

TRICARE Requires National Provider Identifier

On Jan. 23, 2004, the Department of Health and Human Services (HHS) published the Health Insurance Portability and Accountability Act (HIPAA) Final Rule for the National Provider Identifier (NPI). This rule adopts the NPI as the standard unique identifier for health care providers. The rule became effective May 23, 2005, and affects both individual providers (e.g., physicians, nurse practitioners and pharmacists) and organizational providers (e.g., hospitals and pharmacies) who conduct HIPAA-standard electronic transactions.

The goal of the NPI is to simplify the administration of the health care system and enable efficient electronic transmission of health information. Next year, beginning May 23, 2007, providers must use the NPI when conducting HIPAA-standard electronic transactions. However, even before May, health plans may require the NPI on paper claim forms (CMS-1500 by February 2007, and UB-04 by March 2007).

Providers who are associated with TRICARE should **begin now** to obtain their NPI. Providers can apply through a Web-based application or by submitting a paper application that can be found at <https://nppes.cms.hhs.gov>. A paper copy of the application can also be obtained by calling the NPI Enumerator at 1-800-465-3203 (TTY 1-800-692-2326).

TRICARE will be collecting providers' NPIs and adding them to provider records in preparation for the mandatory May 2007 implementation. By collecting NPIs in advance of the deadline, TRICARE will be better prepared to accept the NPI in HIPAA-standard electronic transactions, such as electronic claims or electronic eligibility queries.

In the coming months, your regional TRICARE contractor, Humana Military, will provide more information about how, where and when to submit your NPI, as well as other information related to NPI implementation.

For More Information

A Web site with the latest NPI information from HHS can be accessed at www.cms.hhs.gov/NationalProvIdentStand/.

TRICARE-specific NPI information, as it becomes available, can be found at www.tricare.osd.mil/hipaa/identifiers.html.

You can also send your TRICARE-related NPI questions to the TRICARE Management Activity HIPAA Office of Electronic Standards via e-mail at hipaamail@tma.osd.mil. ■

From the Desk of the CMO

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The Department of Defense requires civilian care be medically necessary and compliant with TRICARE benefits. Humana Military strives to meet this requirement without creating barriers to care. Prior authorization and prepayment review are two ways of doing so.

Humana Military requires **prior authorization** for services with known variation in utilization, limitations in coverage, or both. This enables providers and beneficiaries to confirm the service will be viewed as medically necessary and a covered benefit before it is provided.

Effective April 1, 2006, Humana Military began reducing the number of procedures that require prior authorization. The following services no longer require prior authorization: septoplasty, orthotics, prosthetics,

electric hospital bed, CPAP, apnea monitor, and pneumatic compressor.

A table listing services still requiring prior authorization accompanies this article on page 2.

The best way to determine if proposed care or services for a TRICARE beneficiary requires prior authorization is to utilize the code look up function online at www.humana-military.com. Code look up will indicate if authorization

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Got Claims Questions?

Here's Who Has the Answers

PGBA, LLC
1-800-403-3950

For questions regarding claims status, eligibility, OHI, TPL and explanation of benefits

Wisconsin Physicians Service (WPS)
1-866-773-0404

For claims issues involving Medicare

ValueOptions
1-800-700-8646

For behavioral health claims issues

Humana Military
1-800-444-5445

For any claims question that involves authorizations issues for medical or surgical services

From the Desk of the CMO

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is required for the specific code you enter. If authorization is required, you can request the authorization online. Often you will get an authorization in minutes.

Humana Military performs **prepayment review** if a claim for a service is received that requires prior authorization and authorization was not obtained.

This review is performed after the service is rendered but before the claim is processed. TRICARE does not deny the claim simply because prior authorization was not received.

Often medical records are necessary to determine medical necessity and coverage. Humana Military requests records from providers and allows 30 days for the records to be submitted.

