NOVEMBER 2020

TRICARE® Provider NEWS

ISSUE HIGHLIGHTS

hnfs HEALTH NET FEDERAL SERVICES

TRICARE®

Preview the 2021 Provider Handbook Soon

Beginning Dec. 1, 2020, the 2021 TRICARE West Region Provider Handbook will be available to preview online at **www.tricare-west.com** > *Provider* > *Resources* > *Handbook, Manuals & Charts.* This handbook is reviewed and updated annually, and contains important information regarding the TRICARE program. As a component of the Health Net Federal Services, LLC (HNFS) West Region Network Provider Participation Agreement, we encourage you to review the handbook in its entirety.

Changes to TRICARE programs are continually made as public law, federal regulation, and HNFS' managed care support contract are amended. Continue to visit **www.tricare-west.com** for the most up-to-date information.

Open Season 2020

During the 2020 TRICARE Open Season, eligible beneficiaries will have the option to enroll in or change their TRICARE Prime or Select health plan. Open Season is the only time beneficiaries can switch or enroll in a TRICARE Prime or Select plan, unless they have a qualifying life event. The 2020 TRICARE Open Season runs Nov. 9–Dec. 14, 2020, with plan changes effective Jan. 1, 2021. Encourage your patients to visit **www.tricare.mil/openseason** for additional information.

Did You Know?

No-Cost Flu Vaccine Available for TRICARE Patients

Flu season is coming, and the Centers for Disease Control and Prevention (CDC) recommends anyone six months old and up get an annual flu shot, unless they have a medical condition that prevents them from getting one. High-risk populations, including pregnant women, children under five, adults 65 and older, and those with underlying medical conditions, are especially encouraged to get their flu shot.

TRICARE beneficiaries can get the flu vaccine at no cost one of three ways:

- At a military hospital or clinic
- At a participating network pharmacy
- From a TRICARE-authorized provider (a separate office visit copayment may apply)

TRICARE Prime beneficiaries do not need a referral when seeing network providers. Active duty service members require a referral when seeing any provider other than their primary care manager.

Learn more at **www.tricare-west.com** > *Provider* > *Benefits A–Z* > *Flu Vaccine*.

Line of Duty Authorizations

National Guard and Reserve service members who become ill or injured while on active duty may be eligible for line of duty (LOD) care, if approved by their branch of service. Health Net Federal Services, LLC (HNFS) works with the Defense Health Agency Military Medical Support Office (DHA-MMSO) to coordinate any care needed by West Region civilian providers. If you have questions about a service member's authorized LOD care, please contact HNFS directly and not DHA-MMSO. We can research on your behalf and follow up as appropriate.

Please review the following about LOD authorizations:

- DHA-MMSO will submit a request to HNFS when care must be coordinated outside a military clinic or facility.
- HNFS will review the request and approve care as appropriate.
- Referrals from DHA-MMSO are typically valid for 365 days.
- Prior authorization from HNFS or DHA-MMSO is not required for emergency or urgent care related to the LOD incident.

Beneficiaries eligible for LOD care may show ineligible in the Defense Enrollment Eligibility Reporting System (DEERS) since they are only approved for care related to the specific injury or illness incurred while on duty. It is the responsibility of the beneficiary and his/her unit medical representative to ensure the LOD eligibility documents are submitted to DHA-MMSO prior to being seen by a civilian provider.

Treating providers should not reach out to DHA-MMSO for additional information. Instead, contact HNFS and we will assist as needed. Additionally, when submitting your requests to HNFS, please be sure to indicate line of duty on your request.

