EDIPN on the CHCS server sending the message, DEERS recognizes the patient, and the most current address/telephone number is written into both systems.
- If the patient does not have an EDIPN on the CHCS server sending the message, then CHCS would still send the updated data, but DEERS may not recognize the patient and therefore may not update the DEERS address.

With the advent of this X12 transaction it became necessary to manually do a DEERS check for each patient you added to the CHCS server to obtain the DEERS EDIPN. This manual check involves doing a check on the actual patient, not just pulling up the family by the sponsor's SSAN and seeing if the patient listed as a family member. You need to click on the specific patient in order for an EDIPN to be sent down from DEERS to your CHCS server.

Not all sites are manually checking DEERS for each individual patient since there are still some DEERS eligible patients without EDIPN on the local server where they are receiving care. At last check, one VERY LARGE MTF had almost 50% of their active patients without EDIPN.

BOTTOM LINE: For patients with an EDIPN, it should be enough to update CHCS that will then update DEERS. If a patient does not have an EDIPN, you need to do a manual DEERS check, actually clicking on the specific family member and bring down the EDIPN from DEERS. Then, you can update address/telephone number/e-mail in CHCS and that will feed to DEERS.

If you update CHCS prior to obtaining an EDIPN, when you do get the EDIPN, DEERS won't overwrite what is in CHCS because CHCS has the most current data.

For those of you who want to update both CHCS, and DEERS, you can update DEERS using a web site with a ".mil" suffix. The DEERS update site is at: <https://www.dmdc.osd.mil/appj/address/index.jsp>

1. Read the paragraph and click on "continue."
2. Click on "personal info."
3. Enter the patient's SSAN, last name and year/month/date of birth and click on "Enter."
4. Enter the updated address, telephone number or e-mail and click on "Enter."

4. Cosmetic Surgery Estimator

Implementation of the new Cosmetic Surgery rates package will be effective when the new rates become effective in Summer/Fall of 2005. The Medical Services Account office (MSA) will be notified in advance with the exact date. All procedures after the implementation date will use a new pricing method. Due to the updated rate method, a new computer tool, the Cosmetic Surgery Estimator (CSE) was designed to support the MTF and Medical Services Account office in billing for cosmetic surgery.

The objective of the Cosmetic Surgery Estimator is to provide an automated toolbox that calculates the charges for cosmetic surgery along with associated services such as anesthesia, and facility fees. Some of the other features of the CSE will be the ability to save and retrieve inquiries and generate reports.

The long awaited Cosmetic Surgery Billing package will include the Cosmetic Surgery Estimator on CD ROM, a user manual, and 2005 Cosmetic Surgery business rules. Details on how to obtain the package will be forwarded to the MTFs.

5. What You Said About the UBO Website and Training Opportunities

At the UBU/UBO Conference we were able to collect valuable input from many of you regarding the UBO website and ways to serve your training needs. People requested more training and information on the standard operating procedures. The majority of survey takers requested quarterly training. The preferred training methods were, audio conferences, videoconferences, and web-based self-directed learning.

This information will be used for further enhancements to the UBO training and education programs. Visit your UBO Website at http://tricare.osd.mil/rm/ubo_home.cfm

6. SIT/OHI Conversion Update

SIT/OHI is still working. In spring 2004 we thought it would be done by fall 2004. It is now summer 2005. When will it occur? We will let you know. But prior to the conversion, there are actions you can start working now to have your MTF prepared. In order to prepare your sites and to maximize a good outcome with minimal disruption in services, a "Pre-" and "Post-" Conversion Guide will be available. It will contain activities that must be performed prior to and post conversion to have the optimal conversion. Our emphasis will be on the Pre-Conversion Guide. Post-Conversion Guide will be available at a later date.

There were several SIT/OHI sessions at the recent UBO conference. Slides from those presentations are on the UBO website. A Pre-Conversion Guide for the SIT/OHI Conversion is also on the web.

