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Department of Defense Form 2570 (DD 2570) Reporting

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Presented by Ms. Alexis Lacey, DHA UBO Support
August 2022

Agenda

- What is the Department of Defense Form 2570 (DD 2570)?
- What is the importance of DD 2570 Reporting?
- Elements of the DD 2570 report
- Extraction of DD 2570 data
- Uniform Business Office (UBO) Metrics Report Website
- Historical Data Collection
- Common Mistakes
- DD 2570 Resources

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DD 2570 Report

- The DD Form 2570, “Third Party Collection Program (TPCP) – Report on Program Results”
 - MTFs use the DD 2570 to report claims and collection data for their TPCP to the Defense Health Agency (DHA) UBO.
 - The DD 2570 is cumulative and includes data from prior years.
 - The DD 2570 summarizes adjustment transactions based upon the Fiscal Year (FY).
 - MTFs must complete a DD 2570 on the first working day after the end of each quarter.
 - [DD Form 2570, "Third Party Collection Program - Report of Program Results" \(whs.mil\)](https://whs.mil)

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DD 2570 Report

| THIRD PARTY COLLECTION PROGRAM - REPORT ON PROGRAM RESULTS | | | SEGMENT REPORTED <i>(X one)</i> | | REPORT CONTROL SYMBOL |
|--|--|--|------------------------------------|---|--|
| | | | <input type="checkbox"/> | INPATIENT | DD-HA(Q)1986 |
| | | | <input type="checkbox"/> | OUTPATIENT | |
| 1. QUARTER ENDING (YYYYMM) | 2. REPORTING MEDICAL TREATMENT FACILITY (MTF) | 3. DEFENSE MEDICAL INFORMATION SYSTEM (DMIS) ID NO. | | | |
| PART I | | | | | |
| 4. REPORTING PERIOD <i>(See Note 1)</i> | | | | | |
| FISCAL YEAR (FY) (1) | NO. OF NON-ACTIVE DUTY INPATIENT DISPOSITIONS/VISITS (2) | NO. OF CLAIMS (3) | NO. OF COLLECTIONS (4) | NO. CLAIMS DIVIDED BY DISPOSITIONS/ VISITS (%) (5) | TOTAL \$ AMOUNT BILLED/CHARGES (6) |
| a. CURRENT FY | | | | | |
| PRIOR YEAR (PY) | | | | | |
| b. PY 1 | | | | | |
| c. PY 2 | | | | | |
| | \$ ADJUSTMENTS AND REFUNDS <i>(See Note 2)</i> (7) | \$ AMOUNT COLLECTED PY 2 (8) | \$ AMOUNT COLLECTED PY 1 (9) | \$ AMOUNT COLLECTED CURRENT FY (10) | \$ AMOUNT REMAINING UNCOLLECTED <i>(See Note 3)</i> (6)-[(7)+(8)+(9)+(10)] (11) |
| a. CURRENT FY | | | | | |
| b. PY 1 | | | | | |
| c. PY 2 | | | | | |
| REASON CODES | 5. DISTRIBUTION OF REMAINING UNCOLLECTED AMOUNTS | | | 6. UNCOLLECTED AMOUNTS SUBDIVIDED BY FY (\$) <i>(See Notes 1 and 4)</i> | |
| | | | | a. FY | b. FY |
| 1 | OPEN CLAIMS <i>(Requires additional follow-up action by Medical Treatment Facility for resolution)</i> | | | | |
| 2 | TRANSFERRED TO EXTERNAL AGENT <i>(e.g., JAG) (Excluding Third Party Liability Cases)</i> | | | | |
| REASON CODES 3-7. THIRD PARTY REDUCED / DENIED PAYMENT FOR INVALID REASONS <i>(Requires additional debt collection/legal action)</i> | | | | | |
| 3 | MTF NOT A PARTICIPATING HOSPITAL | | | | |
| 4 | PLAN EXCLUDES MILITARY HOSPITALS OR BENEFICIARIES | | | | |
| 5 | PATIENT HAD NO OBLIGATION TO PAY | | | | |
| 6 | INSURER PAID PATIENT DIRECTLY | | | | |
| 7 | OTHER <i>(Explain)</i> | | | | |
| TOTAL OF ALL OPEN CLAIMS <i>(Reason Codes 1 through 7)</i> | | | | | |

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| | | | | |
|--|---|--|--|--|
| | TOTAL OF ALL OPEN CLAIMS (Reason Codes 1 through 7) | | | |
| REASON CODES 8-16. CLOSED CLAIMS. THIRD PARTY PAID IN FULL OR REDUCED/DENIED PAYMENTS (No further action required because unpaid amount is not a valid claim) | | | | |
| 8 | AMOUNT OF COVERAGE (i.e. plan pays less than 100%) | | | |
| 9 | PATIENT NOT COVERED, CARE PROVIDED NOT COVERED, OR POLICY EXPIRED | | | |
| 10 | CHAMPUS AND/OR INCOME SUPPLEMENTAL PLANS | | | |
| 11 | MEDICARE SUPPLEMENTAL PLANS | | | |
| 12 | HEALTH MAINTENANCE ORGANIZATION (HMO) (i.e. nonemergency out-of-plan care not covered) | | | |
| 13 | MTF DID NOT COMPLY WITH UTILIZATION REVIEW PROCEDURES (i.e. pre-admission screening, concurrent review, second surgical opinions, etc.) | | | |
| 14 | REFUNDS | | | |
| 15 | PATIENT COPAYS AND DEDUCTIBLES | | | |
| 16 | OTHER (Explain) (Example - third party provided lower prevailing rate vs. amount billed) | | | |
| | TOTAL OF ALL CLOSED CLAIMS (Reason Codes 8 through 16) | | | |
| NOTES: | | | | |
| <ol style="list-style-type: none"> 1. All activity for amounts claimed and collected shall be reported in the fiscal year that the services were rendered (i.e. care provided in FY 1989 will be reported as an FY 1989 claim and collection, regardless of the year payment is received). This requires cut-off billing for all inpatients at fiscal year end. 2. Amounts reported in Part I, Column (7) for each fiscal year shall equal the subtotal for Reason Codes 8-16 in Part II, for the respective fiscal years. 3. Amounts reported in Part I, Column (11) for each fiscal year shall equal the subtotal for Reason Codes 1-7 in Part II, for the respective fiscal years. 4. Each quarterly report shall be cumulative for the current and two prior fiscal years. | | | | |

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Importance of DD 2570 Reporting

- Provides MTFs with real-time data to measure itself in relation to its peers and competitors.
- Allows data to be used in calculating Key Performance Indicators (KPIs)
 - KPIs are established benchmarks used to determine how an organization compares to similarly situated organizations.
- Reports are immediately available to management upon submission, and allow all levels of the UBO to benchmark, trend, and compare individual MTFs, regions, Services, or the DHA Markets by time period
 - Reports are briefed to the DHA UBO Program Office (PO), the DHA UBO Advisory Working Group (AWG), and to the DHA executive level, such as the Resource Decision Board.

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DD 2570 Data Elements

- The following data elements are reported on the DD 2570.
 - Number of Inpatient Dispositions & Outpatient Visits
 - Number of claims
 - Number of collections
 - Dollar amount billed
 - Dollar amount collected
 - Dollar amount of adjustments and refunds
 - Dollar amount remaining uncollected

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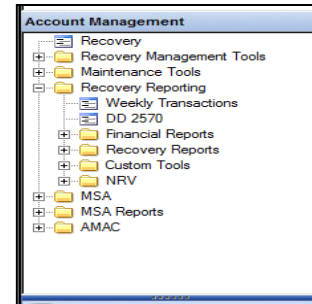
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Where to Get the Data

- ABACUS Menu Path: Claims and Collection Data
- Account Management > Recovery Reporting > DD 2570

- Includes all DD 2570 data elements except Inpatient Dispositions and Outpatient Visits
 - Select FY, Quarter, DMIS ID, and Line of Business (LOB)
 - For Q4 data, select ALL from the dropdown
 - TPC1-IN = Inpatient Data
 - TPC2-OUT = Outpatient Data
 - Select Generate Report



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Where to Get the Data

- Composite Health Care System (CHCS): Outpatient Visits
 - Use the Workload Assignment Module (WAM) to obtain the number of Non-Active Duty (NAD) Outpatient Visits.
 - WAM > Select 2 – Division > Select 1 - SAS # > Enter Month > Look for Outpatient Visit data by MEPRS code.
- MHS Mart (M2): Outpatient Visits
 - Health Care Services > Direct Care > CAPER > CAPER Detail.

The screenshot displays a software interface with two main sections: 'Result Objects' and 'Query Filters'.
The 'Result Objects' section contains several buttons: 'FY', 'FM', 'Tmt DMIS ID', 'Ben Cat Common', 'Compliance Status', 'Appointment Status Code', 'MEPRS4 Code', 'MEPRS4 Code Description', and 'Encounters'.
The 'Query Filters' section contains a list of filters with dropdown menus and input fields:
- 'FY In list' with a dropdown arrow and the value '2016'.
- 'FM In list' with a dropdown arrow and the value '9;2;3;12;11;10;1;8;5;6;7;4'.
- 'Tmt DMIS ID In list' with a dropdown arrow and the value '0067'.
- 'Ben Cat Common Not in list' with a dropdown arrow and the value '4'.
- 'Compliance Status In list' with a dropdown arrow and the value 'R'.
- 'Appointment Status Code Not in list' with a dropdown arrow and the value '7'.
The word 'And' is positioned to the left of the filters, indicating they are combined with an AND operator.

