

## DHA UBO Webinar: CY2023 Outpatient Rates

Presented by: Ms. Alexis Lacey DHA UBO Support July 2023

## **Agenda**

- 1) DHA UBO Rate Structures
- 2) DHA UBO Outpatient Rates
  - CY2023 Effective Date
  - Rate Components (12)
- 3) Rate Requests
- 4) DHA UBO Inpatient Rates
- 5) Billing Tips and Reminders
- 6) Health.mil and Launchpad Navigation
- 7) Summary





## **CY23 OP Rates Effective Date**

- CY23 Outpatient rates have been submitted for approval with a tentative effective date of September 1, 2023.
- Codes or rates released after approval will be reviewed on a quarterly basis with an effective date set by the DoD DHA UBO Program Office.





## DHA UBO Rate Structures





## **DHA UBO Rate Structures**

- Widely used billing rate structures intended to recover costs in the military fixed facilities.
  - Full or Third-Party Collections (TPC).
  - Interagency.
  - International Military Education & Training (IMET).
- The DHA UBO Program Office recommends billing rates for contractors and foreign nationals supporting deployed forces.
- Patient Identification Process (PIP), formerly known as the Patient Category (PATCAT) assignment, drives the assignment of the applicable rate structure.





# UBO Rate Structures: <u>Full or Third-Party Collection (TPC) Rates</u>

- Full / TPC Billing rates are used synonymously.
  - Recover the full cost of healthcare services provided.
  - Normally the highest DHA UBO rate.
- TPC Rates are used for billing commercial third-party payers and pay patients.
  - Exception: OCONUS DoD Civilians and Cosmetic Procedures.
- Most DHA UBO Ambulatory/Professional TPC rates match TRICARE Reimbursement (CMAC rates).
- Inpatient TPC rates are indexed to TRICARE annual percent growth.
- TPC rates are based on average Medical Expense & Performance Reporting System (MEPRS)
  unit costs with adjustments for costs not included in MEPRS data.
  - Dental, Ambulance, Ambulatory Procedure Visit (APV), specific Injectables.





# **UBO Rate Structures: Interagency Billing Rates**

- Interagency rates are TPC rates discounted to remove several cost factors for health care services.
- Durable medical equipment and pharmaceuticals are <u>not</u> discounted.
- Interagency Rates do not include:
  - Asset Use Charge: Use of assets (facilities and/or equipment) to recoup depreciation and interest on investment.
  - Government Share of Unfunded Retirement (GSUR) Costs: Cover the cost of the unfunded civilian retirement, post retirement health benefits and life insurance.





# UBO Rate Structures: <a href="International Military Education & Training Rates">International Military Education & Training Rates</a>

- The IMET Program provides training on a grant basis to students from allied and friendly nations.
  - Authority for the IMET program is found in Chapter 5, Part II, Foreign Assistance Act of 1961.
  - Funding is appropriated from the International Affairs budget of the Department of State.
  - Not all foreign national patients participate in the IMET program.
- IMET Rates do not include:
  - Asset Use Charge and GSUR Costs.
  - Military Personnel Cost.





# **UBO Rate Structures:**The PATCAT Table/PIP

Patient category (**PATCAT**) **assignment** determines who should be billed and under which rate structure. This is known as the Patient Identification Process (PIP) within the new system.

