

## Military Children and Behavioral Health

### Don't Hesitate to Seek Help When Problem Behaviors Arise

**M**ay 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, or 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 (OASD).

Conditions like depression, as well as attention-deficit hyperactivity disorder, anxiety disorder and panic disorder,

can be made worse 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 often suffer extreme situational stress that can generate or add to these types of behavioral health problems.

### Recognize Symptoms

During this period of deployment, military parents should take extra care

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### The Doctor is in ...

*David N. Tornberg, MD, MPH  
Deputy Assistant Secretary of Defense  
for Clinical and Program Policy*

**I**n this message to you, I'd like to talk about teeth and the importance of teaching children healthy oral hygiene habits that will last a lifetime.

Dental decay is the single most common chronic childhood disease. It is important to make sure your kids have regular dental checkups and brush their teeth daily.

The American Dental Association recommends the following oral hygiene guidelines:

- After each feeding, wipe your baby's gums with a clean gauze pad. Begin

brushing your child's teeth when the first tooth appears. Clean and massage gums in areas that remain toothless, and floss when all baby teeth have appeared.

- Take your kids to the dentist by the time their first tooth appears, or by their first birthday.
- Never let your children fall asleep with a bottle containing milk, formula or fruit juice.
- Never give your children pacifiers dipped in any sweet liquid.
- Do not fill bottles with sugar water and soft drinks.
- If your local water supply does not contain fluoride, ask your dentist how your children should get it.
- Visit the dentist regularly.

TRICARE offers two affordable dental insurance plans:

- The TRICARE Dental Program for active duty family members, National Guard/Reserve members and their family members
- The TRICARE Retiree Dental Program for retirees, survivors and their family members

Both programs pay 100 percent for diagnostic and preventive services. I encourage you to enroll in one of these programs.

Remember, good dental hygiene habits will help your children keep a healthy smile! ■

### Inside This Issue ...

- Behavioral Health Care Reminders
- Healthy Choices at the Commissary
- TRICARE Prime and PCS Moves
- Avoid Surprise Health Care Bills
- Storing and Protecting Your Medicines



# Helpful Reminders for Behavioral Health Care

If you are thinking about seeking behavioral health care services, it is beneficial to understand your TRICARE Prime coverage beforehand. Here are some helpful reminders and guidelines to follow when seeking behavioral health care.

## Eight Unmanaged Visits

Under the behavioral health care benefit, all TRICARE Prime beneficiaries except active duty service members are entitled to eight unmanaged psychotherapy visits per fiscal year (Oct. 1-Sept. 30)—meaning you can seek your first eight outpatient visits without a referral from your primary care manager (PCM) or prior authorization from ValueOptions, Humana Military’s behavioral health contractor. Active duty service members require a PCM referral and prior authorization for **all** outpatient behavioral health care.

Any psychotherapy sessions beyond the initial eight visits require authorization from ValueOptions. Your behavioral health provider is responsible for obtaining that prior authorization. Be sure you notify your provider if you have seen another provider for behavioral health services, as the eight visits are per beneficiary, *not per provider*.

## Medication Management

Your behavioral health provider may prescribe medication to treat your condition. Pharmacologic management services without psychotherapy do not require prior authorization. Should your provider feel it necessary to provide some additional counseling during your medication management visit, then the session would count against your eight unmanaged sessions.

If you are currently taking prescription medications for a behavioral health condition, you must be under the care of a provider authorized to prescribe drugs. While this can be a PCM, it may be preferable to receive psychiatric medication management services from a psychiatrist (M.D. or D.O.) who is an expert in this area.

## Behavioral Health Testing

Psychological and neuropsychological testing for behavioral health disorders requires prior authorization, regardless of the setting (inpatient or outpatient). Medical necessity must be established prior to the actual testing. It is the responsibility of the provider to obtain authorization.

## Out-of-Pocket Costs

When you seek outpatient behavioral health services from a network provider, your out-of-pocket costs are minimal. Depending on the type of service provided, your copayment is as follows:

Service	AD Copayment	Retiree Copayment
Initial Evaluation	\$0	\$12
Medication Management	\$0	\$12
Psychological/ Neuropsychological Testing	\$0	\$12
Individual Psychotherapy	\$0	\$25
Family Counseling	\$0	\$25

## Behavioral Health Care Providers

Most non-medical behavioral health care providers (e.g., clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists) may render behavioral health care services without a physician referral and oversight.

If you seek services from a licensed mental health counselor (LMHC), a licensed professional counselor (LPC), or a pastoral counselor, however, a letter of referral and oversight is required prior to the initial evaluation. This letter of referral must be submitted by a physician (M.D. or D.O.). Your PCM may wish to provide you with a letter of referral.

