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TRICARE® Provider NEWS

ISSUE HIGHLIGHTS

- 2022 TRICARE Provider Handbook and Quick Reference Guides
- Beneficiary Costs and Fees Update for 2022
- Check Patient Eligibility in the New Year
- COVID-19 Vaccine Update
- COVID-19: Monoclonal Antibody Treatment to Help Prevent Hospitalization
- The TRICARE Formulary Search Tool: Help your Patients Understand their Prescription Options
- Pharmacy Network Update
- CareAffiliate® for Authorization and Referral Requests
- Accepting (or Not Accepting) New Patients? Updated Process for Letting HNFS Know
- Do We Have Your Correct Fax Number?
- Childbirth and Breastfeeding Support Demonstration
- Autism Care Demonstration: Annual Provider Training
- Choosing Wisely® Addressing Perinatal Depression
- Telemedicine Options for West Region Beneficiaries
- Appropriate Testing for Pharyngitis
- Submitting Patient Encounter Reports to Referring Military Providers

2022 TRICARE Provider Handbook and Quick Reference Guides

The 2022 **TRICARE West Region Provider Handbook** (Handbook) is now available online. The Handbook was developed to provide you with a comprehensive guide to TRICARE program specifics and TRICARE West Region contract requirements, policies, and procedures that affect the way you deliver and coordinate services. Providers are required to review the Handbook in its entirety as a component of their TRICARE Provider Agreement. The Handbook is updated annually and as required; however, TRICARE program changes and updates may be communicated periodically through TRICARE Provider News and other notifications. Be sure to visit **www.tricare-west.com** for the latest program information.

Don't forget! We offer printable reference guides on topics such as authorizations and referrals, updating demographics, claims, benefits, eligibility, mental health care, and active duty/National Guard and Reserve. Check out our 2022 suite of materials at **www.tricare-west.com**.

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TRICARE®

Beneficiary Costs and Fees Update for 2022

Effective Jan. 1, 2022, certain TRICARE copayments, cost-shares and other beneficiary out-of-pocket costs have changed. Updates include, but are not limited to, minor increases to the outpatient primary, specialty, urgent care, and emergency room copayments, and inpatient admission costs. The annual deductible and catastrophic cap amounts also increased slightly for certain plans. View complete **copayment and cost-share details**.

Check Patient Eligibility in the New Year

Health Net Federal Services, LLC (HNFS) reminds you to verify which plan your TRICARE patients are enrolled in for 2022, as it may have changed. TRICARE Prime and TRICARE Select have different referral requirements and cost structures. For example, if you have a patient who had TRICARE Select last year, but enrolled in TRICARE Prime this year, a referral for specialty care may now be required.

Verify TRICARE patient eligibility one of three ways:

1. Log in to the HNFS website at **www.tricare-west.com**. Be sure to retain a printout of the eligibility verification screen for your files.
2. Use the self-service prompt when calling 1-844-866-WEST (1-844-866-9378).
3. Submit an electronic data interchange (EDI) transaction.

COVID-19 Vaccine Update

Variants continue to spread, especially in areas where vaccination rates are low. Continue to encourage COVID-19 vaccination for your patients. TRICARE covers age-appropriate vaccines in accordance with Centers for Disease Control and Prevention (CDC) guidelines. Prior authorization is not required. Visit our **Benefits A–Z** section for benefit details and updates. Guidance may change rapidly. Please review current CDC and TRICARE guidance regularly.

