



# **Society of Air Force Pharmacy**

## ***Mid-Year Conference***

**16 – 18 June 2025**

**Hilton Norfolk The Main  
Norfolk, VA**

A decorative banner at the bottom of the slide. It features a light blue background with stylized white and teal waves on the left and right sides. In the center, there is a black silhouette of a person in a dynamic pose, possibly a pilot or a warrior, which is part of the United States Air Force logo.

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# **It's Fine, Everything is Fine: Preparing Your Pharmacy For Other Health Insurance (OHI) Billing**

**Lt Col Brandy Renner, USAF, BSC**

**Lt Col (S) Kate Murphy, USAF, BSC**

**Dr. Libby Hearin, DHA**

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# Disclosure

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- Lt Col Brandy Renner: “Declares no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.”
- Lt Col (S) Kate Murphy: “Declares no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.”
- Dr. Libby Hearin: “Declares no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.”



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# Learning Objectives



- Identify the 4 actions to take prior to the implementation of Outpatient Pharmacy Billing (OPB) with Other Health Insurance (OHI).
- Explain the expected impacts of this process for pharmacy staff and patients.
- Describe the new workflow steps to complete OPB within PharmNet.



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# Self-Assessment Question #1

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1. Which of the actions below should be taken prior to the implementation of OPB with OHI?
  - A. Update claims monitor with health plan and COB columns on the left hand side
  - B. Find where patient health plans can be viewed in Medication Manager Retail (MMR)
  - C. View new workflow steps in recorded videos and/or trainings
  - D. All of the Above



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## **Self-Assessment Question #2**



1. How much additional time do we expect OPB to add to prescription processing?
  - A. 2-3 minutes per OHI prescription
  - B. 1-2 minutes per OHI prescription
  - C. 5-8 minutes per OHI prescription
  - D. 3-6 minutes per OHI prescription



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## Self-Assessment Question #3



1. Which of the following is **TRUE** regarding the new workflow steps for OPB within PharmNet?
  - A. Pharmacy staff will need to resolve OHI claims before processing prescriptions further
  - B. Pharmacy staff will be expected to re-route OHI claim rejections to TRICARE plans for processing
  - C. Clinical alerts will populate if system suspects the patient has OHI that is not listed on their profile
  - D. B&C



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# Definitions

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## Coordination of Benefits (COB)

- Term to describe the processing of prescriptions through multiple health insurance plans to ensure all available benefits are received by patient (ex: TRICARE, AETNA, CVS Caremark)

## Lifetime Pharmacy Encounter (LPE)

- Health insurance plan for billing outpatient pharmacy actions

## Medication Manager Retail (MMR)

- MHS Genesis application for outpatient prescription processing

## Other Health Insurance (OHI)

- Health insurance that is not TRICARE (Blue Cross Blue Shield, AETNA, etc)

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# Definitions



## Patient Administration (PAD)

- Enters the patients' health plans and information, manages patient eligibility, updates LPEs, and manages DEERs checks

## Sequencing

- The order in which health plans are billed and displayed on a patient profile (i.e. OHI must always be sequenced ahead of TRICARE plans)

## Uniform Billing Office(r) (UBO)

- Maintains the billing and reimbursements from the third party processing
- Often found within your Resource Management Office (RMO)

## Utility

- Automated process in MHS Genesis that is working behind the scenes

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# How Did We Get Here?



## MHSG Deployment

- RevCycle to capture OHI billing for appointments
- Left out prescription billing due to workflow challenges
- ABACUS system duplicates REVCycle function



## Fiscal Scarcity

- System looks for ways to recoup costs
- Pharmacy Ops Division (POD) continues to identify workload concerns with billing process
- POD requests centrally or locally funded billing personnel to allow process to work and minimizing impact



## Lost the Battle

- Prioritization of lost revenue from prescription OHI and removal of duplicative processes
- POD recommendations for billing personnel not accepted
- Proceed with process to design prescription billing despite workload challenges



## Building The Platform

- Contract to build and design billing process
- Financial strain does not allow for fully automated process requested
- Additional manual workload for Pharmacy, PAD, and UBO communities

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# Roles and Responsibilities \*per DHA-PMXXX



## Pharmacy Staff Will:

- Pharmacy personnel may ask all patients if they have OHI. If so, they will refer patients to PAD for MHS Genesis registration update
- Pharmacy will follow the DoD Formulary
- Pharmacy personnel will process patients' prescriptions prioritizing OHI first – if the prescription rejects under the OHI, pharmacy will reprocess the prescription under the TRICARE benefit
- If workload permits, Pharmacy personnel will reprocess prescriptions to OHI after UBO personnel have resolved OHI rejections

## Pharmacy Staff Will Not:

- Pharmacy will not be responsible to register patients
- Pharmacy will not be responsible to update OHI in MHS Genesis
- Pharmacy personnel will not be responsible for coordination with OHI carriers
- Pharmacy personnel will not be responsible for managing OHI rejections \*\*optional action – see slide 21\*\*

