



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

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

APR 2 2002

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 01 were \$128,612,976.

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

Sincerely,


William Winkenwerder, Jr., MD

Enclosure:
As stated

cc:
Honorable Ike Skelton
Ranking Democrat

HOUSE COMMITTEE ON

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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 2001 THIRD PARTY COLLECTIONS ANNUAL REPORT

Overview

This report responds to language contained in 10 U.S.C. 1095 (g)(2) which requires that an annual report be submitted to Congress by February 15th 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 (TPC) 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.

Annual Report

The TPC Program, Fiscal Year 2001, annual summary is as follows:

Total TPC Collections

	Army	Navy	Air Force	Total
Inpatient	\$ 28,885,670	\$ 14,969,419	\$ 14,277,685	\$ 58,132,773
Outpatient	\$ 27,402,558	\$ 16,290,634	\$ 26,787,010	\$ 70,480,203
Total	\$ 56,288,228	\$ 31,260,053	\$ 41,064,695	\$ 128,612,976
Delta FY 01 Vs. FY 00	\$ 5,813,044	\$ 6,081,475	\$ 5,533,903	\$ 17,428,422

* Delta - Positive number indicates an increase in collections from FY 2000 to FY 2001

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

Army MTF Collections Summary

ARMY BASE/FACILITY	INPATIENT COLLECTIONS FY 01	OUTPATIENT COLLECTIONS FY 01	TOTAL COLLECTIONS FY 01	DELTA* COLLECTIONS FY 01 Vs. FY 00
121st Evacuation Hospital Seoul Korea	\$ 67,882	\$ -	\$ 67,882	\$ (37,007)
Aberdeen Proving Grounds (Kirk Army Health Clinic)	\$ -	\$ 202,551	\$ 202,551	\$ 20,241
Carlisle (Dunham Army Health Clinic)	\$ -	\$ 237,145	\$ 237,145	\$ 116,172
Ft. Belvoir (Dewitt Army Community Hospital)	\$ 666,334	\$ 1,204,128	\$ 1,870,461	\$ 883,359
Ft. Benning (Martin Army Community Hospital)	\$ 658,114	\$ 1,360,657	\$ 2,018,772	\$ 189,538
Ft. Bliss (William Beaumont Army Medical Center)	\$ 2,985,419	\$ 1,616,754	\$ 4,602,173	\$ 385,066
Ft. Bragg (Womack Army Medical Center)	\$ 2,013,079	\$ 2,798,229	\$ 4,811,308	\$ 1,090,370
Ft. Campbell (Blanchfield Army Comm Hospital)	\$ 465,808	\$ 1,138,629	\$ 1,604,437	\$ 258,275
Ft. Carson (Evans Army Community Hospital)	\$ 211,027	\$ 493,083	\$ 704,110	\$ 184,762
Ft. Detrick US Army Health Clinic	\$ -	\$ 38,977	\$ 38,977	\$ 17,059