For more information on line of duty care, visit **www.tricare-west.com** > *Provider* > *Authorizations* > *How Do I … Review Line of Duty (LOD) Care.*

Navigating the COVID-19 Pandemic

The current COVID-19 pandemic has brought many changes and uncertainty to how we operate every day. It is important to stay up-to-date so you can provide the best care for your TRICARE patients. Here are some helpful tips:

Resources

Don't miss out on updates! The Centers for Disease Control and Prevention (CDC), Health Net Federal Services, LLC (HNFS) and the Defense Health Agency (DHA) continue to offer important information. For the most up-to-date information on COVID-19, visit www.cdc.gov/COVID19. Find additional provider resources specific to TRICARE at **www.tricare-west.com/go/COVID19** and **www.tricare.mil/coronavirus**.

Telemedicine

Help beneficiaries and other providers locate you as a telemedicine provider by updating your Network Provider Directory listing. Use our TRICARE Provider Group Roster Template, available at **www.tricare-west.com** > *Provider* > *Forms*, to let us know which providers in your practice offer video telemedicine services. (If you use a different template, please indicate on it who offers telemedicine services.)

Submit completed rosters to **PDMRoster@hnfs.com**. Groups with delegated credentialing agreements should submit rosters to their HNFS compliance auditor.

While TRICARE is temporarily allowing for audio-only telehealth, at this time, directory search results will only include providers who offer video telemedicine services. As such, please only identify on your roster those providers who offer video telehealth.

Directory Details

Has COVID-19 impacted your location, contact information, telehealth availability, or accepting new patients status? During this time, please review your Network Provider Directory listing to ensure your demographic information is up-to-date. You can use our Update Demographics tool at **www.tricare-west.com** > *Provider* to make most changes if necessary.

Visit **www.tricare-west.com** > *Provider* > *Resources* > *Frequently Asked Questions* > *Network Providers* for answers on how to change information that cannot be updated using the online Update Demographics tool.

Home Health Value-Based Purchasing Demonstration

In 2016, the Centers for Medicare & Medicaid Services (CMS) rolled out a Home Health Value-Based Purchasing (HHVBP) model for home health agencies (HHAs) in nine U.S. states, four of which are in the TRICARE West Region. The HHVBP offers financial incentives to HHAs who perform efficient, higher quality care. Retroactive to Jan. 1, 2020, TRICARE has adopted Medicare's HHVPB under its HHVPB Demonstration. Please refer to TRICARE Operations Manual, Chapter 29, Section 6.

Release of Home Health Agency Claims

In anticipation of the PDGM pricing, HNFS held all home health agency claims in the West Region so providers wouldn't have to re-submit claims while we were completing necessary system updates. We are happy to report that as of September 2020, held home health agency claims have been released.

Participation in the demonstration is mandatory for all TRICARE-authorized HHAs (network and non-network) that are Medicare-certified and provide services in Arizona, Florida, Iowa, Maryland, Massachusetts, Nebraska, North Carolina, Tennessee, and Washington effective for calendar year 2020.

Under the HHVBP model, CMS determines a payment adjustment based upon the HHA Total Performance Score (TPS), a measurement of quality performance. This payment adjustment applies to all TRICARE HHA PPS claims, including the Patient-Driven Groupings Model (PDGM). For information on quality measures and methodologies used for calculating the payment adjustment factor, go to **https://innovation.cms.gov/initiatives/home-health-value-based-purchasing-model**.

A payment adjustment report or PAR is provided once a year to each of the HHAs by CMS. HHAs that provided services in the above-listed states must submit TPS and PAR reports to the appropriate TRICARE contractor by Dec. 31 each year in order to avoid financial penalty.

Please submit your reports to us using the "Upload a Document" feature at **www.tricare-west.com** (log in required) or via postal mail or fax:

TRICARE West PDM Correspondence
PO Box 202106
Florence, SC 29502-2106
Fax: 1-844-730-1373

For more information on HHVBP, visit **www.tricare-west.com** > *Provider* > *Claims* > *Review Billing Tips* > *Home Health.*

Use of Expired Uniformed Services ID Cards Extended

Due to restrictions in access to military installations and therefore Uniformed Services identification (USID) card renewal services, the Department of Defense is allowing beneficiaries to use USID cards that expired on or after Jan. 1, 2020. This temporary policy has been extended through June 30, 2021. As such, you may continue to encounter expired USID cards.

