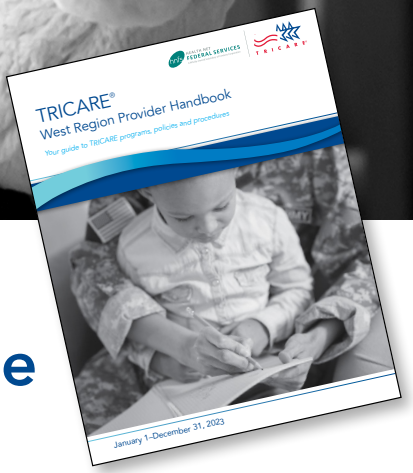
November 2022

TRICARE® Provider NEWS

ISSUE HIGHLIGHTS



2023 Provider Handbook Available to Preview Dec. 1

On Dec. 1, 2022, Health Net Federal Services, LLC (HNFS) will post the 2023 TRICARE West Region Provider Handbook for providers to preview. Each year, we update the handbook to incorporate changes to the TRICARE program and processes specific to HNFS as the TRICARE regional contractor.

We encourage you to review the handbook in its entirety, as changes to TRICARE are continually made as public law, federal regulations, and our managed care support contract are amended.

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TRICARE®

TRICARE Pharmacy Network Changes as of Oct. 24, 2022

As of Oct. 24, about 15,000 independent pharmacies are no longer part of the TRICARE retail pharmacy network. **TRICARE reports** that even with the departure of these community pharmacies, the network will still offer access to more than 40,000 pharmacies.

Express Scripts, the TRICARE pharmacy contractor, manages the TRICARE pharmacy retail network and notified affected beneficiaries in mid-September. TRICARE patients are encouraged to use the online **Find a Pharmacy** tool to find current retail network pharmacies in their area. Beneficiaries still have the option to use home delivery and military pharmacies.

Beneficiaries who use a non-network pharmacy will have to pay full retail price for the medication and file a claim for reimbursement. Claims will be subject to a deductible or out-of-network cost-shares and copayments.

Health Net Federal Services (HNFS) is working closely with Express Scripts to identify beneficiaries receiving home infusion services who may be affected to ensure that in each case, we connect with the prescribing provider and the beneficiary to help establish new prescriptions with a continuing TRICARE network pharmacy able to meet their needs in a safe and timely manner. Should treatment be due before a complete hand-off has been made, HNFS will allow home infusion providers to submit claims for home infusions drugs through the medical benefit (instead of the pharmacy benefit) until a new TRICARE pharmacy provider is established.

Reminder! For your patients who require specialty prescription drugs, starting Jan. 1, 2023, Accredo will be the primary TRICARE in-network specialty pharmacy. Patients who get specialty drugs at one of the affected pharmacies, can switch to Accredo now. They don't have to wait until January. For more information, go to the **Accredo website**.

Learn more at **www.tricare.mil/pharmacy** and **militaryrx.express-scripts.com**.

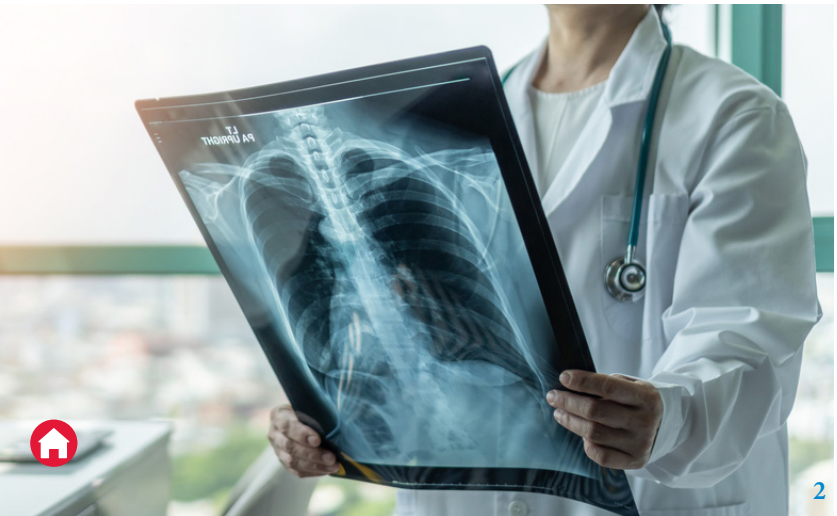
TRICARE Open Season Starts Soon

During TRICARE Open Season, eligible beneficiaries have the option to enroll in or change their TRICARE Prime or Select health plan for the next calendar year. Outside of open season, beneficiaries require a qualifying life event to switch plans. The 2022 TRICARE Open Season runs Nov. 14–Dec. 13, 2022, with plan changes effective Jan. 1, 2023. Encourage your patients to visit **www.tricare.mil/openseason** for additional information. Be sure to check patient eligibility in the new year, as your TRICARE patients may have changed plans.

