

Avoiding Drug Interactions

What You Need to Know

Do you see more than one doctor? Do you take more than one medication? Do you take over-the-counter (OTC) drugs, nutritional supplements or herbal remedies, as well as prescribed medications? Do you drink alcohol?

If the answer to any of these questions is “yes,” you may be at risk for drug interactions.

Some drug interactions can actually be beneficial, and two drugs may be purposefully prescribed together by your physician for improved health or fitness. However, unintended drug interactions not prescribed by your physician can cause serious problems.

TRICARE and Express Scripts offer the following information to help you and your family avoid harmful drug interactions.

Lots of Possibilities for Interaction

Medications can interact with a variety of substances—not only other prescription and non-prescription medications, but also vitamins and minerals, herbal remedies, illegal drugs, alcohol, tobacco, caffeine and certain types of foods.

A lot of people think of herbal supplements as being natural and therefore, harmless. In the body, however,

they act like drugs. Unfortunately, herbal supplements are not regulated by the U.S. Food and Drug Administration (FDA), so many have not been studied to determine how they may interact with various medications. In addition, the manufacturer is not required to put known interactions on the label.

Drug interactions can produce various effects. One drug, for example, may increase the effect of another drug—or decrease the effect, making it less effective or ineffective. Interactions can change the way your body absorbs, metabolizes or eliminates a drug.

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Making an Appointment with a Doctor?

Don't Forget TRICARE Prime Access Standards

TRICARE Prime beneficiaries are entitled to care in a timely manner and within a reasonable distance from home. These requirements, called access standards, ensure you receive prompt, quality health care.

Access Standards—Availability

The next time you call for a doctor's appointment, remember that you are entitled to the following:

- For urgent care, you should have an appointment within 24 hours.
- For routine care, you should have an appointment within one week.
- For specialty care or a wellness visit, you should have an appointment within four weeks (28 days).
- Once at your appointment, you should be seen within 30 minutes for nonemergency care.

Access Standards—Distance

Additionally, when choosing a doctor, remember that you are entitled to the following:

- A primary care manager (PCM) who is located within 30 minutes of your home under normal circumstances

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Inpatient Cost-Shares Increase Slightly for Fiscal Year 2006

New Rates Effective Oct. 1, 2005, through Sept. 30, 2006

Each fiscal year (Oct. 1–Sept. 30), some TRICARE inpatient cost-share rates increase slightly. The following tables highlight the new inpatient rates for Fiscal Year 2006.*

For additional information about cost-shares for TRICARE-covered services, visit the TRICARE Web site at www.tricare.osd.mil/tricarecost. You can also visit Health Net online at www.healthnetfederalservices.com or call 1-877-TRICARE for more information.

Inpatient Cost-Shares for Civilian Hospital Admissions			Inpatient Cost-Shares for Behavioral Health		
Program	Active Duty Family Members	Retirees, Their Families and Other Eligible Beneficiaries	Program	Active Duty Family Members	Retirees, Their Families and Other Eligible Beneficiaries
TRICARE Prime	No increase \$0 per admission	No increase \$11 per day or \$25 per admission, whichever is greater. No charge for separately billed professional services.	TRICARE Prime	No increase \$0 per admission	No increase \$40 per day. No charge for separately billed professional services.
TRICARE Extra	Increases from \$13.90 to \$14.35 per day or \$25 per admission, whichever is greater. No charge for separately billed professional services.	No increase \$250 per day or 25% of total charge, whichever is less. Plus, 20% of the allowable charge for separately billed professional services.	TRICARE Extra	No increase \$20 per day or \$25 per admission, whichever is greater	No increase 20% of total charge. Plus, 20% of the allowable charge for separately billed professional services.
TRICARE Standard	Increases from \$13.90 to \$14.35 per day or \$25 per admission, whichever is greater. No charge for separately billed professional services.	Increases from \$512 to \$535 per day or 25% of the total charge, whichever is less. Plus, 25% of the allowable charge for separately billed professional services.	TRICARE Standard	No increase \$20 per day or \$25 per admission, whichever is greater	High Volume Hospitals: No increase Low Volume Hospitals: Increases from \$169 to \$175 per day or 25% of the billed charges, whichever is less. Plus, 25% of the allowable charge for separately billed professional services.

*While the inpatient rate increases are technically effective Oct. 1, 2005, there may be some delay between that date and the time Health Net receives direction from TRICARE Management Activity (TMA) and is able to implement the change. ■

Information about the New Medicare Part D Prescription Drug Plans

Starting January 1, 2006, the new Medicare prescription drug coverage becomes available to everyone eligible for Medicare, including TRICARE For Life (TFL) beneficiaries.

