DHA UBO Revenue Cycle

Presented by
DHA UBO Program Office Contract Support

23 September 2019 0800 – 0900
26 September 2019 1400 – 1500

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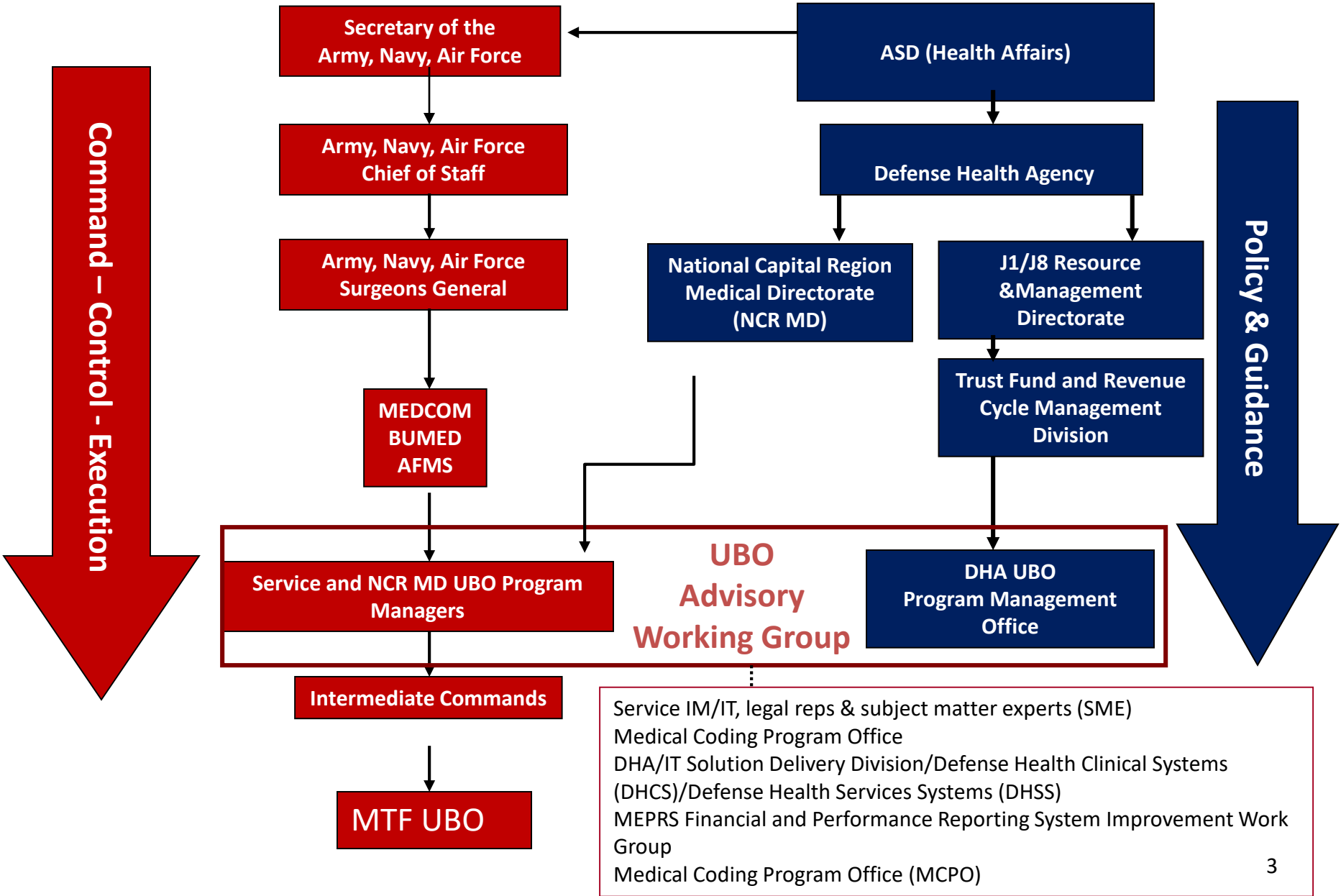
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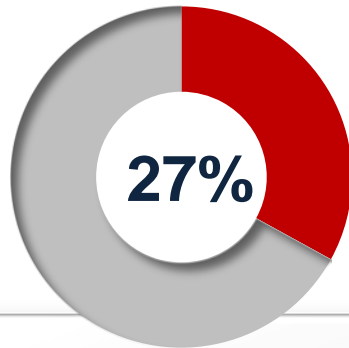
- Uniform Business Office (UBO) Organization
- UBO Cost Recovery Programs
- MHS Billing Systems
- The Revenue Cycle
- Data Quality and How it Affects Each Phase of the Revenue Cycle
- UBO Success Factors
- Questions