The following documents will help you with your local CHCS clean up which will vary with each MTF. You need to use these documents during the Pre-Conversion process. The documents are meant to provide a head's up for the MTFs so you become familiar with what will be expected for the conversion process. http://tricare.osd.mil/rm/ubo_sit.cfm

Pre-Conversion Guide

1. DEERS MTF SIT online web application (tested but not yet deployed)
2. Quick Reference Guide for DEERS MTF SIT online web app (tested but not yet deployed)
3. Guide to Application Security Management, DMDC (TBA)
4. March 2004 Excel file with standard SIT carriers from DEERS SIT table

The Pre-Conversion Guide is your overview for the entire process. The tasks outlined focus on activities that should be conducted with existing CHCS capabilities, before the system changes for the centralized SIT/OHI Enhancement. At this time, it may be helpful to review the guide and possibly try running the reports. Forward issues and comments to your UBO manager for future revisions.

In order to get a head start, the MTFs should also work the March 2004 Excel file which contains a table with the Standard SIT carriers from DEERS* that had been imported into the local CHCS databases. Ideally, at the time of initial receipt, MTFs should have re-pointed all of their temporary CHCS SIT carriers to the Standard SIT carriers contained in the Excel file. However, if your MTF did not perform or complete this re-pointing, then it should be done prior to conversion. The sooner, the better. If this re-pointing is not done, OHI policies linked to those temporary SIT carriers will be inactivated during conversion. Stay tuned for more details.

*DEERS – Defense Enrollment Eligibility Reporting System *SIT – Standard Insurance Table

*DMDC – Defense Manpower Data Center

7. Compliance Plans – They Help

A good way to ensure that the proper steps are taken to receive reimbursement from third-party payers is to incorporate the steps into your compliance plan. It is DoD Policy that all facilities have a compliance plan. The UBO provides a great deal of compliance-related support at its website (http://tricare.osd.mil/rm/ubo_policy_and_guidance_compliance.cfm). A compliance checklist is included in this site. In addition, each Service has compliance documents that should be followed.

It is helpful to think of compliance as an “umbrella” under which all of a facility’s policies and procedures are maintained. This “umbrella” is necessary to avoid any contradictions between policies or procedures. For example, coding should not have a policy with permits a record to sit for 90 days to release from a coding editor while billing has a policy to bill an encounter in 14 days; a policy in medical records should not contradict a billing policy that relates to medical records. They should compliment each other.

A compliance program will help staff figure out what it takes to process a claim. Following a plan will ensure that the claim is coded correctly before it is submitted. Incorporating the steps suggested by the US Attorney (see article on page 1) could help ensure proper follow-up.

BOTTOM LINE: A compliance program can save employees time and MTFs money. It should be viewed as an important tool in the MTF’s arsenal of providing high quality care efficiently.

8. CMAC/OIB Rates Update

Be on the lookout around 6 September 2005 for the 2005 outpatient reimbursement rate package. This package includes:

- Outpatient 2005, CY 2005 Anesthesia flat rate,
- Dental Rates,
- DME/DMS* rates,
- Immunizations rates,

- Pharmacy dispensing fee (look for CY 2005 Pharmacy Rates in mid/late Sept)
- New IMET/IAR* rate factor.

The rates are currently undergoing testing, and as we get closer to deployment we will notify you when they are loaded in CHCS* and TPOCS*.

Please continue to use the UBO Helpdesk and/or the UBO website to report any issues regarding billing. We appreciate your patience and look forward to getting this updated rate package to you as soon as possible.

*DME/DMS – Durable Medical Equipment; Durable Medical Supplies

*IMET – International Military Education and Training

*IAR – Inter-Agency Rate

*CHCS – Composite Health Care System

*TPOCS – Third Party Outpatient Collection System

9. UBO Tier III Trouble Tickets

In a continuing effort to resolve all of the trouble tickets reported by MTFs experiencing billing problems, we are happy to let you know that a large portion of the tickets have been resolved. Guidance will be going out to the Services through their UBO Managers. Several MTFs reported trouble with some CPT codes not mapping to a rate, and some codes (90471-90474) were mapping to the wrong table for their rates. All CPT codes now map to the appropriate table and the corresponding rate. Another trouble ticket that has been resolved was the transposition of CPT 4 codes listed in the Immunization Table. That too has been corrected and MTFs are able to pull a rate for those codes.

We understand that there are other issues that need to be corrected. We are working with both CITPO* and RITPO* to resolve these billing problems. Please continue to report all billing problems through the UBO Helpdesk and/or through the UBO website. We appreciate your patience and understanding.

