**Durable Medical Equipment Approval Requirements Change**

The Health Net Federal Services, LLC (Health Net) approval requirements recently changed for durable medical equipment, prosthetics, orthotics and medical supplies (DMEPOS). Effective November 1, 2013, all TRICARE Prime, TRICARE Prime Remote and TRICARE Young Adult Prime beneficiaries require an approval from Health Net for all* DMEPOS items. If an approval is not on file, Point of Service charges may apply. If the purchase price of an item is $2,000 or greater, and an approval is not on file, a 10 percent penalty will also apply.

A TRICARE-authorized DMEPOS provider can submit a request for services. The request must demonstrate the DMEPOS is ordered by a physician from the beneficiary’s military hospital or clinic, the primary care provider or the specialist who has received a Health Net approval.

To learn more about TRICARE’s DMEPOS benefit, visit [www.hnfs.com > I’m a Provider > Benefits & Copays > Benefits A–Z](http://www.hnfs.com). Health Net’s approval requirements can be found by using our Prior Authorization, Referral and Benefit Tool at [www.hnfs.com > Tools > Authorization Requirements](http://www.hnfs.com).

* DMEPOS items considered inexpensive, according to Centers for Medicare and Medicaid Services guidelines, such as gauze, tape and crutches, do not require an approval from Health Net.

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**Copying Military Identification Cards**

There is often confusion as to whether it is OK for a provider to copy a TRICARE beneficiary’s Common Access Card (CAC) or military identification (ID) card. Per the Department of Defense (DoD), it is legal and advisable for providers to copy CACs and ID cards for authorized purposes*, which may include:

- facilitating medical care eligibility determination and documentation
- verifying TRICARE eligibility
- administering other military-related benefits

The DoD recommends providers retain photocopies of both sides of CACs and ID cards to assist in eligibility verification and for the purpose of rendering care.

Please note: A valid ID card or CAC alone is not sufficient to prove eligibility. Providers may check patient eligibility through the PGBA, LLC website, [www.myTRICARE.com](http://www.myTRICARE.com), or the Interactive Voice Response at 1-877-TRICARE (1-877-874-2273).

* Title 18, United States Code, Section 701 prohibits photographing or possessing uniformed services ID cards in an unauthorized manner. Unauthorized use exists only if the bearer uses the card in a manner that would enable him or her to obtain benefits, privileges or access to which he or she is not entitled.

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**Reducing Emergency Room Visits**

Health Net’s **Phone first** campaign is designed to help teach TRICARE beneficiaries how to avoid unnecessary emergency room visits and Point of Service charges, and get appropriate care. TRICARE Prime, TRICARE Prime Remote and TRICARE Young Adult Prime members need a referral from their primary care manager (PCM) before going to an urgent care center. If they are unable to reach their PCM, they can call Health Net at 1-877-TRICARE (1-877-874-2273).

Use our downloadable flyers, available at [www.hnfs.com/go/phonefirst](http://www.hnfs.com/go/phonefirst), to remind your TRICARE patients to phone first prior to seeking urgent care.

Provider resources:

- **Phone first** flyer (military provider)
- **Phone first** flyer (civilian provider)
Submitting and tracking prior authorization and referral requests online is easy and efficient. Online requests reduce paper trails, are fast and accurate, and help make the business of taking care of your patients simpler. The online authorization and referral tools at www.hnfs.com allow you to submit and track status of prior authorizations, referrals, and inpatient and discharge notifications. Visit www.hnfs.com > I’m a Provider > Tools.

What's great about online submissions?

- Online requests are fully automated, and in many cases provide immediate response and confirmation.
- Urgent and most behavioral health care referrals can be submitted online.
- Pre-populated data fields help minimize data entry.
- The submission confirmation clearly identifies the authorized service(s), the number of visits and the timeframe in which the visits must be completed.

Online submission tips

- Registration at www.hnfs.com is required for providers and staff to use our online tools. Visit our registration page to sign up today.
- Use of Internet Explorer (IE) 7, 8, or 9 is required. If your office uses another version or a browser such as Chrome or Firefox, the submission cannot be completed online.
- Referral requests should be to network providers where available. Health Net may redirect care to a military hospital or clinic.
- Submissions must include the sponsor’s Social Security number, the patient’s diagnosis and any clinical data explaining the reason for the referral.

To determine whether a specific service requires approval, we recommend using the Prior Authorization, and Referral and Benefit Tool. You also can use the Referral, Prior Authorization and Inpatient Notification Requirements Guide as a helpful resource for general guidelines.

To learn more about processing timelines and notifications, visit www.hnfs.com > Provider > Authorizations > Checking the Status of a Prior Authorization or Referral.

Waiver Needed for Non-Covered Services

Hold Harmless Reminder

When TRICARE beneficiaries request a non-covered service, take the time to list all out-of-pocket expenses, confirm they understand the service is not covered and require they sign a detailed waiver, such as the Request for Non-Covered Services form located at www.hnfs.com > I’m a Provider > Forms. A general waiver, such as one signed by a patient when entering a hospital, does not meet the requirement. If the beneficiary is not fully informed and does not agree in advance and in writing to accept and pay for services, the beneficiary is absolved or held harmless from all financial responsibility.

