

2010 Military Health System Conference

Streamlining Business Operations Behind the Scenes

Sharing Knowledge: Achieving Breakthrough Performance

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TMA – OCFO, MC&FS

Streamlining Business Operations Behind the Scenes



Inputs

- Coding
- MEPRS
- Accounting Data
- MCFAS

Analysis

- External Coding Audit
- MEWACS
- Six Sigma
- Financial Metrics
- Data Quality
- Anti Fraud

Outputs

- MERHCF
- Billing/Collections
- PPS
- Dash Boards
- Financial Statements
- Business Plans

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- Coding
 - Why – logical, evidenced based medical and business decisions
 - What – diagnosis, type of service, location, provider type
 - When – when the patient is still there or before seeing the next patient
 - How
 - Outpatient – in AHLTA (most office visits), CHCS ambulatory data module (most ambulatory patient visits)
 - Inpatient - in the Coding Compliance Editor

Coding



Code Sets	Inpatient Institutional (Hospital)	Inpatient Professional	Outpatient Professional	
Diagnosis	ICD-9-CM Diagnoses	ICD-9-CM Diagnoses	ICD-9-CM Diagnoses	
-- additional information on diagnoses	DoD Extender Codes	DoD Extender Codes	DoD Extender Codes	
Services Provided	ICD-9-CM Procedures	CPT, HCPCS	CPT, HCPCS	CPT, HCPCS = \$
Where in the MTF	MEPRS	MEPRS	MEPRS	
Diagnosis + Procedure = DRG = \$				

- ICD-9-CM International Classification of Diseases 9th revision Clinical Modifications; CPT Current Procedural Terminology; HCPCS Healthcare Common Procedure Coding System; MEPRS Medical Expense and Performance Reporting System



- ICD-9-CM
 - International Classification of Diseases 9th revision Clinical Modifications
 - Unique to USA
 - ICD diagnoses controlled by the National Center for Health Statistics
 - ICD procedure classification system (PCS) controlled by Centers for Medicare and Medicaid Services
 - Available annually 1 Oct
 - Being replaced in the United States with ICD-10-CM and ICD-10-PCS as of 1 Oct 2013



- CPT – Current Procedural Terminology
 - American Medical Association
 - Collect Professional Services
 - NOT changing with the change to ICD-10-CM and ICD-10-PCS
 - Associated with professional services reimbursement/workload credit
 - Relative value units
 - Available annually 1 Jan



- UBU – Unified Biostatistical Utility
 - Tri-Service proponent for standardization of biostatistical data
 - Functional responsibility for various biostatistical classifications/tables
 - Patient Category (PATCAT)
 - HIPAA Taxonomies
 - Defense Medical Information System (DMIS) Identifier
 - ICD-9-CM code set updates (and DoD extenders)
 - HCPCS/CPT code set updates
 - Voting members from each Service

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MEPRS



- MEPRS: Medical Expense and Performance Reporting System – Military Treatment Facility (MTF) cost accounting system
- Origin of MEPRS:
 - Evolved from two historical systems
 - The Uniform Chart of Accounts (UCA), and
 - The Uniform Staffing Methodologies (USM)
 - UCA focused on tracking expenses; the USM concerned with manpower resources
 - In January 1985, the two systems were combined and MEPRS was born



- Purpose
 - Provide uniform reporting by Functional Cost Code (FCC) of expense, manpower, and workload for DoD MTFs, providing management a basic framework for cost and work center accounting
- MEPRS = Information
- Expense Assignment System (EAS)
= hardware and software where information resides



MEPRS Data:
DoD-Standardized,
Aggregated
by Functional Cost
Codes

- **Financial** data, Service specific
 - Army: STANFINS
(Standard Army Financial Information System)
 - Navy: STARS-FL
(Standard Accounting and Reporting System-Field Level)
 - Air Force: GAFS-R
(General Accounting Financial System-Revised)
- **Personnel** data – DMHRSi
(Defense Medical Human Resources System internet)
- **Workload** data – CHCS / WAM
(Composite Health Care System / Workload Assignment Module)

Financial Data

- Kinds of Dollars
 - Pay Data
 - Military
 - Civilian
 - Contracts
 - Supplies
 - Equipment
 - Base Operations
 - Depreciation





Personnel Data

Officer
Enlisted
Civilian
Contract
Other

Clinicians

Physician
Dentist
Medical Resident
Medical Fellow
Medical Intern
Dental Intern
Dental Fellow
Dental Resident
Veterinarian

Direct Care Professionals

Physician Assistant
Nurse Practitioner
Nurse Midwife
Nurse Anesthetist
Community Health
Occupat. Health Nurse
Clinical Nurse Specialist
Other DC Professionals

Registered Nurses

Registered Nurse
Other

Direct Care Para-professionals

LPN or LVN
Nursing Assistant
Other

Admin/ Clerical/Log

Logistics
Clerical
Administrator
Other



Workload Data

- Inpatient Services (**A codes**)
 - Admissions
 - Dispositions
 - Occupied Bed Days
 - Bassinet Days
- Ambulatory Services (**B codes**)
 - Ambulatory Visits
 - Current Procedural Terminology (CPT) Codes to include Evaluation and Management (E&M) codes

Workload Data (continued)

- Ancillary Services (**D codes**)
 - Raw and Weighted Procedures
 - Minutes of Service (Surgical Services)
 - Hours of Service (ICU)
 - CPT-4 Codes (EAS IV)
- Special Programs (**F codes**)
 - Immunizations
 - Visits

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Accounting Data



Accounting Data

FSRE	Legacy	Enterprise	Business Rules	Command Control
TMA	WAAS	DAI	TMA	TMA
USUHS	CUFS	DAI	USUHS	USUHS
Army	STANFINS	GFEBBS	Army	Army
Navy	STARS-FL	Navy ERP	Navy	Navy
Air Force	GAFS-R	DEAMS	Air Force	Air Force

Accounting Data



Accounting System Acronyms

CUFS – College and University Financial System

DAI – Defense Agency Initiative

DEAMS – Defense Enterprise Accounting and Management System

FSRE – Financial Statement Reporting Entities

GAFS-R – General Accounting Financial System - Revised

GFEBs – General Fund Enterprise Business System

STANFINS – Standard Army Finance Information System

STARS-FL – Standard Accounting and Reporting System - Field Level

TMA – TRICARE Management Activity

USUHS – Uniformed Services University of the Health Sciences

WAAS – Washington Headquarters Services (WHS) Allotment Accounting System

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Managed Care Forecasting and Analysis System (MCFAS)

- End of year forecast by beneficiary group
 - Active duty (AD) and AD family members using Service-supplied units
 - Retiree (R) or R family members or survivors using actuarial model with inputs from Defense Enrollment Eligibility Reporting System (DEERS), new retirees and death rates from DoD actuary, migration estimates
 - Mobilized Guard and Reserve (GR) and Inactive GR



- Beneficiary demographics forecasted from historical DEERS data
 - Use historical unit age/gender mix to estimate demographics of Service-supplied officer/enlisted unit endstrengths
- Forecast ZIP Code location of beneficiaries
- Map eligibles and historical enrollees to geographic concepts
 - drive-time market areas, catchment areas, TRICARE Regions, MAJCOMs

MCFAS: Inputs



Active Duty/Family Members

Comptroller

- Active Duty FYDP

Service Ops Plans

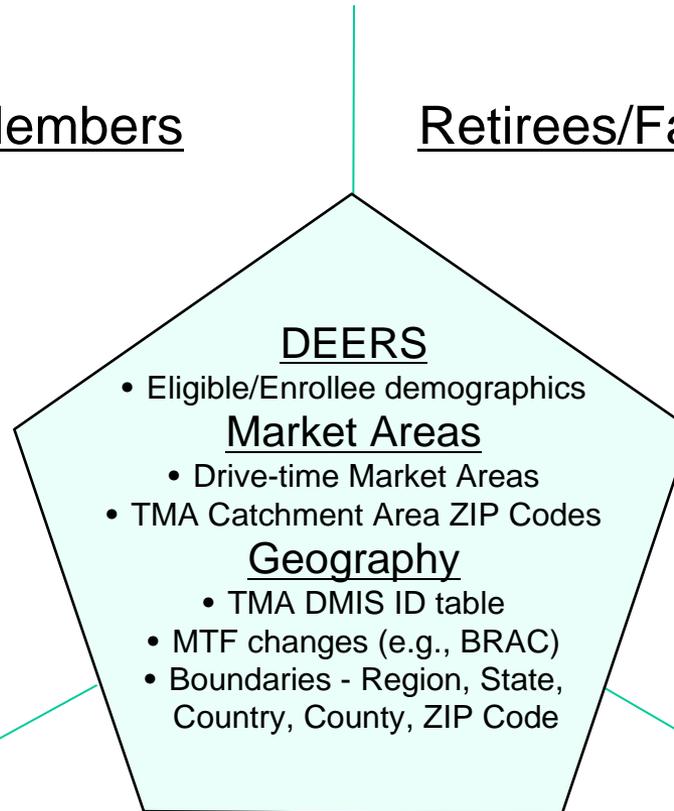
Retirees/Family Members/Survivors

Office of DoD Actuary

- Retiree Death Rates
- Survivor Death Rates
- New Retirees

Historical DEERS

- Family Profiles
- Student Losses
- Migration Rates



Active/Inactive Guard Reserve/Family Members

HA/TMA /Policy

- Mobilization Assumptions
- Forecasts of TRICARE Reserve Select
- Timing/Duration of Transitional Benefits

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External Coding Audit: Process



MHS Data Repository

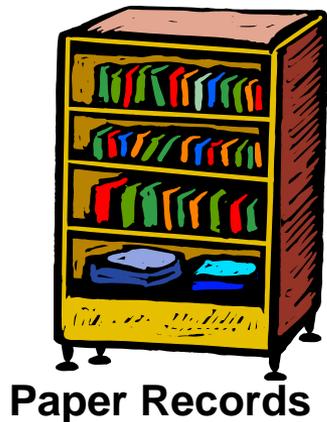


Random Sample

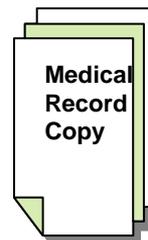
7100 records
pulled at random
SIDRs
SADRs
MERHCF



Medical Records



AHLTA



Coding Audit



- Audit for availability of record
- Audit for accuracy of coding
- Reliability tests confirmed audit results
 - Intra-examiner (same auditor – reaudit later in time)
 - Inter-examiner (different auditor – reaudit)

External Coding Audit:



11 random samples of FY 2007 medical records drawn from across the direct care system

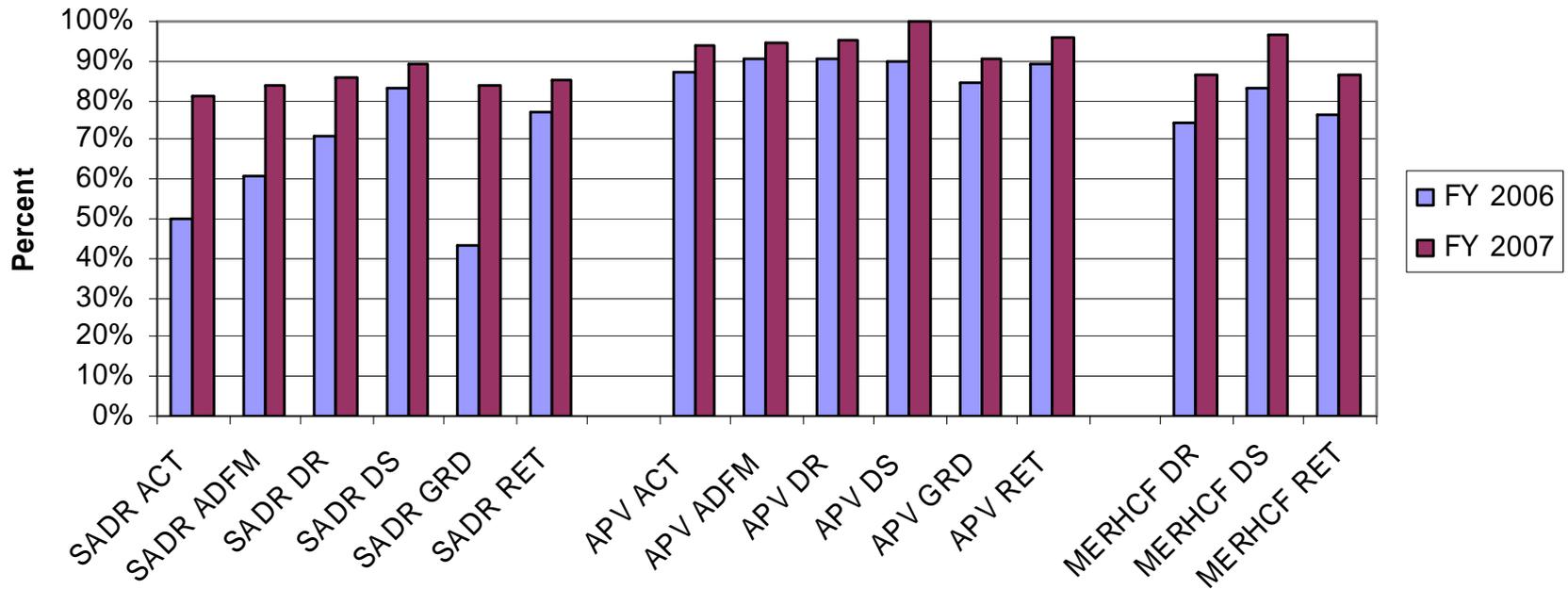
Audit	Type of Record	Source of Record	Service	Number in Sample
Annual	SIDR	Inpatient	Army	700
Annual	SADR	Outpatient, Non-APV	Army	700
Annual	SADR	APV	Army	700
Annual	SIDR	Inpatient	Navy	700
Annual	SADR	Outpatient, Non-APV	Navy	700
Annual	SADR	APV	Navy	700
Annual	SIDR	Inpatient	Air Force	700
Annual	SADR	Outpatient, Non-APV	Air Force	700
Annual	SADR	APV	Air Force	700
MERHCF	SIDR	Inpatient	MHS wide	400
MERHCF	SADR	Outpatient	MHS wide	400

