



# Uniform Business Office News

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## ICD-10 Compliance Date Extended

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It's official; on Wednesday, 5 September 2012, the U.S. Department of Health and Human Services (HHS) extended the compliance date for International Classification of Diseases and Related Health Problems, 10<sup>th</sup> revision, (ICD-10) Procedure Code System (ICD-10-PCS) and Clinical Modifications (ICD-10-CM) from 1 October 2013 to 1 October 2014. On 1 October 2014, any service or encounter must be coded and billed using ICD-10—not ICD-9—diagnosis codes. This decision was based in part on a Centers for Medicare and Medicaid Services (CMS) survey that showed up to one quarter of health care providers believed they would not be ready for the 1 October 2013 compliance date. Thus, HHS delayed implementation by one year to allow “more time for covered entities to prepare for the transition to ICD-10 and to conduct thorough testing. By [doing so] covered entities may be

able to avoid costly obstacles that would otherwise emerge while in production.”

**Training.** Beginning in FY13, the MHS is launching an ICD-10 education program made of basic and advanced Web-based training modules. It will be available enterprise-wide at the MTF level, first to MHS coders and auditors, then to billers and analysts, and then to providers, by specialty. Access to the training will be provided pursuant to MHS Service hierarchy and granted by Service administrators; reports will be available by Service, Military Treatment Facility (MTF), and type of user (e.g., biller, coder, analyst).

UBO Service Managers should contact their POC for training (see box). For more information, view the September 2012 ICD-10 Newsflash available online at: [http://www.tricare.mil/tma/hipaa/documents/icd10flash/July%202012%20Newsflash\\_for](http://www.tricare.mil/tma/hipaa/documents/icd10flash/July%202012%20Newsflash_for)

[%20review\\_July31-2012\\_FINAL%20website.pdf](#). A Webinar, “ICD-10 MHS Billing Impacts” is also available for on demand viewing on the TMA UBO Learning Center Web page at: [http://www.tricare.mil/ocfo/mcfs/ubo/learning\\_center/training.cfm](http://www.tricare.mil/ocfo/mcfs/ubo/learning_center/training.cfm).

**ICD-9.** In related news, there will be an ICD-9 code freeze, and no ICD-9 code updates in the Composite Health Care System (CHCS) or AHLTA for FY13. The MHS's Coding Compliance Editor (CCE) Grouper however will be updated for the Medicare Severity Diagnosis Related Group (MS-DRG) weights. Until then, MTFs should hold inpatient billing for episodes of care dated on or after 1 October 2013. The UBO Program Office will notify the Services when this has been done.

**Contact your UBO Service Manager to sign up for ICD-10 training now.**

## TPOCS Complies with HIPAA 5010 and NCPDP D.0

Third Party Outpatient Collection System upgrades are now ready for transition to Health Insurance Portability and Accountability Act (HIPAA) American Standards Committee (ASC) X12 version 5010 and Pharmacy National Council for Prescription Drug Programs (NCPDP) D.0 claims transactions. These upgrades were deployed to comply with HIPAA electronic standards transactions, which are required across the U.S. health care industry for submission of all electronic health care claims from a provider to a payer.

All Army and Navy Military Treatment Facilities (MTFs) that use the TPOCS application were upgraded to this new software as of July 31, 2012. Depending on the number of TPOCS users per MTF, they were trained onsite or remotely. The Air Force was

provided with the upgraded solution and is handling the actual local installation.

TPOCS is the Military Health System's (MHS's) standard system used for processing third-party claims for outpatient services, and it supports some MTF billing processes. TPOCS creates more than 3.5 million outpatient claims per year. In accordance with U.S. Code, Title 10, 1095, amounts collected from third-party payers for health care services provided at or through the Department of Defense MTFs are credited to the appropriation supporting the maintenance and operation of the facility.

**Oracle 11g Upgrade.** TPOCS completed the Oracle 11g upgrade on August 30, 2012. This upgrade maintains technical service support and complies

with the Department of Defense (DoD) security guidelines.

