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TRICARE
MANAGEMENT ACTIVITY

OD

CHANGE 82
6010.51-M
JULY 2, 2009

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE OPERATIONS MANUAL (TOM)

The TRICARE Management Activity has authorized the following addition(s)/
revision(s) to 6010.51-M, reissued August 2002.

CHANGE TITLE: WEB-BASED TRICARE ASSISTANCE PROGRAM (TRIAP)
AND ENHANCED TRICARE TELEMENTAL HEALTH
(TMH) BENEFIT

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change implements a demonstration to test the
use of web-based technologies to obtain information and Employee-Assistance
Program (EAP)-like Behavioral Health (BH) services to our beneficiaries. Contractors
are also required to enhance the TRICARE TMH benefit by creating a network of
originating sites to provide TMH services.

EFFECTIVE AND IMPLEMENTATION DATE: Upon direction of the Contracting
Officer.

This change is made in conjunction with Aug 2002 TPM, Change No. 101.


Reta Michak
Director, Operations Division

ATTACHMENT(S): 14 PAGES
DISTRIBUTION: 6010.51-M

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT

CHANGE 82
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CHAPTER 5

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NETWORK DEVELOPMENT

The contractor shall establish a provider network throughout the region to support TRICARE Prime and TRICARE Extra and to complement *Military Treatment Facility* (MTF) capabilities. The network shall meet the standards in [paragraph 2.0](#). The final plan detailing all phases of network implementation shall be submitted through the Regional Director (RD) to the Contracting Officer (CO) no later than 180 calendar days prior to the initiation of the delivery of health care services. The plan shall address all components of network development, implementation, and operation in all TRICARE Prime Service Areas (PSAs) required in this chapter and specified in the contract. The CO will approve, deny, or direct changes to the plan no later than the 150th calendar day prior to the start of health care delivery.

1.0. GEOGRAPHIC AVAILABILITY

The contractor shall establish and maintain provider networks, supporting TRICARE Prime and TRICARE Extra, in all PSAs, non-PSAs (where cost-effective), Base Realignment and Closure (BRAC) sites, throughout all healthcare delivery periods of the contract. (See [Chapter 17](#) for TRICARE Prime Remote (TPR) network requirements.) In each area where TRICARE Prime is offered (TRICARE PSA), the contractor shall permit enrollment by beneficiaries under the terms and conditions of [Chapters 6](#) and [12](#). Beneficiaries who live outside TRICARE PSAs may enroll in TRICARE Prime, however, they must waive the access standards.

1.1. Areas Where Establishment Of TRICARE Prime And TRICARE Extra Is Required

The contractor shall make TRICARE Prime and TRICARE Extra available in all PSAs (see definition in [Appendix A](#)), and at all BRAC sites. A listing of all zip codes and geographic locations associated with MTF PSAs is available in the Catchment Area Directory published by the Defense Medical Systems Support Center. Where, because of unique circumstances in a PSA or in areas that become non-PSAs as a result of base closures, the establishment or continuation of TRICARE Prime and/or TRICARE Extra is not feasible, the contractor may request a waiver or delay of this requirement from the CO. The request must include the RD's comments and supporting documentation for a waiver or delay.

1.2. Areas Where Establishment Of TRICARE Prime And TRICARE Extra Is Optional

To the extent that it is cost-effective, the contractor may expand TRICARE Prime and TRICARE Extra to areas not described in [paragraph 1.1](#). The geographic availability of TRICARE Extra may exceed that of TRICARE Prime in these areas. For areas where the establishment of TRICARE Prime and Extra is optional, the contractor shall identify the zip codes included in the TRICARE Prime and Extra service areas. After the start of health care delivery, any request to establish TRICARE Prime and TRICARE Extra in non-PSAs shall be submitted with fully supporting documentation through the RD to the CO for approval.

1.3. *Areas Where Establishment Of An Originating Site For Telemental Health (TMH) Is Required*

As a minimum, one civilian originating site within 40 miles of each MTF (defined by Section J of each MCS contract), and one civilian originating site more than 40 miles from an MTF (defined by Section J of each MCS contract) with a high concentration of TPR and/or TRICARE Reserve Select (TRS) for each region.

