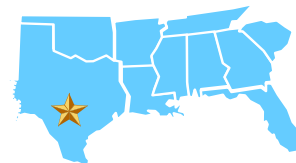




TRO-South Messenger
An Update for the Region
Issue 29
April 13, 2012



**This publication is on the TRO-South website at www.tricare.mil/trosouth.
Previous editions are available at www.tricare.mil/trosouth/newsletters.cfm.**

DIRECTOR'S CORNER

Leaders,

This issue of the TRO South Messenger features articles from the Managed Care Division and Behavioral Health. The articles pertain to referral requirements for after-hours care, Department of Defense Beneficiary Advisory Panel, Line of Duty Care, Provider Contracts: Credentialing Applications and Re-credentialing, and Non-Covered Services and TRICARE's "Hold-Harmless" Policy. We have also included information on changes to the TRICARE Manuals, upcoming training opportunities and recent press releases.

As always, I hope you find these articles informational. If there are any questions, please contact the POC listed for each article.

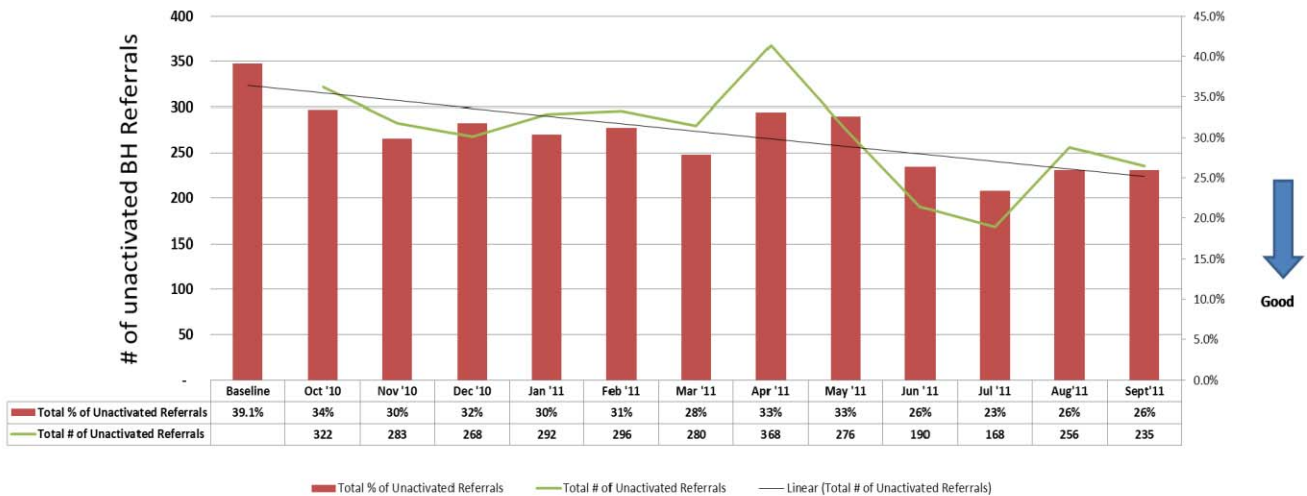
Best regards, Bill Thresher

TOPICS OF INTEREST

BEHAVIORAL HEALTH UPDATE

TRICARE Regional Office South (TRO-South) continues to be concerned over the issues of ADSMs suffering from psychological issues, ranging from depression to Post Traumatic Stress Disorder, and suicidal ideation. Therefore, we continue to monitor ADSM behavioral health network utilization data on Behavioral Health referrals generated by the MTF. The Managed Care Support Contractor (MCSC) uses a 5 month lag time, which indicates the ADSM would have sufficient time to have received Behavioral Healthcare. TRO-South hopes that by continuing to communicate information to MTFs regarding ADSMs who have been referred to network providers but have not received care, the inactivated referral statistic will improve. It is important for the MTFs to monitor this data. It is possible that some of these services were obtained in venues other than the network, for which the TRO has no visibility. Each MTF can review their data on Behavioral Health referrals by utilizing the Referral Reconciliation Tool. This provides a clear indication as when the referral for the ADSM was written and date Behavioral Health Services were received. Because this issue is so important in providing much needed Behavioral Health care, we need cooperation between the MTFs, the MCSCs, and the TRO. The chart below reflects the Active Duty MTF generated Unactivated Behavioral Health Referrals to the network for FY11 by month. The TRO will continue to monitor these Behavioral Health referrals in an effort to continue to reduce the Unactivated Referrals even further.