ARMY BASE/FACILITY	INPATIENT COLLECTIONS FY 01	OUTPATIENT COLLECTIONS FY 01	TOTAL COLLECTIONS FY 01	DELTA* COLLECTIONS FY 01 Vs. FY 00
Ft. Drum (Guthrie Army Health Clinic)	\$ -	\$ 34,738	\$ 34,738	\$ 7,980
Ft. Eustis (McDonald Army Community Hospital)	\$ 51,706	\$ 274,418	\$ 326,124	\$ 130,868
Ft. Gordon (Eisenhower Army Medical Center)	\$ 3,134,535	\$ 1,453,459	\$ 4,587,994	\$ 111,339
Ft. Hood (Darnall Army Community Hospital)	\$ 619,841	\$ 695,934	\$ 1,315,775	\$ 248,423
Ft. Huachuca (Bliss Army Health Clinic)	\$ -	\$ 485,850	\$ 485,850	\$ 163,839
Ft. Indiantown Gap US Army Health Clinic	\$ -	\$ 135	\$ 135	\$ 2
Ft. Irwin (Weed Army Community Hospital)	\$ 11,892	\$ 29,867	\$ 41,759	\$ 6,261
Ft. Jackson (Moncrief Army Community Hospital)	\$ 180,726	\$ 526,521	\$ 707,247	\$ (271,095)
Ft. Knox (Ireland Army Community Hospital)	\$ 239,618	\$ 440,181	\$ 679,799	\$ 329,742
Ft. Leavenworth (Munson Army Health Clinic)	\$ -	\$ 202,576	\$ 202,576	\$ 72,526
Ft. Lee (Kenner Army Health Clinic)	\$ -	\$ 49,131	\$ 49,131	\$ 20,090
Ft. Leonard Wood (Wood Army Community Hospital)	\$ 258,503	\$ 857,626	\$ 1,116,130	\$ 85,067
Ft. Lewis (Madigan Army Medical Center)	\$ 3,831,012	\$ 1,136,503	\$ 4,967,515	\$ 1,414,840
Ft. Meade (Kimbrough Ambulatory Care Center)	\$ -	\$ 418,904	\$ 418,904	\$ 176,338
Ft. Monmouth (Patterson Army Health Clinic)	\$ -	\$ 38,784	\$ 38,784	\$ (63,189)
Ft. Polk (Bayne-Jones Army Community Hospital)	\$ 170,580	\$ 677,216	\$ 847,797	\$ 208,093
Ft. Riley (Irwin Army Community Hospital)	\$ 259,910	\$ 363,265	\$ 623,175	\$ 231,876
Ft. Rucker (Lyster Army Community Hospital)	\$ 78,758	\$ 1,307,077	\$ 1,385,834	\$ 473,446
Ft. Sam Houston (Brooke Army Medical Center)	\$ 3,763,464	\$ 1,862,604	\$ 5,626,068	\$ (1,002,580)
Ft. Shafter (Tripler Army Medical Center)	\$ 2,654,473	\$ 1,078,309	\$ 3,732,782	\$ (650,598)
Ft. Sill (Reynolds Army Community Hospital)	\$ 79,755	\$ 602,278	\$ 682,033	\$ 217,113
Ft. Stewart (Winn Army Community Hospital)	\$ 161,175	\$ 940,161	\$ 1,101,336	\$ 546,838
Ft. Wainwright (Bassett Army Community Hospital)	\$ 189,950	\$ 572,222	\$ 762,171	\$ 172,106
Landstuhl Regional Medical Center	\$ 501,704	\$ 227,755	\$ 729,459	\$ (971,702)
MEDDAC Japan	\$ -	\$ 27,652	\$ 27,652	\$ 24,997
New Cumberland US Army Health Clinic	\$ -	\$ 5,516	\$ 5,516	\$ 1,969
Redstone Arsenal (Fox Army Health Clinic)	\$ -	\$ 489,107	\$ 489,107	\$ 210,995
Tobyhanna US Army Health Clinic	\$ -	\$ 3,866	\$ 3,866	\$ (1,442)
USA Hospital Heidelberg	\$ 58,865	\$ 102,156	\$ 161,021	\$ 75,318
USA Hospital Wuerzburg	\$ 61,784	\$ 44,715	\$ 106,499	\$ 56,091
Washington D.C. (Walter Reed Army Medical Center)	\$ 5,366,385	\$ 3,092,390	\$ 8,458,775	\$ 683,392
West Point (Keller Army Community Hospital)	\$ 143,374	\$ 265,140	\$ 408,514	\$ 72,242
Yuma Proving Grounds	\$ -	\$ 6,349	\$ 6,349	\$ 3,091
Totals	\$ 28,885,670	\$ 27,402,558	\$ 56,288,228	\$ 5,813,044

* Delta - Positive number indicates an increase in collections from FY 2000 to FY 2001.

Army Comments

ARMY BASE/FACILITY	FY 01 SERVICE COMMENTS
121st Evacuation Hospital Seoul Korea	Implemented outpatient collections using the Third Party Outpatient Collection System (TPOCS) in October, which will increase overall collections in the next fiscal year.
Aberdeen Proving Grounds (Kirk Army Health Clinic)	Improvements in outpatient automation (TPOCS).
Carlisle (Dunham Army Health Clinic)	Improvements in outpatient automation (TPOCS).
Ft. Belvoir (Dewitt Army Community Hospital)	Increase in inpatient collections - performed significant back billing on backlogged claims from FY 00. Increase in outpatient collections - improvements in outpatient automation (TPOCS).
Ft. Benning (Martin Army Community Hospital)	Overall increase in collections - implemented Third Party Collections Program (TPCP) Business Process Reengineering as a demonstration site. Decrease in inpatient - continued shift to outpatient care. Increase in outpatient - improvements in outpatient automation (TPOCS).
Ft. Bliss (William Beaumont Army Medical Center)	Slight increase in inpatient collections. Increase in outpatient collections due to improvements in outpatient automation (TPOCS).
Ft. Bragg (Womack Army Medical Center)	Overall improvement in collections - implemented automated legal demand letter generation for improved follow-up on claims. Slight increase in inpatient collections. Significant increase in outpatient collections - improvement in outpatient automation (TPOCS).
Ft. Campbell (Blanchfield Army Comm Hospital)	Increase in inpatient collections - increased emphasis on follow-up on claims; began providing a high cost inpatient surgical procedure. Increase in outpatient collections - improvements in outpatient automation; implementation of automated download for pharmacy billing (test site).
Ft. Carson (Evans Army Community Hospital)	Increase in inpatient collections - enhanced marketing and identification of billable health insurance. Increase in outpatient collections - improvements in outpatient automation (TPOCS).
Ft. Detrick US Army Health Clinic	
Ft. Drum (Guthrie Army Health Clinic)	Slight increase in outpatient collections - improvements in outpatient automation (TPOCS).
Ft. Eustis (McDonald Army Community Hospital)	Slight decrease in inpatient collections. Significant increase in outpatient collections - improvements in outpatient automation (TPOCS).
Ft. Gordon (Eisenhower Army Medical Center)	Overall increase in collections - implemented TPCP Business Process Reengineering as a demonstration site. Increase in outpatient collections - improvements in outpatient automation (TPOCS).
Ft. Hood (Darnall Army Community Hospital)	Increase in inpatient and outpatient collections - enhanced marketing and identification of billable health insurance (identified billable insurance for an additional 887 existing patients, most of which were from a roster provided by local Civilian Personnel Administration Center (CPAC)).
Ft. Huachuca (Bliss Army Health Clinic)	Improvements in outpatient automation (TPOCS).
Ft. Indiantown Gap US Army Health Clinic	
Ft. Irwin (Weed Army Community Hospital)	Increase in inpatient collections - enhanced marketing and claims follow-up. Slight decrease in outpatient collections.

