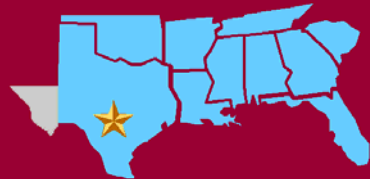




TRICARE Regional Office - South Newsletter

Dedicated to enhancing the exchange of information with regional staff

Published February 24, 2012



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TRICARE SOUTH PRIME ENROLLMENT FREEZE

Humana Military Public Affairs

The “Gold File” transfer, essentially freezing all enrollment transactions in DEERS, was successfully completed on February 20, 2012. The enrollment freeze was necessary to prepare for the TRICARE Third Generation (T3) contract scheduled to begin on April 1, 2012. The South Region will continue with the enrollment freeze until February 26, 2012 in order to allow loading of the “Gold File” by PGBA. All other TRICARE Regions resumed normal enrollment operations on February 21, 2012. Transactions affected by the enrollment freeze include:

- New enrollments
- Portability transfers
- Disenrollments
- Primary Care Manager (PCM) changes

Once the “Gold File” has been uploaded, there will be a delay in processing enrollment transaction changes due to the backlog of files received during the enrollment freeze. Although Humana Military cannot process enrollment transactions during the enrollment freeze period, normal enrollment effective dates will still apply when Humana receives the enrollment or PCM change request. For additional information, please contact the TRO-South Enrollment SME at (210) 292-3219.

COAST GUARD URGENT CARE DEMONSTRATION

TRO-South Coast Guard Liaison

As of January 1, 2012, the U. S. Coast Guard (USCG) and TRICARE Regional Office- South are conducting a pilot program for Active Duty Coast Guard Members and their families enrolled in TRICARE Prime or TRICARE Prime Remote within the South region. The goal of this demonstration is to decrease emergency room costs, increase access to care and improve patient satisfaction.

Coast Guard beneficiaries who are unable to get an appointment with their Primary Care manager for acute/urgent care may visit a TRICARE South network urgent care center without prior authorization **up to four times** for each family member during each of the two time periods mentioned below. This includes out-of-area and/or out-of-region visits. Note: Referral requirements are still required for specialty care and inpatient authorizations.

Effective Dates

Period One: January 1, 2012 through September 30, 2012
Period Two: October 1, 2012 through May 1, 2013

Types of Visits

Any primary healthcare visit associated with a single episode of care (minor or acute illness or injury) is covered by this demonstration. Severe illnesses or injuries should be seen at an emergency room. If the provider at the urgent care center asks for a follow-up visit, the follow up visit will count as one of the four allotted visits.

<http://www.humana-military.com/urgentcaredemo/>

SALUTE TO: MS. BARBARA CHURCHMAN, NAVAL HOSPITAL PENSACOLA

Submitted by: Naval Hospital Pensacola

According to her colleagues and the beneficiaries she interacts with, extraordinary customer service is an understatement when describing Ms. Barbara Churchman, TRICARE Contract Liaison for Naval Hospital Pensacola, FL (NAVHOSP).



For years, NAVHOSP Pensacola has maintained a large and diverse geographic footprint, with branch clinics spread from the Florida panhandle across Mississippi, Louisiana and Tennessee.

With the establishment of the new VA/DOD federal facility in Chicago, the former NAVHOSP Great Lakes had to do some shuffling – one result was the Naval Branch Health Clinic Crane (NBHCC), Ind. – the newest member of the NAVHOSP Pensacola family. This brought a clinic located in the North Region under an MTF in the South Region, adding a unique twist to Ms. Churchman’s already scattered family.

Since the NBHCC is a small Occupational Health Clinic supporting the Crane Weapons Station, it had never been a Prime enrollment site. However, the Weapons Station is located in an isolated area, and the commanding officer (CO) of NAVHOSP Pensacola wanted to ensure all options were explored to determine the best support for Active Duty members stationed there. As Ms. Churchman explored the possible enrollment of ADSMs to the clinic, several concerns were presented, including the unanticipated adverse impact it may have to the many TRICARE Prime Remote (TPR) families who live up to 50 miles from the NBHCC. Ms. Churchman’s concern for the health care needs of all their beneficiaries fueled her efforts to ensure the Weapons Station got the best TRICARE support possible.

