

TRICARE®

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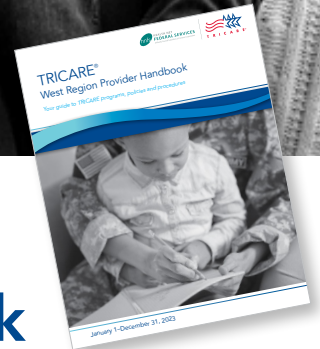
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2023 TRICARE Provider Handbook and Quick Reference Guides

The **2023 TRICARE West Region Provider Handbook** (Handbook) is now available online. We developed the Handbook 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. We encourage all providers who care for TRICARE West Region beneficiaries to review the Handbook. If you are a network provider, please review the Handbook in its entirety as it is a component of your TRICARE Provider Agreement. While we update the Handbook annually, TRICARE program changes and updates may occur throughout the year. We will communicate changes via TRICARE Provider News or 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 latest suite of materials at www.tricare-west.com.



2023 Beneficiary Costs and Fees

Effective Jan. 1, 2023, 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](#) on our website.

Check Patient Eligibility in the New Year

Health Net Federal Services (HNFS) reminds you to verify which plan your TRICARE patients are enrolled in for 2023, 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 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.

How to...With HNFS

How to check if referral or pre-authorization is needed

Before sending a referral or pre-authorization request to Health Net Federal Services, LLC (HNFS), remember to first check if one is needed. With our [Prior Authorization, Referral and Benefit Tool](#), you can determine approval requirements for the services you need with just a few clicks. While this tool does not provide approvals, you are able to print results for your records.

Tip: When entering a specific CPT® or HCPCS code, the results may indicate an authorization is not required; however, a referral to establish an episode of care may still be required depending on the beneficiary's TRICARE plan.

How to submit requests to HNFS

If you do need to submit a referral or pre-authorization request to HNFS for approval, [CareAffiliate®](#) is the preferred submission tool. CareAffiliate can be used for outpatient and inpatient requests and allows you to easily attach supporting documentation. Use our [step-by-step guide](#) if you need help navigating the tool.

How to read HNFS' approval letters

We fax approval letters to the requesting and servicing providers and post them to our secure [Authorization Status](#) tool. Key items to look for include:

- **Approved specialty provider**
- **Patient details** (name, phone number, plan type, date of birth, etc.)
- **Reason for request.** If the services were requested by a military facility, this section is where you'll find the electronic signature statement, "This referral is electronically-signed by the ordering provider." Please accept this statement as the signed order to prevent any delay in beneficiary care.
- **Service type, codes, dates and visits/units**
- **Who requested the services** (facility/individual provider)
- **Fax number for returning consult reports**, if the services were requested by a military facility

Didn't get a letter? You can find copies of our determination letters through our secure [Authorization Status](#) tool. Check out [our Authorization Status guide](#) to learn more. Your TRICARE patients also can access our Authorization Status tool to view and print letters.

For additional information on HNFS' referral and authorization process, visit our [Authorizations](#) page.



Provider Portal Registration to Transition to ID.me

In the coming months, Health Net Federal Services will be transitioning our secure provider portal registration process for www.tricare-west.com to ID.me, a trusted partner to government agencies, health care platforms, financial institutions, and other businesses to verify and authenticate users.

ID.me's identity proofing technology and multi-factor authentication process will help to keep your personal information safe. They specialize in digital identity protection and help us make sure you're you—and not someone pretending to be you—before we give you access to your information.

We will provide additional information about the switch to ID.me before the launch date. Once live, we'll give providers who are currently registered on our website time to switch over to ID.me before we "turn off" our existing website registration process.

To learn more about ID.me and identity proofing, visit www.id.me.



Encourage Patients to Get Their COVID-19 and Flu Vaccines

Flu season is underway, and COVID-19 and its variants remain. The Centers for Disease Control and Prevention (CDC) continues to recommend vaccinations for both viruses.

COVID-19 vaccination

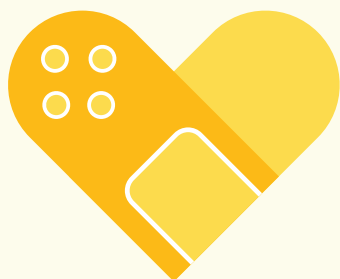
Patients who have had their last booster dose more than two months ago may be eligible for the bivalent COVID-19 booster. **TRICARE continues to cover COVID-19** vaccines in accordance with **CDC guidelines**. The effective date of coverage for CDC-recommended vaccines is the earlier of these two dates:

- The date the CDC published an interim recommendation on their website at www.cdc.gov; or
- The date Advisory Committee on Immunization Practices (ACIP) vaccine recommendations are published in a Morbidity and Mortality Weekly Report (MMWR)

To help expedite claims processing, please include proof of prior vaccines, such as a copy of the patient's vaccination card or electronic health record that specifies date(s) administered, with claims submissions.

Flu vaccination

Since the COVID-19 vaccine does not protect against the flu, the 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 are especially encouraged to get a flu shot. Keep in mind, TRICARE beneficiaries can get the flu vaccine at no cost and TRICARE Prime beneficiaries do not need a referral when seeing a network provider. Active duty service members require a referral when seeing any provider other than their primary care manager. Visit our **Flu Vaccine** benefit page for more information.





