



# Regional Newsletter

*Dedicated to enhancing the exchange of information within the region*

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## **IMPROVING BENEFICIARY CLINICAL OUTCOMES AND QUALITY OF LIFE: DISEASE MANAGEMENT**

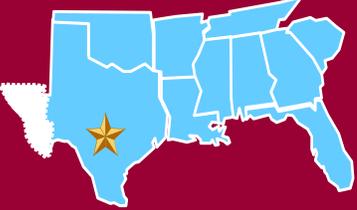
As we moved forward into the new TRICARE contracts approximately two years ago, at the forefront of the Military Healthcare System (MHS) was improving the quality of our health care, clinical outcomes and, beneficiary quality of life. One of the challenges in striving to accomplish this task was managing healthcare for beneficiaries with chronic disease states. Initiatives were built into the contracts for programs designed to manage the health care of individuals with high-cost conditions or with specific diseases for which proven clinical management programs currently exist. These programs were to be available to TRICARE eligible beneficiaries authorized to receive reimbursement for civilian care and active duty personnel whose care occurs, or is projected to occur, in the civilian sector.

Each contractor in the various regions developed their own specific programs referred to as "Disease Management (DM) Programs." The major focus in DM programs is typically to educate beneficiaries regarding their disease process, facilitate self-management of their condition, and to assist the beneficiaries' health care access as they navigate through the MHS. In the South, Humana Military Healthcare Services (HMHS) designed and implemented a Heart Failure DM program in July 2005 that demonstrated effective clinical outcomes at the end of the first six months of operations.

TRICARE Management Activity (TMA), under the direction of the Deputy Director for TMA launched a national initiative for DM Programs concentrating on two disease states: Heart Failure and Asthma. This initiative was based on prevalence, cost of care and risk intensity. It was designed not only to measure the effectiveness of the MHS beneficiary health outcomes but to also facilitate management by providing greater continuity of care to beneficiaries enrolled in DM programs as they move across regions.

Essentially, eligible beneficiaries at greatest severity will be selected by TMA, communicated to the contractors who will then enroll the beneficiaries into the respective DM program. Beneficiaries will have the choice to opt out of participation in the program. The contractors will strive to manage the DM programs with minimal to no interference or disruption to MTF-specific DM programs. Instead, the aim is to facilitate and enhance MTF health care operations.

This is an exciting opportunity to provide integrated healthcare to two subsets of our population who are more likely to be seen in the Emergency Department or admitted to the hospital. This approach has been shown to reduce these events, thus improving the quality of life for these patients. We are all looking forward to the launch of the national DM programs this summer and believe the initiative will better serve the health care of our TRICARE family.



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**Today's Quote**

**Touch a thistle timidly, and it pricks you; grasp it boldly, and its spines crumble."**

**– Admiral William Halsey**



**A SALUTE TO...**  
**Navy Hospital Beaufort**  
**Referral Management Center**

The Referral Management (RM) Center at Naval Hospital, Beaufort (NHB) has honed the referral process down to a fine art. The staff takes each step of the process seriously and each member performs their assigned task as if it were the ONLY step in the process.