Ms. Churchman arranged for two site visits to Crane in April and September of that year, inviting representatives from Health Net, TRO-North, NAVMED East and NAVHOSP Pensacola to participate as panelists during Town Hall meetings. These meetings gave beneficiaries the opportunity to express their concerns, find out what options were being explored, and what impact those might have on them. Ms. Churchman was able to answer questions for approximately 100 beneficiaries who attended. Her expert knowledge, coupled with her confidence and caring, put worries to rest and fostered productive communication among all players. Attendees at the meetings appreciated their concerns being heard and addressed. Ms. Churchman informed senior leadership that with no TRICARE Service Center in the area, the beneficiaries “felt alone and separated” from the TRICARE support they desired.

After assembling all available facts and concerns of the TPR ADSMs and their families, the CO of NAVHOSP Pensacola decided TPR was a better option than enrollment to the NBHCC for the Active Duty population of the Weapons Station. To ensure adequate TRICARE support, the NBHCC Clinic Manager, Ms. Mary Muessig, embraced Ms Churchman’s recommendation to assign a civilian staff member at the clinic to attend an upcoming TRICARE Fundamentals Course and become the designated clinic TRICARE representative for the ADSMs and their families. For more complex TRICARE issues, Ms. Churchman now serves as the higher-level POC.

NAVMED EAST sincerely appreciates Ms. Churchman’s efforts in making the NBHCC transition a success. Ms. Churchman took a spirited team approach and maintained a positive attitude to deliver the highest level of customer service.

“SALUTE TO” NOMINATIONS

"Salute To" nominations in the past have included individuals, services, and programs that have provided outstanding/innovative service or process improvements. Nominations should include a photo and summary of why your nominee should be selected. Be creative and let the region know about your successful initiatives! Call (210) 292-3265 or email TROSouthMarketing@tros.tma.osd.mil for information and to submit nominations.

TRICARE YOUNG ADULT PRIME AVAILABLE

Source: TRICARE Management Activity Public Affairs



The TRICARE Young Adult (TYA) Prime option became available for purchase on Dec. 1, 2011, with coverage beginning Jan. 1, 2012. TYA Prime offers young adult beneficiaries TRICARE Prime coverage for monthly premiums of \$201.

To purchase TYA Prime, dependents must be under age 26, unmarried and not eligible for their own employer-sponsored health care coverage.

TYA Prime is a managed health care option with low out-of-pocket costs. Care is delivered through military clinics and hospitals and the TRICARE network of civilian providers. Uniformed services dependents may qualify to purchase TYA Prime if

they live in a designated Prime Service Area and their sponsor's status makes them eligible for Prime coverage.

In addition to TYA Prime, young adult dependents may also be eligible for TYA Standard, which has been available since May 2011. With monthly premiums of \$186, Standard offers eligible dependents the flexibility to see TRICARE-authorized network and non-network providers of their choice, wherever they live or travel. The Standard monthly premium is dropping to \$176 on Jan. 1, 2012.

Complete information and application forms are available at www.tricare.mil/tya. Sponsors and their adult dependents are encouraged to explore both commercial and military health care plan options and costs when choosing a plan that best meets their needs.

Young adults considering TYA should determine if they are eligible before completing and sending in an application. Eligible dependents may drop off the application and payment of three months of premiums at a TRICARE Service Center or send them by mail or fax to their regional health care contractor.

Once the initial payment is made, monthly premiums must be paid in advance through automated electronic payment.

TYA Prime enrollment follows the TRICARE Prime "20th of the month rule." As long as the TYA enrollment application is received by the 20th of the month, coverage can begin on the first day of the next month. For example, if an applicant wants TYA Prime to start March 1, 2012, the application and initial three-month payment must be received by February 20, 2011. If it's received after February 20, TYA Prime coverage begins April 1, 2012.

Dependent eligibility for TRICARE previously ended at age 21, or age 23 for full-time students. Similar to provisions in the 2010 Patient Protection and Affordable Care Act, TYA offers eligible young adults up to age 26 the option to continue TRICARE Standard or Prime coverage, as long as their sponsor is still eligible for TRICARE. Unlike employer sponsored health plans, TYA is available only to unmarried young adult dependents.

MILITARY HEALTH SYSTEM WORKS TO SLOW COST GROWTH

Source: American Forces Press Service

\$50 billion Military Health System will plan for its future by slowing the growth rate of health care costs, strengthening partnerships and focusing on prevention, primary care and chronic disease management, the Defense Department's top health official said.

Dr. Jonathan Woodson, Assistant Secretary of Defense for Health Affairs and Director of the TRICARE Management Activity, addressed some of the 3,000 attendees at the 2012 Military Health System Conference, January 30 - February 2.

The Military Health System includes more than 133,000 military and civilian doctors, nurses, medical educators, researchers, health care providers, allied health professionals and health administration personnel around the world.