Command – Control - Execution

Policy & Guidance

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Secretary of the
Army, Navy, Air Force
        ↑
ASD (Health Affairs)
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Army, Navy, Air Force
Chief of Staff

Defense Health Agency

Army, Navy, Air Force
Surgeons General

National Capital Region
Medical Directorate
(NCR MD)

J1/J8 Resource
&Management
Directorate

MEDCOM
BUMED
AFMS

Trust Fund and Revenue
Cycle Management
Division

UBO Advisory Working Group

Service and NCR MD UBO Program
Managers

DHA UBO
Program Management
Office

Intermediate Commands

Service IM/IT, legal reps & subject matter experts (SME)
Medical Coding Program Office
DHA/IT Solution Delivery Division/Defense Health Clinical Systems
(DHCS)/Defense Health Services Systems (DHSS)
MEPRS Financial and Performance Reporting System Improvement Work
Group
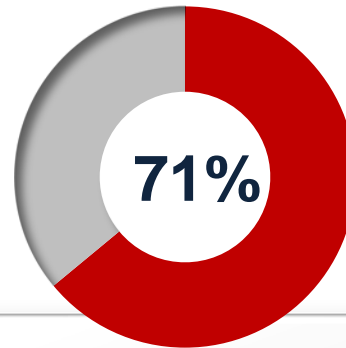Medical Coding Program Office (MCPO)

MTF UBO

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## Third Party Collections Program (TPCP)

27%

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

Medical Services Account (MSA)

71%

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.

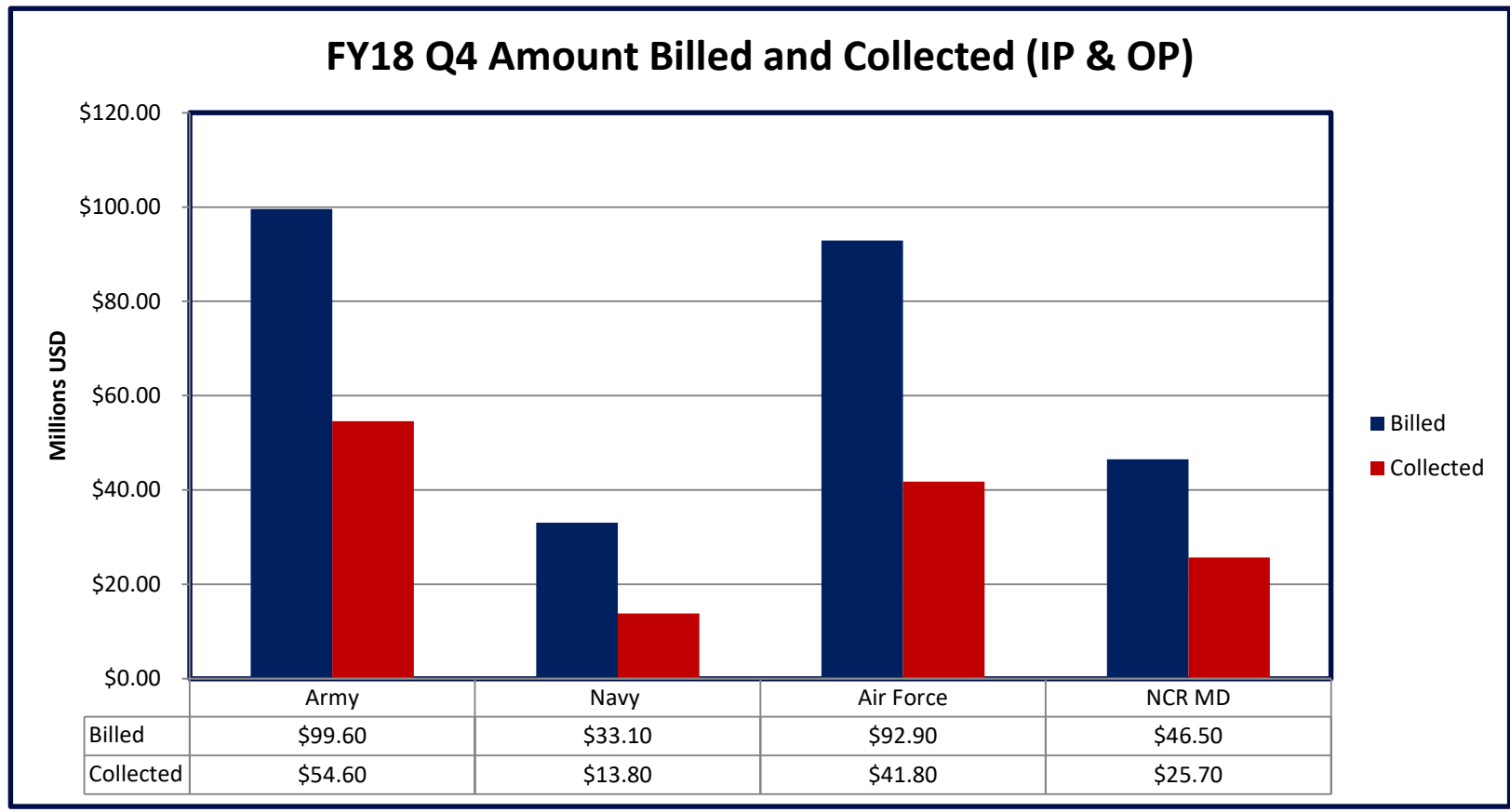## Medical Affirmative Claims (MAC)

