

DEPARTMENT OF THE ARMY
 MEDICAL DEPARTMENT ACTIVITY
 Fort Huachuca, Arizona 85613-7079

EDDAC MEMORANDUM
 37-2

2 August 06

Financial Management
 THIRD PARTY COLLECTION PROGRAM (TPC)
 RECORD OF OTHER HEALTH INSURANCE

	PARA	PAGE
HISTORY-----	1	1
PURPOSE -----	2	1
SCOPE -----	3	1
REFERENCES-----	4	1
RESPONSIBILITIES -----	5	1
PROCEDURES -----	6	1
APPENDIX A – Third Party Collection Program Record of Other Health Insurance -----		A1
APPENDIX B – RWBAHC Third Party Collection brochure -----		B1

1. HISTORY: This is the first printing of this publication.

2. PUPOSE: This Memorandum implements policy and prescribes procedures to capture Other Health Insurance (OHI) information to increase the facilities Third Party Collections program.

3. SCOPE: This memorandum is applicable to all personnel assigned or attached to the United Sates Army Medical Department Activity (MEDDAC), Fort Huachuca, AZ.

4. REFERENCES: DoD 6010.15-M, Military Treatment Facility Uniform Business Office (UBO) Manual

5. RESPONSIBILITIES: Raymond W. Bliss Army Health Center (RWBAHC) employees have the responsibility to maximize the allowable cost recovery of health care received in this facility within compliance and guidelines in order to support the operational and readiness mission of the Military Health System (MHS).

6. PROCEDURES:
 - 6.1 DOCUMENTATION: Timely and accurate identification of beneficiaries who have OHI is crucial to a successful TPC program. All Patients excluding active duty must fill out the DD Form 2569 (Record of OHI). Appendix A

 - 6.2 INTERVIEWING TECHNIQUES: During the interview process, MTF personnel shall maintain a friendly and professional demeanor while proceeding with the following:
 - 6.2.1 All patients must be asked; “What is your health insurance company or your health plan?”

6.2.2 Ask “May I see your insurance card?”

6.2.2 Regardless of the answer yes/no; the form DD 2569 (Record of Other Health Insurance) must be filled entirely and correctly. It is important to capture the policyholder’s Insurance Company, the policy number and any other family members that may be covered on that policy.

6.2.3 Once the form has been completed a copy of the beneficiaries’ insurance card, Pharmacy Card and Identification Card (ID) must be made and attached to the form and be held for TPC.

6.2.4 RWBAHC TPC brochure will be given to each beneficiary. Appendix B

6.2.5 The original forms will be given to the TPC official daily to be input into the Community Health Care System I(CHCS I)/.

6.2.6 Once input in to the system TPC will give the DD2569’s to the Patient Administration Division (PAD) for filing in the patient’s medical record.

The proponent of this publication is the Resource Management Division. Users are invited to send comments and suggested improvements on DA Form 2028 directly to Resource Management, ATTN: MCXJ-RMD, USA MEDDAC, Ft. Huachuca, AZ 85613-7079.

FOR THE COMMANDER:

OFFICIAL:

GREGORY SWANSON
LTC, MS
Deputy Commander for
Administration

Robert D. Lake
Information Management Officer

APPENDIX A Third Party Collection Program Record of Other Health Insurance

THIRD PARTY COLLECTION PROGRAM - RECORD OF OTHER HEALTH INSURANCE <i>(Read Privacy Act Statement before completing this form.)</i>						Form Approved OMB No. 0704-0323 Expires Dec 31, 2006
The public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Service and Communications Directorate (0704-0323). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO REQUESTING MILITARY TREATMENT FACILITY.						
PRIVACY ACT STATEMENT						
AUTHORITY: Title 10 USC, Sec. 1095; EO 9397. PRINCIPAL PURPOSES: Information will be used to collect from private insurers for medical care provided to the Military Treatment Facility (MTF) patient. Such monetary benefits accruing to the MTF will be used to enhance health care delivery in the MTF. ROUTINE USE(S): The information on this form will be released to your insurance company. DISCLOSURE: Voluntary; however, failure to provide complete and accurate information may result in disqualification for health care services from facilities of the uniformed services.						
1. PATIENT NAME (Last, First, Middle Initial)		2. SSN	3. DATE OF BIRTH (YYYYMMDD)		4. MARITAL STATUS (X) <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED/WIDOWED	
5a. STREET ADDRESS (include apartment number)			b. CITY	c. STATE	d. ZIP CODE	6. HOME TELEPHONE NO. ()
7. SPONSOR'S BRANCH OF SERVICE		8. SPONSOR FAMILY MEMBER PREFIX/ SSN		9a. SPOUSE NAME (Last, First, Middle Initial)		
10a. PATIENT'S EMPLOYER NAME		b. TELEPHONE NUMBER ()		b. SPOUSE'S EMPLOYER (Name, Address and Telephone No.)		
c. EMPLOYER ADDRESS (include ZIP Code)						
11. IS PATIENT'S CONDITION/APPOINTMENT RELATED TO AN ACCIDENT (X one)			YES <input type="checkbox"/> NO <input type="checkbox"/>	a. DATE OF INJURY/ACCIDENT (YYYYMMDD)		b. CITY AND STATE WHERE ACCIDENT OCCURRED
c. TYPE OF ACCIDENT (X) <input type="checkbox"/> AUTO <input type="checkbox"/> BOAT <input type="checkbox"/> HOME <input type="checkbox"/> AIRPLANE <input type="checkbox"/> WORKERS' COMPENSATION <input type="checkbox"/> SLIP & FALL <input type="checkbox"/> OTHER						
d. BRIEFLY DESCRIBE HOW INJURY/ACCIDENT OCCURRED						
e. INSURANCE COMPANY NAME		f. POLICY NUMBER		g. COMPANY ADDRESS (include ZIP Code)		
h. TELEPHONE NUMBER ()		i. NAME OF POLICY HOLDER/INSURED			j. CLAIM NUMBER	
12. DO YOU HAVE MEDICARE/MEDICAID (X one) YES <input type="checkbox"/> NO <input type="checkbox"/>						
a. MEDICARE PART A NUMBER		b. MEDICARE PART B NUMBER		c. MEDICAID NUMBER		d. ISSUING STATE
13. ARE YOU COVERED UNDER ANY OTHER HEALTH INSURANCE POLICY? (Other than Medicare, Medicaid, TRICARE or TRICARE/CHAMPUS Supplement) YES <input type="checkbox"/> NO <input type="checkbox"/>						
14.a. PRIMARY MEDICAL INSURANCE COMPANY NAME				15.a. SECONDARY MEDICAL INSURANCE COMPANY NAME		
b. ADDRESS (include ZIP code)				b. ADDRESS (include ZIP code)		
c. TELEPHONE NUMBER ()		d. IDENTIFICATION NUMBER/GROUP NUMBER		c. TELEPHONE NUMBER ()		d. IDENTIFICATION NUMBER/GROUP NUMBER
a. POLICY HOLDER'S NAME (Last, First, Middle Initial)				e. POLICY HOLDER'S NAME (Last, First, Middle Initial)		
f. SSN		g. DATE OF BIRTH (YYYYMMDD)		f. SSN		g. DATE OF BIRTH (YYYYMMDD)
h. POLICY HOLDER'S EMPLOYER NAME, ADDRESS AND TELEPHONE NO.				h. POLICY HOLDER'S EMPLOYER NAME, ADDRESS AND TELEPHONE NO.		
i. EFFECTIVE DATE OF POLICY (YYYYMMDD)				i. EFFECTIVE DATE OF POLICY (YYYYMMDD)		
16. FAMILY MEMBERS COVERED BY ABOVE POLICIES (Use additional pages if necessary)						
a. NAME (Last, First, Middle Initial)	b. SSN	c. DATE OF BIRTH (YYYYMMDD)		a. NAME (Last, First, Middle Initial)	b. SSN	c. DATE OF BIRTH (YYYYMMDD)
17. CERTIFICATION. I certify that the above information on this form is true and accurate to the best of my knowledge. Falsification of information is covered by 18 USC 1001, which provides for a maximum fine of \$10,000 or imprisonment for five years, or both. For non-DoD beneficiaries, the below signature authorizes and requests that the proceeds of any and all benefits be paid directly to the Military Treatment Facility (MTF) for health care services provided me and/or my minor dependents. This signature authorizes Medical Service Account (MSA) patients' release of medical information (medical records) for claims.						
a. SIGNATURE					b. DATE (YYYYMMDD)	