ARMY BASE/FACILITY	FY 01 SERVICE COMMENTS
Ft. Jackson (Moncrief Army Community Hospital)	Increase in inpatient collections - enhanced claims follow-up; implemented TPCP Business Process Reengineering. Decrease in outpatient collections - data loss due to system (TPOCS) crash (repaired); delays in billing during conversion from the Ambulatory Data System (ADS) to KG-ADS.
Ft. Knox (Ireland Army Community Hospital)	Increase in inpatient and outpatient collections - enhanced marketing and identification of patients with billable insurance. Increase in outpatient - improvements in outpatient automation (TPOCS).
Ft. Leavenworth (Munson Army Health Clinic)	Improvements in outpatient automation (TPOCS); implemented automated download for pharmacy billing.
Ft. Lee (Kenner Army Health Clinic)	Improvements in outpatient automation (TPOCS).
Ft. Leonard Wood (Wood Army Community Hospital)	Decrease in inpatient - continued shift to outpatient care. Increase in outpatient - improvements in automation (TPOCS); implemented automated download for pharmacy billing.
Ft. Lewis (Madigan Army Medical Center)	Increase in inpatient - ASA rate for DRG calculation increased significantly over FY 00. Increase in outpatient - percent on each claim to a major payer increased by 40 percent as a result of litigation against payer in the private sector.
Ft. Meade (Kimbrough Ambulatory Care Center)	Improvements in outpatient automation (TPOCS).
Ft. Monmouth (Patterson Army Health Clinic)	TPCP billed by West Point; decrease in billable health insurance.
Ft. Polk (Bayne-Jones Army Community Hospital)	Slight increase in inpatient - admitted 16 more patients with billable health insurance in FY 01. Increase in outpatient - improvements in outpatient automation (TPOCS); pharmacy billing threshold eliminated, increasing billing opportunities; identified additional billable insurance (back billed).
Ft. Riley (Irwin Army Community Hospital)	Overall increase - enhanced marketing and identification of patients with billable insurance. Increase in outpatient - improvements in outpatient automation (TPOCS); implemented automated download for pharmacy billing; continued shift to outpatient care.
Ft. Rucker (Lyster Army Community Hospital)	Decrease in inpatient - continued shift to outpatient care. Increase in outpatient - improvements in outpatient automation (TPOCS); implemented automated download for pharmacy billing; continued shift to outpatient care.
Ft. Sam Houston (Brooke Army Medical Center)	Overall decrease - TSP demonstration site, which restricts TPCP collections (TSP ended December 31, 2001); clinical coding not performed on several billable encounters (being corrected); loss of two FTE, impacting follow-up on claims. Slight increase in inpatient.
Ft. Shafter (Tripler Army Medical Center)	Overall decrease - major payer, HMSA, reduced percent reimbursement from 90% to 20% for Medicare-eligible, due to their interpretation that they are secondary payers to Medicare. MEDCOM SJA office is addressing the issue (DoD MTFs cannot bill Medicare under the TPCP, by statute).
Ft. Sill (Reynolds Army Community Hospital)	Slight increase in inpatient. Increase in outpatient - improvements in outpatient automation (TPOCS).
Ft. Stewart (Winn Army Community Hospital)	Overall increase - implemented TPCP Business Process Reengineering as a demonstration site. Decrease in inpatient - continued shift to outpatient care. Increase in outpatient - improvements in outpatient automation (TPOCS); implemented automated download for pharmacy billing.