2.0. NETWORK REQUIREMENTS AND STANDARDS

The contractor shall establish, in consonance with the *RDs*, provider networks through contractual arrangements. In areas where TRICARE networks are in existence, the contractor shall offer all existing network providers the opportunity to participate in the contractor's network (subject to the conditions, criteria and standards established for the Regions). Network requirements and standards are listed below.

2.1. *RDs And MTF Interface In Provider Network Development*

Prior to the contractor finalizing the civilian network, MTF Commanders and the *RDs* shall be given an opportunity to provide input into the development of the network in their *PSAs* and the BRAC sites. The contractor shall meet with the *RD* and all MTF Commanders within 30 calendar days of the award to obtain their network size and specialty makeup input. The contractor shall follow the MTF Commander's directions regarding the priorities for the assignment of enrollees to primary care managers. MTF Commanders have sole authority for granting clinical privileges to resource sharing providers at the MTFs.

2.2. Standards For Network Providers

Network and access to care standards are in [32 CFR 199.17](#). The network shall comply with standards set by the Government or standards proposed by the contractor, whichever are more stringent. Each *PSA* or non-*PSA* where TRICARE Prime is established is considered to be a separate service area to which the standards apply. The contractor shall develop and implement a system for continuously monitoring and evaluating network adequacy.

2.3. Participation On Claims

All network provider contracts shall require the provider to participate on all claims and submit claims on behalf of all *Military Health System (MHS)* and Medicare beneficiaries.

2.4. Balance Billing

2.4.1. Providers in the contractor's network may only bill MHS beneficiaries for applicable deductibles, co-payments, and/or cost-sharing amounts; they may not bill for charges which exceed contractually allowed payment rates. Network providers may only bill MTFs/MCSCs for services provided to *Active Duty Service Members (ADSMs)* at the contractually agreed amount, or less, and may not bill for charges which exceed the contractually agreed allowed payment amount. The contractor shall include this provision in provider contracts and shall provide the *RDs* and each MTF Commander with a list of all

network providers, their addresses and phone numbers, their specialties or types of service (*Durable Medical Equipment* (DME), supplies, etc.), and their contractually agreed allowable amount (discounts or price list) by the tenth (10th) calendar day prior to the start of health care delivery and by the tenth (10th) calendar day prior to the start of each calendar quarter thereafter. (Such lists shall be provided in an electronic or paper format acceptable to the *RD*.)

2.4.2. Network providers shall never bill an MHS eligible beneficiary for more than the contractually agreed amount for TRICARE Prime enrollees with civilian network *Primary Care Managers* (PCMs). The contractor shall ensure that the amount charged MHS beneficiaries without civilian network PCMs is the same as the amount charged TRICARE Prime enrollees with civilian network PCMs even though the reimbursement mechanism may be different (e.g., capitated reimbursement mechanism may be different (e.g., capitated arrangements for TRICARE Prime enrollees with civilian network PCMs and fee-for-service arrangements for all other MHS beneficiaries). If the contractor is using different reimbursement mechanisms, the contractually agreed amount shall be equal to or less than the CHAMPUS allowable amount minus the discount the contractor proposed receiving as a result of the capitated reimbursement amount agreed to with the provider.

2.5. Billing For Non-Covered Services (Hold Harmless)

2.5.1. A network provider may not require payment from the beneficiary for any excluded or excludable services that the beneficiary received from the network provider (i.e., the beneficiary will be held harmless) except as follows:

- If the beneficiary did not inform the provider that he or she was a TRICARE beneficiary, the provider may bill the beneficiary for services provided.
- If the beneficiary was informed that the services were excluded or excludable and he/she agreed in advance to pay for the services, the provider may bill the beneficiary. An agreement to pay must be evidenced by written records (“written records” include for example: 1) provider notes written prior to receipt of the services demonstrating that the beneficiary was informed that the services were excluded or excludable and the beneficiary agreed to pay for them; 2) a statement or letter written by the beneficiary prior to receipt of the services, acknowledging that the services were excluded or excludable and agreeing to pay for them; 3) statements written by both the beneficiary and provider following receipt of the services that the beneficiary, prior to receipt of the services, agreed to pay for them, knowing that the services were excluded or excludable). General agreements to pay, such as those signed by the beneficiary at the time of admission, are not evidence that the beneficiary knew specific services were excluded or excludable.