TRICARE Medicare-eligible beneficiaries, entitled to the TRICARE Pharmacy benefit, need to consider a number of factors when deciding whether or not to enroll in a Medicare drug plan. You should consider monthly premiums, deductibles, copayments and drug coverage under the different

prescription drug plan options offered (also known as a formulary), including the TRICARE Pharmacy Program. The Medicare Part D drug plan options will vary by location.

For more information, visit the TRICARE Web site at www.tricare.osd.mil/medicarepartd or visit the Medicare Web sites at www.cms.hhs.gov/partnerships or www.medicare.gov. ■

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A Few Precautions

It is important to:

- Tell your doctor everything that you are currently taking—not only prescription medications, but also nutritional supplements, herbal preparations and OTC medicines. Also, be sure to tell your doctor if you drink alcohol or smoke.
- Avoid taking multiple drugs whenever possible.
- Regularly review your medical status with your doctor to determine whether you need to continue taking medications.
- Read labels carefully to learn common side effects and interactions.
- Limit the number of pharmacies you use for your prescriptions and OTC medications.
- Never take medications intended for someone else.



It's a good idea to make a list of all your prescriptions and anything else you're taking before visiting your doctor. Then your doctor will have a written record for reference.

Visit www.express-scripts.com/TRICARE for more information on your prescription drug benefit or call 1-866-DoD-TRRx (1-866-363-8779). ■

Making an Appointment with a Doctor?

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- A specialist who is available within one hour of your home under normal circumstances

When Standards Cannot Be Met

It is important to contact your provider directly to make an appointment. At times, specialty services may be in high demand and providers may not be able to offer you an appointment within the access standards, or your schedule

may not allow you to accept an appointment within the access standards.

If the provider does not have appointments within the access standards, you can choose to make an appointment based on the provider's availability, or you can contact Health Net for assistance in locating another provider. You can also decide to accept an appointment outside of the access standards if it better suits your schedule. ■

TRICARE Prime Travel Benefit

In rare instances, you may be referred to a specialist who is located far away. If you are referred to a doctor who is more than 100 miles from your PCM, you may qualify for the TRICARE Prime Travel Benefit. Such long-distance referrals will only be authorized when there are no network, non-network or military treatment facility (MTF) specialists who meet the TRICARE distance or availability standards.

The travel benefit is available to all beneficiaries except for active duty service members (ADSMs)—who must follow other rules for readiness purposes. The benefit pays the

actual costs associated with traveling to the specialist, including gasoline, parking, tolls, meals and lodging.

If you are assigned to a primary care manager (PCM) at an MTF, you need to contact the MTF Patient Travel Representative or a beneficiary counseling and assistance coordinator (BCAC) for assistance with the travel benefit.

If you are assigned to a network PCM, you need to contact the Patient Travel Representative or BCAC at the TRICARE Regional Office—North at 1-866-307-9749 for assistance. ■

You've Got Questions . . . We've Got Answers!

Find the Information You Need on the Health Net Web Site

From changing your primary care manager (PCM) to understanding your explanation of benefits (EOBs) statements, to understanding referral and authorization intricacies, TRICARE Prime beneficiaries often have questions. That's why the Health Net Web site provides the answers you need, 24 hours a day.

If you haven't visited the site yet, do it today. Go to www.healthnetfederalservices.com and select the Beneficiary portal. You'll want to register for the site as well as for myTRICARE.com (click on Register in the left-hand navigation bar and follow the directions) to take full advantage of all the available features and tools. Once you do, here's what you'll find through the tabs in the top navigation bar:

Home

You can keep current with changes to TRICARE by regularly visiting the beneficiary home page of the Health Net site. It offers the latest TRICARE press releases, Reserve Component information, TRICARE events and briefings listings, and electronic versions of *TRICARE Health Matters* monthly bulletins and quarterly newsletters.

The left-hand navigation bar, which actually is available from anywhere in the site, also offers the following helpful tools:

- Provider Directory
- Frequently asked questions
- TRICARE program materials (brochures) library
- TRICARE forms library

Enrollment

Beneficiaries who are considering TRICARE can find all the information they need under the Enrollment tab, including an enrollment checklist, information about each TRICARE program option, a tool to verify eligibility for TRICARE programs, a TRICARE Prime Service Area ZIP code look-up tool (to help you determine TRICARE Prime enrollment rules in your area) and more.

