November 2023

TRICARE® Provider NEWS

ISSUE HIGHLIGHTS

Evolving From the Pandemic Shadow

A message from Dr. Joyce Grissom, Chief Medical Officer and Dr. Win Hammerly, Medical Director, Health Net Federal Services

In May 2023, the World Health Organization (WHO) and the United States declared the end of the COVID-19 pandemic emergency. While COVID-19 cases continue, they are at lower levels, with fewer hospitalizations and deaths. The virus isn't yet officially endemic, but it seems we're moving in that direction. This is a great time to re-evaluate and update our public health approaches.

During the pandemic, public health measures like isolation, masking, education, and vaccine development were essential, but resource shortages and other challenges led to crisis standards of care in some areas. We saw "reverse triage" in many communities, with the focus on those less ill but more likely to be saved.

To increase health care access, certain regulatory standards, such as those for licensure/re-licensure, professional scope of practice, and telehealth encounters were loosened. But concerns about a "tripledemic" (COVID-19, RSV, flu) complicated testing and evaluation of patients with respiratory symptoms. Symptoms once considered benign became ominous and uncertain, and led to a surge in the volume of patients seen in emergency departments for respiratory illnesses.

Moving forward, we can use lessons from the pandemic to improve our health care system's resilience. Vaccines, public health education, availability of free COVID-19 testing, and telehealth are valuable tools. Crisis standards of care are no longer needed when health care resources aren't overwhelmed. Health Net Federal Services encourages providers to pay attention to this transition and embrace it with enthusiasm.

2024 Provider Handbook Available to Preview Dec. 1

On Dec. 1, 2023, Health Net Federal Services, LLC (HNFS) will post the 2024 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.

TRICARE Open Season: TRICARE Prime and TRICARE Select

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 2023 TRICARE Open Season runs Nov. 13–Dec. 12, 2023, with plan changes effective Jan. 1, 2024. 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.

TRICARE Prime vs. TRICARE Select

Providers and beneficiaries can **compare TRICARE plans** to review key differences.

- TRICARE Prime is a ***managed*** care option. It offers the most affordable coverage. With TRICARE Prime, beneficiaries have a primary care manager (PCM) to manage routine care and refer to specialists, when required. Pre-authorization guidelines apply. Beneficiaries who live near military hospitals or clinics may be required to have a military PCM.
- TRICARE Select is a ***self-managed*** (or preferred provider) care option, which means beneficiaries aren't assigned a PCM. They can choose to see TRICARE-authorized providers and manage their own health care. Beneficiaries will have lower out-of-pocket costs when seeing network provider. For most specialty care, TRICARE Select enrollees will not need referrals. Pre-authorization guidelines apply. TRICARE Select may be the right choice for TRICARE beneficiaries who live in area where they can't use TRICARE Prime, have other health insurance, or want to see a provider who isn't in the TRICARE network.

Whichever plan choice your TRICARE patients make during Open Season, our web tools at **www.tricare-west.com** can help with navigating the TRICARE program.

Include Referring and Rendering Provider Details for Accurate Claims Processing

Health Net Federal Services (HNFS) offers the following claims submission tips to help ensure we apply the correct copayments and cost-shares for your TRICARE patients.

Include complete provider details

All professional claims must include referring or ordering provider and rendering provider information. Groups or facilities should list the group or facility name in addition to an individual provider's name. This will allow us to accurately apply copayments and cost-shares. Without this provider information, claims for TRICARE Prime beneficiaries may process under the point-of-service option, and claims for TRICARE Select beneficiaries may reflect multiple copayments in error.

For facility claims, include the:

- **Referring or ordering physician:** Include the full name, National Provider Identifier (NPI), and NPI qualifier in fields 78-79 of the UB-04 (CMS-1450) form or in Loop 2310C/2310D/2310F of the HIPAA 837I (institutional) form.
- **Attending physician:** Include the full name, NPI, and NPI qualifier in field 76 of the UB-04 (CMS-1450) form or in Loop 2310A of the HIPAA 837I (institutional) form.

