

Get Claims Paid Fast with Electronic Claims Filing

Quick, easy and reliable—three things every Humana Military network provider wants when they're filing TRICARE claims, and when they're waiting for the claims to be paid.

TRICARE requires all network providers to file claims electronically. There are several benefits to the process including:

- Improved cash flow to the provider—on average, TRICARE electronic claims process about two to three weeks faster than paper claims. With the elimination of mail time, you'll receive your TRICARE payments much faster if you file your claims electronically.
- Reduced postage and paper handling costs
- Reduction of data entry errors
- Better audit trail—electronic media claims (EMC) response reports are available to show you which claims were accepted for processing. Also, front-end EMC edits give you much faster feedback regarding problems with your claims, allowing you to correct and resubmit them quickly.
- Real-time claims processing if you are using *XPress Claim*
- Electronic remittance advice (ERA) and electronic funds transfer (EFT)—network providers who file all of their TRICARE claims electronically are eligible to receive ERAs and EFTs.

There are four options for filing your TRICARE claims electronically:

- ***XPress Claim***—You can file your TRICARE claims while your patients are still in your office, getting the payment results instantly. *XPress Claim* is secure, easy to use, fast and free. To see a demonstration of to sign up for *Xpress Claim*, go to www.myTRICARE.com.
- **eZ TRICARE Claims**—Want to avoid re-keying your claims? With eZ TRICARE Claims you can upload batches of claims directly from your practice management system. There is no software to install and no additional data entry for your TRICARE claims. A variety of claim formats are accepted with eZ TRICARE Claims, including National Standard Format and ASC X12 837. To accept sign up for eZ TRICARE Claims, visit Online Provider Services at www.humana-military.com.
- **Clearinghouses**—TRICARE claims are received from a number of EMC clearinghouses. Contact your current vendor to find out what you need to do to send claims to TRICARE.
- **Electronic Data Interchange (EDI) Gateway**—If your system can create Health Insurance Portability and Accountability Act (HIPAA)-compliant claims formats and you prefer to send your claims directly to the payer, the PGBA, LLC EDI Gateway may be right for you. PGBA's EDI Gateway

handles all of their inbound and outbound HIPAA-compliant EDI transactions. To enroll or learn more about the EDI Gateway, contact the EMC Help Desk at 1-800-325-5920.

“The big push in the South region is for all network providers to file their claims electronically,” said Brad Jones, senior systems manager for Humana Military. “The main advantage is quick claims payment. On average, you're going to get paid three weeks faster with EMC.” ■



TRICARE and the Veterans Health Administration: Partners in Health Care

When the time comes to refer your TRICARE patients to a specialist for care, one option is the Department of Veterans Affairs' (VA) Veterans Health Administration (VHA).

With 154 medical centers, 875 ambulatory care and community-based outpatient clinics and 43 residential rehabilitation treatment programs the VA's integrated health care system is one of the largest in the country. Through its many facilities, the VHA offers numerous treatment options for TRICARE beneficiaries.

Most of the VA facilities in the South Region are network providers with TRICARE. VA facilities in Alabama, Georgia and South Carolina have entered into negotiation with Humana Military with the expectation they will become TRICARE network providers by October 1, 2006.

VA facilities that are not in the network may not be authorized to pay for health care services received at their facilities. Therefore, when referring a TRICARE beneficiary to the VA for care, be sure the facility is an authorized TRICARE network provider.

While VHA's primary mission is to provide the nation's veterans with health care services, VHA also supports the Department of Defense during times of conflict.

In addition to offering TRICARE beneficiaries access to common medical and surgical services, VHA also plays a significant role in the treatment of spinal cord injuries (SCI), traumatic brain injuries (TBI) and blind rehabilitation (BR). In the South region, VHA has SCI centers in Augusta, Ga.; Dallas, Houston and San Antonio, Texas; Memphis, Tenn.;

Miami and Tampa, Fla.; a TBI center in Tampa; and BR centers in Augusta, Ga.; Birmingham, Ala.; and Temple, Texas.

The Tampa VA Medical Center has also been designated as a "Polytrauma Rehabilitation Center," designed to treat polytraumatic injuries and disability requiring specialized rehabilitation processes and coordination of care throughout the course of the patient's recovery.

With all of the specialized services offered by various VA facilities, it's important to remember the facility needs to be in the TRICARE network before you refer a TRICARE beneficiary for services. ■

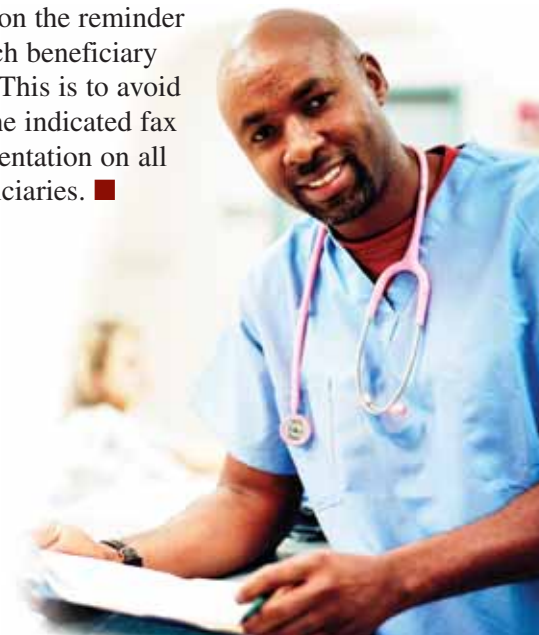
Consult Reports Are Required within 10 Working Days

