

## New Patient Safety Goals Added for 2007

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is including three new goals along with updates to its previous standards in its 2007 National Patient Safety Goals.

The new goals—Goals 15, 15A and 15B—highlight the need for providers and organizations to perform a focused risk assessment to identify safety risks in their patient populations. After receiving input from practitioners, provider organizations and other interested parties, JCAHO created the patient safety goals to help providers identify any problematic areas in their patient care.

The top priority of Goal 15 is for organizations and providers to identify areas of high risk to patients based on previous experience with unexpected events. The goal further states in its subsections:

**Goal 15A**—Health care organizations identify patients at risk for suicide. This applies to behavioral health care providers and hospitals (applicable to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals).

**Goal 15B**—Health care organizations identify risks associated with long-term oxygen therapy, such as home fires. This goal applies to home care providers.

The rationale behind Goal 15A is that suicide ranks as the 11th most frequent cause of death in the United States, and the third most frequent in young people, according to JCAHO. Suicide of patients while in 24-hour staffed settings has been the most frequently reported type of unexpected, or “sentinel,” occurrence since 1996, as stated by JCAHO.

Almost half of unexpected events leading to Goal 15B were fires in patients’ homes reported by home care programs. JCAHO reviewed 11 such events since 1997 where patients using home oxygen were either killed or injured due to a fire in their home. The expectation for this goal includes a “home safety risk assessment” to identify the presence or absence and working order of home smoke detectors, fire extinguishers and fires safety plans.

*continued on page 2*

## TRICARE Provider Seminars are Underway

TRICARE provider educational seminars from TriWest Healthcare Alliance are now in progress throughout the 21-state West Region. The seminars will furnish providers and their staff with the latest information on TRICARE programs and policies. Even if you have previously attended a TRICARE seminar, it would be beneficial for you and your staff to attend a seminar this spring, as these informational sessions will cover new TRICARE information. Additional reference tools will be provided.

Seminars are scheduled for both medical/surgical and behavioral health providers. Providers can register online, where you will receive the following additional benefits:

- E-mail confirmation of your registration
- Reminder notice prior to the scheduled seminar
- Eligibility to participate in a drawing for a small prize

Go to [www.triwest.com](http://www.triwest.com) to find out the dates, times and locations of seminars near you. For technical assistance in registering, please e-mail [pseminar@triwest.com](mailto:pseminar@triwest.com). ■



# An Overview of TriWest's Disease Management Program

**T**riWest Healthcare Alliance offers a beneficiary-focused disease management program designed to help TRICARE West Region beneficiaries with specific conditions take a more active role in their own health care.

TriWest's Disease Management Program is a prospective, disease-specific approach to improving health care outcomes by providing education to beneficiaries in the TRICARE West Region through clinicians who are specially trained in the targeted diseases. Other program highlights include:

- Beneficiaries are identified by the TRICARE Management Activity (TMA) through monthly data sharing and are automatically enrolled into the program.
- The program is an opt-out program. Beneficiaries are contacted by mail and by telephone until they decline to participate.
- Education is provided by registered nurses and a dietician.

## Who benefits from disease management?

TRICARE-eligible beneficiaries suffering from asthma or from congestive heart failure can benefit from the disease management

program. The minimum criteria for enrollment are one or more emergency room visits, or one or more inpatient admissions with asthma or congestive heart failure as the primary diagnosis.

Beneficiaries participating in the program may receive disease-specific educational materials and information in the privacy of their own home by:

- Telephone
- Internet
- Mail

## When can a beneficiary be referred to the program?

In addition to automatic enrollment, TriWest encourages providers to refer beneficiaries with targeted conditions meeting the minimum utilization requirements to the program at any time. The sooner the beneficiary is involved in the program, the sooner he or she can benefit from its educational and support-related features.

When beneficiaries complete an initial health survey, the primary care manager will receive a letter letting them know the beneficiary is an active participant.

The *Disease Management Notification Form*, which is used for the referrals of beneficiaries to the TriWest Disease Management program, can be found in the "Find a Form" section at [www.triwest.com](http://www.triwest.com).

There also are several educational documents utilized by TriWest staff when they interact with the beneficiaries. These documents are reviewed at least every six months for accuracy and relevancy by TriWest senior medical leadership. Providers can see the educational materials on the "Healthy Living" portal located on [www.triwest.com](http://www.triwest.com).

For more information or to refer a TRICARE beneficiary to the program, please contact TriWest's Disease Management staff at 1-888-259-9378 or by fax at 1-866-312-5839. ■



## New Patient Safety Goals Added for 2007

*continued from page 1*

Additionally, all medical equipment should be examined and providers should educate the patient and their families about the possibility of fires and how to prevent them.

Another change added to the 2007 Patient Safety Goals is a change to Goal 8B. Now, along with providing a complete list of a patient's medications to their next provider, the same list will also be provided to the patient upon their discharge.

All of these nationally recognized goals are derived from recommendations in the organization's newsletter, "Sentinel Event Alert," and contain relevant information regarding safety for patients and providers.

For more information and a complete list of the 2007 National Patient Safety Goals. Please visit [www.jointcommission.org/PatientSafety](http://www.jointcommission.org/PatientSafety). ■

## April is Alcohol Awareness Month

One third of Americans risk mental, physical and social problems by drinking excessively each year. What's more, there are nearly 75,000 alcohol-related deaths each year.

As you know, the long-term effects of alcohol abuse include a variety of health conditions like heart and liver disease, cancer and inflammation of the pancreas.