As a reminder, providers who file claims electronically must have an NPI. The NPI billed on the claim will determine where payments and remittances are sent. For more information on claims, please visit our **Claims** page.

"Triple Threat" Vaccine Coverage: COVID-19, Flu, RSV

TRICARE covers age-appropriate immunizations and vaccines in accordance with Centers for Disease Control and Prevention (CDC) guidelines. This fall and winter, you can help protect your TRICARE patients by continuing to offer COVID-19, flu and RSV vaccines. Find current benefit details on our **Immunizations/Vaccines** page and at **www.tricare.mil/immunizations**.

RSV Vaccine Update

Effective Aug. 3, 2023, TRICARE covers Beyfortus™ (nirsevimab) under its well-child benefit. Per the CDC, this RSV preventive antibody can be administered to:

- Infants younger than 8 months of age born during RSV season or entering their first RSV season.
- Children aged 8 months through 19 months who are at increased risk for severe RSV disease and entering their second RSV season.

Benefit Corner

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

Laboratory Developed Tests Update

TRICARE has extended the Laboratory Developed Tests (LDT) Demonstration for five years from July 19, 2023, through July 18, 2028. Additionally, TRICARE now covers several preconception and prenatal carrier screenings that were previously offered through the LDT Demonstration as part of the basic TRICARE benefit.

The lab tests that moved from the LDT Demonstration to being a TRICARE-covered medical benefit include one test per condition per lifetime for these specific conditions:

- Cystic fibrosis
- Spinal muscular atrophy
- Fragile X syndrome
- Tay-Sachs disease
- Hemoglobinopathies
- Conditions linked with Ashkenazi Jewish descent

TRICARE retroactively approved these tests as covered screenings back to Dec. 27, 2021. For services provided between Dec. 27, 2021, and Aug. 28, 2023, providers and beneficiaries can ask Health Net Federal Services to reprocess any denied claims for preconception or prenatal carrier screening tests related to the above conditions. If beneficiaries paid out of pocket for the screening, they or their provider(s) may submit a new claim.

Find additional details on our **Laboratory Developed Tests** and **Genetic Counseling and Testing** pages.

Dialysis-Covered Services

TRICARE has expanded its dialysis coverage to include peritoneal dialysis and treatment for acute kidney injury. Details of TRICARE's dialysis coverage now include inpatient and outpatient dialysis treatments, home dialysis (including training and equipment/ supplies), and other necessary drugs, services, and supplies for dialysis care. All services must be medically necessary and appropriate, and the frequency of dialysis services and training must be documented in the patient's medical record. Services provided by dialysis aids, attendants, or assistants are not covered.

More details can be found on our **Dialysis** page.

Positron Emission Tomography

Effective Sept. 6, 2023, TRICARE will cover positron emission tomography (PET) and PET computed tomography (PET/CT) for the diagnosis of cardiac sarcoidosis and excludes coverage of PET and PET/CT for the diagnosis of systemic sarcoidosis.

Non-Invasive Nerve Stimulation

Effective Sept. 6, 2023, TRICARE excludes non-invasive nerve stimulation (nVNS), also referred to as transcutaneous vagus nerve stimulation (tVNS), for the treatment of post-traumatic stress disorder and preventive or acute treatment of migraine headaches.