Total audit size = 7,100

External Coding Audit



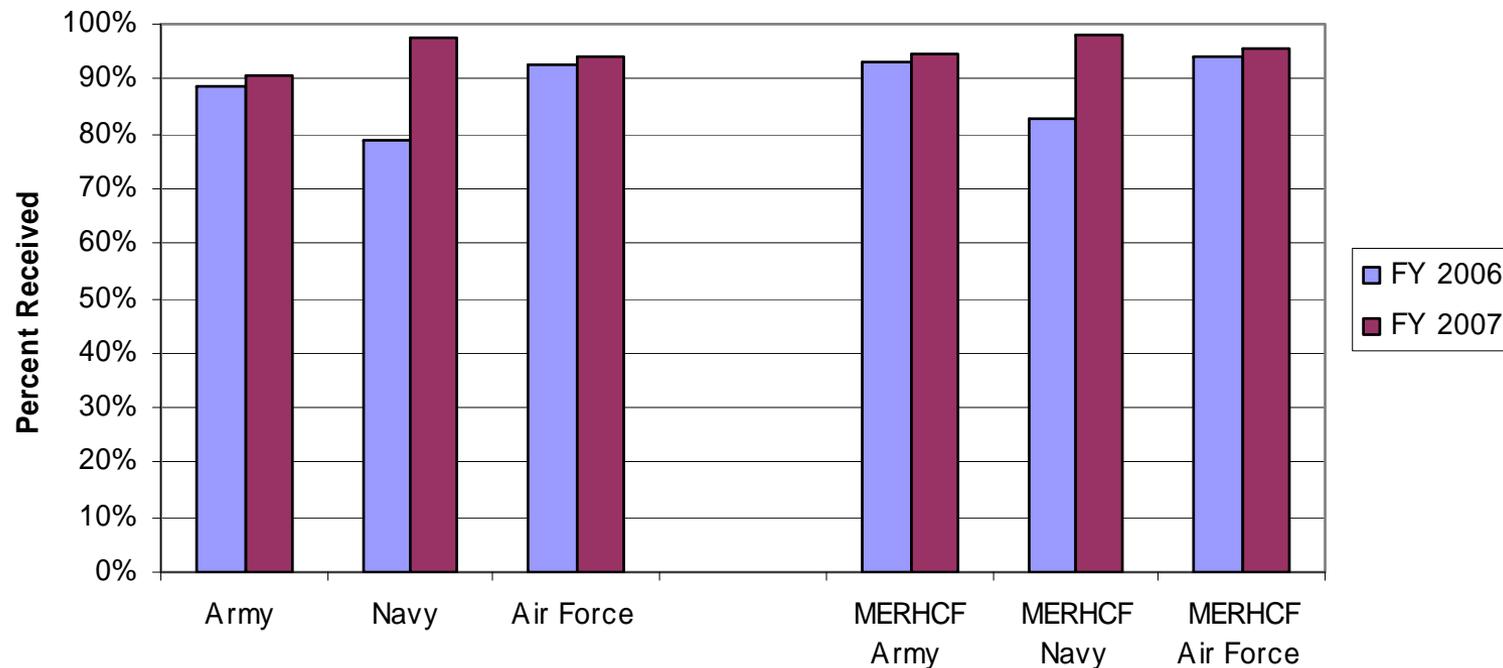
Outpatient Audit Response Rates by Bencat



External Coding Audit



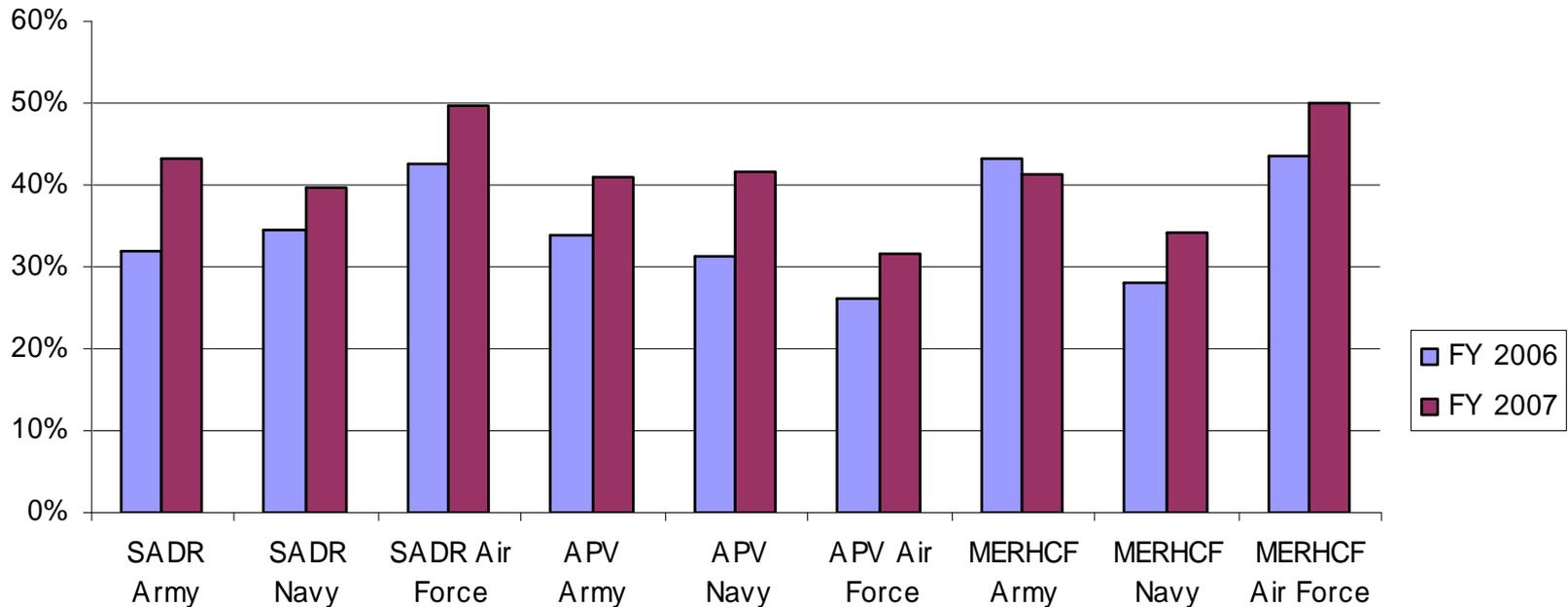
Inpatient Audit Response Rates



External Coding Audit



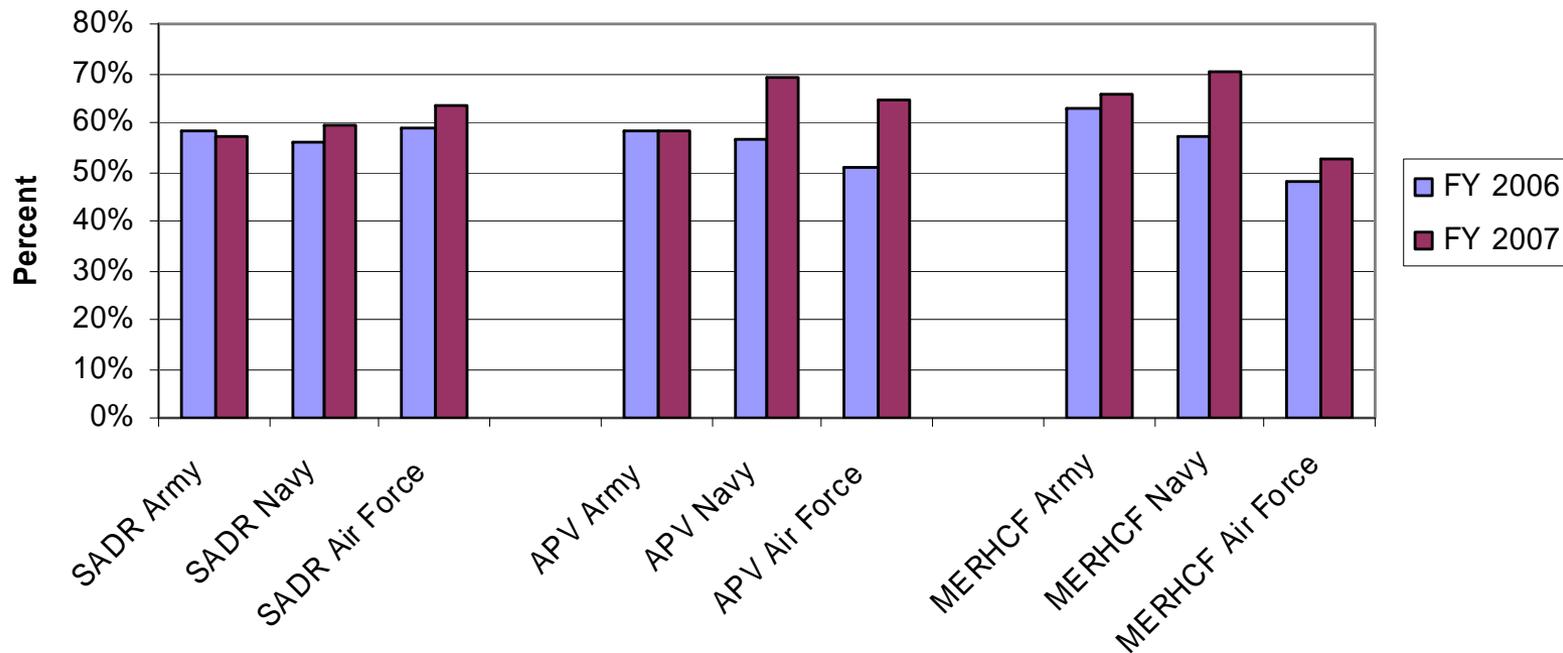
**Outpatient Percent of Records that Passed the Audit
(only includes records that were received)**



External Coding Audit



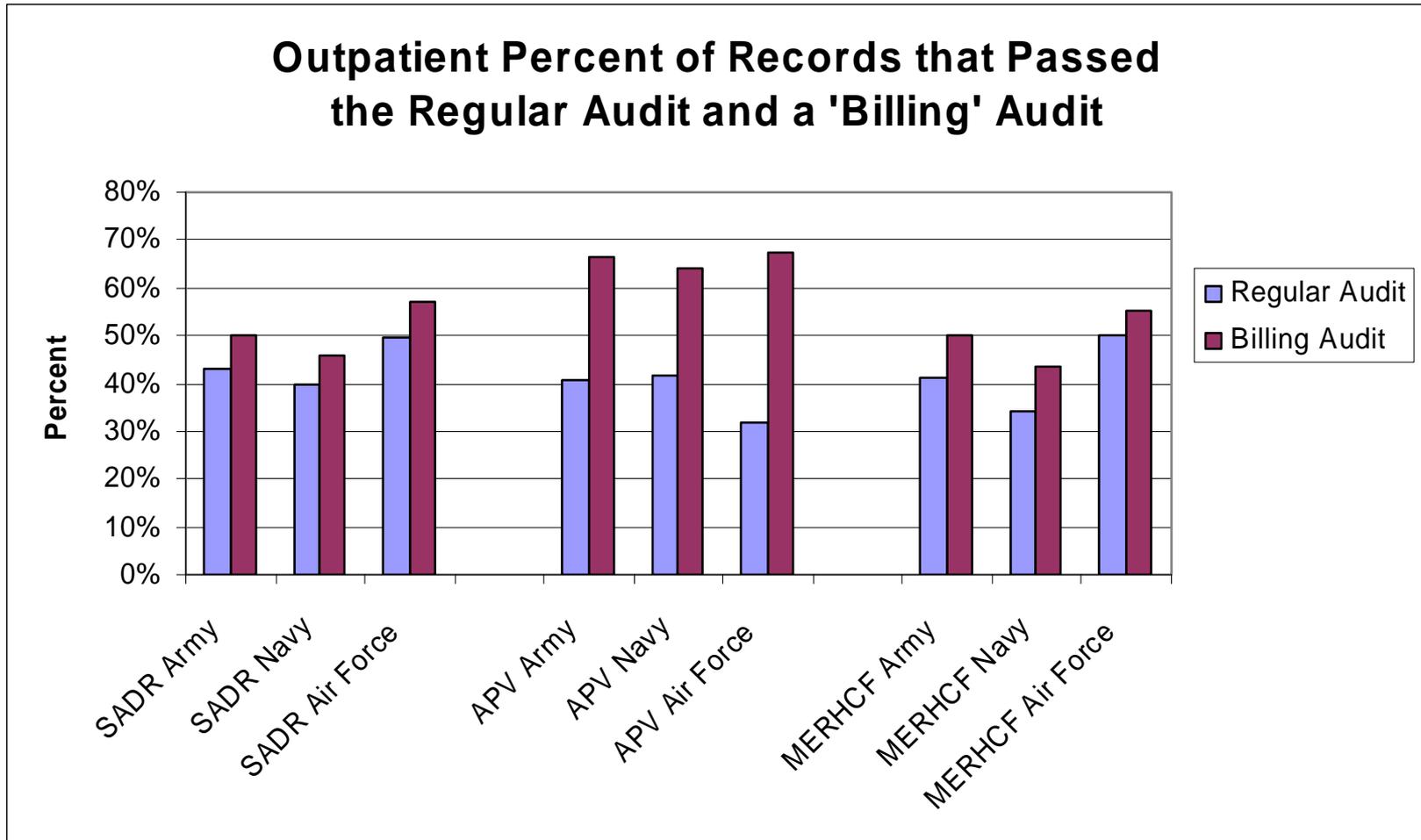
Outpatient Percent of Failed Records with 1 Error



External Coding Audit



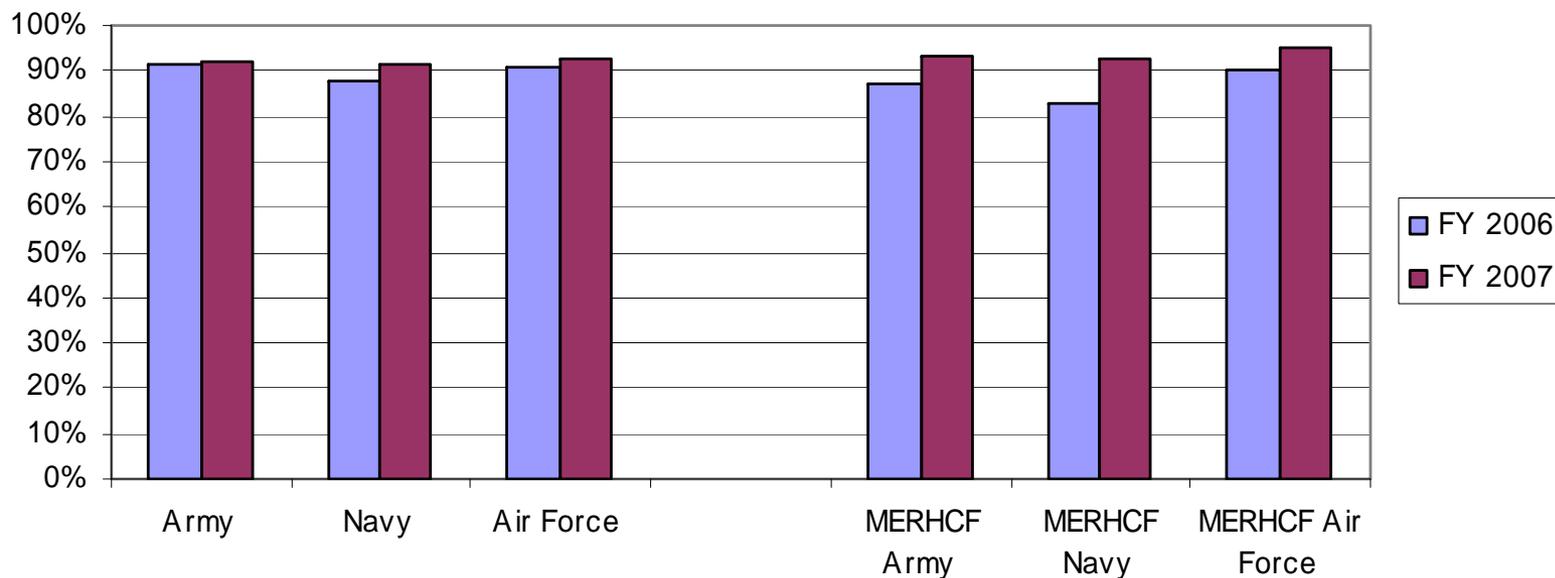
Outpatient Percent of Records that Passed the Regular Audit and a 'Billing' Audit



External Coding Audit



**Inpatient Percent of Records that Passed the Audit
(only includes records that were received)**



External Coding Audit



- Easy Fixes
 - **Send the documentation** – if the printout from AHLTA says “see attached document” send the additional document
 - Ambulatory Procedure
 - Be sure to code the anesthesia
 - Sequence the procedure with the greatest weight first

External Coding Audit



- More Easy Fixes
 - Document the time in and time out for time based codes
 - Consults need a request and written response to the requesting provider
 - Avoid unbundling
 - Need more than the procedure name to code the procedure

External Coding Audit



- More Easy Fixes
 - EKGs – need both the tracing and report to code 93000
 - Don't code resolved conditions
 - Use an External Cause of Injury Code (E-code) for the INITIAL visit due to an injury

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MEWACS



LOGIN

- MEPRS Home
- » MyMEPRS
- » Learning Resources
- » **MEWACS**
 - MEWACS Online 3.0
 - MEWACS User's Guide
 - Download MEWACS-Excel
 - Executive Summary
 - Executive Summary Archives
- » MEPRS Management Improvement Group (MMIG)
- » Request EAS IV Repository Access
- » Functional User Guides
- » Quick Links
- » 2008 MEPRS Conference
- » 2007 MEPRS Conference
- » 2005 MEPRS Conference
- EAS IV Functional Data Dictionary
- Six Sigma MEPRS Management Metrics (S2M3)
- MEPRS Newsletter
- MEPRS Minute
- MEPRS Manual (DoD 6010.13-M) (PDF)
- EAS IV Program Office Updates

MEWACS Online 3.0



Welcome to the MEPRS Early Warning and Control System (MEWACS).

