

New Severity-Based DRG System To Improve Coding and Patient Diagnoses

In August 2007, the Centers for Medicare and Medicaid Services (CMS) finalized a proposal that significantly changed the way inpatient claims are paid. According to the CMS, this policy change was implemented to ensure more accurate payment for inpatient services and to better reflect the severity of a patient's condition. By adopting the new severity-based Diagnosis Related Group (DRG) system, the CMS hopes to encourage hospitals to improve their coding and documentation of patient diagnoses.

The new severity-based DRG system, known as the Medicare Severity DRG (MS-DRG), is effective for discharges occurring after Oct. 1, 2007. There are now 745 MS-DRGs replacing the previously used 538 DRGs, and the list of complications and comorbidities has been updated. The base MS-DRGs are consolidated and divided into three severity levels: major complication/comorbidity, complication/comorbidity and non-complication/comorbidity.

Effective Oct. 1, 2008, the TRICARE DRG-based payment system will be modeled upon the MS-DRG payment system. The TRICARE DRG-based payment system will adopt the DRG numbering used in the MS-DRG system. The TRICARE-specific DRGs used for neonates and alcohol/drug abuse will be retained, as well as the age-specific (ages 0–17) DRGs, but the DRG numbers have been reassigned. The crosswalk for DRG numbering can be found at www.tricare.mil/drgrates.

For more information, visit the CMS Web site at www.cms.hhs.gov/acuteinpatientpps. If you would like to purchase the TRICARE Grouper, contact 3M at 1-800-435-7776. ■



www.humana-military.com Gets a Facelift!

The re-designed Humana Military Healthcare Services, Inc. (Humana Military) Web site makes finding information easier than ever. Whether you want to learn about provider initiatives or get information about claims or behavioral health, you can do it all at www.humana-military.com.

The content on the main provider page is now divided into four sections:

- **Provider Initiatives**—Access information on network provider transparency, referrals and authorizations, benefit updates, National Provider Identifier, Healthy People 2010 and the Autism Demonstration Project.

- **Claims**—Review electronic filing options, claims status checks, reimbursements and more. There is also contact information for PGBA, LLC (claims processor for TRICARE's South Region) and information on third-party and other health insurance claims.
- **Health and Wellness**—View messages from Dr. John E. Crum, M.D., Humana Military's Chief Medical Officer, along with information on clinical preventive services, disease management and behavioral health resources.
- **Tools and Resources**—Access TRICARE forms, charts and handbooks; register for provider seminars; or find information on how to become a TRICARE provider.

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Claims Tips for Providers

Claims processing for health care services must be managed promptly and accurately to ensure “clean claim” processing and timely reimbursement. To guarantee the accuracy of claims submissions and to ensure that the services are billed correctly, stringent guidelines have been placed on providers.

The following tips and reminders will assist you with filing TRICARE claims properly:

- **File electronically.** Network providers filing TRICARE South claims are required to submit electronic media claims (EMCs). If you don’t currently file electronically, check with your clearinghouse to determine whether it is possible or contact the PGBA (Humana Military’s claim processor) EMC Help Desk for assistance.
- **Understand TRICARE pricing.** TRICARE maximum-allowable charges and other pricing for services are located at www.tricare.mil. There you will find estimated reimbursements by code or service.
- **Verify patient eligibility every time a TRICARE beneficiary visits your office.** He or she may have had a change in coverage or added other health insurance. This may help to prevent denials or resubmissions.
- **Complete the claim fully.** Include National Provider Identifier numbers where required.
- **Include supporting documentation, if necessary.** Documentation can be submitted by fax in support of an electronic claim. Visit www.myTRICARE.com for PGBA’s fax numbers.
- **Submit claims on time, but only once.** Submitting the same claim twice will cause the “duplicate” submission to be rejected and will result in additional work and multiple responses to the provider for the same claim.
- **Allow at least 10–14 days before inquiring about a claim.** Claim inquiries can be made online at www.myTRICARE.com. You can also call PGBA’s interactive voice response line and inquire about up to 10 claims per call.
- **A resubmitted claim must be labeled a “corrected claim.”** If you need to resubmit a claim due to missing information, incomplete data or necessary additional coding, label it a “corrected claim.” Corrected claims can also be submitted electronically.
- **Say “yes” to electronic remittance advices (ERAs).** ERAs can be stored and retrieved easily. Additional copies can also be requested at www.myTRICARE.com.
- **Go with electronic funds transfers (EFTs).** Using EFTs for reimbursement ensures the claims payments are made to your provider account electronically. There’s no need to wait for paper checks, which can be misdirected or get lost in the mail.

Humana Military is committed to making your claims processing even easier and will continue to bring you helpful hints in future newsletters. We hope this information helps to reduce claims resubmissions and answers any questions you may have. ■

www.humana-military.com Gets a Facelift!

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Humana Military’s secure provider Web portal, “Online Provider Services,” is now called “MyHMHS for Providers.” It contains the same secure features that you are used to seeing.

