



Regional Newsletter

Dedicated to enhancing the exchange of information within the region

Published 01 Dec 05



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Thought for the Day

It is never too late to be what you might have been.

- George Eliot

Another Business Plan Behind Us – Is There Value?



By
TRICARE South
Regional Director

From my perspective the answer is absolutely! The TRICARE Regional Office - South (TRO-S) Business Plan is complete and we have all made some phenomenal progress over last year's planning approach and associated tools. Thanks to the collective efforts of the Services we now have a comprehensive planning document and assessment tool that will be used in a variety of ways. From providing a logical approach to targeting opportunities to increase performance, improve quality and contain costs, to indirectly identifying private sector health care requirements for option period target costs development. Additionally, this year's Business Plan identifies specific Regional goals, objectives and associated action plans. Clearly we are much better postured to work in a collaborative manner focusing on challenges and opportunities for fiscal years (FYs) 2006-2008. With a much stronger link between the Direct and Purchased Care delivery systems, the seamless movement of work and resources will continue to provide our military (current and past) and their families with the best health care in the world.

The TRO-South Business Plan provides a market assessment that includes changes in baseline for: 1) population served (eligibles/enrolled); 2) catchment / clinic area direct care delivery and referral plans; and 3) provider staff availability levels. This detailed analysis examines changes in MTF capability, capacity, demand, and the staff changes that would impact capacity. The plan addresses these changes through a comprehensive "gap analysis" which projects both excesses and deficits in MTF capacity versus demand. From a regional perspective this gap analysis provides a starting point for analyzing where opportunities may exist and an assessment of future network adequacy resulting from Direct Care capacity changes. These, in turn, help in projecting catchment area Private Sector Care (PSC) requirements. The plan follows this up with a similar Multi Service Market (MSM) assessment which further assists in developing a thorough "White Space Assessment" and consolidation of Regional PSC requirement projections.

The challenge for us all now is executing the plan as outlined. For the TRO we will begin by targeting those opportunities with the greatest payoff and offering our support by reaching into our "toolbox" and finding the right tool that has the best opportunity for success – in either the direct care and /or the purchased care sectors. The other aspect of the plan is our collective responsibilities in monitoring, reporting, and managing our performance. Over the next few months I will be reporting to you on the health of the region from the perspective of how well we have executed what we said we were going to do – to include both shortfalls and achievements. Besides admiring our success, the TRO team will also be working to export good ideas and projects to other parts of the region – sharing your successes for the benefit of the whole. As we progress your input, thoughts, and ideas are certainly welcomed.

A SALUTE TO: 96MDG TRICARE Operations & Patient Administration Flight

The 96MDG TRICARE Operations and Patient Administration (TOPA) Flight, Eglin AFB, Florida, stands ready to support an enrollment population of approximately 37,000.



To paint a picture of the workload generated by a population of this size, how is this for statistics? In a routine month, the Health Benefit Advisors (HBAs) provide guidance to approximately 1,200 patients; Central Appointments books 12,345 appointments and handles 7,650 telephone consults; and Referral Management processes 5,000 referrals—and these numbers are for just a routine month! Factor in two hurricanes with the names of Katrina and Rita, and the scope of operations shifts dramatically.

During the month of October, over 350 evacuees received compassionate, quality healthcare from the 96 MDG. One example of the customer-focused atmosphere occurred during this time when their TOPA Flight realizing the special needs that the evacuees would have, quickly “ramped up” their services by establishing 24/7 HBA coverage, for the first time in their history and co-locating the service within the 96th Air Base Wing Family Assistance Center.

When referencing a person who has excelled in providing quality TRICARE service; I've heard it said, “That person “has put the “I” in TRICARE.” Having heard that saying repeatedly...I'm not sure how, but I think it's time to consider a “they” in TRICARE for all they do as a team to assist their beneficiaries. We salute you!

Congratulations to all of you at the 96 MDG TOPA Flight!

HAVE SOMEONE YOU WOULD LIKE TO RECOGNIZE?

The purpose of the new “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. All submissions will be kept on file for future TROS newsletter editions.

