TRICARE South

Regional Newsletter

Dedicated to enhancing the exchange of information within the region

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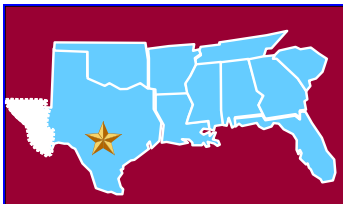

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THOUGHT FOR THE DAY

"Don't ever take a fence down until you know why it was put up."

Robert Frost

NATIONAL PROVIDER IDENTIFIERS AND THE MILITARY HEALTH SYSTEM (MHS)

Mr. Michael Gill, SES
TRICARE South
Regional Director

Since 2005, health care providers across the United States have been obtaining National Provider Identifiers (NPIs) in accordance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA). The NPI is a 10-digit number that is intended to be a permanent identifier used throughout a provider's career, regardless of the place or type of practice. It will simplify the administration of health care by eliminating the need for providers to use different identifiers from individual health plans. Within the United States, all "covered providers," including MHS treatment facilities and health care providers, must begin using the NPI by May 23, 2007. A grace period of one year was recently announced, but the MHS and service position is that we should begin using NPIs to the maximum extent possible by May 23, 2007.

HIPAA provides for two categories of NPIs:

Type 1 NPIs are issued to individual providers, such as physicians, nurses, or pharmacists.

Type 2 NPIs are issued to organizations, such as MTFs, pharmacies, labs, or groups.

The military services have already issued specific guidance to their facilities and providers on obtaining and reporting NPIs. Indeed, the MHS is substantially finished with the first phase, in that all MTFs that do third party billing and most pharmacies have obtained Type 2 NPIs. At present, the services are completing additional guidance on obtaining Type 2 NPIs for non-billing facilities where care is rendered and referrals are created. This guidance should be out in April 2007.

The MHS projects that approximately 37,000 individual direct care providers will require Type 1 NPIs; as of April 10, 2006, roughly 90% of MHS providers' NPIs are on file in the DMHRSi/Enterprise Wide Provider Data Base. All providers need to ensure that they have obtained their Type 1 NPIs and that they have reported them as directed in their service guidance.

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A SALUTE TO... NAVAL HOSPITAL JACKSONVILLE'S CALL CENTER DIVISION

Commanding Officer CAPT Raquel Bono and Naval Hospital Jacksonville's leadership are committed to providing patient-centered quality health care. This is one of the hospital's top priorities and delivering timely care is at the heart of this endeavor. The Call Center Division, made up of the Nurse Call Center and Central Appointments (CA), is using best business practices to improve services, patient safety and satisfaction.

A year ago, CA was using a "full-triage" approach for scheduling primary care appointments. Patients competed for appointments based on the type of care necessitated by their symptoms. This carve-out method created a backlog due to limited types of appointments available. The CA team, acting on recommendations from the Access to Care (ATC) Committee, implemented a patient-centered "open access" approach. Now when patients call, they are asked when they would like to be seen and are scheduled according to their needs. The Primary Care clinics changed the majority of appointments to Open Access (OPAC) types, which are used for a variety of needs like acute, routine or follow-up appointments. This approach allows for easy access by enabling the CA clerk to use any open slot the patient desires for medical care needed.

By closely monitoring the average wait time before a call is answered, the average time to speak with a clerk has decreased from 90 to 30 seconds in one year. With the average monthly calls at 32,000, this improvement has decreased the dropped call rate from 7% to 5%.
This equates to about 640 additional callers each month. The CA hours of operation far exceed any appointment service available in the civilian sector. Services are available 14 hours/day, Mon - Fri and 8 hours on weekends/holidays. This busy office schedules appointments not only for the hospital's 3 primary care clinics and 20 specialty clinics, but also for 3 Naval Branch Health Clinics. Since its establishment in 1996, CA has been benchmarked by other military treatment facilities and its guidelines and criteria replicated across the region.

The staff is now looking into demand management which empowers patients to make better health care decisions with the help of their medical team. The goal is to provide appropriate care, encourage wellness, and teach patients when to seek medical attention. Healthier patients require fewer appointments. Demand management tools like the Nurse Call Center (NCC) also improves access. Nurses are available to discuss health-related concerns, provide expert advice or direct patients who are seeking urgent medical care. The nurses now place all triage encounters directly into the patient's electronic medical record for review in "real time" by their Primary Care Provider (PCM). This process maintains continuity of care for the patient and allows the PCM to review the encounters at anytime.