**No 2013 ICD-9 and ICD-10 Upgrades.** As noted earlier, there will be no 2013 ICD-9 code updates for MHS systems, including TPOCS. Also, TPOCS will not be updated for ICD-10. For further information on TPOCS or to submit a TPOCS helpdesk inquiry, contact the MHS Service Desk at: [mhssc@tma.osd.mil](mailto:mhssc@tma.osd.mil); telephone: (800) 600-9332; Web site: [https://www.mcis.osd.mil/cm/mhs\\_service\\_desk.cfm](https://www.mcis.osd.mil/cm/mhs_service_desk.cfm).

To subscribe for Defense Health Services System (DHSS) product news (including TPOCS updates), visit: <https://public.govdelivery.com/accounts/USMHS/DHSS/subscriber/new>.

## New ASA Inpatient Rates Effective 1 October 2012

The FY 2013 Adjusted Standardized Amounts (ASA) Inpatient Rates for MTFs that provide inpatient care have been approved and are effective 1 October 2012. These inpatient rates are used when billing for

medical services furnished to inpatients at MTFs. The ASAs are based on TRICARE rate changes for institutional and professional services using an indexing methodology. The overall ASA percentage change from FY12 to

FY13 is a 3.3 percent increase. The ASA rate package is available on the TMA UBO Website at: [http://www.tricare.mil/ocfo/mcfs/ubo/mhs\\_rates/inpatient.cfm](http://www.tricare.mil/ocfo/mcfs/ubo/mhs_rates/inpatient.cfm).

### Share Good News or a Bright Idea!!

Send us your MTF's best practices and stories, including real-life experiences, successes, and how you have overcome challenges.

If your MTF and UBO Program Office have a good news story, accomplishment, or tip(s) to share, e-mail us your story at:

[UBO.helpdesk@altarm.org](mailto:UBO.helpdesk@altarm.org)

Include your name, MTF location, and contact information. Editors are available to help you share your ideas effectively.

## UBO DoD/VA Direct Sharing Pharmacy Rates and Pricing Estimator Effective 1 September 2012

The TMA UBO Program Office released an update for the DoD/VA Direct Sharing Pharmacy rates effective 01 September 2012. These rates are based on the 08 June 2012 First Databank file release, and the update contains over-the-counter (OTC) national drug codes (NDCs) as well as formulary pharmaceuticals.

In addition, pursuant to Paragraph 10 of the Outpatient Billing Guidance for DoD/VA Direct Sharing Agreements (dated 19 June and 17 August 2009), the UBO Program

Office has completed, audited, and released the DoD/VA Direct Sharing Pharmacy Price Estimator (PPE).

The UBO DoD/VA PPE was developed to help MTFs that provide VA sharing-agreement care with estimating the costs of pharmaceuticals provided by DoD. In Paragraph 10, the DoD and VA agree to price medications at Average Wholesale Prices (AWP), less sixty percent (60%), plus a \$9.00 dispensing fee. The current DoD/VA PPE update was developed from a full

monthly (raw) release of the First Databank pharmacy file sent to the Defense Supply Center–Philadelphia (DSC-P). (A “raw release” contains strictly AWP unit priced NDCs; it does NOT contain Prime Vendor Pricing (PVP) unit pricing or any applied AWP unit price discounts.)

The DoD/VA PPE is available at: [http://www.tricare.mil/ocfo/mchs/ubo/mhs\\_rates/pharmacy.cfm](http://www.tricare.mil/ocfo/mchs/ubo/mhs_rates/pharmacy.cfm). Running the pharmacy estimator requires Microsoft Access versions 2003 or 2007.

## U.S. Coast Guard Billing Update

The Army, Navy, and Joint Task Force National Capital Region Medical Command (JTF CapMed) have signed an Interagency Agreement (IAA) with the U.S. Coast Guard (USCG). Under this agreement, the USCG will pay for the cost of health care provided to its eligible beneficiaries at these Services' MTFs in one lump sum at the beginning of each fiscal year. This eliminates patient and MTF-level interagency billing for all USCG encounters and visits in Army, Navy, and JTF CapMed MTFs. The IAA was effective 1 October 2011, and the first (FY12) prospective payment amounts (PPAs) to these facilities have been made. The purpose and benefit of this prospective payment reimbursement is to simplify billing for both the DoD and USCG and support clean audits. Also, administrative and other billing errors are

avoided because individual USCG bills are not generated. To date, the Air Force has not joined the IAA and continues to bill the USCG in the historical method. The IAA does not change any current eligibility rules and requirements for being seen at DoD facilities. USCG active duty, family members of active duty members, retirees, and family members of retirees have the same access to healthcare services in DoD MTFs, including Air Force MTFs, as they had prior to the IAA. The agreement implements a new reimbursement methodology based on the actual level of care provided in each MTF historically.