| DHA PATO | CAT Table |                   |                    |            |             |            |             |         |               |               |                  |            |                |
|----------|-----------|-------------------|--------------------|------------|-------------|------------|-------------|---------|---------------|---------------|------------------|------------|----------------|
| v9.0     |           |                   |                    |            |             |            |             |         |               |               |                  |            |                |
| Code     | Subcat    | Pat Cat Summary   | NAS Author         | Ipnt Indiv | Ipnt Agency | Opnt Indiv | Opnt Agency | Sponsor | Family Member | Civ Emergency | Deceased Sponsor | OCONUS GMS | Prohibit DEERS |
| A00      |           | ACTIVE DUTY       |                    | NC         | NC          | NC         | NC          | YES     | NO            | NO            | YES              | NO         | NO             |
| A11      | 1         | ACTIVE DUTY       |                    | NC         | NC          | NC         | NC          | YES     | NO            | NO            | NO               | NO         | NO             |
| A11      | 2         | ACTIVE DUTY       |                    | NC         | NC          | NC         | NC          | YES     | NO            | NO            | NO               | NO         | NO             |
| A12      | 1         | ACTIVE DUTY       |                    | NC         | NC          | NC         | NC          | YES     | NO            | NO            | NO               | NO         | NO             |
| A12      | 2         | ACTIVE DUTY       |                    | NC         | NC          | NC         | NC          | YES     | NO            | NO            | NO               | NO         | NO             |
| A12      | 3         | ACTIVE DUTY       |                    | FRR        | NC          | FOR        | NC          | YES     | NO            | NO            | NO               | NO         | NO             |
| A13      |           | ACTIVE DUTY       |                    | NC         | NC          | NC         | NC          | YES     | NO            | NO            | NO               | NO         | NO             |
| A14      |           | ACTIVE DUTY       |                    | NC         | NC          | NC         | NC          | YES     | NO            | NO            | NO               | NO         | NO             |
| A15      | 1         | ACTIVE DUTY       |                    | NC         | NC          | NC         | NC          | YES     | NO            | NO            | NO               | NO         | NO             |
| A15      | 2         | ACTIVE DUTY       |                    | NC         | NC          | NC         | NC          | YES     | NO            | NO            | NO               | NO         | NO             |
| A15      | 3         | ACTIVE DUTY       |                    | FRR        | NC          | FOR        | NC          | YES     | NO            | NO            | NO               | NO         | NO             |
| A21      |           | ACTIVE DUTY       |                    | NC         | NC          | NC         | NC          | YES     | NO            | NO            | NO               | NO         | NO             |
| A22      | 1         | ACTIVE DUTY       |                    | NC         | NC          | NC         | NC          | YES     | NO            | NO            | NO               | NO         | NO             |
| A22      | 2         | ACTIVE DUTY       |                    | NC         | NC          | NC         | NC          | YES     | NO            | NO            | NO               | NO         | NO             |
| A22      | 3         | ACTIVE DUTY       |                    | FRR        | NC          | FOR        | NC          | YES     | NO            | NO            | NO               | NO         | NO             |
| A23      | 1         | ACTIVE DUTY       |                    | NC         | NC          | NC         | NC          | YES     | NO            | NO            | NO               | NO         | NO             |
| A23      | 2         | ACTIVE DUTY       |                    | NC         | NC          | NC         | NC          | YES     | NO            | NO            | NO               | NO         | NO             |
| A23      | 3         | ACTIVE DUTY       |                    | FRR        | NC          | FOR        | NC          | YES     | NO            | NO            | NO               | NO         | NO             |
| A24      | _         | ACTIVE DUTY       | RETIRED            | FMR        | NC          | NC         | NC          | YES     | NO            | NO            | NO               | NO         | NO             |
| A25      |           |                   | FAM MBR OF RETIRED | FMR        | NC          | NC         | NC          | NO      | YES           | NO            | NO               | NO         | NO             |
| A26      |           | ACTIVE DUTY       |                    | NC         | NC          | NC         | NC          | YES     | NO            | NO            | NO               | NO         | YES            |
| A27      | 1         | ACTIVE DUTY       |                    | FMR        | NC          | NC         | NC          | YES     | NO            | NO            | NO               | NO         | YES            |
| A27      | 2         | DEPENDENT/RETIRES |                    | FMR        | NC          | NC         | NC          | NO      | YES           | NO            | NO               | NO         | YES            |
| A28      | 1         | DEPENDENT/RETIRES |                    | FRR        | NC          | FOR        | NC          | NO      | YES           | NO            | NO               | NO         | YES            |
| A28      | 2         | DEPENDENT/RETIRE  |                    | FMR        | NC          | NC         | NC          | NO      | YES           | NO            | NO               | NO         | YES            |
| A29      | 1         | CIVILIAN          |                    | FRR        | NC          | FOR        | NC          | NO      | YES           | NO            | NO               | NO         | YES            |
| A29      | 2         | CIVILIAN          |                    | FMR        | NC          | NC         | NC          | NO      | YES           | NO            | NO               | NO         | YES            |
| A30      | 1         | DEPENDENT/RETIRES | =                  | FRR        | NC          | FOR        | NC          | NO      | YES           | NO            | NO               | NO         | YES            |
| A30      | 2         | DEPENDENT/RETIRE  |                    | FMR        | NC          | NC         | NC          | NO      | YES           | NO            | NO               | NO         | YES            |
| A21      | 1         | DEDENDENT/DETIDE  |                    | NC         | NC          | NC         | NC          | VEC     | NO            | NO            | NO               | NO         | NO             |

