



HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

JUL 26 2001

Honorable Bob Stump  
Chairman, Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515-6035

Dear Mr. Chairman:

The enclosed report responds to the requirements of Section 1095(g)(2) of title 10, United States Code, to submit a report that specifies for each military treatment facility the amount collected from third-party payers during the preceding fiscal year (FY).

The Third Party Collection Program described in this statute allows a military treatment facility to collect from a third party payer the reasonable cost of health care services incurred by the United States through a facility of the Uniformed Services. The collections under this program for FY 2000 were \$110,902,179.

Thank you for your continued interest in the Military Health System.

Sincerely,

A handwritten signature in black ink that reads "J. Jarrett Clinton".

J. Jarrett Clinton, MD, MPH  
Acting Assistant Secretary

Enclosure:  
As stated

cc:  
Honorable Ike Skelton  
Ranking Democrat

# Report to Congress



## Report on Third Party Collections Program

**Required by: Section 1095(g)(2) of Title 10, United States Code**

## REPORT TO CONGRESS: FISCAL YEAR 2000 THIRD PARTY COLLECTIONS ANNUAL REPORT

### Overview

This report responds to language contained in 10 U.S.C. 1095 (g)(2) which requires that the Secretary of Defense submit an annual report by 15 February each year that specifies the amount collected from third party payers for each military treatment facility (MTF) for the prior fiscal year.

The Third Party Collection Program is an important program for our MTFs and the dollars collected are used to improve the quality of healthcare provided. In this report, we provide the Service inpatient and outpatient collections as well as a summary report submitted by each service, explaining any large variations from the previous FY collections.

### Annual Report

The Third Party Collection (TPC) Program, fiscal year 2000, annual summary is as follows:

	Army	Navy	Air Force	Total
<b>Inpatient</b>	\$ 27,831,551	\$ 12,444,329	\$ 16,133,510	\$ 56,409,390
<b>Outpatient</b>	\$ 22,656,802	\$ 12,438,704	\$ 19,397,283	\$ 54,492,789
<b>Total</b>	\$ 50,488,354	\$ 24,883,033	\$ 35,530,792	\$ 110,902,179

Additional information regarding individual military treatment facility collections is provided for the Army, Navy, and Air Force as follows:

#### Army MTF Collections

ARMY BASE/FACILITY	INPATIENT COLLECTIONS FY 00	OUTPATIENT COLLECTIONS FY 00	TOTAL COLLECTIONS FY 00
121st Evacuation Hospital Seoul Korea	\$ 104,889	\$ -	\$ 104,889
Aberdeen Proving Grounds (Kirk Army Health Clinic)	\$ -	\$ 182,310	\$ 182,310
Carlisle (Dunham Army Health Clinic)	\$ -	\$ 120,973	\$ 120,973
Ft. Belvoir (Dewitt Army Community Hospital)	\$ 85,419	\$ 901,683	\$ 987,103
Ft. Benning (Martin Army Community Hospital)	\$ 700,759	\$ 1,128,475	\$ 1,829,234
Ft. Bliss (William Beaumont Army Medical Center)	\$ 2,810,594	\$ 1,406,513	\$ 4,217,107
Ft. Bragg (Womack Army Medical Center)	\$ 1,993,401	\$ 1,751,121	\$ 3,744,521
Ft. Campbell (Blanchfield Army Comm Hospital)	\$ 381,796	\$ 964,365	\$ 1,346,161
Ft. Carson (Evans Army Community Hospital)	\$ 168,882	\$ 350,466	\$ 519,348
Ft. Detrick US Army Health Clinic	\$ -	\$ 21,918	\$ 21,918

