

## Treating Out-of-Area TRICARE Beneficiaries

With summer just around the corner, you may find yourself either treating a vacationing TRICARE beneficiary from another TRICARE region, or advising one of your own TRICARE beneficiaries on how to access out-of-area care. Because TRICARE beneficiaries may be covered by one of several TRICARE program options—e.g., TRICARE Prime or TRICARE Standard—with varying requirements for out-of-area care, it's important that you be aware of those differences.

### Is a Referral Required?

For emergency care services, TRICARE Prime and TRICARE Standard beneficiaries **do not** need a referral or authorization. They can go directly to any emergency room or call 911 for emergency care.

If a hospital inpatient admission occurs, a TRICARE Prime, TRICARE Prime Remote (TPR) or TRICARE Prime Remote for Active Duty Family Members (TPRADFM) beneficiary should contact his or her primary care manager (PCM) or regional contractor within 24 hours or the next

business day to coordinate ongoing care. If the beneficiary is not admitted, the beneficiary will need to coordinate any follow-up care with his or her PCM. For those TPR active duty service members (ADSMs) or TPRADFM without PCMs, beneficiaries should contact their regional contractor to coordinate all specialty follow-on care. A TRICARE Standard beneficiary also is encouraged to contact his or her primary care physician/family doctor.

If urgent care is required from a civilian provider, a TRICARE Prime, TPR or TPRADFM beneficiary **must** have a referral from his or her military treatment facility (MTF), PCM or regional contractor. Without a referral, urgent care is covered under the TRICARE point of service (POS) option, which translates into higher out-of-pocket costs for the beneficiary. **Note:** If the TRICARE Prime or TPRADFM beneficiary has other health insurance to provide the primary coverage, the POS option does not apply. TRICARE Standard beneficiaries **do not** need a referral for urgent care.

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### From the Desk of the CMO

*John E. Crum, M.D.  
Chief Medical Officer  
Humana Military Healthcare Services, Inc.*

Today, physicians are challenged to provide care to an increasingly diverse patient audience. Racial and minority groups now represent one-third of the American population. These groups bring with them their own cultural traits and health profiles. According to the U.S. Census Bureau, our nation's racial and ethnic population is constantly changing. By the year 2050, an estimated one in

two Americans will be African-American, American Indian/Alaska Native, Asian, Hispanic/Latino, or Native Hawaiian or other Pacific Islander. Both providers and consumers bring their individual learned patterns of language and culture to health care, and must transcend those differences to achieve equal access and quality health care.

In March 2002, the Institute of Medicine (IOM) published a report entitled *Unequal Treatment: confronting Racial and Ethnic Disparities in Health Care*, which documented the overwhelming evidence that African-Americans,

Hispanics and other racial and ethnic minority groups are more likely to receive inferior health care than white Americans, even when insurance status, income, age and severity of conditions are comparable. The research also indicates minorities are less likely to receive even routine medical procedures. The report says a large body of research underscores the existence of disparities. For example, minorities are less likely to be given appropriate cardiac medications or undergo bypass surgery, and are less likely to receive kidney dialysis or transplants.

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All TRICARE beneficiaries are instructed to receive routine care, when possible, from network providers in their designated regions.

### Where Should Claims Be Submitted?

Regardless of the type of care—emergency, urgent or in rare cases, routine—provided to out-of-area TRICARE beneficiaries, other than active duty service members (ADSMs), they are responsible for payment of applicable cost-shares. You will submit all report and claims information to the region where TRICARE beneficiaries reside (and not the region in which they received care.) If you have any questions or concerns about submitting claims for out-of-area TRICARE beneficiaries, call the appropriate TRICARE regional contractor listed below.

#### North Region—Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273)

The TRICARE North Region is comprised of the following areas: 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 (Fort Campbell area).

#### West Region—TriWest Healthcare Alliance Corp. 1-888-TRIWEST (1-888-874-9378)

The TRICARE West Region is comprised of the following areas: 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.

#### Overseas—Wisconsin Physicians Service (WPS)

WPS is the claims processor for all overseas claims for beneficiaries residing in any of the TRICARE overseas regions—TRICARE Europe, TRICARE Latin America and Canada (TLAC), TRICARE Pacific or Puerto Rico and the Virgin Islands. Refer to Chapter 8 of the *TRICARE Provider Handbook* for the appropriate number to call based on beneficiary overseas residence.

For more information about treating out-of-area TRICARE beneficiaries, see Chapters 7 and 8 of the *TRICARE Provider Handbook*, or call Humana Military Healthcare Services, Inc. at 1-800-444-5445. ■

### From the Desk of the CMO

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By contrast, they are more likely to receive certain less-desirable procedures, such as lower limb amputations. IOM recommendations for reducing racial and ethnic disparities in health care include increasing awareness about disparities among the general public, health care providers, insurance companies and policy-makers.

Complicated inter-relationships between race, ethnicity and

socioeconomic status may result in healthcare disparities. *The National Healthcare Disparities Report (NHDR)* is an annual report released by the Agency for Healthcare Research and Quality (AHRQ). This report tracks disparities in both quality of health care and access to health care.

