DHA UBO Webinar: MSA Billing

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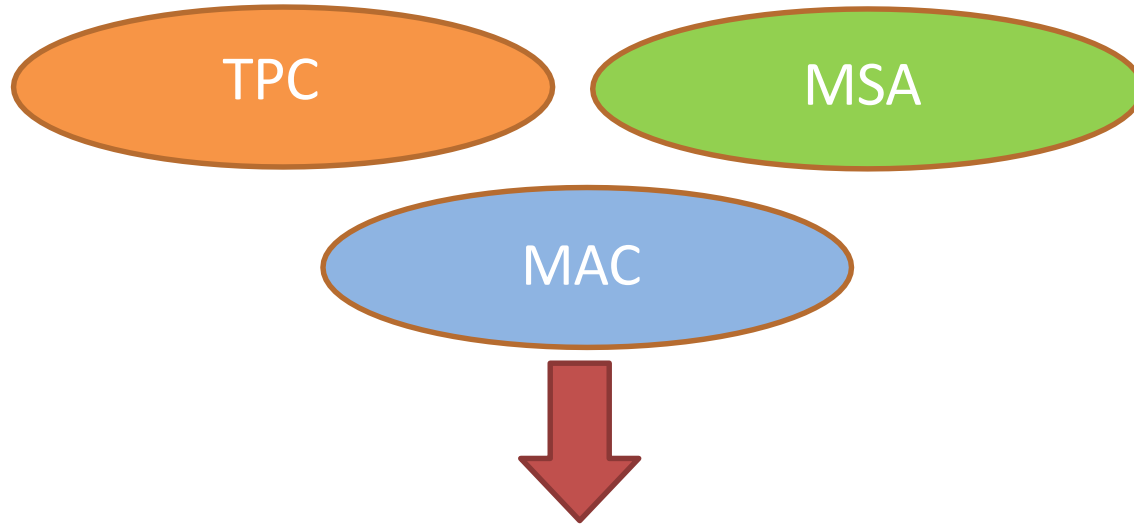Presented by: Barbara Black, DHA UBO
October 2023

Agenda

- ABACUS Overview
- MSA Billing Overview
- Collection Methods
- Using the DD7 Invoices module
- Creating an SF 1080
- Preparing inpatient bills in the MSA FMR module
- Questions

Billing with ABACUS

"One" Centralized Billing and Collection System

Cost Recovery Programs

TPC

The Third Party Collection Program (TPCP) is established to recover the cost of providing health care services to covered DoD beneficiaries from third party payers. All beneficiaries, excluding active duty, are required to provide information regarding other health insurance (OHI) coverage annually, or when there is a change in their coverage status.
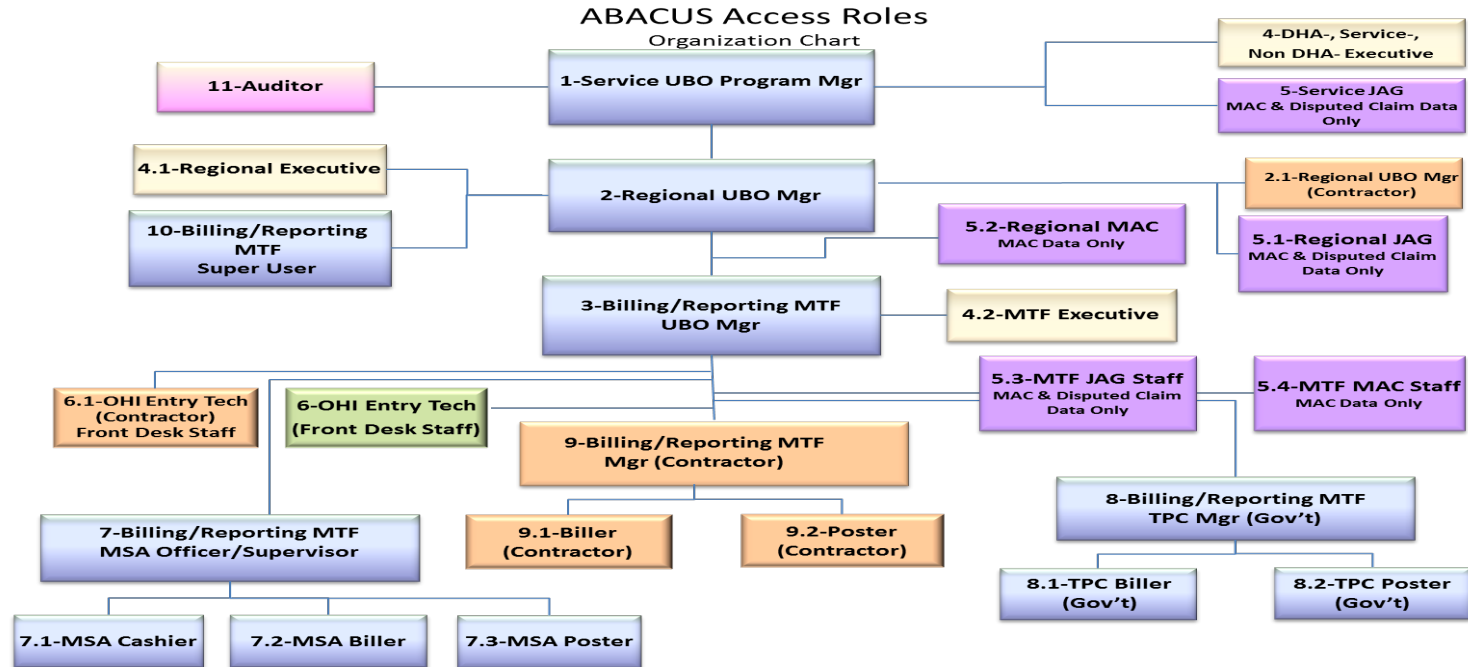
MAC