Ft. Drum (Guthrie Army Health Clinic)	\$ -	\$ 26,757	\$ 26,757
Ft. Eustis (McDonald Army Community Hospital)	\$ 69,334	\$ 125,921	\$ 195,255
(Army Continued)	Inpatient	Outpatient	Total Collections
Ft. Gordon (Eisenhower Army Medical Center)	\$ 3,038,191	\$ 1,438,464	\$ 4,476,655
Ft. Hood (Darnall Army Community Hospital)	\$ 536,992	\$ 530,360	\$ 1,067,352
Ft. Huachuca (Bliss Army Health Clinic)	\$ -	\$ 322,011	\$ 322,011
Ft. Indiantown Gap US Army Health Clinic	\$ -	\$ 133	\$ 133
Ft. Irwin (Weed Army Community Hospital)	\$ 3,591	\$ 31,907	\$ 35,498
Ft. Jackson (Moncrief Army Community Hospital)	\$ 168,741	\$ 809,602	\$ 978,342
Ft. Knox (Ireland Army Community Hospital)	\$ 154,347	\$ 195,710	\$ 350,057
Ft. Leavenworth (Munson Army Health Clinic)	\$ -	\$ 159,211	\$ 159,211
Ft. Lee (Kenner Army Health Clinic)	\$ -	\$ 29,041	\$ 29,041
Ft. Leonard Wood (Wood Army Community Hospital)	\$ 317,081	\$ 713,982	\$ 1,031,063
Ft. Lewis (Madigan Army Medical Center)	\$ 2,739,701	\$ 815,033	\$ 3,554,734
Ft. Meade (Kimbrough Ambulatory Care Center)	\$ -	\$ 255,687	\$ 255,687
Ft. Monmouth (Patterson Army Health Clinic)	\$ -	\$ 101,973	\$ 101,973
Ft. Polk (Bayne-Jones Army Community Hospital)	\$ 156,119	\$ 483,584	\$ 639,703
Ft. Riley (Irwin Army Community Hospital)	\$ 175,072	\$ 216,227	\$ 391,299
Ft. Rucker (Lyster Army Community Hospital)	\$ 89,715	\$ 822,673	\$ 912,389
Ft. Sam Houston (Brooke Army Medical Center)	\$ 3,644,482	\$ 2,984,166	\$ 6,628,648
Ft. Shafter (Tripler Army Medical Center)	\$ 3,247,631	\$ 1,135,749	\$ 4,383,380
Ft. Sill (Reynolds Army Community Hospital)	\$ 75,246	\$ 389,674	\$ 464,920
Ft. Stewart (Winn Army Community Hospital)	\$ 233,112	\$ 321,386	\$ 554,498
Ft. Wainwright (Bassett Army Community Hospital)	\$ 217,358	\$ 372,707	\$ 590,066
Landstuhl Regional Medical Center	\$ 1,434,754	\$ 274,793	\$ 1,709,547
New Cumberland US Army Health Clinic	\$ -	\$ 3,548	\$ 3,548
Pentagon Army Health Clinic	\$ -	\$ 13,170	\$ 13,170
Redstone Arsenal (Fox Army Health Clinic)	\$ -	\$ 278,111	\$ 278,111
Tobyhanna US Army Health Clinic	\$ -	\$ 5,308	\$ 5,308
USA Hospital Heidelberg	\$ 81,116	\$ 7,342	\$ 88,458
USA Hospital Wuerzburg	\$ 29,228	\$ 21,180	\$ 50,408
Washington D.C. (Walter Reed Army Medical Center)	\$ 4,971,419	\$ 2,803,963	\$ 7,775,382
West Point (Keller Army Community Hospital)	\$ 202,581	\$ 133,690	\$ 336,271
Yuma Proving Grounds	\$ -	\$ 3,257	\$ 3,257
MEDDAC Japan		\$ 2,655	\$ 2,655
<b>Totals</b>	<b>\$ 27,831,551</b>	<b>\$ 22,656,802</b>	<b>\$ 50,488,354</b>

