

Verifying Eligibility

Is your patient covered?

Verifying a patient's eligibility is a simple, but important part of providing health care to TRICARE beneficiaries. TRICARE Prime beneficiaries may have an enrollment card along with a uniformed services identification (ID) or Common Access Card (CAC). However, these documents alone are not enough to verify eligibility. In order to be TRICARE eligible, every beneficiary must be registered in the Defense Enrollment Eligibility Reporting System (DEERS).

Carefully review both sides of every beneficiary's uniformed services ID card or CAC. You will also want to verify the card's expiration date. If the card is expired, have the beneficiary contact DEERS to have his or her record updated and a new card issued. It is possible for some eligible beneficiaries to have either an expired ID card or no card at all. This does not necessarily mean that they are no longer entitled to TRICARE benefits.

Additionally, it is important to photocopy the front and back of every beneficiary's ID card or CAC. Although some beneficiaries may be reluctant to have their identification cards copied, you can reassure them that it is perfectly acceptable and lawful to photocopy ID cards for authorized purposes—e.g., to facilitate medical care eligibility

determination and documentation, or for the purposes of rendering health care services.

Providers must also verify the eligibility of the **card bearer** by calling Humana Military at 1-800-444-5445 or by accessing Humana Military's Web site at www.humana-military.com. You'll need the sponsor's Social Security number, located on the uniformed services ID card, to verify eligibility. If verifying online, you may wish to print the eligibility verification screen for your records.

Remember that beneficiary status is subject to change when a sponsor separates from active duty service or retires; when a child who is a full-time college student reaches the age of 23; or when the beneficiary becomes eligible for Medicare. Therefore, it is important to verify patient eligibility before each office visit.

For more information on verifying patient eligibility, please refer to the *TRICARE Provider Handbook* available at www.humana-military.com. ■



Prime Access Standards

Making sure our beneficiaries have quick access to quality care is one of TRICARE Prime's top priorities.

To ensure medically-necessary care is available when TRICARE Prime beneficiaries need it, the Department of Defense (DoD) has put in place standards for timely access to civilian care. As a primary care manager

(PCM), it is up to you to uphold these standards when providing care to TRICARE beneficiaries.

Appointment Wait Time Standards

With a wide array of specialists available to provide care to TRICARE Prime beneficiaries, referrals from you to other health care providers can be handled rapidly.

TRICARE Prime beneficiaries must receive an urgent care appointment within 24 hours (one day); the wait for a routine appointment will not exceed one week (seven days); and specialty care appointments and wellness visits must be available within four weeks (28 days).

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Prime Access Standards

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When a TRICARE Prime beneficiary arrives at your office, he or she should be seen by the provider within 30 minutes or less in a nonemergency situation. If your anticipated appointment schedule is interrupted because you are providing emergency care to another patient, your staff should notify waiting and arriving patients of the cause and length of the anticipated delay. They should offer patients the choice to either reschedule, or wait and keep their original appointment.

Drive Time Standards

The TRICARE Network has a sufficient number of PCMs accepting new patients in Prime Service Areas. Because of this, TRICARE Prime beneficiaries can drive from their homes to their PCM—at either a military treatment facility or in the TRICARE Network—in less than 30 minutes under normal circumstances.

For specialty care appointments, the beneficiary's travel time to a TRICARE Network provider should be less than one hour.

If you are a primary care manager and you are accepting new patients, remember that TRICARE Prime beneficiaries are entitled to a drive time of less than 30 minutes under normal circumstances from their homes to your office. If you need to refer your patient for specialty care services, the beneficiary's drive time should be less than one hour.

Verifying the Standard

As a TRICARE Network provider, meeting these standards is essential. If you have any change in demographics, panel status or your ability to meet appointment standards, you must notify Humana Military within 10 days of the change.

When you adhere to TRICARE's access standards, you're helping to ensure beneficiaries have quick and easy access to the world's best health care. ■

You and Your NPI— Electronically Speaking

As you may know, the Health Insurance Portability and Accountability Act (HIPAA) regulations require providers who conduct standard electronic transactions to begin using their new National Provider Identifiers (NPIs). And if you haven't taken steps to comply with this new regulation, there's no better time than the present to avoid cash flow disruptions.

TRICARE, like the majority of other payers, will **not** deny claims for failure to include the provider's NPI on the HIPAA-standard electronic transaction before the compliance date. However, to facilitate the use of NPIs as a routine practice for the submission of HIPAA transactions, providers are encouraged to use their NPIs as their primary provider identifier as soon as possible.

Providers may continue to provide their legacy identifier in support of their NPI until further notice.

As TRICARE providers, you need to:

- Obtain your NPIs from the National Plan and Provider Enumeration System (NPPES) (<http://nppes.cms.hhs.gov> for electronic issuance or to obtain a copy of the paper application).
- Share your NPIs (both individual and corporate) with your payers, your area's inpatient/outpatient facilities, other physicians that you deal with regularly and pharmacies.
- Use your NPIs in all standard electronic transactions—especially if you are a TRICARE

network provider required to file your claims electronically (with your NPI).

