

The Doctor is in ...

Strength in the Face of Stigma

W. Bryan Gamble, M.D., FACS

*Brigadier General, US Army
Deputy Director, TRICARE Management Activity*



Service members returning from deployment face many challenges, including the invisible wounds of mental health conditions. It is important to emphasize the seriousness of these injuries and remind people that the earlier a mental health condition is treated, the less damage it does.

Unfortunately, many service members believe there is a stigma to seeking care for their mental health needs. They may feel a personal aversion or fear facing discrimination or harassment for seeking treatment. Much of this stigma is based on myth, not reality. Some examples are:

- **Myth:** Seeking mental health care will hurt your career.
- **Reality:** Seeking mental health care will ensure you get the appropriate care delivered by trained professionals, and help keep your career on track. Mental health counseling in and of itself is not a reason to revoke or deny a security clearance.
- **Myth:** You will lose the trust of your unit if you admit to mental distress.
- **Reality:** Your unit will trust you more once you seek help and receive care. Taking responsibility for your health shows that you are reliable. Without care, you may become a liability to those around you.
- **Myth:** Needing mental health care is a sign of weakness.
- **Reality:** It takes real strength and courage to admit you have a problem and seek help. Post-traumatic stress, anxiety, depression and other types of psychological conditions are due to changes in the brain and body caused by life experiences or physical trauma, and require medical care.

The downsides of not seeking help are serious. Untreated mental health conditions can cause your job performance and family life to suffer. Not receiving care can lead to substance abuse, increased stress at home and a higher risk of suicide.

If you recognize any signs of a mental health condition in yourself, your family or a friend, speak up. The Defense Center of Excellence Outreach Center at www.dcoe.health.mil/24-7help.aspx is an excellent resource for service members and their families to learn about the mental health services available to them. Military OneSource at www.militaryonesource.mil is another resource to help you find care.

Active duty service members may receive mental health care at any military treatment facility without a referral. For civilian care, you need a referral. Other TRICARE beneficiaries don't need a referral or prior authorization for the first eight visits. For more information on TRICARE's mental health coverage, go to www.tricare.mil/mentalhealth.

Just like any other injury or illness, mental health conditions require medical treatment as soon as possible. Asking for help is hard, and can require great courage. Overcoming that challenge takes personal resolve and strength. For examples of real service members who had the courage to ask for help and the care they needed to maintain success in their personal and professional lives, visit www.realwarriors.net. ■

Inside This Issue ...

- Time to Plan for Back-to-School Physicals
- Why Vaccinate?
- TRICARE North Is Home to the Department of Defense's Only Certified Transplant Center
- Receiving Specialty Care—The Role of the Military Hospital
- Fees Increase in 2013 for Most TRICARE Prime Retirees
- Proof of Payment on Claims for Care Received Overseas



An Important Note about TRICARE Program Information: At the time of printing, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. **Military treatment facility guidelines and policies may be different than those outlined in this publication.** For the most recent information, contact your TRICARE regional contractor, TRICARE Service Center, or local military treatment facility.

Time to Plan for Back-to-School Physicals

Before starting school this fall, your child may need to visit the doctor for a school physical. These annual physicals help make sure children start the school year in good health, with up-to-date immunizations. For children ages 5–11, TRICARE covers annual physicals and immunizations required for school enrollment.

TRICARE also covers well-child care for eligible children from birth until reaching age 6. The well-child benefit includes routine newborn care, comprehensive health-promotion and disease-prevention exams, vision and hearing screenings and routine immunizations and developmental assessments according to the American Academy of Pediatrics®. There are no copayments or cost-shares for well-child care.

Note: TRICARE does **not** cover sports or camp physicals. If your child needs a sports or camp physical, you may be required to submit a *Request for Non-Covered Services* form to your health care provider. Completing this form shows that you know you will be paying for the non-covered service. This form is available on Health Net Federal Services, LLC's website at www.hnfs.com.



To learn more about TRICARE's school-physical coverage, visit www.tricare.mil/backtoschool. ■

Why Vaccinate?

The human immune system is designed to protect us from anything that enters our bodies that does not belong there. When a germ (virus or bacteria) enters the body, the immune system recognizes it should not be there and sends antibodies to get rid of it. These antibodies find and destroy the germ causing the infection. Additionally, the immune system remembers this germ. Later, if the same germ enters the body, antibodies are quickly deployed to get rid of it before it can make the person sick again. This is called immunity.

Immunity is why a person who gets an infectious disease does not get the same disease again. There is only one problem with this efficient system: The first time a child is exposed to a disease, his or her immune system may not create antibodies quickly enough to keep the child from getting sick. In other words, a child has to be sick from a disease before becoming immune to it.

Fortunately, vaccines can help solve that problem. Vaccines contain the same germs that cause diseases, but they have been killed or weakened to the point where they will not

make a person sick. When a child receives a vaccination, the vaccine stimulates the immune system to produce antibodies, exactly like it would if it were exposed to the actual disease. The child will develop immunity to that disease without getting sick.

Medicines treat or cure diseases, while vaccines prevent them. There are currently 16 diseases that children from birth to age 19 can be protected against by getting vaccinated. Vaccines are effective and safe. Most children will not have any reaction to a vaccination. For those who do, the reaction is usually minor—a sore leg, a slight rash or a mild fever that goes away within a day or two.

