

www.pdhealth.mil

The Resource for Deployment Health Information

Where can you find the latest deployment health information? The Department of Defense Deployment Health Clinical Center Web site, www.pdhealth.mil, offers important information and resources for clinicians, service members and their families.

Some of the topics featured on the home page include:

- Deployment cycle support
- Post-deployment health guidelines
- Emerging health concerns
- News and announcements
- Library
- Education and training

To learn more about how you can impact service member deployment health, click on the “Clinician” tab to view “Assessment Tools.” There, you can access topics like post-deployment, patient health and post-traumatic stress disorder (PTSD). Additionally, you will find information on how to screen your patients for conditions such as depression, anxiety, panic and alcohol abuse.

continued on page 2

Clean Claims Mean Faster Payments

Providing world-class health care to TRICARE beneficiaries is an important part of being a TRICARE provider. Staying on top of the business side of your practice is a key component in your ability to care for TRICARE beneficiaries.

One of the easiest ways to keep your business moving is to avoid claim rejections and denials by submitting error-free TRICARE claims. If you are a TRICARE network provider, the first thing to remember about filing claims is that you **must** file your claims electronically. Electronic claims must be filed in the Health Insurance Portability and Accountability Act (HIPAA) compliant X12 ANSI837P (professional) 837I (institutional) formats.

Non-network providers can still use the CMS-1500 or UB-04 paper forms, but they are encouraged to submit claims electronically.

At least 95 percent of “clean claims” are processed within 30 days to help you keep your practice running smoothly. A “clean claim” complies with billing guidelines and requirements, has no defects or impropriety, includes substantiating documentation (where applicable) and does not require special processing.

Some of the ways to make sure your claims are submitted “clean” include:

- Use your National Provider Identifier on the HIPAA 837P or

837I electronic claim format, or the CMS-1500 or UB-04 paper forms.

- Always include your federal tax identification number in the HIPAA 837P or 837I electronic format; or in Box 25 of the CMS-1500 or Box 5 of the UB-04, your address and ZIP code in Box 32 of the CMS-1500 or Box 1 of the UB-04; and your “pay-to” address in Box 33 of the CMS-1500 if submitting by paper.
- If you are billing for care that may involve third-party liability (TPL)—diagnosis codes 800-999—include a *Statement of Personal Injury—Possible Third Party Liability* form, DD Form 2527. This form is completed by the patient and can be submitted in advance or at the time of submitting an electronic claim, or it can be attached to a paper claim.
- **Do not** use generic V codes for lab, radiology or preoperative services as a primary diagnosis.

Also, starting in the fall of 2007, the Outpatient Prospective Payment System (OPPS) reimbursement methodology is mandatory. OPPS will apply to outpatient services provided by covered network and non-network providers. **Note:** The implementation date may be impacted by legislation or other policy changes.

All Humana Military TRICARE provider claims must be submitted to PGBA, LLC for payment within one year of the date the service was provided. ■



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continued from page 1

There is a 36-question survey that can be scored and completed online, which assesses patients' mental and physical state by inquiring about any problems they may have experienced during the last month.

According to Col. Elspeth C. Ritchie, MD, MPH, director, Proponency Office for Behavioral Health U.S. Army Medical Command, most service members will experience a

readjustment period upon returning home. It is not uncommon for them to experience symptoms of PTSD or other mental illness, particularly if they were involved in combat. As a result, some service members will require short- or long-term counseling during their readjustment period.

Early intervention may be the key to preventing PTSD. Therefore, it is imperative for providers to recognize

any behavioral health symptoms initially so active duty service members (ADSMs) can make a successful transition and have a healthy outcome. The ultimate goal is to ensure that **every** deployed and returning ADSM receives the health care he or she needs.

For more information, please visit www.pdhealth.mil. ■

Web Referral/Authorization Made Easier for Providers!

Humana Military is continuously striving to improve its provider services. We take great pride in being able to offer state-of-the-art, Web-based transactions to our TRICARE providers in the South Region.

Over half of all referral/authorization requests made by Humana Military providers are performed on the Web. To better serve its providers, Humana Military developed a comprehensive "Provider Resources" page at www.humana-military.com to make the referral/authorization process easier and more convenient. With new enhancements that enable providers to enter new or check existing referrals/authorizations online, providers can become more efficient than before. As a result, Humana Military expects that the number of online referral/authorization requests received will continue to exceed those requested by telephone or paper.

Auto-approval of referral/authorization requests has expanded greatly over the last few months. This means Humana Military can generate a response for approval, including the requesting provider's referral/authorization number when the confirmation is sent back, in most cases. Auto-approval can even happen before the beneficiary leaves your office. If your request requires no referral, Humana Military will respond with a message confirming that you do not need a referral/authorization.

Humana Military is now allowing network specialists to refer patients to other network specialists. Humana Military knows that primary care managers (PCMs) can become

inundated with the maintenance of ongoing referral requests. Our specialist-to-specialist referral process will prevent delays for our provider offices while ensuring continuity of care for our beneficiaries. We will continue to provide our PCMs with the confirmation notice in order to keep them informed of their beneficiary's activity in the network.

All referral/authorization activity for an assigned beneficiary is available for Humana Military PCMs to view through our secure site. Approved specialty referral/authorizations are maintained in the secure site under their referral/authorization status. An active referral for an episode of care can be pulled for additional visits for the same episode of care, without having to request a new referral. This eliminates reworking to keep the existing referral active.