When the service is approved, the claim is paid with a penalty of at least 10 percent for failure to obtain required prior authorization. Provider agreements specify the penalty amount if greater than 10 percent. ■

Prior Authorization List Effective 4/1/2006	
Procedures and Services	DME
Adjunctive dental	Power vehicle or wheelchair
Home health services including home infusion	Any DME with miscellaneous code if purchase price is > \$500
Extended Care Health Option (ECHO) services	Continuous passive motion (CPM) device
Hospice	Patient lift
Speech therapy	Bone growth stimulator
Transplants (solid organ and stem cell, not corneal transplant)	
Hysterectomy (abdominal, laparoscopic, vaginal)	
Termination of pregnancy	
Reduction mammoplasty	
Uvulopalatopharyngoplasty (UPPP)	
Blepharoplasty	
Bariatric surgery	
Inpatient Hospital Stays	Mental Health
Admissions or transfers to skilled nursing facility, rehab, long term acute care	Psychoanalysis
Notification of acute care admission by the next working day	Psychological and neuropsychological testing
Discharge notification	Inpatient hospital (including substance abuse)
Concurrent reviews upon request by Humana Military	Electroconvulsive therapy
	Outpatient crisis intervention

Children and Behavioral Health Care

Take a Proactive Stance

May is National Mental Health Month, sponsored by the National Mental Health Association for the past 50 years. Nearly a decade ago, Childhood Depression Awareness Day was added to the observance to focus on the need for Americans to pay closer attention to children's behavioral health care needs.

Today, that focus is as essential as ever. A December 2005 Substance Abuse and Mental Health Services Administration study found 9 percent of teenagers, nearly 2.2 million, experienced major depression in 2004 and fewer than half were treated.

For military children, the risk is even more predominant. "Children of active duty service members (ADSMs) are potentially at a higher risk to develop mental health conditions common among children in the general population," says Capt. Patricia Buss, Office of the Assistant Secretary of Defense.

Conditions like attention-deficit hyperactivity disorder, depression, anxiety disorder and panic disorder can be exacerbated by the frequent moves required by the military lifestyle, particularly because children do not get the chance to develop a long-term support network of friends and family. Additionally, children of ADSMs who have been deployed may suffer extreme situational stress that can generate or add to these types of behavioral health problems.

As a TRICARE provider, you should take extra care to watch for signs of depression, anxiety, compulsive behavior and other behavioral health problems in military children. When you see signs, there are a few things you should do:

Advocate Using Eight Outpatient Visits

"Providers should direct children who may be suffering from any type of behavioral health problem toward treatment via the eight unmanaged behavioral health visits allowed by TRICARE Prime and TRICARE Prime Remote," Capt. Buss says. Just as with adult active duty family members, children are entitled to the first eight visits to a behavioral health care network provider per fiscal year without prior authorization.

Beneficiaries may self-refer to behavioral health care providers, with the exception of Licensed Professional Counselors (LPCs), Licensed Mental Health Counselors (LMHCs) and Pastoral Counselors. These providers also do not require prior authorization, but they do require a referral from a medical doctor.

"Even if you merely suspect that the child has a behavioral health problem, there is no obligation to continue treatment beyond this initial consultation, so it is important for the child to meet with a qualified provider. Too many children don't get the treatment they need and to which they are entitled."

Direct Beneficiaries to the Right Provider

If possible, help direct the child to an age-specific provider who specializes in the type of disorder you believe he or she may have. If ongoing treatment is needed, the child's behavioral health provider will submit an Outpatient Treatment Report (OTR) after the first eight visits and a clinician will evaluate the request for subsequent sessions.

When recommending an outpatient therapist for the child, be careful to select a provider in the TRICARE network. Otherwise, the family may incur additional charges under the TRICARE Prime point-of-service option.

You can use the "Find a Provider" tool at www.humana-military.com to obtain a list of TRICARE providers in their area, or call Humana Military toll-free at 1-800-444-5445.

For more information about TRICARE's behavioral health care benefits, visit the Humana Military Web site. ■



The Ups and Downs of Antidepressants for Teens

What to Communicate Regarding Benefits and Risks

Parents of adolescents who have been diagnosed with depression will naturally have questions and concerns about the disease, as well as about treatments and possible side effects. As their health care provider, you should be prepared to address those questions and concerns, as well as guide young patients as they seek treatment. Here are the facts.