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Where to Get the Data

- CHCS: Inpatient Dispositions
 - Medical Services Account (MSA) Menu Path: IFM\QRP\PRR\current quarter
- M2: Inpatient Dispositions
 - Health Care Services > Direct Care > SIDR > SIDR Detail

The screenshot displays a software interface with two main sections: "Result Objects" and "Query Filters".

Result Objects: This section contains six buttons: "FY", "FM", "Tmt DMIS ID", "Ben Cat Common", "Compliance Status", and "Dispositions".

Query Filters: This section contains five filter criteria, each with a dropdown menu and a text input field:

- FY:** In list, value: 2016
- FM:** In list, value: 1;8;11;4;10;5;6;7;2;3;9;12
- Tmt DMIS ID:** In list, value: 0067
- Ben Cat Common:** Not in list, value: 4
- Compliance Status:** In list, value: R

The filters are connected by an "And" operator.

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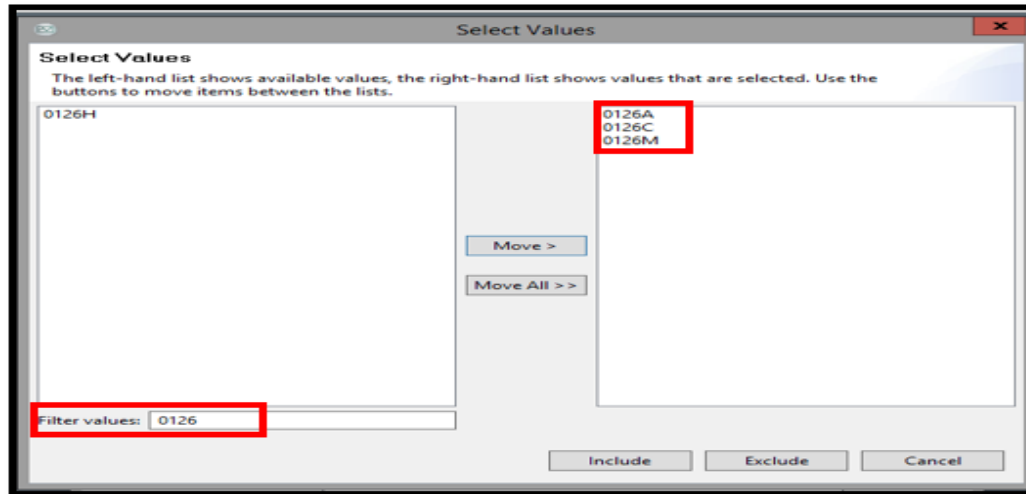


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Where to Get the Data: MHS GENESIS Sites

- MHS GENESIS sites will pull inpatient dispositions and outpatient visits from the Discern PATCAT report.
 - Include all DMIS values except DMIS H, select include



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Where to Get the Data: MHS GENESIS Sites

- Filter dates appropriate to fiscal year and fiscal quarter months (varies by MTF size).

Date Filters
Add one or more date filters to the list below.

Relative Date
Prev Calendar Month (Curr Year)

Date Range
from 12/01/2021 00:00:00
to 12/01/2021 23:59:59

Absolute Date
Equal to 12/01/2021 00:00:00

Date is Null
 Date is not Null

Add New Remove

Prev Calendar Month (Curr Year)

Close

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Where to Get the Data: MHS GENESIS Sites

- Exclude PATCATS 11, 12, 15, R7, K. Execute Report

Select Values

The left-hand list shows available values, the right-hand list shows values that are selected. Use the buttons to move items between the lists.

Available values (Left):

- R72 1 NATO RECIP AGREE - SR
- R72 2 NATO RECIP AGREE - FLEX
- R73 1 NATO RECIP AGREE - FAM MBR - FMR
- R73 2 NATO RECIP AGREE - FAM MBR - FLEX
- R74 NON-NATO RECIP AGREE
- R75 NON-NATO RECIP AGREE - FAM MBR

Selected values (Right):

- Null
- A11 1 USA ACTIVE DUTY OFFICER
- A11 2 USA ACTIVE DUTY ENLISTED
- B11 NOAA ACTIVE DUTY
- C11 USCG ACTIVE DUTY
- F11 USAF AD
- M11 USMC AD
- N11 USN AD
- P11 USPHS AD
- S11 USSF ACTIVE DUTY
- K00 OTHER DECEASED SPONSOR
- K51 STATE DEPT EMPLOYEE - OUTSIDE US
- K52 STATE DEPT FAM MBR - OUTSIDE US
- K53 1 COMMERCE DEPT EMPLOYEE
- K53 2 DRUG ENFORCEMENT ADMIN EMPL
- K53 3 FAA AIR TRF CONTROLLER PHYS EXAM
- K53 4 FRGN CLMS SETTLMNT COMM EMPL
- K53 5 USIA EMPLOYEE
- K53 6 AGRICULTURAL DEPT EMPLOYEE
- K53 7 INT DEPT EMPLOYEE (SAMOA)
- K53 8 TRANS DEPT EMPLOYEE
- K53 9 JUSTICE DEPT EMPLOYEE

Filter values: R7

Buttons: Include, Exclude, Cancel

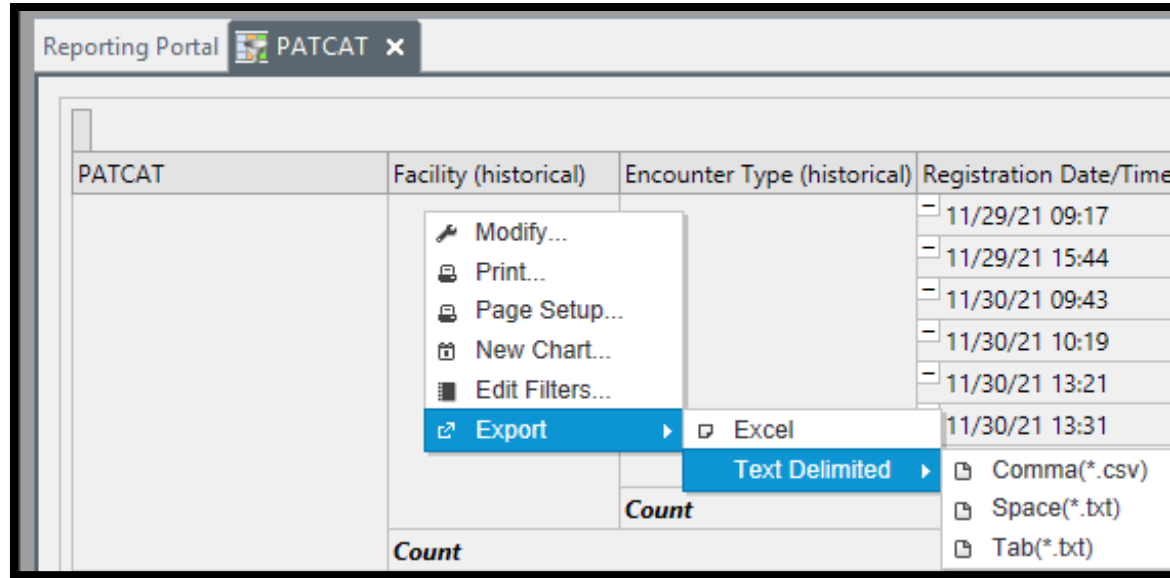
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Where to Get the Data: MHS GENESIS Sites

- Export to Excel



The screenshot shows a web application window titled "Reporting Portal" with a sub-tab "PATCAT". The main content area displays a table with the following columns: "PATCAT", "Facility (historical)", "Encounter Type (historical)", and "Registration Date/Time". The table contains several rows of data, with the last row having a "Count" column. A context menu is open over the table, showing options: "Modify...", "Print...", "Page Setup...", "New Chart...", "Edit Filters...", and "Export". The "Export" option is selected, and a sub-menu is open showing "Excel" and "Text Delimited". The "Text Delimited" option is also selected, and a further sub-menu is open showing "Comma(*.csv)", "Space(*.txt)", and "Tab(*.txt)".

| PATCAT | Facility (historical) | Encounter Type (historical) | Registration Date/Time |
|--------|-----------------------|-----------------------------|------------------------|
| | | | 11/29/21 09:17 |
| | | | 11/29/21 15:44 |
| | | | 11/30/21 09:43 |
| | | | 11/30/21 10:19 |
| | | | 11/30/21 13:21 |
| | | | 11/30/21 13:31 |
| | | Count | Comma(*.csv) |
| | | Count | Space(*.txt) |
| | | Count | Tab(*.txt) |