MEWACS is an interactive data quality feedback tool developed by the MEPRS Management Improvement Group (MMIG) to proactively identify, investigate, and resolve MEPRS data anomalies in a timely, systematic manner.

Updated monthly, MEWACS contains numerous Tri-Service MTF activity level metrics, including:

- EAS IV Repository data load status and compliance with 45-day reporting suspense
- MTF-specific summary data outliers
- Interactive MTF MEPRS Data Profiles by 3rd level Functional Cost Code
- WWR vs. EAS IV Repository total ambulatory visit comparison
- Ancillary and Support expense allocation tests

As feedback is received on the usefulness of this tool, metrics may be added, modified or deleted. Click the Contact Us button in the navigation bar to submit MEWACS questions or suggestions.

Begin

[Click here](#) to launch MEWACS Online 3.0

MEPRS Information Web Portal

MEWACS: Outliers – Army



Note: Outliers based on November 2009 MEWACS

DMIS ID	DMIS Name	MEWACS Hits											Fiscal Month(s) missing data	OUTLIERS						
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov		Dispositions	Total Visits	Personnel Direct Exp	Total Expense	Available FTEs	Assigned FTEs	WWR
ARMY																				
0001	FOX AHC - REDSTONE ARSENAL	1	1	1	1	1	1	1	1	1	1	1	1			03	12			
0003	LYSTER AHC-FT. RUCKER	1	1	1	1	1	1	1	1	1	1	1	1							
0005	BASSETT ACH-FT. WAINWRIGHT	1	1	0	0	1	1	1	1	1	1	1	1		02		06		05	01,04,05,07,09,11
0008	R W BLISS AHC - FT. HUACHUCA	0	0	0	0	0	0	0	0	0	0	0	0	0			01	12		02,05,06,07
0032	EVANS ACH-FT. CARSON	1	1	1	1	1	1	1	1	1	1	1	1					12		
0037	WALTER REED AMC-WASH. DC	0	0	0	0	0	0	0	0	0	0	0	0	0	08-12	04	01		01,06	01,02
0047	EISENHOWER AMC-FT. GORDON	1	1	0	1	1	1	1	1	1	1	1	1	1		06,12	01	07	06	08
0048	MARTIN ACH-FT. BENNING	1	1	1	1	1	1	1	1	1	1	1	1	1			01	07	06	03
0049	WINN ACH-FT. STEWART	1	1	1	1	1	1	1	1	1	1	1	1	1				04		08
0052	TRIPLER AMC-FT SHAFTER	1	0	0	0	1	0	1	1	1	1	1	1	0			01	12		01,05,06,07,09,10,11,1
0057	IRWIN ACH-FT. RILEY	1	1	1	0	1	1	1	1	1	1	1	1	1		11,12		10		04
0058	MUNSON AHC - FT. LEAVENWORTH	1	1	1	1	1	1	1	1	1	1	1	1	1			01	07		10,11
0060	BLANCHFIELD ACH-FT. CAMPBELL	1	1	1	1	1	1	1	1	1	1	1	1	1			06	01	06	
0061	IRELAND ACH-FT. KNOX	1	0	0	0	0	0	0	0	0	0	0	0	0						09,10,11,12
0064	BAYNE-JONES ACH-FT. POLK	1	1	1	1	1	1	1	1	1	1	1	1	1				12	06	
0069	KIMBROUGH AMB CAR -FT MEADE	0	0	0	0	0	0	0	0	0	0	0	0	1				09	02	
0075	L. WOOD ACH-FT. LEONARD WOOD	1	1	1	1	1	1	1	1	1	1	1	1	1	12					08
0086	KELLER ACH-WEST POINT	0	0	0	0	0	0	0	0	0	0	0	0	1		01				12
0089	WOMACK AMC-FT. BRAGG	1	1	1	1	1	1	1	1	1	1	1	1	1					02	11
0098	REYNOLDS ACH-FT. SILL	1	1	1	1	1	1	1	1	1	1	1	1	1			04			
0105	MONCRIEF ACH-FT. JACKSON	1	1	1	0	1	1	1	1	1	1	1	1	1	12					
0108	WILLIAM BEAUMONT AMC-FT. BLISS	1	1	1	1	1	1	1	1	1	1	1	1	1						04,05,06,07,08
0109	BROOKE AMC-FT. SAM HOUSTON	1	1	1	1	1	1	1	1	1	1	1	1	1		02		01		
0110	DARNALL ACH-FT. HOOD	0	1	1	1	1	1	1	1	1	1	1	1	1				09		01,05,12
0121	MCDONALD ACH-FT. EUSTIS	1	1	1	1	1	1	1	1	1	1	1	1	1				06	02	12
0122	KENNER AHC-FT. LEE	1	1	1	1	1	1	1	1	1	1	1	1	1				01,04		
0123	DEWITT ACH-FT. BELVOIR	0	1	0	0	0	0	0	0	0	0	0	0	0				11,12		
0125	MADIGAN AMC-FT. LEWIS	1	1	1	1	1	1	1	1	1	1	1	1	1	12	04			06	03,05,06,10,11
0131	WEED ACH-FT. IRWIN	1	0	0	0	0	0	0	0	1	1	1	1	1				12		05
0330	GUTHRIE AHC-FT. DRUM	1	1	1	1	1	1	1	1	1	1	1	1	0				07		03,04,10,11
0606	HEIDELBERG MEDDAC	1	1	0	1	0	1	1	1	1	1	1	1	0				02	02	12
0607	LANDSTUHL REGIONAL MEDCEN	1	1	1	1	1	1	1	1	1	1	1	1	1		08,09			02	
0609	WUERZBURG MEDDAC	0	0	0	0	0	0	0	0	1	1	1	1	1				04		03,09,12
0610	BG CRAWFORD CAMP ZAMA	0	0	0	0	0	0	0	0	0	0	0	0	0						
0612	121st CSH-SEOUL	1	1	1	1	1	1	1	1	1	1	1	1	0						

MEWACS: Outliers – Navy



Note: Outliers based on November 2009 MEWACS

DMIS ID	DMIS Name	MEWACS Hits											Fiscal Month(s) missing data	OUTLIERS									
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov		Dispositions	Total Visits	Personnel Direct Exp	Total Expense	Available FTEs	Assigned FTEs	WWR			
NAVY																							
0024	NH CAMP PENDLETON	1	1	1	0	1	1	1	1	1	1	1	1	1	1			06			02		07
0028	NH LEMOORE	1	0	0	1	0	1	1	1	1	1	1	1	1	1								
0029	NMC SAN DIEGO	1	1	1	1	1	1	1	1	1	1	1	1	1	1		10,11,12	06	06	04		02	01,02,03,04,05,06,09
0030	NH TWENTYNINE PALMS	1	0	0	0	0	1	1	0	0	0	0	0	0	0		12	06			02		
0038	NH PENSACOLA	1	0	1	1	0	0	1	0	0	0	0	0	0	0					12			10, 11
0039	NH JACKSONVILLE	1	1	1	1	1	1	1	1	1	1	1	1	1	1		12			01	02		
0056	NHC GREAT LAKES	1	1	0	1	1	1	1	1	1	1	1	1	1	1						02		
0067	NNMC BETHESDA	1	1	1	1	1	1	1	1	1	1	1	1	1	1							09	
0068	NHC PATUXENT RIVER	0	0	0	0	0	0	0	0	0	0	0	0	0	0			12				05	
0091	NH CAMP LEJEUNE	0	0	1	0	1	1	1	1	1	1	1	1	1	1			04	06				01,02
0092	NHC CHERRY POINT	0	0	0	0	0	0	0	1	0	0	0	0	0	0						06		
0100	NAVAL HLTH CARE N. ENGLAND	1	1	1	1	1	1	1	1	1	1	1	1	1	1		12				02		10, 11
0103	NHC CHARLESTON	1	1	1	1	1	1	1	1	1	1	1	1	1	0						02		
0104	NH BEAUFORT	0	0	0	0	0	1	1	1	1	1	1	1	1	1					01,12	10,12		
0118	NHC CORPUS CHRISTI	1	1	1	1	1	1	1	1	1	1	1	1	1	1								
0124	NMC PORTSMOUTH	0	0	0	1	1	1	0	1	1	1	1	1	1	1		12			01	01,02	01,02,04,05,06	01
0126	NH BREMERTON	1	1	1	1	1	1	1	1	1	1	1	1	1	1			12					
0127	NH OAK HARBOR	0	0	0	0	0	0	0	0	0	0	0	0	0	0				02,03	06	12		
0280	NHC HAWAII	0	0	0	0	0	0	0	1	0	1	1	1	1	1								02,11
0306	NHC ANNAPOLIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0		10,11,12						
0385	NHC QUANTICO	0	0	0	0	0	0	0	0	0	0	0	0	0	0		12						01,02,11
0457	NDC CAMP PENDLETON	0	0	0	0	0	0	0	0	0	0	0	0	0	0								
0618	NH ROTA	1	0	1	1	1	1	1	1	1	1	1	1	1	1			11	02	01	04,06		12
0621	NH OKINAWA	1	1	1	1	1	1	1	1	1	1	1	1	1	1				06		12	06	
0622	NH YOKOSUKA	1	1	1	1	1	1	1	1	1	1	1	1	1	1						03		03,04
0624	NH SIGONELLA	1	1	1	1	1	1	1	1	1	1	1	1	1	1					01	05	06	03
0816	NDC OKINAWA	0	0	0	0	0	0	0	0	0	0	0	0	0	0								

MEWACS: Outliers – Air Force



Note: Outliers based on November 2009 MEWACS

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AIR FORCE																				
0004	42ND MEDICAL GROUP -MAXWELL	1	1	1	0	1	1	0	0	0	1	1	1	11,12		02		01		
0006	3rd MED GRP-ELMENDORF	1	0	0	0	1	1	1	1	1	1	1				01,10	01	10		
0009	56th MED GRP-LUKE	0	1	1	1	0	1	0	1	1	1	1				05	01	05		
0010	355th MED GRP-DAVIS MONTHAN	1	1	1	1	0	1	1	1	1	0	0				09	01		05	
0013	314th MED GRP-LITTLE ROCK	1	0	0	0	1	0	1	1	0	1	1			02		04			
0014	60th MED GRP-TRAVIS	1	1	1	1	0	1	1	1	0	1	0	10,11,12				01			
0015	9th MED GRP-BEALE	1	1	1	1	1	1	1	1	1	1	0	12		02	02	01		05	
0018	30th MED GRP-VANDENBERG	1	0	0	1	1	1	1	1	0	1	1				08	01	02		
0019	95th MED GRP-EDWARDS	1	1	1	1	1	1	1	1	1	1	1				01	01		02	
0033	10th MED GROUP-USAF ACADEMY	1	1	1	1	1	1	1	1	1	1	1					01		12	
0036	436th MED GRP-DOVER	1	1	1	1	1	1	1	1	1	1	1				01	01			
0042	96th MED GRP-EGLIN	1	1	1	1	1	1	1	1	1	1	1	12			01	01	02		
0043	325th MED GRP-TYNDALL	1	1	1	1	1	1	1	1	1	1	1					01			
0045	6th MED GRP-MACDILL	1	1	1	1	1	1	1	1	1	1	1	11,12				01			
0046	45th MED GRP-PATRICK	1	0	0	0	0	0	0	0	0	1	1				08,09,10	01	09	08,09	
0050	347th MED GRP-MOODY	1	1	1	1	1	1	1	1	1	1	1	11,12				01		10	
0053	366th MED GRP-MOUNTAIN HOME	1	1	1	1	1	1	1	1	1	1	1	09,10,11,12		02		01	02,07		
0059	22nd MED GRP-MCCONNELL	1	1	1	1	1	1	1	1	1	1	1				02	01			
0062	2nd MED GRP-BARKSDALE	1	1	1	1	1	1	1	1	0	1	1	10,11,12			01	01		05	
0066	89th MED GRP-ANDREWS	0	1	1	1	1	1	1	1	1	1	1	12			09	01,09,10	10		
0073	81st MED GRP-KEESLER	1	0	1	1	1	1	1	1	1	1	1	09,10,11,12				01			
0074	14th MED GRP-COLUMBUS	0	1	1	0	0	0	0	0	0	1	1	12			08,10,11	01	02,10,11		
0076	509th MED GRP-WHITEMAN	1	1	1	1	1	1	1	1	1	1	1				01,11,12	01	02,11,12		
0077	341st MED GRP-MALMSTROM	1	1	1	1	1	1	1	1	1	1	1				12	01	01	06	
0079	99th MED GRP-O'CALLAGHAN HOSP	1	1	1	0	0	0	0	1	0	0	0	10,11,12				01			
0083	377th MED GRP-KIRTLAND	0	0	1	0	0	1	1	0	0	0	1	08-12		06	02,03		02,03		
0084	49th MED GRP-HOLLOMAN	1	1	1	1	1	1	1	1	1	1	1					01			
0085	27th MED GRP-CANNON	1	1	1	1	1	1	1	1	1	1	0			07	01	01			
0090	4th MED GRP-SEYMOUR JOHNSON	1	1	1	1	1	1	1	1	1	1	1			01		01	02		
0093	319th MED GRP-GRAND FORKS	1	1	1	1	1	1	1	1	1	1	1	12			01	01			
0094	5th MED GRP-MINOT	1	1	1	0	1	0	1	1	1	1	0	09,10,11,12				01		08	
0095	74th MED GRP-WRIGHT-PATTERSON	1	1	1	1	1	1	1	1	1	1	1					01	01,06		
0096	72nd MED GRP-TINKER	1	1	1	1	1	1	1	1	1	1	0	12		06	01,10	01			
0097	97th MED GRP-ALTUS	1	0	1	0	1	0	1	0	0	1	0					01	02		

MEWACS: Outliers – Air Force

(Continued)