Link: Patient Categories | Health.mil





## Outpatient Rate Package





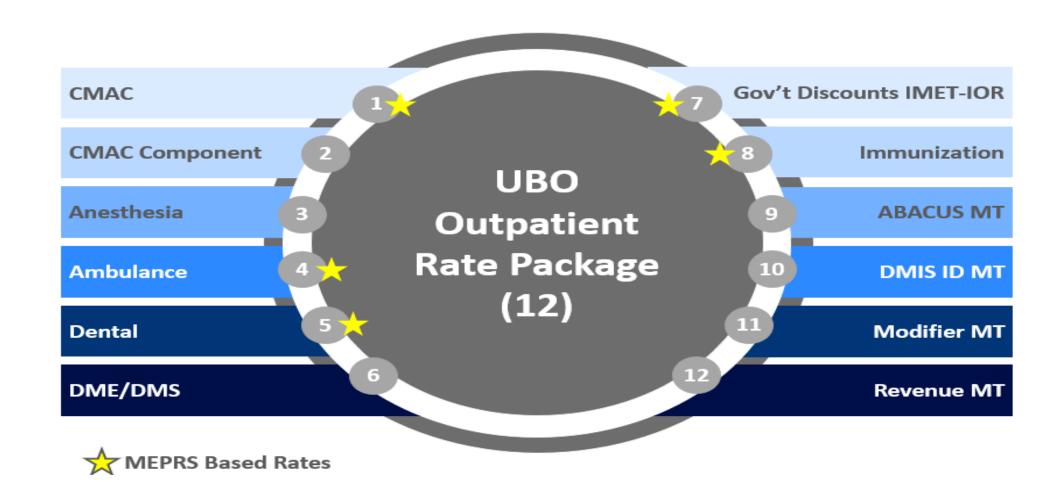
## **Outpatient Rates Overview**

- CY 2023 Outpatient Rates developed to accommodate Military Health Systems billing systems and solutions.
- Outpatient rates are developed by the DHA UBO for each outpatient encounter, service, procedure, or supply provided at a MTF.
- UBO CHAMPUS Maximum Allowable Charge (CMAC) rates are developed for reimbursement in the purchased care community.
- Purchased Care System data used to calculate the average allowable amounts. Some procedures require special handling and rates are based on purchased care data or Ambulatory Payment Classification (APC) charges.
- Medical Expense & Performance Reporting System (MEPRS) data is used to calculate the average MTF operational expenses.





## **Rate Package Components**







#### Overview

- Primary rate table, formatted and sorted for UBO.
- Based on what TRICARE allows.
- Categorized by CMAC localities.

- Certain CMAC codes are not available for separate reimbursement.
  - ✓ ED Rates
  - ✓ Observation
  - ✓ Moderate Sedation
- 0.95% Overall Average decrease from CY22
- CY23 new codes became effective January 1, 2023. The rest of the file for CY23 have a tentative effective date of September 1, 2023.

| ( | CPT Cod | <u>Description</u>             |
|---|---------|--------------------------------|
|   | 99024   | POST OPERATIVE FOLLOW-UP VISIT |
|   | G0379   | Dir Admit for OBS              |
| 7 | 99242   | OP Consult Code                |
|   | 99243   | OP Consult Code                |
| 7 | 99244   | OP Consult Code                |
|   | 99245   | OP Consult Code                |
| 7 | 99252   | IP Consult Code                |
| 7 | 99253   | IP Consult Code                |
| 7 | 99254   | IP Consult Code                |
|   | 99255   | IP Consult Code                |





#### TRICARE Localities Overview

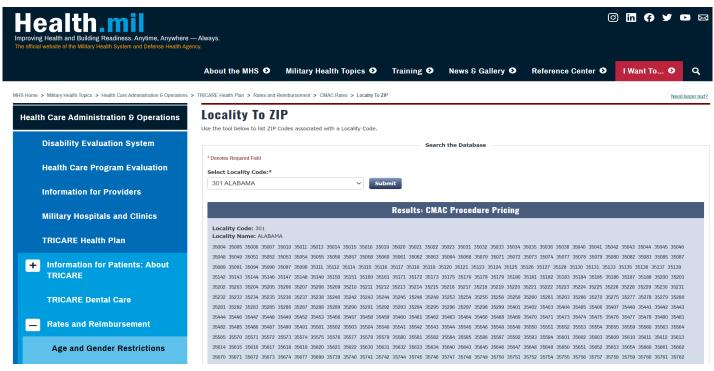
- TRICARE localities are designated within the range of 301-424
- TRICARE localities are defined with the same geographic boundaries as Medicare localities.
- TRICARE localities apply to the CHAMPUS Maximum Allowable Charges, or CMAC reimbursable rates.
- TRICARE localities also are assigned to individual Military Treatment Facilities (MTFs) and DMIS ID locations.
- After the "national" average CMAC level has been determined (Locality 300), rates are calculated for the remaining 114 localities.





#### There are 114 Active TRICARE Localities for CY23

A single locality assignment often includes many zip codes and military treatment facilities.



Link: Locality To ZIP | Health.mil





- Emergency Department (ED)
- Evaluation & Management Codes (99281-99285)
  - Used for Hospital level (1-5) ED encounter.
  - System limitations: unable to bill both professional and institutional charges for same service.
    - ✓ Only represents the institutional charge for the ED E&M service.
    - ✓ Mapped to the UB 04/837I.

| CPT® Code | 2022     | 2023     | Percent Change |
|-----------|----------|----------|----------------|
| 99281     | \$74.08  | \$75.00  | 1.24%          |
| 99282     | \$134.15 | \$139.69 | 4.13%          |
| 99283     | \$236.35 | \$245.03 | 3.67%          |
| 99284     | \$371.52 | \$381.61 | 2.72%          |
| 99285     | \$533.27 | \$548.11 | 2.78%          |





- CMAC Component
  - TRICARE assigns code components with Professional (PC) and Technical (TC) components.
    - ✓ Technical Components (TC) are based on applied Ambulatory Payment Classification (APC) charges.
    - ✓ Professional Components (PC) are charges provided by the regular CMAC rates.
  - Not available for separate reimbursement considered part of the "global procedure."
  - Global Rate computed by combining TC and PC rates.