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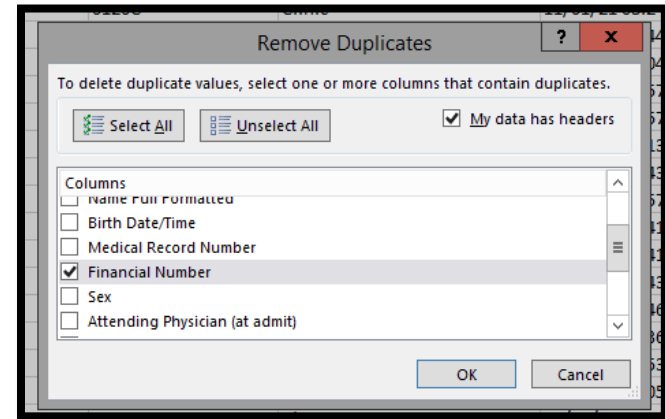
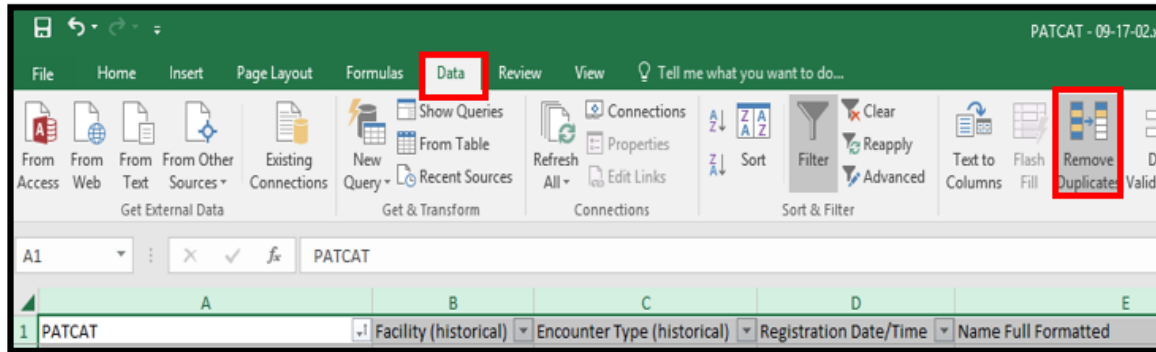


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Where to Get the Data: MHS GENESIS Sites

- Remove duplicate FINS and PHI



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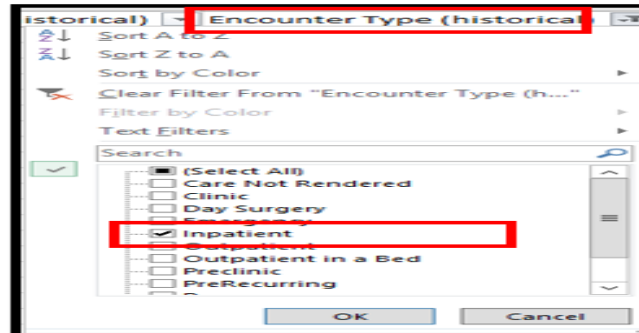


Where to Get the Data: MHS GENESIS Sites

- Count total rows: =subtotal (3,AX:AXXXX)



- Filter by encounter type for inpatient or outpatient volume



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Where to Get the Data – MHS GENESIS and Rev Cycle

- RevenueCycle Deployment
 - As sites go-live on of Cerner Patient Accounting (CPA), their DD2570 report will be available in Discern for TPC reporting.
 - 2570 reporting has been modified for use in Rev Cycle, and there will be some changes to the layout, filters, and reported data.
 - Further instructions to properly pull this report will be made available to staff as we approach future CPA deployments later this year.

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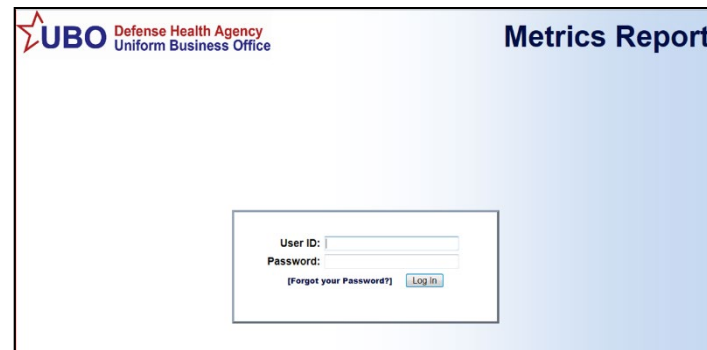


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DHA UBO Metrics Report Website

- Once you are ready to enter your data, access the DHA UBO Metrics Report Website at <https://ubometrics.org/>
- Enter Username and Password
- If a user forgets his/her password, utilize the “Forgot Your Password?” link below the password field.
- Contact the UBO.Helpdesk@IntellectSolutions.com for additional help with access.



The screenshot shows the login interface for the DHA UBO Metrics Report Website. The page has a light blue background. In the top left corner, there is a logo for UBO (Uniform Business Office) with the text "Defense Health Agency Uniform Business Office". In the top right corner, the text "Metrics Report" is displayed. In the center of the page, there is a white rectangular box containing the login form. The form includes two input fields: "User ID:" and "Password:". Below the "Password:" field, there is a link that says "[Forgot your Password?]" and a "Log In" button.

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What is the DHA UBO Metrics Report Website?

- The DHA UBO Metrics Report Website is a web-based data repository that MTF UBOs use to electronically self report and validate DD 2570 data.
- Facilitates the capturing, consolidating, validating, and reporting of DD 2570 TPCP results.
- UBO Metrics Report data is used for monitoring performance, tracking trends over time, and setting annual TPCP Goals.
- ABACUS and CHCS can output the DD 2570 data for Outpatient and Inpatient encounters (see slides 8-10).

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Access to DHA UBO Metrics Report Website

- Users who enter DD 2570 data into the DHA UBO Metrics Report Website need to have approved user accounts in order to access the site.
- Accounts can only be created by request of a Service or DHA manager or a Regional representative.
- To get access, contact your Service or DHA representative for Metrics Report access with the following information:
 - Full name of individual requesting access
 - Commercial telephone number
 - Valid “@mail.mil” e-mail address
 - Duty title
 - Facility
 - DMIS ID

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User Responsibilities

- MTF UBO staff are responsible for collecting and reporting TPCP metrics data quarterly
- Each MTF must have a primary responsible staff person and should have at least one alternate.
- Responsibilities vary for different types of users:
 - MTF-level Users - Data Entry
 - Regional Users - Data Validation
 - Service and DHA UBO Managers - Data Validation
- Reports must be validated by either the Regional representative or the Service/DHA UBO Manager in order to be considered complete. It is possible for both to validate a report but that is not required.
- You need to know what level of user you are in order to understand your duties and responsibilities.
- If you believe that you have been assigned the wrong user level, you can contact the UBO.Helpdesk@IntellectSolutions.com for assistance.

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User Responsibilities

- MTF-level Users
 - Only have access to reports for their MTF.
 - Must retrieve data from ABACUS and CHCS.
 - Responsible for accurately entering data into DHA UBO Metrics Report Website.
- Regional-level Users
 - Have access to reports from all MTFs in assigned region.
 - Can review this data once it is submitted and can validate data .
- Service and DHA-level Users
 - Have access to reports from all MTFs in their service area (or DHA).
 - Can review this data once it is submitted and can validate data .

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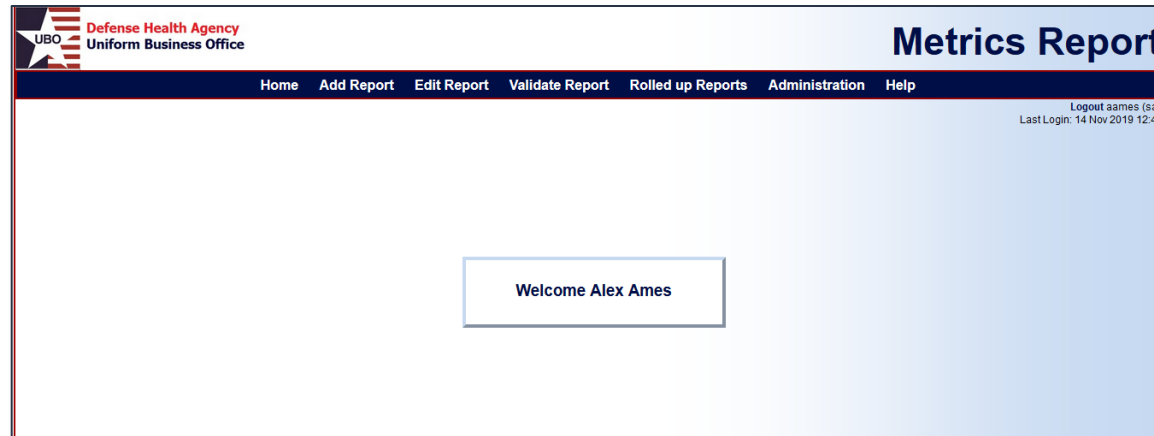


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Using the DHA UBO Metrics Report Website

- After logging in to the DHA UBO Metrics Report Website users are taken to a welcome page with pull down menu options.
- Use the menu options at the top of the page to navigate to the appropriate section .
- Return to this home page at any time by clicking “Home” on the top menu.



The screenshot shows the home page of the DHA UBO Metrics Report Website. The header includes the UBO logo and the text "Defense Health Agency Uniform Business Office" on the left, and "Metrics Report" on the right. A navigation menu at the top contains the following items: Home, Add Report, Edit Report, Validate Report, Rolled up Reports, Administration, and Help. In the top right corner, there is a user login status: "Logout aames (SA)" and "Last Login: 14 Nov 2019 12:43". The main content area is light blue and features a central box with the text "Welcome Alex Ames".

