

## Waiving TRICARE Access Standards for Primary Care May Be Required if You Live Far from the MTF

If you are a non-active duty TRICARE beneficiary using TRICARE Prime, a military treatment facility (MTF) may be your first choice when it comes to where you and your family receive health care. Assignment of a primary care manager (PCM) at an MTF is determined by provider availability and the MTF's policy for the TRICARE Prime Service Area.

TRICARE has access standards in place to help ensure you receive timely health care. The drive-time access standard states that your PCM should not be located more than 30 minutes' drive time from your home address.

If you are a non-active duty beneficiary in the 50 United States and you live more than 30 minutes' travel time from the MTF where you want to enroll, you must waive TRICARE's access standards using one of the following options:

- Enroll through the Beneficiary Web Enrollment Web site at <https://www.dmdc.osd.mil/appj/bwe/>, which confirms that you waive your access standards.
- Submit a DD Form 2876 *TRICARE Prime Enrollment Application and PCM Change Form* and sign Sections V and VI.

**Note:** A signed waiver is also required when choosing a civilian PCM outside the access standards.

If you live more than 30 minutes but less than 100 miles from the MTF, your waiver request **must** be approved by the MTF. The MTF must also approve any waivers for those living 100 miles or more from the MTF.

If your waiver is approved, it remains in effect through your current enrollment period, as long as you don't change your residence. Since an MTF's provider availability can change over time, the MTF may not always renew your waiver at the end of your enrollment period. If this happens, your regional contractor will notify you at least two months before your enrollment expires.

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## TRICARE's ECHO Benefit Enhanced

TRICARE has increased the Extended Care Health Option (ECHO) program's allowable cap for some services. The previous limit of government reimbursement for all ECHO benefits combined, excluding the ECHO Home Health Care (EHHC) and the EHHC respite care benefits, was \$2,500 per month. That limit has now increased to \$36,000 per fiscal year (Oct. 1–Sept. 30) for training, rehabilitation, special education (which can include applied behavioral analysis), assistive technology devices, institutional care and, under certain limited

circumstances, transportation to and from institutions or facilities. This increased allowable cap is retroactive to Oct. 14, 2008.

The maximum government cost-share for all other ECHO benefits combined remains at \$2,500 per month. The cost for those benefits accrue to the \$36,000 per fiscal year limit.

Current ECHO participants should contact their ECHO case managers/case coordinators for more information about the increased allowable cap. ■



**An Important Note about TRICARE Program Information:** At the time of printing, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulation. Changes to TRICARE programs are continually made as public law and/or federal regulation are amended. **Military treatment facility guidelines and policies may be different than those outlined in this publication.** For the most recent information, contact your TRICARE regional contractor, TRICARE Service Center, or local military treatment facility.

## Waiving TRICARE Access Standards for Primary Care

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If your request is initially denied or your waiver is not renewed at the end of your enrollment period, you have several other TRICARE options. These include:

- Enrolling at another MTF within your area
- Enrolling with a civilian PCM if you live in or within 100 miles of a TRICARE Prime Service Area
- Enrolling in the US Family Health Plan if you live in an area where it is offered
- Using TRICARE Standard and TRICARE Extra for your health care needs

With several options available to you and your family, TRICARE is working every day to provide you and your family the best access to its world-class health care system. ■

## Monthly Payment Options for TRICARE Prime Beneficiaries

TRICARE Prime beneficiaries living in the South Region receive affordable, comprehensive health care coverage, with fewer out-of-pocket costs than other TRICARE program options. In addition to features such as enhanced vision and preventive care coverage, priority access to care at military treatment facilities, assigned primary care managers and few, if any, claims to file, TRICARE Prime beneficiaries may pay their annual enrollment fee in monthly installments rather than making quarterly or annual payments.

Your TRICARE Prime monthly enrollment fee installments may be paid via one of the following options:

- Allotment from retired pay
- Electronic funds transfer (EFT)

The **allotment from retired pay** option deducts monthly payments directly from your retirement pay. It is the best monthly payment option as it frees you from the worry of missing a payment. Enrollment in this option is quick and easy. All you need to do is complete an *Enrollment Fee Allotment Authorization Letter* and submit it to Humana Military Healthcare Services, Inc. (Humana Military).

Alternatively, you may elect the **EFT** option. After completing the one-time *Electronic Funds Transfer (EFT) Authorization Form*, TRICARE Prime monthly enrollment payments are automatically deducted from your bank account of choice.

There are several benefits to paying your TRICARE Prime enrollment fee using one of these monthly options. Benefits include:

- No billing statements because deductions are automated, eliminating the need for postage stamps or trips to a TRICARE Service Center to submit payments
- Smaller monthly payment amounts (versus one large annual payment), making it easier to budget your TRICARE Prime enrollment fees
- Automated payments, making it impossible to forget to submit a payment and thereby reducing your risk of disenrollment

If you choose to pay quarterly or annually, there are two convenient options:

- Online payment
- Pay-by-phone interactive voice response (IVR) system

The **online payment** option allows you to pay your enrollment fee in quarterly or annual installments online using a credit or debit card.

