

Uniform Business Office Newsletter

Helping frontline users perform their day-to-day jobs

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IN THIS ISSUE

1. CY2005 Rates
2. Billing 99199
3. FY06 Inpatient ASAs
4. FY06 Family Member Rates
5. Updated PATCATs
6. 2006 Goals/ Recognition Program
7. DoD IG TPC Audit
8. MAC Enhancement
9. ADM P1P2
10. SIT/OHI Update
11. Business Rules
12. Hurricane Billing Guidance
13. Backup Your Data
14. UBO References

Attachments:

1. Award Criteria
2. SIT Update

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. Updated CY 2005 Outpatient and Pharmacy Rates. (Effective Date 14 September 2005)

The updated Calendar Year 2005 rates should have been loaded at your military treatment facility (MTF). The only exception is the CMAC rates for TPOCS which will be available at the TPOCS website on 30 September 2005 for loading over the weekend. See the power point slides and signed package at <http://tricare.osd.mil/rm/index.cfm?pagelid=106> for more information.

These will only be used for Third Party Outpatient Collection System (TPOCS) and Medical Services Account (MSA). Until the Office of Management and Budget (OMB) publishes new rates in the Federal Register, the CY2003 rates will continue to be used for Medical Affirmative Claims (MAC). Remember, these are not the inpatient rates or the subsistence rates.

The Outpatient Itemized Billing rate tables that have been updated are:

- **Ambulance** (a flat rate, \$183.00 per hour, billed in quarter hours)
 - **Anesthesia** (a flat rate, \$749.00)
 - **Dental** (rate based on procedure weight)
 - **Durable Medical Equipment** (DME/DMS)
- **Immunization** (based on the procedure)
 - **International Medical Education & Training/Interagency** (IMET/IAR)
 - **Pharmacy Dispensing Fee** (\$8.00 per prescription dispensed).

The **Pharmacy Managed Care Pricing** File has also been updated. Many pharmacy prices continue to be significantly lower than the actual price paid by the MTF. This is due to the current pharmacy module in CHCS using the National Stock Number (NSN) which is based on the essential characteristics (e.g., active ingredient), not the National Drug Code (NDC) which reflects the manufacturer and active ingredient. As the Pharmacy module can only furnish the NSN, pricing continues to be at the "Lowest Generic Cost" at which the Defense Logistics Agency (DLA) can purchase drugs with the same active ingredient, dosage form and strength from vendors, regardless of brand name or generic distinction. A new pharmacy package has been purchased and will be integrated with Composite Health Care System (CHCS). The new pharmacy module will be able to provide the NDC for the specific product dispensed.

The CHAMPUS Maximum Allowable Charge (CMAC) and CMAC Component rate tables for each of the 90 localities were released for CHCS. The TPOCS office was kind enough to assist us in correcting the oversight in having the 99199 in the CMAC table. To update the CMAC table and test it, the CMAC table was delayed about three weeks. The CMAC TPOCS table will be on the TPCOS website 30 September for loading over the weekend. The correct locality code for **overseas** locations is once again Brazoria, TX, locality code 375. This is the median CMAC price.

Mapping tables were also updated. Mapping tables are used to point to the correct form, revenue code and in the case of the modifier mapping table, the correct multiplier for the price.

Cosmetic Surgery. There is no non-CMAC rate table this year as this table contained rates for cosmetic procedures. The rates for cosmetic procedures are in the "Cosmetic Surgery Price Estimator Tool" (CSE) which is available by contacting your Service MSA point-of-contact (e.g., [names redacted]). CSEs will be available for your MSA personnel. Depending on your Service, CSEs may be available for providers. It is strongly recommended that the MSA works closely with providers to ensure they understand how to properly use the CSE.

