

## New Severity-Based DRG System To Improve Coding and Patient Diagnoses

In August 2007, the Centers for Medicare and Medicaid Services (CMS) finalized a proposal that significantly changed the way inpatient claims are paid. According to the CMS, this policy change was implemented to ensure more accurate payment for inpatient services and to better reflect the severity of a patient's condition. By adopting the new severity-based Diagnosis Related Group (DRG) system, the CMS hopes to encourage hospitals to improve their coding and documentation of patient diagnoses.

The new severity-based DRG system, known as the Medicare Severity DRG (MS-DRG), is effective for discharges occurring after Oct. 1, 2007. There are now 745 MS-DRGs replacing the previously used 538 DRGs, and the list of complications and comorbidities has been updated. The base MS-DRGs are consolidated and divided into three severity levels: major complication/comorbidity, complication/comorbidity and non-complication/comorbidity.

Effective Oct. 1, 2008, the TRICARE DRG-based payment system will be modeled upon the MS-DRG payment system. The TRICARE DRG-based payment system will adopt the DRG numbering used in the MS-DRG system. The TRICARE-specific DRGs used for neonates and alcohol/drug abuse will be retained, as well as the age-specific (ages 0-17) DRGs, but the DRG numbers have been reassigned. The crosswalk for DRG numbering can be found at [www.tricare.mil/drgrates](http://www.tricare.mil/drgrates).

For more information, visit the CMS Web site at [www.cms.hhs.gov/acuteinpatientpps](http://www.cms.hhs.gov/acuteinpatientpps). If you would like to purchase the TRICARE Grouper, contact 3M at 1-800-435-7776. ■

## Support Our Troops: Submit Consult Reports on Time

Consultation and treatment reports help facilitate continuity of care for TRICARE beneficiaries. In addition, a complete patient medical record is necessary for the military to assess combat readiness and fitness for duty of troops, and to deploy active duty service members (ADSMs) whenever and wherever necessary.

Both civilian and military treatment facility (MTF) referring providers need timely feedback to properly manage the care of their ADSM patients. TriWest Healthcare Alliance Corp. (TriWest) cannot stress enough the importance of returning consult reports as soon as possible for ADSMs, as they may be unable to deploy until the consult reports are reviewed by their primary care manager.

TriWest offers a consult report tracking system to help ensure that MTFs receive reports promptly. For your

convenience, TriWest provides a fax cover sheet that you should use when faxing your consult reports. This fax cover sheet is included on the last page of the referral/authorization approval letter that is faxed to the servicing provider, and it is pre-populated with the appropriate fax number for the referring provider.

If you determine that your TRICARE patient needs further tests and/or treatment after the initial appointment, please submit your consult report within 10 days after the patient's initial appointment. For urgent care, the preliminary report should be submitted within 24 hours.

For more information about the consult report tracking process, visit [www.triwest.com/provider](http://www.triwest.com/provider). You may also call TriWest at 1-888-TRIWEST (1-888-874-9378). ■



# TriWest's Telephonic Inpatient Admission and Discharge Planning Process

The TRICARE Management Activity requires TriWest Utilization Management (UM) clinicians to monitor beneficiary service utilization in health care facilities in the TRICARE West Region.

TriWest Healthcare Alliance Corp. (TriWest) will conduct telephonic continued stay reviews for beneficiaries treated in sole community hospitals (non-Diagnosis Related Group [DRG]) and patients in skilled nursing, long-term acute care and rehabilitation facilities. Inpatient utilization monitoring in DRG facilities will be limited to certain high-risk conditions and long stays or outliers. TriWest will continue to evaluate utilization data and change prospective and continued stay telephonic review requirements from time to time. Future changes to these processes will be communicated in *E-Newsletters* and on [www.triwest.com/provider](http://www.triwest.com/provider).

All admission face sheets for medical/surgical patients must be faxed to 1-866-269-5892. Please do not submit lists of patients, as lists do not provide the required information. In order to process care requests for approval of

additional days, medical records for continued stay review are needed.

