



6000
22 Dec 2008

MEMORANDUM

From: LT J. G. ALLEN, Clinic Administrator
CG ATC

To: CG ATC

Thru: (1) CG ATC (hsd) *[Signature]*
(2) CG ATC (xo) *John G. Allen 1/2/09*

Subj: PATIENT ADVISORY COMMITTEE MEETING MINUTES FOR 18 DEC 2008

1. The Patient Advisory Committee (PAC) was convened at 1030 on 18 Dec 2008. Attendees present were:

Mrs. Tara Dunn (TRICARE Service Center)
AET2 Paul Battin (ATC) YN2 Jennifer Giles (ATC)
HS1 Lisa Anthony (Sector Mobile) Ms. Trudy Brackin (ATC)
HSC Derrick Pettis (Sector Mobile) AETCM William Spidle (Sector Mobile)
AETC Tim Monahan (ATC) YN2 Gamma Negron (ATC)
CDR Pamela Stewart-Kuhn (ATC) AMTCM Robert Murphy (ATC)
ASTCS Christopher Walker (ATC) LT John G. Allen (ATC)

2. Old Business:

a. Reviewed clinic services available. See enclosure 1 for review of services available. The up chit clinic has been expanded to Mondays, making it available two days a week now.

3. New Business:

a. LT Allen discussed the Periodic Health Assessment (PHA). See enclosure 1 for details. The PHA is to be done during a member's birth month on an annual basis. Effective 01 Jan 2009, all personnel enrolled to a CG clinic will be required to have a PHA during the birth month. CG personnel not enrolled to a CG clinic are targeted to start their PHAs in March 2009.

b. Mrs. Dunn discussed the following TRICARE Topics:

i. Supplemental / gap insurance, specifically MEDIPLUS offered by the Military Officers Association (MOAA). See enclosure (3).

ii. Guidelines for making Primary Care Manager (PCM) changes within the same region due to address change or region move. See enclosure (4).

iii. Guidelines for updating DEERS. See enclosure (5).

- iv. Loss of eligibility-information on factors that affect eligibility for care. See enclosure (6).
 - v. Guidelines for voluntary disenrollment. See enclosure (7).
 - vi. Respite care for wounded active duty members. See enclosure (8).
 - vii. Discussion of the available Behavioral health Online resources See enclosure (9).
 - viii. Discussion of the Value Options program and pharmacy services.
- c. LT Allen provided an update on pharmacy services.
4. The next PAC will be scheduled for late March.

#

Enclosures: (1) PAC Meeting agenda/PPT for 26 Sep 2008
(2) Attendance Rosters for 26 Sep 2008
(3) Supplemental / gap insurance handout
(4) PCM changes information handout
(5) Updating DEERS handout
(6) Loss of eligibility informational handout
(7) Guidelines for voluntary disenrollment handout
(8) Respite care for wounded active duty members handout
(9) Behavioral health Online resources handout

Copy: Patient Advisory Committee

Patient Advisory Committee
Meeting
December 18, 2008



Agenda

- Introduction
- Review of Clinic Services
- Overview of Periodic Health Assessments (PHAs)
- ATC Pharmacy Updates
- TRICARE News and Updates
- Beneficiary Feedback, Closing Comments, and Questions



Review of Clinic Services

Review of Key Clinic Services

- Vasectomy Services
 - Requires two appointments:
 - First appointment is for counseling and obtaining consent
 - Second appointment is for procedure to be performed
 - Requires patient acknowledgement that CG will not pay for a reversal in non-federal facilities



New Clinic Services

- Many patients not aware clinic has after hours duty HS
 - Duty HS available for acute/urgent care: 441-6410
 - Has contact with medical officer and other staff members to address after hours issues
- TRICARE On line
 - Now have the ability to make medical appointments online
 - Requires registration at <http://www.tricareonline.com>
 - Focus is same day appointments



New Clinic Services

- Walk in up chit clinic expanded to include Mondays (0720-0800) and Thursdays (1415-1450):
 - Target audiences for the clinic are:
 - Day and night shift personnel who are in need of an up chit.
 - Newly arriving ATC aviation personnel. Note: All personnel checking into ATC must meet with the flight surgeon or aviation physician assistant to obtain an up chit PRIOR to participating in flight duties.
 - Appointments will still be available, but this provides an additional means to obtain an up chit.