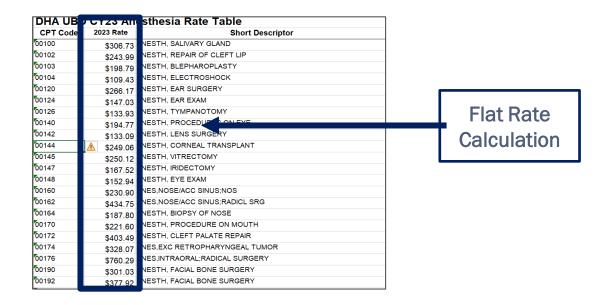


### **Anesthesia Rates**

#### Overview

- Flat Rate Calculation.
- Applied TRICARE Reimbursement Formula.
- (Average Time Units + Base Units) x
   National Average Conversion Factor.
- 2023 Total Codes: 276.

- Overall Decrease of -2%
- Updated CPA methodology:
  - ✓ Total professional anesthesia-based rate = [(base rate) + (interval rate \* number of 15-minute time intervals)]
  - ✓ Actual Time Used
  - ✓ Locality Specific



|                    |             |                    |                                       |                      | 390 Alaska       | Colorado           |
|--------------------|-------------|--------------------|---------------------------------------|----------------------|------------------|--------------------|
|                    | \$40.80     | \$21.11            |                                       |                      |                  |                    |
| CDM<br>Description | CPT<br>Code | Type of<br>Pricing | # of <u>15</u><br>minute<br>intervals | TRICARE<br>Base Unit | Rate<br>(Alaska) | Rate<br>(Colorado) |
| Anes Salivary      |             | Base               | N/A                                   | 5.0                  | \$204.00         | \$105.55           |
| Gland w<br>Biopsy  | 00100       | Interval           | 1                                     | N/A                  | \$40.80          | \$21.11            |
|                    |             | Base +<br>Interval | 4                                     | 5.0                  | \$367.20         | \$189.99           |





## **Ambulance Rates**

#### Overview

2022 Full Rate: \$285.18

2023 Full Rate: \$296.96

- Overall Increase of +4.13%
- Updated CPA methodology:
   Charges based on number of minutes

| Ambulance Codes Assigned a Rate |       |       |  |  |  |  |
|---------------------------------|-------|-------|--|--|--|--|
| A0426                           | A0428 | A0433 |  |  |  |  |
| A0427                           | A0429 | A0999 |  |  |  |  |





## **Dental Rates**

#### Overview

- The updated Defense Health Agency CY22 Guidelines for Dental Procedure Codes, Surgical Procedure Codes, and Dental Weighted Values serves to define each dental procedure performed in military treatment facilities.
- Contains "D" Codes (i.e. D0411).
- Contains "W" Codes (i.e. W0141) \*CDM will not include W codes
  - ✓ W Codes are DoD Specific but non-billable. They replaced Dental A-codes so as not to cause confusion with standard HCPCS A-codes.

- Overall increase of +22.14%.
- Added 22 new codes, 10 revised codes, 11 deleted codes.
- 845 total Dental codes.





## **Durable Medical Equipment & Supplies DME/DMS Rates**

#### Overview

- Expenses allocated for equipment and supplies.
- Based On:
  - ✓ CMS Durable Medical Equipment, Prosthetics/Orthotics, and Supplies (DMEPOS) Fee Schedule.
  - ✓ Purchased Care Data.
  - ✓ Defense Medical Logistics Standard Support (DMLSS) Master Catalog used for several codes within CPA





## **Government Discounts IMET-IOR Rates**

#### Overview

- International Military Education & Training (IMET).
- Interagency Outpatient Rates (IOR).
- 2023 Highlights

| Type of Discount | Discounted Services Except Ambulance and Dental | Ambulance<br>Services | Dental Services | Applicable PATCAT |
|------------------|---|-----------------------|-----------------|-------------------|
| IMET             | 0.6186  | 0.6186                | 0.4275          | Misc.             |
| IOR              | 0.9402  | 0.9402                | 0.9467          | Misc.             |
| IOR              | 0.9402  | 0.9402                | 0.9467          | K611              |
| IOR              | 0.8   | 0.8                   | 0.8             | K612              |





## **Immunization Rates**

#### Overview

- 1<sup>st</sup> Priority CMAC TRICARE Provided Rates (Released Quarterly).
- 2<sup>nd</sup> Priority Purchased Care Allowable Amounts (Previous Fiscal Year).
- 3<sup>rd</sup> Priority MEPRS Based Flat Rate.
  - ✓ 2022 Flat Rate: \$71.19
  - ✓ 2023 Flat Rate: \$74.14 (Increased by 4.13%).