- The rates in the CSE were effective for all cosmetic surgeries as of 14 September 2005. Just like all the other rate tables, the prices in the CSE are mandatory for use. MTFs do NOT have the option of using other rates.
- The rates are for cosmetic procedures, not for medically necessary procedures. It is the provider who determines if a procedure is cosmetic.
- In order for the MSA office to generate a cost estimate for the procedure(s), the provider must provide the data regarding the proposed procedure(s). These data can be collected using the Cosmetic Surgery Data Collection worksheet which is included in the package.
- MSA clerks will use the CSE to calculate the price that patients must pay, in advance, for cosmetic surgeries.
- The cosmetic surgery rates now include the professional component, the institutional component, and any applicable anesthesia.
- For procedures done in the provider's office, the rates will usually be less than in prior years. For procedures done in the operating room, the prices will usually be more reflective of the actual costs involved (this is a tactful way of saying the prices will probably be more than last year's rates).
- The TRICARE Management Activity (TMA) is updating the policy regarding cosmetic surgery. The release of this policy may impact cosmetic billing as there is a possibility that Active Duty personnel will be required to pay for cosmetic procedures with the release of the updated policy. As soon as the TMA Cosmetic Procedures policy is signed, it will be forwarded to the Service POCs and posted to the UBO web page. Other than adding AD to the patients who will pay for cosmetic procedures, it is not anticipated that there will be any impact to the rates which became effective 14 September 2005.
- Providers and MSA personnel interested in suggesting improvements to the CSE for the CY2006 release, contact the [UBO help desk](#).
- Please continue to report any rate/billing questions through the [UBO help desk](#).

2. Institutional Billing for Ambulatory Procedure Visits (APVs).

Due to an error in preparing the CMAC rates tables, the "99199" rate was accidentally not included. Because of the repeated delays in releasing the Calendar Year (CY) 2005 Rates (see article 1), and because correcting this error would have caused an additional 10 week delay in release of the CY 2005 rates, it was decided to add the 99199 rate to TPOCS as of 1 October 2005. The 99199 rate will not be added to the MSA rates in CHCS. But, the MSA rate for 99199 is \$ 819.18. Usually, no charge codes will appear on the MSA generated bill as \$0.0. MSA billers will need to manually review bills prior to printing to identify all APV bills with the 99199 code. They will need to manually change the \$0.0 to \$ 819.18 For more information, contact the [UBO help desk](#). There will be a telephone conference in the next few weeks to give step-by-step MSA 99199 billing instructions. Please e-mail [UBO help desk](#), or call 703-575-5385 and let him know you are interested. He will then send you slides, the time/date, and the telephone dial in information.

The updated TPOCS tables should be available for updating the MTF TPOCS as of 30 September 2005. Due to the hold period for TPOCS billing, services done after 13 September 2005 should not generate bills until 28 September 2005. To ensure the appropriate pricing for APV institutional services, MTFs are advised to hold billing from 27-30 September 2005, and generate the bills on 1 Oct 2005 after the TPOCS system is updated.

3. Fiscal Year (FY) 2006 Inpatient Rates.

Inpatient Adjusted Standardized Amounts (ASA) will be forwarded through the Service POCs soon. Do not bill discharges which occur after 1 Oct 2005 until you receive your new ASAs.

4. FY 2006 Family Member Rates.

The family member FY2006 subsistence rate is \$14.35. Be sure to load this ASAP.

5. Updated PATCAT Table

Hopefully, everyone noticed when the PATCAT table was updated, the bills for retirees and officers stopped generating! New codes were added to include TRICARE Reserve Select (see *36/*37), transitional compensation at *44, NAF Employee CONUS at K53, NATO Coalition Forces (OCONUS only) at K80 and K81 and expanded the inactivated K92C to make Medicare-Civilian Emergency at K93, Medicaid-Civilian Emergency at K94 and State Children's Health Ins Program at K95. The updated table was loaded in CHCS on 13 September 2005. The new codes will not be able to be used until the new codes appear in the registration edits. The updated edits were approved by the Uniform Biostatistical Utility (UBU) on 14 September 2005 and forwarded to be updated in CHCS. The Services will be notified as soon as the edits are updated in CHCS.

6. 2006 UBO Goals/Recognition Program

The Services concurred with establishing performance goals for UBO, TPC, MSA and MAC. The goals will be a way for MTFs to evaluate their UBO programs. FY 06 UBO goals will be used as a basis for a TMA UBO "Outstanding MTF UBO Award."