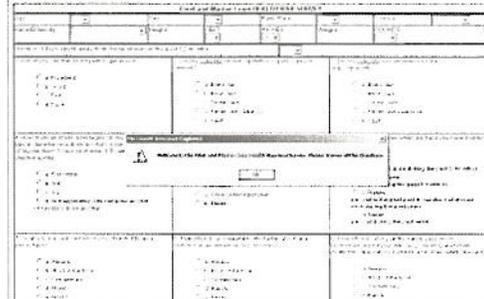
Enclosure (1)

Step 2 – At the Health Risk Assessment (HRA) homepage, in the UIC space, enter your 7 digit OPFAC (with no dashes or spaces). For CG personnel, the OPFAC can be found on your LES or contact your local Servicing Personnel Office. For PHS officers, contact the cognizant medical administrator. Select Login.



ATC OPFAC: 7665100

Step 3 – The self-assessment consists of 21 questions and should take only a few minutes to complete. Answer all of the questions. PHS officers must select the Coast Guard as the branch of service.

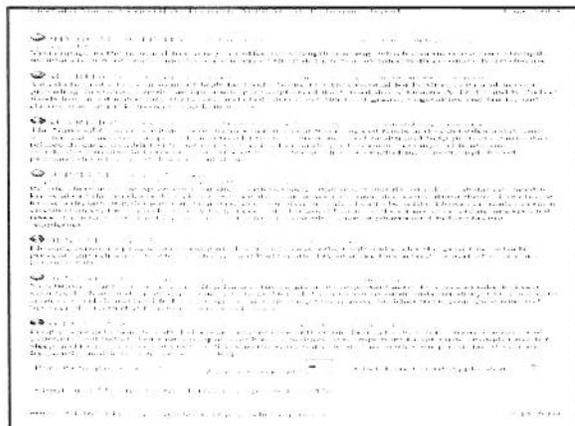
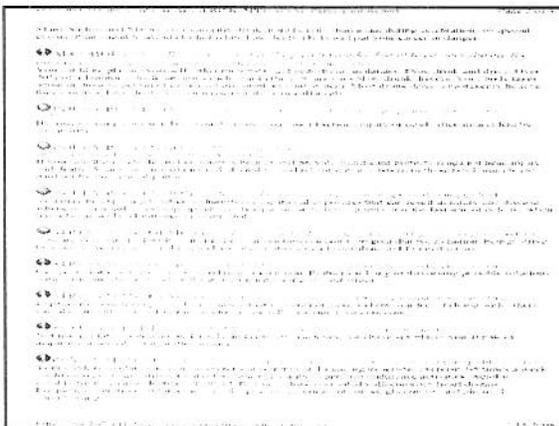
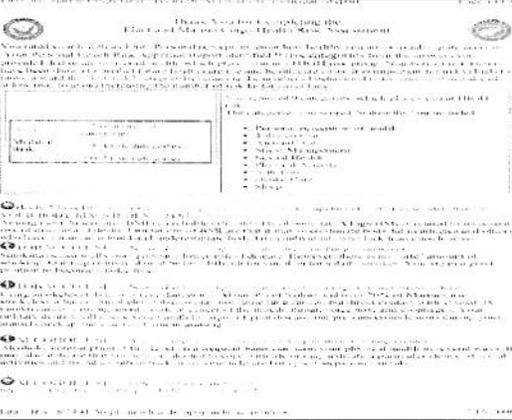


Step 4 – As soon as you finish the assessment, you will receive a personalized report based on the responses provided. Print out a copy of the report to take to the PHA.



The report contains numerous links to educational material that can be opened in separate windows without closing the report. However, once the report is closed, you will need to log out of the system.

Step 5 – Make a PHA appointment during your birth month after completing the HRA.