Mommy Care Kits

Health Net Federal Services has seen an increase in requests for kits that include durable medical equipment (DME) items prescribed to help support pregnant women with comfort care. Referred to as “Mommy Care Kits,” these often include Food and Drug Administration (FDA)-approved DME products such as:

- Compression stockings
- Abdominal binders (or maternity support belts)
- Pregnancy/postpartum support braces to support the pelvis and lower back
- Deep vein thrombosis (DVT) compression devices
- Transcutaneous electrical nerve stimulator (TENS) units

Please note that TRICARE does not cover DME prescribed solely for convenience or comfort. Use caution if marketing any of these items as a covered TRICARE benefit.

Maternity care items must be deemed medically necessary to be covered, and appropriate referral and authorization guidelines must be followed. (Maternity support belts are not covered under TRICARE, as these are available over the counter.)

Please review our [Maternity Care](#) benefit page at www.tricare-west.com.



Autism Care Demonstration Annual Training and Additional Resources

As of Jan. 1, 2022, all Autism Corporate Services Providers (ACSPs) and applied behavior analysis (ABA) sole providers participating in the Autism Care Demonstration (ACD) must complete an annual training per the guidelines outlined in *TRICARE Operations Manual*, Chapter 18, Section 4. Health Net Federal Services (HNFS) will begin assigning 2023 trainings in batches starting in January.

ACSPs and sole ABA providers are required to take this training; however, we encourage providers to share it with all ABA providers and staff in your practice. In addition to the link given in the assignment emails, we will post the 2023 training module and a printable version at www.tricare-west.com/go/ACD-provider by Jan. 1, 2023.

Looking for more information? Visit our ACD [Additional Resources and Information](#) page to download our suite of quick reference materials, including:

- [A Guide to Treatment Plan Goals](#)
- [Clinical Necessity Reviews: Evaluating Treatment and Outcome Measure Progress](#)
- [Treatment Plan Requirements](#)
- [Medical Documentation Requirements](#)
- Outcome measures:
 - [Pervasive Developmental Disorder Behavior Inventory](#) (PDDBI)
 - [Vineland Adaptive Behavior Scales, Third Edition](#) (Vineland-3)
 - [Social Responsiveness Scale, Second Edition](#) (SRS-2)
 - [Parenting Stress Index, Fourth Edition Short Form](#) (PSI-4-SF)
 - [Stress Index for Parents of Adolescents](#) (SIPA)

We also encourage you to review our [ACD News Articles](#) page.

If you have patients enrolled in the ACD, direct them to www.tricare-west.com/go/ACD > *Resources and Education*, where they’ll find our New to the Autism Care Demonstration parent toolkit and other HNFS- and Defense Health Agency-developed materials.



Express Scripts' Digital Tools



Express Scripts offers a variety of digital tools that can help your patients manage their prescriptions and get the most out of their TRICARE pharmacy benefit. Here are five tools that are a part of the TRICARE beneficiaries' pharmacy benefit that you can share with your patients so they can start using them today.

1. Online account. Beneficiaries can create an online account at <https://militaryrx.express-scripts.com> to easily manage their pharmacy benefit information and submit and manage pharmacy claims

2. Express Scripts® mobile app. Beneficiaries can use the free Express Scripts mobile app to order medication, check order status, and schedule delivery. In addition, beneficiaries can request refills, set up dose reminders and get daily notifications on their mobile device when it is time to take their medication.

3. TRICARE Formulary Search Tool. Patients can use the [TRICARE Formulary Search Tool](#) to check prescription coverage. A completed search of their medication will also show how much they will pay at different fill locations, and alternative drug options, such as brand name or generic forms.

4. Price a Medication tool. This tool shows beneficiaries their medication costs at local network pharmacies and via home delivery, helping them to select the best value for their prescriptions. To price a medication, beneficiaries can log in to their online account or download the Express Scripts mobile app.

5. Home delivery text updates. Through Express Scripts, beneficiaries can [opt in to receive text updates](#) for their home delivery orders.

Encourage Patients to Get an HPV Vaccine

Human papillomavirus (HPV) is a common virus known to increase the risk for certain cancers later in life. Studies show that nearly everyone will get HPV at some point in their lives¹. While most HPV infections will go away on their own, some can last longer and cause the following types of cancer:

- Cervix, vagina and vulva in women²
- Penis in men³
- Anus in both women and men⁴
- Oropharyngeal (the part of your throat at the back of your mouth) in both women and men⁵

Various strains of HPV spread through sexual contact, but Gardasil 9, a vaccine approved by the U.S. Food and Drug Administration, can be used for both girls and boys for prevention. The Centers for Disease Control and Prevention (CDC) recommends the vaccine be given between the ages of 11 and 12; though it can be given as early as age 9. We encourage you to talk with your patients about receiving an HPV vaccine prior to any sexual activity, especially activity that could expose them to HPV. Research has shown that receiving the vaccine at a young age does not impact whether kids or teens will engage in sexual activity at an earlier age⁶.