If you are not able to obtain a letter of referral from your PCM, you may contact ValueOptions at 1-800-700-8646 and a health care finder will assist you in obtaining names of psychiatrists in your area who can provide you with one.

## Read What You Sign

When seeking behavioral health care, it is recommended that you carefully read all the forms that your provider asks you to sign. In many cases, these are the same types of forms that you would be required to sign in a general practitioner’s office, including a cancelled/missed appointment policy and a non-covered service waiver.

- **Cancelled/Missed Appointment Policy**—Office policies may differ between providers, so be sure to note the specifics when you arrive at your appointment. It is important that you understand your provider’s specific policies regarding cancelled/missed appointments because some providers

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# A Case Study on Case Management

Josh (not his real name), the 27-month-old child of a service member, has been hospitalized since birth and is dependent on a ventilator. When his dad, originally assigned to the West Region, was reassigned to new duty in the South Region, the family wasn't sure what to do.

Distraught and already stressed by the move, they turned to a case manager to help them resolve the serious problem.

Two case managers (CMs), one from each region, joined forces to work through a number of barriers, including arranging transportation via a Medi-Vac flight for Josh to the new area. The CM in the South Region also made arrangements for home care, including equipment and ventilator training for Josh's parents.

Josh is now living at home for the first time since birth, with hourly nursing provided. His parents have taken over much of his care, and they along with Josh are much happier with the new arrangements.

## Who Are Case Managers?

Humana Military's CMs are nurses who act as advocates for exploring options and services, as well as solving problems for patients and

their families. As this true story conveys, case management is a collaborative process that includes assessment, planning, facilitation and advocacy for patients' health care services.

"By facilitating communication between the beneficiary and the providers, the case manager helps minimize fragmentation of the health care delivery system," says Rose Mary Royalty, Humana Military's director of case management. "The case manager problem-solves, exploring options to care where available and alternative plans when necessary to achieve desired outcomes."

In doing so, the CM aims to improve the quality of health care and maintain cost-effectiveness by encouraging the appropriate use of health care services.

Anyone who meets referral guidelines (see below) can be evaluated for case management services. Case management is granted on a case-by-case basis to those who request evaluation.

## Who Is Eligible?

Anyone with complex health care issues who may benefit from case management is eligible for evaluations. The following conditions call for mandatory referral to case management for evaluation:

- Premature infants: ventilator-dependent more than 24 hours and/or weighing less than 1,500 grams
- All transplants, including peripheral stem cell but excluding corneal transplants
- Acute patient rehabilitation (not skilled nursing facility with physical therapy only)
- New quadriplegics and paraplegics
- New head injury
- Ventilator-dependent patients
- OB patients with identified risk
- Requests for hourly nursing more than four hours a day
- Burn patients requiring a referral to a burn unit
- Unplanned admissions to an acute hospital three times or more within 90 days with the same diagnosis
- Complex chronic condition which results in a high level of resource consumption
- Extended Care Health Option (ECHO) requests

**Note:** This list is not all-inclusive and is subject to change.

Case management is also available for complex behavioral health conditions. For more information, contact ValueOptions, Humana Military's behavioral health contractor, at 1-800-700-8646. ■

## Helpful Reminders for Behavioral Health Care

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charge a missed appointment fee, which is not covered by TRICARE. Please be sure to notify your provider's office within the appropriate time frame if you need to cancel your appointment.

- **Non-Covered Services Waiver**—If your provider recommends a specific service or procedure that is not covered under TRICARE, the provider is required to notify you in advance and in writing. Once informed that a service is not covered, you may (or may not) choose to sign a waiver of non-covered

services stating you have been informed that the specific service is not covered by TRICARE and you accept financial responsibility.

Understanding your behavioral health care benefits and following these guidelines will ensure that you receive the best quality health care. For more information regarding specific behavioral health services, frequency limitations, and authorization requirements, please contact ValueOptions at 1-800-700-8646. ■

# Signs at the Commissary Lead to Healthy Choices

Article contributed by Bonnie Powell, Defense Commissary Agency

Looking for quick tips on choosing healthier foods or preparing meals more safely? Look no further than your local commissary.

Earlier this year, the Defense Commissary Agency (DeCA) debuted a series of shelf signs featuring healthy tips from the Dietary Guidelines for Americans, as well as food safety tips. The signs are part of the ongoing *It's Your Choice, Make It Healthy* campaign.

