

19 July 2011

HEALTH CARE CONSUMERS' COUNCIL  
MINUTES

The Health Care Consumers' Council was held at 1000, Tuesday, 19 July 2011, at the Naval Health Clinic Patuxent River (NHC), Command Conference Room.

1. CMDMC Cummings, Command Master Chief, Naval Air Station Patuxent River:

Welcomed those in attendance. Stated that there has been an upswing in the Physical Health Assessment (PHA) statistics at NAS Patuxent River and requested that there continue to be an emphasis on this issue.

2. CAPT Ireland, Commanding Officer, Naval Health Clinic, Patuxent River (NHCPR):

The Dental Renovation is a twelve month project that will need to deploy trailers. The contract has been awarded with a start date in September. Due to the need for the trailers, parking will be affected and may lead to some inconveniences, mostly for staff.

The Pharmacy at the NEX will be renovated with new automation to increase efficiencies.

Change of Command is 23 September. Captain Raimondo is the incoming CO from Quantico.

3. CAPT Hearn, Director of Health Services (DHS). The new DHS was introduced as CAPT Scott's replacement and besides being Director of Health Services; she is will be acting Director for Healthcare Business (DHB). She is coming from Naval Hospital, Portsmouth.

a. Provider update: The Dermatology Contract will terminate the end of July. The Dietician, Kelly Harvey, is leaving and will be replaced in the near future. For these services, patients will be referred to Bethesda or civilian network. LT Smith already deployed. Clinic will go to an Enrollment by Waiver for retiree and their family members.

b. Deployment Health clinic: Process still being finalized. Will be moving to the former Case Mgt space, room 146.

4. CDR Working, Director for Healthcare Business. Active duty should receive care at the MTF first, whenever possible. ADSMs who obtain non emergency care without prior authorization risk a denial of Government responsibility for such claims. Depending on the Service regulations, they may trigger other judicial and/or administrative actions which may impact their continued fitness for duty or disability determinations.

a. Urgent Care Referrals: Naval Health Clinic Pax River is one of the MTF participating in this initiative. It is designed to decrease emergency room visits. TRICARE Prime enrollees at the selected facilities may obtain authorizations for after-hours care when their PCM is not available, by calling the Health Care Finder line. Hours for this initiative is from 3PM to 8PM weekdays and 8AM to 8PM on weekends and holidays.

b. ID Cards and SSNs: Beginning June 1, 2011, Social Security Numbers (SSNs) will no longer be printed on Department of Defense (DOD) identification cards. This action is to protect beneficiary privacy and personal identity information. Beneficiaries who have a current ID card aren't required to get a new one until the old card expires. The new card will have a DOD Benefits ID Number - an 11 digit number used to verify eligibility for health care benefits and process claims. The DOD Benefits Number will make it easier for beneficiaries to access their benefits without using their SSN. The DOD Benefits number consists of a unique family

identifier number connected to the sponsor, a dash, and then a unique two digit family member identifier number. The number will be printed on the back of the beneficiary's ID card above the bar code. Until this is fully implemented, beneficiaries may be identified using either the sponsor's SSN or the DOD Benefits number.

c. Mental Health Care Self Referrals and Point of Service (POS) Option: The TRICARE POS option lets TRICARE Prime enrollees, except active duty service members, get nonemergency, TRICARE-covered services from any TRICARE-authorized provider without a primary care manager's referral or a regional contractor authorization. Enrollees pay more when using the TRICARE point-of-service option. Non-active duty beneficiaries can seek outpatient mental health care eight times in a fiscal year without a referral or preauthorization. Authorization is required if the beneficiary continues to need care after the 8th visit. Preauthorization is required for all active duty service members (ADSM); they cannot self-refer for mental health or any other health care services. POS cost-sharing doesn't apply if mental health care is received from a network provider. If a TRICARE enrollee seeks care from a non-network mental health care provider, they will incur POS charge. Beneficiaries who continue to seek mental health care without a referral or preauthorization after the first 8 visits are responsible for the POS charge

d. Medical Home: We are in process of continuing to start Medical Home Port in Family Medicine and Pediatrics. We will have two teams (on FP, one FP and Peds combined). We will be sending out Team assignment letters, including name of PCM, in a couple of weeks; PCM assignments will remain the same. Part of Medical Home includes starting RelayHealth, a secure messaging system where patients can email their PCM or Team directly; information about RelayHealth will be mailed out also, including how to register, etc. Medical Home Port and RelayHealth information and links will be available soon on the clinic's internet site. More information to follow at next HCCC. Pamphlets are available here today and will be available around the clinic soon.