Once you’ve registered,* simply enter your username and password to access the following capabilities:

- **Patient Eligibility Verification**
- **Referrals and Authorizations**
 - Check the status of a referral or enter a new one
 - Enter a hospital admission notification
 - Check your staff’s hospital admissions and services
 - Look up diagnosis codes by key word; find out how a particular ICD-9 code is classified by TRICARE
- **Claims**
 - Run status reports using your tax identification number
 - Submit electronic claims
- **Office Administration**
 - Conduct National Provider Identifier registration/maintenance
 - Update contact preferences
 - View and update individual provider information
 - Review quality and affordability data (transparency)

Additionally, you can view prescription data by patient, and primary care managers can access features like “My TRICARE Patient List.”

Visit www.humana-military.com today and check out our improved Web site. ■

* You do not need to reregister for “MyHMHS for Providers” if you were already registered for “Online Provider Services.”

Helping Patients Stay Healthy Through Flu Season

According to the Centers for Disease Control and Prevention (CDC), the flu affects 5–20 percent of the U.S. population each year. Symptoms can include fever, muscle aches, nausea and vomiting, and complications can include bacterial pneumonia and ear and sinus infections. With flu season just around the corner, now is the time to vaccinate your patients.

TRICARE covers flu vaccines based on the CDC's current flu season guidelines. According to the CDC, all persons, including school-aged children, who want to reduce the risk of becoming ill with the flu or transmitting it to others should be vaccinated.

The CDC strongly recommends that people at high risk for complications from the flu be vaccinated each year, including:

- Children ages 6 months through 18 years, with continued focus on those at high risk for flu complications (ages 6 months through 4 years)
- Adults age 50 years and older
- Women who are pregnant during the flu season
- Health care workers involved in direct patient care
- Household contacts and caregivers of children younger than 5 years and adults age 50 years and older, with particular emphasis on vaccinating contacts of children younger than 6 months
- Household contacts of persons at high risk for severe complications from the flu
- People living in nursing homes and other long-term care facilities
- Adults and children who have chronic pulmonary, cardiovascular (except hypertension), metabolic and renal disorders
- Adults and children who have weakened immune systems, including those caused by medication or HIV
- Adults and children who have any condition (e.g., cognitive dysfunction, spinal cord injuries) that can compromise respiratory function, or handling of respiratory secretions, or that can increase the risk for aspiration
- Children and adolescents ages 6 months through 18 years who receive long-term aspirin therapy and experience Reye syndrome after influenza virus infection

The flu shot is approved for people age 6 months and older, and FluMist®, the nasal-spray flu vaccine, is an option for beneficiaries ages 2 through 49 years who are healthy and not pregnant.

The CDC recommends you begin to offer flu vaccinations as soon as the vaccine is available. October or November is the best time for patients to get vaccinated, but vaccinations can still be effective even if they are given in December or later because flu season usually peaks in January or February and can last as late as May.

For more information on flu season guidelines, visit the CDC Web site at www.cdc.gov/flu. ■

Survey Results Show Beneficiaries Are Pleased

The TRICARE Management Activity (TMA) recently published the results of the quarterly beneficiary surveys administered from October to December 2007. These surveys were designed to determine beneficiary satisfaction with purchased care received from Oct. 1, 2006, through Sept. 30, 2007.

The results are very encouraging. First, satisfaction increased in seven of 10 Health Plan and Health Care scores. Second, four metrics—health plan, getting care quickly, customer service, and claims processing—had their highest scores in nine quarters. Additionally, one metric—satisfaction with health plan—had a significantly high score.

While we are very proud of the many network providers who helped improve these beneficiary ratings, one metric—getting needed care—was still significantly below the National Consumer Assessment of Healthcare Providers and Systems benchmark. Scores for this metric were a composite of responses to questions related to getting care from specialists, finding a personal doctor, delays awaiting approval, and getting care you think you need.

We at Humana Military Healthcare Services, Inc. are committed to working with network providers to improve beneficiary satisfaction and will continue to monitor survey results in collaboration with the TRICARE Regional Office and TMA. ■

TRICARE Provider News

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Claims
1-800-403-3950
www.myTRICARE.com

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

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



A Closer Look at Balance Billing

It is important to remember that TRICARE prohibits the practice of balance billing. Non-compliance with this requirement can impact your TRICARE and/or Medicare status.

Balance billing is when a provider bills a TRICARE beneficiary for more than his or her payment responsibility after TRICARE has processed the claim. Both network and participating non-network providers are prohibited by law from balance billing TRICARE beneficiaries.

If you are a network provider, you've signed a contract to be paid at TRICARE's contractual rate. Non-network participating providers who accept assignment agree to submit the claim on behalf of the beneficiary and accept the TRICARE-allowable charge as payment in full. Non-network providers who do not accept assignment are limited by federal balance billing laws in how much they can bill TRICARE beneficiaries.

When other health insurance (OHI) is primary, TRICARE will pay the beneficiary liability up to the amount TRICARE would have paid if the beneficiary did not have OHI.

If a provider participates with the primary OHI, all OHI rules and requirements must be followed or TRICARE will not pay the claim.

Failure to comply with the balance billing laws is a violation of federal law and is considered fraudulent under the federal laws governing TRICARE.

For more information about balance billing, visit www.tricare.mil or call Humana Military Healthcare Services, Inc. at 1-800-444-5445. ■