**Unactivated Behavioral Health Referrals
For the South Region by Active Duty Only
May 2010 - Apr 2011**



Data is based on MTF behavioral health referrals to MCSC written May'10 - Apr '11.
 Data Source: Value Options Behavioral Health Referral Utilization Summary Reports (Oct '10 - Sep '11)
 *Based on claims

TRO-South POC: 210-292-3262

TRICARE REFERRAL REQUIREMENTS FOR AFTER HOURS AND WALK-IN CARE

TRICARE maintains strict adherence to TRICARE Prime referral requirements. With two exceptions, A Prime beneficiary must obtain a referral from his or her military treatment facility (MTF), PCM or regional contractor before visiting a civilian provider.

Exception 1 – Emergency care: For emergency care, TRICARE beneficiaries should go directly to the nearest emergency room or call 911 for assistance. A referral or authorization is not required.

Exception 2 – Preventive services: TRICARE Prime enrollees may receive specified clinical preventive services from their primary care manager or from any network provider without a referral or authorization at no cost. For covered services, see:

<http://www.tricare.mil/mybenefit/jsp/Medical/IsItCovered.do?kw=Clinical+Preventive+Services>

All other services, including urgent care, require a referral, even when services are received at an urgent care center or walk-in clinic.

Some providers have extended their office hours to include evening and weekend office hours and provide “walk-in” care with no prior appointment necessary. If a TRICARE Prime beneficiary receives

after hours or walk-in services at a physician's office without a referral, he or she may incur point-of-service (POS) fees, resulting in a deductible and significantly higher out-of-pocket costs. MinuteClinics or other network "convenience care" clinics are considered walk-in clinics and a referral is required.

For more information, visit <http://www.humana-military.com/south/provider/tools-resources/Bulletins-Newsletters/I9-10/walk-in-care.asp> and <http://www.humana-military.com/south/provider/tools-resources/Bulletins-Newsletters/I5-09/out-of-area-beneficiaries.asp>

TRO-South POC: 303-676-3476

TRICARE PHARMACY BENEFIT: DOD BENEFICIARY ADVISORY PANEL

The Department of Defense (DoD) Beneficiary Advisory Panel (BAP) is designed to enhance transparency and provide an opportunity for beneficiaries to comment on the DoD Pharmacy and Therapeutic (DoD P&T) Committee's formulary recommendations before they are submitted to the Director of TRICARE Management Activity for approval. The BAP meets in a public forum about six weeks after each DoD P&T committee meeting.

BAP members are appointed on an annual basis by the Secretary of Defense to represent the interests of TRICARE beneficiaries. BAP members come from nongovernment organizations and associations that represent the views of a large number of eligible beneficiaries. These members include contractors responsible for the pharmacy network, TRICARE Pharmacy Home Delivery and TRICARE network providers. Members also come from beneficiary organizations, such as the Fleet Reserve Association, the Military Coalition, the National Military Family Association, the Military Officers Association of America, the Military Alliance and the National Military and Veterans Alliance.

Information discussed at the BAP meetings does not include specific drug pricing or financial information. The meetings focus on the uniform formulary recommendations and prior authorization criteria recommended by the DoD P&T Committee. The BAP does not review Military Treatment Facility Basic Core Formulary or quantity limits.

A major focus of the BAP is the process of implementation of uniform formulary decisions, especially communications with beneficiaries. The BAP has been instrumental in DoD's decision to send letters that target affected beneficiaries during the implementation period before drugs are designated nonformulary (Tier 3).