Learn the basics about checking patient eligibility. We understand you are busy and may be partnered with many insurance companies. That's why we developed a self-paced course so you can learn how to easily check eligibility for your TRICARE patients. Check it out 24/7 from our **Online Provider Education** page or this **direct link**.

Help Expedite Radiology Services for Patients Referred by Military Providers

Health Net Federal Services (HNFS) has noticed an increase in radiology providers requesting separate orders from military hospitals and clinics before rendering HNFS-approved radiology services to TRICARE patients. You can help expedite your patients' access to care. Please note:



1. **If the service was referred by a military hospital and approved by HNFS, HNFS' approval letter will serve as the signed order.** Approval letters for TRICARE beneficiaries referred by military hospitals or clinics include an electronic signature from the referring military provider. You can access copies of approval letters through our secure **Authorization Status** tool (log in required).
2. **Contact the *requesting military provider* if you need additional clinical information; contact *HNFS* if we authorized services and you want to request changes.** Each approval letter from HNFS includes contact information for the requesting provider. If additional clinical information is needed, you may contact the requesting provider. Certain changes to authorizations may be requested online using our **Change Request Form,** or you may contact HNFS' **customer service line**. We recommend you request changes within 30 days of an approval to help expedite care. Keep in mind, if you need to add services/codes, you should submit a new request rather than submitting a change request form.

COVID-19 and Flu Vaccines

Flu season is approaching and with COVID-19 here to stay, we appreciate your role in helping patients stay protected. 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 being fully vaccinated, which includes staying up to date on booster dose. Review **CDC recommendations** on their website. Find current benefit details at our **COVID-19** page.

Flu Vaccine

The CDC recommends anyone ages six months and older 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.

Provider Portal Registration to Transition to ID.me

Expected in 2023, Health Net Federal Services will be transitioning the provider website 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 in the near future.

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

Autism Care Demonstration Reminders: Comprehensive Care Plans, Discharge Planning and Discharge Summaries

Comprehensive Care Plans

Under TRICARE's Autism Care Demonstration (ACD), families who have an assigned Autism Services Navigator (ASN) work with the ASN to develop a comprehensive care plan (CCP) specific to the beneficiary's needs. Separate from the treatment plan developed by applied behavior analysis (ABA) providers, the CCP is a written plan developed by ASNs and families. Per TRICARE requirements, Health Net Federal Services (HNFS) must receive a completed initial CCP within the first 90 days of an ASN having been assigned to a family. (Note: This 90-day period may expire during an approved assessment or treatment period.)

As providers, you offer invaluable assistance helping parents/caregivers understand the CCP requirement. When a CCP isn't submitted on time, HNFS must terminate the remaining authorized days on the corresponding active ABA authorization. This creates the potential for delays or gaps in care, which may negatively impact the beneficiary, their family and any ABA providers working with the beneficiary.

Learn more about how you can help improve CCP completion rates by reviewing **frequently asked questions about ASNs and CCPs**.

Discharge Planning and Discharge Summary Reports

ABA providers create and change patient discharge plans throughout a patient's ACD treatment. These discharge plans help ACD patients meet treatment goals and prepare for life after treatment.

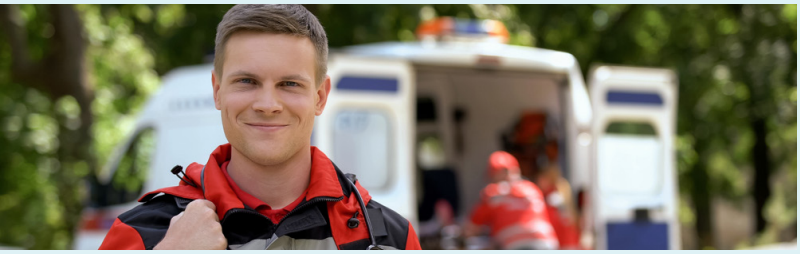
A discharge summary report covers why a patient was discharged and next steps for patients and parents/caregivers once a patient's ABA services end. These reports may include information on referrals, second opinions and future treatment needs. While not separately reimbursable, TRICARE requires ABA providers to create and submit discharge summary reports anytime they have a patient whose treatment ends.

