

FY 2018 DHA UBO Revenue Cycle

Presented by
DHA UBO Program Office Contract Support

25 September 2018 0800 – 0900
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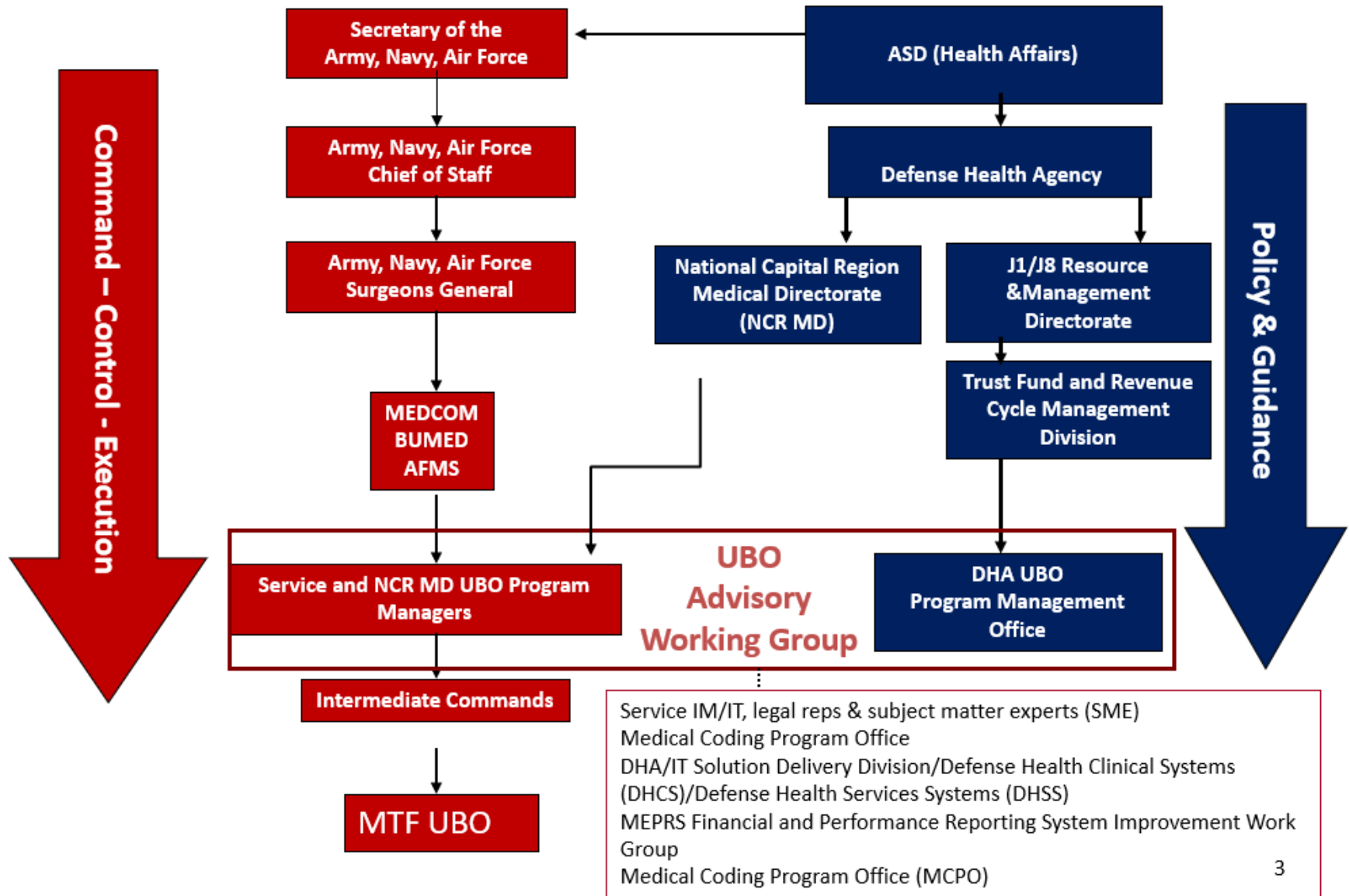
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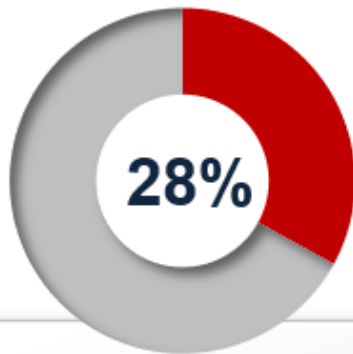
- Uniform Business Office (UBO) Organization
- UBO Cost Recovery Programs
- MHS Billing Systems
- The Revenue Cycle
- Data Quality and How it Affects Each Phase of the Revenue Cycle
- UBO Success Factors
- Questions