Per the IAA, the TMA UBO calculates the PPA based on actual patient encounter data reported by the MTFs in MHS data repositories for the most recent fiscal year for which the

data is complete and available at the time of the calculations. It uses the DoD billing rates in effect during that fiscal year (e.g., the FY12 PPA was based on actual FY10 patient encounter data and DoD rates). This billing methodology calculates total fiscal year charges for all Direct Care lines of business: inpatient, outpatient (including ambulance, anesthesia, immunization, durable medical equipment (DME)), dental, pharmacy, laboratory, and radiology. The PPA is normalized using the appropriate medical inflation factors, force structure adjustments, and other health insurance (OHI) adjustment (a discount). During the year of execution, the TMA UBO and USCG monitor the PPA by comparing it with current year costs based on current MHS utilization data and rates. The  
(Continued on next page)

### USCG Billing—Continued

DoD and USCG will adjust the PPA as agreed and necessary.

Because the PPA includes a discount for OHI historically collected, MTFs must continue to collect OHI information from each beneficiary seen and bill third party insurance carriers for the cost of USCG encounters. All monies recovered from these carriers are credited to the collecting MTF's maintenance and operation appropriation. The

PPA does, however, include the cost of care provided for injuries or diseases to USCG beneficiaries for which third party payers are responsible due to tort liability (i.e., for Medical Affirmative Claims (MAC) billing). Thus MTFs should continue to forward any MAC claim information to the USCG for review and collections. Contact your Service Program Manager for that contact information.

The first FY12 PPA calculations and payments were a success. Both the DoD and USCG reported a decrease in the administrative burden of billing and collecting for health care services. In addition, by compiling the payment calculation data in one location, it created an auditable, quick, and efficient process.

## FY13 VA-DoD Inpatient Institutional Calculator

The TMA UBO Program Office has released the FY13 VA-DoD Resource Sharing Inpatient Institutional Billing Modified TRICARE DRG Payment Calculator (the "FY13 VA-DoD IIC") that is effective for hospital discharges on or after 1 October 2012. It is designed for MTFs that have resource sharing agreements with the Veterans Administration (VA) to calculate charges for the cost of institutional (facility) care provided to VA-eligible beneficiaries during an inpatient episode of care. The

FY13 VA-DoD IIC is published along with instructions for a Microsoft Excel workbook. It can be downloaded from the TMA UBO Website at: <http://www.tricare.mil/ocfo/mcfs/ubo/billing.cfm#Inpatient>.

Changes to the FY13 VA-DoD IIC include simplification of the IIC's user interface, the addition of an "Inpatient Billing Guide" worksheet within the same workbook, and the addition of a separate "VA-DoD Resource Sharing Inpatient Institutional Billing Modified TRICARE DRG Payment Calculator and

Inpatient Billing Guide User Guide" (User Guide).

The FY13 VA-DoD IIC interface has been simplified to display only the five necessary inputs to calculate an institutional charge for an inpatient episode of care: the Length of Stay (LOS), the Diagnosis Related Group (DRG), the Disposition Status, the Facility ZIP Code, and the VA-DoD Discount. Instructions are included below the input fields, along with buttons to clear, print, or export a worksheet.

VA-DoD Resource Sharing - Inpatient Institutional Billing			
Modified TRICARE DRG Payment Calculator - For Patients Discharged in FY13			
Claim Information	LOS		0
	DRG		0
	Disposition Status		0
Hospital-Specific Information	Facility ZIP Code (5 digits)		0
Policy Information	VA-DoD Discount		10%
Payment Summary	Inpatient Institutional Charge	\$	-
Instructions for use: a. Enter Length of Stay (LOS) in Bed Days in cell C3 of Claim Information b. Enter Diagnosis Related Group (DRG) in cell C4 of Claim Information c. Enter Disposition Status in cell C5 of Claim Information d. Enter ZIP Code of your MTF in cell C6 of Hospital-Specific Information. e. VA-DoD Discount is prepopulated at 10% but can be changed to reflect local sharing agreements f. Inpatient Institutional Charge is displayed in cell C8 of Payment Summary			