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Add Report

- Select “Add Report” from the menu bar at the top of the page to enter new quarterly data.
- If you have already started entering data and need to finish it, click on “Edit Report” instead.
- You must select your MTF from the “Facility” dropdown menu.
- Each user will only be able to enter data for their own facility.
 - If a user cannot access their MTF from this menu, contact UBO.Helpdesk@IntellectSolutions.com

| Add Report Selection Criteria | | | | | |
|--|---|-------------|--------|---------|---------|
| User: | Jesse Snyder - Administrator access | | | | |
| Choose/Verify Branch, Region, and Facility; Specify the Report Type, Fiscal Year, and Quarter; Then click the 'Add' button to create a new report. | | | | | |
| Branch | ALL ▼ | Region | ALL ▼ | | |
| Facility | 0067 Walter Reed National Military Medical Center ▼ | | | | |
| Report | Inpatient ▼ | Fiscal Year | 2018 ▼ | Quarter | First ▼ |
| | | | | | Add |

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Add Report

- After selecting your MTF from the “Facility” Menu select the appropriate Report Type (Inpatient or Outpatient), FY, and Quarter.
- Click on “Add” in order to create the report and start entering data.

| Add Report Selection Criteria | | | | | |
|--|---|-------------|------|---------|-------|
| User: | Jesse Snyder - Administrator access | | | | |
| Choose/Verify Branch, Region, and Facility; Specify the Report Type, Fiscal Year, and Quarter; Then click the 'Add' button to create a new report. | | | | | |
| Branch | ALL | Region | ALL | | |
| Facility | 0067 Walter Reed National Military Medical Center | | | | |
| Report | Inpatient | Fiscal Year | 2018 | Quarter | First |
| | | | | | Add |

- If a report already exists for the same time period, facility, and report type you will be given a warning message and you will not be allowed to add a duplicate version.

Selected report already been created.


Select 'View Report' button to view selected report.
View Report

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Add Report

- After clicking on “Add” you will be given a page with a summary of your basic information and a series of boxes to enter the DD 2570 data.

| Report View | | | |
|--|---|-------------|--------|
| User: | Jesse Snyder - Administrator access | | |
| Current Step - Summary Section | | | |
| Branch | NCR MD | Region | NCR MD |
| Facility | 0067 Walter Reed National Military Medical Center | | |
| Report | Inpatient | Fiscal Year | 2018 |
| | | Quarter | First |
| Summary | | | |
| Field Description | CFY | PY 1 | PY 2 |
| Cumulative Non-Active Duty Dispositions/Visits | 0 | 0 | 0 |
| No. of Claims | 0 | 0 | 0 |
| No. of Collections | 0 | 0 | 0 |
| Dollar Amount Billed | \$0.00 | \$0.00 | \$0.00 |
| Adjustments and Refunds | \$0.00 | \$0.00 | \$0.00 |
| Amount Collected in PY2 | | | \$0.00 |
| Amount Collected in PY1 | | \$0.00 | \$0.00 |
| Amount Collected Current FY | \$0.00 | \$0.00 | \$0.00 |
| Amount Remaining Uncollected | \$0.00 | \$0.00 | \$0.00 |
| Create | | | |

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Add Report

Open Claims

| Code | Field Description | CFY | PY 1 | PY 2 |
|------|---|--------|--------|--------|
| 1 | Open Claims | \$0.00 | \$0.00 | \$0.00 |
| 2 | Transferred to External Agent | \$0.00 | \$0.00 | \$0.00 |
| 3 | MTF Not a Participating Hospital | \$0.00 | \$0.00 | \$0.00 |
| 4 | Plan Excludes Military Hospitals or Beneficiaries | \$0.00 | \$0.00 | \$0.00 |
| 5 | Patient Had No Obligation to Pay | \$0.00 | \$0.00 | \$0.00 |
| 6 | Insurer Paid Patient Directly | \$0.00 | \$0.00 | \$0.00 |
| 7 | Other (<input type="text"/>) | \$0.00 | \$0.00 | \$0.00 |

Create

Closed Claims

| Code | Field Description | CFY | PY 1 | PY 2 |
|------|---|--------|--------|--------|
| 8 | Amount of Coverage | \$0.00 | \$0.00 | \$0.00 |
| 9 | Patient Not Covered, Care Provided Not Covered, or Policy Expired | \$0.00 | \$0.00 | \$0.00 |
| 10 | TRICARE and/or Income Supplemental Plans | \$0.00 | \$0.00 | \$0.00 |
| 11 | Medicare Supplemental Plans | \$0.00 | \$0.00 | \$0.00 |
| 12 | HMO/PPO | \$0.00 | \$0.00 | \$0.00 |
| 13 | MTF Did Not Comply with Utilization Review Procedures | \$0.00 | \$0.00 | \$0.00 |
| 14 | Refunds | \$0.00 | \$0.00 | \$0.00 |
| 15 | Patient Copays and Deductibles | \$0.00 | \$0.00 | \$0.00 |
| 16 | Other (<input type="text"/>) | \$0.00 | \$0.00 | \$0.00 |
| 17 | Other (<input type="text"/>) | \$0.00 | \$0.00 | \$0.00 |

Create

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DD 2570 Data Entry

- The data entry screen consists of three sections: Summary, Open Claims and Closed Claims.
- The user enters the data output from ABACUS and CHCS for the current quarter as well as the two prior fiscal years.
- After completing a section, click on the “Create” button to save your work.
- You can still make changes afterwards as the report is only locked after it has been validated.
- If you need to return to a report, use the “Edit Report” option in the top menu.

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DD 2570 Data Entry

ABACUS DD 2570

| Part I | | | | |
|-------------------------------|------------------|-----------------|-----------------|-----------------|
| Description | Reporting Period | | | |
| | Fiscal Year | Previous Year 1 | Previous Year 2 | Previous Year 3 |
| Number of Claims (lines) | 130,864 | 129,918 | 139,982 | 142,772 |
| Number of Collections (lines) | 28,868 | 55,288 | 57,484 | 67,558 |
| Total Dollar Amount Billed | \$18,870,256.30 | \$15,093,603.16 | \$14,489,273.64 | \$14,869,978.10 |
| Adjustments and Refunds | \$1,947,973.28 | \$3,135,286.76 | \$3,812,814.29 | \$7,976,397.58 |
| Amount Collected PY 3 | \$0.00 | \$0.00 | \$0.00 | \$3,350,175.66 |
| Amount Collected PY 2 | \$0.00 | \$0.00 | \$3,218,452.31 | \$1,449,912.03 |
| Amount Collected PY 1 | \$0.00 | \$3,061,399.67 | \$1,252,243.22 | \$98,260.76 |
| Amount Collected Current FY | \$1,988,791.58 | \$1,488,481.49 | \$29,725.82 | \$610.41 |
| Amount Remaining Uncollected | \$14,933,491.44 | \$7,408,435.24 | \$6,176,038.00 | \$1,994,621.66 |

| Summary | | | |
|--|--------|--------|--------|
| Field Description | CFY | PY 1 | PY 2 |
| Cumulative Non-Active Duty Dispositions/Visits | 0 | 0 | 0 |
| No. of Claims | 0 | 0 | 0 |
| No. of Collections | 0 | 0 | 0 |
| Dollar Amount Billed | \$0.00 | \$0.00 | \$0.00 |
| Adjustments and Refunds | \$0.00 | \$0.00 | \$0.00 |
| Amount Collected in PY2 | | | \$0.00 |
| Amount Collected in PY1 | | \$0.00 | \$0.00 |
| Amount Collected Current FY | \$0.00 | \$0.00 | \$0.00 |
| Amount Remaining Uncollected | \$0.00 | \$0.00 | \$0.00 |

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DD 2570 Data Entry

ABACUS DD 2570

| Part II | | | | | |
|----------------------------------|---------------------|--|-----------------------|-----------------------|-----------------------|
| Reason | Description | Uncollected Amounts Subdivided by Fiscal Year (FY) | | | |
| | | Fiscal Year | Previous Year 1 | Previous Year 2 | Previous Year 3 |
| U01 | OPEN CLAIMS | \$14,933,491.44 | \$7,408,435.24 | \$6,175,955.85 | \$1,994,530.83 |
| U02 | TRANSFERRED TO DFAS | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| U03 | TRANSFER TO CRS | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| U06 | TRANSFER TO JAG | \$0.00 | \$0.00 | \$82.15 | \$79.33 |
| U07 | OTHER | \$0.00 | \$0.00 | \$0.00 | \$11.50 |
| Total of All Open Claims: | | \$14,933,491.44 | \$7,408,435.24 | \$6,176,038.00 | \$1,994,621.66 |

| Open Claims | | | | |
|-------------|---|--------|--------|--------|
| Code | Field Description | CFY | PY 1 | PY 2 |
| 1 | Open Claims | \$0.00 | \$0.00 | \$0.00 |
| 2 | Transferred to External Agent | \$0.00 | \$0.00 | \$0.00 |
| 3 | MTF Not a Participating Hospital | \$0.00 | \$0.00 | \$0.00 |
| 4 | Plan Excludes Military Hospitals or Beneficiaries | \$0.00 | \$0.00 | \$0.00 |
| 5 | Patient Had No Obligation to Pay | \$0.00 | \$0.00 | \$0.00 |
| 6 | Insurer Paid Patient Directly | \$0.00 | \$0.00 | \$0.00 |
| 7 | Other () | \$0.00 | \$0.00 | \$0.00 |

