OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS
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FALLS CHURCH, VIRGINIA 22041-3206

TRICARE
MANAGEMENT
ACTIVITY

FEB 28 2002

MEMORANDUM FOR SURGEON GENERAL OF THE ARMY
SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE

SUBJECT: Compliance Plan Implementation Policy

The Office of the Inspector General (OIG) of the Department of Health and Human Services provides guidance intended to assist hospitals and their agents in developing effective internal controls that promote adherence to applicable federal law and program requirements by health plans. The adoption and implementation of compliance programs significantly advances the prevention of fraud, while furthering the mission of providing quality care to patients. A compliance audit checklist is also one of the elements of the Internal Control Review for each military treatment facility (MTF).

TRICARE Management Activity (TMA) is committed to the mission and goals of providing high quality health care to our patients. In order to achieve these goals, it is the intent of TMA to assure that MTFs and other DoD-designated billing activities establish and comply with compliance guidelines. The implementation of these guidelines will support all health care facilities/units in their mission to provide quality health care to all patients through development and use of a compliance plan by each MTF. Effective immediately, each MTF should perform the following:

a) Establish a compliance plan focused on coding and billing ethical conduct. Plans should be completed by June 1, 2002, and certified by the MTF Commander. See Attachment A for further guidance regarding formulation of such plans.

b) Perform a compliance audit, using an effective audit tool, at least quarterly. See Attachment B for audit checklist template and audit guidance and instructions.

The compliance plan and audit checklists will remain at the MTF unless requested by higher authority. We ask for your support in upholding the values and principles that are critical to achieving our mission. The point of contact for this issue is Lt Col Rose Layman at (703) 681-8910 or email: rose.layman@tma.osd.mil.

Thomas F. Carrato
Executive Director

Attachments:
As stated

Compliance Program Guidance will be outlined in the revised Uniform Business Office (UBO) Manual, pending publication. This guidance can currently be found at http://www.tricare.osd.mil. Proceed to this page and, entering the A-Z listing, click on UBO. From here, continue to the Compliance Page. Initial compliance guidelines were provided to all MTFs in August 1999 and should be located in your Uniform Business Office. Some facilities may already have a compliance plan in place. In these cases, the plan should be reviewed to ensure that the billing and coding aspects of compliance are included. The compliance plan should include, at a minimum, such topics as:

- UBO Overview
- Ethical Guidelines
- Audit Tool
- UBO Manual
- OIG guidance
- Resources
- HA/TMA Policy

Service and facility-specific guidance should also be included as applicable. The Compliance page on the UBO website contains the appropriate documents and/or templates for those sections listed above.

Attachment B

Compliance Audit Checklist

This Compliance Audit Checklist Template can be tailored to include your Service/MTF specific needs. The Compliance Audit Checklist Template is one of the elements of the Internal Control Review within an MTF. This checklist covers the main points of Third Party Collection (TPC), Medical Services Account (MSA), and MAC programs. If there are areas that do not apply to your facility, they can be deleted. At the same time if there are particular areas you wish to focus on that are not listed, they can be added. **This checklist is not meant to be inclusive of all guidelines and was designed based on results of various MTF audits. This audit is not intended to be repetitive or duplicative of other audits conducted within the MTF.** If some of these checklist items are already being assessed in other processes, then they do not have to be repeated. This checklist should be completed at least quarterly. If there are significant problem areas, a more frequent audit may be warranted. Non-compliant areas should be explained with a plan for correction of any problems. This is meant to be an internal tool and can be used to identify high-risk areas for process improvement. The audit checklist is part of your Compliance Plan and should also be utilized in business case analysis/reengineering initiatives for the Uniform Business Office. This checklist is a dynamic tool and updates may be found on the UBO website at: http://www.tricare.osd.mil. Go to the Browse by Topic and select UBO, then proceed to the Compliance page.

It is expected that all DoD personnel and agents mirror the high standards set forth in these guidelines and our actions consistently reflect the intent of the ethical guidelines contained in the checklist. We must demonstrate consistently that we act with absolute integrity in the way we accomplish our work. Compliance plans are implemented to assure avoidance of false claims or bill submissions to either a first or third party payer and assist facilities in identifying internal weaknesses and areas for improvement.

