

DHA UBO Webinar
SIT/OHI Standard Insurance Table and Other Health Insurance
Broadcast Dates: 24 and 26 March 2015
Participant questions reprinted as received during live
Webinar broadcasts and as answered by the Speaker
(Submit additional questions via e-mail to the UBO.helpdesk@altarum.org)

March 24 & 26, 2015

1. What PATCAT should we use in CHCS to generate a bill?

It depends on the patient beneficiary's status at the time of registration as shown in the Defense Enrollment Eligibility Reporting System (DEERS). There are various PATCATs that can be used for various beneficiary types. For more information view: 1) the DHA UBO webinar, *"How to Assign and Use PATCATs [Patient Categories]"* available at <http://altarum.adobeconnect.com/p7b229iw99j>; 2) Questions and Answers from that broadcast at [2012_03 Webinar Q and A - How to Assign PATCATS](#), And the DHA; 3) the DHA UBO PATCAT training module at [PATCAT Training Module](#); 4) the DHA UBO PATCAT Finder Guide at [PATCAT Finder Guide \(updated Feb 2015\)](#).

2. If you used the compliance card do you have to fill out a 2569 if you already filled out one earlier in the day.

The patient, or patient's responsible party, must be asked to complete, sign, and date a DD Form 2569 "Third Party Collection Program/Medical Services Account/ Other Health Insurance" at least annually or when there are changes to the patient's other health insurance (OHI) information, whether or not they have OHI. His/her MTF may then issue the patient a Third Party Collections/OHI/Compliance Card to document completion of the DD Form 2569 without having the patient fill out a new form each time an encounter or visit is made at the MTF. In most cases, the OHI compliance card is valid for one year, if information remains the same, and the patient does not need to fill out a new DD Form 2569 until the expiration date on the card is reached. Follow your MTF's specific guidance on collection of DD Form 2569s and use of OHI compliance cards.

3. Is there an updated desktop or user guide?

The DHA UBO publishes a UBO User Guide that provides functional guidance on data collection and billing procedures that influence business practices in MTFs. It is a living document that is updated as necessary to reflect current practices as they pertain to UBO billing (e.g., current claim formats and standards required by law, industry standard billing procedures, and current military health system clinical and billing systems). The current version is available at http://www.tricare.mil/ocfo/mcfs/ubo/policy_guidance/userguide.cfm The Document Change History at the beginning of the User Guide tells which sections have been added, deleted, and revised. MTF personnel are encouraged to review the User Guide and provide feedback and comments to their Program Managers. For additional information on recent updates, view the DHA UBO webinar "User Guide Updates" available on demand and free of charge at http://www.tricare.mil/ocfo/mcfs/ubo/learning_center/training.cfm. Your Service or NCR MD may also publish User Guides for its cost recovery programs; you may wish to check with your UBO Program Manager as well.

4. Can you provide any clarification on the issue with ABACUS not recognizing 'XM' policies?

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We are not aware that ABACUS will not recognize XM (comprehensive) coverage. Current legacy MHS billing systems consider XM coverage as both medical (MD) and pharmaceutical (RX). If you have more specific information about this question, please send it to the UBO.Helpdesk@altarum.org. Also, DHA UBO will be broadcasting an ABACUS Overview webinar in April 2015. For broadcast dates and times visit the DHA UBO Learning Center at http://www.tricare.mil/ocfo/mcfs/ubo/learning_center/training.cfm.

5. What happens when you have duplicate, triplicates of the same HICs [health insurance carriers] in CHCS for the same patient? How can they be cleaned up?

Duplicate/Triplicate Health Insurance Carriers (HICs) cannot be “cleaned up” (i.e., corrected) in the Composite Health Care System (CHCS). Once HIC IDs have been verified by the DHA UBO Verification Point of Contact (VPOC), the local user who entered or is viewing the information cannot change or consolidate it. Rather, he/she should send a helpdesk ticket to the VPOC at VPOC.Helpdesk@altarum.org, and the DHA UBO VPOC will research the ticket (e.g., whether OHI has already been attached to the HIC IDs.)

6. Why does CHCS make duplicates, etc. in the PII?

The Composite Health Care System (CHCS) does not make duplicate Health Insurance Carrier (HIC) information. HICs are defined as and are made when.... CHCS logic is not programmed to decipher whether United Healthcare (spelled out) is the same as UHC. Or whether P.O. Box 123 (with periods) is the same as P O Box 123 (without periods) etc. These are duplicate HIC IDs in the system.