If you are already enrolled in TRICARE Prime, you can find the following helpful features under the Enrollment tab:

- Learn details about enrollment fee payment.
- Pay enrollment fees online.
- Make changes to your enrollment, including:
 - Adding a family member (spouse, newborn, etc.) to TRICARE Prime

- Updating DEERS (addresses only)
- Changing your PCM

Claims

The Claims page offers a wide range of online tools and information:

- Check claims status.
- View your claims history.
- Print or request EOB statements.
- Learn how to file an appeal.
- Learn how to file a grievance.
- View an annual benefits summary.
- Read about the anti-fraud program and how to report fraud.

Effective May 2005, EOBs are only being mailed to you if you owe more than your copayment on a medical claim or if you receive a check. Registered myTRICARE.com users can access and print EOBs online anytime through the Claims tab.

Benefits

The Benefits page offers valuable information about TRICARE program options, including a cost comparison chart, a cost-share chart, benefit limitations and exclusions, benefit changes when turning 65, and maternity benefits.

This section of the site also includes the Referral Decision Tool and the Prior Authorization Determination Tool to help beneficiaries understand when referrals and prior authorizations are required.

Healthy Living

You can "take charge of your health" and learn to live healthy with the interactive programs and resources Health Net has assembled in the "Healthy Living" section of the Web site. Tools in this section include:

- Tobacco Cessation
- Weight Management
- Women's Health
- Teen's Health
- Health Topics Library
- AudioHealth® Library (user information)
- Disease Management
- Medication Log ■

Commissary Tours Help Customers Make "Healthy Choices"

By Guest Contributor, Cherie Huntington, Defense Commissary Agency

Ten years ago, Tina Morris and the NAS Oceana Commissary in Virginia launched a partnership that's still thriving today. The partnership is as healthy as the healthy choices she promotes.

Morris, a registered nurse and health educator at the Portsmouth Naval Hospital Wellness Department, found the commissary the ideal place to spotlight twin benefits: healthy food choices and the best prices in town.

"People tend to think eating healthy is more expensive," explains Morris. "I teach them they can go in the commissary, shop healthy and still stay within their budget. The commissary makes that possible. I tell them, 'Come with me and I'll show you how to shop smart!'"

Morris offers commissary tours to those who have special health concerns, as well as those with little knowledge of proper nutrition. Whether the person is overweight, diabetic, suffering from heart disease or cancer, or a perfectly healthy person who eats on the run, she works with individuals to show them what the commissary can offer.

"I help people eat the way they need to eat," says Morris. "I also tell them it takes more time, but we have to take more time for the sake of our health."

She doesn't hesitate to take her "healthy choices at the commissary" show on the road, either.

"I go to the commands, to the squadrons, to the fitness center and remedial weight control group meetings and

set up a display with samples or a cooking demo," Morris says. "I take a vegetable tray and pass it around, and I ask them, 'What will it take for you to like these vegetables? Maybe some dip or some low-calorie dressing?' I tell them they can purchase the items at the commissary and urge them to use their benefit while they improve their health."

According to Mary Sims, a dietician who works with Morris, "When I'm shopping, I often see people with puzzled looks on their faces as they study a label for the product's nutritional value. The label gives them important information, but they may not know how to interpret it. Plus, the information tends to be one size fits all, when there are as many different needs as there are people."

"We can teach a lot in class, but to walk through the store like this with customers actually doing their grocery shopping truly brings it home and makes it more realistic for them. Customers pick up products they use and ask questions, and we can discuss healthy alternatives one-on-one."

To learn more about your local commissary, visit the Defense Commissary Agency's (DeCA's) Web site at www.commissaries.com. The site also offers a link to TRICARE's "Healthy Choices for Life" Web site. ■

**Healthy
Choices
FOR LIFE**

Medications Added to Uniform Formulary

Dr. William Winkenwerder, Jr., assistant secretary of defense for Health Affairs and director of TRICARE Management Activity, approved the addition of 11 new medications to the TRICARE Uniform Formulary. Additionally, he approved moving seven medications to non-formulary status.

The following medications have been added to the Uniform Formulary: Levitra® (PDE-5 Inhibitor); nystatin, clotrimazole, ketoconazole, miconazole,

Mentax®, Naftin® (Topical Antifungals); and Rebif®, Avonex®, Copaxone®, Betaseron® (Multiple Sclerosis Disease Modifying Drugs).

Medications moved to non-formulary status include Viagra®, Cialis® (PDE-5 Inhibitors); and ciclopirox, econazole, Oxistat®, Ertaczo®, Exelderm® (Topical Antifungals). Formulary alternatives are available for these medications at a copayment of either \$3 or \$9.

