



Regional Newsletter

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

Published 12 April 2006

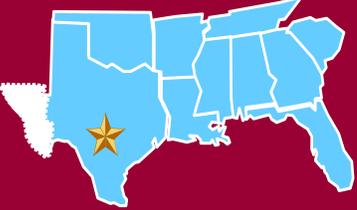
BUILDING STRONG RELATIONSHIPS WITH COMMUNITY PROVIDERS BENEFIT ALL

By simply cultivating relationships with our civilian counterparts, tremendous results can be achieved. In what could other-wise be called challenging situations, initiatives are underway that are strengthening the ties between our MTFs, Humana Military Healthcare Services (HMHS) and our network providers. These win-win situations have made it possible for our valued beneficiaries to reap the rewards! Here are a few examples of what has been accomplished across the region:



Mr. Michael Gill, SES
TRICARE South
Regional Director

1. Col Michael Miller, Commander, 82nd MDG at Sheppard AFB, held a joint meeting with representatives from Clinics of North Texas (CNT), his MTF, and HMHS. CNT is a large multi-specialty provider group that provides much needed medical specialties in Southwest Oklahoma and North Texas. The session served to open dialogue between all three groups and set the stage for what should be a mutually beneficial partnership. CNT joined the network not long ago and is a key component to maintaining an adequate provider network for the Wichita Falls community.
2. The San Antonio (SA) Nix Hospital System and HMHS hosted a social with over 100 in attendance. Guests included network PCMs; BGen Young, Wilford Hall Medical Center Commander; BG Gillman, Brooke Army Medical Center (BAMC) Commander; and Col LeBlanc, TRO-S Medical Director. Presentations were given on the Nix Hospital System, military medicine, HMHS, the SA Multi-Service Market Office and the TRICARE referral process. The social concluded with a video filmed at BAMC that was shown on the Oprah show. The event served to provide insight to the capabilities of the Nix system and their benefit as a referral source for local MTFs. The attendees are discussing a similar event in the future, next time with network specialists.
3. Naval Hospital Beaufort (NHB) has worked hard to build a positive relationship with their network provider, Beaufort Memorial Hospital (BMH). LCDR Alltland, NHB Director for Surgical Services, attends the BMH Medical Staff, OB/GYN and Surgery Dept meetings on a regular basis and was invited to attend the BMH strategic planning offsite in Hilton Head, SC. CDR Carter, NHB Director for Quality Mgmt, also meets regularly with the BMH VP of Quality and Risk Mgmt to discuss ideas/challenges for their similar depts. In addition, NHB and BMH co-sponsor an annual charity basketball game benefiting the March of Dimes. All of this partnering is a direct result of the positive relationship between the NHB Commanding Officer, CAPT Roberto Quinones and the BMH CEO, David Brown, who also meet monthly alternating between the MTF and BMH.



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Today's Quote

*To the world you might be
just one person,
but to one person
you might be
the entire world.*

-Unknown



A SALUTE TO...

Mr. Jack Shircel

Mr. Jack C. Shircel, Program Analyst, Network Operations Branch, Program Operations Division, TRICARE Regional Office (South) is recognized for his significant contributions during the 2005 Hurricane Season.

In response to Hurricanes Katrina, Rita, and Wilma, Mr. Shircel individually tracked and processed 20 blanket referral requests for 17 unique South Region MTFs. He also individually tracked and processed seven blanket referral requests for 11 HMHS Plan Areas. These efforts ensured the seamless transition of care during and after

evacuations for 155,032 MTF and network enrollees impacted by Hurricanes Katrina, Rita, and Wilma. On a weekly basis, Mr. Shircel developed and published a variety of maps by county, zip code, and plan areas that served as graphical representations of locations under blanket waiver and the periods covered. On a daily basis, he effectively communicated the ongoing status of blanket waivers to appropriate MHS personnel. Ensuring effective communication, Mr. Shircel also included the zip code list and FEMA information associated with each waiver area so there would be no confusion advising beneficiaries on their status.

These efforts were well received and served as “the reference” for Beneficiary Counselors and Assistance Coordinators, Beneficiary Service Representatives, and Contract Liaisons as they communicated with beneficiaries seeking assistance. They were also published on the TMA and HMHS websites and released to the media as a means of improving communication to beneficiaries. His efforts successfully ensured that enrollees were able to get care without the normal required referral and higher out-of-pocket expense associated with a Point-of-Service penalty. It also ensured that providers, who were unable to seek authorizations due to communication outages, were effectively reimbursed for services provided. All these efforts resulted in overall stakeholder satisfaction.