The Defense Enrollment Eligibility Reporting System (DEERS) continues to be the source of TRICARE eligibility. Our Eligibility & Deductible tool at **www.tricare-west.com** > *Provider* offers real-time DEERS eligibility verification.

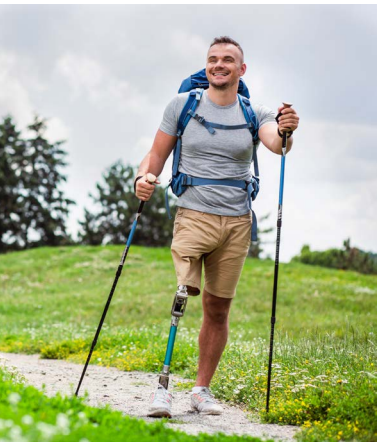
TRICARE's Right of First Refusal

As a TRICARE requirement, when a TRICARE Prime beneficiary is referred for specialty care, HNFS will first attempt to coordinate care at a military hospital or clinic, even if the beneficiary is enrolled to a civilian primary care manager. This process is known as TRICARE's right of first refusal. Providers should include as much clinical documentation or details as possible when submitting referrals to HNFS in order for the military hospital or clinic to reasonably determine if they have the ability to effectively treat the beneficiary.

Be sure to review the details of determination letters issued by HNFS with your TRICARE patients. Each determination letter issued by HNFS will specify the approved specialty provider. If a beneficiary sees a different specialty provider, Point of Service charges may apply.

Claims Tips

Durable Medical Equipment Reimbursement and CARES Act Impact to Rates



Earlier this year, the Centers for Medicare and Medicaid (CMS) posted revised durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) rates following the passage of the Coronavirus Aid, Relief, and Economic Security (CARES) Act. TRICARE implemented CMS' fee schedule on May 18, 2020. The special April DMEPOS rate update posted at **www.health.mil** incorporated these revised rates.

If you would like to request a claim review on an already-processed DMEPOS claim, mail or fax Health Net Federal Services, LLC (HNFS) within 90 calendar days of the date on the beneficiary's TRICARE Explanation of Benefits or the provider remittance.

Learn more about submitting claim reviews at **www.tricare-west.com** > *Provider* > *Claims* > *How Do I …* *Request a Claim Review.*

Coding Update for Portable CPAPs

Last year, the Defense Health Agency (DHA) expanded the Continuous Positive Airway Pressure (CPAP) benefit under the Supplemental Health Care Program to allow active duty service members (ADSMs) who meet specific criteria to get portable CPAP machines when authorized (ADSMs require prior authorization for all CPAP devices).

We previously advised you we were working with DHA and the TRICARE East Region contractor, Humana Military, on a universal modifier specific to portable CPAPs for billing purposes. It has since been determined a universal modifier will not be established. Providers should continue to bill using Healthcare Common Procedure Coding System (HCPCS) code E1399 for portable CPAP claims with dates of service on or after May 20, 2020.

Learn more about TRICARE's CPAP benefit, including authorization details, at **www.tricare-west.com** > *Provider* > *Benefits & Copays* > *Benefits A–Z* > *CPAP.*

Benefit Corner

Laboratory Developed Tests Demonstration Project Extended

Earlier this year, TRICARE announced the extension of its Laboratory Developed Test (LDT) Demonstration Project through July 2023. LDTs are diagnostic tests designed, manufactured and used by a single laboratory. For an LDT to be considered for coverage under TRICARE, it must meet specific requirements.

Health Net Federal Services, LLC (HNFS) authorizes LDTs in accordance with the TOM, Chapter 18, Section 3. Providers who perform LDT procedures more than once should use the appropriate modifiers and the claim will be processed accordingly. Claims submitted without prior authorization and/or a completed LOA will be denied.