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 TROS_Marketing@tros.tma.osd.mil.

ENROLLMENT FEE REFUNDS FOR MEDICARE/TRICARE DUAL-ELIGIBLE BENEFICIARIES

Recently, The TRICARE Operations Manual (TOM) was changed to allow enrollment fee refunds of beneficiaries who are dual eligible for Medicare and TRICARE For Life. Beneficiaries must request the refund from the Managed Care Support Contractor. South Region beneficiaries must call the 1-800-444-5445 number or visit their local TSC to initiate the request for the refunds. The Defense Eligibility and Enrollment Reporting System (DEERS) must reflect the dual eligibility before the beneficiary can request the refunds. Refunds are pro-rated on a monthly basis. See the TOM language below for more clarification on the refund process.

- a. Paragraph 11.4, Section 1, Chapter 6, TRICARE Operations Manual 6010.51-M states, "Contractors shall refund the unused portion of the TRICARE Prime enrollment fee to retired TRICARE Prime enrollees who either become Medicare eligible upon obtaining age 65 and purchase Medicare Part B; or who are under 65 years of age, b-become Medicare eligible due to disability or ESRD and have purchased Medicare Part B. The contractor shall calculate the refund using the monthly pro-rating as defined in Appendix A..."
- b. Appendix A, TRICARE Operations Manual defines monthly pro-rating as: "The process for determining the amount of the enrollment fee to be credited to a new enrollment period. For example, if a beneficiary pays their annual enrollment fee, in total, on January 1, (the first day of their enrollment period) and a change in status occurs on February 15. The beneficiary will receive credit for ten months of the enrollment fee. The beneficiary will lose that portion of the enrollment fee that would have covered the period from February 15 through February 28."

CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP)

Individuals who lose TRICARE eligibility or other coverage under the Military Health System are eligible for temporary health care coverage in CHCBP. CHCBP is not part of TRICARE but provides similar benefits and operates under most of the rules of TRICARE Standard. To obtain this coverage, you must enroll in CHCBP within 60 days after separation from active duty or loss of eligibility for military health care. The premiums for this coverage are \$933 per quarter for individuals and \$1,996 per quarter for families.

DoD has contracted with Humana Military Healthcare Services, Inc. who administers the CHCBP. You may contact them in writing or by phone for information regarding CHCBP including your eligibility for enrolling in the program. The enrollment form is in PDF format and must be viewed/printed with the Adobe Acrobat Reader: [Enrollment Application Form 2837](#). Full instructions for downloading and installing the reader are available at the download site. Please [download the reader](#) if necessary. Detailed information regarding the CHCBP is also available on their web site <http://www.humana-military.com/chcbp/main.htm>.

For enrollment and claims information only –
Humana Military Healthcare Services, Inc.
P. O. Box 740072
Louisville, KY 40201
1-800-444-5445

For submission of claims only –
[PGBA](#)
P.O. Box 7031
Camden, SC 29020

TRAINING AND CONFERENCES

2005 MTF REGIONAL COMMANDERS' CONFERENCE CRITIQUES

The conference held on 25-27 Oct 05 brought together approximately 290 individuals from across the TRICARE South region. In order to begin preparation for the next conference, tentatively scheduled for Jun 06, we ask that all participants who did not hand in a hard-copy of the conference critique, please go to:

www.tricare.osd.mil/evaluations/evaluate.aspx?id=218&pass=1063183065 and complete the online critique.

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 or call (210) 292-3278//DSN: 554-3278.

2006 Schedule

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

Feb 8 - San Antonio

May 10 - Augusta

Aug 2 - San Antonio

Nov 8 - Biloxi

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

Feb 9 - San Antonio

May 11 - Augusta

Aug 3 - San Antonio

Nov 9 - Biloxi

HMHS REFERRAL PROCESS

Q. Who locates civilian network providers for specific services?

A. Referrals submitted to HMHS from the military treatment facility or network provider offices are processed similarly. It is HMHS' responsibility to locate a network provider within the 60 minute drive-time standard and who has an appointment available within 28 days. HMHS will send notification of the authorization to the referring provider, the specialty provider to which the beneficiary is being referred to, and the patient. Should the patient desire to see a network provider other than the one being referred to, the patient should contact HMHS at 1-800-445-5445 to coordinate the change to the authorization. This coordination will alleviate any claims payment problems or Point of Service charges.