Medical Affirmative Claims (MAC) is the military program established to accomplish this purpose. MAC activities involve billing all areas of liability insurance. MAC also includes collecting accrued payments for the lost time of Service members who are injured or suffer an illness caused by a third party.
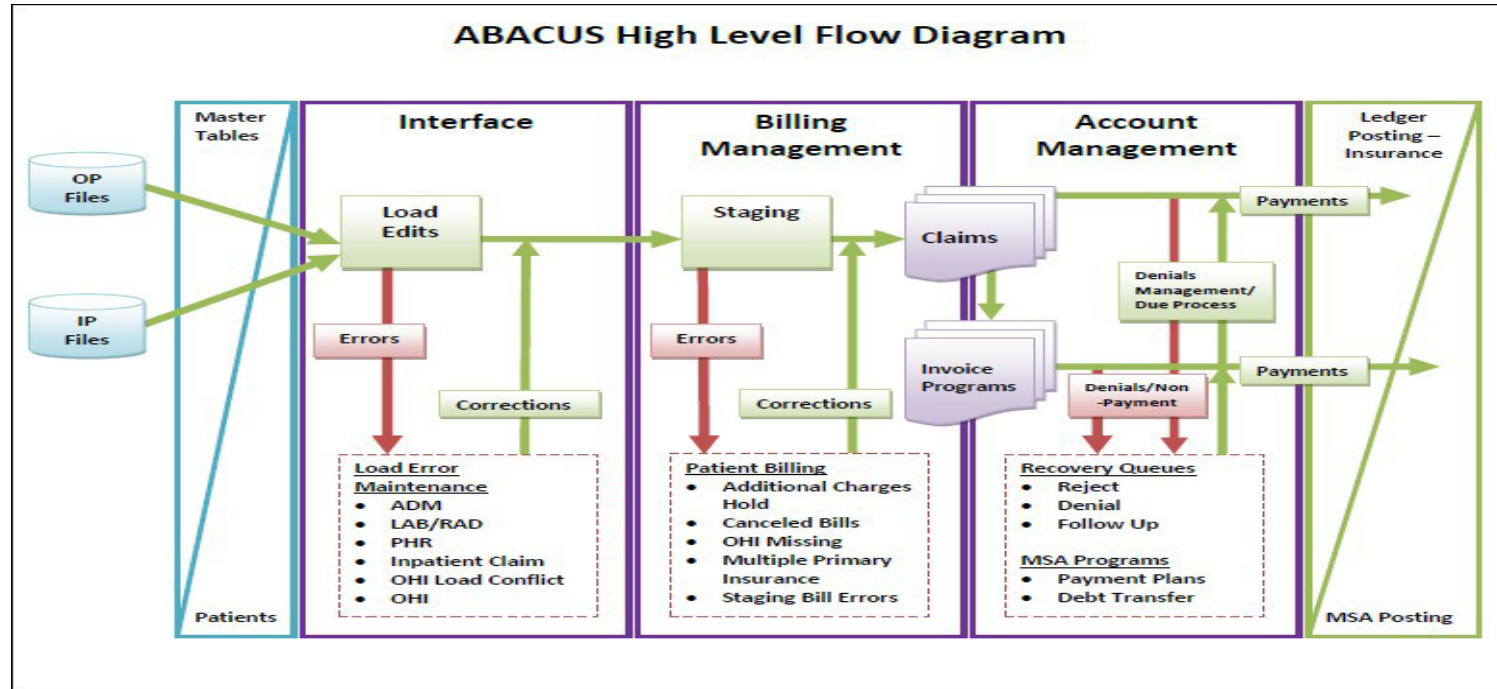
MSA

Medical Services Account (MSA) activities involve billing and collecting funds for medical and dental services, including elective cosmetic procedures, provided in the Defense Health Program (DHP) fixed facilities. Funds collected through MSA are used to enhance health care delivery at the MTF providing the care.

