Defense Health Agency
Uniform Business Office

Standard Insurance Table/Other Health Insurance
SIT/OHI

29 October 2019 0800 – 0900 EST
31 October 2019 1400 – 1500 EST

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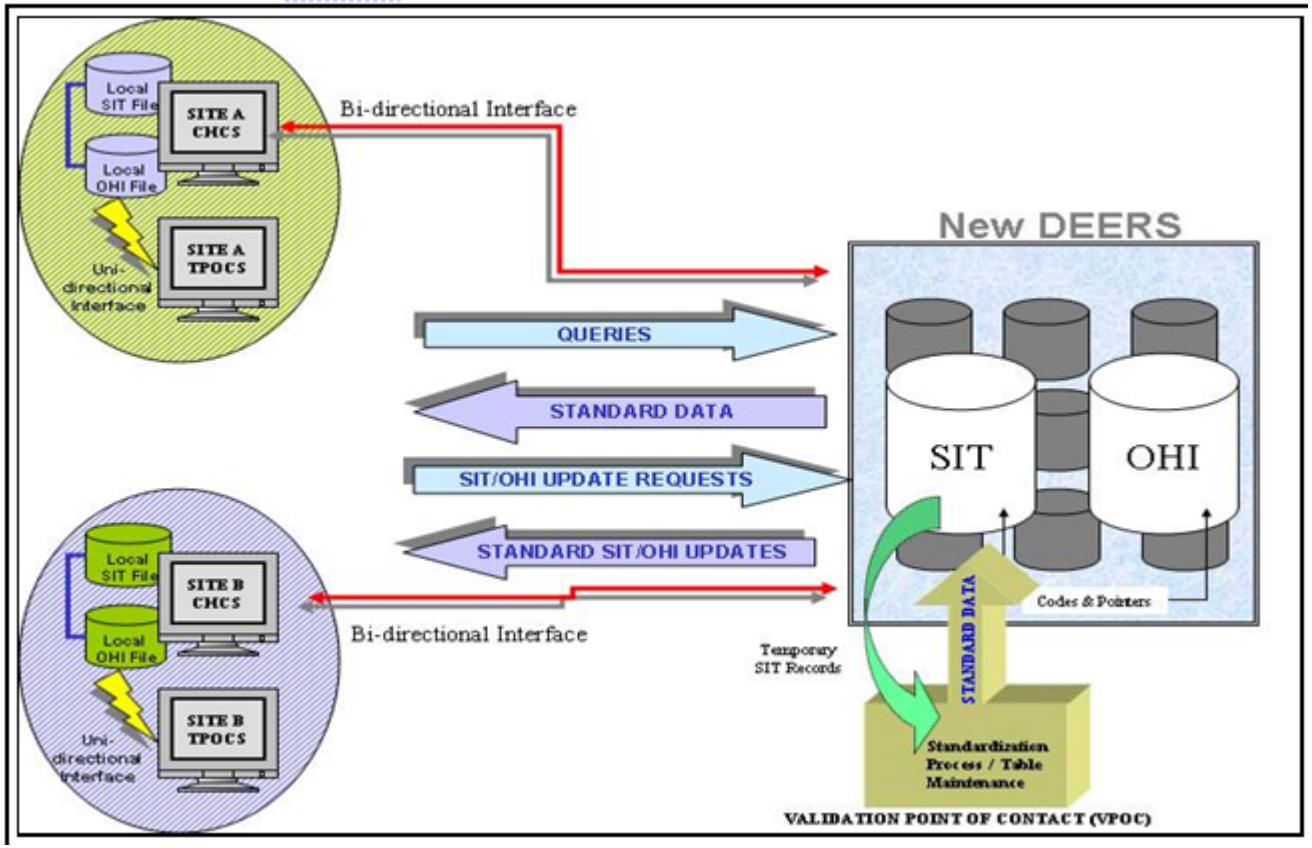
Agenda

- Applicable Laws, Regulations, and Guidance
- Other Health Insurance (OHI)
- Standard Insurance Table (SIT)
- Verification Point of Contact (VPOC) Function
- MHS GENESIS Health Plan Database
- Common issues with SIT/OHI
- Impact on billing processes
- Helpful Tips & Resources

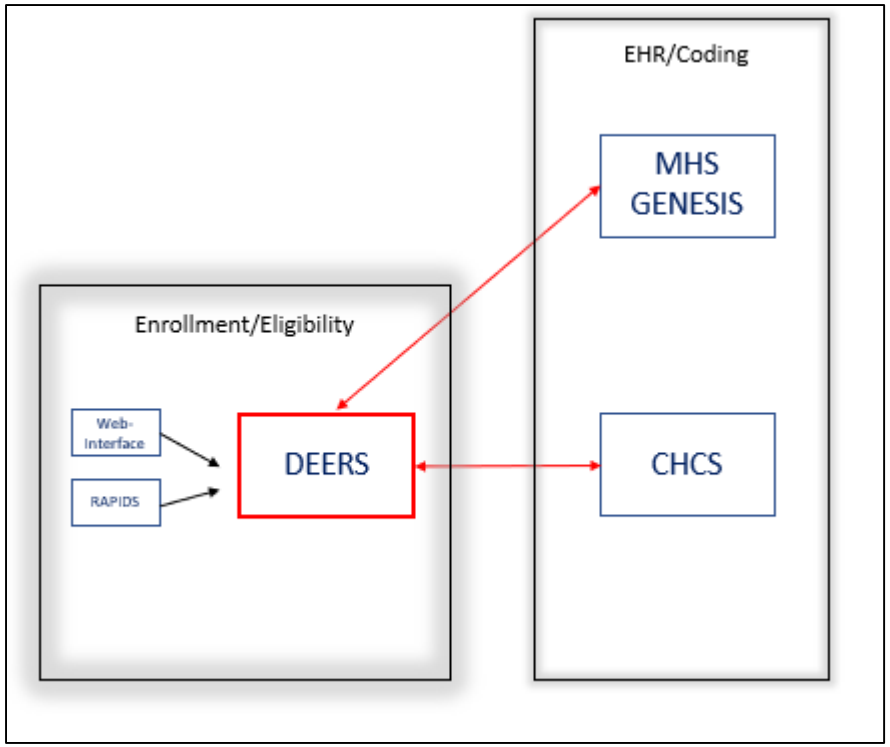
Applicable Laws, Regulations, and Guidance

- DoD Third Party Collections Program (TPCP) activities involve the billing of insurance, medical service, or health plan contracts or agreements on behalf of covered beneficiaries for both Inpatient and Outpatient services provided in Military Treatment Facilities (MTFs) and Dental Treatment Facilities (DTFs), to the fullest extent allowed under 10 U.S.C. 1095, CFR 32, part 220.
- TRICARE is the secondary payer when a covered beneficiary has OHI.
  - OHI does not limit beneficiary's access to care. But if he/she intentionally fails to provide OHI information, he/she could be disqualified for health care services from MTFs
- DoD is authorized to collect "reasonable charges" less the covered beneficiary's appropriate deductible or copayment amount.
  - Cannot balance bill the covered beneficiary
- Funds collected from TPCP payers are returned and used to enhance health care delivery at the MTF providing the care.

Data flow between Defense Enrollment Eligibility Reporting System (DEERS) and Composite Health Care System (CHCS).

