TRICARE®
Provider NEWS

Preview the 2022 Provider Handbook Soon

Beginning Dec. 1, 2021, the 2022 TRICARE West Region Provider Handbook will be available to preview online. 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 2021

During the 2021 TRICARE Open Season, eligible beneficiaries 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 2021 TRICARE Open Season runs Nov. 8–Dec. 13, 2021, with plan changes effective Jan. 1, 2022. Encourage your patients to visit **www.tricare.mil/openseason** for additional information.

HEALTH NET
FEDERAL SERVICES

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COVID-19 and Flu Vaccines

Flu season is approaching and with COVID-19 still at the forefront of our lives, it's important we take extra steps to protect ourselves this season. The Centers for Disease Control and Prevention (CDC) continues to recommend vaccinations for both viruses.

COVID-19 Vaccine

TRICARE continues to cover COVID-19 vaccines at no cost in accordance with CDC guidelines. An approval from Health Net Federal Services is not required.

The CDC recommends an **additional (third) dose of the Pfizer or Moderna vaccine** for those who are moderately to severely immunocompromised, and a **booster** for those with underlying medical conditions or who are at an increased risk for COVID-19 exposure. Find current benefit details at **www.tricare-west.com/go/COVID19**.

Flu Vaccine

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, 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. 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. Visit our **flu vaccine benefit page** for more information.

Did You Know?

Authorization and Referral Processing Time Frames

Health Net Federal Services has noticed an increase in beneficiaries calling to check the status of an authorization or referral, in most cases before we've started processing the request. As a reminder, authorization and referrals are processed based on clinical priority. We appreciate your help in reminding beneficiaries of the following time frames.

- Routine requests are processed with two to five business days.
- Urgent requests (for care required within 72 hours) are expedited based on the clinical information submitted.

Processing time frames may be delayed if sufficient clinical information is not provided.

If you or your patient need to check the status of a submitted request, we offer our online Check Authorization Status tool. We also offer authorization status as an automated self-service option when calling call 1-844-866-WEST (9378).

Network TRICARE Provider Roster Template

Health Net Federal Services offers a **Network TRICARE Provider Roster** template for network provider groups to use when adding new providers who need to be credentialed (or certified for behavior technicians), and to submit demographic updates.

We've recently updated the template to help reduce rejections upon receipt. Improvements include tabs with completions instructions, a degree reference tool and a taxonomy to specialty guide.

Roster Processing Time Frames	
Credentialing new non-ABA groups	Up to 90 days
Credentialing new ABA groups	Up to 60 days
Certifying new behavior technicians	Up to 10 days
All demographic updates	Up to 45 days

Electronic Signature on Referrals

For TRICARE beneficiaries referred to you by a military hospital or clinic, please note that Health Net Federal Services' (HNFS) referral and authorization approval letters include an electronic signature from the referring military provider.

Look for, "This is an approved, electronically-signed document by [referring provider]," at the end of the "Reason for Request" paragraph found on the first page of the letter (not including the fax cover sheet). This added text serves as the signed order from the referring military provider and should be accepted as such to prevent any delay in beneficiary care. There is no need to request additional orders from the referring facility.

As a reminder, each approval letter from HNFS includes the name, phone number and National Provider Identifier (NPI) of the requesting military hospital or clinic, as well as the name and NPI of the individual requesting provider.

For additional information on HNFS' referral and authorization process, visit our Authorizations page.

Benefit Corner

Preventive Services: Lung and Colorectal Cancer Screenings, Eye Exams

Retroactive to Aug. 13, 2021, TRICARE updated the following preventive services benefits. Please refer to TRICARE Policy Manual, Chapter 7, Section 2.1 and **Benefits A–Z** for additional information.

Colorectal cancer screening

The minimum age for those at average risk to begin colorectal cancer screenings has been lowered from age 50 to age 45. Frequencies for specific screenings for those at average risk have also been updated. The American Cancer Society and United States Preventive Services Task Force no longer offer guidelines specifically for people at increased or high risk of colorectal cancer. Providers are encouraged to discuss with beneficiaries who may be at increased or high risk as to whether they need to start colorectal cancer screening before age 45, be screened more often, and/or use personalized testing strategies.

Lung cancer screening

Low-dose computed tomography is now recommended for TRICARE beneficiaries ages 50 to 80 who have a history of smoking 20 packs per year and are currently smoking or have quit within the past 15 years.

Routine eye exams

TRICARE no longer covers routine eye exams for Common Procedural Terminology (CPT®) codes 99172 (ocular function screening) and 99173 (visual acuity screening).

Provisional Coverage: Laser Treatment for Burns/Scars

Retroactive to Feb. 24, 2021, ablative fractional laser (AFL) treatment for burns and scars has been added to TRICARE's Provisional Coverage for Emerging Services and Supplies. AFL may be authorized for individuals with symptomatic burns and scars when medically necessary and appropriate, and coverage criteria are met. We offer an **AFL-specific Letter of Attestation** for providers to attach to authorization requests.