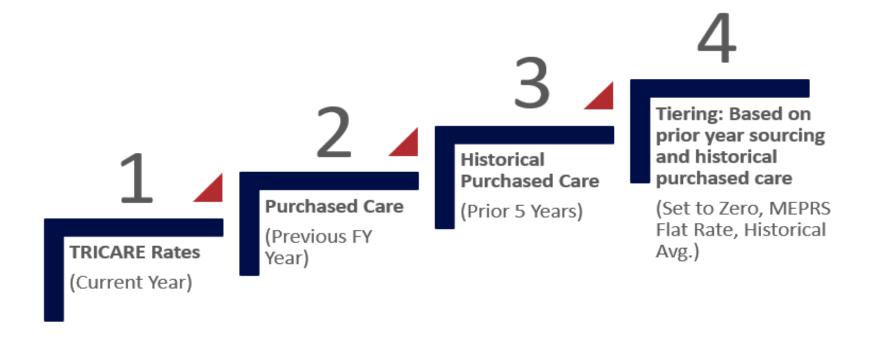
- 69 New Codes, 3 Deleted Codes.
- Sourcing priority process addition to phase very low percentage usage codes:
  - 1. TRICARE Rate
  - 2. Purchased Care Prior Year
  - 3. Historical 5 Year Purchased care average for increase/decrease greater than 30%
  - 4. For codes assigned a flat rate in prior year, and no PSC data prior year, assign MEPRS flat rate.
  - 5. For codes set to zero per historical zero prior year without PSC data prior year, set to zero.
  - 6. Remaining codes without prior year PSC data utilize a tiering system to make a rate determination based on prior year historical purchased care.





## **Immunization Rates**

- 2023 Process by Sourcing Priority
- Historical Purchased Care Pull for Outlier Rates +/-30% variance.







## **Mapping Tables Overview**

#### ABACUS Mapping Table

- Contains specific code ranges that maps to various applicable modifiers, claim forms and indicates which rate table to find the charge.
- CPT®/HCPCS driven.

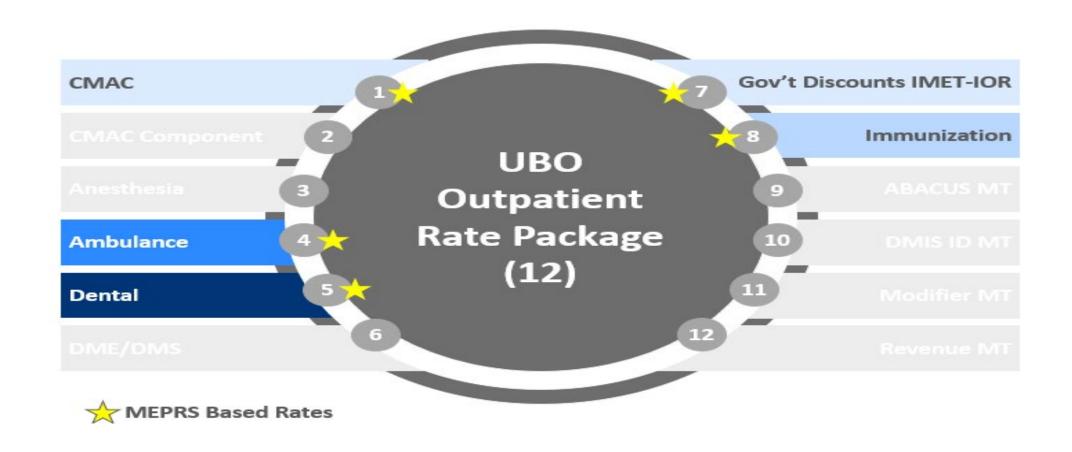
#### DMIS ID Mapping Table

- The Defense Medical Information System Identifier (DMIS ID) Mapping Table is used as a way of standardizing both medical and military facility identification and cost/workload classification.
- Revenue Mapping Table
  - Identifies the CPT®/HCPCS procedure, supply, drug code, description and available revenue centers.
  - Revenue center code informs the payer where the procedure was performed.
- Modifier Mapping Table
  - Contains a list of modifiers that can be attached to specific ranges of codes and which rate table to find the charge in.
  - Modifier driven to identify applicable code ranges.
    - ✓ Released with the annual CPT®/HCPCS codes update.





## Rate Package Components - MEPRS Based Rates







### **MEPRS Based Rates**

#### Medical Expense Program Reporting System (MEPRS) Based Rates

- Annual adjustment for the following rates:
  - CMAC Ambulatory Procedure Visit (APV)
  - Ambulance
  - Dental
  - Immunization (Specific)
  - Government Discounts IMET-IOR
- CY23 Development Cycle
  - MEPRS data was not mature during the CY23 outpatient rates development cycle, thus, codes adjusted with MEPRS data were developed using an alternative method.
    - ✓ Alternative Method: O&M Inflation Factor (+4.13%) was used as the CY23 annual adjustment in place of MEPRS per PO decision.





## **Computation & Burdening Factors**

- Factors and percentages used as adjustments/plus ups in the Outpatient rate development process.
- Six (6) Main Factors
  - Asset Use Recoup depreciation and interest costs.
  - GSUR Costs Retirement health benefits and life insurance.
  - Military Pay Military pay raise percentage from the annual presidential budget.
  - Civilian Pay Civilian pay raise percentage from the annual presidential budget.
  - DMDC Factor Military medical personnel salary expenses.
  - Defense Health Plan Growth Annual budget growth percentage.