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.) Please include a picture (jpeg format) to go along with any article that is submitted.

We hope this addition to our TROS newsletter will enlighten our MHS staff within the region with stories that are motivational and interesting. If you have any questions, please feel free to call DSN: 554-3278 or commercial (210) 292-3278. Submissions can be sent directly to janet.pendergist@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 janet.pendergist@tros.tma.osd.mil or call (210) 292-3278/DSN: 554-3278.

2006 Schedule

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

May 10 - Augusta
Aug 23 - San Antonio
Nov 29 - Biloxi

TIP Online for 2006 (tentatively scheduled) 8:30 - 11:30 each day

May 11 - Augusta
Aug 24 - San Antonio
Nov 30 - Biloxi

2006 TRICARE FUNDAMENTALS COURSE DATES

May 9-11	South	San Antonio
Aug 8-10	South	Nashville
Nov 14-16	South	San Antonio

NEW TRO-S CONTRACT LIAISON REPRESENTATIVE FOR OLD REGIONS 3 AND 4

Robert Merle, TRO-S Contract Administrator, retired in Feb 06, after serving 27 years of Federal service. We wish him and his wife, Inge, much happiness and success in his retirement and all future endeavors.

Ms. Garnet Robinson will replace Mr. Merle as the point of contact for all contact liaisons in the following states: ***Florida, Georgia, South Carolina, Alabama, Tennessee, Mississippi and parts of Louisiana.*** Please forward any requests for assistance or questions you have to Garnet at 210-292-3250 or via e-mail at garnet.robinson@tros.tma.osd.mil.



Organizational/Unit Presentations Using the Internet

The TRICARE Regional Office – South (TRO-S) is proud to announce the commencement of our latest service to our South region beneficiaries: **TRICARE Direct2U!**

TRICARE Direct2U uses the Internet to conduct TRICARE briefings by technical/subject matter experts in an interactive, “live” forum. All that is needed for your organization to participate is a computer with an Internet connection, a valid email address 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**. Space is limited to 15 individual email addresses linking up per briefing; however, each linked email address can have an unlimited number of participants viewing the presentation in their audience.

Initially, the briefings will be targeting Reserve and National Guard members and their families. A one-hour presentation is offered **every Wednesday, at 1330 Central Standard Time**. Reserve and National Guard 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, simply complete the [online registration form](#).

Organizations that would like to request a **TRICARE Direct2U** briefing for a special event or group can contact our Marketing Office and we will be glad to work with the organizational POC and tailor a presentation to suit the needs of the audience. 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.

IT'S HIPAA TRAINING TIME AGAIN!

It's spring and the MHS turns to HIPAA training once more. As always, you should follow the instructions provided by your MTF's local HIPAA training officer. In general, each employee, volunteer, or other person having even casual access to protected health information (PHI) must complete the full course of training initially. Thereafter, a refresher is required each year to ensure that we all remain aware of the importance of protecting our patient's PHI.

If you have questions about a specific situation, contact your supervisor first. If he or she is unsure, ask your MTF's HIPAA/Privacy Officer about the situation. It is sometimes surprising what we can discuss --- and what we can't.

NEW HIPAA FAQ ON DISCLOSURE OF PHI TO FAMILY, CONGRESS

There's a great new FAQ (frequently asked questions) on the Health & Human Services HIPAA web site. The answer itself is not new, but the examples extend the interpretation more than previous ones had. As always, if this information conflicts with service guidance, you should follow the instructions from your military service.

From the HHS web site at <http://www.hhs.gov/ocr/hipaa/>

Question: May a health plan disclose protected health information to a person who calls the plan on the beneficiary's behalf?

Answer: Yes, subject to the conditions set forth in 45 CFR 164.510(b) of the HIPAA Privacy Rule. The Privacy Rule at 45 CFR 164.510(b) permits a health plan (or other covered entity) to disclose to a family member, relative, or close personal friend of the individual, the protected health information (PHI) directly relevant to that person's involvement with the individual's care or payment for care. A covered entity also may make these disclosures to persons who are not family members, relatives, or close personal friends of the individual, provided the covered entity has reasonable assurance that the person has been identified by the individual as being involved in his or her care or payment.