The Federal Register announces all BAP meetings at least two weeks in advance and provides necessary supplementary information. Meeting information and supporting materials can also be obtained by visiting the BAP Web page on the TRICARE website at <http://www.tricare.mil/pharmacy/BAP>

TRO-South POC: 303-676-3783

LINE OF DUTY CARE

National Guard and Reserve members may be covered for an injury, illness, or disease determined to be incurred or aggravated while in a qualifying duty status or while traveling to or from the place of duty. Qualifying duty status may include inactive duty (drill), funeral honors duty, or active duty.

The member's service or Reserve component must issue a line of duty (LOD) determination that specifically identifies the qualifying medical or dental condition to be treated or covered at the expense of the Department of Defense. Once the member's service has issued the LOD, it is the member's responsibility to ensure the LOD documentation is on file at either a military treatment facility (MTF) or the Military Medical Support Office (MMSO).

For more information, view [MMSO LOD Care procedure guidelines](#) or visit the [MMSO Web Site](#) at <http://www.tricare.mil/tma/MMSO/>.

Fact sheet located at: <http://www.humana-military.com/library/pdf/treatment-of-line-of-duty-fs.pdf>

<http://www.tricare.mil/mybenefit/home/LifeEvents/InjuredActiveDuty>

TRO-South POC: 303-676-3476

PROVIDER CONTRACTS: CREDENTIALING APPLICATIONS AND RECREDENTIALING

Humana Military Healthcare Services, Inc. (Humana Military) and its subcontractors ensure that physicians, licensed independent practitioners, facilities and other health care professionals within the TRICARE network meet credentialing and recredentialing criteria. Adherence to credentialing criteria that meets or exceeds Department of Defense (DoD) requirements ensures a quality health care system for TRICARE.

Once approved for participation, providers are monitored for quality of care and adherence to DoD and Humana Military standards. Humana Military uses several methods to monitor quality, including:

- Recredentialing providers at least every three years
- Reviewing complaints and grievances
- Conducting focused clinical quality and preventive health studies

TRO-South POC: 303-676-3476

NON-COVERED SERVICES AND TRICARE'S "HOLD-HARMLESS" POLICY

TRICARE network providers may not bill a TRICARE beneficiary for non-covered services except in the following circumstances:

- If the beneficiary did not inform the provider that he or she was a TRICARE beneficiary
- If the beneficiary was informed that services were excluded or excludable and agreed to pay for the specific services in advance and in writing

Payment Agreements for Non-Covered Services

Before providing a non-covered service, a provider must inform TRICARE beneficiaries in advance and in writing that the service is not covered under TRICARE. If they choose, beneficiaries may sign a waiver agreeing to pay for non-covered services. However, if a provider does not obtain a legally signed waiver and the care is not authorized by Humana Military, he/she is expected to accept full financial liability for the cost of the care.

For the beneficiary to be considered fully informed, TRICARE requires that:

- The agreement is documented prior to providing the specific non-covered services
- The agreement is in writing
- The specific treatment and date(s) of service and billed amounts are documented

General agreements to pay, such as those signed by the beneficiary at any time of admission, are not evidence that the beneficiary knew specific services were excluded or not allowable.

TRO-South POC: 210-292-3262

NEW COMMANDER ORIENTATIONS

TRICARE Regional Office-South offers each South region MTF Commander a personalized briefing, featuring an introduction of the TRICARE Regional Office-South and direct services, training and MTF-specific data available to the facility. A TRO-South Division Chief and subject matter experts will present and answer questions via teleconference. The briefings are scheduled for 1.5 hours, including questions and answers. The MTF Commander is encouraged to invite their executive staff or additional personnel.