The campaign ties in with TRICARE's *Healthy Choices for Life* awareness campaign, which addresses three major health problems identified by the Department of Defense. "Tobacco, alcohol and obesity-related issues are leading causes of preventable death in the United States," said Dr. William Winkenwerder, Jr., assistant secretary of defense for health affairs. "Preventing these unhealthy behaviors is critical to the readiness of our forces and the health of our nation as a whole."

DeCA's partnership with TRICARE and the medical and nutrition community is intended to encourage military

families to think more about using their commissary as a resource to help win the battle of the bulge.

"Commissaries and medical benefits are consistently listed as the top military benefits," said Patrick B. Nixon, chief executive officer and acting director of DeCA. "Since we serve the same customer base, it makes sense to partner in our outreach efforts, both as an agency and at the installation level."

In addition to the shelf signs, DeCA is encouraging store directors at all 268 commissaries worldwide to partner with health-and-wellness professionals for commissary tours and health-and-wellness events, particularly during Commissary Awareness Month in May. ■

"We want to be the nutritional leader of the military community,"—Patrick B. Nixon, chief executive officer and acting director of DeCA.




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to watch for signs of depression, as well as anxiety and compulsive behaviors, in their children. Often the child's school will identify a potential behavioral health problem.

Symptoms include some or all of the following:

- Sleep disturbances, including wakefulness or oversleeping
- A change in behavioral patterns
- Trouble in school
- Change in toileting behavior, especially in young children
- Frequent crying, tantrums or withdrawal

### Use Your Eight Unmanaged Visits

If your child shows these signs, how do you distinguish between the everyday

challenges of growing up and a behavioral health problem?

As a TRICARE Prime beneficiary, you don't have to guess. TRICARE makes it easy to obtain a consultation with a behavioral health care professional. Just as with adult active duty family members, children are entitled to eight unmanaged behavioral health outpatient visits with a **network** provider per fiscal year without a referral or prior authorization. (Exception: Visits to Licensed Mental Health Counselors and Licensed Professional Counselors require a physician referral prior to evaluation or treatment.) Further necessary treatment is covered by TRICARE when authorized.

Don't hesitate to seek professional help. In extreme cases, untreated depression can lead to substance abuse or even suicide.

### Find the Right Provider

Behavioral health experts stress the importance of finding an age-specific provider who specializes in the type of disorder you believe your child may have. Behavioral health care for children is most successful when every family member is committed to the outcome, and, in many cases, is willing to participate in therapy sessions and work on behavioral techniques at home.

When seeking an outpatient therapist for your child, be careful to select a provider in the TRICARE network. Otherwise, you may incur additional charges under the TRICARE Prime point-of-service (POS) option.

To find TRICARE providers in your area, use the "Find a Provider" tool at [www.humana-military.com](http://www.humana-military.com) or call ValueOptions, Humana Military's behavioral health contractor, at 1-800-700-8646. ■

## When Military Changes Mean PCM Changes

**D**uring a high-deployment time, three out of four primary care managers (PCMs) at Southern Command Clinic, a military treatment facility (MTF) in Florida, were activated for overseas duty. Their 1,700 patients were given only two weeks notice that they would have to transfer to civilian PCMs.

Situations like these arise from time to time, necessitating a change in PCM for beneficiaries, but this one was unusual for its high numbers and quick termination.

For Nancy Eberhard, TRICARE Service Center manager for Southern Florida, it was a call to action. Whenever MTFs have this type of need, usually from a loss of one or more of their PCMs, they either work with the local TRICARE Service Center or contact Humana Military directly to help coordinate the change.

First, Nancy determined where most of the affected beneficiaries lived, and then she and her team alerted the more than 100 civilian PCMs in the area of the situation. They made countless calls, as well as site visits, to physician offices.

When Nancy learned of a military spouse's expo, she took advantage of the good timing and volunteered to be a speaker, where she informed affected beneficiaries about what to expect and how to avoid any delay in medical care. She also worked with Humana Military's upper-level staff in Louisville, Ky., along with the billing and enrollment departments, to ensure a smooth transition.

Due to quick action and concentrated efforts, all but five beneficiaries successfully selected a new PCM within the two-week time frame. The remaining five transitioned a day or two later.

### Could That Happen to Me?

There are a number of reasons why you may be asked to change your PCM:

- A change in policy by the Services
- A troop realignment that brings a large number of active duty and their families into an area, creating the need to move retirees out to the TRICARE provider network to accommodate active duty at the MTF
- Closing or realignment of clinics or facilities
- Delays in getting replacement PCMs (which has occurred during PCS season)

Typically, MTFs issue a letter 60 days in advance to each impacted beneficiary explaining why the change has to occur. If you do not choose a new PCM by the date specified in the letter, one will be assigned for you.