Reimbursement Updates

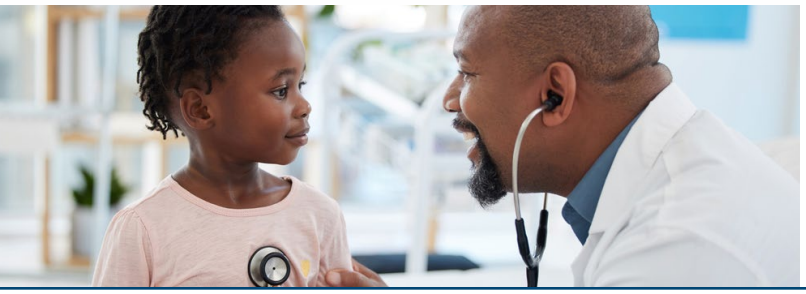
Freestanding ambulatory surgery centers

Effective for service dates on or after Oct. 1, 2023, TRICARE has adopted the Centers for Medicare & Medicaid Services' (CMS) **ambulatory surgery center (ASC) reimbursement system** for freestanding ASCs. Providers can find complete details about this change in the **TRM, Chapter 9, Section 2**. Find details about this update in our "News" and "Benefits A-Z" sections of **www.tricare-west.com**.

Cancer and children's hospitals

TRICARE uses the **Outpatient Prospective Payment System (OPPS)** to pay claims filed for hospital-based outpatient services. Outpatient services provided by cancer and children's hospital are subject to OPPS for services dates on or after Oct. 1, 2023.

To help cancer and children's hospital staff better understand this change, we posted answers to frequently asked questions on our "**Billing Tips**" page. Providers should also refer to the **TRM, Chapter 13**.



Pediatric and TRICARE-Designated New Technology Add-On Payments

New Technology Add-On Payments (NTAP) allow hospitals to receive more appropriate reimbursement under the CMS hospital Inpatient Prospective Payment System (IPPS) for new medical services and technology not yet included in Diagnosis-Related Group (DRG) rates. Recent updates to TRICARE's NTAP policy add pediatric-specific NTAPs and TRICARE-designated NTAPs, retroactive to July 1, 2022.

For inpatient hospital claims, pediatric NTAPs may be applied when reimbursement is equal to the lesser of:

- 100% of the average cost of the technology, or
- 100% of the total covered costs that exceed the Medicare Severity (MS)-DRG payment.

The Defense Health Agency establishes TRICARE-designated NTAPs for covered services and supplies for which CMS has not established an NTAP adjustment for DRGs. Technology manufacturers may submit a TRICARE NTAP application to request a new TRICARE-designated NTAP. Applications must be received by July 8 of the preceding fiscal year for which the TRICARE-specific NTAP is to be considered. Once available, we'll post the application and submission instructions on our "Forms" page at **www.tricare-west.com**.

Telehealth Options

Having access to virtual health care gives beneficiaries options to take control of their health. To find network providers who offer telehealth, beneficiaries can use the "Telemedicine" filter in our Network Provider Directory. We also have a number of network telehealth partners offering virtual health care appointments. These include:

- ***New!*** **Great Speech*** – speech therapy to help individuals overcome speech and communication challenges
- **Doctor on Demand** – urgent and mental health care, including psychiatry
- **Telemynd** – mental health care, including psychiatry
- **TeamHealth VirtualCare*** – urgent care
- **HealthLinkNow*** – mental health care, including psychiatry
- **PsychConnect*** – mental health care, including psychiatry
- **SimpliFed*** – lactation and baby feeding support
- **Aeorflow Breastpumps** – lactation support (breast pumps, supplies, and more)
- **MyDiabetesTutor*** – comprehensive diabetes management solutions

This list is subject to change.
Visit **www.tricare-west.com/go/telehealth** for details.

Referral requirements for covered telemedicine services are the same as those for in-person visits.

Do you offer telemedicine? Let us know by submitting an updated **TRICARE Provider Roster**.

*Services may not be available in all TRICARE West Region states

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 offered by Express Scripts that you can share with your patients.

Price a Medication tool

Beneficiaries have an option to check specific medication coverage and get prescription information using the **Price a Medication tool**. The Price a Medication tool shows the beneficiary their cost at local network pharmacies and at **home delivery**, helping them to select the best value for their prescriptions. To price a medication, beneficiaries can **login** to their online account or download the **Express Scripts® Pharmacy mobile app**.

Express Scripts® mobile app

The Express Scripts® mobile app makes it easy to manage prescriptions anytime, anywhere.