Q. If not offered in the local network, who locates out of area care for specific service (laser surgery)?

A. If HMHS is unable to find a network specialty provider within 60 minutes drive-time, they will initially try to find a non-network provider within the drive-time standard. Any authorization issued to a non-network specialty provider by HMHS in response to a referral request will be processed just as a network authorization. The out-of-pocket costs to a Prime enrollee will be the same for network or non-network provider under this scenario. HMHS will only seek a network provider beyond the 60 minute drive-time standard if no non-network provider is available. Enrollees referred to a specialty provider greater than 100 miles from their PCM's office may be entitled to the Prime Travel Benefit.

Q. If non-network is the only provider available who can provide the requested service, who negotiates with the provider in reference to billing (accepting assignment, etc.)?

A. This depends on whether the patient being referred is active duty or not:

If the patient is active duty, HMHS will negotiate the payment with the non-network provider up to 115% of the CHAMPUS Maximum Allowable Charge (CMAC). If the provider will not accept payment within 115% of CMAC, HMHS will notify the referring MTF to initiate a CMAC waiver request. The CMAC waiver will be submitted through HMHS to the TRICARE Regional Office South for medical necessity and whether the care can be provided at another medical treatment facility.

If the patient is a non-active duty enrollee, there is no requirement for HMHS to negotiate with the provider. Non-network providers have no requirement to accept assignment and can choose to accept assignment or not on any given day. If a non-network provider agrees to accept assignment one time, this does not preclude them from not accepting assignment for subsequent visits. Non-network providers that agree to accept assignment are limited to payment at 100% of CMAC. Non-network providers that do not accept assignment are limited to payment at 115% of CMAC. Non-network providers cannot balance bill a TRICARE patient in excess of the 115% CMAC rate **unless the services provided were "non-covered benefits" under the TRICARE Program.**

Referrals submitted to HMHS from the military treatment facility or network provider offices are processed similarly. It is HMHS' responsibility to locate a network provider within the 60 minute drive-time standard and who has an appointment available within 28 days. HMHS will send notification of the authorization to the referring provider, the specialty provider to which the beneficiary is being referred to, and the patient. Should the patient desire to see a network provider other than the one being referred to, the patient should contact HMHS at 1-800-445-5445 to coordinate the change to the authorization. This coordination will alleviate any claims payment problems or Point of Service charges.

PURCHASED CARE RECAPTURE FUNDING – THE VENTURE CAPITAL PROGRAM

The objective of the Venture Capital Program is to further enhance the performance, productivity, and efficiency of healthcare operations in the Military Health System (MHS), by providing MTFs with investment dollars to assist the Medical Treatment Facility (MTF) with recapturing purchased care services within the MTF.

Venture Capital Initiative (VCI) Funding levels for Fiscal Year 2005 were \$30M for the total Venture Capital program or \$10M per CONUS TRO. **Future funding levels are currently budgeted at:** FY06-\$30M, FY07-\$35M, FY08-\$38M, FY09-\$43M, FY10-\$47M, FY11-\$53M.

The Venture Capital Program changes in FY06. The biggest change to the FY06 Venture Capital Program is the full integration of the Perspective Payment System (PPS) into the Venture Capital Program.

What does this mean? PPS integration affects how the return on investment for a Venture Capital Initiative (VCI) is calculated.

Under the FY05 Venture Capital Program, return on investment was calculated by looking at the dollar amount of Purchased Care workload that is recaptured back into the Direct Care, and subtracting out the investment costs to get an after investment savings figure.

Under the FY06 Venture Capital Program, return on investment is calculated based upon the amount of PPS revenue earned on the Venture Capital workload that is recaptured into the MTF. This workload is measured in terms of Relative Value Units (RVUs) or acuity weighted outpatient visits; Relative Weighted Procedures (RWPs) or acuity weighted inpatient dispositions; and finally inpatient mental health care dispositions.