There's no better way to reference referrals, track existing referrals and ensure the speed and accuracy of your office's transactions. All you have to do is sign up for access and you are on your way. Visit www.humana-military.com today and see for yourself!

Note: At this time, behavioral health providers are not able to use the referral/authorization portion of this online tool. ■

OPPS Updates and Reminders

In the coming months, TRICARE will begin using the Outpatient Prospective Payment System (OPPS) to pay claims filed for hospital outpatient services.

Because the Interim Final Rule for TRICARE OPPS is still pending approval, no date has been set for OPPS implementation.

TRICARE OPPS is not a prepayment system, as its name may suggest, but a payment methodology giving hospitals and providers an understanding of how their claims will be processed before they are submitted. It is an ambulatory patient classification (APC) system for covered hospital-based outpatient services, and it establishes standardized national payment rates for geographic wage differences.

Under OPPS, reimbursable services are assigned an APC, a predetermined number under which there may be one or more CPT/HCPCS codes.

Criteria for grouping procedures and services under the APCs include:

- Similarities in the amounts and types of resources used
- Similarity of the organ system or etiology
- Number of providers offering the services (i.e., the degree of provider concentration associated with the APC's services or individual services that comprise the APC)
- How often (and widely) a particular service is offered

TRICARE OPPS uses the Medicare APCs whenever possible. However, when there is no Medicare designation, a TRICARE-specific APC group and rate are created.

TRICARE-specific APC's begin with the letter "T."

Providers who are subject to TRICARE OPPS include:

- All hospitals participating in the Medicare program, with certain exclusions (listed below)
- Hospital-based partial hospitalization programs subject to TRICARE authorization requirements under 32 CFR 199.6(b)(4)(xii)

The providers excluded from TRICARE OPPS are:

- Outpatient services provided by hospitals of the Indian Health Service
- Certain hospitals in Maryland that qualify for payment under the state's cost containment waiver
- Critical access hospitals (www.tricare.mil/opps)
- Hospitals located outside the United States and Puerto Rico

All hospital outpatient departments are subject to OPPS unless specifically excluded by TRICARE.

For more information on TRICARE OPPS, the following TRICARE and Centers for Medicare and Medicaid Services Web sites are available:

- TRICARE OPPS Resources:
 - www.tricare.mil/opps
 - www.tricare.mil/nogovernmentpay
- Centers for Medicare and Medicaid Services:
 - www.cms.hhs.gov
 - www.cms.hhs.gov/HospitalOutpatientPPS ■

Did You Remember to Include Your NPI?

As of May 23, 2007, providers are required to use their National Provider Identifiers (NPIs) when submitting claims to TRICARE. This 10-digit number is the standard unique identifier now used to recognize providers in standard electronic claims. As a requirement of the Health Insurance Portability and Accountability Act (HIPAA), all providers, including those in the Military Health System, are to now comply with this rule.

The HIPAA NPI rule affects both individual and organizational providers including:

- Physicians
- Nurse practitioners
- Pharmacists
- Hospitals
- Pharmacies

Using the NPI eliminates the need for providers to utilize multiple identifiers when submitting claims for various health plans. This simplifies health care administration by enabling more efficient electronic transmissions of health care claims, referrals, enrollment and eligibility information and many other managerial transactions.

For TRICARE-specific NPI information, please log on to www.tricare.mil/hipaa/identifiers.html. Getting an NPI is free. For information on how to obtain your NPI, please visit the Centers for Medicare and Medicaid Services Web site at www.cms.hhs.gov. ■

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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/update-info.cfm



Disease Management Program for Diabetes

Helping your patients stay healthy can be more difficult when a chronic condition is present. Often, patients need additional help and support to understand their diagnosis, even to identify and manage their symptoms. For this purpose, Humana Military has established a Disease Management Program for patients with diabetes.

The main goal of the program is to support diabetic patients in following the medical management plan and standards of practice recommended by their physician. Participants are referred to the program based on utilization data and other clinical criteria established by TRICARE Management Activity, Office of the Chief Medical Officer. Once a patient is actively enrolled in the program, Humana Military sends a letter to the patient's physician advising them of their patient's participation in the program.

"It is not the intention of the program to tell doctors how to treat their patients. The program serves as a supportive role to coach and teach patients how to effectively manage their diabetes," said Rose Mary Royalty, director of case management, disease management at Humana Military.

The program focuses on coaching and education provided by a dedicated nurse case manager. Nurses help facilitate the medical plan prescribed by their physician. They

encourage patients to obtain recommended treatment and appropriate tests, such as:

- Semi-annual A1C test
- Annual dilated retinal exam
- Annual comprehensive foot exam

Along with the physician's recommendations, dedicated nurse case managers support and encourage patients to follow their diabetic meal plan, incorporate daily activity and follow a weight-loss program as appropriate.

Nurses are also available to help diabetic patients with questions and identify specific symptoms or potential complications. They also may coordinate special assistance like demonstrations for self-testing one's blood sugar.

"Patients often get discouraged and go off their diet, exercise and medical management programs. Having a dedicated nurse to work with patients to set and achieve goals helps them be compliant with their medical management plan," said Royalty.

For more information about the program, providers are welcome to call Disease Management Program staff at 1-800-881-9227. ■