General

If the answer is indicated in the shaded area, please explain in the space provided at the end of the Audit Checklist. The checklist should be maintained in the compliance binder along with any implementation plan for process improvements to correct discrepancies or improve business operations.

No.	Question	Yes	No
1.	Does the Military Treatment Facility (MTF) have written standards for employees to address fraud and abuse violations for federal, state, and third party health care programs?[i] [ii]		
2.	Does the MTF have written standards for claims documentation and fraud prevention for the UBO staff?[iii]		
3.	Does the MTF provide annual job-related education and training for all UBO personnel?[iv]		
4.	Does the MTF have written standards specifying clinical documentation requirements for the assignment of a code (e.g., CPTs, ICD-9-CM, etc.)?[v]		
5.	Do audits and monitoring of the UBO occur on a scheduled recurring (at least quarterly) basis?[vi]		
6.	Are the outcomes of audits and monitoring used as the primary criteria for evaluating the work performance of the UBO staff?[vii] [viii]		

Internal Management Control

No.	Question	Yes	No
1.	Do any coders also perform billing functions simultaneously?[ix],		
2.	Do any billers also perform coding functions simultaneously?[x]		
3.	Are procedures in place to assure separation of coding and billing functions?[xi] (only need to address if answer to either of first 2 questions was "yes")		
4.	Are the applicable current OASD (Comptroller) published medical and dental rates used for billing eligible beneficiaries and third party payers?[xii]		
5.	Are there policies and procedures in place regarding the creation, distribution, retention, storage, retrieval and destruction of documents related to the billing and coding process?[xiii, xiv, xv],		

Third Party Collection Program (TPCP)

No.	Question	Yes	No
1.	Are all potentially billable beneficiaries interviewed to obtain employment and insurance information?[xvi]		
2.	Are UBO personnel and other staff collecting insurance information receiving ongoing training in interviewing techniques?[xvii]		
3.	Are interviews documented on DD Form 2569, Third Party Collection Program – Insurance Information, and kept current in the patient record?[xviii]		
4.	Are all DD Forms 2569 indicating billable insurance reviewed and benefits/amount of coverage verified with the payers and the results documented in both automated systems (CHCS & TPOCS)?		
5.			
6.	Are procedures in place to ensure pre-certification/pre-authorization actions occur and are documented?		
7.	Are all valid denials and refunds approved by the TPCP/Uniform Business Office (UBO) Manager or designated authority and appropriately and timely made?[xix]		
8.	Are appropriate insurance files maintained after discharge or ambulatory treatment to include DD Form 2569, copy of bill, copy of checks received, copy of correspondence and/or phone conversations, a copy of the concurrent review and continued stay review documentation, and a copy of the Explanation of Benefits (EOB)?[xx, xxi]		
9.	Are claim files maintained for the time period, and in the manner required by DoD 6010.15-M, the UBO Manual?[xxii]		
10.	Are all claims for which payment is delinquent documented with actions taken and entered into a suspense file for follow-up actions?[xxiii]		
11.	Are clear and complete audit trails maintained on all claims forwarded to the appropriate RJA office for pursuit of invalid denials and medical affirmative claims?[xxiv]		
12.	Is there a master file maintained on major employers, payers, and HMOs in the area, and the specific benefits of such plans?[xxv]		
13.	What are the 3 most common reasons for denial of claims since the last audit? _____ _____ _____		

Internal Management Control

No.	Question	Yes	No
1.	Do any coders also perform billing functions simultaneously?[ix],		
2.	Do any billers also perform coding functions simultaneously?[x]		
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6.	Are the outcomes of audits and monitoring used as the primary criteria for evaluating the work performance of the UBO staff?[vii] [viii]		

No.	Question	Yes	No
14.	When is follow-up of partially paid or denied claims begun for inpatient _____ and outpatient _____?		

