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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)
DEMONSTRATION/TELEMENTAL HEALTH MEDICINE

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change contains revisions to the TRIAP
Demonstration and other clarifications.

EFFECTIVE DATE: August 1, 2009.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

This change is made in conjunction with Aug 2002 TPM, Change No. 104.


Reta Michak
Director, Operations Division

ATTACHMENT(S): 7 PAGES
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WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT

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CHAPTER 18

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GENERAL

1.0. INTRODUCTION

1.1. The Supplemental Health Care Program (SHCP) replaces the Active Duty Claims Program (ADCP). This chapter provides instructions to contractors regarding their responsibilities under the SHCP as well as providing general information to the contractor regarding the roles and responsibilities of the Uniformed Services.

1.2. The Department of Defense and the Armed Forces have agreed to a mechanism that enables processing and reimbursement of SHCP claims by Managed Care Support (MCS) contractors and payment to the contractors through the TRICARE Management Activity (TMA), Office of Contract Resource Management.

1.3. This chapter addresses payment of claims for civilian services (including internal resource sharing services) rendered pursuant to a referral by a provider in a Military Treatment Facility, with the exception of services rendered to enrollees in the TRICARE Prime Remote program (see [Chapter 17](#)) or as otherwise excepted in [Chapter 18, Section 3, 3.0](#). The fact that civilian services have been rendered to an individual who is enrolled to an MTF PCM does not mean that those services were MTF referred care. If a claim is received for an ADSM MTF enrollee and no authorization is on file, the MTF must be contacted to determine if the care was MTF referred.

1.4. This chapter is not applicable to active duty service members enrolled overseas. Claims authorization and payment procedures for active duty service members enrolled overseas are outlined in the TRICARE Policy Manual, [Chapter 12](#), TRICARE Overseas Program.

2.0. MILITARY SERVICE PARTICIPATION IN THE SHCP

Medical Treatment Facility (MTF) patients may require medical care that is not available at the MTF (e.g., MRI). The provisions of this chapter apply when the MTF refers a patient for civilian medical care (usually a specific test, procedure or consultation), including services rendered by an internal resource sharing provider. Claims for this type of care will usually be submitted by the provider; however, the patient or the Services (e.g., the MTF) may submit the claim depending on the particular situation. The contractor shall ensure cost shares, copayments or deductibles are applied only when appropriate.

3.0. CONTRACTOR RESPONSIBILITIES

As part of the Department of Defense's ongoing efforts to improve coordination between military treatment facilities and civilian treatment sources, the current practice of using TRICARE payment rules for care provided under the SHCP has been expanded. The

contractor shall provide payment for inpatient and outpatient services, for MTF-referred civilian care within the 50 United States and the District of Columbia ordered by an MTF provider for an MTF patient for whom the MTF provider maintains responsibility. This includes claims for members on the Temporary Disability Retirement List (TDRL) obtaining required periodic physical exams. After payment of the claim, the contractor shall furnish the Services with information regarding payment of the claim. (See [Section 3, paragraph 9.0.](#))

4.0. SUPPLEMENTAL HEALTH CARE PROGRAM DIFFERENCES

4.1. Active Duty Service Members (ADSMs) have no cost-shares, copayments or deductibles. If they have been required by the provider to make “up front” payment they may upon approval be reimbursed in full for amounts in excess of what would ordinarily be reimbursable under TRICARE.

4.2. Non-Availability Statement (NAS) requirements do not apply.

4.3. SHCP claims are included in the measurement of the claims processing standards in [Chapter 1, Section 3, paragraph 1.0.](#) and [3.0.](#)

4.4. If Third Party Liability (TPL) is involved in a claim, claim payment will not be delayed; the development of TPL information is not required.

4.5. The contractor shall provide MTF-referred patients the full range of services offered to TRICARE Prime enrollees.

4.6. If an ADSM intends, while in a terminal leave status, to reside outside of the Prime Service Area (PSA) of the MTF where the ADSM is enrolled, the MTF shall issue to the TRICARE MCSC a single preauthorization for the ADSM to obtain from the Department of Veterans Affairs (DVA) any routine or urgent outpatient primary medical care that should be required anytime during the terminal leave period, except the preauthorization shall not apply to services provided under the terms of the Department of Defense (DoD)/DVA Memorandum Of Agreement (MOA) for “Medical Treatment Provided to Active Duty Service Members with Polytrauma Injury, Spinal Cord Injury, Traumatic Brain Injury or Blindness.” Claims from the DVA for services provided under terms of the MOA shall be processed as specified in [Section 2, paragraph 3.0.](#) The MCSC shall process a claim received from the DVA for services provided within the scope of the preauthorization using the standards in [Chapter 1](#) unless otherwise stated in this chapter. The claims tracking and retrieval requirements of [Chapter 1, Section 3, paragraph 2.1.](#) apply equally to such SHCP claims. The contractor for the region in which the patient is enrolled shall process the claim to completion.

4.7. *Preauthorizations for care from the DVA shall not be issued for ADSMs enrolled at an overseas MTF or in the TRICARE Prime Remote (TPR) Program at the time they commence terminal leave.*

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 spouses of any age*, and their family members *18* years of age or older, and those *beneficiaries* enrolled in TRS and TAMP *18 years of age or older*. 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 *beneficiary's* 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.

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. *State laws must be complied with.* In addition to TRICARE-authorized providers, counselors providing web-based TRIAP services *could* 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, *ADSM's spouses of any age*, their family members *18* 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.

15.0. EXCLUSIONS

Medical treatment including medication management and psychoanalysis.