Check out our "**Successful Discharge Planning**" and "**The Importance of Discharge Summary Reports**" articles for additional details.

Benefit Corner

**Visit our Benefits A–Z web page for current benefit details.*

Ambulance Ground Transportation from Airfields



Retroactive to July 1, 2022, TRICARE will allow coverage of ambulance ground transportation from a military or civilian airfield to the accepting medical facility. More information on this change and ambulance services is available in TRICARE Policy Manual, Chapter 8, Section 1.1.

Ambulance ground transportation from an airfield will be reimbursed at CHAMPUS Maximum Allowable Charge (CMAC) rates. Refer to the Military Health System's **CMAC page** for more information on CMAC rates.

Patient costs for ambulance services are based on inpatient and outpatient status and the patient's TRICARE plan and beneficiary category. Visit our **Ambulance Services** page for more information on plan types and patient group-specific costs.

Abortion Coverage

Following the Supreme Court's recent decision in Dobbs v. Jackson Women's Health Organization, many providers may have questions about what the ruling means for TRICARE. The Supreme Court's decision does not prohibit TRICARE from continuing to cover abortion services in accordance with federal law. You can review our article, "**Abortion Coverage Guidelines for Your TRICARE Patients**" for a refresher on TRICARE's coverage guidelines for abortion services.

Visit our Benefits A-Z **Abortion** page and TRICARE's **Covered Services** page for additional benefit details.

Contraceptive Care

To increase contraceptive choices, TRICARE is waiving copayments and cost-shares on medical contraception such as long-acting reversible contraceptives and permanent contraception. This change is effective July 28, 2022, but it will be implemented in two phases.

- **Phase 1:** Copayments and cost-shares for long-acting reversible contraceptives services such as placing and removal of IUDs, contraceptive shots, and subdermal contraceptive rods will be waived beginning Nov 1, 2022.
- **Phase 2:** Copayments and cost-shares for tubal litigation, a form of permanent contraception, will be waived for TRICARE Prime and TRICARE Select beneficiaries beginning Jan. 1, 2023.

Beneficiaries who are charged a copayment when they receive these procedures between July 28, 2022, and the implementation date must pay applicable copayments or cost-shares at the point of care. However, beneficiaries may request reimbursement of copayments or cost-shares by having their claims reprocessed after the appropriate implementation date.

Telehealth Coverage Updates

In 2020, in response to the COVID-19 pandemic, the Department of Defense (DOD) implemented many temporary changes to the TRICARE benefit, ranging from increased reimbursement for COVID-19 inpatient stays to covered audio-only office visits to copayment/cost-share waivers for covered telehealth services. The DOD has since published updates to the **TRICARE manuals that terminate, modify or keep** in place some of the temporary changes. Regional contractors implemented these changes on Sept. 6, 2022.

Please continue to visit our Benefits A–Z pages, our **COVID-19 resources** page, and TRICARE's **COVID Guidance** page for updates.

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).

Help Your Patients Understand Their Prescription Coverage with the TRICARE Formulary Search Tool

The **TRICARE Formulary Search Tool** is an online resource designed by Express Scripts that provides detailed information about medications. When using the tool, you and your TRICARE patients can learn more about their prescription drug coverage so they can make informed choices when it comes to their medication therapy.

How to use the tool:

To get started, visit **www.esrx.com/tform**. Next, type in the brand name or generic name and strength of the medication in question. You also will need to provide the gender and age of the person receiving the medication. A medication search will show:

- Information about the drug and specific coverage details.
- Coverage rules or requirements, such as if the medication requires pre-authorization and medical necessity forms (applicable forms are available for download in the tool).
- 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.

Choosing Wisely®

Help Your Patients Quit Smoking – Your Voice Makes a Difference

According to the U.S. Centers for Disease Control and Prevention (CDC), smoking cigarettes tops the list as a lifestyle choice causing avoidable disease or death. Patients look to their health care providers for trusted guidance. For your patients who smoke, using each encounter as an opportunity to address the patient's tobacco use and provide non-judgmental encouragement can positively impact their choices, and affect their risk and management of diseases, such as asthma, diabetes and heart disease.

The Patient's Perspective

While health care team members routinely ask patients about tobacco use at the beginning of encounters, time constraints and lack of opportunity often result in the conversation stopping there. Despite obstacles, the conversation can happen and happen effectively.