Vaccines and other clinical preventive services covered by TRICARE are offered at no cost to beneficiaries. For more information about TRICARE coverage of vaccines, visit www.tricare.mil/immunizations. For more information on vaccines and to view a schedule of immunizations, visit the "Vaccines & Immunizations" home page of the Centers for Disease Control and Prevention's website at www.cdc.gov/vaccines. ■

TRICARE North Is Home to the Department of Defense's Only Certified Transplant Center

The Army-Navy Organ Transplant Service at Walter Reed National Military Medical Center at Bethesda (Walter Reed) is the only United Network for Organ Sharing (UNOS)-certified transplant center in the Department of Defense health care system. With more than 40 years of experience, Walter Reed provides organ transplant services to all TRICARE beneficiaries with end-stage organ disease. It is staffed by board-certified specialists who understand the unique needs of the military patient.

“Military health care is a unique benefit earned through your public service, where taking care of our own has been a long and proud tradition,” says Caroline Acker, transplant coordinator. “Our surgeons are supported by a close network of nephrologists, hepatologists, nurse coordinators, pharmacists and social services, each with years of experience and all located under one clinic.”

UNOS encourages TRICARE patients with end-stage organ disease to “dual list” in more than one region at the same time. This process allows patients to be listed at a transplant center close to home in addition to Walter Reed, thereby increasing chances for organ availability. Patients can be referred from anywhere in the country or from overseas.

In addition to kidney transplant services performed at the Walter Reed facility, Walter Reed collaborates with the University of Maryland in Baltimore for liver and pancreas transplant services.

The Army-Navy Organ Transplant Service at Walter Reed can be reached at 1-301-295-4331 during regular hours or by e-mail at ArmyNavytransplant@med.navy.mil to assist with evaluation and treatment of end-stage organ disease. ■

Receiving Specialty Care—The Role of the Military Hospital

Military hospitals and clinics, known as military treatment facilities (MTFs), are the core of the TRICARE program. When possible, MTFs are the first source of health care for TRICARE beneficiaries. If you are enrolled in a TRICARE Prime plan—TRICARE Prime, TRICARE Prime Remote or TRICARE Young Adult Prime—you may be referred to an MTF for specialty care, even if your primary care manager (PCM) is not at an MTF or if a civilian provider was requested. While most specialty care requires a referral and prior authorization, certain types of care—such as preventive care from a network provider—do not. Visit www.hnfs.com to determine referral and prior authorization requirements.

How does the referral process work?

If you live within a 60-minute drive time from an MTF and are referred for specialty care, inpatient admissions or procedures requiring an approval, Health Net Federal Services, LLC (Health Net) will first attempt to coordinate the care at the MTF. You may be referred to the MTF for care regardless of whether a civilian network provider is requested. If the services are not available at the MTF, the care will be coordinated with a TRICARE civilian

network provider. You should not schedule an appointment with a civilian provider until you receive an approval from Health Net.

This process takes place whether you have an MTF or civilian PCM. The MTF gets an opportunity to review each request to determine if it can provide the service. If you do not wish to receive care from the MTF, you can choose to self-refer to a civilian provider under the point-of-service (POS)¹ option, which has higher out-of-pocket costs.

TRICARE Standard beneficiaries—including TRICARE Reserve Select, TRICARE Retired Reserve and TRICARE Young Adult Standard—may be able to receive space-available care at an MTF, but can also self-refer to any TRICARE network or TRICARE-authorized non-network provider. TRICARE Standard beneficiaries can save on their out-of-pocket expenses by using MTF providers. ■

1. The POS option does not apply to active duty service members, children for the first 60 days following their birth or adoption, emergency care, beneficiaries with other health insurance, or the first eight behavioral health outpatient visits per fiscal year (Oct. 1–Sept. 30) to a network provider for a medically diagnosed and covered condition.

TRICARE HealthMatters

Health Net Federal Services, LLC
P.O. Box 2890
Rancho Cordova, CA 95741

TRICARE

An Excellent Value

- Generous coverage
- Superior health care
- Decisions are health driven, not insurance driven
- High satisfaction with care
- Low out-of-pocket costs
- Easy access



"TRICARE" is a registered trademark of the TRICARE Management Activity. All rights reserved.

Fees Increase in 2013 for Most TRICARE Prime Retirees

TRICARE Prime-enrolled retirees should check their annual billing statement closely this year. A new TRICARE Prime annual fee went into effect last year for new enrollees. Existing enrollees will see an increase starting Oct. 1, 2012, for fiscal year 2013. Future annual fee increases will be based on the Cost-of-Living Adjustment (COLA) in effect for the calendar year.

Fees for survivors of active duty deceased sponsors and medically retired uniformed service members and their dependents will be frozen at the rate in effect when they were classified and enrolled. The fee will remain frozen as long as there is no break in TRICARE Prime enrollment. All new fees, cost-shares and copayments can be found at www.tricare.mil/costs. ■

Proof of Payment on Claims for Care Received Overseas

Beginning Sept. 1, 2012, all claims submitted for care received overseas must include proof of payment, which may include a receipt, canceled check, credit card statement or invoice from the provider that clearly states payment was received. This requirement applies to all TRICARE beneficiaries who receive medical care while living or traveling overseas. Claims for care received overseas should be filed with the TRICARE Overseas Program (TOP) claims processor, not the regional contractor for the region where you reside. If you have questions, contact the TOP Regional Call Center and select option 2 for claims. For contact information,

visit www.tricare.mil/contacts. For more information about proof-of-payment requirements, visit www.tricare.mil/claims.

TRICARE has extended the period in which TOP claims can be submitted. Overseas claims must be filed within three years of the date of service or within three years of the date of inpatient discharge. **Note:** This policy change applies only to care received outside of the United States and U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands). In the United States and U.S. territories, claims must be filed within one year of service or the date of inpatient discharge. ■

NE3358EN06123