Medical Services Account (MSA)[xxvi]

No.	Question	Yes	No
1.	Is the Medical Services Account Officer (MSAO) appointed by written order of the MTF Commander?		
2.	Are Deputy MSAOs/-Assistant MSAOs, if required, appointed in writing by the MTF Commander?		
3.	Are procedures established for transfer of MSA accountability?		
4.	Is the MSAO accountable for any other appropriated fund or other Government property?		
5.	Are standard operating procedures established in writing for daily operation of the MSA office?		
6.	Is the organizational arrangement (separation of duties of biller, cashier, etc.) adequate to protect cash receipts?		
7.	Are DD Forms 7 and 7A prepared monthly and reflect TPC balance billing?		
8.	OCONUS (may apply to some CONUS locations): Are outpatient charges for civilians collected in advance of treatment except in case of emergency? (note that this item can be deleted under itemization and DoD 6010.15-M update)		
9.	When outpatient charge is not collected in advance, does the MSAO approve extension of payment period?		
10.	Does the MSAO have established follow-up procedures for collecting delinquent accounts?		
11.	Does the MSAO maintain a control register of assigned serial numbers of forms stored, issued to, and returned by the dining facility cashier?		
12.	Are adequate security containers available to safeguard Medical Services Account (MSA) funds and documents?		
13.	Are MSA cash collections deposited with the designated depository within 24 hours or the next business day?		
14.	Is cashing checks in excess of the person's debt prohibited?		
15.	Are current procedures established to ensure collections are distributed to the appropriate account and reconciled regularly with DFAS or MTF financial office?		

Medical Affirmative Claim (MAC)[xxvii, xxviii]

No.	Question	Yes	No
1.	Is there a system in place to identify and report to the appropriate Recovery Judge Advocate (RJA)/Staff Judge Advocate (SJA):		
	(1) inpatient treatment;		
	(2) outpatient treatment;		
	(3) supplemental care payments or other payments for care provided by a civilian source; and/or		

No.	Question	Yes	No
	(4) ancillary services ordered by an external provider, that are associated with an accident/trauma-related injury or illness (including active duty beneficiaries) for pursuing potential or ongoing Medical Affirmative Claims?		
2.	Are procedures in place to ensure the appropriate RJA/SJA is notified of (1) above? Note that this can be performed using a variety of sources including, but not limited to: DD Form 2569, list of admissions, copy of admission record, ADM form, clinic log, or other Service-specific Form/Log.		
	(1)		
	(2)		
3.	Is there a procedure in place to identify and report health care services for a non-federal employment related injury or illness (commonly referred to as workers' compensation) to the appropriate RJA/SJA?		
4.	Are procedures in place to:		
	(1) identify patients with concurrent TPCP and MAC claims,		
	(2) to pursue them simultaneously, and		
	(3) to notify the appropriate RJA/SJA in a timely manner		
	(4) that a TPCP health insurance payment or denial is received on a concurrent MAC claim?		
5.	Is there ongoing documented training for the administration of the MAC program?		
6.	Does the MTF receive a periodic report from the appropriate RJA/SJA listing MAC claims closed without recovery and claims transferred to another RJA/SJA jurisdiction?		
7.	Does the MTF receive and maintain a monthly report listing the patient's name, sponsor's SSN, and amount(s) deposited into the appropriate specified account?		
8.	Are procedures in place to ensure MAC related claim forms are accurately completed by the MTF and provided to the RJA/SJA, with copies of pertinent medical records, in a timely manner?		
9.	Does the MTF maintain documentation supporting MAC claims after treatment or discharge as addressed in DoD 6010.15-M, the UBO Manual, Chapter 5, Paragraph C, "MTF Responsibilities," regarding Internal Controls?, including, but not limited to:,		
	(1) UB92s		
	(2) encounter forms		
	(3) DD Forms 2569		
10.	Are procedures in place to ensure all requests from attorneys, insurance companies, and patients are screened for potential or ongoing Medical Affirmative Claims and these requests are forwarded to the RJA/SJA for release or approval for release?		
11.	Are procedures in place to ensure separation of duties, i.e., that MTF personnel performing MAC related billing functions are not also performing MAC related collection/deposit functions as addressed in DoD 6010.15-M, the UBO Manual, Chapter 5, Paragraph C, "MTF Responsibilities," regarding Internal Controls?		

No.	Question	Yes	No
	(4) ancillary services ordered by an external provider, that are associated with an accident/trauma-related injury or illness (including active duty beneficiaries) for pursuing potential or ongoing Medical Affirmative Claims?		
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No.	Question	Yes	No
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12.	Are adequate security containers available to safeguard Medical Services Account (MSA) funds and documents?		
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14.	Is cashing checks in excess of the person's debt prohibited?		
15.	Are current procedures established to ensure collections are distributed to the appropriate account and reconciled regularly with DFAS or MTF financial office?		