Depression Is Treatable

According to the National Institute of Mental Health, Major Depressive Disorder (MDD) affects about 5 percent of adolescents. Children with MDD exhibit more frequent suicidal thinking and behavior, and are more likely to abuse drugs or alcohol.

Fortunately, this depression is treatable, both with medication and with certain types of psychological therapies.

Antidepressants and Psychological Therapies

Selective serotonin reuptake inhibitors (SSRIs) have been shown to benefit adolescents and children (as well as adults) with depression. Non-SSRI antidepressants such as bupropion (Wellbutrin) and mirtazapine (Remeron) are also useful treatment agents.

SSRIs include fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), citalopram (Celexa), escitalopram (Lexapro) and fluvoxamine (Luvox), as well as the closely related antidepressant, venlafaxine (Effexor). Of these, only fluoxetine is approved by the FDA for use to treat depression in children age 8 and older. The others have been prescribed to children, but in "off-label" use.

In June 2003, the FDA recommended that paroxetine not be used in children and adolescents for the treatment of MDD.

Psychological therapies, such as cognitive-behavioral psychotherapy and interpersonal therapy, are another means of treating depression. They have been shown to be particularly effective in treating moderate to severe depression in adolescents when used in combination with antidepressant medication.

Risk of Suicide

Studies have shown substantial benefits from medication treatment for adolescents with moderate to severe depression.

However, clinical trials have also shown that the rate of suicidal thinking or behavior, including actual suicide attempts, was 4 percent for those on SSRI medications, twice the 2 percent rate of those taking placebos.

These results prompted the FDA to issue a "black box" label warning regarding an increased risk for suicidal thoughts and behavior in children and adolescents treated with antidepressants.

Close Monitoring Needed

There is no way of knowing who might be adversely affected by SSRIs. Many patients are helped substantially, some see little change, and a small percentage experience problems.

Given the adverse effects that some adolescents experience while taking SSRIs, parents should be strongly cautioned to watch their children closely for problematic symptoms. Urge parents and other caregivers to check their children daily for the following symptoms: increases in

anxiety, agitation, insomnia, irritability, hostility, aggression, impulsivity and psychomotor restlessness, as well as the emergence of hypomania or mania and panic attacks.

This monitoring is especially important during the first four weeks of treatment.

Report Symptoms Immediately

If their child develops any of these symptoms, parents should consult their behavioral health caregiver or the prescribing physician immediately.

Children already on medication should remain on the drug if it has been helpful but should also be carefully monitored for side effects. Once started, treatment should not be stopped abruptly due to potential side effects, and families should not discontinue treatment without consulting their physician.

Inform Parents and Patients

Parents must be the strongest advocates for their children's health and need to be informed and involved in their care. You, as their provider, should make parents and patients aware of the facts.

- SSRI medications usually have few side effects in adolescents and children, but for unknown reasons, some individuals experience agitation and abnormal behavior.
- Each child should be thoroughly evaluated by a physician to determine if medication is appropriate.
- Studies have shown the combination of fluoxetine and cognitive-behavioral therapy to be an effective treatment for adolescents with MDD.
- All patients should be followed closely throughout the treatment process to ensure the best possible result. ■

Valuable Provider Resources on the Humana Military Web Site

www.humana-military.com

Easily Accessible Web Features

- Find a South Region network provider.
- Search the provider marketing materials library, including forms and the *TRICARE Provider Handbook*.
- View local provider seminar schedules.
- Access ValueOptions' behavioral health resources.
- Learn more about Healthy People 2010.

Secured Features via Online Provider Services

Registration is easy:

Go to www.humana-military.com.

- Click on "Online Provider Services" and "Sign Up."
- Complete the five steps of the "sign up" wizard.
- Receive e-mail notification of your active account information within minutes.

