

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).

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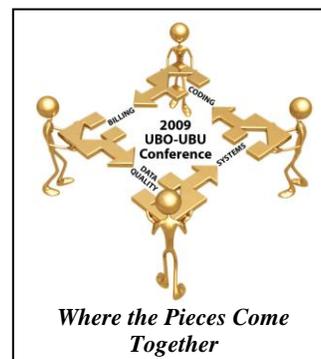
1. It's Almost Time for the 2009 UBO/UBU Annual Conference

Mark your calendar now for the UBO/UBU Annual Conference, to be held Tuesday, 31 March – Thursday, 2 April 2009, at the National Conference Center (NCC) in Leesburg, Virginia. Pre-conference sessions will be held on Monday, 30 March. Additional Third Party Outpatient Collection System (TPOCS) classes will be held on Friday, 3 April.

As in past years, there will be seven tracks:

- Two tracks focusing on billing and reimbursement;
- Two tracks focusing on coding and data quality;
- One track dedicated to Medical Services Account (MSA); and
- Two tracks of hands-on system training: one for TPOCS and one for Coding Compliance Editor (CCE).

Registration will open mid-January through the [UBO Web site](#). Remember that you must obtain a registration number from your Service to sign up for the conference. All conference attendees must also register with the NCC as either a Day Guest or Overnight Guest. You will not be allowed onto the NCC Campus unless you are a registered guest.



2. Updated Outpatient MAC Rates Released

Updated billing rates for outpatient Medical Affirmative Claims (MAC) became effective on publication in the 25 November 2008 issue of the *Federal Register*. The outpatient MAC rates are now the same as the rates that became effective for all other outpatient claims on 3 September 2008. All rates – including pharmacy rates, which are updated more frequently – are posted on the [UBO Web site](#).

Medical Affirmative Claims are claims for medical treatment furnished by military treatment facilities (MTFs) to patients who are injured by a third party. The MAC reimbursement rate must be approved by the Office of Management and Budget (OMB) and then published in the *Federal Register*. Fiscal Year (FY) 2009 billing rates for *inpatient* MAC will be submitted for OMB approval soon. Until the FY 2009 inpatient billing rates for MAC are published in the *Federal Register*, MTFs must use FY 2008 inpatient rates to bill inpatient MAC.

3. FY 2009 Inpatient Billing Held Up Until MS-DRG Weights Are Loaded

Fiscal Year (FY) 2009 inpatient rates became effective 1 October 2008. The rates and policy letter are posted on the UBO Web Site. Nevertheless, MTFs cannot bill for inpatient services furnished in FY 2009 using the updated FY 2009 rates until the 2009 International Classification of Diseases, Ninth Edition – Clinical Modification (ICD-9 CM) codes and TRICARE MS-DRG (medical severity – diagnosis related group) weights, part of the upcoming Coding Compliance Editor (CCE) update, are loaded. If a bill is generated without the updated codes, weights, and severity adjusted DRG grouper, the bill will not contain the correct charges. We expect that deployment of the FY 2009 codes, weights, and associated CCE application will be completed by the end of December 2008.

4. New MHS System Change Request (SCR) Form

A revised form and instructions are now available for submitting new capabilities / requirements or proposed changes to MHS automated information systems. This form should be used to recommend either a new capability or a change to the current system. Although a completed form may be sent directly to the TMA Strategic Planning, Enterprise Architecture, and Requirements Division (SPEAR), we recommend that you coordinate all requests with your Service UBO Manager. Once coordinated, the change forms can be submitted to IMIT.Reqs@tma.osd.mil. A SPEAR member will acknowledge your submission and send you a submission number. The new SCR form is posted on the [UBO Web site](#).