User Roles

ABACUS Access Roles
Organization Chart

- 1-Service UBO Program Mgr
  - 11-Auditor
  - 4-DHA-, Service-, Non DHA- Executive
  - 5-Service JAG — MAC & Disputed Claim Data Only
- 2-Regional UBO Mgr
  - 4.1-Regional Executive
  - 10-Billing/Reporting MTF Super User
  - 2.1-Regional UBO Mgr (Contractor)
  - 5.1-Regional JAG — MAC & Disputed Claim Data Only
  - 5.2-Regional MAC — MAC Data Only
- 3-Billing/Reporting MTF UBO Mgr
  - 4.2-MTF Executive
  - 5.3-MTF JAG Staff — MAC & Disputed Claim Data Only
  - 5.4-MTF MAC Staff — MAC Data Only
  - 6.1-OHI Entry Tech (Contractor) Front Desk Staff
  - 6-OHI Entry Tech (Front Desk Staff)
  - 9-Billing/Reporting MTF Mgr (Contractor)
    - 9.1-Biller (Contractor)
    - 9.2-Poster (Contractor)
  - 8-Billing/Reporting MTF TPC Mgr (Gov't)
    - 8.1-TPC Biller (Gov't)
    - 8.2-TPC Poster (Gov't)
  - 7-Billing/Reporting MTF MSA Officer/Supervisor
    - 7.1-MSA Cashier
    - 7.2-MSA Biller
    - 7.3-MSA Poster

ABACUS High Level Flow Diagram

MSA Billing

MSA Billing Regulations and Guidelines

- Per *32 CFR 108.4,* health care for persons without a statutory entitlement shall only be provided on a reimbursable basis, unless non-reimbursable care is authorized, or reimbursement is waived by the Under Secretary of Defense (Personnel & Readiness)(USD (P&R)) or the Secretaries of the Military Departments when they are the approving authority.

- Per *10 USC 1074(c),* the only method of providing unreimbursed healthcare to non- beneficiaries is to obtain a waiver from either the USD (P&R) or SecNav. Waiver requests are the responsibility of the patient to submit. The existence of a waiver request does not relieve the MTF from continuing collection efforts (For Navy: unless otherwise directed by BUMED).

- A person's beneficiary status is determined by reviewing his/her DEERS information.

- The use of DEERS is mandated by *DoD Manual 1000.13* (and for Navy Medicine, BUMED Instruction 6320.3B).

- Encounters deemed billable will be processed using the MTF's designated medical records system (ABACUS).

- Once an invoice is verified, the MTF will submit it for payment using the proper debt processing tools.

Debt Management

- The Debt Management program allows staff to track delinquent accounts that have met due process requirements and are now eligible to be sent to collections.

- Staff can manually select these accounts once these accounts have been designated as Tx Candidate in order to create debt transfer packets to submit to DFAS or FedDebt.

- There are currently some MTFs using the U.S. Treasury's Centralized Receivables Service (CRS) which.

- CRS is a debt management service which includes:

  - Invoice mailing

  - Debtor demographic skip tracing (e.g. address and SSN verifications/corrections)

  - Payment posting

  - Delinquent debt follow up

  - Application of interest and penalty charges

  - Payment plans

  - Referral of unpaid debts to FedDebt

Improving Health and Building Readiness. Anytime, Anywhere — Always

Collection Methods

- Collection channels include:
  - OTCnet Check Processing: paper checks are scanned at MTF with check scanner.
  - Pay.gov: patient pays with credit card on MTF's online payment page at Pay.gov.
  - Card Acquiring Service: patients can pay in person at the MTF by swiping their credit/debit card.
  - Credit Gateway (EFT): most common with patients who prefer to use the "online bill pay" option with their bank or have the funds wired directly to the MTF.
  - IPAC: this form of payment is received when doing inter-agency billing and from FedDebt.
- Most patients mail in a check or pay online using pay.gov
- Payments processed through OTCnet and pay.gov are automatically posted on the patient's CRS account

MSA Billing in ABACUS

MSA Federal

MSA Public
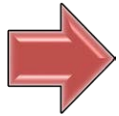
	Mode	ABACUS Method
VA Patients	MTF Specific	NA (various)
USCG	No Bill	NA (PPS)
USPHS	DD7/7A	SF1080
NOAA	DD7/7A	SF1080
International	&R	SF1080 (DTIM)

	Mode	ABACUS Method
Cosmetic Surgery	I&R	LOB MSA 27
Civilian ER (No OHI)	I&R	LOB MSA 5/12
Ambulance Transport	I&R	Manual Encounter
FMR	I&R	LOB MSA 1
NAF	DD7/7A	LOB MSA 37

DD7 Invoices and SF 1080

DD7 Invoices

- The DD7 module is used for Inter- agency billing(IAB) for PHS and NOAA.