- **Children and teens:** The CDC recommends **children ages 5 and older get a COVID-19 vaccine**. The Pfizer vaccine is approved for children ages 5-17, with a pediatric dose to be given to those ages 5-11. The pediatric dose is one-third of the adult dose and administered with smaller needles designed specifically for children.
- **Third doses and boosters:**
  - The CDC recommends a **third dose of the Pfizer or Moderna vaccine** for those who have certain immunocompromising conditions. The third dose is to be given 28 days after second dose.
  - The CDC recommendations for **COVID-19 booster shots** vary based on age, medical history and vaccine type. Boosters are to be given six months after the Pfizer or Moderna series, or two months after the Johnson & Johnson (Janssen) vaccine. Current CDC guidelines allow for "mix and match" for booster doses.
- **COVID-19 vaccines and pregnancy:** The **CDC recommends COVID-19 vaccination for women** who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future.
- **Flu and COVID-19 vaccines:** The **flu and COVID-19 vaccines** can be given together.

COVID-19: Monoclonal Antibody Treatment to Help Prevent Hospitalization

According to the US Department of Health and Human Services (HHS), high-risk COVID-19 patients may avoid hospitalization with monoclonal antibody treatment. Per the FDA's Emergency Use Authorization (EUA) for COVID-19 monoclonal antibodies, high-risk includes those individuals age 12 years and older who have a medical condition or other factor that puts them at risk for severe COVID-19 progression and/or hospitalization.

- Patients must have a positive COVID-19 test or COVID-19 exposure, be at high-risk for clinical progression, and not had symptoms for more than 10 days.
- A physician's order (for example, a prescription) with the EUA indication for treatment is needed for the facility providing the infusion.
- A referral is required for TRICARE Prime patients to avoid Point of Service (POS) charges. Providers may submit an urgent request to HNFS.
- TRICARE policy requires prior authorization for monoclonal antibody infusion therapy administered in the home under the home infusion benefit.

Currently, there are two locators – one kept by HHS and another by the National Infusion Center Association (NICA) – for providers and military hospitals and clinics to check for local facilities that are providing COVID-19 monoclonal antibody infusion:

- HHS locator – Visit **https://protect-public.hhs.gov/pages/therapeutics-distribution** OR call 1-877-332-6585 for English, or 1-877-366-0310 for Spanish
- NICA locator – Visit **https://infusioncenter.org/infusion_resources/nica-monoclonal-antibody-therapies/**

For more information on this treatment, visit the HHS website at **CombatCOVID.hhs.gov.**

The TRICARE Formulary Search Tool: Help your Patients Understand their Prescription Options

The **TRICARE Formulary Search Tool** is an online tool that gives information about a medication. Using the tool, you and your TRICARE patients can learn the best ways to fill prescriptions so they can make informed choices when it comes to their medication therapy.

To get started, visit the **TRICARE Formulary Search Tool**. Type in the brand name or generic name and strength of the medication in question. You will also need to enter the gender and age of the person the prescription is for. A medication search will show:

- Information about the drug and where it can be filled (see options below)
- Coverage rules or requirements, such as if the medication requires prior authorization and medical necessity forms
- Drug alternatives, such as generic or brand name drugs
- Drug copayment (if applicable) at military pharmacies, home delivery through Express-Scripts and retail network pharmacies

The **TRICARE Formulary Search Tool** helps patients choose the right pharmacy to fill a medication and helps them understand specific costs for their drug options.

Pharmacy Network Update

As of Dec. 15, 2021, CVS Pharmacy has joined the TRICARE network. At the same time, Walmart, Sam's Club, and some community pharmacies left the network.

Express Scripts, the TRICARE pharmacy contractor, notified beneficiaries who filled prescriptions at the pharmacies that are now non-network. Beneficiaries who continue to fill prescriptions at Walmart, Sam's Club or one of the affected community pharmacies will have to pay the full cost of the prescription up front and file a claim for partial reimbursement at non-network costs.

Beneficiaries are encouraged to visit **www.esrx.com/findapharmacy** to find network pharmacies in their area.

For additional information on TRICARE's pharmacy benefit, visit **militaryrx.express-scripts.com** and **www.tricare.mil/pharmacy**.