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# Timeline

**\*\*all subject to change\*\***



September 2024

- OPPB decision confirmed
- Implementation planning commences



December 2024

- Pharmacy training finalized
- Submitted for inputs and review



March 2025

- MTF Pharmacy trainings begin
- Development of patient facing communications



25 July 2025

- OPPB Go Live Date



June 2025

- LPE Release 2 implemented
- Patient facing articles, flyers, communications implemented



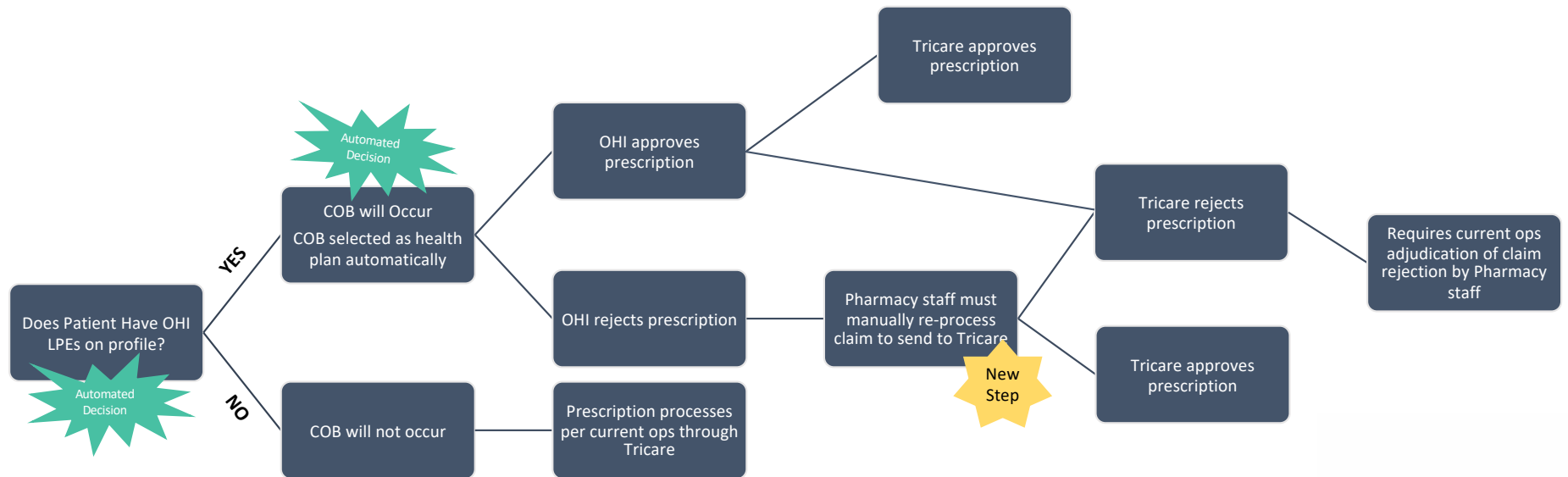
May 2025

- LPE Release 1 implemented

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# OPB 1000 Ft View



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# **LPE Release 1 – Intent**



- Automated utility to ensure any updated OHI information is applied to LPEs
- Will allow COB to happen appropriately
- Anticipated implementation – May 2025




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13623000001      BD: 01/01/1950 (70 Years)      Sex: Male      DOB ID 2107300092      Address:  
 3687      Language:      Phone #: 9494919194

Discern: (1 of 2)



## Update TRICARE Health Plan

You have selected a Health Plan that is not TRICARE. Please update the order and select a TRICARE Health Plan (602 – Direct Care and TRICARE Mail Order and retail pharmacy; 603 – Direct Care Only) or no Health Plan to process correctly.

History Modify Order

every 8 hr      Oral      ☐ PRN      0 - No product      (None)

\* Rx date:      Stop date:

05/19/2020      05/19/2021

- More alerts firing in MMR if OHI accidentally selected
- Increase in Reject 07s

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## **LPE Release 2 - Intent**



- Updating names and adding more options for LPEs
- Increase transparency and prevent confusion
- 000 plans most affected
  - Broken out into various numbers and series
- Anticipated implementation Jun 2025



