Chapter 9 Section 1

Overview

Note: The TRICARE Management Activity (TMA) has developed a web-based version of the TRICARE Duplicate Claims System (DCS) that runs on the Internet/Nonsecure Internet Protocol Router Network (NIPRNET). The functionality of the web version mimics the functionality of the client/server (C/S) version as closely as possible. Differences will be in the telecommunications specifications and methods for requesting and accessing/displaying reports and data downloads. Please refer to the TRICARE Systems Manual (TSM), Chapter 1 for information on connecting to the NIPRNET. The extract criteria used for identifying potential duplicate claim sets and the rules for operating the system and resolving duplicate claim sets are the same in the web version as they were in the C/S version. The web version will be accessed via a web browser (Microsoft® Internet Explorer (MSIE), Version 5.5, 6.0, or 7.0, or as directed by the Government). This differs from the C/S version which accesses the data via the Business-To-Business (B2B) Gateway. This manual explains the functions and shows examples of screens and reports in the web format.

All data in the Duplicate Claims System is protected by the
Privacy Act of 1974 (PL 93-579); DoD HIPAA Privacy Regulation; and the
HIPAA Privacy Regulation

The TRICARE DCS was developed by the TMA to automate the resolution of duplicate claim payments. The system facilitates the identification of actual duplicate claims payments, the initiation and tracking of recoupments, and the removal of duplicate records from the TRICARE Encounter Data (TED) database. The system also generates operational and management reports.The main difference between the Health Care Service Record (HCSR) version of the DCS and the TED version is the way non-institutional line items are handled. The TED version gives the user the capability to identify actual duplicates at the line item level. The TED record contains line item level Government paid amounts where the HCSR contained only line item allowed amounts. In the TED version, adjustments will reflect Government paid amounts rather than allowed amounts. This difference is reflected in the TED version's resolve logic. To resolve a non-institutional set in the TED version, the adjustment amount must now equal the actual recoupment amount. In the HCSR version, for both institutional and non-institutional sets, the adjustment allowed amounts have to be equal to or greater than the actual recoupment amounts, for TED institutional sets the adjustment amounts must be equal to or greater than the actual recoupment amounts. Also, the TED record does away with payment record suffixes. In the HCSR version, claims are uniquely identified by Internal Control Number (ICN), Suffix, and Time Stamp. In the TED version, a unique claim is identified by ICN and Time Stamp only. Finally, the Line Item Screen in the TED version contains a horizontal scroll bar that permits the user to see additional data elements that are not available in the HCSR version.

1.0 PREFACE

This document employs a number of conventions and application-specific terminology which may be unfamiliar to new users. Some of this terminology is directly related to concepts and

activities pertaining to the system. Other terminology, although applied generally to the TRICARE community, takes on specific meaning in the system. In the interests of space and readability, this document uses the word contractor or the term "FI" (or contractors or FIs for the plural) to mean TRICARE Managed Care Support Contractor (MCSC)/TRICARE Dual Eligible Fiscal Intermediary Contractor (TDEFIC) organizations. Similarly, the term "claim" refers to claims or encounters or TEDs.

For highlighting certain features of the system, we have employed several stylistic conventions in this document. All references to "buttons" a user must click on with a mouse device are shown in capital letters and bold type (e.g., **RESOLVE THE SET** button). All field names are shown in upper and lower case letters and bold type (e.g., **Dupe?** field). All claim set status categories are represented in upper and lower case with italics (e.g., *Open* status). Menu Bar selections are shown with a letter underlined and in bold, just as they appear on the screen (e.g., **V**iew function). User selections to system prompts are generally shown within single quotes ('Y').

Users also should be aware that terminology used in this document is consistent with field names displayed on system screens. For example, the system uses three amount fields to resolve duplicate claims: total amount identified for recoupment in field **ID Recoup**; total amount actually recouped in field **Actual Recoup**; and total adjustment Government paid amount in field **Adjust Amount**.

In displaying these fields, the system captures the dollar amounts a user has entered for specific claims and computes totals for each of these fields. To ensure that the conventions and terms employed are fully understood by users, the Government will provide training and detailed instructions prior to initial system installation.

