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Health Insurance Portability Accountability Act (HIPAA)X12 5010

13 July 2010 @ 0800 *and* 15 July 2010 @ 1400

Presented by the TMA UBO support team

Log into: <http://altarum.adobeconnect.com/HIPAA> and enter *full name and MTF location* for credit from your Service.

Please note, you must also dial in for audio:

Dial-in number: 877-960-7130

Participant code: 5308629

Please be sure to **mute your telephone** upon entry, and do not put it on hold during session. You may submit a question at anytime by typing it into the "Question" field on the left and clicking "Send."



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Objectives

- Overview changes in new HIPAA Electronic Transaction Standards
- Discuss relevance of changes to UBO operations
- Review implementation of new billing and collections solutions
- Review limitations of new solutions



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New HIPAA Electronic Transaction Standards Discussion



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Update to HIPAA Standards

- August 2008 – Notice of Proposed Rule Making (NPRM) published to adopt updated versions of standards for electronic transactions published in August 2008
- January 2009 – Final Rule published
 - January 1, 2012 – Compliance date for new transaction standard
 - October 1, 2013 – Compliance date for ICD-10



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HIPAA Transactions Currently Used in MHS Systems

- 837P – Health Care Claim: Professional
- 837I – Health Care Claim: Institutional
- 834 – Enrollment and Disenrollment in a Health Plan
- 270/271 – Eligibility for a Health Plan (Inquiry and Response)
- NCPDP – Retail Pharmacy Drug Claim
- 276/277 – Health Care Claim Status Request and Response
- 835 – Health Care Payment and Remittance Advice



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Modifications to HIPAA Electronic Standards Affecting UBO Operations

- Adoption of the Accredited Standards Committee X12 (ASC X12) Version 005010 Technical Reports Type 3 (TR3) for HIPAA Transactions
- Adoption of NCPDP Telecommunications Standard D.0 and ASC X12 5010 TR3 for Billing Retail Pharmacy Supplies and Services



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Current HIPAA Transactions in Direct Care Billing & Collections Applications

- 837P – Health Care Claim: Professional
- 837I – Health Care Claim: Institutional
- NCPDP – Retail Pharmacy Drug Claim



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Benefits of 5010 vs. 4010A1

- Clarity and consistency in administrative/header data
- Clarity in situational cases
- Changes in some segments and data elements to better represent business processes
 - For example – change in definition of subscriber in Other Health Insurance (OHI)



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Additional Benefits 5010 vs. 4010A1

- Enables use of ICD-9 and migration to ICD-10 claims
 - Includes POA indicator
 - Clarifies use of National Provider Identifier (NPI)
 - Requires minutes of service for anesthesia billing rather than units or minutes



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Transaction Clarifications with 5010

- The 5010 specification provides more standardization of information
 - If not required, do not send
 - Bill the same way for all payers
 - Formatting rules (e.g., no hyphens) – telephone numbers, SSNs
 - Anesthesia billing



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Central Billing Events Repository (CBER) Discussion



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Overview

- The planned process for transitioning to the provision of billing data through the Central Billing Events Repository (CBER)
 - Current state of MHS Billing Operations
 - Integrated Requirements and Design (IRD)
 - CBER Concept
 - Benefits
 - TPOCS Status



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Current State of MHS Billing Operations

- Each Service performs its own TPCP, MSA and MAC billing using a combination of CHCS, TPOCS, E-Premis, and contractor systems
- Encounters and orders from 400+ business locations (DMIS IDs) are stored in local databases



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Current State of MHS Billing Operations, cont.

