



TRO-South Messenger
A Bi-Weekly Update for the Region
Issue 15
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This publication can be viewed on the TRO-South website at www.tricare.mil/trosouth.
Previous editions can be found at www.tricare.mil/trosouth/newsletters.cfm.

DIRECTOR'S CORNER

Leaders. T-3 Health Care Contracts Update. The TRICARE Management Activity (TMA) procurement team is moving ahead with several decisions regarding protests in the third generation of TRICARE Managed Care Support Contracts (T-3).

North Region: The contract for the North region awarded in July 2009, to Aetna Government Health Plans, Hartford, Conn., has been terminated for the convenience of the government. TMA intends to enter into a contract with Health Net Federal Services, LLC, Rancho Cordova, CA., as the TRICARE Managed Care Support (MCS) contractor for the TRICARE North Region. Health Net is the current contractor for the TRICARE North Region.

South Region: TMA has issued an amended Request for Proposal (RFP) on the TRICARE South Region contract. New information and proposals are being requested related to the offerors' network discounts, in keeping with the GAO's recommendations. Under the amended RFP all of the original bidders have the opportunity to respond.

West Region: The agency-level protest regarding the West Region is still pending.

More information will be posted at <http://www.tricare.mil/t3contracts/> as it becomes available.

Best regards, Bill Thresher.

TRO-South POC: 210-292-3203

TMA MANUAL CHANGES AND PRESS RELEASES

TRICARE MANUAL CHANGES: Please visit <http://manuals.tricare.osd.mil/> to view all changes.

TRICARE Reimbursement Manual 6010.55-M, August 2002, Change 114, Published 05/06/10:

Summary of Changes: This change updates birthing center rates non-professional component for services provided from April 1, 2010 through March 31, 2011.

TRICARE Operations Manual 6010.51-M, August 2002, Change 96, Published Date: 04/15/10:

Summary of Changes: This change extends the DoD web-based TRIAP Demonstration, adds a requirement for contractor reports to be due by the tenth of the month, and adds language to address how to handle calls from ineligible beneficiaries.

32 CFR 199 (TMA Version), April 2005, Change 29, Published 04/09/10:

Summary of Changes: Final - TRICARE; Relationship Between the TRICARE Program and Employer-Sponsored Group Health Coverage

TMA PRESS RELEASES: Click on the title to view information or visit:
<http://www.tricare.mil/pressroom>.

5/10/2010

[TRICARE SMART Website: One-stop Information Portal for Guard, Reserves](#)

5/7/2010

[Keep Bones Healthy for Life](#)

5/5/2010

[TRICARE Management Activity Makes Key Decisions on United States Regional Health Care Support Contracts](#)

5/3/2010

[TRICARE Management Activity to Host First Career Fair](#)

5/3/2010

[TRICARE Schools Parents on Nutrition with Article Series](#)

4/27/2010

[No More Waiting, TRICARE Podcasts Delivered Weekly](#)

4/26/2010

[TRICARE Overseas Beneficiaries Reminded to Update DEERS](#)

4/21/2010

[Autism Services Demonstration Extended to March 2012](#)

4/15/2010

[TRICARE Moves with Moms-to-be](#)

4/9/2010

[When Moving, Plan Ahead for Prescriptions](#)

TOPICS OF INTEREST

REAR ADMIRAL HUNTER'S QUADRUPLE AIM INITIATIVE: The Quadruple Aim is a model that portrays the essential features of a high performing health system. It consists of four closely interconnected areas with separate goals. The four goals are to support readiness, improve the health of our population, ensure a positive patient experience and reduce healthcare costs. Rear Admiral Hunter began implementing the Quadruple Aim soon after her arrival at TMA in July 2009.

Goal Definitions

- **Readiness** includes support for the MTF, the MTF provider, and individuals and families both pre and post-deployment. Some important areas include family health, behavioral health, access to care, professional education, and resource sharing.
- **A Healthy Population** will achieve quality health outcomes through preventive care and effective disease and utilization management programs for service members, families, and retirees.
- **A Positive Patient Experience** results when care is timely, safe, and patient and family centered. Patients, MTF Commanders and network providers demonstrate their satisfaction through various government-administered surveys.
- **Costs** are responsibly managed through network cost control and MTF optimization.

Our Role

Each of us individually can help achieve the Quadruple Aim through our daily work. RADM Hunter gave three specific examples in a recent presentation.

1. Encourage beneficiaries with minor conditions to contact their PCM to get a referral for urgent care instead of going to the emergency room.
2. Suggest that beneficiaries transfer prescriptions from retail to mail order delivery.
3. Give beneficiaries the correct information the first time they interact with us.

For more information about the Quadruple Aim, you can view RADM Hunter's presentation from the 2010 MHS Conference: [The Quadruple Aim: MHS Game Plan for Improving Performance](#) below.



