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From: Commanding Officer, Naval Hospital Bremerton
To: All Ships and Stations, Puget Sound

Subj: HEALTH CARE CONSUMER COUNCIL MEETING MINUTES OF 6 MARCH 2008

Encl: (1) Attendance roster

The Health Care Consumer Council (HCCC), chaired by Mr. Terry Roberts, Director for Healthcare Business, met at 1000, 6 March 2008, at Naval Hospital Bremerton (NHB) in Ross Auditorium. Captain C. A. Wilson, Commanding Officer, Naval Hospital Bremerton, presided. Enclosure (1) lists attendees.

CAPT Wilson asked Mr. Bob Dahl, Retired Affairs Officer, to join her and presented him with her personal Captain's coin for excellence. Mr. Dahl has volunteered over 20,000 hours assisting retirees. Mr. Dahl will be retiring in June and will certainly be missed.

Mr. Roberts introduced Ms. Janet Mano, Population Health Department.

Ms. Mano introduced the Spring Health Education calendar. Class calendars are available on the NHB website. Interactive classes and motivational programs are available on request for your command or community group. Each of the Therapeutic Lifestyle Change (TLC) Classes focuses on achieving balance in our lives. Like spokes on a wheel, we map out the focus areas of our life, and then begin personal goal setting. Each class includes strategies for healthy eating, overcoming roadblocks to increasing physical activity, and stress management and wellness strategies. Ms. Mano encouraged representatives from commands and command support groups to contact Health Promotion for support in implementing programs that promote healthy lifestyles. “Healthy Shopping” tours held this month at the NBK Bangor commissary provided practical education at the point of decision for approximately 130 active duty and family members this month. Sixteen teams participated in this quarter’s motivational program “Crews Into Shape.” This four-week challenge from the Navy and Marine Corps Public Health Center includes eating five or more fruits and veggies each day,

drinking 64 ounces of fluid and getting 30 minutes of physical activity. Health Promotion collaborates during the spring quarter with Right Spirit programs. NHB's calendar of classes also includes yoga classes, taught by three certified instructors. Classes combine the physical side of stretching and strengthening with relaxation and skills to develop positive thoughts.

Mr. Roberts introduced Ms. Diane Polizzi, Department Head for the Referral Management Center (RMC), who presented how the medical/surgical referral process works and obtaining consult results.

Ms. Polizzi stated she was glad there was a representative from the USS Stennis present because they represent a huge portion of the Referral Management Center's workload and the number of consults that come through NHB. It's very important the RMC get your personnel where they need to be seen and get their results back so they can get back to work. Here's a real brief map of how the referral process works. When you visit your PCM and he/she puts in a consult, the RMC determines the source of care. Our first goal is to keep the patient here at the NHB if possible. If the required specialty or service is unavailable at NHB, the RMC attempts to get the patient into Madigan Army Medical Center (MAMC). If MAMC doesn't have the service or the capacity, then the patient will be sent out to the civilian community, with the first choice being to a TRICARE Prime network provider. Patients should call the TRICARE Regional Appointment Center (TRAC) after two working days to book their appointment. If it turns out the consult was directed to the community, the TRAC clerk will transfer the patient to the RMC who will assist the patient. Once the patient has made an appointment in the community, they should call TriWest to activate the consult, that way TriWest will track the results to make sure they get back to the ordering provider. When you're at your appointment, ask your provider what you can expect and how you will be notified of the results of any tests or referrals. If you don't hear anything after four weeks, don't assume "no news is good news," always call. The handout "Quick Steps," tells you what to expect and what to ask your provider about your consult: Ask him why it's important and what will you find out from the test; is there anything special you need to do to prepare for the test; when you can expect your results

and how will you be notified. If you have questions, don't wait for somebody to call you, take charge and call the RMC; they can be your one-stop-shop for anything referral, consult, or result related. The number is 475-4455; call the RMC anytime. They're glad to help.

(LT LINGARD): One of the concerns we have is, we have a patient who is seen at NHB and the providers write their visit note in ALTHA and tell the patient we can see it in ALTHA, but the Stennis doesn't have ALTHA so the note isn't visible to us.

Ms. Polizzi stated that's a good point.

Ms. Johnson stated that when the providers know the command, such as the USS Stennis, doesn't have ALTHA they try to remember and place a copy of the note in the patient's health record.

Ms. Polizzi stated she will take this information back to the health records department to make sure it is happening. She indicated the hard copy goes down to medical records and then they get gathered up and delivered back to the command.