Uniform Business Office (UBO) Organization

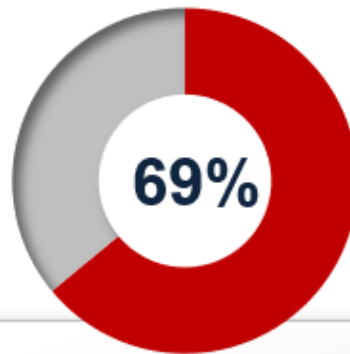


Third Party Collections Program (TPCP)



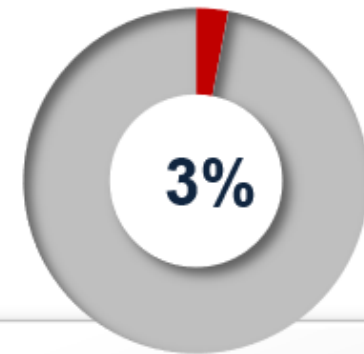
TPC activities involve billing third-party payers on behalf of non-active duty dependents for treatment provided in MTFs.

Medical Services Account (MSA)

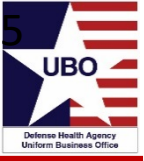


MSA activities involve the first-payer billing of individuals and other Government Agencies for services rendered in MTFs to include, but not limited to, the U.S. Coast Guard, the National Oceanic and Atmospheric Administration, and the U.S. Public Health Service.

Medical Affirmative Claims (MAC)

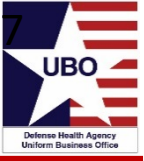


MAC activities involve billing all areas of liability insurance, such as automobile, products, premises and general casualty, homeowner's and renter's insurance, medical malpractice (by civilian providers), and workers' compensation (other than Federal employees).

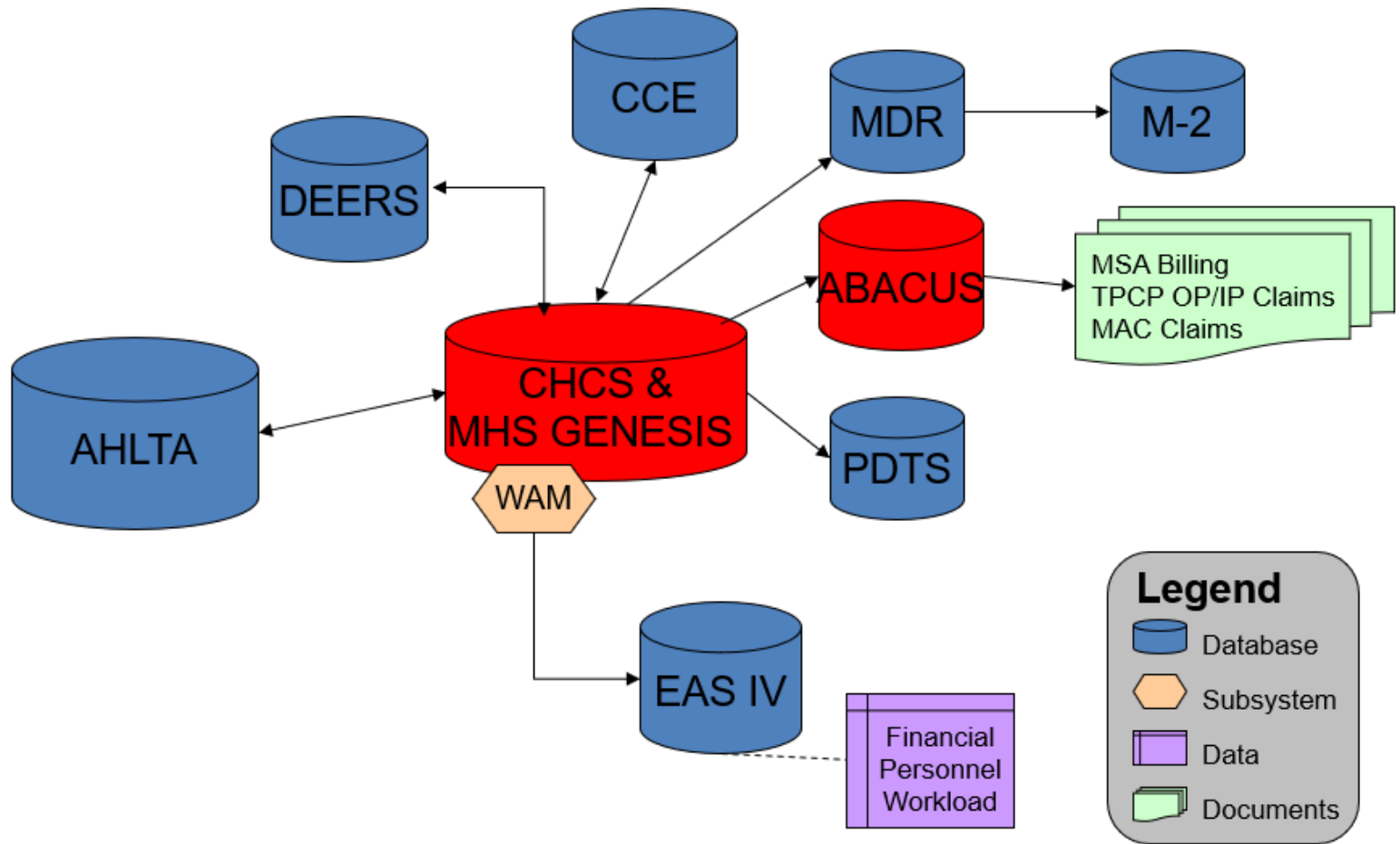
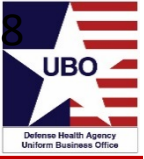