5. Problems Reporting Metrics Using Microsoft (MS) Vista/Office 2007

A number of Air Force MTFs have reported a technical problem submitting their DD Form 2570 Third Party Collection Program (TPCP) data to the UBO Metrics Reporting System (MRS). Thus far, the problem is limited to MTFs that have migrated to MS Vista/Office 2007. Users are able to log in to the MRS, create new reports, and enter data for the first reporting screen. However, when they attempt to submit the first screen of data, the MRS does not accept the data and moves to the second screen. As a temporary work-around, the affected MTFs were able to submit their FY 2008 year-end data by e-mailing their reports to the UBO Helpdesk. We hope to have this problem fixed shortly. In the meantime, continue to contact the UBO Helpdesk if you have any problems with the UBO MRS.

6. Dealing with OHI Placeholders

MTFs should continue to follow up on possible other health insurance (OHI) with any placeholders. If there is no billable OHI policy to replace the placeholder, then the user should place a cancelled date in the personal insurance information (PII) screen for that patient's OHI so it will not create a bill.

A "placeholder" is a temporary policy that does not contain relevant billing information, such as the name of the insurance company or a beneficiary account number. While placeholders are helpful tools for Managed Care Support Contractors (MCSCs), they hinder an MTF's ability to collect for care furnished to Department of Defense (DoD) beneficiaries who have OHI.

MCSCs reimburse purchased care providers for care furnished to DoD beneficiaries if the beneficiary does not have OHI. If the beneficiary has OHI, the MCSC creates a placeholder to identify the existence of that OHI. This relieves the MCSC from having to pay the claim. Conversely, because the placeholder does not have relevant billing information, an MTF cannot bill a third-party payer based on the placeholder information.

The Defense Enrollment Eligibility Reporting System (DEERS) maintains the OHI database and is the central repository for Health Insurance Carriers (HICs) in the Standard Insurance Table (SIT). Placeholder policies reside within the OHI database.

There are approximately 500,000 Placeholder policies in the OHI database. When an MTF makes an OHI inquiry, many of those placeholder policies trickle down to the local CHCS host and interfere with an MTF's business process.

To resolve the problem, a (currently unfunded) System Change Request (SCR) was developed to create a filter in the Composite Health Care System (CHCS) to prevent placeholder policies from being integrated into DEERS. The policies would then be visible only to the MCSC and not the MTFs. There will also be a one-time clean-up to remove all existing placeholder policies from each local CHCS host. The SCR will remove the functionality for all MTF users of creating placeholder policies.

7. SIT/OHI Clean-Up – PROGRESS!

Progress has been made on the SIT clean-up that began last April. The Mail Handlers HICs are the first test case; no HICs have yet been deactivated. Of the 29 Mail Handlers HICs currently on the table, more than 50% of them may be deactivated in the future, based on the re-pointing numbers. If we can do this with many of our insurance carriers, the volume of HIC duplicates on the SIT can be reduced significantly.

The designated Mail Handlers HICs that will be retained on the SIT include the following:

MAIKY0001
MAIKY0002

MAIKY0003
MAIKY0005

MAIKY0012
MAIFL0001

If you have not already done so, please continue to re-point your Mail Handlers OHI to the designated HICs above. Follow-up by TMA/UBO will continue into January 2009. Be assured that no HICs will be deactivated without advanced notice in writing.

Caremark HICs were updated with new identifiers (IDs) and addresses. The new information can be found in the attachment to this newsletter Note – the attachment is out of order – it should come before the Red Flag attachment. Any further questions should be directed to your Service UBO Manager.

For more information, the SIT/OHI clean-up and updated business rules are on the UBO Web site:
http://www.tricare.mil/ocfo/mcfs/ubo/sit_ohi.cfm

8. VA/DoD Sharing Agreement Billing: Inpatient Billing Tool Updated for FY2009

A Fiscal Year 2009 Modified TRICARE DRG Payment Calculator was recently developed to help MTF staff and their Veterans Affairs (VA) counterparts calculate the amount to be billed for hospital care provided under VA/DoD Health Care Resource Sharing agreements. The FY2009 version of the calculator is posted on the [UBO Web site](#). Please note that the FY2009 TRICARE DRGs included in this billing tool are the new MS-DRGs implemented by DoD which are significantly different from the FY2008 TRICARE DRGs.