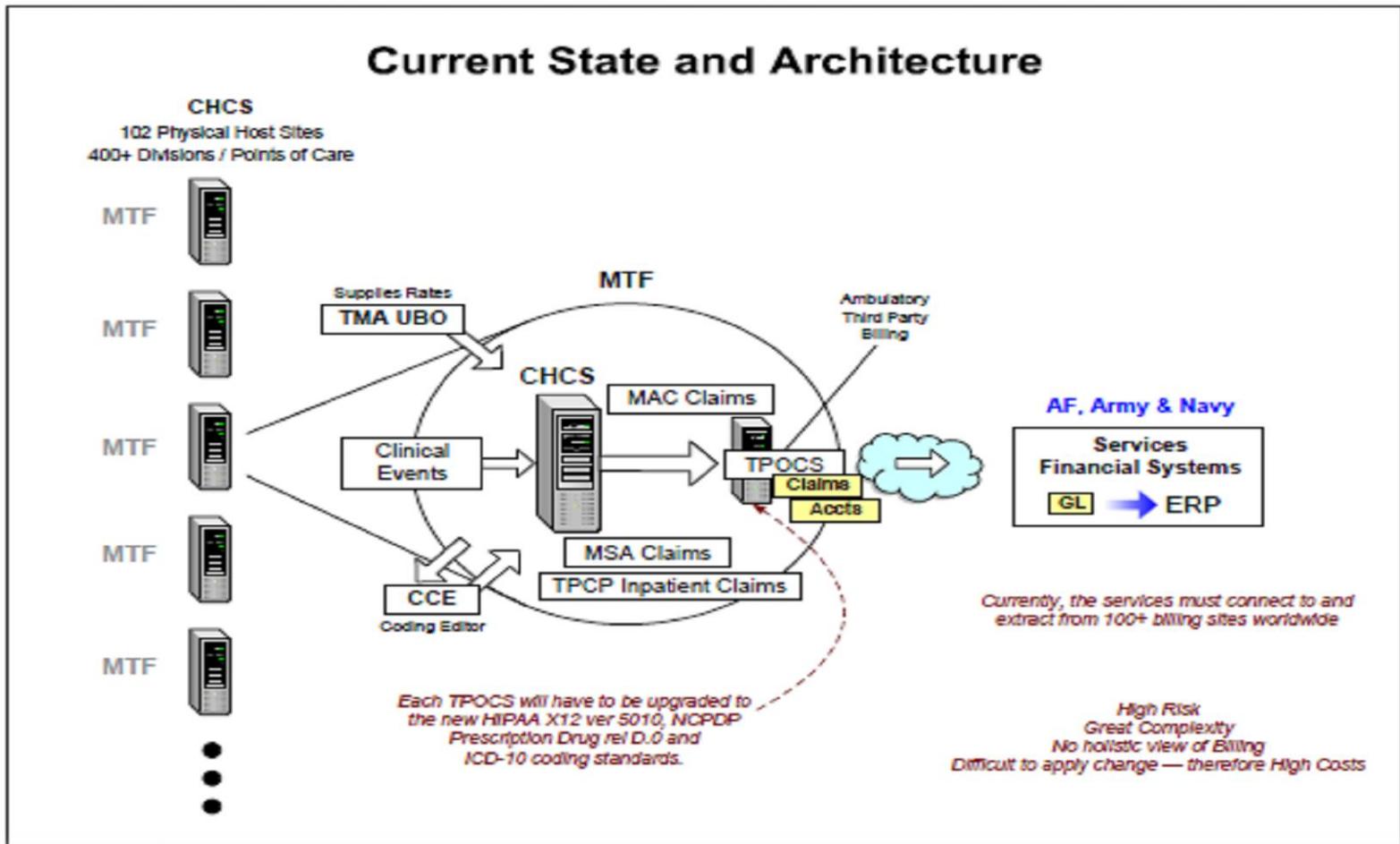
- Third party outpatient data flows from CHCS to TPOCS
- Many functions, including inpatient third party, MSA, and MAC billing, remain largely manual processes
- Charge Master Base Billing (CMBB) was the initial attempt to address problems



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Current MHS Direct Care Billing and Collections





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Need for a New Approach

- CFO disapproved Defense Business Transformation certification in June 2007 for a CMBB System
 - Proposed system did not meet full requirements (e.g., electronic pharmacy billing)
 - The costs for full functionality, and therefore return on investment (ROI), are unknown
 - Each Service building separate financial system
- Solution: Develop a repository of billing data that will feed Service billing solutions



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Integrated Requirements and Design Process

- Formal Integrated Requirements and Design (IRD) Working Group chartered to develop a Concept of Operations (CONOPS) for a Central Billing Events Repository (CBER)
 - Formed in 2009
 - CONOPS and high-level functional requirements completed in Jan. 2010

- Participants: TMA and Service Uniform Business Office (UBO) Program Managers and representatives from Business and Economic Analysis (BEA), Information Management (IM), Defense Health Services Systems (DHSS), Defense Health Management Information System (DHIMS), and Development Test and Evaluation (DT&E)



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IRD Scope

- Determine the data and the solution pathway needed for central provisioning of billing event data by TMA in order for the Services to perform billing and collections for the three cost recovery programs:
 - Third Party Collection Program (TPCP)
 - Medical Services Account (MSA)
 - Medical Affirmative Claims (MAC)



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IRD Scope, cont.