\$79,067 Collected PY3

Army Service Comments

ARMY BASE/FACILITY	FY 00 Service Comments
121st Evacuation Hospital Seoul Korea	Increased command emphasis; TPOCS deployed 7/00
Aberdeen Proving Grounds (Kirk Army Health Clinic)	No inpatient services; exceeded goal (\$175k); workload decreased.
Carlisle (Dunham Army Health Clinic)	No inpatient services; regional billing (NARMC)
Ft. Belvoir (Dewitt Army Community Hospital)	Inpatient billing backlog - all bills sent by end of fiscal year; regional billing (NARMC)
Ft. Benning (Martin Army Community Hospital)	Business Process Reengineering Demonstration site; Decreased Inpatient workload; exceeded FY 99 outpatient collections.
Ft. Bliss (William Beaumont Army Medical Center)	Decreased Inpatient workload (met goal); exceeded FY 99 outpatient collections.
Ft. Bragg (Womack Army Medical Center)	Significantly exceeded FY 99 Inpatient collections; exceeded FY 99 Outpatient collections.
Ft. Campbell (Blanchfield Army Comm Hospital)	Decreased Inpatient workload; significantly. exceeded FY 99 outpatient collections.
Ft. Carson (Evans Army Community Hospital)	Inpatient and outpatient collections less than goal/workload indicated.
Ft. Detrick US Army Health Clinic	FY99, reported under Ft. Meade; FY 00, reported separately.
Ft. Drum (Guthrie Army Health Clinic)	Collections less than goal/workload indicated; regional billing (NARMC)
Ft. Eustis (McDonald Army Community Hospital)	Collections less than goal/workload indicated; regional billing (NARMC)
Ft. Gordon (Eisenhower Army Medical Center)	Business Process Reengineering Demonstration site; Decreased inpatient workload; exceeded outpatient collections goal.
Ft. Hood (Darnall Army Community Hospital)	Decreased Inpatient workload; outpatient collections were less than goal/workload indicated.
Ft. Huachuca (Bliss Army Health Clinic)	No inpatient services; exceeded outpatient goal.
Ft. Indiantown Gap US Army Health Clinic	FY 99, reported under Ft. Meade; FY 00, reported separately.
Ft. Irwin (Weed Army Community Hospital)	Inpatient collections less than goal/workload indicated; increased outpatient collections.
Ft. Jackson (Moncrief Army Community Hospital)	Business Process Reengineering Demonstration Site; Decreased inpatient workload; outpatient collections increased 40%
Ft. Knox (Ireland Army Community Hospital)	Increased inpatient collections/exceeded goal; outpatient collections were less than the goal/workload indicated; regional billing (NARMC)
Ft. Leavenworth (Munson Army Health Clinic)	No inpatient services; exceeded FY 99 outpatient collections and goal.

(Army Continued)	
Ft. Lee (Kenner Army Health Clinic)	No inpatient services; FY 99 collections reported under WRAMC.
Ft. Leonard Wood (Wood Army Community Hospital)	Decreased inpatient workload, yet significantly exceeded goal; significantly exceeded. FY 99 outpatient collections and goal.
Ft. Lewis (Madigan Army Medical Center)	Increased inpatient collections and exceeded goal; outpatient collections decreased slightly.
Ft. Meade (Kimbrough Ambulatory Care Center)	FY 99 collections included: Detrick, Indiantown, New Cumberland & Tobyhanna.
Ft. Monmouth (Patterson Army Health Clinic)	No inpatient services; more than doubled FY 99 outpatient collections.
Ft. Polk (Bayne-Jones Army Community Hospital)	Decreased inpatient workload; increased outpatient collections.
Ft. Riley (Irwin Army Community Hospital)	Increased inpatient collections; outpatient collections decreased slightly.
Ft. Rucker (Lyster Army Community Hospital)	Met inpatient goal; significantly increased outpatient collections by 12%; significantly exceeded goal.
Ft. Sam Houston (Brooke Army Medical Center)	Decreased inpatient workload; exceeded outpatient collections goal.
Ft. Shafter (Tripler Army Medical Center)	Increased inpatient collections by 35% and significantly exceeded goal; decrease in outpatient collections slightly.
Ft. Sill (Reynolds Army Community Hospital)	Decreased inpatient workload; Increased outpatient collections by 40% and significantly exceeded goal.
Ft. Stewart (Winn Army Community Hospital)	Business Process Reengineering Demonstration Site; decreased workload.
Ft. Wainwright (Bassett Army Community Hospital)	Exceeded inpatient collection goal; outpatient collections less than goal/workload indicated.
Landstuhl Regional Medical Center	Increased command emphasis; increased total collections by \$1.71 million.
New Cumberland US Army Health Clinic	FY 99, reported under Ft. Meade; FY 00, reported separately.
Pentagon Army Health Clinic	No inpatient services.
Redstone Arsenal (Fox Army Health Clinic)	No inpatient services; increased outpatient collections by 36% and significantly exceeded goal.
Tobyhanna US Army Health Clinic	FY 99, reported under Ft. Meade; FY 00, reported separately.
USA Hospital Heidelberg	Increased command emphasis; increase in total collections by \$88.5K
USA Hospital Wuerzburg	Increased command emphasis; increase in total collections by \$50.4K
Washington D.C. (Walter Reed Army Medical Center)	FY 99 – Ft Lee & West Point outpatient collections were included in WRAMC's.
West Point (Keller Army Community Hospital)	FY 99, outpatient collections were rolled under WRAMC (regional billing); nearly doubled inpatient collections.
Yuma Proving Grounds	No inpatient services.
MEDDAC Japan	No inpatient services; outpatient billing performed by TAMC.