Secure access is exclusively for the use of Humana Military providers, your employees or those rendering services on your behalf.

Check Patient Eligibility

Verify TRICARE patient/family member eligibility.

Online Referrals and Authorizations

- Enter a new referral/authorization.
- Enter a new hospital notification.
- Check an existing referral/authorization.
- Look up diagnosis/procedure codes.

Contact Preferences

Update your e-mail and contact preferences.

Claims Status

- Check the status of claims in various formats—by single TRICARE sponsor, by specific claim type, by time period.
- View claims status reports with billing details.



Electronic Claims Submission

Submit claims through a HIPAA-compliant electronic claims management system that is easy, secure, fast and accurate.

The Answer Place

Find secure answers to FAQs about Online Provider Services.

PCM Central—a special secure page just for primary care managers with additional secure features

- View your TRICARE patient list.
- Review/update your information listed on the Provider Locator.

Fee Schedules (CMAC or HCPCS)

Download TRICARE-related fee schedules into your office's accounting system.

Quick Start Guides

Learn about online features through self-paced tutorials about topics, such as checking a patient's eligibility or looking up a diagnosis or procedure code.

Visit www.humana-military.com today, register and see how much easier it is to access services, perform your transactions, and get the information you need to care for your TRICARE patients.

www.humana-military.com

Continuity of Care

Consult Reports Can Make the Difference

As you know, TRICARE Prime beneficiaries' care is coordinated by a primary care manager (PCM). Whether the PCM is military or civilian, the quality of care patients receive depends in part on the level of communication that exists between the PCM, the beneficiary and the specialists the beneficiary has been referred to.

One communication vehicle that PCMs rely on is the consult report. Returning consult reports, operative reports and discharge summaries to the initiating provider is important for timely follow-up and continuity of care.

Existing TRICARE operating procedures require consult reports be returned to the PCM or initiating provider within 10 working days of the patient encounter.

Delaying those reports beyond the 10-day time period could slow down a patient's treatment program.

In addition to doing all you can to meet the 10 working days deadline, it's important that reports documenting routine specialty referrals for office visits, outpatient services and inpatient services be complete and legible. Otherwise they may not fulfill their objective: providing PCMs with the information they need to effectively meet patients' needs.

Providers who treat TRICARE beneficiaries coming from the local military treatment facility may receive a faxed reminder to return a consult report for a recent visit/service. Your office should return the consult report, operative report or discharge summary requested using the faxed consult report reminder as the cover sheet on your return transmission.

Please use the fax number listed in the center of the reminder page. This fax number is shown only on the reminder fax to providers for each beneficiary

consult return request. This is to avoid having providers send documentation on all other TRICARE beneficiaries. ■



Electronic Claims Filing Assistance

TRICARE requires all network providers to file claims electronically.

For assistance with any issues related to electronic media claims (EMC) submission for the TRICARE South Region, you can contact the PGBA EMC Help Desk at 1-800-325-5920, option 2.

You can also visit www.humana-military.com or www.mytricare.com for more information regarding electronic claims submission. ■

Keep Your Information Up to Date

The next time you log on to the Humana Military Web site as a registered member with your ID and password, a separate screen will pop up that reads "Review Your Provider Locator Information."

Please take a minute to update your information—especially regarding whether or not you're accepting new patients.

Keeping your data current ensures that you receive information from Humana Military, that you receive your claims payments, and that new patients can find you when they go to the Provider Directory. ■

Make the Most of the Humana Military IVR

Humana Military's Interactive Voice Response (IVR) system has just one purpose—to enable you and your staff to make the best use of your time. We want you to be able to focus more on what you do best: taking care of deserving TRICARE patients.

That's why we'd like to help you make the most of each call you make, whether it's to check on the status of a referral, to set up a referral, to activate an authorization or even just to make sure that your patient is eligible for TRICARE coverage.