## **CY23 Outpatient Rate Summary**

- 2023 Outpatient Rate package is set to be effective September 1, 2023.
  - DHA UBO rates are developed to accommodate Military Health Systems billing systems and solutions.
  - Outpatient rates are developed by the DHA UBO for each outpatient encounter, service, procedure, or supply provided at a MTF.
    - ✓ Formatted and sorted specifically for DHA UBO.
- Comprised of 12 rate components.
  - Four (4) of which are Mapping Tables.





## Rate Requests





## **Rate Requests**

- Rate Requests:
  - Several procedure codes and NDC pricing requests were received in CY23
- Assigning Rates per Requests:
  - Rates assigned if TRICARE provided a rate.
  - Rates assigned according to Ambulatory Payment Classification (APC) charges or Purchased Care allowable amounts.
  - Rates not assigned for:
    - ✓ Case management codes.
    - ✓ Codes on the Government No Pay list.
    - ✓ Non-billable codes.





## **Rate Requests**

#### **Process for Requesting Rates for Procedure Codes**

- 1) MTF/billing office identifies the CPT®/HCPCS procedure code that is not included in the DHA UBO rates file.
- 2) Draft a written explanation telling why the code(s) should be applied a charge, the date(s) of service, the number of times and specific details of when/how the code is being used are all helpful.
- 3) Submit request with justification to UBO Manager/Lead.
- 4) UBO Manager/Lead forwards the written explanation and/or supporting documentation to the DHA UBO Helpdesk with a request for pricing.
  - Use "DHA UBO Special Price Request" in the subject line.
- 5) The pricing request will be forwarded to the appropriate SME for verification.
  - If confirmed that there is no DHA UBO current rate, a recommendation for an Out-of-Cycle (OOC) rate update may be considered.
  - SME determines the recommended rate structure and charge to apply, if any.
  - SME submits the recommended charge and supporting justification/documentation (including no charge if insufficient justification and documentation) to the PO for review and approval.
- 6) Upon PO approval, charges are updated and submitted to be included in the next rates cycle update.





## DHA UBO Inpatient Rates





## **Inpatient Rates**

- Inpatient rates Billing inpatient medical services at MTFs.
  - Each inpatient MTF using the legacy billing system has an Adjusted Standardized Amount (ASA) and utilizes DRG-based billing.
  - Each inpatient MTF using CPA, has a regionally assigned Room and Board rate and utilizes itemized inpatient billing.
- Effective rates for CY 2023 Inpatient Billing Rates.
  - Rates are effective January 1, 2023, until superseded.





## **CPA Billing Holds**

- Currently there is a rate toggle effort that needs to occur for the below encounters to update pricing:
  - DOD IP Room and Bed Clean Up for IP encounters with charges posted between 11/1/2022- 5/2/2023
  - DoD Pharmacy Clean Up for all encounters with pharmacy charges posted between 4/1/2022 and 1/19/2023
  - DoD Pharmacy Clean Up for VA-DoD Sharing encounters with charges posted between 4/1/2022 and 4/19/2023
- System applied hold and clean-up effort





## Billing Tips and Reminders





# Billing Tips and Reminders: Updates

#### **Industry Updates**

- Centers for Medicare & Medicaid Services (CMS) updates CPT®/HCPCS codes on a quarterly basis.
- The American Medical Association (AMA) updates CPT®/HCPCS codes annually, effective 1 January.
- TRICARE updates CPT®/HCPCS codes annually.

#### **DHA UBO Updates**

 Proper PIP/PATCAT assignment drives applicable rate structure and code assignment.





# Billing Tips and Reminders: Health Plan and Policy Billing Guidelines

- Claim formats that are used in the MHS are based on encounter services provided, payer requirements, and DHA billing policies.
- Government may not collect more than the total charge from any one source or combination of sources.
- If total payment exceeds the billed amount, MTF must refund the overage.

#### Institutional - Hospital charges

#### Professional - Provider charges

| Health Plan/Policy                                | Institutional | Bill format     | Professional | Bill format     | Cost Recovery Program |
|---|---------------|-----------------|--------------|-----------------|-----------------------|
| Private insurance                                 | Yes           | 8371/UB-04      | Yes          | 837/CMS1500     | TPC, MSA, MAC         |
| Employer Group Health Plan                        | Yes           | 8371/UB-04      | Yes          | 837/CMS1500     | TPC, MSA, MAC         |
| High Deductible Health Plan (HDHP)                | Yes           | 8371/UB-04      | Yes          | 837/CMS1500     | N/A                   |
| Health Savings Account (HSA)                      | No            | N/A             | No           | N/A             | N/A                   |
| Health Reimbursement Account (HRA)                | No            | N/A             | No           | N/A             | N/A                   |
| Flexible Spending Account (FSA)                   | No            | N/A             | No           | N/A             | N/A                   |
| Association or Organization Health Plan           | Yes           | 8371/UB-04      | Yes          | 837/CMS1500     | MAC                   |
| No fault automobile insurance                     | Yes           | 8371/UB-04      | Yes          | 837/CMS1500     | MAC                   |
| Third party automobile liability                  | Yes           | 8371/UB-04      | Yes          | 837/CMS1500     | MSA                   |
| Medicare Supplemental Plan                        | Yes           | 8371/UB-04      | Yes          | 837/CMS1500     | MSA                   |
| Workers' Compensation Plan (non-federal employee) | Yes           | 8371/UB-04      | Yes          | 837/CMS1500     | MSA                   |
| Workers' Compensation Plan (federal employee)     | No            | DD7/DD7A        | No           | DD7/DD7A        | MSA                   |
| Workers' Compensation Plan (DoD employee)         | No            | N/A             | No           | N/A             | N/A                   |
| TRICARE Supplement                                | No            | N/A             | No           | N/A             | N/A                   |
| Income (wage) Supplement                          | Yes           | N/A             | No           | N/A             | N/A                   |
| Other/Special Coverage Group                      | Yes           | 8371/UB-04      | Yes          | 837P/CMS1500    | TPC, MSA, MAC         |
| None (pay patient)                                | Yes           | Invoice/receipt | Yes          | Invoice/receipt | TPC, MAC              |