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DD 2570 Data Entry

ABACUS DD 2570

| Part III | | | | | |
|---|-------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Closed Claim Amounts Subdivided by Fiscal Year (FY) | | | | | |
| Reason | Description | Fiscal Year | Previous Year 1 | Previous Year 2 | Previous Year 3 |
| 08 | AMT OF COVERAGE (PLAN PAYS < 100%) | \$1,207,509.72 | \$1,441,093.87 | \$1,245,860.46 | \$1,364,739.16 |
| 09 | NOT COVERED | \$125,280.77 | \$407,394.33 | \$618,513.05 | \$706,467.12 |
| 10 | CHAMPUS/TRICARE ONLY | \$390.87 | \$1,704.33 | \$4,193.01 | \$3,896.21 |
| 11 | MEDICARE SUPPLEMENT PLANS | \$3,315.14 | \$386,519.56 | \$639,473.43 | \$655,917.50 |
| 12 | HMO PLANS | \$14,346.37 | \$5,955.51 | \$36,886.14 | \$87,325.55 |
| 13 | MTF DIDN'T COMPLY W/UTIL REVIEW | \$1,700.95 | \$5,657.60 | \$19,203.08 | \$15,759.99 |
| 15 | CO-PAY/DEDUCTIBLE | \$512,749.69 | \$805,982.90 | \$844,779.34 | \$946,707.56 |
| 16 | OTHER | \$75.07 | \$238.67 | \$7,945.55 | \$84,976.03 |
| 17 | OTHER - BILLED IN ERROR | \$22,707.71 | \$33,607.31 | \$28,172.85 | \$71,140.51 |
| 18 | TERMED/CANCEL POLICY | \$53,522.39 | \$31,046.78 | \$7,211.79 | \$7,931.87 |
| 19 | NO PAY= DAYS SUPPLY | \$1,049.25 | \$1,036.55 | \$5,729.49 | \$3,358,270.61 |
| 20 | ROUTINE SERVICE/NON COVERED SERVICE | \$0.00 | \$845.65 | \$3,506.38 | \$12,425.17 |
| 21 | NO RX COVERAGE, NON PAR RX | \$1,694.76 | \$1,181.95 | \$2,813.54 | \$128,810.40 |
| 22 | TOO LATE TO BILL | \$3,630.59 | \$13,021.75 | \$348,526.18 | \$527,949.85 |
| 50 | MAC WRITE OFF | \$0.00 | \$0.00 | \$0.00 | \$4,080.05 |
| Total of All Closed Claims: | | \$1,947,973.28 | \$3,135,286.76 | \$3,812,814.29 | \$7,976,397.58 |

| Closed Claims | | | | |
|---------------|---|--------|--------|--------|
| Code | Field Description | CFY | PY 1 | PY 2 |
| 8 | Amount of Coverage | \$0.00 | \$0.00 | \$0.00 |
| 9 | Patient Not Covered, Care Provided Not Covered, or Policy Expired | \$0.00 | \$0.00 | \$0.00 |
| 10 | TRICARE and/or Income Supplemental Plans | \$0.00 | \$0.00 | \$0.00 |
| 11 | Medicare Supplemental Plans | \$0.00 | \$0.00 | \$0.00 |
| 12 | HMO/PP0 | \$0.00 | \$0.00 | \$0.00 |
| 13 | MTF Did Not Comply with Utilization Review Procedures | \$0.00 | \$0.00 | \$0.00 |
| 14 | Refunds | \$0.00 | \$0.00 | \$0.00 |
| 15 | Patient Copays and Deductibles | \$0.00 | \$0.00 | \$0.00 |
| 16 | Other () | \$0.00 | \$0.00 | \$0.00 |
| 17 | Other () | \$0.00 | \$0.00 | \$0.00 |

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DD 2570 Data Entry

- Both the Open Claims and the Closed Claims sections include extra data entry boxes for “Other” items
- There is one “Other” box for Open Claims, and two for Closed Claims, but sometimes users have more additional items to add than the number of boxes
- In this case, add up the total amounts of all of the remaining “Other” categories and enter the combined total into a single “Other” box on the website
 - For example, the too late to bill description from the DD 2570 would be added into the Other category on the DHA UBO Metrics Report Website

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Completing Data Entry

- After entering data in each section and clicking “Create” the DHA UBO Metrics Report Website will check your input for basic errors
 - For example, the values in the open “Open Claims” must add up to the same amount as the “Amount Remaining Uncollected” line in the “Summary” section
 - If there are errors in your report, the DHA UBO Metrics Report Website will notify you of the specific problems before allowing you to submit your report
- Once all data has been entered and you have verified that it is correct click on “Submit”
- Once you have submitted your data, your Regional representative or Service or DHA representative will have the ability to review your data and to validate your report if everything is correct
 - If not correct, the Regional representative or Service or DHA representative must work with the MTF-level user to make corrections

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Validating Reports

- If you are a Regional or Service or DHA-level user of the DHA UBO Metrics Report Website, your primary responsibility is to review and validate data reported by MTFs
- In order to review and validate reports, click on “Validate Report” on the menu bar at the top of the page

Home Add Report Edit Report **Validate Report** Rolled up Reports Administration Help

- The next screen allows you to select.

Validate Report Selection Criteria

User: Jesse Snyder - Administrator access

Branch: ALL Region: ALL

Facility: ALL

Report: ALL Fiscal Year: ALL Quarter: ALL Validated: Any Status Export To CSV

| Select | DMIS ID | Facility Name | Fiscal Year | Report Type | Validate Service/Region | Status |
|----------------------|---------|---|---------------------|-------------|---|-----------|
| View | 0001 | Redstone Arsenal (Fox Army Health Clinic) | Fourth Quarter 2016 | Outpatient | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | Validated |
| View | 0003 | Ft. Rucker (Lyster Army Health Clinic) | Fourth Quarter 2016 | Outpatient | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | Validated |
| View | 0004 | Maxwell AFB (42nd Medical Group) | Fourth Quarter 2016 | Outpatient | <input type="checkbox"/> <input type="checkbox"/> | Completed |

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Validating Reports

- When you enter the “Validate Report” section you will be shown a selection criteria section that allows you to narrow down the list of MTFs that are listed
- The selected MTFs are listed on the page along with information about the status of the report and a link to the details of each report

Validate Report Selection Criteria

User: Jesse Snyder - Administrator access

Branch: ALL ▾ Region: ALL ▾

Facility: ALL ▾

Report: ALL ▾ Fiscal Year: ALL ▾ Quarter: ALL ▾ Validated: Any Status ▾ Export To CSV

| Select | DMIS ID | Facility Name | Fiscal Year | Report Type | Validate Service/Region | Status |
|----------------------|---------|---|---------------------|-------------|---|-----------|
| View | 0001 | Redstone Arsenal (Fox Army Health Clinic) | Fourth Quarter 2016 | Outpatient | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | Validated |
| View | 0003 | Ft. Rucker (Lyster Army Health Clinic) | Fourth Quarter 2016 | Outpatient | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | Validated |
| View | 0004 | Maxwell AFB (42nd Medical Group) | Fourth Quarter 2016 | Outpatient | <input type="checkbox"/> <input type="checkbox"/> | Completed |

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Validating Reports

- If an MTF user has completed and submitted a report to his or her Region or Service manager for review and validation, the status is “Completed”
 - Once a report is listed as “Completed”, the Regional or Service/DHA level user can review and validate the data by clicking on “View.”
 - If you are reviewing a report and notice a problem, contact the staff member at the MTF who is responsible for reporting and work with them to make corrections

Validate Report Selection Criteria

User: Jesse Snyder - Administrator access

Branch: Region:

Facility:

Report: Fiscal Year: Quarter: Validated:

| Select | DMIS ID | Facility Name | Fiscal Year | Report Type | Validate Service/Region | Status |
|----------------------|---------|---|---------------------|-------------|---|-----------|
| View | 0001 | Redstone Arsenal (Fox Army Health Clinic) | Fourth Quarter 2016 | Outpatient | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | Validated |
| View | 0003 | Ft. Rucker (Lyster Army Health Clinic) | Fourth Quarter 2016 | Outpatient | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | Validated |
| View | 0004 | Maxwell AFB (42nd Medical Group) | Fourth Quarter 2016 | Outpatient | <input type="checkbox"/> <input type="checkbox"/> | Completed |

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Validating Reports

- In order to validate a report, check the box under either Service or Region (depending on whether you are a Service or DHA UBO manager or a regional user)
- Once you have checked the boxes for all reports that you are responsible for validating, click the “Validate Data” button on the bottom of the screen and the report will be validated
- The validated data from all MTFs will be compiled into a new quarterly TPCP report

Validate Report Selection Criteria

User: Jesse Snyder - Administrator access

Branch: Region:

Facility:

Report: Fiscal Year: Quarter: Validated:

| Select | DMIS ID | Facility Name | Fiscal Year | Report Type | Validate Service/Region | Status |
|----------------------|---------|---|---------------------|-------------|---|-----------|
| View | 0001 | Redstone Arsenal (Fox Army Health Clinic) | Fourth Quarter 2016 | Outpatient | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | Validated |
| View | 0003 | Ft. Rucker (Lyster Army Health Clinic) | Fourth Quarter 2016 | Outpatient | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | Validated |
| View | 0004 | Maxwell AFB (42nd Medical Group) | Fourth Quarter 2016 | Outpatient | <input type="checkbox"/> <input type="checkbox"/> | Completed |

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UBO Metrics Report Outputs

- Once data for each MTF has been entered and validated in the DHA UBO Metrics Report Website, it is reviewed by the DHA UBO Program Office and then approved for reporting to the UBO AWG, and DoD and Service/DHA leadership
- After approval, the data becomes available in a read-only format in the “Rolled up Reports” section of the DHA UBO Metrics Report Website.
- Additionally, two quarterly reports are generated as Microsoft Excel ® files:
 - Collections Summary
 - All Measures Report
- These reports include MTF-level data as well as Service and DHA-level aggregate data
- Both reports are available for download at <https://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Uniform-Business-Office/Performance-Measurements>