See attachment 1 to this newsletter for a complete list of the goals. Understand, that these are something to aim for, and will not be achievable for many MTFs. Some MTFs may meet or exceed some goals while other MTFs may exceed other goals based on each MTF's strengths. These goals should be used to identify areas for improvement. Some of the goals will change next year, based on accomplishments this year. For instance, the percent of electronic billing should change when the new pharmacy module is fielded and the NDC of the dispensed pharmaceuticals are forwarded for billing.

The goals will be used in the TMA UBO recognition program. The recognition program will recognize outstanding performance in three CONUS MTFs (one each Medical Center, hospital and clinic) and two OCONUS MTFs (one bedded, on clinic). The award will be a Fiscal Year (FY) award, with submissions forwarded to TMA from the Services not later than 15 December for the previous FY. Awards (e.g., a plaque) will be presented at the UBO conference following the submissions. The first awards will be presented at the 2007 UBO Conference. Once the program is approved and signed by the ASD (HA), it will be posted on the UBO Website.

7. The Department of Defense (DoD) Inspector General (IG) Third Party Collection Program (TPCP) Audit

Beginning in Sep 2005, the DoD IG, working with the Military Departments, will begin assessing MTF implementation of TPC goals. This means that:

- Documentation of all encounters, coded in the Ambulatory Data Module and forwarded to the Clinical Data Repository [which feeds the MHS Mart (M2)], must be available for review at the MTF where the service was furnished. In simple English, if a service was coded at an MTF, there should be documentation of that encounter at the MTF, unless the patient was permanently transferred to another base or left the military after the encounter. Some MTFs are having a problem ensuring documentation is available for review for patients not empanelled to the MTF. This DoD IG evaluation will highlight those MTFs having difficulties. It is very important for documentation to be available for quality assurance and billing.
- For non-active duty, all patients with a coded encounter must have a current, complete DD 2569 in the medical record with the visit documentation.

- Currently, the percent of non-active duty patients with a current, complete DD 2569 is reported in the monthly Data Quality Management Committee (DQMC) Commander's Statement. The IG audit should reflect a number similar to the number the MTF reports.
- The audit will review the MTF efforts to implement and meet Service assigned performance goals. UBO senior staff at the MTFs should ensure that all MTF UBO staff know the Service assigned performance goals and efforts being made to meet the goals.

BOTTOM LINE: DD Form 2569 are required in 100% of non-active duty medical records and the data on the DD Form 2569 must be entered in CHCS.

8. Medical Affirmative Claims (MAC) Enhancement

Identification of possible MAC cases continues to be challenging. Clinics are still required to complete Injury Logs but this is spotty at best. To assist MAC staff, an enhancement was made to CHCS. This enhancement has a number of ways to assist in the identification.

It starts with the appointment clerk being prompted to collect if the visit is related to an injury, and if so, it prompts the clerk to collect additional information regarding the injury. When the patient is booked for a follow up or scheduled appointment, the computer will look back 6 months to see "If this appointment is related to a PREVIOUS Injury/Accident? Y?" and will display data from last appointment so it only needs to be accepted, or can be updated (for this appointment only). The check-in clerk at the clinic is also prompted to collect injury related information. The check-in clerk and the provider may collect additional information and may modify the information previously collected. Then the individual collecting data regarding the encounter in the Ambulatory Data Module also has injury related prompts. Once the ADM is completed, injury/accident data for that encounter can't be changed. So, how does this help the MAC staff? There are a number of reports the MAC staff can run to access this injury data. The reports permit the MAC staff to quickly and easily identify possible MAC encounters and forward the data to the Legal Office for review.

In the past when an appointment was made, the query "*Is this appointment related to an Injury/Accident?*" defaulted to "No." Now it will default to "Yes." Clerks will still quickly learn to tab through the query, but it may cause the clerk to give the question more attention. To ensure clerks understand the importance of correctly answering the query, MAC staff will need to initially assist with training and periodically provide refresher training. The MAC Enhancement Program was successfully tested at Elmendorf in August 2005. If you want to enhance your MAC identification and collections, you should contact your Service representative and volunteer to be a test site.

The MAC Enhancements make other slight changes. Previously with the HIPAA 837 requirement, if "No" was entered in the "Injury Related" field, but ICD-9 codes were entered in the range of E800 to E999.9, the "Injury Relate" field automatically changed to "Yes" and the system would prompt the user to fill in the Injury Related information before filling the encounter screen. This would cause the "injury – yes" for E-codes such as E869.4 Accidental poisoning by second-hand tobacco smoke.