Remote Physiological Monitoring

Remote physiological monitoring (RPM) services allow for providers to monitor vital statistics for patients with medical conditions without the patient having to come into the office. Through RPM, providers can monitor a patient's weight, blood pressure, pulse oximetry, respiratory flow rate, and more. Retroactive to March 13, 2020, TRICARE covers medically necessary RPM for chronic or acute conditions. RPM services are a limited benefit and covered as ancillary services. For more information visit the RPM Services benefit page at **www.tricare-west.com** and TRICARE Policy Manual, Chapter 2, Section 8.1.
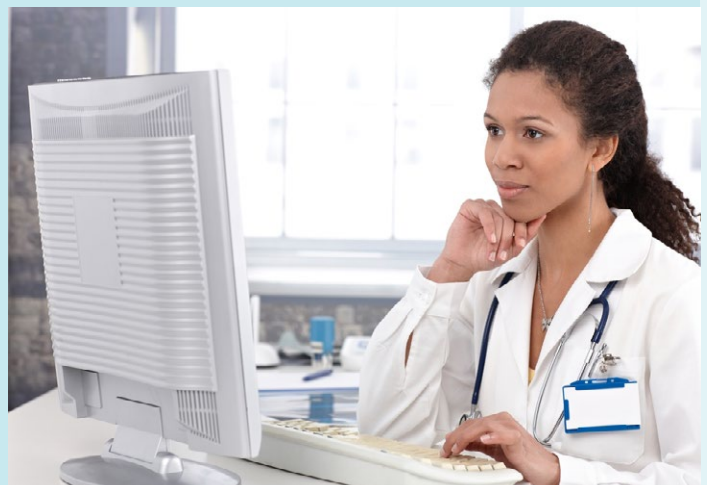
Psychiatry through Doctor on Demand

As of Aug. 1, HNFS' telehealth partner, Doctor on Demand, provides TRICARE West Region beneficiaries access to network psychiatrists. Offering urgent care and mental health care services, Doctor on Demand connects beneficiaries with licensed providers, psychologists and now psychiatrists through virtual appointments. In addition to therapy, psychiatrists can diagnose mental health illnesses and prescribe medication.

As a reminder, TRICARE West Region beneficiaries can access telemedicine options multiple ways:

- **HNFS' Network Provider Directory** at www.tricare-west.com. Select "Telemedicine" as the provider type to search.

  Note: While TRICARE is temporarily allowing for audio-only telehealth in response to COVID-19, directory search results will only include providers who have notified HNFS they offer video telemedicine services.

- **Telemynd.** Visit www.telemynd.com/hnfs for access to licensed psychiatrists, psychiatric nurse practitioners, psychologists and therapists.

- **Doctor on Demand.** Visit www.doctorondemand.com/hnfs for access to urgent care and mental health care services.
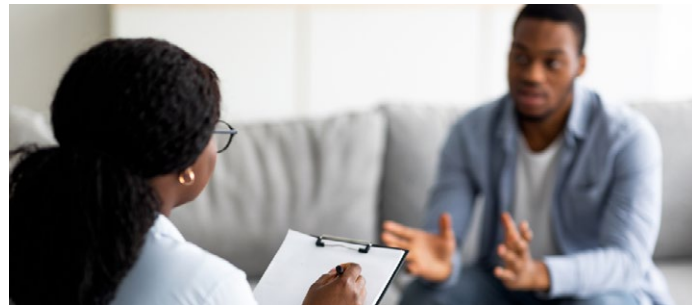
- **24/7 provider locator services.** Call HNFS at 1-844-866-WEST (9378).

TRICARE covers the use of telemedicine to provide medically and psychologically necessary health care. Some exclusions apply. TRICARE continues to waive copayments or cost-shares for covered telemedicine care by network providers during the COVID-19 stateside public health emergency. Referral requirements for covered telemedicine services are the same as those for in-person visits.

Find complete benefit details on our **Telemedicine Services** benefit page.

Autism Care Demonstration Update

As the phased implementation for TRICARE's Autism Care Demonstration (ACD) continues, be sure to visit **www.tricare-west.com/go/ACD-provider** and **www.health.mil/autism** for up-to-date information.

New support resources for ACD beneficiaries and their families now available.

- Health Net Federal Services (HNFS) offers an ACD parent toolkit designed to serve as a parent s guide to the benefits, services and requirements of the ACD.

- Beneficiaries and providers have 24/7 access to https://familysupport.hnfs.com, HNFS online directory of local resources developed to connect families to free or low-cost resources and social support services available outside of their TRICARE benefit.

Oct. 1 updates in effect.

- **Autism Services Navigators (ASNs).** As of Oct. 1, 2021, HNFS will assign ASNs to beneficiaries new to the ACD once enrollment criteria have been met. ASNs serve as a primary health care advocate, helping beneficiaries and their families navigate the benefits and resources available through the ACD. ASNs are licensed professionals with clinical experience in pediatrics, behavioral health, mental health, and/or autism spectrum disorder (ASD).