DD FORM 2569, JAN 2004

PREVIOUS EDITION IS OBSOLETE.

APD V1.00

APPENDIX B
RWBAHC Third Party Collection brochure
Raymond W. Bliss Army Health Center
(RWBAHC)

Third Party Collections Program

Making Your Civilian Health Insurance Work For You

Working Toward the Future

The consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) obligates military treatment facilities (MTFs) to bill civilian health insurance companies for the cost of medical care given to eligible beneficiaries who are covered by other health insurance (OHI). There are some instances when we are not allowed to bill but are very rare.

**This program is known as the
Third Party Collections Program
(TCP)**

Title 10, U.S. C. 1095 has broadened the initial definitions of what services we can bill for. They now include all medical benefits such as inpatient care, outpatient care, pharmacy, radiology, physical therapy, and plastic surgery.

**Third Party Collections is located in Room 3Q-26. Our phone number is
(520) 533-3545, 533-5982 or 533-9685.**

Our office hours are Monday through Friday from 0800-1600.

How to Provide Your OHI Information

All non-active duty patients seen in the facility are required to provide information on any OHI they might have, even if they do not have a civilian insurance plan. Insurance information is maintained on a RWBAHC 499 (Insurance Verification Form) and is kept in the outpatient medical record.

Insurance information is updated annually or whenever a change takes place regarding your OHI. If your insurance verification form is not current, incomplete, or missing entirely from your record, you will need to complete a new form or contact the TPC office for assistance.

Q: If health care is a service benefit, why bill my insurance company?

A: Health care is expensive and costs are continuously rising. Since your costs are paid for by your federal tax dollars, the law requires all military health care facilities to recover some of these costs if you are also covered by a civilian insurance company.

Where Does the Money Go?

The TPC money collected at Raymond W. Bliss Army Health Center comes directly back to this facility. It is used to improve the quality and level of medical care you receive throughout the entire medical facility.

Everyone benefits from the collected money. It is used to enhance our services and programs so that we are able to offer the most modern, efficient, and quality care possible. You will see hospital renovations, updated medical equipment, supplies and additional staffing: all resulting from money collected from civilian health insurance companies.

Because of the many budget cuts in our military system, TPC money that is brought back into our facility is essential to our survival. We need your help with this program's continued success.

You Do Not Pay Anything

The obligation to pay medical costs applies **ONLY** to your civilian insurance company. **You are not liable for any costs not paid by your civilian insurance, to include deductibles, cost-shares and co-pays.**

Whatever the insurance pays is considered "paid in full". You will receive an Explanation of Benefits (EOB) from your insurance company. It will tell what they paid and what you are supposed to pay. DoD will not require you to pay what the insurance says you owe.

Q: What effect will this program have on my health insurance?

A: NONE. Health insurance premiums do not increase when you use your benefits at a military facility. Health insurance is intended to cover those on the policy when they seek care for covered benefits. The premiums paid remain the same whether or not the benefits are used. Since you are using your policy for recovery of medical costs, it is being used as it was intended. Your premiums, unlike auto insurance, do not increase with policy use.

**Don't Throw Away
Your Money.**

Private health insurance companies receive your premiums each month but if you don't allow the military to bill them, they never have to pay anything out.

By law, these same insurance companies are obligated to pay the military system for any health care you receive, just like they would have had to do if you had received the same care in the civilian community.