Documentation needed for medical/surgical admission review includes:

- Brief history, including age, sex and admission type (e.g., elective, emergency department)
- Patient demographic information
- Reason for admission
- Co-morbidities
- Information on InterQual criteria (if InterQual criteria were applied justifying admission, provide the applicable category and subset; if other criteria were applied, provide similar information)
- Anticipated length of stay (if patient has already been discharged, provide discharge date and place to which patient was discharged)
- Anticipated discharge planning needs (e.g., home care, durable medical equipment [DME], consults, infusion, transfer to another facility)
- Hospital point of contact, including name, phone and fax numbers, and patient's point of contact information

Documentation needed for medical/surgical continued stay review includes:

- Relevant changes in condition (e.g., those resulting in a change in care needs, procedures, diagnostic testing, medications; changes in diagnosis or added diagnosis; and transfer from one level of care to another)
- Discharge planning needs (i.e., home care needs, DME requirements, consultation needs, outpatient infusion, transfer assistance)
- Hospital point of contact, including name, phone and fax numbers, and the patient's point of contact information
- Anticipated discharge date
- Treatment plan

TriWest UM clinicians are available to assist with discharge planning. You can contact TriWest UM clinicians at 1-888-TRIWEST (1-888-874-9378) with any questions, to submit responses to requested clinical updates and to request assistance with discharge planning. ■

## Reduce Your Workload and Streamline Claims Processing

Through the secured Provider Portal of the TriWest Healthcare Alliance Corp. (TriWest) Web site at [www.triwest.com/provider](http://www.triwest.com/provider), TriWest is empowering you to streamline administrative functions. Using the capabilities available on the Provider Portal, you can take some simple steps to expedite claims processing, reduce the time spent on tracking the status of submitted claims and eliminate the need to submit duplicate or tracer claims.

Take advantage of our newest enhancements available to registered

users of [www.triwest.com/provider](http://www.triwest.com/provider) and benefit from self-service functionality that allows you to:

- Verify patient eligibility
- Determine the status of referrals/authorizations
- Submit, view and check the status of claims online
- Download explanations of benefits
- See which checks have been issued

You also can submit your professional and institutional claims online and

receive real-time processing results. Currently, clean claims (i.e., those that do not contain a defect requiring investigation or development prior to adjudication) submitted online are being processed within the following time frames:

- 71 percent immediately
- 97 percent in 15 days or less
- 99.7 percent in 30 days or less

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# Helping Patients Stay Healthy Through Flu Season

According to the Centers for Disease Control and Prevention (CDC), the flu affects 5–20 percent of the U.S. population each year. Symptoms can include fever, muscle aches, nausea and vomiting, and complications can include bacterial pneumonia and ear and sinus infections. With flu season just around the corner, now is the time to vaccinate your patients.

TRICARE covers flu vaccines based on the CDC's current flu season guidelines. According to the CDC, all persons, including school-aged children, who want to reduce the risk of becoming ill with the flu or transmitting it to others should be vaccinated.

The CDC strongly recommends that people at high risk for complications from the flu be vaccinated each year, including:

- Children ages 6 months through 18 years, with continued focus on those at high risk for flu complications (ages 6 months through 4 years)
- Adults age 50 years and older

- Women who are pregnant during the flu season
- Health care workers involved in direct patient care
- Household contacts and caregivers of children younger than 5 years and adults age 50 years and older, with particular emphasis on vaccinating contacts of children younger than 6 months
- Household contacts of persons at high risk for severe complications from the flu
- People living in nursing homes and other long-term care facilities
- Adults and children who have chronic pulmonary, cardiovascular (except hypertension), metabolic and renal disorders
- Adults and children who have weakened immune systems, including those caused by medication or HIV
- Adults and children who have any condition (e.g., cognitive dysfunction, spinal cord injuries) that can compromise respiratory function or handling of respiratory secretions, or that can increase the risk for aspiration

- Children and adolescents ages 6 months through 18 years who receive long-term aspirin therapy and experience Reye syndrome after influenza virus infection

The flu shot is approved for people age 6 months and older, and FluMist®, the nasal-spray flu vaccine, is an option for beneficiaries ages 2 through 49 years who are healthy and not pregnant.

