



## Coast Guard HR Flag Voice 163

### THE "SYSTEM" AND US -- WHY DON'T THOSE FOLKS AT TRICARE UNDERSTAND?

**Perhaps all too often, we find ourselves quick to blame some program or "system" for failing to satisfactorily meet our needs.** We all tend to do it -- it's part of "human nature" to react that way when under stress. But most notably, in the process of placing blame, we do not take advantage of the problem resolution processes that were put in place to help and offer a remedy. Instead, we should be asking ourselves as informed consumers what else can be done and who can help us take action, rather than taking out our frustration over initial failed personal attempts.

Our "horror" stories spread far and wide, often coated with the inevitable additional doses of embellishment as the "details" get passed from person to person. When those in a position to help are finally brought into the loop and allowed to get involved, what seemed like an intractable problem often gets resolved in very little time. Unfortunately, we tend to be quick to spread the "bad" news, but rarely make the same effort to then tell the "good" news. The result is that many of our people hear only one side of the story and draw conclusions that can affect their view of service life and their plans for retention. Examples of "bad" stories that get rooted in the folklore unfortunately abound, but certain programs seem to create more than their share of such stories. A program and a system that immediately comes to mind is TRICARE, the military's managed health care delivery system.

**I am sure that many of you will relate to the narrative below. It is a compilation of some real-life Coast Guard examples of so-called TRICARE "horror" stories. What is perhaps different this time is that these "horror" stories are accompanied by the eventual solutions and happy endings that most of us rarely get to hear about.**

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**TRICARE, like any other program of its magnitude (responsible for over 8 million beneficiaries in the Military Health System), certainly has its share of growing pains and problems.** Many of our people have, at one time or another, been affected by TRICARE related problems. These problems may have occurred when you and your family were stationed at units with access to a host of military medical facilities, or when you were stationed in remote areas lacking military health care or TRICARE civilian providers. Who hasn't been affected by some billing problem with a TRICARE provider, an access problem attempting to get a timely appointment, or an unsatisfactory experience trying to resolve a customer assistance problem at some point in their career? While we continue to devote significant effort to solve these ongoing legitimate problems, the focus for this Flag Voice is on the truly major "catastrophic" problems where members and their families can quickly find themselves in "well over their heads" and in need of expert help. **Unfortunately, many of us wait far too long to ask for help, or simply don't know where to turn for help. For example:**

Case #1: A Petty Officer found himself at wits end facing tens of thousands of dollars in medical bills that the

hospital claimed he owed for the care provided to a very sick child. Swamped with dunning letters from collections agencies and daily phone calls from billing offices, his ability to focus at the work place and at home was severely compromised. The message here was loud and clear. "TRICARE was denying care to a very sick child and placing the entire family in great financial and emotional jeopardy at a time when they could least afford it."

Case #2: A pregnant mother was told that her unborn child's best chance for a normal life was to have a very complicated, in-utero procedure that TRICARE refused to authorize. The procedure was only performed at a certain hospital in a different state, and was deemed to be "experimental" and therefore, not covered. A young couple's life was being torn apart by an initial reading of the "managed care" rules. The message here was loud and clear. "TRICARE was denying an unborn child the right to live a normal life by challenging the effectiveness and proof of a major new surgical approach."

Case #3: An active duty family was distraught that they could not get approval to allow their injured Coast Guard active duty son to be transferred to a specific head trauma rehabilitation center that was strongly recommended by their attending medical team. This particular head trauma rehabilitation center was located in a different state and in a different TRICARE region. Their son was suffering from a loss of motor and sensory function as a result of a motor vehicle accident, and a timely and expert physical therapy regimen and rehabilitation process were crucial toward increasing his chances for a positive recovery. The message here was loud and clear. "TRICARE was refusing to authorize care at a recognized civilian center of excellence in a different region from where the patient was registered."

Case #4: An active duty family struggled to find ways to stay together and pay their bills when it appeared that the only option for care for their critically ill father and husband was to be flown over a thousand miles away from their home and duty station to a certain military hospital for a highly specialized medical procedure. The family wanted the care provided at a local medical center that was ready, willing and able to assist them, and wanted the medical costs covered for a relative to donate the tissue required for the procedure. At issue was not only where the care should be provided, but whether or not local payment authorization would be approved to cover the costs to allow a non-service connected relative to serve as a tissue donor. The message here was loud and clear. "TRICARE was insisting on keeping the patient in a military hospital, despite the fact that the hospital was over a thousand miles away, would represent a break in the local continuity of care, and would separate the family at a very fragile emotional time."

**What are the common denominators in the above depictions?** There are several:

First, an active duty member or an active duty family member had a serious medical condition requiring immediate, specialized attention.

Second, the initial response from TRICARE on how and where to treat that person was not what the family wanted and perhaps also not what the family's attending physician wanted.

Third, the medical situation, which was stressful and emotionally draining enough, was compounded by perceived problems with what appeared to be an unresponsive and uncaring health care bureaucracy.

Fourth, these members and their families “suffered in silence,” not realizing where or to whom to turn to for help.

Fifth, while a Coast Guard MLC-based health care beneficiary assistance team was in place to advocate for and to help these families, the team was not aware of the problem as it initially unfolded and extracted its emotional toll. Indeed, far too many Coast Guard members and their families, including several senior officer and enlisted members, remain unaware of the Coast Guard’s MLC-based, toll-free help line (1-800-9-HBA-HBA).