All processes associated with the use of the system and all outputs and results generated by or associated with the system, including claims, encounters, dispositions, recoupments, collections, adjustments, and TEDs, are subject to audit by the Government. The DCS is the property of the United States Government.

2.0 DEFINITION OF A DUPLICATE CLAIM PAYMENT

A duplicate claim or encounter is a payment made for services for which reimbursement has already been made on one or more previous claims or encounters. In other words, two or more payments were made for the same service for the same beneficiary.

For the purposes of the DCS, when two or more payments are issued for the same service for the same beneficiary, the additional payments are considered actual duplicate payments, regardless of whether the additional payments were justified or made in error, recoupment of the additional payments initiated, or refunds already received.

The criterion to use in determining if a claim represents an actual duplicate payment is an affirmative answer to the following question:

Have any or all of the services paid on this claim been paid on a previous claim/encounter?

It must be noted that "claims" displayed in the DCS are in fact TED records the contractors submitted. The Government assumes that the TED records submitted by contractors accurately

reflect the adjudication of the claims and the dollars paid. When a user works in the DCS, they are seeing records that reside on the TED database. They are seeing what appears to the Government to be duplicate payments. Users might think of TED records as entries in the Government's checkbook. When a pair of TED records are displayed in the DCS, they are, in essence, representing two entries in the Government's checkbook. If these entries are not cancelled or adjusted, they represent actual dollars spent. For the purposes of the DCS, an unadjusted or non-cancelled TED record on the TED database represents a claims payment even if the claim appears on the contractor's claims processing system as having been adjusted or cancelled. All duplicate TED records displayed in the DCS must be flagged as actual duplicates, and must be corrected through adjustments and cancellations to remove the duplicate conditions from the TED database.

2.1 TED Dupes

The DCS identifies two kinds of duplicate TEDs:

- Those that represent actual overpayments (where two or more payments were actually made and recoupments must be initiated to recover the erroneous payments); and

- Those that were submitted but no actual payments were made (and therefore no recoupment actions need to be initiated).

It is this second kind of duplicate TED that we refer to as a "TED Dupe". TED Dupes most often occur when claims are processed but for some reason are pulled before the checks are actually sent and then re-processed under different claim numbers. If the original claims processed to the point that TEDS were created, submitted, and accepted by TMA, and not subsequently cancelled, the TEDS representing the reprocessed claims (with different claim numbers) will "dupe out" with the original, uncancelled, TEDs residing on the TED database. To the Government, all of those TEDs look like actual payments were made. There is no way for the Government to look at a TED and know that a check was not really issued and sent. They all look as though payments were made.

When a contractor, while researching potential duplicate claims in their system, discovers that a claim was not really paid but is appearing in the DCS as though it had been, the contractor may be tempted to flag the record in the DCS as not being an actual duplicate. This would be incorrect. Since the TEDs in the DCS look to the Government as if actual payment were made, the contractor must flag the TEDs as actual duplicates regardless of whether actual payments were made and recoupments initiated or not. Where a TED appearing in the DCS did not involve an actual payment, it still must be flagged as an actual duplicate and a cancellation submitted even though no recoupment was initiated and no refund received (remember, no check was actually sent) in order to correctly resolve this set. The cancellation will remove the duplicate condition on the TED database.

To resolve a set involving a TED Dupe, the contractor should flag the record as a 'Y' Dupe and populate the **ID Recoup Amount** with the Government paid amount. The contractor should then enter Government paid amount in the **Actual Recoup Amount** field and request that a cancellation TED be created and submitted to TMA. Once TMA receives the cancellation TED record and applies it to the TED database, the cancellation will appear in the set in the DCS as an adjustment. The contractor then needs to flag the cancellation with a 'Y' which will cause the DCS to populate the Adjust Amount field with the **Government Paid Amount**. Now the **Actual Recoup Amount** equals the **ID Recoup Amount** and the **Adjusted Amount** equals the **Actual Recoup**

Amount and the set can be closed.