The implementation date of the \$22 copayment for medications moved to non-formulary for the topical antifungal medications was Aug. 17, 2005, and the implementation date for PDE-5 Inhibitors was Oct. 12, 2005.

For more information about formulary medications, their availability and cost, visit the TRICARE Formulary Search Tool directly at www.tricareformularysearch.org. ■

A Reminder about Newborn Enrollment

If you've adopted or had a baby in recent years, you may recall having 120 days to enroll the child in TRICARE Prime. Anyone expecting a new addition to the family this year should know that the enrollment time frame has changed.

As of Jan. 1, 2005, TRICARE Prime beneficiaries have 60 days after the birth date or date of adoption to enroll a new child in TRICARE Prime.

During that first 60 days, the child is covered automatically as a TRICARE Prime beneficiary as long as another member of the family is enrolled in TRICARE Prime.

Register in DEERS First

Before you can enroll your child in TRICARE Prime, you must register him or her in the Defense Enrollment Eligibility Reporting System (DEERS). To do so, you must submit either a legal birth certificate or a certificate of live birth from a hospital or TRICARE-approved birthing center. You must also provide a copy of a verified and approved DD Form 1172 (Application for Uniformed Services Identification Card and DEERS Enrollment form), signed by the sponsor. You can download a copy of the DD Form 1172 from www.dtic.mil/whs/directives/infomgt/forms/eforms/dd1172-2.pdf or pick one up from a uniformed services ID card facility.

You can register your child in DEERS by submitting the above paperwork in one of the following ways:

- Visit a local uniformed services ID card facility. (Find the nearest one online at www.dmdc.osd.mil/rsl.)
- Fax to DEERS at 1-831-655-8317.
- Mail to DEERS at:

Defense Manpower Data Center Support Office
Attn: COA
400 Gigling Road
Seaside, CA 93955-6771

Then Enroll in TRICARE Prime

Once your child is registered in DEERS, simply complete a TRICARE Prime Enrollment Application form, available online at www.healthnetfederalservices.com or from any TRICARE Service Center (TSC), and follow the directions on the form for returning it to Health Net. You may also submit the form to the nearest TSC.

After your application is processed, you will receive a TRICARE Prime Enrollment Card for your child. Until you receive that card, keep a copy of your enrollment application and take it with you when accessing care from your child's primary care manager (PCM).

If you complete the application within 60 days, your baby's enrollment date will be retroactive to the date of birth or adoption. If the application is not completed in 60 days, you can still enroll your newborn in TRICARE Prime at a later date, but there will be a lapse in TRICARE Prime coverage.

If your child is not enrolled in TRICARE Prime within 60 days, his or her coverage will revert to the TRICARE Standard program option, which carries additional deductibles and cost-shares. Coverage under TRICARE Standard ends 365 days after birth or adoption if the child is not properly registered in DEERS.

For more information, visit Health Net online at www.healthnetfederalservices.com or call 1-877-TRICARE. ■

A Closer Look: Third-Party Liability

The Federal Medical Recovery Act allows the government to be reimbursed for costs associated with treating you if you are injured in an accident caused by someone else (a third party). For any claim that appears to have possible third-party involvement, you are required to complete and submit a Statement of Personal Injury—Possible Third-Party Liability Form (DD Form 2527).

For that reason, it is important that you understand how the third-party liability process works. Health Net is responsible for identifying and investigating all potential third-party recovery claims. Claims submitted with diagnosis codes indicating an accidental injury or illness will be held for further research. The following steps occur when a claim is suspected to have third-party liability:

- The DD Form 2527 will be sent to you.
- Within 35 days, you must complete and sign this form and return it to the appropriate claims processor. Be sure to keep a copy of your completed form in case you need to refer back to it later.
- The claim will be processed when the DD Form 2527 is completed and returned.
- If your completed form is not received, the claim may be denied.

The claims processor for Health Net, PGBA, will send you the DD 2527 Form if it is suspected that your claim has potential third-party liability. You can also access this form online on the TRICARE Web site at www.tricare.osd.mil. From the home page, scroll over "Your TRICARE Benefit," then click the "Claims" link. On that page is a list of forms in the right-hand column. Simply click on the "Third-Party Liability" link. ■

Retiring from Active Duty?

TRICARE Transitions with You

When you retire from active duty, one chapter in your life ends and another begins. Until now, you've been enrolled in either TRICARE Prime or TRICARE Prime Remote (TPR). While deciding where to live and what your next career may be, it's also important to understand the TRICARE options that are now available to you and your family, as well as what you need to do to maintain eligibility.

