Medical Service Accounts Billing

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• ABACUS Overview
• MSA Billing overview
• Collection Methods
• Using the DD7 Invoices module
• Creating an SF 1080
• Preparing inpatient bills in the MSA FMR module
• Questions and Answers
“One” Centralized Billing and Collection System
Medical Services Account (MSA) activities involve billing and collecting funds for medical and dental services, including elective cosmetic procedures, provided in the Defense Health Program (DHP) fixed facilities. Funds collected through MSA are used to enhance health care delivery at the MTF providing the care.

Medical Affirmative Claims (MAC) is the military program established to accomplish this purpose. MAC activities involve billing all areas of liability insurance. MAC also includes collecting accrued payments for the lost time of Service members who are injured or suffer an illness caused by a third party.

The Third Party Collection Program (TPCP) is established to recover the cost of providing health care services to covered DoD beneficiaries from third party payers. All beneficiaries, excluding active duty, are required to provide information regarding other health insurance (OHI) coverage annually, or when there is a change in their coverage status.
MSA Billing
32 CFR 108.4 states that health care for persons without a statutory entitlement shall only be provided on a reimbursable basis, unless non-reimbursable care is authorized or reimbursement is waived by the Under Secretary of Defense (Personnel & Readiness)(USD (P&R)) or the Secretaries of the Military Departments when they are the approving authority.

Per 10 USC 1074(c), the only method of providing unreimbursed healthcare to non-beneficiaries is to obtain a waiver from either the USD (P&R) or SecNav. Waiver requests are the responsibility of the patient to submit. The existence of a waiver request does not relieve the MTF from continuing collection efforts (For Navy: unless otherwise directed by BUMED).

A person’s beneficiary status is determined by reviewing his/her DEERS information. The use of DEERS is mandated by DoD Manual 1000.13 (and for Navy Medicine, BUMED Instruction 6320.3B).

Encounters deemed billable will be processed using the MTF’s designated medical records system (ABACUS).

Once an invoice is verified, the MTF will submit it for payment using the proper debt processing tools.
The primary method of ensuring compliance is to upload all debts to the U.S. Treasury’s Centralized Receivables Service (CRS).

CRS is a debt management service which includes:
- Invoice mailing
- Debtor demographic skip tracing (e.g. address and SSN verifications/corrections)
- Payment posting
- Delinquent debt follow up
- Application of interest and penalty charges
- Payment plans
- Referral of unpaid debts to FedDebt

FedDebt is a Treasury repository for debts that are more than 120 days delinquent.
- Accepts debts as low as $25 (with a SSN) or $100 (without a SSN)
- Debts will normally be transferred to FedDebt from CRS, although MTFs may directly refer debts to FedDebt
- FedDebt performs enforced collections
Collection channels include:

- **OTCnet Check Processing**: paper checks are scanned at MTF with a check scanner.
- **Pay.gov**: patients pay with a credit card on MTF’s online payment page at Pay.gov.
- **Card Acquiring Service**: patients can pay in person at the MTF by swiping their credit/debit card.
- **Credit Gateway (EFT)**: most common with patients who prefer to use the “online bill pay” option with their bank or have the funds wired directly to the MTF.
- **IPAC**: this form of payment is received when doing inter-agency billing and from FedDebt.

Most patients mail in a check or pay online using Pay.gov.

Payments processed through OTCnet and Pay.gov are automatically posted on the patient’s CRS account.
<table>
<thead>
<tr>
<th>MSA Federal</th>
<th>Mode</th>
<th>ABACUS Method</th>
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<tbody>
<tr>
<td>VA Patients</td>
<td>MTF Specific</td>
<td>NA (various)</td>
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<tr>
<td>USCG</td>
<td>No Bill</td>
<td>NA (PPS)</td>
</tr>
<tr>
<td>USPHS</td>
<td>DD7/7A</td>
<td>SF1080</td>
</tr>
<tr>
<td>NOAA</td>
<td>DD7/7A</td>
<td>SF1080</td>
</tr>
<tr>
<td>International</td>
<td>&amp;R</td>
<td>SF1080 (DTIM)</td>
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<table>
<thead>
<tr>
<th>MSA Public</th>
<th>Mode</th>
<th>ABACUS Method</th>
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</thead>
<tbody>
<tr>
<td>Cosmetic Surgery</td>
<td>I&amp;R</td>
<td>LOB MSA 27</td>
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<tr>
<td>Civilian ER (No OHI)</td>
<td>I&amp;R</td>
<td>LOB MSA 5/12</td>
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<tr>
<td>Ambulance Transport</td>
<td>I&amp;R</td>
<td>Manual Encounter</td>
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<td>I&amp;R</td>
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<tr>
<td>NAF</td>
<td>DD7/7A</td>
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General overview of DD7 invoices and SF 1080
In ABACUS
The DD7 module is used for Inter-agency billing (IAB) for PHS and NOAA.

The DD7 invoice is considered as supporting information when billing a Federal Agency or entity.

In this module you will see all bills associated with IAB broken down by agency.
Bills in the DD7 invoices can be grouped by column to find the specific bill you are looking for.

As seen below, the invoices are grouped by Contract (Agency), DD7 Voucher #, and Date of Service. This makes it easier to determine what bills you do/do not have.
• All “bill ready” invoices will be dropped to the DD7.
• DD7 invoices that are currently in the module will be grouped and assigned a DD7 voucher number.
• These DD7 voucher’s are then added to an SF 1080 for billing.
• The SF 1080 form is used as an invoice to bill charges to another Federal Agency or entity (PHS/NOAA).

• The DD7 Vouchers that were created in the DD7 module will be added to the SF 1080 and sent to DFAS for processing.
**VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS**

**Bill No.**

**Department, establishment, bureau, or office receiving funds**

**TO:** COLUMBIA VISTA
640 HAYFIELD DR
COLUMBIA, MD 20711

**Department, establishment, bureau, or office charged**

US DEPARTMENT OF COMMERCE
NINDS - NIAID
8403 COLESVILLE ROAD SUITE 100
SILVER SPRINGS MD 20910

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<th>AMOUNT</th>
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<td><strong>TOTAL</strong></td>
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**Remittance in payment hereof should be sent to:**

BUREAU OF MEDICINE AND SURGERY
7720 ARLINGTON BLVD
FALLS CHURCH, VA 22042

**ACCOUNTING CLASSIFICATION - Office Receiving Funds**

**Account Classification**

**CERTIFICATE OF OFFICE CHARGED**

I certify that the above articles were delivered and accepted for the services performed as stated and should be charged to the appropriate fund(s) as indicated below, or that the advance payment requested is approved and should be paid as indicated.

**Date:** 03/30/2017

**Authorized administrative or certifying official:**

**DEPARTMENT HEAD**

**ACCOUNTING CLASSIFICATION - Office Charged**
MSA Inpatient bills (FMR)
• Inpatient bills for beneficiaries (retired and non-prime family members) will drop under the FMR line of business (LOB) under Inpatient Claims.

• All accounts are automatically put on hold for review until the UBO staff member is able to verify the patient’s eligibility (DEERS check). If the patient is to be billed, the record is released manually by the staff member. Non-billable claims (Tricare Prime) are deleted.
• The released bills will be available the following day to print and upload into CRS.
Questions?
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