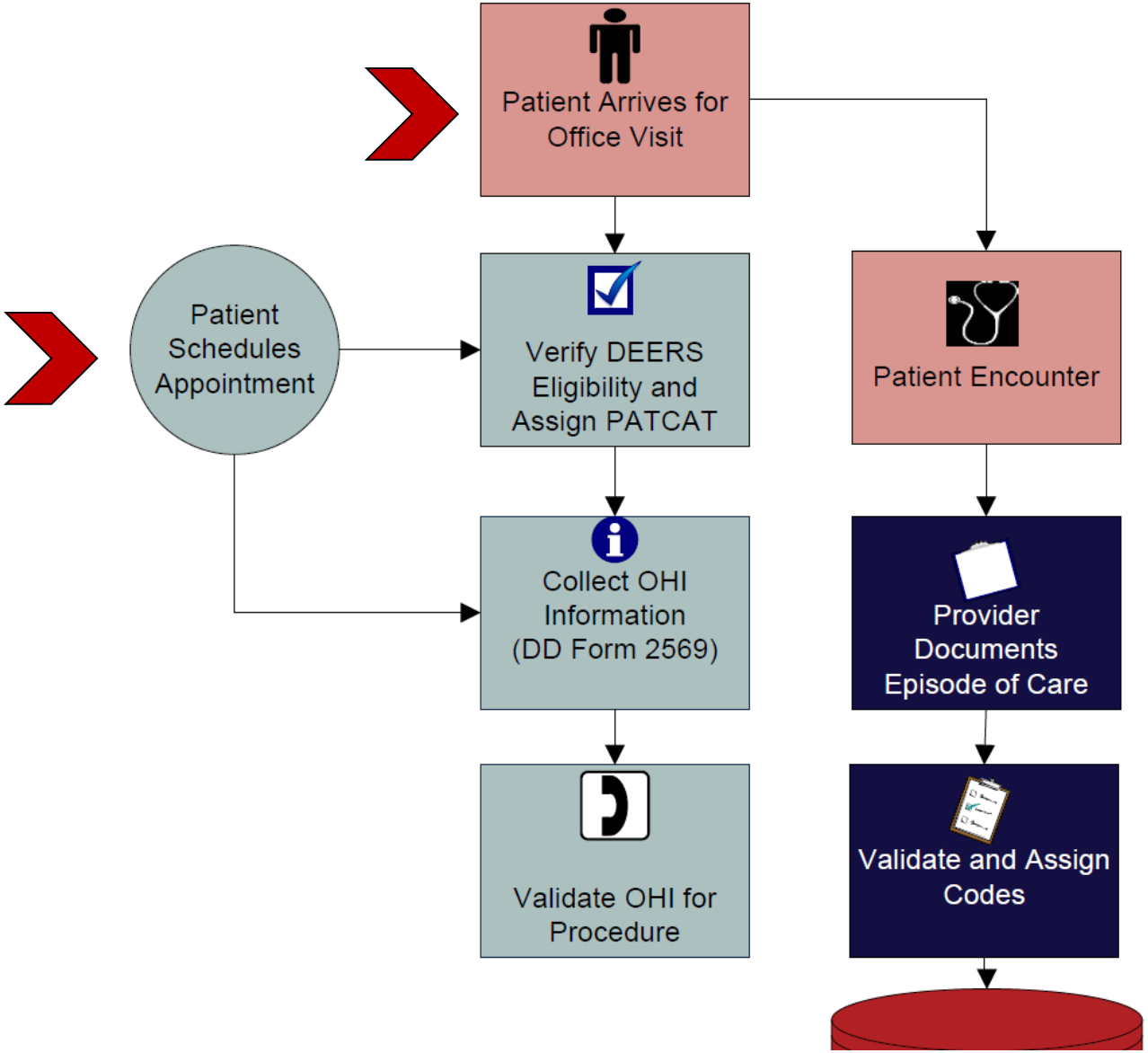


Data flow between Defense Enrollment Eligibility Reporting System (DEERS) and MHS GENESIS.



- **What is Other Health Insurance (OHI)?**
  - OHI is any health insurance policy that a TRICARE beneficiary may carry which covers medical, dental, pharmacy, etc. established through an employer, private insurance company or by agreement
  - OHI excludes TRICARE, TRICARE Supplemental plans, Medicare, Medicaid, and certain government-sponsored programs
  - OHI data includes information about a patient's policy such as policy name and number, coverage type, and effective dates of coverage
  - OHI is stored in the SIT in the form of Health Insurance Carrier (HIC) IDs. The HIC ID is assigned by Defense Enrollment Eligibility Reporting System (DEERS) and composed of:
    - First 3 characters of insurance company's name
    - Plus 2-character state abbreviation
    - Plus 4-digit number assigned by DEERS
    - E.g., Aetna of California = AETCA0001

When is OHI Collected?



DD Form 2569

- The DD Form 2569, “Third Party Collection Program/Medical Services Account/Other Health Insurance,” is used to collect OHI information from all patients on an annual basis.
  - Form must be verified or updated with the beneficiary at each visit
- Each signed and completed form must be placed in the patient’s medical record or stored electronically.
- The DD Form 2569 (v Aug 2019) is currently in the renewal process. Current form can still be used.
- http://www.dtic.mil/whs/directives/forms/eforms/dd2569.pdf

DD Form 2569

THIRD PARTY COLLECTION PROGRAM/MEDICAL SERVICES ACCOUNT/ OTHER HEALTH INSURANCE

(Read Privacy Act Statement before completing this form.)

OMB No. 0720-0055
OMB approval expires
31 Aug, 2019

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PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC, Sections 1079b, Procedures for charging fees for care provided to civilian; retention and use of fees collected;1095, Health care services incurred on behalf of covered beneficiaries: collection from thirdparty payers; 42 USC. Chapter 32, Third Party Liability For Hospital and Medical Care; EO 9397 (SSN) as amended.

PURPOSE(S): Your information is collected to allow recovery from third parties for medical care provided to you in a Military Treatment FacilityROUTINE USE(S): Your records may be disclosed outside of DoD to healthcare clearinghouses, commercial insurances providers, and other third parties in order to collect amounts owed to the Department of Defense. Your records may also be used and disclosed in accordance with 5 USC 552a(b) of the Privacy Act of 1974, a amended, which incorporates the DoD Blanket Routine Uses published at: http://dpcld.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx.

Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations.

DISCLOSURE: Voluntary. Failure to provide complete and accurate information may result in disqualification for health care services from MTFs.

PATIENT INFORMATION

1. PATIENT NAME *(Last, First, Middle Initial)*	2. SSN	3. DATE OF BIRTH *(YYYY/MM/DD)*

4a. MAILING ADDRESS *(Include ZIP Code)*	b. HOME TELEPHONE NO. ( )
	5a. FAMILY MEMBER PREFIX / b. SPONSOR SSN
6a. PATIENT'S EMPLOYER'S NAME	b. EMPLOYER TELEPHONE NUMBER

INSURANCE INFORMATION

DD Form 2569

INSURANCE INFORMATION

7. ARE YOU ELIGIBLE FOR VETERANS AFFAIRS BENEFITS?

a. **YES.** *(If you have an insurance card (e.g., Veterans Health Identification Card (VHIC), Veterans Choice Card), that can be copied or scanned by the MTF representative, please provide it and proceed to Item 8; otherwise, please complete items 7.a.(1) through (5) below.)*

(1) Member ID	(2) Plan ID	(3) Expiration Date *(YYYY/MM/DD)*

(4) VA Facility Name *(e.g., primary care/specialty clinic)* that assists in coordinating your care

(5) VA Facility Address and Telephone Number

( )

b. **NO.** *(Proceed to Item 8.)*

8. DO YOU HAVE OTHER HEALTH INSURANCE? *(This includes employer health insurance benefits, other commercial health insurance coverage, and Medicare Supplement.)*

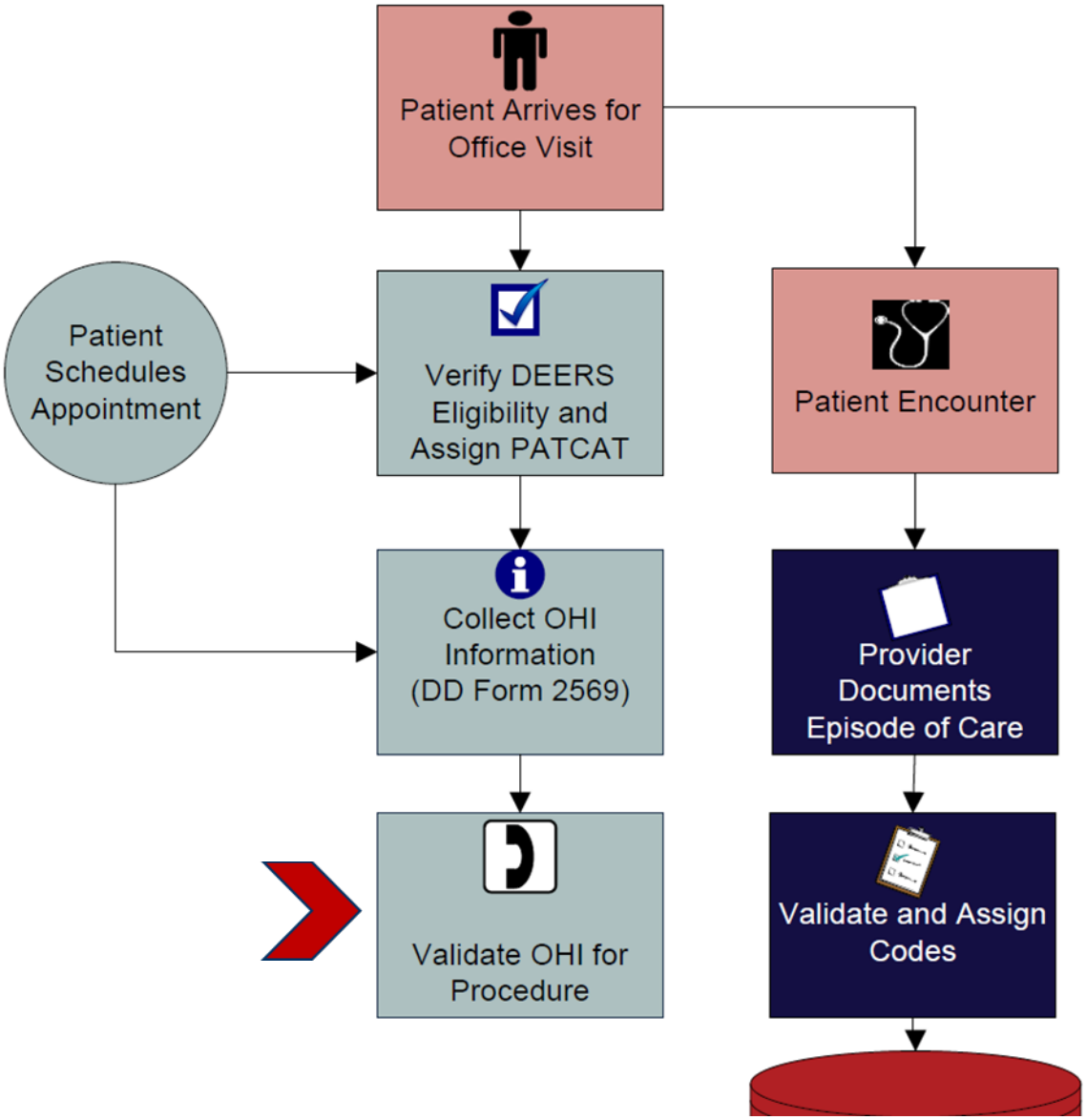
a. **YES.** *(Complete Item 9 and the remaining sections below.)*