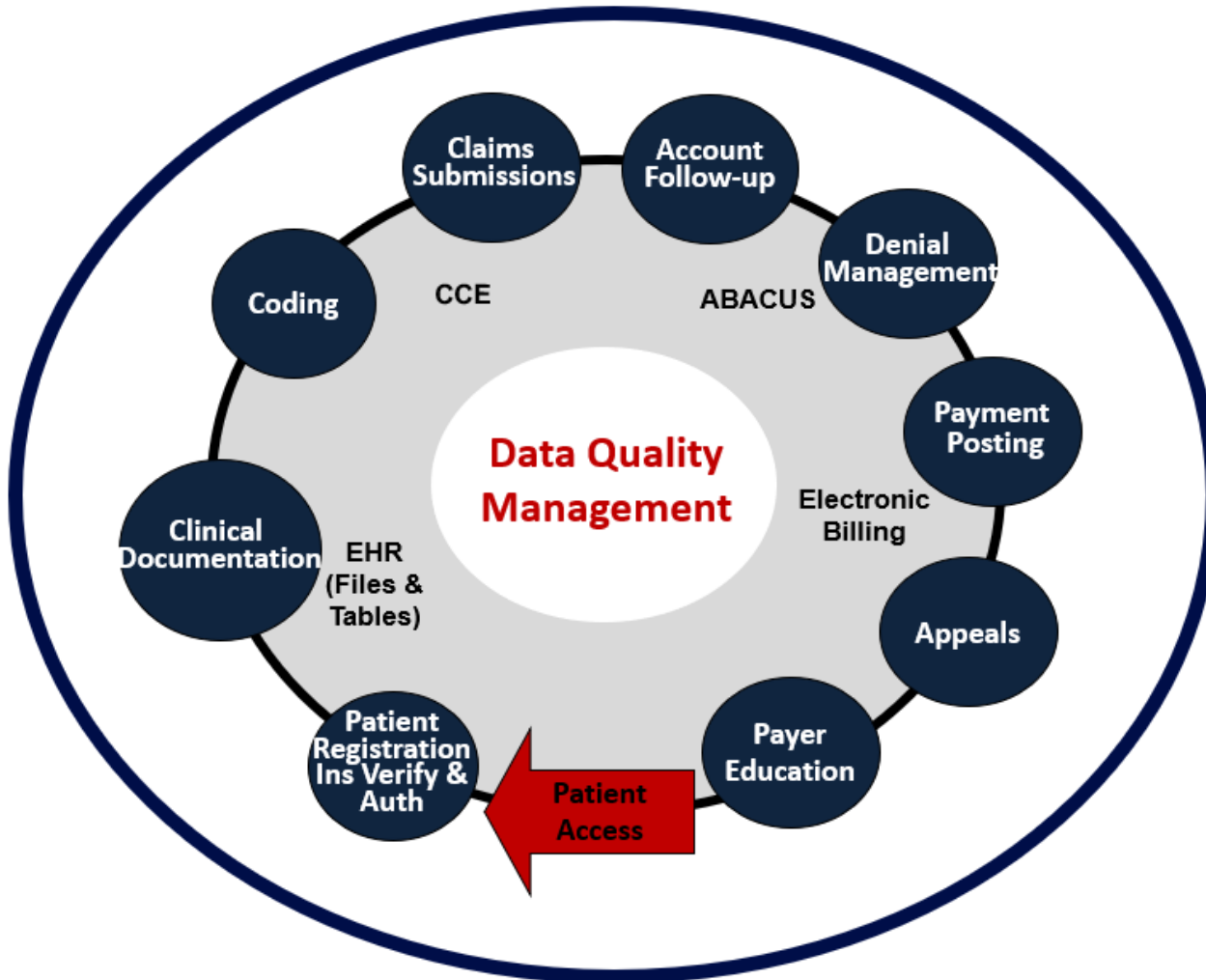
- Third Party Collections Program (TPCP) - \$102.6M
- Medical Services Account (MSA) - \$256.22M
- Medical Affirmative Claims (MAC) - \$12.15M
- Total Collections - \$370.97
- ALL funds collected are retained by individual MTFs
 - TPC funds are in addition to the MTFs O&M budget

