

New TRICARE Benefit Offers Transitional Care for Service-Related Conditions

Effective Nov. 1, 2009, a new TRICARE benefit allows former service members to receive medical care for service-related medical conditions identified during their six-month transition.

The Transitional Care for Service-Related Conditions (TCSRC) provision is available for former service members participating in the Transitional Assistance Management Program (TAMP).¹ The benefit requires that the medical condition be newly diagnosed during TAMP, related to service and able to be resolved within 180 days after it is identified. A Department of Defense (DoD) physician must validate the condition and confirm that it can be treated within 180 days. Once a DoD physician has validated the condition, the former service member is entitled to receive medical care for that condition as if he or she were on active duty. The TCSRC benefit is in effect for 180 days from the date the condition is validated.

If you are going to treat a TAMP-eligible member for a medical condition that he or she believes is related to active duty service, you should advise your patient to apply for the TCSRC benefit. You will need to supply your patient with documentation that shows the appropriate diagnostic and treatment codes, demonstrating how the condition will be

resolved within 180 days, which your patient will submit when applying for the benefit.

The former service member will submit the information with his or her request for the TCSRC benefit to the Military Medical Support Office (MMSO) Central Cell. The former member must also include justification that the condition is related to his or her active duty service. If approved by the Central Cell, the approval will be forwarded to the appropriate regional contractor for TCSRC care authorization. If you are identified as the authorized provider, associated medical claims should be submitted to the TRICARE regional contractor and processed without cost-shares for the former service member. ■

1. National Defense Authorization Act, Fiscal Year 2008, Section 1637

TCSRC Eligibility Checklist

To qualify for the TCSRC benefit, a former service member's medical condition must be:

- Newly diagnosed during the TAMP period
- Related to active duty service
- Able to be resolved within 180 days
- Approved by the MMSO Central Cell

Keeping Protected Health Information Private

Maintaining the security of protected health information (PHI) is a critical aspect in providing quality care to TRICARE beneficiaries. It is essential that you and your staff understand the rules governing the release of PHI so that you can maintain its security and reduce the risk of unauthorized disclosure.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) permits the release of PHI without patient authorization in the case of treatment, payment and health care business. However, HIPAA requires that providers make a reasonable effort to disclose only the minimum amount of PHI necessary for these purposes.

PHI is any individually identifiable health information relating to a patient's past, present or future physical or behavioral health and related health care services. PHI may include:

- Demographics
- Documentation of symptoms

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Keeping Protected Health Information Private

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Written authorization is not needed to send a patient’s medical records to a specialist or other health care provider giving treatment. Providers are allowed to disclose PHI to primary care managers and other health care providers for treatment purposes. PHI also may be disclosed without the patient’s authorization in a medical emergency to provide the necessary treatment.

Release of a minor’s PHI is dependent on state and other applicable laws. These laws may allow you to release PHI to a parent or guardian without the patient’s consent, but careful consideration should be made. When state law does not address the issue, it is recommended that you use your professional discretion in opting to release PHI. Some exceptions apply, such as releasing sensitive diagnoses and psychotherapy records.

For more information about privacy and PHI, visit TRICARE’s Web site at www.tricare.mil/tmaprivacy. ■

Telemental Health Care Services

TRICARE regional contractors may use secure audio-visual conferencing to link beneficiaries with offsite providers to provide Telemental Health services within the TRICARE Telemedicine benefit.

Regional contractors may establish a network of Telemental Health originating sites for beneficiaries and networks of offsite providers who, through video sessions, can evaluate, treat and refer beneficiaries as necessary. If you practice near an originating site, you may use this benefit for all aspects of behavioral health care services.

Telemental Health is approved for all TRICARE beneficiaries. However, it is not currently available in all geographical areas.

To use this benefit, a beneficiary must go to a scheduled appointment at a TRICARE-authorized provider office that offers Telemental Health access. Staff at the provider’s office will connect the beneficiary to an offsite TRICARE-authorized behavioral health care provider who can provide services such as individual psychotherapy, diagnostic interviews and medication management via Web cam. **Note:** TRICARE does not cover telemental health care services provided from a beneficiary’s home or any other location not authorized by TRICARE.

Telemental Health services are subject to the same requirements, criteria and limitations that apply to medical and psychological services. Telemental Health appointments are considered outpatient behavioral health care visits.