Note: Outliers based on November 2009 MEWACS

DMIS ID	DMIS Name	MEWACS Hits											Fiscal Month(s) missing data	OUTLIERS							
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov		Dispositions	Total Visits	Personnel Direct Exp	Total Expense	Available FTEs	Assigned FTEs	WWR	
AIR FORCE																					
0101	20th MED GRP-SHAW	0	1	1	1	1	0	1	0	0	0	0	0	11,12				01	09		
0106	28th MED GRP-ELLSWORTH	1	1	1	1	1	1	1	1	1	1	1	1	12				01	02		
0112	7th MED GRP-DYESS	1	1	1	1	1	1	1	1	1	1	1	1		02			01	10		
0113	82nd MED GRP-SHEPPARD	1	1	1	1	1	1	1	1	1	1	1	1					01	02		
0114	47th MED GRP-LAUGHLIN	1	1	1	1	1	0	1	0	1	0	1	0					01	02		
0117	59th MED WING-LACKLAND	1	1	1	1	1	1	1	1	1	1	1	1				01	01	09,10		
0119	75th MED GRP-HILL	1	1	1	1	1	1	1	1	1	1	1	1				08,09,10,11				
0120	1st MED GRP-LANGLEY	1	1	1	1	1	1	1	1	1	1	1	0	09,10,11,12				01			05
0128	92nd MED GRP-FAIRCHILD	1	1	1	1	1	1	1	1	1	1	1	1	09,10,11,12	02				02		
0129	90th MED GRP-F. E. WARREN	1	1	1	1	1	1	1	1	1	1	1	1	12			06	01			
0203	354th MED GRP-EIELSON	1	1	0	1	1	1	1	1	1	1	1	0				01	01			
0248	61st MED SQUAD-LOS ANGELES	1	1	0	1	1	0	0	0	1	1	1	1				02,03	01			
0252	21st MED GRP-PETERSON	1	1	1	1	1	1	1	1	1	1	1	1					01			
0287	15th MED GRP-HICKAM	1	1	1	1	1	1	1	1	1	1	1	1	11,12				01			
0310	66th MED GRP-HANSCOM	1	1	1	1	1	1	1	1	1	1	1	1					01			
0326	305th MED GRP-MCGUIRE	1	1	1	1	1	1	1	1	1	0	1	1					01			
0335	43RD MEDICAL GROUP - POPE	1	1	1	1	1	1	1	1	1	1	1	1					12	02	05	
0338	71st MED GRP-VANCE	0	1	1	1	1	1	1	1	1	1	0	1	12			01,03				
0356	437th MED GRP-CHARLESTON	0	1	0	0	1	0	0	0	0	1	1	1	09,10,11,12					01		
0364	17th MED GRP-GOODFELLOW	1	1	1	1	1	0	1	1	1	1	0	0						02		
0366	12th MED GRP-RANDOLPH	1	1	0	1	1	1	1	1	1	1	0	1	12				01			
0413	11TH MED GRP-BOLLING	1	0	1	1	0	0	0	0	0	1	1	1				10,12	01,12	12	12	09,10,11,12
0629	65th MED GRP-LAJES	0	1	1	1	1	1	1	1	1	1	0	1	11,12				01,04			
0633	48th MED GRP-LAKENHEATH	1	1	1	1	1	1	1	1	1	1	1	1	11,12							
0635	39th MED SQUAD-INCIRLIK	1	1	1	0	1	1	0	0	1	1	0	1						08		
0637	8th MED GRP-KUNSAN AB	1	1	1	1	1	1	0	0	0	1	0	1		02		01			05	
0638	51st MED GRP-OSAN AB	1	1	1	1	1	1	1	1	1	1	1	1	12			01,02	01			
0639	35th MED GRP-MISAWA	0	1	1	1	1	1	0	0	0	0	0	1	10,11,12				01			
0640	374th MED GRP-YOKOTA AB	1	1	1	1	1	1	1	1	1	1	1	1				12	01		05	
0802	36th MED GRP-ANDERSEN	1	1	1	1	1	1	1	0	0	0	0	0					01			
0804	18th MED GRP-KADENA AB	0	0	0	0	0	0	0	0	0	0	0	0	12	06			01			08
0805	52nd MED GROUP-SPANGDAHLEM	1	0	1	0	1	1	0	0	0	0	0	0	10,11,12				01		05	
0806	435th MEDICAL GROUP-RAMSTEIN	1	1	1	1	1	1	1	1	1	1	1	1	08-12	06		01,02	01	01,06	06	04,05,06,07
0808	31st MED GRP-AVIANO	1	1	1	1	0	0	1	0	0	1	1	1	11,12			01	01			
1350	37th MED GRP	1	1	1	1	1	1	1	1	1	1	0	1			09		01			12
7139	16th MED GRP-HURLBURT FIELD	1	1	1	1	1	1	1	1	0	1	0	1	11,12		05		01,02,09		10	
7200	460 MDS-BUCKLEY AFB	1	1	1	1	1	1	1	1	1	1	0	1					01,02	01		

Streamlining Business Operations Behind the Scenes



Inputs

- Coding
- MEPRS
- Accounting Data
- MCFAS

Analysis

- External Coding Audit
- MEWACS
- Six Sigma
- Financial Metrics
- Data Quality
- Anti Fraud

Outputs

- MERHCF
- Billing/Collections
- PPS
- Dash Boards
- Financial Statements
- Business Plans

MEPRS – Six Sigma



Management Metrics

Click on a peer group below to view a specific metric:

Rx Dispensing Costs	Available FTE's per Daily Occupied Bed	Ratio of Support Personnel to Provider FTEs	Rx Workload per Rx FTE	Lab Workload per Lab FTE	Rad Workload per Rad FTE	Inpatient Costs per RWP	Ambulatory Costs per APG
Medical Centers	Medical Centers	Medical Centers	Medical Centers	Medical Centers	Medical Centers	Medical Centers	Medical Centers
Large Hospitals	Large Hospitals	Large Hospitals	Large Hospitals	Large Hospitals	Large Hospitals	Large Hospitals	Large Hospitals
Small Hospitals	Small Hospitals	Small Hospitals	Small Hospitals	Small Hospitals	Small Hospitals	Small Hospitals	Small Hospitals
Large Clinics	Large Hosp OCONUS	Large Clinics	Large Clinics	Large Clinics	Large Clinics	Large Hosp OCONUS	Large Clinics
Small Clinics	Small Hosp OCONUS	Small Clinics	Small Clinics	Small Clinics	Small Clinics	Small Hosp OCONUS	Small Clinics
Large Hosp OCONUS		Large Hosp OCONUS	Large Hosp OCONUS	Large Hosp OCONUS	Large Hosp OCONUS		Large Hosp OCONUS
Small Hosp OCONUS		Small Hosp OCONUS	Small Hosp OCONUS	Small Hosp OCONUS	Small Hosp OCONUS		Small Hosp OCONUS
Clinics OCONUS		Clinics OCONUS	Clinics OCONUS	Clinics OCONUS	Clinics OCONUS		Clinics OCONUS

Executive Summary:

- [Medical Centers](#)
- [Large Hospitals](#)
- [Large Hospitals OCONUS](#)
- [Small Hospitals](#)
- [Small Hospitals OCONUS](#)
- [Large Clinics](#)
- [Small Clinics](#)
- [Clinics OCONUS](#)

Notes:

- [Six Sigma Description](#)
- [Definition of Metrics](#)
- [Data Sources](#)
- [Peer Group Definitions](#)

External MEPRS Resources:

- [MEPRS Web Portal](#)
- [MEWACS](#)
- [MEPRS Manual DoD 6010.13-M](#)
- [Human System Interface \(HSI\)](#)

MTF-Peer Group Lookup:

- [Air Force](#)
- [Army](#)
- [Navy](#)

MEPRS – Six Sigma



Six Sigma Description

By definition, Six Sigma is a highly disciplined quality process focusing on the development and delivery of near-perfect products and services. The word Sigma is a statistical term that measures how far a given process deviates from perfection. The central idea behind Six Sigma is eliminating “defects” in a product or process by systematically changing the process until there are few to no “defects” in the product or process.

Applying principles of Six Sigma in the Military Health System (MHS) can help Military Treatment Facility (MTF) commanders and TRICARE leaders drive the changes necessary to improve the efficiency, effectiveness, and overall quality of Direct Care healthcare services.

The web links below are suggested sources of additional information and insight into Six Sigma, including learning

http://www.isixsigma.com/sixsigma/six_sigma.asp

<http://www.sixsigmabenchmarking.com/>

http://www.qualityamerica.com/six_sigma/resources.htm

http://en.wikipedia.org/wiki/Six_Sigma

<http://www.asq.org/sixsigma/>

MEPRS – Six Sigma



FY08 Cost of Pharmacy Dispensing: Medical Centers

Parent DMISID	Parent DMISID Name	Raw Work	Rx \$ Less Supply Cost	Disp Cost per Script	Z Score
0089	WCMACK AMC-FT. BRAGG	1,259,196	\$ 4,999,729	\$ 3.97	-1.35
0108	WILLIAM BEAUMONT AMC-FT. BLISS	550,173	\$ 3,224,905	\$ 5.86	-0.85
0052	TRIPLER AMC-FT SHAFTER	621,107	\$ 3,816,048	\$ 6.14	-0.77
0067	NNMC BETHESDA	509,036	\$ 3,177,896	\$ 6.24	-0.75
0117	59th MED WING-LACKLAND	577,821	\$ 4,042,223	\$ 7.00	-0.54
0124	NMC PORTSMOUTH	1,267,361	\$ 8,960,309	\$ 7.07	-0.52
0029	NMC SANDIEGO	1,305,939	\$ 10,286,007	\$ 7.88	-0.31
0047	EISENHOWER AMC-FT. GORDON	679,569	\$ 5,617,121	\$ 8.27	-0.21
0109	BROCKE AMC-FT. SAMHOUSTON	585,961	\$ 5,272,193	\$ 9.00	-0.01
0095	74th MED GRP-WRIGHT-PATTERSON	510,959	\$ 4,949,897	\$ 9.69	0.17
0073	81st MED GRP-KEESLER	384,675	\$ 4,563,353	\$ 11.86	0.75
0125	MALIGAN AMC-FT. LEWIS	926,665	\$ 11,289,567	\$ 12.18	0.84
0037	WALTER REED AMC-WASHINGTON DC	586,310	\$ 7,616,721	\$ 12.99	1.06
0014	60th MED GRP-TRAVIS	434,948	\$ 7,977,174	\$ 18.34	2.48

Better

Worse

FY08 Cost of Pharmacy Dispensing Summary Statistics

Statistic	Raw Work	Rx \$ Less Supply Cost	Dispensing Cost per Script
Mean:	728,551	\$ 6,128,082	\$ 9.03
Median:	586,136	\$ 5,136,961	\$ 8.07
St. Dev:	322,676	\$ 2,638,729	\$ 3.75

- Value nearest peer group mean
- MTF's within 1 Std. Deviation from the peer group mean
- 2 Std. Deviations above/below the peer group mean
- 3 Std. Deviations above/below the peer group mean

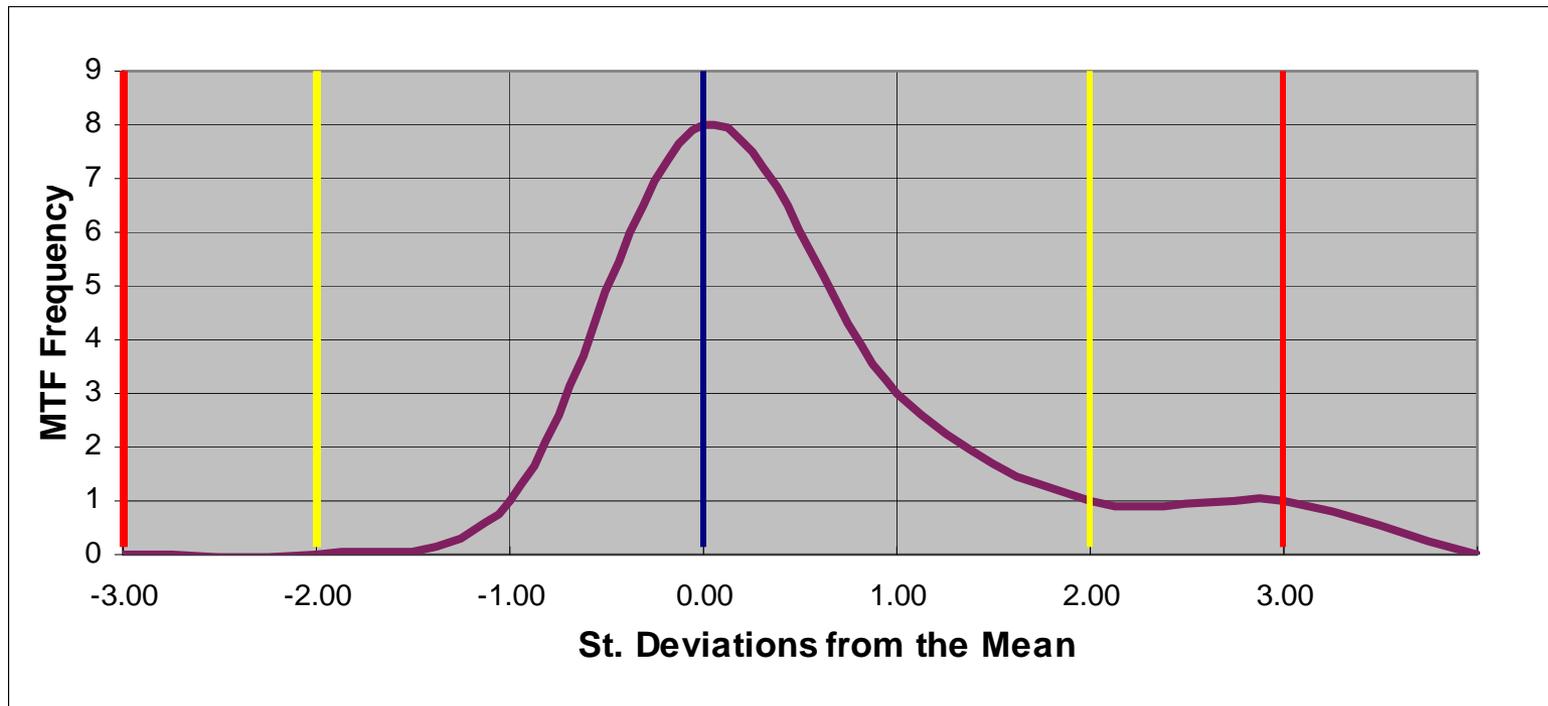
MEPRS – Six Sigma



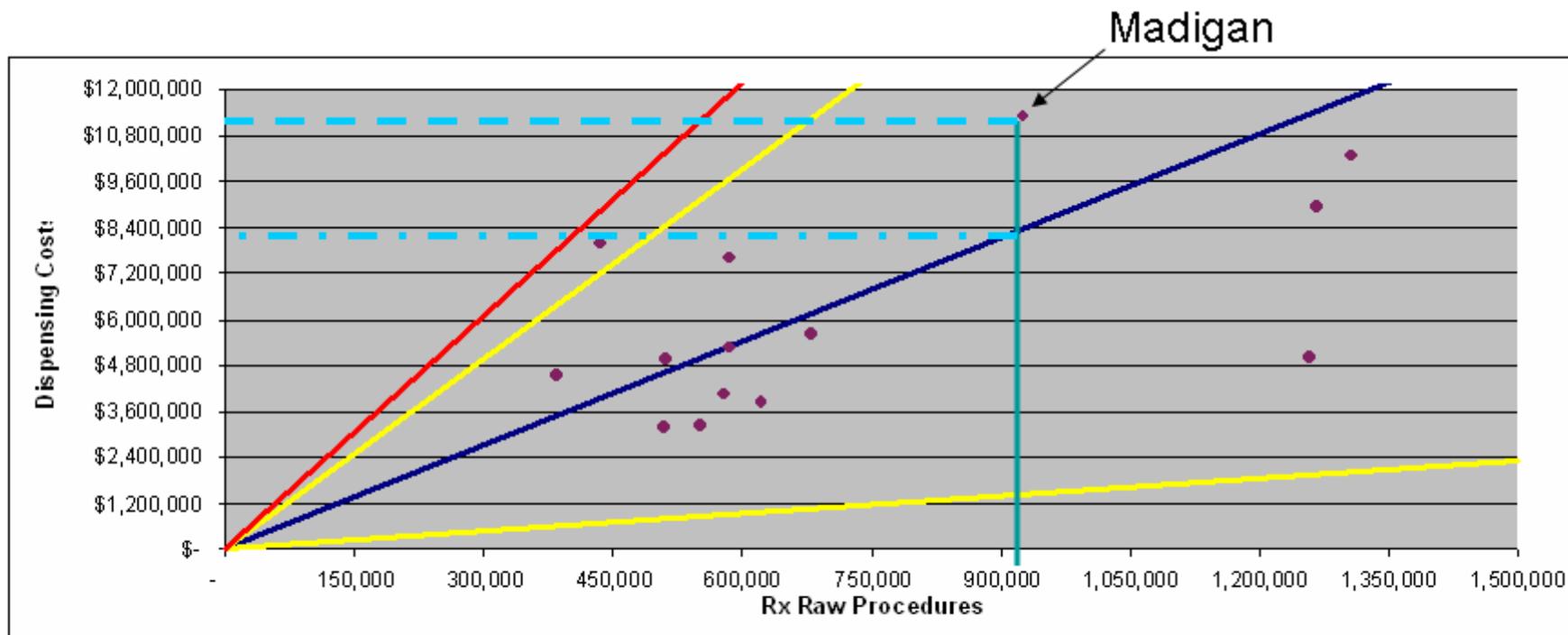
FY08 Cost of Pharmacy Dispensing: Medical Centers

Peer Group Graphs

- Lines Represent +/- 3 Standard Deviations from the peer group mean
- Lines Represent +/- 2 Standard Deviations from the peer group mean
- Peer group mean



MEPRS – Six Sigma



For roughly 900,000 scripts, we would expect the expenses to be around \$8,400,000 but at Madigan for the same number of scripts, the expenses are around \$11,000,000.