If you have questions about changing your PCM, call Humana Military at 1-800-444-5445. ■

## Keep Your Medical Claims on Track with These Tips

**A**s a TRICARE beneficiary you enjoy comprehensive medical benefits, but failing to take important steps at the front end can lead to having your health care claims delayed or denied. Follow these simple steps to ensure prompt payment of your claims:

1. Make sure your DEERS information is correct and current. Call 1-800-538-9552 to update DEERS.
2. Provide complete and accurate information to your provider, including your sponsor's SSN, your current home address and phone number, and any other pertinent information.
3. TRICARE Prime beneficiaries usually use network providers who file claims on behalf of the beneficiary. If you use a non-network provider or require emergent/urgent care outside the South Region, the provider may require you to pay out of pocket and file your own paper claim for reimbursement.
4. Beneficiaries filing claims on their own behalf should use a DD Form 2642, available online at [www.tricare.osd.mil/claims](http://www.tricare.osd.mil/claims), as well as at any military treatment facility or TRICARE Service Center.
5. Your completed claim form should contain relevant dates, procedures, costs and diagnoses. Diagnosis codes, which can be obtained from your provider, are required on all claim forms submitted to TRICARE.
6. The DD Form 2642 also must include the patient's (or parent's/guardian's) signature or the claim will be denied.
7. Attach the itemized bill from your physician to the claim form. The bill must contain the provider's billing letterhead.
8. If you have been hurt in an accident and a third party is responsible, inform TRICARE. Complete a DD Form 2527 and submit it with your DD Form 2642 claim form.
9. Send your claim forms to the correct address to avoid processing delays:
 

TRICARE South Region  
Claims Department  
P.O. Box 7031  
Camden SC 29020-7031
10. Keep copies of everything you submit so that you have records in the event you need to appeal a claim denial. ■

## A TRICARE Prime Pre-Vacation Checklist

Your much anticipated summer vacation is fast approaching. Here is a pre-vacation checklist that will help ensure you receive maximum TRICARE Prime coverage while you travel, at the lowest expense to you.

### Verify your information in DEERS.

Call 1-800-538-9552 to confirm that the Defense Enrollment Eligibility Reporting System (DEERS) is updated with your most current information. Before rendering services or filling prescriptions, network providers and pharmacies must verify your TRICARE eligibility. If DEERS records are incorrect or outdated, you and your family may be denied coverage.

### Schedule routine care before you travel.

TRICARE recommends that you seek routine care (office visits, management of chronic health conditions, routine physicals, etc.) from your primary care manager (PCM) before you travel.

### Refill current prescriptions and remember to bring your medications.

To ensure you won't run out of your medications, have your current prescriptions refilled before you go. Don't forget to bring your medications and any other necessary medical supplies.

### Take your uniformed services ID card, TRICARE Prime enrollment card and Pharmacy Information card.

In the event you require medical care or need to fill a prescription while on vacation, you need to have your cards with you. Your TRICARE Prime enrollment card lists Humana Military's telephone number on the back. You should call that number before seeking care or being hospitalized. If you have an older enrollment card, be sure to update the telephone number to 1-800-444-5445. ■

## When You Need Care on the Road

While you hope you won't need medical treatment while traveling, you should be prepared in case it is necessary. Here are a few things you need to know when using TRICARE away from home.

### 1. Call your PCM to coordinate a referral and authorization before seeking nonemergency care, including urgent care.

If you don't, you may pay higher out-of-pocket costs under the TRICARE Prime point-of-service (POS) option, or payment may be denied altogether.

### 2. Seek emergency care at the nearest hospital immediately.

Emergency care does not require prior authorization before treatment. However, your PCM and Humana Military should be notified within 24 hours or by the next business day of any emergency inpatient admission.

### 3. Use TRICARE's pharmacy options.

If you forget to bring your medications or need to fill a new prescription, TRICARE's pharmacy options are available to you everywhere in the United States, Puerto Rico, Guam and the U.S. Virgin Islands:

- MTF Pharmacies: To locate a nearby MTF, visit [www.tricare.osd.mil/mtf](http://www.tricare.osd.mil/mtf).
- TRICARE Retail Pharmacy (TRRx) Program: To locate a TRICARE retail pharmacy, visit [www.express-scripts.com/TRICARE](http://www.express-scripts.com/TRICARE) or call toll free 1-866-DoD-TRRx.
- TRICARE Mail Order Pharmacy (TMOP) Program: Call 1-866-DoD-TMOP for information about using the program while on an extended vacation.

