

## TRICARE Behavioral Health Assistance Line Helps Beneficiaries Find Providers

TRICARE and Humana Military Healthcare Services are pleased to announce the new Behavioral Health Care Provider Locator and Appointment Assistance Line to help eligible active duty service members (ADSMs) and active duty family members (ADFM)s find behavioral health care providers and schedule outpatient appointments.

For eligible beneficiaries seeking assistance in the TRICARE South Region, Humana Military’s behavioral health partner, ValueOptions, Inc., manages the dedicated toll-free number at 1-877-298-3514, which is available from 8 a.m. to 7 p.m. Eastern Time, Monday through Friday. **Note:** This appointment assistance line is **not** a crisis intervention line. TRICARE beneficiaries seeking emergency behavioral health care assistance should call 911 or proceed to the nearest emergency room for treatment.

The primary goal of this new service is to assist beneficiaries in making timely appointments for routine and urgent behavioral health care. Keep in mind that TRICARE Prime primary care access standards concerning wait times also apply to behavioral health care appointments. Initial appointments for behavioral health care are not considered specialty care appointments.

The wait time for an initial urgent behavioral health care appointment with a behavioral health provider shall generally not exceed 24 hours. The wait time for an initial routine behavioral health care appointment shall not exceed

one week. Following the initial appointment, the behavioral health care provider’s medical judgment will determine the wait time for the beneficiary’s follow-up appointments.

The appointment assistance service is available to all ADSMs and ADFMs enrolled in TRICARE Prime, TRICARE Prime Remote or TRICARE Prime Remote for Active Duty Family Members, as well as ADFMs enrolled in TRICARE Overseas Program Prime who have temporarily returned to the United States.

ADSMs do not need a referral if they seek care in the military treatment facility (MTF) and all ADSMs are encouraged to get care with military providers. However, if space is not available to meet the access standards, network referrals may be considered and a referral is required from the MTF to seek care from a civilian network provider. The referral may come from the primary care provider or from a behavioral health provider. ADSMs with a referral may contact the appointment assistance line to schedule an appointment with a network provider.

ADFM)s do not need a referral for behavioral health care. They can self-refer for care. They may call the appointment line at any time to receive assistance in making an appointment. After the first eight outpatient visits in a fiscal year (Oct. 1–Sept. 30), TRICARE prior authorization is required to extend the care, but a referral is not necessary. ■

### A Clearer View of Health Care

A satisfied TRICARE beneficiary is the primary goal of everyone working in the Military Health System (MHS). A key part of achieving that goal is keeping beneficiaries well-informed about the TRICARE benefit.

Following President Bush’s August 2006 executive order to promote transparency in federal health care programs (see [www.whitehouse.gov/news/releases/2006/08/](http://www.whitehouse.gov/news/releases/2006/08/)

20060822-2.html for the complete text), TRICARE is moving forward to fulfill the president’s directive.

The MHS’s transparency initiative is designed to improve the TRICARE experience for beneficiaries and providers, and focuses on four aspects of health care delivery: pricing, quality, information technology, and high quality and efficiency.

*continued on page 3*



## Treating Traumatic Brain Injury

An increasing number of active duty service members are returning from the Middle East exhibiting symptoms of traumatic brain injury (TBI), which is commonly caused by falls, motor vehicle accidents, assaults/blows and explosive blasts. The long-term effects of even a “mild” TBI with only a brief alteration in consciousness can be serious. Early recognition and treatment are critical to improving patient outcomes.

Immediate TBI symptoms may include mental confusion, loss of memory and/or loss of consciousness.

Delayed symptoms may include headaches; pain; seizures; insomnia; dizziness; fatigue; spasticity and hydrocephalus; cognitive or emotional complaints of irritability; lability; disinhibition; impaired judgment; slowed thinking; aggression; substance abuse; impulsivity and/or inability to focus.

It is important to evaluate and treat patients who present somatic complaints early. This provides the opportunity to document baseline neurological findings, including cognitive and emotional state. It also allows you to assess the ability of the patient to return to everyday activities.

When treating TBI it is important to:

1. **Review** pain medications to determine those which can cause dependence or rebound headache.
2. **Educate** about the importance of avoiding substances—such as alcohol, caffeine and cold medications—that can worsen symptoms.
3. **Consider** short-term utilization of stimulant therapy (e.g., Ritalin®).

4. **Avoid** medications—such as benzodiazepines, anticholinergic and antidopaminergic agents—that can impair cognition, cause oversedation or diminish neuronal recovery.
5. **Systematically wean** anxiolytics and, instead, employ SSRI anti-depressants.
6. **Use** pharmacological assistance to re-establish sleep patterns on a short-term basis.
7. **Evaluate** complaints of parathesias or radiculopathy via MRI imaging of the spine.
8. **Manage** headaches by evaluating potential etiologies such as sinusitis, TMJ dysfunction or cervical strain/sprain.
9. **Steer clear** of medications for dizziness, such as Antivert®.
10. **Make** physical therapy referrals to increase flexibility, strength, cardiorespiratory endurance, muscular endurance and range of motion; to decrease pain; and to treat vestibular hypersensitivity.
11. **Undertake** neuro-ophthalmologic evaluation for complaints of visual blurring, double vision, difficulty reading, etc.
12. **Gradually progress** to a goal of no long-term medications.