For complete benefit details, including coverage requirements and prior authorization information, visit **www.tricare-west.com** > *Provider* > *Benefits and Copays* > *Benefits A–Z* > *Laboratory Developed Tests (LDTs).*

Prime Travel Benefit for Specialty Care

The TRICARE Prime Travel Benefit offers reimbursement to certain beneficiaries enrolled in TRICARE Prime or TRICARE Prime Remote who are referred to specialists 100 or more miles away. In order to qualify, there must be supporting clinical documentation confirming specialty care within 100 miles was not available.

How it works

TRICARE patients referred for non-emergent, medically necessary specialty care over 100 miles (one way) from their primary care manager's (PCM's) office, may be eligible to receive reimbursement for reasonable travel expenses under TRICARE's Prime Travel Benefit.

Who qualifies

Active duty family members, retired service members and their families, Medal of Honor veterans and their families, and any other non-active duty beneficiaries may qualify for this benefit if they:

- Are enrolled in TRICARE Prime or TRICARE Prime Remote at the time of travel,
- Have a valid PCM referral/authorization for specialty care, and
- Have confirmed there are no other network, non-network, or military hospital or clinic providers within 100 miles from their PCM who meet their treatment needs.

Your role

Prior to sending TRICARE Prime patients to a specialty provider more than 100 miles away, you must first verify there is not a suitable provider within 100 miles that can treat the patient. The referral or clinical documentation submitted with your request must indicate why a closer provider could not meet the patient's needs. Keep in mind, patient/provider preference is not a valid reason.

We encourage you to use our online network directory to help you locate local specialty providers for your TRICARE patients.

Find more information about the Prime Travel Benefit at **www.tricare.mil/primetravel**.

Prescription Monitoring Program to Include Review of Provider Prescribing Practices

TRICARE's Prescription Monitoring Program (PMP) helps identify patients who may need assistance due to a higher use of controlled substances. Earlier this year, the Defense Health Agency (DHA) expanded this program to include a review of prescribing providers, to help identify and prevent unnecessary prescribing or over-prescribing of controlled substances, such as opioids.

Under the revised PMP, Express Scripts, Inc., DHA and regional TRICARE contractors will coordinate a quarterly review of beneficiaries who were prescribed controlled substances and of the providers who prescribed them. Concluding the review, Health Net Federal Services, LLC (HNFS) will determine if there is a need for a beneficiary support plan. Support plans may include case management, pain management, mental health services, and restrictions to medications.

Additionally, HNFS medical directors will review prescribing practices based upon industry best practices and clinical practice guidelines. Providers who fall outside of what are considered normal prescribing patterns may be contacted by HNFS.

Examples of additional support provided include:

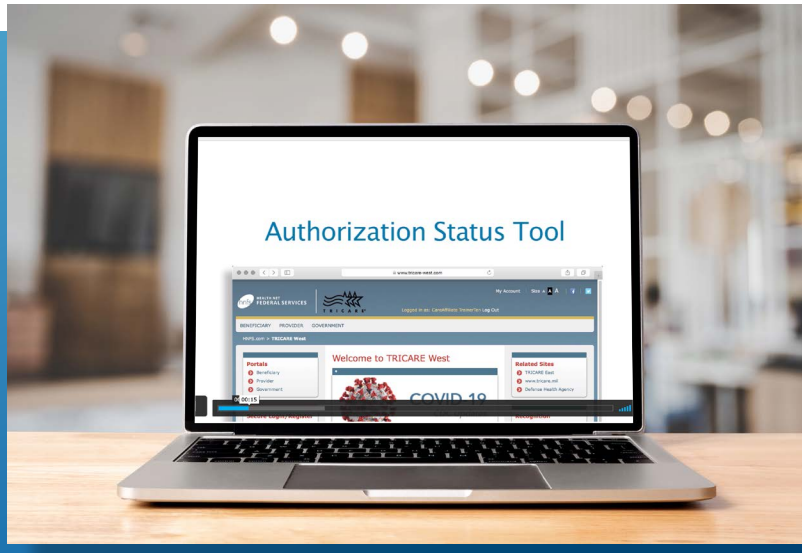
- Education to include TRICARE covered benefits that may complement treatment, such as substance use disorder and mental health treatment, alternative pain-related treatments; and
- Training for programs such as national and state Prescription Drug Monitoring Programs (PDMP) and the Substance Abuse and Mental Health Services Administration (SAMHSA).