b. **NO**, I am a DoD beneficiary and rely solely on TRICARE, Medicare, or Medicaid. *(Proceed to Item 13.)*

c. **NO**, but I am not a DoD beneficiary. *(Proceed to Item 12.)*

9. PRIMARY MEDICAL INSURANCE INFORMATION. If you have an insurance card that can be copied or scanned by the MTF representative, please provide it and proceed to Item 11; otherwise, please complete the blocks below.

When is OHI Verified?



- Menu Paths in CHCS for OHI Data Entry
  - #1: CA -> PAD -> ROM -> PII -> enter Patient Name -> DEERS OHI query -> Screen 1
  - #2: CA -> PAD -> ROM -> FRG or MRG -> Patient Name -> enter/edit registration information
  - #3: CA -> PAD -> ADT -> ADM -> enter Patient Name -> enter/edit demographics -> DEERS OHI query -> Screen 2

OHI Entry in CHCS 2:

OHI Screen 1

```
                              OTHER HEALTH INSURANCE

         Patient: SHAW,SHEILA                          FMP/SSN: 30/000-00-0000
Patient Category: USN FAM MBR AD                   Patient SSN: 000-00-0000
            HCDP: TRICARE PRIME FAMILY C           DMDC Pat Id: 0000011111
     Region Code: 01                                      Sex: FEMALE
             PCM: WOLLIN,MAGDALENA                    DOB/Age: 12 Aug 1972/30Y
-------------------------------------------------------------------------------
  Insurance Co Name              Policy Id            Eff Date   End Date   Pol
    Coverage Types and Ranking                                              Stat
-------------------------------------------------------------------------------
  ADVANCE PCS                    4848394              28Jan2003  INDEF      (S)
    RX(P)
  AETNA HEALTH PLANS OF TEXAS    AE12345              09Dec2002  INDEF      (S)
    XM(P) RX(S) IP(P) OP(P) PH(P) SN(P) LT(P) MH(P) DN(P) VI(P)
  RX ADVANCE PCS                 484839485j4h5u3y4655 28Jan2003  INDEF      (T)
    RX(N)
+ PREMIER BLUE                   568-97-6857          18Sep2002  03Jan2004  (I)
    MD(S)
-------------------------------------------------------------------------------
Add   Update   modKey   Cancel   copyFrom   copyTo   View/Print   PreCert   eXit
Add a new policy to selected patient's OHI profile
```

OHI Entry in CHCS 3:

- "Add" Action
  - Used to add a new policy to a selected patient's OHI profile
  - User selects existing HIC ID or creates a new HIC ID entry
    - User should first perform a partial look-up to see if company or coverage is already on the local CHCS SIT table
- "Update" Action
  - Allows users to edit/update information associated with a policy in the patient's OHI profile
- "Cancel" Action
  - Used to select a policy or coverage type to cancel
  - Cancellation of a policy represents an error correction
  - Only originating MTF may cancel a policy

OHI Entry in CHCS 4:

OHI Claim Filing Codes Table: (Most common choices are bolded)

09 = Self Pay (default)
12 = Preferred Provider Organization (PPO)
13 = Point of Service (POS)
14 = Exclusive Provider Organization (EPO)
BL = Blue Cross/Blue Shield
CI = Commercial Insurance
HM = Health Maintenance Organization (HMO)
MC = Medicaid
10 = Central Certification
OF = Other Federal Program – Example: Medicare
11 = Other Non Federal Programs
MB = Medicare Part B
15 = Indemnity Insurance
TV = Title V Maternal/Child program
16 = HMO/Medicare Risk
VA = Veteran's Plan
AM = Automobile Medical
WC = Worker's Comp
CH = CHAMPUS (TRICARE) not supported by DEERS

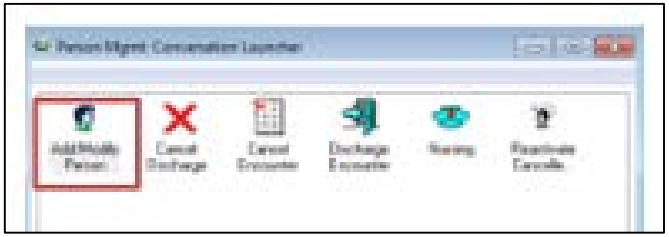
Insurance Type Code Table

CI = Commercial (default)
HM = HMO
GP = Group Policy
MP = Medicare Primary
MC = Medicaid
AP = Auto Insurance Policy
CP = Medicare Conditionally Primary
IP = Individual Policy
LD = Long Term Policy
LT = Litigation
MB = Medicare Part B
MI = Medigap Part B
PP = Personal Payment
SP = Supplemental Policy
OT = Other
CI = Commercial
GR = Group Policy

