

Talking to Your Patients: Good for Their Health

Dr. William J. Mayo, one of the founders of the Mayo Clinic, once said, “The best interest of the patient is the only interest to be considered.”* Today, that saying still holds true.

While talking to your patients may sound like a simple enough task, with today’s demanding schedules, you are seeing more patients in shorter amounts of time, and in-depth discussions often do not occur. Yet effective patient-provider communication is an integral part of ensuring that patients receive the care they need. The more you talk with your patients, the more likely they are to understand their conditions and adhere to your treatment plan.

Since many patients have questions about their health or treatment plan but may not be comfortable asking questions, consider asking open-ended questions like, “What do you think is causing your symptoms?”

Moreover, according to an article published in *Physicians News Digest* in February 2001, you should assume that all of your patients have the following questions, whether or not they ask them:

- What has happened to me?
- Why has this happened to me?
- What will be done to me?
- Why will they do this rather than that?
- Will it hurt?
- When will you have the answers/test results?
- When will I have the results?

When patients enter your office, they already may be feeling anxious about their condition or impending results. It is therefore important to make them active participants in their health care by engaging them in conversation, showing empathy, educating them and, ultimately, gaining their cooperation and compliance with your mutually determined plan of care. ■

* From the Mayo Clinic Web site at www.mayoclinic.org/tradition-heritage/best-interest-patient.html.

From the Desk of the CMO

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

Due to the ongoing conflicts in Iraq and Afghanistan, there has been an increased need for programs and services to aid our returning service members. Warrior Transition Units (WTUs), the Warrior Navigation and Assistance Program (WNAP) and TRICARE’s respite care benefit are among the many resources available to returning service members and their families.

Warrior Transition Units

Since mid-2007, the Army has opened 35 WTUs and nine community-based health care organizations to provide necessary care for the more than 30,000 wounded, ill and injured soldiers returning from the War on Terrorism.

WTUs provide health care, counseling and leadership support along the entire continuum of care, all within an environment mirroring the soldier’s former unit. Care includes specialized help with personal relationships, stress management, counseling and a range of services aimed at encouraging each warrior to take positive steps toward overcoming adversity.

Warrior Navigation and Assistance Program

Humana Military Healthcare Services, Inc. created the WNAP to help guide warriors and their families through the maze of health care systems, connect them with resources so they can return to productive lives and help them over hurdles they encounter.

Returning warriors and family members may call the WNAP at 1-888-4GO-WNAP (1-888-446-9627) for assistance. Providers with complex issues involving wounded warriors and their family members may also call this number Monday–Friday, 7:30 a.m. to 4:30 p.m. CST.

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Secure Provider Services Available at “MyHMHS for Providers”

When you need assistance with referrals, authorizations or claims, or if you want to view prescription data, remember it’s available on “MyHMHS for Providers,” Humana Military Healthcare Services, Inc.’s (Humana Military’s) secure provider Web portal. Once you register, simply log in using your user ID and password to access the following services.

Referrals and authorizations:

- Enter a new referral/authorization or check on an existing one.
- Receive authorization immediately (in most instances).
- Enter a new hospital admission notification.
- Review current referrals and authorizations.
- Look up diagnosis codes by keyword/confirm service by category.

Claims:

- Run claims status reports using your tax identification number.
- Submit claims electronically.

Office administration information:

- Register and update National Provider Identifiers (NPIs).
- Update contact preferences.
- View and update individual provider information.

Special features for primary care managers:

- View your “My TRICARE patient” list.
- Review all patient claims.
- Review all patient referrals.
- Review health awareness letters from Humana Military’s Health Awareness Program.

Another recently added feature allows you to view your patients’ prescription data on valid patient referrals. Other available services include the ability to verify patient eligibility, review quality and affordability data and take the Humana Military Provider Survey.

For more information, visit www.humana-military.com and log in to “MyHMHS for Providers.” ■

Shingles Vaccine for Seniors

In May 2008, the Centers for Disease Control and Prevention recommended that all people age 60 and older be vaccinated against shingles, also known as herpes zoster. A single dose of the zoster vaccine, Zostavax®, should be administered whether or not the patient has had a prior episode of shingles. Individuals with chronic medical conditions can be vaccinated unless a contraindication exists for their condition.

TRICARE covers the vaccine as long as it is administered in a provider’s office. The shingles vaccine is considered a clinical preventive service and does not require a referral or copayment from a TRICARE Prime beneficiary when administered by a TRICARE network provider.

To find the TRICARE-allowable charge for this vaccine, visit www.tricare.mil/CMAC. ■

From the Desk of the CMO

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If calling after hours, please leave a message and your call will be returned the next business day.

Respite Care Benefit

Respite care is short-term care for a patient in order to provide rest for primary caregivers who have been caring for the patient at home. The TRICARE respite care benefit was recently expanded to include eligible

beneficiaries who incur a serious illness or injury while serving on active duty.

ADSMs may qualify for the benefit if they have a serious injury, illness or psychological condition that results in their being homebound and needing frequent help from a primary caregiver (i.e., more than two interventions during the eight-hour period per day when the primary caregiver would normally be sleeping). To provide the best possible rest for caregivers, this benefit provides a maximum of eight hours of respite care per day, five days per week.

Those who qualify may be reimbursed for any out-of-pocket cost associated with respite care services since January 1, 2008. Services must be performed by a TRICARE-authorized home health agency, and there are no cost-shares or copayments when the services are approved by the Military Health System.

