



Oklahoma National Guard photo by Anthony Jones

# Humana Military government services newsletter

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**Humana**  
Military



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# Upcoming Customer Service Community (CSC) training opportunities



The Benefits Education and Research Team (BERT) and TRICARE Health Plan (THP) host multiple training sessions for the Customer Service Community (CSC). These trainings will keep you up to date on all things TRICARE.

To register for any of the trainings listed below, visit the [CSC MilSuite site](#)

If you DO NOT have a CSC MilSuite account, follow these instructions:

- Go to [login.milsuite.mil/](https://login.milsuite.mil/)
- Complete the registration process
- Request access to the [CSC MilSuite Site](#)
  - Your Outlook profile and your MilSuite profile must identify your role in customer support.

For non-CSC members/non-Common Access Card (CAC) holders:

- Visit [ldd.adobeconnect.com/ekqv0o0kyyzv/event/registration.html](https://ldd.adobeconnect.com/ekqv0o0kyyzv/event/registration.html)

The following is upcoming training you can find on MilSuite:

## **CSC Training Seminar 2022: LEVEL UP, Aug. 16-18, 2022 (BERT and THP)**

An interactive three-day virtual training covering emerging issues and trends with a question and answer session with Subject Matter Experts (SME).

## **CSC bi-monthly training (BERT and THP)**

Region-specific operational and process information and updates. Visit [CSC MilSuite site](#) for upcoming dates.

## **TRICARE Fundamentals Course (TFC), self-paced, on-demand course or live Sept. 13-15, 2022**

An overview of the TRICARE program, benefits and policies, as well as getting to know the administrators of the program. Enrollment via the [Joint Knowledge Online \(JKO\)](#)



U.S. Army National Guard photo by Spc. Benjamin Tomlinson

## **Assistance Reporting Tool (ART) training (BERT)**

Teaches report generation, casework management, tracking and coordination features. [ART training can be done on Joint Knowledge Online \(JKO\) at any time.](#)

## **Sustainment training**

In-depth training and discussion on recent topics reported to THP with SMEs. Visit MilSuite.mil to register.

## **Virtual Beneficiary Counseling Assistance Coordinator (BCAC) orientation training (THP/Customer Support Liaison (CSL) team), July, 2022**

For new BCACs/HBAs. Introduction to systems, references and resources to provide the best customer support to our beneficiaries. [Register by email](#)



# Line-of-Duty (LOD) care reminders



National Guard and Reserve (NGR) members may be entitled to medical coverage under TRICARE while in performance of military duties or if they have incurred or aggravated a medical condition resulting from military service. This includes when traveling directly to and from their place of duty.

Note: The Defense Enrollment Eligibility Report System (DEERS) does not show eligibility for LOD care. LOD-related claims must be filed with Humana Military.

## Operation Family Resilience (OFR) offers free holistic health tools to military families



OFR offers virtual and holistic health tools from May through October 2022. Humana Military is partnering with Team Red, White and Blue, Blue Star Families (BSF), and the Military Family Advisory Network (MFAN). BSF will offer—at no cost—access to benefits:

- HeadSpace, science-based meditation and mindfulness app
- Thrive Market, discounted healthy foods with free shipping
- Spiritune, neuroscience and music therapy platform

Sign up for free access to these valuable tools, and learn more at [humanamilitary.com/OFR](https://humanamilitary.com/OFR)

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## Customer Service Community (CSC) resources



Among the various TRICARE CSC resources, there are the Customer Service Liaisons (CSL) and Business Operations Specialists (BOS).

### What are CSLs?

CSLs are liaisons between direct and purchased care. They support the TRICARE CSC and military hospitals and clinics with TRICARE matters at the uniformed services level, such as Foreign Forces case inquiries and issues, single or distinct case matters and providing training and education.

### Who are your CSLs?

You may contact the CSLs at their [group email](#) address or directly:

Ludlow Ball  
[Ludlow.ball.civ@mail.mil](mailto:Ludlow.ball.civ@mail.mil)

Shelley M. Huffman  
[Shelley.m.huffman.civ@mail.mil](mailto:Shelley.m.huffman.civ@mail.mil)

Mike Reninger  
[john.m.reninger.civ@mail.mil](mailto:john.m.reninger.civ@mail.mil)

### What are BOSs?

BOSs are liaisons between direct and private sector care. They support Defense Health Agency's (DHA) partners, primarily military hospitals and clinics to resolve issues, develop Memorandums of Understandings (MOU). They integrate direct and private sector care and support direct care mitigation strategies.