2%
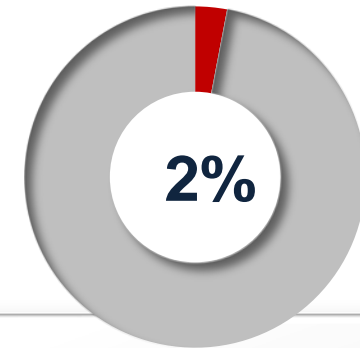
MAC activities involve billing all areas of liability insurance, such as automobile, products, premises and general casualty, homeowner's and renter's insurance, medical malpractice (by civilian providers), and workers' compensation (other than Federal employees).

FY18 $510 MM Total Collected

* TPC funds are in addition to the MTFs O&M budget

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FY18 Q4 Amount Billed and Collected (IP & OP)

	Army	Navy	Air Force	NCR MD
Billed	$99.60	$33.10	$92.90	$46.50
Collected	$54.60	$13.80	$41.80	$25.70

*NOTE: Collected amount includes dollars for healthcare services provided in previous FYs and may exceed current FY billings.

For FY18, 54% of total MHS TPCP uncollected charges was attributed to acceptable third-party payer denials (co-pay, deductibles, out of network, non-covered benefits).

Data Source: MTF DD Form 2570 submissions to the DHA UBO Metrics Report

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	DMIS ID	MTF	Total $ Collections
Top Ten All Collections (IP & OP)	0067	Walter Reed National Military Medical Center	$15,833,182
	0123	Ft. Belvoir (Ft. Belvoir Community Hospital)	$9,895,224
	0109	BAMC-SAMMC JBSA FSH	$9,743,594
	0052	Ft. Shafter (Tripler Army Medical Center)	$6,264,202
	0006	Elmendorf AFB (3rd Medical Group)	$5,866,199
	0607	Landstuhl Regional Medical Center	$4,726,772
	0125	Ft. Lewis (Madigan Army Medical Center)	$4,256,463
	0095	Wright Patterson AFB (88th Medical Group)	$3,646,346
	0089	Ft. Bragg (Womack Army Medical Ceter)	$3,643,850
	0124	NMC Portsmouth	$3,500,929

Data Source: MTF DD Form 2570 submissions to the DHA UBO Metrics Report
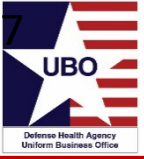
- Third Party Collections Program
  - Bill insurers for care provided to <u>eligible DoD beneficiaries</u> (excludes active duty) with other health insurance (excluding Medicare & TRICARE).

