



TRO-South Messenger
An Update for the Region
Issue 28
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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,

This issue of the TRO South Messenger features articles from the Clinical Operations Division. The choice of articles pertain to support for military families special needs , TMA waiver for non-covered benefits for ADSMs, Clinical Quality Update, and Behavioral Health Update. 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

TRO-South POC: 210-292-3203

TOPICS OF INTEREST

NEW TRICARE PRIME ENROLLEES PAY ADJUSTED ANNUAL FEES

From a Defense Department News Release

WASHINGTON, Sept. 30, 2011 – Military retirees enrolling in the TRICARE Prime health plan after Oct. 1 began paying slightly higher annual fees.

The fee change for fiscal 2012 means the plan will cost \$260 per year for members and \$520 per year for members and family.

The increase amounts to an additional \$2.50 per month for individual members and \$5 per month for members and family, officials said. Active duty service members receive health care with no out-of-pocket costs.

Annual fees for retirees enrolled in TRICARE Prime prior to the Oct. 1 change will remain at \$230 and \$460 until Oct. 1, 2012, officials said. Retirees in Tricare PRIME have a catastrophic cap of \$3,000, and TRICARE Prime co-pays are not changing, they added.

“We are committed to offering the best possible health care system for our entire military family,” said Dr. Jonathan Woodson, assistant secretary of defense for health affairs. “This modest annual fee increase allows us to responsibly manage our costs in line with other secretary of defense initiatives announced earlier this year.”

Survivors of active duty deceased sponsors and medically retired services members and their dependents will be exempt from an annual increase, effective from the time they renew their enrollment or first enroll in TRICARE Prime, officials said, noting that the TRICARE benefit is among the nation's most affordable health care plans. All service members, military retirees and their eligible family members have TRICARE benefits regardless of prior health conditions.

“The department is committed to maintaining the same unique health care protection we have always offered our warriors, both current and retired,” Woodson said. “To sustain our military health system we are working hard to streamline, become more efficient, and achieve cost savings. Together, we can manage our costs responsibly and continue to provide care for our service members, retirees and their families.”

TROS POC: 210-292-3219

PHARMACY CO-PAY CHANGES EFFECTIVE OCTOBER 1, 2011

As of October 1, 2011, pharmacy co-pays changed for the first time since 2002. Government-developed briefings and brochures should be available the first week of October.

Note: Changes pertain to all TRICARE programs (including TRS, TRR, TYA, TFL, and CHCBP) **except** for Active Duty Service members (ADSMs)—who never have co-pays. It **WILL** affect Active Duty Family Members (ADFM). Co-pay changes do not apply to USFHP.

Refer to www.tricare.mil/pharmacy for the updated rates.

Home Delivery (TMOP) – A Distinct Value

The most significant change is the new Home Delivery **zero** co-pay for generic (Tier 1) prescriptions. An added bonus is the 90-day supply, which requires refills far less often. Obviously, Home Delivery, or the MTF, provide the most cost-effective choice for beneficiaries! (*Beneficiaries with OHI, including Medicare Part D, are not eligible for Home Delivery unless their OHI doesn't cover pharmacy or the medicine needed.*)

Non-Formulary (Tier 3) Prescriptions

Non-formulary (Tier 3) medications include any drug in a therapeutic class determined by the DoD to be not as clinically effective or as cost effective as other drugs in the same class. For this reason they are dispensed at a higher cost to beneficiaries. However, for a reduced amount (at Tier 2 costs) they are available to beneficiaries if their provider establishes medical necessity by completing and submitting the appropriate TRICARE pharmacy medical-necessity form. (ADSMs must always have medical necessity established for Tier 3 medications and then can receive them at no cost.) The beneficiary or provider can call Express Scripts at 1-877-363-1303 for more information about establishing medical necessity. The online link to the criteria & form is: http://pec.ha.osd.mil/forms_criteria.php

Non-Network Pharmacy

To be reimbursed by TRICARE, beneficiaries using a non-network pharmacy must submit a paper claim after paying full price up front. More information on how to do this can be found by following this link: <http://www.tricare.mil/mybenefit/home/Prescriptions/Claims>. TRICARE reimbursement is based on the TRICARE allowable and is further adjudicated as follows:

- Prime NAD, NADD, & ADFMs must first meet their deductible, then pay a 50% cost share (POS).
- Standard beneficiaries pay either a flat charge or percentage of total allowable (whichever is greater) after meeting their deductible (Formulary: \$12 or 20% of total cost; Non-Formulary \$25 or 20% of total)
- ADSMs do not owe a co-pay, but they must pay full price up front and submit a claim to be reimbursed.