Other initiatives include publishing provider schedules six-weeks in advance, minimizing clinic book-only appointments, and promoting TRICARE Online.

While there is always room to improve, Naval Hospital Jacksonville takes great pride in its accomplishments. The hospital is besting other Naval Family Medicine teaching facilities in access to care with an overall rating of 92 percent. The Call Center Division has been pivotal in leading the way to improving patient access and overall satisfaction.

TRO-S MEDICAL DIRECTOR RETIRING

Colonel (Dr.) Ed. LeBlanc, the TRICARE South Regional Office (TRO- S) Medical Director and Chief, Clinical Operations Division, will be retiring this summer after 24 years of service. Dr. Le Blanc has been assigned to this position since June 2003. His outstanding work has truly made a difference in the lives of our active duty service members, their families, and those who have retired after serving their country.

Dr. LeBlanc was vital in the smooth transition into the T-NEX contract. Partnering with the TRICARE South Managed Care Support Contractor (MCSC), Humana Military Healthcare Services, he traveled to several regional locations that were experiencing network difficulties, met with the civilian providers, and addressed their concerns. His direct and personal efforts led to the successful recruitment of network providers who were initially reluctant to participate. He was personally asked to accompany a group of congressmen on fact-finding trips that ultimately led to the recruitment of new physicians in remote geographical areas.

Dr. LeBlanc fielded concerns from both MTFs and the MCSC concerning late notifications of active duty members being admitted to civilian hospitals. He led Military Health System (MHS) meetings designed to work this issue and gave commanders current information on their troops admitted to civilian hospitals.

Due to his understanding of the critical care delivery processes involved with referrals, Colonel LeBlanc was the central force behind TRICARE contract changes involving all three regional MCSCs. These contract changes led to the improvement in the return rate of consult reports.

His concept of dividing referrals into two groups in order to receive referred clinical reports in a clinically appropriate time frame, was adopted by all TRICARE Regional Offices and Managed Care Support Contractors. In the South Region, this change in process resulted in a two-fold increase in overall consult report returns, and with reports necessary for continuation of care, increasing from 45% to over 80% ,within the first two months of implementation.

Dr. LeBlanc's last day at TRO-S was 20 April 2007. We wish him well in all future endeavors.

TRAINING, MEETINGS & CONFERENCES

2007 TRICARE SOUTH SUB-REGIONAL MEETINGS

This year's TRICARE South Sub-regional meetings will again be held in three separate locations, instead of one large forum. The target audience is the MTF commander and/or other representatives of his/her choice. Attendance is also open to MSMO, Service intermediate command and Service SG offices. Representatives from TMA, TRO-N and TRO-W are also invited to attend. All TDY costs will be at the expense of the attendee's organization.

26 Jul 07 - Omni Hotel in San Antonio, TX - Representatives from OK, AR, LA and TX

07 Aug 07 - Opryland Hotel in Nashville, TN - Representatives from AL, TN, and MS

09 Aug 07 - Marriott Airport in Atlanta, GA - Representatives from GA, SC, and Fl

Dates are subject to change. Additional information will be distributed as it becomes available.

2007 TRICARE SOUTH FUNDAMENTALS COURSE DATES

Jul 17 - 19 Little Rock, AR
Oct 16 - 18 Atlanta, GA

TIP AD HOC AND TIP ONLINE TRAINING

The tentative 2007 training schedule is listed below. Before each class an email will be sent out asking for attendee submissions. Please make sure that all attendees scheduled for future training sessions meet the criteria (outlined in the contract) to attend the training. TIP Ad Hoc attendees are limited to two per MTF/MMSO and are those staff identified in your MOU. TIP Online attendees are those personnel that serve in a BCAC or HBA capacity. You may have more than two per facility for the Online course but they must function as a BCAC or HBA. If you have any questions, please email janet.pendergist@tros.tma.osd.mil or call (210) 292-3278/DSN: 554-3278.

2007 TIP COURSE SCHEDULE

TIP Ad Hoc for 2007 8:30 - 4:30 each day

May 23 - San Antonio
August 29 - Biloxi
November 28 - Augusta

TIP Online for 2007 8:30 - 11:30 each day

May 24 - San Antonio
Aug 30 - Biloxi
Nov 29 - Augusta

NEWBORN ENROLLMENT IN PRIME

Sponsors are reminded that they have only 60 days from the date of birth to enroll their newborn children in TRICARE Prime for the child to have continuous coverage in Prime.