- 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 <u>eligible DoD beneficiaries</u> 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. 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
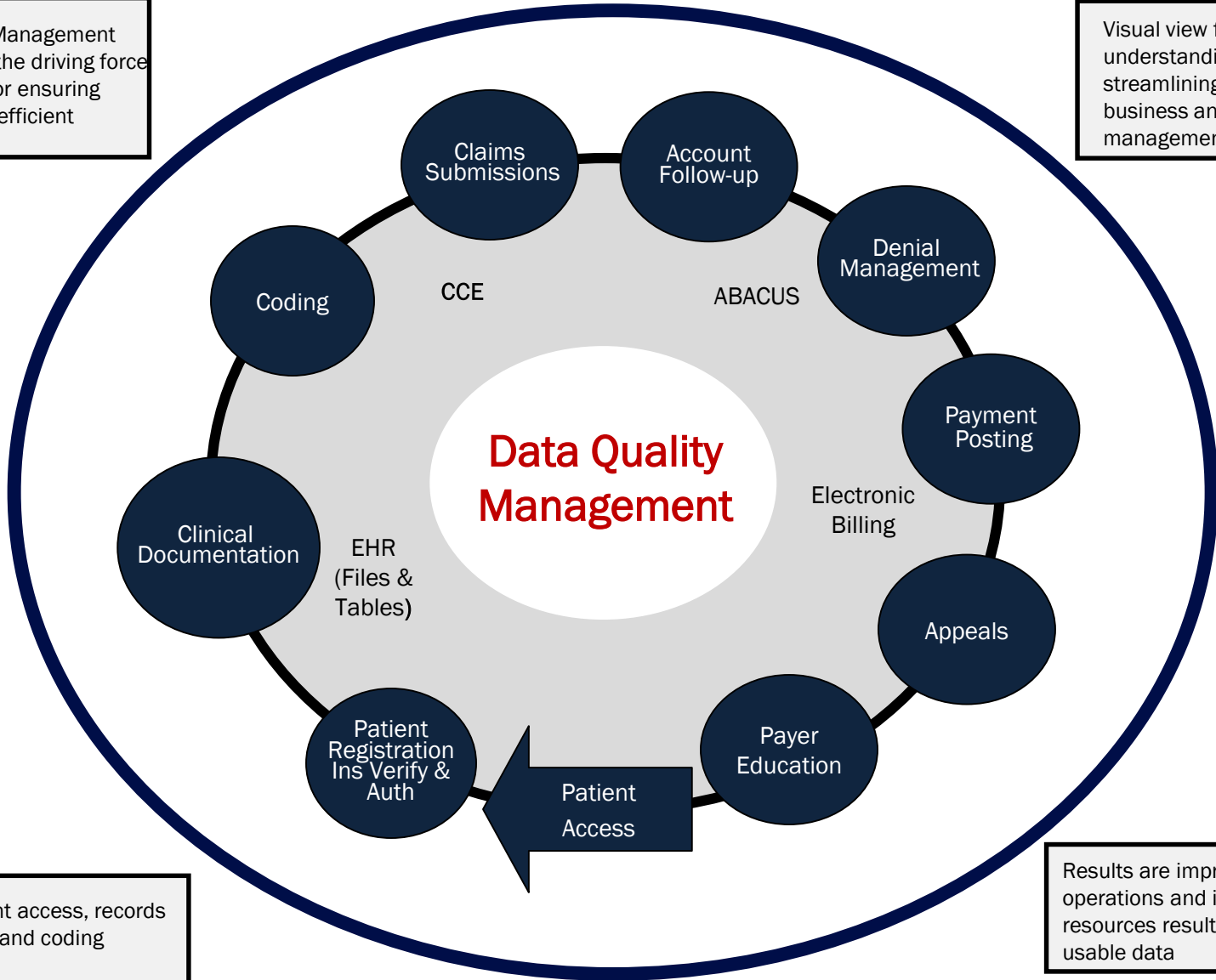 - Coding Compliance Editor (CCE)