- **Comprehensive care plans (CCPs).** For beneficiaries assigned an ASN, the ASN will work with the family to develop a written CCP that is specific to the needs of the beneficiary and their family. CCPs complement, but do not replace, treatment plans developed by ABA providers. CCPs must be in place within 90 calendar days of the ASN being assigned to the family and are updated every six months. ABA services may be suspended if the CCP is not completed within applicable timelines.

- **Definitive diagnosis requirements.** Previously, we distributed education on new diagnosis and eligibility criteria that is required as of Oct. 1 before we can enroll a beneficiary to the ACD. This included details on the DSM-5 Diagnostic Checklist and required assessment tools. We also informed you about Oct. 1 changes to which provider types can diagnose ASD and submit ABA referrals. Please visit the "News Articles section of **www.tricare-west.com/go/ACD-provider** if you missed this important information.

Looking ahead to Jan. 1.

- **Annual provider training:** Beginning Jan. 1, 2022, ABA providers will be required to complete ACD-specific provider training annually. HNFS will offer this training module at **www.tricare-west.com/go/ACD-provider**. We will offer more details as the January date approaches.

- **Steerage model:** Beginning Jan. 1, 2022, HNFS will be implementing a steerage model for assigning ABA providers to beneficiaries that includes ranking providers according to various measures, to include access to care standards. Additionally, ABA providers who rank highest in the steerage model will be given priority in HNFS online network directory.

Diabetes Campaign Facts

November is American Diabetes Month, an annual health campaign established to increase awareness of diabetes prevention and control.

- The rate of diabetes continues to increase in the U.S. and throughout the world.
- Diabetes may lower life expectancy up to 15 years and increase the risk of heart disease by two to four times.[1]
- Diabetes is the leading cause of kidney failure, lower limb amputations and adult-onset blindness.[2]
- An estimated 88 million American adults have prediabetes, 70% of whom will ultimately develop type 2 diabetes. The U.S. Preventive Services Task Force recently recommended screening for prediabetes and diabetes, with subsequent referral to intensive lifestyle intervention (ILI) that promotes a healthful diet and physical activity for those who screen positive.[3]

As a health care provider, you can directly influence your patients living with or at risk for diabetes by providing education and encouragement. Primary care visits are a good time to address diabetes prevention and perform and annual HbA1c screening, especially for those at an increased risk.

If you would like to nominate one of your patients for the Case or Disease Management Program, compete our **Medical Management Nomination Form** online. Patients can locate additional diabetes information and other health resources in our **Learning Center**.

[1] [2] Centers for Disease Control and Prevention National diabetes statistics report: estimates of diabetes and its burden in the United States. Atlanta, Ga., U.S. Department of Health and Human Services, 2020

[3] U.S. Preventive Services Task Force. (2015). Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Screening. Retrieved from https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/screening-for-abnormal-blood-glucose-and-type-2-diabetes

Testing Diabetic Patients for Chronic Kidney Disease

The American Society of Clinical Pathology recommends providers use a kidney profile along with serum creatinine when testing patients with diabetes and/or hypertension for chronic kidney disease (CKD).

View the **National Kidney Foundation (NKF)** website for updated evidence-based "Kidney Profile" test information. To evaluate patients for CKD, the following tests are encouraged to assess kidney function:

- "Spot" urine for albumin-creatinine ratio (ACR) to detect albuminuria
- Serum creatinine to estimate glomerular filtration rate (GFR) using the CKD EPI equation

Locate this recommendation and other information related to diabetes and CKD at **http://www.choosingwisely.org/clinician-lists/**.

Visit our **provider portal** to learn more about Choosing Wisely® and evidence-based recommendations on how to avoid wasteful or unnecessary medical tests, treatments and procedures.

Source: https://www.choosingwisely.org/clinician-lists/ascp-serum-creatinine-to-test-for-ckd/

Improve Patient Outcomes with Real-Time Prescription Benefit

Express Scripts provides real time TRICARE patient-specific pharmacy coverage information to physicians who have the Real-Time Prescription Benefit functionality turned on in their electronic health record (EHR). Physicians can see a holistic view of their patients' profiles and the best prescribing options based on their prescription coverage.

Prior to prescribing medication, it gives physicians access to:

- Patient out-of-pocket costs
- Coverage details and alerts
- Therapeutic alternatives
- Pharmacy choices

Not only does this functionality display information about coverage and costs, it helps physicians answer patients' questions around why a certain drug may not be covered and whether therapeutic alternatives are clinically and financially acceptable. TRICARE patients gain confidence in their medication therapy and the costs associated with it. Physicians benefit by reducing wait times and getting medicine to patients more efficiently.

For physicians without EHR access, Express Scripts offers the **Scriptvision® Physician app**, where physicians can quickly access their TRICARE patients' prescription benefit information. Physicians can download and register with the app on their iPhone® or iPad® mobile device to get started.

To learn more, visit **www.militaryrx.express-scripts.com/healthcare-professionals**.

TRICARE's Right of First Refusal

As a TRICARE requirement, when a TRICARE Prime beneficiary is referred for specialty care, Health Net Federal Services (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.

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.