



Philippines Claims Update

March 5-9, 2012



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Claims Issues Agenda

- What have been the most recent issues related to Philippine claims?
 - Required Claim Information
 - Provider Certification
 - Multiple proofs of payment
 - Requests for additional information
 - Timely Filing
 - Pharmacy
- Suggestions to improve claim results



Required Claim Information Professional Providers



Source: 32 Code of Federal Regulations 199.7

Required Patient Treatment information

includes:

- Provider - by name and professional status
- Date of Service
- Procedure code or narrative description of each service for each date
- Individual charge for each item of service
- Detailed description of any unusual complicating circumstances



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Required Claim Information Professional Providers (cont.)

Source: 32 Code of Federal Regulations 199.7

Required Patient Treatment information includes:

- Diagnosis – code or narrative description
- Full name of source of care
- Full address of source of care
- Name of Attending Physician
- Referring Physician
- Patient Status – inpatient / outpatient



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Required Claim Information Professional Providers (cont.)

Source: 32 Code of Federal Regulations 199.7

Required Patient Treatment information includes:

Hospitals

- Itemized billing showing each item of service or supply provided for each day covered by claim
- Name and professional status of individuals actually rendering care





Required Claim Information Pharmacy Services

Source: 32 Code of Federal Regulations 199.7

Required Patient Treatment information

includes:

Prescription Drugs

- Name, strength & quantity of drug
- Name and address of pharmacy where purchased
- Prescription number – usually on the bottle label



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Top 10 EOB Codes

Source: 2011 Monthly Reports for Non-active Duty Dependents, Retirees and TFL Beneficiaries

Top 10 EOB Message Reason Codes:

1. 003 - Not satisfied with determination -This is usually a cut back to Philippine CMAC pricing
2. 018 - Provider not TRICARE authorized for this service
3. 083 - Records submitted do not meet medical documentation requirements
4. 210 - Services billed require a medical record report - Please submit with a copy of the original claim
5. 028 - Requested information not received



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Top 10 EOB Codes

Source: 2011 Monthly Reports for Non-active Duty Dependents, Retirees and TFL Beneficiaries.

Top 10 EOB Message Reason Codes :

6. 173 - Documentation does not support frequency of visits billed
7. 327 - Claim lacks information needed for adjudication – Due to missing NDC code information required for drugs
8. 033/044 - Duplicate of services previously claimed
9. 030 - Service filed after time limit
10. 103 - Claim has been split for processing



Authorized Provider Certification Issues



Source: 32 CFR 199.6 (a)(7)

- Claims processing requires an authorized provider delivering services for which qualified & licensed
- The qualified services are based on provider specialty and contained in the TRICARE Provider Record
- Individual providers may qualify for more than one provider type and only be built as one
- Most common example - drug stores that also provide durable medical equipment

Result:

- Claims are paid for services by authorized providers
- Claims delayed for additional provider certification



Authorized Provider Certification Issues (cont.)



Potential Solutions

- Improve certification process (Contractor)
- Most certification is in response to a claim
- Recognize potential for other provider types (Contractor)
- Reduce the number of providers on the claims you submit. **One unauthorized provider will delay or deny a claim, even if all other providers are payable.**



Multiple Proofs of Payment



Source:

Government direction aimed at reducing fraudulent payments

Application:

- Global (Not just the Philippines)
- All claims payable to beneficiaries where payment qualifies for high dollar review.
- High utilization of a provider or the appearance of excessive charges by providers/beneficiaries



Multiple Proofs of Payment (cont.)



Result:

- Reduction in fraudulent high dollar payments to beneficiaries
- More documentation required
- Delayed / Denied payments
- Confusion about what constitutes an acceptable proof of payment
- Unintended consequences for “shoe box” claims



Multiple Proofs of Payment (cont.)



Potential Solutions:

- Use a payment method that is traceable. Check, credit card, cash payment with an associated withdrawal document, loan document, etc.
- Avoid “shoe box” claims, where the aggregate amount of all receipts from all providers goes over the high dollar thresholds



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Requests for Additional Information

Source: TOM Chapter 24, Section 9

Development of claims for additional information

Methods to find missing information:

- Check claim history +/- 30 days
- Check authorizations
- Letter request - 90 day maximum for development
 - Do not just resubmit another claim
 - Second claim will “dupe out” against the pended claim
 - Provide request letter with the requested information
 - Just provide the requested information, no more, no less
 - If a corrected claim is submitted clearly mark it “Corrected Claim”



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Timely Filing

Source: NDAA 2012, TOP Contract Modification

Overseas Timely Filing is changing from 1 year from the date of service, to 3 years from the date of service or hospital discharge

- Status: In process and starting soon
- Claims previously denied for timely filing will be automatically reprocessed going back to dates of service December 31, 2008 and later
- These claims may still deny for other reasons
- Do not start resubmitting claims denied for timely filing





Philippine Pharmacy Change

Source: TOM Chapter 24, Section 14

“For the Philippines, prescription drugs may be cost-shared when dispensed by a certified retail pharmacy or hospital based pharmacy. The TOP contractor shall deny claims for prescription drugs obtained from a physician’s office.”

Change implemented September 1, 2011

Result:

- Only claims from certified, Philippine pharmacies are now accepted
- Mercury Drugs certified corporately as a pharmacy provider and additional chains being considered
- Beneficiary submitted claims must clearly state name and address of pharmacy
- Some pharmacies are unwilling to provide certification documents despite being certified for other services



Suggestions to Improve Claim Results



Solutions:

- Know what is required by the TRICARE program. It is unique, with unique requirements. The online manuals have search capabilities, some have indexes – <http://manuals.tricare.osd.mil>
- Base appeals on referenced information - It provides for a basis for solution and understanding
- Know your provider - verify provider is authorized for service
- Provider information is being updated on the website
- Submit claims more frequently and in smaller total dollar amounts
- Recommend one claim form per provider
- All claims can be sent in the same envelope - It avoids a host of potential issues





THANK YOU

Questions?



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