UBO
Defense Health Agency
Uniform Business Office
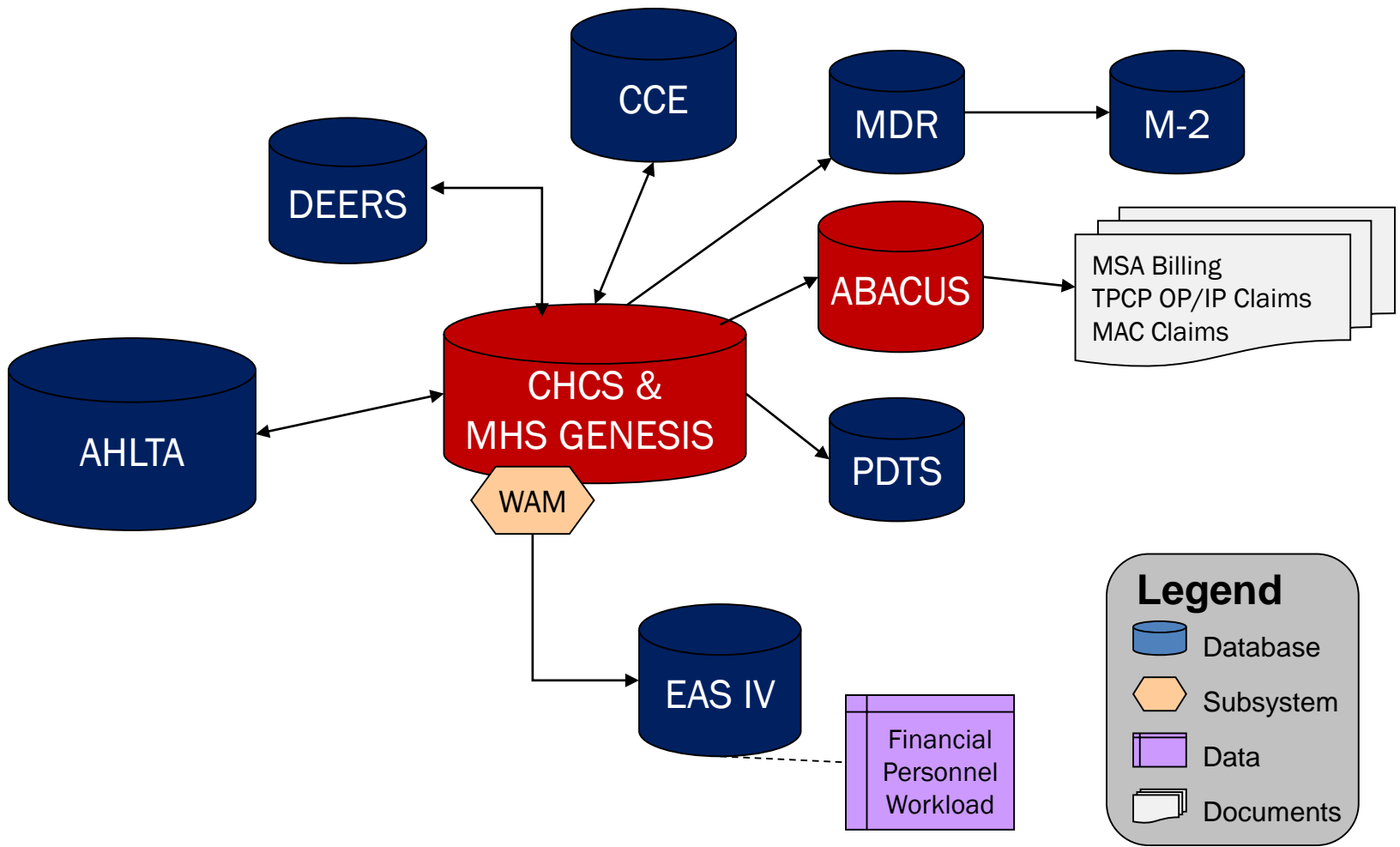
Data Quality Management Controls are the driving force and conduit for ensuring effective and efficient operations.

Visual view for understanding and streamlining major business and resource management processes

Claims Submissions

Account Follow-up

Denial Management

Coding

CCE

ABACUS

Data Quality Management

Payment Posting

Electronic Billing

Clinical Documentation

EHR (Files & Tables)

