



Regional Newsletter

Dedicated to enhancing the exchange of information within the region

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A TRICARE SUCCESS STORY— CLAIMS PROCESS RE-ENGINEERING

Over the years, many of you remember the many difficulties our Military Health System (MHS) has faced in getting civilian providers paid both accurately and in a timely manner. Yes, we've come a long way down the claims processing "yellow brick road" but there's still a lot to be done. In 1999, the MHS, along with our managed care support contractors, began several re-engineering initiatives that paved the way to the relatively smooth domestic claims system that we enjoy today. Some of the steps taken were:



- Simplifying the provider authorization process
- Eliminating prescriptive controlled development
- Increasing the claims processing cycle-time standard
- Allowing the use of commercial best practices for utilization management
- Changing the Third-Party Liability Collection approach
- Increasing transition time (between the award and work start date) to a minimum of 9 months
- Increasing the number of electronic claims submissions and auto adjudication
- Eliminating many root causes of processing re-work

Signs that the efforts undertaken to improve the claims system were working, can be seen in a variety of ways. In 1998, 90% of TRICARE domestic claims, compared to 99% today, were processed within 30 days. This is especially significant since not only were the claim's processing days reduced, but at the same time, claims volume increased by approximately 30%! Another significant area of improvement is the number of electronic medical claims (EMCs) being processed. EMCs are processed quicker and generally prone to less processing errors than standard paper claims. For our entire MHS, excluding pharmacy and TRICARE for Life claims, the number of EMCs has jumped from 10% in 1998 to approximately 60% today. This is a huge improvement to the system.



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The National Defense Authorization Act (NDAA) of 2007 requires our TRICARE claims processing requirements to be much more standardized in line with the procedures used by Medicare for their claims processing. The first NDAA '07 area addressed in this legislation is the use of a single or multiple provider identification number. Already we are actively working this issue with a program called the National Provider Identifier (NPI) Project. The second area being addressed is the documentation required to substantiate medical necessity for items and services that are covered under both the TRICARE and Medicare programs. TMA is now beginning to gather our documentation requirements regarding medical necessity and compare those against what is currently required for Medicare.

In summary, we can all be proud of the hard work and many accomplishments made in claims processing over the last few years. Virtually all TRICARE providers are now routinely paid in a more timely and accurate manner. As you know, improving the payment system for our network providers also translates into a reduced "hassle factor" for all and more satisfied TRICARE beneficiaries. Even though we can show a lot of progress, we can't stop here. Our network providers are important to TRICARE and we will continue to look for new and better ways to improve the way we process claims.