CareAffiliate® for Authorization and Referral Requests

If you are not yet using CareAffiliate to submit your referral and authorization requests to HNFS, we encourage you to take another look. Why CareAffiliate? Here are just some of the key features:

- Get an immediate response
- Use for outpatient and inpatient requests
- Check status
- Save frequently used providers, request profiles and diagnosis lists
- Add attachments*

Log in at www.tricare-west.com to get started. We offer a CareAffiliate Guide to walk you through using this convenient tool.

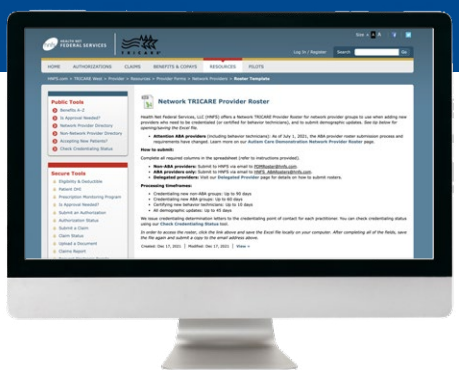
***Tip!** If using Internet Explorer (IE) 11 as your web browser, disable the "Shockwave Flash Object" application in order to submit attachments in CareAffiliate. This does not apply to those who use Chrome, Edge or Firefox as their web browser.

Accepting (or Not Accepting) New Patients? Updated Process for Letting HNFS Know

Beginning Jan. 1, 2022, HNFS is removing its "Accepting New Patients" tool from the provider portal at www.tricare-west.com in an effort to increase security of provider data. Providers are instead directed to include accepting new patient status using the Network TRICARE Provider Roster or by contacting HNFS' customer service team. Timely notification of changes in status are critical in helping provide the best care for our beneficiaries.

To access our Network TRICARE Provider Roster template, visit the "Network Provider" forms section at www.tricare-west.com. Please reach out to your provider network representative if you have any questions. We appreciate your cooperation with this updated process.

We've recently updated our Network TRICARE Provider Roster template. If you have saved an older version, please delete and get the latest from our website.



Do We Have Your Correct Fax Number?

Please help us meet our New Year's goals of improving our data quality and customer experience. Our most common directory error and customer dissatisfier is inaccurate or missing fax numbers for receipt of referral and authorization notifications. Please take a moment to:

1. Visit www.tricare-west.com to view your Network Provider Directory listing.
2. Confirm the fax number listed is the correct one for receiving authorization determination notices.
3. If you need to make a change, let us know by submitting a roster update.

To access our Network TRICARE Provider Roster template and submission instructions, visit the "Network Provider" forms section at www.tricare-west.com.

Benefit Corner

Childbirth and Breastfeeding Support Demonstration

As of Jan. 1, 2022, TRICARE will allow for certified labor doulas, lactation consultants, and lactation counselors – previously excluded as TRICARE-authorized provider types – to provide reimbursable care to TRICARE beneficiaries under its Childbirth and Breastfeeding Support Demonstration. We will be updating our network directory to include these provider types. Beneficiaries and providers can visit **www.tricare-west.com** or contact us should they have questions about how to locate participating providers.

Key things to know:

Eligibility

Stateside TRICARE Prime and Select enrollees

Benefit coverage

- Up to six sessions of breastfeeding (lactation) counseling from a certified lactation consultant or counselor (six total, whether rendered under the demonstration or under the TRICARE basic benefit by a TRICARE-authorized provider such as a physician, physician assistant, nurse practitioner, certified nurse midwife, registered nurse, outpatient hospital or clinic).
- Certified labor doula (CLD) services for pregnant beneficiaries with a gestational age over 20 weeks who are under the care of a TRICARE-authorized provider (for example, obstetrician, certified nurse midwife, etc.).

This demonstration will not be offered at military hospital and clinics.