ARMY BASE/FACILITY	FY 01 SERVICE COMMENTS
Ft. Wainwright (Bassett Army Community Hospital)	Decrease in inpatient - continued shift to outpatient care. Increase in outpatient - improvements in outpatient automation (TPOCS); implemented automated download for pharmacy billing, 7/01; continued shift to outpatient care.
Landstuhl Regional Medical Center	Inpatient decrease - FY 00 collections were very high, since they included collections from a two-year backlog of claims, which makes FY 01 collections appear to be low, but are actually above average; loss of TPCP manager, with a four month lag in hiring. Decrease in outpatient - billing placed on hold until ADS/TPOCS interface problem fixed; working on backlog of claims.
MEDDAC Japan	TAMC performs their billing; increases due to improved coordination.
New Cumberland US Army Health Clinic	
Redstone Arsenal (Fox Army Health Clinic)	Improvements in outpatient automation (TPOCS).
Tobyhanna US Army Health Clinic	
USA Hospital Heidelberg	Inpatient decrease - reduction in billable workload. Outpatient increase - correction of a malfunction of the TPOCS/ADS interface, increasing electronic transmission of billing information to TPOCS.
USA Hospital Wuerzburg	Increase in inpatient - enhanced marketing and identification of billable health insurance. Increase in outpatient - enhanced marketing and identification of billable health insurance; improvements in outpatient automation (TPOCS).
Washington D.C. (Walter Reed Army Medical Center)	Improved processes led to increase in inpatient. Increase in outpatient - improvements in automation (TPOCS) and continued shift to outpatient care.
West Point (Keller Army Community Hospital)	Decrease in inpatient - continued shift to outpatient care. Increase in outpatient - improvements in outpatient automation (TPOCS).
Yuma Proving Grounds	

Navy MTF Collections Summary

NAVY BASE/FACILITY	INPATIENT COLLECTIONS FY 01	OUTPATIENT COLLECTIONS FY 01	TOTAL COLLECTIONS FY 01	DELTA* COLLECTIONS FY 01 Vs. FY 00
Branch Medical Clinic Millington	\$ -	\$ 532,969	\$ 532,969	\$ 154,861
Naval Ambulatory Care Center Groton	\$ -	\$ 164,983	\$ 164,983	\$ 5,955
Naval Ambulatory Care Center New Orleans	\$ -	\$ 56,815	\$ 56,815	\$ 10,316
Naval Ambulatory Care Center Newport	\$ 6,094	\$ 399,699	\$ 405,793	\$ (47,900)
Naval Ambulatory Care Center Portsmouth (NH)	\$ -	\$ 19,541	\$ 19,541	\$ (7,607)
Naval Hospital 29 Palms	\$ 58,388	\$ 101,720	\$ 160,108	\$ 124,650
Naval Hospital Beaufort	\$ 145,448	\$ 648,128	\$ 793,577	\$ 63,414
Naval Hospital Bremerton	\$ 603,116	\$ 892,263	\$ 1,495,379	\$ 342,577
Naval Hospital Camp Lejeune	\$ 448,396	\$ 778,974	\$ 1,227,370	\$ (47,636)
Naval Hospital Camp Pendleton	\$ 256,165	\$ 267,199	\$ 523,364	\$ 132,092
Naval Hospital Charleston	\$ -	\$ 951,271	\$ 951,271	\$ 269,503
Naval Hospital Cherry Point	\$ 66,397	\$ 289,208	\$ 355,605	\$ 57,620
Naval Hospital Corpus Christi	\$ -	\$ 128,999	\$ 128,999	\$ 25,107

NAVY BASE/FACILITY	INPATIENT COLLECTIONS FY 01	OUTPATIENT COLLECTIONS FY 01	TOTAL COLLECTIONS FY 01	DELTA* COLLECTIONS FY 01 Vs. FY 00
Naval Hospital Great Lakes	\$ 43,456	\$ 415,911	\$ 459,367	\$ (28,387)
Naval Hospital Guam	\$ 101,517	\$ 47,454	\$ 148,971	\$ (189,143)
Naval Hospital Jacksonville	\$ 673,276	\$ 1,862,663	\$ 2,535,939	\$ 727,304
Naval Hospital Lemoore	\$ 38,789	\$ 316,181	\$ 354,970	\$ 19,272
Naval Hospital Oak Harbor	\$ 44,902	\$ 181,222	\$ 226,124	\$ 48,360
Naval Hospital Pensacola	\$ 852,554	\$ 1,367,922	\$ 2,220,477	\$ 713,544
Naval Hospital Roosevelt Roads	\$ 9,081	\$ 7,386	\$ 16,467	\$ (32,125)
Naval Medical Clinic Annapolis	\$ -	\$ 140,918	\$ 140,918	\$ 106,413
Naval Medical Center Portsmouth (VA)	\$ 2,726,927	\$ 2,402,656	\$ 5,129,582	\$ 802,984
Naval Medical Center San Diego	\$ 1,590,800	\$ 1,548,180	\$ 3,138,980	\$ (846,959)
NMCL Patuxent River	\$ -	\$ 112,228	\$ 112,228	\$ 35,341
Naval Medical Clinic Pearl Harbor	\$ -	\$ 154,807	\$ 154,807	\$ 38,713
Naval Medical Clinic Quantico	\$ -	\$ 144,175	\$ 144,175	\$ 87,709
National Naval Medical Center Bethesda	\$ 7,304,112	\$ 2,357,163	\$ 9,661,275	\$ 3,515,496
Totals	\$ 14,969,419	\$ 16,290,634	\$ 31,260,053	\$ 6,081,475

* Delta - Positive number indicates an increase in collections from FY 2000 to FY 2001.