There have been incidents when a TRICARE beneficiary has agreed to pay in full for non-covered services without signing a valid waiver. The provider rendered the care in good faith without prior authorization, and the beneficiary was not held responsible for payment. Without a signed valid waiver, the provider was denied reimbursement and could not bill the beneficiary.

Clearly Legible Reports

Fax matrix available online

Network providers must provide clearly legible reports (CLRs) – which include consultation reports, operative reports and discharge summaries – to the referring military hospital or clinic within seven business days of delivering care to a beneficiary. The requirement to submit CLRs applies to care referred by military hospitals and clinics. Prompt submittal of these required reports to military hospitals and clinics facilitates beneficiary care and meets The Joint Commission accreditation requirements.

Fax CLRs to the local secure fax number as indicated on the referral/authorization letter or in the CLR Fax Matrix, which contains fax and phone numbers for each military hospital and clinic in the TRICARE North Region. The CLR Fax Matrix, located on www.hnfs.com, is updated throughout the year. Please verify you are using the most up-to-date CLR Fax Matrix prior to faxing your report.

Providers should include multiple patient identifiers (such as first name, last name, date of birth) on the CLR to ensure the information can be attached to the correct medical record.

Please review the Clearly Legible Reports page on our website for further details on this process at www.hnfs.com > I’m a Provider > Education / Clearly Legible Reports.
Managing polypharmacy in the elderly population

According to The American Geriatrics Society Foundation for Health in Aging, 28 percent of hospitalizations of older patients can be attributed to inappropriate medication usage.\(^1\) This raises concerns regarding polypharmacy – the use of multiple medications by a patient. This is a common and complex problem in our elderly population, especially for those with multiple disorders or diseases. The following are contributing factors to polypharmacy in elderly patients:\(^2\)

- multiple specialists writing prescriptions for the same patient
- patients filling prescriptions at multiple pharmacies
- patients combining prescription medicine with individual cultural remedies
- patient and caregiver misunderstanding of medication

As a provider, there are ways you can protect your elderly patients from potential harm resulting from polypharmacy.\(^3\)

- Receive provider training in geriatrics and medication management.
- Provide a thorough health risk assessment of your elderly patient.
- Assist patients with organizing their list of medications.
- Ensure patients and caregivers share medication records with all their health care providers during routine visits and with emergency medical staff in case there is an emergency.
- Encourage patients to use a single pharmacy for prescriptions.

In addition, there are tools available to identify potentially inappropriate medications: the Beers Criteria, the Screening Tool of Older Persons potentially inappropriate Prescriptions (STOPP) and the Screening Tool to Alert doctors to the Right Treatment (START).\(^4\)

Polypharmacy poses a great risk to the health and well-being of our older adults. As a health care provider, understanding the unique issues associated with managing medications for the elderly can help to protect and ensure the safety of this vulnerable population.

For more information about polypharmacy and the elderly, the Beers criteria and other screening tools, visit the American Geriatrics Society website at [www.americangeriatrics.org](http://www.americangeriatrics.org).

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Chlamydia Screening

Increase chlamydia screening at your practice

Despite national screening recommendations, chlamydia remains the most common sexually transmitted infection in the U.S., infecting more than 2.8 million people annually.\(^1\) Your recommendation is an important factor in persuading young women to be screened.

Nationally, only about 45 percent of sexually active women ages 16–24 have been screened in the last year.\(^2\) As the leading cause of infertility, the National Commission on Prevention Priorities has ranked chlamydia screening one of the 10 high-value clinical preventive services.\(^3\) Our aim is to reach the Healthy People 2020 chlamydia screening goals of 65.9 percent for females ages 16–20 and 78.3 percent for females 21–24.\(^4\)

Help us achieve this goal by consistently recommending chlamydia screening to all of your appropriate patients (sexually active young women ages 16–24). Within your practice, create an office policy for routine chlamydia screening and use reminder systems. For your TRICARE patients, use [Impact Provider™ by OptumInsight™](http://www.tricare.mil), a free online tool to identify which of your patients are due for screening.

Visit the National Chlamydia Coalition for downloadable patient handouts, provider Continuing Medical Education courses, clinical practice tools and more.

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1. CDC Grand Rounds: Chlamydia Prevention: Challenges and Strategies for Reducing Disease Burden and Sequelae. [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6012a2.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6012a2.htm)
According to the Centers for Disease Control and Prevention (CDC), abuse and deaths from prescription painkillers skyrocketed over the past 10 years and now reach epidemic proportions. In 2010, one in 20 people in the United States age 12 and older were using prescription painkillers for nonmedical reasons.1 About 15,000 people die from overdoses yearly.2

Healthy People 2020’s objective to “reduce the past-year nonmedical use of prescription drugs” supports its goal of “reducing substance abuse to protect the health, safety and quality of life for all, especially children.”3

The CDC offers suggested measures providers can take to support this goal:

• Screen and monitor for substance abuse and behavioral health problems.
• Prescribe painkillers only when other treatments have not been effective for pain.
• Prescribe only the quantity of painkillers needed based on the expected length of pain.
• Use patient-provider agreements combined with urine drug tests for patients using prescription painkillers long term.
• Talk with patients about safely using, storing and disposing of prescription painkillers.

For more information and interventions to stop prescription drug abuse, visit www.PubMed.gov.

2 Ibid.