This change will eventually eliminate the need for the TROs to fund the support tail to continue successful VCIs from our MTFs. ***When PPS is fully deployed in FY08, funding to support these successful VCIs will be derived from the PPS revenue they generate.***

A secondary benefit from this change is that the net savings generated by these VCIs are at the Service's discretion to use. When the Services allocate a portion of these net savings back to the MTF that generated these savings, the Venture Capital Program provides an appropriate positive incentive for the MTF sponsor and reinforces the entrepreneurial spirit of the VCP.

A final benefit from this PPS integration is that it reduces the TRO funding support tail for approved VCIs, which increases the availability of Venture Capital Program funds to support new VCIs submitted by the MTFs and the Multi Service Market Organizations.

NOTE: New submission dates for FY06 and FY07 Venture Capital Initiative submissions.

Although the initial FY06 Venture Capital Program guidance memorandum dated 15 June 2005 provided only one submission window for FY06 VCI submissions (1 August 2005), a second and final submission window has now been opened. ***MTFs and MSMOs must submit all of their FY06 VCIs to TRO-S no later than 17 October 2005.*** VCI submissions should be submitted through appropriate Intermediate Support Command (ISC) and Service points of contact for approval, before uploaded these onto the Venture Capital website at: <https://triservicebps.afmoa.af.mil/splash.aspx> .

FY07 VCIs must be submitted through appropriate ISC and Service points of contact for approval, before uploaded these onto the Venture Capital website no later than 16 December 2005.

TRICARE BENEFITS FOR NATIONAL GUARD MEMBERS ACTIVATED IN SUPPORT OF HURRICANE KATRINA

1. TRICARE medical benefits and line-of-duty care are determined by the following order authorities:
 - a. **State orders** – IAW state law and the Emergency Management Assistance Compact (EMAC) www.emacweb.org
 - 1) No federal disability or TRICARE benefits.
 - 2) Healthcare benefits vary by state. Availability of humanitarian assistance varies.
 - 3) Some National Guard members may prefer state activation for benefits and pay
 - b. **Federal orders**
 - 1) Dep Sec Def memo dated 07Sep2005 “approved federal funding for use of the National Guard in Title 32 U.S. Code status to support Hurricane Katrina disaster relief efforts retroactive to August 29, 2005.”
 - 2) Covered for line-of-duty conditions while in a federal duty status (including travel)
 - 3) Orders more than 30 consecutive days of federal service accrue full TRICARE benefits for member and eligible family members.
 - 4) Possible that some National Guard members may not be converted from state to federal orders.
2. TRICARE Benefits under Federal Orders
 - a. Covers member and eligible family members
 - b. Same as any Active Duty Service Member and Active Duty Family Member including TRICARE Prime programs available by geographic area.
3. Transitional TRICARE benefits under TAMP
 - a. No TAMP eligibility from activation in support of Katrina disaster relief since it has not been designated a contingency operation as defined in 10 USC101(a)(13) to date.
 - b. Eligibility – “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” (10USC1145(a)(2)(B)).
 - c. Members returning from active duty in support of a contingency operation for more than 30 days would be eligible for 180 days of TAMP coverage beginning the day after release from qualifying active duty.
 - 1) If subsequently activated under federal orders for Katrina, DEERS will suspend TAMP coverage in favor of full active duty TRICARE benefit. Upon release from Katrina service, DEERS would reactivate TAMP coverage if the original end date of TAMP had not been reached.
 - 2) If subsequently activated under state orders for Katrina, TAMP coverage would continue uninterrupted for full period of coverage.

TRICARE AND COLLEGE STUDENTS

College students enrolled in Prime and seeking care outside their Primary Care Manager must still obtain the required authorization for any services received or run the risk of being under the Point of Service (POS) option. POS charges include a deductible of \$300 and cost-share of 50% of the allowed charges. The Explanation of Benefits will be mailed to the address the college student provides (usually their own college residence.) This means that often times the sponsor is never made aware of any outstanding claims and because the claims were billed under the sponsor's social security number, the sponsor will be held accountable for the unpaid charges and possible adverse reports to collection agencies, etc.

