MEMORANDUM FOR COMMANDERS, MEDCOM MAJOR SUBORDINATE COMMANDS

SUBJECT: Regional Uniform Business Office (UBO) Implementation

1. References:
   a. 10 USC 1095, Health Care Services Incurred on Behalf of Covered Beneficiaries: Collection From Third-Party Payers.
   b. 10 USC 1079b, Medical And Dental Care, Procedures for Charging Fees for Care Provided to Civilians; Retention and Use of Fees Collected.
   c. 42 USC 2651-2653, Third Party Liability for Hospital and Medical Care, Recovery by United States.
   f. AR 40-400, Patient Administration, 27 Jan 10.
   g. MEDCOM Regulation 10-1, MCRM-M, Organization and Functions, 6 May 09.
   h. TRICARE Policy Manual 6010.54-M.

2. Purpose: This memorandum presents Office of The Surgeon General and Army Medical Command (MEDCOM) policy and general guidelines for the implementation of Regional UBO.
3. Proponent: The proponent for this policy is the MEDCOM UBO, Patient Administration Division, Assistant Chief of Staff for Health Policy and Services.

4. Policy:
   a. As published in reference documents, Military Treatment Facility (MTF) Commanders have a responsibility to:
      (1) Ensure billable services are identified.
      (2) Ensure that accurate and complete claims are generated for non-active duty beneficiaries with health insurance.
      (3) Recover the cost of care provided to non-beneficiary patients and beneficiaries of other unformed services, from both first and third party payers.
      (4) Ensure accurate charge computation for active duty tort liability cases.
      (5) Manage collections operations in a fiscally responsible manner for the three programs of the UBO—Third Party Collection Program (TPCP); Medical Services Account (MSA) and Medical Affirmative Claims (MAC).

   b. To ensure stability of billing operations and benchmark performance while achieving economies of scale, regional commanders will establish regional UBOs to manage billing operations for MTFs in their regions. Regional UBOs will direct and oversee the billing operations of MTFs within the region and will ensure compliant best business practices are employed in the collections process.

   c. Regional commanders will develop internal collections and expense tracking procedures to ensure net collections are returned to the MTF to support the medical mission in accordance with published references.

5. Responsibilities:
   a. The MEDCOM UBO is responsible for this policy, providing regional staff supervision and updating the policy as necessary. MEDCOM UBO will develop and disseminate Army specific billing policy and program guidance, as well as, TMA policy and rates to the regional UBO offices for further distribution to the MTF UBOs within their regions.
MCHO-CL-P
SUBJECT: Regional Uniform Business Office (UBO) Implementation

b. Regional Commanders are responsible for identifying or establishing a dedicated regional UBO with regional staff supervisory and policy implementation responsibility.

c. Regional UBOs will oversee billing and collections operations within their regions and will ensure compliance with regulatory guidance through periodic program audits. Copies of all audit or inspection findings and reports will be provided to MEDCOM UBO within 15 working days after final report.

d. Regional UBOs will ensure timely reporting and posting of all required quarterly and annual TPCP reports, all monthly and annual MSA reports, and all other requests for information/data calls to MEDCOM UBO in the proper formats.

6. Procedures:

a. Regional Commanders are authorized to organize their regional UBOs to best suit their mission and geographical area of responsibility.

b. Regional Commanders should make maximum use of existing resources to the extent they support streamlined and cost effective collections.

c. Regional Commanders are encouraged to centralize billing functions where practical and financially advantageous, and are authorized to make use of MEDCOM approved revenue cycle vendors to support billing operations.

d. Regional UBO chiefs will participate in the MEDCOM UBO monthly management meetings and will assist in the development of a management reporting system to track progress toward collections and expense goals.

FOR THE COMMANDER:

[Signature]
HERBERT A. COLEY
Chief of Staff
I have.

I need you to get with your key folks and provide me with options for implementation - a simple list of options (i.e., leave it as it is, centralize under PRMC RM, centralize under TAMC PAD), a list of pros and cons for each option, and a list of major hurdles ("big rocks") to overcome for implementation.

Contact several of the UBOs that have gone regional and get what you can from them on how they did it. Get their plan's, TDAs, Job Descriptions -- anything that we can adopt or modify for our use.

Lastly, coordinate a meeting thru Ms Nita with me, the NCOIC, the Deputy, the Branch Chiefs, and a rep from RMD to discuss this issue. Set it up for no later than 1 OCT 10. I want to present any data you find, etc.

Thank you,

LTC Briere

Have you seen this policy? This is the MEDCOM guidance on how the Regional UBOs will be organized.

V/r

Hugh N. Keel
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-----Original Message-----
From: Kahoaka-Wright, Wendy Ms CTR USA MEDCOM TAMC
Sent: Tuesday, September 07, 2010 7:09 AM
To: Kho-Rivera, Sherry M Ms CIV USA MEDCOM TAMC; Keel, Hugh N Mr CIV USA MEDCOM TAMC; Jones, Alan A MAJ MIL USA; Lenzy, Stephanie K CPT MIL USA; Briere, Todd J LTC MIL USA MEDCOM TAMC; Watt, Graham H Mr CIV USA MEDCOM TAMC; Guardia, John J LTC MIL USA MEDCOM TAMC; Mras, Scott D CPT MIL USA
Cc: Guardia, John J LTC MIL USA MEDCOM TAMC; Mras, Scott D CPT MIL USA
Subject: FW: Third Party Collections (UNCLASSIFIED)
Importance: High
Classification: UNCLASSIFIED
Caveats: NONE

Aloha Everyone,

Please see attached policy for DD2569 collection per OTSG/MEDCOM guidance.