The RM office processes over 1000 referrals a month and has developed a system of checks and balances to help ensure errors are kept to a minimum, if at all. Because of this, NHB is on record for having processed more referrals than other MTFs while spending fewer purchased and supplemental dollars. In addition, each quarter the RM center has fewer referrals returned for correction than any other MTF of its size in the region. The average turn-around time for authorizations from the managed care support contractor (MCSC) is less than 48 hours. Each request is reviewed by one of two Utilization Management nurses to ensure the provider has clearly stated what the patient needs, clinical reasoning is provided and other criteria necessary to process the referral are in order. The referral is booked in AHLTA, eligibility and demographic information verified and if necessary, corrected and then logged in to an ACCESS program. Requests for diagnostic services not requiring authorizations are appointed by the RM Center so the referring providers receive the results within the required time-frame. The day after booking an AD Hoc report is run. The Ad Hoc report is reviewed by the RM coordinator to ensure that the contract required data elements are reflected. Once all required information is confirmed to be correct, the Ad Hoc is faxed to the MCSC. Upon receipt of the Auto Fax from the MCSC, the information is then compared to the original request to ensure the specialty or service authorized corresponds with what was ordered and the authorized place of care is correct. Any errors are taken to the Head, TRICARE Operations for correction. Once satisfied that the information on the Auto Fax is correct, the authorized place of care and Auto Fax date is placed in the ACCESS system. Every day a report is run from the ACCESS system to show any request that has not completed processing. **The end result is that each and every referral and authorization is handled with the utmost of care in the most timely and efficient manner.** This dedication to accuracy results in faster healthcare delivery and fewer claims issues. It's safe to say the RM Center at NHB goes out of their way to ensure the highest levels of customer service for their beneficiaries!

*Congratulations!*

**HAVE SOMEONE YOU WOULD LIKE TO RECOGNIZE?**

The purpose of the "SALUTE TO..." section is to enhance awareness of special interest items and exceptional staff members within our region. There is always someone who has an interesting story or background to share, someone who has done something that is noteworthy, exceptionally important or who was awarded an honor of distinction. Examples of special or unique programs, best practices or benchmarking items can also be submitted. Another topic to focus on is marketing our MTF's within the region (history, accomplishments, mission, etc.) If you have any questions, please feel free to call DSN: 554-3278 or commercial (210) 292-3278. Submissions can be sent directly to TROS\_Marketing@tros.tma.osd.mil.

## TRAINING AND CONFERENCES

### TIP AD HOC AND TIP ONLINE TRAINING

The 2006 training schedule is listed below. Before each class an email will be sent out asking for attendee submissions. Please make sure that all attendees scheduled for future training sessions meet the criteria (outlined in the contract) to attend the training. TIP Ad Hoc attendees are limited to two per MTF/MMSO and are those staff identified in your MOU. TIP Online attendees are those personnel that serve in a BCAC or HBA capacity. You may have more than two per facility for the Online course but they must function as a BCAC or HBA. If you have any questions, please email [TROS\\_Marketing@tros.tma.osd.mil](mailto:TROS_Marketing@tros.tma.osd.mil) or call (210) 292-3278/DSN: 554-3278.

#### 2006 TIP COURSE SCHEDULE

##### **TIP Ad Hoc for 2006 8:30 - 3:30 each day**

Aug 23 - San Antonio

Nov 29 - Biloxi

##### **TIP Online for 2006 8:30 - 11:30 each day**

May 11 - Augusta

Aug 24 - San Antonio

Nov 30 - Biloxi

#### 2006 TRICARE FUNDAMENTALS COURSE DATES

Aug 8-10	South	Nashville
Nov 14-16	South	San Antonio

#### ***2006 MTF Commanders' Conference***

This year's TRICARE South Regional MTF Commanders' Conference will be held in three separate sub-regional meetings, instead of one large forum. The target audience is the MTF commander and/or one other representative of his/her choice. Attendance is limited to two individuals per MTF, MSMO, Service intermediate command and Service SG office. Representatives from TMA, TRO-N and TRO-W are also invited to attend. All TDY costs will be at the expense of the attendee's organization. Hotel accommodations have not been reserved for these meetings.

The first meeting will be held on 07 Sep 06 at the TRICARE Regional Office-South in San Antonio, TX. The meeting will include representatives from OK, AR, LA and TX (old TRICARE Region 6.)

The second meeting will be held on 18 Sep 06 at Ft. McPherson, in Atlanta, GA at the Officer's Club on base. This meeting will include representatives from GA, SC, and FI (old TRICARE Region 4.)

The final meeting will be held on 20 Sep 06 at Maxwell, AFB in Montgomery, AL at the Common's Club on base. This meeting will include representatives from AL, TN, and Mississippi (old TRICARE Region 3.)