Beneficiaries can use the mobile app to order medication, check order status, and schedule delivery. When scheduling deliveries the app allows for the use of temporary addresses during times of deployment, relocation or vacation. 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. Beneficiaries can download the **Express Scripts® Pharmacy mobile app**.

Online account

Beneficiaries can **create** an online account to easily manage their pharmacy benefit information. They can submit a pharmacy claim **online** and easily manage their pharmacy claims all in one place. Beneficiaries can also review their Explanation of Benefits (EOB) statements to understand their prescription claims and how much they can save.

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.

Opt-in texting

Did you know beneficiaries are now able to receive text updates for their home delivery orders? Remind your patients to update their communication preferences with Express Scripts to get text alerts right to their phone.

Diabetes and Smoking

Type 2 diabetes, the most common form of diabetes, is caused by several factors, including lifestyle factors. Not only are people more likely to develop type 2 diabetes if they are physically inactive and overweight or have obesity, but smoking causes diabetes, too. According to the **Centers for Disease Control and Prevention**, people who smoke cigarettes are 30%–40% more likely to develop type 2 diabetes than people who don't smoke. They also are more likely to have trouble with insulin dosing and managing their condition. The more cigarettes a person smokes, the higher the risk. If your patients have diabetes and smoke, they are more likely to have serious problems from diabetes, like heart disease, kidney disease, retinopathy, peripheral neuropathy, and poor blood flow in the legs and feet that can lead to infections, ulcers, and possible amputation.

As a clinician, you can help patients manage their diabetes effectively and motivate them to quit smoking. Health Net Federal Services (HNFS) provides resources for quitting smoking and diabetes management. **Visit the Provider Toolkit for patient resources and promotional materials you can provide to your patients.**

- For help with managing diabetes, patients can try HNFS' **Essentials of Diabetes Management** recorded class.
- Patients can nominate themselves for **one-on-one coaching** from a diabetes specialist, or you can **refer** them for coaching as well.
- For help with quitting smoking, HNFS' **Time to Quit** online program takes the participant step by step through creating a quit plan.
- HNFS' **Preparing to Quit Tobacco** recorded class helps participants understand tobacco addiction and prepares them to start their quit.
- Patients can find additional TRICARE resources and coverage on HNFS' **Tobacco Cessation Resources** page.

Help Your Patients After a Mental Health Inpatient Hospital Stay

If your TRICARE patients have undergone an inpatient stay for behavioral health issues, make sure to schedule follow-up appointments with them within seven days of discharge. Why is follow up so important?

- It helps reduce hospital readmissions.
- It provides an extra level of support for the patient.
- It eases the transition back to regular life.
- It builds on the gains made during hospitalization.
- It allows for medications to be reconciled.
- It provides the opportunity to recommend or refer your patient to a behavioral health specialist.

Patients should have a clear understanding of their discharge instructions, which starts with open communication between medical providers. Ideally, patients should give permission for medical information to be shared among behavioral health specialists, primary care managers and other members of a patient's medical team. That way, everyone stays informed throughout the entire process.

Another recommendation is to have your scheduling team hold a few appointments open for recently discharged patients. This way, newly discharged patients do not have to wait long to be seen. Other helpful practices include sending appointment reminders. Even a simple text can be enough to remind a patient of an upcoming appointment.

Similarly, remind the hospital staff to send you information regarding the hospitalization (if they have not done so already). Having that information available can help your patient get the most out of his or her follow-up visit with you.

Hospital stays can be stressful for behavioral health patients – so much so that follow-up visits with a primary care manager or specialist often falls to the wayside. Follow-up care is an integral part of recovery, and as a TRICARE provider, you play a big part in that recovery.

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.