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### VA-DoD Inpatient Calculator—Continued

The VA-DoD IIC calculates only the cost of institutional DRG-based component of inpatient care. Thus an “Inpatient Billing Guide” (IBG) has been added to the workbook to help track and bill all charges (e.g., institutional, professional, pharmacy) related to an inpatient episode of care. To

use the IBG, the workbook must be saved to a computer that has Internet access because the IBG lets you look up billing rates for non-institutional inpatient services from the TMA UBO, TRICARE, and CMS Websites. Note, however, that the IBG does not substitute for any billing documents and

cannot be sent to VA for collection. MTF staff must also follow their Service-specific guidelines on how to bill VA, and billing must be based on the resource sharing agreement in place at the time services were rendered. MTFs may negotiate other rates and discounts.

VA-DoD Resource Sharing - Inpatient Billing Guide			
Type of Service	Billing Criteria	Cost	VA Billable Amount
Inpatient Institutional Charge	<a href="#">VA-DoD Inp. Inst. Calculator</a>	\$ -	\$ -
Pharmaceuticals	<a href="#">VA-DoD Resource Sharing PPE</a>	\$ -	\$ -
Professional Services	*TRICARE CMAC less 10%*	\$ -	\$ -
Ambulance Services	*TRICARE CMAC less 10%*	\$ -	\$ -
Anesthesia Professional Services	*TRICARE CMAC less 10%*	\$ -	\$ -
Durable Medical Equipment	<a href="#">CMS DME</a>	\$ -	\$ -
Purchased Care Services from Outside Facility	cost	\$ -	\$ -
Pass-through Items	cost	\$ -	\$ -
Other	cost	\$ -	\$ -
<b>Total</b>		<b>\$ -</b>	<b>\$ -</b>
*TRICARE CMAC less 10%, else CMS rate less 10%			
Note: For DoD MTF staff who work with VA-DoD Resource Sharing Agreement care, it is important to understand that the TRICARE CMAC rates are NOT the TMA UBO CMAC rates used in other UBO billing processes.			
Disclaimer: This is a guide to assist MTFs in generating a complete bill for all charges (e.g. institutional, professional, anesthesia, DME) relating to an inpatient episode of care. This guide does not substitute for any billing documents and cannot be sent to the VA for collection. Services must also follow their specific guidelines on how to bill the VA.			

If your MTF does not have a VA resource sharing agreement, you must calculate inpatient institutional, professional, pharmacy and other charges using TMA UBO interagency inpatient rates at: [http://www.tricare.mil/ocfo/mcfs/ubo/mhs\\_rates.cfm](http://www.tricare.mil/ocfo/mcfs/ubo/mhs_rates.cfm). To see if your MTF has a current VA-DoD resource sharing agreement, view the list at: <http://www.tricare.mil/DVPCO/va-direct.cfm>. Scroll to the bottom of that Web page and

click the hyperlink “Current Sharing Agreements.”

Finally, the User Guide is an electronic and downloadable reference available from the same Web page as the VA-DoD IIC. It provides step-by-step instructions for the IIC and the IBG.

A Webinar explaining and demonstrating how to use the FY13 VA-DoD IIC and the IBG was presented to anyone with Internet access on October 23 (8-9 a.m. EDT) and

October 26 (2-3 p.m. EDT), 2012. The Webinar is archived on the TMA UBO Learning Center Web page and is available free for on-demand viewing. Please visit the Learning Center at: [http://www.tricare.mil/ocfo/mcfs/ubo/learning\\_center/training.cfm#recent](http://www.tricare.mil/ocfo/mcfs/ubo/learning_center/training.cfm#recent) for programming updates, if any, and instructions on how to log into and attend the Webinar.

## Cosmetic Surgery Estimator Version 8 Updated

The new CSE v.8 has received several updates since its initial release on 1 July 2012. Be sure you are using the most current version when creating estimates for elective cosmetic surgery procedures. The most up-to-date version of CSE v.8

was posted to the CSE website on 17 August 2012. The version number (0813a) is displayed on the logo screen when the CSE is opened.