When you call the TRICARE Service Line (1-800-444-5445) and connect to the IVR system, make sure that you

always have the following information available:

- Your TIN or SSN
- The sponsor's ID—not just the patient's ID
- The patient's date of birth
- The correct ICD9 diagnosis code

Making certain that you have these simple facts at your fingertips will make your call go faster and usually will eliminate the need for you to make a second call. And having these items in-hand will help us provide you with the best customer service possible. It's your time that you'll be saving. ■



TRICARE Reference Room

Excluded Services

In general, TRICARE excludes services and supplies that are not medically or psychologically necessary for the diagnosis or treatment of a covered illness (including behavioral disorder), injury, pregnancy or well-child care. All services and supplies (including inpatient institutional costs) related to a non-covered condition or treatment, or provided by an unauthorized provider, are excluded.

The following specific services are excluded from TRICARE under any circumstance. This list is not intended to be all-inclusive.

- Acupuncture
- Artificial insemination
- Autopsy services or postmortem examinations
- Birth control (nonprescription)
- Camps (such as for weight loss)
- Care or supplies furnished or supplied by an immediate family member
- Care that is not medically or psychologically necessary
- Diagnostic admissions
- Experimental or unproven procedures
- Megavitamins and orthomolecular psychiatric therapy
- Mind expansion and elective psychotherapy
- Naturopaths
- Psychological testing for learning disabilities
- Sex changes or sexual inadequacy treatment
- Telephone counseling consultation

One of the quickest ways to determine if a service is a covered benefit is to check "Code Inquiry" online at www.humana-military.com. You can look up a service by entering the code or by using key words. If the service is covered, you can request a referral or authorization directly from the Web site.

For more on excluded services, see the "Medical Coverage" section in your *TRICARE Provider Handbook*. Contact Humana Military at 1-800-444-5445 if you need a copy. You can also search the handbook online.

TRICARE's "Hold Harmless" Policy

TRICARE beneficiaries may choose to obtain services that are not covered by TRICARE, but they are "held harmless" from paying you for those services unless you inform them in advance and in writing that the specific service or procedure is not covered. Beneficiaries must sign a Waiver of Non-Covered Services Form, which explains that they agree to pay for non-covered services. You can obtain the form by calling Humana Military or visiting the Web site. ■

Your Central Role in the Consumer Bill of Rights

As a health care provider, and more importantly as a TRICARE provider, you know the central role you play in understanding and complying with the federal government's Consumer Bill of Rights and Responsibilities.

Drafted in 1998, the purpose of the Bill is threefold:

- To build consumer confidence in the health care system by facilitating ways consumers can actively participate
- To support the importance of a good relationship between health care providers and patients
- To support consumers in improving their health by providing them with rights and responsibilities

For your convenience, here is a review of two Bill of Rights chapters that are of utmost importance to TRICARE providers.

Participation in Treatment Decisions

As a provider, you know how patient participation in treatment decisions can lead to better treatment as well as higher patient satisfaction. You also know patients often have to make vital decisions when they're not in optimal condition to do so. That's why you can make a big difference by clearly explaining all treatment options—including the alternative of no treatment—as well as the risks, benefits and consequences of each option.

TRICARE beneficiaries must be properly informed in advance and in writing of specific services or procedures that are not covered under TRICARE. For beneficiaries to be held financially responsible for non-covered services, they must sign a Waiver of Non-Covered Services form before services are provided. The form is available on the Humana Military Web site at www.humana-military.com.

Respect and Nondiscrimination

A good relationship between you and the patient is based on mutual respect. Consumers have the right to considerate, respectful and nondiscriminatory care from their doctors, health plan representatives and other health care providers.

A number of health care industry surveys uncovered dissatisfaction among patients who felt they were not being treated with respect. Reasons ranged from poor communications, such as inadequate information about their condition, to feeling rushed or ignored. Not only did consumers express a desire for medical providers to be respectful of their time, but they also expressed a desire for emotional support to relieve fear and anxiety.