ATC MOBILE CLINIC PATIENT ADVISORY COMMITTEE MEETING

18 Dec 2008

ATTENDANCE ROSTER

NAME/Rank / UNIT and Division / CONTACT INFO (E-mail, phone, etc.)

1. YN2 Jennifer Giles / SPO / 251-441-6307 jennifer.giles@uscg.mil
2. AETC PAUL BATTIN / ATC AVENG DIV / 5864 paul.w.battin
3. HSI Lisa Anthony / DD-Pascagoula 228 769 5007 Lisa.D.Anthony
4. ATC Derrick Pettis / Sector Mobile / 441 6340 6240
5. MCPO William Spidle / Sector Mobile CMC / 441-6523
6. AETC TIM MONAHAN / ATC AVENG DIV HU-25 SHIP / x 5324
7. YN2 GAMA NEGRON / ATC TRADIV / x 6711
8. CDC P. Stewart Kuhn / ATC Med / 6878
9. AMTCM Rosat G. Murphy ATC AVENG DIV. LCPO x 6666
10. ASTCS Christopher S. Walker ATC ALSE Prime Unit x 6015
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Enclosure (2)

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Active Duty
Guard/Reserve
Second Career
Fully Retired
Family/Survivors

MOAA Insurance Plans

MOAA has worked with Marsh Affinity Group Services, a service of Seabury & Smith, Inc. since 1981 to administer Group Insurance Plans. MOAA members benefit from this partnership through access to a wide variety of excellent insurance products at economical rates. These plans have been negotiated exclusively on behalf of MOAA members and their families. MOAA members, whether Active Duty, National Guard, Reserve or Retired officers, may qualify for insurance to complement their and their family's military entitlements.

To learn more about these benefits, simply click on each insurance plan for plan descriptions and applications.



"Serving Those
Who Serve
America."

MOAA Insurance Program

- My Account
- Home
- TRICARE Supplements
- TRICARE Reserve Select Supplements
- Life Insurance
- Accident Plan
- Hospital Income Plan
- Short Term Recovery Plan
- Short Term Medical Plan
- Forms & Links
- Contact Us

Long Term Care Availability

To learn more about individual long term care insurance plans endorsed by MOAA and offered through Seabury & Smith, Inc., please [click here](#).

DirectClaim: MOAA's electronic filing process for MEDIPLUS® TRICARE Supplement claims.

Eligible TRICARE Supplement claims can be filed electronically, saving your time and involving less paperwork! [Click here for more details.](#)

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Military Officers Association of America, 201 N. Washington St., Alexandria, Va. 22314 | (800) 234-6622 (MOAA)

Enclosure (3)

How MEDIPLUS® Teams Up With Active Duty TRICARE Standard

The MEDIPLUS Active Duty Inpatient and Outpatient Plan with No Deductible

Type Of Care:	TRICARE Standard Pays:	With TRICARE Standard Benefits Only You Must Pay:	The MEDIPLUS Active Duty Plan Pays:
Civilian Hospital (Inpatient)	All TRICARE Standard allowable amounts except the first \$25 or current daily subsistence charges (whichever is greater).	The first \$25 or current daily subsistence charges (whichever is greater); PLUS all charges over the TRICARE Standard allowable amount.*	The first \$25 or current daily subsistence charges (whichever is greater); PLUS 100% of the difference between the TRICARE Standard allowed amount and the actual bill.
Government Hospital (Inpatient)	Nothing	Current daily subsistence charges.	Current daily subsistence charges.
Civilian Doctors, Clinics, etc. (Outpatient)	80% of TRICARE Standard allowable amounts after the annual TRICARE Standard outpatient deductible.	The remaining 20%, the TRICARE Standard deductible and all costs over the TRICARE Standard allowed amounts.*	The remaining 20% after the TRICARE Standard deductible, PLUS 100% of the difference between the TRICARE Standard allowed amount and the actual bill for covered expenses.

