March is the Department of Defense’s Brain Injury Awareness Month, making it a good time to highlight traumatic brain injury (TBI)—one of the signature conditions for military service members returning home from the wars in Iraq and Afghanistan. As a TRICARE provider, some of your patients may have TBI or post-traumatic stress disorder (PTSD)—the second signature condition for service members coming home from the wars. Both conditions can cause physical and emotional symptoms, which can initially range from barely perceptible to dramatic. To diagnose and treat your patients effectively, it is important to be familiar with the signs and symptoms of TBI and PTSD.

**Signs of TBI**

According to the Deployment Health Clinical Center, TBI is defined as a blow or jolt to the head or a penetrating head injury that disrupts the function of the brain. According to the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE), the primary signs of TBI are classified from mild to moderate to severe (an urgent emergency). Mild TBI occurs most commonly, and is often overlooked at the time of the injury. Concussion is another word for mild TBI. Symptoms are often referred to as post-concussive syndrome and are usually a result of a forceful motion of the head or impact that causes a brief change in the mental status (e.g., confusion, disorientation, memory loss).

A few of the most common signs of **mild TBI** are:

- Headaches
- Memory loss
- Poor attention or poor concentration

**TRICARE Provider Types**

As a TRICARE-authorized provider, you meet TRICARE licensing and certification requirements and are certified by TRICARE to provide care to TRICARE beneficiaries. TRICARE-authorized providers are either network providers or non-network providers. TRICARE network providers have a contractual relationship with Health Net Federal Services, LLC (Health Net) to accept a negotiated rate as the total charge for their services. They also file claims for beneficiaries.

Non-network providers are TRICARE-authorized civilian providers who have not established a contractual relationship with Health Net. Non-network providers may determine whether they are “participating” with TRICARE or “nonparticipating” on a claim-by-claim basis.

Participating providers agree to partner with TRICARE in serving our military families. They can choose to submit claims for beneficiaries, and they agree to accept the TRICARE-allowable amount as payment in full. TRICARE pays the provider directly, and in most cases, participating providers can submit claims electronically and receive electronic payments, significantly reducing processing and payment time.

Nonparticipating providers are not required to submit claims on behalf of our military families, but they have the option to do so. Nonparticipating providers also do not agree to accept the TRICARE-allowable amount as payment in full. Regardless of who submits the claim, TRICARE payment is sent to the beneficiary, and the provider is responsible for collecting payment from the beneficiary. The provider may only collect up to 15 percent above the TRICARE-allowable amount. If the beneficiary paid more than the TRICARE-allowable amount plus 15 percent, the provider must

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Traumatic Brain Injury and Post-Traumatic Stress Disorder

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- Irritability
- Depressive feelings
- Slowed thought processes
- Sleep problems

A few of the most common early signs of severe TBI are:
- Inability to recognize people or disorientation to place
- Repeated vomiting
- Double vision
- Worsening headache
- Weakness or numbness in arms and legs
- Inability to understand spoken words

Severe TBI can progress to affect all areas of neurological functioning, including cognitive deficits, speech (ability to both understand and speak), sensory deficits (e.g., vision, hearing, smell, touch) and motor deficits (e.g., spasticity or paralysis, bowel and bladder function).

Additional Resources and Continuing Medical Education

Visit the NCPTSD website at www.ncptsd.va.gov or the DCoE website at www.dcoe.health.mil for more information. Additionally, the Military Health System offers free continuing medical education on TBI and PTSD to civilian providers in a convenient online setting. Visit the new Civilian Provider Education Portal to access these courses at www.health.mil/civilianprovidereducation.


Effects of TBI and PTSD

Changes in mood, behavior, and cognition can have a profound impact on patients and their families, as well as on social interactions and job performance. Treatment should include family members or caregivers, as their involvement can be instrumental in helping their loved ones. Early recognition, diagnosis and treatment are key to successful recovery from TBI and/or PTSD.

Signs of PTSD

PTSD is an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened. According to the National Center for PTSD (NCPTSD), the primary signs of PTSD include:

- Reexperiencing symptoms (e.g., nightmares, intrusive thoughts)
- Avoidance of cues that trigger traumatic memories
- Numbing/detachment from others
- Hyperarousal (e.g., irritability, increased startle, hypervigilance, sleep difficulties)

TRICARE Provider Types

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reimburse the difference to the beneficiary. Many providers find it is more cost effective to be a participating provider and work directly with TRICARE, rather than incur the costs of coordinating claims, payment and reimbursement with the beneficiary.