Navy Comments

NAVY BASE/FACILITY	FY 01 SERVICE COMMENTS
Branch Medical Clinic Millington	Better OP automation, increased pharmacy, and increased rates.
Naval Ambulatory Care Center Groton	Change due to billing rate increase.
Naval Ambulatory Care Center New Orleans	Small facility, minor changes by payers have large percentage impact.
Naval Ambulatory Care Center Newport	TPOCS was down for conversion, caused billings to be lost.
Naval Ambulatory Care Center Portsmouth (NH)	Small facility, minor changes by payers have large percentage impact.
Naval Hospital 29 Palms	Received payments for a backlog of claims.
Naval Hospital Beaufort	Continued shift to lower cost OP collections; better OP automation.
Naval Hospital Bremerton	Increased follow up. Better identification of Other Health Insurance (OHI).
Naval Hospital Camp Lejeune	Lost two OP billets due to PCS moves and had a long delay in replacing them.
Naval Hospital Camp Pendleton	Changed billing office personnel and increased oversight.
Naval Hospital Charleston	TPC and Pharmacy clerks both verified OHI and placed adhesive dot on mil ID card.
Naval Hospital Cherry Point	Collected on back-bills, pharmacy.
Naval Hospital Corpus Christi	Contract staff generated more bills.
Naval Hospital Great Lakes	Increase in TRICARE enrollment resulted in less OHI to bill.
Naval Hospital Guam	Results are inconsistent due to reluctance of insurers to pay OCONUS.
Naval Hospital Jacksonville	Continued focus on pharmacy billing.
Naval Hospital Lemoore	Focused on pharmacy collections through improved pharmacy reporting.

NAVY BASE/FACILITY	FY 01 SERVICE COMMENTS
Naval Hospital Oak Harbor	Increased reimbursement for pharmacy. Billable inpatient cases.
Naval Hospital Pensacola	Billing rates increased and billing for pharmacy was greatly increased. An improvement in collections can be attributed to a dedicated staff.
Naval Hospital Roosevelt Roads	Inconsistent payment by primary payer in Puerto Rico.
Naval Medical Clinic Annapolis	NNMC performed billing. In-house initiative to have beneficiaries complete TPC forms.
Naval Medical Center Portsmouth (VA)	Increased collections from follow up. Better identification of OHI.
Naval Medical Center San Diego	Continued loss of OHI due to TRICARE enrollment, TRICARE Senior Prime (TSP), and TRICARE For Life anticipation.
NMCL Patuxent River	Contracted for NNMC Bethesda to perform TPC.
Naval Medical Clinic Pearl Harbor	Increased reimbursement for pharmacy.
Naval Medical Clinic Quantico	Better reporting, increased pharmacy collections.
National Naval Medical Center Bethesda	Reduced coding backlog, improving the timeliness of claims follow-up and collection. Reviewed and billed old accounts.

Air Force MTF Collections Summary

AIR FORCE BASE/FACILITY	INPATIENT COLLECTIONS FY 01	OUTPATIENT COLLECTIONS FY 01	TOTAL COLLECTIONS FY 01	DELTA* COLLECTIONS FY 01 Vs. FY 00
Altus AFB (97th Medical Group)	\$ -	\$ 161,510	\$ 161,510	\$ 59,720
Andrews AFB (Malcom Grow Medical Center)	\$ 1,362,945	\$ 1,800,705	\$ 3,163,650	\$ 43,504
Barksdale AFB (2nd Medical Group)	\$ -	\$ 336,808	\$ 336,808	\$ 240,970
Beale AFB (9th Medical Group)	\$ -	\$ 49,346	\$ 49,346	\$ 16,309
Bolling AFB (11th Medical Group)	\$ -	\$ 27,441	\$ 27,441	\$ 14,032
Brooks AFB (70th Medical Squad)	\$ -	\$ 2,041	\$ 2,041	\$ (18,492)
Cannon AFB (27th Medical Group)	\$ -	\$ 69,100	\$ 69,100	\$ (51,137)
Charleston AFB (437th Medical Squad)	\$ -	\$ 226,048	\$ 226,048	\$ 108,050
Columbus AFB (14th Medical Group)	\$ -	\$ 14,484	\$ 14,484	\$ 9,876
Davis Monthan AFB (355th Medical Group)	\$ -	\$ 97,973	\$ 97,973	\$ 7,902
Dover AFB (436th Medical Group)	\$ -	\$ 70,403	\$ 70,403	\$ (13,587)
Dyess AFB (7th Medical Group)	\$ -	\$ 149,000	\$ 149,000	\$ (45,961)
Edwards AFB (95th Medical Group)	\$ -	\$ 108,705	\$ 108,705	\$ 65,559
Eglin AFB (96th Medical Group)	\$ 615,312	\$ 1,167,077	\$ 1,782,389	\$ 551,125
Eielson AFB (354th Medical Group)	\$ -	\$ 55,215	\$ 55,215	\$ 18,672
Ellsworth AFB (28th Medical Group)	\$ -	\$ 95,184	\$ 95,184	\$ (67,949)
Elmendorf AFB (3rd Group)	\$ 849,308	\$ 1,341,719	\$ 2,191,027	\$ 835,451
F.E. Warren AFB (90th Medical Group)	\$ -	\$ 126,859	\$ 126,859	\$ 67,193
Fairchild AFB (92nd Medical Group)	\$ -	\$ 418,570	\$ 418,570	\$ 238,719
Goodfellow AFB (17th Medical Group)	\$ -	\$ 46,161	\$ 46,161	\$ 303
Grand Forks AFB (319th Medical Group)	\$ -	\$ 108,455	\$ 108,455	\$ 94,919
Hanscom AFB (66th Medical Group)	\$ -	\$ 9,086	\$ 9,086	\$ (253)

