



TRICARE: Active Duty Service Members



Active duty service members (ADSMs) are enrolled in either TRICARE Prime or TRICARE Prime Remote (TPR) depending on where they live and work. If enrolled in TRICARE Prime, most care is received at military treatment facilities (MTFs). If the MTF cannot provide the care, the active duty service member is referred to a civilian provider with payment from funds under the Supplemental Health Care Program (SHCP). If enrolled in TPR, most care is received from a TRICARE network primary care manager (PCM), if available. If a network provider is not available, active duty service members receive care from a TRICARE-authorized/certified provider.

Health Care Management for Active Duty Service Members

Note: There are no copayments or cost-shares for active duty service members using TRICARE Prime or TRICARE Prime Remote (TPR). Do not charge active duty service members at the time of service.

Provider Responsibilities	Coverage Details
Obtaining Referrals and Prior Authorization	<ul style="list-style-type: none"> • TRICARE Prime ADSMs: The MTF or Military Medical Support Office (MMSO) will authorize referral and prior authorization requests for specialty care with Humana Military Healthcare Services, Inc., (Humana Military). • TPR ADSMs: Primary care manager or other provider will initiate referral and prior authorization requests for specialty care with Humana Military
Services Requiring Prior Authorization	<ul style="list-style-type: none"> • TRICARE Prime ADSMs: Require prior authorization for all inpatient and outpatient services • TPR ADSMs: Require prior authorization for all inpatient and specialty outpatient care when received from a civilian network or non-network provider
Filing Claims for Reimbursement	<ul style="list-style-type: none"> • Active duty service member claims are paid at the negotiated rate for network providers. The same balance-billing limitations applicable to TRICARE apply to all active duty service member claims. • All claims for active duty service members under TRICARE Prime or TPR should be submitted to: <ul style="list-style-type: none"> PGBA Active Duty Claims P.O. Box 7031 Camden, SC 29020-7031

Behavioral Health Care Requirements

- Active duty service members must receive behavioral health care services at a military treatment facility (MTF) when available. If care cannot be provided at the MTF, services will be provided within the civilian network.
- Except in the case of an emergency, active duty service members **must** have a referral and prior authorization from ValueOptions at **1-800-700-8646** to seek any behavioral health care from a civilian network or non-network provider, including the first eight outpatient visits.
- Active duty service members using TPR can receive civilian behavioral health care with a prior authorization from ValueOptions and the Service Point of Contact at the MMSO.

For Information and Assistance

If you have specific questions about providing care to active duty service members, contact Humana Military at **1-877-249-9179** or visit www.humana-military.com.



TRICARE: National Guard/Reserve Members

Members of the National Guard/Reserve are eligible for TRICARE benefits under specific circumstances, such as:

- When called or ordered to active duty for more than 30 consecutive days
- When released from active duty (*deactivated*) after supporting a contingency operation
- If called to active duty and meets early eligibility requirements

While in the inactive or drilling status, National Guard/Reserve members are eligible for health care if they sustain a line-of-duty (LOD) injury. LOD care is separate from TRICARE benefits received in any of the situations listed above.

Line-of-Duty Care Details ⁽¹⁾	
Verifying Eligibility	<ul style="list-style-type: none"> • National Guard/Reserve members seeking care will have eligibility documentation with them at the time of service. It is the National Guard/Reserve member's responsibility to ensure that appropriate eligibility documentation is submitted by the military unit to the Military Medical Support Office (MMSO) and that all follow-up care is authorized by the MMSO.
Where Care Is Provided	<ul style="list-style-type: none"> • Line-of-duty (LOD) care is usually provided at a military treatment facility (MTF), if available. The MTF may refer the National Guard/Reserve member to a civilian provider. When in remote locations, the MMSO may coordinate nonemergency care through any TRICARE-authorized/certified provider.
Claims	<ul style="list-style-type: none"> • Submit claims directly to Humana Military unless otherwise specified on the LOD written authorization or requested by the National Guard/Reserve member's Medical Department Representative. • If Humana Military receives an LOD claim that was not referred by an MTF or pre-approved by the MMSO, Humana Military will forward the claim to the MMSO for approval or denial. • If a claim is denied by the MMSO for eligibility reasons, the provider's office should bill the member. MMSO may approve payment once the appropriate eligibility documentation is submitted.

1. Any services provided must be directly related to the condition documented on the LOD written authorization.

Care Received While on Active Duty

When called to active duty for more than 30 consecutive days, National Guard/Reserve members are considered active duty service members for TRICARE purposes, and they will be enrolled in either TRICARE Prime or TRICARE Prime Remote (TPR). You will provide care to them as you would to any other active duty service member. (See the reverse of this chart for details.)

Coverage When Released from Active Duty

When released from active duty, National Guard/Reserve members may become eligible for transitional health care benefits under the Transitional Assistance Management Program (TAMP), TRICARE Reserve Select (TRS), or the Continued Health Care Benefit Program (CHCBP).

Program	Program Details
TAMP	During the 180-day TAMP period, members can be enrolled in TRICARE Prime (<i>but are not eligible for TRICARE Prime Remote</i>) or may be using TRICARE Standard and TRICARE Extra. All referral, authorization, and claims-filing processes continue to apply. Note: For those using TRICARE Standard or TRICARE Extra, the annual deductibles do not apply to National Guard/Reserve members during the TAMP period. Additionally, LOD care is not covered under TAMP. During the TAMP period, National Guard/Reserve members are considered active duty family members and will have the same copayment and cost-share amounts as active duty family members.
TRS	National Guard/Reserve members who meet specific requirements may purchase TRS to begin following the TAMP period. TRS offers coverage similar to TRICARE Standard and TRICARE Extra, including similar annual deductibles, cost-share amounts, and prior authorization requirements. If enrolled, TRS members will present a TRS enrollment card at the time of service. Contact Humana Military at 1-800-444-5445 if you have questions about TRS. The <i>TRICARE Provider Handbook</i> provides additional details about coverage and claims processing requirements.
CHCBP	National Guard/Reserve members may purchase CHCBP upon the loss of TRICARE eligibility. CHCBP is administered by Humana Military and works similarly to TRICARE Standard. If enrolled, CHCBP members will present a CHCBP enrollment card at the time of service. Contact Humana Military at 1-800-444-5445 with specific questions about CHCBP. The <i>TRICARE Provider Handbook</i> provides information about prior authorization and claims processing requirements.