

You and Your NPI—Electronically Speaking

With the National Provider Identifier (NPI) compliance date nearly two years behind us, we at Humana Military Healthcare Services, Inc. (Humana Military) hope that your experience has been positive and that incorporating your NPI into claims has made the submission process more efficient.

As you know, using your NPI is mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) for providers who conduct standard electronic transactions. Following the compliance date, TRICARE invoked a 12-month contingency period that allowed you to submit claims using a legacy provider identifier, NPI or both. However, that time has also passed.

Therefore, if you have not taken steps to comply with the HIPAA NPI rule, there is no better time to do so than now. Failure to comply with this regulation will result in TRICARE denying your claim.

If you are not already using an NPI, you must:

- Apply online for an NPI from the National Plan and Provider Enumeration System (NPPES) or obtain a copy of the paper application. For more information, visit <https://nppes.cms.hhs.gov/NPPES>.
- Share your NPI(s) (both individual and corporate) with your payers, your area's inpatient/outpatient facilities, and pharmacies and physicians with whom you interact regularly.

- Use your NPI(s) in all standard electronic transactions, especially if you are a TRICARE network provider required to file your claims electronically.

For registration instructions and answers to frequently asked NPI questions, log on to the Humana Military Web site at www.humana-military.com. To ensure that you use your NPI(s) correctly in all standard electronic transactions, your staff members and your practice management system and/or clearinghouse must work together and understand what is required to process your claims.

When you are submitting claims using NPI(s), remember that both the billing and rendering providers' NPIs are required, when applicable. You are also encouraged to share your NPI with providers to whom you make and receive referrals. If you are filing a claim for a patient who has been referred to you for care, the NPI of the referring physician must also be included on your transactions.

PGBA, LLC (PGBA) is Humana Military's claims processing partner. If you need help filing your claims electronically, refer to PGBA's XPressClaim™ service. This service is HIPAA-compliant and free, and payment results are returned instantly. To begin using XPressClaim for your electronic transactions, log on to PGBA's Web site at www.myTRICARE.com today or call PGBA at 1-800-325-5920 and select menu option 2. ■

TRICARE OPSS Implementation Update

The TRICARE outpatient prospective payment system (OPSS) is scheduled to be implemented on May 1, 2009. TRICARE will begin using OPSS to pay claims filed for hospital outpatient services. TRICARE OPSS is mandatory for both network and non-network providers.

TRICARE OPSS applies to all hospitals participating in the Medicare program, with some exceptions (e.g., critical access hospitals, cancer hospitals and children's hospitals).

TRICARE OPSS also applies to hospital-based partial hospitalization programs (PHPs) subject to TRICARE's prior authorization requirements, and hospitals or distinct parts thereof that are excluded from the inpatient Diagnosis Related Group (DRG) system, to the extent the hospital (or distinct part thereof) furnishes outpatient services.

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Healthy People 2010: Entering the Final Stretch

As the final year of the Healthy People 2010 initiative quickly approaches, there is still time for you to motivate your patients to make changes now that can positively impact their futures.

Through Healthy People 2010, the Office of Disease Prevention and Health Promotion, the U.S. Department of Health and Human Services (HHS) and other federal, state and professional organizations strive to improve the health of all Americans by 2010 by:

- Increasing the quality and length of the lives of all Americans

- Eliminating health disparities among different segments of the population

These goals aim to improve military readiness, create a healthier population, lower health care costs and increase patient satisfaction—all of which will help TRICARE remain a U.S. health care leader.

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TRICARE OPPS Implementation Update

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TRICARE will adopt Medicare’s PHP reimbursement methodology for hospital-based PHPs, i.e., two separate Ambulatory Payment Classification (APC) payment rates: one for days with three services (APC 0172) and one for days with four or more services (APC 0173).

TRICARE also will allow physicians, clinical psychologists, clinical nurse specialists, nurse practitioners and physician assistants to bill separately for their professional services delivered in a PHP. The only professional services that will be included in the per diem are those furnished by clinical social workers, occupational therapists, and alcohol and addiction counselors.

Temporary Transitional Payment Adjustments (TTPAs) will be in place for all hospitals, both network and non-network, in order to buffer the initial decline in payments upon implementation of TRICARE OPPS. For network hospitals, the TTPAs will cover a four-year period. The four-year transition will set higher payment percentages for the

10 APC codes for emergency room (ER) and hospital clinic visits (APC codes 604–609 and 613–616), with reductions in each transition year. For non-network hospitals, the TTPAs will cover a three-year period, with reductions in each transition year. The table shows the TTPA percentages for APC codes 604–609 and 613–616 during the four-year network hospital and three-year non-network hospital transition periods.

OPPS implementation in rural areas for small hospitals with less than 100 beds and sole community hospitals is currently scheduled to be delayed until January 1, 2010, when the Medicare transitional corridor payments for these hospitals expire.