Maintain Eligibility for TRICARE

When you retire, your status will change in the Defense Enrollment Eligibility Reporting System (DEERS). If you move, personal information like your address and phone number also will change. Keeping DEERS information up to date for you and your family ensures seamless coverage during your transition. (See the article, "TRICARE Policy Update: DEERS and Medicare," on page 8.)

If a family member was entitled to Medicare Part A due to age, a disability, or end-stage renal disease (ESRD) while you were on active duty, purchasing Medicare Part B was not required to remain eligible for TRICARE. However, when you retire, family members that have Medicare **must** purchase Part B to remain eligible for TRICARE. (*Note: Beneficiaries that have Medicare and are under the age of 65 have the option of staying in TRICARE Prime.*)

Beneficiaries with Medicare Part A must have Medicare Part B at the time of their sponsor's retirement, or they will have a gap in TRICARE coverage. Medicare has a special enrollment period for beneficiaries that had health coverage based on employment. These beneficiaries can sign up for Medicare Part B anytime while they are covered by the employer-sponsored health plan based on current employment or during

the eight month period following the month the employment ends.

Once you've taken the necessary steps to maintain eligibility for TRICARE, you can choose a TRICARE program. The following sections summarize each option available to you.

TRICARE Prime

If you want to continue enrollment in TRICARE Prime, you **must** re-enroll by submitting a new TRICARE Prime Enrollment Application form to Health Net, your regional contractor, when you retire. However, any retiree or family member who reaches age 65 will no longer be eligible to enroll in TRICARE Prime and will instead be eligible for the TRICARE For Life (TFL) program if they have Medicare Part A and Part B.

While your TRICARE Prime health care coverage does not change, you begin paying an annual enrollment fee (\$230/individual, \$460/family) and copayments when receiving care in the TRICARE network. For more details about costs for covered services, visit www.tricare.osd.mil/tricarecost. Visit www.healthnetfederalservices.com for details about enrollment fee payment options.

If you remain in the TRICARE North Region, visit the Health Net Web site, www.healthnetfederalservices.com, or call 1-877-TRICARE for more information about re-enrolling in TRICARE Prime. Health Net can also answer questions about your payment options for enrollment fees. If moving to either the South or West regions contact that region's contractor:

TRICARE South Region:

Humana Military Healthcare Services, Inc.
www.humana-military.com
1-800-444-5445

TRICARE West Region:

TriWest Healthcare Alliance
www.triwest.com
1-888-TRIWEST

TRICARE Prime Remote

TPR is an active duty benefit; therefore it is no longer available when you retire. However, if you remain in an area where TRICARE Prime is not offered, you now have the option to use TRICARE Standard and TRICARE Extra.

TRICARE Standard and TRICARE Extra

While your family members have always had these options, they are new to you. You do not have to choose one option exclusively over the other—TRICARE Standard and TRICARE Extra can be used interchangeably—but it's important to understand the key differences.

With **TRICARE Standard**, you and your family have the freedom to seek care from any TRICARE-authorized provider. You are responsible for 25 percent cost-shares after an annual deductible has been met, and you may be required to pay for services up front and file your own claims with TRICARE for reimbursement. Non-network providers may charge up to 15 percent above the TRICARE allowable charge, so your out-of-pocket expenses will be higher with TRICARE Standard. For more details about costs for covered services under TRICARE Standard visit www.tricare.osd.mil/tricarecost.

Note: Active duty family members (ADFMs) have a 20 percent cost-share for TRICARE Standard and retirees and their family members have a 25 percent cost-share.

With **TRICARE Extra**, you may seek care from any TRICARE network

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TRICARE Policy Update

DEERS and Medicare

The Defense Enrollment Eligibility Reporting System (DEERS) must be updated when a beneficiary has Medicare based on age, disability or end-stage renal disease (ESRD). You can update DEERS in one of the following ways:

- Visit a local uniformed services ID card facility. (Find the nearest one online at www.dmdc.osd.mil/rsl.)
- Call 1-800-538-9552. (Monday–Friday, 6 a.m. to 3:30 p.m. Pacific Standard Time, except Federal holidays)
- Fax to DEERS at 1-831-655-8317.
- Mail to DEERS at:

Defense Manpower Data Center Support Office
Attn: COA
400 Gigling Road
Seaside, CA 93955-6771

Most individuals who have Medicare Part A must also purchase Medicare Part B to remain eligible for TRICARE.