If you have not downloaded the current version, do so as soon as possible. The CSE v.8

is available for downloading at: <https://www.ubocse.org/>. This Web site is password protected. If you do not have credentials to access the site, contact your Service UBO Manager. Materials available for downloading include: CSE

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## Cosmetic Surgery—Continued

v.8 Microsoft Access Database, Patient Information Brochure, CSE v.8 Superbill, and a new TMA-approved Cosmetic Surgery Letter of Acknowledgement. The CSE v.8 User Guide is embedded in the CSE program and can be accessed by pressing F1 from any screen in the CSE.

Additional CSE materials, including a Provider's Guide

to the CSE v.8 Superbill and CSE v.8 Rate Table, are available on the TMA UBO Web site at:

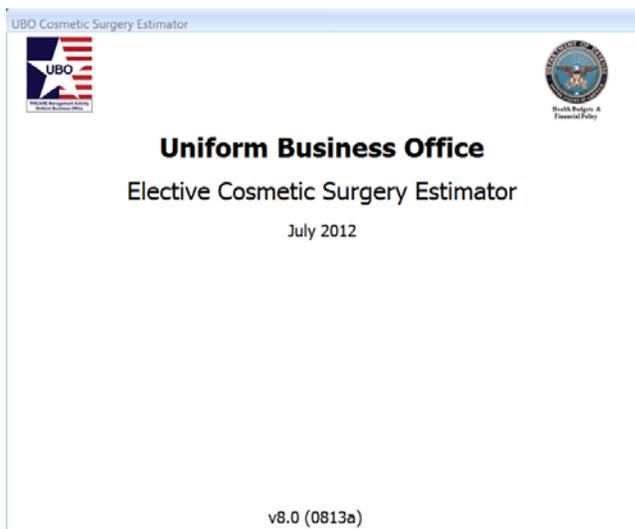
[http://www.tricare.mil/ocfo/mcfs/ubo/mhs\\_rates/cs.cfm](http://www.tricare.mil/ocfo/mcfs/ubo/mhs_rates/cs.cfm).

The July 2012 Webinar outlining the new features of the CSE v.8 is available to view or download from the TMA UBO Website at:

<http://www.tricare.mil/ocfo/mc>

[fs/ubo/learning\\_center/training.cfm#recent](http://www.tricare.mil/ocfo/mcfs/ubo/learning_center/training.cfm#recent).

If you have any questions regarding downloading available materials or creating estimates with the redesigned CSEv.8, please feel free to contact the UBO Helpdesk at: [UBO.Helpdesk@altarum.org](mailto:UBO.Helpdesk@altarum.org) or (703) 575-5385.



Cosmetic Surgery Estimator - [Cosmetic Surgery Estimator v8.0 - Effective July 2012]

### TMA UBO Cosmetic Surgery Estimator v8.0

Press F1 for Help

CPT@/Procedure Glossary		Cost Rank: NA
Code	Description	
1* Primary CPT@/Procedure:		Professional Fee: \$0.00
2* Procedure Location:	<input checked="" type="radio"/> Provider's Office <input type="radio"/> OR/Outpatient <input type="radio"/> OR/Inpatient	Facility Fee: \$0.00
3* Will this procedure be combined with a medically necessary procedure?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Medically Necessary Discount: \$0.00
4 Will this procedure be performed by a dermatology resident?	N/A	Resident Discount: \$0.00
5 Will this procedure be bilateral?	N/A	Bilateral Cost: \$0.00
6 Quantity/Number of Sessions:	N/A	Additional Qty/Ses Cost: \$0.00
7 Add-on Code:	N/A	Add-on Cost: \$0.00
8* Anesthesia:	<input type="radio"/> None <input type="radio"/> Topical <input checked="" type="radio"/> Local <input type="radio"/> Moderate Sedation <input type="radio"/> General/Monitored	Anesthesia Fee: \$0.00
9 What pharmaceuticals will be provided by the MTF:	N/A	Pharmaceutical Cost: \$0.00
10* Will additional elective procedures be performed during the same visit?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Additional Procedure Cost: \$0.00
11* Will implants or other non-covered supplies be provided by the MTF?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Implant/Supply Cost: \$0.00
		<b>Total Cost: \$0.00</b>

View/Edit Additional Procedures      View/Edit Implants and Supplies

Clear Estimate      View/Print Cost Report      Save Cost Report      Exit Estimator

CPT® is a registered trademark of the American Medical Association. Procedure codes designated as 12999-XXXX are developed by the DoD TMA UBO and are not intended to serve as CPT® codes.