Streamlining Business Operations Behind the Scenes



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Financial Metrics



- Monthly Reporting, History and Measures
 - Accounts Receivable (A/R) Public debt > 30 days at Sep 30, 2009 (Red Metric)
 - SMA-Army (\$22.5 million)
 - A/R Intragovernmental Debt > 30 days at Sep 30, 2009 (Red Metric)
 - SMA-Army (\$17.7 million)
 - SMA Navy (\$17.3 million)
- SMA A/R will increase dramatically in FY 2010 when recording begins

Financial Metrics



- Obligation Rates (9/30/2009) (Millions)
 - Procurement Fundings (3 year life)

	FY 2009	FY 2008	FY 2007
SMA	\$ 95.2 (57.6%)	\$197.5 (78.5%)	\$307.7 (99.9%)
TMA	\$ 78.9 (40.2%)	\$125.8 (58.6%)	\$199.8 (100.0%)

Financial Metrics



- Research, Development, Test and Evaluation (RDT&E) Fundings (2 year life)

	FY 2009	FY 2008
SMA	\$130.4 (14.0%)	\$735.8 (99.9%)
TMA	\$ 78.8 (42.5%)	\$250.7 (99.7%)

Streamlining Business Operations Behind the Scenes



Inputs

- Coding
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Analysis

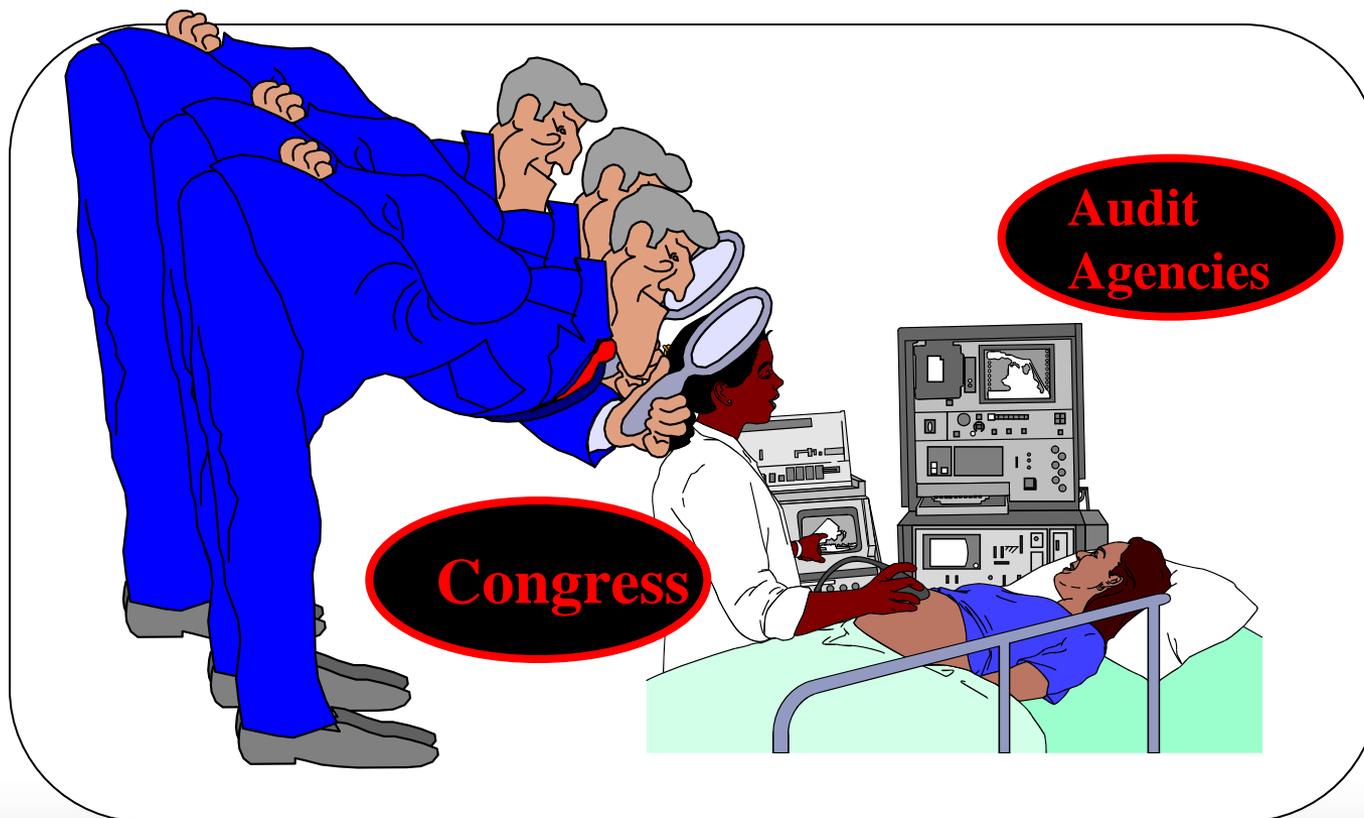
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Why Worry about Data Quality?

One reason is external scrutiny...



Data Quality



- TMA DQMC Program improves data quality and ensures that the **MTF receives credit** for properly recording the workload.

Data Quality



DQ Statement Metrics

FY 2009 Data Quality Statement - TMA Summary Percent Compliant by Service (extract from TMA Summary Sheet)

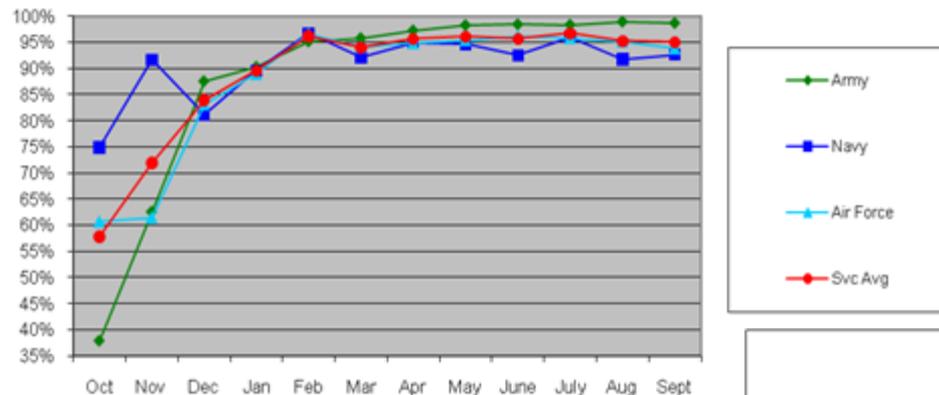
DQ Statement Question Number:	Army				Navy				Air Force			
	Dec-08	Jan-09	Feb-09	Mar-09	Dec-08	Jan-09	Feb-09	Mar-09	Dec-08	Jan-09	Feb-09	Mar-09
Data Month	Oct-08	Nov-08	Dec-08	Jan-09	Oct-08	Nov-08	Dec-08	Jan-09	Oct-08	Nov-08	Dec-08	Jan-09
1. In the reporting month:												
a. What percentage of clinics have complied with "End of Day" processing requirements, "Every clinic - Every day?"	96%	94%	97%	98%	93%	93%	94%	93%	96%	97%	96%	95%
b. What percentage of appointments were closed in meeting your "End of Day" processing requirements, "Every appointment - Every day?"	100%	100%	100%	100%	99%	99%	99%	99%	99%	99%	100%	100%
2. IAW legal and medical coding practices have all the following occurred:												
a. % of Outpt. Encounters (non-APV) coded within 3 business days of encounter	91%	90%	91%	92%	89%	90%	89%	91%	94%	93%	93%	94%
b. % of APVs coded within 15 days of encounter	92%	92%	92%	97%	89%	89%	89%	88%	86%	83%	83%	83%
c. % of Inpt records coded within 30 days after discharge	38%	63%	88%	90%	75%	92%	81%	90%	61%	61%	83%	89%
3. IAW with TMA policy, "Implementation of EAS-MEPRS Data Validation and Rec"												
a. Monthly EAS-MEPRS financial reconciliation process was completed, validated, & approved prior to monthly transmission	46%	46%	51%	54%	61%	4%	57%	71%	88%	85%	88%	93%
b. Were the data load status, outlier variance, WWR-EAS IV, & Alloc. Tabs in MEWACS reviewed and anomaly explanations given	57%	51%	49%	54%	100%	100%	100%	100%	88%	93%	92%	96%
4. Compliance with TMA or Service guidance for timely submission of data												
a. MEPRS-EAS - 45 days	43%	43%	54%	51%	61%	36%	75%	79%	80%	74%	78%	76%
b. SADR/CHCS - 5th duty day of the month	88%	100%	75%	92%	95%	95%	100%	89%	75%	73%	100%	93%
c. WWR/CHCS - 10th calendar day of the month	100%	100%	97%	100%	100%	100%	100%	96%	93%	99%	99%	96%
d. SADR/ADM - daily	100%	99%	99%	99%	99%	100%	99%	99%	98%	98%	98%	100%
5. Outcome of monthly inpatient coding audit												
a. Inpatient Records (DRG)	75%	87%	98%	99%	98%	98%	98%	99%	82%	79%	85%	90%
b. Inpatient Professional Services Rounds encounters E & M codes audited and deemed correct	83%	85%	90%	90%	96%	94%	97%	98%	86%	77%	79%	85%
c. Inpatient Professional Services Rounds encounters ICD-9 codes audited and deemed correct	83%	82%	89%	88%	96%	93%	96%	96%	86%	77%	77%	84%
d. Inpatient Professional Services Rounds encounters CPT codes audited and deemed correct	86%	86%	90%	88%	98%	95%	96%	99%	86%	78%	78%	85%
e. Percentage of completed & current (signed within the past 12 months) DD Form 2569s (TPC Insurance Info) is available for audit? (C.5)	92%	89%	95%	93%	77%	84%	81%	86%	82%	79%	85%	90%
f. Percentage of available, current and complete DD Form 2569s is verified to be correct in the Patient Insurance Information (PII) module in CHCS?	99%	94%	100%	100%	89%	100%	99%	100%	82%	79%	85%	90%
6. Outpatient Records												
a. Is the documentation of the encounter selected to be audited available?	99%	100%	95%	99%	100%	100%	100%	100%	99%	99%	97%	99%
b. % of E&M codes deemed correct	82%	80%	81%	83%	83%	85%	83%	87%	90%	92%	92%	92%
c. % of ICD-9 codes deemed correct	87%	85%	85%	86%	90%	91%	90%	92%	90%	95%	94%	93%
d. % of CPT codes deemed correct	79%	81%	81%	83%	89%	90%	88%	90%	92%	94%	93%	93%
e. % of completed & current DD Form 2569s is available for audit	82%	79%	81%	83%	74%	76%	76%	74%	87%	88%	86%	85%
f. % of available, current, and complete DD Form 2569s is verified to be correct in PII module of CHCS	99%	99%	99%	98%	99%	100%	100%	100%	99%	99%	98%	97%
7. Ambulatory Procedure Visits (APV)												
a. Is the documentation of the encounter selected to be audited available?	100%	99%	100%	100%	100%	100%	100%	100%	100%	99%	99%	99%
b. % of ICD-9 codes deemed correct (APV)	97%	97%	97%	97%	94%	95%	95%	96%	87%	92%	93%	93%
c. % of CPT codes deemed correct (APV)	99%	98%	98%	98%	96%	96%	97%	97%	89%	96%	92%	97%
d. % of completed & current DD Form 2569s is available for audit	94%	95%	96%	97%	89%	90%	90%	90%	91%	91%	91%	89%
e. % of available, current, and complete DD Form 2569s is verified to be correct in PII module of CHCS	99%	99%	99%	100%	98%	98%	98%	96%	99%	100%	99%	99%
8. Comparison of reported workload data [Service average is average of percentage of each MTF.]												
a. # SADR encounters/# WWR visits	109%	109%	109%	110%	127%	130%	125%	114%	127%	129%	127%	128%
b. # SADR dispositions/# WWR dispositions	15%	76%	86%	92%	100%	100%	99%	92%	46%	74%	85%	93%
c. # EAS visits/# WWR visits	40%	46%	51%	54%	60%	28%	74%	79%	95%	90%	90%	96%
d. # EAS dispositions/# WWR dispositions	33%	37%	46%	50%	58%	20%	68%	74%	94%	93%	93%	100%
e. # Inpatient Professional Services Rounds SADR encounters (A ¹¹)/# SUM WWR (Total Bed days + Dispositions) Note: FY07 Goal 80%	89%	85%	87%	86%	87%	86%	88%	87%	73%	72%	67%	73%
9. System Design, Development, Operations, and Education/Training												
a. # of AHLTA SADR encounters/# of Total SADR encounters,	88%	87%	88%	90%	93%	92%	93%	93%	98%	97%	97%	97%
10. CHCS software used to identify duplicate patient registration records												
a. What was the number of potential duplicate records in the reporting month? (For management use and tracking purposes only.)	2,604	1,105	1,031	994	1,607	433	389	383	1,218	1,341	1,189	1,049
11. I am aware of data quality issues identified by the DOMC Review list and when needed, have taken action to improve the data from my facility.	100%	100%	97%	97%	100%	100%	96%	96%	100%	100%	100%	100%