**Additional information will be sent out as it becomes available.**



# TRICARE Direct2U

## Organizational/Unit Presentations Using the Internet

The TRICARE Regional Office – South (TRO-S) now offers two briefing topics to our South region beneficiaries through **TRICARE Direct2U!**

**TRICARE Direct2U** uses the Internet at your location to conduct TRICARE briefings by technical/subject matter experts in an interactive, “live” forum. Each one-hour presentation allows plenty of time to answer beneficiary questions. All that is needed for your organization to participate is a computer with a broadband Internet connection and a speakerphone. **Note: You may need additional equipment such as a screen and projector to show the presentation to a large audience.**

All requests to participate in a **TRICARE Direct2U** briefing are accommodated on a first-come, first-served basis. Each linked email address can have an unlimited number of participants viewing the presentation in their audience.

Currently, TRO-S offers two briefings: Reserve and National Guard (RC/NG) and TRICARE Prime Remote (TPR). The RC/NG briefing targets RC/NG members and their families. A one-hour presentation is offered **every 2<sup>nd</sup> and 4<sup>th</sup> Wednesday of the month, at 1330 Central Standard Time.**

RC/NG units can take advantage of **TRICARE Direct2U** even if the unit has already received its annual one-hour TRICARE briefing from the TRICARE South managed care support contractor, Humana Military Healthcare Services. To register for this briefing, simply complete the [online Reserve Component registration form.](#)

The TRICARE Prime Remote briefing is targeted to South region beneficiaries eligible for TPR. Starting Thursday 29 June, this briefing will be offered **every Thursday, at 1330 Central Standard Time.** To register for this briefing, simply complete the [online TPR registration form.](#)

Organizations that would like to request a **TRICARE Direct2U** briefing for a special event or group can contact our Marketing Office. Weekend briefings can be arranged to accommodate your group. In order to make the briefings more valuable to our audiences, we welcome any advanced input or specific topics of interest we can address during our presentations.

If you have questions or need assistance with this new and exciting program, please contact our Marketing Office at (210) 292-3265 or email [TROS\\_Marketing@tros.tma.osd.mil](mailto:TROS_Marketing@tros.tma.osd.mil).

## **HELPING BENEFICIARIES FIND NETWORK PROVIDERS**

There are several options available to locate TRICARE-authorized and network providers. Here are just a few:

***“Humana Military’s Online Provider Directory Can Lend a Hand”***

One of the most valuable tools on the Humana Military Web site at [www.humana-military.com](http://www.humana-military.com) is the provider locator—“Find a Provider,” found in the Beneficiary Services section of the site. The provider locator helps beneficiaries find a military treatment facility (MTF), a hospital, or a civilian network provider nearest to their location. Information in the provider locator is updated every 24 hours, as Humana Military learns about providers entering and leaving the network or when they change their information.

Simply click on “Find a Provider”— and it will go directly to the Provider Locator page. From there you can click on whatever you want— MTF’s, TRICARE network by distance or by name. You can also locate a TRICARE Service Center from the “Find a Provider” page.

***“You have options by calling the central 800# for the TRICARE South Region.”***

The TRICARE South Customer Service 800 number is 1-800-444-5445. Once the number is dialed, a callers will reach a phone menu, where an automated service will direct individuals to the appropriate information they are seeking or to a Beneficiary Services Representative. One of these services includes assisting you with finding a locate provider. If you so choose, you can speak directly with a Beneficiary Services Representative who will be able to assist you in finding a provider; they are available 24 hours a day, seven days week.

***“Out of the area and don’t know how to locate a provider?”***

If someone has access to a computer you have options. Within the South Region individuals can utilize the Humana Military Website at [www.humana-military.com](http://www.humana-military.com). If by some chance beneficiaries are traveling outside of the South Region, they can access the following website: [www.tricare.osd.mil/ProviderDirectory](http://www.tricare.osd.mil/ProviderDirectory). This website provides direct links to all of the TRICARE Regions websites and their provider directories.