Outpatient Prescription Drugs

(From civilian TRICARE network pharmacy)	The TRICARE allowed amount minus your cost-share.	\$3 for 30-day supply of formulary generic prescriptions, \$9 for 30-day supply of formulary brand name prescriptions, \$22 for 30-day supply of non-formulary prescriptions.	\$3 for 30-day supply of formulary generic prescriptions, \$9 for 30-day supply of formulary brand name prescriptions, \$22 for 30-day supply of non-formulary prescriptions.
(From TRICARE Mail Order Pharmacy)	The TRICARE allowed amount minus your cost-share.	\$3 for 90-day supply of formulary generic prescriptions, \$9 for 90-day supply of formulary brand name prescriptions, \$22 for 90-day supply of non-formulary prescriptions.	\$3 for 90-day supply of formulary generic prescriptions, \$9 for 90-day supply of formulary brand name prescriptions, \$22 for 90-day supply of non-formulary prescriptions.
(From a non-network pharmacy)	The TRICARE allowed amount minus your cost-share, after the annual TRICARE deductible.	The annual TRICARE outpatient deductible, PLUS \$9 or 20% of the cost (whichever is greater) for a 30-day supply of formulary prescriptions, \$22 or 20% (whichever is greater) for a 30-day supply of non-formulary prescriptions.	\$9 or 20% of the cost (whichever is greater) for a 30-day supply of formulary prescriptions, \$22 or 20% (whichever is greater) for a 30-day supply of non-formulary prescriptions, after you meet the TRICARE outpatient deductible.

If TRICARE does not pay according to the DRG system, the TRICARE reimbursement will be 75% of the allowed amount.

*If you have other coverage that will pay before your MEDIPLUS and TRICARE benefits begin, TRICARE payment may be less than 75% of the allowed amount. MEDIPLUS will limit its payment to an amount which when added to the amounts paid by the Employer Health Program and TRICARE, will not exceed 100% of TRICARE covered expenses.

**TRICARE limits retirees to \$3,000 per year for deductibles and copayments (\$1,000 for Active Duty family members). Please remember, however, that you must pay for 100% of all medical bills that are more than TRICARE allows.

***Expenses used to satisfy the TRICARE outpatient deductible may not be applied toward the \$300 or \$150 deductibles in the Inpatient and Outpatient Plans with Deductible.

Please Note: Your MEDIPLUS deductible period will start with your effective date. (This may be different than TRICARE's fiscal year deductible period, which begins on October 1st of each year).

Important Information Regarding Veterans' Administration (VA) Hospitals — TRICARE supplement insurance policies pay benefits only after TRICARE has first reviewed and approved the expense. A review by TRICARE results in a TRICARE Explanation of Benefits ("EOB"). Many VA Hospitals currently do not submit their claims through TRICARE. Only claims TRICARE processes, resulting in an EOB, are subject to benefits under Hartford Life and Accident Insurance Company's TRICARE supplement insurance policies. If you use VA facilities for your care, please be aware of this TRICARE supplement policy requirement.

VA Hospitals also can charge the veteran a Category C copayment based on a means test per Public Law 99 Section 272. This law specifically applies only to the veteran and not the insurance company. The Hartford is not liable for payment of these charges.

#2
Department of Veterans Affairs Health Care Facilities

Many Department of Veterans Affairs (VA) health care facilities participate in TRICARE as network providers. While VA facilities may or may not provide primary care, many do provide specialty care. Be sure to find out the VA facility's status as a TRICARE network or non-network provider before you receive TRICARE-covered health care at a VA facility.

Note: Active duty service members who are referred to a VA medical facility for a service-connected condition must receive health care benefits under the VA program. When an active duty service member with a service-connected condition is referred to/being treated by the VA, the Department of Defense (DoD) is still responsible for payment for the care rendered.

Some retired service members may be eligible for both TRICARE and VA benefits (the VA offers health care programs separate from TRICARE— refer to the VA Web site at www.va.gov for details), so you will have to choose which program you want to use. When choosing between TRICARE and VA benefits, carefully compare the costs and the financial demands of each option to make the best decision.