- Third Party Collections Program
 - Bill insurers for care provided to eligible DoD beneficiaries (excludes active duty) with other health insurance (excluding Medicare & TRICARE).
- Medical Services Account
 - Includes billing for care provided to eligible patients from other agencies (Veterans Affairs/Coast Guard /NOAA/ PHS), civilian emergencies, pay patients, foreign military & their family members.
- Medical Affirmative Claims
 - Bill for care provided to eligible DoD beneficiaries due to injuries where there is third party liability.

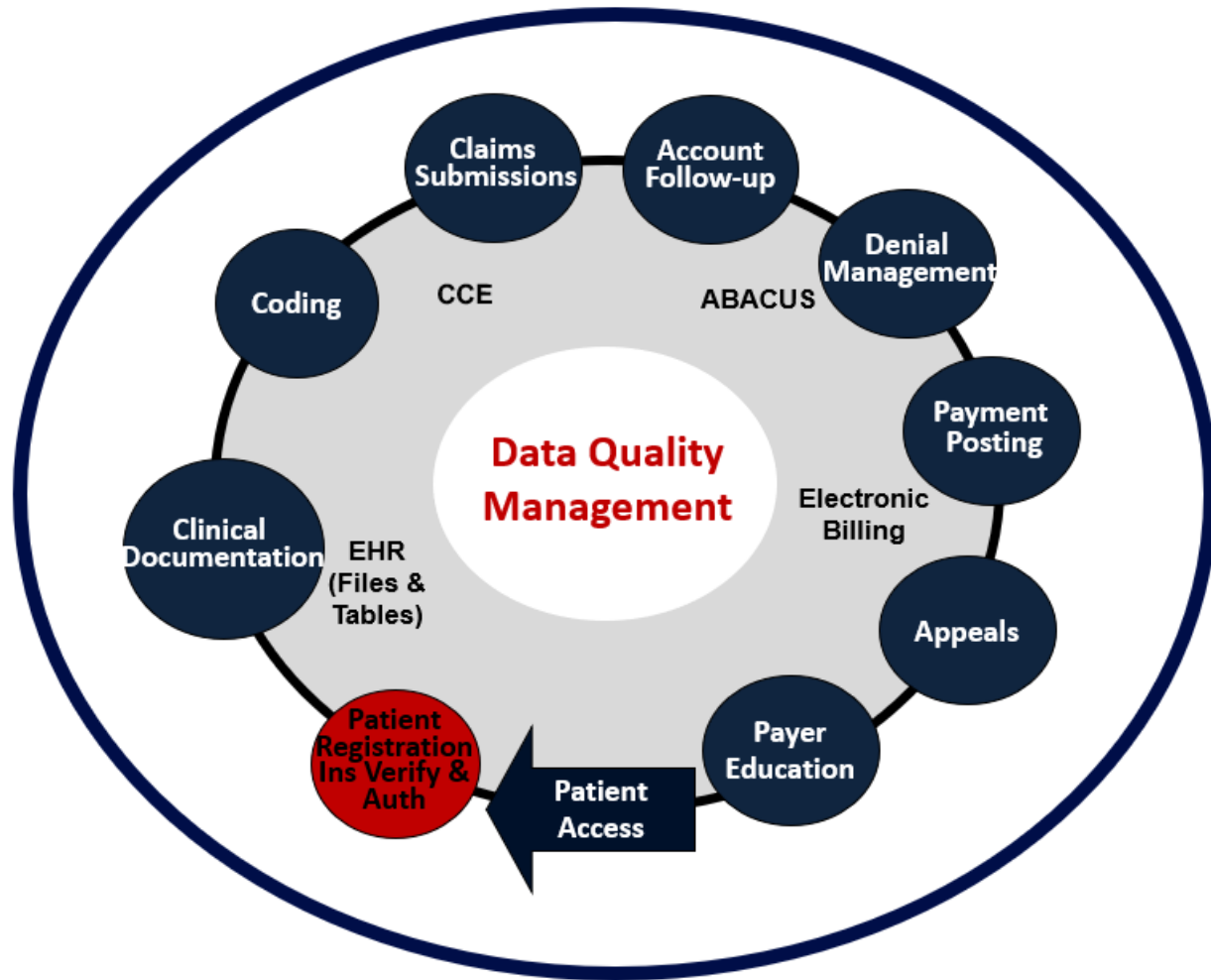


- Armed Forces Billing and Collection Solution (ABACUS)
 - ABACUS was deployed MHS wide as of September 2015 and is used at all Service and NCR MD MTFs billing locations. ABACUS is a Web-based, Software-As-A-Service (SAAS) application accessible to users through existing Common Access Cards (CACs). It supports both inpatient and outpatient billing for all three cost recovery programs
- Cerner Patient Accounting Module (CPAM)
 - Currently being configured under MHS GENESIS. It will support inpatient and outpatient billing for all three cost recovery programs
- Relationships to other systems
 - Provider specialty codes/other provider data, encounter, and patient data form clinical electronic health record applications
 - Collection of other health insurance (OHI) information in CHCS and through DHA OHI discovery
 - Centralized OHI Repository within DEERS
 - Coding Compliance Editor (CCE)



