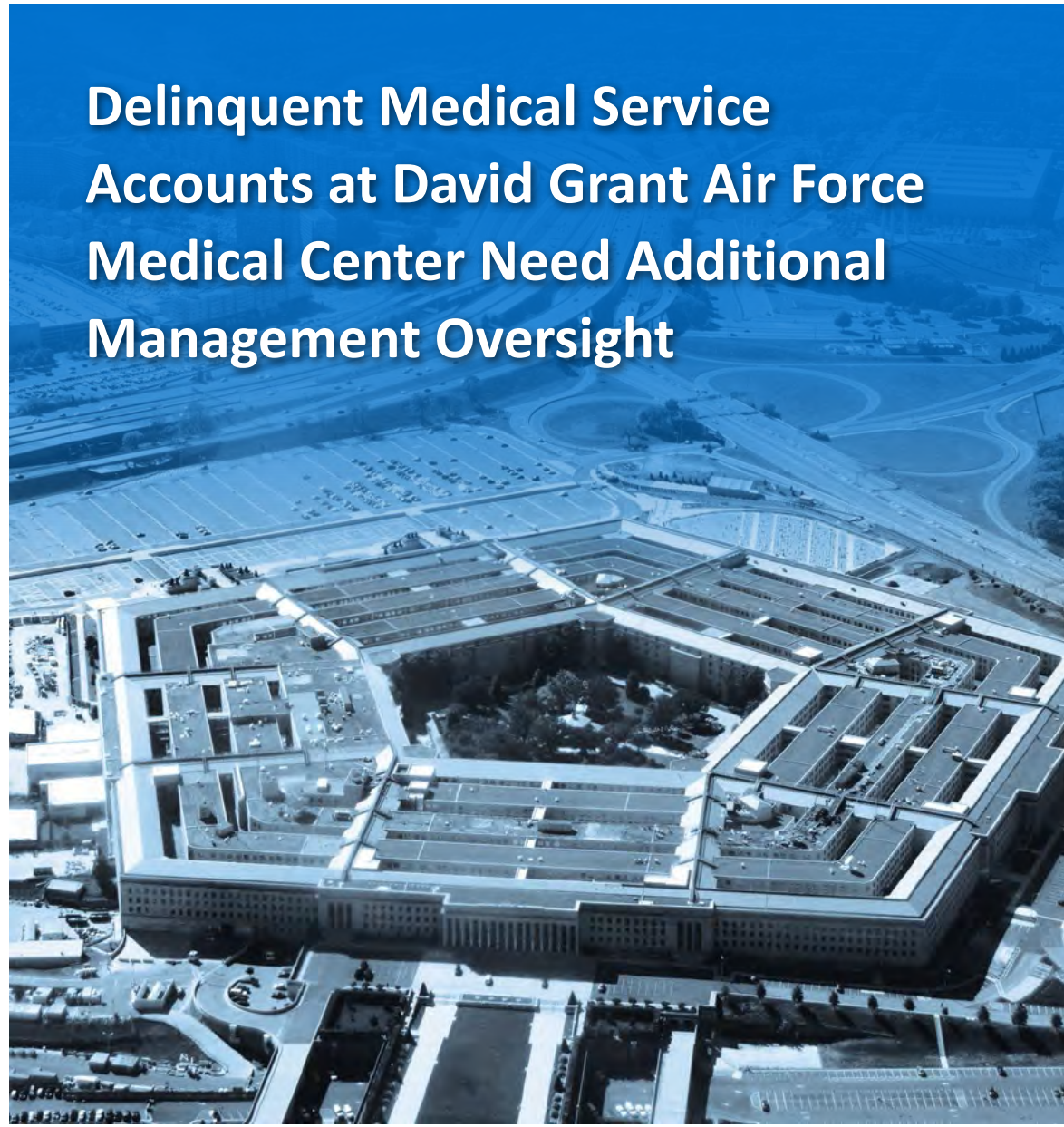




# INSPECTOR GENERAL

*U.S. Department of Defense*

SEPTEMBER 24, 2015



## **Delinquent Medical Service Accounts at David Grant Air Force Medical Center Need Additional Management Oversight**

INTEGRITY ★ EFFICIENCY ★ ACCOUNTABILITY ★ EXCELLENCE

INTEGRITY ★ EFFICIENCY ★ ACCOUNTABILITY ★ EXCELLENCE

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# Results in Brief

## *Delinquent Medical Service Accounts at David Grant Air Force Medical Center Need Additional Management Oversight*

September 24, 2015

### Objective

Our objective was to determine whether David Grant United States Air Force Medical Center (DGMC) properly managed delinquent accounts over 180 days by effectively transferring the debt to the appropriate debt collection agency or by actively pursuing collection. This is the fourth in a series of reports concerning delinquent medical service accounts (MSAs). We nonstatistically selected and reviewed the 25 highest-dollar delinquent MSAs valued at \$394,139.

### Finding

DGMC Uniform Business Office (UBO) management did not effectively manage delinquent MSAs. As of November 30, 2014, DGMC had 3,489 outstanding MSAs, valued at \$769,385. DGMC UBO management did not transfer 20 of the 25 accounts, valued at \$344,934, to the U.S. Treasury for collection after the account was delinquent for 180 days. Furthermore, DGMC UBO management did not actively pursue collection for all 25 nonstatistically selected delinquent MSAs, valued at \$394,139. This occurred because DGMC management did not have a billing system in place to monitor the delinquent MSAs; prioritize aging accounts; notify staff of the MSAs that require followup; and comply with DoD guidance that requires the collection of complete and accurate patient information.

In addition, various DGMC departments did not have written policies or procedures established and DGMC management did not provide sufficient oversight by elevating difficulties in collection from Medicare and Non-North Atlantic Treaty Organization Coalition Forces patients to the Air Force Surgeon General UBO.

### Finding (cont'd)

As a result, DGMC UBO management missed opportunities to collect \$707,591 in delinquent payments. Unless DGMC UBO management improves collection efforts and takes prompt and aggressive actions to collect the delinquent debt, DGMC UBO will continue to incur rising delinquent balances for future MSAs.

During the audit, DGMC management took action to transfer 10 accounts to FedDebt, collect on 1 account from the Department of Veterans Affairs, and wrote off 7 accounts.

### Recommendations

We recommend that Commander, DGMC, validate if the planned medical billing system will prioritize delinquent medical service accounts and alert the clerks as to which accounts require follow up, review, research, and pursue collection on the delinquent accounts that remain open. In addition, the DGMC Commander should establish procedures to document the process of patient follow up. We recommend that Deputy Director for Business and Finance, Air Force Surgeon General, coordinate with the Assistant Secretary of Defense (Health Affairs) develop a plan to address the reimbursement problems that arise from Medicare and Non-North Atlantic Treaty Organization Coalition Forces and assess whether further action can be taken against delinquent MSAs. We also recommend that Assistant Secretary of Defense (Health Affairs) coordinate with Department of Health and Human Services to develop a strategy to address the difficulties DGMC has encountered with receiving reimbursement for services provided to Medicare beneficiaries.

