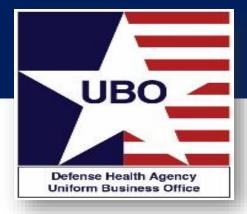# Uniform Business Office Quarterly Newsletter

Inside this Issue:
- ✓ Health.mil updates
- ✓ Keeping Informed: ABACUS, ICD-10, Rate Updates, & More
- ✓ OHI Discovery Project

Summer 2015 Edition

UBO Team News

Ms. Judy Shane retired as of 31 May 2015, after 30 years of dedicated government service, including service as a Naval Reservist (retired from the Reserves as a Corpsman) and 8 years of service as the Navy Medicine West Regional UBO Manager. Her interim replacement at Navy Medicine West is Yvette Guerrero.

AF/SG1/8YR wants to wish Ms. Theresa Mitchell the best of luck in her retirement from civil service with over 26 years of dedication. Theresa was instrumental in the UBO office's management of the Third Party Collections contract while providing policy to over 44K personnel, 73 MTFs, and 2.6M beneficiaries. Theresa will be missed!

New and Noteworthy

The **DHA Coding Workgroup Charter** is signed! The Defense Health Agency (DHA) Coding Workgroup Charter was signed on 1 June 2015. The CWG serves as the functional proponent for recommending coding compliance policy, and providing resources to help research and support implementation of that policy.

The **DHA UBO AWG Charter** was signed on 7 August 2015. The UBO AWG reports to the DHA Resource Management Steering Committee (RMSC) group.

The AWG researches, developes, and makes recommendations to the RMSC for strategic direction for the Third Party Collection Program (TPCP), Medical Affirmative Claims (MAC), and Medical Services Accounts (MSA) activities for Army, Navy, Air Force, and National Capital Region Medical Directorate (NCR MD) fixed military treatment facilities (MTFs) funded by the Defense Health Program.

The New Health.mil Website!

The Assistant Secretary of Defense of Health Affairs recently launched new and improved websites for the Military Health System (MHS). The MHS site, http://www.health.mil/ provides the user with up-to-date information, such as new benefits information and TRICARE policies and procedures, as well as provides the user with links to follow the MHS via Facebook, Twitter, Google-Plus, and Pinterest.

The public Health.mil site provides the user with real-time links to topics of interest not only for military personnel and beneficiaries, but also for the general public. Topics include wellness programs, quality care initiatives, how to do business with the DHA, privacy and civil liberty information, and health readiness programs. The site has also includes rolling, real-time articles and headline news relevant to the MHS.

The "Contact Us" link offers the user specific topic areas on which to request information or resources. This improvement provides a direct link to the office or directorate responsible for answering the questions, creating a more interactive exchange.

Keep Informed

In this section:
- ✓ ABACUS
- ✓ Outpatient Rates Update
- ✓ Pharmacy Rates
- ✓ Cosmetic Surgery Estimator (v11)
- ✓ ICD-10

Look for more information on UBO's Health.mil site

The Wait for ABACUS is Nearly Over

The **Armed Forces Billing and Collection Utilization Solution (ABACUS)** will help the MHS manage the billing and collection activities for the Services' UBO cost recovery programs, and goes into effect in October 2015.

Under United States Code Title 10, the Services have the ability to collect reasonable charges for health care services provided to individuals who have third party (private) insurance. These include TPC, MSA, and MAC programs. These programs recoup an average of $400 million dollars annually for the MTFs.

All Service MTFs, central billing locations, and medical cost recovery program regions will use ABACUS. ABACUS replaces the Third Party Outpatient Collection System (TPOCS), Composite Healthcare System (CHCS), TPC Inpatient, and CHCS MSA modules, previously used in the MHS. Functions include:

- No Server required; the Web-based, Software-As-A-Service application is hosted in a secure cloud;
- Accessible via existing Common Access Cards (CACs);

- Provides electronic billing, interagency invoicing, and enterprise reporting on demand;
- Consolidates all MHS medical billing under one solution, while providing visibility of all legacy TPOCS and CHCS billing activity;
- Promotes cleaner claims through edit checking and automated error/exception reporting;
- Enhances the discovery of beneficiary's other health insurance data; and
- Provides greater visibility into medical cost recovery activities across the MHS, including visibility of delinquent debt.

For more information on ABACUS, please visit the UBO Learning Center http://www.health.mil/Military-Health-Topics/Business-Support/Uniform-Business-Office/The-UBO-Learning-Center and check the website often for new information!

CY2015 Outpatient Rates Released and Effective

The CY2015 DHA UBO Outpatient rates for billing outpatient care provided in a MTF were approved and released to TPOCS, CHCS, and ABACUS for installation. The Outpatient rates, in conjunction with CY 2015 Elective Cosmetic Procedure rates, became effective 1 July 2015, and include:

- CHAMPUS Maximum Allowable Charge (CMAC)
- CMAC Component
- Anesthesia
- Ambulance
- Dental
- Durable Medical Equipment/Durable Medical Supply
- Immunization and
- Elective Cosmetic Procedure rates.

