Uniform Business Office Biannual Newsletter

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Winter 2016 Edition

UBO Team News

The UBO team welcomes Ms. Mae Bozoki as the Air Force UBO Team Lead and Ms. Jody Ridder as a UBO Analyst for Air Force.

Ms. Jo-El Onstad has left the UBO after many years to pursue other opportunities. She will be missed!

Accessing UBO Online

We are no longer updating the Tricare.mil website; All current UBO PO info is now maintained only on Health.mil and Launchpad. If you are looking for a resource and cannot locate it, please feel free to contact the UBO Helpdesk. Please share!

New and Noteworthy

The UBO Program Manager is pleased to announce that the final layout was approved for the UBO Launchpad site, the CAC-enabled site developed to provide easy access to files, rates tables, and additional information useful to those involved with the medical care of beneficiaries.

We anticipate launching the UBO Launchpad website by early February 2016. Currently, many of the UBO resources are available on the UBO Health.mil site, or are accessible by emailing the UBO Helpdesk. To increase ease of use and access to these resources, many of the resources currently on the UBO Health.mil website will transition to the Launchpad site. There will be a link to Launchpad in place of these resources as well as pertinent general information and updates.

Moving forward, UBO Launchpad will be a valuable resource for you to reference and download UBO documents, policies, publications, calculators, and archived webinars. We will also include archived resources. The new site will be easy to use and will feature a thoughtful navigation menu and dropdown folder structure.

Once the site is fully developed, you will receive notice from the UBO PO, and there will be an announcement on Health.mil. You're encouraged to review and explore the new website in the meantime! URL for the new site is here: UBO Launchpad. Thank you for your continued patience as we navigate these changes which will increase your access to valuable UBO information. As always, feel free to reach out to the UBO Helpdesk by emailing UBO.Helpdesk@altarum.org or by calling 202-776-1532 with questions or concerns.

Keep Informed

In this section:

- ✓ *NDAA Pilot*
- ✓ *Pharmacy Rates*
- ✓ *CPT HCPCS*
- ✓ *ABACUS & ICD-10*

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

The Defense Health Agency (DHA) Uniform Business Office (UBO) is leading a national pilot program mandated by the 2014 National Defense Authorization Act (NDAA) Section 712 to test and evaluate commercial revenue best practices to maximize the recovery of third party collections (TPC). The UBO's Third Party Collections Program (TPCP) is one of three cost recovery programs created to recoup reasonable charges for health services provided to beneficiaries with other health insurance. According to U.S. Code 32 Section 220.2, third party (private) insurance companies have a statutory obligation to "pay the reasonable charges for healthcare services provided in or through any facility of the Uniformed Services to a covered beneficiary who is also a beneficiary under the third party payer's plan." Money collected from third party payers through the TPCP is retained by the Military Treatment Facilities (MTF) to improve health care delivery and continue programs or purchasing of equipment for which there would otherwise not be funding.

The NDAA requires the TPC pilot program to compare the collections performance of MTFs that use specific revenue best practices (pilot sites) against MTFs that do not use the best practices (peer sites). The pilot program commenced in August 2014 and will proceed until March 2018, at which time a final report will be submitted to Congress. The final report will include an analysis of data and pilot results, a financial cost/benefit analysis and recommendations for national deployment of best practices. The pilot program is evaluating the differences in TPC performance of MTFs that contract the TPCP to an external vendor and MTFs that utilized the ARMSPro© billing solution prior to migrating to ABACUS. These pilot sites are evaluated against designated peer sites selected according to similar facility size and geographic region:

Activity	Pilot Site	Peer Site	Activity
Contracts all TPCP operations and staff to an external vendor	NH Camp Lejuene	Eisenhower ACH	Employs MTF workforce for TPCP operations
	Wright Patterson AFB	Blanchfield ACH	
	Keller ACH	Moncrief ACH	
At the start of the pilot, used the ARMSPro© billing solution prior to migrating to ABACUS	Walter Reed National Military Medical Center	NMC Portsmouth	At the start of the pilot, used TPOCS/CHCS for billing and collections operations prior to migrating to ABACUS
	Brian Allgood ACH	NH Guam	