### Management Comments and Our Response

Comments from the Assistant Secretary of Defense (Health Affairs) addressed the recommendation. Comments from the Deputy Director for Budget and Finance, Air Force Surgeon General, and the Commander, David Grant Medical Center, partially addressed the recommendations; therefore, we request that the Deputy Director and Commander provide comments in response to this report by October 26, 2015. Please see the Recommendations Table on the next page.

## ***Recommendations Table***

<b>Management</b>	<b>Recommendations Requiring Comment</b>	<b>No Additional Comments Required</b>
Assistant Secretary of Defense (Health Affairs)		3
Deputy Director for Business and Finance, Air Force Surgeon General	2	
Commander, David Grant United States Air Force Medical Center	1.b	1.a, 1.c, 1.d, 1.e, 1.f

Please provide Management Comments by October 26, 2015.



**INSPECTOR GENERAL  
DEPARTMENT OF DEFENSE  
4800 MARK CENTER DRIVE  
ALEXANDRIA, VIRGINIA 22350-1500**

September 24, 2015

MEMORANDUM FOR ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS)  
DIRECTOR, DEFENSE HEALTH AGENCY  
AIR FORCE INSPECTOR GENERAL

SUBJECT: Delinquent Medical Service Accounts at David Grant Air Force Medical Center  
Need Additional Management Oversight (Report No. DODIG-2015-179)

We are providing this report for review and comment. David Grant United States Air Force Medical Center Uniform Business Office management did not effectively manage delinquent medical service accounts. Unless David Grant United States Air Force Medical Center Uniform Business Office management acts to collect \$707,591 in delinquent debt and improves their collection process, they will continue to incur rising delinquent balances for future medical service accounts. We conducted this audit in accordance with generally accepted government auditing standards.

We considered management comments on a draft of this report when preparing the final report. DoD Instruction 7650.03 requires that issues be resolved promptly. Comments from the Assistant Secretary of Defense, Health Affairs addressed all specifics of the recommendation, and no additional comments are required. The Deputy Director for Budget and Finance, Air Force Surgeon General, comments partially addressed Recommendation 2. The Commander, David Grant Medical Center comments addressed Recommendations 1.a, 1.c, 1.d, 1.e, and 1.f; however, the Commander partially addressed Recommendation 1.b. Therefore, we request the Deputy Director and Commander provide additional comments in response to the report and must also comment on the potential monetary benefit. If you disagree with the potential monetary benefit, specify the amount at issue. We request additional comments by October 26, 2015.

Please provide comments that conform to the requirements of DoD Instruction 7650.03. Please send a PDF file containing your comments to [cmp@dodig.mil](mailto:cmp@dodig.mil). Copies of your comments must have the actual signature of the authorizing official for your organization. We cannot accept the /Signed/ symbol in place of the actual signature. If you arrange to send classified comments electronically, you must send them over the SECRET Internet Protocol Router Network (SIPRNET).

We appreciate the courtesies extended to the staff. Please direct questions to me at (703) 604-9187.

A handwritten signature in black ink, reading "Michael J. Roark".

Michael J. Roark  
Assistant Inspector General  
Contract Management and Payments

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## Acronyms and Abbreviations

# Introduction

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## Objective

Our objective was to determine whether David Grant United States Air Force Medical Center (DGMC) properly managed delinquent accounts over 180 days by effectively transferring the debt to the appropriate debt collection agency or by actively pursuing collection.

This is the fourth in a series of reports on delinquent medical service accounts (MSAs). The three previous reports<sup>1</sup> provided the results from our review of MSAs at Brooke Army Medical Center, William Beaumont Army Medical Center and Naval Medical Center Portsmouth. See Appendix A for the scope and methodology and prior coverage related to the audit objective.

## Background

### ***David Grant United States Air Force Medical Center***

The 60th Medical Group at DGMC, Travis Air Force Base, California, is at the forefront of military and regional healthcare facilities. DGMC provides a full spectrum of care to a prime service area of more than 106,000 Tricare-eligible patients in the San Francisco-Sacramento area and 370,000 patients from the Department of Veterans Affairs Northern California Health Care System that covers more than 40,000 square miles and 17 counties.

DGMC Uniform Business Office (UBO) uses MSAs to record billing and fee collection for medical and dental services from Uniformed Services<sup>2</sup> beneficiaries, emergency services to civilians, and other patients authorized for treatment at the center. MSAs include the primary-payer billing of individuals and other Government agencies for services rendered in military treatment facilities (MTFs).

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<sup>1</sup> DoDIG Report No. DODIG-2014-101, "Delinquent Medical Service Accounts at Brooke Army Medical Center Need Additional Management Oversight," August 13, 2014; DoDIG Report No. DODIG-2014-112, "Delinquent Medical Service Accounts at William Beaumont Army Medical Center Need Additional Management Oversight," September 16, 2014; and DoDIG Report No. DODIG-2015-087, "Delinquent Medical Service Accounts at Naval Medical Center Portsmouth Need Additional Management Oversight," March 4, 2015.

<sup>2</sup> The Uniformed Services include: Army, Marine Corps, Navy, Air Force, Coast Guard, Public Health Service, and National Oceanic and Atmospheric Administration.

### ***Assistant Secretary of Defense for Health Affairs***

The Assistant Secretary of Defense for Health Affairs [ASD (HA)] is the principal advisor to the Secretary of Defense for all DoD health and force health protection policies, programs, and activities. To ensure the effective execution of the DoD medical mission, ASD (HA) provides and maintains readiness for medical services to support the members of the Military Services and others entitled to or eligible for DoD medical care and benefits.

### ***U.S. Treasury FedDebt***

FedDebt is an online comprehensive debt management system that allows the UBO staff to directly upload delinquent claims for debts as low as \$25. The system provides real-time visibility into the debt collection efforts and enables MTF personnel to expedite processing.

### **Review of Internal Controls**

DoD Instruction 5010.40, “Managers’ Internal Control Program Procedures,” May 30, 2013, requires DoD organizations to implement a comprehensive system of internal controls that provides reasonable assurance that programs are operating as intended and to evaluate the effectiveness of the controls. DGMC UBO management did not effectively manage delinquent MSAs. In addition, we identified internal control weaknesses associated with the oversight process, patient data collection and patient data verification. We will provide a copy of the final report to the senior official responsible for internal controls in the Department of the Air Force.



## Finding

### David Grant Air Force Medical Center Did Not Effectively Manage Delinquent Medical Service Accounts

DGMC UBO management did not effectively manage delinquent MSAs. Specifically, 3,489 DGMC MSAs, valued at \$769,385, were delinquent for more than 180 days as of November 30, 2014. We reviewed the 25 highest-dollar delinquent MSAs, valued at \$394,139, and determined that DGMC UBO management did not transfer 20<sup>3</sup> of the 25 accounts, valued at \$344,934, to the U.S. Treasury for collection after the account was delinquent for 180 days. DGMC eventually transferred 10 of the accounts. Furthermore, DGMC UBO management did not actively pursue collection for all 25 delinquent MSAs, valued at \$394,139.