How do you best show respect to a patient? Guidelines from the Bill of Rights suggest providing the patient with the following:

- Your assurance that disrespect or discrimination of any kind from your office is not tolerated
- Information regarding existing laws prohibiting disrespectful or discriminatory treatment
- Enough time to fully discuss their concerns and questions
- Reasonable assistance to overcome language (including limited English proficiency), cultural, physical or communication barriers
- A timely notice and explanation of changes in fees or billing practices
- An explanation and apology for delays that are unavoidable

For more information on the Consumer Bill of Rights and Responsibilities, visit www.hcqualitycommission.gov/cbrr. ■

Update on Bonus Payments to Providers

Notice: To all TRICARE providers who qualify for the Medicare Health Professional Shortage Areas (HPSA) bonus payment and the Physician Scarcity Area (PSA) bonus payment for primary care providers.

TRICARE still requires modifiers for HPSA- and PSA-submitted claims.

Medicare has discontinued the use of modifiers expected on professional claim lines from the appropriate providers of service; however, TRICARE is relying on providers to continue to apply the AQ modifier designated for HPSA and the AR modifier designated for PSA professional services. (The new

AQ modifier replaced the QU/QB modifiers beginning 01/01/06.)

TRICARE began offering the HPSA bonus payment to providers in 2003 and followed on in 2005 with the addition of the PSA bonus payment for primary care providers. ■

Billing for Assistant Surgeon Services

An assistant surgeon—for TRICARE purposes—includes any physician, dentist, podiatrist, certified physician assistant (PA), nurse practitioner (NP) or certified nurse midwife, acting within the scope of his or her license, who actively assists the operating surgeon in the performance of a TRICARE-covered surgical service. Note that this definition requires an “active” assist with the procedure or service, not just a passive presence.

TRICARE covers assistant surgeon services when the services are considered medically necessary and meet the following criteria:

- The complexity of the surgical procedure warrants an assistant surgeon rather than a surgical nurse or other operating room personnel.
- Interns, residents or other hospital staff are unavailable at the time of the surgery.
- All assistant surgeon claims are subject to medical review and need verification

that the surgical procedure(s) performed required the services of an assistant surgeon and were medically necessary.

- Standby assistant surgeon services are not reimbursed when the assistant surgeon does not actively participate in the surgery.

How to Bill Properly for Timely Payment

To ensure timely payment, be sure to complete Box 24D on the CMS-1500 claim form with the modifier that best describes the assistant surgeon services.

Modifier	Description
Modifier 80	Used to designate that the assistant surgeon provided service in a facility without a teaching program.
Modifier 81	Used to designate a “minimum assistant surgeon.” Typically used when the services provided are only required for a short or discreet time period during the procedure.
Modifier 82	Used by the assistant surgeon when a qualified resident surgeon is not available.

Billing PA and NP Services

When a provider bills for a procedure or service performed by a PA, TRICARE policy requires that the supervising or employing physician bill the procedure or service as a separately identified line item (e.g., PA Office Visit) and use the PA’s provider number. The supervising or employing physician of a PA must be an authorized TRICARE provider. NPs may bill on their own behalf and use their NP provider number for procedures or services they perform. ■

Health Information Privacy Notification Requirement

In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Section C9.3.1.2 of DoD 6025.18-R, “DoD Health Information Privacy Regulation,” January 2003, this serves as notification of the availability of the Military Health System (MHS) Notice of Privacy Practices.

As of April 14, 2003, health care plans and providers are required to provide patients with a Notice of Privacy Practices. The notice describes how patient medical and dental information may be used and with whom it may be shared. It also describes patients’ rights and how to file a complaint if those rights have been violated.

Please take a moment to review the MHS Notice of Privacy Practices and share it with your patients. It is important that patients are fully aware of how their health information can be used and disclosed.

The notice is available in multiple languages. To obtain a copy:

- Go to www.tricare.osd.mil/tmaprivacy and click on “Notice of Privacy Practices” in the right-hand navigation bar.
- Mail a written request to:
TRICARE Management Activity, Privacy Office
Five Skyline Place, Suite 810
5111 Leesburg Pike
Falls Church, VA 22041-3206 ■

Healthy People 2010 Needs Your Participation

With just three and a half years to go in the federal government's decade-long Healthy People 2010 initiative, your help is needed if the program is to reach its objectives. Progress has been made, yet there is still much more to accomplish.