9. New MAC Functionality Added in AHLTA Version 3.3

The AHLTA Version 3.3 update, currently being deployed, contains new functionality in its Graphical User Interface (GUI), which facilitates the flagging of potential MAC encounters for later follow-up. The new AHLTA "MAC GUI" allows MTF scheduling, registration/screen staff to flag an encounter as injury/accident related, record the time and place of the accident/injury, and record related cause code indicators - auto accident, another party responsible, employment, or other accident. Version 3.3 also supports cause of injury coding - the identification of cause of injury E codes - with a search dialogue box. The MTF UBO personnel are encouraged to familiarize themselves with the new GUI and to coordinate with patient administration staff to make sure potential MAC cases are identified and appropriate information is documented in AHLTA.

10. MTFs' Role in Protecting Against Patient Identity Theft

In response to growing concerns about identify theft, the Federal Trade Commission (FTC) published regulations requiring financial institutions and creditors to develop and maintain an Identify Theft

Prevention Program. The FTC has titled this regulation a “Red Flag Program.” Healthcare entities, including MTFs, are considered creditors since they bill some patients, extend credit to patients, allow multiple payments, or accept third-party payment for services furnished. Given these activities and the potential for identity theft, MTFs should begin to develop and implement a Red Flag Program.

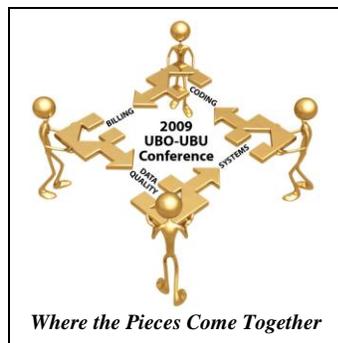
Each MTF’s program should include policies and procedures to detect, prevent, and mitigate identity theft. For example, MTFs should:

1. Identify relevant patterns, practices, and specific forms of activity that are “red flags” – signaling possible identity theft – and incorporate those red flags into the program.
2. Detect red flags that have been incorporated into the program.
3. Respond appropriately to any red flags that are detected to prevent and mitigate identity theft.
4. Ensure the program is updated periodically to reflect changes in risks.

See the attachment to this newsletter for additional information about the elements of a Red Flag Program. The [Federal Trade Commission](#) Web site has general information. The actual rule can be found at [Identity Theft Red Flags Rule, 16 CFR 681.2](#). Note that the (revised) effective implementation date of Red Flag Programs is 1 May 2009. TMA UBO is also coordinating with TMA’s Privacy Office on this issue.

Abbreviations/Acronyms in This Newsletter

CHCS	Composite Health Care System
DEERS	Defense Enrollment Eligibility Reporting System
DoD	Department of Defense
DRG	Diagnosis Related Group
FTC	Federal Trade Commission
FY	Fiscal Year
HIC	Health Insurance Carrier
ICD-9-CM	International Classification of Diseases, Ninth Revision, Clinical Modification
MAC	Medical Affirmative Claims
MCSC	Managed Care Support Contractor
MRS	Metrics Reporting System
MS	Microsoft
MS-DRG	Medical Severity – Diagnosis Related Group
MTF	Military Treatment Facility
OHI	Other Health Insurance
OMB	Office of Management and Budget
PDS	Pharmacy Data Transaction Service
PII	Personal Insurance Information
POC	Point of Contact
SAIC	Science Applications International Corporation
SCR	System Change Request
SIT	Standard Insurance Table
SPEAR	Strategic Planning, Enterprise Architecture, and Requirements
TMA	TRICARE Management Activity
TPCP	Third Party Collection Program
TPOCS	Third Party Outpatient Collection System
UBO	Uniform Business Office
VA	Veterans Affairs (Department of)