The delinquent MSAs, including the 25 sample items reviewed, existed because:

- DGMC UBO management did not have a billing system in place to monitor the delinquent MSAs, prioritize aging accounts, and notify staff of the MSAs that required follow up;
- DGMC management did not comply with DoD guidance that required the collection of complete and accurate patient information before the patient was discharged;
- DGMC departments did not have written policies or procedures established to register patients, admit or discharge patients, or document collection effort protocols; and
- DGMC did not provide sufficient oversight by elevating difficulties in collection from Medicare and Non-North Atlantic Treaty Organization Coalition Forces<sup>4</sup> to the Air Force Surgeon General (AF/SG) UBO.

As a result, DGMC UBO management missed opportunities to collect \$707,591<sup>5</sup> in delinquent payments due. Unless DGMC UBO management improves collection efforts and takes prompt and aggressive actions to collect the delinquent debt, among the MSAs reviewed and the delinquent MSAs, DGMC UBO will continue to incur rising delinquent balances for future MSAs.

<sup>3</sup> Of the five accounts that could not be transferred to the U.S. Treasury, two accounts were for a Coalition Forces patient that could not be transferred to Treasury for collection, one account was for a service that never took place, one account was for a covered Veteran Affairs/DoD Sharing Agreement beneficiary, and one was for a covered Air Force Reserve beneficiary.

<sup>4</sup> For the remainder of the report Non-North Atlantic Treaty Organization Coalition Forces will be referred to as Coalition Forces.

<sup>5</sup> The missed opportunities to collect include the remaining delinquent balance of \$332,345 of the sample reviewed as of February 24, 2015 after collections were made during our review and the outstanding balance of \$375,246 of the other 3,464 MSAs as of November 30, 2014, not included in our sample.

## Management of Delinquent Medical Service Accounts Needs Improvement

DGMC UBO management did not effectively manage delinquent MSAs because they did not actively pursue followup for accounts that they could have transferred to the U.S. Treasury. Specifically, 3,489 DGMC MSAs were delinquent more than 180 days as of November 30, 2014. For the 25 highest-dollar, nonstatistically selected, delinquent MSAs reviewed, DGMC UBO management did not take aggressive action to perform timely follow up for all 25 delinquent accounts and did not transfer 20<sup>6</sup> of the 25 accounts to the U.S. Treasury when the accounts were delinquent for 180 days.

Public Law<sup>7</sup> and the DoD Financial Management Regulation (FMR)<sup>8</sup> require agencies to transfer debts that are delinquent more than 180 days<sup>9</sup> to the U.S. Treasury for collection. The DoD FMR requires agencies to establish and maintain a debt management program to identify, recover, and collect debts individuals owe to the United States. In addition, DoD components must take prompt and aggressive action to recover and collect debts owed to DoD and must continue pursuing follow-up actions, as necessary, to ensure that debts are collected. The Table on the next page illustrates the 25 MSAs that had no follow up efforts for more than 6 months.<sup>10</sup>

<sup>6</sup> See footnote 3 for details on five accounts that could not be transferred to the U.S. Treasury.

<sup>7</sup> Public Law 104-134, "The Debt Collection Improvement Act of 1996."

<sup>8</sup> DoD FMR 7000.14-R, volume 5, chapter 28 "Management and Collection of Individual Debt."

<sup>9</sup> On May 9, 2014, Public Law 113-101 "Digital Accountability and Transparency Act of 2014" amended section 3716(C)(6) of Section 37, Title 31, United States Code by reducing the time period for transferring debt from 180 days to 120 days. The universe of claims reviewed for this audit had already exceeded the 180 day delinquent period, which remained consistent with the 180 day requirement for the other reports in this series.

<sup>10</sup> We used 6 months as the cut off for timely collection efforts to account for mailings, insurance reviews, and other correspondence that may take time.

*Table. Medical Service Accounts Reviewed with No Follow Up Efforts for 180 Days or More*

Number	Account	Days With No Follow Up Efforts	Total Charges (\$)
1	573954	315	\$175,420.52
2	556602	1,325	26,380.54
3	564707	623	16,073.69
4	561426	980	14,982.67
5	560723	672	13,698.82
6	561084	1,047	13,698.82
7	557450	1,258	10,041.52
8	573037	284	9,900.22
9	574973	258	9,813.59
10	566135	739	9,734.25
11	567932	446	9,734.25
12	A3773396	526	8,652.75
13	566187	622	8,210.51
14	564412	808	8,197.33
15	565889	742	7,880.87
16	562642	926	7,545.64
17	555665	1,251	7,492.91
18	560504	1,041	6,402.14
19	A3767724	1,268	5,252.11
20	555983	921	5,233.15
21	570755	504	4,853.23
22	554326	1,398	4,332.64
23	A3773410	491	3,754.46
24	A3768841	1,133	3,431.70
25	A3774231	422	3,420.41
<b>Total</b>			<b>\$394,138.74</b>

...no action was taken on the patient's delinquent debt until 1,398 days later...

For the 25 accounts listed in the Table, 258 to 1,398 days elapsed between follow up efforts. For example, for account 554326, the patient was discharged on January 31, 2011, with services rendered totaling \$4,332.64. The patient was billed for the first time on March 18, 2011, and then no action was taken on the patient's delinquent debt until 1,398 days later on January 14, 2015. DGMC transferred the delinquent debt to the U.S. Treasury on May 28, 2015, as a result of the audit.

## System Needed to Manage and Prioritize Delinquent Medical Service Accounts

DGMC UBO did not have a billing system in place to prioritize MSAs by dollar value or time sensitivity. Also, UBO management did not have a billing system to alert DGMC UBO clerks when MSAs were due for followup. As DGMC personnel processed new accounts, the process used by DGMC did not manage or prioritize the aging MSAs or alert clerks of delinquent accounts requiring attention.

Account A3773396 is an example of an aging MSA in which clerks did not receive an alert. The patient for this account did not have a planned medical procedure originally scheduled for June 28, 2013. DGMC UBO staff realized the procedure was never performed on August 27, 2013. DGMC UBO staff did not close the erroneous account until 526 days later on February 4, 2015, as a result of the audit.


DGMC personnel stated that they believed the newly contracted system, Armed Forces Billing and Collection Utilization Solution (ABACUS),<sup>11</sup> would improve the process to manage MSAs. However, DGMC personnel did not have an installation date established for the system and the staff had not received training on the system. DGMC should validate that the planned medical billing system will prioritize delinquent medical service accounts and alert clerks for accounts requiring follow up. Without a system to perform the follow up function for DGMC or notify the DGMC UBO staff of MSAs that require follow up, DGMC UBO will continue to have delinquent MSAs and may miss the opportunity to collect on the delinquent MSAs. DGMC management should review, research, and pursue collection on the delinquent MSAs. DGMC management should develop procedures regarding the follow up process for delinquent medical accounts.

<sup>11</sup> The Armed Forces Billing and Collection Utilization Solution is a Military Health System-wide software system that combines all three medical billing programs. It should provide transparency within the Military Health System, enable process efficiencies, maximize value, and improve standardization, financial reporting and auditability.