OHI: Unlike network pharmacies (who submit both OHI & TRICARE online simultaneously) beneficiaries with OHI using a non-network pharmacy must submit a paper claim to be reimbursed for costs not covered by their other insurance plan (up to the TRICARE allowable, minus applicable TRICARE co-pays, etc.)

TRO-South POC: 210-292-3260

CASE MANAGEMENT UPDATE

The Department of Defense (DoD) Office of Community Support for Military Families with Special Needs is pleased to announce the results of a study by Ohio State University (OSU) to review accessibility and availability of evidence-based educational practices for military dependents with autism spectrum disorders (ASD). Through a partnership between the Department of Defense (DoD) and the U.S. Department of Agriculture and its Land Grant Universities, OSU reviewed public education services in the five states with the greatest numbers of assigned military personnel (California, Georgia, North Carolina, Texas, and Virginia).

The Directory provides assignment personnel and families of military dependents with ASD the information they need to make informed decisions when considering assignments of military members with children who have ASD to locations in the five states.

Use the following website for additional information;

<http://cs.mhf.dod.mil/content/dav/mhf/QOL-Library/MHF/260593.html>

TRO-South POC: 210-292-3205

MEDICAL MANAGEMENT UPDATE

TMA Waiver for Non-covered benefits for Active Duty Service Members

SHCP Need to Follow TRICARE Benefit criteria

- 10 USC 1074(c)
 - Medical or dental care “...other than elective private treatment”
 - Private sector facilities
 - Same payment rules as apply under TRICARE
 - Coverage for medical care...shall be comparable to coverage for medical care...under the managed care option of the TRICARE program known as TRICARE Prime.
- 32 CFR 199.16(a)(3) – Implements 10 USC 1074(c)
 - Implements SHCP for **active duty members** . . .SHCP uses same payment rules, “subject to appropriate modifications,” as apply under TRICARE
 - Applies to all health care services covered by the CHAMPUS (TRICARE)
- 32 CFR 199.16
 - Waiver authority for SHCP: “With the exception of statutory requirements, any restrictions or limitations pursuant to the general rule in paragraph (c) of this section (general rule for payment and administration), and special rules and procedures in paragraph (d) of this section, may be waived by the Director, TMA, at the request of an authorized official of the uniformed service concerned, based on a determination that such waiver is necessary to assure adequate availability of health care services to active duty members.”

Bottom line: Per CFR 199.16, the MTF Commander may only use SHCP funds to pay for care of ADSMs that is otherwise covered under CFR 199.4, Basic Program Benefit (TRICARE Prime) and anything outside of CFR 199.4, Basic Program Benefits, (TRICARE Prime) requires a waiver from Director, TMA.

Each Service may have its own internal procedures for processing a waiver for submission. Ensure all required service requirements are met before submission to the Office of the Chief Medical Officer, TRICARE Management Activity. At a minimum, obtain your service endorsement and notify the TRO medical director of the waiver request.

TRO-South POC: 210-292-3260

CLINICAL QUALITY UPDATE

Quality of Care Resources at Your Finger Tips! *(Please note that all referred web sites in this article are meant to be educational examples and not a comprehensive or government endorsed list)*

Remember the “old days” when we just had newspapers, typewriters, television news, and libraries? Going to the doctor was our only real source of learning about medical care other than a few science or biology courses we took in school and the “food” pyramid we all learned in elementary school! In reality, none of us really knew much about our health care, our medicines, diet, or exercise. Also, we did not know how any of these elements worked together. Fortunately, with the advent of the internet, great advances in science and medicine, and a proliferation of organizations that were designed to assist in a manner to improve the quality of care, we all now have access to a wealth of information and education at our fingertips – and – not just for consumers but also for medical providers.

For consumers, there are simple ways to learn about staying healthy, conditions, diagnoses, medications– how to take and side effects, surgeries, healthcare quality organizations, provider information, etc. On the internet, simply use a search engine such as, www.google.com , www.bing.com , and others that will give lists of resources for information, tools and knowledge. The Managed Care Support Contractor (MCSC) for the TRICARE South Region, Humana Military Healthcare Services, www.humana-military.com , provides education for both beneficiaries and providers on topics that range from wellness and prevention to rights and responsibilities to evidence-based guidelines for care, audio education for many conditions, and links for other resources. The education available from Humana Military is for both medical-surgical and behavioral health. Additionally, www.tricare.mil web site has links to the MCSCs web pages and links to the TRICARE manuals that detail the TRICARE Health Plan benefits and healthcare education.