Healthy People 2010 is managed by the Office of Disease Prevention and Health Promotion and U.S. Department of Health and Human Services. Founded on data that enable progress and trends to be tracked, the initiative is the nation's prevention agenda, providing a set of 10-year evidence-based health objectives for improving the health of all Americans by the year 2010. Its two overarching goals are to:

- Increase the quality and years of healthy life
- Eliminate health disparities

Healthy People 2010 serves as a model for state and international disease prevention and health promotion plans, and it covers 28 focus areas with 467 specific objectives.

Health care providers play a critical role in achieving more than 60 percent of these objectives—helping to improve patient outcomes related to diabetes management, obesity, prostate cancer screening, access to quality care, smoking cessation, immunizations and many other vital areas.

Ten Leading Health Indicators serve as a focus for prevention and performance. Among these indicators are behavioral and lifestyle factors, like tobacco use and obesity, which together cause almost half of all premature deaths in America. As a group, the Leading Health Indicators reflect the major health concerns in the United States at the beginning of the 21st century:

- Physical activity
- Overweight and obesity
- Tobacco use
- Substance abuse
- Responsible sexual behavior
- Behavioral health
- Injury and violence
- Environmental quality
- Immunization
- Access to health care

These indicators were selected on the basis of their ability to motivate action, the availability of data to measure progress and their importance as broad public health issues.

What Can You Do to Help?

Now more than ever, your help is needed in achieving the objectives of Healthy People 2010. Communicating the importance of these health care issues to both your staff and your patients is critical. You can support Healthy People 2010 and greatly impact the health and well-being of TRICARE beneficiaries by simply increasing the focus on education, awareness and prevention in your practice:

- Understand the role that prevention, health promotion and community-based health programs have on the determinants of health.
- Provide supportive health promotion and health education to help beneficiaries recognize the value of prevention and the importance of their active role in pursuing healthier lifestyles.
- Encourage beneficiaries to receive preventive health services appropriate for their age and gender.
- Identify and document culturally influenced patient-risk factors for your specific population.
- Ensure staff has training in evidence-based methods to help beneficiaries adopt healthy behaviors.
- Select among the national Healthy People 2010 objectives to build an agenda for community health improvement and monitor the results over time.
- Monitor well-being initiatives that are established by the community and are based on population need.
- Utilize national health observances (e.g., Great American Smokeout or American Heart Month) that align with Leading Health Indicators and focus areas that have been identified in your community.
- Be aware of the Healthy People 2010 resources and refer to them to assist you in developing and implementing programs and interventions for your patients.

For more information on Healthy People 2010 or to become a Healthy People 2010 partner, visit www.healthypeople.gov or call 1-800-367-4725. ■



TRICARE Reserve Select Health Plan

Understanding Your Role

Certain National Guard/Reserve¹ members may purchase TRICARE Reserve Select coverage for themselves and their eligible family members.

What Is the Coverage?

Individuals who purchase TRICARE Reserve Select receive the same comprehensive coverage as active duty family members under TRICARE Standard and TRICARE Extra, including access to military hospitals and clinics on a space-available basis only. They may fill prescription medications through military pharmacies, the TRICARE Mail Order Pharmacy (TMOP) program or at TRICARE retail network and non-network pharmacies.

For more information about covered services, refer to the *TRICARE Reserve Select Handbook* online at www.tricare.osd.mil/reserve/reserveselect.

Members and their covered family members are issued a TRICARE Reserve Select card. Remember that you must collect the appropriate cost-share for visits.

What Services under TRICARE Reserve Select Require Prior Authorization?