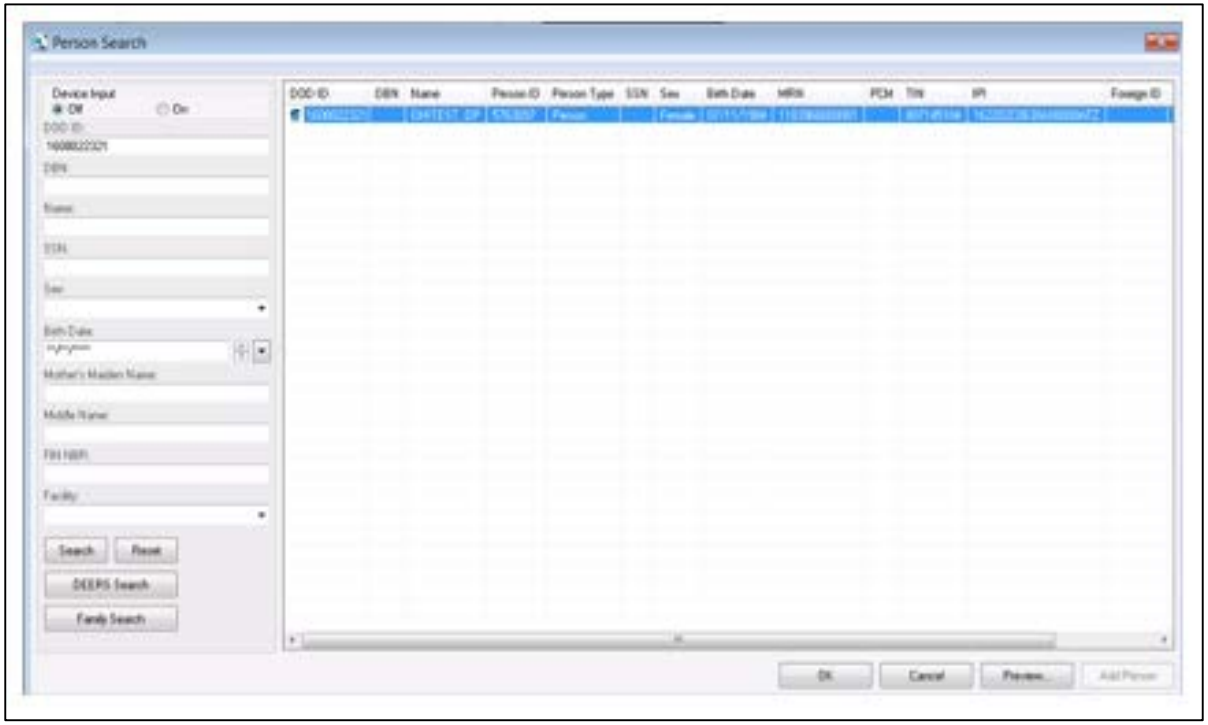
OHI Entry in MHS GENESIS 1

#1 Select Conversation Launcher

#2 Select Add/Modify Person

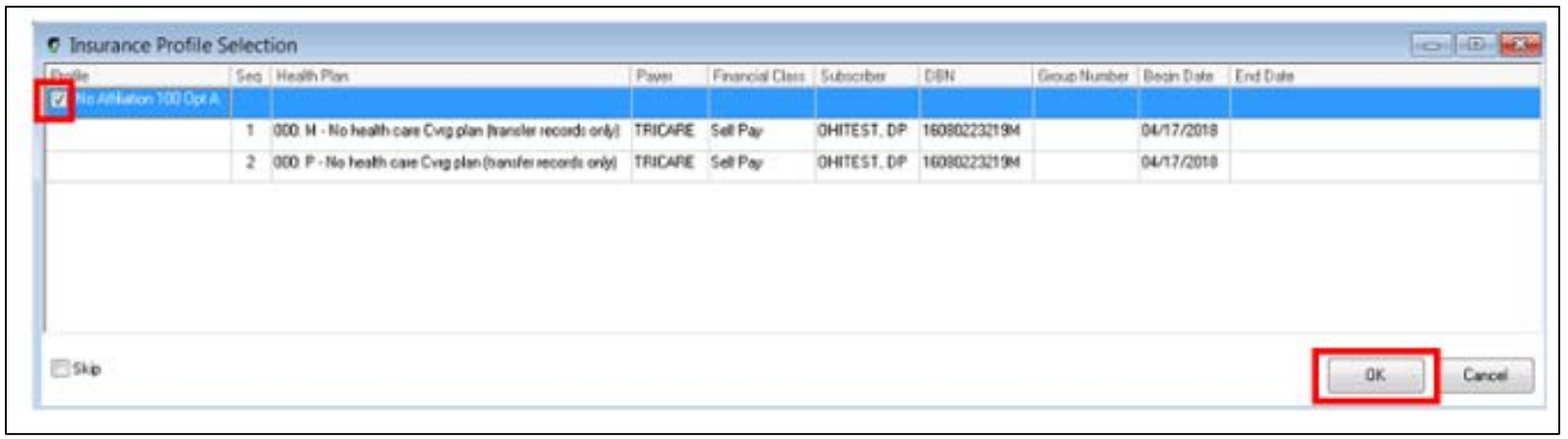


#3 Enter patient information

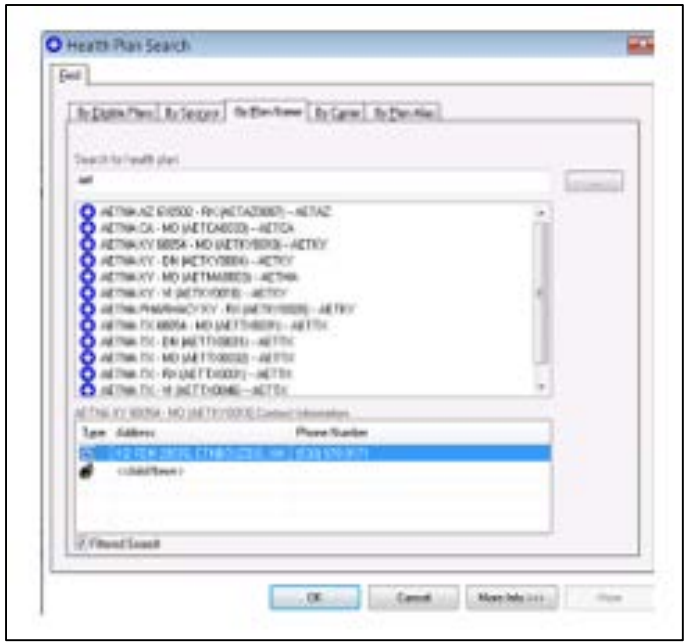


#4 Select MTF

#5 Select correct profile



OHI Entry in MHS GENESIS 1

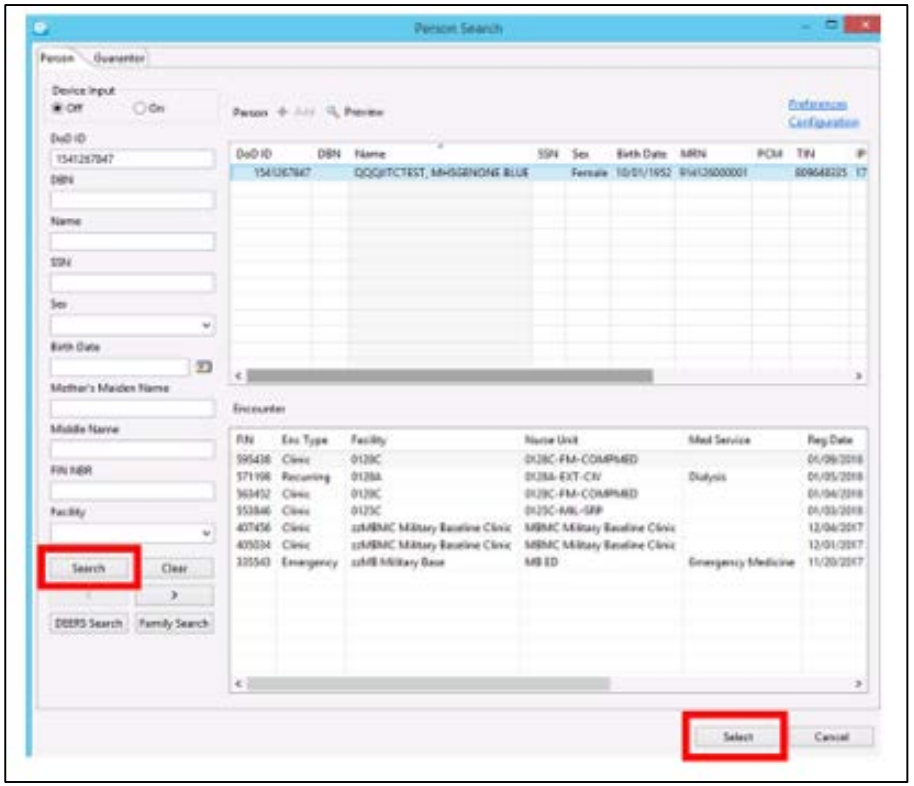


#6 Select correct Health Plan

OHI Entry in MHS GENESIS 2

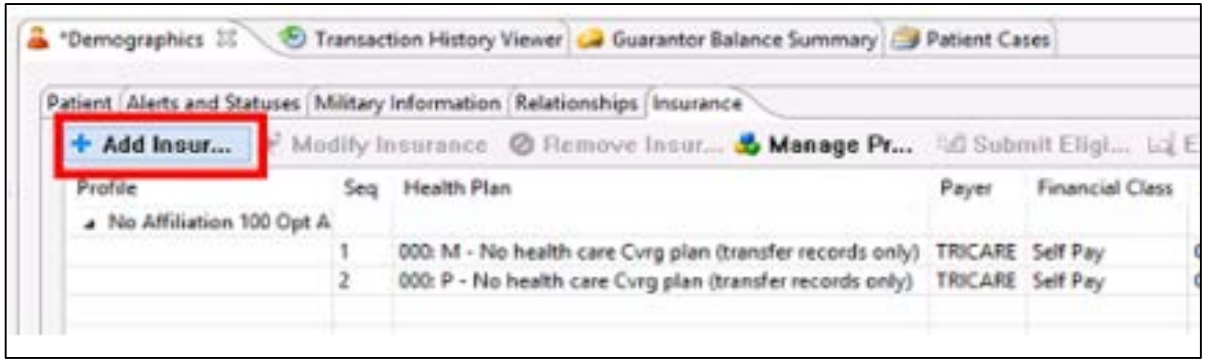
#1 Launch Revenue Cycle

#2 Enter patient information

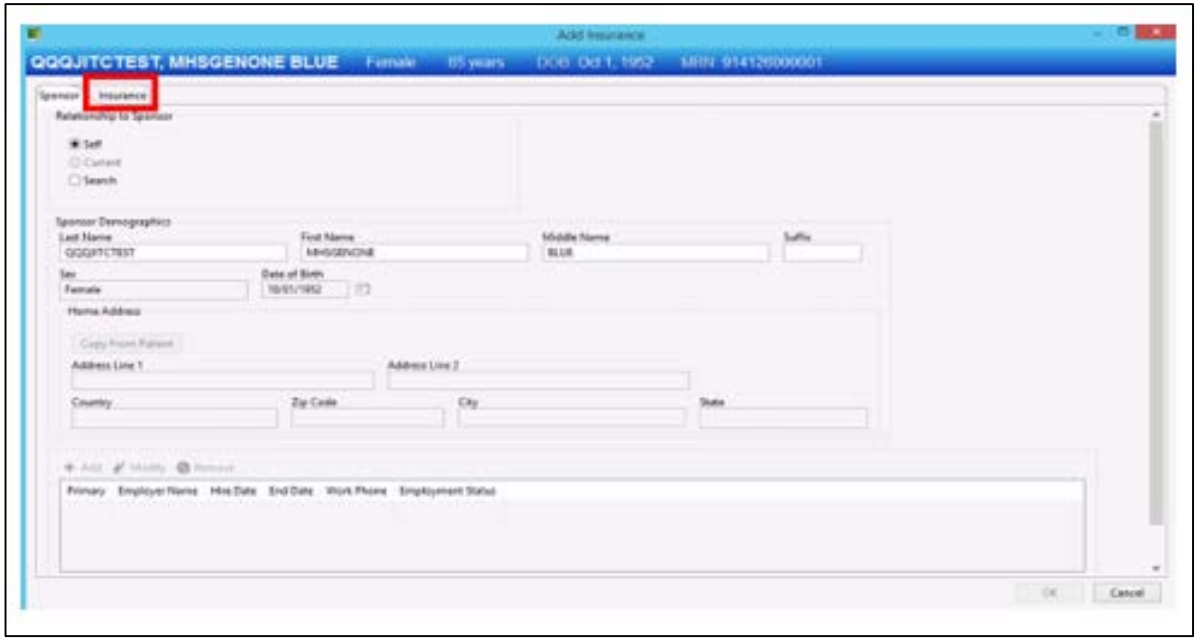


#3 Navigate to registration

OHI Entry in MHS GENESIS 2

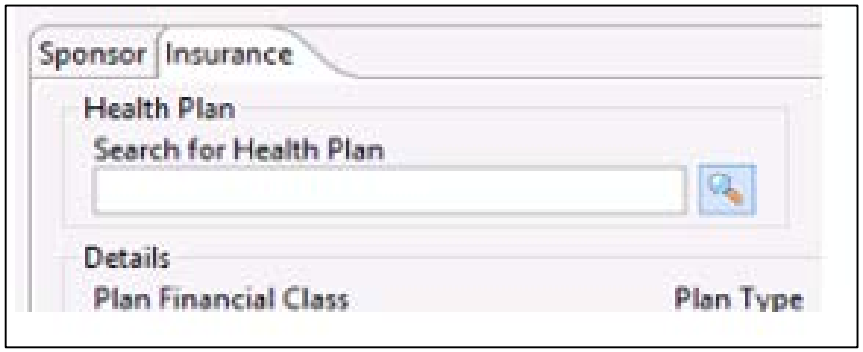


#4 Select Add Insurance

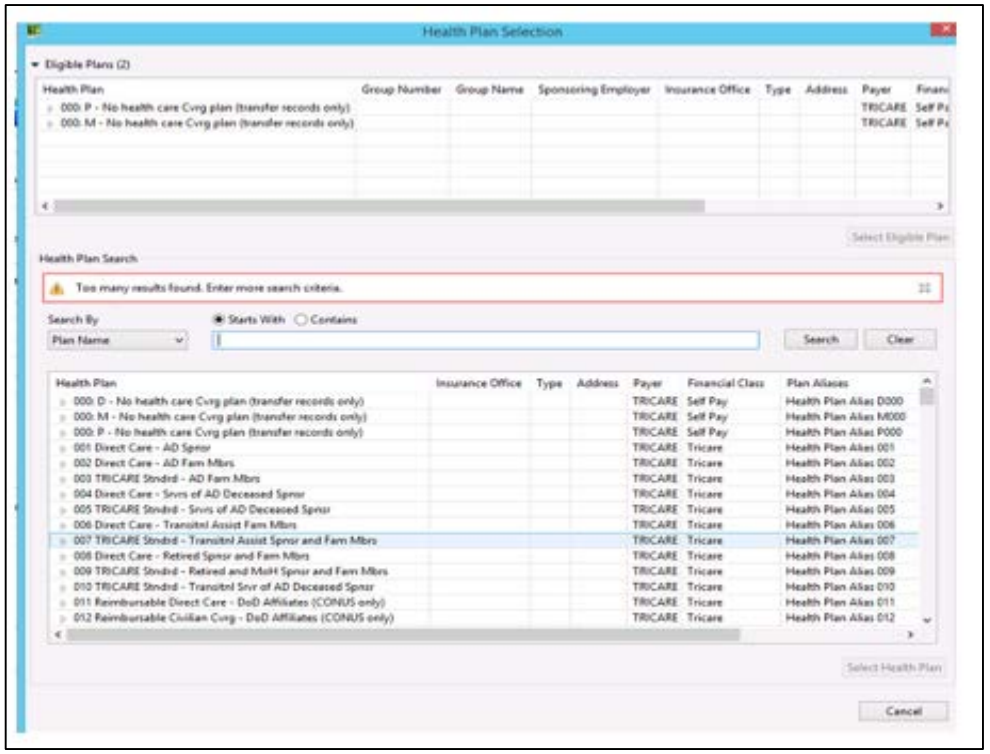


#5 Navigate to Insurance tab

OHI Entry in MHS GENESIS 2



#6 Search for correct Health Plan

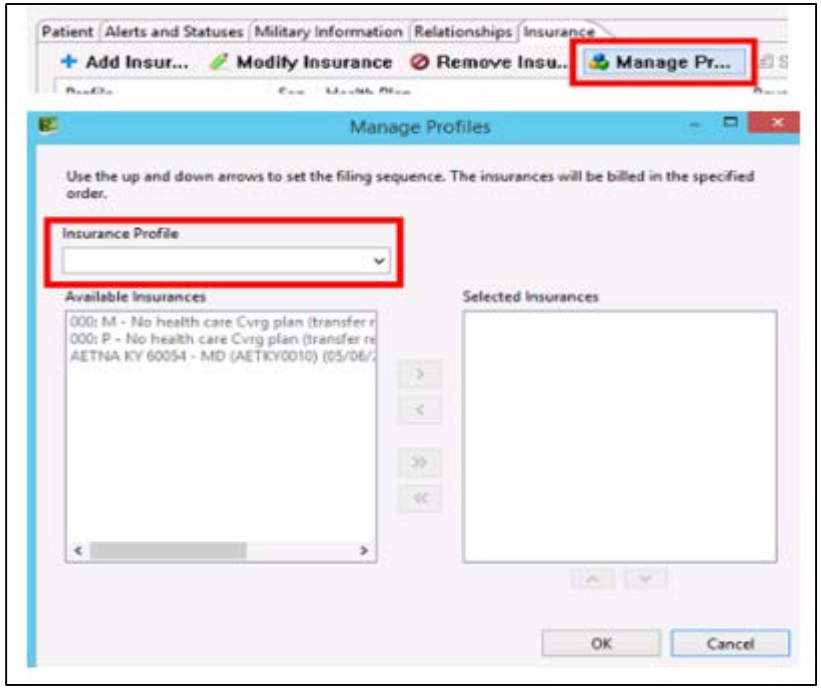


#7 Add correct Health Plan

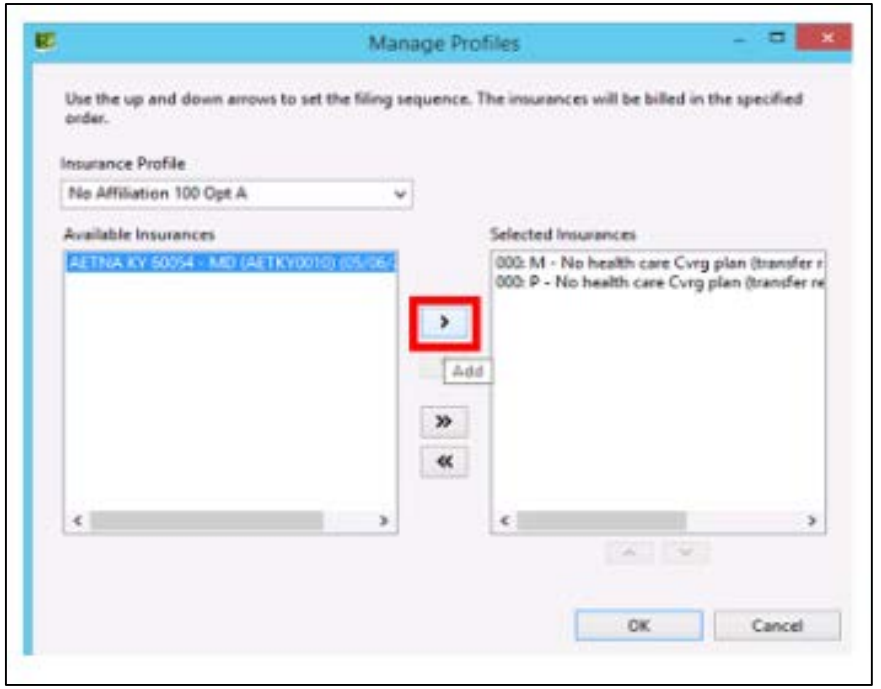
OHI Entry in MHS GENESIS 2

#8 Navigate to Insurance profile

#9 Click manage profiles