"The federal government, the Department of Defense and the Military Health System are at an inflection point," Woodson said. "We must begin to plan for how our system will operate in the long term." Slowing the growth rate of health care costs, Woodson added, "will require a new commitment to collaboration among the services, where joint interests exist to reduce redundancy and waste."

The Military Health System, he said, will expand partnerships and implement major initiatives addressing patient-centered medical homes, tobacco and obesity reduction, patient safety improvements and system-wide innovation.

A patient-centered medical home is a team-based way to care for a patient led by a personal physician who provides coordinated care throughout the patient's life, Woodson explained. "We are in the second full year of implementing the patient-centered medical home," he said. "The early returns, with 2 million beneficiaries enrolled in medical homes, are very encouraging." Fully functional medical homes are improving the delivery of preventive services, reducing inappropriate emergency room use and hospitalizations, and improving patient care experiences, he added.

Woodson said he will announce a new multi-year program this year to help service members deal with tobacco use and obesity. "Our service members are using tobacco and tobacco products at a much higher rate than their peers in the civilian sector," he said, and entry-level service members and retirees tend to develop weight problems. "We have the legal, statutory, moral and financial responsibility for care of retirees," Woodson said, "and we must ensure that they maintain their health."

This month, Woodson said, he will announce the implementation of a new comprehensive safety model for the Military Health System, establishing a performance model that is the best in the country. "We have already shown on the battlefield that we have the ability to rapidly process information, understand best practices and disseminate them into the worldwide medical community," he said. "We need to do the same in patient safety practices."

Innovation is not a new concept in the Defense Department or in the Military Health System, Woodson said, "but we've got to undertake the process of innovation in a more strategic manner." To that end, he added, "I've tasked our innovation team with responsibility for finalizing and disseminating the knowledge sharing system within the Military Health System, open to the entire community and easily accessible so we can communicate across the enterprise and across silos."

Providing better care at reduced costs with improved outcomes and a focus on prevention, primary care and chronic disease management is not the role of doctors, nurses and pharmacists alone, Woodson said, but requires the work of the entire military community.

Continued on page 5

MILITARY HEALTH SYSTEM WORKS TO SLOW COST GROWTH

Continued from page 4

“We have engaged Gallup and Healthways to look at measures of overall community wellness and their insights into how communities can change behaviors,” he said. “We will move from health care to health by involving a larger set of partners.”

Strengthening partnerships is one way the Military Health System is preparing for the future. “With the Department of Veterans Affairs, we have one overarching committee called the Joint Executive Committee,” Jo Ann Rooney, Acting Undersecretary of Defense for Personnel and Readiness, said today. “That’s where we address the large issues facing us between the two departments,” she added, “not only involving health care, but also how we continue to support service members and their families.”

One issue involves facilities, Rooney said, in determining “how the Defense Department can best use its resources and dollars to jointly develop facilities that take us ... into the future focused on the idea of health as well as health care.”

Other issues include how to streamline disability and evaluation processes and how to best address pharmacy use. “It’s not just about specific formulary or nonformulary drugs,” Rooney said. “It’s about shaping behavior so that we can best use our resources in pharmacy and pharmaceuticals to support warfighters and their families.”

Army Surgeon General Lt. Gen. Patricia D. Horoho, a registered nurse, said the Army has executed the health care mission with remarkable success through trying times, but that’s not good enough.

Despite a 90.1 percent survival rate in Afghanistan and 2011 investments of \$315 million in enhanced behavioral health programs and \$50 million in patient-centered care, Horoho described Army health problems still to be addressed.

“My challenge and my personal belief,” she said, “is that we can be better. We absolutely must be better.” The Internet and social media also will play a role in improving health, not just health care, for service members and their families, Horoho said.

“World class health care is what we do. We do it well, and we have international recognition for that,” the Army surgeon general said. “But we have to focus on health” – what Horoho calls the 99 percent of a patient’s life that occurs when they’re not spending 100 minutes at their annual medical appointment.

For military health patients, health happens between the 100-minute medical visits, Horoho said, “and that is where we as individuals, we as the Military Health System and we as a nation absolutely must go.”