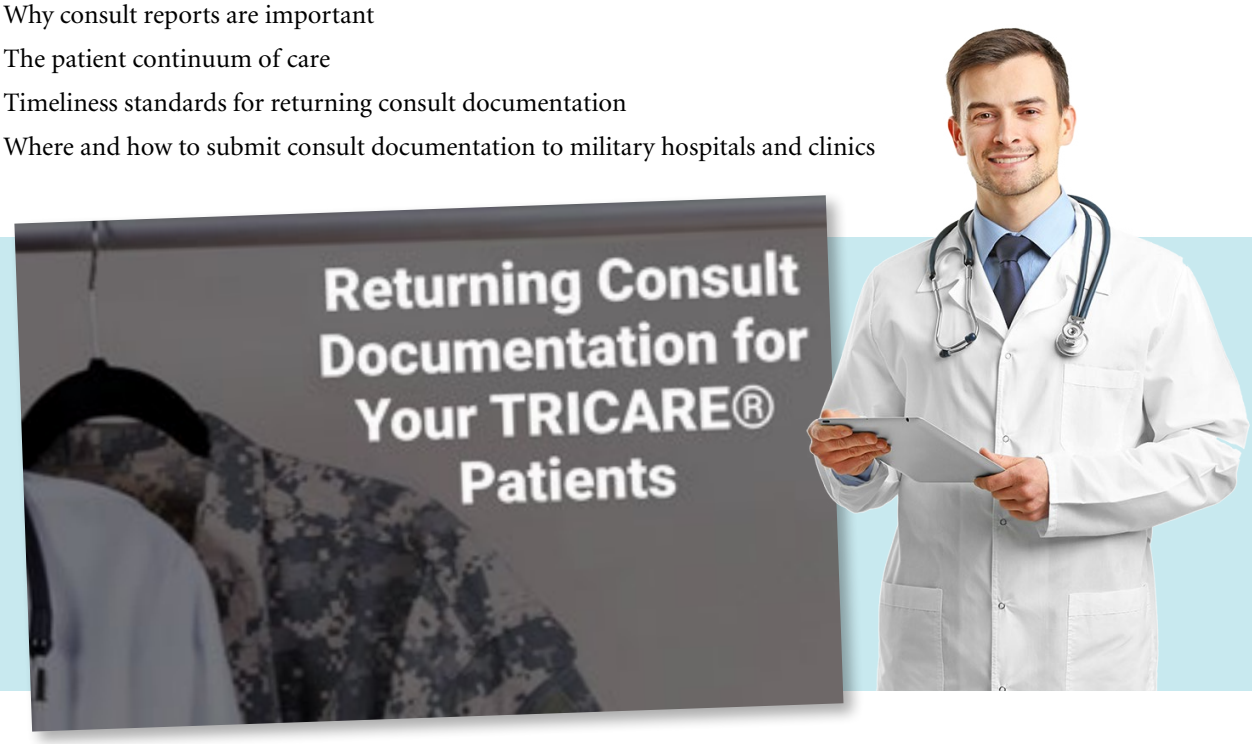
Be sure to review the details of approval letters issued by HNFS with your TRICARE patients. Each letter will specify the approved specialty provider. If a beneficiary sees a provider other than who was approved, point-of-service charges may apply. Beneficiaries and providers can access copies of approval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

Learn the Basics About Submitting Consult Reports to Referring Military Providers

If you are treating a TRICARE patient who was referred by a military hospital or clinic, you will need to submit consult documentation – 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.

We encourage you and your staff to check out our online module, "**Returning Consult Documentation for Your TRICARE Patients.**" The module, which takes less than 10 minutes to complete, covers:

- Why consult reports are important
- The patient continuum of care
- Timeliness standards for returning consult documentation
- Where and how to submit consult documentation to military hospitals and clinics



As a reminder, once you have rendered care, the "clock" for returning consultation or initial assessment documentation begins.

Consultation Type	Consultation Standard
Emergent care	Send within **24 hours**
Urgent care	Send within **48 hours**
All others (*except mental health)	Send within seven **business days**
Mental health assessment	Mental health care providers: Submit brief initial assessments within seven **business days**.

Visit our **Consultation Reports** page to learn more.