To help keep problems from arising for the sponsor, it is recommended that sponsors ensure college students understand their benefits, and if necessary, bring them into a TRICARE Service Center so that a BCAC or BSR can explain how to access care and the role of the Primary Care Manager. In addition, it is important for any adult-age dependent to complete the Humana "Authorization to Release" information form. This can be found at www.humana-military.com, Beneficiary Resources, under Forms. This form allows the sponsor to check on their claims, referrals, etc. Without consent, information cannot be released to anyone other than the adult patient in question.

BCAC/Marketing/Public Affairs/Patient Representative Databases

Over the last few months we have been developing databases containing information on all regional MTF Commanders, BCACs/DCAOs, Marketing, and Public Affairs representatives. We are now in the process of compiling information on all patient representatives (primary and alternates.)

The new patient representative database will help TRO-S more effectively work with the individual MTFs to better assist and resolve patient concerns, promote the flow of information and provide direct feedback in a timely manner to the most appropriate individuals within each organization. TRO-S receives communications from beneficiaries on a regular basis through our web-based comment card, emails and phone calls. Much of the information we receive applies to local level policies and organizational staff members and ideally should be forwarded to the MTF/organization in question. It can be difficult to locate the appropriate MTF or other organizational representative(s) when these communications come through. By having direct points of contact at each MTF/organization identified to handle customer concerns received at the TRO, we hope this database will help us all work together to streamline the process of resolution for our beneficiaries.

Not only do we use these listings to assist our beneficiaries, we use them to assist MHS personnel across the region. We can now more successfully spread the word regarding TRICARE hot topics, provide comments or kudos to commanders that we receive regarding any of their exceptional staff members, communicate job-related training venues, and better promote networking opportunities within functional counterparts throughout the south.

PLEASE HELP US KEEP THESE DATABASES CURRENT BY FORWARDING US PERSONNEL CHANGES WHEN THEY OCCUR. BCACs/DCAOs also need to make sure they provide changes to TMA so the main online listing is current. If you have any questions, or to forward your POCs for any of the databases mentioned in this article, please call (210) 292-3278 or by email at

TROS_Marketing@tros.tma.osd.mil .

ACCESS AND TRAINING FOR ASSISTANCE REPORTING TOOL (ART)

HOW TO ACQUIRE ACCESS TO ART

ART is a web-based system designed to work on Internet Explorer (IE) version 5.5 or higher. Please consult your system administrator if you are not sure what version you have.

Military Treatment Facility (MTF) personnel requiring access to ART, must first acquire access to the MHS ExtraNet.

1. To request access to the ExtraNet , please email Helpdesk@tma.osd.mil or call (703) 824-8605.
2. To request access to ART, please email BCACDCAO@tma.osd.mil.
3. Once you have a username and a temporary password, log into the Extranet at <https://xnet.tricare.osd.mil> and enter your username and temporary password. At this point you should be prompted to change your password.
4. Click on the BCAC/DCAO Portal located below the MHS ExtraNet banner. Another login screen will appear for you to log into ART. Enter your username and temporary password. At this point you should be prompted to change your password.

TIP: Passwords will be easier to remember if you chose the same one for both the MHS ExtraNet and ART.

CONVENIENT AND SELF-PACED ART TRAINING

1. The Assistance Reporting Toll Guide is located under Reference Materials (the third entry located below your sign-in information at the top of the page or at this link http://tricare.osd.mil/1bcac3263827/1138/download/ART_GuideVersion1.pdf. Click on ART Guide and you will be able to download and print it. You will need this guide in conjunction with the training site to learn in the system at a pace that meets your needs.
2. To log on to the Training Site: The link to this site is located at the bottom of the ART log-in screen. Click on this link and another sign in screen will appear.

The Username: mtf

The Password: March#03

Please feel free to call 210-292-3228 if you have any questions.