Many providers and facilities have their own web sites that will list the services they provide and some provide information on quality measures or provide links to their quality performance such as The Joint Commission, Hospital Compare, etc. There are web sites that help consumers and providers assess the facility performance such as:

- Hospital Compare: This site provides a list of U.S. hospitals which includes hospital demographics (location, hospital type) and 44 quality-of-care measures. It also includes data on some Department of Veterans Affairs medical centers. <http://hospitalcompare.hhs.gov/>
- Compare Nursing Homes: This site provides detailed information about every Medicare and Medicaid-certified nursing home in the country.

<http://www.medicare.gov/NHCompare/Include/DataSection/Questions/SearchCriteriaNEW.asp?version=default&browser=IE%7C7%7CWinXP&language=English&defaultstatus=0&pagelist=Home&CookiesEnabledStatus=True>

- Compare Home Health: The site compares the quality of care that home health agencies provide; it provides a list of U.S. home health agencies, including demographics, services provided and quality measures. <http://www.medicare.gov/homehealthcompare/>
- Compare Dialysis Facilities: This site compares the quality of care that dialysis facilities provide; it provides a list of U.S. dialysis facilities which includes services provided, quality measures, and resources to learn more about chronic kidney disease and dialysis. <http://www.medicare.gov/Dialysis/Include/DataSection/Questions/SearchCriteria.asp?version=default&browser=IE%7C7%7CWinXP&language=English&defaultstatus=0&pagelist=Home>
- The Joint Commission Quality Check: This site provides information about Joint Commission accredited facilities and reports on quality measures. <http://www.qualitycheck.org/consumer/searchQCR.aspx>

Another web site that was developed as a result of the Affordable Care Act is:

<http://www.healthcare.gov/center/index.html> This web site is a federal government site managed by the [U.S. Department of Health & Human Services](#) designed to assist both consumers and professionals to learn about finding insurance options, learning about preventive care to help stay health and prevent disease, comparing care quality to help assess the quality of care delivered in facilities such as hospitals, nursing homes, home health agencies and dialysis centers, and understanding the law under the Affordable Care Act. The site also provides other information regarding health care for families and children, individuals, people with disabilities, seniors, young adults and seniors.

There are organizations whose mission is to improve the quality of care by providing information to consumers and to assist facilities and providers to improve the quality of care they deliver and/or to provide accreditations, standards, quality processes, evidence-based practices, and education such as:

- National Accreditation Organizations committed to improving care that provide guidelines, standards of practices and quality processes such as:
 - The Joint Commission (TJC): <http://www.jointcommission.com>
 - Accreditation Association for Ambulatory Health Care (AAAHC): <http://www.aaahc.org>
 - The American Osteopathic Association (AOA): <http://www.osteopathic.org>
 - URAC: <http://www.URAC.org>
 - National Committee for Quality Assurance (NCQA): <http://www.ncqa.org>
 - Det Norske Veritas (DNV) Healthcare: <http://dnvaccreditation.com>
- Organizations committed to improving healthcare quality:
 - The Agency for Healthcare Research and Quality: <http://www.ahrq.gov/>
 - The Institute of Medicine (IOM): <http://www.iom.edu>
 - The Institute for Healthcare Improvement: (IHI): <http://www.ihl.org/ihl>

- The Leap Frog Group: <http://www.leapfroggroup.org>
- Baby Friendly USA, Inc.: <http://www.babyfriendlyusa.org>
- National Association for Healthcare Quality (NAHQ): <http://www.nahq.org>
- National Quality Forum (NQF): <http://www.qualityforum.org>
- America's Health Insurance Plans (AHIP): <http://www.ahip.org>
- Governmental organizations:
 - Centers for Medicare and Medicaid (CMS): <http://www.cms.gov>
 - Medicare: <http://www.medicare.gov>
 - U.S. Department of Health and Human Services : <http://www.hhs.gov>
 - Centers for Disease Control (CDC): <http://www.cdc.gov>
 - National Institutes of Health (NIH): <http://www.nih.gov>
 - National Heart Lung and Blood Institute (NHLBI): <http://www.nhlbi.nih.gov>
 - Military Healthcare System Clinical Quality Management: <https://www.mhs-cqm.info>

And the lists go on.....

In summary, there is a wealth of information available through the internet related to and or specifically designed to improve quality of care. Lack of individual responsibility, lack of facility and provider efforts to improve care delivery, and lack of health plans and/or insurance companies to improve their goals and processes can potentially cause harm and waste unnecessary dollars on healthcare. More importantly, we have the power and can attempt to take care of ourselves!