RADM Hunter at MHS
Conference.pdf

CHAIRMAN TELLS MEMBERS ITS OKAY TO GET HELP: The Chairman of the Joint Chiefs of Staff wants service members to know it is okay to get help for behavioral health-related conditions. In a new video spotlighting TRICARE's behavioral health care benefits, Adm. Mike Mullen sends a strong message to service members struggling with feelings of stress, anxiety, or depression.

“If you feel as though you or a close family member need help, please don't wait. Tell someone,” Mullen said. “Asking for help may very well be the bravest thing you can do.”

In the four-minute video at www.tricare.mil/mentalhealth, Mullen urges troops to tell someone in their chain of command if they having difficulties working through stress from deployments or the demands of military life. These are issues all service members may have at one time or another and, Mullen said, by ignoring them they can hurt not just themselves, but also their family, friends and fellow service members.

“The truth is, many people are reluctant to seek counseling because they fear the stigma attached to psychological or emotion problems,” Mullen said.

To avoid that, TRICARE's new mental health options allow beneficiaries to seek help in a more private manner. The TRICARE Assistance Program (TRIAP) brings short-term professional counseling assistance straight into the home. Beneficiaries with a computer, Web cam and the associated software can speak “face-to-face” with a licensed counselor over the Internet at any time of the day or night.

TRIAP is available in the United States to active duty service members, those eligible for the Transition Assistance Management Program (TAMP) and National Guard and Reserve members enrolled in TRICARE Reserve Select. It is also available to their spouses of any age, and to other eligible family members 18 years of age or older.

The video also features Marine Corps Sgt. Josh Hopper, who shares his experiences with seeking help for post-traumatic stress disorder after two deployments to Iraq. Hear more of his story

and others at www.realwarriors.net.

Visit www.tricare.mil/mentalhealth to see the Chairman's message and learn about behavioral health care options available through TRICARE.

TRO-South POC: 210-292-3262

CHCBP RATE CHANGES: The CHCBP rates are being increased on 1 Oct 10 to comply with statutory requirements for the program. Those enrolled in CHCBP prior to 1 Oct 10 will pay at the old rate until the first quarterly bill due on, or after, 1 Oct 10. Those enrolled in CHCBP on, or after, October 1, 2010, will pay the new rate. The single rate will increase to \$988.00 per quarter and the family rate will increase to \$2,213 per quarter.

Notices will be sent to all current CHCBP enrollees beginning 1 Jun 10. This is the first rate increase since the program was implemented back in 1997 and represents a 6% increase for single policies and 11% increase for family policies.

If you have any questions regarding the CHCBP, please call 1-800-444-5445.

TRO-South POC: 210-292-3219

LATEST RESULTS RELEASED ON PATIENT SATISFACTION: The Health Care Survey of DOD Beneficiaries (HCSDB) samples active duty, retirees and their family members eligible for care under the MHS. Ratings, composite scores and benchmarks are based on the National Consumer Assessment of Healthcare Providers and Systems Health Plan Survey (NCAHPS), Version 4.0.

Recently, results were released from the 1st Quarter, 2010, Consumer Watch Report, a quarterly summary of what TRICARE users in each region are saying about their healthcare, measured in nine metrics of patient satisfaction including health care, health plan, personal provider, specialist care, getting needed care, getting care quickly, communication from doctor and customer service.

The results of the recent Consumer Watch Report for beneficiary satisfaction for beneficiaries enrolled to a Civilian PCM or Standard/Extra users are encouraging for the TRICARE South region. Eight of the nine metrics were at or above the NCHAPS benchmarks (health care, health plan, personal provider, getting needed care, getting care quickly, doctor communication, customer service, and claims processing). Satisfaction with health plan was significantly above the national benchmark. While there were no statistically significant shortfalls ($p < .05$) below the NCAHPS benchmarks, one metric, getting care from a specialist, did fall below the benchmark. This metric will be monitored closely and re-evaluated upon the release of the next Consumer Watch Report. Patient satisfaction continues to be of extreme importance to TRICARE Regional Office - South. Patient satisfaction surveys will continue to be monitored on a routine basis to assess patient satisfaction levels and to identify potential areas that need improvement. Visit the HCSDB website to see results of the other categories of beneficiaries: all users, prime enrollees, enrollees to military PCMs, active duty, active duty dependents, and retirees and their dependents at <http://www.tricare.mil/survey/hcsurvey/results.cfm>.

TRO-South POC: 210-292-3234

TRANSITIONAL ASSISTANCE MANAGEMENT PROGRAM (TAMP) HAS ADDED TWO

NEW COVERED GROUPS: The new groups of beneficiaries become available for enrollment once the Services enter their qualifying members into DEERS as TAMP eligible. If a member does not appear in DEERS as TAMP eligible and believes he/she should be, they should be directed to their Personnel division for their particular service.