The following exceptions to that policy have been updated:

- Active duty family members (ADFM) are not required to purchase Medicare Part B to retain TRICARE eligibility.
- ADFMs who are enrolled in the Uniformed Services Family Health Plan (USFHP) are not required to purchase Medicare Part B. However, USFHP enrollees are strongly encouraged to purchase Medicare Part B to avoid paying surcharge fees later if they decide to purchase Part B.

If you have the TRICARE brochure *Maintaining TRICARE Eligibility and DEERS*, this information updates the “When should I update DEERS?” section.

As a reminder, TRICARE pays second after Medicare for all services covered by both Medicare and TRICARE. Visit the TRICARE Web site at www.tricare.osd.mil/tfl for more information about TRICARE and Medicare. ■

Retiring from Active Duty?

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provider. You are responsible for 20 percent cost-shares after an annual deductible has been met. Network providers are required to file claims on your behalf, and your out-of-pocket expenses are reduced. For more details about costs for covered services, visit www.tricare.osd.mil/tricarecost.

Note: If your family members were using TRICARE Extra when you were on active duty and continue to use it after you retire, then their cost-shares increase from 15 percent to 20 percent.

Access to Care in Military Treatment Facilities

You may continue to receive care from a military treatment facility (MTF), but the TRICARE option you choose—TRICARE Prime, TRICARE Standard or TRICARE Extra—affects your priority for access. By enrolling in TRICARE Prime and choosing an MTF primary care manager (PCM), you are guaranteed MTF access. With

TRICARE Standard or TRICARE Extra, you will have access to MTF care on a space-available basis only.

Uniformed Services Family Health Plan

The Uniformed Services Family Health Plan (USFHP) is another TRICARE Prime-like option available to retirees and their eligible family members, including those age 65 and over, through networks of community-based hospitals and physicians in six areas of the country. For more information, call 1-800-74-USFHP (1-800-748-7347) or visit www.usfamilyhealthplan.org.

Retirement can be a stressful time in your life involving many changes. Luckily, TRICARE is not something you need to worry about. Take these small steps to ensure that you and your family transition smoothly with no break in coverage.

For more information regarding your TRICARE coverage, contact Health Net

and request a copy of the *TRICARE Coverage for Retired Service Members* brochure. You can view this brochure online at www.tricare.osd.mil/tricaresmart by choosing the North Region and clicking on “Retirees Information.”

For more information about TRICARE For Life, visit www.tricare.osd.mil/tfl. ■

TRICARE Retirement Checklist

- ✓ Update your DEERS information.
- ✓ Update your family’s DEERS information.
- ✓ Purchase Medicare Part B (if Medicare-eligible).
- ✓ Re-enroll in TRICARE Prime (if using TRICARE Prime).
- ✓ Find a network provider (if using TRICARE Prime/TRICARE Extra).
- ✓ Find an authorized provider (if using TRICARE Standard).
- ✓ Relax!

Take Charge of Your Health with Preventive Health Care

In addition to exercise and diet, good health and physical fitness is best maintained by taking advantage of the clinical preventive services offered by TRICARE.

Clinical preventive services are comprehensive health-promotion and disease prevention examinations for beneficiaries ages 24 months and older. The services include immunizations, periodic screening examinations, well-child care for children up to 6 years old, and other disease prevention examinations.

With the exception of active duty service members (ADSMs), TRICARE Prime beneficiaries may receive the following clinical preventive services from any network provider without a referral or prior authorization.

Immunizations

Immunizations covered include age-appropriate doses of vaccines recommended and adopted by the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP). Refer to CDC's home page (www.cdc.gov) for a current schedule of recommended vaccines.

Patient and Parent Education or Counseling Services

The following education or counseling services are covered when included as part of an office visit:

- Dietary assessment and nutrition
- Physical activity and exercise
- Cancer surveillance
- Safe sexual practices
- Tobacco, alcohol and substance abuse
- Accident and injury prevention
- Dental health promotion

- Stress
- Bereavement
- Suicide risk assessment

Infectious Disease Screening

Covered screenings include Hepatitis B, Rubella antibodies and HIV, and screening and/or prophylaxis for tetanus, rabies, Rh immune globulin, Hepatitis A&B, meningococcal meningitis, and tuberculosis.

Cardiovascular

A Cholesterol test (non-fasting) should occur once every five years beginning at age 18. Blood pressure should be tested:

- For adults, a minimum of every two years
- For children, annually between ages 3–6 and every two years thereafter

Hearing

Preventive hearing screenings are covered for all high-risk neonates as defined by the Joint Committee on Infant Hearing. A newborn audiology screening should be performed on high-risk newborns prior to hospital discharge or within the first three months. Evaluative hearing tests may be performed at other ages during routine exams.