A covered entity only may disclose the relevant PHI to these persons if the individual does not object or the covered entity can reasonably infer from the circumstances that the individual does not object to the disclosure; however, when the individual is not present or is incapacitated, the covered entity can make the disclosure if, in the exercise of professional judgment, it believes the disclosure is in the best interests of the individual.

Examples:

A health plan may disclose relevant PHI to a beneficiary's daughter who has called to assist her hospitalized, elderly mother in resolving a claims or other payment issue.

A health plan may disclose relevant PHI to a human resources representative who has called the plan with the beneficiary also on the line, or who could turn the phone over to the beneficiary, who could then confirm for the plan that the representative calling is assisting the beneficiary.

A health plan may disclose relevant PHI to a Congressional office or staffer that has faxed to the plan a letter or e-mail it received from the beneficiary requesting intervention with respect to a health care claim, which assures the plan that the beneficiary has requested the Congressional office's assistance.

A Medicare Part D plan may disclose relevant PHI to a staff person with the Centers for Medicare and Medicaid Services (CMS) who contacts the plan to assist an individual regarding the Part D benefit, if the information offered by the CMS staff person about the individual and the individual's concerns is sufficient to reasonably satisfy the plan that the individual has requested the CMS staff person's assistance.

TRICARE EVENING EDITION NEWS

The information below is general TRICARE information that was published in the TRICARE Evening Edition News on 11 Apr 06. Articles such as these can be used to help educate our MHS staff and beneficiaries. To subscribe to the TRICARE Evening Edition, please go to:
<http://www.TRICARE.osd.mil/eenews/mail/eensub.cfm>

TRICARE HELP

Tell TRICARE If You Have Other Coverage

By James E. Hamby Jr., Special to the Army Times

Q. A couple of years ago, my wife quit her job and lost the health insurance we'd had for several years. A few weeks later, my next TRICARE claim was denied because I didn't file first with my other health insurance. I didn't think to notify TRICARE that my wife's policy had been canceled. The policy was reported in our TRICARE record as being in force. You need to tell other folks about that little problem so they don't forget like I did.

A. Many thanks for the heads-up. It hadn't occurred to me until you mentioned it.

When a TRICARE beneficiary loses or cancels a health insurance policy, it's important to advise the TRICARE claims-processing office promptly by mail to avoid this problem. You will need to include a letter from the other health insurance, on its official letterhead, that identifies all the persons covered under that policy, and the last date each person had coverage. If the dates of medical care overlap the termination date of the other plan, you must include a copy of its explanation of benefits showing its processing of claims during any period while the plan was still in effect.

If one of the beneficiaries happens to be in the hospital at the time the other plan's coverage ends, the hospital will not be happy. Its billing office will have to file one claim with TRICARE as second payer for services provided until midnight on the last day of coverage. Then, it will have to file another claim, this time with TRICARE as primary payer, for services provided after midnight.

Fortunately, that's the hospital's problem, not the patient's.

Q. In a recent column, you quoted the Defense Enrollment Eligibility Reporting System about how to avoid the problems of claim denial immediately after becoming eligible for TRICARE for Life if Medicare is slow to notify DEERS of an individual's Part B enrollment. For those of us who are usually healthy and unlikely to need to see a doctor for weeks or months after becoming eligible for Medicare, are all of those steps really necessary?

A. "All of those steps" involve only a couple of phone calls and a three-line letter, but you asked whether they are really necessary for healthy folks.

Maybe not. But you'll be trusting unknown employees at Medicare and at DEERS to do the job for you, and you'll also be relying on your own aging body not to betray you and have a stroke or a heart attack before you are done reading this page.

Do you remember Jim Fixx, the famous "fitness guy"? He had a heart attack while on the jogging trail in 1984, and died right there. He was 52. Although I never got beyond Tenderfoot in Boy Scouts, I still remember the motto: "Be prepared." If something personally important to me needs to be done, I prefer to do it myself if I can and not trust somebody else, especially a stranger. The toll-free number for the DEERS Support Office is (800) 538-9552, just in case you, or your family, need it.