BOTTOM LINE: A telephone conference will soon be announced for your site to receive training. It appears the enhancement should be loaded at your MTF around the first of November.

9. Ambulatory Data Module Priority 1, Phase 2 Enhancements (ADM P1P2)

The Military Health System (MHS) collects coded data regarding outpatient medical encounters in either the CHCSII module or directly in the Ambulatory Data Module (ADM). Data collected in CHCSII flows to ADM. Data in the ADM then flow to the MSA module and to TPOCS. In June 2005, the ADM P1P2 update was run at most MTFs. Changes that impact the UBO are:

- "Supervising Provider." The main intent of this function was to ensure that supervising providers review the selection of codes used by residents, nurses and technicians. This impacts billing since some potentially billable encounters are "hanging up" in the system awaiting a supervisor's review. Once the encounter's codes are reviewed and approved, the encounter data will flow to the MSA, TPOCS and the Standard Ambulatory Data Report (which forwards data from the MTF to a central MHS data repository called the Clinical Data Repository).

- APV (Ambulatory Procedure Visit) encounters will no longer require the entry of an Evaluation and Management (E&M) code, which in the past was usually "99499." Other outpatient encounters will need an E&M code or a procedure code. In the past, all encounters needed an E&M code. There appears to be some problem with encounters without an E&M feeding to TPOCS. Until this problem is fixed, we are requesting MTFs to use the "99499" code, in the E&M field as a placeholder, when there is no appropriate E&M code for the encounter.

10. Standard Insurance Table/Other Health Insurance (SIT/OHI) Update

Only eight CHCS hosts have used the on-line web application to identify temporary insurance entries since 1 July 2005. This leads to a fairly good guess that not all sites are keeping their Standard Insurance Table (SIT) current. Unless you are one of the eight hosts, actively updating their SIT, set some time aside to review attachment 2. If you share a server, be sure to coordinate your activities with the other sites on your server.

11. Updating the Business Rules

The UBO Business Rules are currently in the process of being rewritten. The updates will be in the form of a User's Guide. The draft User's Guide will be available for review as of 10 October 2005. Your comments are needed to produce a quality product. The projected publish date will be 1 Nov 2005. It will include a number of new topic areas and almost all existing topics will be updated. Thank you very much to everyone who has called in and provided comments including those individuals at the MTFs.

12. Updated Hurricane Billing Guidance

There is no change to the existing policy that emergency patients will receive services as required. There is no change to the existing policy that payment information, such as other health insurance, employment /Workers' Compensation, spouse's employment data, and guarantor data will be obtained from non-beneficiary patients.

Letters regarding billing for patients from areas impacted by the Hurricane Katrina are available at <http://tricare.osd.mil/rm/index.cfm?pageId=10>. They are:

Subject: **Hurricane Katrina Patient Billing Determination** dated: 9 September 2005

Subject: **Hurricane Katrina Patient Billing Determination** dated: 16 September 2005 (delays adverse debt collection activities for those with mailing addresses in the affected states)

BOTTOM LINE: There is no pot of gold at the end of the rainbow just as there is no pot of money to provide medical care to disaster victims. Just with any other non-beneficiary, insurance and demographics data must be collected for disaster victims receiving services in the MTF. Be aware of special documentation requirements for patients regulated to your MTF through the National Disaster Medical System (NDMS). Review the guidance letters to ensure you use the appropriate PATCATs. For instance, if a non-beneficiary patient is an emergency patient, you will most likely use PATCAT K92A. If the non-beneficiary patient is not an emergency patient, and there is no other appropriate PATCAT, K99 will probably be the correct code. There has been no Federal declaration to cause K91 to be appropriate for Hurricane Katrina victims.

13. Backup Your Data

Please remember the importance of doing tape backups and then checking those backups to ensure the data is there. The Resource Information Technology Program Office (RITPO) has reported another site was recently down longer than necessary because of the quality and lack of good backups.