TAMP BASICS

TAMP provides TRICARE coverage at no cost for certain service members and their dependents while transitioning back to civilian life. The benefits are the same as those available to active duty dependents, such as care from a Military Treatment Facility (MTF) and TRICARE Standard, eligibility to enroll in TRICARE Prime and eligible for services and supplies provided under the Extended Care Health Option (ECHO).

COVERED GROUPS

Those members and their authorized dependents who meet the criteria below are entitled to medical benefits under TRICARE to the same extent as those available to active duty dependents.

The two new covered groups are shaded below.

Previously Covered Groups	Two New Covered Groups
A member who is involuntarily separated from active duty.	A member who receives a sole survivorship discharge as defined in Section 1174 of Title 10, USC. This provision became effective 8/29/08
A member of a reserve component who is separated from active duty to which called or ordered in support of a contingency operation if the active duty is for a period of more than 30 days.	A member who is separated from active duty who agrees to become a member of the Selected Reserve of the Ready Reserve of a reserve component. This provision became effective 10/14/08.
A member who is separated from active duty for which the member is involuntarily retained under Section 12305 (also referred to as “stop loss”) of Title 10, U.S.C., in support of a contingency operation.	
A member who is separated from active duty served pursuant to a voluntary agreement of the member to remain on active duty for a period of less than one year in support of a contingency operation.	

TRO-South POC: 210-292-3219

MULTIPLICIOUS ENROLLMENTS: The Government performed a sweep of the enrollment database throughout the TRICARE system, and identified 6,066 beneficiaries with multiple enrollments (more than one enrollment at the same time). After June 1, 2010, only one enrollment will be kept; all others will be terminated.

Three Situations

The Government identified three separate situations where the beneficiary was enrolled as:

1. An ADSM and either a Spouse or Child. The Government will cancel the spouse or child and leave the ADSM enrollment.
2. As a Spouse and as a Child. They will cancel the child and leave the spouse enrollment.
3. As someone enrolled more than once with more than one sponsor. They will cancel the earlier enrollment(s) and leave the most recent enrollment.

Letters to Beneficiaries

Beginning Wednesday, April 7, DMDC mailed notification letters to affected beneficiaries describing this initiative and what action (if any) the beneficiary needs to take.

- If the beneficiary is enrolled as an ADSM and either Spouse or Child (situation #1 above), they do not need to do anything if they are still Active Duty. If no longer active duty, the letter states that they should take their discharge papers to the nearest identification card-issuing facility and ask for their records to be updated.
- For the beneficiaries in the other two situations described above, if they wish to update their DEERS record, need more information or believe they received the letter in error, the letter directs them to the TRICARE Website at www.tricare.mil or to visit the Beneficiary Web Enrollment Portal at www.dmdc.osd.mil/appj/bwe/ to end an invalid enrollment.

TRO-South POC: 210-292-3219

TRICARE PROVIDES DEDUCTIBLE-FREE HOSPICE BENEFIT: The final stages of life can be difficult for patients and their families. To make these last days easier, TRICARE's hospice care benefit is a service focused on patients to give them the supportive services they need near the end of life.

Hospice is a zero-deductible benefit and it gives TRICARE beneficiaries access to personal care and home health aide assistance. It initially provides two 90-day periods of care, followed by an unlimited number of 60-day periods. Each period requires prior authorization from the regional health care contractor.

Not all care is covered by the hospice benefit. Individual hospices may charge for some items, such as outpatient medications or inpatient respite care. Charges for medical care not related to the terminal illness fall under the beneficiary's basic TRICARE benefit. Other items not covered include room and board for hospice care received at home; room and board related to custodial care; and any treatments to cure the terminal illness.

Hospice benefits can be initiated by a patient, their family or the patient's primary care manager (PCM). Before hospice can begin, four requirements must be met. First, the patient's the eligibility information must be current. The patient also needs to obtain a referral for hospice from their PCM and get prior authorization from their regional health care contractor. Finally, a certification of terminal illness must be obtained.

There are four levels of hospice care to meet the varying needs of each patient: routine home care, continuous home care, inpatient respite care, and general hospice. If necessary, patients can switch between the four levels of care.

For more information about the hospice benefit, visit www.tricare.mil, contact TRICARE For Life, the regional managed care support contractor or TRICARE Area Office.

TRO-South POC: 210-292-3278

ANNUAL C&CS CONFERENCE: The 2010 C&CS Conference will be held on August 3-5, 2010, in New Orleans, LA. The conference website/registration is not open yet but is projected to open the first week of June 2010. We will provide more information as it becomes available.