DCOE CENTER RELEASES NEW MOBILE APP FOR PROVIDERS: CO-OCCURRING CONDITIONS TOOLKIT

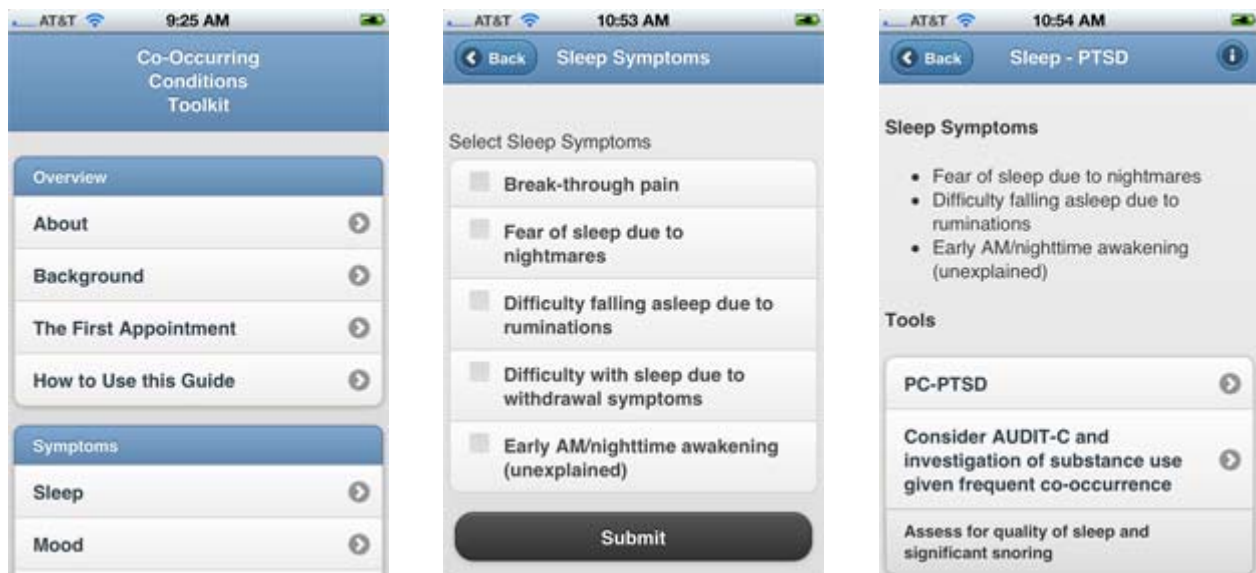
Source: DCoE Strategic Communications

A mobile application for smartphones and tablets is now available for the Co-occurring Conditions Toolkit: Mild Traumatic Brain Injury and Psychological Health from Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). Developed by National Center for Telehealth and Technology (T2), the new Co-occurring Conditions Toolkit mobile app is designed for use by primary care providers to evaluate and treat patients experiencing a mild traumatic brain injury and common co-occurring conditions such as post-traumatic stress disorder (PTSD), depression, chronic pain and substance use disorder.

The mobile app contains the entire contents of the newly updated toolkit, including evidence-based clinical practice guidelines and recommendations from the Departments of Defense and Veterans Affairs on the assessment and management of concussions and psychological health conditions. The second edition of the toolkit incorporates recent updates made to the clinical practice guideline for PTSD. The mobile app will help providers identify appropriate interventions and timing of services for patients displaying these multiple conditions and symptoms.

Providers and other health care professionals will have immediate access to critical and up-to-date information with the app, ultimately improving the quality of care for service members and veterans. Additional benefits of the app include increased use of evidence-based treatment recommendations, enhanced provider-patient interactions and more appropriate specialty referrals. The Co-occurring Conditions Toolkit mobile app is free and available for download on iPad, iPhone and Android devices.

For information on all of the mobile apps available by T2 for both providers and service members, visit www.t2health.org/mobile-apps. T2 also recently launched a provider network group on LinkedIn, "Psychological Health Providers for the Military Community," to share timely information with providers. T2, a DCoE center, designs, tests and evaluates available and emerging technologies in support of psychological health and traumatic brain injury recovery for service members, veterans and their families. Hard copies of the Co-occurring Conditions Toolkit are available from Defense and Veterans Brain Injury Center. Call 800-870-9244 or email for details.



T3 BRIEFING OPPORTUNITIES REQUIREMENTS

Submitted by: TRO-South Program Operations Division

Educational outreach is important in keeping MHS staff and beneficiaries alert to the TRICARE coverage enhancements. Humana Military's TRICARE Service Center personnel, Guard/Reserve program personnel and Beneficiary Service Representatives, along with TRO-South outreach, continue to strive to offer the services and flexibility needed for these beneficiaries.