- Primary goal of this activity is central collection, processing, and provision of billing data to best extent possible
- Billing data is provided for downstream Service billing activities



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IRD Scope Limits

- Items out of scope of this IRD's activities include:
- Direct submission of electronic claims to payers
 - General Ledger, Accounts Receivable and other specific financial system type activities
 - Direct activities such as denial management, resubmission of claims
 - Coordination of Benefits activities
 - Billing for Non Med-Fixed (Deployed) Medical Activities
 - Although medical information related to MAC claims will be available, much of MAC remains a manual activity outside scope of simple central data provisioning



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CBER Concept

- Collect and process appropriate data into a Central Billing Events Repository (CBER)
 - Use existing/updated data feeds between MHS source systems and the MHS Data Repository (MDR)
 - Supplement these feeds as needed
 - Leverage existing infrastructure and processes to the greatest extent possible
 - Place TPCP, MSA, and MAC-related data in the CBER



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CBER Concept, cont.

- Services will have access to the CBER information in various ways and have the flexibility to conduct billing and collections operations as they see fit via Service-specific billing solution
- CBER will include Billing Rate Tables, Reference Files, and HIPAA 837-I, 837-P, and NCPDP D.0 Files

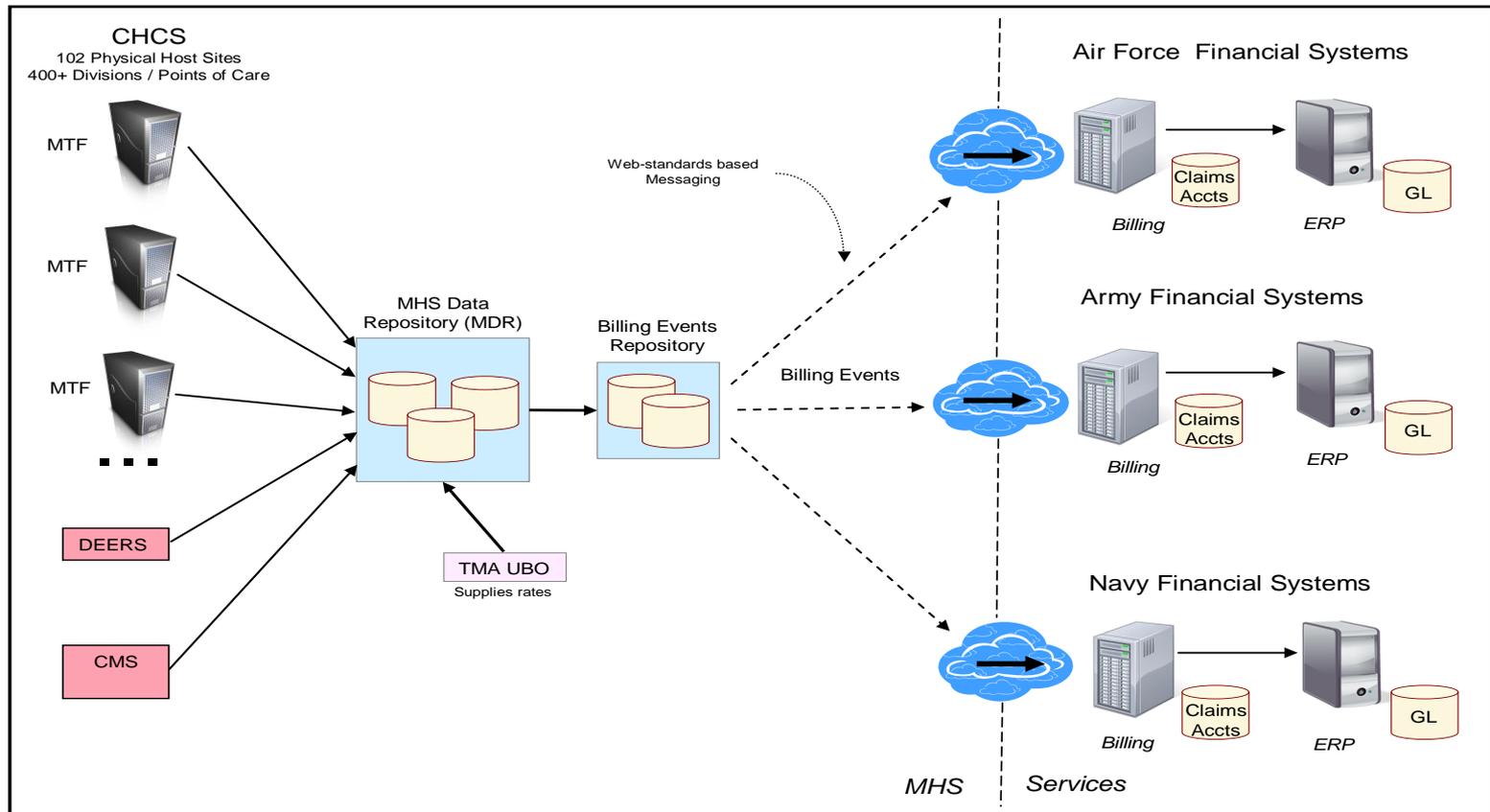


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CBER Overview

End-State Architecture





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CBER Phased Implementation Plan

➤ Phase 1 (Q2 FY11)

- Implement enhancements to MDR data feeds from source systems
- Add new data elements to existing feeds
- Ingest new data feeds to MDR (SIT, OHI, DMHRSi, NPPEs, etc.)

➤ Phase 2 (FOC Q4 FY11)

- Integrate data from Phase 1 into MDR processing to produce CBER billing SAS data sets
- Incorporate/modify reference files and rate tables as needed
- Leverage existing MDR/M2 infrastructure and processing
- Enhance existing MDR infrastructure as needed
- Incorporate SAS Integration Technologies to enhance user access to MDR data sets



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CBER Phased Implementation Plan, cont.

➤ Phase 3 (FOC Q3 FY12)

- Create a billing events repository database that will provide a pathway for data use in a variety of formats
- Database will be populated by MDR-processed data feeds
- Create a Business Objects (BOXi) CBER universe for user access and reports
- Leverage DB2 BCU-based database and BOXi-shared infrastructure as much as possible
- Enhance existing infrastructure as needed

➤ Phase 4 (FY14/FY15 ?? tied to EHR Way Ahead)