### 4. Call your regional contractor if you have questions.

When in doubt, it's best to call Humana Military at 1-800-444-5445 with specific questions. ■

## Sun Safety

If you like to have fun in the sun, here are some tips to protect you and your family:

- Avoid or limit sun exposure between 10 a.m. and 4 p.m. when UV rays are strongest.
- Seek shade under a tree, an umbrella or a sun-screening canopy.
- Use sunscreen with a sun protection factor (SPF) of 15 or higher, 30 minutes before going outdoors, and apply liberally. Choose a sunscreen that has both UVA and UVB protection. Reapply sunscreen every two hours or more frequently if swimming or perspiring.
- Wear protective clothing, such as a long-sleeved shirt, long pants, a wide-brimmed hat and UV-protective sunglasses.
- Be sure to protect your skin on cloudy and overcast days since UV rays travel through clouds.

# Don't Let a Permanent Change of Station Interrupt Your Coverage

## It's Easy to Take TRICARE Prime with You

**F**or many uniformed services members and their families, packing up for yet another relocation is a routine exercise. But how easy is it to move one's medical coverage? And how do you make sure that your benefits are valid during the 30-day travel leave period while making a permanent change of station (PCS) move?

"Military families are constantly on the go, and when we move, we want to be confident that our health care benefit goes with us," says Director of TRICARE Prime Operations Lt. Col. Guy Strawder, U.S. Army. "TRICARE Prime is portable, which means you can easily transfer your enrollment when you are reassigned."

Lt. Col. Strawder suggests following the steps outlined below to ensure continued health care coverage during a travel leave period and subsequent PCS, whether you are moving to a nearby state or overseas.

- Before you leave, ensure the sponsor's and each family member's Defense Enrollment Eligibility Reporting System (DEERS) records are updated. Also, familiarize yourself with the new regional contractor if you are relocating to a new region.
- Stay enrolled. Do **not** disenroll before you arrive at your next duty station. Your former primary care manager (PCM) remains responsible for your care until you enroll at your next duty station.
- Enroll yourself and each family member at a new military treatment facility (MTF) or TRICARE network PCM shortly after you arrive at your new duty station. "This priority is right up there with securing housing and

checking on arrival of your household goods," emphasizes Lt. Col. Strawder. If you are moving to a new region, contact the new regional contractor and fill out the necessary forms (including the TRICARE Prime Enrollment Application and PCM Change Form to select a new PCM) to avoid a lapse in coverage. If you are moving overseas, family members must be listed on orders as command-sponsored in order to be eligible for TRICARE Overseas Program (TOP) Prime, TRICARE Global Remote Overseas or TRICARE Prime Puerto Rico.

- If you are staying in the same region and will need to change your PCM as a result of relocation, you must complete the TRICARE Prime Enrollment Application and PCM Change Form. This form is available on each regional contractor's Web site.

**North Region**—Health Net  
[www.healthnetfederalerservices.com](http://www.healthnetfederalerservices.com)

**South Region**—Humana Military  
[www.humana-military.com](http://www.humana-military.com)

**West Region**—TriWest  
[www.triwest.com](http://www.triwest.com)

**Overseas**  
[www.tricare.osd.mil/overseas](http://www.tricare.osd.mil/overseas)

- Plan ahead for routine care and prescriptions.
- For care that cannot wait until you transfer, contact your PCM to coordinate a referral. Without this referral, you may pay significantly higher out-of-pocket costs under the TRICARE Prime point-of-service (POS) option or, even worse, your claim may be denied (for more about POS charges, access the TRICARE fact sheet at [www.tricare.osd.mil/Factsheets/viewfactsheet.cfm?id=183](http://www.tricare.osd.mil/Factsheets/viewfactsheet.cfm?id=183)).

- For emergency care, go to the nearest hospital emergency room or call "911." Emergency care does not require a referral before treatment. You should notify your PCM within 24 hours after receiving emergency care or being admitted to the hospital so that your PCM can help manage and coordinate your care. You should also notify your regional contractor within 24 hours or by the next business day of an emergency inpatient admission.

For additional information regarding TRICARE coverage during a PCS, visit the TRICARE Web site at [www.tricare.osd.mil](http://www.tricare.osd.mil). ■



# Patient Bill of Rights

## What You Need to Know

**A**s a TRICARE beneficiary, it's important to understand that you have both rights and responsibilities when it comes to your health and the health care services you receive within the Military Health System (MHS).

The health care Consumer Bill of Rights and Responsibilities (Patient Bill of Rights) was created in 1997 by the Clinton administration's Presidential Advisory Commission on Consumer Protection and Quality in the Health Care Industry.

Many health plans, including all of the plans sponsored by the Federal government, have adopted these general principles. The following is a summary of TRICARE's Patient Bill of Rights.