- The DD7 invoice is considered supporting information when billing a Federal Agency or entity.

- In this module you will see all bills associated with IAB broken down by agency.
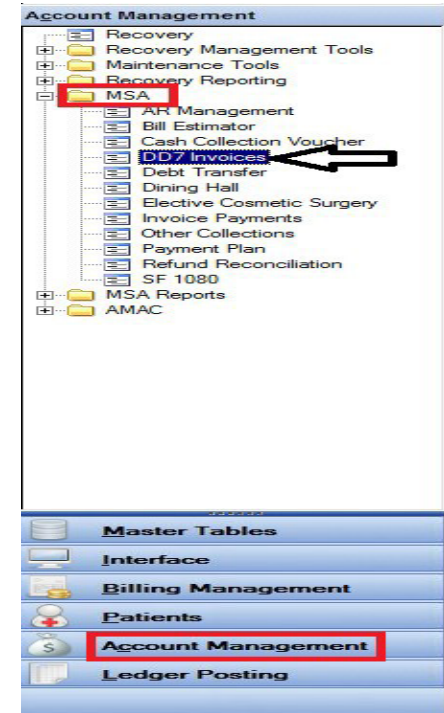
DD7 Invoices

- Bills in the DD7 invoices can be grouped by column to find the specific bill you are looking for.
- As seen below, the invoices are grouped by Contract (Agency), DD7 Voucher #, and Date of Service. This makes it easier to determine what bills you do/do not have.

DD7 Invoices

- All "bill ready" invoices will be dropped to the DD7.
- DD7 invoices that are currently in the module will be grouped and assigned a DD7 voucher number.
- These DD7 vouchers are then added to an SF 1080 for billing.

Creating an SF 1080

SF 1080

- The SF 1080 form is used as an invoice to bill charges to another Federal Agency or entity (PHS/NOAA).
- The DD7 Vouchers that were created in the DD7 module will be added to the SF 1080 and sent to DFAS for processing.

SF 1080,cont.

Standard Form 1080 Revised April 1982 Department of the Treasury I TFRM 2-2500 1080-109	**VOUCHER FOR TRANSFERS** **BETWEEN APPROPRIATIONS AND/OR FUNDS**		VOUCHER NO. C0029-17-000074	
			SCHEDULE NO.	
Department, establishment, bureau, or office receiving funds			BILL NO.	
TOC - CHULA VISTA 644 NAPLES ST CHULA VISTA CA 92111			PAID BY	
Department, establishment, bureau, or office charged US DEPARTMENT OF COMMERCE NMAO - NOAA 8403 COLESVILLE ROAD SUITE 500 SILVER SPRING MD 20910				

DATE OF DELIVERY	ARTICLES OR SERVICES	UNIQUE PT COUNT	AMOUNT
	ACTIVE DUTY		
01/29/2017-02/12/2017	Medical Services	6	477.43
02/19/2017-02/26/2017	Medical Services	1	8,117.08
	FAMILY MEMBER		
01/29/2017-02/12/2017	Medical Services	3	645.87
02/19/2017-02/26/2017	Medical Services	1	2,328.14
		TOTAL	**$11,568.52**

Remittance in payment hereof should be sent to—		
BUREAU OF MEDICINE AND SURGERY 7700 ARLINGTON BLVD payment address2 FALLS CHURCH, VA 22042	NMC SAN DIEGO/0029 34520 BOB WILSON DR Remit Address 2 SAN DIEGO, CA 92134	

ACCOUNTING CLASSIFICATION - *Office Receiving Funds*

Account Classification

CERTIFICATE OF OFFICE CHARGED

I certify that the above articles were received and accepted or the services performed as stated and should be charged to the appropriation(s) and/or fund(s) as indicated below; or that the advance payment requested is approved and should be paid as indicated.

03/30/2017 _____ (Authorized administrative or certifying officer)

(Date)   DEPARTMENT HEAD

(Title)

ACCOUNTING CLASSIFICATION - *Office Charged*

MSA Inpatient bills (FMR)

MSA Inpatient (FMR), cont.

- Inpatient bills for beneficiaries (retired and non-prime family members) will drop under the FMR line of business (LOB) under Inpatient Claims.
- All accounts are automatically put on hold for review until the UBO staff member is able to verify the patient's eligibility (DEERS check). If the patient is to be billed, the record is released manually by the staff member. Non-billable claims (Tricare Prime) are deleted.
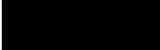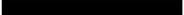
MSA Inpatient (FMR), cont.

- The released bills will be available the following day to print and upload into CRS.

Questions?

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