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UBO Metrics Report Outputs

- The quarterly Collections Summary includes MTF and Service/DHA-level metrics data for selected metrics that are especially relevant to understanding TPCP activity (see slide 37)
- The report includes data for the previous 5 years during the same quarter for comparison
- This report contains less detail than the All Measures Report but it is easier to understand
- The report includes MTF self reported metrics such as “amount collected” and “amount billed” as well as metrics calculated by DHA such as “collected to claims ratio” and “claims per disposition or visit”

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UBO Metrics Website Updates

- Two new drop downs will be added to reflect the transition of an MTF to DHA:
 1. Current Service
 - ✓ DHA option will be assigned only to MTFs within markets that have stood up
 2. Current Region will reflect the assigned market
- MTF reports can be still be filtered by their historic service and region

| Rolled Up MTF Third Party Collections | | | | | |
|---------------------------------------|-------------------------------------|-----------------|--------|---------|----------|
| User: | Jesse Snyder - Administrator access | | | | |
| Current Service | ALL ▾ | Current Region | ALL ▾ | | |
| Historic Service | ALL ▾ | Historic Region | ALL ▾ | | |
| Facility | ALL ▾ | | | | |
| Report | ALL ▾ | Fiscal Year | 2020 ▾ | Quarter | Fourth ▾ |

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UBO Metrics Website Updates

Defense Health Agency
Uniform Business Office

Metrics Report

Home Add Report Edit Report Validate Report Rolled up Reports Administration Help

Logout |snyder (sa)

Add Report Selection Criteria

User: Jesse Snyder - Administrator access

Choose/Verify Current Service, Current Region, and Facility; Specify the Report Type, Fiscal Year, and Quarter; Then click the 'Add' button to create a new report.

Current Service: ALL | Current Region: ALL

Facility: Choose | Report: Choose | Fiscal Year: | Add

| Select | DMIS ID | Facility Name | Report Type | Status |
|----------------------|---------|--|-------------|------------|
| Edit | 0006 | Elmendorf AFB (673rd Medical group) | atient | Incomplete |
| Edit | 0053 | Mountain Home AFB (366th Medical Group) | atient | Incomplete |
| Edit | 0109 | Ft. Sam Houston (BAMC Army Medical Center) | atient | Error |
| Edit | 0109 | Ft. Sam Houston (BAMC Army Medical Center) | atient | Error |
| Edit | 0123 | Ft. Belvoir Community Hospital | atient | Incomplete |
| Edit | 0326 | McGuire AFB (87th Medical Group) | atient | Error |

Current Region dropdown options:


- ALL
- ACC
- AETC
- AFMC
- AFSOC
- AFSPC
- Air Force Global Strike Command (AFGSC)
- AMC
- Central North Carolina
- Coastal Mississippi
- Europe Regional Medical Command (ERMC)
- Jacksonville
- Navy Medicine East
- Navy Medicine West
- NCR
- NCR MD
- Northern Regional Medical Command (NRMC)
- PACAF (Pacific Air Force)
- RHC-A
- RHC-C

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UBO Metrics Website Updates



Defense Health Agency
Uniform Business Office

Metrics Report

Home
Add Report
Edit Report
Validate Report
Rolled up Reports
Administration
Help

Logout jsnyder (sa)

Edit Report Selection Criteria

User: Jesse Snyder - Administrator access

Current Service: ALL Current Region: ALL

Facility: ALL

Report: ALL Fiscal Year:

| Select | DMIS ID | Facility Name |
|----------------------|---------|---|
| View | 0001 | Redstone Arsenal (Fox Army Health Clinic) |
| View | 0003 | Ft. Rucker (Lyster Army Health Clinic) |
| View | 0004 | Maxwell AFB (42nd Medical Group) |
| View | 0005 | Ft. Wainwright (Bassett Army Community Ho |
| View | 0005 | Ft. Wainwright (Bassett Army Community Ho |
| View | 0014 | Travis AFB (60th Medical Group) |
| View | 0014 | Travis AFB (60th Medical Group) |
| View | 0018 | Vandenberg AFB (30th Medical Group) |
| View | 0024 | NH Camp Pendelton |
| View | 0024 | NH Camp Pendelton |
| View | 0028 | NHC Lemoore |
| View | 0030 | NH 29 Palms |

| Report Type | Status |
|-------------|-----------|
| patient | Completed |
| patient | Completed |
| patient | Completed |
| atient | Completed |
| patient | Completed |
| atient | Completed |
| patient | Completed |
| patient | Completed |
| atient | Completed |
| Outpatient | Completed |
| Outpatient | Completed |
| Inpatient | Completed |

Export To CSV


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UBO Metrics Website Updates



Defense Health Agency
Uniform Business Office

Metrics Report

Home
Add Report
Edit Report
Validate Report
Rolled up Reports
Administration
Help

Logout jsnyder (sa)

Validate Report Selection Criteria

User: Jesse Snyder - Administrator access

Current Service: ALL Current Region: ALL

Facility: ALL

Report: ALL Fiscal Year:

Report Type:

Validate Service/Region:

Status:

Export To CSV

| Select | DMIS ID | Facility Name | Report Type | Validate Service/Region | Status |
|----------------------|---------|--|-------------|---|-----------|
| View | 0001 | Redstone Arsenal (Fox Army Health Center) | Patient | <input type="checkbox"/> <input type="checkbox"/> | Completed |
| View | 0003 | Ft. Rucker (Lyster Army Health Clinic) | Patient | <input type="checkbox"/> <input type="checkbox"/> | Completed |
| View | 0004 | Maxwell AFB (42nd Medical Group) | Patient | <input type="checkbox"/> <input type="checkbox"/> | Completed |
| View | 0005 | Ft. Wainwright (Bassett Army Community Hospital) | Patient | <input type="checkbox"/> <input type="checkbox"/> | Completed |
| View | 0014 | Travis AFB (60th Medical Group) | Inpatient | <input type="checkbox"/> <input type="checkbox"/> | Completed |
| View | 0014 | Travis AFB (60th Medical Group) | Outpatient | <input type="checkbox"/> <input type="checkbox"/> | Completed |

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Collections Summary Report

Detailed MTF and DHA-level data

| Total Outpatient Collections metric QC by DMIS ID | | | | | | | | | |
|---|---------|---|---------------|---------------------------------------|-------------|-------------|-------------|-------------|-------------|
| Service | dmis_id | dmis_name | facility_type | Total OP Collections In CY by DMIS ID | | | | | |
| | | | | FY2012 | FY2013 | FY2014 | FY2015 | FY2016 | FY2017 |
| Air Force | 0004 | Maxwell AFB (42nd Medical Group) | C | \$2,513,887 | \$2,415,187 | \$2,222,995 | \$1,617,735 | \$141,562 | \$570,290 |
| Air Force | 0006 | Elmendorf AFB (3rd Medical group) | H | \$3,930,839 | \$5,664,907 | \$4,152,368 | \$4,217,791 | \$4,585,156 | \$4,803,679 |
| Air Force | 0009 | Luke AFB (56th Medical Group) | C | \$1,023,635 | \$973,891 | \$848,945 | \$621,772 | \$548,010 | \$548,685 |
| Air Force | 0010 | Davis Monthan AFB (355th Medical Group) | C | \$563,435 | \$426,862 | \$353,895 | \$310,678 | \$204,394 | \$303,423 |
| Air Force | 0013 | Little Rock AFB (314th Medical Group) | C | \$745,469 | \$647,916 | \$571,352 | \$453,564 | \$118,799 | \$339,086 |

Service and DHA-level summary data

| Collections Summary | | | | | | |
|---------------------|-----------------------|----------------|------------------------|-----------------|-------------------|-----------------|
| 4th Quarter | | | | | | |
| Service | Inpatient Collections | | Outpatient Collections | | Total Collections | |
| | FY 2016 | FY 2017 | FY 2016 | FY 2017 | FY 2016 | FY 2017 |
| Army | \$ 15.8 | \$ 17.8 | \$ 25.2 | \$ 42.9 | \$ 41.0 | \$ 60.7 |
| Navy | \$ 5.0 | \$ 5.7 | \$ 11.2 | \$ 13.1 | \$ 16.2 | \$ 18.8 |
| Air Force | \$ 1.0 | \$ 3.2 | \$ 22.5 | \$ 36.0 | \$ 23.5 | \$ 39.2 |
| NCR MD | \$ 13.1 | \$ 10.6 | \$ 8.5 | \$ 14.5 | \$ 21.6 | \$ 25.1 |
| Total | \$ 34.9 | \$ 37.3 | \$ 67.4 | \$ 106.5 | \$ 102.3 | \$ 143.8 |

Data as of 11/28/2017
Note: Collections = CFY + PY1 + PY2

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All Measures Report

- The All Measures Report includes all of the detailed metrics data that is reported at the MTF level throughout the MHS (see slide 39)
- If there is a data element that is not included in the Collections Summary, you can look it up in the Raw Data Table of the All Measures Report
 - The Raw Data Table includes all metrics reported for each MTF on one line
 - Prior year collections, adjustments and refunds, and amounts uncollected
- Service/DHA-level summary data can be filtered and manipulated using Excel® Pivot Tables
 - Can filter by Service, Region, and DMIS Name