DHA UBO introduced a commercial best practice revenue cycle management tool, a performance dashboard, to provide "real-time" tracking of key performance indicators (KPIs) across the revenue cycle. At this time, the dashboard consists of five key metrics that are tracked monthly to identify high-level trends across pilot and peer sites. DHA UBO's ultimate goal is to implement this tool at pilot sites to help drive them to be proactive at taking action, on a daily and weekly basis, to address performance issues before the end of the month. Throughout the duration of the pilot, DHA UBO will deploy necessary resources to pilot MTFs to assist in driving improvement efforts. Stay tuned for more updates!

UBO Pharmacy Rates

The first FY2016 Pharmacy Rate file is effective 15 February 2016, 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. It is important to note that pharmaceutical charges are calculated based on the NDC rate multiplied by the quantity plus the DHA UBO dispensing fee. If there is no rate, then charge the dispensing fee only.

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.

Along with the February 2016 UBO Pharmacy Rates, a Biller's Edition workbook and Pharmacy Pricing Estimator (PPE) will be made available through the DHA Launchpad site. UBO staff can request a copy by submitting sending an email to UBO.Helpdesk@altarum.org. The Biller's Edition workbook provides the comprehensive list of all DHA UBO Pharmaceutical prices and includes a list of pharmaceuticals which generally require pre-authorization. Billers should call payers where possible to obtain this information. The PPE is a cost estimator that allows users to calculate prices for specific pharmaceuticals by drug name or National Drug Code (NDC) and compare them to those in the civilian sector. In addition to the pharmacy update, a sample notice will be distributed that individual MTFs can tailor with their specific information. These notices are intended to alert beneficiaries of the pharmacy rate update and the availability of the PPE. We encourage you to share this sample notice with your MTFs and ask them to update it with their individual MTF information and post it locally.

CPT and HCPCS Updates: New Year, New Codes!

There are more than 350 code changes in 2016, including 140 new, 93 deleted, and 134 revised codes. American Medical Association (AMA) updates CPT® codes annually, and the codes are effective 1 January. The Centers for Medicare & Medicaid Services (CMS) update HCPCS codes quarterly. It's important to remember that MHS only updates CPT & HCPCS codes annually. Generally, the rates are loaded into billing systems by the 2nd Quarter of the current calendar year. MHS Outpatient Itemized Billing (OIB) rates for new 2016 codes will not be available until mid-year (1 July 2016). Keep in mind that DHA UBO rates cannot be applied retroactively and UBOs can only bill if there is a DHA UBO rate for a code that is effective on the date of service.

What you need to do: Order your 2016 coding manuals!

- Review 2016 CPT® and HCPCS code changes to guidelines, notes, and instructions
- Highlight changes in the manual index that are pertinent to your specialty and review those changes
- Highlight changes in the tabular section that are pertinent to your specialty.
- Create a 'cheat sheet' of 2016 updates that must be documented differently in order to enable coders to capture the correct code and also billers to identify necessary corrections
- Share this information with your providers

Revisions in codes come with changes in reimbursement policies; therefore, it is critical that you review any changes to TPP policies. To ensure you understand how to bill accurately with the new revisions, watch the January CPT/HCPCS webinar!

Learn

Visit the Learning Center on UBO's Health.mil site

The UBO Learning Center has an exciting 2016 webinar schedule planned. This year's remaining topics include PATCATS, Specialty Coding, and DoD/VA Resource Sharing, in addition to our annual rates and coding update webinars.

The full Learning Center schedule is below and we hope you will be able to join an upcoming broadcast date. As a reminder, all webinars were approved by the AAPC for one in-service CEU credit for MHS personnel.