### Your Rights

Patient rights fall into the following seven categories:

#### Getting Information

You have the right to receive accurate, easy-to-understand information through written materials, presentations and TRICARE representatives to help you make informed decisions about TRICARE programs, medical professionals and facilities.

#### Choosing Providers and Plans

You have the right to a choice of health care providers that is sufficient to ensure access to appropriate, high-quality health care.

#### Emergency Care

You have the right to access emergency health care services when and where the need arises. You are not required to obtain prior authorization for care if you have reason to believe your life is in

danger or you would be seriously injured or disabled without immediate care.

#### Participating in Your Treatment

You have the right to receive and review information about diagnosis, treatment and the progress of your condition, and to fully participate in all decisions related to your health care. If you are unable to fully participate in treatment decisions, you have the right to be represented by family members, conservators or other duly appointed representatives.

#### Respect and Nondiscrimination

You have the right to considerate, respectful care from all members of the health care system at all times and under all circumstances.

If you are eligible for coverage under the terms and conditions of TRICARE or as required by law, you must not be discriminated against in marketing and enrollment practices based on race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information or source of payment.

#### Confidentiality of Your Health Information

You have the right to communicate with health care providers in confidence and to have the confidentiality of your individually identifiable health care information protected. You also have the right to review and copy your own medical records and request amendments to your records.

#### Complaints and Appeals

You have the right to a fair and efficient process for resolving differences with your health plan, health care providers and the institutions that serve them. This includes a rigorous system of review.

### Your Responsibilities

As a beneficiary in the MHS, you are expected and encouraged to assume reasonable responsibility for your health. Such responsibilities include:

#### Maximizing Your Health

You have the responsibility to maximize healthy habits, such as exercising, maintaining a healthy diet, and not smoking.

#### Making Smart Health Decisions

You have the responsibility to be involved in health care decisions. This means working with providers in developing and carrying out agreed-upon treatment plans, disclosing relevant information and clearly communicating your needs.

#### Becoming TRICARE Savvy

You have the responsibility to be knowledgeable about TRICARE coverage and program options, including covered benefits; limitations; exclusions; rules regarding use of network providers; coverage and referral rules; appropriate processes to secure additional information; and appeals, claims and grievance processes.

You also have the responsibility to:

- Show respect for other patients and health care workers.
- Make a good-faith effort to meet financial obligations.
- Use the disputed claims process when there is a disagreement.
- Report wrongdoing and fraud to appropriate resources or legal authorities.
- Keep your Defense Enrollment Eligibility Reporting System (DEERS) information current.

Visit [www.tricare.osd.mil/patientrights](http://www.tricare.osd.mil/patientrights) to read the complete text of the "Patient Bill of Rights and Responsibilities in the Military Health System." ■

# Avoid Surprise Bills

## Follow These Tips to Minimize Out-of-Pocket Health Care Costs

Let's face it. Unexpected health care bills are a drag.

A little bit of knowledge about your TRICARE Prime benefits goes a long way toward helping you make effective health care decisions while minimizing your out-of-pocket costs (copayments, cost-shares and deductibles).

Here are a few ways you can save.

### The MTF: Your Lowest Cost Option for Care

Whenever possible, seek care within a military treatment facility (MTF). This is your lowest cost option for receiving care. Outpatient services are provided at no cost to beneficiaries. Inpatient services are also free to active duty service members (ADSMs), their families and retirees. Retirees' families pay a low copayment for hospitalization.

Active duty service members, followed by TRICARE Prime beneficiaries, have the highest priority to receive care at the MTF.

To find an MTF near you, visit the MTF Locator on the TRICARE Web site at [www.tricare.osd.mil/mtf](http://www.tricare.osd.mil/mtf) or visit the Humana Military Provider Locator at [www.humana-military.com](http://www.humana-military.com).

### Network Providers

When services are not available at an MTF, the MTF and your regional contractor will assist you in coordinating your care with a TRICARE network provider—your next best option for minimizing out-of-pocket costs.

### Non-network Providers

If a network provider is not available, you may seek care from a non-network provider only if you obtain a referral from your primary care manager (PCM) and an authorization from your regional contractor.

### Point-of-Service Option

Should you bypass referral and authorization requirements, you'll be responsible for additional costs under the TRICARE Prime point-of-service (POS) option.

The POS option lets TRICARE Prime enrollees receive nonemergency, TRICARE-covered services from any TRICARE-authorized/certified provider without referral or authorization. The POS option features higher out-of-pocket costs, however, so it is advisable to avoid using this option whenever possible.

The chart below describes the costs incurred by TRICARE Prime beneficiaries who use the POS option.