Well-Child Care

Well-child care (birth to 6 years) includes routine newborn care; comprehensive health promotion and disease prevention exams; vision and hearing screenings; height, weight and head circumference; routine immunizations; and developmental and behavioral appraisal in accordance with the American Academy of Pediatrics (AAP) and CDC guidelines.

Cancer Screenings

- **Mammograms**—Annually for those over age 39. If you are high risk for breast cancer, a baseline mammogram is appropriate at age 35 then annually thereafter.
- **Routine Pap Smears**—Annually starting at age 18 (or younger if sexually active). Frequency may be less often at you or your doctor's discretion, but not less than every three years.
- **Colonoscopy**—For those at high risk (family member history of colon cancer), every two years starting at age 25 (see exception) and then annually after age 40.

Exception: If you have a family history of colon cancer, use the family member that was diagnosed at the earliest age and subtract 5 years to determine when you should get your first colonoscopy. For example, if your grandmother was diagnosed with colon cancer at age 45, your aunt at 40, and your mother at age 24, then you should have your first colonoscopy at age 19.

- **Fecal Occult Blood Testing**—Annually starting at age 50.
- **Proctosigmoidoscopy or Sigmoidoscopy**—Once every 3–5 years after age 50.
- **Skin Cancer**—Exams may be sought at any age by individuals at high risk with a family history of increased sun exposure.

Taking advantage of the clinical preventive services offered by TRICARE can help you avoid costly medical treatments by finding potential health risks before they become serious. For more information about clinical preventive services, visit www.healthnetfederalservices.com or call Health Net at 1-877-874-2273. ■

Understand Your Privacy Rights

As a TRICARE beneficiary, you should be aware of your privacy rights under the Health Insurance Portability and Accountability Act (HIPAA). These include the right to:

- Inspect and copy your medical records
- Request restrictions on any part of your protected health information (PHI)
- Have confidential communications
- Request amendments to your PHI
- Have an accounting of disclosures made to your PHI
- File a written complaint if you feel your rights are violated

PHI is any individually identifiable health information, such as your age, address, e-mail address and anything that may relate to your past, present or future physical/behavioral health.

Your privacy rights are outlined in more detail in the Military Health System (MHS) Notice of Privacy Practices, which is available for download from the TRICARE Privacy Office Web site on the bottom right-hand side of the page at www.tricare.osd.mil/tmaprivacy/hipaa/hipaacompliance/index.htm.

The Notice of Privacy Practices is available in large print, Braille and in several other languages. You may request a paper copy of this notice from a military treatment facility (MTF), TRICARE Service Center (TSC) or on the Health Net Web site at www.healthnetfederalservices.com. Network providers should provide a Notice of Privacy Practices for their individual offices, as well.

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Privacy Rights FAQs

How can I amend or make changes to my PHI?

You can request to amend or make changes to your PHI by submitting the request in writing at the military treatment facility (MTF) where your health records are held.

What documents allow the release of patient information?

For your information to be released, you or your personal representative must fill out the Authorization for Disclosure of Medical or Dental Information form, also referred to as the Authorization to Disclose form. The form is available for download from the “HIPAA Compliance” page on the TRICARE Web site at www.tricare.osd.mil/tmaprivacy/hipaa/hipaacompliance/. On the right-hand navigation bar, click on the “HIPAA Forms” link. Next, select the “Authorization for Disclosure of Medical or Dental Information” form. Specific guidelines and procedures regarding release of patient information may vary among MTFs. Check with the Privacy Officer at your MTF.

Who is my Privacy Officer?

Privacy Officers are located at every MTF and at Health Net. You should know your Privacy Officer’s name and how to contact him or her. Contact your local MTF or Health Net to find out about your Privacy Officer.

Are there different privacy guidelines for minors?

Some state laws concerning minors permit or require disclosure of PHI to parents, guardians and persons acting in a similar legal status. The Military Health System will

act consistently with the law of the state where the treatment is provided and will make disclosures following such laws.

Where can I find scenarios that may illustrate HIPAA violations?

You may review case studies online from the “HIPAA Compliance” page on the TRICARE Web site at www.tricare.osd.mil/tmaprivacy/hipaa/hipaacompliance/. On the right-hand navigation bar, roll over the “TMA Guidance” link, and select the “Case Studies” link from the fly-out menu.

I do not receive care at an MTF. Do I still have the same privacy rights?