Data Quality Management Control Program Reports

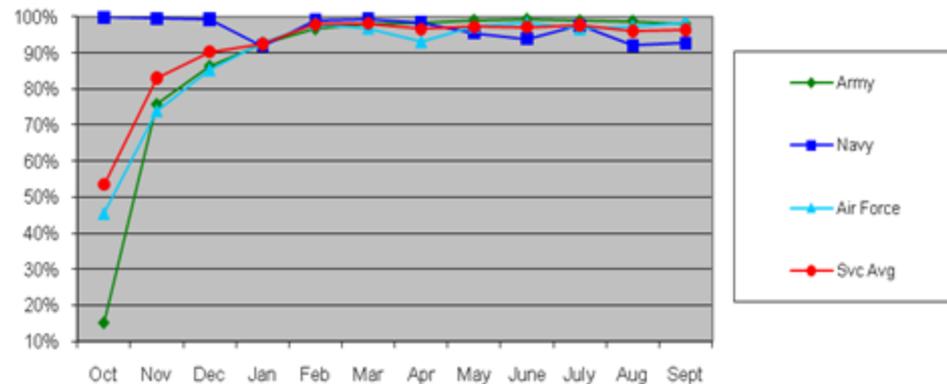


DQ Statement Metrics

2c. Inpatient Coding Timeliness



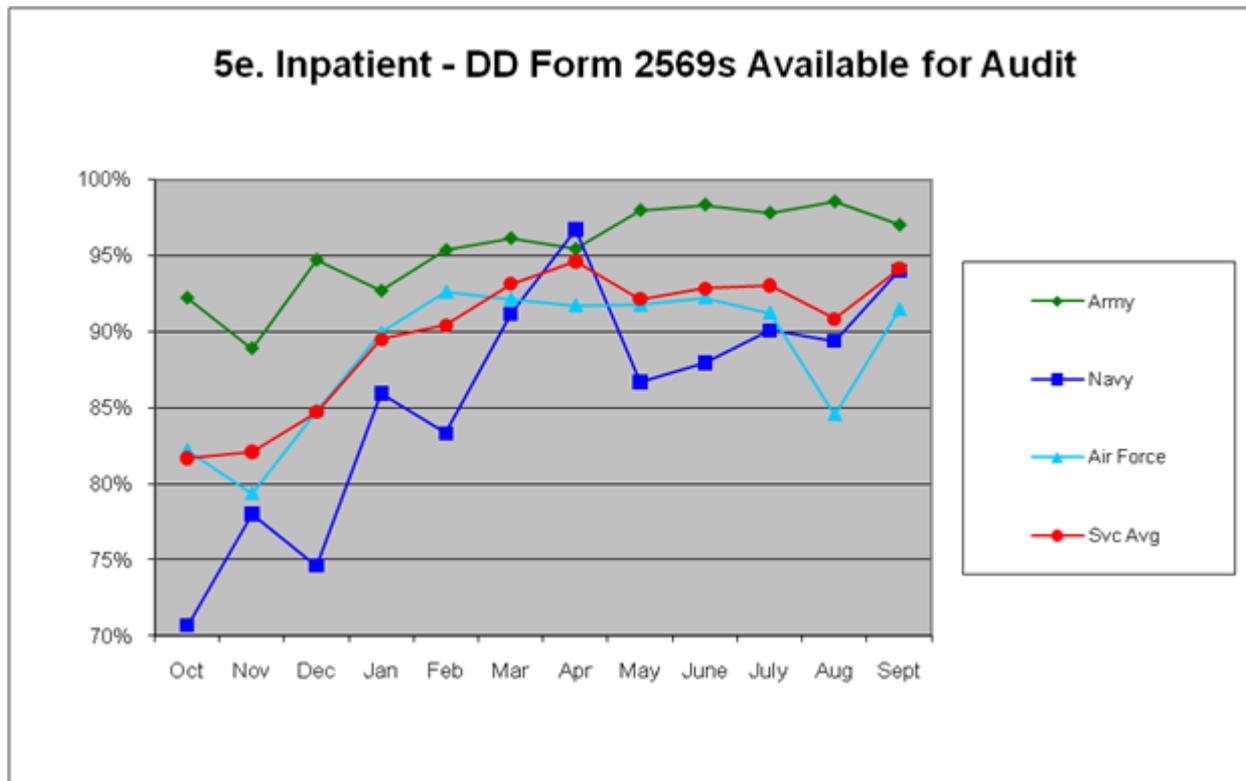
8b. SIDR vs. WWR Disp.



Data Quality Management Control Program Reports



DQ Statement Metrics

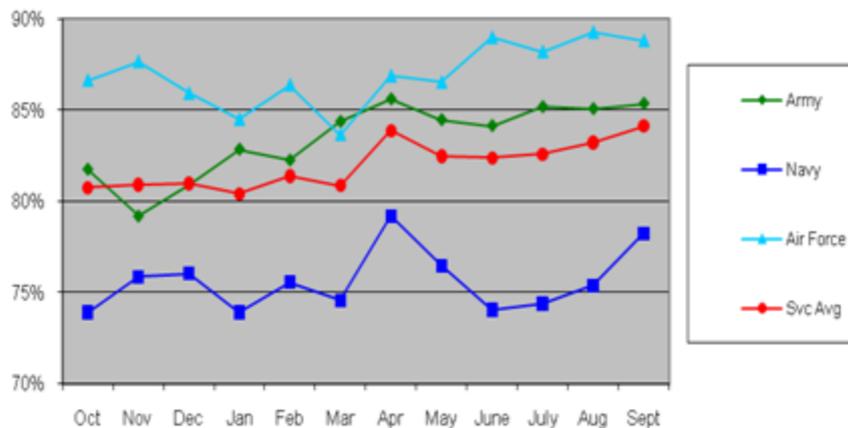


Data Quality Management Control Program Reports

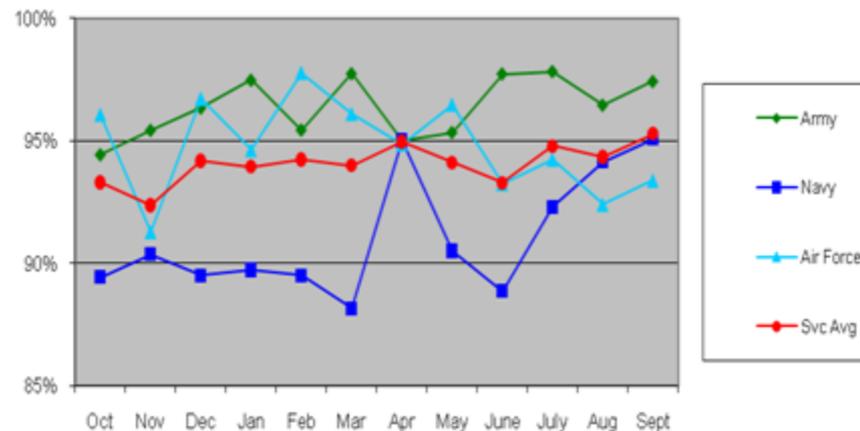


DQ Statement Metrics

6e. OP DD Form 2569 Compliance



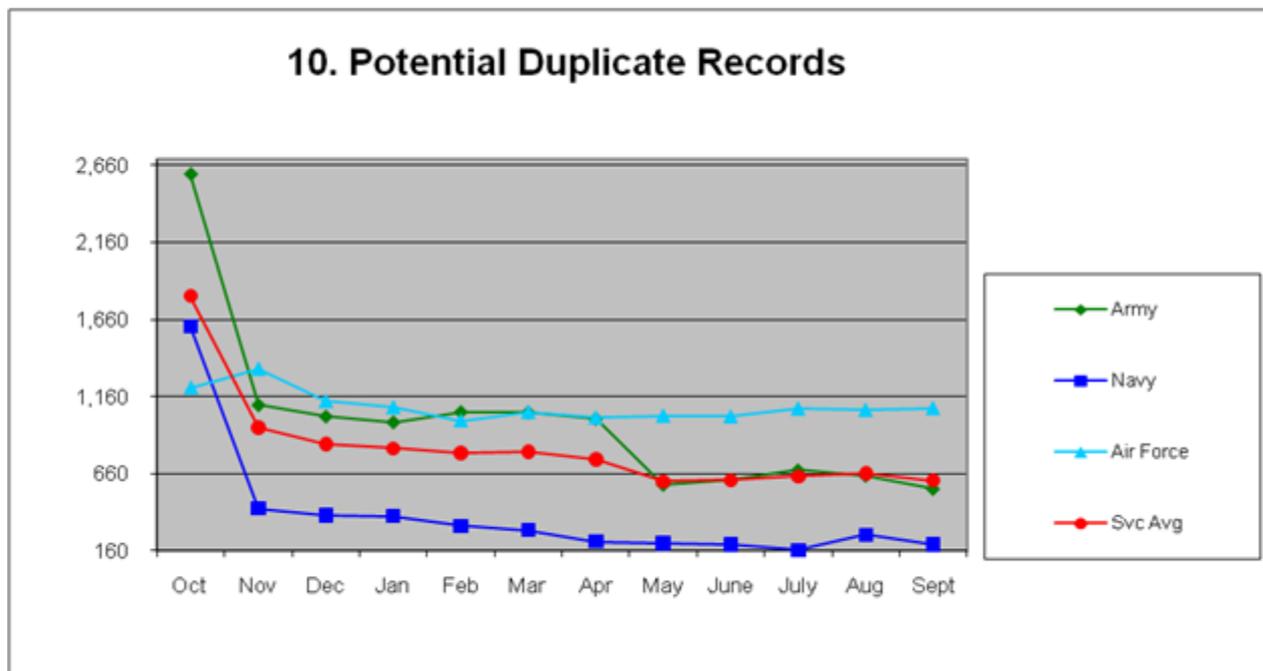
7d. APV DD Form 2569 Compliance



Data Quality Management Control Program Reports



DQ Statement Metrics



Streamlining Business Operations Behind the Scenes



Inputs

- Coding
- MEPRS
- Accounting Data
- MCFAS

Analysis

- External Coding Audit
- MEWACS
- Six Sigma
- Financial Metrics
- Data Quality
- Anti Fraud

Outputs

- MERHCF
- Billing/Collections
- PPS
- Dash Boards
- Financial Statements
- Business Plans



- TMA Program Integrity (TMA-PI)
 - Existing laws and regulation mandate a duty to protect the public fiscally & to protect our beneficiaries
 - According to the National Health Insurance Association of America for every dollar spent on anti-fraud efforts the typical return is \$11

Anti Fraud



TMA-PI Activity Report: CY 2003-2008

DESCRIPTION	2003	2004	2005	2006	2007	2008
<i>Qui Tams</i>	212	251	219	204	163	175
Civil/Criminal Cases Settled	52	26	33	27	28	20
DoD Hotlines	5	8	1	2	1	2
Lead Requests: written requests for consultation, case support or assistance from DCIS, DOJ and other law enforcement entities	554	567	770	713	781	1,171
Referrals to DCIS	238	274	269	320	294	399
Cases Referred to Military Criminal Investigative Offices	3	1	1	2	6	3
Balance Billing and Violations of Participation Agreement	43	60	27	28	14	18
Providers Sanctioned (Fiscal Year)	3,020	3,293	3,806	3,425	3,814	2,787
TRICARE Dollars Identified for Recovery	\$7.5 million	\$6.0 million	\$5.9 million	\$36.7 million	\$18.3 million	\$122.9 million

Anti Fraud



- Savings and recoveries for 2008
 - Rebundling software auditing: \$287.5 million
 - Judgments/Settlements: \$122.9 million
 - Prepayment review: \$34 million
 - Postpay duplicate software: \$136 million since 1997
 - Administrative recoupments: \$3 million
 - Eligibility fraud: \$1 million TRICARE, \$527 thousand MTF
 - Sentinel effect: savings considered to be in the millions

Streamlining Business Operations Behind the Scenes



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- **MERHCF**
- Billing/Collections
- PPS
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- Financial Statements
- Business Plans

MERHCF Defined



- Medicare-Eligible Retiree Health Care Fund (MERHCF) established by Congress (2001 NDAA) to provide mandatory funding for military retiree health care entitlement
- Implemented **1 October 2002** (FY03)
- Covers certain Medicare-eligible DoD beneficiaries (Ret, Ret family member and survivors - not simply “over-65s”)
- Pays for MTF care, purchased care, pharmacy

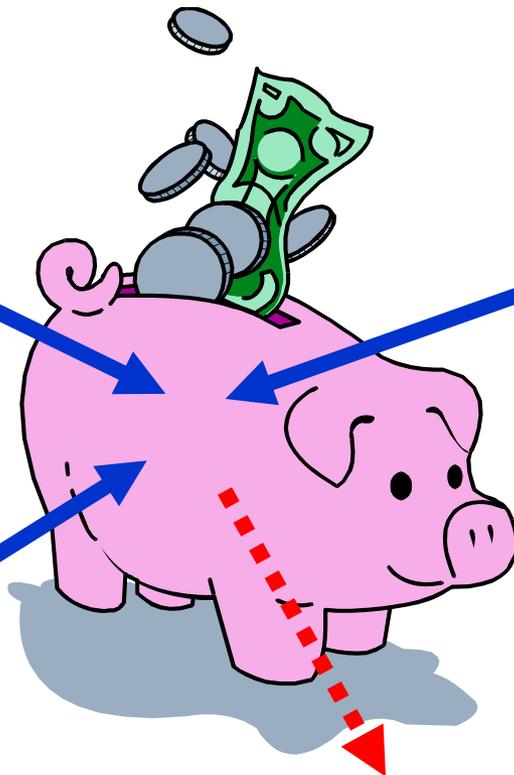
MERHCF Revenue Sources



Dept of Treasury
actuarial liability -
\$500.2B amortized
over 50 years
(\$10.0B) FY10

Annual DoD actuarial
“Normal Cost”
contribution
(\$10.8B) FY10

Accrual fund
investment
earnings



FY10 Estimated Outlays \$9.2B
(\$1.7B Direct Care; \$7.5B Purchased Care)

MERHCF: Direct (MTF) Care



Inpatient Care

- Relative Weighted Products (RWPs) x MTF-specific rate (*MEPRS cost / RWP*)

Outpatient Care

- Ambulatory Patient Group (APG) weights x MTF-specific rate (*MEPRS cost / APG weight*)

Outpatient Pharmacy

MEPRS ingredient cost x
(MERHCF # scripts / Total # scripts)

MERHCF: FY10 Distribution Plan*



\$ Millions (* Excludes MILPERS)

Service	Other O&M	Pharmacy Ingredient	Total
Army	\$384.5	\$161.5	\$546.0
Navy	\$173.2	\$122.1	\$295.3
Air Force	\$183.4	\$219.5	\$402.9
TMA/RM			\$9.7
TMA/CRM			\$7,464.3
Total			\$8,718.2

Streamlining Business Operations Behind the Scenes



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Outputs

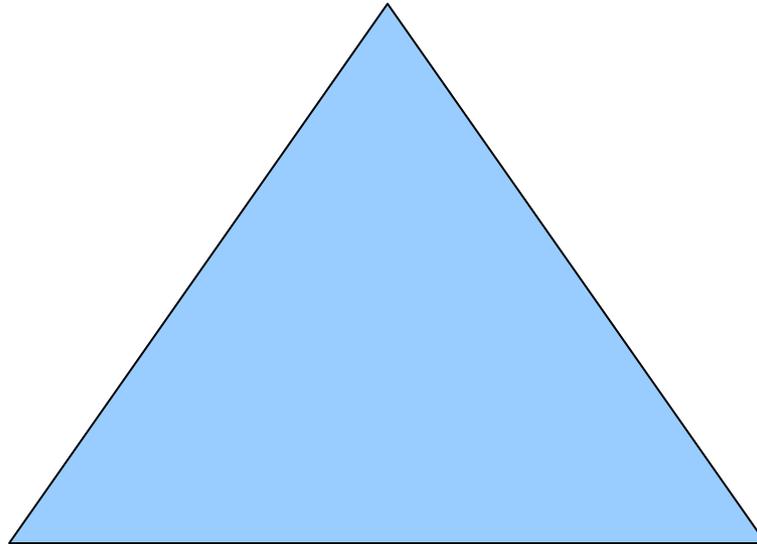
- MERHCF
- **Billing/Collections**
- PPS
- Dash Boards
- Financial Statements
- Business Plans

Billing/Collections



UBO Cost Recovery Programs

Third Party Collections Program (TPCP) (\$240.7M FY09)



Medical Services
Account (MSA) (\$207.1M FY08)

Medical Affirmative
Claims (MAC) (\$16.0M FY08)