Medical Affirmative Claim (MAC)[xxvii, xxviii]

No.	Question	Yes	No
1.	Is there a system in place to identify and report to the appropriate Recovery Judge Advocate (RJA)/Staff Judge Advocate (SJA):		
	(1) inpatient treatment;		
	(2) outpatient treatment;		
	(3) supplemental care payments or other payments for care provided by a civilian source; and/or		

Staff Performance and Training[xxix]

No.	Question	Yes	No
1.	How many coders does the facility employ? inpatient _____ Outpatient_____		
2.	Of these coders, what is the level of crendentialing[xxx]? Write the number of those with this credentialing next to each block. RHIA Registered Health Information Administrator) RHIT (Registered Health Information Technician) CCS-P (Certified Coding Specialist—Physician-based) CCS(Certified Coding Specialist) CPC (Certified Professional Coder) CPC-H (Certified Professional Coder--Hospital) Eligible for Credential Limited or no training (mostly self-taught/on-the-job experience)		
3.	Do all UBO personnel receive compliance training on at least an annual basis?		
4.	Is the training documented in each Staff Development Folder?		
5.	Do the job descriptions appropriately describe/define specific duties of UBO personnel?		

Medical Records Documentation[xxxi]

No.	Question	Yes	No
1.	Are medical records closed within 30 days?		
2.	Is the DD Form 2569 filed in the record?		
3.	Is the DD Form 2569 completed appropriately?		
4.	Is there a process in place to verify provider coding accuracy?		
5.	Is there coordination with the Data Quality Manager (or equivalent) when coding problems are identified?		

Health Information Management[xxxii]

No.	Question	Yes	No
1.	Is there an internal audit for data quality with the Information System (IS) data?		
2.	Does the bill accurately reflect the care documented in the IS?		
3.	Does the IS contain the current rates information?		
4.	Is there a mechanism for security to maintain the confidentiality of patient information/records?		
5.	Are the appropriate back-ups (i.e. monthly, weekly, daily) being performed in a regularly scheduled manner to ensure data integrity?		
6.	Can records be easily located and accessed within a well-organized filing or alternative retrieval system?		

Billing[xxxiii]

No.	Question	Yes	No
1.	Does the bill accurately reflect the care documented in the medical record? *(Upcoding is the practice of using a billing code that provides a higher reimbursement rate than the code that actually reflects the service furnished to the patient)*		

No.	Question	Yes	No
2.	If unbundling occurs *(Occurs when a billing entity uses separate billing codes for services that have an aggregate billing code) is it appropriate to meet DoD billing guidelines*?		
3.	Is there inappropriate upcoding?		
4.	Is there appropriate resolution of overpayment?		
5.	Are provider identification numbers used appropriately to prevent improper billing?		
6.	Are billing procedures appropriate to prevent duplicate billing?		
7.	Are there written policies or Standard Operating Procedures (SOPs) in place for handling billing errors and denials?		
8.	Is all billing current, to include a regular and frequent processing of bills to prevent backlogs (i.e. Daily or every other day)?		
9.	Is the HCFA 24-Hour Rule/1 Day Payment Window Rule followed?		
10.	When inpatients are transferred are the bills appropriately adjusted to reflect transfer in lieu of discharge? Transferring MTF bills and collects full DRG (DRG wt x ASA rate = amount billed)		

Multi-Site Billing[xxxiv]

No.	Question	Yes	No
1.	If the facility is contracting out the billing service (i.e., another facility or contractor is performing the billing and collection function), is the contracted facility or contractor (i.e., the facility performing the billing and collection function) ensuring that this function is being accomplished within appropriate compliance guidelines?		
2.	Is there an audit process in place for both the facility performing the billing function and the facility contracting the service to assess that record documentation supports claims developed?		
3.	Are billing records maintained separately for each site?		
4.	Are accounts receivable records maintained separately for each site?		
5.	Are quarterly metrics report data reported separately for each facility for which claims are processed?		
6.	Does the contractual agreement between facilities contain a provision that allows the contracting facility access to data necessary to assess the effectiveness of the TPCP for their patient population? Parent MTF should only have "read only access" to the satellite facilities' data.		

