

New Patient Safety Goals Added for 2007

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is including three new goals along with updates to its previous standards in its 2007 National Patient Safety Goals.

The new goals—Goals 15, 15A and 15B—highlight the need for providers and organizations to perform a focused risk assessment to identify safety risks in their patient populations. After receiving input from practitioners, provider organizations and other interested parties, JCAHO created the patient safety goals to help providers identify any problematic areas in their patient care.

The top priority of Goal 15 is for organizations and providers to identify areas of high risk to patients based on previous experience with unexpected events. The goal further states in its subsections:

Goal 15A—Health care organizations identify patients at risk for suicide. This applies to behavioral health care providers and hospitals (applicable to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals).

Goal 15B—Health care organizations identify risks associated with long-term oxygen therapy, such as home fires. This goal applies to home care providers.

The rationale behind Goal 15A is that suicide ranks as the 11th most frequent cause of death in the United States, and the third most frequent in young people, according to JCAHO. Suicide of patients while in 24-hour staffed settings has been the most frequently reported type of unexpected, or “sentinel,” occurrence since 1996, as stated by JCAHO.

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Speed Up Referral Process and Cut Down Workload

With just a couple of clicks on Humana Military’s Web site, you can speed your patients’ referrals to specialists and cut down your—and your office staff’s—workload.

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 of the reasons more than 50 percent of providers use the online referral system is its efficiency—it automatically populates much of the needed referral information.

Because of this, the majority of your online referrals and authorizations are approved on the spot and completed while your patient is still in the office.

You can access the online referral and authorization section at www.humana-military.com; click on “Online Provider Services” and then click on the “Online Referrals and Authorizations” link. 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 status of claims submitted for your Provider ID can be checked at any time, 24 hours a day. Claim

summary information for all requested claim types is returned on one report. You can specify a single TRICARE sponsor, claim type, or the time period and the order in which the claims will be returned.

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. ■



Home Infusion Claims Made Easier

A recent change in TRICARE policy now allows you to more accurately file claims for the home infusion medications you prescribe to your patients.

The new procedure requires you to include the National Drug Code (NDC) number in addition to the J-code when filing claims for home infusion medications. The J-code, from the Level II Healthcare Common Procedure Coding System (HCPCS), specifies the name and the dose of the prescribed injectable drug.

The new policy went into effect July 1, 2006, but is retroactive for claims filed since April 1, 2005, which allows you to re-file claims from that date on and may result in a larger payment.

“Providers will now put the J-code on the form and, in the same block, they would have put the NDC number. That’s the new part,” said Miller Brown, a systems engineer in Humana Military’s Claims Oversight Department.

“Because there are a lot of different manufacturers, and they have their own prices, with the NDC number it tells specifically what drug is being prescribed and the units associated with that number,” Brown said.

Home infusion medications include: antibiotics for post-op infections or osteomyelitis, etc.; Cerezyme for Gaucher Disease; Flolan for patients awaiting lung transplants; and Factor VIII for hemophilia.

If you’re one of the many providers enjoying the benefits of electronic claims filing, the following instructions give you the loops or segments where you should send J-codes and NDC numbers in the HIPAA-standard ASC X12 837 electronic claims format:

- 2400/SV101 = J code
- 2400/SV103 = “UN” (unit) for Package, or “F2” (International unit) for Unit
- 2410/LIN03 = NDC# (11 digits with no dashes or spaces)

Some things to remember when filing claims for home infusion medications:

- Make sure the NDC number is listed above the J-Code on the CMS-1500.
- Enter the NDC number without using spaces or dashes.
- Some NDC numbers have a package or unit price, so make sure to put a “P” or a “U” after the NDC number, if necessary.

“The most confusing thing for providers is in the ‘units’ box on the CMS-1500. They will now put the units that refer to the NDC number instead of the units that refer to the J-code,” Brown said.

To ensure your claims are paid promptly, make sure to include the NDC number if the place of service is “home,” or the claim will be denied. If your claim is denied for this reason, it can be resubmitted, but payment will be delayed. ■

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Almost half of unexpected events leading to Goal 15B were fires in patients’ homes reported by home care programs. JCAHO reviewed 11 such events since 1997 where patients using home oxygen were either killed or injured due to a fire in their home. The expectation for this goal includes a “home safety risk assessment” to identify the presence or absence and working order of home smoke detectors, fire extinguishers and fires safety plans.

Additionally, all medical equipment should be examined and providers should educate the patient and their families about the possibility of fires and how to prevent them.

Another change added to the 2007 Patient Safety Goals is a change to Goal 8B. Now, along with providing a complete list of a patient’s medications to their next provider, the same list will also be provided to the patient upon their discharge.

