

Coordinating TRICARE with Medicare and Other Health Insurance



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An Important Note About TRICARE Program Changes

At the time of printing, the information in this brochure is current. It is important to remember that TRICARE policies and benefits are governed by public law. Changes to TRICARE programs are continually made as public law is amended. For the most recent information, contact your regional contractor or TRICARE Service Center.

Other Health Insurance

Any other health insurance (OHI) plan you have in addition to your TRICARE coverage is considered to be your primary health insurance. OHI includes any non-TRICARE health insurance you receive through an employer or other public or private insurance program, including government programs such as Medicare.

If you have OHI, tell your provider and your regional contractor and supply them with a copy of your insurance card.

Keeping your regional contractor and health care providers informed about your OHI will allow them to better coordinate your benefits and will help ensure there is no delay (or denial) in the payment of your claims.

How TRICARE Works with Other Health Insurance

Federal law requires that TRICARE be the last payer after other health plans, except for Medicaid, TRICARE supplements, the Indian Health Service, and other programs or plans as identified by the TRICARE Management Activity.

When you have double coverage, your OHI pays its benefits in full as the first payer. After your OHI pays, TRICARE will pay what is left up to the amount TRICARE would have paid had there been no OHI. There is no change in the TRICARE allowable charge (the maximum amount TRICARE will pay for medical and other services) when TRICARE is the secondary payer. TRICARE will only pay for TRICARE-covered services, and all TRICARE policies and procedures must still be followed.

Follow your OHI's rules for filing claims and file the claim with them first. **Note:** Health maintenance organizations (HMOs) have specific rules that, if not followed, may affect whether the HMO or TRICARE makes payment.

If there is an amount your OHI does not cover, you can file a secondary claim with TRICARE for reimbursement. Remember that your provider may submit claims for you. Be sure to submit all claims to TRICARE even if TRICARE does not make a payment, because amounts you pay may be applied to your annual TRICARE catastrophic cap. **Note:** TRICARE Prime point of service cost-sharing and deductibles do not apply if your OHI is primary payer.

If you are submitting a secondary claim, you must use a TRICARE claim form (DD Form 2642 *TRICARE DoD/CHAMPUS Medical Claim Patient's Request for Medical Payment*). You can download forms and instructions from your regional contractor's Web site or from www.tricare.mil/claims. You can also visit a local TRICARE Service Center or military treatment facility to pick up a copy.

Send your completed claim form, all itemized bills, and a copy of your OHI explanation of benefits (EOB) to your regional contractor. (An EOB is the form you receive from your insurer that explains what they paid on a claim and, if they did not pay, the reasons for the denial.)

Referrals and Authorizations

If you have OHI, you must follow all guidelines set forth by your OHI plan for referrals and authorizations, which may include seeing specific providers in their network for your health care. Your provider is not required to obtain referrals or authorizations from TRICARE for TRICARE-covered services. However, in order to make payment, TRICARE may need to provide authorization* (after the care has been rendered) for the following services:

- Adjunctive dental care
- Behavioral health services:
 - All nonemergency inpatient admissions for substance use disorder or behavioral health
 - Partial hospitalization programs and residential treatment center programs
 - Psychotherapy after the initial eight outpatient visits
 - Psychoanalysis

- Extended Care Health Option (ECHO) services
- Home health services
- Hospice services
- Solid organ and stem cell transplants

* *TRICARE For Life beneficiaries are not required to obtain prior authorizations from TRICARE. When Medicare benefits have been exhausted and when the services require a TRICARE authorization, the authorization will be performed by Wisconsin Physicians Service on a retrospective basis (after care is rendered).*

TRICARE plus Medicare equals TRICARE for Life

TRICARE and Medicare

When you receive medical care, your provider files the claim with Medicare. Medicare processes the claim and pays its portion. Medicare electronically forwards the claim to Wisconsin Physicians Service, who processes the claim and pays TRICARE’s portion of the claim. TRICARE automatically sends the payment to your provider. You will receive an EOB from TRICARE and a Medicare Summary of Benefits notice indicating the amounts paid. **Note:** If you have OHI, after processing the claim, Medicare forwards the claim to the OHI. Once you receive the Medicare Summary of Benefits notice and an EOB from your OHI, you will need to file a paper claim Form DD 2642 *TRICARE DoD/CHAMPUS Medical Claim Patient’s Request for Medical Payment* with WPS for any remaining out of pocket expenses.

For more information about TRICARE and Medicare coverage, refer to your *TRICARE For Life Handbook* or visit www.tricare.mil/tfl.

How Claims Are Paid by Medicare and TRICARE	
Services Covered by Medicare and TRICARE	In most cases, Medicare pays first and TRICARE pays its share of the remaining expenses second.
Services Covered by Medicare, but not by TRICARE	Medicare will process the claim as the primary payer and you are responsible for the Medicare deductible and cost-shares. TRICARE will make no payment.
Services Covered by TRICARE, but not by Medicare	TRICARE will process the claim as primary payer and you are responsible for applicable TRICARE deductibles and cost-shares. Medicare will make no payment.
Services not Covered by Medicare or TRICARE	Neither TRICARE nor Medicare will make payment. You are responsible for all costs.