Yes. HIPAA Privacy established a threshold level for development of policies and procedures to support rights to individual patients. At each facility or provider you visit, you should be given a Notice of Privacy Practices that informs you about your specific Privacy Rights with that provider. This may differ slightly from the MHS privacy rights. You will also be required to sign an acknowledgement of the Notice of Privacy Practices for that health care provider. If you have any health care privacy concerns, we recommend you ask your provider about this at your next visit.

Where can I find more information about HIPAA and my privacy rights?

For MHS-specific information, visit www.tricare.osd.mil/tmaprivacy or contact the Privacy Officer at your MTF.

If your provider is a civilian TRICARE network or non-network provider, visit www.hhs.gov/ocr/hipaa for general information or call Health Net at 1-877-TRICARE. ■

Understand Your Privacy Rights

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Release of Medical Records

Your doctor, as well as Health Net, must follow HIPAA privacy rules when discussing your family members' health information with you.

When you call Health Net about a medical claim or other TRICARE benefits issues on behalf of someone, like your spouse, the customer service representatives will work with you, but certain privacy practices must be followed first.

In general, if you want to call Health Net on behalf of your spouse or adult child (18 or older; 21 or older in Pennsylvania and Indiana), you will need to submit an Authorization to Disclose form to Health Net.

That form is located on the Health Net Web site (www.healthnetfederalservices.com): Click on the "Beneficiary" portal, look for the "Forms Library" on the left hand bar. You can also call Health Net at 1-877-TRICARE to request a copy of the Authorization to Disclose form. Choose the Authorization for use or Disclosure of Medical Information form.

There are circumstances in which Health Net may need you to submit additional paperwork to release records or medical information:

- If you are the guardian (other than mother or father) of a child whose sponsor is a deployed active duty service member (ADSM), you need to submit a **power of attorney document** or other guardianship documents to Health Net if you wish to discuss that child's medical information.
- If your spouse is a deployed ADSM, you need to submit a **power of attorney document** to Health Net if you wish to discuss that ADSM's medical information.
- If you and your sponsor are divorced and your children are eligible to be covered under the sponsor, Health Net needs you to submit a **complete divorce decree** establishing your custodial rights if you wish to discuss your children's medical information.
- If you and your child's other parent were never married to each other, the sponsor should submit an **Authorization To Disclose form to Health Net**. If the child sponsor is not available then the custodial parent must submit a copy of the child's birth certificate and proof of residence along with a letter explaining that they are the custodial parent and that judicial custody has been established.

- If your last name is different than your spouse who is your child's sponsor, the person with the same last name as the child needs to submit an Authorization to Disclose form to **Health Net**.
- If both you and your spouse are ADSMs and your child is listed in DEERS under your spouse's name, the Health Net customer service representative will need to **verify who you are by asking your date of birth** before discussing your child's medical information.
- If you are seeking information on a deceased family member, Health Net requires you to submit **documentation of the appointment of legal representative for the estate**. If no legal representative has been established, a letter indicating that there is not a legal representative for the estate, along with your relationship to the deceased, can be submitted in its place.

If you have additional questions about HIPAA privacy rules, call Health Net or visit www.tricare.osd.mil/tmaprivacy or www.hhs.gov/ocr/hipaa. ■



TRICARE Health Matters

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P.O. Box 2890
Rancho Cordova, CA 95741

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- Generous coverage
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Health Matters is published by the TRICARE Management Activity. Please provide feedback at www.tricare.osd.mil/evaluations/newsletters.



Did You Know?

Chiropractic Care Is Available for Active Duty Service Members

Active duty service members (ADSMs) are eligible for chiropractic care through the Military Health System (MHS) Chiropractic Care Program. If you are an ADSM, you can access these services at any one of 42 military treatment facilities (MTFs) across the country that offer the program.

To access these services you will need to make an appointment with your primary care manager (PCM) who will determine if specialty care is medically necessary. If chiropractic care is recommended, you will undergo a screening process to rule out any medical conditions that would prohibit chiropractic care as an option. If appropriate, your PCM may refer you to a chiropractic provider for treatment.

The MHS Chiropractic Care Program is only available to ADSMs. However, if you are an active duty family member (ADFM) or retired service member or family member, you may be referred to other traditional health care services available with TRICARE.

These services include physical therapy, family practice or orthopedics, or you may seek chiropractic care in the local community at your own expense.

Please contact a beneficiary counseling and assistance coordinator (BCAC) with any questions you may have regarding the chiropractic benefit. Find a BCAC near you by visiting the BCAC directory online at www.tricare.osd.mil/bcac.

You may also visit the TRICARE Web site at www.tricare.osd.mil/chiropractic for a list of MTFs that offer chiropractic care or for more information about obtaining care under the Chiropractic Care Program. ■