Under the future T3 contract, poised to take effect April 1, 2012, the following requirements for Humana Military to provide briefings and other support (i.e. booths or event tables) will be available:

- 40 hours per month briefing support at the discretion of the MTF Commander. (Briefing opportunities below do not count against these 40 hours.)
- Three (3) monthly one-hour training sessions, followed by a question and answer session, for clinical and administrative personnel at each Military Treatment Facility (MTF)
- One (1) weekly one-hour briefing, followed by a question and answer session, to an audience specified by the MTF Commander
- Three (3) annual one-hour briefings, followed by a question and answer session, for military recruiters in the region
- One (1) annual one-hour briefing covering all aspects of TRICARE, followed by a question and answer session, at each Reserve/National Guard unit. Reserve Component Units can request briefing support at <http://www.tricare.mil/trosouth/requestform/Default.aspx>.
- TRICARE Fundamentals Course, offered quarterly (see page 9). There is a classroom version (which may require TDY), and an online version. More information is available at <http://www.tricare.mil/tricareu>.



To request a briefing from a MTF TRICARE Service Center, contact your facility Contract Liaison.

Reference: TOM 2008, Chapter 11, Section 2

VA PUBLISHES REGULATION ON NEWBORN CARE

Source: VA Office of Public Affairs

The Department of Veterans Affairs has published a regulation officially amending the VA's medical benefits package to include up to seven days of medical care for newborns delivered by women Veterans who are receiving VA maternity care benefits.

"The regulation change makes formal the commitment VA made to women Veterans," said Secretary of Veterans Affairs Erik K. Shinseki. "This falls in line with the broad range of services VA is proud to offer women Veterans who have served this nation."

Newborn care includes routine post-delivery care and all other medically necessary services that are in accord with generally accepted standards of medical practice.

The effective date of the rule is Dec. 19, 2011, but the regulation applies retroactively to newborn care provided to eligible women Veterans on or after May 5, 2011.

VA has women Veterans program managers at every VA medical center to help women Veterans learn more about the health care benefits they have earned with their service. For more information about VA healthcare for women Veterans, visit <http://www.womenshealth.va.gov>.

<http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=2254>

This guide may assist staff and beneficiaries in navigating Humana Military's South Region Customer Service Line



IVR QuickStart Guide

HUMANA MILITARY
HEALTHCARE SERVICES
★★★★★

Interactive Voice Response (IVR) QuickStart Guide for TRICARE South Customers
1-800-444-5445

Main Menu Self-Service Options

- Mental Health
- Claims
- Providers
- Payment Options
- TRICARE Reserve Select

To dial an extension directly, enter it when prompted
Say YES to use automated express service menu

Mental Health Questions

- Press or say **1** from the Main Menu.
- You will be transferred to the ValueOptions Voice Response Menu.
- Select the option that best fits your needs.

Referral Status

- Say **Yes** to use Automated Express Service Menu.
- Select **4** for more options from the Main Menu.
- Press or say **3** for the Referral Status Line.

To hear or send status information on existing referrals to your SmartPhone, please have Sponsor SSN or DOD Benefits Number, Patient's DOB and zip code ready.

Claims

- Press or say **2** from the Main Menu.
- You will be transferred to the PGBA Menu.
- Select from the options below that best fit your needs.
 - Medicare as Primary, say **Primary**.
 - TRICARE Pharmacy, say **Pharmacy**.
 - All other requests, say **Other**.

Next identify who you are:

- Sponsor, beneficiary, or patient press or say **1**.
- Hospital, doctor, or medical facility press or say **2**.

Select the option that best fits your needs.

Eligibility Status and Benefits

- Say **Yes** to use Automated Express Service Menu.
- Press or say **4** for more options from the Main Menu.
- Press or say **2** for the Eligibility and Benefits Line.

To hear, receive a fax, or send information to your smartphone on enrollment/eligibility status, please have Sponsor SSN or DOD Benefits Number, patient's DOB and zip code ready.

TRICARE Reserve Select
(Reservists, National Guard, and CHCBP members only)

- Press or say **3** from the Main Menu.
- Next identify yourself as a provider or beneficiary.
- Select the option that best fits your needs.

TRICARE Service Center Locations

- Say **Yes** to use Automated Express Service menu.
- Select **4** for more options from the Main Menu.
- Select **4** again for the second list of automated lines.
- Press or say **2** for the TSC directions line.

To hear or send driving directions to your SmartPhone, please have the state, city and name of installation ready.

Payment Options

- Press or say **4** for more options from the Main Menu.
- Next identify yourself as a provider or beneficiary.
- Press or say **1** for the Pay by Phone Menu

To look up a doctor or medical provider

- Say **Yes** to use Automated Express Service Menu.
- Press or say **4** for more options from the Main Menu.
- Press or say **4** again for the second list of automated lines.
- Press or say **1** for the Medical Provider Finder line.