## FY13 Webinar Schedule

### UBO Learning Center Webinar Schedule

#### 2012

October	DoD/VA Resource Sharing Inpatient Institutional Billing Update & Overview of DoD/VA Billing Guidance
November	Denial Management – Tools, Tips and Solutions
December	How to Pull DD 2570 Data and Combine for Accuracy and What it Means

#### 2013

January	2013 CPT®/HCPCS Update
February	TPCP Payments/Refunds
March	UBO Accounts Receivable
April	How to MAC Billing
May	UBO Helpdesk Updates & FAQ
June	CY 2013 OIB Rates Update
June	CY 2013 Cosmetic Surgery and Cosmetic Surgery Estimator (V.9) Update
July	FY 2013 Pharmacy Rates Update
August	Laws and Policies Update
September	We're not talking Tolstoy here – Documentation for ICD-10-CM and ICD-10-PCS

Visit the TMA UBO Learning Center for more information on past and future Webinars, along with instructions for attending the live broadcasts, accessing the archived versions, and getting (CEUs) from various organizations: [http://www.tricare.mil/ocfo/mcfs/ubo/learning\\_center/training.cfm](http://www.tricare.mil/ocfo/mcfs/ubo/learning_center/training.cfm).

## Webinar CEUs

The TMA UBO is pleased to announce that all scheduled FY 2013 Webinars qualify for CEUs from AAPC. Other organizations, such as American Health Information Management Association (AHIMA), American College

of Healthcare Executives (ACHE), and American Association of Healthcare Administrative Managers (AAHAM), may also grant credit for UBO Webinars. Check with the organization

directly for qualification and reporting guidance.

CEUs may be claimed until the end of the fiscal year in which they are offered. FY 2012 CEUs are no longer available, and only CEUs for FY 2013 can be claimed.