Use our PMP web tool to easily determine if your TRICARE patients have any prescription restrictions.

The Centers for Disease Control and Prevention (CDC) has written the Guideline for Prescribing Opioids for Chronic Pain to assist providers in determining the appropriate time to introduce and ways to manage opioids for the treatment of pain.

Find additional information on TRICARE's PMP at **www.tricare-west.com** > *Provider* > *Benefits A–Z* > *Pharmacy* and at **www.express-scripts.com/TRICARE** > *Help* > *Healthcare Professionals*.

New to Our Online Check Authorization Status Tool? We Have Resources to Help You Get Started!



As a busy provider, we understand the importance of being able to conduct your business quickly and easily. That's why we offer resources to help you learn about checking authorization status online in just minutes.

For our video tutorial, visit **www.tricare-west.com** > *Provider* > *Education … TRICARE Webinars/Online Education.*

To view the printable guide, visit **www.tricare-west.com** > *Provider* > *Education … Quick Reference Charts.*

Emergency vs. Urgent Care

As a practitioner, there are many things you can do to ensure your TRICARE patients get the right care when and where they need it.

One way to help is by educating your patients on the difference between emergent and urgent. Care that does not threaten life, limb or eyesight, but needs attention to prevent it from becoming a serious risk to health is known as urgent care. If you aren't able to provide urgent care needed, encourage your patients to use an urgent care or convenient care clinic when appropriate, instead of the emergency room.

While approval from HNFS for emergency care is not required, patients using urgent care should pay attention to the following referral rules:

- **TRICARE Prime beneficiaries:** Except for active duty service members, TRICARE beneficiaries enrolled in TRICARE Prime do not need a referral for urgent or emergent care when seeing a network or non-network urgent care center or a network primary care type provider. Should a TRICARE Prime patient need follow-up care with a specialist, that care must be coordinated with the patient's PCM to avoid higher out-of-pocket costs.
- **Active duty service members enrolled in TRICARE Prime** still require a referral for urgent care; however, ADSMs enrolled in TRICARE Prime Remote do not require a referral due to their remote location.
- **TRICARE Select, TRICARE For Life and beneficiaries with other health insurance:** No referral is required for urgent or emergent care. Beneficiaries are encouraged to notify their family physician of any emergency room visits.

Remind your TRICARE patients to contact your office first for guidance when they need non-emergent care. Make sure patients know who to contact after hours or on weekends.

TRICARE beneficiaries have access to the MHS Nurse Advice Line 24/7. The MHS Nurse Advice Line is staffed with nurses who can answer questions about urgent care, help explain symptoms, assist with finding local urgent or emergency care facilities, and schedule an appointment at a military hospital or clinic. Find more information at **www.mhsnurseadviceline.com**.

For more information on urgent and emergency care, visit **www.tricare-west.com** > *Provider* > *Benefits & Copays* > *Benefits A–Z.*

Did you know?

If a TRICARE Prime patient is seen in an urgent care center and the treating provider recommends a specialty care follow-up, the patient's primary care manager (PCM) must be the one to submit the referral request. Otherwise, the patient may have to pay Point of Service costs. It is the PCM's responsibility to submit specialty referral requests to HNFS, when required.