At least one family member must be enrolled in TRICARE Prime for the child's claims to be paid as Prime during the first 60 day period. Children not enrolled in TRICARE Prime by the 60th day after birth, are treated as TRICARE Standard starting the 61st day until they are properly enrolled. Enrollment into TRICARE Prime is a two step process:

1) The first step is to enroll the child in the Defense Enrollment and Eligibility Reporting System (DEERS). **Enrollment in DEERS does not require a certified birth certificate or SSN.** A sponsor must have a properly certified birth certificate or certificate of live birth authenticated by an attending physician or other responsible person from a U.S. hospital or a military treatment facility showing the name of at least one parent. DEERS can provide a temporary SSN for the child until one can be obtained by the sponsor.

2) The second step is to enroll the child in TRICARE Prime by completing an enrollment application and submitting it to the Humana Military Healthcare Services (HMHS). The application can be submitted by mail, fax, or through HMHS's website or can be taken to the nearest TRICARE Service Center to the sponsor. It is recommended that the sponsor keep proof of the submission of the application to HMHS. It is important to remember the date the application is received by HMHS determines whether the child's enrollment in Prime is continuous or whether the 20th of the month rule is used in which case a lapse in coverage will occur and claims for the period the child is not enrolled will be changed as TRICARE Standard.

Beneficiaries having questions concerning the enrollment of newborns in TRICARE Prime may call HMHS at 1-800-444-5445.

People may not remember exactly what you did, or what you said, but they will <u>ALWAYS</u> remember how you made them feel."
-- Author Unknown

CHANGE IN SOUTH REGION VA LIAISON

Effective April 1, 2007 Mr. Ron Johnson, TRO-South Regional Liaison for VA-DoD Business Development, left TRO-S to become the Assistant Director, VA Gulf Coast Veterans Health Care System, Biloxi, MS. Mr. Johnson is now responsible for the system's Compensation and Pension (C&P) Program, VA-DoD collaboration efforts, and all outpatient services delivered to over 46,000 veterans in Biloxi, MS, Mobile, AL, Pensacola, FL, Eglin AFB, FL, and Panama City, FL. He now oversees the completion of the VA's new 205,000 square foot multi-specialty outpatient clinic.

Mr. John McDonald, TRO-North Regional Liaison for VA-DoD Business Development, will assume interim responsibility for the TRICARE-South region. Mr. McDonald can be reached at (703) 588-1882 or via e-mail, john.mcdonald@tma.osd.mil. Mr. Johnson's replacement is expected to start by May 14, 2007.

During his tenure Mr. Johnson was instrumental in developing cooperative relationships between VA and DoD facilities across the region. He helped negotiate VA-DoD sharing agreements, facilitated Joint Incentive Fund (JIF) project submissions, and resolved many seamless transition issues for combat veterans.

As the inaugural liaison, he worked successfully with Humana Military Healthcare Services, Inc. staff to ensure the TRICARE-South region was the first region to have all VA medical centers deemed legally eligible to deliver services to TRICARE beneficiaries. He participated in over 10 VA-DoD work groups, committees, and task forces at the local, regional and national levels. He was a member of TRICARE-South's Regional Advisory Council (TRAC), co-chaired the national VA-DoD sharing agreement inpatient rates work group, and was one of two VA members on DoD's Innovative Investment Program (IIP) Proponency Group. Of note, he also wrote the national VA-Army Center for the Intrepid (CFI) MOA, which was signed by both department Secretaries. In addition to serving as TRO-South's VA-DoD Liaison, he spent nearly three months acting as the Director, VHA Sharing Office, Washington, DC, and has been acting as TRO-West's VA-DoD Liaison since September 2006. Mr. Johnson regularly presented VA-DoD collaboration topics across the United States and Puerto Rico in venues such as the annual Military Health System (MHS) Conference, TRO-South Sub-Regional Conferences, and in various VISN offices and VA Medical Centers.

Mr. Johnson has provided invaluable guidance on VA policy for treatment of combat veterans, reimbursement issues, and many other critical matters. His expertise, positive attitude, and genuine concern for serving both DoD and VA beneficiaries will be missed.