### Navy MTF Collections

NAVY BASE/FACILITY	INPATIENT COLLECTIONS FY 00	OUTPATIENT COLLECTIONS FY 00	TOTAL COLLECTIONS FY 00
NACC Groton	\$ -	\$ 159,027	\$ 159,027
NACC New Orleans	\$ -	\$ 46,499	\$ 46,499
NACC Newport	\$ 5,508	\$ 448,185	\$ 453,693
NACC Portsmouth (NH)	\$ -	\$ 27,148	\$ 27,148
NBMC Memphis	\$ -	\$ 378,108	\$ 378,108
NH 29 Palms	\$ 33,140	\$ 2,317	\$ 35,457
NH Beaufort	\$ 190,688	\$ 539,474	\$ 730,162
NH Bremerton	\$ 542,616	\$ 610,186	\$ 1,152,802
NH Camp Lejeune	\$ 444,479	\$ 830,527	\$ 1,275,005
NH Camp Pendelton	\$ 167,900	\$ 223,372	\$ 391,272
NH Charleston	\$ -	\$ 681,768	\$ 681,768
NH Cherry Point	\$ 69,962	\$ 228,023	\$ 297,985
NH Corpus Christi	\$ -	\$ 103,892	\$ 103,892
NH Great Lakes	\$ 77,759	\$ 409,996	\$ 487,755
NH Guam	\$ 294,287	\$ 43,827	\$ 338,114
NH Jacksonville	\$ 736,252	\$ 1,072,383	\$ 1,808,635
NH Lemoore	\$ 39,952	\$ 201	\$ 40,153
NH Oak Harbor	\$ 60,636	\$ 117,127	\$ 177,763
NH Pensacola	\$ 670,933	\$ 836,000	\$ 1,506,932
NH Roosevelt Roads	\$ 42,171	\$ 6,422	\$ 48,592
NMC Annapolis	\$ -	\$ 34,505	\$ 34,505
NMC Portsmouth (VA)	\$ 2,343,630	\$ 1,982,968	\$ 4,326,598
NMC San Diego	\$ 2,422,920	\$ 1,563,019	\$ 3,985,939
NMCL Patuxent River	\$ -	\$ 76,888	\$ 76,888
NMCL Pearl Harbor	\$ -	\$ 116,094	\$ 116,094
NMCL Quantico	\$ -	\$ 56,467	\$ 56,467
NNMC Bethesda	\$ 4,301,497	\$ 1,844,281	\$ 6,145,779
<b>Totals</b>	<b>\$ 12,444,329</b>	<b>\$ 12,438,704</b>	<b>\$ 24,883,033</b>

### Navy Service Comments

NAVY BASE/FACILITY	FY 00 Service Comments
NACC Groton	
NACC New Orleans	
NACC Newport	IP is professional fees only.
NACC Portsmouth (NH)	Reorganized inpatient billing by instituting standards/Outpatient collections increase due to pharmacy billing.

(Navy Conintued)	
NBMC Memphis	
NH 29 Palms	
NH Beaufort	Reduced inpatient care
NH Bremerton	Combined admission and billing offices – better other health insurance identification.
NH Camp Lejuene	
NH Camp Pendelton	
NH Charleston	No inpatient care only outpatient services are provided now.
NH Cherry Point	Increased contract care
NH Corpus Christi	
NH Great Lakes	Change in OP/IP case mix
NH Guam	Created standard operating procedures.
NH Jacksonville	Added pharmacy billing specialist
NH Lemoore	Lost prior year data, attempting recovery.
NH Oak Harbor	
NH Pensacola	33% increase in OP claims.
NH Roosevelt Roads	
NMC Annapolis	
NMC Portsmouth (VA)	
NMC San Diego	
NMCL Patuxent River	
NMCL Pearl Harbor	
NMCL Quantico	Last year had fire in billing office.
NNMC Bethesda	

