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★ MILITARY & VETERANS MONTHLY



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Military & Veterans Monthly is a joint newsletter brought to you by the TRICARE Regional Office - West and UnitedHealthcare Military & Veterans

REDUCING PRINTED MATERIALS

A Message from Austin Camacho, Chief, TRICARE Beneficiary Education, Communications Division, Defense Health Agency



→ In cooperation with the mission and priorities of the Department of Defense (DoD), the Defense Health Agency (DHA) is working to identify opportunities to go green, reduce inefficiencies and lower costs. To support these goals and make best use of print resources, the DHA Communications Division is more closely examining the quantities of printed products available for ordering.

When requesting additional quantities of printed products from UnitedHealthcare Military & Veterans, please consider the following:

- Have you pointed beneficiaries to the TRICARE Publications page? All printed products are available at www.tricare.mil/publications. Beneficiaries can always access the most up-to-date versions of all products through the TRICARE Publications page.
- Are you looking for the most up-to-date cost information? If so, the information found on www.tricare.mil/costs or the online version of the TRICARE Costs and Fees sheet, available at www.tricare.mil/smart are more frequently updated than print products.
- Would your beneficiaries have received a printed version of the product through another channel (e.g., by request; as a new National Guard or Reserve member; or while attending a Yellow Ribbon, Soldier Readiness Processing, or other event)?
- Do you find yourself throwing away previously requested printed materials because the information becomes outdated or you have too many on hand when new versions become available? If so, an online product or a smaller requested print quantity, might be more appropriate.
- Is there a fact sheet or other online product that will meet your beneficiaries' needs? All TRICARE topics that are covered in print products are also covered on the TRICARE website, and many of these topics are covered in greater detail online. For example, the fact sheets, briefings and other products available online describe in detail the Comprehensive Autism Care Demonstration, claims and appeals, separating from service, as well as most TRICARE program options including the TRICARE Pharmacy Program and dental program options.

Thank you for your continued service to TRICARE beneficiaries and for supporting our efforts to increase fiscal accountability, decrease waste and provide beneficiaries with the most updated information.



TRICARE PHARMACY COPAYS CHANGE

Military pharmacies and TRICARE Pharmacy Home Delivery will remain the lowest cost pharmacy option for TRICARE beneficiaries when most TRICARE pharmacy copays for prescription drugs at Home Delivery and retail network pharmacies change Feb. 1, 2016.

TRICARE was required to change its prescription copays following the 2016 National Defense Authorization Act (NDAA). Starting next month, copays for brand name drugs through Home Delivery will increase from \$16 to \$20, for up to a 90-day supply. At retail pharmacies, generic drug copays will increase from \$8 to \$10, and brand name drug copays from \$20 to \$24 dollars, for up to a 30-day supply. Copays for Non-formulary drugs (Drugs in a therapeutic class that aren't as clinically or cost-effective as other drugs in the same class) and drugs filled at non-network pharmacies will require beneficiaries to pay a higher cost share. All drugs at military pharmacies and generic drugs received through Home Delivery, will continue to be available to beneficiaries at no cost.

The transition from retail pharmacy to Home Delivery can help beneficiaries save up to \$208 in 2016 for each brand name prescription drug they switch to Home Delivery. And, Home Delivery is a safe and convenient way for beneficiaries to receive prescription drugs right to their mailbox.

Beneficiaries are able to view new TRICARE pharmacy copays, learn more about the TRICARE Pharmacy benefit and move their prescriptions to Home Delivery by visiting: www.tricare.mil/pharmacy.

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TRICARE Cataract Coverage Explained



CATARACT REMOVAL IS ONE OF THE MOST COMMON OPERATIONS

performed in the United States. According to the National Eye Institute, it is also one of the safest and most effective types of surgery. In about 90 percent of cases, people who have cataract surgery have better vision afterward.

TRICARE covers cataract surgery, related supplies and services, and also covers the standard Intraocular Lens (IOL), a fixed lens designed to target vision at a single focal point. During cataract surgery, the natural clouded lens is removed and replaced by an IOL to become a permanent part of the eye. Although this procedure provides good distance vision, IOL patients typically need glasses for near and intermediate tasks such as reading and computer use. TRICARE also covers one pair of eyeglasses or contact lenses as a prosthetic device after each medically necessary cataract surgery involving the insertion of an IOL.

If a beneficiary is interested in a non-standard IOL instead of a standard monofocal IOL, they will be responsible for the difference in the charges. For more information about covered vision services, beneficiaries may contact UnitedHealthcare Military & Veterans or visit the Eye Surgery and Treatment page at www.tricare.mil.

CLINICAL CORNER



The Nurse Advice Line: Providing Safe, High Quality Health Advice and Assessments

It's not always easy to know when to seek medical help for urgent health problems. Having access to a trusted medical professional at a moment's notice is invaluable.

