

Military Treatment Facility Right of First Refusal

Military treatment facilities (MTFs) are the first option for your TRICARE Prime beneficiaries to receive health care services. If you submit a referral request to a civilian specialty care provider for a patient enrolled in TRICARE Prime, he or she may be referred to the MTF for care if space is available.

How Does the Process Work?

MTFs have the right of first refusal for any services requested for TRICARE Prime enrollees. If you refer a beneficiary

living near an MTF (within a 60-minute drive time) for specialty care or procedures requiring prior authorization, Humana Military Healthcare Services, Inc. (Humana Military) will first attempt to coordinate the care at the MTF.

If the MTF can provide the necessary services, Humana Military will complete the referral to the MTF and advise the beneficiary to contact the MTF to schedule an appointment. If the MTF refuses the referral request or does not respond in a timely manner, Humana Military will refer the beneficiary to a civilian network provider. ■

Network Providers Are an Integral Part of the Military Health System

TRICARE Management Activity's (TMA's) Health Program Analysis and Evaluation Directorate monitors TRICARE customer satisfaction through surveys such as the TRICARE Outpatient Satisfaction Survey (TROSS). The TROSS is triggered by an outpatient encounter. One of the metrics measured by this survey is "Perception of the Military Health System (MHS)". This metric is a composite score of answers to two statements: (1) "I am a partner with my health care team. They know and care about improving my health," and (2) "It feels like the MHS was designed just for me." The answers possible for both questions range from "no opinion" to "strongly agree." In the 12-month period ending in January 2011, the percent of beneficiaries in the South Region who "somewhat" or "strongly" agreed with these statements were 60.3 percent for encounters with civilian providers. The second statement, "It feels like the MHS was designed just for me," had the lower satisfaction rate of these two statements by approximately 20 percentage points.

In the MHS, health care is provided to TRICARE beneficiaries through military treatment facilities (MTFs) and/or civilian network providers. These providers work

together to support the health care needs of TRICARE beneficiaries. TRICARE contractors develop the civilian network to provide health care that supplements the care provided in the MTFs.

Network providers are an integral part of the MHS. TMA is very proud of the network providers who provide care to our TRICARE beneficiaries. Thank you for continuing to provide exceptional care to our beneficiaries and taking every opportunity to assist in improving the perception of the MHS. ■

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TRICARE Office and Appointment Access Standards

TRICARE appointment access standards ensure that beneficiaries receive timely care within a reasonable distance from their homes. Emergency services must be available 24 hours a day, seven days a week. Network and military treatment facility providers must adhere to the following access standards for nonemergency care:

- Urgent care or acute illness appointment: one day (24 hours)
- Routine care appointment: one week (seven days)
- Specialty care appointment: four weeks (28 days)
- Preventive care appointment: four weeks (28 days)
- Initial behavioral health care appointment with a behavioral health care provider:
 - Routine behavioral health care appointment: one week (seven days)
 - Urgent behavioral health care appointment: one day (24 hours)

Office wait times for nonemergency care appointments shall not exceed 30 minutes, except when the provider's normal appointment schedule is interrupted due to an emergency. If you are running behind schedule, your office should notify TRICARE patients of the cause and anticipated length of the delay, and offer to reschedule the appointment. Patients may choose to keep the scheduled appointment.

Missed Appointments

TRICARE regulations do not prohibit providers from charging missed appointment fees. TRICARE providers are within their rights to enforce practice standards, as stipulated in clinic policies and procedures, that require beneficiaries to sign agreements to accept financial responsibility for missed appointments. TRICARE does not reimburse beneficiaries or providers for missed appointment fees. ■

Perceived Delays in Requesting Referrals

In a continued effort to provide quality health care and services, Humana Military Healthcare Services, Inc. (Humana Military) has a grievance process that gives beneficiaries the opportunity to report, in writing, a perceived failure by a member of the health care delivery team, including network providers and contractor or subcontractor personnel. Grievances may relate to either the quality of care or the timeliness of the service provided. Recently, Humana Military has seen an increase in beneficiary grievances reporting delays by providers in submitting requests for specialty referrals.

Humana Military has several options for you to submit referrals:

- The fastest and most efficient method is to use the MyHMHS for Providers portal at www.humana-military.com. In many cases, this automated service provides immediate response and confirmation.
- You can fax a completed *Patient Referral Authorization Form* (PRAF) to 1-877-548-1547.
- For behavioral health referrals and authorizations, call ValueOptions® at 1-800-700-8646.

Humana Military encourages online submissions as the most convenient and quickest way to obtain a referral. Using the provider portal may help eliminate beneficiaries' perception of delays in submitting referral requests.