Appeals

Patient Registration Ins Verify & Auth

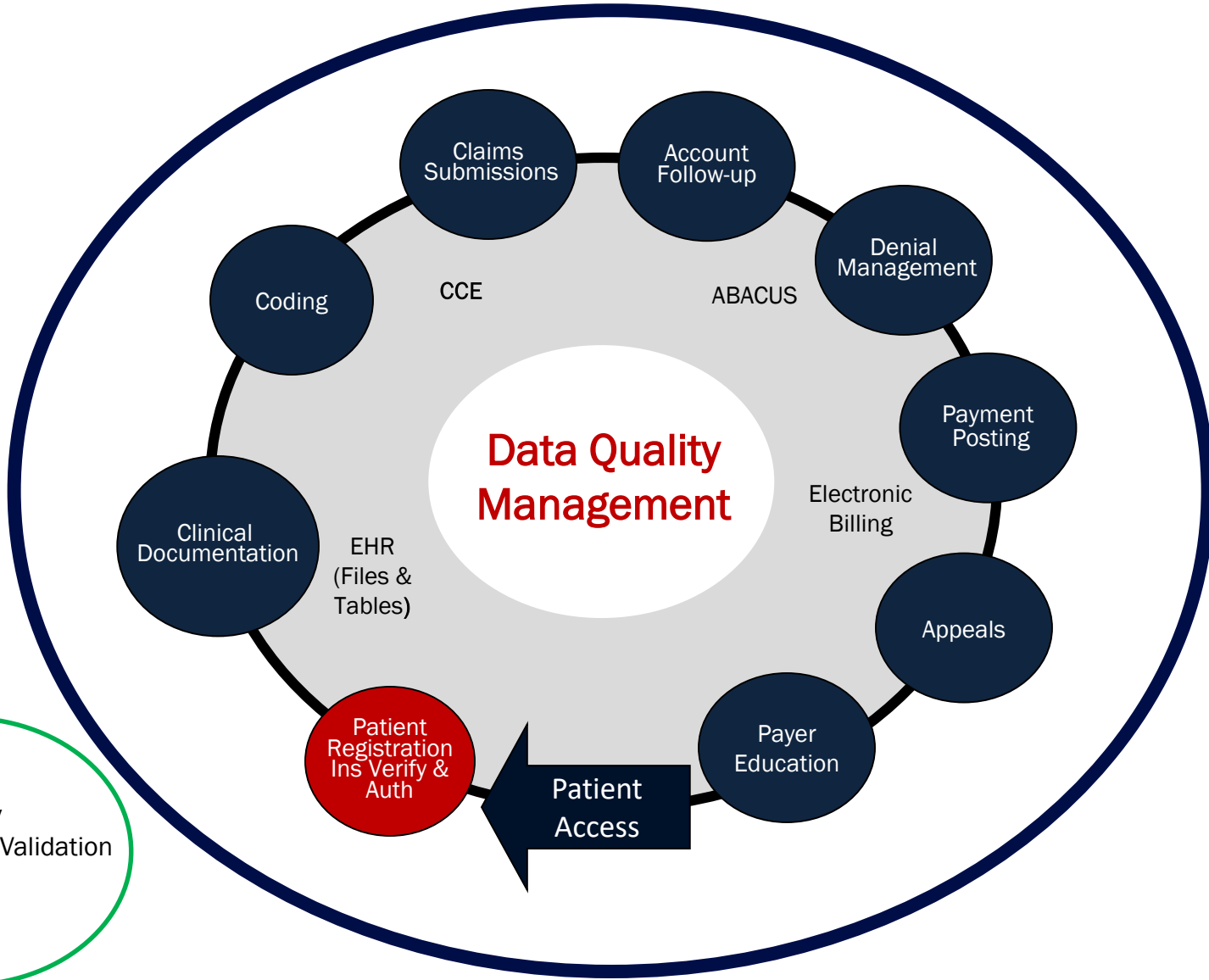Patient Access

Payer Education

Improved patient access, records documentation and coding accuracy

Results are improved operations and increased resources resulting from usable data

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- CHCS Provider Specialty Codes (PSCs)
  - Set of codes unique to CHCS
  - Current business rules preclude billing solution from receiving ADM encounters with blank PSC or PSC > 901
    - 702 (Clinical Psychologist) vs. 954 (Psychology)
  - Correcting CHCS PSCs
    - Site visit to large medical center found 20% of PSC fields were blank; billable ADM encounters never reached ABACUS
    - Review PSC fields in the most current CHCS provider profile for accuracy
    - Billable providers have PSC under 901

- National Provider Identifier (NPI)
  - Billing professional services claims requires identification of provider via a Type 1 NPI
  - No Type 1 NPI = No payment from Insurance companies

Data Quality Management

- Claims Submissions
- Account Follow-up
- Denial Management
- Payment Posting
- Appeals
- Payer Education
- Patient Registration Ins Verify & Auth
- Clinical Documentation
- Coding