Billing/Collections



- Collections by UBO Cost Recovery Program
 - ALL funds collected are retained by the MTF
 - TPC funds are in addition to the MTF's O&M budget
 - Dependent on accuracy of SIDR, SADR, and patient Other Health Insurance (OHI) registration

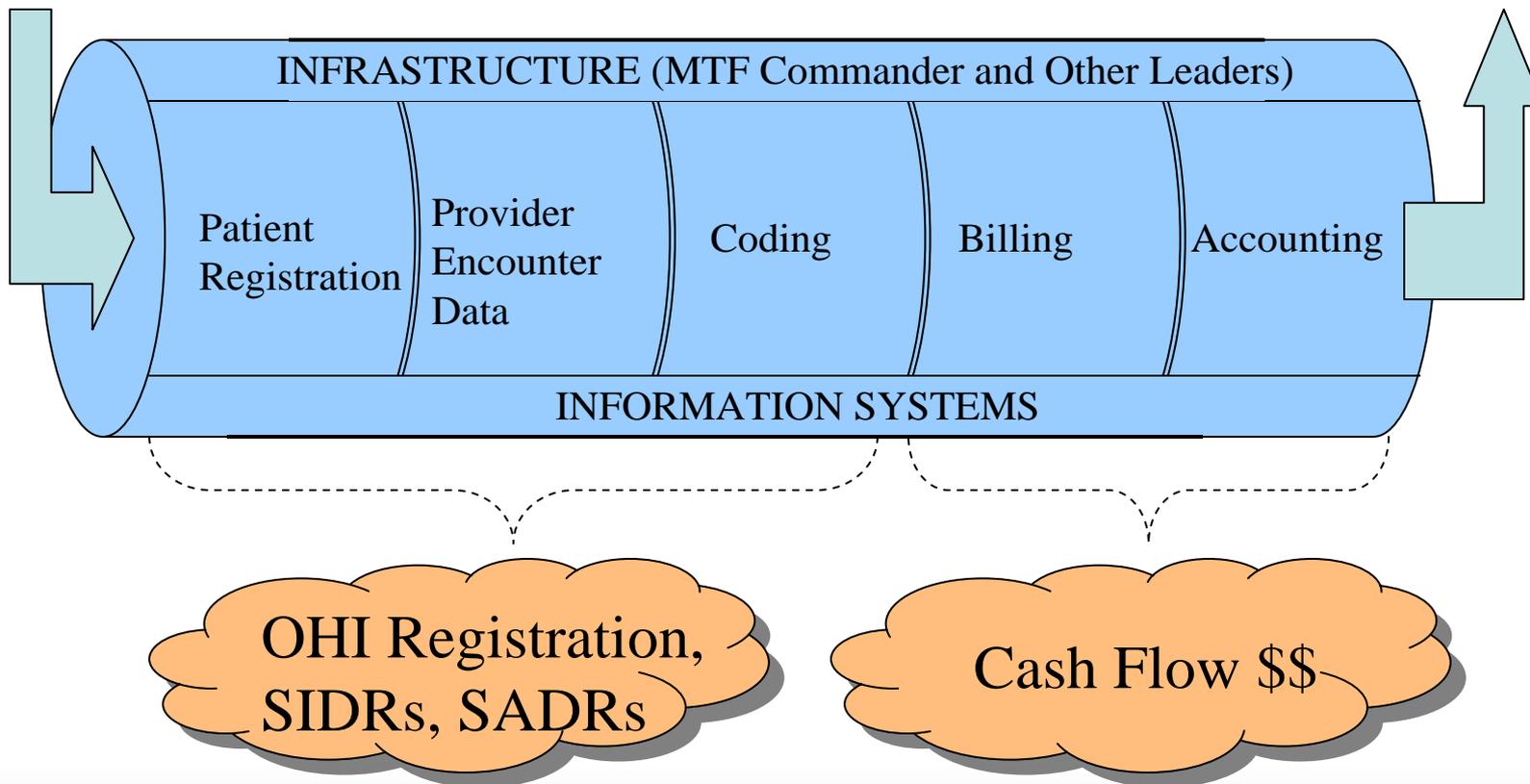
Billing/Collections



MTF Revenue Cycle

Information / Data

Cash



Billing/Collections



Direct Care TPCP Collections (\$ Millions)

Service	Collected				
	FY05	FY06	FY07	FY08	FY09
Outpatient					
Army	\$ 24.70	\$ 23.70	\$ 39.00	\$ 54.80	\$ 66.80
Navy	\$ 13.40	\$ 12.30	\$ 21.60	\$ 30.60	\$ 34.80
Air Force	\$ 26.10	\$ 28.60	\$ 59.00	\$ 80.70	\$ 92.60
Total	\$ 64.20	\$ 64.60	\$ 119.60	\$ 166.10	\$ 194.20
Inpatient					
Army	\$ 21.40	\$ 20.20	\$ 21.40	\$ 24.30	\$ 28.90
Navy	\$ 9.40	\$ 7.10	\$ 7.10	\$ 8.50	\$ 7.60
Air Force	\$ 11.30	\$ 11.20	\$ 11.70	\$ 11.10	\$ 10.00
Total	\$ 42.10	\$ 38.50	\$ 40.20	\$ 43.90	\$ 46.50

Data source: MTF DD 2570 as reported to the TMA UBO Metrics Reporting System

Billing/Collections



Top Ten MTFs for FY 2009 Total TPCP Collections (\$ Millions)

Service	Facility	Total
Army	Washington D.C. (Walter Reed Army Medical Center)	\$12.1
Air Force	Lackland AFB (59th Medical Wing)	\$10.6
Air Force	Wright Patterson AFB (88th Medical Group)	\$10.0
Army	Ft. Lewis (Madigan Army Medical Center)	\$9.6
Army	Ft. Sam Houston (Brooke Army Medical Center)	\$9.1
Air Force	Elmendorf AFB (3rd Medical Group)	\$6.9
Navy	NNMC Bethesda	\$6.5
Army	Ft. Belvoir (Dewitt Army Community Hospital)	\$6.5
Army	Ft. Shafter (Tripler Army Medical Center)	\$6.2
Navy	NH Jacksonville	\$6.2

Data source: MTF DD 2570 submissions to the TMA UBO Metrics Reporting System

Streamlining Business Operations Behind the Scenes



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Analysis

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- Business Plans

PPS: Resourcing the Direct Care System for Value



The Direct Care System (DCS) is the heart of military medicine and provides:

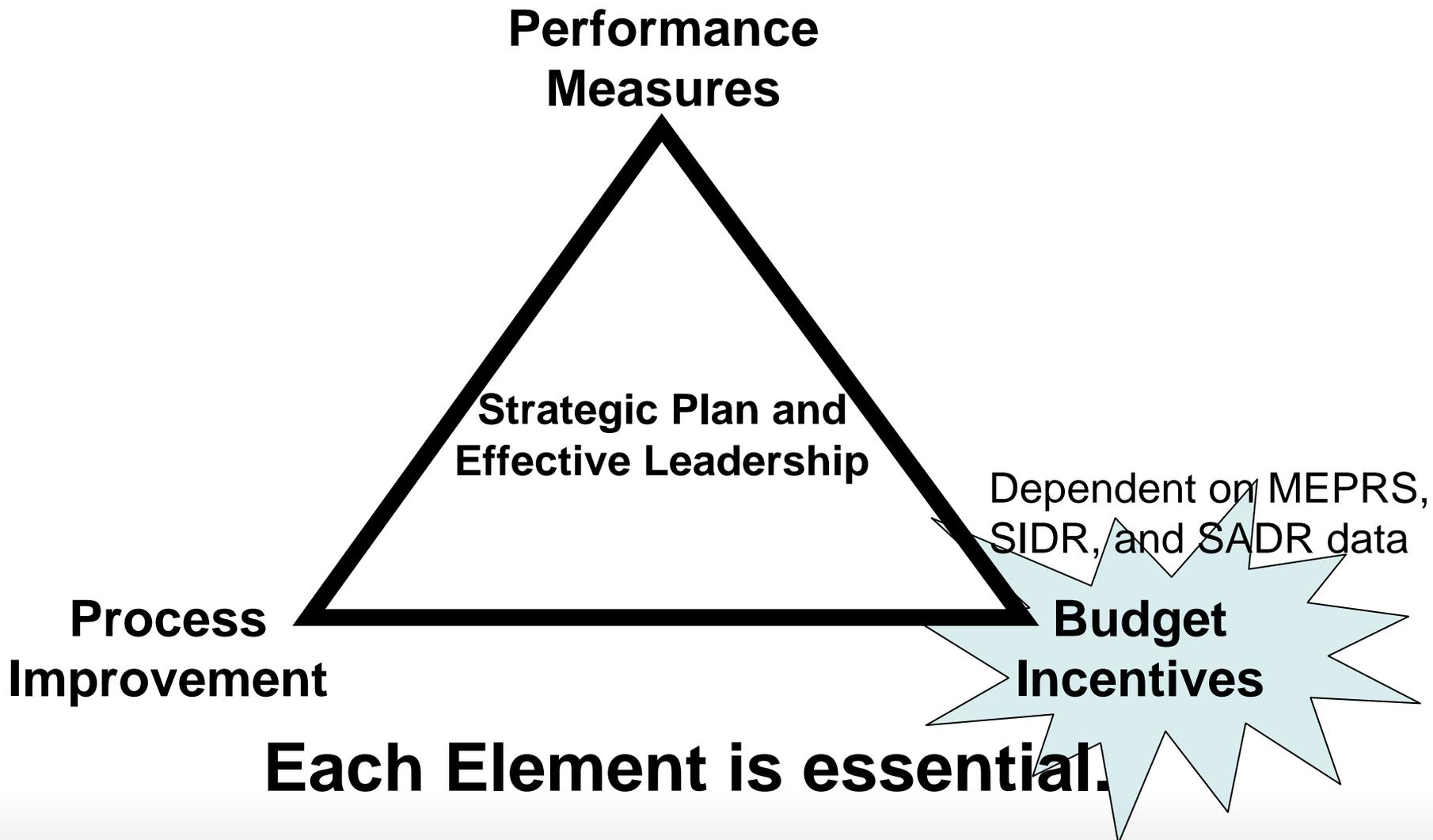
- a ready to deploy medical capability
- a medically ready force
- delivery of the health benefit to warriors and their families

..but at the appropriate value?

Outputs (Activities) + Outcomes (Readiness, Population Health) + Customer satisfaction

Resources (MilPers, appropriations, reimbursements)

PPS: Creating Breakthrough Performance in the MHS



Streamlining Business Operations Behind the Scenes



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Outputs

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Dash Board: MHS Value Measures



(Status, Trends and Top 10)

#1 – Casualty Care and Humanitarian Assistance			
G	Reduced Combat Losses		
	Case Fatality Ratio (OIF/OEF Combat Casualty)	G	→
	Observed/Expected Survival Rate-Battle Wounds	G	→
	Mortality Rate Following Massive Transfusions	G	→
	Battle-Injured Medical Complications Rate	G	→
	Age of Blood in Theater	Y	→
R	Effective Medical Transition		
	MEBs Completed Within 30 Days***	R	→
	DES Cases Returned to MTF	Y	→
	MEB/PEB Experience Satisfaction Rate***	R	→
	VA Transition Process (Satisfaction with Records Availability)	R	→
G	Improved Rehabilitation & Reintegration to Force		
	Amputee Functional Re-Integration Rate	G	→
	Psychological Distress Screening, Referral and Engagement	X	X
	PTSD Screening, Referral and Engagement	X	X
	PTSD Intensity of Care	X	X
	TBI Screening and Referral	X	X
	Potential Alcohol Problems and Referral	X	X
	Increased Interoperability with Allies, Other Government Agencies and NGOs		
	Under Development	X	X
	Reconstitution of Host Nation Medical Capability		
	Under Development	X	X
	Strategic Deterrence for Warfare		
	Under Development	X	X

#2 – Healthy, Fit and Protected Force			
Y	Reduced Medical Non-Combat Loss		
	Force Immunization Rate	Y	→
	Orthopedic Injuries Rate in Theater	R	→
	Orthopedic Injuries Rate in Garrison (Non-Deployed)	G	→
	Influenza-Like Illness Rate in Theater	R	→
	Influenza-Like Illness Rate in Garrison (Non-Deployed)	G	→
	Psychological Health: In-Theater Evacuations/Encounters	R	→
R	Improved Mission Readiness		
	Deployment Limiting Medical Conditions***	R	→
	Undetermined Medical Readiness Status	Y	↑
	Increased Resilience & Optimized Human Performance		
	Under Development	X	X

#3 – Healthy and Resilient Individuals, Families and Communities			
Y	Healthy Communities/Healthy Behaviors		
	MHS Cigarette Use Rate	Y	↑
	Active Duty Lost Work Days Rate	R	
	MHS Body Mass Index Rate	Y	→
	Alcohol Screening/Assessment Rate	G	→
	FAP Substantiated Child/Spouse Abuse Rate	G	→
	Influenza Immunization Rate	R	→
	Mental Health Demand-Family of Service Members	X	X
	Active Duty Suicide Rate (Probable/Confirmed)	R	→
G	Health Care Quality		
	Enrollee Preventive Health Quality Index (HEDIS)***	Y	→
	Overall Hospital Quality Index (ORYX)***	Y	→
	CONUS Ventilator Associated Pneumonia Rate	X	X
	Health Care Personnel Flu Vaccination Rate	X	X
	Hospitalization 30-Day Disease Mortality Rate	G	→
Y	Access to Care		
	No Problem Getting Needed Care***	Y	→
	Percent of Time MTF Enrollees See Their PCM When PCM in Clinic***	R	→
	Booking Success Rates for Primary Care Appointment	Y	→
	Primary Care Third Available Routine Appointment	Y	→
Y	Beneficiary Satisfaction		
	Satisfaction with Provider Communication	Y	↓
	Satisfaction with Health Care***	Y	↓
	Satisfaction with Health Plan	G	→

#4 – Education, Research and Performance Improvement			
Y	Capable MHS Work Force and Medical Force		
	Uniform Provider Fill Rates - Mental Health Specialties	Y	→
	Competitive & Direct Hire Activity – Medical Professionals	Y	→
	Advancement of Global Public Health		
	Under Development	X	X
Y	Advancement of Medical Science		
	Peer-Reviewed Journal Article Publication Rate	Y	→
	Healing Environments		
	Under Development	X	X
R	Performance-Based Mgmt. and Efficient Operations		
	Annual Cost Per Equivalent Life (PMPM) ***	R	→
	Enrollee Utilization of Emergency Services***	R	→
	Provider Productivity	R	→
	Bed Day Utilization (Prime Enrollees)	X	X
R	Deliver Information to People so They Can Make Better Decisions		
	AHLTA Reliability	R	→
	AHLTA Speed	Y	→
	AHLTA Satisfaction	X	X
	DMHRSI/EAS-IV Transmissions by Service	R	→

↑ Improving ↓ Declining → Stable X Under development

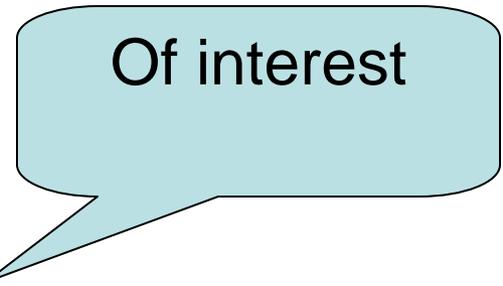
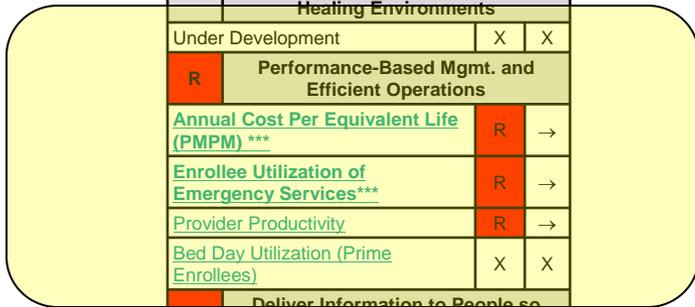
*** Denotes Recommended Tactical Imperatives