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

ATTACHMENTS

Caremark HIC Updates

2008 CAREMARK*: USE ONLY THE 2008 ADDRESSES GOVERNMENT PAPER CLAIM ADDRESSES	
<p>RECAP CAREMARK ATTN RECAP BIN 610415 PO BOX 52197 PHOENIX AZ 85072-2197 HIC ID: CARAZ0045</p>	<p>QL CAREMARK ATTN QL BIN 610029 PO BOX 52188 PHOENIX AZ 85072-2188 HIC ID: CARAZ0047</p>
<p>RXCLAIM CAREMARK ATTN RXCLAIM BIN 004336 PO BOX 52195 PHOENIX AZ 85072-2195 HIC ID: CARAZ0046</p>	<p>PHARMACARE CAREMARK ATTN PHARMACARE BIN 610468 - 610474 - 004245 - 610449 PO BOX 52088 PHOENIX AZ 85072-2088 HIC ID: CARAZ0048</p>
2007 CAREMARK*: FOR REFERENCE ONLY Paper Claims Post Office Boxes/Government Paper Claims	
Prior Address	Current Address
<p>QL Caremark ATTN: Claims P.O. BOX 686005 San Antonio, Texas 78268 CARTX0001 CARTX0004</p> <p>RxClaim Caremark/AdvancePCS ATTN: Claims P.O. Box 686004 San Antonio, Texas 78268 CARTX0015 CARTX0020 CARTX0027 RXCTX0004 ADVTX0009</p> <p>RECAP Caremark/AdvancePCS ATTN: Claims P.O. Box 686002 San Antonio, Texas 78268 CARTX0009 CARTX0012 CARTX0017</p>	<p>QL Caremark P.O. Box 52188 Phoenix, AZ 85072-2188 CARAZ0022 CARAZ0025</p> <p>RxClaim Caremark P.O. Box 52195 Phoenix, AZ 85072-2195 CARAZ0021</p> <p>RECAP Caremark P.O. Box 52197 Phoenix, AZ 85072-2197 CARAZ0020 CARAZ0024</p>

Creating a Red Flag Identity Theft Program – Supplemental Information

In response to growing concerns about identify theft, the Federal Trade Commission (FTC) published regulations requiring financial institutions and creditors to develop and maintain an Identify Theft Prevention Program. The FTC titled this regulation the “Red Flag Program.” Healthcare entities, including MTFs, are considered creditors since they bill some patients, extend credit to patients, allow multiple payments, or they accept third-party payment for services furnished.

The MTF’s program should include reasonable policies and procedures to detect, prevent, and mitigate identity theft. This includes:

1. Identifying relevant patterns, practices, and specific forms of activity that are “red flags” – signaling possible identity theft – and incorporate those red flags into the program.
2. Detecting red flags that have been incorporated into the program.
3. Responding appropriately to any red flags that are detected to prevent and mitigate identity theft.
4. Ensuring the program is updated periodically to reflect changes in risks.

Administrative Elements of the Identity Theft Prevention Program

The FTC lists several steps that should be included in a general identify theft prevention program. For MTFs, the most important steps are to make sure the facility’s commander is aware of the requirements so that he can adequately support the program. The program should be appropriate to the size and complexity of the MTF and the nature and scope of its activities. Staff training is essential. There should also be appropriate and effective oversight of service provider arrangements.

As an initial step, MTFs should consider assembling a risk assessment team. This team should include individuals from different departments within the organization that focus on all facets of patient administration: billing, coding, data quality, medical records, transcription services, and compliance. The risk assessment team should review how an individual’s identity is verified when opening an account during admission, what information is gathered, how that information is stored, and what steps could be taken to detect and prevent identity theft in connection with existing accounts.

Compliance Date Delayed Until 1 May 2009

The original date by which healthcare entities were required to implement a Red Flag Program was 1 November 2008. The enforcement was suspended six months – until 1 May 2009 – to allow creditors and financial institutions more time to implement the program.

The [Federal Trade Commission](#) Web site has general information about identity theft and Red Flag Program requirements. The actual rule can be found at [Identity Theft Red Flags Rule, 16 CFR 681.2](#). Note that the effective date to implement Red Flag Programs was delayed until May 2009.