If additional assistance is required, please direct the beneficiary to contact the TRICARE South central call center at 1-800-444-5445.

<b>PROVIDER DIRECTORY QUICK REFERENCE</b>	
<b>Provider Directory</b>	South Region: <a href="http://www.humana-military.com">www.humana-military.com</a> Central Call Center: 1-800-444-5445 TRICARE Website: <a href="http://www.tricare.osd.mil/ProviderDirectory">www.tricare.osd.mil/ProviderDirectory</a> North Region: <a href="http://www.healthnet.com">www.healthnet.com</a> West Region: <a href="http://www.triwest.com">www.triwest.com</a>

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## ***RETIREES BEING CALLED UP ON ACTIVE DUTY AND TAMP***

If a retiree is brought back on active duty (AD), are they authorized the Transitional Assistance Management Program (TAMP) medical benefit when they are released from AD?

It depends on the prior status of the individual who is returning to AD. Regular retirees who are recalled or volunteers for AD service for a contingency operation DO NOT receive TAMP. Reservist Retired (RES/RET) who are called to AD to support a contingency operation DO receive TAMP once released /demobilized from AD.

The regular retiree is an individual that returns to retiree status once released from AD and receives regular retiree pay, TRICARE at the retiree payment rates, and any other retirement benefit that was received prior to volunteering to go back to AD.

Another retiree category referred to as RES/RET or "gray area retirees" is separate and distinct from a "retiree". A RES/RET has requested and been approved for Reserve Retiree status from his/her Reserve Component. A RES/RET is no longer required to attend scheduled drills, they accrue no additional points toward retirement and receive no monetary compensation during their RES/RET status. They do not begin drawing retiree pay or receiving benefits (including TRICARE) until they reach age 60. Once a RES/RET reaches age 60, he/she is categorized as a regular retiree. Basically, if the retiree will receive retiree pay when released from AD they are not eligible for TAMP. If a service member voices concerns regarding the validity of their TAMP eligibility, please have them contact their personnel office.

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## ***BENEFICIARIES ENROLLING IN MEDICARE PART B ARE ELIGIBLE FOR TRICARE PRIME ENROLLMENT FEE REFUNDS***

The TRICARE Operations Manual, Chapter 12, Section 1, Para 11.4 states, "Contractors will refund the unused portion of the TRICARE Prime enrollment fees to retired TRICARE Prime enrollees who either become Medicare eligible upon obtaining the age of 65 and purchase Medicare Part B; or who are under 65 years of age, become Medicare eligible due to a disability or ESRD and have purchased Medicare Part B. The contractor shall calculate the refund using monthly prorating. The contractor is not required to research their files. If a request for a refund is brought to the attention of the contractor, then the contractor shall refund the unused portion of the enrollment fee in accordance with this policy." This policy is retroactive to the start of health care delivery under the present contract. Beneficiaries eligible for these refunds are encouraged to contact Humana Military Healthcare Services at the 1-800-444-5445 to request their refund.

## ***DISENROLLMENT AS A RESULT OF CHANGES IN ELIGIBILITY STATUS***

Section 3.1 of the TRICARE Policy Manual 6010.54-M outlines the issues associated with a sponsor's change in eligibility status. Generally, when a beneficiary's TRICARE/CHAMPUS eligibility status changes, eligibility for TRICARE Prime benefits also changes.

An example of this policy occurs when a sponsor is enrolled in the Transitional Assistance Management Program (TAMP) and is recalled to active duty,. His/her family members enrolled in TRICARE Prime will be automatically disenrolled effective the date the sponsor is called to active duty. The family will be treated as TRICARE Standard unless the sponsor re-enrolls them in TRICARE Prime.

It is very important for beneficiary counselors to remind active duty sponsors of the need to ensure that their family members are properly enrolled to TRICARE Prime or TRICARE Prime Remote so that they do not incur claims that have to be paid as TRICARE Standard.