CCE
ABACUS
Electronic Billing
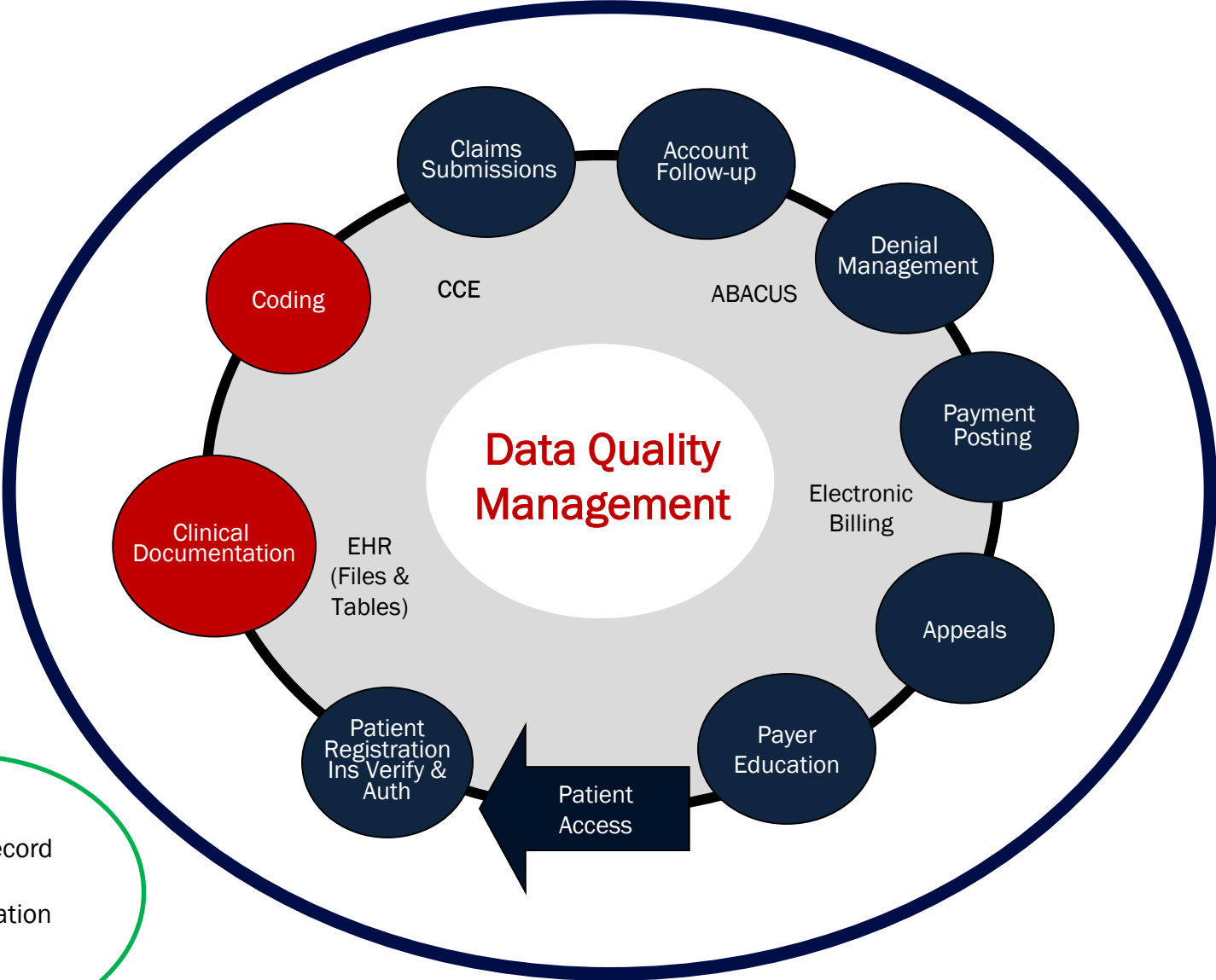EHR (Files & Tables)
Patient Access

- PATCAT Entry
- Collection & Validation of OHI

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- Patient Category (PATCAT) determines the reimbursable rate (if any) for healthcare
  - Is the care billable? Who is billed? What rates are applied?
  - 427 PATCATs to select from

- Challenge of Patients with Multiple PATCATs
  - Spouse of Active Duty Member who is a Reservist and employed as a Federal Employee
  - Dual Eligible Patients; DoD and VA