TRO-South POC: 210-292-3260

BEHAVIORAL HEALTH UPDATE

As most of you are aware, the Behavioral Health Appointment Assistance Line was eliminated as of March 29, 2011. Anyone needing assistance in locating a Behavioral Health Provider in the network, may call the Behavioral Health Line at 800-700-8646. The Health Care Finder will assist in providing names for the types of providers deemed appropriate to provide the service requested. If there is a need for a specialized provider or extensive assistance is required to locate a provider, the Health Care Finder will send the request to a Patient Care Coordinator or Case Manager to assist the beneficiary in locating an appropriate provider.

Previously there was information provided regarding Behavioral Health referrals for ADSM, which had not been activated. This continues to be a concern for the TROs, therefore there is continued monitoring. The goal set from the TRO is for those unactivated referrals to be maintained at a level at 30% or below. The chart below reflects the Active Duty numbers for authorizations and unactivated behavioral health referrals generated from December 2009 through January 2011. Note: there is a 5 month lag time due to data collection being conducted by claims.

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



Data is based on MTF behavioral health referrals to MCSC written Dec '09 - Jan '11.
Data Source: Value Options Behavioral Health Referral Utilization Summary Reports (May '10 - Jun '11)
*Based on claims

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 TRO-South and direct services, training and MTF-specific data available to the facility. A TRO-South staff member will travel to the MTF, and subject matter experts will attend via teleconference to present and answer questions. 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 as they see appropriate. Typically, these presentations do not cover general TRICARE program benefits, however the local TRICARE Service Center can assist with this as needed.

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

UPCOMING MEETINGS & TRAINING

TRICARE Fundamentals Course:

Date: February 7-9, 2012. Tampa, FL

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; students are awarded a Certificate of Training.

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TMA MANUAL CHANGES, PRESS RELEASES, POLICY

TRICARE MANUAL CHANGES:

28 Nov- TOM, 2002, Change 130 - Summary of Changes: This change removes language regarding the requirement to mail a welcome package to Military Health System (MHS) beneficiary households based on Defense Eligibility Enrollment Reporting System (DEERS) data, no later than 30 days prior to start of health care delivery. It also eliminates the requirement to distribute an annual TRICARE For Life (TFL) newsletter.

21 Nov- TOM, 2002, Change 129 – Summary of Changes: This change updates language to clarify that electronically signed enrollment forms are acceptable, signatures of the Active Duty Service Members (ADSMs)/Active Duty Family Members (ADFM)s are not required if they are using the Enrollment Portability process, and signatures of ADSMs are desired, but not required, to complete enrollment processing as enrollment in Prime is mandatory.

14 Nov- TOM, 2002, Change 128 - Summary of Changes: This change clarifies the number of enrollment transfers and adds language to Appendix A, Acronyms and Definitions.

22 Sept- TOM, 2002, Change 127 - Summary of Changes: This change adds premium-based TRICARE Young Adult (TYA) coverage for TRICARE Prime plans, including the Uniformed Services Family Health Plans (USFHP). It also provides direction on processes to follow regarding retroactive TYA coverage when the beneficiary has previously been enrolled in Continued Health Care Benefit Program (CHCBP) and requires adjustment of former CHCBP TRICARE Encounter Data (TED).

19 Sept- TOM, 2002, Change 126- Summary of Changes: References to Healthcare Operations Division (HCO) replaced with the Office of the Chief Medical Officer (OCMO). Removed requirement for an external contractor to review the annual Clinical Quality Management Program (CQMP) plans and reports, and returns those functions to the TRICARE Regional Offices (TROs) and OCMO.

14 Sept- TOM, 2002, Change 125- Summary of Changes: This change provides a 24-month demonstration project allowing four unmanaged urgent care visits for United States Coast Guard (USCG) Active Duty Service Members (ADSMs) and their families enrolled in TRICARE Prime and TRICARE Prime Remote (TPR) in the TRICARE South Region. This change is published in conjunction with Aug 2002 TSM Change 90.

TRICARE NEWS RELEASES

11/30/2011

[TRICARE Young Adult Prime Option Available Jan. 1](#)

11/10/2011

[Service Members Asked to Walk Away from Tobacco for a Day](#)

11/4/2011

[Risk to Patients from Data Breach Met with Proactive Response](#)

9/22/2011

[TRICARE Patients Curb Rising Pharmacy Costs by Switching to Home Delivery](#)

9/7/2011

[TRICARE Reduces Pharmacy Home Delivery Co-Pays](#)

8/22/2011

[Army Surgeon Slated as Next Deputy Director of TRICARE](#)

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!