TRO-South POC: 210-292-3265, TROS_Marketing@tros.tma.osd.mil

UPCOMING MEETINGS & TRAINING

TRICARE DATAMART (TIP ADHOC REPLACEMENT):

Date: April 5, May 3, 2012 (Enroll at least 5 days prior to class date)

Register at Humana Military: www.humanamilitary.com

DataMart is a new reporting tool that will replace TIP Ad Hoc sometime between April 1, 2012 and July 1, 2012. There are virtual training sessions available. These classes are offered monthly. For detailed information about this training do the following:

- After logging into the Government secured portal at www.humanamilitary.com, click on the "TRICARE DataMart Main Menu" link at the bottom of the page.
- Click the "Important Training Information" link for details about registering for a class and accessing training materials.
- To enroll in a class select the "Register for TRICARE DataMart Training" link, then select a class.
- If you have registered for training but will not be able to attend, please click the "Unenroll" button next to your chosen class.

TRO-South POC: 210-292-3265

TRICARE FUNDAMENTALS COURSE:

Date: May 22-24, 2012. San Antonio, TX

Register at TRICARE University: <http://www.tricare.mil/tricareu/>

The TRICARE Fundamentals Course (TFC) is an intense, in-depth review of the TRICARE benefit. It is highly recommended for Military Health System (MHS) staff with less than three years of TRICARE experience. With well-trained instructors and the opportunity to interact with other students who assist TRICARE beneficiaries, this course provides an ideal setting for discussing beneficiary and staff concerns. After attending all three days of training, passing a 50-question final exam, and completion of the end of course evaluation; a Certificate of Training is awarded.

TRO-South POC: 210-292-3265

TMA MANUAL CHANGES, PRESS RELEASES, POLICY

TRICARE MANUAL CHANGES:

5 Mar- TOM, 2002, Change 138 - Summary of Changes: This change allows Active Duty Family Members (ADFM) (E-5 and above) to disenroll from TRICARE Prime and not be locked out from re-enrollment for one year, until their enrollment status changes more than twice in an enrollment year.

29 Feb- TOM, 2002, Change 137 - Summary of Changes: This change executes National Defense Authorization Act (NDAA) Fiscal Year (FY) 2008, Section 705, which authorized the expansion of persons eligible for the Continued Health Care Benefit Program (CHCBP) under 10 United States Code (USC) Section 1078 to include any person who was authorized coverage under Chapter 55 of 10 USC and who loses that eligibility. It also changes the enrollment period to 60 days for those losing TRICARE Reserve Select (TRS) coverage. This change is published in conjunction with Aug 2002 TPM Change 153.

27 Feb- TOM, 2002, Change 136- Summary of Changes: This change implements a two-year extension of the Department of Defense (DoD) Enhanced Access to Autism Services Demonstration Project under the Extended Care Health Option (ECHO) for beneficiaries diagnosed with an Autism Spectrum Disorder (ASD). Under the demonstration, the Department implemented a provider model that allows reimbursement for Intensive Behavioral Interventions services, in particular, Applied Behavior Analysis (ABA), rendered by providers who are not otherwise eligible for reimbursement.

21 Feb- TOM, 2002, Change 135- Summary of Changes: Section 1104 of the Administrative Simplification provisions of the Patient Protection and Affordable Care Act (PPACA) establishes new requirements for administrative transactions that will improve the utility of the existing Health Insurance Portability and Accountability Act (HIPAA) transactions and reduce administrative costs. Health and Human Services (HHS) has adopted "Administrative Simplification: Adoption of Operating Rules for

Eligibility for a Health Plan and Health Care Claim Status Transactions" to create uniformity in the Eligibility and Claims Status HIPAA transactions.

TRICARE NEWS RELEASES

3/6/2012

[Swing into Spring with a Nutritious Diet](#)

2/22/2012

[Retirees have TRICARE Flexibility Overseas](#)

2/14/2012

[Manage Your Health, Start with your Heart](#)

COMMENTS

Your feedback is very important to us and helps pave the way to enhancing the service we provide.

If you would like to provide comments or feedback on the TRO-South Messenger or the services provided by a TRO-South staff member, please access our online customer feedback at [TRO-South Comment Card](#) or leave a voice message at (210) 292-3268.

If you need immediate assistance with this publication, please call **210-292-3265**. Thank you!