# Billing Tips and Reminders: Inpatient Special Circumstance Rates

- Family Member Rate (FMR): Inpatient per diem rate charged to active-duty family members not enrolled in TRICARE Prime and all retiree family members whose care is not reimbursed by a third-party payer.
  - Does not apply to: Beneficiaries with OHI.
- Food Service Charge at Appropriated Fund Dining Facilities or Standard Rate (Subsistence - SR): charges cover the basic cost of food.
  - Does not apply to:
    - ✓ Active duty or Retired Personnel.
    - ✓ Patients whose OHI covers any portion of the IP encounter, or any other amount paid by a third-party payer to the MTF.
    - ✓ Inpatient cadets and midshipmen.
  - MTF dining hall charges must be applied to any individual in a non-inpatient status (e.g., OBS or APV).





# Health.mil & Launchpad Navigation





## **Health.mil & Launchpad**

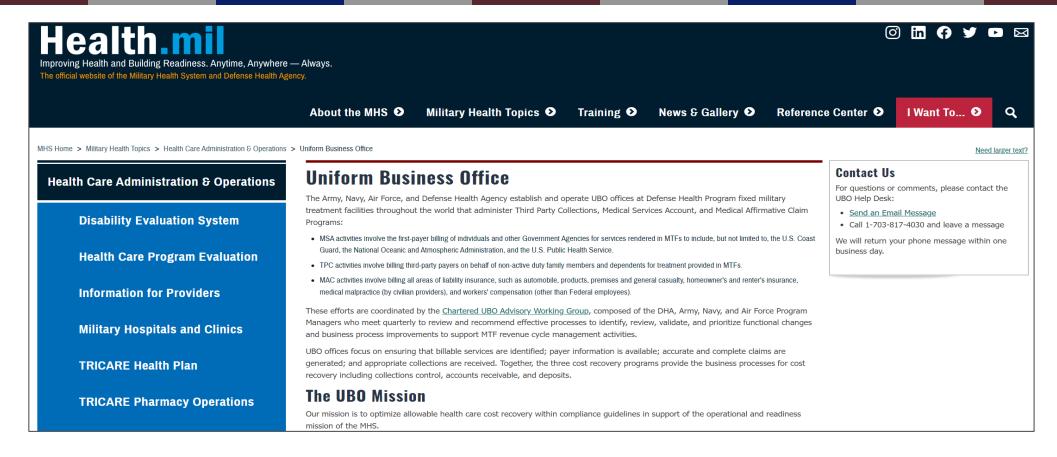
#### **Accessing UBO Information Online**

- DHA UBO information is maintained on Health.mil and Launchpad.
  - Health.mil is a public site.
  - Launchpad is a CAC user restricted access.