The Nurse Advice Line (NAL) is a great evaluation tool for those seeking care or those with medical questions. The telephone hotline provides instant access to a team of Registered Nurses (RNs) who can answer urgent and acute health care questions. The NAL provides TRICARE beneficiaries an assessment of their symptoms and helps them determine appropriate next steps.

In order to give beneficiaries the highest level of care, the NAL needs to speak to the patient directly, or have the patient present during the call. Legally, the NAL cannot provide advice to a third party without the patient being in the room with the caller. If the patient is underage, the nurse does not have to speak to the child, but may need to hear the child's cough or ask a question that the parent may not know offhand. If the patient is over age 13, the nurse may ask to speak to the child directly. Without speaking to or having the patient present, the NAL's RNs cannot give an accurate assessment or advice on the patient's condition.

Beneficiaries can call the NAL, toll-free 24 hours a day, 7 days a week for their urgent medical needs at 1-800-TRICARE (874-2273), Option (1). Beneficiaries can also call their Primary Care Manager or clinic for medical advice and appointments. To learn more about the NAL visit: www.tricare.mil/contactus/callus/nal.aspx.

TRO-W MONTHLY MEDICAL MANAGEMENT WEBINARS

The TRICARE Regional Office-West (TRO-W) Clinical Operations Department continues to offer free Nursing Continuing Education Units (CEUs) or participation certificates. The CEUs are provided by the California Board of Nursing as part of the monthly Medical Management (MM) educational series. These webinars are open to all Military Treatment Facility (MTF) staff that supports Military Health. Topics include Special Needs, Behavioral Health, Utilization and Referral Management, Military Medical Support Office (MMSO), the Nurse Advice Line, Population Health, Quality Management and much more. If you or your staff would like to be added to the MM distribution list, feel free to contact Elizabeth Neal at elizabeth.k.neal.civ@mail.mil or 907-743-1806 or Nancy Wertz at nancy.l.wertz.civ@mail.mil or 619-236-5356.

You may also review archived webinars via the TRO-W eRoom. If you need to register for an eRoom account please contact Nancy Wertz or Elizabeth Neal.

Archived webinars include:

- Nurse Advice Line (NAL)
- Supplemental Health Care Program (SHCP)
- Case and Disease Management
- VA: PolyTrauma
- Behavioral Health Support
- Lab Developed Tests
- Enhanced Multi-Service Market (eMSM)

UPDATES

Update to Implementation of Change Order P00264: MCSC Medical Review of ADSM Medical/Surgical and Behavioral Health Requests

THIS PAST AUGUST, UNITEDHEALTHCARE MILITARY & VETERANS (UHC M&V) received clarification from the Defense Health Agency (DHA) regarding the Supplemental Health Care Program (SHCP) contract modification effective Oct. 28, 2014. Following is a summary of the changes, highlighting the additional component most recently implemented.

Medical/Surgical ADSM Requests

Modification P00264 resulted in Change 111 of the TRICARE Operations Manual (TOM) 6010.56-M and Change 102 of the TRICARE Policy Manual (TPM) 6010.57-M. These latest changes remove the requirement for a medical review (medical necessity) for each medical/surgical Active Duty Service Member (ADSM) request. This includes medical necessity reviews for prior authorization and concurrent review for medical/surgical ADSM requests. UHC M&V will continue to conduct benefit reviews for medical/surgical ADSM requests.

Behavioral Health ADSM Cases

Contract Modification P00264 reinforced the requirement for medical necessity reviews for Behavioral Health ADSM cases, to include both prior authorization and concurrent reviews for behavioral services in the purchased care network.

UHC M&V has been conducting prior authorization and Waiver of Benefit Limits medical necessity reviews for ADSM Behavioral Health admissions. For Behavioral Health admissions on or after December 28, 2015, UHC M&V began conducting concurrent reviews for medical necessity for ADSM Behavioral Health services.

ADSM Benefit Review

All ADSM care requests (medical/surgical and behavioral health) submitted by a Military Treatment Facility (MTF) or civilian Primary Care Manager (PCM) are still subject to TRICARE benefit coverage review criteria, in accordance with TRICARE policies.

All processes and reports remain the same, including denial determination letters as well as the appeals and grievance process. As a reminder, there is no appeal pro-



cess for ADSMs as deviations from policy and/or determinations are under the auspices of the waiver process from the MTF to DHA. In the event of a "factual denial" (denial issued for a lack of benefit), the ADSM must address the issue with his/her command. Please note, denials of requests for days beyond the benefit limit are considered medical necessity denials.

Please refer to this [Frequently Asked Questions \(FAQ\) document](#) for further information regarding the medical review process for behavioral health requests.

If you have questions about this information or process, please contact your respective Vice President/ Director of Market Operations or Director of Market Clinical Services.