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## ***FUTURE CHANGE TO DISTANCE REQUIREMENT FOR ENROLLMENT TO THE MTF***

In accordance with HA Policy 06-007, "Access to Care and Prime Service Area Standards", non-active duty beneficiaries who are enrolled to a Military Treatment Facility (MTF) and live more than 100 miles from that MTF are disqualified from that enrollment and will not be eligible for re-enrollment to that MTF at the annual renewal time.

Implementation guidelines are being developed for this policy and are expected to be published soon. Beneficiaries can apply for distance waivers through the MTF. Waivers to enroll beyond 30 minutes, but within 100 miles must be approved by the MTF Commander. Waivers beyond 100 miles can only be approved by the TRICARE Regional Director. Beneficiaries residing more than 100 miles from the MTF they are enrolled to should begin taking steps to move their enrollment to an MTF or network PCM within 30 minutes drive-time if available.

A PCM Change Request can be obtained from Humana Military Healthcare Services at 800-445-5445 or via their webpage at [www.humana-military.com](http://www.humana-military.com).

## **CLINICAL PREVENTIVE CARE SCREENING COLONOSCOPY: BENEFIT ENHANCEMENT**

Colorectal cancer is the second leading cause of cancer deaths in the United States but early detection can dramatically reduce the impact of this disease. Although the TRICARE benefit has long included coverage of several colon cancer screening methods, colonoscopy for patients without specific risk factors for colon cancer, has not been covered.

On March 15, 2006, the TRICARE clinical preventive care benefit for Colorectal Cancer was enhanced to include "*Screening Colonoscopy*" once every 10 years beginning at age 50 for individuals at average risk for colon cancer.

The colon cancer screening benefits remain unchanged for beneficiaries under 50 years of age and include a digital rectal examination performed on individuals 40 years of age and older as well as screening colonoscopies for patients with certain risk factors for colon cancer.

TRICARE Prime beneficiaries may receive Prime clinical preventive service benefits, including the new screening colonoscopy benefit if over age 50, from any network provider without a referral, authorization, or preauthorization from the Primary Care Manager (PCM). However, if a Prime clinical preventive service is not available from a network provider, a referral is required from the PCM and it must be authorized by the contractor. If these services are obtained from a non-network provider without first obtaining a referral and authorization, the claim will pay Point of Service. Active Duty personnel still require approval by the Military Treatment Facility (MTF) or the Military Medical Support Office (MMSO), as applicable, prior to obtaining clinical preventive services in all situations. Although Prime patients enrolled to an MTF may obtain preventive services including screening colonoscopy without a referral, they should check to see if the service is available at the MTF. This provides their PCM with the greatest opportunity to coordinate their care.

Please note that if there is a request for a colonoscopy for reasons *other than* for "screening" purposes, a referral from the PCM *is required*.

The TRICARE South claims payer, PGBA, began processing claims for this benefit change effective June 21, 2006 and will reprocess any claims that have been denied for these services between March 15, 2005 and June 21, 2006. Please contact your local TRICARE Service Center for questions or beneficiary assistance regarding necessary claims reprocessing for denied claims associated with clinical preventive services.

All Prime clinical preventive service benefits are detailed in the TRICARE Policy Manual, Chapter 7, Section 2.2. Benefits for TRICARE Standard patients may be viewed in Section 2.1 of the same chapter of that manual. Both can be viewed on line through the TRICARE web site:

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

**CUSTOMER SERVICE TIP  
OF THE QUARTER**

**THE BOTTOM LINE WITH CUSTOMER  
SERVICE IS THAT IT'S ALL A MATTER  
OF ATTITUDE!**

***Learn to view your customers as the job,  
rather than an interruption of it.***

***Understand that your co-workers are  
internal customers  
and treat them with the same  
respect you do your  
external customers!***

***Service excellence starts at the top.  
As a supervisor/leader, what you say  
about service is not nearly as important  
as what you do. Your workers will  
follow your lead!***