## Patient Data Verification Needed Before Discharge

DGMC Emergency Room registration and Patient Administration Division (PAD) personnel did not always obtain and verify patient registration, demographic, or payment information before discharge, which resulted in inaccurate patient contact information. DoD 6010.15-M<sup>12</sup> requires medical centers to capture patient other health insurance data, credit card information, and other applicable means of reimbursement for healthcare service immediately upon outpatient visit or inpatient admission. DGMC Local Emergency Room registration practices require registration personnel to collect patient information to include current address, a copy of the patient's insurance card (if applicable), and a copy of the patient's government-issued identification card. In addition to collecting this demographic information, the registration personnel must make sure the patient fills out DD Form 2569, "Third Party Collection Program/Medical Service Account/ Other Health Insurance," and attach copies of the government identification card and insurance card. This form records patient demographic information and insurance information.

DGMC management did not always enforce DoD policies or guidance to ensure that the emergency room registration clerks collected and entered accurate patient demographic data. According to PAD personnel, patients were not required to check out in person before discharge with PAD, and DGMC management did not have current policies that required PAD personnel to ensure all demographic information was complete and accurate. This contributed to the ineffective control of delinquent MSAs. DGMC management should establish procedures to validate that the staff collect accurate and complete demographic and billing patient information before a patient is discharged.



...did not always enforce DoD policies or guidance to ensure ... clerks collected and entered accurate patient demographic data.

As a result, DGMC management missed opportunities to improve patient data information and collections. For example, for account 564412, a civilian emergency patient arrived at DGMC on September 7, 2012, and was discharged on September 8, 2012. The patient was originally billed on October 26, 2012. A second invoice and FedDebt letter was sent on January 12, 2015, however, they were returned on January 23, 2015 to DGMC indicating the address was vacant, and a DD Form 2569 was not on file for the patient. DGMC management should establish procedures to document the registration of patients. DGMC management should also establish procedures to document the admission and discharge processes of patients, including civilian emergencies.

<sup>12</sup> DoD-6010.15-M "Military Treatment Facility Uniform Business Office Manual," November 2006.

## Management Did Not Elevate Concerns With Medicare and Coalition Forces Claims

...did not elevate reimbursement problems with Medicare and Coalition Forces patients...

DGMC UBO personnel did not elevate reimbursement problems with Medicare and Coalition Forces patients sufficiently or timely to receive senior level assistance from either the AF/SG UBO or the Air Force Medical Operations Agency.<sup>13</sup> For 3 of the 25 delinquent MSAs reviewed, DGMC incurred \$202,818 in delinquent debt for unreimbursed services provided to Medicare and Coalition Forces beneficiaries. For example, a patient was transported to the emergency room and admitted on February 9, 2014. According to documentation we received from DGMC, the patient had Medicare and Medi-Cal<sup>14</sup> with no other insurance. On February 21, 2014, DGMC staff initiated the process to transfer the patient to Vibra Hospital in Sacramento. Eventually, the patient was transferred on March 3, 2014. The DGMC UBO manager sought guidance from the Air Force Medical Operations Agency on the claim and was told to bill Medicare for this patient on December 23, 2014. The patient was billed on January 12, 2015, with no response. Medicare was contacted in early January 2015, and DGMC personnel were told Medicare could not pay because DGMC is not enrolled in the Medicare program. The account was still open with DGMC for the balance of \$175,420.52.

Two delinquent MSAs reviewed involved a Coalition Forces patient who received medical treatment in 2012. DGMC personnel stated all Coalition Forces patients should have travel orders that allowed them to receive care. DGMC personnel admitted they did not research how to receive payment for this patient. DGMC personnel further stated they would need to ask AF/SG UBO and Air Force Medical Operations Agency for more information on how to handle Coalition Forces patients with delinquent debt. At the time of review, no actions were taken on the two Coalition Forces accounts since April 23, 2013, and April 13, 2012, respectively with a total balance of \$27,397.64 still outstanding. To assist DGMC and other Air Force MTFs, the Air Force Surgeon General should coordinate with the Assistant Secretary of Defense (Health Affairs) to develop a plan to address the reimbursement problems that arise from Medicare and Coalition Forces patients to assess whether further action can be taken against delinquent MSAs. Further, the Assistant Secretary of Defense (Health Affairs) should coordinate

<sup>13</sup> Air Force Medical Operations Agency implements AF/SG policy, provide expertise for policy development, and precise application of resources for requirements.

<sup>14</sup> Medi-Cal is free or low-cost health coverage for children and adults with limited income and resources.

with Department of Health and Human Services to develop a strategy to address the difficulties David Grant Medical Center has encountered with receiving reimbursement for services provided to Medicare beneficiaries.

## Management Actions Taken

During our audit, DGMC management took the following actions, related to the 25 MSAs reviewed, to collect on existing debt.

- Transferred ten accounts totaling \$102,603 to FedDebt.
- Collected \$868 from Department of Veterans Affairs on one account.
- Wrote off seven accounts totaling \$57,157.<sup>15</sup>

## Conclusion

DGMC UBO management missed opportunities to maximize collections for \$332,345 worth of delinquent payments due on the 25 highest-dollar MSAs. These funds could have been applied to other valid requirements such as administrative, operating, and equipment costs; readiness training; or trauma consortium activities. Unless DGMC improves collection procedures and takes prompt and aggressive action to pursue and attempt collection of the delinquent debt among the MSAs reviewed and the \$375,246 worth of other delinquent MSAs, DGMC UBO will continue to incur rising delinquent balances for future MSAs. See Appendix C for details on potential monetary benefits.

## Management Comments to the Findings and Our Response

Although not required, the Commander, David Grant Medical Center, provided the following comments on the finding.

### *Management Comments on a System to Manage and Prioritize Delinquent MSAs*

The Commander, DGMC, stated DGMC personnel use the Composite Health Care System (CHCS) to monitor delinquent MSAs, which are prioritized based on age. He further stated CHCS produces bills on the 30-, 60-, and 90-day mark, which are sent to the patient. The Commander also stated the tentative launch date for ABACUS is September 8, 2015, and five resource management staff received ABACUS training.

<sup>15</sup> DGMC wrote off the debt because individuals provided copies of orders that demonstrated eligibility for care, or the accounts were erroneously created as MSAs due to improper coding.

### *Our Response*

We acknowledge that the Commander stated CHCS can be used to monitor delinquent accounts and creates bills at the 30-, 60- and 90-day marks. However, during the audit DGMC UBO personnel stated they did not have a billing system in place to prioritize delinquent accounts or alert MSA clerks when follow up was needed. The Commander stated that ABACUS will identify accounts that are delinquent to allow accounting technicians to process the delinquent accounts more quickly than others.

### *Management Comments on DGMC's Use of FedDebt*

The Commander, DGMC, stated that FedDebt is not always an expedient process and in some instances inefficient. He stated that multiple bills cannot be uploaded at one time and that one patient's account can take up to an hour to enter into the system. The Commander stated the Resource Management Office currently has five personnel who can enter the remaining 222 bills for FY 15.