To hear, receive a fax or send a list of provider/addresses to your SmartPhone, please have the medical specialty, zip code, and distance to drive ready.

Important Note on Payment Options

You may make a payment, hear mailing address, get the web payment site, or receive fax forms to set up automated payment through allotment or Electronic Funds Transfer.

To make a payment, please have Sponsor SSN or DOD Benefits Number, Sponsor DOB, credit card information, and amount of payment. Payment confirmation can either be played back or sent to your smartphone.

Audio Library about Health Topics

- Say **Yes** to use Automated Express Service Menu.
- Press or say **4** for more options from the Main Menu.
- Select **4** again for the second list of automated lines.
- Press or say **3**.
- You will be directed to the Audio Library Catalog.

SUBMISSION OF CLINICAL SUPPORT AGREEMENTS (CSA)

Submitted by TRO-South Business Operations Division

Clinical Support Agreements (CSA) remain a viable contract option in the Third Generation (T3) of the Managed Care Support Contracts (MCSC). As the implementation date of the T3 MCSC approaches, remember that Clinical Support Agreements (CSA) are an available contracting tool for a military treatment facility (MTF) to acquire contracted independent practitioners or clinical support staff.

CSAs allow MTFs the ability to effectively acquire contracted clinical personnel through Humana Military, the South Region MCSC. While this capability continues to exist in T3, there is a significant change in the processing and award of T3 CSAs. No longer will the MTF's supporting contracting office award CSA Task Orders as they do now in the T-Nex MCSC. That responsibility now falls to TMA West in the form of a Contract Modification.

The TMA T3 CSA Guidance approved by the Deputy Director, TMA in Feb 11, outlines this new process as well as the responsibilities of the MTF, the Services, and TMA in processing and awarding T3 CSAs.

Since publication of the T3 CSA Guidance, some of the Services' Medical Departments have issued documentation regarding how they will coordinate the processing of T3 CSAs.

The U.S. Army Medical Command Chief of Staff issued a memorandum on September 7, 2011 that gives the MTF Commander the flexibility to enter into CSAs provided the Commander determines it is in the best interest of the Government to do so and the MTF has sufficient funds to support the T3 CSA.

For Air Force MTFs, guidance on requesting T3 CSAs is located on the Air Force Medical Service Commodity Council website (<https://kx.afms.mil/commoditycouncil>).

At this time, Navy Medicine has not authorized the use of T3 CSAs. Rather, Navy MTFs with clinical requirements are being directed to use the MATO contract process administered by the Navy Medical Logistics Command.

Please note that Humana Military has an in-house Recruiting and Credentialing department to expedite the acquisition of qualified clinical personnel candidates for MTF consideration. In addition, Humana Military must meet timeframes outlined in the TRICARE Operations Manual (TOM) in presenting these candidates to the MTF for consideration. TRO South is responsible to monitor and report on Humana Military's compliance with the TOM requirements. TMA West is required to meet a 45 day processing time to award T3 CSA contract modifications. All of this is designed to ensure each MTF gets "boots on the ground" in a timely manner to assist with in accomplishing the mission.

For more information, contact Chief, Optimization and Initiatives, 210 292-3286, or Chief, Contract Operations Division, 210 292-3267.

MILITARY HEALTH SERVICES SUPPORT INITIATIVE (MHSSI)

Submitted by TRO-South Business Operations Division

Have a worthy idea to improve your military treatment facility (MTF)'s operations yet no resources to implement it? Consider applying for funds through the Military Health Services Support Initiative (MHSSI) program.

We've seen headlines about the significant cuts in funding facing the Department for Defense and the Military Health System. In this increasingly resource constrained environment, it'll be even more challenging to secure local MTF funds to support worthy initiatives. Keep in mind that seed funds for up to two years exist from the TRICARE Management Activity (TMA) through the MHSSI program. These funds are available provided the proposed initiative either recaptures private sector care back to the MTF, or the initiative prevents current MTF work from being sent to the private sector due to a reduction in MTF capability.

Why are MHSSI funds available in this resource constrained environment? The answer is simple. The MHSSI program is designed to assist MTFs in optimizing their operational performance, thereby lessening the need of having clinical services rendered in the generally more expensive private sector. The bottom line is that MTFs generally provide a "bigger bang" for the taxpayers' dollar by providing clinical services within the MTF than by acquiring these same services in the private sector. Improving the MTF's performance translates into more appropriate services rendered by the MTF at a lessor cost to the government.