- PATCATs
  - 23 February 2016: 0800-0900 ET
  - 25 February 2016: 1400-1500 ET
- Specialty Coding
  - 29 March 2016: 0800-0900 ET
  - 31 March 2016: 1400-1500 ET
- DoD/VA Resource Sharing
  - 26 April 2016: 0800-0900 ET
  - 28 April 2016: 1400-1500 ET
- Financial FMR (Accounting and Financial Integrity)
  - 24 May 2016: 0800-0900 ET
  - 26 May 2016: 1400-1500 ET
- Outpatient Rates
  - 14 June 2016: 0800-0900 ET
  - 16 June 2016: 1400-1500 ET
- Cosmetic Surgery Estimator and Update
  - 28 June 2016: 0800-0900 ET
  - 30 June 2016: 1400-1500 ET
- Pharmacy Rates Update
  - 26 July 2016: 0800-0900 ET
  - 28 July 2016: 1400-1500 ET
- UBO Data Quality and the Revenue Cycle
  - 23 August 2016: 0800-0900 ET
  - 25 August 2016: 1400-1500 ET
- Anti-Fraud
  - 27 September 2016: 0800-0900 ET
  - 29 September 2016: 1400-1500 ET

Recordings of webinars from current and prior fiscal years are uploaded to the DHA Learning Center on the DHA UBO Website for on-demand viewing.

We encourage your feedback!

Please email 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

Health Plan Identifiers (HPID) Implementation

The National Committee on Vital and Health Statistics (NCVHS) is the statutory advisory committee with the responsibility for providing recommendations on health information policy and standards to the Secretary of the Department of Health and Human Services (HHS). Each year, NCVHS holds industry hearings on standards, code sets, Health Plan Identifiers (HPIDs), and operating rules adopted under the HIPAA and the ACA to evaluate the need for updates and improvements. In September, 2012 HHS published a final rule adopting HPID as the replacement for Health Insurance Carriers (HIC). Use of HPID impacts Managed Care Support Contractor (MCSC) systems, Direct Care systems, and external interfaces. It also impacts various HIPAA transactions such as eligibility, referrals, and claims, with the possible exception of pharmacy claims, since industry concerns persist that there may be too much confusion about use. This is most likely the reason why the use of HPID has not been adopted.

HHS has delayed implementation of the adoption of HPIDs based on numerous industry concerns pertaining to health plan enumeration and use of the Health Plan Identifier (HPID) in HIPAA transactions adopted in the HPID final rule. Furthermore, there are additional hurdles that still need to be addressed before HPIDs can be nationally mandated:

- Developing a clear business need and purpose for using HPID in health care administrative transactions
- Clarifying how the HPID would be used in administrative transactions
- Addressing strong concerns that HPID might replace the current Payer ID widely adopted and used throughout the industry
- Clarifying the use of HPID for group health plans that do not conduct HIPAA standard transactions
- Estimating the cost to health plans, clearinghouses, and providers if software has to be modified to account for the HPID

In a recent survey of payers, providers, and clearinghouses, a major finding was that a majority of clearinghouse believed that implementation of HPIDs was unnecessary, because they relied solely on the National Association of Insurance Commissioners (NAIC) identifier, which provides similar information.

HIPAA Policies Post-ICD 10 Implementation

HIPAA administrative simplification requirements require the Secretary of HHS to adopt standards that support the electronic exchange of administrative and financial health care transactions, primarily between health care providers and plans. These transactional standards must facilitate the electronic exchange of information and protect patients' privacy. One of the standards for electronic claim transactions for both the institutional and professional claim formats is ***not*** to include the decimal points for diagnosis codes. The standard specifies an "inferred" decimal point following the third character, allowing for its omission from the claims. MHS systems are properly configured to generate HIPAA compliant transactions.

Some claims submitted to third party payers are being denied for failing to include decimal points in ICD-10 diagnosis codes. It appears that some payers are requesting non-HIPAA compliant transactions if they require an ICD-10 code to be transmitted in a claim with a decimal. If this happens, the MHS entity should inform the payer that for electronic claims decimal points are no longer required.