All of these nationally recognized goals are derived from recommendations in the organization’s newsletter, “Sentinel Event Alert,” and contain relevant information regarding safety for patients and providers.

For more information and a complete list of the 2007 National Patient Safety Goals. Please visit www.jointcommission.org/PatientSafety. ■

April is Alcohol Awareness Month

One third of Americans risk mental, physical and social problems by drinking excessively each year. What's more, there are nearly 75,000 alcohol-related deaths each year.

As you know, the long-term effects of alcohol abuse include a variety of health conditions like heart and liver disease, cancer and inflammation of the pancreas.

As a health care provider, you can help patients identify, prevent and obtain treatment for symptoms of alcohol abuse and dependence.

The opportunity to talk with your patients about the negative effects of alcohol can be a turning point in their lives. Getting advice from their doctor, whom they trust and respect, can have a more profound impact than earlier attempts at intervention from a family member or friend.

For more information and resources on helping your patients deal with alcohol abuse, please visit www.niaaa.nih.gov or www.samhsa.gov. ■

Guidelines for Timely Filing of Claims

New claims must be submitted for payment no later than one year from the date of service or hospital discharge.

Example:

Date of Service or Discharge	Date Contractor Must Receive By
June 6, 2006	June 6, 2007
December 26, 2006	December 26, 2007

To ensure that your claim is filed within the proper time limits, any written request for benefits may be submitted initially. However, a TRICARE-approved claim form is preferable for processing benefits.

If a non-standard claim is received, the contractor will notify you if additional information is required. If so, claimants must re-submit their claim on a CMS 1500 or UB-92 or DD 2642 form, along with any supporting documents, within one year from the date of service or 90 days from when they received contractor notification, whichever is later.

Exceptions to these rules may be granted in these instances:

- Retroactive determinations once determined eligible
- Administrative errors on the part of a TRICARE Management Activity employee or contractor
- Beneficiary's mental or communication deficiencies
- Change in provider status from non-participating to participating
- Double or other health insurance
- Medicare eligibility

There is no time limit for filing written requests for exceptions. Once the proper claim has been submitted and an exception has been given, the contractor may only consider services or supplies received during the six years that preceded the request.

How are adjustments handled?

The process for handling adjustments differs depending on whether the funds being recouped are financially underwritten or not. The Federal Claims Collection Act is the governing body over non-financially underwritten fund recoupments. Under this act, TMA must rectify erroneous payments and make claims adjustments when government funds are involved.

Adjustment requests must be received no later than 90 days from the date the explanation of benefits (EOB) is issued. An example of this is when the claimant provides additional information about a service or supply that has already been processed, whether paid or not.

If the claimant questions the accuracy of the claim's processing, adjustment requests must be filed within nine months of receipt of the EOB. Reasons for other adjustments include voluntarily returned or refunded payment for these reasons:

- Unwanted payment
- Payment amount in question
- Overpayment
- Incorrect payee

For more information call Humana Military at 1-800-444-5445 or visit www.humana-military.com. ■

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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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Do You Have Your NPI?

The Department of Health and Human Services (HHS) adopted the Final Rule for the Health Insurance Portability and Accountability Act (HIPAA) National Provider Identifier (NPI) as the standard unique identifier for health care providers. The NPI is a 10-digit number that will replace all other provider identifiers currently used in HIPAA standard electronic transactions. The rule became effective May 23, 2005 and affects both individual providers (e.g., physicians, nurse practitioners and pharmacists) and organizational providers (e.g., hospitals and pharmacies) who conduct HIPAA standard electronic transactions.

The compliance date for all TRICARE providers is May 23, 2007. The NPI's goal is to simplify health care administration by enabling more efficient electronic transmission of information related to health care claims, referrals, health plan enrollment, eligibility and other administrative health care transactions.

Any individual providers and provider organizations who have not yet obtained and submitted their NPIs to Humana Military should do so immediately to ensure a smooth transition to use of the NPI.

Individual providers can register their NPIs (Type 1) with us now through Humana Military's Online Provider Services. Just click on "View and Update Individual Provider Information." Humana Military is developing additional functionality that will allow providers to register their organizational NPIs (Type 2). We expect this enhancement to be available early in 2007. Check our Web site for future updates. You need to be sure that all of your NPIs have been registered with us before May 2007.

If you have not already done so, providers can obtain their NPI from the NPI Enumerator by applying through a Web-based application or by submitting a paper application that can be found at <https://nppes.cms.hhs.gov>. You can also obtain a paper copy of the application by calling the NPI Enumerator at 1-800-465-3203 (TTY 1-800-692-2326).

For the latest NPI information from HHS, please visit www.cms.hhs.gov/NationalProvIdentStand/. You can also visit www.tricare.mil/hipaa/identifiers.html for TRICARE-specific NPI information. ■