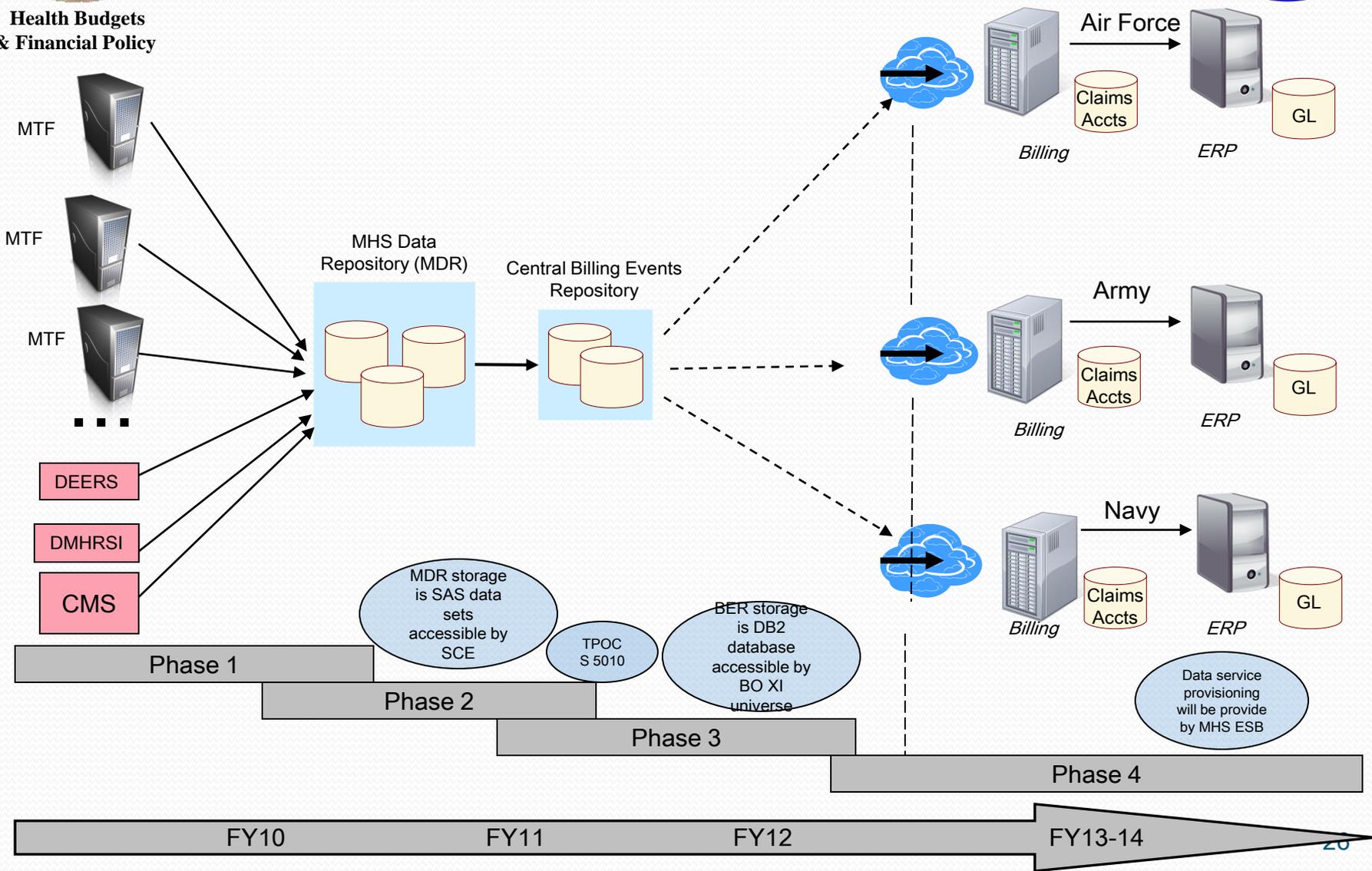
- Create a CBER data provisioning service



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CBER Phased Implementation Plan





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End-State Benefits

- Consistent access by Services to high-quality billing data
- Continued provision of data if MHS legacy systems are changed or replaced
- Supports multiple COTS billing systems and business practices among the Services
- Congruent with MHS architecture strategy
- Provides improvements/update to entire business data access and reporting environment



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TPOCS 5010 Risk Mitigation

- Given amount of work to be done to implement the CBER 5010 implementation date, 1 January 2012, IRD working group recommended update to TPOCS for 5010 and NCPDP D.0 output
- Insurance policy buys 22 months to beginning of FY14 (1 Oct 2013) to get CBER work done through at least Phase 3
- Should allow adequate time to transition numerous billing activities to other pathways
- Plan to be off TPOCS prior to ICD-10 implementation in FY14



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CBER Summary

- **Goal** – Provide a central repository of healthcare service, patient (including other health insurance), provider, and reference data to support Service-defined and managed billing and collection solutions
- **General Concept** – Data feeds to the Medical Data Repository (MDR) will be modified to provide data needed for billing. MDR will provide data transformation and formatting to build a Billing Events Repository. Services will receive data for their respective MTFs
- **Status** – Concept of operations completed. Detailed data requirements and business rules for transformation and loading underway. Initial system-level testing planned for mid CY2011



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Business Domain Electronic Health Record (EHR) Way Ahead



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CBER-Based Solution Limitations