By using the MHSSI program, they have an opportunity to lessen the impact of future funding cuts on the direct care system. TMA must first pay our Managed Care Support Contractors for private sector healthcare services provided to our beneficiaries. A majority of the remaining funds are distributed to the direct care system to support the Services' requirements, which include MTF operations. By lessening the private sector bill, the MHS is in a better position to effectively absorb funding reductions to the MHS, to include those reductions that affect the direct care system. Also, as noted at the MHS Conference, all the Surgeons General were advocating recapturing care within the walls of the MTFs. So please consider the use of the MHSSI program to get your worthy initiatives implemented.

The specific requirements about using the MHSSI program, to include the submission of worthy initiatives, can be found in the MHSSI guidance. Please know that TRO South analysts are available to assist an MTF in the development of worthy MHSSI initiatives for submission and approval by the Regional Director.

For questions about the MHSSI program, please contact Chief, Optimization and Initiatives at 210-292-3286.

INPATIENT SATISFACTION ON THE RISE

Submitted by TRO-South Program Operations Division



The most recent TRICARE Inpatient Satisfaction Survey (TRISS) shows favorable patient results in several areas of health care delivery. At the cumulative level, five of the ten metrics scored significantly above the national benchmarks

- Recommend the Hospital
- Communication About Medications
- Pain Management
- Discharge Information
- Quietness of Hospital

The only metric which scored significantly below its national benchmark was “Responsiveness of Hospital Staff”. The aggregate survey results are composed of three components: 1) maternal/obstetrics, 2) surgical, and 3) medical. Maternal/Obstetrics and Surgical survey results were exceptional. The medical component had the most beneficiary responses, however it had the least satisfied beneficiaries.

The civilian hospitals who had the most satisfied beneficiaries were the University of Alabama Hospital of Birmingham, AL and the Vanderbilt Professional Practice Program in Nashville, TN. As a group, beneficiaries receiving inpatient care at direct care hospitals were more satisfied than beneficiaries receiving care at purchased care facilities. MTFs with the most satisfied beneficiaries were:

- Brooke Army Medical Center, Fort Sam Houston, TX
- NH Pensacola, FL
- Eisenhower Army Medical Center, Ft Gordon, GA
- 96th Medical Group, Eglin AFB, FL
- NH Jacksonville, FL
- Keesler AFB, Medical Center, MS
- Reynolds Army Community Hospital, Ft Sill, OK

Beneficiaries using 40 civilian hospitals and 15 military hospitals, including Blanchfield Army Community Hospital at Ft Campbell, KY, were surveyed during the 1st and 2nd quarters of 2011. The new TRISS program is experiencing a 40% response rate. In the first six months, over 6,000 beneficiaries in the South Region who received care from purchased care providers/hospitals, responded to the questionnaire, a six-fold increase over previous annual surveys. The TRISS is administered monthly and is triggered by an inpatient encounter.

The TRISS website is designed after the TRICARE Outpatient Satisfaction Survey website. It is very user-friendly and produces a large amount of survey data. The website is updated quarterly. The URL for the website is: <https://surveys.altarum.org/triss/>

TRISS results can be obtained by visiting the TRISS website or requesting a copy of the South Region results from TRO-South Beneficiary Satisfaction at 210-292-3234.

WELCOME FT. CAMPBELL AREA BENEFICIARIES

Source: Humana Military Public Affairs

On April 1, 2012, Fort Campbell will join the TRICARE South Region and Humana Military, the current Managed Care Support Contractor for the TRICARE South Region, will begin administering TRICARE benefits for Ft. Campbell area beneficiaries. Humana Military welcomes Ft. Campbell beneficiaries and looks forward to managing their care. How will this change affect me and my TRICARE benefits? For the most part, this change should not affect beneficiaries or their family members. Your TRICARE benefits will remain the same and beneficiaries will be able to see the same health care providers in nearly all cases.

TRICARE Prime beneficiary enrollment records, Primary Care Managers (PCMs) and any fee information will be automatically transferred to Humana Military by DEERS. Once Humana Military records are updated with their information, beneficiaries will receive new enrollment cards containing contact information for the South Region.

Behavioral health care needs will be provided by ValueOptions, the South Region's behavioral health contractor. You can reach ValueOptions by calling 1-800-700-8646.

PGBA will continue to process all claims. You can always check the status of their claims at MyTRICARE.com.

The Ft. Campbell TRICARE Service Center will continue to provide assistance to Ft. Campbell beneficiaries. The TRICARE Service Center will continue to operate at the same location, 8:00 a.m. to 5:00 p.m., Monday through Friday.

Can beneficiaries continue to see my specialty providers?