Key components for talking to patients about quitting smoking detailed in the *Primary Care Respiratory Journal* article included:

Familiarity. Length of the patient-provider relationship mattered. The longer the relationship, the more likely a patient was to engage in a conversation about quitting tobacco.

Sensitivity. Patients were more likely to be receptive if they did not feel judged or talked down to.

Personalized. Providers who linked smoking to the individual patient s current health and health concerns were more appreciated by patients, with patients more likely to feel seen and heard.

Non-confrontational. Patients were likely to be less receptive to a provider who used scare tactics or talked to them in a manner that could be taken as being reprimanded. (Prim. Care Respir. Med., 2021)

Short but Meaningful Interaction

Short interventional discussions can make a difference when repeating this tactic at each patient encounter. Even if a patient shows no interest in quitting, over time, having these discussions can lead to more substantial dialog about quitting.

Resources

Tobacco cessation information and resources for your patients are available on our Tobacco Cessation Resources page in **Programs and Resources**. Your patients can review these resources in the comfort of their homes for discussing with you at their next appointment.

Health Net Federal Services offers the following provider and beneficiary resources:

- **Provider Toolkit** – including resources to provide at patient appointments
- **Tobacco Cessation Resources**
- **Time to Quit online program**
- **Preparing to Quit Tobacco recorded class**

[1]Manolios, E., Sibeoni, J., Teixeira, M. et al. When primary care providers and smokers meet: a systematic review and metasynthesis. npj Prim. Care Respir. Med. 31, 31 (2021). Published June 1, 2021. https://doi.org/10.1038/s41533-021-00245-9. Accessed September 13, 2022.

Keeping Your Patients Aware of How to Control Their HbA1c

November is American Diabetes Month. Please take a moment to review key diabetes management tips for your patients.

- **Keep blood sugar levels in your target range as much as possible.** This can help prevent or delay long-term health problems such as heart disease, vision loss and kidney disease.[1]
- **Watch your A1C level.** A person who has an A1C averaging 7% is estimated to have a 37% lower risk for heart complications.[2]
- **Compare your blood sugar levels with your A1C.** High blood sugar consistent with an A1C higher than 9% may be associated with lower quality of life.[3]
- **Consider intensive treatment.** Metabolic memory" – getting intensive high blood sugar treatment as soon as possible – may have lasting impacts on achieving an A1C level less than 7% due to the well-controlled sugars achieved during intensive treatment.[4]

As a health care provider, your patients look to you for advice and support, and you can tailor each patient's diabetes management to include self-management by controlling their HbA1c through regular screenings and making healthy lifestyle choices.

If your patients need a refresher on diabetes self-care, we offer an **Essentials of Diabetes Management** recorded class. Check out our **Provider Toolkit** for printable patient resources and visit **Choosing Wisely®** for diabetes treatment information from National Medical Societies.

If you would like to nominate a patient to get personalized education, support and coaching from a diabetes management specialist, consider our Chronic Care/Disease Management program. Call 1-844-732-2436, Monday through Friday, 8 a.m.–5 p.m. (local time), or use the **Medical Management Referral form**, located in the "How do I refer someone for chronic care/disease management?" section of our **Chronic Care/Disease Management** page.

[1] Center for Disease Control and Prevention. 2021. *Manage Blood Sugar.* April 28. www.cdc.gov.

[2, 3, 4] Riddle, Matthew C., Hertzel C. Gerstein, Rury R. Holman, Silvio E Inzucchi, Bernard Zinman, Sophia Zoungas, and William T. Cefalu. 2018. "A1C Targets Should Be Personalized to Maximize Benefits While Limiting Risk." Diabetes Care (American Diabetes Association Publications) 41 (6): 1121-1124. doi:https://doi.org/10.2337/dci18-0018.

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. In addition to meeting The Joint Commission standards, returning consultation reports to the referring facility helps ensure continuity of care for patients enrolled to military hospitals and clinics. Health Net Federal Services may reach out to offer education and assistance should you fail to submit reports in a timely manner.

This requirement applies to care referred by a military hospital or clinic and care received at an urgent care center. Most provider types are required to submit consultation reports within seven business days, while urgent care centers are required to submit reports within two business days.

Initial assessments for mental health care

Mental health care providers must submit brief initial assessments within seven business days. We understand the sensitive nature of these assessments and appreciate your cooperation with timely submittals. Submitting these assessments to the referring military hospital or clinic helps ensure beneficiaries can get care and avoid unnecessary delays.

Learn more on our **Patient Encounter Reports** page.