How many doses are needed?

The CDC recommends a two-dose schedule for anyone age 15 and younger and a three-dose schedule for anyone older than age 15⁷. Those who are between the ages of 27 and 45 should discuss their options with their provider, even if they have already had sexual contact and/or one strain of HPV.

Visit our [HPV Vaccine Details](#) page for information on how TRICARE covers the HPV vaccine.

^{1, 2, 3, 4, 5}Center for Disease Control and Prevention. (2021, July 23). *HPV Infection*. Retrieved from CDC.gov: <https://www.cdc.gov/hpv/parents/about-hpv.html>

^{6, 7}Mayo Clinic. (2021, September 18). *HPV Vaccine: Who needs it, how it works*. Retrieved from Mayo Clinic.org: <https://www.mayoclinic.org/diseases-conditions/hpv-infection/in-depth/hpv-vaccine/art-20047292>



Guidelines for Cervical Cancer Screening and Pelvic Exams

January is Cervical Cancer Awareness Month. You can help raise awareness about how women can protect themselves from HPV (human papillomavirus) and cervical cancer. The following guidelines from the U.S. Preventive Services Task Force (USPSTF) and Choosing Wisely® specify when women should have cervical cancer screenings and pelvic examinations.

Cervical Cancer Screening

The [USPSTF](#) recommends:

- Women ages 21 to 29 – screening for cervical cancer with cytology (or Pap test) every three years.
- Women ages 30 to 65 – screening every three years with only a Pap test, every five years with only high-risk human papillomavirus (hrHPV) testing, or every five years with hrHPV testing in combination with a Pap test.

To learn more about cervical cancer guidelines and supporting evidence, visit [Choosing Wisely Cervical Cancer](#).

Pelvic Examination

According to [USPSTF](#) and [Choosing Wisely](#), a pelvic examination may still be performed with a Pap test, as well as screenings for gonorrhea and chlamydia; however, pelvic exams are not recommended for asymptomatic, non-pregnant adult women who aren't at increased risk for any specific gynecologic conditions.

Evidence has shown screening pelvic exams:

- Have not reduced mortality/morbidity rates.
- Add unnecessary costs to the health care system, including expenses from evaluations of false-positive findings.
- Can lead to unnecessary surgery.

Consider non-invasive options to screen for sexually transmitted infections, instead.

Be sure to talk with your female patients about which examination and/or screenings are most suitable for them, based on their current health and past medical history.

Visit our [Benefits A-Z](#) and www.tricare.mil/isitcovered services for TRICARE coverage details on cancer screenings.

Sources

<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening>

https://www.choosingwisely.org/clinician-lists/#keyword=cervical_cancer

<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/gynecological-conditions-screening-with-the-pelvic-examination>

Buckley Prime Service Area Pilot Now Ended

On Jan. 1, 2021, Health Net Federal Services, partnering with the Defense Health Agency (DHA), started the Buckley Prime Service Area (PSA) Pilot. The goal was to study ways to improve access to care, beneficiary and provider satisfaction, and quality of care.

Through the pilot, we offered services to help participants get to the right provider, at the right time, for the right care. Our goal was to help beneficiaries better manage their health care and maintain their health. As anticipated, the Buckley PSA Pilot ended on Dec. 31, 2022.

Learn more on our [Buckley PSA Pilot Ends FAQ](#) page.



TRICARE's Right of First Refusal

When a TRICARE Prime beneficiary is referred for specialty care, TRICARE requires Health Net Federal Services (HNFS) to 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 as many details as possible when submitting referrals to HNFS, as this will help military hospitals and clinics to reasonably determine if they can effectively treat the beneficiary.

Be sure to review the details of approval letters issued by HNFS with your TRICARE patients. Each letter will specify the approved specialty provider. If a beneficiary sees a provider other than who was approved, point-of-service charges may apply. Beneficiaries and providers can access copies of approval letters through our secure [Authorization Status](#) tool (log in required).



Submitting Consultation Reports to Referring Military Providers

If you are treating a TRICARE patient who was referred by a military hospital or clinic, be sure to submit consultation reports – also known as patient encounter reports or clear and legible reports (CLRs) – to the referring provider within required time frames. Consult documentation includes consultation reports, care notes, operative reports, and discharge summaries.

Referring providers use these reports, combined with their own professional judgment and other considerations, to provide ongoing treatment to patients.

Once you have rendered care, the “clock” for returning consultation or initial assessment documentation starts.

Consultation Type	Consultation Standard
Emergent care	Send within 24 <u>hours</u>
Urgent care	Send within 48 <u>hours</u>
All others (*except mental health)	Send within seven <u>business days</u>

Initial assessments for mental health care

Mental health care providers only need to submit brief initial assessments within seven business days. We understand the sensitive nature of these assessments and appreciate your cooperation with timely submittals.

Health Net Federal Services may reach out to offer education and assistance should you fail to submit reports in a timely manner.

Learn more on our [Patient Encounter Reports](#) page.



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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.militaryrx.express-scripts.com

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

Visit us at www.tricare-west.com.