2.5.2. Certified marriage and family therapists (both network and non-network), in their participation agreements with TRICARE, agree to hold eligible beneficiaries harmless for non-covered care.

2.5.3. The beneficiary will be entitled to a full refund of any amount paid by the beneficiary for the excluded services, including any deductible and cost-share amounts, provided the beneficiary informed the network provider (or the network or non-network

certified marriage and family therapist) that he or she was a TRICARE beneficiary, and did not agree in advance to pay for the services after having been informed that the services were excluded or excludable. In order to obtain a refund, the beneficiary is not required to ask the provider to return the payments the beneficiary has made for excluded services. Instead, the beneficiary will be refunded any payments made by the beneficiary or by another party on behalf of the beneficiary (excluding an insurer or provider) for the excluded services. The beneficiary, or other party making payment on behalf of the beneficiary, must request a refund in writing from the contractor by the end of the sixth month following the month in which payment was made to the provider or by the end of the sixth month following the month in which the *Peer Review Organization (PRO)* or *TRICARE Management Activity (TMA)* advised the beneficiary that he or she was not liable for the excludable services. The time limit may be extended where good cause is shown. Good cause is defined as:

- Administrative error, such as, misrepresentation or mistake or an officer or employee of TMA or a PRO if performing functions under TRICARE and acting within the scope of the officer's or employee's authority.
- Mental incompetence of the beneficiary or, in the case of a minor child, mental incompetence of his or her guardian, parent, or sponsor.
- Adjudication delays by *Other Health Insurance (OHI)* (when not attributable to the beneficiary), if such adjudication is required under [32 CFR 199.8](#) (Double Coverage).

AUDITS, INSPECTIONS, AND REPORTS

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CHAPTER 15 - AUDITS, INSPECTIONS, AND REPORTS

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6	ANNUAL REPORTS 1.0. Clinical Quality Management Program Annual Report (CQMP AR) 2.0. Fraud Prevention Savings Report
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16.2. For all active Task Orders issued by the Contracting Officer, the contractor shall also provide the following:

- The number of Clinical Support Agreement personnel by task order and by specialty or personnel type working in each MTF;
- The number of hours worked by Clinical Support Agreement personnel, by Task Order, and by specialty or personnel type for each MTF;
- The types and numbers of services provided for each Task Order, i.e., the number of visits, treatments, procedures, tests, etc.;
- The total salaries, compensation, and expenses paid by the contractor in support of the services provided for each Task Order.
- Total reimbursement expected from the Government for services rendered through each task order during the reporting period.

17.0. QUALITY INTERVENTION REPORT

Monthly, the contractor shall submit via the E-commerce Extranet (<https://tma-ecomextranet.ha.osd.mil>) a Quality Intervention Report to the TRICARE Regional Office (TRO) or Designated Provider Program Office (DPPO) documenting all potential and confirmed Quality Issues (QIs). Severity Levels/Sentinel Events will be assigned as identified in [Chapter 7, Section 4, paragraph 6.2.3](#). All Potential Quality Issue (PQI) outcomes shall be reported including the determination of “No QI” (see [Chapter 7, Section 4, paragraph 6.1.](#)). The report shall include the following data fields:

CASE NUMBER	PQI/ GRIEVANCE	SOURCE	PRIME SERVICE AREA	EVENT(S)/ INDICATOR(S)	SEVERITY LEVEL/SE/ NO QI	CORRECTIVE ACTION ACTIVITY	FOLLOW-UP ACTION	REPORT TO CQM COMMITTEE
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18.0. CONTRACTOR RECORDS ACCOUNTABILITY REPORT

By the 10th of the month following the month being reports the Managed Care Support Contractors (MCSCs), Designated Providers (DPs), and the TRICARE Dual Eligible Fiscal Intermediary Contractor (TDEFIC) shall submit a monthly Contractor Records Accountability Report via the <https://tma-ecomextranet.ha.osd.mil>. The report shall account for 100% of the requested individual records including follow-up actions and interventions for those records not submitted (see [Chapter 7, Section 3, paragraph 2.0.](#)).