Like other TRICARE coverage, the following services require prior authorization from Humana Military:

- Adjunctive dental services
- Admission or transfer to skilled nursing facilities (SNFs), rehab hospitals and long term acute care (LTAC) facilities

- Blepharoplasty
- Durable medical equipment (DME)—electronic hospital bed, continuous positive airway pressure (CPAP) machine, apnea monitor, patient lifts, pneumatic compressor, bone stimulator, continuous passive motion (CPM) machine, power vehicle or wheelchair, certain orthotics, certain prosthetics, any miscellaneous code if line item rental or purchase price is greater than \$500
- Electroconvulsive therapy (ECT)
- Home health services
- Hospice care
- Hysterectomy
- Inpatient nonemergency mental health admissions (including substance use)
- Outpatient crisis intervention
- Outpatient mental health visits beyond the eighth visit or more frequently than once per week
- Psychoanalysis
- Psychological and neuropsychological testing
- Reduction mammoplasty
- Septoplasty
- Speech therapy
- Transplants for solid organ and stem cell
- Termination of pregnancy
- Uvulopalatopharyngoplasty (UPPP)

Where Do I Submit TRICARE Reserve Select Claims?

As with all other TRICARE health plans, TRICARE network providers are required to file their claims

electronically. Should a provider have to file a paper claim, it should be submitted to PGBA in the same manner as TRICARE Standard/Extra beneficiary claims. The claims address for submitting TRICARE Reserve Select paper claims is:

PGBA South Region
Claims Department
P.O. Box 7031
Camden, SC 29020-7031

TRICARE network providers should submit claims to Humana Military/PGBA the same way they do other TRICARE claims.

Where Should I Direct Questions?

Humana Military administers TRICARE Reserve Select in the TRICARE South Region and provides customer service, including enrollment, premium collection and claims payment.

You may contact Humana Military at 1-800-444-5445 or visit www.humana-military.com if you have questions or need additional information about TRICARE Reserve Select.

You may also visit www.tricare.osd.mil/reserve/reserveselect for more information on coverage offered by TRICARE Reserve Select. ■

¹ National Guard/Reserve includes the Army National Guard, the Army Reserve, the Navy Reserve, the Marine Corps Reserve, the Air National Guard, the Air Force Reserve, and the U.S. Coast Guard Reserve.

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CONTACTS

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

PGBA (claims)
1-800-403-3950

**Wisconsin Physicians Service (WPS)
(TRICARE For Life claims)**
1-866-733-0404
www.tricare4u.com

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 Sites
www.tricare.osd.mil
www.tricareonline.com

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

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DoD Says: 'Prescribe Generics!'

The Department of Defense (DoD) mandatory generic drug program requires that prescriptions be filled with the generic product, if one is available, at the generic copayment. If a generic equivalent does not exist, the brand-name drug is dispensed at the higher formulary copayment.

The DoD estimates that the Military Health System's use of generics saves almost \$50 million per year. Generic medications work as well as their brand-name counterparts in dosage, strength, performance and use. They must meet the same Food and Drug Administration (FDA) quality and safety standards.

If you feel that a brand-name drug (for which a generic equivalent is available) is medically necessary for a beneficiary, it is recommended that you receive authorization from Express Scripts, the TRICARE Retail Pharmacy (TRRx) program administrator, prior to writing the prescription. Otherwise, the beneficiary may be responsible for the entire cost of the medication.

Medical necessity waivers are approved if one or more of the following situations exist:

- The patient must experience, or would be likely to experience, significant adverse effects from the generic medication.

- The generic medication has resulted in, or is likely to result in, therapeutic failure.
- The patient has previously responded to the brand-name medication, and changing to the generic medication would incur an unacceptable clinical risk.

To obtain a medical necessity waiver, call the TRRx Prior Authorization Line at 1-866-684-4488. You will be asked to complete and submit a Prior Authorization Request Form (also available on the Express Scripts Web site www.express-scripts.com/TRICARE).

Once Express Scripts has approved the request, you will receive a "letter of medical necessity," which the beneficiary must present with the prescription at the pharmacy.

To learn more about the DoD's generic drug program, medical necessity waivers or TRRx, visit www.express-scripts.com/TRICARE or call 1-866-DoD-TRRx. ■