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# LPE Release 2 - Intent



ORIGINAL PHARMACY HEALTHPLAN	NEW NAMING
602 Direct Care and TRICARE Mail Order and Retail Pharm	100 602 Direct Care and TRICARE Mail Order and Retail Pharm
603 Direct Care Only	125 603 Direct Care Only
602 Direct Care and TRICARE Mail Order and Retail Pharm	140 602 TRICARE DIRECT CARE TMOP Retail USCG RX
603 Direct Care Only	145 603 TRICARE DIRECT CARE ONLY USCG RX
602 Direct Care and TRICARE Mail Order and Retail Pharm	160 602 TRICARE DIRECT CARE TMOP RETAIL SF1080 RX
602 Direct Care and TRICARE Mail Order and Retail Pharm	160 602 TRICARE DIRECT CARE TMOP Retail SF1080 RX
603 Direct Care Only	165 603 TRICARE DIRECT CARE ONLY SF1080 RX
603 Direct Care Only	165 603 TRICARE DIRECT CARE ONLY SF1080 RX
000 TRICARE ENTRY EVALUATION EXAM RX	180 TRICARE ENTRY EVALUATION EXAM RX
000 LINE OF DUTY COAST RESERVE GUARD RX	182 LINE OF DUTY COAST RESERVE GUARD RX
000 NEWBORN PENDING BENEFITS-AD USCG FAMILY MBR RX	182 NEWBORN PENDING BENEFITS-AD USCG FAMILY MBR RX
000 NEWBORN PENDING BENEFITS-USCG RETIRED FAMILY MBR RX	182 NEWBORN PENDING BENEFITS-USCG RETIRED FAMILY MBR RX
000 OPERATIONAL READINESS COAST GUARD RESERVE GUARD RX	182 OPERATIONAL READINESS COAST GUARD RESERVE GUARD RX
000 RESERVE GUARD COAST GUARD ACUTE CARE RX	182 RESERVE GUARD COAST GUARD ACUTE CARE RX
000 TRICARE ENTRY EVALUATION EXAM COAST GUARD RX	182 TRICARE ENTRY EVALUATION EXAM COAST GUARD RX
000 TRICARE ENTRY EVALUATION EXAM NOAA RX	184 TRICARE ENTRY EVALUATION EXAM NOAA RX
000 TRICARE ENTRY EVALUATION EXAM USPHS RX	184 TRICARE ENTRY EVALUATION EXAM USPHS RX
000 LINE OF DUTY PUBLIC HEALTH RESERVE GUARD RX	184 LINE OF DUTY PUBLIC HEALTH RESERVE GUARD RX
000 OPERATIONAL READINESS PUBLIC HEALTH RESERVE GUARD RX	184 OPERATIONAL READINESS PUBLIC HEALTH RESERVE GUARD RX
000 RESERVE GUARD PUBLIC HEALTH ACUTE RX	184 RESERVE GUARD PUBLIC HEALTH ACUTE RX
000 NEWBORN PENDING BENEFITS AD USSF FAMILY MBR RX	189 NEWBORN PENDING BENEFITS AD USSF FAMILY MBR RX

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# **LPE Release 2 – Potential Impacts**



- LPE names will look substantially different – but the functionality should not be impacted
- New and updated MMR Alerts expected based on information tied to the updated LPEs \*\*examples – see slide 19\*\*
- Most impactful to PAD community



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# Workflow Demonstration



Microsoft Teams

## OPPB Training Run-through

2025-03-06 17:48 UTC

Recorded by  
Hearin, Elizabeth L CIV  
(USA)

Organized by  
Hearin, Elizabeth L CIV  
(USA)

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# Items to Consider

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- ESI still won't be checking eligibility or OHI
- New MMR Alerts will be implemented to assist pharmacy staff with:
  - Authorized care
  - Deceased patients
  - LPE updates required
  - Patients may have OHI
- New MMR Alerts are **\*NOT\*** hard stops
  - Discern alerts which can be bypassed



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# Items to Consider

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- Staff will see new claim reject codes
  - Generated from OHI plans
  - You may choose to solve rejections that you have to fix for Tricare plans (ex: 77, 79, 88, etc)
- MTFs still **\*MUST\*** follow DoD Tricare Formulary
  - Be aware of Tier 4



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## **Anticipated Impacts at Your MTF**

- Time Study expected additional 5-8 minutes per OHI prescription each time it is processed
- Increased wait times for all patients
- \$65-90 million recouped annually (DHA-wide)
- Updating LPEs may not occur at your pharmacy site – think about where your PAD offices and teammates are located



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# What to do next?

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## MTF Level – Pharmacy Staff

- Prepare and train to use new workflow
- Update claims monitor to view OHI easily
- Know where to view health plans
- Understand responsibilities of PAD and UBO teams
- Communicate with patients, commands, and other departments

## DHHQ Level

- Provide robust training with SMEs
- Develop patient communication strategies and standardize expectations across the enterprise
- Notify field of changes to implementation timeline or workflow steps



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# Resources

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- TipSheet
- FAQs
- Recorded Training Videos
- Access via OPB Folder on TEAMS
  - [OPB Resources](#)
- JKO Training Required



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# Questions?



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# Thank You!

Contact your IIB team: [dha.ncr.Healthcare-Ops.mbx.rx-pod-iib-inbox@health.mil](mailto:dha.ncr.Healthcare-Ops.mbx.rx-pod-iib-inbox@health.mil)



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# Continuing Education Credit



Deadline to obtain  
CE **5 Aug 2025**

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