Coding[xxxv]

No.	Question	Yes	No
1.	Do CPT codes accurately represent documented care?		
2.	Are CPT codes assigned consistently and appropriately?		
3.	Who evaluates coding personnel? _____		
4.	How often are coding personnel evaluated? _____		
5.	Do ICD-9 codes accurately represent documented care?		
6.	Do HCPCS codes accurately represent documented care?		
7.	Do E&M codes accurately represent documented care?		
8.	Do Revenue Codes accurately represent documented care?		
9.	How long does it take to code an episode of care?		
10.	Does the coder consult with the provider to clarify discrepancies?		

No.	Question	Yes	No
2.	If unbundling occurs *(Occurs when a billing entity uses separate billing codes for services that have an aggregate billing code) is it appropriate to meet DoD billing guidelines*?		
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1.	Do CPT codes accurately represent documented care?		
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3.	Who evaluates coding personnel? _____		
4.	How often are coding personnel evaluated? _____		
5.	Do ICD-9 codes accurately represent documented care?		
6.	Do HCPCS codes accurately represent documented care?		
7.	Do E&M codes accurately represent documented care?		
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9.	How long does it take to code an episode of care?		
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1.	Is there an internal audit for data quality with the Information System (IS) data?		
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3.	Does the IS contain the current rates information?		
4.	Is there a mechanism for security to maintain the confidentiality of patient information/records?		
5.	Are the appropriate back-ups (i.e. monthly, weekly, daily) being performed in a regularly scheduled manner to ensure data integrity?		
6.	Can records be easily located and accessed within a well-organized filing or alternative retrieval system?		

Billing[xxxiii]

No.	Question	Yes	No
1.	Does the bill accurately reflect the care documented in the medical record? *(Upcoding is the practice of using a billing code that provides a higher reimbursement rate than the code that actually reflects the service furnished to the patient)*		

No.	Question	Yes	No
11.	Are modifiers appropriately used?		
12.	Is the coding consistent and appropriate for outpatient services rendered in connection with an inpatient stay?		

Accounting[xxxvi, xxxvii]

No.	Question	Yes	No
1.	Are all payments applied to the appropriate account?		
2.	Are all checks received processed within 24 hours or the next business day?		
3.	Are all checks received stored in a safe, logged into a control register and deposited within 24 hours or the next business day?		
4.	Is the organizational arrangement (separation of duties of biller, cashier, etc.) adequate to protect cash receipts?		
5.	Is there a separate lockable cash drawer or box for each cashier, if more than one cashier?		
6.	Are invoice and receipt (I&R) files maintained per Service guidelines?		
7.	Is a control register maintained by serial number of I&Rs (Service-specific forms) received, issued and returned?		
8.	Does the MSAO verify data on the control register with the Admission and Disposition (A&D) Report and refer discrepancies to the A&D office?		
9.	Are there procedures to ensure the MSAO is notified when services are provided to pay patients?		
10.	Are unbilled (accrued) charges posted at end of month?		
11.	Is the Medical Service Activity Report reconciled monthly with the MTF Budget Analyst (or equivalent) and discrepancies brought to the attention of the Base Accounting and Finance Officer for correction?		

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Name: **Title:**

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[i] DoD 6010.15-M Military Treatment Facility Uniform Business Office (UBO) Manual, Updated 2001 version, pending publication, UBO Compliance Plan guidelines.

[ii] Office of Inspector General (OIG) Compliance Program Guidance for Hospitals.

[iii] Ibid.

[iv] DoD 6010.15-M Military Treatment Facility Uniform Business Office (UBO) Manual, Updated 2001 version, pending publication, UBO Compliance Plan guidelines.