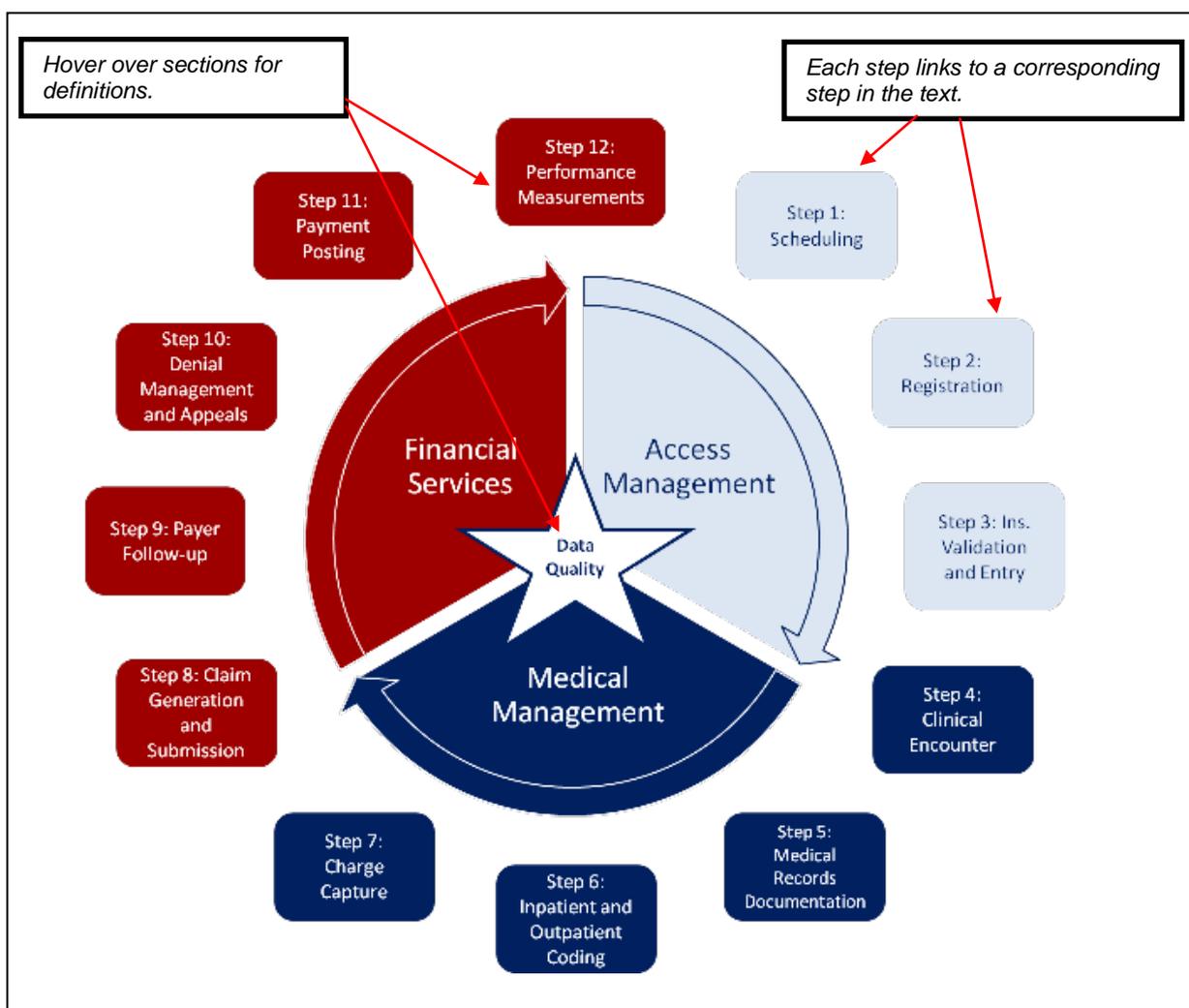
## Coming Soon – UBO 101 Web Page

The TMA UBO Program Office is developing “UBO 101,” a one-stop Web page within the TMA UBO Learning Center for UBO personnel to visit at their own convenience to learn about the three UBO health care cost recovery programs and how they work with other programs

within the MHS revenue cycle. It will be available worldwide from any computer or device with an Internet connection. UBO 101 is expected to be launched during the first quarter of FY13, and it reflects the Program Office’s commitment to education and training. The Department of

Defense’s (DoD) efficiency initiative to reduce conferences mandated in FY12 continues.

The information contained on UBO 101 will be organized into single, topically arranged sections based on the MHS revenue cycle diagram below.



*(Continued on next page)*

*UBO 101—Continued*

Interactive cues (hyperlinks, buttons, and pop-up windows) will be available at various locations throughout the Web

page to provide additional information and resources (such as archived Webinars, PowerPoint presentations,

DoD forms and other Web sites) for each topic.

**Step 1: Scheduling**

**Eligibility**

When a patient schedules an appointment, patient administration personnel verify the patient's eligibility for care by using CHCS to run a DEERS eligibility check. DEERS is a DoD data system of military sponsors and families who are eligible for care in an MTF. Once eligibility is verified, PAD confirms or assigns a PATCAT in CHCS for that episode of care and schedules the appointment. No payment is collected at this time.

**Patient Category**

PATCATs are codes used to identify a patient's level of eligibility for care in an MTF. PATCATs identify and group patients by:

- Sponsor Service
- Beneficiary Category
- Special Interest patient groups

PATCATs are directly linked to UBO billing and tell what reimbursable rate (if any) is applicable for the healthcare services provided, what billing forms are used, and which cost recovery program is responsible for billing the encounter. See the [Cost Recovery Programs](#) table above for MSA, TPC, and MAC areas of responsibility. For more information, click on the link to the online training module and presentation below.

**Additional Resources**

[PATCAT Table](#)

[PATCAT Training Module](#)

[How to Assign and Use PATCATs](#)

[Return to MHS Revenue Cycle](#)

*Work step-by-step through the revenue cycle.*

*Hover over acronyms for definition.*

*Links to more information:*

- Site pages
- Presentations
- Other tools

*Link back to revenue cycle illustration.*

The Web page will also include a self-paced “Check Your Knowledge” section and an anonymous Web-based survey. By design, UBO 101 will be a dynamic educational

delivery system with flexibility and adaptability to include up-to-date and topical UBO and MHS information and best practices based on updates in relevant laws/policies and

feedback received from visitors. We are excited and look forward to sharing this new learning experience with you!

## TMA UBO Help Desk

As of 1 October 2012, the TMA UBO Help Desk telephone number changed from 703-575-5385 to 571-733-5935. The UBO Help Desk e-mail will remain the same, [UBO.Helpdesk@altarum.org](mailto:UBO.Helpdesk@altarum.org). Please make note of this change.