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All Measures Report

Detailed MTF and DHA-level data

| DMIS ID | DMIS Name | Region | Service | Fiscal Year | Patient Type | Number Dispositions | Number Claims | Number Collections | Total |
|---------|--|---|---------|-------------|--------------|---------------------|---------------|--------------------|--------|
| 0620 | NH Guam | Navy Medicine West | Navy | FY07, 4th Q | Inpatient | 1,995 | 65 | 13 | \$9 |
| 0612 | Brian Allgood ACH - Seoul | Pacific Regional Medical Command (PRMC) | Army | FY07, 4th Q | Inpatient | 1,250 | 12 | 8 | \$1 |
| 0609 | Bavaria MEDDAC | Europe Regional Medical Command (ERMC) | Army | FY07, 4th Q | Inpatient | 0 | 0 | 0 | |
| 0607 | Landstuhl Regional Medical Center | Europe Regional Medical Command (ERMC) | Army | FY07, 4th Q | Inpatient | 3,480 | 68 | 26 | \$9 |
| 0606 | Heidelberg MEDDAC | Europe Regional Medical Command (ERMC) | Army | FY07, 4th Q | Inpatient | 976 | 2 | 2 | \$ |
| 0131 | Ft. Irwin (Weed Army Community Hospital) | Western Regional Medical Command (WRMC) | Army | FY07, 4th Q | Inpatient | 834 | 1 | 1 | |
| 0127 | NH Oak Harbor | Navy Medicine West | Navy | FY07, 4th Q | Inpatient | 1,011 | 5 | 5 | \$ |
| 0126 | NH Bremerton | Navy Medicine West | Navy | FY07, 4th Q | Inpatient | 2,399 | 54 | 36 | \$4 |
| 0125 | Ft. Lewis (Madigan Army Medical Center) | Western Regional Medical Command (WRMC) | Army | FY07, 4th Q | Inpatient | 10,999 | 523 | 272 | \$10.9 |
| 0124 | NMC Portsmouth (VA) | Navy Medicine East | Navy | FY07, 4th Q | Inpatient | 13,412 | 245 | 124 | \$3.7 |
| 0123 | Ft. Belvoir (FT. Belvoir Community Hospital) | JTF-CAPMED | Army | FY07, 4th Q | Inpatient | 2,697 | 70 | 29 | \$6 |

Service and DHA-level Pivot Table data

| Service | Region | DMIS Name | Fiscal Year | | | | | | | | | | | |
|-----------|----------------------------------|-----------|--------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-------|--|
| | | | FY12, 4th Q | FY13, 4th Q | FY14, 4th Q | FY15, 4th Q | FY16, 4th Q | FY17, 4th Q | FY18, 4th Q | FY19, 1st Q | FY19, 2nd Q | FY19, 3rd Q | | |
| Air Force | ACC | (All) | [Pivot Table Data] | | | | | | | | | | | |
| Inpatient | Data | | [Pivot Table Data] | | | | | | | | | | | |
| | Number of Dispositions CFY | | 6,422 | 7,379 | 7,521 | 7,580 | 5,248 | 935 | 6,919 | 1,397 | 0 | 1,926 | 3,151 | |
| | Number of Claims CFY | | 198 | 192 | 268 | 246 | 194 | 333 | 213 | 0 | 60 | 109 | | |
| | Claims Per Disposition CFY | | 3% | 3% | 4% | 3% | 4% | 3% | 3% | 0% | 4% | 3% | | |
| | Number of Collections CFY | | 72 | 81 | 80 | 62 | 60 | 143 | 107 | 0 | 25 | 54 | | |
| | Avg Collection per Claim CFY | | \$ 5,769 | \$ 6,482 | \$ 7,781 | \$ 7,305 | \$ 4,436 | \$ 4,394 | \$ 5,465 | no data | \$ 7,774 | \$ 7,967 | | |
| | Amount Collected CFY | | \$ 415,337 | \$ 525,011 | \$ 622,481 | \$ 452,883 | \$ 266,149 | \$ 628,283 | \$ 584,769 | \$ - | \$ 194,356 | \$ 430,203 | | |
| | Amount Billed CFY | | \$ 1,943,287 | \$ 2,416,785 | \$ 3,301,431 | \$ 2,917,667 | \$ 1,694,766 | \$ 2,204,029 | \$ 2,345,193 | \$ - | \$ 1,096,714 | \$ 1,823,382 | | |
| | Collected to Billed Ratio CFY | | 21% | 22% | 19% | 16% | 16% | 29% | 25% | no data | 18% | 24% | | |
| | Amount Collected CFY/PY | | \$ 694,967 | \$ 848,552 | \$ 1,156,849 | \$ 1,021,981 | \$ 361,536 | \$ 977,106 | \$ 1,076,914 | \$ 277,752 | \$ 641,033 | \$ 894,584 | | |
| | Amount Billed CFY/PY | | \$ 1,917,419 | \$ 1,986,757 | \$ 2,411,159 | \$ 2,683,819 | \$ 1,987,255 | \$ 1,791,525 | \$ 2,278,775 | \$ 1,822,466 | \$ 2,294,007 | \$ 2,547,558 | | |
| | Collected to Billed Ratio CFY/PY | | 35% | 33% | 29% | 28% | 24% | 24% | 34% | 36% | 38% | 37% | | |
| | Closed Claims CFY | | \$ 280,199 | \$ 628,738 | \$ 787,486 | \$ 1,289,999 | \$ 495,407 | \$ 888,935 | \$ 761,929 | \$ - | \$ 200,312 | \$ 428,369 | | |
| | Closed to Billed Ratio CFY | | 13% | 26% | 24% | 44% | 29% | 40% | 32% | no data | 18% | 23% | | |
| | Closed Claims CFY/PY | | \$ 923,218 | \$ 1,163,324 | \$ 1,971,744 | \$ 3,250,429 | \$ 3,974,325 | \$ 3,258,057 | \$ 3,052,802 | \$ 2,182,258 | \$ 2,887,707 | \$ 3,231,186 | | |

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All Measures Report

| Calculated Field | | |
|------------------|--------------------------------|--|
| Solve Order | Field | Formula |
| 1 | Claims Per Disposition | =Number_Claims /Number_Dispositions |
| 2 | Total collections CFY for AFY | =Amt_Collected_CY +Amt_Collected_CYPY1 +Amt_Collected_CYPY2 |
| 3 | collect/bill CFY | =Amt_Collected_CY /Total_Billed |
| 4 | collect/bill AFY | = (Amt_Collected_CY +Amt_Collected_CYPY1 +Amt_Collected_CYPY2 +Amt_Collected_PY2PY2 +Amt_Collected_PY1PY2 +Amt_Collected_PY1PY1)/(Total_Billed +Total |
| 5 | Closed/Billed CFY | =Adjs_And_Refunds /Total_Billed |
| 6 | open/billed | =Amt_Uncollected /Total_Billed |
| 7 | closed claims all years | =Adjs_And_Refunds +Adjs_And_RefundsPY1 +Adjs_And_RefundsPY2 |
| 8 | closed to billed all years | = (Adjs_And_Refunds +Adjs_And_RefundsPY1 +Adjs_And_RefundsPY2)/(Total_Billed +Total_BilledPY1 +Total_BilledPY2) |
| 9 | Open Claims All Years | =Amt_Uncollected +Amt_UncollectedPY1 +Amt_UncollectedPY2 |
| 10 | Open to Billed Ratio All Years | = (Amt_Uncollected +Amt_UncollectedPY1 +Amt_UncollectedPY2)/(Total_Billed +Total_BilledPY1 +Total_BilledPY2) |
| 11 | Amount Billed All Years | = (Total_Billed +Total_BilledPY1 +Total_BilledPY2) |
| 12 | Avg Amount Coll per Claim CFY | =Amt_Collected_CY /Number_Collections |
| 13 | Amount Collected for PY1 | =Amt_Collected_CYPY1 +Amt_Collected_PY1PY1 |
| 14 | Amount Collected for PY2 | =Amt_Collected_CYPY2 +Amt_Collected_PY1PY2 +Amt_Collected_PY2PY2 |

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Reviewing Previously Submitted Metrics

- To look up data from TPCP reports, click on “Rolled up Reports” on the menu bar at the top of the screen.

Home Add Report Edit Report Validate Report **Rolled up Reports** Administration Help

- There is a criteria selection section at the top of the screen that allows you to narrow down your focus and select past time periods for review.

| Rolled Up MTF Third Party Collections | | | | | |
|---------------------------------------|-------------------------------------|-------------|--------|---------|----------|
| User: | Jesse Snyder - Administrator access | | | | |
| Branch | ALL ▾ | Region | ALL ▾ | | |
| Facility | ALL ▾ | | | | |
| Report | ALL ▾ | Fiscal Year | 2017 ▾ | Quarter | Fourth ▾ |

- The default view shows MHS-wide statistics for the most recent quarter.
- Multiple reports can be viewed simultaneously by opening the DHA UBO Metrics Report Website in multiple web browser windows.