They also elevate performance issues to DHA Subject Matter Experts (SME); provide locally informed network assessments and private sector courses of action that support direct care mitigation strategies; and support with the education and submission of the MTF Commander Satisfaction Survey.

### Who are your BOSs?

Ms. Darlene Newsom  
(CT, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VA, VT and WV)  
[darlene.m.newsom.civ@mail.mil](mailto:darlene.m.newsom.civ@mail.mil)

Dr. Kimberlyn Ard (AL, IL, IN, KY, LA, MI, MS, OH, TN and WI)  
[kimberlyn.n.ard.civ@mail.mil](mailto:kimberlyn.n.ard.civ@mail.mil)

Mr. John Alvarez (FL, GA, NC and SC)  
[john.g.alvarez.civ@mail.mil](mailto:john.g.alvarez.civ@mail.mil)

Dr. Jim King (AR, OK and TX)  
[james.c.king62.civ@mail.mil](mailto:james.c.king62.civ@mail.mil)

# Questions about Clear and Legible Reports (CLR)



The return of CLRs is required for all initial network specialty, urgent care and behavioral healthcare referrals. Military hospitals and clinics perform the tracking and management of all CLRs through Referral Management Centers and Offices (RMC/O). When care is referred to the civilian network, a provider must provide a CLR to the military hospital or clinic for all initial encounters within a specified time frame in accordance with their Humana Military provider agreement.

## What are the specified timelines for returning a CLR?

Requested CLRs must be returned to TRICARE beneficiaries within seven business days following the patient's appointment unless an urgent situation exists.

- Behavioral healthcare network providers must submit brief initial assessments within seven business days.
- Urgent care center CLRs must be submitted within two business days of the encounter.

## What can a military hospital or clinic do when a network provider is not compliant with CLRs?

In the event a network provider remains non-compliant returning initial consult CLRs, TRICARE beneficiaries may request assistance from Humana Military, but not before following all CLR retrieval rules outlined in HA-Policy 02-2011 and DHA-IPM 18-001. If a provider fails to return three CLRs or more and is non-responsive to two requests for each missing CLR during a period of 180 days from the referral date, the military hospital or clinic may submit a Non-Compliant Provider (NCP) attestation form to Humana Military who will follow-up.

## How can a military hospital or clinic submit a NCP report to Humana Military?

[Download this form from our website.](#) Submit it by fax to (800) 231-6677.

## What does Humana Military do next?

Humana Military sends communication to the provider reinforcing their contractual obligation to return CLRs. The communication sent to non-compliant providers includes

requested reports and the RMC/O's contact information.

If the provider fails to respond following the initial outreach, the RMC/O should notify Humana Military who will send a second communication. Humana Military may also call the provider.

## Have questions?

Check out these [CLR Frequently Asked Questions \(FAQ\)](#)



U.S. Navy photo by Deldre Smith, Naval Hospital Jacksonville/Released

# Network development for the new Childbirth and Breastfeeding Support Demonstration (CBSD)



Humana Military is hard at work creating a network of doulas and lactation counselors and consultants to support CBSD. Per the CBSD requirements, Certified Labor Doula (CLD) must hold a current certification as a CLD, certified doula, or similar perinatal certification, obtained within the last three years from one of the following organizations: BirthWorks International, Childbirth and Postpartum Professional Association, Doulas of North America (DONA) International, International Childbirth Education Association, and TOLabor. Humana Military has proactively reached out to all five groups in an effort to identify as many potential providers as possible.

We welcome any provider who is interested in participating in CBSD to submit a [TRICARE certification application](#) via our website. Once a provider is certified, our team reaches out to discuss joining the Humana Military provider network.



U.S. Air Force photo by Senior Airman Jan K. Valle

## Durable Medical Equipment (DME) for TRICARE

DME refers to supplies that are necessary for the treatment, habilitation or rehabilitation of a beneficiary. The equipment should provide the medically appropriate level of performance and quality for the medical condition present. [See more on TRICARE](#)

A Certificate of Medical Necessity (CMN) is a document signed by the prescribing provider containing clinical information that supports the need for each item, services or supplies requested for a beneficiary.