### **Health.mil Website**

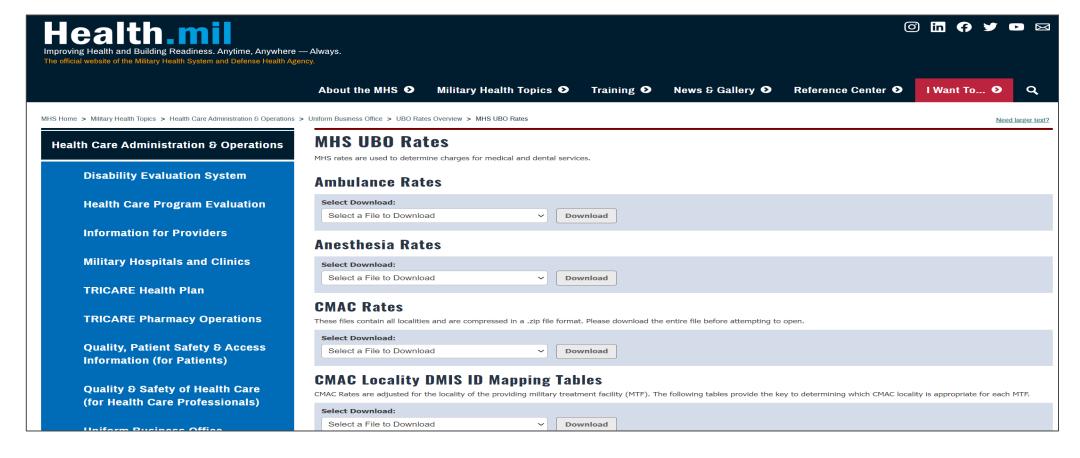


Link: Uniform Business Office (UBO) | Health.mil





### **Health.mil Website**



Link: MHS UBO Rates | Health.mil





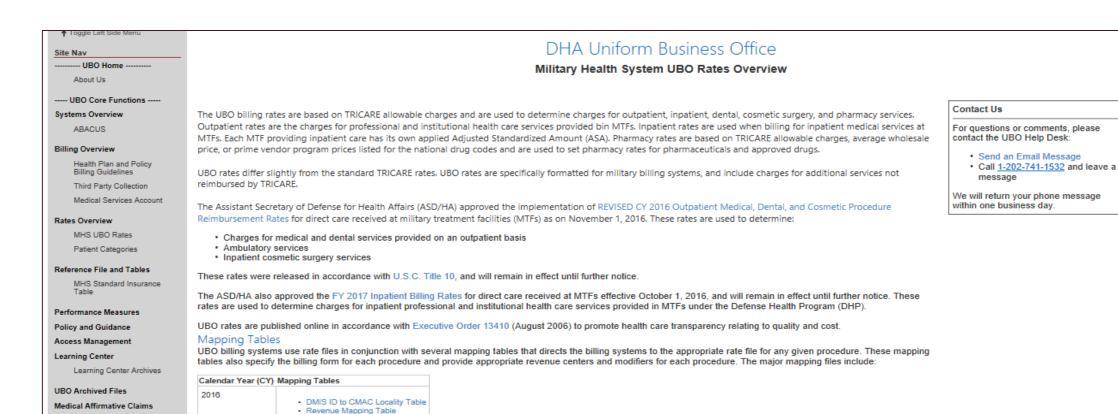
## Launchpad

- DHA UBO Launchpad Website (<a href="https://info.health.mil/bus/brm/ubo/Pages/ubon.aspx">https://info.health.mil/bus/brm/ubo/Pages/ubon.aspx</a>)
  - Access restricted to CAC holders.
  - Note\*\*\* Users without a CAC may still request files using the DHA UBO Helpdesk.
- The following information is available on Launchpad:
  - Rates (Outpatient, Inpatient, MAC, Pharmacy, Deployed Forces, VA-DoD).
  - Pricing Calculators (VA-DoD, Cosmetic Surgery Estimator, Pharmacy).
  - Institutional and Professional Charges for Health Plan and Policy Billing Guidelines.
  - PATCAT Table.
  - Publications.
  - Archived Webinars (Past 5 years).
  - UBO Manual, DoD Policies, User Guide.
  - Compliance Toolkit including template.





### **Launch Pad**



Link: https://info.health.mil/bus/brm/ubo/Pages/ubon.aspx

 ABACUS Mapping Table · Modifier Mapping Table



Site POC



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## **Webinar Summary**

- Rate Requests for Procedures
  - Rates determined based on necessity, and PO approval.
  - Submit code with justification to the UBO Helpdesk via your UBO Manager.
    - Requests reviewed, approved by UBO, and included in next cycle update or may constitute an out of cycle update.
- Follow Policy Billing Guidelines to ensure proper billing.
  - MHS claims based on services provided, payer requirements, and DHA billing policies.
  - PATCAT/PIP assignment drives correct billing and identifies the appropriate rate structure.
- DHA UBO information is maintained on Health.mil and Launchpad.
  - Health.mil is a public site.
  - LaunchPad CAC user restricted access.





## **Questions?**







## **Instructions for CEU Credit**

This in-service webinar has been approved by the American Academy of Professional Coders (AAPC) for 1.0 Continuing Education Unit (CEU) credit for DoD personnel (.mil address required). Granting of this approval in no way constitutes endorsement by the AAPC of the program, content or the program sponsor. There is no charge for this credit.

- Live broadcast webinar (Post-Test not required)
  - Login prior to the broadcast with your: 1) full name; 2) Service affiliation; and 3) e-mail address
  - View the entire broadcast
  - After completion of both live broadcasts and after attendance records have been verified, a Certificate of Approval including an AAPC Index Number will be sent via e-mail to participants who logged in or e-mailed as required. This may take several business days.
- Archived webinar (Post-Test required)
  - View the entire archived webinar (free and available on demand at <a href="https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Uniform-Business-Office/UBO-Learning-Center/Archived-Webinars">https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Uniform-Business-Office/UBO-Learning-Center/Archived-Webinars</a>)
  - Complete a post-test available within the archived webinar
  - E-mail answers to ubo.helpdesk@intellectsolutions.com
  - If you receive a passing score of at least 70%, we will e-mail MHS personnel with a .mil email address a Certificate of Approval including an AAPC Index Number
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