

Behavioral Health Care Referrals

Military life can be stressful for service members and their families. Helping your TRICARE patients recognize behavioral and emotional changes and referring them for behavioral health care can be an important first step in meeting their overall health care needs.

All TRICARE beneficiaries (except for active duty service members, who require a referral for all behavioral health care) may self-refer for the first eight outpatient behavioral health visits. **Note:** TRICARE Prime beneficiaries must see a **network provider**. However, most patients experiencing behavioral health symptoms first seek care from their primary care manager. If a patient comes to you with symptoms that you believe would be improved by seeing a behavioral health provider, you are encouraged to contact ValueOptions to request a referral.

It is important to prioritize your referral request to best meet the needs of the patient. TRICARE referrals for specialty care fall into three categories:

- Urgent referrals: for care needed within 24 hours
- Referrals for care needed within 72 hours
- Routine referrals: for care needed within four weeks

For behavioral health referrals, contact ValueOptions at 1-800-700-8646. ■

Safeguarding Patient Information

Safeguarding protected health information (PHI) is an important part of providing quality care to TRICARE beneficiaries. Understanding the rules that govern the release of PHI is essential to maintaining the security and confidentiality of PHI and will reduce the risk of unauthorized disclosure. Providers are required to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which includes detailed instructions on the use and disclosure of PHI.

PHI is any individually identifiable health information (in any format) that relates to a patient's past, present or future physical or mental health and related health care services. PHI also includes demographics, documentation of symptoms, examination and test results, diagnoses, treatments and payment information.

HIPAA permits the release of PHI without written authorization for purposes of treatment, claims payment and health care operations. However, the HIPAA Privacy Rule requires providers to limit the amount of information disclosed for claims payment and health care operations to the minimum necessary.

Release of Patient Information

Providers generally don't need a patient's written authorization to send a copy of the patient's medical record to a specialist or other health care provider for treatment purposes. However, treatment information may not be disclosed in cases of substance abuse, behavioral health treatment or other specifically protected health conditions without the express written consent of the patient.

If an inquiry is made by a beneficiary (including a dependent child, regardless of age), the reply should be addressed to the beneficiary, not the beneficiary's parent or guardian.

If a parent writes on behalf of a minor child (under age 18), or a guardian writes on behalf of a physically or mentally incompetent beneficiary, the reply should be addressed to the parent or guardian.

Depending on state laws, if a minor is not competent to make health care decisions, a provider may or may not release a minor's information to parents or guardians without the minor's consent.

continued on page 3



Letter to a Provider from an Army Wife

Dear TRICARE Provider,

I am glad you are here. I am an active duty Army wife and my family and I recently moved to a new duty station. The local military treatment facility does not have many specialty services available for family members due to an increase in the number of soldiers assigned here and the number of military providers being deployed overseas. In fact, my spouse just left for a 15-month tour of duty leaving me to find pediatric services for our 6-year-old, who has a seizure disorder.

The common thread of all Army wives is to strive to maintain our family's health and well-being while our spouses are performing their duty to their country. We have the same responsibilities as most civilian wives with regards to work, children and home ... but there is also the additional worry we carry knowing that our spouses could be in harm's way.

Over the past eight weeks, my child and I have been referred to the civilian provider community several times for specialty care. We have been met with friendly faces and understanding office staff who appear to know

TRICARE better than I do! It is comforting to me as a mother to know that my child is treated with sensitivity and awareness of her situation. It's difficult being 6 years old, still tentative in your new surroundings, having your father gone for an extended period of time and having to cope with a seizure disorder.

I would like to thank the civilian network providers for their ability to adapt to these times and the unique nature and needs of their TRICARE patients. On behalf of Army wives like me, we appreciate your availability and knowledge of our health care program. We especially appreciate your sensitivity to our children, who need to feel safe and secure in their changing world. We are glad you are here!

Thank you!

Signed,

An Army Wife ■



Get to Know Your Provider Relations Representative

Humana Military Healthcare Services, Inc., (Humana Military) has provider relations representatives available to assist you with a variety of issues. Our provider representatives act as liaisons between military treatment facilities and civilian network providers, working to increase your understanding of TRICARE programs.

Additionally, Humana Military's provider relations representatives personally interact with you by annually visiting many primary care managers. Representatives are also available upon request to visit network physician offices, groups and hospitals.

The goal of the provider relations department is to ensure that you have the tools necessary to better care for TRICARE beneficiaries. The

department offers educational seminars for providers at least twice a year. A list of seminars is available online at www.humana-military.com.

Provider relations representatives are trained to work with you to ensure that you are in compliance with Humana Military's requirements for:

- Electronic claims filing
- Consult reports
- Referral and authorization transactions

You can also depend on the provider relations department to assist you with claims inquiries and updating your contact information for the Humana Military provider locator and provider directory. It is important that information such as your address and fax number be kept up to date. Incorrect or outdated

contact information can adversely affect claims payments, referral activity or Humana Military's ability to reach you.

If you are a network provider and are unsure how to contact your provider representative, call Humana Military at 1-800-444-5445 and listen carefully to the options on the provider menu. The interactive voice response line will prompt you with a few questions to determine your location and then connect you to your local representative. If you are a network behavioral health provider, you may call ValueOptions at 1-800-700-8646 and ask to speak with a provider representative.

Your provider representative is waiting to assist you. Contact Humana Military today! ■

Providing Urgent and Emergency Care to Out-of-Area TRICARE Beneficiaries

With the holiday season upon us, many TRICARE beneficiaries will be traveling out of their home TRICARE region to visit friends and relatives, and some will require emergency or urgent care. There are a number of things to consider when treating an out-of-area beneficiary.