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Reviewing Previously Submitted Metrics

- The website can provide all self reported metrics data for a particular MTF(s) and date range selected.
- The data in these reports is locked; it cannot be unlocked and changed without approval from your Service/DHA PM.
- If you find an error in this validated data, contact UBO.Helpdesk@IntellectSolutions.com for assistance.

| Summary | | | | |
|--|------------------|------------------|------------------|------------------|
| Field Description | CFY | PY 1 | PY 2 | Total |
| Cumulative Non-Active Duty Dispositions/Visits | 6,581,592 | 13,204,005 | 13,478,721 | 33,264,318 |
| No. of Claims | 1,033,349 | 2,748,509 | 3,021,812 | 6,803,670 |
| No. of Collections | 289,536 | 1,286,950 | 1,581,866 | 3,158,352 |
| Claims per Dispositions/Visits | 15.70 % | 20.82 % | 22.42 % | 20.45 % |
| Dollar Amount Billed | \$130,546,949.56 | \$371,570,581.58 | \$411,517,786.60 | \$913,635,317.74 |
| Adjustments and Refunds | \$28,544,704.48 | \$168,375,731.81 | \$209,006,225.24 | \$405,926,661.53 |
| Amount Collected in PY2 | \$0.00 | \$0.00 | \$113,534,684.46 | \$113,534,684.46 |
| Amount Collected in PY1 | \$0.00 | \$98,145,722.80 | \$53,521,430.08 | \$151,667,152.88 |
| Amount Collected Current FY | \$28,879,459.03 | \$36,804,056.46 | \$1,911,763.49 | \$65,395,278.98 |
| Amount Remaining Uncollected | \$75,122,786.05 | \$68,445,070.51 | \$33,543,883.33 | \$177,111,539.89 |

| Open Claims | | | | | |
|-------------|---|------------------------|------------------------|------------------------|-------------------------|
| Code | Field Description | CFY | PY 1 | PY 2 | Total |
| 1 | Open Claims | \$75,110,271.50 | \$67,675,929.01 | \$31,808,617.31 | \$174,594,817.82 |
| 2 | Transferred to External Agent | \$0.00 | \$0.00 | \$430.40 | \$430.40 |
| 3 | MTF Not a Participating Hospital | \$0.00 | \$0.00 | \$16,126.42 | \$16,126.42 |
| 4 | Plan Excludes Military Hospitals or Beneficiaries | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 5 | Patient Had No Obligation to Pay | \$1,472.44 | \$616,094.05 | \$1,495,226.43 | \$2,112,792.92 |
| 6 | Insurer Paid Patient Directly | \$82.15 | \$8,583.83 | \$18,779.35 | \$27,445.33 |
| 7 | Other () | \$10,115.10 | \$144,463.62 | \$204,503.42 | \$359,082.14 |
| | Total Open Claims | \$75,121,941.19 | \$68,445,070.51 | \$33,543,883.33 | \$177,110,895.03 |

| Closed Claims | | | | | |
|---------------|---|------------------------|-------------------------|-------------------------|-------------------------|
| Code | Field Description | CFY | PY 1 | PY 2 | Total |
| 8 | Amount of Coverage | \$3,932,772.23 | \$27,073,778.82 | \$33,151,701.80 | \$64,158,252.85 |
| 9 | Patient Not Covered, Care Provided Not Covered, or Policy Expired | \$9,206,491.28 | \$49,024,820.40 | \$62,191,021.17 | \$120,422,322.85 |
| 10 | TRICARE and/or Income Supplemental Plans | \$171,593.70 | \$899,970.01 | \$793,311.41 | \$1,864,875.12 |
| 11 | Medicare Supplemental Plans | \$3,139,992.41 | \$18,483,322.41 | \$20,985,832.92 | \$42,609,147.74 |
| 12 | HMO/PPQ | \$1,373,143.66 | \$5,647,765.99 | \$6,647,156.97 | \$13,668,066.62 |
| 13 | MTF Did Not Comply with Utilization Review Procedures | \$546,258.16 | \$3,154,029.39 | \$5,598,585.86 | \$9,298,873.41 |
| 14 | Refunds | \$29,847.61 | \$15,579.14 | \$32,140.26 | \$77,567.01 |
| 15 | Patient Copays and Deductibles | \$7,208,882.98 | \$43,783,946.51 | \$51,355,118.44 | \$102,347,947.93 |
| 16 | Other () | \$1,163,275.72 | \$8,554,750.13 | \$15,108,708.60 | \$24,826,734.45 |
| 17 | Other () | \$1,773,301.59 | \$11,737,769.01 | \$13,142,647.81 | \$26,653,718.41 |
| | Total Closed Claims | \$28,544,549.34 | \$168,375,731.81 | \$209,006,225.24 | \$405,927,506.39 |

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Common Mistakes

- Running the DD 2570 too early or too late
- Not reporting dispositions and visits
- Not reporting cumulative totals
- Amount Remaining Uncollected \neq Total of all Open Claims
- Adjustments and Refunds \neq Total of all Closed Claims
- Entering negative numbers
- Transposition errors

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DD 2570 Resources

- Health.Mil > Performance Measurements

<https://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Uniform-Business-Office/Performance-Measurements>

- DHA Launch Pad > Performance Measurements

<https://info.health.mil/bus/brm/ubo/SitePages/PerformanceMeasures.aspx>

- DHA UBO User Guide > TPCP – Report on Program Results

<https://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Uniform-Business-Office/Policy-and-Guidance>

- Contact DHA UBO Helpdesk

UBO.Helpdesk@IntellectSolutions.com

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Questions?



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Regulatory Foundations

32 CFR §220.2 Statutory obligation of third party payer to pay.

(a) *Basic rule.* Pursuant to 10 U.S.C. 1095(a)(1), a third party payer has an obligation to pay the United States 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. ***The obligation to pay is to the extent that the beneficiary would be eligible to receive reimbursement or indemnification from the third party payer if the beneficiary were to incur the costs on the beneficiary's own behalf.***

(b) *Application of cost shares.* If the third party payer's plan includes a requirement for a deductible or copayment by the beneficiary of the plan, then ***the amount the United States may collect*** from the third party payer ***is the reasonable charge for the care provided less the appropriate deductible or copayment amount.***

(c) *Claim from United States exclusive.* ***The only way for a third party payer to satisfy its obligation*** under 10 U.S.C. 1095 ***is to pay the facility*** of the uniformed service or other authorized representative of the United States. ***Payment by a third party payer to the beneficiary does not satisfy 10 U.S.C. 1095.***

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Regulatory Foundations

32 CFR §220.4 Reasonable terms and conditions of health plan permissible.

(a) *Statutory requirement. The statutory obligation of the third party to pay is not unqualified.* Under 10 U.S.C. 1095(a)(1) (as noted in §220.2 of this part), the obligation to pay is to the extent the third party payer would be obliged to pay if the beneficiary incurred the costs personally.

(b) *General rules.*

(1) Based on the statutory requirement, after any impermissible exclusions have been made inoperative (see §220.3 of this part), *reasonable terms and conditions of the third party payer's plan that apply generally and uniformly to services provided in facilities other than facilities of the uniformed services may also be applied to services provided in facilities of the uniformed services.*

(2) Except as provided by 10 U.S.C. 1095, this part, or other applicable law, third party payers are not required to treat claims arising from services provided in or through facilities of the Uniformed Services more favorably than they treat claims arising from services provided in other facilities or by other health care providers.

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Regulatory Foundations

32 CFR §220.4 Reasonable terms and conditions of health plan permissible.

- (c) *Specific examples of permissible terms and conditions.* The following are several specific examples of permissible terms and conditions of third party payer plans. These examples are not all inclusive.
 - (1) **Generally applicable coverage provisions.** Generally applicable provisions regarding particular types of medical care or medical conditions covered by the third party payer's plan are permissible grounds to refuse or limit third party payment.
 - (2) **Generally applicable utilization review provisions.**
 - ✓ (i) Reasonable and **generally applicable provisions of a third party payer's plan** requiring pre-admission screening, second surgical opinions, retrospective review or other similar utilization management activities **may be permissible grounds to refuse or reduce third party payment if such refusal or reduction is required by the third party payer's plan.**
 - ✓ (ii) Such provisions are not permissible if they are applied in a manner that would result in claims arising from services provided by or through facilities of the Uniformed Services being treated less favorably than claims arising from services provided by other hospitals or providers.
 - ✓ (iii) Such provisions are not permissible if they would not affect a third party payer's obligation under this part. For example, concurrent review of an inpatient hospitalization would generally not affect the third party payer's obligation because of the DRG-based, per-admission basis for calculating reasonable charges under §220.8(a) (except in long stay outlier cases, noted in §220.8(a)(4)).
 - (3) **Restrictions in HMO plans.** Generally applicable exclusions in Health Maintenance Organization (HMO) plans of non-emergency or non-urgent services provided outside the HMO (or similar exclusions) are permissible. However, HMOs may not exclude claims or refuse to certify emergent and urgent services provided within the HMO's service area or otherwise covered non-emergency services provided out of the HMO's service area. In addition, opt-out or point-of-service options available under an HMO plan may not exclude services otherwise payable under 10 U.S.C. 1095 or this part.

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Regulatory Foundations

32 CFR §220.4 Reasonable terms and conditions of health plan permissible

- (d) Procedures for establishing reasonable terms and conditions. In order to establish that a term or condition of a *third party payer's plan is permissible, the third party payer must provide appropriate documentation* to the facility of the Uniformed Services.
 - This includes, when applicable, copies of explanation of benefits (EOBs), remittance advice, or payment to provider forms.
 - It also includes copies of policies, employee certificates, booklets, or handbooks, or other documentation detailing the plan's health care benefits, exclusions, limitations, deductibles, co-insurance, and other pertinent policy or plan coverage and benefit information.

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