ID CARDS BY MAIL

Routinely we receive inquiries from beneficiaries who, for one reason or another, cannot physically go to a DEERS/RAPIDS office to have their ID Cards replaced, renewed, issued, etc. Military Regulations provide for those individuals. Air Force Instruction (AFI) AFI 36-3026 (I) and Army Regulation (AR) AR 600-8-14 and several others (a combined regulation) specifically address applicants who cannot report in person. The beneficiary's circumstances may require verification. The following are examples of persons who may be unable to report to the place of issue to obtain a machine-readable ID card:

- People who live far from a military facility.
- Are physically handicapped.
- Have no means of transportation.
- Are hospitalized or sick.

The DEERS/RAPIDS personnel are to take the following steps in dealing with these beneficiaries:

- Advise applicant to provide an 8"x10" or 5"x7" portrait type photograph that is notarized on the back, along with physical characteristics (i.e., eyes, hair, weight, height).
- Use RAPIDS camera to record proper size photograph upon receipt.
- Complete all entries on the ID card, except applicant's signature.
- Use Postal Service Form 3811 and send ID card to applicant by certified mail for signature.
- Advise applicant to sign the proper block on the ID card and return to the issuing office.
- Issuing activity will laminate the card and return to the applicant by certified mail using Postal Service Form 3811 when the applicant returns the card. Establish local procedures to ensure applicant has received the ID card.

SPEECH THERAPY AND COORDINATION BETWEEN TRICARE AND STATE OR LOCAL AUTHORITIES

Several beneficiaries have become confused about what coordination is necessary when seeking TRICARE benefits for speech therapy. Must they use speech therapy services provided through either State or local authorities? Do they need any particular paperwork?

The key to this question is whether speech therapy services are furnished by, or eligible for payment by, local or State authorities when the child does not attend public school, but either attends a private school or is home schooled. If the answer to this question is "no," the family should get a written statement from either the State or local education authority that the speech services are not available. That paperwork should accompany the request for an authorization for speech services. This prior authorization is required for both Prime and Standard/Extra patients.

If the State or local education authorities are able to provide speech services, the family should request an Individualized Education Program (IEP). This document should identify the speech therapy needs that will be met and paid for by them. The IEP should accompany the request for prior authorization.

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NPI'S IN THE MHS

HMHS is collecting NPIs from purchased care providers through telephone outreach and "dual use" processing, whereby a provider submits the NPI along with all legacy identifiers. HMHS also allows reporting of individual and organizational NPIs via secured web portal.

CHCS is currently deploying the NPI change package to add the necessary fields to store NPIs into CHCS, including the seeding of NPIs, both individual and institutional, from EWPD to the local CHCS hosts. In addition, the services will release a replacement referral ad hoc template shortly. This new template fixes a number of non-standard practices that have evolved. In addition, there will be two new selection templates to allow an MTF to print a same day/urgent referral to send to HMHS "on demand," rather than waiting for the routine overnight process. This on-demand option addresses the omission of at least some of the required information on all of the existing CHCS "forms," such as the SF513, DD2161, and CHCS consult report. The on demand function will print a single referral with all the required data elements, including NPIs based on a patient's name and the date of the referral or order number.

DEERS will also record NPIs as an attribute of a PCM's record based on DMHRSi input and will incorporate NPIs in all its messages to MTFs and the MCSCs. The MHS will continue to use the DoD EDI_PN as the legacy provider identifier for direct care providers and Humana's current provider id for network and participating providers, in addition to the NPI.

Want more information about the NPI and its effects on you? Contact your service POC. TRICARE network or participating providers should contact the HMHS provider certification/ credentialing office for assistance. Or read more at:
- Centers for Medicare and Medicaid Services, http://www.cms.hhs.gov/NationalProvIdentStand/.

- TMA Guidance, http://www.tricare.mil/hipaa/hipaa_npi.htm

- HMHS information on NPIs for network/participating providers, http://www.humana-military.com/South/provider/npi.htm

- Service Specific Guidance on NPIs, http://www.tricare.mil/hipaa/identifiers.html.

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SPEECH THERAPY AND COORDINATION BETWEEN TRICARE AND STATE OR LOCAL AUTHORITIES

Any medically necessary services that are not covered by State or local educational authorities will be paid for by TRICARE. Payment will be dependent upon the normal authorization and referral rules and subject to the normal allowable amounts for treatment.