e. TRICARE On-Line, Blue Button: The TRICARE Online (TOL) Blue Button allows authorized TOL users, users logging into TOL with their Common Access Card (CAC) or DoD Self-Service (DS) Logon, the ability to view, print, and save their available personal health data. The Blue Button provides authorized users convenient access to their personal health data and offers another way to engage our beneficiaries in participating in their own health care. The TOL site has been underutilized in the past for booking appointments. Beneficiaries usually like to speak to a person. The Blue Button improves functionality. Beneficiaries can review laboratory results that are four (4) days old or older. There is an active medication list that can be saved as a PDF. We encourage all MTF enrollees to take the time to review this new feature.

f. Integrated Disability Evaluation System, (IDES), this all-in-one medical screening serves the purpose of both determining fitness to return to duty and rating the ADSM on service connected disabilities. This is a joint effort where the VA performs the exit examination for service members who appear to military physicians to be unfit for further duty and experiencing a Physical Evaluation Board (PEB). Upon completion of the examination, the records are forwarded electronically to VA's Veterans Benefits Administration (VBA) for assignment of a service-connection rating and then to the local DoD board for a medical decision on continuing service. The IDES office is located in Bldg 421 and POC is Brian Forbes.

g. Active Duty Service Members (ADSM) and Other Health Insurance (OHI): If an ADSM has other health insurance, DoD is still the primary payer (double coverage provisions don't apply). ADSMs are required to seek all medical care (including behavioral health care) and

dental care in accordance with applicable TRICARE and Service regulations. ADSMs who obtain non-emergency care without prior authorization risk a denial of Government responsibility for such claims. Depending on the Service regulations they may trigger other judicial and/or administrative actions which may impact their continued fitness for duty or disability determinations.

5. L Tjg Trimner, Administration Officer, representing the DFA:

Facilities update: IDES has moved to Bldg 421 and ribbon cutting is Friday, 22 July. Dental renovation contract awarded and work to begin September. There is a 12-18 months evolution. Capt Grzesik is the department head for Dental Clinic.

6. Medical Readiness Update. HMC Burton

a. Deployment Health Assessments: Most recent quarterly list of PDHRA/DD2900 deficiencies has MRRS showing 97 personnel currently show in MRRS as requiring PDHRA. 80 personnel are overdue.

b. Medical Readiness Indeterminate: 387 personnel out of 2255 have a readiness category of indeterminate. Command Master Chief has designated a Chief on his staff to focus on this issue. The Fully Medical Ready (70%) rate and Medical Ready Indeterminate (15%) for NAS PAX. 387, down from 420, personnel (out of 2241) are in indeterminate status. FMR target is  $\geq$  80%, whereas MRI goal is 8% or less. Each command needs to closely monitor MRI. Clinic POCs: Ms. Edick, 301-342-5492, [roxanne.edick@med.navy.mil](mailto:roxanne.edick@med.navy.mil) and HM2 David Wright 301-342-1418 ; [David.wright2@med.navy.mil](mailto:David.wright2@med.navy.mil).

c. Deployment Health Center: The PHA process have moved out of Military Medicine into it's own space. The new process will include a check-in/check-out requirement that should ensure information gets into MRRS.

7. Mr. Koch, Director, Public Health

Flu season is just around the corner. Season usually runs September through mid-March. Supplies expected to arrive September (70%)-Dec (100%). Mandatory for all military. Cards will not be required this year. This year the vaccine is comprised of A/California/7/2009 (H1N1)-like virus; A/Perth/16/2009 (H3N2)-like virus; and B/Brisbane/60/2008-like virus. \*\*These are the same viruses that were selected for the Northern Hemisphere for the 2010-2011 influenza vaccine.