Instructions for how to register your NPIs with Humana Military (and answers to frequently asked NPI questions) can be found on our Web site at www.humana-military.com. And please make sure your staff members work with your practice management system and/or your clearinghouse to find out exactly what you need to do to use your NPIs in standard electronic transactions.

If you need help filing your claims electronically, refer to PGBA, LLC's XPressClaimSM service at www.mytricare.com. XPressClaim is HIPAA-compliant, it's free, payment results are returned instantly and you can use XPressClaim to file your claims where TRICARE is the secondary payer.

Keep in mind:

- There are two types of NPIs—one for individuals and one for organizational entities. Make sure you obtain both if it's appropriate for your practice.
- Individual practitioners can have only one NPI.
- The referring physician's NPI is required **only** if it's known. TRICARE will not reject claims for a failure to submit the referring physician's NPI. However, all providers are encouraged to obtain the referring provider's NPI and include it on the relevant transaction.
- Filing electronically gets you paid much faster! ■

The Basics about TRICARE Reserve Select

TRICARE Reserve Select (TRS) is a premium-based health plan offered by the DoD that provides comprehensive health care coverage to members of the National Guard and Reserve who meet specific eligibility requirements.

Verifying Coverage

As a health care provider, it is helpful to know that members and their covered family members are issued a TRS card. Please make a copy of the front and back of the card for your files. To verify eligibility and coverage status, providers should call Humana Military at 1-800-444-5445.

Accessing Care

TRS members receive the same comprehensive coverage as active duty family members under TRICARE Standard and TRICARE Extra. Members may seek care from any TRICARE-authorized provider, hospital or pharmacy—network or non-network—and are responsible for annual deductibles and applicable cost-shares. They may also seek care from a local military treatment facility on a space-available basis only.

For more information about covered services, refer to the *TRICARE Reserve Select Handbook* online at www.tricare.mil/reserve/reserveselect. Remember that you must collect the

appropriate cost-share for office visits. A listing of TRS costs is available in the TRICARE: *Summary of Beneficiary Costs* brochure.

Certain Services Require Prior Authorization

TRS members may access care from any TRICARE-authorized provider, network or non-network, without a referral.

Like other TRICARE coverage, prior authorization from Humana Military is required for certain services, such as:

- inpatient admissions for substance use disorders
- behavioral health
- adjunctive dental care
- home health services
- hospice care
- transplants and psychoanalysis
- psychotherapy after the initial eight behavioral health outpatient visits

Visit www.humana-military.com for a complete list of services requiring prior authorization and how to submit and receive authorization before rendering care.

Submitting TRICARE Reserve Select 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 in the same manner as TRICARE Standard/Extra beneficiary claims. The claims address for submitting TRICARE Reserve Select paper claims is:

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

TRICARE network providers should submit claims to Humana Military/PGBA the same way they do other TRICARE claims.

Customer Service

Humana Military administers TRICARE Reserve Select in the TRICARE South Region. If you have questions or need additional information about TRICARE Reserve Select, you may contact Humana Military at 1-800-444-5445 or visit www.humana-military.com.

For more information on coverage offered by TRICARE Reserve Select, please visit www.tricare.mil/reserve/reserveselect. ■

OPPS Implementation Date Change

TRICARE Management Activity (TMA) has postponed the June 1 implementation of the TRICARE Outpatient Prospective Payment System (OPPS). TMA anticipates OPPS implementation during the fall of 2007; however, no date has been confirmed at this time. ■



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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 Site
www.tricare.mil

Update DEERS
1-800-538-9552
www.tricare.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.



Healthy People 2010

Are you utilizing Healthy People 2010, the federal government's initiative to help Americans live healthier, longer lives, to motivate your patients to become better educated about their health?

Through this program, the Office of Disease Prevention and Health Promotion, the U.S. Department of Health and Human Services and other federal, state and professional organizations plan to improve the health of all Americans by 2010.

What are the goals?

1. To increase the quality and length of the lives of all Americans
2. To eliminate health disparities among all people despite demographics

What are the ten Leading Health Indicators?

1. Physical activity
2. Overweight and obesity
3. Tobacco use
4. Substance abuse
5. Responsible sexual behavior
6. Behavioral health
7. Injury and violence
8. Environmental quality
9. Immunization
10. Access to health care

How can you help?

- Use national health observances like: "the Great American Smokeout," "Healthy Weight Week" or "National Mental Health Awareness Month" as teaching opportunities.

- Discuss ways to decrease the risk of developing lung disease, diabetes and hypertension or the warning signs of depression and anxiety with your patients.
- Encourage them to begin with small steps that can lead to big gains such as using the stairs rather than elevators, eating smaller portions and choosing foods that are lower in saturated fat. Doing so may help to lower blood pressure and cholesterol and ultimately your patients' risk of developing heart disease and some types of cancer, which are two of the leading causes of death in America.

For more information about Healthy People 2010, please visit www.healthypeople.gov. ■