CHECK PATIENT ELIGIBILITY AND REFERRAL STATUS AT www.hnfs.com

Remember, you can verify your patient’s TRICARE eligibility and check the status of an authorization or referral using the online tools available at the Health Net Federal Services, LLC (Health Net) website. Visit www.hnfs.com > I’m a Provider > Tools. Registration at www.hnfs.com is required.

To check eligibility, enter the sponsor’s Social Security number (or DoD Benefits number) and the patient’s name and date of birth. All patient information displayed is based on the Defense Enrollment Eligibility Reporting System (DEERS). In addition to TRICARE eligibility dates, you can access deductible, catastrophic cap, other health insurance, and primary care manager information.

To check authorization and referral status, enter the sponsor’s Social Security number and the patient’s name and date of birth, or the patient’s DoD Benefits number and date of birth and select an option for a specific authorization or date range. Once selected, the details of the authorization (number, status, servicing and requesting providers’ information) is displayed.

If not already registered, we encourage providers to register at www.hnfs.com to begin using these features. Look for additional website enhancements in the coming months.

AUGUST IS NATIONAL IMMUNIZATION AWARENESS MONTH

As a practitioner, your recommendation is a highly influential factor in persuading adolescents and young adults to be vaccinated. With back-to-school time just around the corner, there’s no better time to talk with your age-appropriate patients and their parents.

The Advisory Committee on Immunization Practices (ACIP) guidelines recommend preteens 11 or 12 receive the Tdap vaccine (one dose), meningococcal conjugate vaccine (one dose), and the human papillamavirus (HPV) vaccine (three doses), in addition to any overdue vaccines and an annual influenza vaccine. Reach out to remind your patients and their parents about adolescent vaccination in whatever way makes the most sense for your practice – letter, phone call or email.

What your practice can do:

- Give a strong recommendation. Consistently recommend all age-appropriate vaccines to patients.
- Create an office policy. Select a physician or nurse champion and make sure staff is aware of the policy. Make adolescent vaccinations part of your routine workflow.
- Set a target. Make reviewing routine. Check for immunization status at every adolescent visit.
- Reduce barriers – make it easy. For example, children who get Tdap should get the HPV vaccine the same day. Remind patients routine vaccinations are a covered benefit.
- Reassure parents. Remind parents that vaccines, such as HPV, are safe and effective.
- Educate parents. For newer vaccines such as HPV, emphasize the benefits. Use educational handouts, videos and social media.

Visit www.hnfs.com > I’m a Provider > Benefits & Copays > Benefits A–Z and TRICARE’s Vaccine Program page to learn more.
Behavioral Health Care Prior Authorization Requirements

All non-emergency behavioral health admissions require prior authorization for TRICARE beneficiaries. This includes admissions for beneficiaries with other health insurance. You must obtain authorization before admission to a residential treatment center for a child or adolescent, partial hospitalization program, or eating disorder and chemical dependency treatment. Remember to include all appropriate medical documentation with your request.

Visit www.hnfs.com > I’m a Provider > Benefits A-Z > Behavioral Health page for more information and tips.

Mark Your Calendar for Provider Education Opportunities

The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) hosts monthly webinars to provide information and facilitate discussions on a variety of topics related to psychological health and traumatic brain injury. The webinars are open to the public, are scheduled 1:00–2:30 p.m. (ET) on the day of the event and many provide continuing education credit. You must register in advance. For more information, to register and to view a complete list of webinars, visit the DCoE website at www.dcoe.mil.

Upcoming DCoE webinars:

August 28 – Empowering Patient Engagement in Care
Sept. 25 – Supporting Family Members Surviving Suicide

Remember, Health Net offers online provider education resources that allow you to attend live TRICARE briefings and view previously recorded sessions at your own pace. Attend webinars and take advantage of self-paced PowerPoint and video tutorials. To view our course description guide, visit www.hnfs.com > I’m a Provider > Online Provider Education.

2013 TRICARE Inpatient Satisfaction Survey

The TRICARE Inpatient Satisfaction Survey (TRISS) is a random sample survey of Military Health System inpatients. The TRISS is structured to align closely with Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) measurements. The survey includes patients treated worldwide in military hospitals and stateside in civilian hospitals. The purpose of this survey is to assess beneficiary satisfaction and ask adults about recent experiences as inpatients in medical, surgical or obstetric wards, with questions in each of these categories:

- communication with doctors
- communication with nurses
- responsiveness of hospital staff
- cleanliness and quietness of the hospital environment
- pain management
- communication about medicines
- discharge information

While patient satisfaction within the TRICARE North Region is close to national benchmark levels and has increased since 2011, opportunities for improvement shown in the 2013 survey centered on communication with doctors, communication with nurses and pain management. This was especially evident in maternity settings. Responses to questions regarding communications about medicine indicated satisfaction above the benchmark, but rated lower in comparison to other categories.