In addition, mark your calendars for May 2013. The UBO Learning Center will present a free Webinar, "UBO Helpdesk Updates & Frequently Asked Questions (FAQ)." It will provide an overview of how the UBO Helpdesk can help MTF billing personnel do their jobs better and an outline of where and to whom billing questions should be submitted. FAQs will be shared, and there will be an opportunity for questions and answers. A request for FAQs

will be sent out to the field by the Service Program Managers prior to the broadcast. Visit the TMA UBO Learning Center at [http://www.tricare.mil/ocfo/mcfs/ubo/learning\\_center/training.cfm](http://www.tricare.mil/ocfo/mcfs/ubo/learning_center/training.cfm) for further information and updates as May 2013 approaches.

**Reminder:** Review all e-mails prior to sending them to the UBO Helpdesk to ensure they do not contain PHI (protected health information, such as patient-specific health information) or PII (personally

### CONTACT US:

UBO HELPDESK/STAFF CONTACT:

[UBO.helpdesk@altarum.org](mailto:UBO.helpdesk@altarum.org)  
NEW - 571-733-5935 - NEW

UBO LEARNING CENTER:

[UBO.LearningCenter@altarum.org](mailto:UBO.LearningCenter@altarum.org)

UBO WEB SITE:

<http://www.tricare.mil/ocfo/mcfs/ubo>

identifiable information, such as patient-specific financial information). Remove and de-identify all unique person identifiers (such as the EDIPN—the Electronic Data Interchange Person Number) in your data before sending. Blocking or covering PHI or PII in a screen shot of encounter data is not sufficient.

## DD2569 Electronic Signature

Department of Defense Form 2569, "Third Party Collection Program/Medical Services Account/Other Health Insurance (OHI)," has been revised to allow patients to complete the form and sign it electronically with a digital signature. A digital signature can be used for both the initial completion of the form (boxes 13a and 14a) as well as subsequent annual verifications (boxes 16a-17c(2)) if there has been no change in the patient's OHI coverage.

All uniformed services beneficiaries, excluding active duty, are required to complete

a DD2569 annually or on a change in OHI status. Signing a DD2569 either manually or digitally constitutes both an assignment of benefits and authorization to release medical information for the purposes of medical billing and reimbursement.

The most current version of the DD2569 is available via the DoD Forms Management Program at: <http://www.dtic.mil/whs/directives/infomgt/forms/>.

### How to Sign the DD2569 Electronically

If you are using a computer enabled with a Common

Access Card (CAC), the digital ID associated with your CAC will be used to create a digital signature. Click on the signature block and select "sign." Save or print the signed document.

If you do not have a CAC, you can create an electronic signature using an existing digital ID saved on your computer or you can create a new digital ID when prompted. Enter your full name, uniformed service affiliation (if applicable), and e-mail address as indicated. Save or print the signed document.

## DHHQ Collocation

All U.S. Department of Defense (DoD) military medical health care operations programs are now together on a single campus “to continue the [DoD’s] mission of excellence in health care services for military personnel and their families.” The following offices are collocated on a single campus as the Defense Health Headquarters (DHHQ) in Falls Church, Virginia:

- DoD Office of Health Affairs (HA), excluding positions housed in the Pentagon
- TRICARE Management Activity (TMA), including the TMA UBO Program Office
- U.S. Army Office of the Surgeon General (OTSG)
- U.S. Air Force Surgeon General’s Office (HAF-SG), including the Air Force UBO Program Office
- U.S. Navy Bureau of Medicine (BUMED), including the Navy UBO Program Office

In a 2010 TRICARE news release, Charles Rice, M.D., then performing the duties of the Assistant Secretary of Defense for Health Affairs and acting director of TMA, stated: “We anticipate closer working relationships and greater synergy to meet the healthcare needs of our 9.6 [now 9.7] million beneficiaries. The collocation also provides an

opportunity to consolidate common support services and achieve efficiencies.”

As of September 2012, Dr. Rice’s prediction became reality. TMA and the Services are now located together, and they are better able than ever before to have face-to-face meetings; establish closer working relationships; share expertise and resources; establish and continue open and transparent dialogues; and share timely and accurate information and ideas. For further information on DHHQ, visit its Website at: <http://www.tricare.mil/dhhq/default.aspx>.

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