

Eight Self-Referred Behavioral Health Care Visits Renew with Fiscal Year

The first day of the new TRICARE fiscal year, Oct. 1, renews the behavioral health care outpatient visit count for all TRICARE beneficiaries except active duty service members. The first eight outpatient behavioral health care visits to network providers* per fiscal year do not require prior authorization or a referral from the beneficiary's primary care manager or Humana Military Healthcare Services, Inc. (Humana Military). Prior authorization from Humana Military's behavioral health care partner, ValueOptions, is required for the ninth and subsequent visits for all beneficiaries. A physician referral is not required for these visits, but authorization is required to establish medical necessity.

There are certain providers, however, for which a **physician referral** and supervision are **always** required, even for the first eight visits. These providers include licensed professional counselors, licensed mental health counselors and pastoral counselors.

Remember, active duty service members **always** need a referral from their primary care manager (or service point of contact if enrolled in TRICARE Prime Remote) and authorization from ValueOptions before obtaining civilian behavioral health care.

For more information on behavioral health care and prior authorization requirements, visit Humana Military's Web site at www.humana-military.com. ■

* If a beneficiary chooses to self-refer to a non-network provider, point of service fees will apply.

Suicide Awareness

Suicide is one of the most devastating outcomes of a mental health disorder and has become an ever-increasing focus for the military population. Physicians and other providers should recognize that patients may be suffering from depression and/or experiencing suicidal thoughts. It is therefore important for providers to have tools to properly conduct a thorough assessment for suicidal risk.

There is no screening tool that can, by itself, identify suicidal risk in a consistent manner, but tools can be used as an adjunct to an overall assessment. Determination of risk is dependent on a thorough clinical evaluation and the use of assessment tools, taking into account historical and biopsychosocial factors involved.

In today's health care environment, it may be a challenge to evaluate all of the predictive and associated risk factors for suicide, but it is an essential component of ensuring a patient's overall health and safety. It is especially important to evaluate any modifiable risk factors and what actions can be taken to address these factors to reduce the risk of suicide.

Some overall risk factors include:

- Anniversary of an important loss
- Demographic factors (e.g., being male and over 65 years of age)
- Chronic pain
- Co-existing alcohol or substance use
- Co-existing medical illness
- Depression
- Divorce
- Family history of suicide
- Hopelessness and helplessness
- Lack of structured religion
- Living alone
- Prior suicide attempts
- Severe anxiety or agitation
- Suicidal thoughts (either self-expressed or alleged by others)
- Unemployment

Humana Military Healthcare Services, Inc. (Humana Military) and its behavioral health care partner, ValueOptions, strongly encourage all providers to think about suicide and include an assessment as a component of your TRICARE patient evaluations and ongoing treatment. A relatively thorough *Suicide Risk Assessment Form* is available on Humana Military's Web site at www.humana-military.com/library/pdf/suicide_risk_assessment_form.pdf. Use of this tool in an overall assessment can hopefully assist in identifying at-risk patients and getting them the treatment they need, ultimately leading to a decrease in suicides. ■



New “Present On Admission” Indicator Requirement for Hospital Claims

Inpatient acute care hospitals that are paid under the TRICARE diagnosis-related group (DRG) payment system are now required to report a “present on admission” (POA) indicator for every diagnosis on inpatient acute care hospital claims. This policy change is effective for admissions on or after Oct. 1, 2009.

POA is defined as “present at the time the order for inpatient admission occurs.” Including POA indicators on claims will allow conditions that were acquired while a patient was in the hospital—and that could have been reasonably prevented—to be tracked. As a result of this policy change, TRICARE reimbursement will be made using the POA indicator in conjunction with the diagnosis code to determine payment amount.

Providers will report POA indicators to TRICARE the same way they are reported to the Centers for Medicare & Medicaid Services, and in accordance with the *UB-04 Data Specifications Manual* and *ICD-9-CM Official Guidelines for Coding and Reporting*. The five POA indicator reporting options are:

- Y = The condition was present on admission.
- W = The provider has determined, based on data and clinical judgment, that it is not possible to document when the onset of the condition occurred.
- N = The condition was not present on admission.
- U = Documentation is insufficient to determine if the condition was present at the time of admission.
- 1 = The hospital is exempt from POA reporting.

The following hospitals are exempt from the TRICARE POA indicator requirement:

- Critical access hospitals
- Long-term care hospitals
- Maryland waiver hospitals
- Cancer hospitals
- Children’s inpatient hospitals
- Inpatient rehabilitation hospitals
- Psychiatric hospitals
- Sole community hospitals
- Veterans Health Administration hospitals

Effective Oct. 1, 2009, TRICARE will deny any claim from a non-exempt hospital that does not report a valid POA indicator for each diagnosis on the claim. The DRG payment is considered payment in full, and the hospital cannot bill a beneficiary for any charges related to a hospital-acquired condition. TRICARE grouper software will be modified to ensure that hospital-acquired condition logic is not applied to claims from exempt hospitals.

Hospital-acquired conditions and their respective diagnosis codes will be posted at www.tricare.mil/drgrates around September 2009.