Your Primary Care Manager

When you enrolled in TRICARE Prime, you selected or were assigned a primary care manager (PCM). Your PCM provides your routine health care and coordinates referrals for specialty care that he or she cannot provide. Your PCM may be an MTF provider or a civilian TRICARE network provider within a Prime service area (PSA).

A PSA is a geographic area where TRICARE Prime benefits are offered. It's typically a geographic area around an MTF and specific areas with a significant concentration of uniformed service personnel and retirees and their families.

A PSA must also have a substantial medical community to support most or all TRICARE Prime enrolled beneficiary medical needs.

On-Call Providers

PCMs are required to provide access to care 24 hours a day, seven days a week. To cover all hours, your PCM may designate an on-call provider who will act on their behalf to support your health care needs. Therefore, the information, instructions, care, or care coordination you receive from the on-call provider should be treated as if it was coming from your PCM.

Changing Your Primary Care Manager

You may change your PCM at any time provided the new PCM is accepting new patients and your request complies with local MTF guidelines. Once you have selected a new PCM from your regional contractor's provider directory (viewable online at each contractor's Web site), complete a *TRICARE Prime Enrollment and PCM Change Form* with the new PCM's name and address.

You only need to complete the portion of the form related to the PCM change. The change will become effective once the application is received and processed by your regional contractor. You may also call your regional contractor to change your PCM. Once your PCM change is processed, you will be mailed a confirmation letter with the new PCM name and telephone number.

and page 29

Enclosure (4)

#3 Life Events

DEERS

TRICARE Prime continues to provide health coverage for you and your family as you experience major life events. You will, however, need to take specific actions to make sure you remain eligible for TRICARE. With every life event listed in this section, the first step is to update your information in the Defense Enrollment Eligibility Reporting System (DEERS).

To update DEERS:

- Visit a uniformed services personnel office. Find one near you at www.dmdc.osd.mil/rsl.
- Call 1-800-538-9552.
- Fax address changes to DEERS at 1-831-655-8317.
- Mail the address change to:

The Defense Manpower
Data Center Support Office
Attn: COA
400 Gigling Road
Seaside, CA 93955-6771
- Update addresses electronically at www.tricare.mil/DEERS.

Read the following sections to learn what to do when you get married, have a child, move, retire, and more.

Getting Married or Divorced

Marriage

It's extremely important for sponsors to register their new spouses in DEERS to ensure they are eligible for TRICARE. To register a new spouse in DEERS, the sponsor will need to provide a copy of your marriage certificate to the nearest uniformed services identification (ID) card-issuing facility. Once your spouse is registered in DEERS, he or she will receive a uniformed services ID card and will be eligible for TRICARE. When accessing care, your spouse will be asked to show his or her ID card.

Registration in DEERS is not the same as enrolling in TRICARE Prime. Once your spouse is

registered in DEERS, he or she will need to enroll in TRICARE Prime, or he or she will be covered by TRICARE Standard and TRICARE Extra. For TRICARE Prime enrollment, download an enrollment application from your regional contractor's Web site, visit a local TRICARE Service Center (TSC), or call your regional contractor to request an enrollment application.

#2

Your new spouse's TRICARE Prime enrollment is effective based on the 20th-of-the-month rule. With the 20th-of-the-month rule, as long as your regional contractor receives the completed enrollment application by the 20th of the month, coverage will begin on the first day of the next month. The application must be received by the 20th of the month, not postmarked by the 20th of the month. If the form is received after the 20th of the month, then coverage begins on the first day of the following month. See the Figure 5.1 to determine when TRICARE Prime coverage begins.

