

Additional Questions and Answers Regarding New Billing Process

Q1: Why has U.S. Naval Hospital Yokosuka changed their billing process?

A1: In order to more fully comply with the statutes and regulations governing the invoicing of non-beneficiary patients for healthcare received in Navy Medicine Military Treatment Facilities (MTFs), U.S. Naval Hospital Yokosuka has begun using the U.S. Treasury's Centralized Receivable Service (CRS) to process charges generating as a result of healthcare encounters delivered thru the Medical Services Accounts (MSA) program.

Q2: What is the U.S. Treasury's Centralized Receivable Service (CRS)?

A2: CRS is a service offered to Federal Agencies to ensure that the debt management statutory/regulatory requirements levied on the Agency are fully complied with, while at the same time better protecting the due process rights of the persons being billed.

Q3: What are charges related to the Medical Services Accounts (MSA) program?

A3: Charges from the MSA program include costs related to the providing of healthcare to non-Department of Defense (DoD) beneficiaries, and charges to DoD beneficiaries for non-covered items (such as elective cosmetic surgery and the inpatient Family Member Rate).

Q4: How does the new billing process work?

A4: With this new U.S. Treasury's Centralized Receivable Service (CRS) process, after U.S. Naval Hospital Yokosuka, Uniform business Office (UBO) staff reviews/verifies details regarding completed MSA program healthcare encounters; they will electronically transfer the encounter details to CRS for full-service invoicing management of the charges related to those encounters. Upon transfer of the encounter data, CRS will perform further reviews of the details for correctness/completeness and then mail an invoice to the responsible party less than 24 hours later. Once mailed by CRS, the responsible party will have 30 days to pay the invoice, establish an installment agreement, or submit a dispute to CRS, if he/she believes that the invoice was prepared in error.

Q5: When should I expect an invoice from CRS?

A5: Responsible parties should anticipate a mailed invoice from U.S. Treasury's Centralized Receivable Service (CRS) sometime between 1 and 2 months after receiving healthcare at a Military Treatment Facilities (MTF). 1-month is the minimum time that allows the MTF to perform necessary medical records reviews/coding verifications, while the 2-month maximum

time allows for additional reviews by the Uniform Business Office (UBO) and the combining together of charges from multiple days for the purpose of consolidated invoicing by CRS.

Q6: How do I file claims with my insurance company?

A6: It is recommended you establish an early dialogue with your health insurer to ensure you have the correct forms/procedures necessary to file your own claims. Additionally, since U.S. Treasury's Centralized Receivable Service (CRS) invoices will often reach the point of becoming payable prior to the health insurer paying on the claim, patients may want to contact CRS early on if they are unable to pay the invoice according to the CRS terms (normally 30 days); CRS does have the ability to establish installment agreements when necessary. Accounts that are on a compliant installment agreement remain at CRS as current accounts and are not considered to be delinquent.

Q7: If I have questions who should I contact?

A7: The primary point of contact for patient questions will be with U.S. Treasury's Centralized Receivable Service (CRS); all CRS invoices will have contact information, and even though the MTF staff cannot be the patient's advocate in discussions with CRS. The MTF's UBO can and will be available to assist, if needed.

Q8: How much time do I have to pay my CRS invoices? What happens if I miss the CRS-prescribed deadline?

A8: CRS invoices are payable within 30 days (measured from the date CRS mails you an invoice). After these 30 days, interest will accrue on unpaid balances (current rate is 1% per year; 1% interest on a \$1000 debt equates to about 3 cents per day). Invoices unpaid after 60 days are eligible for transfer to Treasury FedDebt (for further debt processing); CRS must transfer all delinquent invoices to FedDebt not later than the 120 day point (invoices on an approved/compliant installment agreement are not considered to be delinquent and are not eligible for transfer to FedDebt). Unpaid invoices are also subject to penalties; for further details on the application of interest/penalties, please contact Treasury at the telephone numbers listed on their CRS invoices.

Q9: What is FedDebt?

A9: FedDebt (also referred to as Cross Servicing) is a Government-wide Treasury program that allows Federal Agencies to comply with the Debt Collection Improvement Act of 1996 by transferring their delinquent debts to a repository for central processing by Treasury.

U.S. Code (31 USC 3111116) requires all Federal Agencies to transfer their debts to Treasury prior to reaching 180 days of delinquency. Once an Agency refers a debt to FedDebt, Treasury may take several actions on that debt, to include offsetting other Federal payments (such as tax refunds, Federal salaries, Social Security and other payments), administrative wage garnishment, reporting of the debt to credit bureaus, referral of the debt to private collection agencies, litigation and the filing of Internal Revenue Service Forms 1099-C (reports of income due to debt forgiveness).

For additional details on FedDebt, patients should contact Treasury at (888) 826-3127 or review information available at:

<https://fiscal.treasury.gov/>

Or at: <http://go.usa.gov/3D5nw>

Q10: What are my Due Process rights?

A10: As a person who is being billed by a Government Agency, you have rights that are protected by statute/regulation. In any invoice you receive from U.S. Treasury's Centralized Receivable Service (CRS) or FedDebt, those rights will be listed in the invoice. Alternatively, you may contact Treasury at telephone numbers listed in the invoice to further discuss rights afforded you. However, this Military Treatment Facility (MTF) is not in a position to explain those rights to you; for CRS or FedDebt invoices, you must contact Treasury directly.