Provider types and requirements

- Lactation counselors have received specialized training to aid in breastfeeding and infant nutrition from breastmilk, and generally provide breastfeeding counseling to support normal lactation and breastfeeding parents of healthy, full-term infants.
- Lactation consultants have the highest level of breastfeeding training and may be necessary when complex problems surrounding breastfeeding arise.
- Labor doulas, sometimes referred to as birth doulas, aid a birthing parent during the birthing process. They provide support for the birthing parent prior to, during and after labor. Labor doulas are not medical personnel and do not provide medical services, such as examination of the cervix or prescription of medications, and do not give medical advice.

Lactation counselors, lactation consultants and labor doulas must meet the certification requirements outlined in the TRICARE Operations Manual, Chapter 18, Section 11 in order to be reimbursed under the demonstration. Providers interested in joining the TRICARE West Region network may contact us for additional information (additional network requirements apply). Existing network groups who have these provider types should notify us via an updated roster. Non-network applications are available on our **Non-Network Provider** forms page.

Find additional details about the demonstration on our **Benefits A-Z** maternity care page.

Autism Care Demonstration: Annual Provider Training

Effective Jan 1, 2022, all corporate services providers (ACSPs) and sole providers participating in the Autism Care Demonstration (ACD) will be required to complete ACD training annually per the guidelines outlined in the TRICARE Operations Manual, Chapter 18, Section 4. The training, designed to ensure a comprehensive understanding of TRICARE's ACD, addresses every step of the program - from eligibility and diagnosis to discharge planning, medical documentation requirements, and claims/ billing information. While only ACSPs and sole providers are required to take this training, ACSPs and sole providers are encouraged to share this information with their entire staff.

HNFS will assign the training via email in batches beginning in January. The training module will be available on demand 24/7. Once assigned, providers have 90 days to complete the training. Providers who miss the 90-day deadline will be subject to a 10% penalty which will be applied to all claims beginning on day 91 until the training is complete.

Choosing Wisely®

Addressing Perinatal Depression

Depression during and after pregnancy occurs more often than people may realize. Perinatal depression, a depressive disorder occurring during pregnancy or in the first 12 months after delivery, affects as many as 1 in 7 women and is one of the most common complications of pregnancy and the postpartum period. HNFS offers a new provider toolkit – **Pregnancy and Postpartum Care** – that includes printable handouts, patient resources and links to evidenced-based provider screening tools and resources.

Why screen for perinatal depression?

It's important to identify pregnant and postpartum women with depression. Left untreated, perinatal and other mood disorders can have devastating effects, including poor infant care and developmental issues.

Risk factors for developing perinatal depression include:

- personal or family history of depression
- history of physical or sexual abuse
- unplanned or unwanted pregnancy
- current stressful life events
- pregestational or gestational diabetes
- complications during pregnancy

In addition, social factors such as low socioeconomic status, lack of social or financial support, and adolescent parenthood have also been shown to increase the risk of developing perinatal depression.

Several screening instruments have been validated for use during pregnancy and the postpartum period. American Family Physicians recommends the Edinburgh Postpartum Depression Scale or the Patient Health Questionnaire. It's recommended that obstetrician-gynecologists and other obstetric care providers screen patients at least once during the perinatal period for depression and anxiety symptoms. It is also recommended to complete a full assessment of mood and well-being, including screening for postpartum depression and anxiety during the comprehensive postpartum visit. Well-child visits provide yet another opportunity to screen for postpartum depression.

Patients with elevated screening scores should be directed as appropriate to mental health care providers for maximum benefit.

Reference
1. Gavin NI, Gaynes BN, Lohr KN, Meltzer-Brody S, Gartlehner G, Swinson T. Perinatal depression: a systematic review of prevalence and incidence. Obstet Gynecol. 2005;106(5 Pt 1):1071-1083.