The target audience for this conference is mainly individuals who serve as BCACs, DCAOs, Contract Liaisons, and marketing and public affairs staff. However, each year there are representatives from a variety of other career fields who attend. The primary purpose of the conference is to explore opportunities to create unified and effective communications for our stakeholders; strengthen our commitment to our stakeholders through education; partner across the MHS; and to learn more about TRICARE and other programs available to our beneficiaries.

TRO-South POC: 210-292-3278

FEDERALLY ACTIVATED NATIONAL GUARD MEMBERS IN SUPPORT OF THE OIL SPILL IN THE GULF OF MEXICO MAY BE ELIGIBLE FOR TRICARE BENEFITS:

Members of the National Guard and their eligible family members who have been federally activated for more than 30 consecutive days in support of the oil spill in the Gulf of Mexico, may be eligible to receive military health care benefits.

The Deputy Secretary of Defense approved funding for use of the National Guard under Title 32 U.S. Code to support relief efforts. However, it is possible that some National Guard members may remain on state active duty.

National Guard members' personnel offices should update the Defense Enrollment Eligibility Reporting System (DEERS) to reflect eligibility for TRICARE benefits if their personnel are activated under or converted to Title 32 orders. In cases of conversion from state active duty to federal, the DEERS update could occur before orders are received.

National Guard members who are not sure if they are activated under Title 32 orders should contact their unit's personnel office to clarify their status.

Guard members serving on State Orders are not eligible for TRICARE health benefits, although they may be eligible for certain health care benefits through their state.

Members of the National Guard and Reserve, and their family members, are eligible for different TRICARE benefits depending on their status:

- On military duty for 30 days or less when in drill status
- When on active duty orders for greater than 30 days:
 - If activated in support of a [contingency operation](#), you qualify for additional benefits.
- When deactivated

After DEERS has been updated, family members will be automatically covered under TRICARE Standard and may enroll in TRICARE Prime or Prime Remote, if available in their area.

Coverage When Activated

When activated (called or ordered to active duty for more than 30 consecutive days) you become eligible for health care coverage under one of the following TRICARE Prime options:

- TRICARE Prime
- TRICARE Prime Remote

Family member health care needs are covered under several TRICARE options depending on where they live when the service member is activated. Family members are automatically eligible for TRICARE Standard and Extra or may choose to enroll in TRICARE Prime or TRICARE Prime Remote (if eligible). They may also elect to use the TRICARE Dental Program.

Coverage When Deactivated

You may qualify for the following health plan options upon deactivation.

- **Transitional Assistance Management Program (TAMP)** (*Available when activated in support of a contingency operation.*)
 - Provides 180 days of continued (premium-free) TRICARE coverage.
 - If you qualify, coverage begins immediately when active duty service ends.
 - Includes prescription drug coverage.
 - Family members are eligible for TAMP coverage.
- **TRICARE Reserve Select**
 - Available if in the Selected Reserve when you leave active duty and you are not eligible for the Federal Employee Health Benefit Plan.
 - If you were enrolled in TRICARE Reserve Select before you were activated, your coverage will not automatically resume.
 - You must visit the [Guard and Reserve Web Portal](#) and follow the instructions to re-purchase the plan.
 - TRICARE Reserve Select coverage cannot begin until after the TAMP period ends (if you qualify for TAMP).
 - Family members are eligible for TRICARE Reserve Select.
 - Family members are eligible for TRICARE Dental Program.
- **Continued Health Care Benefit Program (CHCBP)**
 - A premium-based health plan that you may purchase upon loss of TRICARE eligibility.
 - Offers coverage similar to TRICARE Standard and Extra with the same deductibles and cost shares
 - Limited period of time (18-36 months)
 - You must purchase the CHCBP within 60 days of your loss of eligibility.
 - Family members are eligible for CHCBP coverage.
 - *Note: Coverage would begin after loss of TAMP or TRICARE Reserve Select (described above)*

Beneficiaries may contact Humana Military's STAR FORCE at 1-877-298-3408 or visit TRICARE's Web site www.tricare.osd.mil for more information about TRICARE benefits. STAR FORCE is a dedicated service unit providing customer service support for Guard and Reserve members and their families. For information on the TRICARE Dental Program, please contact United Concordia at 800-866-8499.

For more information about DEERS enrollment, beneficiaries may visit the TRICARE Web site at www.tricare.osd.mil/deers or call the DEERS Support Office at 1-800-538-9552. Beneficiaries can also find the nearest ID card-issuing facility at www.dmdc.osd.mil/rsl/owa/home.

Unit briefings can be provided upon request. TRICARE Regional Office-South offers unit education using a variety of formats. For information regarding unit briefings, please visit http://www.tricare.mil/trosouth/Reserve-Guard_Education.cfm.

TRO-South POCs: 210-292-3216 and 228-377-9642

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 section located on our website at [TRO-South Comment Card](#).

If you need immediate assistance with this publication, please call 210-292-3278.

Thank you!