Finally, the new **pay-by-phone** option enables you to pay over the phone using Humana Military's IVR system. Using the automated express service menu, you may pay over the phone by credit card 24 hours a day, seven days a week, and may also request information and forms to set up future automatic monthly payments. To pay by phone or to request additional information, call Humana Military at 1-800-444-5445.

For additional information about your TRICARE Prime payment options, visit [www.humana-military.com](http://www.humana-military.com). ■

## TRICARE Prime Enrollment and PCM Assignment

**A**s a TRICARE Prime beneficiary, you may be required to enroll in a military treatment facility (MTF) for care. If enrollment to the MTF is not an option, you may enroll to a civilian PCM.

Once your application is processed, you will be notified of your PCM assignment(s), enrollment transfers and replacement of your TRICARE Prime enrollment cards. If you need to change your selected PCM, you may do so by:

- Contacting Humana Military Healthcare Services, Inc. (Humana Military)
- Submitting a *TRICARE Prime Enrollment Application and PCM Change Form*
- Accessing the Beneficiary Web Enrollment Web site at <https://www.dmdc.osd.mil/appj/bwe/>

If you reside outside the MTF's enrollment area, Humana Military may assign you a civilian network provider rather than an MTF PCM for routine care.

For more information on enrolling in TRICARE Prime and PCM assignment, refer to the *TRICARE Prime Handbook* or visit [www.tricare.mil](http://www.tricare.mil). ■



## Notice of Privacy Practices

**A**s a beneficiary in the Military Health System (MHS), you should know that individually identifiable health information is protected. This includes information such as your age; address; and past, present or future mental and physical health. As a requirement of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have the right to know how your protected health information (PHI) may be used, with whom it may be shared and how it will be protected.

PHI may be shared in the following cases:

- When requested by you, except when a competent medical authority believes it would be harmful
- To provide, coordinate or manage your care (e.g., with a pharmacist, specialist or laboratory)
- To obtain payment for health care services
- To support daily activities related to your care
- When required by law
- If you have a communicable disease that could spread to others

For more information and to obtain a copy of the *MHS Notice of Privacy Practices*, contact your local military treatment facility privacy officer or regional contractor, or visit [www.tricare.mil/mybenefit/Download/Forms/noticeofprivacypractices.pdf](http://www.tricare.mil/mybenefit/Download/Forms/noticeofprivacypractices.pdf). ■

# TRICARE HealthMatters

Humana Military Healthcare Services, Inc.  
500 West Main Street  
P.O. Box 740062  
Louisville, KY 40201-7462

## CONTACTS

**Humana Military Healthcare Services, Inc.**  
1-800-444-5445  
1-877-249-9179 (active duty)  
1-877-298-3408 (National Guard and Reserve)  
1-888-4GO-WNAP (Warrior Navigation and Assistance Program)  
[www.humana-military.com](http://www.humana-military.com)

**Claims**  
1-800-403-3950

**Behavioral Health**  
1-800-700-8646

**Pharmacy Customer Service**  
1-866-DoD-TRRX (retail)  
1-866-DoD-TMOP (mail order)  
[www.express-scripts.com/TRICARE](http://www.express-scripts.com/TRICARE)

**National TRICARE Web Sites**  
[www.tricare.mil](http://www.tricare.mil) [www.tricareonline.com](http://www.tricareonline.com)

**Update DEERS**  
1-800-538-9552  
[www.tricare.mil/deers](http://www.tricare.mil/deers)



## TRICARE's Partial Hospitalization Program Provides Support

If you or a family member needs behavioral health care support beyond the available outpatient services, your physician may suggest a TRICARE-authorized partial hospitalization program (PHP). A PHP is recommended when your physician believes it is necessary to stabilize a critical behavioral health disorder or to transition from an inpatient program to an outpatient program.

TRICARE's PHP benefit provides up to 60 treatment days per fiscal year (Oct. 1–Sept. 30) or in a single admission for a TRICARE-authorized psychiatric PHP program. This 60-day limit does **not** count toward TRICARE's inpatient treatment limits of 30 days for adults and 45 days for patients 18 or younger per fiscal year. For substance use disorders, the PHP benefit provides up to 21 treatment days per fiscal year.

Treatment in a PHP takes place in an outpatient setting and provides a program of medical therapeutic services at least three hours per day, up to five days per week. Treatment may

include full- or half-day programs and can take place during the day, evening, night or weekend.

Because there are no “emergency” admissions to a PHP, prior authorization is required for all PHP admissions. Prior authorization is also required when a behavioral health care facility transfers a patient internally to a lower level of care.

**Please be aware that the number of TRICARE-authorized PHPs is limited.** For a current listing of TRICARE network PHPs, refer to the TRICARE provider directory on the Humana Military Healthcare Services, Inc. Web site at [www.humana-military.com](http://www.humana-military.com) or call 1-800-444-5445.

If you think treatment in a PHP might be useful to you or a family member, talk to your primary care manager about available TRICARE-authorized programs. ■