For more information on TRICARE OPPS implementation, refer to Chapter 13 of the *TRICARE Reimbursement Manual*, available at <http://manuals.tricare.osd.mil>, or visit www.tricare.mil/opps. ■

| Transition Period | Network Hospital ¹ | | Non-network Hospital ² | |
|-------------------|-------------------------------|-----------------|-----------------------------------|-----------------|
| | ER | Hospital Clinic | ER | Hospital Clinic |
| Year 1 | 200% | 175% | 140% | 140% |
| Year 2 | 175% | 150% | 125% | 125% |
| Year 3 | 150% | 130% | 110% | 110% |
| Year 4 | 130% | 115% | 100% | 100% |
| Year 5 | 100% | 100% | 100% | 100% |

1. The transition period for network hospitals is four years. In year 5, TRICARE’s payment level will be the same as Medicare’s (i.e., 100%).

2. The transition period for non-network hospitals is three years. In year 4, TRICARE’s payment level will be the same as Medicare’s (i.e., 100%).

Referrals and Prior Authorizations

For correct TRICARE beneficiary care coordination and appropriate claims payment, it is important to understand the difference between a referral and prior authorization and the requirements and processes for each.

When Is a Referral Needed?

When a beneficiary requires medical or surgical services that are beyond your scope of practice, you must request a referral from Humana Military Healthcare Services, Inc. (Humana Military). A TRICARE Prime beneficiary must first seek care from his or her primary care manager (PCM) or the military treatment facility (MTF). Humana Military will approve a referral for specialized medical services from a civilian professional or ancillary provider **only** if the services are not available from the PCM or MTF. The MTF is always the primary source of care and has the “right of first refusal.”

Exceptions to the referral requirement for TRICARE Prime beneficiaries are emergency care, preventive care services from network providers, the initial eight outpatient behavioral health care visits per fiscal year* or when using the point of service (POS) option. **Note:** Referrals and authorizations for care are not required for active duty family members enrolled in an overseas TRICARE Prime option, including TRICARE Global Remote Overseas, when they are traveling in the United States, and POS fees do not apply. The exception is for nonemergency inpatient behavioral health care; authorization is required and POS fees will apply if it is not obtained.

When Is Prior Authorization Needed?

Prior authorization is issued for requested services, procedures or admissions that require medical necessity review before services are rendered. Prior authorization must be obtained before services are rendered.

Prior authorization may be required for various services and care, including adjunctive dental care, hospice and psychiatric services.

To determine if prior authorization is needed for your patient, refer to Humana Military’s prior authorization list, available at www.humana-military.com. **Note:** Active duty service members require prior authorization for all inpatient and outpatient services from civilian providers, except in an emergency.

How Do I Request Referrals and Prior Authorizations?

Referrals and prior authorizations may be requested in one of two ways:

- For the quickest response, submit requests online via Humana Military’s secure provider portal, “MyHMHS for Providers,” at www.humana-military.com.
- Fax a completed *Patient Referral Authorization Form* to 1-877-548-1547.

Note: For urgent referral requests, call 1-800-444-5445. For behavioral health care referrals and prior authorizations, contact ValueOptions, Inc. at 1-800-700-8646.

Referral authorization will be based on whether or not the referral is for a TRICARE-covered service. Once the requested services have been authorized, Humana Military will notify you, the referred provider and the beneficiary of the number of approved visits and the time frame in which the visits must be completed. If the beneficiary requires additional services beyond the scope of the referral, they must be approved through you.

Humana Military will also send autofax confirmations to providers once referrals and prior authorizations are approved. **Note:** Prior authorizations are based on medical necessity and are not a guarantee of payment. Provider payment penalties may be applied if you fail to obtain prior authorization or the services provided exceed the scope of an approved referral/authorization.

To learn more about referrals and authorizations in the TRICARE South Region, refer to your *TRICARE Provider Handbook* or visit www.humana-military.com. The Web site will provide the latest updates. ■

* There are certain providers, however, for which physician supervision and a referral are **always** required; these include licensed professional counselors, licensed mental health counselors and pastoral counselors.



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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



Healthy People 2010: Entering the Final Stretch

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To help you better understand the importance of Healthy People 2010, these 10 leading health indicators were created to reflect the nation's current major health concerns:

- Access to health care
- Behavioral health
- Environmental quality
- Immunization
- Injury and violence
- Overweight and obesity
- Physical activity
- Responsible sexual behavior
- Substance abuse
- Tobacco use

Here's how you can get involved:

- Use national health observances, such as Alcohol Awareness Month (April), Healthy Lung Month (October) and American Diabetes Month[®] (November), as teaching opportunities to educate your patients about the risks of binge drinking, using tobacco and not exercising.
- Talk to your patients about the importance of practicing safe sex to lower their risk of contracting or spreading sexually transmitted diseases.

- Discuss with your patients the warning signs of depression and anxiety and positive ways to manage stress.
- Encourage your patients to begin with small steps that can lead to big gains. Walking the dog around the neighborhood may not only help to reduce stress, but may also lower their risk for overweight and obesity, heart disease and certain forms of cancer.

What's Next ... Healthy People 2020

HHS updates Healthy People every 10 years to educate the public on topics related to health and wellness, disease prevention, healthy lifestyle initiatives and effective management of health care needs. Healthy People 2020 will focus more on health promotion and disease prevention. It will be released in two phases—the framework will be released in early 2009, followed by the objectives in early 2010.

For more information on how you can make a difference in making the nation healthier, visit www.healthypeople.gov. ■