DISENROLLMENT DUE TO CHANGES IN ELIGIBILITY STATUS

Section 3.1, Chapter 10 of the TRICARE Policy Manual 6010.54-M outlines the issues associated with a sponsor's change in eligibility status. Generally, when a beneficiary or sponsor's TRICARE eligibility status changes, eligibility for TRICARE Prime benefits can also change. If a sponsor does not take the appropriate steps to re-enroll himself/herself and their family members in TRICARE Prime in a timely manner, they may incur costs under the TRICARE Standard program.

An example of this policy is when a sponsor who is enrolled in the Transitional Assistance Management Program (TAMP) is recalled to active duty, his or her dependant's enrolled in TRICARE Prime will automatically be 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.

Another example is when an active duty member is retiring. Both the member and his/her family will be automatically disenrolled from Prime or Prime Remote on the member's retirement date. The retiree must then re-enroll everyone in Prime and pay the enrollment fee for the retiree program within 30 days of the retirement date in order to have a seamless transition in Prime without a lapse in coverage. Otherwise, the retiree will be re-enrolled in Prime as a new enrollee using the 20th of the month rule, thus, incurring a break in Prime coverage and possibly incurring healthcare costs under Standard.

The 20th of the month rule states, "All initial enrollment periods shall begin on the first day of the month following the month in which the enrollment application and enrollment fee payment, if applicable, are received by the contractor. If they are received after the 20th of the month, enrollment will begin on the first day of the second month after the month in which they were received by the contractor." Beneficiaries should visit the nearest TRICARE Service Center as soon as they know about any changes to their eligibility status so they can find out if they need to do anything to prevent a lapse in Prime coverage.

SPEECH THERAPY AND COORDINATION BETWEEN TRICARE AND STATE OR LOCAL AUTHORITIES

Several beneficiaries have become confused about what coordination is necessary when seeking TRICARE benefits for speech therapy. Must they use speech therapy services provided through either State or local authorities? Do they need any particular paperwork?

The key to this question is whether speech therapy services are furnished by, or eligible for payment from, local or State authorities when the child does not attend public school, but either attends a private school or is home-schooled. If the answer to this question is "no," the family should get a written statement from either the State or local education authority that states the speech services are not available. The statement should accompany the request for an authorization for speech services under TRICARE. If the services are available in the community, the parents should also ask for an IEP which will need to be submitted with the request for an authorization under TRICARE. An IEP is an Individualized Education Program that identifies the speech therapy needs that can be provided and paid for by local services. A prior authorization is required for both Prime and Standard/Extra patients. Any medically necessary services that are not covered by State or local educational authorities will be paid for by TRICARE. Payment will be dependent upon the normal authorization and referral rules and subject to the normal allowable amounts for treatment.

MTF enrolled patients should contact their servicing TRICARE Service Center if they have questions. Patients who are not enrolled to an MTF may contact either the TRICARE South Contractor at 1-888-444-445, or the TRICARE Regional Office-South at 1-800-554-2397.

FY 06 NATIONAL DEFENSE AUTHORIZATION AND APPROPRIATION ACT (NDAA) HIGHLIGHTS

The National Defense Authorization Act authorizes DoD activities, while the Appropriations Act provides the dollars to do the things we are directed to do. As you look through the NDAA, you will notice numbered sections. The Defense Health Program, which funds TRICARE Management Activity operations is under Title 7 of the NDAA. You will also see medical directives within Titles 2 – Research, Development, Testing, & Evaluation; Title 5 – Military Personnel Policy; and Title 6 – Compensation & Other Personnel Benefits. The following summarizes the Authorization language for this year that impacts health care delivery or military health system personnel.