Figure 5.1

Application Received	Enrollment Start
January 1-20	February 1
January 21-31	March 1
February 1-20	March 1
February 21-28	April 1
March 1-20	April 1
March 21-31	May 1
April 1-20	May 1
April 21-30	June 1
May 1-20	June 1
May 21-31	July 1
June 1-20	July 1
June 21-30	August 1
July 1-20	August 1
July 21-31	September 1
August 1-20	September 1
August 21-31	October 1
September 1-20	October 1
September 21-30	November 1
October 1-20	November 1
October 21-31	December 1
November 1-20	December 1
November 21-30	January 1
December 1-20	January 1
December 21-31	February 1

Enclosure (5)

#4 Loss of Eligibility

Upon loss of TRICARE eligibility, each family member will automatically receive a certificate of creditable coverage. The certificate of creditable coverage is a document that serves as evidence of prior health care coverage under TRICARE so that you cannot be excluded from a new health plan for pre-existing conditions. Examples of when certificates may be issued include:

- Upon the sponsor's separation from active duty, a certificate will be issued to the sponsor listing all eligible family members.
- Upon the loss of eligibility for a dependent child (age 21, or 23 if a full-time student), a certificate will be issued to the dependent child.
- Upon loss of coverage after divorce, a certificate will be issued to the former spouse, as soon as the information is updated in DEERS.

Certificates automatically reflect the most recent period of continuous coverage under TRICARE. Certificates issued upon request of a beneficiary will reflect each period of continuous coverage under TRICARE that ended within the 24 months prior to the date of loss of eligibility. Each certificate identifies the name of the sponsor or family member for whom it is issued, the dates TRICARE coverage began and ended, and the certificate issue date.

Send written requests for a certificate of creditable coverage to the Defense Manpower Data Center Support Office (DSO) at:

Defense Manpower Data Center
Support Office
Attn: Certificate of Creditable Coverage
400 Gigling Road
Seaside, CA 93955-6771

The request must include:

- Sponsor's name and SSN
- Name of person for whom the certificate is requested
- Reason for the request
- Name and address to which the certificate should be sent
- Requester's signature

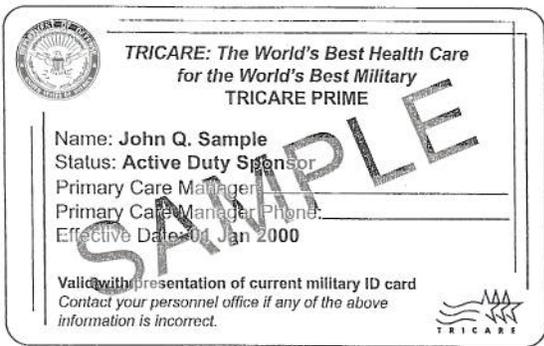
Certificates cannot be requested by phone. If there is an urgent need for a certificate of creditable coverage, fax your request to the DSO at **1-831-655-8317** and/or request that DSO fax the certificate to a particular number.

Additional information is available at www.tricare.mil/certificate.

#5

Enrollment Card

You and each enrolled family member will receive his or her own TRICARE Prime enrollment card. Included with the card is a letter identifying your PCM's name and telephone number. Write your PCM's name and telephone number on your card. TRICARE network providers may require you to show the enrollment card as well as your uniformed services identification (ID) or Common Access Card (CAC) at the time of service. Your TRICARE Prime enrollment effective date is printed on this card.



The TRICARE Prime enrollment card does not verify your eligibility for TRICARE. Only your DEERS record can verify eligibility.

Disenrollment

Enrollment in TRICARE Prime is continuous—you do not have to re-enroll every year to maintain coverage. Certain events will, however, cause you to be disenrolled from TRICARE Prime.

Sponsor Status Change

Any change in the sponsor's status (e.g., retirement or National Guard and Reserve member deactivation) will cause you to be disenrolled automatically from TRICARE Prime. If you will remain eligible for TRICARE Prime (after the status change), you should submit a new enrollment application to your regional contractor before the status change occurs to avoid a lapse in coverage.

Non-Payment of Enrollment Fees

If you are required to pay enrollment fees and you do not pay them when due, you will be disenrolled from TRICARE Prime. When disenrolled for non-payment, you are subject to a 12-month lockout during which you will not be permitted to re-enroll in TRICARE Prime. To avoid missing an appointment, learn about automatic payment options in the *TRICARE: Summary of Beneficiary Costs* flyer or contact your regional contractor.