Where there are more than two TEDs in the set, resolution of the set may be more complicated but the important point to remember is that TED Dupes are Actual Dupes in the DCS and must be treated as if an actual duplicate payment had been made.

3.0 DEVELOPMENT OF THE SYSTEM

The DCS was developed to facilitate the identification and resolution of actual duplicate payments, increase accountability for recoupments, and verify the submission of TED adjustments to correct duplicate conditions in the TED database. The system was designed to optimize the efforts of both TMA staff and contractor staff in meeting their respective responsibilities regarding duplicate claim payments.

3.1 TMA And Contractor Benefits

For the TMA, the system provides the tools to ensure that potential and actual duplicate payments are identified, recoupments are received, TED database corrections are made, and contractor standards of performance are met. For contractors, the system provides the tools to facilitate the research of potential duplicate payments and the identification of actual duplicate payments, document recoupment activities, and ensure that corrections to the TED database in the form of adjustments or cancellations are completed.

User defined, pre-formatted reports are included in the DCS to help analyze trends, contractor performance, and processing or procedural problems in contractor operations.

3.2 System Objectives

3.2.1 The system was designed to meet the following objectives:

- To create a user-friendly, cost-effective application using web-based technology;
- To preserve TED data integrity and display only those potential duplicate claims records applicable to each contractor;
- To provide as much data as possible to assist contractors in their efforts to identify actual duplicate payments;
- To improve the detection of actual duplicate claims payments through the use of match criteria that have been found to be successful in identifying duplicate claim payments;
- To automate methods for grouping and displaying institutional and non-institutional potential duplicate TEDs to contractors for research and resolution;
- To automate and simplify methods for contractors to report their determinations as to whether the identified potential duplicate TEDs represent actual duplicate payments and, if they do, to report the corresponding amounts expected to be recouped;

- To automate and simplify methods for contractors to report actual recoupment amounts and provide a mechanism for verifying that TED adjustments/cancellations were submitted and accepted, thereby correcting the duplicate condition in the TED database;

- To automate methods to facilitate TMA and contractor audits and performance monitoring and;

- To provide the capability to generate user defined reports and graphs.

3.2.2 In meeting these objectives, the system provides the tools to monitor timely contractor research and accurate identification of actual duplicate payments and aids in diagnosing processing problems that cause duplicate payments.

4.0 FUNCTIONAL CAPABILITIES OF THE DCS

The DCS is an on-line, real-time, user-friendly system. The DCS employs five different TED-based, duplicate detection match criteria to identify potential duplicate claims. It also accommodates contractor transitions, financially underwritten/non-financially underwritten claims, and duplicate claims payments caused by jurisdictional processing errors. The DCS improves TMA and contractor accountability of actual duplicate payments through the tracking of the amounts identified for recoupment, amounts actually received in refunds or offsets, and TED adjustments or cancellations submitted on receipt of the refunded or offset overpayments. The functional capabilities of the DCS supports the claims resolution process.

4.1 The Claims Resolution Process

The process by which duplicate claims are corrected in the DCS is referred to as the "claims resolution process". To initiate the claims resolution process, the DCS identifies and groups potential duplicate claims into "sets". This enables contractors to view matching claims and conduct the necessary research to determine if one or more claims in a set involve actual duplicate payments.

If one or more of the claims in a set represents an actual duplicate payment, the contractor will identify the duplicate payment by entering a 'Y' (for "Yes") in the **Dupe?** field of that claim. If there are only two claims in the set, the other claim will have a 'N' (for "No") in the **Dupe?** field to indicate it was the original or BASE claim. Only one claim in a set can be the BASE claim. The claims resolution process requires a contractor to enter a reason code to explain the cause of the duplicate payment and the dollar amount to be recouped. Upon receipt of the refund or offset, the contractor will enter the amount actually recouped.

After recording the amount actually recouped for the duplicate claim, the contractor must correct the duplicate condition in the TED database by submitting an adjustment/cancellation TED. When the TED adjustment has been processed and accepted, it will be transmitted to the DCS for processing. This processing, which generally occurs daily, adds adjustment transactions to appropriate sets. When the appropriate adjustment appears in a set, the contractor can verify removal of the duplicate condition from the TED database by flagging the adjustment transaction (i.e., by entering 'Y' in the **TED Adjust?** field of the claim). All claims identified as a duplicate payment must have a 'Y' in the **Dupe?** field, a valid reason code, and an amount identified for

recoupment. Duplicate claims may also have an amount actually recouped and an adjustment amount.