The goal of improving quality of care for beneficiaries is shared by Health Net, providers and patients. TRISS includes initiatives and resources for more immediate impact on patient satisfaction such as communication strategies for providers, improved care plan implementation procedures, patient-centered care approaches, and maternity care enhancements.


TRICARE Prohibits Waiver of Copayments, Cost-Shares or Deductibles

Some providers may routinely reduce the cost of care to a patient by waiving or forgiving a copayment, cost-share or deductible. However, waiving patient out-of-pocket costs for TRICARE beneficiaries is a violation of Title 10, United States Code, Section 1079 and 1086. Doing so is considered fraud and abuse, which can result in fines and other legal action. With the exception of uncollectible bad debt, only the Director of the Defense Health Agency can determine if a provider may waive beneficiary copayment, cost-share or deductible amounts.

Waiving beneficiary copayments, cost-shares or deductibles can mean TRICARE will refuse to pay the claim, and may result in removal of the provider from the network and suspension of authorized provider status under TRICARE.
Metabolic Monitoring of Patients on Second-Generation Antipsychotics

According to a study in the American Journal of Psychiatry, individuals with psychiatric disorders have a higher rate of premature mortality related to medical conditions, with coronary artery disease as the leading cause of death.\(^1\) Also, research suggests there is a correlation between second-generation antipsychotic (SGA) medications (for example, clozapine, olanzapine, ziprasidone, and risperidone) and metabolic syndrome, which can increase risk factors.\(^2\) These medications have been associated with weight gain, Type 2 diabetes and worsening lipid profile.\(^3\) According to the Center for Quality Improvement in Mental Health (CQIMH), the prevalence of diabetes and obesity among individuals with schizophrenia and other affective disorders may be 1–2 times higher than the general population.\(^4\) In 2004, the American Diabetes Association\(^5\) (ADA), American Psychiatric Association\(^6\) and other organizations developed guidelines for metabolic monitoring patients on SGAs.\(^7\) When prescribing SGAs or caring for a patient who is currently on SGAs, consider taking time to do the following:

- Discuss side effects and risks factors for cardiovascular and coronary artery disease associated with SGAs.
- Encourage nutrition and lifestyle modifications, such as smoking cessation, which help reduce risk factors.
- Review a personal and family history of risk factors.
- Obtain baseline metabolic screening to include weight, waist circumference, blood pressure, fasting glucose, and fasting lipid profile (for example triglycerides and cholesterol).\(^6\)
- Follow established guidelines for scheduling baseline and ongoing metabolic monitoring of patients on SGAs (for example, baseline, at four weeks, eight weeks, twelve weeks, quarterly, annually, and every five years).\(^7\)
- Consider other medications if your patient shows evidence of worsening metabolic measures from baseline.

As a provider, you play a very important role in safely prescribing and monitoring your patients and their medications. For more information, monitoring tools and guidelines, please visit the ADA website at www.diabetes.org or www.professional.diabetes.org, or the CQIMH website at www.cqaimh.org

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EXTENDED CARE HEALTH OPTION HOME HEALTH CARE ATTESTATION FORM

Effective immediately, providers will be required to attest the homebound status for any beneficiaries requiring in-home care under the Extended Care Health Option (ECHO) benefit.

This includes:
- in-home skilled hourly nursing care
- ECHO Home Health Care respite care services

Additionally, providers will be required to identify which skilled needs are necessary to maintain the well-being and safety of the beneficiary. A checklist developed by the medical directors of Health Net will assist providers on how to estimate the number of skilled hours needed for each individual beneficiary per day (or per week).

Please use the ECHO attestation form available at www.hnfs.com > I’m a Provider > Forms/Letters of Attestation for Clinical Information.

Reminder: Per the TRICARE Policy Manual, Chapter 9, Section 15.1, nursing services are not covered when provided outside the home.
Healthy People 2020 Corner

Cervical Cancer Health Screenings

According to the Centers for Disease Control and Prevention (CDC), the number of cervical cancer cases and resulting deaths has decreased over the past four decades. This reduction is attributed to education, increased awareness and treatment advances, but most significantly due to the effectiveness of cervical cancer screening. Cervical cancer screening, which includes the Pap test and HPV testing, is an essential part of a woman’s routine health care because it can detect cancer and abnormalities that may lead to cancer of the cervix. Healthy People 2020 objectives include those which support the continued improvement of screening rates for cervical cancer.

As a health care provider, initiating a conversation with your female patients about cervical cancer screening can be the first step to good preventive health care. The Community Preventive Services Task Force reports the following tools are effective in improving cervical screening rates:

- client reminders, including letters, postcards or phone calls to alert patients
- use of small media, such as videos, brochures, and newsletters
- one-on-one education provided in person or by telephone
- provider reminder and recall systems, such as calendar or email reminders, or reminders in patient charts

To view Healthy People 2020 national objectives and find tools and resources to support your practice, visit www.healthypeople.gov. To access patient education resources, visit www.hnfs.com > I’m a Provider > Resources > Wellness > Health Education Toolkits.