### *Our Response*

We acknowledge that the FedDebt system may not be the most efficient system for uploading accounts. However, Public Law No. 104-134<sup>16</sup> requires accounts delinquent over 180 days be transferred to the U.S. Secretary of Treasury, which establishes FedDebt as the system to report the delinquent debt.

### *Management Comments on Medicare and Coalition Forces Accounts*

The Commander, DGMC, stated the UBO and MSA Offices have, on multiple occasions, requested guidance and clarification when encountering difficulties with collections when policies and procedures were not clear. He stated on June 4, 2015, DGMC contacted Air Staff to request guidance on four accounts in the audit team's sample related to Medicare or Coalition Forces. DGMC staff followed up with Air Staff in August 2015, at which point they were informed the accounts were being forwarded to the Office of the Secretary of Defense (OSD) for a determination on the claims. The Commander stated that DGMC staff cannot write off the claims until they receive additional guidance. He further stated that DGMC is researching the Medicare application enrollment process.

### *Our Response*

We commend DGMC for taking additional action to resolve the delinquent debt on the four Medicare or Coalition Forces accounts.

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<sup>16</sup> On May 9, 2014, Public Law No. 113-101 "Digital Accountability and Transparency Act of 2014" amended section 3716(C)(6) of Section 37, Title 31, United States Code by reducing the time period for transferring debt from 180 days to 120 days.



### *Management Comments on Collecting Demographic Information*

The Commander, DGMC, stated that prior to FY 2014, the Third Party Collections Manager would manually collect the DD Forms 2569. However, due to contract modifications in FY 2014, the DGMC Resource Management Office lost two full-time employees and the remaining third party collections manager could no longer collect the forms. Instead, the manager would track the collection of the forms through e-mails to the clinics. The Commander stated that the Resource Management Office is implementing a weekly walk-around schedule to audit the collection of the forms from front desk personnel. He further stated the schedule will be established so each clinic is audited at least once a quarter, and the findings will be reported to leadership at the beginning of the next quarter.

### *Our Response*

We commend DGMC for taking additional action to collect accurate demographic information through the use of the DD Form 2569.

## **Recommendations, Management Comments, and Our Response**

### ***Redirected Recommendation***

As a result of management comments, we redirected Recommendation 2 to the Deputy Director for Budget and Finance, Air Force Surgeon General, which has the authority to implement the recommendation.

### ***Recommendation 1***

**We recommend that Commander, David Grant United States Air Force Medical Center:**

- a. Validate if the planned medical billing system will prioritize delinquent medical service accounts and alert the clerks as to which accounts require follow up.**

### *David Grant United States Air Force Medical Center Comments*

The Commander, DGMC, agreed, stating the Chief of the UBO branch responded that MSAs will follow a programmed workflow in ABACUS. ABACUS will generate delinquent letters 30 days after invoice printing and final notices 30 days after the delinquent letter. Thirty days after final notice, the account is marked candidate for transfer and grouped in the Transfer Debt program for the accounting technician to process.

### *Our Response*

Comments from the Commander addressed all specifics of the recommendation, and no further comments are required.

- b. Review, research, and pursue collection on the delinquent medical service accounts that remain open.**

### *David Grant United States Air Force Medical Center Comments*

The Commander, DGMC, agreed, stating the Resource Management Office implemented an Excel document that can be sorted by age of account or highest dollar amount to track delinquent accounts. Current delinquent account collections total \$348,410.60.

### *Our Response*

Comments from the Commander partially addressed the recommendation. We acknowledge that the Excel document is a tool that can be used to assist the MSA Office to prioritize and track delinquent accounts. However, the creation and use of an Excel document does not explain how DGMC personnel will research or pursue collection on delinquent accounts. Accordingly, we request the Commander provide more specific details on actions DGMC will take to research and pursue collection on the delinquent medical service accounts that remain open.

- c. Establish procedures to document the process of patient follow up regarding delinquent accounts.**

### *David Grant United States Air Force Medical Center Comments*

The Commander, DGMC, agreed, stating the Resource Management Office implemented an Excel document that can be sorted by age of account or highest dollar amount to track delinquent accounts. Current delinquent account collections total \$348,410.60.

### *Our Response*

Comments from the Commander addressed all specifics of the recommendation, and no further comments are required.

- d. Establish procedures to validate that the staff collect accurate and complete demographic and billing patient information before a patient is discharged.**

*David Grant United States Air Force Medical Center Comments*

The Commander, DGMC, agreed, stating that Air Force Instruction 41-210 and Medical Group Instruction 41-14 were in place, and DGMC offers quarterly training sessions for front desk personnel. DGMC personnel recorded attendance at the training and forwarded the list of attendees to DGMC leadership to enforce staff attendance and compliance.

*Our Response*

Comments from the Commander addressed all specifics of the recommendation, and no further comments are required.

- e. Establish procedures to document the registration of patients.**

*David Grant United States Air Force Medical Center Comments*

The Commander, DGMC, agreed, stating procedures are in place for registration of patients, specifically Air Force Instruction 41-210, Section 4.9.

*Our Response*

Comments from the Commander addressed all specifics of the recommendation, and no further comments are required.

- f. Establish procedures to document the admission and discharge processes of patients, to include civilian emergencies.**

*David Grant United States Air Force Medical Center Comments*

The Commander, DGMC, agreed, stating procedures for admissions and dispositions can be found in Air Force Instruction 41-210, Section 4H. Part of the admission and discharge of patients is to ensure an accurate DD Form 2569 is on file. The Resource Management Office sends a monthly DD Form 2569 collection report to flight leadership and will include a copy to squadron leadership effective August 2015. In addition, DD Form 2569 collection status reports will be briefed monthly at Executive Staff meetings.

*Our Response*

Comments from the Commander addressed all specifics of the recommendation, and no further comments are required.

## ***Recommendation 2***

**We recommend that the Deputy Director for Budget and Finance, Air Force Surgeon General, coordinate with the Assistant Secretary of Defense (Health Affairs) to develop a plan to address the reimbursement problems for delinquent accounts that arise from Medicare and Non-North Atlantic Treaty Organization Coalition Forces patients and assess whether further action can be taken against delinquent medical service accounts.**

### *Deputy Director for Budget and Finance, Air Force Surgeon General, Comments*

The Deputy Director for Budget and Finance, AF/SG, agreed, stating that DoD 6010.15-M is available to DGMC UBO staff on the DHA website. In addition, the Air Force Medical Operations Agency and AF/SG UBO staff are available to provide assistance clarifying policies and processes. The Deputy Director will contact the DGMC UBO manager to clarify billing procedures, assess whether further action can be taken, and implement a process to avoid similar future occurrences.

### *Our Response*

Comments from the Deputy Director partially addressed the recommendation. Although the Deputy Director responded that he will clarify billing procedures with the DGMC UBO manager, this action does not meet the intent of our recommendation. We recommend the Deputy Director coordinate with the Assistant Secretary of Defense (Health Affairs) to develop a plan to address the reimbursement problems for delinquent accounts that arise from Medicare and Coalition Forces patients and assess whether further action can be taken against delinquent MSA's. Accordingly, we request the Deputy Director provide details on coordinating with the Assistant Secretary of Defense (Health Affairs) to develop such a plan.