#10 Select added Health Plan



TRICARE OHI Discovery Initiative

- Overseen by the Other Health Insurance (OHI) Program Office.
- Identifies OHI for beneficiaries with purchased care experience; discovered OHI shared with direct care if patient was also seen at an MTF.
- OHI Discovery Process:
  - Potential billable encounters are pulled from the MHS Data Repository (MDR) if patients with OHI have direct care experience
  - OHI is linked to each encounter
  - Data is uploaded into DEERS

ABACUS OHI Discovery

- ABACUS eOHI Discovery searches patients associated with actual transactions.
  - Patient is in LOB billable to third-party insurer
  - Insurance is not already in ABACUS
- Searches 2 weeks worth of patient transactions that are 21 days or older.
- ABACUS Navigation:
  - Patients > OHI Discovery > OHI Discovery Maintenance

- **What is the SIT?**
  - Centralized database in DEERS of commercial HIC IDs and their claims addresses and the types of coverage (XM, MD, RX, DN, VI, etc.) that each HIC offers
  - The centralization of SIT data allows for insurance company claim addresses to be managed and standardized throughout the MHS
  - Excludes insurance companies billed *only* under Medical Affirmative Claims (MAC) and Medical Services Account (MSA) Program
  - SIT has valid HIC name and claims address. OHI policy is “pointed” to the appropriate HIC address

- **CHCS Menu Path:** DAA > CFT > CFM > STM > SIT

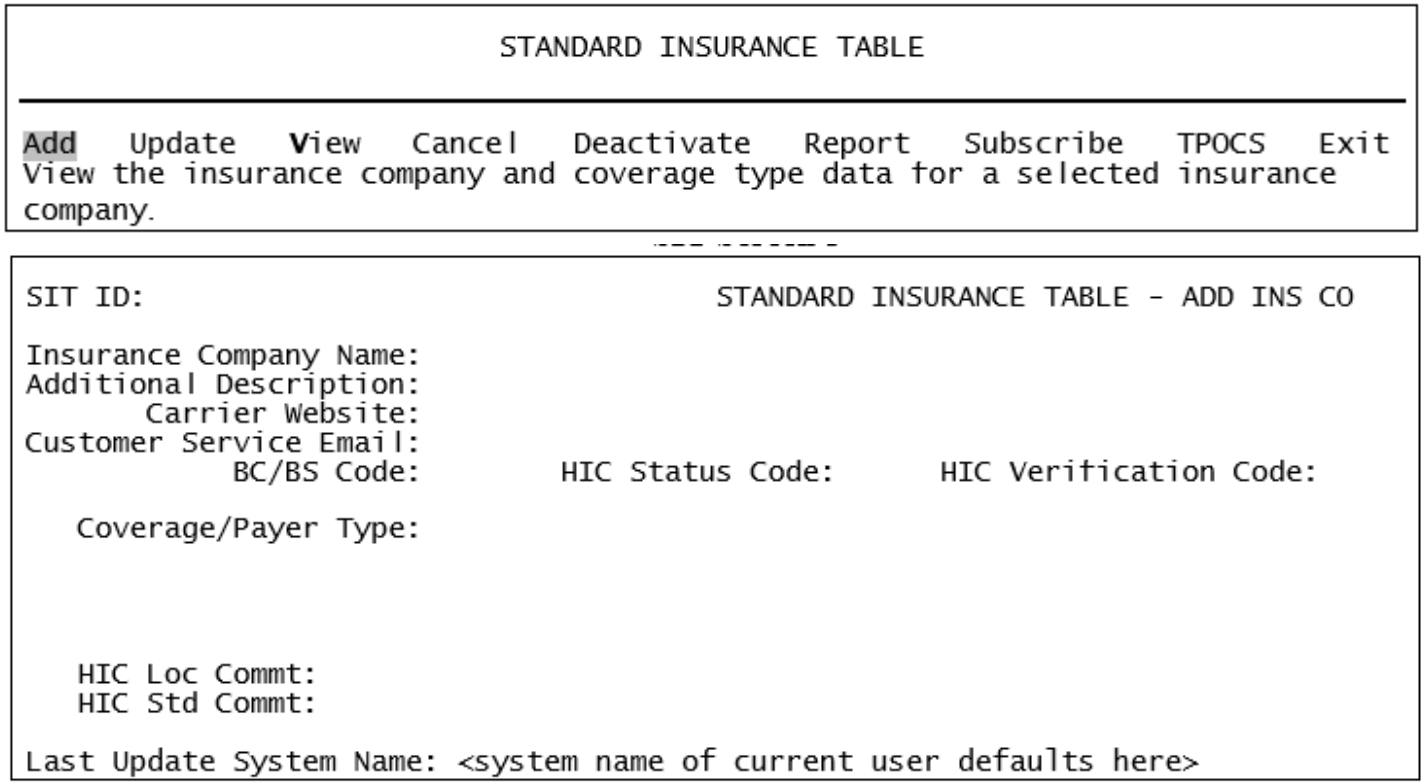
---------- **SIT Screen 1** ----------

CFS Common Files Supplementary Menu
DEP Department and Service File Enter/Edit
HOS Hospital Location File Enter/Edit
HPN Host Platform Name Enter/Edit
MCD Medical Center Division File Enter/Edit
MTF Medical Treatment Facility File Enter/Edit
PRO Provider File Enter/Edit
STM Standard Insurance Company Table Menu
UIC UIC Management Menu
ZIP Zip Code File Enter/Edit
ACT Inactivate/Reactivate File Entries

Select Common Files and Tables Maintenance Menu Option: **STM**

SIT Standard Insurance Company Table
VIC View Attorney Data
ATT Attorney Enter/Edit
REP Attorney Report