When submitting a referral, please remember your local military treatment facility (MTF) has the right of first refusal for TRICARE Prime beneficiaries and may schedule the patient to be seen by one of their specialists. If the MTF is unable to accept the patient, referral requests must be made to network providers. If you request a non-network provider, the referral will require review, which will slow the process. Additionally, use of non-network providers could mean that the patient will incur higher costs.

Some referrals may be authorized from one specialty care provider to another, bypassing the need to get another PCM referral. Specialist-to-specialist referrals apply only when a valid "Evaluate and Treat" referral from the PCM was previously authorized for the episode of care. Specialist-to-specialist referrals cannot be made for active duty service members. ■

Retroactive Referral Requests in TRICARE Prime

To ensure the delivery of cost-effective care, Humana Military Healthcare Services, Inc. (Humana Military) is actively enforcing its policy for handling retroactive (or “retro”) referral requests.

A retro referral request occurs when a TRICARE Prime beneficiary has chosen to seek specialty care without a referral from his or her primary care manager (PCM), or when the beneficiary has been directed to seek specialty care without first obtaining an approved referral. Additionally, in some instances, a beneficiary has been seeing a specialist for a period of time and the approved referral has run out, with the patient being unaware that additional visits must be requested on the existing referral or that a new referral is needed.

In most cases, a retro referral request comes back to the PCM after the beneficiary has incurred point-of-service (POS) charges, with higher out-of-pocket costs, for not having a referral.

Aside from emergency care, whenever a TRICARE Prime beneficiary seeks specialty care without a pre-approved referral on file, Humana Military is required to verify that the PCM intended to send the patient for specialty services. The only way to provide this verification is to ask for a copy of provider notes or physician orders. This step may require additional work and expense and may result in no change in outcome, meaning that the claim will still be processed as POS.

When beneficiaries request retro referrals, Humana Military recommends that you remind them there is no provider obligation to complete these referrals if they sought specialty care without pre-approved referrals. Humana Military is also providing information to beneficiaries to make them aware of these requirements. Thank you for your support. ■

Improved Self-Service Options in 2012

Communications continue to change as new technology is refined and made available. Not long ago, almost all transactions related to patient appointments, eligibility verification, referral requests and finding providers were made by phone. Now, it is often easier, faster and more convenient to use self-service Web or interactive voice response (IVR) options—effectively eliminating the delays and miscommunications—for providing immediate solutions. Humana Military Healthcare Services, Inc. (Humana Military) will further improve Web and IVR services during 2012, showing you and your staff that self-service is the way to go.

If you have already registered for the secured provider portal at www.humana-military.com, you have rapid, accurate access to existing referrals, requesting new referrals (with much of the information prefilled for you), eligibility

verification, pharmacy data by patient and claim status. By accessing the secure portal, you and your staff are able to complete TRICARE transactions 24 hours a day, seven days a week with the click of a mouse. It is safe, secure, convenient and fast. If you have not already, take a moment to go online at www.humana-military.com, click on the provider portal and enroll today.

Beginning in 2012, Humana Military will be asking providers who call in for assistance to begin moving toward using our self-service features exclusively for referrals, claims and eligibility information—either through the IVR system or the website. So don't delay—make the move to self-service today. ■

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1-800-444-5445

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

Behavioral Health
1-800-700-8646

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

TRICARE Web Site
www.tricare.mil



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To the South Region TRICARE Providers

Over the past few years, Humana Military Healthcare Services, Inc. (Humana Military) has provided you with some testimonials from TRICARE beneficiaries who recognize all you do to ensure their health care needs are met efficiently and completely. This year, Humana Military’s Provider Education and Relations Department wishes to express appreciation and thanks to all the providers in the South Region for exceptional service to those beneficiaries.

Humana Military is aware of your interest in understanding the TRICARE program and your commitment to caring for this deserving military population. TRICARE network providers work with beneficiaries and help them understand what their health care coverage entails. You have stepped up your customer service by making yourselves familiar with a unique and mobile clientele.

Service members and their families, whether retired or active, view their health care coverage as an entitlement

in compensation for the hardships that come with being in the military. TRICARE beneficiaries may move from post to post, or base to base, on an average of once every three years—not including the numerous deployments into harm’s way for the service member, who could be away from family for up to a year at a time. It is very important for providers to maintain a good working relationship with the local military treatment facility to jointly support military families.

At this time of year, Humana Military would like to offer a big “thank you” to all of the primary care managers, specialists, hospitals, behavioral health providers and allied health providers who have worked hard to meet beneficiaries’ needs in a timely and effective manner. Humana Military looks forward to a continued partnership in delivering the best health care for TRICARE beneficiaries. ■