- PATCAT Training Module and Finder Guide
  - <u>https://health.mil/Military-Health-Topics/Business-Support/Uniform-Business-Office/Patient-Categories</u>
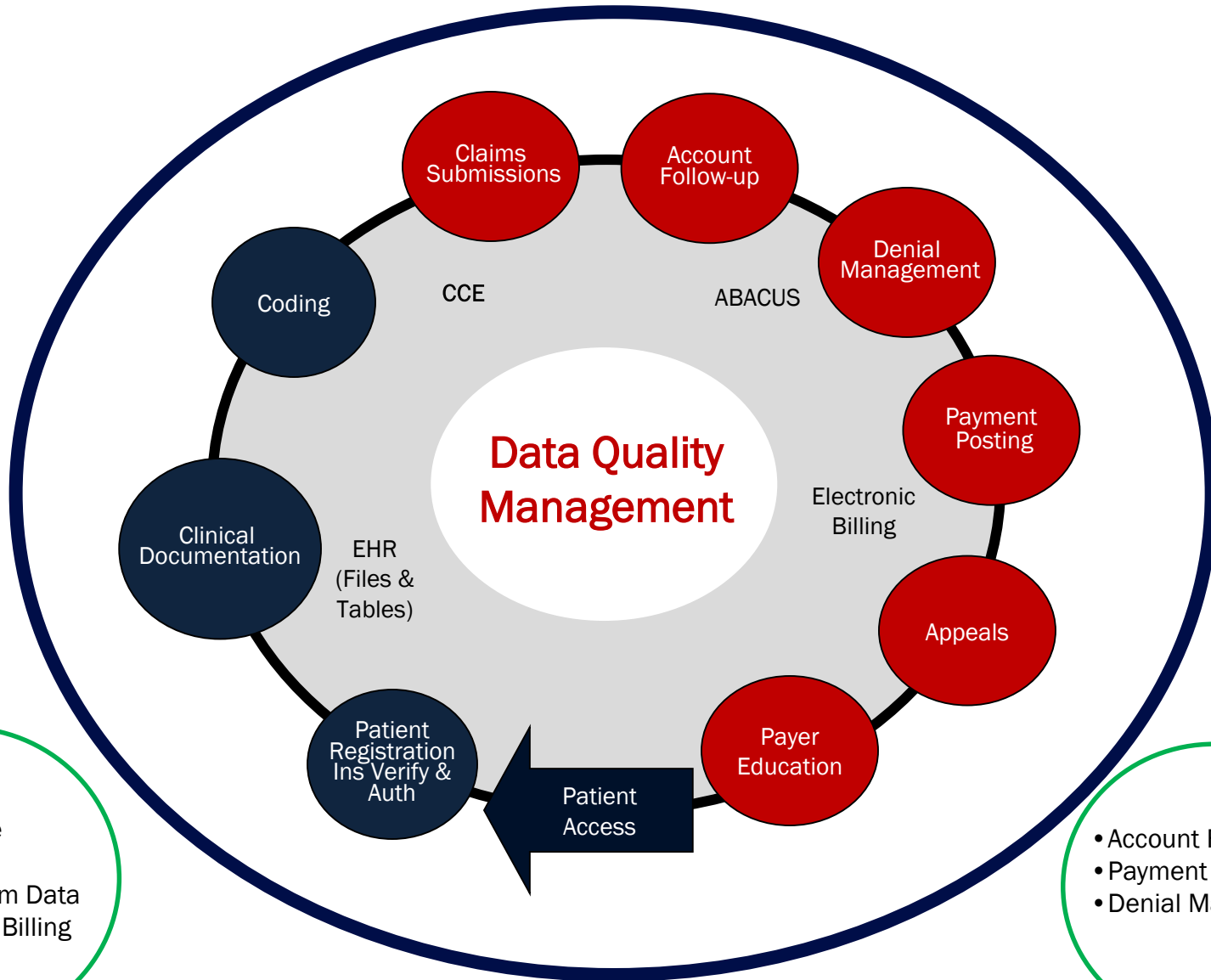
- Use DD Form 2569 or other collection method to capture OHI information about your patients
  - All Non-Active Duty Patients are required to complete it annually or if data changes
  - OHI needs to be entered into CHCS PII screen and ABACUS or it "doesn't exist" for billing purposes
  - Direct correlation between presence of current OHI information in patient record and rate of TPC billing

- OHI information collected from beneficiaries is being supplemented with OHI discovery efforts from DHA and ABACUS

- Accurate OHI capture/entry creates less rework for Biller's downstream
  - More time to perform follow-up and denials management activities

Data Quality Management

- Claims Submissions
- Account Follow-up
- Denial Management
- Payment Posting
- Appeals
- Payer Education
- Patient Registration Ins Verify & Auth
- Clinical Documentation
- Coding

CCE
ABACUS
Electronic Billing
EHR (Files & Tables)
Patient Access

- Medical Record Availability
- Documentation

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- **Clinical Documentation**
  - Services that are not documented cannot be coded for billing
  - Missed opportunities for billing

- **Medical Record Coding**
  - Claims cannot be billed until coded
  - Coding / Billing holds for code table updates impact billing (e.g., timely filing limits)

UBO
Defense Health Agency
Uniform Business Office

Data Quality Management

- Claims Submissions
- Account Follow-up
- Denial Management
- Payment Posting
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CCE
ABACUS
Electronic Billing
EHR (Files & Tables)
Patient Access

- Insurance Verification
- Claim Form Data & Line Item Billing

- Account Follow-Up
- Payment Posting
- Denial Management

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- MTF Revenue Cycle
  - Team Effort (not just the UBO's challenge)
  - Staff Education & Training
  - Electronic Interfaces

- Leadership Involvement
  - Stress the need to complete OHI forms (DD 2569)
  - Brief them on UBO performance (e.g., OHI capture, Billings & Collections)

- MHS GENESIS CPAM Implementation
  - Includes Clinical, Coding, Billing and Patient Administration communities
  - Proper design and validation
  - MTF UBO Education & Training before and after implementation

- DHA UBO Web Page

  http://www.health.mil/Military-Health-Topics/Business-Support/Uniform-Business-Office

- PATCAT Training

  https://health.mil/Military-Health-Topics/Business-Support/Uniform-Business-Office/Patient-Categories

- Archived Webinars

  https://health.mil/Military-Health-Topics/Business-Support/Uniform-Business-Office/UBO-Learning-Center/Archived-Webinars

- DHA UBO Help Desk Contact Information

  ubo.helpdesk@intellectsolutions.com

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