The package also includes updates to the outpatient government discount percentages, international military education and training (IMET), Ambulatory Procedure Visit (APV), TPOCS Mapping Table, CPT Revenue Mapping Table, DMIS ID Table, and the Modifier Mapping Table.

The rates were calculated based on a 2.32 percent increase from the CY14 UBO CMAC rates; except for new codes which TRICARE published CY15 rates. At the time of the development, TRICARE had not yet published its CY15 CMAC rates files due to a delay in Congressional approval of the CMS Medicare Sustainable Growth Rate (SGR). The 2.32 percent increase represents the DoD FY14 – FY15 Direct Care Operations and Maintenance (O&M) inflation factor.

Refer to the June 2015 Outpatient Rate Update Webinar on the DHA UBO Learning Center website for more information on specific percentage differentials and changes. If your MTF has any questions related to the CY2015 Outpatient Rate release, contact the UBO Helpdesk at 202-776-1532 or ubo.helpdesk@altarum.org.

FY 2015 ASA Inpatient Rates

The FY 2015 ASA Inpatient Rates for MTFs that provide inpatient care were released and available for use on 1 October 2014 when billing for medical services furnished to inpatients at MTFs. The ASAs are based on TRICARE rate changes for institutional and professional services, using an indexing methodology. The direct care inpatient ASA rates are updated to maintain consistent percent increases in direct care ASA charges, with final TRICARE percent increases in inpatient institutional payment. These ASA Inpatient rates will remain in effect until further notice. Please ensure that the date of service and appropriate rate file is accurate before submitting claim(s). The ASA rates are available on the UBO Tricare Website by visiting: http://www.tricare.mil/ocfo/mcfs/ubo/mhs_rates.cfm.

Pharmacy Rates

The next FY2015 Pharmacy Rate file became effective 17 August 2015, and contains rate information for over 123,000 pharmaceuticals. The RX rates file establishes which pharmaceuticals (formulary and over the counter (OTC)) can be billed at MTFs within the Direct Care System and establishes the unit rates, which are used to calculate pharmaceutical charges on bills. Pharmacy Rates are updated twice a year, based on the release of the Managed Care Pricing File (MCPF) from the Defense Supply Center in Philadelphia, Pennsylvania.

The MCPF provides both the Prime Vendor Price, as well as the Average Wholesale Price. The Prime Vendor pricing, which reflects negotiated prices between the government and pharmaceutical vendors, is used as the default where it is available.

Cosmetic Surgery Estimator (CSE) v11.0 Effective 1 July 2015

Reminder: CSE Web Service and DMIS ID

After downloading CSE v11.0 from ubocse.org, all users will be asked to enter a DMIS ID. If you receive an error message when entering your MTF's DMIS ID, please contact the UBO Helpdesk at 202-776-1532 or UBO.Helpdesk@altarum.org to have your DMIS ID added to the CSE.

CSE Provider Version

Providers can gain access to a provider version of the CSE provided they reach out to MSA staff to retrieve ubocse.org login credentials. Upon download, providers are required to enter "PROV", instead of MTF "DMIS ID", to enable provider access features.

Estimates generated by a provider are clearly marked and it is denoted that official estimates must be generated and obtained from the MTF MSA office.

Letter of Acknowledgement

The Letter of Acknowledgement is now housed in the CSE Cost Estimate report; there is no longer a standalone document.

All previous terms and conditions apply and the LOA, in conjunction with the cost estimate, must be signed prior to payment and procedure scheduling.

Cost Ranks Available in User Guide Appendix

In order to successfully generate an estimate, the procedure with the highest cost rank (most expensive procedure) must be entered as the primary procedure. If a less expensive procedure is entered, the estimate must be regenerated. A list of procedure cost ranks is included in the CSE v11.0 User Guide Appendix serve as a guide when pricing multiple procedures.

Three Months Until the Launch of ICD-10

The transition to ICD-10 is the biggest change to face our industry in decades. Essentially, everything associated with coding a patient encounter and submitting that encounter for payment will to have to change.

There is the potential for major disruption in operations, payment streams, and productivity for those who don't adequately prepare. The transition to ICD-10 is required for everyone covered by the Health Insurance Portability Accountability Act (HIPAA). Please note, the change to ICD-10 does not affect CPT coding for outpatient procedures or physician services.

Clinical Documentation Improvement (CDI): The key for your transition to ICD-10

With the new code implemention pending, it is important to emphasize CDI processes. All the MTF providers and coders need to work on mastering their knowledge of documenting complete, accurate, and specific ICD-10 codes.

The clinical documentation of ICD-10-CM will impact more than the final code reported on the encounter.

CDI is a program that improves the quality of clinical documentation regardless of its impact on revenue. Without the appropriate clinical details captured correctly within the documentation, the task of coding will be much harder and more tedious. CDI and the implementation of ICD-10-CM will highlight the critical role that all staff, from the receptionist to the clinical support staff, must play to ensure correct billing processes.

ICD-10 Impacts on Billing
One of the biggest potential impacts on the MHS are billing delays.

The DHA UBO's plan to hold institutional (inpatient) and outpatient (professional) claims until the requisite codes sets have been loaded by system administrators.