14. UBO References and Web Portals

Reference Sources	Web Portal
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.tpocshelpdesk.com
CHCS Implementation Alerts and OIB	https://fieldservices.saic.com
UBO Questions	ubo@tma.osd.mil

Attachment 1: Award Criteria:

Key Performance Indicators (KPI) measurements are measures which provide a basis for assessing the current status of UBO programs. They are dynamic and may change annually depending on program progress (e.g., fielding the MAC Enhancement Upgrade and the pharmacy module). Goals are achievable. Examples will be coming out soon to make these easier to understand. Just wanted to give you an idea of what was coming. To optimize one goal will frequently degrade others (e.g., using all resources in TPC while not working MSA).

KEY PERFORMANCE INDICATORS**UBO Improvement Goals (25 total possible points):**

KPI 1. Number of Inpatient Claims Current Fiscal Year (CFY) / Number of non-Active Duty (non-AD) Dispositions CFY

- DD2570, Block 4(3)a / DD 2570, Block 4(2)a

- Goal: KPI 1 equal to or greater than 10%; Score: 5 pts (all or none)

KPI 2. Inpatient Dollars Collected (Current year collections*) / Dollars Billed (CFY)

- DD2570, Block 4(10)a / DD2570, Block 4(6)a

- Goal: KPI 2 equal to or greater than 45%; Score: 10 pts (all or none)

KPI 3. Total Outpatient Dollars Collected CFY / Total Dollars Billed CFY

- Goal: KPI 3 equal to or greater than 50%; Score: 10 pts (all or none)

* Bill generated between 1 Oct and 30 Sep and paid during the same time frame.

TPCP (15 total possible points)

KPI 4. Percent of Claims submitted via E-Billing to Payor

- Goal: KPI 4 10%; Score 5 pts total, 1 pt for every 2% with max 5 pts at 10%

KPI 5. Meet Service Collection Goals

- Goal: KPI 5 meets or exceeds 100% of Service defined goal: Score: 5 pts, (all or none), 100% = 5 pts

KPI 6. Non-AD with current OHI form DD 2569 in Medical Record and CHCS

- Goal: KPI 6 100% of nonAD records with DD2569 and the correct data entered in CHCS; Score: 5 pts total, 1 pt for every 20% of non-AD with current OHI in both Medical Record (MR) and CHCS. If MR all electronic and OHI scanned, must be able to generate hard copy of OHI.

MSA (20 total possible points)

KPI 7. Percent of appropriate* MTF staff trained in proper PATCAT assignment/ Total Number who should be trained

NOTE: Web based training class in development

- Goal: KPI 7 100% of individuals who assign PATCATs for admissions and appointment trained; Score: 10 pts total. 1 pt for every 10% trained (certificate verification from web based class required)

KPI 8. Percent of VA (whatever form), USCG (usually DD7/7a), Interagency (usually DD7, DD7A) billed within 17 calendar days of the end of billing period (for Navy – quarterly, for Army and AF – monthly) / total number of VA and USCG and Interagency bills

- Goal: KPI 8 100% of interagency billed within 17 days of the end of the billing period;

- Score: 5 pts total. 1 pt for every 20% within 17 calendar days. Example: 100 bills for entire CY, 41% were mailed within 17 calendar days of the end of the billing period, earns 2 pts.

- Score: If no interagency billing MTF receives all 5 pts

KPI 9. For bedded facilities: Subsistence (family members subject to FMR charge) – \$ collected / \$ billed (for entire year)

- Goal: KPI 8 100%; Score: 1 pt for every 20%.

* Appropriate is defined as everyone who makes appointments, checks in patients or admits patients, including supervisors.

MAC (20 possible total points)

KPI 10. Percent MTF clinical and administrative staff trained in identifying injuries*

- Goal: KPI 10 100% trained annually; Score: 1 pt for every 10% trained

KPI 11. Number of notifications submitted to the Staff Judge Advocate (or other appropriate official) / Number of Diagnosis codes 800-999 in 1st Diagnosis field

- Goal: KPI 11 100%; Score: 1 pt for 60% 1 pt for every additional 10%

KPI 12. In response to JAG identification of a potential case, informational claim forwarded within 45 calendar days

- Goal: KPI 12 100% of requests filled within 45 days; Score: 5 pts for 50% of time

* Clinical staff is defined as anyone:

- (1) who would treat a patient due to an injury, e.g., privileged providers in the ED, orthopedics, family practice, pediatrics and radiology
- (2) who would check in a patient receiving care for an injury
- (3) making an appointment for or admitting a patient to receive care for an injury

Overall Performance (20 possible total points)

KPI 13. TPC and MSA Collections / Total FTE in MEPRS account EBH (including contractors)

- Goal: KPI 13 \$100K collected for each FTE in EBH*; Score: \$20-40K = 1 pt; \$40-60K = 2 pts; \$60-80K = 3 pts; \$80-100K = 4 pts; \$100K+ = 5 pts, for a max of 5 pts

KPI 14. Percent of Total Dollar A/R* (TPC & MSA) under 30 days

- Goal: KPI 14 50% under 30 days; Score: 10% under 30 days = 1 pt, for a max of 5 pts

KPI 15. Aged A/R collections for bills in prior year / Aged A/R as of 30 Sep at end of award year

- Goal: KPI 15 50%; Score: 1 pt for every 10% up to a max of 5 pts

KPI 16. EBH cost dollars / Total dollars collected

- Goal: KPI 16 17%; Score: 1 pt for 30%; 2 pts for 25%, 3 pts for 21%, 4pts for 19%, 5 pts for 17% or less

Attachment 2

SIT/OHI Update

The Standard Insurance Table/Other Health Insurance (SIT/OHI) Conversion has been rescheduled with testing occurring in the late fall of 2005 and limited deployment to specific sites to begin in January 2006. Roll out to the rest of the military treatment facilities (MTFs) will proceed in phases.

As discussed in the last newsletter, there are specific pre-conversion clean up activities that must be performed on your local CHCS system. A Pre-Conversion Guide with detailed instructions is located on the UBO website. These activities include running specific reports to identify temporary SIT entries and physically entering those temporary SIT entries via the online web-application tool. The next step is verification by the verification point of contact (VPOC). A temporary SIT entry is a Health Insurance Carrier name with a corresponding claims address and telephone number.

All temporary SITS that were created since the last CHCS upload to the SIT table in March 2004 must now be entered through this process. Sites that do not prepare for centralized SIT/OHI implementation will have a significant degradation in business office performance due to a large number of OHI policies associated with those temporary SITS that will become inactivated during conversion. Each MTF will have various amounts of temporary SITS, depending on the size and activity of the facility, so it is best to begin this work effort now to clean up the past and then to keep up with the current activity. The 11th hour mentality will not work. Preparation is the key to the success of the SIT/OHI conversion.

Each MTF should assign a SIT/OHI Site Conversion Manager (SCM) and begin to designate MTF staff members to participate. This should include both inpatient and outpatient billing areas, patient administration and information systems personnel.

The name, email address, and telephone number of assigned staff should be forwarded to the Service UBO manager. This contact information will be used to arrange pre-conversion planning teleconference meetings. Once selected users are identified, the MTF Uniform Business Office (UBO) must assign the new DG OHI security key. The current Key equivalent is CPZ OHI.

The designated MTF staff also needs security access to the Defense Enrollment Eligibility Reporting System (DEERS) online web application tool. They should contact their DEERS Site Security Manager (SSM) to obtain a User ID, password and site ID.

When you are doing the Pre-Conversion Activities, which include identifying your Temporary SITS, there is an online web application tool (also on website) that you will be utilizing to enter your Temporary SITS into DEERS. Please keep in mind the following points when utilizing the web application tool for Pharmacy entries.

Carrier Field - When you are asked for the carrier, please enter the insurer's name, (e.g., Aetna, Caremark, Express Scripts) and then select the coverage type as being RX for pharmacy. DO NOT place RX anywhere in the carrier field unless RX is in fact part of the name. The web application transitions you to the New DEERS SIT/OHI so using the OLD FORMAT of "RXCARVA0001" for Caremark is no longer valid.

To prepare for the SIT/OHI Conversion, a Pre-Conversion Guide and various tools have been created. They can be found on the UBO Website.

BOTTOM LINE: Stay Tuned: Teleconference regarding pre-conversion is in the works, we'll get the specifics out to the Services as soon as they are finalized. In the mean time, it would be good to start getting at least one individual at each MTF functional on the web application and start reviewing temporary SITS.