[v] Ibid.
[vi] Service-specific guidance.
[vii] Ibid.
[viii] OIG Compliance Program Guidance for Hospitals.
[ix] DoD 6010-15-M Military Treatment Facility Uniform Business Office (UBO) Manual, Updated 2001 version, pending publication, UBO best practices guidelines.
[x] Ibid.
[xi] Ibid.
[xii] Section 1076(a) and (b) of Title 10, United States Code
[xiii] OIG Compliance Program Guidance for Hospitals, A. "Written Policies and Procedures," Section 8. "Retention of Records."
[xivxiv] DoD 6010.15-M Military Treatment Facility Uniform Business Office (UBO) Manual, April 1997, Chapter 3, Section X. "Disposition of Records."
[xv] Service-specific guidance.
[xvi] DoD 6010.15-M Military Treatment Facility Uniform Business Office (UBO) Manual, April 1997, Chapter 4, Section E, "Identification of Beneficiaries Who Have Other Health Insurance."
[xvii] Ibid. Section E. 3. "Interviewing Techniques."
[xviii] Ibid. Section E. 1. "General Requirements."
[xix] Ibid. Section L. 4. "Validating Accuracy of Payments."
[xx] DoD 6010.15-M Military Treatment Facility Uniform Business Office (UBO) Manual, April 1997, Chapter 4, Section E. "Identification of Beneficiaries Who Have Other Health Insurance," 1. General Requirements.
[xxi] Service-specific guidance.
[xxii] DoD 6010.15-M Military Treatment Facility Uniform Business Office (UBO) Manual, April 1997, Chapter 4, Section I. "Collection Activities," 5. Disposition of Claims Files.
[xxiii] DoD 6010.15-M Military Treatment Facility Uniform Business Office (UBO) Manual, April 1997, Chapter 4, Section I. "Collection Activities," 1. Follow-Up Claims Inquiries.
[xxiv] DoD 6010.15-M Military Treatment Facility Uniform Business Office (UBO) Manual, April 1997, Chapter 4, Section I. "Collection Activities," 2. Referral of Outstanding Claims.
[xxv] Question was taken from U.S. Army Regional Claims Settlement Office (RCSO), Uniform Business Office (UBO) – Legal Services Site Visit Documentation.
[xxvi] DoD 6010.15-M Military Treatment Facility Uniform Business Office (UBO) Manual, April 1997, Chapter 3, Chapter 6, and Appendices B, C, D, E, J, K, et al.
[xxvii] DoD 6010.15-M Military Treatment Facility Uniform Business Office (UBO) Manual, April 1997, Chapter, 5, 42 CFR 2651-2653, and Service-specific guidance.
[xxviii] Questions derived from Army-specific guidance. Other Service-specific guidance can be modified to meet rules, instructions, and guidelines for each Service.
[xxix] Meet Service-specific, and MTF-specific guidance.
[xxx] Coding Certifications: Although there are no federal laws or regulations mandating the use of certified coders, coding professionals can be certified through two professional and certifying organizations. The two organizations representing health care coders are the American Academy of Professional Coders (formerly, the American Academy of Procedural Coders) and the American Health Information Management Association. The American Academy of Professional Coders (AAPC) was founded in 1988 in an effort to raise the professional standards of physician practice procedural coders by providing education, recognition, and certification. AAPC currently offers two coding certifications: Certified Professional Coder (CPC) and a Certified Professional Coder—Hospital (CPC-H). American Health Information Management Association (AHIMA) administers credentials and continuing education credits for medical records and health information practitioners. AHIMA has approximately 37,000 members, including Registered Health Information Technicians (RHITs) (formerly Accredited Record Technicians—ARTs) and Registered Health Information Administrators (RHIAs) (formerly Registered Record Administrators—RRAs). AHIMA also includes coder professionals among its ranks. They include Certified Coding Specialist (CCS) and Certified Coding Specialist—Physician-based (CCS-P).
[xxxi] Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) Standards and DoD 6010.15-M Military Treatment Facility Uniform Business Office (UBO) Manual, April 1997, Chapter 4.
[xxxii] Composite Health Care System (CHCS); Ambulatory Data System (ADS); Third Party Outpatient Collection System (TPOCS); and other Commercial Off-the-shelf (COTS) products utilized at the MTFs.
[xxxiii] DoD 6010.15-M Military Treatment Facility Uniform Business Office (UBO) Manual, April 1997, Chapter 4.

[v] Ibid.
[vi] Service-specific guidance.
[vii] Ibid.
[viii] OIG Compliance Program Guidance for Hospitals.
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No.	Question	Yes	No
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