### Air Force MTF Collections

AIR FORCE BASE/FACILITY	INPATIENT COLLECTIONS FY 00	OUTPATIENT COLLECTIONS FY 00	TOTAL COLLECTIONS FY 00
Altus AFB (97th Medical Group)	\$ -	\$ 101,790	\$ 101,790
Andrews AFB (Malcom Grow Medical Center)	\$ 2,003,114	\$ 1,117,032	\$ 3,120,146
Barksdale AFB (2nd Medical Group)	\$ -	\$ 95,838	\$ 95,838
Beale AFB (9th Medical Group)	\$ -	\$ 33,038	\$ 33,038
Bolling AFB (11th Medical Group)	\$ -	\$ 13,409	\$ 13,409
Brooks AFB (70th Medical Squad)	\$ -	\$ 20,533	\$ 20,533
Cannon AFB (27th Medical Group)	\$ -	\$ 120,237	\$ 120,237
Charleston AFB (437th Medical Squad)	\$ -	\$ 117,998	\$ 117,998
Columbus AFB (14th Medical Group)	\$ -	\$ 4,608	\$ 4,608
Davis Monthan AFB (355th Medical Group)	\$ -	\$ 90,071	\$ 90,071
Dover AFB (436th Medical Group)	\$ -	\$ 83,990	\$ 83,990
Dyess AFB (7th Medical Group)	\$ -	\$ 194,960	\$ 194,960
Edwards AFB (95th Medical Group)	\$ -	\$ 43,146	\$ 43,146
Eglin AFB (96th Medical Group)	\$ 604,129	\$ 627,135	\$ 1,231,264

(Air Force Continued)	Inpatient	Outpatient	
Eielson AFB (354th Medical Group)	\$ -	\$ 36,543	\$ 36,543
Ellsworth AFB (28th Medical Group)	\$ 23,960	\$ 139,173	\$ 163,133
Elmendorf AFB (3rd Group)	\$ 438,670	\$ 916,906	\$ 1,355,575
F.E. Warren AFB (90th Medical Group)	\$ -	\$ 59,666	\$ 59,666
Fairchild AFB (92nd Medical Group)	\$ -	\$ 179,850	\$ 179,850
Goodfellow AFB (17th Medical Group)	\$ -	\$ 45,858	\$ 45,858
Grand Forks AFB (319th Medical Group)	\$ -	\$ 13,536	\$ 13,536
Hanscom AFB (66th Medical Group)	\$ -	\$ 9,339	\$ 9,339
Hickam AFB (15th Medical Group)	\$ -	\$ 70,674	\$ 70,674
Hill AFB (75th Medical Group)	\$ -	\$ 264,545	\$ 264,545
Holloman AFB (49th Medical Group)	\$ -	\$ 277,128	\$ 277,128
Hurlburt FLD (16th Medical Group)	\$ -	\$ 112,271	\$ 112,271
Keesler AFB (81st Medical Group)	\$ 2,827,839	\$ 1,507,581	\$ 4,335,420
Kelly AFB	\$ -	\$ -	\$ -
Kirtland AFB (377th Medical Group)	\$ -	\$ 24,981	\$ 24,981
Lackland AFB (59th Medical Wing)	\$ 3,306,016	\$ 1,401,497	\$ 4,707,513
Langley AFB (1st Medical Group)	\$ 161,407	\$ 521,151	\$ 682,558
Laughlin AFB (47th Medical Group)	\$ -	\$ 63,399	\$ 63,399
Little Rock AFB (314th Medical Group)	\$ -	\$ 81,498	\$ 81,498
Los Angeles AFS (61st Medical Squad)	\$ -	\$ 3,348	\$ 3,348
Luke AFB (56th Medical Group)	\$ 41,977	\$ 115,036	\$ 157,012
MacDill AFB (6th Medical Group)	\$ 48,748	\$ 295,845	\$ 344,593
Malmstrom AFB (341st Medical Group)	\$ -	\$ 149,031	\$ 149,031
Maxwell AFB (42nd Medical Group)	\$ -	\$ 237,856	\$ 237,856
McChord AFB (62nd Medical Group)	\$ -	\$ 61,269	\$ 61,269
McClellan AFB (77th Medical Group)	\$ -	\$ -	\$ -
McConnell AFB (22nd Medical Group)	\$ -	\$ 35,522	\$ 35,522
McGuire AFB/Ft. Dix (305th Medical Group)	\$ -	\$ 61,217	\$ 61,217
Minot AFB (5th Medical Group)	\$ -	\$ 78,439	\$ 78,439
Moody AFB (347th Medical Group)	\$ -	\$ 132,104	\$ 132,104
Mountain Home AFB (366th Medical Group)	\$ 4,463	\$ 227,406	\$ 231,869
Nellis AFB (99th Medical Group)	\$ 710,137	\$ 495,128	\$ 1,205,265
Offutt AFB (55th Medical Group)	\$ 310,177	\$ 897,854	\$ 1,208,031
Patrick AFB (45th Medical Group)	\$ -	\$ 707,948	\$ 707,948
Pope AFB (23rd Medical Group)	\$ -	\$ 16,672	\$ 16,672
Randolph AFB (12 Medical Group)	\$ -	\$ 122,328	\$ 122,328
Robins AFB (78th Medical Group)	\$ 162	\$ 274,692	\$ 274,855
Scott AFB (375th Medical Group)	\$ 850,980	\$ 943,713	\$ 1,794,692
Seymour Johnson AFB (4th Medical Group)	\$ -	\$ 410,327	\$ 410,327
Shaw AFB (20th Medical Group)	\$ 74,446	\$ 539,387	\$ 613,832
Sheppard AFB (82nd Medical Group)	\$ 115,600	\$ 305,098	\$ 420,698
Tinker AFB (72th Medical Group)	\$ -	\$ 328,794	\$ 328,794
Travis AFB (60th Medical Group)	\$ 1,523,734	\$ 529,389	\$ 2,053,123