The set can now be resolved by clicking the **RESOLVE THE SET** button which invokes the "rules of resolution". (See Section 4, Figure 9.4-1.) The rules state that a set can be resolved to a Closed status only if full recoupment has been received or if none of the claims in the set involve duplicate payments. If one of the claims is a duplicate payment but full recoupment was not received, the set can be resolved to a *Validate* status, providing an explanation has been entered to explain why full recoupment was not possible.

4.2 Extracting TED Data To Create And Maintain The Duplicate Claims Databases

Using the duplicate claims detection criteria, the DCS identifies potential duplicate claims from TEDs residing in the TED database. Copies of these claims are extracted from the TED database. At the same time, data elements and values required for system operation are added and the data is loaded to tables on a TMA DB2 Server. These tables comprise the Duplicate Claims Databases. TED data and DCS data residing in the Duplicate Claims Databases are accessible to users through the DCS application. See Section 3, paragraph 1.0 for details on the building of the Duplicate Claims Databases.

5.0 SYSTEM DESIGN

In technical terms, the DCS is a "web-based" application. This term is used to describe an automated system that provides a user-friendly "web browser" environment on distributed personal computers (PCs) that interface with a transaction-based "server" environment that processes transactions, maintains databases, and optimizes the access and transfer of data between the two environments.

5.1 System Platforms

The DCS utilizes two platforms:

5.1.1 DB2 Server Platform

The DCS system resides on an IBM RS6000 Regatta P Series System. The operating system is Advanced IBM Unix (AIX). The database management system is IBM DB2, utilizing DB2 tables (i.e., the Duplicate Claims databases).

5.1.2 PC Platform

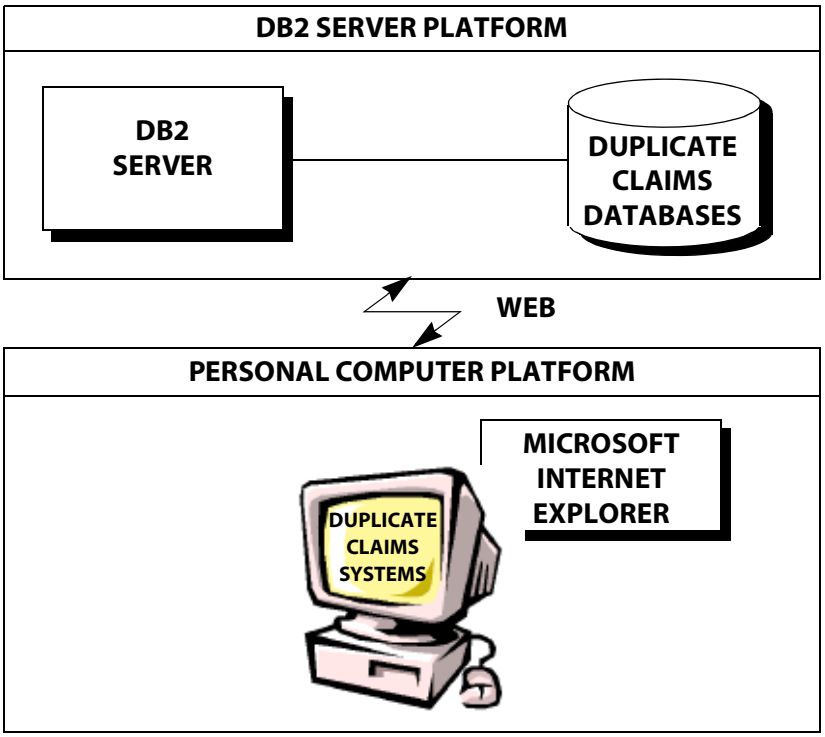
The PC platform is composed of PCs using MSIE, Version 5.5, 6.0, or 7.0, or as directed by the Government. These PCs may be stand-alone or networked computers. The PCs must have Internet access.

