

# Uniform Business Office Newsletter

*Helping frontline users perform their day-to-day jobs*

**IMPORTANT NOTICE:** Due to Privacy concerns, all personal identifiers, e.g., names and personal e-mail addresses, were removed from this newsletter. We apologize for this inconvenience. If you have questions about an article, please contact the UBO Help Desk (UBO.helpdesk@altarum.org/703-575-5385).

Volume 7, Issue 2  
Jan – Mar 2009

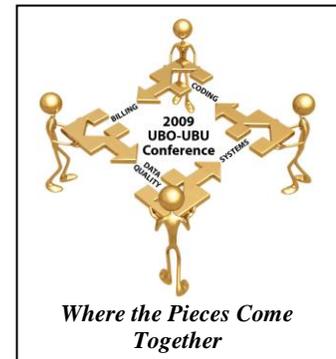
## IN THIS ISSUE

1. Experts to Present at the 2009 Annual Conference
2. Always Match DRG Versions
3. Meal-Charge Prohibition Now Permanent
4. Cosmetic Surgery Estimator Methodology Clarification
5. MEPRS Training Available Online
6. Pharmacy Rate Table Update
7. Do NOT Deactivate HICs
8. UBO Metrics Security Upgrades
9. UBO Learning Center
10. Safeguarding Patient Privacy – Gentle Reminder

Abbreviations and Acronyms in this Newsletter

## 1. Over 70 Experts to Present at the 2009 UBO/UBU Educational Conference

It's not too late to join us for the Annual UBO/UBU Conference at the National Conference Center (NCC) in Lansdowne, Virginia, 31 March through 2 April. Pre-conference sessions will be held 30 March. This year promises to be exciting, with more than 100 educational sessions focusing on coding, billing, data quality, and systems for new and experienced members of the billing and coding community. Learn about the latest changes, network with others, and take home valuable information that will help you do your job more effectively.



On-line registration closed 16 March; however, you can always register on-site. Remember, you must still register as a day or overnight guest with the NCC. Call the NCC at 730-729-8000.

## 2. Always Match DRG Groupers and Payment Calculators

Each DRG Grouper is designed to accompany a specific modified DRG payment calculator. You must use the correct TRICARE DRG Grouper with the corresponding modified TRICARE DRG payment calculator when creating bills or processing payments for inpatient care under VA/DoD Healthcare Resource Sharing Agreements. Failure to do so will result in incorrect billing and payment amounts.

The 1 October 2008 version of the TRICARE DRG Grouper applies only to inpatient care provided in FY 2009. Other versions of the TRICARE DRG Grouper are used to assign DRGs for inpatients treated in other fiscal years. Similarly, a new FY 2009 version of the TRICARE Modified DRG Payment Calculator also became effective on 1 October 2008. It is used to price FY 2009 inpatient care provided under VA/DoD Healthcare Resource Sharing Agreements. FY-specific versions of the TRICARE Modified DRG Payment Calculator are posted on the TMA [UBO](#) Web site.

## 3. Meal-Charge Prohibition Now Permanent

Military treatment facilities (MTFs) may **not** charge members of the Armed Forces for meals while they are receiving inpatient or outpatient services for an injury, illness, or disease suffered while supporting Operation Iraqi Freedom, Operation Enduring Freedom, or any other operation or area designated by DoD as a combat operation, or in an area designated as a combat zone. Health care services include medical recuperation or therapy, or other continuous care.

The meal charge waiver began as a temporary measure introduced by then-Senator Barack Obama (D-IL) in the 2005 Emergency Supplement Appropriations for Defense, the Global War on Terror, Tsunami Relief (PL 109-13). It was set to expire 30 September 2005. It was extended temporarily by subsequent fiscal year National Defense Authorization Acts (NDAA). The NDAA for 2009 (PL 110-447) makes the prohibition permanent. The 4 February 2009 memorandum alerting the Services to the change and requesting that the Services forward implementing guidance to TMA is available on the TMA [UBO](#) Web site.