### ***Recommendation 3***

**We recommend that Assistant Secretary of Defense (Health Affairs) coordinate with Department of Health and Human Services to develop a strategy to address the difficulties David Grant Medical Center encountered with receiving reimbursement for services provided to Medicare beneficiaries.**

#### *Assistant Secretary of Defense (Health Affairs) Comments*

The Assistant Secretary of Defense (Health Affairs), agreed, stating that the Defense Health Agency will determine if claims were denied for valid reasons. If the denials are not valid, the Defense Health Agency will contact the Department of Health and Human Services to discuss the difficulties David Grant Medical Center has encountered with receiving reimbursement for claims denied for invalid reasons and discuss a way ahead for resolution.

#### *Our Response*

Comments from the Assistant Secretary addressed all specifics of the recommendation, and no further comments are required.

## Appendix A

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### Scope and Methodology

We conducted this performance audit from January 2015 through July 2015 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient and appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusion based on our audit objective.

### Review of Documentation and Interviews

To obtain information and source documentation on delinquent MSA debt and collection efforts at DGMC, we interviewed personnel from:

- U.S. Treasury Financial Management Services;
- U.S. Air Force Surgeon General; and
- DGMC.

During the site visit to DGMC, Travis Air Force Base, California, we observed daily procedures performed by personnel and examined key documents related to the audit objective.

We obtained, reviewed, and analyzed Federal, DoD, and Air Force local guidance related to delinquent MSA debt and collection efforts at DGMC. We focused our review on:

- Public Law 104-134, section 31001, “Debt Collection Improvement Act of 1996;”
- DoD Financial Management Regulation volume 5, chapter 28, “Management and Collection of Individual Debt,” November 2012;
- DoD 6010-15-M, “Military Treatment Facility Uniform Business Office Manual,” November 2006; and
- Air Force Manual 41-120, “Medical Resource Management Operations,” November 2014.

Our review included DGMC MSAs that were open for more than 180 days from July 30, 2010, through November 30, 2014. Those MSAs represented a universe of 3,489 accounts, valued at \$769,384.85, that were delinquent for more than 180 days. According to Air Force Form 1127, "Hospital Invoice and Receipt," bill payment is due upon receipt. If payment is not received for a debt within 30 days after a hospital discharge or outpatient date of service, the account is subject to referral to higher authority for collection action. We considered these MSAs delinquent because the balance owed to DGMC was not paid in full, which was after 180 days from date of discharge, at the time we received the data from the Office of the Air Force Surgeon General UBO.

We nonstatistically selected the top 25 MSAs based on highest outstanding balances, valued at \$394,138.74. For the 25 MSAs reviewed, we identified the current status of the delinquent MSA debt at DGMC during our site visit in February 2015. We continued to monitor the status of the collection efforts and correction of errors for the MSAs throughout our review. We compared the MSA to applicable Federal and DoD guidance to determine compliance related to collection efforts.

## Use of Computer-Processed Data

We relied on computer-processed data to support our findings and conclusion. Specifically, we relied on DGMC's summary level MSA data that were delinquent from the Composite Health Care System to select 25 delinquent MSAs with the highest outstanding balance. To assess the reliability of the outstanding balances, we compared the amount owed for the 25 MSAs to the:

- medical procedure documentation;
- patient information;
- hospital generated bills;
- staff notes and documentation on attempted collections; and
- delinquent letters and other types of patient contact for collection.

We found no errors with those balances. Based on this information, we determined that the data were sufficiently reliable for purposes of this report.

## Use of Technical Assistance

The Quantitative Methods Division reviewed audit documentation and advised us on the validity of the nonstatistical sample selected.

## Prior Coverage

During the last 5 years, the Department of Defense Inspector General (DoD IG), Army Audit Agency and Air Force Audit Agency issued six reports discussing difficulty in obtaining reimbursements for services rendered. Unrestricted DoD IG reports can be accessed at <http://www.dodig.mil/pubs/index.cfm>. Unrestricted Army Audit Agency reports can be accessed from .mil and gao.gov domains at <https://www.aaa.army.mil/>. Unrestricted Air Force Audit Agency reports can be accessed from <https://www.foia.af.mil/palMain.aspx> by selecting the Freedom of Information Act Reading Room link and then audit reports.

### ***DoD IG***

DODIG-2015-087, "Delinquent Medical Service Accounts at Naval Medical Center Portsmouth Need Additional Management Oversight," March 4, 2015

DODIG-2014-112, "Delinquent Medical Service Accounts at William Beaumont Army Medical Center Need Additional Management Oversight," September 16, 2014

DODIG-2014-101, "Delinquent Medical Service Accounts at Brooke Army Medical Center Need Additional Management Oversight," August 13, 2014

### ***Army***

A-2012-0032-IEM, "Follow-up Audit of Trauma Services Cooperative Agreement Brooke Army Medical Center," December 20, 2011

### ***Air Force***

F2012-0001-FB3000, "Services Medical Activity – Air Force: Out-Of-Service Debt," October 3, 2011

F2011-0039-FCW000, "Services Medical Activity – Air Force Accounts Receivable Out-Of-Service Debt 88th Air Base Wing Wright-Patterson AFB OH," July 19, 2011



## Appendix B

### Results of the 25 Medical Service Accounts Reviewed<sup>17</sup>

Table B.

Account	Balance \$ value of (11/30/2014)	Comply with PL 104-134	Comply with FMR V5C28	To FedDebt	Written Off	Balance \$ value of (2/24/2015)
573954	175,420.52	No	No	No	No	175,420.52
556602	26,380.54	No	No	Yes	No	26,380.54
564707	16,073.69	No	No	Yes	No	16,073.69
561426	14,982.67	No	No	Yes	No	14,982.67
560723	13,698.82	N/A	No	No	No	13,698.82
561084	13,698.82	N/A	No	No	No	13,698.82
557450	10,041.52	No	No	No	No	10,041.52
573037	9,900.22	No	No	No	Yes	-
574973	9,813.59	No	No	No	No	8,597.59
566135	9,734.25	No	No	Yes	No	9,734.25
567932	9,734.25	Yes	No	No	Yes	-
A3773396	8,652.75	N/A	No	No	Yes	-
566187	8,210.51	No	No	No	Yes	-
564412	8,197.33	No	No	Yes	No	8,197.33
565889	7,880.87	No	No	No	Yes	-
562642	7,545.64	No	No	No	Yes	-
555665	7,492.91	No	No	Yes	No	7,492.91
560504	6,402.14	No	No	Yes	No	6,402.14
A3767724	5,252.11	No	No	Yes	No	5,252.11
555983	5,233.15	No	No	No	Yes	-
570755	4,853.23	No	No	No	No	4,853.23
554326	4,332.64	No	No	Yes	No	4,332.64
A3773410	3,754.46	No	No	Yes	No	3,754.46
A3768841	3,431.70	No	No	No	No	3,431.70
A3774231	3,420.41	N/A	No	No	No	-

<sup>17</sup> Public Law 104-134 requires debts that have been delinquent for 180 days be transferred to the Secretary of Treasury (FedDebt). DoD Financial Management Regulation 7000.14-R, Volume 5, Chapter 28, requires prompt and aggressive action to recover and collect debts owed to the DoD. The accounts were transferred to FedDebt on or before June 3, 2015. The accounts were written off on or before February 25, 2015.