8. Mr. Glenn Carpenter, TRICARE Service Center (TSC) Administrator

a. Permanent Change of Station Moves: Active duty service members (ADSMs) and active duty family members (ADFMs) who are moving can now transfer their TRICARE Prime enrollment by phone in addition to online or by mail. Beneficiaries can call current regional contractor to begin the process. If moving to a new region, information will be sent to the new regional contractor, who will follow up to complete the enrollment transfer after arrival at new location. If care is needed before the transfer is processed, contact the regional contractor for the region moving from for authorization and referral information.

If the beneficiary prefers to call the new regional contractor upon arrival at the new location, then the new regional contractor can also transfer TRICARE Prime enrollment at that time.

Note: This option is only available to ADSMs and ADFMs with TRICARE Prime, TRICARE Prime Remote, TRICARE Prime Remote for Active Duty Family Members, TRICARE Overseas

Program (TOP) Prime, or TOP Prime Remote. Retirees and their dependents who are enrolled in TRICARE Prime should transfer their enrollment when they reach their new location using the online or mail options described below.

b. Prior Authorizations and Referrals: Health Net Federal Services (HNFS) referral and prior authorization rules changed with the start of the new TRICARE contract. The following clarifications are effective as of April 19, 2011. Detailed information on these and other new prior authorization and referral requirements are available at [www.HNFS.com](http://www.HNFS.com). Referrals are for services that are not considered primary care. Health Net utilizes referrals to document when a primary care manager (PCM) obtains consultation, care and services for his or her patients from other providers (e.g., medical/surgical specialist, physical therapist or psychologist). An example of a referral is when a PCM sends a patient to see a cardiologist to evaluate a possible heart problem. Certain medical/surgical or behavioral health services or procedures require Health Net review and approval, known as a prior authorization, to ensure medical necessity and appropriateness of care prior to services being provided. Some services and procedures requiring prior authorization include certain behavioral health care, hospitalization, surgical/invasive or therapeutic procedures. There is a prior Authorization, Referral and Benefit Tool on the HNFS website.

9. Ms. Lolita Tyler-Lockett, Fleet and Family Service Center (FFSC):

Copies of the Beacon newsletter were provided for distribution. Ms. Lolita Tyler-Lockett, New Parent Support, Ms. Dawn Simpson, School Liaison Officer, NAS, AND Ms. Kristina Fromme, HX-21 Ombudsman, attended.

10. Ms. Cathy Chapman, Case Management:

Working closely with 187 cases – 48 are active duty of which 5 are combat related. The remainder 139 are family members.

11. Ms. Ashton, Health Promotion:

With the heat index, remember to use a 30 sunscreen and drink plenty of fluids.

a. Ship Shape: The next program will start again in October. Two (2) additional facilitators have been trained to conduct the program. If you have individuals who need the program, please contact Mindy Ashton ([mindy.ashton@med.navy.mil](mailto:mindy.ashton@med.navy.mil)), or call 342-4050 or access the link (Ship Shape icon) on the NHCPR's home page.

12. Closing Comments by CAPT Ireland:

Thanked all in attendance and encouraged all to share information with others in their organizations.

The meeting adjourned at 1100. Representatives were asked to pass information from this meeting to all members of their commands.

The next Health Care Consumers' Council meeting is scheduled for Tuesday, 20 September 2011 at 1000. The agenda will be distributed prior to the meeting. If a representative would like to have a topic covered at this forum, please contact the Ms. Hambel, Customer Relations Officer, at extension 5-4980.

Submitted:



CAPT L.A. IRELAND, NC, USN  
COMMANDING OFFICER  
NAVAL HEALTH CLINIC  
PATUXENT RIVER

Reviewed:



CAPT S. SCHMEISER, USN  
COMMANDING OFFICER  
NAVAL AIR STATION  
PATUXENT RIVER