Costs

Active duty service members and active duty family members enrolled in TRICARE Prime will have no associated charges

for using Telemental Health services. Applicable deductibles, cost-shares and copays apply for:

- Beneficiaries using TRICARE Standard and TRICARE Extra
- TRICARE Prime retirees and their family members
- TRICARE Reserve Select enrollees

The Telemental Health benefit is not meant for crisis intervention—if a patient’s situation is critical, you should immediately seek emergency care for him or her. For more information on the Telemental Health benefit, visit the TRICARE Web site at www.tricare.mil. ■



2009 Year in Review

This past year, provider newsletters offered information on new, changed or enhanced initiatives with Humana Military Healthcare Services, Inc. (Humana Military) and programs that involve caring for TRICARE beneficiaries. Some highlights of the information shared throughout the year include:

- TRICARE Reserve/Guard benefit for service members who select TRICARE Prime.
- Warrior Navigation/Assistance Program (WNAP) for those who have served in battle and are now back in their communities and in need of proper access to and coordination of health care for their resulting physical injuries and behavioral health issues.
- Promotion of the increased need for providers to identify behavioral health care concerns, including traumatic brain injury and post-traumatic stress disorder. Humana Military also has an increased Web presence for these topics, including continuing medical education (CME) offerings. You can find this information at www.humana-military.com.
- An enhanced Telemental Health program to assist remote providers and beneficiaries in setting up necessary counseling.
- Expanded guidance on claims processing, including “duplicate” claim filing problems and the delays they cause.
- Changes in covered services such as the addition of the “zoster” or shingles vaccine as a clinical preventive service available to qualified TRICARE beneficiaries.
- Reminders of the “Government No Pay” list available at www.tricare.mil for those services that are not covered by TRICARE.
- The addition of specialty pharmacies to the Humana Military network to ensure a source for most of your in-office injectables. Both PrecisionRx® and CuraScript® will bill directly to TRICARE for available drugs ordered from your office.
- The addition of the CVS Pharmacy® MinuteClinics to the Humana Military network. These clinics can offer an alternate solution to beneficiaries for vaccines and immunizations. MinuteClinic sites are listed in the “Find a Provider” section of the Humana Military Web site at www.humana-military.com.

The provider portal of the Humana Military Web site has also seen enhancements this year. Many TRICARE South Region providers use the Humana Military Web site for most of their TRICARE business and take advantage of these

improved processes year round. Some of the enhancements made during 2009 include:

- The “Eligibility” feature, which allows up to five entries at a time and delivers quick responses with details including eligibility history, other health insurance, primary care manager name and phone number. Providers can also check for needed referrals, build referrals and check on existing referrals.
- The “Build a Referral/Authorization” feature has been streamlined to be as simple to use as possible. This option is an efficient way to process online referrals; pre-filled fields eliminate the need to hand write referral requests, and referrals are auto-approved the same day.
- The new “Updating Existing Referral/Authorization” feature was requested by providers and increases efficiency when adding visits/units/time to an existing referral and providing hospital notification notes on existing admission authorizations, eliminating the need to build a new referral unnecessarily.
- CME courses have been added to the new Online Learning Center under “Tools and Resources,” where we will continue to add educational opportunities for providers.

We continue to offer options for filing claims electronically and suggest that you consider this option if you are not already using this quick and easy process. Remember to check out the Web site throughout the new year for updates and topics of interest!

Humana Military strives to make caring for TRICARE beneficiaries as easy and rewarding as possible. ■

If you receive *TRICARE Provider News* by mail, consider using our Web site to read, download or print current and archived issues. Newsletters are located on the provider portal at www.humana-military.com under “Tools and Resources.”

If you’d like to receive *TRICARE Provider News* and other provider information by e-mail, please log on to the Humana Military Web site and update your communication preference. We’ll then switch your delivery mechanism to e-mail—it’s that easy!

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www.myTRICARE.com

Behavioral Health
1-800-700-8646

Pharmacy Customer Service
1-877-363-1303
www.express-scripts.com/TRICARE

National TRICARE Web Site
www.tricare.mil



Using Availity® to Submit Electronic Claims

Electronic claims submission can help you save time and money. Electronic claims are typically processed two to three weeks more quickly than paper claims, resulting in faster payment. Humana Military Healthcare Services, Inc. (Humana Military), offers providers several electronic submission options, including electronic media claims (EMC) clearinghouses. EMC clearinghouses provide immediate access to response reports, allowing you to see which claims were accepted. This tool also helps you easily identify and correct errors before resubmitting claims, if necessary.

Although you may use any of several EMC clearinghouses to submit your claims to TRICARE, Availity® Health Information Network (Availity) is the EMC clearinghouse of choice for Humana Military and the preferred clearinghouse for institutional and professional claims and new provider sign-up. Availity allows providers to inquire about eligibility and claims status through one convenient source. Humana Military pays Availity clearinghouse fees, so using it will help reduce your costs.

More information about EMC clearinghouses and electronic claims submission can be found in your *TRICARE Provider Handbook*. For more information, visit the Availity Web site at www.availity.com or call 1-800-AVAILITY (1-800-282-4548). ■