Point-of-Service Option Costs		
Charges	Individual	Family
Deductible per fiscal year—for outpatient care only	\$300	\$600
Cost-share for outpatient care	50% of TRICARE allowable charge, after annual deductible is met	
Cost-share for inpatient care	50% of TRICARE allowable charge	
Additional charges by certain non-network providers	Up to 15% above the allowable charge is permitted by law; fully paid by the beneficiary	

Even if you visit a TRICARE network provider, you must get a PCM referral and regional contractor authorization for certain health care services; otherwise, the POS charges apply.

### Covered Services, Referrals and Authorizations

The best way to avoid incurring POS charges, as well as paying completely out of pocket for non-covered services, is to check TRICARE coverage before receiving care.

Refer to your *TRICARE Prime Handbook* or [www.humana-military.com](http://www.humana-military.com) for listings of excluded services, limited services and specialty care services that require PCM referral and regional contractor authorization. If you are still unsure, call Humana Military at 1-800-444-5445 to speak with a representative. ■

### Keeping Your Prescription Costs Down

Selecting generic drugs (when available) and filling your prescriptions at an MTF are your most cost-effective options. Avoiding non-network pharmacies will save you from paying top-dollar for your prescriptions.

By using the TRICARE Mail Order Pharmacy program, you can obtain a 90-day supply of medication for the same copayment that you'd pay for a 30-day supply at a TRICARE retail pharmacy.

Additionally, some drugs require prior authorization from Express Scripts, Inc. (ESI), the TRICARE pharmacy benefit contractor. Without it, you could be required to pay the entire cost of the medication.

Visit ESI's Web site at [www.express-scripts.com/TRICARE](http://www.express-scripts.com/TRICARE) or call 1-866-DoD-TRRx for more information. ■

# Compounded Drugs

## Customized Medicine for Those with Unique Needs

Just as every patient has unique health care needs, on occasion, these special needs cannot be met by commercially available prescription drugs. On such occasions, your provider may prescribe a specially formulated compounded medication. Compounded medications offer safe alternatives for patients who have special prescription drug needs.

### What Is Compounding?

Compounding involves preparing a specialized drug product when an FDA-approved drug cannot meet the patient's needs.

Compounding is achieved through an essential relationship among patient, doctor and pharmacist. The doctor prescribes the medication, and the pharmacist compounds the necessary ingredients and dispenses it to the patient after a thorough consultation.

### Why Compound Medications?

There are several reasons for compounding prescription medications. Many patients are allergic to preservatives or dyes, for example, or are sensitive to standard drug strengths. Compounding is also used as follows:

- To make any strength of a medication when specific doses are not commercially available
- To prepare a medication that has been withdrawn from the marketplace due to economic, not safety, concerns
- To create a concentrated liquid or a suppository for patients who cannot swallow or have trouble swallowing
- To create allergy-free medications for patients who may have sensitivity to dyes, preservatives or fillers
- To create child friendly flavors for children who have problems with the taste of a liquid medication
- To combine medications into one dosage, when possible, for patients who take several medications

Whether you need a medication that is not commercially available or your child won't take a liquid medicine unless it tastes like bubble gum, compounded prescription drugs could be the solution. As with any medication, talk to your doctor about what is best for you and your family. ■

**Q:** What is a compounded medication?

**A:** Compounded drugs are medications, usually ointments, creams, suppositories or liquid medications, that are not commercially available in the desired strength, concentration or dosage form, and are prepared for you by a pharmacist following your doctor's directions.

Compounded drug prescriptions must be filled at a pharmacy that offers this service and has an assigned NABP® (National Association of Boards of Pharmacy®) number. For more information on compounded drugs, contact your local pharmacy. To find a pharmacy near you that compounds medications, call Express Scripts at 1-866-DoD-TRRx (1-866-363-8779).

**Q:** Are compounded medications available through my TRICARE Retail Pharmacy (TRRx) benefit?

**A:** In most cases, as long as one ingredient of the compound is covered by TRICARE, then the compound is available when filled at a TRRx network pharmacy. **Note:** You may file a paper claim for reimbursement for compounded prescriptions filled at a non-network pharmacy, but deductibles and a higher copayment will apply.



# Storing and Protecting Your Medicines

**P**rescription medications and over-the-counter drugs do not last forever. Each one has a shelf life. To avoid waste and make sure your medicines stay effective, follow these steps.

## 1. Keep medicines in their original containers

Some drugs (like certain heart medications) break down if they are taken out of their original container. Keep your drugs in their original containers, with lids tightly closed.

If you use a pillbox to keep track of when to take medication, fill the box for one week at a time. Keep the rest of the tablets in their original containers.