Consult reports are required to be returned to the primary care manager or initiating provider within 10 working days of the patient encounter. For routine specialty referrals for initial office visits, all outpatient services and inpatient services, you must provide complete and legible documentation for these reports to be accurate and useful.

Returning consult reports, operative reports and discharge summaries to the initiating provider is important for timely follow up and continuity of care. Please be responsive to the request when asked to return a consult report for TRICARE beneficiaries.

Providers who treat TRICARE beneficiaries coming from the local military treatment facility may receive a faxed reminder to return a consult report for a recent visit/service. Your office should return the consult report, operative report or discharge summary requested and use the designated fax reminder as the cover sheet. Please use

the fax number listed in the upper right corner of the reminder page. This fax number is shown only on the reminder fax to providers for each beneficiary consult return request. This is to avoid having providers use the indicated fax number to send documentation on all other TRICARE beneficiaries. ■



Using the Web Speeds Up Referral and Authorization Requests

Once you've become a registered user of the Humana Military Web site (www.humana-military.com), you and your staff members can enter a new referral or authorization request online.

An online referral or authorization can be accomplished in as little as **five minutes**, compared with potentially lengthier telephone and fax referral wait times. One reason the online system is so efficient is that it automatically populates much of the information needed. The majority of online referrals and authorizations are approved on the spot and can be completed while the patient is still in the office.

Providers can access the online referral and authorization section of the site by going to www.humana-military.com, clicking on "Online Provider Services" and then on the "Online Referrals and Authorizations" links. Just remember, you must sign in to use this feature.

In addition to shortening the initial referral and authorization process, the online system offers several other advantages. It lets you check the status of an existing referral or authorization, search for specialists and look up diagnosis and procedure codes.

The specialist search feature lets you search by ZIP code and specialty to find the closest provider for a given service. Or, you can let the system find the most appropriate provider for you by inputting the patient's demographic information, Social Security number and diagnosis.

If you are unsure of a diagnosis code when building the referral or authorization request, you can use the system's diagnosis code look-up feature. Just enter a description that fits the diagnosis and the system will match the description to the proper code.

If you haven't already done so, you can become a registered user of the Humana Military Web site by clicking the "Sign Up" link on the right-hand side of the Online Provider Services page and following the prompts given by the "User Sign up Wizard." Please keep in mind that only network providers have access to the Referral/Authorization screens. ■



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CONTACTS

Humana Military
1-800-444-5445
www.humana-military.com

PGBA, LLC (claims)
1-800-403-3950

ValueOptions (behavioral health)
1-800-700-8646

Pharmacy Customer Service
1-866-DoD-TRRx (retail)
1-866-DoD-TMOP (mail order)
www.express-scripts.com/TRICARE

National TRICARE Web Sites
www.tricare.osd.mil
www.tricareonline.com

Update DEERS
1-800-538-9552
www.tricare.osd.mil/deers/default.cfm

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Provider News is published by TRICARE Management Activity. Please provide feedback at www.tricare.mil/evaluations/feedback.



TRICARE Reserve Select Update

Effective June 21, 2006, TRICARE introduced some changes to beneficiary enrollment costs for the TRICARE Reserve Select (TRS) program. These changes apply to the premium tier under which a National Guard/Reserve member may qualify to purchase TRS coverage. TRICARE Reserve Select offers comprehensive health coverage similar to TRICARE Standard and TRICARE Extra.

Enrollment Cards

After purchasing TRS, each beneficiary receives a TRS enrollment card. Providers should make a photocopy of the front and back of the card for their files. Refer to the TRICARE Provider Handbook online at www.humana-military.com to view sample TRS enrollment cards. You can also verify TRS beneficiary eligibility online at www.humana-military.com or by calling 1-800-444-5445.

Authorizations for Care

Like other TRICARE coverage, prior authorization is required for certain services under the TRICARE Reserve

Select program. Visit the Humana Military Web site at www.humana-military.com or call 1-800-444-5445 for a list of services requiring prior authorization.

Submitting Claims

As with all other TRICARE health plans, TRICARE network providers are required to file their claims electronically. Should a provider have to file a paper claim, it should be submitted to PGBA, LLC in the same manner as TRICARE Standard/Extra beneficiary claims.

PGBA South Region
Claims Department
P.O. Box 7031
Camden, SC 29020-7031

You may contact Humana Military at 1-800-444-5445 or visit www.humana-military.com if you have questions or need additional information about TRICARE Reserve Select. ■