Becoming Medicare-Eligible at Age 65

When you become entitled to premium-free Medicare Part A at age 65, you automatically lose eligibility for TRICARE Prime and become eligible for TRICARE For Life (TFL) if you have Medicare Part B coverage. Visit www.tricare.mil/tfl for more information about TFL.

Note: If you are not entitled to premium-free Medicare Part A when you become age 65, you remain eligible for TRICARE Prime, Standard, and Extra, and you are not required to have Medicare Part B coverage. You must present a Social Security Administration Letter of Disallowance to an ID card-issuing facility to retain TRICARE coverage.

Voluntary Disenrollment

If you choose to disenroll from TRICARE Prime before the annual enrollment renewal date, you are subject to a 12-month lockout,* during which you will not be permitted to re-enroll in TRICARE Prime. You must contact your regional contractor to initiate a voluntary disenrollment.

Active duty service members must enroll in either TRICARE Prime or TRICARE Prime Remote. Voluntary disenrollment is not an option.

* The 12-month lockout provision does not apply to active duty family members of sponsors grade E-1 through E-4.

HEADS UP!

AN HMHS INTERNAL COMMUNICATION

Respite Care Benefit for Seriously Ill or Wounded Active Duty Members

TOM Chapter 18, Section 3 and Addendum C.

What's New?

Beginning October 24, 2008, the Respite Care Benefit for Active Duty Service Members (ADSM) will be implemented. The benefit is effective back to January 1, 2008. ADSMs who qualify for the benefit may be reimbursed for any out-of-pocket cost associated with receiving respite care services from January 1 2008 forward. No cost shares or co-pays apply when the services are approved by the appropriate authority.

What is Respite Care?

Respite care is short-term care provided by a TRICARE-authorized Home Health Agency (HHA) for an eligible ADSM in order to provide rest and change for the primary caregiver(s) who have been caring for the seriously ill or wounded active duty member at home.

How to Process a Referral for Respite Care

If a HCF receives a request for respite care for a seriously ill or wounded active duty member, the referral should be built using **TOS HH 05** and referred to a market case manager as these services will require negotiation and a negotiated pricing note in order for PGBA to pay correctly.

Who Can Authorize Services for this Benefit?

Once the Primary Care Manager (PCM) identifies the need for possible receipt of respite care services, responsibility for determining whether an ADSM has a qualifying condition to receive the benefit resides with the Military Medical Support Office (MMSO), the Service Point of Contact (SPOC), the Military Treatment Facility (MTF) or the TRICARE Area Office (TAO), as applicable.

Qualifications for the Benefit

ADSMs may qualify for the benefit if they have a serious injury or illness resulting in, or based on the clinical assessment of the member's provider or case management team that identifies a physical disability or an extraordinary physical or psychological condition which results in the member being homebound, and leaving home would require considerable and taxing effort. As mentioned in the paragraph above, the MTF, MMSO, SPOC or TAO will determine the beneficiary's qualifications for respite. HMHS associates are to accept their decision.

Maximum Allowable Hours

Eligible ADSMs can receive a maximum of 40 respite hours in a calendar week; no more than 5 days per calendar week; and no more than 8 hours per calendar day.

More Information

For more information about the benefit, please see the FAQs on pages 2-4, and refer to the TRICARE Operations Manual Chapter 18, Section 3 and Addendum C.

Questions? Contact Karon Crowe @ kcrowe@humana.com

For HMHS Associate Use Only!

This is Not an Official Document. Please Do Not Distribute to Beneficiaries or Providers.
(May be shared as a courtesy with MTFs and TRO-S.)