- Section 256: Prevention, Mitigation, and Treatment of Blast Injuries
- Section 607: Prohibition Against Requiring Certain Injured Members to Pay for Meals Provided by MTFs
- Section 614: Income Replacement Payments for Reserves Experiencing Extended and Frequent Mobilization for Active Duty Service
- Section 622: Extension of Certain Bonus and Special Pay Authorities for Certain Health Care Professionals
- Section 625: Eligibility of Oral and Maxillofacial Surgeons for Incentive Special Pay
- Section 626: Eligibility of Dental Officers for Additional Special Pay
- Section 642: Availability of Special Pay for Members During Rehabilitation from Wounds, Injuries, and Illnesses incurred in a Combat Operation or Combat Zone
- Section 655: Permanent Authority to Provide Travel and Transportation Allowances for Family Members to Visit Hospitalized Members of the Armed Forces Injured in Combat Operation or Combat Zone
- Section 687: Repayment of Unearned Portion of Bonuses, Special Pays, and Educational Benefits
- Section 701: Enhancement of TRICARE Reserve Select Program
- Section 702: Expanded Eligibility of Members of the Selected Reserve Under the TRICARE Program
- Section 711: Additional Information Required by Surveys on TRICARE Standard
- Section 712: Availability of Chiropractic Health Care Services
- Section 713: Surviving-Dependent Eligibility under TRICARE Dental Plan for Surviving Spouses Who Were on Active Duty at Time of Death of Military Spouse
- Section 714: Exceptional Eligibility for TRICARE Prime Remote
- Section 715: Increased Period of Continued TRICARE Prime Coverage of Children of Members of the Uniformed Services Who Die While Serving on Active Duty for a Period of More than 30 Days
- Section 716: TRICARE Standard in TRICARE Regional Offices
- Section 717: Qualifications for Individuals Serving as TRICARE Regional Directors
- Section 721: Program for Mental Health Awareness for Dependents and Pilot Project on PTSD
- Section 722: Pilot Projects on Early Diagnosis and Treatment of PTSD and Other Mental Health conditions

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- Section 723: DOD Task Force on Mental Health
- Section 731: Study Relating to Pre-deployment and Post-deployment Medical Exams of Certain Members of the Armed Forces
- Section 732: Requirements for Physical Examinations and Medical and Dental Readiness for Members of the Selected Reserve Not on Active Duty
- Section 733: Report on Delivery of Health Care Benefits Through the Military Health Care System
- Section 734: GAO Studies and Report on Differential Payments to Children's Hospitals for Health Care for Children Dependents and Maximum Allowable Charge for Obstetrical Care Services Under TRICARE
- Section 735: Report on DOD AHLTA Global electronic health record system
- Section 736: GAO Study and Report on Vaccine Healthcare Centers
- Section 737: Report on Adverse Health Events Associated With Use of Anti-Malarial Drugs
- Section 738: Report on Reserve Dental Insurance Program
- Section 739: Demonstration Project Study on Medicare Advantage Regional Preferred Provider Organization Option for TRICARE-Medicare Dual-Eligible Beneficiaries
- Section 740: Pilot Project on Pediatric Early Literacy Among Children of Members of the Armed Forces
- Section 741: Authority to Relocate Patient Safety Center; Renaming Med Teams Program
- Section 742: Modification of Health Care Quality Information and Technology Enhancement Reporting Requirement
- Section 743: Correction to Eligibility of Certain Reserve Offices for Military Health Care Pending Active Duty Following Commissioning
- Section 744: Prohibition on Conversions of Military Medical and Dental Positions to Civilian Medical Positions Until Submission of Certification
- Section 745: Clarification of Inclusion of Dental Care in Medical Readiness Tracking and Health Surveillance Program
- Section 747: Repeal of Requirement for GAO Reviews of Certain DOD/DVA Projects on Sharing of Health Care Resources
- Section 748: Pandemic Avian Flu Preparedness
- Section 749: Follow Up Assistance for Members of the Armed Forces After Pre-Preparation Physical Examinations
- Section 750: Policy on the Role of Military Medical and Behavioral Science Personnel in Interrogation of Detainees
- Section 8023: Notwithstanding any other provision of law or regulation, the Secretary of Defense may adjust wage rates for civilian employees hired for certain health care occupations as authorized for the Secretary of Veterans Affairs by section 7455 of title 38, United States Code
- Section 8091: Notwithstanding any other provision of law or regulation, the Secretary of Defense may exercise the provisions of section 7403(g) of title 38, United States Code for occupations listed in section 7403(a)(2) of title 38, United States Code: Reauthorizes direct hire authority for certain health professions, including Pharmacists, Audiologists, and Dental Hygienists.
- Section 8127: Regulations to Clarify Gift Acceptance Policy for Service Members and their Families. Applies to members of the Armed Forces who incurred a combat-related disability; or injury/illness in a combat operation or combat zone.