As a health care provider, you can help patients identify, prevent and obtain treatment for symptoms of alcohol abuse and dependence.

The opportunity to talk with your patients about the negative effects of alcohol can be a turning point in their lives. Getting advice from their doctor, whom they trust and respect, can have a more profound impact than earlier attempts at intervention from a family member or friend.

For more information and resources on helping your patients deal with alcohol abuse, please visit [www.niaaa.nih.gov](http://www.niaaa.nih.gov) or [www.samhsa.gov](http://www.samhsa.gov). ■

## TRICARE Anesthesia Billing and Reimbursement

Providers are reminded that payments for TRICARE anesthesia claims follow the TRICARE reimbursement policies, not the American Society of Anesthesiologists "Relative Value Guide."

### Coding

Providers should bill with the anesthesia CPT codes (00100-01999) and not the surgical CPT codes. The appropriate CPT anesthesia code should be reflected on the CMS 1500.

### Conversion Factors

Payment is calculated by multiplying the applicable conversion factor by the appropriate number of base units plus time units for each code. There are two conversion factors—one for physicians and one for non-physicians.

### Wage Indices

The conversion factors are adjusted by wage indices for each locality. The locality-specific conversion factors are adjusted in the same manner as the CHAMPUS maximum allowable charges. The current conversion factors are compared to the Medicare locality-specific conversion factors.

### Time Units/Modifiers

Base units for each procedure are derived from the Medicare Anesthesia Relative Value Guide. Time units are 15 minutes, and any fraction of a unit is considered a whole unit. Time units will be submitted on the claim.

Providers should also show a payment indicator (not a modifier) of "MJ" if the number showing on the claim form represents minutes and "UN" if it represents 15-minute units. TRICARE reimbursement of anesthesia services is calculated using the number of time units, the Medicare relative value units and the anesthesia conversion factor.

### Payment Level

Since payment rates distinguish between physicians and non-physicians, each anesthesia claim must identify who provided the anesthesia. In those cases where part of the anesthesia service is provided by an anesthesiologist and the remainder by a non-physician anesthetist, the claim must identify the exact services provided by each type of provider, so that the appropriate reimbursement rate can be applied.

Administration of general anesthesia by the operating surgeon is not covered. If the surgeon bills a single charge, which includes both the surgery and the anesthesia, a breakdown of the charge will need to be provided with billing or the anesthesia services will be denied. When a breakdown of charges is not available, payment will be based on the allowable charge for the surgery alone.

Generally, the total amount allowed for anesthesia provided by an anesthesiologist and a non-physician anesthetist cannot exceed what would have been allowed had the anesthesia been provided only by an anesthesiologist. In no case can it exceed that amount if the non-physician anesthetist is an anesthesiologist assistant. If the non-physician anesthetist is a certified registered nurse anesthetist, the total allowed amount can exceed that amount only if unusual circumstances warrant additional payment and are documented in the medical record.

For further information, please refer to the *TRICARE Reimbursement Manual*, Chapter 1, Section 9. ■

TriWest Healthcare Alliance  
P.O. Box 42049  
Phoenix, AZ 85080

## CONTACTS

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

**TRICARE Alaska Office**  
(Alaskan providers only)  
1-907-743-1800

**Wisconsin Physicians Service**  
(Electronic claims set up only)  
1-800-782-2680

**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)

.....  
*Provider News* is published by TRICARE Management Activity. Please provide feedback at [www.tricare.mil/evaluations/feedback](http://www.tricare.mil/evaluations/feedback).



## Do You Have Your NPI?

The Department of Health and Human Services (HHS) adopted the Final Rule for the Health Insurance Portability and Accountability Act (HIPAA) National Provider Identifier (NPI) as the standard unique identifier for health care providers. The NPI is a 10-digit number that will replace all other provider identifiers currently used in HIPAA standard electronic transactions. The rule became effective May 23, 2005, and affects both individual providers (e.g., physicians, nurse practitioners and pharmacists) and organizational providers (e.g., hospitals and pharmacies) who conduct HIPAA standard electronic transactions.

The compliance date for all TRICARE providers is May 23, 2007. The NPI's goal is to simplify health care administration by enabling more efficient electronic transmission of information related to health care claims, referrals, health plan enrollment, eligibility and other administrative health care transactions.

Any individual providers and provider organizations that have not yet obtained and submitted their NPIs to TriWest should do so immediately in order to avoid delays in claims payment.

Providers can obtain their NPI by applying through a Web-based application or by submitting a paper application that can be found at <https://nppes.cms.hhs.gov>. A paper copy of the application can also be obtained by calling the NPI Enumerator at 1-800-465-3203 (TTY 1-800-692-2326).

To assist providers in complying with the NPI requirements, TriWest added "Your NPI Connection" to the Provider Connection area of [www.triwest.com](http://www.triwest.com).

If you have already received your NPI, please share it with TriWest. Network providers should contact their Network Representative for instructions. Non-network providers can submit their NPI to Wisconsin Physicians Service. Contact information is available at [www.triwest.com](http://www.triwest.com).

For the latest NPI information from HHS, please visit [www.cms.hhs.gov/NationalProvIdentStand/](http://www.cms.hhs.gov/NationalProvIdentStand/). You can also visit [www.tricare.mil/hipaa/identifiers.html](http://www.tricare.mil/hipaa/identifiers.html) for TRICARE-specific NPI information. ■