Submitting Patient Encounter Reports to Referring Military Providers

Are you treating a TRICARE patient who was referred by a military hospital or clinic? One requirement of TRICARE network providers is to submit consultation reports, operative reports and discharge summaries – also known as clear and legible reports or CLRs – to referring military hospitals or clinics within specified time frames. The requirement to submit CLRs applies to care referred by a military hospital or clinic, and to care received at an urgent care center.*

Why send CLRs?

- They help expedite treatment and ensure continuity of care for your TRICARE patients.
- They meet The Joint Commission standards.

A Health Net Federal Services, LLC representative will reach out to offer education and assistance to providers who fail to submit required CLRs.

Find CLR submission details, including submittal time frames and our CLR Fax Matrix at **www.tricare-west.com** > *Provider* > *Take Me To … Clear and Legible Reports.*

* Network urgent care centers should submit CLRs to the beneficiary's assigned military hospital or clinic, as there may not be a referring provider.

Mental Health Care Follow-up

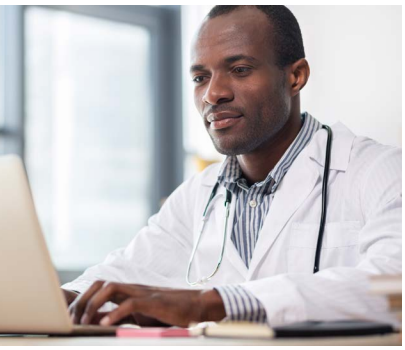
Appropriate mental health follow-up care after a psychiatric inpatient stay helps reduce the risk of a repeat hospitalization and identifies patients in need of additional interventions before they reach a crisis point. Primary care managers (PCMs) and specialists can help improve continuity of care for TRICARE beneficiaries after discharge for a mental health hospitalization by:

- Encouraging beneficiaries who may call you after a mental health inpatient hospitalization to see a mental health practitioner within one week of leaving the hospital. An outpatient visit with a mental health practitioner is recommended to support a patient's transition to home or work, as well to reinforce gains made during the hospitalization.
- Educating the patient about the importance of keeping the appointment so they can avoid readmission and continue to make progress.
- Providing the patient with detailed information about the follow-up visit and address any known obstacles that would prevent that future visit. The follow-up visit also helps healthcare providers detect early post-hospitalization reactions or medication problems, and demonstrates continuing care.
- Expressing interest in the mental health treatment plan. Asking beneficiaries to have their mental health practitioner share clinical information with you.

Your support during and after a psychiatric hospitalization has a powerful impact on the overall health of our beneficiaries.

Choosing Wisely®

Physician Education Opportunities



Through the *Choosing Wisely* campaign, the American Board of Internal Medicine Foundation funded the Drexel University College of Medicine to develop a set of interactive instructional modules. The reason behind developing these modules was to help enhance physician and patient communication around specialty society recommendations and evidence-based medicine guidelines.

Nine medical societies collaborated to develop ten Physician Communication Modules. The modules can be used to facilitate discussions on how to decrease utilization of "low-value" services, build trust with patients by addressing patient attitudes and educate patients that more care is not necessarily better care.

Each module includes:

1. Information about *Choosing Wisely*,
2. An introduction and rationale for the specialty campaign,
3. Pre- and post-module assessments,
4. Key recommendations,
5. References, and
6. Patient-friendly handouts.

Through these modules, providers can acquire key skills on how to communicate evidence-based guidelines clearly, develop empathy and overcome barriers in delivering high-value health care.

Visit **www.choosingwisely.org** > *Getting Started* > *Resource Library* > *Physician Communication Modules* to access all the modules. Learn more about Choosing Wisely at **www.tricare-west.com** > *Provider* > *Resources* > *Wellness* > *Choosing Wisely*.

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CONTACTS

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1-844-866-WEST (1-844-866-9378)
www.tricare-west.com

Express Scripts, Inc.
Pharmacy inquiries
1-877-363-1303
www.express-scripts.com/TRICARE

PGBA, LLC
EDI/EFT Help Desk
1-800-259-0264

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