AIR FORCE BASE/FACILITY	INPATIENT COLLECTIONS FY 01	OUTPATIENT COLLECTIONS FY 01	TOTAL COLLECTIONS FY 01	DELTA* COLLECTIONS FY 01 Vs. FY 00
Hickam AFB (15th Medical Group)	\$ -	\$ 73,257	\$ 73,257	\$ 2,583
Hill AFB (75th Medical Group)	\$ -	\$ 345,603	\$ 345,603	\$ 81,058
Holloman AFB (49th Medical Group)	\$ -	\$ 211,714	\$ 211,714	\$ (65,414)
Hurlburt FLD (16th Medical Group)	\$ -	\$ 131,978	\$ 131,978	\$ 19,708
Keesler AFB (81st Medical Group)	\$ 2,013,006	\$ 2,024,992	\$ 4,037,998	\$ (297,423)
Kirtland AFB (377th Medical Group)	\$ -	\$ 21,838	\$ 21,838	\$ (3,143)
Lackland AFB (59th Medical Wing)	\$ 2,835,273	\$ 1,354,552	\$ 4,189,825	\$ (517,688)
Langley AFB (1st Medical Group)	\$ 128,429	\$ 532,074	\$ 660,503	\$ (22,055)
Laughlin AFB (47th Medical Group)	\$ -	\$ 98,500	\$ 98,500	\$ 35,100
Little Rock AFB (314th Medical Group)	\$ -	\$ 187,342	\$ 187,342	\$ 105,844
Los Angeles AFS (61st Medical Squad)	\$ -	\$ 7,026	\$ 7,026	\$ 3,677
Luke AFB (56th Medical Group)	\$ 79,466	\$ 163,188	\$ 242,653	\$ 85,641
MacDill AFB (6th Medical Group)	\$ 31,982	\$ 608,227	\$ 640,209	\$ 295,617
Malmstrom AFB (341st Medical Group)	\$ -	\$ 194,472	\$ 194,472	\$ 45,441
Maxwell AFB (42nd Medical Group)	\$ -	\$ 273,571	\$ 273,571	\$ 35,715
McChord AFB (62nd Medical Group)	\$ -	\$ 127,502	\$ 127,502	\$ 66,233
McConnell AFB (22nd Medical Group)	\$ -	\$ 19,557	\$ 19,557	\$ (15,965)
McGuire AFB/Ft. Dix (305th Medical Group)	\$ -	\$ 32,870	\$ 32,870	\$ (28,347)
Minot AFB (5th Medical Group)	\$ -	\$ 117,420	\$ 117,420	\$ 38,981
Moody AFB (347th Medical Group)	\$ -	\$ 133,816	\$ 133,816	\$ 1,712
Mountain Home AFB (366th Medical Group)	\$ 79,604	\$ 475,206	\$ 554,810	\$ 322,941
Nellis AFB (99th Medical Group)	\$ 555,865	\$ 897,064	\$ 1,452,928	\$ 247,663
Offutt AFB (55th Medical Group)	\$ 216,272	\$ 705,804	\$ 922,077	\$ (285,954)
Patrick AFB (45th Medical Group)	\$ -	\$ 1,999,381	\$ 1,999,381	\$ 1,291,433
Pope AFB (23rd Medical Group)	\$ -	\$ 35,584	\$ 35,584	\$ 18,912
Randolph AFB (12 Medical Group)	\$ -	\$ 51,911	\$ 51,911	\$ (70,417)
Robins AFB (78th Medical Group)	\$ -	\$ 459,391	\$ 459,391	\$ 184,536
Scott AFB (375th Medical Group)	\$ 894,284	\$ 1,433,601	\$ 2,327,884	\$ 533,192
Seymour Johnson AFB (4th Medical Group)	\$ -	\$ 483,317	\$ 483,317	\$ 72,990
Shaw AFB (20th Medical Group)	\$ 46,634	\$ 656,162	\$ 702,796	\$ 88,963
Sheppard AFB (82nd Medical Group)	\$ 150,253	\$ 306,018	\$ 456,272	\$ 35,573
Tinker AFB (72th Medical Group)	\$ -	\$ 465,008	\$ 465,008	\$ 136,213
Travis AFB (60th Medical Group)	\$ 1,534,620	\$ 967,634	\$ 2,502,254	\$ 449,131
Tyndall AFB (325th Medical Group)	\$ -	\$ 421,254	\$ 421,254	\$ 104,265
USAF Academy (10th Medical Group)	\$ 144,090	\$ 897,413	\$ 1,041,503	\$ (97,122)
Vance AFB (71st Medical Squad)	\$ -	\$ 30,695	\$ 30,695	\$ 18,066
Vandenberg AFB (30th Medical Group)	\$ -	\$ 14,987	\$ 14,987	\$ (2,439)
Whiteman AFB (509th Medical Group)	\$ -	\$ 150,633	\$ 150,633	\$ 100,176
Wright Patterson AFB (74th Medical Group)	\$ 2,740,343	\$ 3,194,559	\$ 5,934,902	\$ 343,578
Totals	\$ 14,277,685	\$ 26,787,010	\$ 41,064,695	\$ 5,533,903