19.0. ORIGINATING SITE REPORT

Contractors shall create a bi-weekly report containing a list of all planned originating sites for Telemental Health (TMH) in their region. The report shall include the name and address of the originating sites, and the date the originating site is planned to be fully operational. The report will address when each site actually becomes fully operational for use by TRICARE beneficiaries. The first report shall be due July 14, 2009, with subsequent reports provided to TMA biweekly thereafter until

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CHAPTER 15, SECTION 3

MONTHLY REPORTS

October 1, 2009. After October 1, 2009 the report is only required monthly on the first calendar day of the month. The reports shall be in an Excel file and submitted via the E-Commerce Extranet.

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WEB-BASED TRICARE ASSISTANCE PROGRAM (TRIAP) DEMONSTRATION

1.0. PURPOSE

The purpose of this demonstration is to test the use of web-based technologies to get information and Employee-Assistance Program (EAP)-like Behavioral Health (BH) services to our beneficiaries to determine if it increases the effectiveness and efficiency of identifying those who need medically necessary mental health care and in identifying their medical mental health needs earlier and in getting them referred or getting them access to the appropriate level of mental health care more effectively. We are also interested in learning if providing this level of care reduces a later need for mental health care. In addition, this will enable the Department of Defense (DoD) to determine whether:

- The availability to provide web-based EAP-like counseling is a valid mechanism to improve access in rural or underserved areas.*
- There is acceptance and use of this delivery system by eligible beneficiaries.*
- It is feasible to offer this service on a permanent basis.*

2.0. AUTHORITY

2.1. Section 1092, Chapter 55, Title 10 of the United States Code (USC) allows the Secretary of Defense to conduct studies and demonstration projects. This section also specifies that the Secretary may enter into contracts with public or private organizations to conduct these studies and demonstrations.

2.2. In the House Report 2638 DoD Appropriations Act for Fiscal Year (FY) 2009 Joint Explanatory Statement (p.405), Congress stated: "An area of particular interest is the provision of appropriate and accessible counseling of service members and their families who live in locations that are not close to Military Treatment Facilities (MTFs), other Military Health System (MHS) facilities or TRICARE providers. Web-based delivery of counseling has significant potential to offer counseling to personnel who otherwise might not be able to access it. Therefore, the Department is directed to establish and use a web-based Clinical Mental Health Services Program as a way to deliver critical clinical mental health services to service members and their families in rural areas. The ability to provide web-based TRICARE Assistance Program (TRIAP) services is a valid mechanism to augment the basic TRICARE mental health benefit to provide short-term counseling options."

3.0. BACKGROUND

3.1. The DoD currently provides a robust program of mental health care for our ADSMs and their families. In addition, the Department offers Military One Source which provides multiple, currently

12, face-to-face BH non-medical counseling sessions for each issue faced by a beneficiary. For those needing medical treatment, BH care is provided in MTFs or through the TRICARE program.

3.2. *The Managed Care Support Contractors (MCSCs) currently provide an array of text and multi-media based educational materials targeting pre-deployment, deployment, and post-deployment adjustment concerns. They also have BH Provider Locator and Appointment Assistant Centers staffed with licensed counselors, or beneficiary service representatives and customer service representatives to provide first and second level support, triage, and make appropriate BH referrals and locate providers for beneficiaries. This demonstration project will expand access to on-line contact options including web-based e-mail and video-conferencing to those eligible as indicated in this section to provide TRIAP services which are not otherwise covered as TRICARE authorized medically necessary mental health services.*