In most cases, beneficiaries will be able to continue receiving care from their existing providers unless they have chosen not to join Humana Military's network or they have chosen to no longer be a TRICARE authorized provider.

Do beneficiaries need new referrals or pre-authorizations?

Existing referrals for appointments and authorizations for care that occur after April 1, 2012 will be honored for at least 60 days. If a procedure is scheduled after May 31, 2012, beneficiaries will need a new referral or authorization. Humana Military will contact beneficiaries or their PCM if beneficiaries need a new referral or authorization is needed.

Can beneficiaries continue to pay their enrollment fees electronically?

Monthly automated payments will be moved automatically from Health Net to Humana Military. All payments made prior to April 1, 2012 will automatically transfer and be recognized by Humana Military. Once the change has occurred, beneficiaries should notice the name "Humana Military" for the deduction on their bank account statement.

Checks are only accepted for their initial enrollment fees. All subsequent payments must be made by credit card or a monthly automated deduction.

Managing Care Online

Humana Military's secure self-service options include checking on the status of claims, referrals and authorizations and eligibility. In addition, beneficiaries can pay their enrollment fees online, print enrollment and verification cards, request a PCM address change, and compare hospital quality. To register, go to www.humana-military.com.



DID YOU KNOW?....

DoD policy on generic drugs states:

TRICARE will fill prescriptions with a generic equivalent medication. If a generic equivalent does not exist, the brand-name drug is dispensed and a beneficiary will pay the brand-name copayment.



Brand-name drugs that have a generic equivalent may be dispensed only after the prescribing provider completes a clinical assessment that indicates the brand-name drug should be used in place of the generic medication and approval is granted by Express Scripts. Providers have to submit documentation showing the beneficiary is unable to take the generic for specific reasons. Beneficiaries who want to continue using a brand-name must have a Brand over Generic Prior Authorization form.

The form is available in the TRICARE Formulary, at http://pec.ha.osd.mil/formulary_search.php, and directly at http://pec.ha.osd.mil/files/limits/PAF_BG20110810.pdf

TRO-SOUTH COMMANDER ORIENTATIONS

The TRICARE Regional Office-South (TRO-South) is currently scheduling MTF Commander Orientations. This is an opportunity for the Commander to learn what the TRICARE Regional Office is and what we do, as well as how we may be able to assist their facility.

TRO-South offers each South region MTF Commander a personalized briefing, featuring an introduction of TRO-South and the direct services, training opportunities, and MTF-specific data available to their facility. A TRO-South senior staff member will lead the presentation, either via teleconference or on-site, and subject matter experts will attend via teleconference to present and answer questions. The briefings are scheduled for 1.5 hours, allowing time for questions. The MTF Commander is encouraged to invite their executive staff or additional personnel as they see fit. Typically general TRICARE program benefits are not covered; however, the local TRICARE Service Center can provide this information as requested.

For more information, or to schedule a Commander Orientation, please contact 210-292-3265 or TROSouthMarketing@tros.tma.osd.mil.

2012 TRAINING DATES

For more information and registration on South Region training opportunities, please visit our webpage at <http://www.tricare.mil/trosouth/Training.cfm>.

2012 SOUTH REGION TRICARE FUNDAMENTALS COURSE

May 22-24 San Antonio, TX

August 7-9 Atlanta, GA

October 23-25 San Antonio, TX

Space is limited; Register at <http://www.tricare.mil/tricareu/>

ONGOING TRAINING AND COURSES

TRICARE Data Quality Training Courses: For more information, go to:

<http://www.tricare.mil/ocfo/mcfs/dqmcp/training.cfm>

TRICARE University, TMA Reporting Tools, and TRICARE Briefing Materials: For more information, go to: <http://www.tricare.mil/training/index.cfm>

TRICARE Briefings- resource guide for anyone who needs to educate active duty and retired members of the uniformed services, their families, and survivors about TRICARE.

<http://www.tricare.mil/briefings/>

Working Information Systems to Determine Optimal Management (WISDOM) Training Courses: For more information, go to: <http://www.tricare.mil/ocfo/bea/wisdom.cfm>

TRICARE Information Portal– DataMart Training (formally TIP AdHoc), Log-in to Government section. Prior authorization needed from facility Contract Liaison.

2012 UPCOMING CONFERENCES

For more information, go to: <http://www.tricare.mil/conferences.cfm>

March 13-15	4th Annual Military Health	San Antonio, TX
March 26-28	Military Healthcare Behavioral Health Summit	Washington, D.C.
March 29-30	Warrior Resilience Conference IV	Washington, D.C.