User screens include ease-of-use features such as tabs, buttons, scroll bars, shading, colors, **VCR** buttons, dialog boxes, user prompts, help messages, and error messages. These features enhance the display of claims data and facilitate movement from field to field, screen to screen, and claim set to claim set.

5.2 Communications

The two system platforms described above and shown in Figure 9.1-1, operate independently. Data is transmitted from one platform to another through interfaces and a communications network. Users connect to this network and the DCS via contractor-supplied web communications. See the TSM, Chapter 1 for the telecommunications requirements for accessing the TRICARE DCS.

FIGURE 9.1-1 SYSTEM PLATFORMS



5.3 Design Efficiencies

To optimize system resources, the DCS employs on-line and background processing. Users work only in the on-line mode of operations. The background mode is used for data handling, database maintenance, and system administration.

5.3.1 On-Line Processing Mode

The on-line processing mode contains system functionality for user activities, such as verifying that only authorized users gain access to system application software and duplicate claims data. Within this environment, the system provides menus for user functions, such as viewing potential duplicate claim sets through user-defined filters and criteria; locating specific claim sets by Claim Set Number, Patient ID, or ICN; designating a claim as either an actual duplicate or a non-duplicate; entering identified and actual recoupment amounts; linking TED adjustments to identified actual duplicate claims; and resolving duplicate claim sets.

5.3.2 Background Mode

The background processing mode contains system functionality for system administration and maintenance, such as the interface with the TED data on the DB2 Server to identify and extract potential duplicate claims and associated TED adjustments and cancellations. Background processing also maintains the necessary controls to group matching claims into sets and ensures that each contractor accesses only their own data.

6.0 SYSTEM FUNCTIONS

The DCS provides a broad range of user functions to support contractor and TMA activities and to ensure system integrity.

6.1 Claim Set Resolution Functions

As specified in all Purchased Care contracts, contractors are responsible for both preventing and resolving duplicate claim payments. The DCS supports contractors in this responsibility by automating the resolution process. The automated process defines the rules under which the resolution of claim sets can be completed, provides users with screens to enter the results of duplicate payment research, and maintains the necessary interfaces with the TED database to ensure and verify correction of duplicate conditions.

To resolve claim sets with one or more claims determined to contain actual duplicate payments, users are required to perform five basic activities:

6.1.1 Enter a 'Y' or 'N' to indicate that a claim (or line item) does or does not represent an actual duplicate payment;

6.1.2 Select a reason code from a pre-defined list of reason codes for each claim, and enter a narrative description when prompted to explain why a claim does or does not represent an actual duplicate payment;

6.1.3 Enter the dollar amount identified for recoupment for each actual duplicate claim;

6.1.4 Enter the dollar amount actually received from the recoupment/offset action of each duplicate claim; and

6.1.5 Submit the TED adjustment and link this adjustment to the actual duplicate institutional claim or non-institutional line item after the adjustment has been processed by the TED system and loaded to the DCS.

6.2 Additional System Functions

A number of other tasks and data handling procedures facilitate duplicate claims resolution and maintenance of system integrity. These tasks and data handling procedures include:

6.2.1 Verifying user authorization through passwords and sign-on procedures;

6.2.2 Displaying to each contractor only those potential duplicate claim sets associated with that contractor;

6.2.3 Displaying TED adjustments associated with duplicate institutional claims or duplicate non-institutional line items;

6.2.4 Providing capabilities to track user activities;

6.2.5 Providing system maintenance and data administration capabilities, e.g., automated support for reassigning claim sets upon contractor transitions;

6.2.6 Determining ownership of sets involving potential duplicate claims paid by two different contractors (i.e., multi-contractor sets).

Note: Although the owner designated by the system is the contractor who paid the latest claim, ownership can be switched to other contractors involved;

6.2.7 Highlighting claims that appear as potential duplicates in other sets;

6.2.8 Appending new TED claims to existing sets; and

6.2.9 Temporarily disabling sets involving provisionally accepted TEDs.

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