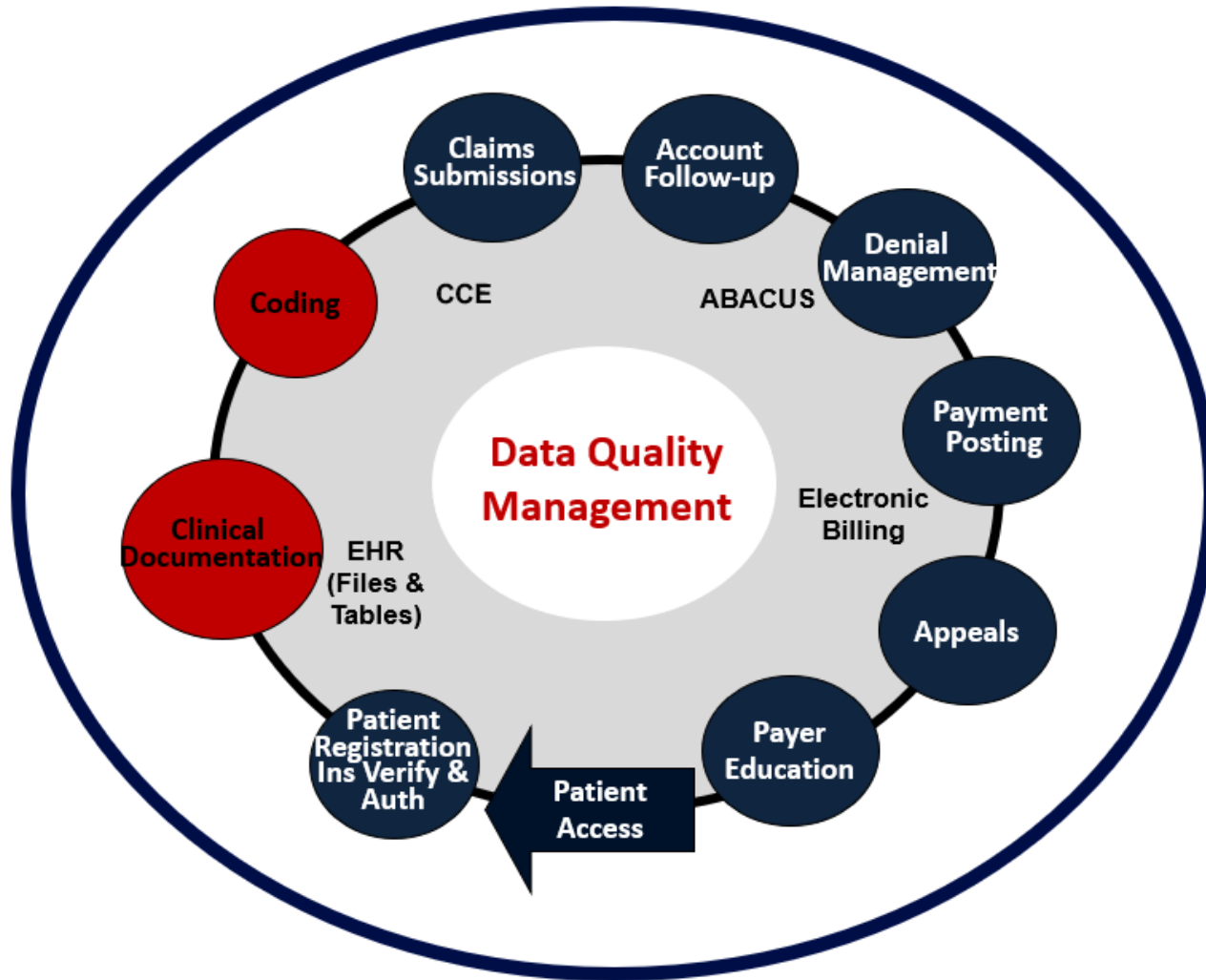


- Accurate
- Complete
- Concise
- Cost-effective
- Relevant
- Timely
- Presentation
- Consistent



- Patient Category (PAT) determines the reimbursable rate (if any) for healthcare
 - Is the care billable?
 - Who is billed?
 - What rates are applied?
 - 400+ PATCATs to select from
- Patients with Multiple PATCATs
 - Spouse of AD Member who is a Reservist and employed as a Federal Employee
 - Dual Eligible Patients; DoD and VA