4.0. DEFINITIONS

4.1. *Interactive Telecommunications System. Interactive telecommunications systems are defined as multimedia communications equipment that includes, at a minimum, audio-video equipment permitting two-way, real time service or consultation involving the beneficiary and counselor as appropriate to the BH needs of the patient. Telephone services excluded by 32 CFR 199.4(g)(52) do not meet the definition of interactive telecommunications services.*

4.2. *TRIAP Counseling. The DoD goal for professional, web-based assistance services is to provide ADSMs and their families, TRICARE Reserve Select (TRS) enrollees, and Transitional Assistance Management Program (TAMP) beneficiaries with an avenue for private, non-reportable discussion of personal life issues such as family difficulties and pressures, crisis intervention, anxiety, and self-esteem on a one-to-one basis in the context of a confidential relationship with a licensed professional.*

4.3. *TRIAP Services. Private, non-reportable discussions of personal life issues such as dealing with relationships, crisis intervention, stress management, family issues, parent-child communications, family separations, anxiety, and self-esteem on a one-to-one basis in the context of a confidential relationship with a licensed professional.*

5.0. POLICY

5.1. *TRIAP services will be provided to ADSMs and their family members, 14 years of age or older, and those enrolled in TRS and TAMP beneficiaries. A full range of private, confidential, counseling services via the web, including on-line video chat to address current and emerging needs.*

5.2. *Generally, the TRIAP services will support ADSMs and their families, TRS enrollees, and TAMP beneficiaries as it:*

- Makes expert short term, TRIAP services available on demand.*
- Helps cope with normal reactions to abnormal/adverse situations.*
- Assesses and delivers short-term, solution-focused counseling for situations resulting from commonly occurring life circumstances such as deployment stress, relationships, personal loss, and parent-child communications.*

- *Provides an avenue for private, non-reportable discussion of personal life issues such as family difficulties and pressures, crisis intervention, anxiety, self-esteem, loneliness, and critical life decisions on a one-on-one basis in the context of a confidential relationship.*

6.0. MINIMUM REQUIREMENTS FOR DELIVERY OF TRIAP SERVICES

6.1. *If the beneficiary requests assistance services during the initial contact, the contractor shall determine the appropriate level of care required and direct the beneficiary accordingly. If appropriate and the beneficiary possesses the required hardware and software, video assistance services is an option that can be offered. However, the beneficiary must also be offered the alternative of face-to-face care if it is available. If video assistance services are not possible or not appropriate for the beneficiaries needs, referrals for care outside this demonstration to the MTF or network providers can be made (with appropriate authorization). Additionally, referrals can be made to Military One Source for telephonic or face-to-face counseling. If the provider determines that additional TRIAP services are necessary, the first follow-up session will be scheduled within three days of the initial intervention.*

6.2. *The contractor shall establish protocols and procedures for assessment, referral, and record keeping of beneficiaries in need of assistance services. In addition, the contractor shall establish procedures for end-of-intervention surveys measuring the beneficiaries' and providers' experience with web-based contacts as well as professional and non-professional TRIAP services.*

6.3. *All employees, contractors, and subcontractors who will have access to beneficiary information will be advised of the confidential nature of the information, that the records are subject to the requirements of the Privacy Act of 1974, and to the extent applicable the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and that unauthorized disclosures of beneficiary information may result in the imposition of possible criminal penalties.*

6.4. *Contractor shall establish and maintain a record keeping system that is designed to protect the ADSM or family members' and others privacy and confidentiality, as appropriate and required for specific services. Although this TRIAP service is private and confidential, the contractor must keep utilization records which document that confidential and private services have been provided to Service members, their families, and others eligible for the Demonstration. The counselor must explain to the Service member, family member, or other that the personal identification information will be held in strictest confidence by the contractor. The contractor shall post the details of each contact on the record keeping system within three business days of the contact.*

6.5. *The contractor shall capture selective beneficiary contact and demographic information, to include ensuring that beneficiaries meet eligibility criteria, while ensuring beneficiary confidentiality, in a database and provide monthly reports detailing assistance services, that includes at a minimum, the information necessary to provide monthly reports outlined in [paragraph 14.0](#).*