The CDC recommends you begin to offer flu vaccinations as soon as the vaccine is available. October or November is the best time for patients to get vaccinated, but vaccinations can still be effective even if they are given in December or later because flu season usually peaks in January or February and can last as late as May. **Note:** Flu shots or the nasal-spray flu vaccine (FluMist) are **not** covered by TRICARE when provided at a civilian pharmacy, drug store or supermarket.

For more information on flu season guidelines, visit the CDC Web site at [www.cdc.gov/flu](http://www.cdc.gov/flu). ■

## Reduce Your Workload and Streamline Claims Processing

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Second submissions and tracer claims can delay processing, influence the accuracy of payment and cost your practice valuable time. You can help avoid these problems by allowing at least 30 days from the date the claim is received at Wisconsin Physicians Service (WPS) before generating second submissions or tracers. This time frame allows WPS to receive the claim from your office or billing service and process all clean claims. It also allows time for the delivery of payment.

Other elements that can influence the timeliness of claims payment include:

- The time it takes a third party (i.e., billing service, clearinghouse or outsource vendor) to:
  - Generate and send a claim to WPS for processing. Verify the date WPS received a claim using the Claims Status function at [www.triwest.com/provider](http://www.triwest.com/provider).
  - Post a payment. Verify if a claim has been paid using the Claims Status function at [www.triwest.com/provider](http://www.triwest.com/provider).

- The time it takes to process an electronic data interchange (EDI)/Web claim versus a paper claim.
- The time it takes to post a claims payment and update your accounts receivable system.

For additional information on becoming a registered user of the Provider Portal, submitting your claims online and signing up to receive Electronic Remittance Advice, visit [www.triwest.com/provider](http://www.triwest.com/provider) or call the EDI Help Desk at 1-800-782-2680. ■

# TRICARE Provider News

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## CONTACTS

**TriWest Customer Service**  
1-888-TRIWEST  
[www.triwest.com](http://www.triwest.com)

**TRICARE Alaska Office**  
1-907-743-1800

**Wisconsin Physicians Service**  
(Electronic claims set up)  
1-800-782-2680  
[www.wpsic.com](http://www.wpsic.com)

**Express Scripts, Inc. (ESI)**  
(Pharmacy inquiries)  
1-866-DoD-TRRX  
1-866-DoD-TMOP  
[www.express-scripts.com/TRICARE](http://www.express-scripts.com/TRICARE)

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## A Closer Look at Balance Billing

It is important to remember that TRICARE prohibits the practice of balance billing. Non-compliance with this requirement can impact your TRICARE and/or Medicare status.

Balance billing is when a provider bills a TRICARE beneficiary for more than his or her payment responsibility after TRICARE has processed the claim. Both network and participating non-network providers are prohibited by law from balance billing TRICARE beneficiaries.

If you are a network provider, you've signed a contract to be paid at TRICARE's contractual rate. Non-network participating providers who accept assignment agree to submit the claim on behalf of the beneficiary and accept the TRICARE-allowable charge as payment in full. Non-network providers who do not accept assignment are limited by federal balance billing laws in how much they can bill TRICARE beneficiaries.

When other health insurance (OHI) is primary, TRICARE will pay the beneficiary liability up to the amount TRICARE would have paid if the beneficiary did not have OHI. If a provider participates with the primary OHI, all OHI rules and requirements must be followed or TRICARE will not pay the claim.

Failure to comply with the balance billing laws is a violation of federal law and is considered fraudulent under the federal laws governing TRICARE.

For more information about balance billing, visit [www.triwest.com/provider](http://www.triwest.com/provider) or call TriWest Healthcare Alliance Corp. at 1-888-TRIWEST (1-888-874-9378). ■

### An Important Message from TRICARE

Inpatient facilities are required to provide TRICARE beneficiaries with a copy of the document, "An Important Message from TRICARE." This document, which details a beneficiary's rights and obligations upon hospital admission, was updated by the TRICARE Management Activity.

The signed document must be kept in the beneficiary's file, and a new document is needed for each admission. If Wisconsin Physicians Service or TriWest requests a copy of a beneficiary's medical record, a copy of this signed document must be included in the file.

The document may be obtained under the Forms tab at [www.triwest.com/provider](http://www.triwest.com/provider). ■