- The CBER and Service-specific billing solutions cannot solve all of our issues
 - Capture of all services
 - Pre-Certification/Pre-Authorization
 - Other Health Insurance (OHI) discovery and maintenance
 - Identification of Medical Affirmative Claims (MAC) cases



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EHR Way Ahead

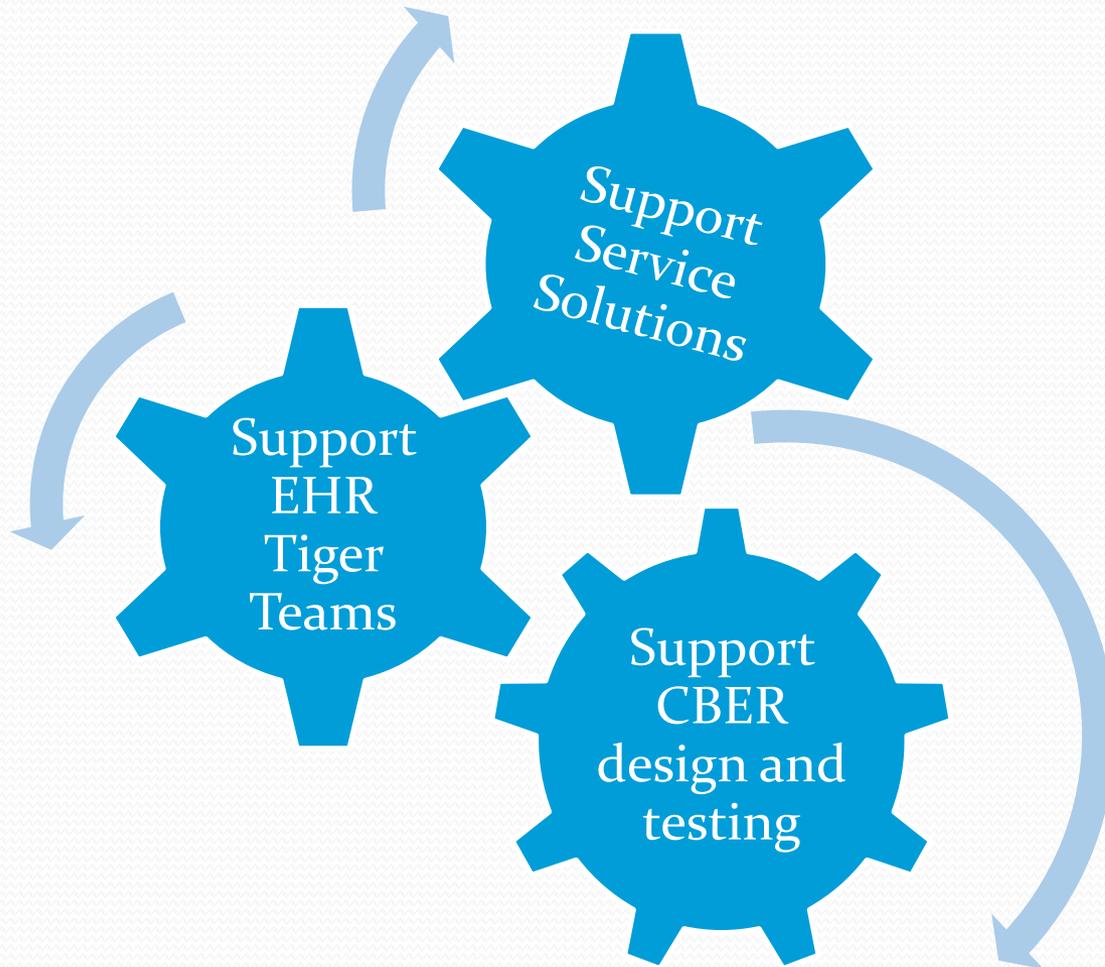
- Tiger Teams have been or are being formed to address business needs
 - Billing
 - Coding
 - Collections
- Teams are reviewing data flows and business processes to ensure the new EHR supports business requirements
- Teams are identifying needs for other groups to incorporate
 - OHI Collection
 - Pre-Certification/Pre-Authorization



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What Can We Do?





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Questions?

Please contact the UBO Helpdesk if you have any questions or concerns at (703) 575-5385 or UBO.helpdesk@altarum.org.