6.6. *The contractor shall maintain procedures for responding to Emergency, Urgent, and Non-Urgent calls. These procedures shall include an immediate response for Emergency situations, access to mental health counseling outside of this demonstration within one business day for Urgent calls, and access to web-based TRIAP services within three business days for Non-Urgent calls if the services cannot be provided immediately.*

6.7. *The contractor shall maintain a counseling model and process flow for triage purposes to determine if TRIAP services are appropriate.*

7.0. GENERAL

7.1. *There are no referral and authorization requirements for web-based TRIAP services. TRICARE beneficiaries who are eligible for the Demonstration may access this care using Personal Computers (PCs). Current referral rules apply to medically necessary TRICARE authorized mental health care.*

7.2. *Web-based TRIAP services are available 24 hours a day, seven days a week.*

7.3. *Web-based interaction such as e-mails, online video chat, or video IM for TRIAP services is not limited to a certain number of interactions. E-mail may be used to make appointments for assistance services, if needed.*

8.0. FUNDING

This demonstration will be reimbursed using administrative funds. There are no claims to be filed.

9.0. AUTHORIZED PROVIDERS

9.1. *Web-based TRIAP services may be provided by mental health clinicians who are licensed and authorized to provide these web-based services in all applicable states including the state in which they provide the service and as applicable, the states in which the beneficiary receives the service. In addition to TRICARE-authorized providers, counselors providing web-based TRIAP services would include independently licensed masters prepared clinicians, including, but not limited to, licensed psychotherapists, marriage and family counselors and licensed professional counselors.*

9.2. *The contractor will ensure that those providing counseling have knowledge of military family programs and knowledge of the unique cultural aspects of the military lifestyle.*

10.0. ELIGIBILITY

This demonstration is available to ADSMs, their family members, 14 years of age or older, those enrolled in TRS, and TAMP beneficiaries. All must reside in the Continental United States (CONUS).

11.0. MCSC RESPONSIBILITY

The contractor is to provide:

11.1. *An assessment made by a licensed professional at the BH Care Provider Locator and Appointment Assistance or Customer Service Staff to determine if web-based professional TRIAP services are appropriate for the beneficiary. If it is, the BH contact center will determine if the beneficiary has the necessary software and hardware (the most currently available technology that meets the requirements of this Demonstration) to support web-based care. If that is the case, the BH Care Provider Locator and Appointment Assistance or Customer Service Staff will instruct the beneficiary on accessing web-based counseling.*

11.2. *Referral to an appropriate level of care if the beneficiary does not have the necessary hardware or software, or requires care beyond the scope of this Demonstration. This level of care may include a MTF, or a TRICARE network or authorized provider.*

11.3. *A virtual resource library of electronic documents related to BH/mental health concerns, to include but not limited to suicide prevention, post-traumatic stress disorder, and depression.*

11.4. *A secure, web-based e-mail, online video chat and IM capability.*

12.0. TRICARE MANAGEMENT ACTIVITY (TMA) RESPONSIBILITY

An independent evaluation of the demonstration will be conducted. It will be performed retrospectively and use a combination of administrative and survey measures of BH care access to provide analyses and comment on the effectiveness of the demonstration in meeting this goal of improving beneficiary access to BH call centers by incorporating web-based technology.

13.0. EFFECTIVE DATE

This demonstration project will be effective for services on or after August 1, 2009.

14.0. MONTHLY REPORTS

*The Contractor shall capture and report all service member, family member, TRS enrollee contacts by military service and installation, to include Guard and Reserve member affiliation. Specifically, the Duty Status, Rank, Installation and Branch Of Service of counseling participants, if applicable, type of counseling, number of sessions, and stratified by beneficiary category, rank and service. The type of counseling will be reported using **Diagnostic And Statistical Manual Of Mental Disorders, Fourth Edition (DSM-IV-TR)** "V" codes and descriptions. "V" codes shall not be used for reimbursement purposes. Satisfaction surveys outlined in [paragraph 6.2.](#) shall also be reported monthly.*

15.0. EXCLUSIONS

Medical treatment including medication management and psychoanalysis.