#### 4. Cosmetic Surgery Estimator Methodology Clarification

The Cosmetic Surgery Estimator will continue using a global pricing methodology. This methodology is in keeping with the 25 October 2005, HA Policy 05-020, Policy for Cosmetic Surgery Procedures in the Military Health System, which states that:

All patients, including active duty personnel, undergoing cosmetic surgery procedures must pay the surgical fee plus any applicable institutional and anesthesia fee, for the procedures ....

The Estimator and its corresponding User Guide are updated each year to reflect changes in rates and any other upgrades to the Estimator. This year's updates will stress this basic methodology.

#### 5. New MEPRS Training Available Online

The Medical Expense and Performance Reporting System (MEPRS) is the consolidated source of MTF manpower, expense, and workload data. MEPRS promotes Tri-Service reporting uniformity and supports Military Health System (MHS) activities such as rate-setting and the Medicare Eligible Retiree Health Care Fund (MERHCF) decision making.

Learn more about MEPRS through the newly launched Five Minute MEPRS University (5M2U), an innovative approach to MEPRS training. The 5M2U is a Web-based learning tool that complements the existing MEPRS Application and Data Improvement (MADI) workshops. The 5M2U currently offers three MADI modules, and more are on the way. Each module contains concise lessons outlining MEPRS concepts and processes. Users can test their knowledge at the end of each module by completing a short quiz.

To access the 5M2U, visit the MEPRS Information Portal at [www.MEPRS.info](http://www.MEPRS.info) and register for a MyMEPRS account. When your MyMEPRS account is approved, simply log in on the portal home page and select 5M2U from the navigation menu. Choose a course from the curriculum to begin your 5M2U learning experience.

#### 6. Pharmacy Rate Table Update

Updated pharmacy rates are expected to become effective in the late spring, early summer of 2009. The updated table will be based on prices from the 1 February 2009 Managed Care Pricing File, which is provided by the Defense Logistics Agency (DLA). The UBO Pharmacy Rate File does not limit availability of pharmaceuticals, but establishes which pharmaceuticals can be billed and the respective charge for the pharmaceutical if billed.

Pharmacy prices may be significantly different than the actual price paid by the MTF. This is because the naming convention used is based on the essential drug characteristics (active ingredient, dosage form, and strength) rather than the actual National Drug Code (NDC) dispensed. To make our pricing more consistent with retail pharmacy pricing, the UBO Program Office researched prices of the top 100 most frequently prescribed drugs. The prices of those drugs were adjusted based on this data.

## 7. Do NOT Deactivate Health Insurance Carriers (HICs)

Always answer “no” to the question “Do you want to deactivate the HIC.” Otherwise, you will delete the HIC **throughout** the Defense Enrollment Eligibility Reporting System (DEERS). Requests for deactivation are automatically sent to DEERS, which essentially treats all unverified deactivation requests as being deactivated and terminates the related Other Health Insurance (OHI) policies. The UBO’s Verification Point of Contact (VPOC) restores the HIC as quickly as possible, but by that time, since the HIC was in a “deactivation state,” normal billing may have been negatively impacted.

*Deactivating a HIC  
is **strongly**  
discouraged.*

Unless an insurance company no longer exists, it cannot be assumed that every MTF wants a particular HIC to be deactivated. Furthermore, when plans or companies merge, the respective individual HICs need to remain in DEERS since there could still be outstanding bills generated prior to the merger. For more information visit the TMA UBO [SIT/OHI](#) page on the TMA UBO Web site. If you have any questions please contact [VPOChelpdesk@Altarum.org](mailto:VPOChelpdesk@Altarum.org).

## 8. UBO Metrics System Being Modernized and Undergoing a Security Upgrade

Metrics Reporting System (MRS) users should bookmark a new Web site (<https://ubometrics.org>) to report first quarter – and subsequent - third party collections. Users will also notice other system changes related to a modernized system platform to provide enhanced security and privacy. In particular, MRS is now operating with Secure Socket Layer (SSL) registration, certification, and message encryption. Passwords must also meet new requirements. They must

- Contain at least 8 characters
- Not be the same as any of the previous 24 passwords used for this site by the user
- Contain at least one lower case letter, one upper case letter, one digit, and one special character (valid special characters are @\$%^&+=)

The MRS captures, consolidates, validates, and reports data from the DD Form 2570 Third Party Collections Program (TPCP). The MRS stores data from approximately 130 Service Operated billing offices.