Medical/surgical providers who are interested in becoming network providers should contact Health Net at 1-877-TRICARE (1-877-874-2273) to obtain a contracting packet. Behavioral health care providers who would like to become network providers should contact MHN, the behavioral health subsidiary of Health Net, at 1-800-541-3353. Additional information about behavioral health care provider contracting can be found on the MHN website at www.mhn.com.
Are You a Healthy People 2020 Champion?

Patients often rely on providers to supply them with the most up-to-date information to help them change their unhealthy behaviors. To locate tools and resources you can use in your practice, visit the provider portal of Health Net Federal Services, LLC’s website at www.hnfs.com and click on the “Resources” tab at the top of the page.

Healthy People is an initiative managed by the Department of Health and Human Services that provides science-based, 10-year national objectives for promoting health and preventing disease.¹ Take the first step and become a Healthy People 2020 champion today!


Submitting Timely Referral and Authorization Requests

Submitting referral or authorization requests in a timely manner is an important service to TRICARE beneficiaries. TRICARE does not specifically identify a deadline for submitting a referral or authorization request, but requests should be submitted without too much time passing.

Submitting late requests can create unnecessary frustration for your TRICARE patients. Beneficiaries will call Health Net Federal Services, LLC (Health Net) for information on who to contact for an appointment, often at the provider’s request, but Health Net may not be able to help. Health Net representatives working in the call center describe the following scenarios, which result from not submitting requests in a timely manner.

• A beneficiary may be anxious about a referral or authorization because he or she doesn’t want to be “stuck” with an unanticipated bill. If the provider doesn’t submit a timely referral request, the beneficiary “panics” and repeatedly calls the referring provider’s office to check status.

• A beneficiary calls saying he or she has been waiting more than three weeks for an authorization. When the agent checks the system, there is nothing there or the request has just been submitted. The call center must explain that the time for processing starts from the date the request is received, which is a critical reason for submitting requests as soon as possible.

Many patients assume referral and prior authorization requests are submitted to Health Net immediately. If you know a request will not be submitted by your office right away, informing your patient of a reasonable time frame will help reduce unnecessary calls to both your office and Health Net.

A prior authorization determines whether certain services or procedures are medically necessary at the level of care requested. As a provider, you must contact Health Net to obtain prior authorization. Visit Health Net’s website at www.hnfs.com to find out if prior authorization is required for a service or procedure. A few examples of services that require prior authorization are:

• Adjunctive dental services
• Home health services
• TRICARE Extended Care Health Option services

For additional information about online referral and authorization submissions, please visit www.hnfs.com. The provider portal features tutorials and other useful details about this subject.
The Agency for Healthcare Research and Quality’s (AHRQ’s) inpatient quality indicators are measures that reflect quality of care in hospitals. They include measures for inpatient mortality; utilization of procedures to address questions of overuse, underuse and misuse; and volume of procedures. Health Net Federal Services, LLC’s Clinical Quality Management (CQM) Department conducted an analysis of these AHRQ indicators, comparing AHRQ and TRICARE measures, to identify potential quality concerns and success stories that can be further studied. The analysis included TRICARE Standard and TRICARE Prime beneficiaries who reside in the North Region, are eligible for TRICARE benefits and were admitted to civilian hospitals during the measurement time frame. One of the utilization indicators with a significantly lower rate compared with the AHRQ rate was vaginal birth after cesarean (VBAC). One of the Healthy People 2010’s national goals is to reduce cesarean delivery. During the early 1990s, VBAC proved to be effective in reducing the use of cesarean delivery. However, VBAC rates have declined considerably since 1996. Today, more than 90 percent of women with prior cesareans will deliver by repeat cesarean.\(^1\)

TRICARE VBAC rates are lower than the AHRQ quality indicators. One possible reason is that beneficiaries are often mobile, which results in treatment and delivery performed by providers who are relatively new to them. Without the benefit of long-standing relationships, physicians may be more likely to perform cesarean delivery.

Cesarean delivery is the most common surgical procedure in the United States. Almost 1.5 million cesareans are performed every year. In 1980, the National Institutes of Health Consensus Conference recommended VBAC as a mechanism to safely reduce cesareans. During the early 1990s, VBAC proved to be effective in reducing the use of cesarean delivery. However, VBAC rates have declined considerably since 1996. Today, more than 90 percent of women with prior cesareans will deliver by repeat cesarean.\(^1\)

The American College of Obstetricians and Gynecologists recently issued less restrictive guidelines for VBACs, emphasizing the need for thorough counseling of benefits and risks; shared patient-doctor decision making; and the importance of patient autonomy. CQM will further examine the VBAC data to see if there are any specific trends and determine if a focused study should be conducted. For more information about AHRQ quality indicators, visit www.ahrq.gov.