Thank you in advance,

Wendy Kahoaka-Wright
Regional Data Quality Manager
RMD-Decision Support Branch
Phone: 808-433-4397
e-mail: wendy.kahoakawright@us.army.mil

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-----Original Message-----
From: Bacon, Joseph T Mr CIV USA MEDCOM PASBA
Sent: Tuesday, September 07, 2010 4:10 AM
To: DeMouy, Richard W Dr CIV USA MEDCOM SRMC; Kahoaka-Wright, Wendy Ms CTR MEDCOM TAMC; Ratliffe, Isalia A Ms CIV USA MEDCOM WRMC; Richmond, Rhonda s CIV USA; Schneider, Jeremy M Mr CIV USA MEDCOM ERMC; Smith, Bertha M Ms CIV USA MEDCOM ERMC; Stoks, Barbara G Ms CTR US USA MEDCOM SRMC; Abrams, Courtney O Mr CTR USA; Alexander, Dino A CIV US USA MEDCOM MEDDAC-J;
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All,

Please see attached OTSG/MEDCOM Policy Memo. Thank you.

Joseph (Tim) Bacon
PASBA
Chief, Data Quality Section
C: 210-295-8725
DSN: 421-8725
https://pasba3.amedd.army.mil/login/login.fcc

-----Original Message-----
From: Onstad, Jo-El R Ms CIV USA MEDCOM HQ
Sent: Tuesday, September 07, 2010 8:56 AM
Subject: RE: Third Party Collections (UNCLASSIFIED)

Classification: UNCLASSIFIED
Tim,

attached. The policy is to regionalize Uniform Business Offices, not the Third Party Collection Program.

Jo-El

-----Original Message-----
From: Bacon, Joseph T Mr CIV USA MEDCOM PASBA
Sent: Tuesday, September 07, 2010 7:37 AM
To: Onstad, Jo-El R Ms CIV USA MEDCOM HQ
Subject: Third Party Collections (UNCLASSIFIED)
Importance: High

Classification: UNCLASSIFIED
Caveats: NONE

Jo-El,

When we met the other week you mentioned the recently signed policy letter on consolidation/centralization of third party collections. Would you be able to forward this memo to me? Thank you.

Joseph (Tim) Bacon
PASBA
Chief, Data Quality Section
210-295-8725
A: 421-8725
https://pasba3.amedd.army.mil/login/login.fcc

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Caveats: NONE
MEDCOM UBO REORGANIZATION

Information Brief

COL Greg Swanson
20 MAY 2010

FOUO
MEDCOM UBO Reorganization

BRIEFING OUTLINE

PURPOSE: To provide information on MEDCOM UBO reorganization and regionalization initiative.

1. Background
2. Current Processes
3. Planned Processes
4. Timelines
5. Conclusion

FOUO
BACKGROUND

- Current TPOCS application does not meet needs
  - Planned sunset of application in 2012
  - HA/TMA level Charge Master Based Billing initiative was unsuccessful
  - TMA delegated to services to find service level solution
- Timelines do not support Army level application development or procurement cycles
- MTF inconsistencies
  - Staffing shortfalls and training inconsistencies create doubt about command emphasis and attention
  - Lower per capita collections compared to other services
  - Excessive process variation
- Increased use of electronic data make remote capability possible

FOUO
CURRENT PROCESSES

- Decentralized: MTFs responsible for Discovery, Billing, Follow Up and Posting of Payments

- Semi-Centralized: Contractor support for one or more of base functions

- Centralized: Regional billing center *manages* all functions
  - MTF may perform some functions under regional control

FOUO
PLANNED PROCESSES

• Centralized Regional Billing Center
  – May or may not co-locate with an MTF
  – May not be RMC flagship MTF

• Mix of GS and contract staff
  – GS offered right of first refusal to extent staff is required
  – GS not migrating will be assimilated in the MTF structures (no RIF)

• Contractor owned and operated software and discovery services
  – Feeder reports to MEDCOM and HA as required

• Industry benchmark standards for internal processes
  – Reduced variation in processes and staff knowledge

FOUO
TIMELINES

• NRMC Outpatient TPC billing NLT Fall 10 (in process)
  – SRMC and WRMC as soon thereafter as practical
  – ERMC already centralized, PRMC is in process

• TPC Inpatient billing Proof of Concept currently underway
  – Contract mod to existing regional contracts once POC is validated
  – Anticipate IOC Winter 2011

• MSA functions are “long pole in the tent”
  – Complex, diverse, many formats
  – Initial process mapping completed
  – Anticipate IOC Fall 2011
CONCLUSION

- Must act now to prevent $200 million shortfall in 2012
- Not an indictment of staff – poor process control is AMEDD
- HQ issue
- Maximum accommodation of existing staff – NO RIF