7. Is there a way to run a report that gives you estimate of potential losses from not having OHI info?

DHA UBO does not receive a report from the Services or NCR MD with this information. It would require knowing or estimating the number of billable patients with OHI who don't report it. We would also need additional information about the type of health plan the patient has. Please contact your UBO Program Manager to determine if your Service or NCR MD has or estimates for this information.

8. We have been [seeing] placeholders entered with HIC ID i.e. UNIAL0001 with most of [the] insured information needed, including policy ID. However the Address for [the] insurance company is incorrect. When we try to non-rank and term policy, it keeps getting updated as primary and has no end date.

The best thing to do in this situation is to verify the correct OHI address and send an update request through the VPOC system.

9. Will you address how OHI will change once we go to ABACUS; currently we have a contract and contractor uploads this info.

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ABACUS requirements are being developed by the Services and NCR MD with input from DHA UBO as requested. Please contact your Service or NCR MD UBO Program Manager for this information.

10. How can I reconcile duplicate HIC's [sic] for example AETKY0010 vs AETPA0052 put in by Benefit Recovery or, BLUAK0003 vs PREAK0002

This function cannot be performed in the Composite Health Care System (CHCS). Once HIC IDs are verified, the local user cannot consolidate them. We are currently in the process of cleaning up duplicate HIC IDs and will note these ones too.

11. Checking to see if any MTF is using the Load Error Reports to work OHI errors and have any helpful tips in getting items corrected?

DHA UBO does not have guidance on using the Composite Health Care System (CHCS) Load Error Reports but can research this issue. In the meantime, if you have specific concerns, please send them to the VPOC.helpdesk@altatum.org so we can best help you.

12. Should we use the original effective date of the policy or the renewed effective date of a policy with no laps in coverage (i.e. original policy 2011 still has coverage in 20115 same policy ID). Would the effective policy date still be 2011 or 2015?

If the patient renews his/her coverage every year, use the most recent effective date based on the renewal even if the policy did not lapse and the policy number may still be the same.

13. Are MTFs allowed to bill Tricare?

No, pursuant to 32 CFR 220.6 and Paragraph C4.2 of the UBO Manual (DoD 6010.15-M) MTFs cannot bill TRICARE, TRICARE Supplemental Plans, income (or wage) supplemental plans, Medicare or Medicaid.

14. How can we minimize the Managed Care Personnel putting place holders on the SIT? In many instances good SIT information is being replaced with the place holder information making it difficult for MTFs to keep the correct information available for billing purposes.

When you come across examples of these please send them to the VPOC.Helpdesk@alatarum.org without any PII or PHI, and we can try and contact the POC to advise him/her of the correct OHI entering process. You should also cancel the placeholder after you get valid OHI or non-rank it so that that it stays

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at a lower precedence level.

15. Since ABACUS will only recognize MD RX VI DN MH how can we change XM to reflect MD RX?
 - a. You should not change policy types from XM (comprehensive) to either MD or RX unless directed by your Service or NCR MD UBO Program Managers. This may just be a matter of how ABACUS manages OHI information, and DHA UBO is not aware of and plans for ABACUS that will prevent it from recognizing XM coverage. As you may know, DoD treats XM as both MD and RX. An XM policy could still be billed by adding MD and RX coverage types under the same policy

16. Is the Managed Care Contractor provided the same guidelines for OHI entries as the MTF staff is given? There seems to be some inconsistency.

Thank you for your feedback. The process and guidelines for entering Health Insurance Carrier (HIC) information should be the same for both the managed care contractors and MTF staff. If you forward examples of your concerns/the inconsistencies to the VPOC.Helpdesk@atlarum.org (with no PHI/PII) we can review and research this issue for you.

17. We are experiencing the same DUMP automatically of INS information into CHCS. We have to go into these patient accounts several times to CANCEL policy errors. Why is this happening

DHA UBO and the VPOC are not aware of a data/insurance information “dump” into CHCS. Are you seeing the name, location or any other identifying information for the CHCS user who is entering placeholders or inaccurate policies? If so, please send examples to the VPOC helpdesk without any PHI or PII, and we can look into it.