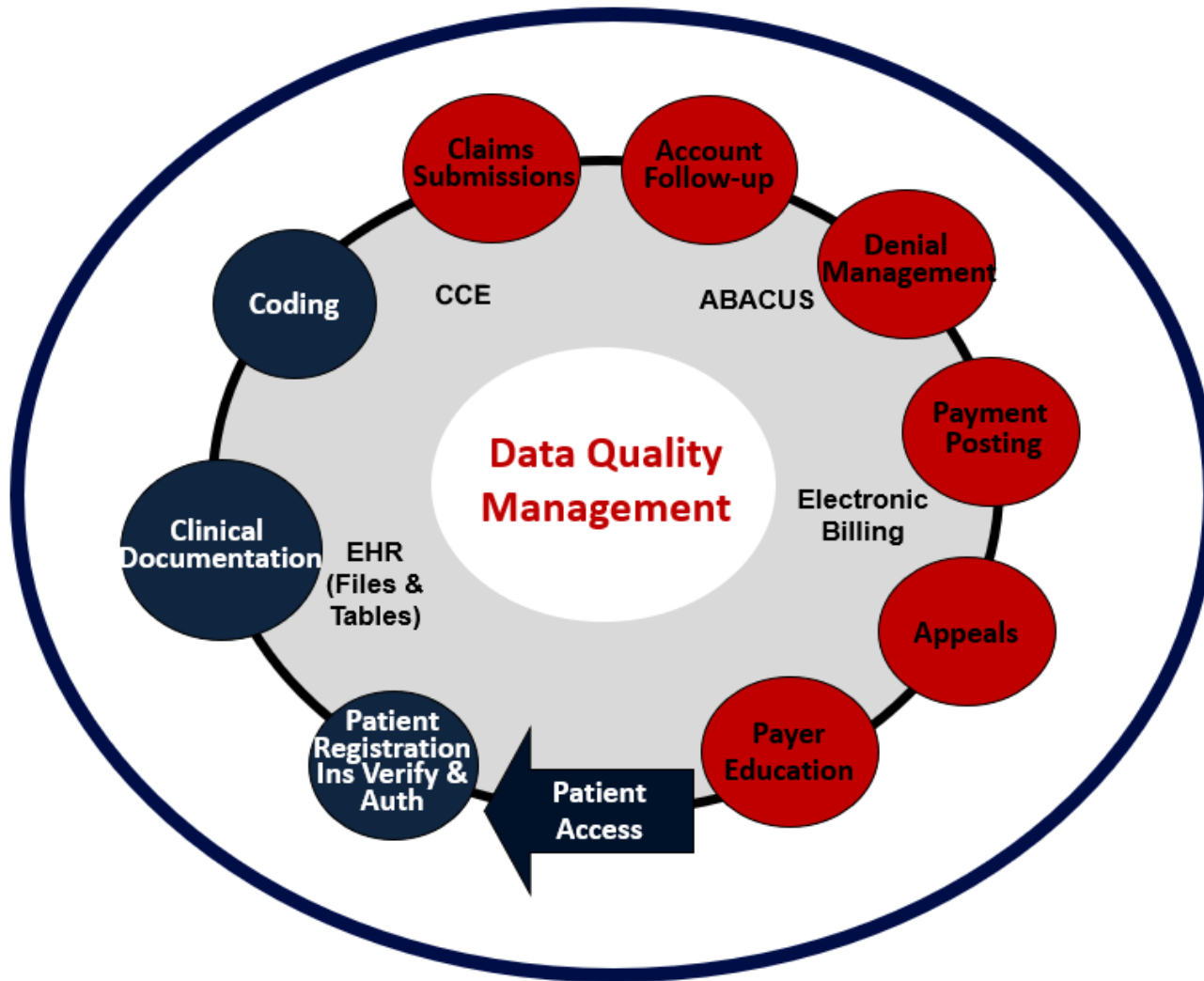
- DD Form 2569 is used to capture OHI information about your patients
 - All Non-Active Duty Patients required to complete every 12 months or when data changes
 - OHI must be entered into CHCS PII screen or it “doesn’t exist” for billing purposes
 - Direct correlation between presence of a current DD Form 2569 in patient record and rate of TPC billing
 - Reported monthly in Commander’s DQ Statement
- DD Form 2569 data collected from beneficiaries is being supplemented with OHI discovery efforts from DHA and ABACUS



- Set of codes unique to CHCS
- Current business rules preclude billing solutions from receiving ADM encounters with blank PSCs or PSCs > 900
 - (exception of 901 – Physician Assistant)
 - 702 (Clinical Psychologist) versus 954 (Psychology)
- Site visit to large medical center found 20% of PSCs fields were blank
 - Billable ADM encounter never reach ABACUS

- Get your site's most current CHCS Provider Profile and review the PSC fields for accuracy
 - No blank fields
 - Billable providers have PSC under 900 (plus 901 – Physician Assistant)
- Determine whose responsible for maintaining the PSC fields and TRAIN THEM!!!
- Periodically review the PSC fields to make sure the problem has been permanently fixed

- Billing professional services claims requires identification of the provider via Type 1 NPI
- 23 May 07 was the deadline for MHS providers to obtain their own unique Type 1 NPI (but there are still instances where provider NPIs are missing from claims)
- All of your providers' TYPE 1 NPIs should be in CHCS
 - No NPI = No payment from Insurance Companies or payers adjudicating based on CMS rules



- Focus Points
 - The Revenue Cycle
 - Team Effort (not the just the UBO's challenge)
 - Staff Education & Training
 - Electronic Interfaces
 - Leadership Involvement
 - Stress the importance of completing of OHI forms (DD Form 2569s or electronic equivalent in GENESIS)
 - Brief them on UBO Performance (e.g., OHI Capture, Billings & Collections for TPCP, MSA & MAC)



Questions?

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