Additional enhancements are planned, including migrating to a new operating system and a new version of the database engine, SQL Server. This will involve some application redesign, but most of the changes will not be noticeable. Contact your Service UBO Manager for any questions about the MRS processes. Contact the TMA UBO [Helpdesk](#) for technical difficulties reporting the data.

## 9. UBO Learning Center

The 2009 CPT & HCPCS Level II updates and their billing impacts was the first teleconference for this calendar year. Calls were held 5 and 9 February; slides are available from the TMA [UBO](#) Web site.

### February Teleconference: 2009 CPT & HCPCS Level II updates and their billing impacts

The 2009 update brought 152 new codes, 99 deletions, 174 descriptor changes, 329 grammatical changes, and 2 reinstated/recycled codes, with the most changes occurring in the Medicine Category. Modifier -21 was deleted.

Our analysis of deleted codes 90772 and 90774 revealed the following potential impacts of not using the correct replacement codes.

90772 – One MTF reported 5,332 of these encounters. The CMAC rate for this code is \$20.57 per encounter. If the crosswalk code, 96372, is not used for each encounter in 2009, the potential loss for just this one code at this one location could be \$110K.

90774 – One MTF reported 4,981 of these encounters. The CMAC rate for this code is \$57.89 per encounter. If the crosswalk code, 96374, is not used for each encounter in 2009, the potential loss for just this one code could be \$288K.

The rate tables for all the code changes are currently being developed and are projected to be deployed in July 2009.

## **10. Safeguarding Patient Privacy – Gentle Reminder**

Privacy must always be in the forefront when transmitting patient data, especially when transmitting the data electronically. Any information that can reasonably lead to identifying a patient, particularly his or her past, present, or future medical condition – or payment for healthcare services furnished to the patient – must be protected. The data should not be transmitted without the individual's authorization. Any unauthorized transmission must be documented. For additional information, visit TMA's Privacy Office web site: <http://www.tricare.mil/tmaprivacy/default.cfm> .

**Abbreviations/Acronyms in This Issue**

<b>5M2U</b>	Five Minute MEPRS University
<b>CHAMPUS</b>	Civilian Health and Medical Program of the Uniformed Services
<b>CMAC</b>	CHAMPUS Maximum Allowable Charge
<b>CPT</b>	Current Procedural Terminology
<b>DEERS</b>	Defense Enrollment Eligibility Reporting System
<b>DLA</b>	Defense Logistics Agency
<b>DoD</b>	Department of Defense
<b>DRG</b>	Diagnosis Related Group
<b>FY</b>	Fiscal Year
<b>HA</b>	Health Affairs
<b>HCPCS</b>	Healthcare Common Procedure Coding System
<b>HIC</b>	Health Insurance Carrier
<b>IL</b>	Illinois
<b>MADI</b>	MEPRS Application and Data Improvement
<b>MEPRS</b>	Medical Expense & Performance Reporting System
<b>MERHCF</b>	Medicare Eligible Retiree Health Care Fund
<b>MRS</b>	Metrics Reporting System
<b>MTF</b>	Military Treatment Facility
<b>NDAAs</b>	National Defense Authorization Act
<b>NCC</b>	National Conference Center (Lansdowne, Virginia)
<b>NDC</b>	National Drug Code
<b>OHI</b>	Other Health Insurance
<b>PL</b>	Public Law
<b>POC</b>	Point of Contact
<b>SIT</b>	Standard Insurance Table
<b>SQL</b>	Structured Query Language
<b>SSL</b>	Secured Socket Layer
<b>TMA</b>	TRICARE Management Activity
<b>TPCP</b>	Third Party Collection Program
<b>UBO</b>	Uniform Business Office
<b>UBU</b>	Unified Biostatistical Utility
<b>VA</b>	Veterans Affairs (Department of)
<b>VPOC</b>	Verification Point of Contact

**2009 UBO/UBU Annual Conference**  
*Be Inspired... Be Informed... Be THERE*  
 31 March – 2 April 2009  
 National Conference Center  
 Lansdowne, Virginia