Dash Board: MHS Value Measures



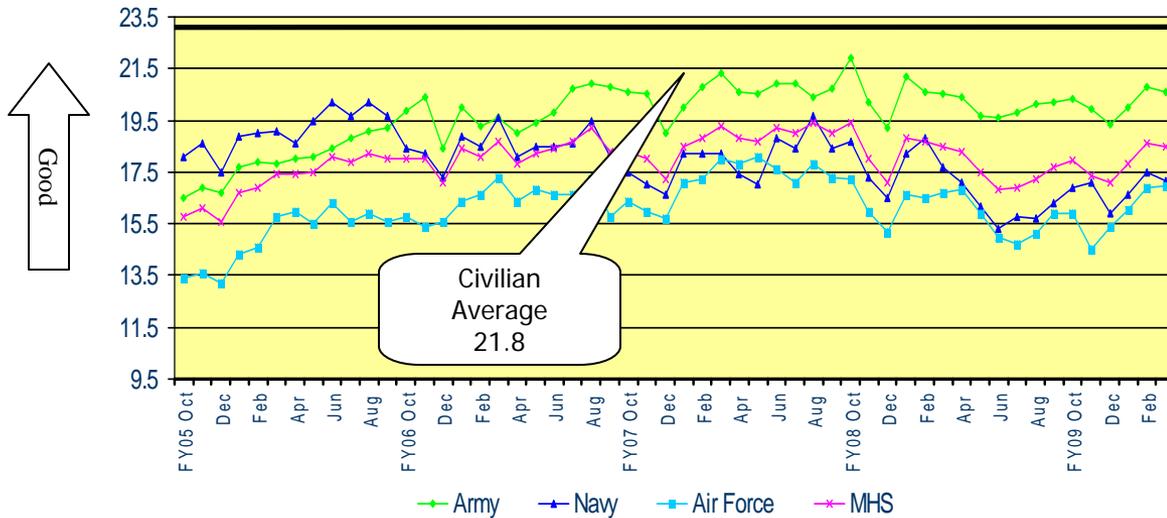
(Status, Trends and Top 10)

#4- Education, Research and Performance Improvement		
Y	Capable MHS Work Force and Medical Force	
	Uniform Provider Fill Rates - Mental Health Specialties	Y →
	Competitive & Direct Hire Activity - Medical Professionals	Y →
Advancement of Global Public Health		
	Under Development	X X
Y	Advancement of Medical Science	
	Peer-Reviewed Journal Article Publication Rate	Y →
Healing Environments		
	Under Development	X X
R	Performance-Based Mgmt. and Efficient Operations	
	Annual Cost Per Equivalent Life (PMPM) ***	R →
	Enrollee Utilization of Emergency Services***	R →
	Provider Productivity	R →
	Bed Day Utilization (Prime Enrollees)	X X
R	Deliver Information to People so They Can Make Better Decisions	
	AHLTA Reliability	R →
	AHLTA Speed	Y →
	AHLTA Satisfaction	X X
	DMHRSi/EAS-IV Transmissions by Service	R →



↑ Improving ↓ Declining → Stable X Under development

RVUs per Primary Care Provider per Day



	FY05 Total	FY06 Total	FY07 Total	FY08 Total	FY09 Oct	FY09 Nov	FY09 Dec	FY09 Jan	FY09 Feb	FY09 Mar	FY09 YTD
Army	17.9	19.8	20.5	20.4	20.3	20.0	19.3	20.0	20.8	20.6	22.2
Navy	19.4	18.6	17.5	17.3	16.9	17.1	15.9	16.7	17.5	17.2	20
Air Force	14.9	16.3	17.1	16	15.9	14.5	15.4	16.1	16.9	16.9	15.7
MHS Total	17.3	18.3	18.6	18.1	17.9	17.4	17.1	17.8	18.6	18.5	19.3

Measure Advocate:

Dr. Bob Opsut
HA-HB&FP; (703) 681-1724

Monitoring: Monthly

Data Source: M2

(SIDR/SADR/HCSR-I/HCSR-NI
PDTs)

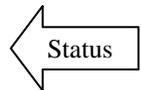
Other Reporting: Services, Well Being of the Force

Assessment Criteria:

R ≤ 18.9

Y > 18.9 < 19.1

G ≥ 19.1



What are we measuring? This measure reflects the sum of the RVUs for all the visits of a provider for a specific period attributed to a specific clinical site clinic divided by the availability of that provider in that clinic computed on a daily basis.

Why is it important? It reflects the availability of a specific provider for patient care and the intensity of the associated work. National standards for Primary Care allow for comparison and thus a barometer to determine if a provider is below an average steps such as process improvement initiatives can be undertaken to assist with improving productivity. Practices of providers above an average might lead to best practice dissemination.

What does our performance tell us? We are improving slightly over time but are still below the civilian average

Streamlining Business Operations Behind the Scenes



Inputs

- Coding
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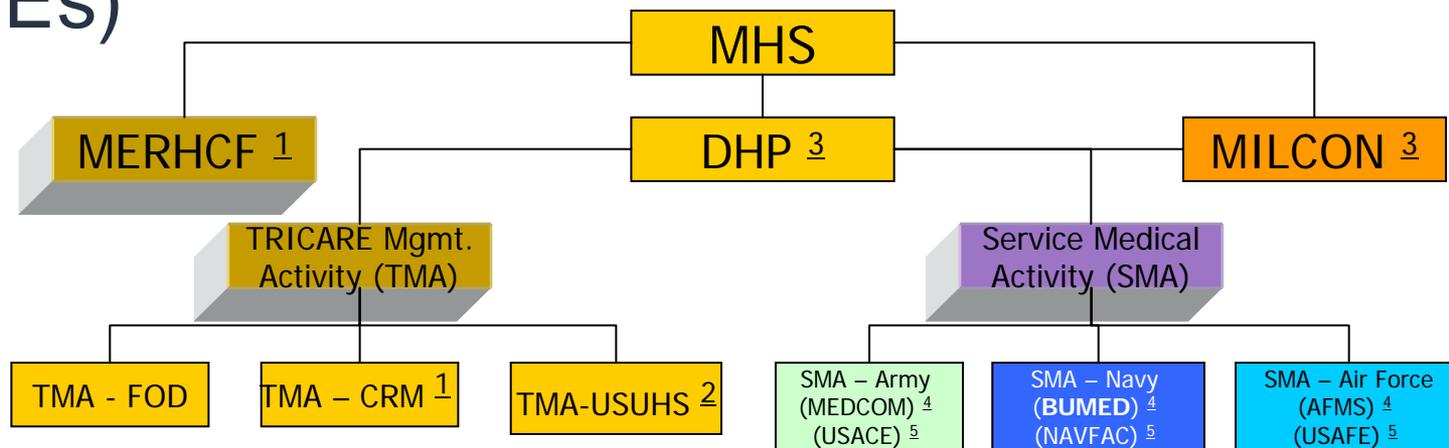
Outputs

- MERHCF
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- Business Plans

Financial Statements



MHS Financial Statement Reporting Entities (FSREs)



- (1) Under Audit
- (2) All Proprietary Statements Validation
Through Examination In Process
- (3) Includes American Recovery and Reinvestment Act (ARRA) Funding
- (4) Executes DHP Funds
- (5) Executes MILCON Funds

MERHCF: Medicare-Eligible Retiree Health Care Fund
 DHP: Defense Health Program Appropriation
 MILCON: Military Construction Appropriation
 FOD: Financial Operations Division
 CRM: Contract Resource Management
 USUHS: Uniformed Services University
 MEDCOM: Army Medical Command
 BUMED: Navy Bureau of Medicine and Surgery
 AFMS: Air Force Medical Service
 USACE: U.S. Army Corps of Engineers
 NAVFAC: Naval Facilities Engineering Command
 USAFE: U.S. Air Forces in Europe

FSRE



- FSRE Structure Challenges
 - **TMA** clear chain of command and organizational structure
 - **MERHCF** actuarial and accounting information
 - **SMA** components have two lines of authority (command and control, and finance business rules) vs dollar flow. Face issues related to MILDEP priorities vs fund flow priorities: financial impact, accounting system, financial business rules

Financial Statements



- FSRE Structure Challenges (continued)
 - Solution: single accounting system with common business rules and chain of command simplifies, streamlines the financial statement, financial reporting, financial performance reporting

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Business Plans



The screenshot shows a web browser window with the following content:

- Page Title:** Tri-Service Business Planning Tool
- Logos:** Four circular logos are displayed: the Department of the Air Force (top left), the Department of the Army (top center), the Department of the Navy (top right), and the Department of Defense (bottom center).
- Text:**
 - [Click here to enter.](#)
 - [Click here for Lessons Learned Page](#)
- Support Information:**

For website and/or account assistance, contact Customer Support at:
eids@mhs-helpdesk.com or via phone at (800) 600-9332

This is a Department of Defense (DoD) interest computer system.
- Browser Status Bar:** Shows "Shortcut to security.aspx (secure Web site)" and "Internet".

Business Plans



FY	Product Line PPS	MEPR3	(A) RVUs per Provider per Day MTF 2008	(B) RVUs per Provider per Day Peer Group 2008	(C) RVUs per Provider per Day Service	(D) Original Available FTE MTF	(E) Original RVUs per Encounter Ratio	(F) Original Encounters per Provider per Day MTF	(G) Original Annual RVU Production Capacity	(H) Projected RVUs per Provider per Day MTF	(I) Projected Encounters per Provider per Day MTF	(J) Projected Available FTE MTF	(K) Projected RVU per Encounter Ratio	(L) Projected Annual RVU Production Capacity
							(A) / (F)	(A) x (D) x Days per Year						(H) X (J) X Days per year
2010	DERM	BAP	20.2836	17.5181	26.5500	3.8500	1.5537	13.0552	19,679.1400	20.8146	13.0552	3.8500	1.5944	20,194.3162
2010	ENT	BBF	19.3598	26.0810	22.5000	3.2000	1.7489	11.0695	15,611.7100	19.2358	11.0695	3.2000	1.7377	15,511.7399
2010	ER	BIA	24.4998	22.5094	21.0500	3.8800	1.4220	17.2295	23,954.9100	23.8683	17.2295	3.8800	1.3853	23,337.4546
2010	IM SUB	BAB	10.5830	18.3147	17.8000	5.2400	0.4565	23.1811	13,974.6400	11.0280	23.1811	5.2400	0.4757	14,562.2536
2010	IM SUB	BAC	9.4423	14.0869	13.7900	11.1700	0.8782	10.7520	26,578.6000	9.6078	10.7520	11.1700	0.8936	27,044.3997
2010	IM SUB	BAF	10.0516	10.6036	13.6700	6.8400	0.7953	12.6386	17,325.7500	10.5984	12.6386	6.8400	0.8386	18,268.2582
2010	IM SUB	BAG	11.0970	25.1928	23.1100	11.7700	1.5233	7.2848	32,914.1800	12.7147	7.2848	11.7700	1.7454	37,712.3429
2010	IM SUB	BAH	0.0000	5.8899	12.4600		NaN	0.0000	0.0000	0.0000	0.0000		0.8527	
2010	IM SUB	BAJ	9.3269	11.1565	17.7900	6.1200	1.0269	9.0826	14,384.2800	8.0816	9.0826	6.1200	0.8898	12,463.7285
2010	IM SUB	BAK	23.4757	15.5625	16.3400	3.2800	1.1407	20.5800	19,404.0400	23.6391	20.5800	3.2800	1.1486	19,539.0999
2010	IM SUB	BAL	4.7064	3.2776	6.3600	5.4000	1.2035	3.9107	6,404.4600	1.5595	3.9107	5.4000	0.3988	2,122.2078
2010	IM SUB	BAM	5.1287	11.9781	7.1400	11.2300	1.0534	4.8687	14,514.0000	5.1032	4.8687	11.2300	1.0482	14,441.9820
2010	IM SUB	BAN	12.7212	15.4045	12.4600	7.7400	1.8023	7.0583	24,812.4900	12.0982	7.0583	7.7400	1.7140	23,597.3410
2010	IM SUB	BAO	8.8353	13.2657	13.5500	3.7200	0.8884	9.9450	8,282.5400	8.9708	9.9450	3.7200	0.9020	8,409.5631
2010	IM SUB	BAQ	12.8132	10.3640	8.4700	6.6800	1.2849	9.9725	21,569.1500	12.8979	9.9725	6.6800	1.2933	21,711.7306
2010	IM SUB	BAS	9.6236	10.9491	13.9700	3.4500	0.5942	16.1955	8,366.7200	15.8762	16.1955	3.4500	0.9803	13,802.7360
2010	IM SUB	BAT	0.0000				NaN	0.0000	0.0000	0.0000	0.0000		0.0778	
2010	MH	BFA	8.6248	12.3219	14.8000	29.9500	1.1929	7.2302	65,094.6700	13.1720	7.2302	29.9500	1.8218	99,414.3528
2010	MH	BFB	3.2795	6.7865	10.8900	10.2900	0.6447	5.0868	8,503.9400	8.0181	5.0868	10.2900	1.5763	20,791.6791
2010	MH	BFC	4.7132	9.9235	13.7800	11.4300	4.2436	1.1107	13,575.8000	2.0838	1.1107	11.4300	1.8761	6,001.9734
2010	MH	BFE	4.8677	4.3514	8.8300	15.6700	2.8549	1.7050	19,221.8000	2.6028	1.7050	15.6700	1.5265	10,277.8860
2010	MH	BFF	4.7590	5.0649	6.6900	4.2100	0.2177	21.8630	5,048.8900	6.1375	21.8630	4.2100	0.2807	6,511.4442
2010	OB	BCA	19.7203	21.6252	8.4185	1.8900	1.0054	19.6148	9,392.3800	19.6177	19.6148	1.8900	1.0001	9,343.5236
2010	OB	BCB	19.0449	18.4922	20.4500	7.0500	1.2551	15.1736	33,835.1000	19.0898	15.1736	7.0500	1.2581	33,914.9664
2010	OB	BCD	6.9993	46.9224	5.1700	2.8300	1.2233	5.7215	4,991.6000	6.7772	5.7215	2.8300	1.1845	4,833.2535
2010	OPTOM	BBD	36.1952	30.3462	26.7000	5.2300	1.9526	18.5365	47,703.8500	38.6040	18.5365	5.2300	2.0826	50,878.5547

Business Plans



- The Business Planning Tool is dependent on the input data (AHLTA, MEPRS) sent to the corporate data warehouse.

Streamlining Business Operations Behind the Scenes



- Take Aways
 - Decisions are made using your data
 - Accuracy
 - Completeness
 - Streamlining will improve accuracy and completeness
 - Single accounting system
 - Better accuracy, reduce rework
 - Patient Registration for OHI
 - Systems – deployment, hiccups
 - Clear chain of command

Streamlining Business Operations Behind the Scenes



■ TRICARE List of Relevant Websites

Name/Function of Website	Web Address
Data Quality Management Control	http://www.tricare.mil/ocfo/mcfs/dqmcp.cfm
Management Control and Financial Studies	http://www.tricare.mil/ocfo/mcfs/
MEPRS Home Page	http://www.MEPRS.Info
UBO Web Page (UBO Directory)	http://www.tricare.mil/ocfo/mcfs/ubo/
UBU Website	http://www.tricare.mil/ocfo/bea/ubu/