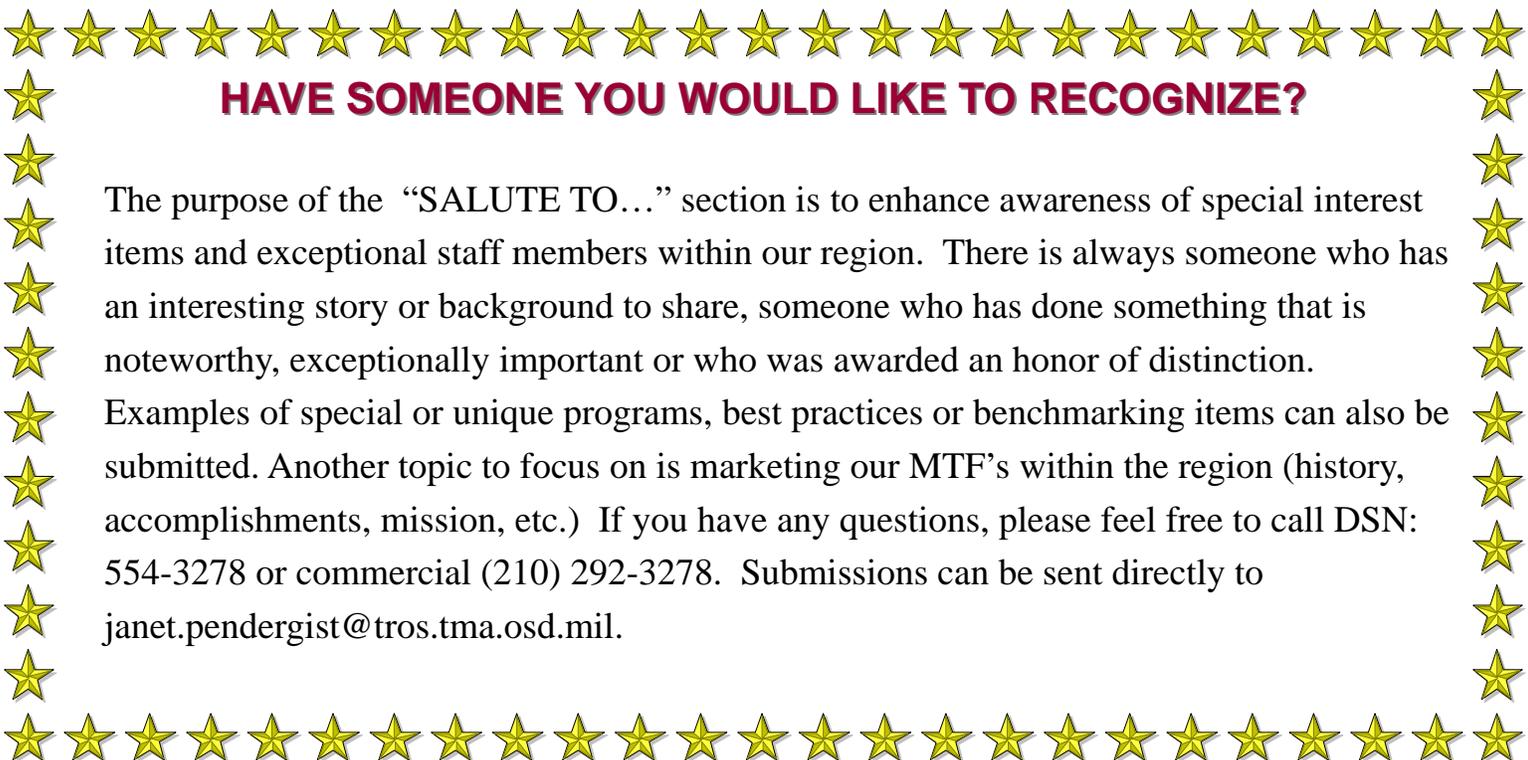
2006 TRICARE INPATIENT SATISFACTION SURVEY

The TRICARE Management Activity has contracted with RTI International, a nationally recognized research firm, to conduct the 2006 TRICARE Inpatient Satisfaction Survey (TRISS) on behalf of the Health Program Analysis & Evaluation Directorate. Conducted annually since 1999 and sponsored by the TRICARE Management Activity (TMA), the 2006 TRISS will provide adult inpatient measurement for medical, surgical, and childbirth patients to assess our beneficiaries' satisfaction with and their perceptions of recent inpatient care experiences.

This year's TRISS Survey will consist of two complementary components. First, between December 2006 and March 2007, surveys will be mailed to approximately 45,000 eligible beneficiaries who had a recent hospital stay either at a Military Treatment Facility (MTF) or at a civilian healthcare facility. The study design calls for a confidential mail questionnaire coupled with a web-based response option.

The second component involves a quarterly telephone survey to a sample of beneficiaries who had a hospital stay in the previous three months. The goal is 600 completed interviews each quarter, which we expect might require calling approximately 1500 beneficiaries.

We ask that all Military Health System staff and our contract partners assure any concerned beneficiaries of both the legitimacy and the importance of this survey.

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HAVE SOMEONE YOU WOULD LIKE TO RECOGNIZE?

The purpose of the "SALUTE TO..." section is to enhance awareness of special interest items and exceptional staff members within our region. There is always someone who has an interesting story or background to share, someone who has done something that is noteworthy, exceptionally important or who was awarded an honor of distinction. Examples of special or unique programs, best practices or benchmarking items can also be submitted. Another topic to focus on is marketing our MTF's within the region (history, accomplishments, mission, etc.) If you have any questions, please feel free to call DSN: 554-3278 or commercial (210) 292-3278. Submissions can be sent directly to janet.pendergist@tros.tma.osd.mil.

TRAINING AND CONFERENCES

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

Feb 21 - Augusta
May 23 - San Antonio
August 29 - Biloxi
November 28 - Augusta

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

Feb 22 - Augusta
May 24 - San Antonio
Aug 30 - Biloxi
Nov 29 - Augusta

2007 MILITARY HEALTH SYSTEM CONFERENCE COMING UP SOON!

The 2007 Military Health System Conference, "Transforming Strategy into Action: Partners in Excellence," will be held January 29-February 1, 2007, in Washington, DC. The conference is hosted by the Department of Defense Assistant Secretary of Defense for Health Affairs, the Deputy Director of the TRICARE Management Activity, and the Surgeons General of the Armed Forces.