## Appendix C

### Potential Monetary Benefits Table

Table C.

Recommendation	Type of Benefit*	Amount of Benefit	Account
1b	Economy and Efficiency. DGMC collection of delinquent debts for services rendered could be used for administrative, operating, and equipment costs; readiness training; or trauma consortium activities	\$707,591	97-50130-1883 (DHP O&M)

\*Potential monetary benefits are funds put to better use or questioned costs.

#### Legend

DGMC David Grant Medical Center

DHP O&M Defense Health Program Operations and Maintenance

# Management Comments

## Assistant Secretary of Defense (Health Affairs)



DEFENSE  
HEALTH AGENCY

**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS**

7700 ARLINGTON BOULEVARD, SUITE 5101  
FALLS CHURCH, VIRGINIA 22042-5101

AUG 19 2015

MEMORANDUM FOR DEPARTMENT OF DEFENSE INSPECTOR GENERAL, DEPUTY  
INSPECTOR GENERAL FOR CONTRACT MANAGEMENT  
AND PAYMENTS

SUBJECT: Comments to Draft Report, "Delinquent Medical Service Accounts at David Grant  
Medical Center Need Additional Management Oversight" (Project No. D2015-  
D000CL-0110.000)

This is the Department's response to your request for comments on Recommendation 3,  
contained in the subject draft report issued on July 27, 2015. The Department concurs with  
Recommendation 3. Our response to the recommendation is provided in the attached.

We appreciate the opportunity to review the draft report and your review of this  
important subject. The Agency welcomes the findings as a method for identifying areas of  
potential weakness and a means for improving operational procedures.

Please feel free to direct any comments to my action officers on this topic. [REDACTED]

Sincerely,

A handwritten signature in black ink, appearing to read "D. Landreaux".

Darren W. Landreaux  
Acting Director, Business Support Directorate

Attachment:  
As stated

## Assistant Secretary of Defense (Health Affairs) (cont'd)

**DEPARTMENT OF DEFENSE OFFICE OF THE INSPECTOR GENERAL  
DRAFT REPORT – DATED JULY 27, 2015  
PROJECT NO. D2015-D000CL-0110.000  
“DELINQUENT MEDICAL SERVICE ACCOUNTS AT DAVID GRANT AIR FORCE  
MEDICAL CENTER NEED ADDITIONAL MANAGEMENT OVERSIGHT”**

**DEPARTMENT OF DEFENSE COMMENTS  
TO THE RECOMMENDATIONS**

**RECOMMENDATION 3:** We recommend that Assistant Secretary of Defense (Health Affairs) coordinate with Department of Health and Human Services (DHHS) to develop a strategy to address the difficulties David Grant Medical Center encountered with receiving reimbursement for services provided to Medicare beneficiaries.

**DOD RESPONSE:** The Department concurs with the recommendation. The Defense Health Agency (DHA) will first contact representatives at David Grant Medical Center to determine if the denied claims have been denied for valid reasons. If it is found the denials are not valid, the DHA will initiate contact with the DHHS to discuss the difficulties David Grant Medical Center has encountered with receiving reimbursement for services provided to Medicare eligible beneficiaries and discuss way ahead for resolution.

## Air Force Surgeon General



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS UNITED STATES AIR FORCE  
WASHINGTON DC

AUG 26 2015

MEMORANDUM FOR DEPARTMENT OF DEFENSE INSPECTOR GENERAL, DEPUTY  
INSPECTOR GENERAL FOR CONTRACT MANAGEMENT  
AND PAYMENTS

SUBJECT: Comments to Draft Report, "Delinquent Medical Service Accounts at David Grant  
Medical Center Need Additional Management Oversight"  
(Project No. D2015-D000CL-0110.000)

This is the Air Force Surgeon General (AF/SG) Uniform Business Office's response to your request for comments on Recommendation 2, contained in the subject draft report issued on July 27, 2015. We concur with DoD/IG's recommendation. Our response is provided in the attached document.

Please feel free to direct any comments to my action officer on this topic: [REDACTED]

A handwritten signature in black ink, appearing to read "Eric F. Hyde".

Eric F. Hyde, Colonel, USAF, MSC  
Deputy Director, Budget and Finance  
Office of the Surgeon General

Enclosures:  
Air Force SG UBO comments

## Air Force Surgeon General (cont'd)

**DRAFT REPORT – DATED JULY 27, 2015  
PROJECT NO. D2015-d000ci-0110.000  
“DELINQUENT MEDICAL SERVICE ACCOUNTS AT DAVID GRANT AIR FORCE  
MEDICAL CENTER NEED ADDITIONAL MANAGEMENT OVERSIGHT”**

**AIR FORCE SURGEON GENERAL COMMENTS  
TO THE RECOMMENDATIONS**

**RECOMMENDATION 2:**

We recommend that Air Force Surgeon General, coordinate with the Assistant Secretary of Defense (Health Affairs) to develop a plan to address the reimbursement problems for delinquent accounts that arise from Medicare and Non-North Atlantic Treaty Organization Coalition Forces patients and assess whether further action can be taken against delinquent medical service accounts.

**DOD RESPONSE:**

Reimbursement processes for Medicare and Non-North Atlantic Treaty Organization Coalition Forces accounts are governed by DoD 6010.15-M, *Military Treatment Facility Uniform Business Office (UBO) Manual*, November 2006, chapters 3.20, and 3.24, respectively. This manual is made available to David Grant Medical Center UBO staff on the Defense Health Agency website. Additionally, Air Force Medical Operations Agency (AFMOA) and AF/SG UBO staffs are available as an additional resource for assistance on clarification of policies and processes. AF/SG UBO staff will contact the David Grant Medical Center UBO manager to clarify billing procedures and assess whether further action can be taken to collect against these delinquent accounts and to implement a process to avoid similar occurrences in the future.

## David Grant United States Air Force Medical Center



**DEPARTMENT OF THE AIR FORCE  
60TH MEDICAL GROUP (AMC)**

18 August 15

MEMORANDUM FOR DEPARTMENT OF DEFENSE INSPECTOR GENERAL

FROM: 60 MDG/CC

SUBJECT: Delinquent MSA at DGMC (Project No. D2015-D000CL-0110.000)

1. I agree with the findings 1.a. – 1.f. in the DoD IG Report on the Delinquent Medical Service Accounts (MSA) at David Grant Medical Center (DGMC) that was received on 27 July 15. Further detail on our organization's actions and responses are included in the attachments to this memorandum. DGMC is committed to improving our current processes and ensuring that we properly bill and collect payments from our patients who are eligible. We look forward to continuing to work with the Defense Health Agency and the Air Force Medical Support Agency in executing these recommendations.

2. If you have any questions regarding this report or our responses to it, my POC is the Resource Management Flight Commander, [REDACTED].