For more information on the POA indicator requirement, refer to the *TRICARE Reimbursement Manual* (Chapter 6, Section 8). ■

Enhanced Eligibility Feature at “MyHMHS for Providers”

What’s new at www.humana-military.com? The “Verify Patient Eligibility” feature at “MyHMHS for Providers”—the secure section of the provider portal—includes a host of new options. You can now:

- Input up to five eligibility checks at a time
- View beneficiary/sponsor detail, including:
 - Rank/grade
 - Other health insurance
 - Eligibility history
 - Cost—share, copayment and catastrophic cap information for an individual beneficiary and family
 - Referral/authorization history for an individual beneficiary
- Access a map of TRICARE regions and corresponding contact information
- View TRICARE program benefit information
- Look up codes to determine if a referral is needed
- Build a new referral request
- Add to an existing referral (if you are the provider assigned)

Humana Military Healthcare Services, Inc. (Humana Military) conducted outreach to providers in the TRICARE South Region earlier this year to gather insight on how to make the eligibility feature more useful. As a result of valuable provider feedback, the feature is now more robust and complete for your office needs.

On an ongoing basis, Humana Military will be reaching out to our preferred provider community for feedback on other ways to improve our online tools, so you can retrieve needed information in a timely manner through easy-to-use functions. Our goal is to ensure you have everything you need at your fingertips for all transactions with Humana Military.

Visit www.humana-military.com today! ■

TRICARE Today ...

Humana Military Healthcare Services, Inc. (Humana Military) is responsible for administering the TRICARE program for TRICARE South Region beneficiaries.

The TRICARE South Region is very active for the U.S. military and includes many types of TRICARE beneficiaries. The TRICARE patients you treat may include active duty service members of the uniformed services (e.g., U.S. Army, U.S. Navy, U.S. Air Force) and their families, retired service members and their families, and a large contingency of civilian-based military service personnel (e.g., recruiters) and their families. The TRICARE South Region also includes National Guard and Reserve members who have been called to active duty and whose families generally do not reside near a military base or post.

Last, but certainly not least, are the TRICARE South Region's returning wounded warriors. Wounded warriors are our military personnel who have been injured while serving on active duty and have returned to the United States and their home areas for continued health care. Many are coming back from combat areas with injuries that require extensive health care services such as physical therapy, wound care and especially behavioral health care.

Wounded warriors may include service members who are returning from the current conflicts in Iraq and Afghanistan, as well as those injured during a previous war or conflict who are experiencing physical problems from old wounds. Some may be seeking help for symptoms they've been experiencing for a while (e.g., sleepless nights, bad dreams, depression) but are just now recognizing may be related to post-traumatic stress disorder.

As a provider in the TRICARE South Region, you are familiar with the many types of TRICARE beneficiaries and have adapted to meeting their various needs. You have been ready to do whatever Humana Military asks of you in regard to the care and consideration of our TRICARE beneficiary population.

There is a new face to today's TRICARE, and that is our wounded warriors. Thank you for recognizing them and assisting in their needs.

To learn more about TRICARE and wounded warriors, visit www.humana-military.com. If you need assistance treating a wounded warrior (whether the needs are physical, emotional, social or financial), please call the Warrior Navigation and Assistance Program at 1-888-4GO-WNAP (1-888-446-9627). ■



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CONTACTS

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Healthcare Services, Inc.**
www.humana-military.com
1-800-444-5445

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



Serving TRICARE For Life Beneficiaries

TRICARE For Life (TFL) is TRICARE's Medicare-wraparound coverage and is administered by Wisconsin Physicians Service (WPS). TFL coverage is available to TRICARE beneficiaries regardless of age, provided they are entitled to premium-free Medicare Part A and also have Medicare Part B. Because TFL is administered and reimbursed differently than other TRICARE program options, it is important to understand how it works and who to contact with questions.

Verifying Eligibility and Coverage

Before treating a TFL beneficiary, be sure he or she has a valid uniformed services identification card and a Medicare card. You should copy both sides of the cards and retain the copies for your files. There is no separate enrollment card for TFL.

To verify TFL eligibility, call WPS at 1-866-773-0404. You can confirm a patient's Medicare status by calling the Social Security Administration at 1-800-772-1213. Beneficiaries can also check their own status in the Defense Enrollment Eligibility Reporting System (DEERS).

To determine whether Medicare covers a specific service, visit www.medicare.gov or call 1-800-633-4227. For TRICARE coverage details, visit www.tricare.mil or contact WPS at 1-866-773-0404.

Claims

If you submit a claim to Medicare for a TFL beneficiary, you will not need to submit the claim to WPS. Medicare will pay its portion and forward the claim electronically to WPS. You will receive a Provider Remittance Advice from WPS once processing has been completed.

However, if you do not participate in Medicare or if the services you provide are not Medicare benefits, you will need to submit claims directly to WPS. If a beneficiary has other health insurance (OHI) in addition to TFL and Medicare (e.g., employer-sponsored plan), TRICARE will pay claims only after the OHI plan has paid. Medicare will forward claims to the OHI, and then the beneficiary will need to file a paper claim with TRICARE.

For additional information or if you have questions about TFL, contact WPS at 1-866-773-0404 or visit the WPS Web site at www.TRICARE4u.com. ■