* Delta - Positive number indicates an increase in collections from FY 2000 to FY 2001.

Air Force Comments

AIR FORCE BASE/FACILITY	FY 01 SERVICE COMMENTS
Altus AFB (97th Medical Group)	Increased OHI identification; better coding; proper NDC codes; improved efficiencies.
Andrews AFB (Malcom Grow Medical Center)	
Barksdale AFB (2nd Medical Group)	Back billing; improved program management and oversight; began billing external lab requests.
Beale AFB (9th Medical Group)	Moved to Langley AFB hub. Prior to this, program was managed manually (manager did not use TPOCS or other related system for claims processing).
Bolling AFB (11th Medical Group)	Improved marketing and education; standardized processes; improved relationship with billing MTF.
Brooks AFB (70th Medical Squad)	No active billing for nine months as billing transitioned from Brooke Army Medical Center to Randolph AFB; AETC initiative contracted TPC throughout the command with the hub at Randolph AFB - Brooks AFB not initially included in the contract.
Cannon AFB (27th Medical Group)	Decrease in billable workload; invalid denials from Blue Cross/Blue Shield (BC/BS) not recognizing MTF as a Preferred Provider Organization (PPO).
Charleston AFB (437th Medical Squad)	Increased focus on OHI identification; volunteers placed at pharmacy to gather OHI; sharing OHI information with Naval Hospital Charleston.
Columbus AFB (14th Medical Group)	Improved program awareness after April UBO Conference; volunteer FTEs entering OHI into TPOCS; improved business processes to include improved follow-up of rejected/denied claims.
Davis Monthan AFB (355th Medical Group)	
Dover AFB (436th Medical Group)	
Dyess AFB (7th Medical Group)	Due to a full TPOCS System crash, accounts receivable and collections data was lost. The total amount collected for this site is believed to be \$238,665. Until the Accounts Receivable portion of TPOCS can be rebuilt, the current collections total of \$149,000 will be used. MAJCOM site visit resulted in increased emphasis on program to include a plan of action for process improvements.
Edwards AFB (95th Medical Group)	Clinic-wide training clinic; marketing plan/budget developed; claims follow-up has greatly improved.
Eglin AFB (96th Medical Group)	Greater emphasis on accounts receivable; collecting OHI in the satellite pharmacy; and being able to bill Medicare supplemental insurance for outpatient care and prescriptions.
Eielson AFB (354th Medical Group)	Improved Commander emphasis has improved all areas of the program increasing both billings and associated collections.
Ellsworth AFB (28th Medical Group)	Transfer to Langley AFB hub resulted in lag time for billing and follow-ups for the last six months of FY 01; closed inpatient services effective January 2000.
Elmendorf AFB (3rd Group)	Increased FTEs; stability of staff; and training.
F.E. Warren AFB (90th Medical Group)	Last half of FY 01 TPC position was filled by an aggressive technician who revamped the TPC program to include aggressive marketing, staff education, OHI identification, and follow-up.
Fairchild AFB (92nd Medical Group)	Contract TPC. Dedicated person in Pharmacy area for identifying OHI; increased focus on identifying OHI.