By keeping prescription products in their original containers, you also are preserving the valuable information the label provides. Your name on the label helps ensure that you take your own medicine and not someone else's in the household. Should you still take the wrong medication by accident, the label offers a quick way to know the name and strength of the drug.

The label also lists a prescription number, which tells the pharmacist how many tablets or capsules were originally in the bottle, the date the prescription was last filled, and the number of refills remaining.

## 2. Check expiration dates

Both prescription and over-the-counter drugs have expiration dates. As drugs age past their expiration date, they begin to lose their potency.

Make it a point to check the expiration date on all of your medicines every six months. Most medicines expire about one to two years after they are purchased, but some may expire more quickly.

When your medicines expire, dispose of them safely. Flush them down the toilet and rinse out the containers to remove all residues.

## 3. Store medicines properly

- Keep your medicines in a cool, dry place out of direct sunlight and away from moisture. For instance, the bathroom medicine cabinet is not a good place because it is warm and humid.
- Always keep medicines where children can't see or reach them.
- Ask for childproof caps and keep all bottles tightly closed.
- Most drugs should be stored at room temperature (59°F to 86°F or 15°C to 30°C).
- Do not store medicine in the glove compartment of your car. Extreme high or low temperatures can damage it.

- Some medicines need to be kept in the refrigerator—but do not put them in the freezer.
- Ask your pharmacist about the best way to store a particular medicine, since different types (tablets and liquids) may have special storage requirements.

Visit [www.express-scripts.com/TRICARE](http://www.express-scripts.com/TRICARE) for more information on your prescription drug benefit or call 1-866-DoD-TRRx. ■

**Q:** I thought generic drugs were always less expensive than brand-name drugs. Why is the copayment for my generic prescription \$22?

**A:** Recently, the Uniform Formulary was created to help manage rising pharmacy costs for the Department of Defense and beneficiaries. While most generics will continue to be available at a lower copayment, some drugs will be moved to third-tier non-formulary status with a \$22 copayment. Drugs placed on the non-formulary list have been determined to be not as cost-effective in terms of relative safety, effectiveness or clinical outcome compared to similar medications in the same therapeutic class. They will continue to be available, just at the higher copayment. If your doctor proves medical necessity, a non-formulary drug may be obtained for the lower formulary copayment from a TRICARE retail network pharmacy (30-day supply) or through the TRICARE Mail Order Pharmacy (TMOP) program (90-day supply).

**Q:** What is the easiest and most cost-effective way for me to get my medications?

**A:** For the greatest savings on prescriptions you need quickly (such as antibiotics), use a military treatment facility (MTF) pharmacy or a TRICARE network retail pharmacy. For the greatest savings on prescriptions you take on an ongoing basis (such as drugs for high blood pressure or arthritis), use an MTF pharmacy or TMOP. Using TMOP is safe, convenient and economical.

**Q:** What do I need to bring to the pharmacy to fill a prescription?

**A:** When you visit a TRICARE network retail pharmacy, you need two things: your uniformed services ID card and your written prescription.

Humana Military Healthcare Services, Inc.  
500 West Main Street  
P.O. Box 740062  
Louisville, KY 40201-7462

- ## TRICARE
- ### An Excellent Value
- Generous coverage
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  - Decisions are health driven, not insurance driven
  - High satisfaction with care
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*Health Matters* is published by the TRICARE Management Activity. Please provide feedback at [www.tricare.osd.mil/evaluations/newsletters](http://www.tricare.osd.mil/evaluations/newsletters).



## Health Information Policy

### Know Where to Find Your Notice of Privacy Practices

**1. Is the protection of your health information important to you?**

**2. Do you want to protect your rights to health information privacy?**

**3. Do you know what those rights are?**

Most of us answer “yes” to the first two questions without hesitation, but how about that third question? Do you know where you can read about your health information privacy rights and protections?

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 your medical and dental information may be used and with whom it may be shared. It also describes your rights and how to file a complaint if you believe your rights have been violated. The provision of the notice is a requirement of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Please take a moment to review the Military Health System Notice of Privacy Practices and share it with members of your household who are receiving care at a military treatment facility (MTF)

or are covered by the various TRICARE health plans. It is important to us that you are fully aware of how we may use and disclose your health information and that you notify us if you have any concerns.

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

- Contact your MTF HIPAA Privacy Officer or access your MTF Web site.
- Go to [www.tricare.osd.mil/tmaprivacy](http://www.tricare.osd.mil/tmaprivacy).
- Mail a written request to:  
TRICARE Management Activity  
Privacy Office  
Five Skyline Place, Suite 810  
5111 Leesburg Pike  
Falls Church, VA 22041-3206 ■