For more information, vist:
http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ICD9-10CM-ICD10PCS-CPT-HCPCS-Code-Sets-Educational-Tool-ICN900943.pdf.

Want More Info?
Attend the MLN Connects National Provider Call: Countdown to ICD-10 Thursday, August 27; 2:30-4 pm ET

To Register: Visit MLN Connects Event Registration. Don't miss the August 27 MLN Connects Call — five weeks before ICD-10 implementation on October 1, 2015.

For more information on how the ICD-10 transition will impact billing, join the DHA Learning Center webinars! For details, visit the Learning Center website: http://health.mil/Military-Health-Topics/Business-Support/Uniform-Business-Office/The-UBO-Learning-Center.

Learn
The UBO Learning Center on Health.mil

The UBO Learning Center has had an exciting year so far, having put on 11 informative webinars well received by attendees, according to survey feedback.

All of the webinar recordings for the current fiscal year are available on the DHA Learning Center website at: http://health.mil/Military-Health-Topics/Business-Support/Uniform-Business-Office/The-UBO-Learning-Center/Archived-Webinars; we hope you can take the time to listen to explore the topics.

This year's topics included Armed Forces Billing and Collection Utilization Solution (ABACUS), Compliance and the Revenue Cycle, and Denial Management, in addition to our annual rates and coding update webinars.

The UBO Learning Center still has 2 upcoming webinars for the current fiscal year, and we hope you will be able to join us.

- **ICD-10 and the Revenue Cycle**
  - o 25 August 2015: 0800-0900 EDT
  - o 27 August 2015: 1400-1500 EDT
- **ICD-10 Updates**
  - o 23 September 2015: 0800-0900 EDT
  - o 24 September 2015: 1400-1500 EDT

As a reminder, all webinars were approved by the AAPC for one in-service CEU credit for MHS personnel. CEU credit for the FY15 webinars will expire on 30 September 2015. We encourage to you to listen to the webinars and submit your post-tests to take advantage of these CEU credits.

All webinar recordings and materials are posted on the DHA Learning Center website at: http://health.mil/Military-Health-Topics/Business-Support/Uniform-Business-Office/The-UBO-Learning-Center/Archived-Webinars. Please contact the UBO Helpdesk at 202-776-1532 or UBO.Helpdesk@altarum.org to for additional help.

We encourage your feedback!

Please e-mail us at ubo.helpdesk@altarum.org and let us know how we are doing, whether our training is meeting your needs, and topics on which you would like to have future webinars. If you would like to participate as a presenter in a future webinar, or would like to recommend a speaker, please let us know!

Discover

Other Health Insurance (OHI) Discovery Project

The Defense Health Agency (DHA) Uniform Business Office (UBO) is supporting the DHA Health Plan Division with an initiative to proactively and accurately identify beneficiaries with OHI, rather than relying solely on the current self-reported method. This initiative allows for better coordination of benefits with commercial insurers when beneficiaries with OHI receive care from Military Treatment Facilities (MTF) or civilian providers. This initiative will enhance standardization of processes across Department of Defense (DoD) purchased care and direct care operations, as well as reduce TRICRE payments and simultaneously increase UBO collections.

By law, TRICARE becomes the secondary payer for beneficiaries with both TRICARE and OHI for all services that are provided by the purchased care network. The OHI Discovery initiative will ensure that TRICARE is the secondary payer to all appropriate civilian coverage. Furthermore, MTFs have the ability to recover the cost of care delivered to beneficiaries who carry OHI. This will help increase MTFs' ability to recover costs from Third Party Payers.

DHA's OHI discovery initiative has both short term and long term components. Initially, the Defense Manpower Data Center (DMDC) provided 75,000 OHI discoveries, which after validation were loaded onto Defense Enrollment Eligibility Reporting System (DEERS) via a batch load. When an MTF queries OHI on a patient, the OHI will be downloaded to Composite Health Care System (CHCS) and flow to Third Party Outpatient Collection System (TPOCS). Newly discovered OHI is validated by the discovery contractor prior to entering them into DEERS. For the initial phase, DHA Analytics provided a "Hot Prospect List" by Service/MTF when the discovered OHI coverage matched MTF workload in the past 12 months. Please provide any feedback you may have to your Service Manager.

The funds collected from commercial insurance companies are used to enhance health care delivery at the MTFs providing the care.

The DHA UBO OHI brochure "OHI FAQs" is posted on the Website at: http://www.tricare.mil/ocfo/mcfs/ubo/billing/tpc.cfm. It includes beneficiaries' rights and responsibilities per 32 CFR 220.9:

- The obligation of the third party payer to pay is not dependent upon the beneficiary executing an assignment of benefits to the United States. Nor is the obligation to pay dependent upon any other submission by the beneficiary to the third party payer, including any claim or appeal.
- Whether or not a beneficiary has OHI does not affect the availability of healthcare services nor is considered in determining the availability of healthcare services.
- Beneficiaries have an obligation to disclose information and cooperate with collection efforts. Intentionally providing false information or willfully failing to satisfy a beneficiary's obligations are grounds for disqualification for health care services from facilities of the Uniformed Services.
- Beneficiaries will not be balance billed.