Sources:
1. U.S. Preventive Care Services Task Force – Perinatal Depression: Preventive Interventions, located at https://www.uspreventiveservicestaskforce.org/uspstf/document/RecommendationStatementFinal/perinatal-depression-preventive-interventions
2.The American College of Obstetricians and Gynecologists – Committee Opinion. Screening for Perinatal Depression, located at: https://www.acog.org/-/media/project/acog/acogorg/clinical/files/committee-opinion/articles/2018/11/screening-for-perinatal-depression.pdf
3.American Family Physician – Practice Guidelines, 2019 Oct 1;100 (7):443-444. Perinatal Depression: AAP Policy Statement on Recognition and Management. Located at https://www.aafp.org/afp/2019/1001/p443.html .

Telemedicine Options for West Region Beneficiaries

Many beneficiaries may still be concerned about going back to in-person office visits. Encourage your TRICARE patients to use the telemedicine filter in our Network Provider Directory to search for providers offering telehealth services. Do you offer telemedicine at your practice? Be sure to send us an updated roster or contact us to let us know so we can make sure our directory is up to date!

HNFS also partners with the following telehealth providers:

- **Doctor on Demand** (urgent and mental health care)
- **Telemynd** (mental health care)
- **PsychConnect** (mental health care; services available vary by state)
- **HealthLink Now** (mental health care; California and Washington only at this time)

Patient Safety Corner

Appropriate Testing for Pharyngitis

As winter ends and spring begins, pharyngitis becomes a common complaint in many pediatric medical offices[1]. Determining whether pharyngitis is viral or bacterial is crucial in selecting the appropriate treatment. There are certain clues to help identify the source of pharyngitis.

Gastrointestinal distress, throat pain, and pain with swallowing can occur in both types of pharyngitis; however, each type has specific symptoms. For example, viral pharyngitis is characterized by a cough, tonsillar edema and redness, but not necessarily tonsillar discharge[2]. According to the Centers for Disease Control and Prevention (CDC), Strep A bacterial infections present with fever, petechiae on the posterior palate, tonsillar and pharyngeal exudate, but no cough. A rapid strep test performed in the office can assist with diagnosis, but results should be connected to physical assessment findings due to the moderate percentage of children who carry strep, but do not have symptoms and do not require treatment[3].

The CDC recommends not only performing a rapid strep test, but also collecting throat cultures for further determination.

Children with acute strep A pharyngitis require treatment with penicillin (amoxicillin) or a cephalosporin3. When viral pharyngitis is suspected, treatment is limited to symptom relief rather than antibiotics4. The National Committee for Quality Assurance endorses these recommendations and discourages the use of superfluous antibiotics through the Healthcare Effectiveness Data and Information Sets (HEDIS®) measure Children with Pharyngitis (CWP): appropriate testing for children with pharyngitis. Not only are antibiotics ineffective for viral pharyngitis, prescribing them increases health care costs and perpetuates drug-resistant microbes[4].

References
[1] Kalra, M. G., Higgins, K. E., & Perez, E. D. (2016). Common questions about streptococcal pharyngitis. American family physician, 94(1), 24-31. Retrieved September 20, 2021, from https://www.aafp.org/afp/2016/0701/p24.html
[2] Sykes, E. A., Wu, V., Beyea, M. M., Simpson, M. T., & Beyea, J. A. (2020). Pharyngitis: approach to diagnosis and treatment. Canadian Family Physician, 66(4), 251-257. Retrieved September 20, 2021, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7145142/
[3] Norton, L. E., Lee, B. R., Harte, L., Mann, K., Newland, J. G., Grimes, A. G., & Myers, A. L. (2018). Improving guideline-based streptococcal pharyngitis testing: a quality improvement initiative. Pediatrics, 142(1), 1-9. doi:10.1542/peds.2017-2033
[4] Brennan-Krohn, T., Ozonoff, A., & Sandora, T. (2018). Adherence to guidelines for testing and treatment of children with pharyngitis: a retrospective study. BMC Pediatrics (18), Article 43. doi:10.1186/s12887-018-0988-z

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 patient encounter reports – 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 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 on our **Patient Encounter Reports** page.

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