Tyndall AFB (325th Medical Group)	\$ -	\$ 316,990	\$ 316,990
USAF Academy (10th Medical Group)	\$ 412,109	\$ 726,516	\$ 1,138,625
Vance AFB (71st Medical Squad)	\$ -	\$ 12,629	\$ 12,629
Vandenberg AFB (30th Medical Group)	\$ -	\$ 17,426	\$ 17,426
Whiteman AFB (509th Medical Group)	\$ -	\$ 50,457	\$ 50,457
Wright Patterson AFB (74th Medical Group)	\$ 2,675,843	\$ 2,915,481	\$ 5,591,324
<b>Totals</b>	<b>\$ 16,133,510</b>	<b>\$ 19,397,283</b>	<b>\$ 35,530,792</b>

\* Please review the attached report for individual MTF comments.

### Air Force Service Comments

AIR FORCE BASE/FACILITY	FY 00 Service Comments
Altus AFB (97th Medical Group)	Inpatient Service Closure May 1999.
Andrews AFB (Malcom Grow Medical Center)	Increase focus on inpatient billing and follow-up.
Barksdale AFB (2nd Medical Group)	Decrease of FTEs in the billing department.
Beale AFB (9th Medical Group)	
Bolling AFB (11th Medical Group)	
Brooks AFB (70th Medical Squad)	More aggressive billing by BAMC (regional biller).
Cannon AFB (27th Medical Group)	Installation of TPOCS; improved staff marketing.
Charleston AFB (437th Medical Squad)	Region 3 Reengineering participant; addition of 1 FTE.
Columbus AFB (14th Medical Group)	Poor OHI identification by clinic staff.
Davis Monthan AFB (355th Medical Group)	
Dover AFB (436th Medical Group)	Decrease in patient workload; TPOCS down 3 months of fiscal year.
Dyess AFB (7th Medical Group)	Inpatient service closure.
Edwards AFB (95th Medical Group)	Inappropriate billing and follow-up over the last year.
Eglin AFB (96th Medical Group)	
Eielson AFB (354th Medical Group)	
Ellsworth AFB (28th Medical Group)	
Elmendorf AFB (3rd Group)	Opened a new facility in May 99; caused an incompatibility problem between CHCS and TPOCS; 4 - 5 months of FY99 billing did not occur until FY 00.
F.E. Warren AFB (90th Medical Group)	Closure of the following services: inpatient ward, same day surgery, and OB services.
Fairchild AFB (92nd Medical Group)	Increased focus on pharmacy billing/added second TPC Billing clerk.
Goodfellow AFB (17th Medical Group)	Stricter adherence to published business rules, marketing to staff.
Grand Forks AFB (319th Medical Group)	Inpatient service closure.
Hanscom AFB (66th Medical Group)	Decrease in the Prime patients with OHI; marked decrease in the overall number of MTF visits for retirees and their family members.
Hickam AFB (15th Medical Group)	Decrease due to the loss of the ADS bubble sheets and the unsuccessful implementation of CHCS11 (deactivated until further notice).