A physician's order or prescription itself can take the place of the CMN as long as it includes the necessary elements and signature. A copy of the CMN or order must be submitted with the claim. Be sure to keep the CMN on file for at least one year.

A CMN must include:

- Type of equipment
- Diagnosis or reason
- Length of need
- Beginning date
- Physician signature (nurse practitioner and physician assistant signatures are accepted)

Any time there is a change in the prescription, the physician must provide an updated or new prescription or CMN for the DME to be submitted for claims.

## Episode of care



An episode of care is defined as a “set of services provided to treat a clinical condition or procedure” and includes lab and radiology services, Durable Medical Equipment (DME) and ancillary therapies.

All are subject to the Right of First Refusal (ROFR) process. The episode of care may also include treatments such as outpatient or inpatient surgery, and both are subject to benefit or medical necessity review prior to being approved.

There are two categories for an episode of care: (1) evaluate and (2) evaluate and treat. The goal of “evaluate” referrals is to provide additional clinical insight for a beneficiary, but it does not allow for the authorization of treatment. “Evaluate and treat” referrals yield authority to the specialist, allowing them to manage the case with minimal supervision. The specialist may request services for and also treat the beneficiary.

A few notes to keep in mind:

- Non-network specialist-to-specialist referrals are not allowed without a referral from a Primary Care Manager (PCM), unless there is an urgent/emergent need. Specialist-to-specialist referrals do not apply to Active Duty Service Members (ADSM) who must obtain a referral from their PCM.
- Requests referred to a specialist for a secondary referral of a non-ADSM beneficiary to another specialist, regarding management of the condition for which the beneficiary was referred may be authorized within and between certain specialties involved in the episode of care. The specific number of visits will be determined by Humana Military. The beneficiary will not need a new referral.
- Secondary referral requests will be reviewed for eligibility and benefit check and will be subject to the ROFR process and medical necessity reviews, per TRICARE policy.
- If a beneficiary or specialist contacts the military hospital or clinic and requests the submission of a new referral, then the PCM, military hospital or clinic or the Enhanced Multi-Service Market (eMSM) will continue its role as the PCM and will submit the request for continued/ongoing care as necessary, as outlined in the Core MOU.
- Anytime during the episode of care, a PCM/military hospital or clinic/eMSM may contact the treating specialist to request necessary clinical information required to submit additional referrals for their beneficiaries.



# Register today for Express Scripts' MTF Military Provider Portal



Tired of faxes? Express Scripts' secure pharmacy MTF Military Provider Portal allows for electronically responding to prescription renewals and requests from patients who are using their TRICARE pharmacy home delivery benefit. Registered providers can set up alternate individuals to manage requests and edit/create prescriptions for the provider to simply review and approve. Please note: This portal is different from the Humana Military government self-service. The MTF Military Provider Portal is a program of Express Scripts.

Have service members deploying soon? Electronically send prescriptions to the TRICARE Deployment Prescription Program (DPP) using the portal.

These portal features help minimize provider time and energy spent managing the prescription process.

- Manage home delivery prescription renewals and requests
- Send deployment prescriptions
- Communicate with providers caring for your patients
- Access your Prescription Monitoring Program (PMP) reports

Questions? Access a library of FAQs, reference materials and important contacts.

The MTF Provider Portal is easy to access using your Common Access Card (CAC).

Get started with the [MTF Provider Portal and register](#)

For more information, or to request a user guide, [contact us by email](#)



U.S. Air Force photo/Kelly White

## Spravato®: medical benefit



The nasal spray, Spravato® (esketamine), HCPCS J3490 and CPT codes G2082-83, is covered when deemed medically necessary to treat beneficiaries with treatment-resistant depression. It is also covered when prescribed for approved indications by the US Food and Drug Administration (FDA), which are available in the FDA's Risk Evaluation and Mitigation Strategy (REMS) program.

This benefit is covered under the medical benefit, not pharmacy, and prior authorization is required.

Spravato® is intended for beneficiary administration under the direct observation of a healthcare provider, and beneficiaries are required to be monitored by a healthcare provider for at least two hours. Spravato® must never be dispensed directly to a beneficiary for home use.

To prescribe Spravato® for a TRICARE beneficiary, please log in to [provider self-service](#) to request authorization and complete the [pharmacy intake form](#)

See the [TRICARE Policy Manual, Chapter 7, Section 3.18](#) for more information.