**WOOD.RAWSO** Digitally signed by  
WOOD.RAWSO.N.L

N.L. [REDACTED]

RAWSON L. WOOD, Colonel, USAF, MC, SFS  
Commander, 60th Medical Group

Attachments:

1. DGMC Response to IG Audit Recommendations
2. DGMC Comments to IG Audit

## David Grant United States Air Force Medical Center (cont'd)

### Delinquent MSA Accounts IG Report # D2015-D000CL-0110.000 Recommendation Responses

1.a: DGMC should validate that the planned medical billing system will prioritize delinquent medical service accounts and alert clerks for accounts requiring follow up.

**Response:** ABACUS has a tentative launch date of 8 September 2015. Kelley S. Locke who is the Chief of the Uniform Business Office branch provided the following response:

“Yes. MSA accounts will follow a programmed workflow. Once an invoice is printed, due process for the patient begins. The Invoice indicates that the due date is now and considered delinquent after 30 days. 30 days after the printing of the invoice, a delinquent letter (DLQ) is generated. 30 days after the DLQ, a final notice (FN) is generated. 30 days after the FN, the accounts are marked as candidate for transfer (TX Candidate). All accounts in this status are grouped in the Transfer Debt program for the Accounting Technician to package up and forward to either DFAS or FedDebt. Additionally, accounts in a defaulted payment plan will be marked as "TX Candidate-Payment Plan", which allows the Accounting Tech to process those more quickly than the others.”

1.b/1.c: DGMC management should review, research, and pursue collection on the delinquent MSAs. DGMC management should develop procedures regarding the follow up process for delinquent medical accounts.

**Response:** RMO implemented an excel document that permits the MSA to track delinquent accounts. The tracker can be sorted by age of the account or by the highest dollar amount. Implementation of the tracker allows easy dissemination amongst MSA individuals to assist with the research of bills, billing, write offs, or FedDebt processing. Current collections of delinquent accounts total \$348,410.60.

1.d: DGMC management should establish procedures to validate that the staff collect accurate and complete demographic and billing patient information before a patient is discharged.

**Response:** Procedures are currently in place for the Medical Group (AFI 41-210 and MDGI 41-4) and front desk quarterly training sessions are offered. The execution of the Medical Group procedures requires a collaborative effort from all intake locations of the hospital, and leadership is now notified when the training occurs along with front desk staff. Attendance is taken and forwarded to the leadership for the enforcement of staff attendance and compliance at the quarterly meetings as of 30 June 2015.

For the procedures please reference Tab 1 for excerpt from AFMAN 41-201 and the 4A051-Health Services Management Journeyman CDCs. Please reference Tab 2 for MDG Instruction 41-14.



## David Grant United States Air Force Medical Center (cont'd)

1.e/1.f. DGMC management should establish procedures to document the registration of patients. DGMC management should also establish procedures to document the admission and discharge processes of patients, including civilian emergencies.

**Response:** Procedures are currently in place for registration of patients (AFI 41-210; Section 4.9 and 4H). RMO will continue to ensure DGMC leadership is aware of the assistance needed by clinics to ensure accurate collection of patient information.

Part of the admission and discharge of patients is to ensure an accurate DD2569 is on file for billing purposes. RMO currently sends out a monthly DD2569 collection report showing collection totals per clinic to the flight leadership and will copy squadron leadership effective August 2015. In addition, DD2569 collection status reports will be briefed monthly at the Executive Staff meeting to ensure all levels of leadership are aware of compliance.

Procedures can be found in AFI 41-210: Section 4.9 (Patient Registration) and Section 4H (Admissions and Dispositions Program Administration). Please reference Tab 3 for AFI excerpts.

## David Grant United States Air Force Medical Center (cont'd)

### Delinquent MSA Accounts

### IG Report # D2015-D000CL-0110.000

### Comments

1. DGMC utilizes CHCS to monitor delinquent MSA accounts. CHCS prioritizes accounts based on age and on the 30 day, 60 day, and 90 day points producing a bill that gets sent to the patient.
2. FedDebt is not always an expedient process and in some instances inefficient. Multiple bills cannot be uploaded at one time. For example, if a patient has several bills under their name each bill has to be entered individually. One patient's account can take up to an hour to get entered into the system. There are currently five personnel in RMO who have access to FedDebt and who are able to enter the remaining 222 bills for FY15.
3. The UBO and MSA office have contacted HHQ seeking, on multiple occasions, requesting clarification, guidance, and direction when encountering difficulties with collections when policies are not clear. One 4 June 2015, 60 MDSS/SGSR emailed Air Staff requesting guidance on four of the accounts identified in the IG Audit (Case #1, #7, #21, and #24, totaling \$193,746.97). There was a follow-up email sent on 11 August 2015 requesting an update on the accounts so that DGMC could go forward with recommendations and incorporate the update into the IG Report Comments. On 13 August 2015 a response was received from Air Staff stating that they had forwarded our inquiries to OSD for a determination on the claims and that we are unable to write off the amounts until they receive further guidance.
4. The 'Days With No Follow Up Efforts' that are highlighted in yellow differ from the original report. The discrepancies are listed on the original report as follows:
  - #1: 259 on original report
  - #8: 306 on original report
  - #10: 707 on original report
  - #13: 621 on original report
  - #14: 805 on original report
  - #15: 721 on original report
  - #18: 1,070 on original report
  - #20: 913 on original report
  - #24: 1,154 on original report
5. ABACUS has a tentative launch date of 8 September 2015. RMO has been working diligently with Systems and the ABACUS team lead to ensure a smooth launch/transition. To date, five RMO individuals have gone TDY for ABACUS training.

## David Grant United States Air Force Medical Center (cont'd)

6. RMO's TPC manager used to physically walk around to each front desk clerk and inquire about the completion of DD Form 2569's. The UBO contract was modified in FY14 for the AFMS and as a result Travis lost 2 FTEs and our remaining TPC manager was no longer able to physically walk around to the clinics. She instead sends out reminders to clinics and monthly reports as to how many DD2569's each front desk has collected.

RMO is implementing a weekly walk around schedule to audit the collection of DD2569's from front desk personnel. The schedule will be built to audit each clinic at least once every quarter. The findings are going to be reported to leadership beginning next quarter as well as input into the Management Internal Control Toolset (MICT).

7. RMO is researching the Medicare application enrollment process.

## Acronyms and Abbreviations

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<b>ABACUS</b>	Armed Forces Billing and Collection Utilization Solution
<b>AF/SG</b>	Air Force Surgeon General
<b>ASD(HA)</b>	Assistant Secretary of Defense for Health Affairs
<b>CHCS</b>	Composite Health Care System
<b>DGMC</b>	David Grant United States Air Force Medical Center
<b>FMR</b>	Financial Management Regulation
<b>MSA</b>	Medical Service Accounts
<b>MTF</b>	Military Treatment Facility
<b>PAD</b>	Patient Administration Division
<b>UBO</b>	Uniform Business Office

# **Whistleblower Protection**

## **U.S. DEPARTMENT OF DEFENSE**

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