(Air Force Continued)	
Hill AFB (75th Medical Group)	
Holloman AFB (49th Medical Group)	
Hurlburt FLD (16th Medical Group)	Hired 1 contract FTE.
Keesler AFB (81st Medical Group)	Centralized clinic TPC personnel with TPC office billers - increased bill generation; implementation of KG-ADS simplified the billing process increasing productivity.
Kelly AFB	BRAC base; absorbed by Lackland.
Kirtland AFB (377th Medical Group)	Inpatient service closure FY99.
Lackland AFB (59th Medical Wing)	TRICARE Prime enrollment and reduced appointments for other than Prime coupled with Primary Care Manager (PCM) By Name has had a direct impact on the billing department as fewer patients with OHI are able to access the system.
Langley AFB (1st Medical Group)	Special Care Unit service closure FY99.
Laughlin AFB (47th Medical Group)	Patients dropping OHI when they enroll in Prime.
Little Rock AFB (314th Medical Group)	7% decrease in outpatient visits; 1 full-time FTE effective Feb 00; clinic closures: Orthopedics, General Surgery, and Same Day Surgery.
Los Angeles AFS (61st Medical Squad)	More aggressive billing.
Luke AFB (56th Medical Group)	TPOCS system problem that hampered the ADS download for 3 1/2 months - bills were not generated during that time.
MacDill AFB (6th Medical Group)	
Malmstrom AFB (341st Medical Group)	
Maxwell AFB (42nd Medical Group)	Inpatient service closure Jul 99. MOU with Keesler for billing - initial problems with the ADS.TPOCS upload.
McChord AFB (62nd Medical Group)	
McClellan AFB (77th Medical Group)	BRAC base.
McConnell AFB (22nd Medical Group)	
McGuire AFB/Ft. Dix (305th Medical Group)	
Minot AFB (5th Medical Group)	Inpatient service closure FY99.
Moody AFB (347th Medical Group)	Region 3 Reengineering participant.
Mountain Home AFB (366th Medical Group)	Billing function assumed by contractor.
Nellis AFB (99th Medical Group)	Increase of 3 FTEs over old contract.
Offutt AFB (55th Medical Group)	Aggressive OHI collection efforts on part of the UBO and clinical staff; increased follow up efforts on part of the TPC contractor staff; ability to bill Medicare Supplements.
Patrick AFB (45th Medical Group)	Region 3 Reengineering participant, addition of 1 FTE in the Pharmacy.
Pope AFB (23rd Medical Group)	Stronger partnership with Womak Army Medical Facility Billing Dept.
Randolph AFB (12 Medical Group)	
Robins AFB (78th Medical Group)	Region 3 Reengineering site; added an additional FTE.
Scott AFB (375th Medical Group)	Inpatient service closure FY99.
Seymour Johnson AFB (4th Medical Group)	Addition of 1 FTE for ancillary billing.

(Air Force Continued)	
Shaw AFB (20th Medical Group)	Closed Inpatient (except OB); BCBS State pharm. -did not reimburse for RX cvg until FY 01. Part of regional billing - added 3-remote sites (Mountain Home, Hollomon, and Whiteman) to current workload.
Sheppard AFB (82nd Medical Group)	OR and OB closures for 3 months; 30% increase in TSP dispositions which are not billable; 2% decrease in the number of billable outpatients.
Tinker AFB (72th Medical Group)	
Travis AFB (60th Medical Group)	McClellan moved under Travis.
Tyndall AFB (325th Medical Group)	Loss of IP Svcs 1 Oct 99, Loss of Pediatric Cln Resource Sharing physician during Aug 99, Loss of APV Unit Gastro Resource Sharing Surgery, Cln Orthopedic Cln & OB/GYN Cln as of 1 Oct 99, Loss of Pediatric Cln Resource Sharing nurse pract beginning FY 00.
USAF Academy (10th Medical Group)	
Vance AFB (71st Medical Squad)	Breakdown of TPOCS and subsequent loss of data; lack of dedicated billing manpower.
Vandenberg AFB (30th Medical Group)	
Whiteman AFB (509th Medical Group)	New Contractor had problems with server. Billing was halted for 6-months of FY 00.
Wright Patterson AFB (74th Medical Group)	Number of non-active duty outpatient visits were down by 10%, non-active duty inpatient stays down by 14%.

**Summary:**

Despite the drop in collections at several MTFs due to elimination of inpatient beds and clinic closures, there was an increase of FY 00 collections by approximately \$1.2M over FY 99. This was due, in large part, to process improvements initiated at several facilities as a part of TPC business process reengineering during FY 00.