This year's conference focuses on the MHS [Strategic Plan](#), which provides us with groundwork to build upon as we embark on these new strategies. All of the presentations for the conference will be aligned with the goals and objectives associated with the Strategic Plan, to include the following:

- Ensuring our forces are medically deployable-anywhere, anytime
- Sustaining the benefit through good resource management
- Leveraging technology to make health and business information globally accessible
- Promoting a culture of innovation and evidence-based management
- Renovating the MHS infrastructure, per BRAC findings, to reflect joint-ness, interdependence, and interoperability
- Developing our people-our most important asset

The MHS is committed to improving medical care by sharing our knowledge and best practices.

Our coming together provides the opportunity to learn from one another, as we continue to shape future priorities and provide extraordinary care.

Visit the TRICARE Web Site at <http://tricare.osd.mil/conferences/2007/default.cfm> for more information.

TRICARE RESERVE SELECT PREMIUMS REMAIN UNCHANGED

The fiscal 2007 National Defense Authorization Act will change some features of TRICARE Reserve Select coverage, but premium rates will be the same as they were in 2006, at least through September 30, 2007.

TRICARE Reserve Select is the premium-based TRICARE health plan qualified National Guard and Reserve members may purchase. The plan offers comprehensive health coverage similar to TRICARE Standard and TRICARE Extra. TRICARE Reserve Select members and their covered family members may access care from any TRICARE-authorized provider, hospital or pharmacy as well as from a military clinic or hospital on a space-available basis.

“With TRICARE Reserve Select, drilling National Guard and Reserve members can buy health care coverage for themselves and their families if they wish,” said Army Maj. Gen. Elder Granger, deputy director, TRICARE Management Activity. “This fall, Congress froze the premiums at the April 2006 rates through September 2007, until other changes they have mandated for the TRICARE Reserve Select program can take place.”

Premium Tier	Type of Coverage	2007*
Tier 1 28%	Member-only	\$ 82.00
	Member and Family	\$253.00
Tier 2 50%	Member-only	\$145.29
	Member and Family	\$451.42
Tier 3 85%	Member –only	\$247.00
	Member and Family	\$767.41

* Rates frozen from 01 Apr 06 to 30 Sep 07 by statute.

TRICARE Reserve Select premiums are currently divided into three tiers, based on the qualifications of the National Guard and Reserve members. Details on how to qualify for this coverage are on the TRICARE Web site at www.tricare.osd.mil/Factsheets/browseatoz.cfm.

MANAGED CARE SUPPORT CONTRACT REGIONAL OVERVIEW (MTF COMMANDERS' ORIENTATION PROGRAM)

The first round of Briefings have now been completed. The program began in Oct 06 and will continue until all interested MTF commanders, Intermediate Service Commands and Service representatives have been briefed. The TRO-S and HMHS briefing teams are attempting to provide the briefings by geographical area, whenever possible, but will work to accommodate all interested commanders' schedules.

The focus of the program is on new MTF Commanders but the information presented will benefit all, regardless of how long the commander has been in their position. MTF commanders are encouraged to also include other staff members at the presentation.

A brief summary of the topics covered includes:

- Overview of TRICARE Statistics
- Structure and roles of TMA and the TRICARE Regional Offices
- TRO-S Division Functions and how they support and assist the MTF Commander and his/her staff
- Regional Optimization Initiatives
- The Managed Care Support Contract
- VA/DoD Collaboration
- Humana Military Healthcare Services
 - Organizational Overview
 - Issue Identification and Resolution
 - MTF Customer Services
 - FY 2007—Look Ahead
- Tool Kit

Positive feedback has been received from commanders who have received the presentation, even those not new to their position. The following MTFs have been briefed so far:

Naval Hospital Beaufort	42nd Medical Group—Maxwell
Naval Hospital Charleston	325th Medical Group—Tyndall
437th Medical Group—Charleston	Moncrief Army Community Hospital
Lyster Army Community Hospital	14th Medical Group—Columbus
	76th Medical Group—Robins

The Regional Overview briefing takes approximately 90 minutes, including a Q&A session. Presentations for the months of Dec 06 and Jan 07 have already been scheduled. If you are interested in receiving the presentation during the months of Feb 07—May 07, please contact Ms. Janet Pendergist at (210) 292-3278 or by email at janet.pendergist@tros.tma.osd.mil.