The 2006 *NHDR* finds disparities related to race, ethnicity and socioeconomic status still pervade the American health care system and are observed in almost all aspects of health care. Additionally, cultural awareness plays a significant role

in caring for members of different ethnic or cultural backgrounds. Each ethnic and culture group has its own set of risk factors and prevalence for different health conditions. It is important to learn about these factors within each group in order to promote quality care, treatment and preventive services according to their cultural needs.

Education regarding culturally specific risk factors and prevalence for different health conditions is a first step in breaking down barriers to good care. ■

## Suicide Awareness

The true tragedy of suicide is the devastatingly painful emotional state—often caused by depression—that leads a person to consider and then attempt the act. Suicide does not have just one victim. The pain and suffering of suicide resonates deeply with the family and friends of the deceased. Each suicide intimately affects many other people.<sup>1</sup>

Most suicides are preventable. Many patients may not share their thoughts about suicide unless asked directly.<sup>2</sup> Primary care managers (PCMs) and other medical professionals are a first line of defense in the potential prevention of a suicide. Studies have shown that up to 45 percent of victims had visited their PCM within one month before committing suicide. Recognizing the many warning signs is the main step to preventing suicide and saving lives.

### Risk Factors for Suicide

A scale for assistance in identifying those at greater risk of suicide has been developed.

This scale, which has items that spell out the acronym **SAD PERSONS**, assigns one point to each of 10 items identified as risk factors for suicide:

**S**ex (male)

**A**ge (less than 19 or greater than 45 years)

**D**epression (patient admits to depression or decreased concentration, sleep, appetite and/or libido)

**P**revious suicide attempt or psychiatric care

**E**xcessive alcohol or drug use

**R**ational thinking loss: psychosis, organic brain syndrome

**S**eparated, divorced or widowed

**O**rganized plan or serious attempt

**N**o social support

**S**ickness, chronic disease or pain

A score of one or two points indicates low risk, three to five points indicates moderate risk and seven to 10 signals high risk.<sup>3,4</sup> If you identify someone with significant depression, refer that patient for appropriate behavioral health services.

If the patient is in imminent danger of self-harm, ensure his or her safety and provide for immediate intervention.

### Additional Resource

The Suicide Prevention Resource Center offers information specific to PCMs or other medical professionals, including recognizing warning signs and providing resources: [www.sprc.org/featured\\_resources/customized/primarycare\\_physicians.asp](http://www.sprc.org/featured_resources/customized/primarycare_physicians.asp).

References:

<sup>1</sup> AchieveSolutions®, ValueOptions, Inc.; John McKinsey, M.D., 1999 University of Florida Brain Institute.

<sup>2</sup> Suicide Prevention Resource Center, [www.sprc.org](http://www.sprc.org).

<sup>3</sup> "Let's Not Talk About It: Suicide Inquiry in Primary Care"; Peter Franks, M.D., Department of Family and Community Medicine, University of California-Davis.

<sup>4</sup> APA: Simple Screen Improves Suicide Risk Assessment. Neil Osterweil Reviewed by Robert Jasmer, M.D.; Associate Clinical Professor of Medicine, University of California, San Francisco Primary Source: American Psychiatric Association 2007 Annual Meeting, presented May 21, 2007 "Creating a Suicide Risk Assessment Tool for use in the Emergency Department." Miller BP and Giordano R. Abstract NR391. ■



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Healthcare Services, Inc.**  
[www.humana-military.com](http://www.humana-military.com)

**PGBA, LLC (claims)**  
1-800-403-3950  
[www.myTRICARE.com](http://www.myTRICARE.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](http://www.express-scripts.com/TRICARE)

**National TRICARE Web Site**  
[www.tricare.mil](http://www.tricare.mil)

**Update DEERS**  
1-800-538-9552  
[www.tricare.mil/deers/update-info.cfm](http://www.tricare.mil/deers/update-info.cfm)

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## Promoting Inpatient Obstetrics Care Satisfaction

**T**RICARE beneficiary satisfaction surveys are conducted regularly by the government to determine how satisfied our beneficiaries are with the inpatient and outpatient medical services rendered by network providers. The government revealed statistically significant lower results for inpatient obstetrics (OB) care when compared to national customer satisfaction benchmarks.

The TRICARE Inpatient Satisfaction Survey (TRISS) for OB results revealed:

- Level of Satisfaction with Hospital (i.e., 9 or 10 on 10 point Likert scale): Humana Military 40.39; Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) benchmark 60.70
- Recommendation of Hospital to Friends and Family (i.e., “Definitely Yes”) question revealed: Humana Military 48.25; HCAHPS benchmark 66

All of us at Humana Military Healthcare Services, Inc. (Humana Military) hope that in sharing this information with TRICARE providers like you, it will increase your

interest and participation in efforts to improve beneficiary satisfaction levels for your facilities.

To help improve upon these sub-par survey results, Humana Military will complete a targeted mailing to the chief of the medical staff and/or department chair of OB services at hospitals where TRICARE beneficiaries indicated dissatisfaction. Doing so will bring closer attention to the survey and the survey results related to their facilities. Additionally, we will send courtesy copies to the quality management and marketing departments, hoping to reach key decision-makers at these hospitals. We then hope to schedule meetings with those specific OB facilities in an attempt to share their detailed survey results and to collaborate on finding potential approaches to improving satisfaction.

Please contact Humana Military directly at 1-800-444-5445, if you desire further information. We are committed to working with you to improve satisfaction scores. ■