Select Standard Insurance Company Table Menu Option: **SIT**

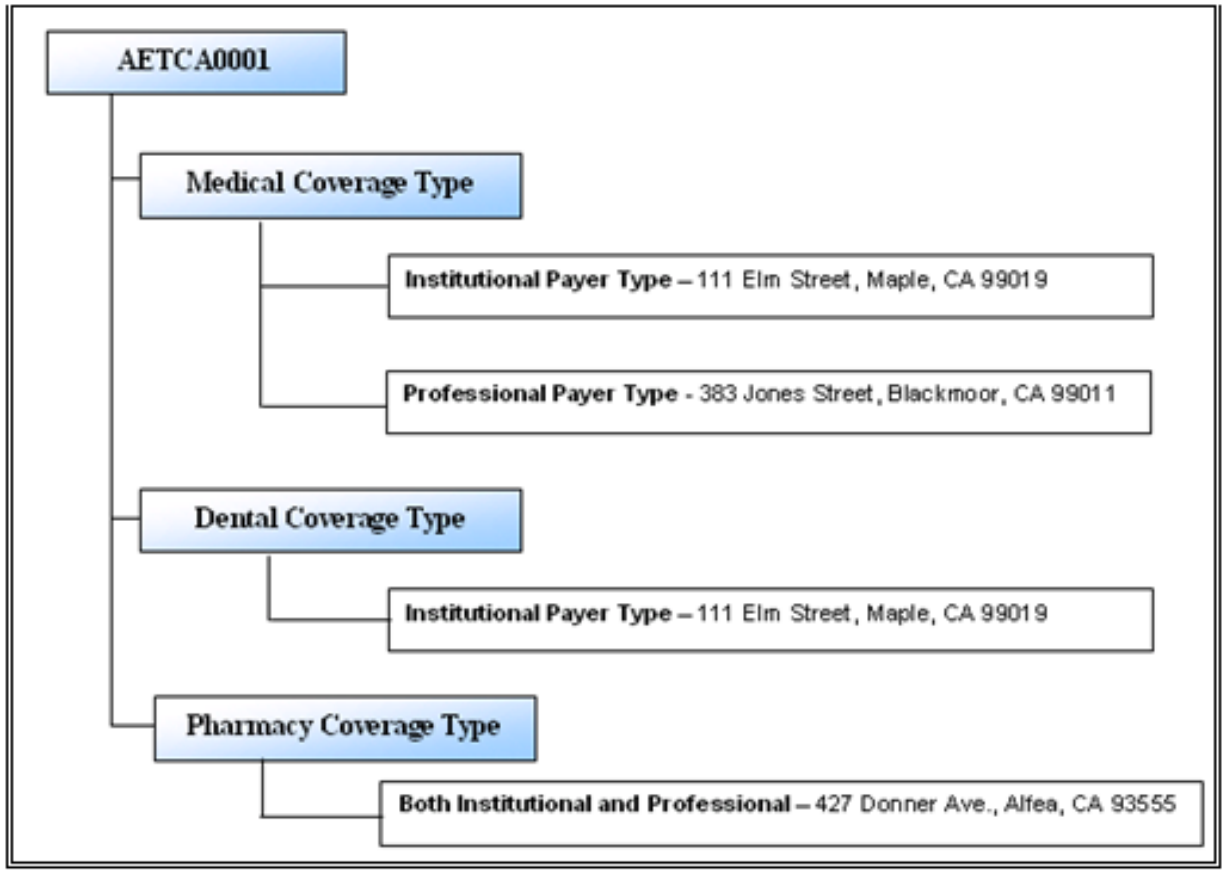


```
                        STANDARD INSURANCE TABLE

Add   Update   View   Cancel   Deactivate   Report   Subscribe   TPOCS   Exit
View the insurance company and coverage type data for a selected insurance
company.

SIT ID:                                  STANDARD INSURANCE TABLE - ADD INS CO

Insurance Company Name:
Additional Description:
       Carrier Website:
Customer Service Email:
            BC/BS Code:        HIC Status Code:      HIC Verification Code:

   Coverage/Payer Type:



   HIC Loc Commt:
   HIC Std Commt:

Last Update System Name: <system name of current user defaults here>
```

OHI Entry in CHCS 5: Select Coverage Types

Data Element	Description
Coverage Type	XM = Comprehensive Medical (default) MD = Medical DN = Dental IP = Inpatient OP = Outpatient LT = Long Term Care RX = Pharmacy MH = Mental Health VI = Vision PH = Partial Hospitalization SN = Skilled Nursing
Payer Type Code	B = both Institutional and Professional (default) I = Institutional Only P = Professional Only N = Non-billable

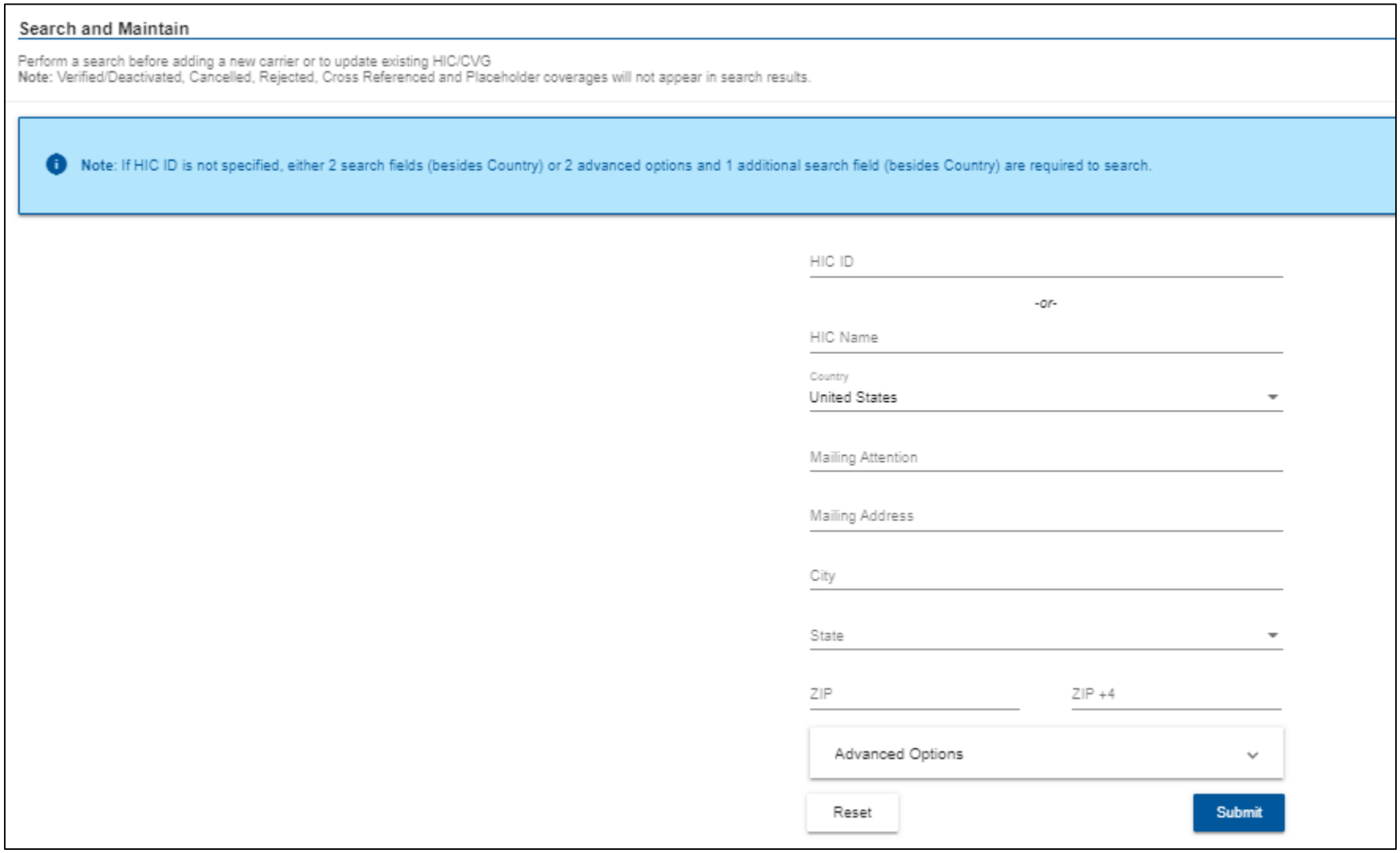
OHI Entry in CHCS 5: Data Structure



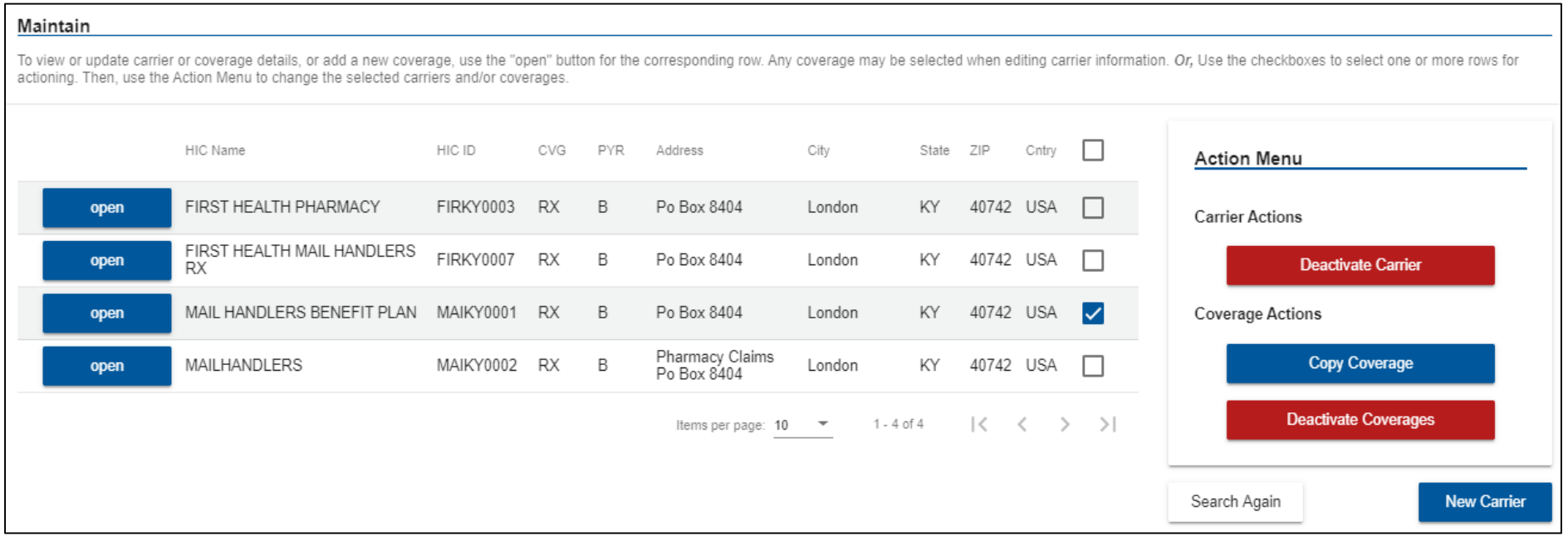
OHI Entry in CHCS for Verification Point of Contact (VPOC) Verification 6:

SIT ID: AETCA0001
STANDARD INSURANCE COMPANY
ADD INS CO

Insurance Company Name:	**AETNA HEALTH CARE**
Coverage Type:	**PHARMACY**
Payer Type Code:	**B (BOTH) INSTITUTIONAL AND PROFESSIONAL**
Coverage Status Code: **T**	Coverage Verification Status: **U**
ATTN:	**Pharmacy Claims**
P.O. Box/St Address:	**427 DONNER AVE**
Zip Code:	**93555** **Zip Ext:**
State/Country:	**CALIFORNIA**
City:	**ALFREA**
Phone Number:	**8581021928** **Phone Ext**:
FAX Number:	


Search and Maintain
Perform a search before adding a new carrier or to update existing HIC/CVG
Note: Verified/Deactivated, Cancelled, Rejected, Cross Referenced and Placeholder coverages will not appear in search results.
Note: If HIC ID is not specified, either 2 search fields (besides Country) or 2 advanced options and 1 additional search field (besides Country) are required to search.
HIC ID
-or-
HIC Name
Country
United States
Mailing Attention
Mailing Address
City
State
ZIP
ZIP +4
Advanced Options
Reset
Submit

Search and Maintain



- VPOC will “Reject” HIC ID addition request if:
  - Insurer is considered invalid (E.g., not a valid health insurance provider)
  - Invalid claims address
  - POC information not included (Phone # and Email Address)
  - DEERS will terminate all associated OHI
- VPOC will “Update” HIC ID addition request if:
  - Information contains any typos
  - Phone # is incorrect

HIC Status Code

S = Standard (already verified)

T = Temporary

D = Deactivated

P = Placeholder

C = Canceled

R = Rejected

HIC Verification Status

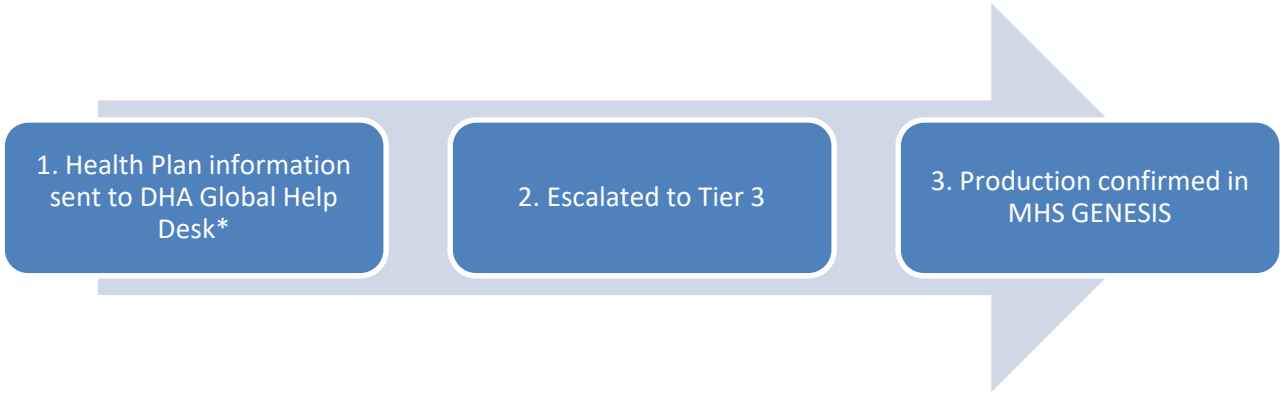
D = Unverified Data (OHI)

U = Unverified Carrier

V = Verified

MHS GENESIS Health Plan Database

- DHA UBO POGRAM Office (PO) has current process in place for adding Health Plans into MHS GENESIS.



- For additions to the MHS GENSIS Health Plan Database, please send requested HIC ID to the DHA UBO Help Desk at UBO.Helpdesk@intellectsolutions.com
  - Request will be vetted for accuracy and possible duplication

- **What is the SIT/OHI impact on billing processes?**
  - Standardized and centralized SIT and OHI data across the MHS information systems allows MTFs to bill OHI for services rendered. SIT and OHI information is shared with Direct Care and Purchase Care
  - Allows for straightforward changes to the Local SIT
  - Increases potential for Third Party Collections
  - If a patient has OHI and is covered by TRICARE, federal law requires MTFs to collect reasonable payments
  - If a third party payer pays any portion or all of a claim, it will be considered as satisfying the normal medical services or subsistence charges

Common Issues

- Incomplete queries with duplicate HIC entries.
- Use of “RX” prefix: “RXAetna” for insurance carrier.
- Use of commas, periods, symbols: 1.800.234.5678 or 1-800-234-5678- It must look like: **8002345678.**
- Use of Defense Switched Network (DSN) instead of commercial telephone number.
- Invalid insurance carrier telephone number.
- Incorrect Coverage Type: XM, MD entered and insurer is clearly Pharmacy (RX).
- Failure to “cancel” an incorrect entry.

- Loss of connectivity with DEERS:
  - MTF did not subscribe to DEERS during a 7-day period, and local CHCS became out of sync with the central SIT
- MTF must request a full subscription:
  - Menu path: DAA -> CFT -> CFM -> STM -> SIT -> Subscribe action
  - Select the DOD HIC Full Inquiry secondary menu option
  - Answer “yes” to the question, “Proceed with Full Subscription?”
  - The system will confirm that a Full Subscription has been tasked
  - The data returned from DEERS will be integrated automatically into CHCS

- Use of Placeholder Policies
  - Temporary OHI entry with preliminary/incomplete payer information
  - The word “Placeholder” or either one or a series of 9s is entered into the Insurance Payer field
  - Managed Care Support Contractors routinely create Placeholders as a method to identify potential OHI
  - UBO staff members are **discouraged** from using Placeholder as a valid SIT/OHI entry
- OHI Report
  - MSA -> IFM -> IOR -> OHI
  - Select DMIS ID
  - Select Placeholder

- Remember to:
  - Query the local CHCS SIT table and MHS GENESIS Health Plan Database first before adding a new entry to avoid duplicates
  - Use the commercial telephone number for POC
  - Obtain a valid insurance carrier telephone number
  - Use local comment field for additional information
  - Cancel an entry when it is a mistake
  - **Do not deactivate any Health Insurance Carriers (HICs)**
  - When in doubt, contact the VPOC
    - UBO.Helpdesk@intellectsolutions.com

- Decision Tree: When to add a new HIC ID
  1. Perform a search
     - Consider any found carrier as a potential match
  2. Do NOT add a new HIC ID or Health Plan if the search matches:
     - Insurer Name, Address, City, State, and Zip
     - If current telephone # differs, there may be more than one which is considered acceptable
     - A variation in Insurer Name is acceptable
  3. Add a new HIC ID or Health Plan if differences in:
     - Insurer Name, Address, City, State, and Zip

- Pharmacy (Rx), Vision (VI), and Dental (DN) Options

1. Enter information as a Coverage Type Code under an existing HIC ID or Health Plan

HIC ID:	FIRPA0001
HIC NAME:	First Choice
Coverage Type:	XM
	123 Capital Street Harrisburg, PA
	Rx Pharmacy
	658 Marymount Ave Hershey, PA

- Pharmacy (Rx) Options

2. The Pharmacy Benefit Manager (PBM) as a new HIC ID or Health Plan (e.g., Caremark or Express Scripts)

HIC ID	CARAZ0001
HIC NAME	Caremark
Coverage Type	Rx

- All PBMs must be entered as an independent HIC ID or Health Plan with an Rx Coverage Type

- DHA UBO Helpdesk

  UBO.Helpdesk@intellectsolutions.com

- DHA UBO Website

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

Questions?