Is a referral required?

For emergency care services, neither TRICARE Prime nor TRICARE Standard beneficiaries need a referral or authorization. However, if admitted to the hospital, a TRICARE Prime beneficiary should contact his or her primary care manager (PCM) or regional contractor within 24 hours to coordinate ongoing care. TRICARE Standard beneficiaries are also encouraged to contact their family doctors if they are admitted to a hospital.

For urgent care services, TRICARE Prime beneficiaries must obtain a referral from their military treatment facility, PCM or regional contractor. If a referral is not acquired, the claim will be paid under the point of service (POS) option, and the beneficiary will incur higher out-of-pocket costs. If the beneficiary has other health insurance

that provides primary coverage, the POS option does not apply. TRICARE Standard beneficiaries do not need a referral for urgent care.

Where should the claim be submitted?

When you provide services to a TRICARE Prime beneficiary from a different region, submit all reports and claims information to the region in which the beneficiary is enrolled. If the patient is not enrolled in TRICARE Prime, submit all reports and claims information to the region where the patient resides, not the region where he or she is receiving care. The beneficiary is responsible for applicable cost-shares.

If you have a question or concern about a claim for an out-of-area beneficiary, call the appropriate number listed below for assistance.

North Region

1-877-TRICARE (1-877-874-2273)

Connecticut, Delaware, the District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island,

Vermont, Virginia, West Virginia, Wisconsin and portions of Iowa (Rock Island Arsenal area), Missouri (St. Louis area) and Tennessee (Ft. Campbell area)

South Region

1-800-403-3950

Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Oklahoma, South Carolina, Tennessee (excluding the Ft. Campbell area) and Texas (excluding the El Paso area)

West Region

1-888-TRIWEST (1-888-874-9378)

Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa (excluding the Rock Island Arsenal area), Kansas, Minnesota, Missouri (excluding the St. Louis area), Montana, Nebraska, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Texas (the southwestern corner only, including El Paso), Utah, Washington, and Wyoming

For more information on treating out-of-area TRICARE patients, see Sections 7 and 8 of the *TRICARE Provider Handbook*. ■

Safeguarding Patient Information

continued from page 1

If a patient is unconscious or incompetent, the provider may use his or her professional discretion regarding the release of information; or in the case of minors, the guardian or other person authorized to act on the patient's behalf may give the consent.

Regarding responses to a parent of a minor or to the guardian of an incompetent beneficiary, the Privacy Act of 1974 precludes disclosure of sensitive information, which, if released, could have an adverse effect on the beneficiary.

Providers must not release information to the parents or guardians of minors or incompetents, without express written consent from the patient, when the services have diagnostic codes related to the following:

- Abortion
- AIDS
- Alcoholism
- Drug abuse
- Sexually transmitted diseases

For more information about PHI and HIPAA compliance, visit www.tricare.mil/tmaprivacy. ■

Humana Military Healthcare Services, Inc.
P.O. Box 740044
Louisville, KY 40201-7444

CONTACTS

Humana Military
1-800-444-5445
www.humana-military.com

PGBA, LLC (claims)
1-800-403-3950

ValueOptions (behavioral health)
1-800-700-8646

Pharmacy Customer Service
1-866-DoD-TRRX (retail)
1-866-DoD-TMOP (mail order)
www.express-scripts.com/TRICARE

National TRICARE Web Site
www.tricare.mil

Update DEERS
1-800-538-9552
www.tricare.mil/deers

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TRICARE Provider News is published by the TRICARE Management Activity. Please provide feedback at www.tricare.mil/evaluations/feedback.



Register Your NPI at www.humana-military.com

Humana Military has established a new Web application that enables providers to easily and efficiently register their National Provider Identifiers (NPIs). The new enhancement, available since September 2007, allows authorized provider office personnel (administrators) to add NPIs for each provider category:

- Type I: individual, active in-network providers
- Type II: business organizations

Remember, an NPI is a requirement of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). All providers, including those in the Military Health System, must comply with this rule.

Administrators can log on to “Online Provider Services” at www.humana-military.com and click on “NPI Registration and Maintenance”

to update all provider records associated with their facility’s Tax ID number. Once a Tax ID number is selected, a summary page will indicate the total number of individual providers and the total number of locations (for business organizations) affiliated with that Tax ID number. It will also show the total number of providers with and without NPIs applied to their record.

When you click on “Show Detail,” a list of provider names, specialties and NPIs (if applied) is displayed. You will also be able to see which NPIs need to be added.

To add an NPI, just click on the “Add NPI” button and enter the NPI number. Then click the check box to apply the NPI to all the applicable locations. This Web application not only saves time, but it is also easy to use. Administrators can continue entering the NPIs for all providers and locations

under that Tax ID without having to log in again or type in multiple usernames.

This application also allows you to check the accuracy of your listing in Humana Military’s database. While registering your NPIs, if you see office locations that are no longer active, you can flag them in the system and we will update our records accordingly.

After obtaining your NPI, share it with your payers and use it when submitting electronic claims. If you delay applying for your NPI, it may impact your cash flow and that of your health care partners as well.

For TRICARE-specific NPI information, visit www.tricare.mil/hipaa/identifiers.html. For the latest NPI information, please visit the Centers for Medicare and Medicaid Services Web site at www.cms.hhs.gov/NationalProvIdentStand. ■