NEWBORN ENROLLMENT IN TRICARE PRIME

Sponsors are reminded that they have only 60 days from the date of birth to enroll their newborn children in TRICARE Prime for the child to have continuous coverage in Prime. At least one family member must be enrolled in TRICARE Prime for the child's claims to be paid as Prime during the first 60 day period. Children not enrolled in TRICARE Prime by the 60th day after birth, are treated as TRICARE Standard starting the 61st day until they are properly enrolled. Enrollment into TRICARE Prime is a two step process:

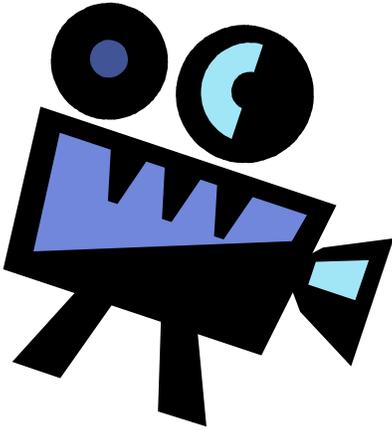
1. The first step is to enroll the child in the Defense Enrollment Eligibility Reporting System (DEERS). **Enrollment in DEERS does not require a certified birth certificate or SSN.** A sponsor must have a properly certified birth certificate or certificate of live birth authenticated by an attending physician or other responsible person from a U.S. hospital or a military treatment facility showing the name of at least one parent. DEERS can provide a temporary SSN for the child until one can be obtained by the sponsor.
2. The second step is to enroll the child in TRICARE Prime by completing an enrollment application and submitting it to the Humana Military Healthcare Services (HMHS). The application can be submitted by mail, fax, through HMHS' website or can be taken to the nearest TRICARE Service Center. It is recommended that the sponsor keep proof of the submission of the application to HMHS.

It is important to remember the date that the Prime application is received by HMHS determines whether the child's Prime enrollment is continuous or whether the 20th of the month rule is used, in which case a lapse in coverage will occur and claims for the period the child is not enrolled will be charged as TRICARE Standard. Beneficiaries having questions concerning the enrollment of newborns in TRICARE Prime may call HMHS at 1-800-444-5445.

TEN COMMANDMENTS OF HUMAN RELATIONS

- ☺ Speak to people. There is nothing as nice as a cheerful word of greeting.
- ☺ Smile at people. It takes 72 muscles to frown, only 14 to smile.
- ☺ Call people by name. The sweetest music to anyone's ears is the sound of her/his own name.
- ☺ Be friendly and helpful. If you want friends -- you must be one.
- ☺ Be genuinely interested in people. You can like almost everybody if you try.
- ☺ Be generous with praise and cautious with criticism.
- ☺ Be considerate with the feelings of others. There are usually three sides to a controversy: yours, theirs, and the right side.
- ☺ Be eager to lend a helping hand. Often it is appreciated more than you know.
- ☺ *Add to this a good sense of humor, a huge dose of patience and a dash of humility.*

Following these suggestions will open many doors
and the rewards will be enormous.



And the Spotlight is On >>>

WOMACK ARMY MEDICAL CENTER VIDEO

Interested in promoting the many unique services and programs your MTF has to offer? The Public Affairs Office at Womack Army Medical Center in Ft. Bragg, North Carolina, decided to educate its customers by creating a video and placing it on their webpage.

The professionally developed video is less than 10 minutes long and takes a creative approach to showcasing the Womack mission, facility and the services they proudly offer their military beneficiaries. It can be viewed by going to <http://www.wamc.amedd.army.mil/> under the heading "About WAMC". Other facilities, such as Wilford Hall Medical Center, have also used this method of communication, with favorable feedback from its beneficiaries.

Developing a video for your organization can be accomplished several different ways depending upon your funding and internal policies for procurement of this type of service. It's a good idea to work closely with your Public Affairs Office and program subject matter experts every step of the way. Accurate information, put together in a creative, eye-catching manner will catch the attention of many individuals.

One thing to keep in mind is that most bases have video production services already available through the Combat Camera, the multimedia center or communications squadron (depending upon what name is used by your branch of service or organization.) This may be your least expensive option.

Once you have your video, what method of distribution do you plan to use to let people know it is available. You may be able to post the video on your own website or distribute copies to various organizations across your base, command, branch of service or even within the local community. Check out your base television channel to see if they will play it at various times during each week. You may also want to check with your Family Support Center, Base Housing Office, Base Library and base in-processing center. These organizations are excellent resources since they communicate with beneficiaries coming to your area, new to the area and folks looking for information about base services. Even local video stores have public service sections within their video stock that often allow customers to check-out and view videos free-of-charge.