AIR FORCE BASE/FACILITY	FY 01 SERVICE COMMENTS
Goodfellow AFB (17th Medical Group)	
Grand Forks AFB (319th Medical Group)	Contracted TPC May 2001; aggressively pursued denied/delinquent claims from prior year; increased focus on pharmacy back billing.
Hanscom AFB (66th Medical Group)	
Hickam AFB (15th Medical Group)	
Hill AFB (75th Medical Group)	Improved education and collection efforts; hired three part time temporary employees (approx. 2.25 FTEs).
Holloman AFB (49th Medical Group)	Decrease in the number of patients with OHI; personnel problems and print capabilities of remote site.
Hurlburt FLD (16th Medical Group)	
Keesler AFB (81st Medical Group)	
Kirtland AFB (377th Medical Group)	
Lackland AFB (59th Medical Wing)	
Langley AFB (1st Medical Group)	
Laughlin AFB (47th Medical Group)	Increased emphasis on OHI collections; cleaner claims submission resulted in reduced number of denied/reduced payments.
Little Rock AFB (314th Medical Group)	Reengineered TPC staff to allow greater emphasis on Pharmacy billing.
Los Angeles AFS (61st Medical Squad)	Hub-and-spoke agreement with Edwards AFB is fully operational.
Luke AFB (56th Medical Group)	Improved clinical support for OHI information gathering; assistance from Systems personnel assured upgrades in TPOCS performed without issue
MacDill AFB (6th Medical Group)	Contracted TPC July 2001; increased FTEs; increased focus on pharmacy and APV claims; placed dedicated FTE in Pharmacy Care (area where only pharmacy scripts from civilian providers are filled).
Malmstrom AFB (341st Medical Group)	Greater emphasis placed on OHI information gathering; additional staff training improved efficiencies/processes resulting in increased collections.
Maxwell AFB (42nd Medical Group)	
McChord AFB (62nd Medical Group)	Contract TPC; increased focus on OHI identification along with extensive training for clinic personnel on the DD Form 2569.
McConnell AFB (22nd Medical Group)	Contracted TPC August 2001; did not bill for five months due to the transition to the contractor.
McGuire AFB/Ft. Dix (305th Medical Group)	Billing suspended for five months due to illness of staff coupled with a facility move that hindered connectivity to TPOCS.
Minot AFB (5th Medical Group)	Focused on billing APV Visits and Pharmacy along with eliminating outstanding A/R's.
Moody AFB (347th Medical Group)	
Mountain Home AFB (366th Medical Group)	In FY 00, contracted with Shaw on a Hub concept to collect for our TPC program. Once the program was stabilized, reverted to in-house management. Began billing for external lab requests, previously not done.
Nellis AFB (99th Medical Group)	Contract staffing increased from four to five, streamlined collections, and increased marketing to the clinics for collection of OHI data are all contributing factors. Active participation on the facility Data Quality Committee improved and insured accurate and timely billing.
Offutt AFB (55th Medical Group)	Decreased outpatient visits; increased prime enrollment (less patients with OHI).

AIR FORCE BASE/FACILITY	FY 01 SERVICE COMMENTS
Patrick AFB (45th Medical Group)	Primarily due to the continued business processes we have established during the prior fiscal year and during the reengineering demonstration. And as important, contractor's commitment to continued business process development has remained the key in our success.
Pope AFB (23rd Medical Group)	Increased focus on pharmacy claims and OHI identification.
Randolph AFB (12 Medical Group)	Delta is due to loss of contract with Brooke Army Medical Center (BAMC) and one person trying to catch up backlog of FY 00 and completing FY 01 claims.
Robins AFB (78th Medical Group)	Region 3 demonstration project efforts, the UBO Conferences and associated materials, the sharing of best practices, leadership emphasis, and probably most importantly, increased staff contributed to the increased collections.
Scott AFB (375th Medical Group)	Improved electronic billing processes, automated uploaded to fullest extent, placed an FTE in the pharmacy waiting area to capture OHI.
Seymour Johnson AFB (4th Medical Group)	
Shaw AFB (20th Medical Group)	
Sheppard AFB (82nd Medical Group)	
Tinker AFB (72th Medical Group)	Billing procedural changes, aggressive pursuit of claims by TPC staff, new promotional strategies, more frequent clinic visits, staff education, and replacing TPC pharmacy staff has all contributed to the increase in FY 01 annual collections.
Travis AFB (60th Medical Group)	Contract TPC. Placed a dedicated person at the Pharmacy to collect OHI. More aggressive on delinquent claims.
Tyndall AFB (325th Medical Group)	The changes in 32 CFR 220 published February 16, 2000, produced a 32% increase in billable/billed ancillary claims (stemming from the elimination of the \$25 threshold) coupled with two of our largest health insurance plans increasing their reimbursement percentages.
USAF Academy (10th Medical Group)	
Vance AFB (71st Medical Squad)	Better overall participation from the medical group staff in collecting OHI information; dedicated one FTE for TPC management.
Vandenberg AFB (30th Medical Group)	
Whiteman AFB (509th Medical Group)	Program transferred to Shaw hub; better overall management of TPC program.
Wright Patterson AFB (74th Medical Group)	
Altus AFB (97th Medical Group)	Increased OHI identification; better coding; proper National Drug Codes (NDC) codes; improved efficiencies.
Andrews AFB (Malcom Grow Medical Center)	
Barksdale AFB (2nd Medical Group)	Back billing; improved program management and oversight; began billing external lab requests.
Beale AFB (9th Medical Group)	Moved to Langley hub. Prior to this, program was managed manually (manager did not use TPOCS or other related system for claims processing).

Uniformed Services Family Health Plans (USFHP)

A process is being established to include USFHP statistics in future reports. The USFHP facilities contacted were unfamiliar with the requirement to provide third party collection data.

Summary:

Due to improvements in healthcare information systems automation, third party collection business process reengineering, increased program management and oversight, and the vast information sharing that occurred during the 2001 Uniform Business Office Conference, an increase of FY 01 collections by approximately \$17.5M over FY 00 has been realized.