MTF enrolled patients should contact their servicing TRICARE Service Center if they have questions. Patients who are not enrolled to an MTF may contact either the TRICARE South Contractor at 1-888-444-5445, or the TRICARE Regional Office at 1-800-554-2397.

OUTPATIENT PROSPECTIVE PAYMENT SYSTEM (OPPS)

The 2002 National Defense Authorization Act in Section 707 changed the statutory authorization that TRICARE payment methods for institutional care be determined to the extent practicable have the same reimbursement rules used by Medicare.

For outpatient care received at civilian institution, TRICARE is changing its reimbursement methodology to resemble Medicare's prospective payment system (PPS). Implementation of OPPS is now scheduled for this Fall - either October or November 2008. With OPPS, TRICARE will reimburse hospital outpatient services on a rate per service basis that varies according to the Ambulatory Payment Classification (APC) group to which it is assigned. This APC group is identical to Medicare.

There are certain institutions that will be exempt from OPPS such as cancer and children's hospitals, home health and hospice agencies, freestanding ambulatory surgery centers, comprehensive outpatient rehabilitation centers, and Veterans Administration hospitals.

For example, the reconstruction of a jaw joint surgical procedure will package into APC 00256. This APC will include use of an operating suite, procedure, treatment, or recovery room. Anesthesia, certain drugs, and surgical supplies and equipment would also be included.

Under OPPS, the claim processor will enter the outpatient hospital claim into its TRICARE Outpatient Code Editor (OCE) to edit for patient date of service and coding. The OCE then assigns APC numbers for payment. The TRICARE Pricer then takes this information from the OCE and prices the outpatient procedures or services. It is projected that OPPS will save TRICARE several million dollars a year. The basis for payment will be Medicare rates.

TRICARE has made some slight deviations from the Medicare PPS. To suit our Program, TRICARE will retain its deductible and cost sharing requirements, exempting certain specialty care providers, and will include some unique TRICARE related APCs.

OPPS is applicable to any hospital participating in the Medicare program with the exceptions noted above. With the roll out of OPPS, beneficiaries will not see any changes in their services but MTF commanders and their staffs should be aware of this change and its impact on our network and non-network providers.

HUMANA MILITARY HEALTHCARE SERVICES RECEIVES URAC HIPAA PRIVACY ACCREDITATION

Award Highlights Fifth Accreditation

Humana Military Healthcare Services (HMHS) has been awarded full HIPAA Privacy Accreditation from URAC (Utilization Review Accreditation Commission), a Washington, D.C.- based health care accrediting organization that establishes quality standards for the health care industry.

"HMHS is committed to privacy and delivering access to quality health care services to our nation's deserving military community," said David J. Baker, HMHS president and CEO. "This national HIPAA Privacy accreditation by the prestigious URAC organization underscores our dedication to our beneficiaries and taking extra measures to ensure their right to privacy under HIPAA."

- URAC health information Privacy Accreditation will provide value to health care organizations by: Allowing internal verification of HIPAA privacy compliance efforts;
- Providing a convenient source of industry best practices and certification by external reviewers;
- Assuring customers/patients that appropriate steps are being taken to protect health information;
- Demonstrating to current and potential business partners good faith efforts to meet HIPAA requirements;
- Supporting the organization's risk management efforts;
- Allowing the organization to demonstrate to regulators and other stakeholders that the organization has taken reasonable steps to achieve compliance with the HIPAA Privacy Rule; and
- Providing evidence to potentially reduce penalties/sentences for organizations that experience a privacy event or breach.

"By applying for and receiving HIPAA Privacy accreditation, Humana Military has demonstrated a commitment to access to quality health care," said Alan Spielman, URAC President and CEO. "Quality health care is crucial to our nation's welfare and it is important to have organizations that are willing to measure themselves against national standards."
Humana Military also has current URAC accreditation for Disease Management, Case Management, Network Management and Utilization Management.

URAC, an independent, nonprofit organization, is a leader in promoting health care quality through accreditation and certification programs. URAC's standards keep pace with the rapid changes in the health care system, and provide a mark of distinction for health care organizations to demonstrate their commitment to quality and accountability. Through its broad-based governance structure and an inclusive standards development process, URAC ensures that all stakeholders are represented in setting meaningful standards for the health care industry. For more information, visit www.urac.org.