Special Types of Other Health Insurance

TRICARE Supplemental Insurance

If you have supplemental insurance that pays your out-of-pocket expenses, you may be responsible for submitting your claims to the supplemental insurer. Consult your supplemental insurance plan for coverage guidelines.

Be sure to ask your provider for a copy of the itemized bill for services and a receipt for any copayment you make. Include these along with

a copy of your TRICARE EOB when you submit your claim to your supplemental insurance company.

TRICARE and Third Party Liability Insurance

The Federal Medical Care Recovery Act allows TRICARE to be reimbursed for its costs of treatment if you are injured in an accident that was caused by someone else. The DD Form 2527 *Third Party Liability* will be sent to you if a claim is received that appears to have third-party involvement. **Within 35 calendar days, you must complete and sign this form** and follow the directions for returning the form to the appropriate claims processor. You can also download the form from the TRICARE Web site at www.tricare.mil/claims or from your regional contractor's Web site.

Filing Claims

Health Care Claims

For more information on filing medical claims:

- Visit your regional contractor's Web site.
- Visit www.tricare.mil/claims.
- Refer to the *TRICARE Guiding the Claims Process* brochure found at your TRICARE Service Center or online at www.tricare.mil/tricaresmart. This brochure explains how to file a medical claim, an appeal, or a grievance, and how to report suspected fraud and abuse.

Pharmacy Claims

If your OHI includes pharmacy coverage, TRICARE is secondary payer on pharmacy claims.*

You do not have to file paper claims with TRICARE for prescriptions filled at most retail pharmacies. Retail pharmacists can immediately submit electronic claims to TRICARE when you purchase medications. This allows the pharmacy to receive TRICARE's payment before requesting a copayment from you. In many instances, you can leave the pharmacy with lower out-of-pocket costs and no requirement to file a paper claim with TRICARE.

If your pharmacy does not participate in the electronic claims system, you may submit a paper claim to TRICARE as described below.

With OHI as first payer, you pay your OHI copayment (or deductible, if applicable). You may then seek reimbursement from TRICARE for your out-of-pocket expenses. To seek reimbursement, submit a statement from your OHI or an EOB along with a TRICARE claim form (DD Form 2642 *TRICARE DoD/CHAMPUS Medical Claim Patient's Request for Medical Payment*) and required receipts.

If the medication is not covered under your OHI but is covered under TRICARE, you may be required to pay for the prescription in full and seek reimbursement from TRICARE, as explained above. Make sure to include a statement of denied coverage by your OHI.

If the medication is covered by TRICARE, you will receive reimbursement for your out-of-pocket expenses after TRICARE cost-shares and deductibles are applied.

Claims for prescriptions received overseas must be filed with the overseas claims processor. For additional information call 1-888-777-8343.

For more information on filing pharmacy claims, visit www.tricare.mil/pharmacy, or call 1-866-363-8779.

** The TRICARE Mail Order Pharmacy service is not available to you if you have pharmacy benefits through OHI (unless the medication is not covered by your OHI or you have exceeded that plan's coverage limits).*

Canceling Your Other Health Insurance

If you are considering canceling your other health insurance (OHI), you should be aware of the following:

- You may not be able to re-enroll in your OHI until a future open enrollment period.
- You may lose other benefits associated with your OHI, such as long-term disability insurance, group life insurance, and dental or vision benefits.

Be sure to contact your OHI administrator to get more information. If you cancel your OHI, you must notify your regional contractor in writing that you have canceled your OHI. If you are enrolled in TRICARE Prime at a military treatment facility (MTF), you should also notify the MTF's Third Party Collections office.

If you have questions regarding how TRICARE works with OHI, call your regional contractor at the number on the back of this brochure.



For Information and Assistance

TRICARE North Regional Contractor

Health Net Federal Services, Inc.

1-877-TRICARE (1-877-874-2273)

www.healthnetfederalservices.com

TRICARE South Regional Contractor

Humana Military Healthcare Services, Inc.

1-800-444-5445

www.humana-military.com

TRICARE West Regional Contractor

TriWest Healthcare Alliance Corp.

1-888-TRIWEST (1-888-874-9378)

www.triwest.com

TRICARE For Life

Wisconsin Physicians Service

1-866-773-0404

www.tricare.mil/tfl

TRICARE Overseas

(TRICARE Europe, TRICARE Latin America and Canada, and TRICARE Pacific)

1-888-777-8343

DEERS—Verify and Update Information

1-800-538-9552

www.tricare.mil/DEERS

TRICARE Mail Order Pharmacy

1-866-DoD-TMOP (1-866-363-8667)

TRICARE Retail Pharmacy Network

1-866-DoD-TRRX (1-866-363-8779)

TRICARE Dental Program

1-800-866-8499

www.TRICAREdentalprogram.com

TRICARE Retiree Dental Program

1-888-838-8737

www.trdp.org