*CITPO – Clinical Information Technology Program Office

*RITPO – Resource Information Technology Program Office

10. The Benefits of E-Billing

As most of you are aware, MTFs want the tools to e-bill. There are problems with not having the data fields to collect data required on some e-bills. Systems Change Requests (SCR) have and will be submitted to update our data collection systems. While most facilities understand the benefits of electronic transactions, actually submitting bills electronically continues to be a challenge. The sooner you complete the program enrollment paperwork, the sooner you will be able to e-bill.

Reasons to e-bill:

1. Once the billing batch has been submitted to the payer, you receive an immediate response (within 24 hours) that the payer has received the claims. If you are able to send them by 11:00am (EST) you will receive the response that same day.
2. Your claims will be sent directly to the NDC Clearinghouse. There they will undergo an edit process to make sure all of the necessary elements are available. If there are any bills that do not have the appropriate information, they are dropped from the batch and returned to the MTF with a message of the additional information required to submit the claim to the payer. This means that the payers are only seeing 'clean claims' and, in theory, allows the payor to process the claims for payment in a timelier manner. There have been some reports of MTFs receiving payment in as few as 6-8 days.

- On-demand and automated reports are generated by the NDC E-Premis tool, which will provide the MTF a wealth of feedback on their billing efforts. This is especially important to those of you who are using ad hoc reports to get the information you need. It will most likely save you the time of having to create, run and maintain those reports.

As you can see, there are many benefits to enrolling in the E-billing program. For more information on the enrollment process and deployment schedule please contact your UBO Service Manager.

Phase 1 Readiness	Phase 2 Preparation	Phase 3 Implementation	Phase 4 Transition
Client Completes Tasks in Anticipation of Working with Project Team	Project Team and Client Coordinate Set-Up and Customization	Training And Go-Live Occur	Client Moves into Customer Support

11. Metrics Reporting

Congratulations. The reporting of 2nd Quarter FY 2005 data went well. Most MTFs are reporting their data on time. We are seeing far fewer problems than the last few quarters. We look forward to receiving the 3rd Quarter FY 2005 data at the beginning of July. (Remember, the 4th of July weekend is in the middle of the reporting period.)

As you begin to report your MTF's 3rd Quarter data, please be aware of a few pitfalls:

- Remember to report your 3rd Quarter cumulative Non-Active Duty Inpatient Dispositions and Outpatient Visits. A frequent mistake is reporting net dispositions or visits for the quarter rather than cumulative through the end of the quarter. The instructions for pulling these data differ by Service. If you are in doubt, check with your UBO Service Representatives for exact details.
- Look at the Claims per Disposition and Claims per OP Visits. Remember that only a small fraction of your dispositions or visits come from patients with other health insurance (OHI). Therefore we would expect the percentage of Claims per Disposition or Claims per OP Visits to be well below 100%. Anything higher is probably an error in the reported number of dispositions/OP visits or the number of claims. High percentages should be reviewed carefully; however, there may be an explainable reason that could be documented in the "Comments" field.
- When creating your 3rd Quarter report ("Add Report"), be patient and remember to choose the 3rd Quarter. For some of you with slower connections, there is a lag time between the choice of the fiscal year and the appearance of the selection list for the quarter. Please be patient and let the quarter drop-down list appear. If you push the "Add" button too fast without choosing the quarter, you will create a report for 2nd Quarter Year 50! Don't panic if this happens. You can either go through the formality of creating a report with 0s and at the last screen where it asks you if you want to "Submit", "Edit", or "Undo", you press "Undo" and delete your report; or you can enter your data and then contact the UBO Helpdesk (UBO.helpdesk@altarum.org) to let us know that you need the report year and quarter changed. We will follow up with you.

12. National Identifier Type 2

The NPI type 2 guidance should be finalized by TMA by the end of June. You will receive more information about NPI type 2 in the next newsletter.

13. UBO References and Web Portals

<u>Reference Sources</u>	<u>Web Portal</u>
Uniform Business Office (UBO)	http://tricare.osd.mil/rm/ubo_home.cfm
Uniform Biostatistical Utility (UBU)	http://www.tricare.osd.mil/org/pae/ubu/default.htm
MHS Helpdesk	http://www.MHS-helpdesk.com
Third Party Outpatient Collection System (TPOCS)	http://www.tpocs-cce.com
CHCS Implementation Alerts and OIB	https://fieldservices.saic.com
UBO Questions	ubo@tma.osd.mil