Sixth, faced with a feeling of helplessness and of having to go it alone, the people involved pointed a finger at the system for failing them. **But most importantly:**

**Seventh, all of these scenarios eventually had satisfactory endings once Coast Guard beneficiary assistance intervention occurred.**

As a result of numbers “one through six” above, an unknown amount of damage was done in the form of a very negative “verbal message” to fellow shipmates and families that the system is broken.” How many of us ever get to hear the “good news” message in “seven” above?

**What eventually happened in each of these cases?**

Case #1: Once the appropriate Coast Guard MLC beneficiary assistance team was notified, the petty officer confronting the tens of thousands of dollars in unpaid bills or denied claims was asked to forward copies of the health care invoices for review. In a team effort that took several days to fully sort out, virtually all of the unpaid for care was resolved through successful appeals to TRICARE. Remaining charges involved items such as hospital telephone use. Often, when faced with a crisis, we tend to get what we need now and worry about who is going to pay later. The TRICARE system was not wrong to initially deny payment for a host of specialty procedures that they did not authorize. Patients cannot self-refer to specialists without proper authorization. TRICARE staff were simply following the rules and doing their jobs. As soon as the member starting receiving claims denials, he should have asked for help. Consumed by the illness of a family member, he understandably put it off. It is easy to empathize with this type of situation. Here is a case where it is quite likely that a fellow shipmate was aware of the problem. He or she could have alerted the command at the first sign of trouble to ask for help on behalf of a fellow member.

Case #2: Once the Coast Guard became aware of the problem with the need for complex in-utero surgery, several elements sprang into action. In this case, the member’s chain-of-command engaged, resulting in District Commander notification to Headquarters and to the appropriate MLC. Research into the procedure provided sufficient evidence to demonstrate that it was no longer considered “experimental” and should be a covered benefit. Once presented with all of the pertinent facts, TRICARE concurred and the member’s wife had successful in-utero surgery. Such an effort was clearly beyond the capabilities of the local command and its members. High level, medical expert intervention was required to talk physician-to-physician. Once this occurred, a mutually satisfactory solution was worked out.

Case #3: Once the appropriate MLC was brought into the consultation process, a dialogue was initiated between the MLC medical officer and the patient’s referring medical team. Once the determination was made that the referral as written was the best option for the patient and for the family, the MLC staff engaged with TRICARE

to make it happen. Presented with all of the relevant facts, TRICARE authorized payment for the head trauma rehabilitation care at the desired hospital, and made the necessary arrangements to ensure the proper processing and payment of the subsequent health care bills.

Case #4: Here is another situation where the member alerted their chain-of-command of a problem and the Coast Guard system intervened to meet the family's need. Care was arranged at the local hospital within reasonable proximity to the member's unit so the family didn't have to be separated, and their children were allowed to remain in their local school without interruption. TRICARE agreed to cover the medical costs associated with a relative who served as a tissue donor. The patient was able to continue to be followed by his original physician, continuity of care was preserved, and the family was together and present to provide much needed support.

### **What can we all learn from the above?**

First, you can't get help if you don't ask for it.

Second, while not every problem will have a perfect solution, many potential good options exist.

Third, while primary responsibility rests with the individual, all of us bear a collective responsibility as members of Team Coast Guard to look out for our fellow shipmates. This responsibility extends from your fellow colleagues straight up the chain to command leadership.

Fourth, the Coast Guard has invested significant resources to establish and maintain effective and responsive health services beneficiary assistance teams to help our members and their families with health benefits issues.

### **Help is a toll-free call away at 1-800-9-HBA-HBA.**

Fifth, the system isn't perfect, but it isn't broken. We are all, individually and collectively, part of the "system." Actions on our part are required to make the system more responsive to our needs. These actions often require levels of health care administration expertise that are far beyond the capabilities of those lacking specialty training in these areas. We have the specialists to work on your behalf who have the best chance to effect satisfactory resolutions. Learn who they are and learn how to use them!

Sixth, if you successfully solve a problem, share the solution with your shipmates. Spread the good news too. Our junior people look to our senior people as mentors and role models. All of our people must rededicate their efforts to become a part of the solution. Our senior people, especially those in command and leadership roles, must know how to access all of our resources as well as know how to impart that knowledge effectively to all of their people.

Finally, we must follow the rules. Coast Guard intervention is not intended to circumvent the TRICARE system. It is intended to explore all means possible and allowable to achieve a desired result. As such, our success rate for satisfactory outcomes is very high when our beneficiary assistance teams are properly accessed at the appropriate time. We are not alone in this effort. DoD/TRICARE has stood up several customer assistance centers to improve service. The National Defense Authorization Act includes numerous provisions designed to improve recognized system shortcomings. Let's all do our part to make the system work for all of us!

Most health benefits problems can and should be solved locally. Learn to use your local Health Benefits Advisor, your local Independent Duty HS (HSs assigned to units with sick bays), your local Coast Guard clinic, and your local TRICARE Service Center.

**If you cannot resolve your problem locally, help is just a toll-free call away at the MLC at 1-800-9-HBA-HBA.** The Coast Guard men and women staffing these MLC-based help lines have the expertise and experience to solve the “tough” cases and make the system work for you!

Remember, let’s focus on ourselves first and make sure we do our part before we blame others or the "system." This is simply one of our Core Values -- RESPECT. By doing so, you’ll be giving our own highly skilled and motivated Coast Guard people a chance to help you. Thanks!

Regards, FL Ames

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