(LT LINGARD): When we're in port that's not a problem but when we're out to sea and they send things to our FPO address it can take forever.

Ms. Polizzi asked the Lieutenant to meet with her after the conference to discuss a way to speed up the process.

Ms. Rene Proctor-Brown, Clinical Liaison Nurse, Tri-West, shared some additional information about the referral authorization process. After a MTF provider enters the referral into ALTHA the RMC will identify whether the patient's "insurance" plan is TRICARE Standard, Medicare, if they have other health insurance (OHI), or whether they're TRICARE Prime. Patients with Standard, Medicare, and OHI are administrated by the RMC. They will not be sent to TriWest and an authorization will not be provided for their care. For Prime patients, the RMC first evaluates whether NHB or MAMC can provide the care. If care cannot be provided in the MTF, the referral is FAXed to the TriWest-Tacoma Hub to authorize care in the civilian network. A network provider will FAX the referral to TriWest-Tacoma Hub where it's processed. For OHI beneficiaries, it's real

important for the provider and beneficiary to understand that if they are going to get services outside of NHB or MAMC, they must contact their OHI to see if that service is covered, find a provider, and find out if authorizations are required. One real sticking point is Group Health, and a lot of our beneficiaries have Group Health. For example: A patient may get their primary care at NHB but they need to go out into town to get an MRI. They must get an approval from Group Health to have the MRI or it will not be covered. Sometimes OHI information is not updated. If it's not correct the beneficiary will get a letter from TriWest stating the authorization isn't required and instructs them to contact their OHI provider. The patient can contact TriWest to update the information and reprocess the referral. TriWest is the regional contractor for the West Region. TriWest can be contacted at 1-888-TriWest or walk-in services are available in the TRICARE Service Center. If you are a Prime beneficiary and you require care in the network, the RMC will send the referral to the TriWest-Tacoma Hub and the Beneficiary Service Representatives will identify a network provider. It is very important for the beneficiary to call the TRAC within the first three days to see where that referral has been assigned to: whether it's out in the network, or at NHB or at MAMC. If it's going to the network it can take up to five days to process that referral. Patient's calling the TRAC will find out if they've been referred to the network, then they can call TriWest and find out who has been assigned as the provider for that referral, or they will receive a letter in approximately ten days. The provider listed on the letter is a suggested provider; they may call TriWest and get the provider changed to a network provider. Specialty services will be approved to non-network providers only when a network provider is not available within a 60-minute drive time. Specialty providers should request authorization for continued care for the beneficiary. If the patient has been continually seeing a provider, and it's not been longer than 90 days, they can have the specialty provider put in the request for continuing care and they don't have to come back to their PCM. If it has been over 90 days, and that specialty is available at the MTF now, the MTF may pull the patient back in to provide that service. Next, the beneficiary must have a release from the specialty clinic for a network referral. So, if you are pulled back in and you would rather continue seeing that doctor that you've been seeing in the network, you would have to get a special release from that clinic to continue seeing the network

provider. Another option is always the Point of Service option. A beneficiary may self-refer to any network or non-network provider of choice. If a beneficiary wants to do that, an authorization is not required but they need to be aware that there is a $300 annual deductible, 50 percent of the allowable charges would be their responsibility, and there would be no cap to that. Then we have the Right of First Refusal (ROFR). This is in place so beneficiaries who are getting their primary care out in the network can receive available care at NHB. When the network PCM FAXes a referral to TriWest-Tacoma Hub, TriWest identifies whether that service is available at NHB. If so, the referral is sent here to NHB-RMC to see if they can accept them. ROFR capability for the clinics does change monthly; for instance, Dermatology isn't available now, so patients have to go out in town. Then there is emergent and urgent care. Only urgent and emergent care is available out-of-the-area; routine care is not available for out-of-the-area. Emergent care delivered in an emergency department does not require an authorization; all beneficiaries should go to the closest emergency department if they're having an emergency situation. All urgent care requires PCM authorization. Guidelines are different for in-area and out-of-area. You can always call the regional contractor for assistance in locating a provider. If an authorization is not acquired for urgent care, the beneficiary could incur Point of Service charges.

Mr. Roberts stated that concluded the agenda and thanked everyone for attending. The next quarterly meeting will be at 1000 on June 5, 2008.

The point of contact for these minutes in the Healthcare Business Directorate is Mr. Hank Rose, Code 16G8, at (360) 475-4365.

T. D. ROBERTS
By direction