Q11: How do I know if I am a DoD healthcare beneficiary?

A11: DoD healthcare beneficiaries have their eligibility for healthcare recorded into the Defense Enrollment Eligibility Reporting System (DEERS). MTFs will then use this information, according to DoD Manual 1000.13 Vol. 2, to appropriately register you into the healthcare records system.

Q12: What if I was registered incorrectly into the healthcare records system, or if my DEERS data is incorrect? What is my next step?

A12: For changes to the healthcare records system, please see our Patient Administration Department (PAD) Officer. We will review your DEERS data and explain why it supports you receiving an invoice, or if you were registered into a billable status incorrectly, we will exclude the incorrect charges. For DEERS issues you must first contact the Defense Manpower Data Center (DMDC). This MTF cannot resolve DEERS discrepancies for you; nor can we change your billable status prior to DMDC first making the required corrections. If a correction occurs after a payment has been made we will process the necessary refunds.

Q13: I am a beneficiary of another Federal Agency; am I subject to CRS billing for my healthcare?

A13: Department of Defense currently has agreements in place with the U.S. Coast Guard (USCG), Public Health Service (PHS) and the National Oceanographic and Atmospheric Administration (NOAA) to centrally invoice those Agencies for healthcare delivered to their Uniformed Service beneficiaries. DoD will centrally invoice the VA if the healthcare was delivered as a part of an approved VA-DoD Resource Sharing Agreement (RSA). For all other persons with a benefit from another Federal Agency, the MTF is unable to invoice that Agency on behalf of the patient and will instead transfer the charges to CRS. Upon receiving the CRS invoice, the patient will need to file his/her own claim with that Agency.

Q14: I am a beneficiary of the Veteran's Administration (VA); does this mean that you will handle all VA billing for me?

A14: If your healthcare was not delivered subsequent to a pre-approved referral from the VA at one of the Navy Medicine, Medical Treatment Facilities (MTFs) with a Resource Sharing Agreement (RSA) in effect, you will be invoiced directly thru U.S. Treasury's Centralized Receivable Service (CRS), unless you have another source of DoD healthcare eligibility. For a list of MTFs that have RSAs with the VA, see: <http://www.tricare.mil/DVPCO/va-direct.cfm>; remember, however, that even if this MTF has a VA Medical Center before being eligible for healthcare that we can directly bill to the VA.

Q15: I am eligible for the VA's Foreign Medical Program (FMP); is that a Resource Sharing Agreement (RSA) with the VA?

A15: The VA FMP is not an RSA. As such, FMP patients will be billed thru CRS. VA FMP patients may then file their own claims with the FMP.

Q16: I am a Medicare beneficiary only (I have no DoD healthcare eligibility). Do you have an inter-Agency agreement with Medicare?

A16: Neither Department of Defense nor any Navy Medicine, Medical Treatment Facilities (MTF) has an agreement with Medicare. If you are a Medicare beneficiary, we highly recommend you seek counseling from Medicare prior to obtaining healthcare in this MTF. Note that under no circumstances will Medicare pay on your claim if the healthcare is rendered in a non-U.S. MTF; this is Medicare policy and not anything that DoD or Navy Medicine control. Neither U.S. Treasury's Centralized Receivable Service (CRS) nor we are allowed to waive the payment of fees deemed unauthorized /unpayable by Medicare.

Q17: I am a beneficiary of a State Medicaid or other State health insurance program. Do you have agreements with any State health insurance program?

A17: Neither Department of Defense nor any Navy Medicine Medical treatment Facilities (MTFs) has an agreement with any State operated Medicaid or other State health insurance program. If you are a State Medicaid beneficiary, we highly recommend that you seek counseling from your Medicaid agency prior to obtaining healthcare in this MTF; neither U.S. Treasury's Centralized Receivable Service (CRS) nor we are allowed to waive payment of fees deemed unauthorized/unpayable by your Medicaid program.

Q18: My healthcare was administered subsequent to a medical emergency; I neither had the time to check with my health insurer or go elsewhere for treatment. Isn't there a requirement that emergency healthcare be rendered for free and/or at a reduced rate?

A18: No, there is no requirement or authority to provide free or reduced rate emergency healthcare.

Q19: What are the statutes/regulations that support your use of CRS and the policy of not filing my insurance claims?

A19: The requirements of Department of Defense Medical treatment Facilities (MTFs) to provide healthcare to non-beneficiaries only on a reimbursable basis derive from 10 USC 1079b, 32 CFR 108.4, DoD 7000.14-R and DoD 6010.15-M. The requirement to invoice debtors in a timely fashion derives from 31 CFR206.3 and the requirement to cross-service delinquent debts thru the U.S. Treasury derives from 31 USC 3711/3716 and 31 VFR 900-904.

Q20: Where can I find more information on CRS and FedDebt?

A20: Additional information on CRS and FedDebt can be found by going to www.fiscal.treasury.gov or by calling 855-549-2684, Mon-Fri 0700-1900 U.S. Standard Time.