For more information about programs for wounded, ill and injured service members, visit www.humana-military.com, www.tricare.mil or www.health.mil. ■

TRICARE Point of Service Option Allows Care Anywhere

TRICARE's point of service (POS) option allows a TRICARE Prime or TRICARE Prime Remote for Active Duty Family Members (TPRADFM) beneficiary to receive medically necessary TRICARE-covered services from any TRICARE-authorized provider without a referral from his or her primary care manager (PCM).

You should remind these beneficiaries, however, that the POS option involves outpatient deductibles and higher out-of-pocket costs. And the POS deductible and cost-shares are not applied to the annual catastrophic cap.

The POS deductible and cost-share apply when:

- A TRICARE Prime or TPRADFM beneficiary receives nonemergency care from a network or non-network provider without a referral from his or her PCM or Humana Military Healthcare Services, Inc. (Humana Military). See exceptions below.
- A TRICARE Prime or TPRADFM beneficiary has a referral from Humana Military to a military treatment facility (MTF) specialty care provider, but self-refers to a civilian network or non-network specialty care provider.
- An MTF-enrolled beneficiary self-refers to a civilian network or non-network provider for a primary care (routine) service or urgent care.

POS does **not** apply to the following:

- Emergency care
- Clinical preventive services from a network provider
- The first eight behavioral health outpatient visits per fiscal year (Oct. 1–Sept. 30) from a network provider

- TPRADFM beneficiary without an assigned PCM receiving a primary care (routine) service from a TRICARE-authorized general practice, family practice, internal medicine, physician assistant, nurse practitioner, pediatrician or urgent care provider
- TRICARE Prime or TPRADFM beneficiaries with other health insurance
- TRICARE Prime or TPRADFM newborns or newly adopted children*
- TRICARE Standard beneficiaries
- Active duty service members (authorization is required for any civilian health care)
- Overseas-enrolled active duty family members seeking care in the U.S. (however, authorization is required for nonemergency inpatient behavioral health care, and POS will apply if it is not obtained)

It is also important to remind beneficiaries that certain prior authorization requirements still apply even though a referral is not required when using the POS option. They can refer to www.humana-military.com for prior authorization requirements.

For more information about the POS option, advise your beneficiaries to visit www.humana-military.com or call Humana Military at 1-888-444-5445. ■

* A newborn or newly adopted child is deemed to be enrolled in TRICARE Prime for the first 60 days after birth or adoption, as long as one additional family member is enrolled. POS does not apply through the 60th day or until an enrollment decision is made, whichever is earlier.

Reminder about Recredentialing Applications

Humana Military Healthcare Services, Inc. (Humana Military) and its subcontractors ensure that physicians, licensed independent practitioners, facilities and other health care professionals within the TRICARE network meet credentialing and recredentialing criteria. Adherence to credentialing criteria that meets or exceeds Department of Defense (DoD) requirements ensures a quality health care system for TRICARE.

Once approved for participation, you are monitored for quality of care and adherence to DoD and Humana Military standards. At Humana Military, we use several methods to monitor quality, including:

- Recredentialing providers at least every three years
- Reviewing complaints and grievances
- Conducting focused clinical quality and preventive health studies

When you receive a recredentialing application from Humana Military, it is critical that you complete it and return it to Humana Military as directed in the correspondence. This will ensure that network participation is maintained and there is no disruption to beneficiaries. **Note:** If you do not return the completed recredentialing application within the specified time frame, then Humana Military will start the process for removing you from the TRICARE network.

Completing the recredentialing application is quick and easy. Simply review the pre-populated application, correct any discrepant data, answer the questionnaire and attach explanations, if necessary. Please pay special attention to your contact information (address, phone numbers and fax numbers). Next, sign and date the *Attestation Statement/Consent and Release Form*, attach a copy of your current Drug Enforcement Administration (DEA) certificate and malpractice insurance declaration sheet, fax or mail the form and attachments to Humana Military and you're done! ■

TRICARE Provider News

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CONTACTS

Humana Military Healthcare Services, Inc.
www.humana-military.com
1-800-444-5445

Claims
1-800-403-3950
www.myTRICARE.com

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 Site
www.tricare.mil

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TRICARE Provider News is published by the TRICARE Management Activity. Please provide feedback at www.tricare.mil/evaluations/feedback.



Behavioral Health Care Referral Reminder

All TRICARE Prime beneficiaries except active duty service members (ADSMs)* may self-refer to most providers for the first eight outpatient behavioral health care visits per fiscal year (Oct. 1–Sept. 30). To avoid point of service (POS) charges, beneficiaries must seek services from a TRICARE network provider. However, if a TRICARE Prime active duty family member calls the Behavioral Health Care Provider Locator and Appointment Assistance Line at 1-877-298-3514, he or she may be given the name of a non-network provider if a network provider is not available in his or her area. This constitutes prior authorization to seek care from that non-network provider, and POS charges are waived.

The non-network provider must obtain the prior authorization from Humana Military Healthcare Services, Inc. (Humana Military).

It is important to keep in mind that there are certain behavioral health care providers for which a physician referral and continuing oversight and supervision are **always** required, even for the first eight outpatient visits. These providers include licensed professional counselors, licensed mental health counselors and pastoral counselors.

If you have questions about behavioral health care referral requirements, call Humana Military's behavioral health unit at 1-800-700-8646. ■

* ADSMs must **always** obtain a referral for behavioral health care.

Military Treatment Facility Inpatient Admission Cost Increase

The cost for inpatient care provided at a military treatment facility (MTF) has increased from **\$15.15** to **\$15.65** per day for active duty family members and retiree family members using TRICARE Standard or TRICARE Extra and for retiree family members enrolled in TRICARE Prime. There are no costs for MTF inpatient care for active duty service members, retirees, and TRICARE Prime active duty family members. ■