Providers can improve outcomes by implementing early treatment when mild TBI is suspected or diagnosed. Refer patients, as appropriate, when physical, emotional or cognitive symptoms interfere with normal routines and relationships. ■

## 2008 CMAC Fee Schedule Update

Each year, once Medicare establishes its pricing, the TRICARE CHAMPUS maximum allowable charge (CMAC) is also updated.

The CMAC is the maximum amount TRICARE covers for professional services (e.g., physicians, nurse practitioners, physician assistants, anesthesiologists). CMAC pricing varies by location, with 90 locality codes covering the United States based on ZIP codes.

To check the CMAC rates in your area, go to [www.tricare.mil/cmac](http://www.tricare.mil/cmac). Accept the end-user agreement and then click on “CMAC Procedure Pricing.” Procedure pricing is based on your locality code.

You can select your locality code from the menu based on your geographic region, or you can look up the code by selecting a state, entering a military treatment facility catchment area code or entering a ZIP code.

For more information, visit the Humana Military Web site at [www.humana-military.com](http://www.humana-military.com) or call 1-800-444-5445. ■

## A Clearer View of Health Care

*continued from page 1*

### Pricing

TRICARE openly shares its pricing information at [www.tricare.mil/allowablecharges](http://www.tricare.mil/allowablecharges). This easy-to-use tool allows anyone to look up the TRICARE-allowable charge for the most frequently used services and procedures by region.

### Quality

Health care organization quality reports are available for review at [www.qualitycheck.org](http://www.qualitycheck.org), part of the Joint Commission's Web site. TRICARE beneficiaries are directed to this site for a comparison of their provider options. **Note:** Reports are only available for certain provider types. Visit [www.qualitycheck.org](http://www.qualitycheck.org) for more information.

### Information Technology

TRICARE is leading the nation in the adoption of health information technology systems. The military's electronic health record, AHLTA, and the Pharmacy Data Transaction Service are just two examples. These systems are designed to improve record-keeping and facilitate information exchange.

### High Quality and Efficiency

With ever-evolving health care options and special programs, TRICARE strives to improve the quality and efficiency of care for our 9.2 million beneficiaries.

With your help, we can work together to continually improve the patient experience and provide value and service to TRICARE beneficiaries. ■

## Disease Management Program Helps Control Chronic Conditions

**H**umana Military's Disease Management Program assists TRICARE beneficiaries in the South region who are not Medicare-eligible but have been diagnosed with chronic conditions like asthma, diabetes or heart failure.

Under this program, eligible beneficiaries are identified by the TRICARE Management Activity (TMA), and the program is administered by Humana Military. Beneficiaries are contacted by registered nurses who work with the beneficiary and his or her physician to identify problems and establish goals, and then monitor those goals through regular follow-up care.

John Crum, M.D., Humana Military's chief medical officer, says "The program's goal is to improve the patient's symptoms, functional abilities and overall quality of life by closely monitoring their treatment program and their regular activities. This is a

program that has one purpose and one purpose alone—to help patients deal effectively with a very serious medical condition."

Although patient care is managed by a beneficiary's primary care manager (PCM), beneficiary eligibility is determined by TMA, not the patient's PCM or other provider. TMA reviews patient data, weighs it against the program's criteria and sends referrals of qualified beneficiaries to the TRICARE Regional Office (TRO). The TRO forwards the referrals to Humana Military's disease management staff.

Rose Mary Royalty, program director for the Disease Management Program, adds, "The role of the disease management nurses is not to interfere with the providers and their treatment, but more to support the providers and intervene on the patient's behalf. Nurses conduct thorough assessments to find out what a patient's needs are.

For example, if the patient has asthma and is also a smoker, we will assess the patient's 'readiness to change' before setting a goal for the patient to quit smoking. If the patient doesn't have an asthma action plan, we will provide a template for one. The patient can take the template to his or her physician and together they can develop a plan that is right for the patient."

Additionally, the program's registered nurses are available to coach and educate patients about their condition, assist beneficiaries with getting an appointment when urgency is indicated and facilitate finding a specialist, when necessary.

For more on the Disease Management Program, please visit [www.humana-military.com](http://www.humana-military.com). ■



# TRICARE Provider News

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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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## Reminder: Return Consult Reports within 10 Days

Consult reports must be returned to the primary care manager or initiating provider within 10 working days of seeing a patient. For routine specialty referrals for initial office visits and all outpatient and inpatient services, you must provide complete and legible documentation for these reports to be accurate and useful.

Returning consult reports, operative reports and discharge summaries to the initiating provider is important for timely follow-up and continuity of care. Please be responsive to the request when asked to return a consult report for TRICARE beneficiaries.

Providers who treat TRICARE beneficiaries coming from the local

military treatment facility may receive a faxed reminder or a call to return a consult report for a recent visit or service. Your office should return the consult report, operative report or discharge summary as requested.

Please use the fax reminder as the cover sheet and dial the fax number listed on the reminder page. ■

## TRICARE Now Covers Lap-Band® Surgery

A recent change in TRICARE policy now allows you to offer your TRICARE patients fighting morbid obesity the option of laparoscopic adjustable gastric banding (Lap-Band surgery). Patients 100 pounds or more over their ideal body weight with certain associated severe medical conditions, as well as those who weigh 200 percent or more of their ideal body weight, may be eligible for the procedure.

This policy change is retroactive to Feb. 1, 2007. For more information on surgery for morbid obesity, go to Chapter 4, Section 13.2 of the *TRICARE Policy Manual*, which can be found at <http://manuals.tricare.osd.mil>. ■