“MAPPING THE PATIENT EXPERIENCE”

HUMANA MILITARY’S CLINICAL QUALITY REPORT CARD 2006

Humana Military Healthcare Services (HMHS), Managed Care Support Contractor for the TRICARE South region, maintains a comprehensive Clinical Quality Management Program for the oversight and management of the clinical care received by TRICARE beneficiaries in the purchased care system. In addition to compliance with the TRICARE program requirements, HMHS is URAC accredited in Health Network, Utilization Management, Case Management, and Disease Management. This accreditation provides comprehensive health plan administrator national standards for the various components of quality and medical management. HMHS recently published their first clinical report card that provides outcomes of civilian healthcare managed by their clinical quality program. Highlights include:

- Prevention and Wellness: Breast Cancer Screening, Cervical Cancer Screening, Colorectal Cancer Screening, Cholesterol Screening
- Mental Health: Psychiatric Evaluation or Treatment within 30 days of a New Episode of Care for Major Depression
- Managing Disease states: Diabetes and Heart Failure
- Patient Safety Measures: Accidental Punctures and Lacerations, Infections, Retained Foreign Bodies
- Select Procedures Utilization: Coronary artery Bypass Graft, Cholecystectomy, Hysterectomy, Back Procedures/Laminectomy, Ear Procedures
- Network Adequacy and Credentialing
- Beneficiary/Customer Satisfaction
- Benchmarking and Performance Goals were derived from:
 - The National Committee for Quality Assurance (NCQA) State of Healthcare Quality Report, Quality Profiles, and Quality Compass
 - The Mortality and Morbidity Weekly Report from the CDC
 - Healthy People 2010
 - The Institute for Healthcare Improvement
 - Agency for Healthcare Research and Quality (AHRQ)

An electronic version of this report card may be viewed on the TRICARE Regional Office – South web site via www.tricare.osd.mil/TROSOUTH.

TRICARE NEWS RELEASES 01 AUG 06 — 27 NOV 06

11/27/2006

[TRICARE Reserve Select Premiums Remain Unchanged](#)

11/16/2006

[DoD Annual Suicide Prevention Conference](#)

11/15/2006

[TRICARE Announces Updated Reimbursement Rates](#)

11/13/2006

[Defense automated system for claims processing wins award for saving millions annually](#)

11/13/2006

[Software Upgrades Equal Better Medical Information Management for Warfighters](#)

11/6/2006

[TRICARE Shares its Patient Safety Program With the Civilian Healthcare Community](#)

11/1/2006

[Active Duty Survivor Benefits Enhanced—Refunds Follow for TRICARE Claims Paid at Retiree Rate](#)

11/1/2006

[TRICARE Information Now Housed Under One Roof](#)

10/31/2006

[Reactivated? Don't Let Your Family Lose TRICARE Prime Coverage](#)

10/23/2006

[TRICARE Uniform Formulary Update](#)

10/20/2006

[Point-of-Service Implemented Overseas](#)

10/20/2006

[Point-of-Service Overseas Differs from the Stateside Option](#)

10/11/2006

[New TRICARE Standard Handbook Released](#)

10/4/2006

[TRICARE Mail Order Pharmacy Keeps Beneficiaries Satisfied and Attracts More Users](#)

9/20/2006

[New Senior Enlisted Advisor to Assist TRICARE With Beneficiary Issues](#)

9/18/2006

[TRICARE Prepares for Hurricane Season Relief](#)

8/29/2006

[Don't Be a Victim of Identity Theft or Telephone Fraud](#)

8/29/2006

[Record Numbers Benefit From TRICARE Mail Order Pharmacy](#)

8/22/2006

[TRICARE Makes Allowable Charges Easy to Find](#)

8/1/2006

[The Western Governors' Association Praises TRICARE Providers and Lawmakers for Extending TRICARE to All National Guard and Reservists](#)

8/1/2006

[TRICARE Benefits Enhanced for Active Duty Surviving Children](#)

CUSTOMER SERVICE TIP OF THE QUARTER

FOLLOW-UP AND FEEDBACK!

Service doesn't necessarily stop when an issue has been resolved.

Follow-up with your customers, both internal and external, to ensure the service you provided really met their needs. Ask for feedback on the key areas of your business dealings and show your sincerity by making changes whenever relevant.

Listen to your customer's comments and find ways to do things better. Most importantly, stay focused on providing a service that is exceptional, not just satisfactory.