Enclosure (8)



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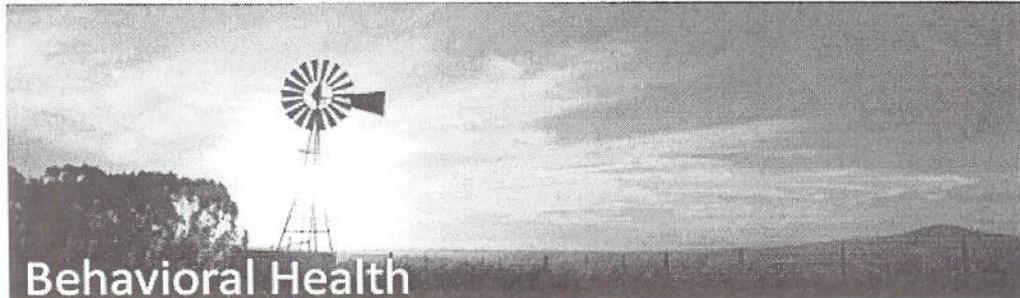
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Behavioral Health

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- [Suicide Awareness](#)
- [Resources](#)
- [Contact Information](#)

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Active Duty and Active Duty Prime Family Members Behavioral Health Provider Locator and Appointment Assistance Line

	Hotline Numbers ▶ Useful behavioral health and substance use national hotline numbers.		Benefit Information ▶ Find out benefit information concerning behavioral health.
	Achieve Solutions ▶ A behavioral health, work-life program & employee assistance program resource		Behavioral Health Disorders ▶ Information on behavioral health disorders
	Military & Family Life ▶ Information on deployment, reunions and family.		PTSD ▶ Information on posttraumatic stress disorder (PTSD)
	Traumatic Brain Injury ▶ Information on traumatic brain injury (TBI)		Suicide Awareness ▶ Information on suicide awareness.
	Resources ▶ Brochures, tipsheets, self-assessment questionnaires		Contact Information ▶ Important contact information, provider locator & appointment assistance line.

Related Links

[Behavioral Health Provider Locator and Appointment Assistance Line](#)
[Find a Provider](#)

FAQs

Last Update: December 03, 2008

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Enclosure (a)

Special Referral and Authorization Requirements

Referral: The act or instance of referring a beneficiary to another authorized provider for necessary medical or behavioral health care treatment.

Prior Authorization: A decision issued electronically or in writing stating that TRICARE will cover services that have not yet been received. Failure to obtain a prior authorization when required may result in a denial of payment for those services.

Active Duty Service Members

Active duty service members (ADSMs) should always seek care first at an MTF, when available. ADSMs must have a referral from their primary care manager (PCM) and have prior authorization from their regional contractor before seeking any behavioral health care services outside the MTF. If enrolled in TRICARE Prime Remote, you may receive authorization from your service point of contact (SPOC) for civilian behavioral health care. See the back panel of this brochure for SPOC contact information.

TRICARE Prime Beneficiaries (Other than Active Duty Service Members)

If you are enrolled in TRICARE Prime, you may receive the first eight behavioral health care outpatient visits per fiscal year (October 1–September 30) from a TRICARE network provider without a referral from your PCM or prior authorization from your regional contractor. If you obtain services from a non-network provider, the office visit will be covered under the point of service (POS) option, resulting in higher out-of-pocket costs.

After the first eight visits (starting with the ninth visit), your behavioral health care provider must receive prior authorization from your regional contractor,* however PCM referrals are not required if you are non-active-duty status. Additional prior authorization requirements apply for inpatient services, outpatient treatment programs, residential treatment center services, and other services. Refer to your regional contractor's Web site for details.

Note: These rules also apply to you if you are enrolled in TRICARE Prime Remote for Active Duty Family Members (TPRADFM) and the US Family Health Plan.

Beneficiaries Using TRICARE Standard or TRICARE Extra

Under TRICARE Standard and TRICARE Extra, referrals are never required. You may receive your first eight behavioral health outpatient visits per fiscal year without prior authorization. After the first eight visits, your behavioral health care provider must receive prior authorization from your regional contractor.* Additional prior authorization requirements apply for inpatient services, outpatient treatment programs, residential treatment center services, and other services. Refer to your regional contractor's Web site for details.

* *Regional Contractors:*

*TRICARE North Region:
Health Net Federal Services, Inc.*

*TRICARE South Region:
Humana Military Healthcare Services, Inc.*

*TRICARE West Region:
TriWest Healthcare Alliance Corp.*