

## TRICARE and Other Health Insurance Coordinating Health Coverage for Maximum Benefits

If you have other health insurance (OHI), do you know how those benefits coordinate with TRICARE? Understanding some basic guidelines can help ensure that your claims are paid correctly and without hassle.

Depending on the type of OHI plan you have, your OHI may be required to pay before TRICARE makes a payment.

Special situations arise if you are entitled to a public program, such as Medicare, Medicaid or the Indian Health Service. TRICARE pays second to Medicare but is primary to Medicaid and the Indian Health Service.

### Coordinating Referrals and Authorizations with Your OHI

When you have OHI, it is not necessary for you to obtain referrals or prior authorizations from Humana Military. However, the following are a few exceptions when TRICARE does require you to obtain prior authorization:

- Adjunctive dental
- Home health services
- Hospice care
- Extended Care Health Option (ECHO) benefits
- Stem cell and organ transplants
- Behavioral health services—All nonemergent inpatient admissions for substance abuse or behavioral health; psychotherapy after the initial eight outpatient visits; psychoanalysis; and intensive outpatient treatment programs,

partial hospitalization programs and residential treatment center programs

It is critical that you follow the rules of your OHI plan to prevent claims from being denied. If your claim is denied by your primary insurance because you did not follow the rules of the OHI, TRICARE will not make a primary payment and may not make a secondary payment. If the beneficiary is able to obtain a statement from the OHI, indicating the amount it would have paid had requirements been met, then TRICARE can make a secondary payment. Without that statement from the OHI, TRICARE cannot make any payment.

If your primary insurer is a health maintenance organization (HMO), make sure your provider is an authorized provider for both your OHI and TRICARE. Otherwise, you may be required to pay out of pocket for the care.

### Coordinating Your Benefits and Claims Payment

When you have OHI, claims must be coordinated with both your primary OHI and TRICARE. Here are a few simple steps for coordination.

**Step 1:** Your provider should submit claims to your primary insurer first. Most providers will submit the claim for you. The primary insurer pays its benefits in full as the first payer. Once the claim has been processed, the provider will receive an explanation of benefits (EOB) indicating the amount paid by your primary insurer.

**Step 2:** If TRICARE is the second payer, your provider should send information from the primary insurer's EOB with the claim to TRICARE for secondary payment. TRICARE will process the claim and pay the amount that remains, up to the TRICARE allowable charge. (The allowable charge may be the amount the provider agrees to accept from TRICARE or from the OHI carrier as payment in full, or it may be the amount established by law as the maximum amount TRICARE is responsible to pay on the particular service.)

If your primary insurance is Medicare, then your claim will be processed and forwarded to TRICARE for secondary payment. If you have OHI in addition to Medicare and TRICARE, then you will need to submit a claim to TRICARE after Medicare and the OHI have paid.

TRICARE serves as primary payer when your OHI benefits have been exhausted or when a service is not covered under your OHI but is covered under TRICARE.

### Submitting Health Care Claims Yourself

As stated previously, your OHI and TRICARE claims are usually submitted on your behalf by your provider. Network providers are required to submit claims for TRICARE beneficiaries. However, if your provider does not submit the claims to TRICARE for secondary payment, you will need to send a completed DD 2642 Form (TRICARE Claim Form), all itemized

*continued on page 2*



# TRICARE Reference Room: Understand What's Not Covered

**T**RICARE covers most inpatient and outpatient care that is medically necessary and appropriate. However, there are special rules or limits on some types of care, while other services may not be covered at all. It's important to understand TRICARE's limitations and exclusions so you can avoid unnecessary out-of-pocket costs.

## Services and Supplies Excluded Except Under Limited Situations

Below is a list of medical, surgical and behavioral health care services that are normally excluded under TRICARE with limited exceptions. This list is not intended to be all-inclusive.

- Abortions
- Cardiac and Pulmonary Rehabilitation
- Cosmetic, Plastic or Reconstructive Surgery
- Cranial Orthotic Device or Molding Helmet
- Dental Care and Dental X-rays
- Dental Anesthesia and Facility Charges
- Education and Training
- Eyeglasses or Contact Lenses
- Food, Food Substitutes, or Supplements or Vitamins
- Gastric Bypass
- Genetic Testing
- Intelligence Testing
- Marital Therapy and/or Couples Counseling
- Private Hospital Rooms
- Weight Reduction

## Exclusions

In general, TRICARE excludes services and supplies that are not medically or psychologically necessary for the diagnosis or treatment of a covered illness (including behavioral health disorder), injury, pregnancy or well-child care.

The following specific services are excluded from TRICARE under any circumstance. This list is not intended to be all-inclusive.

- Acupuncture
- Artificial insemination
- Autopsy services or postmortem examinations
- Care that is not medically or psychologically necessary
- Birth control (nonprescription)
- Camps (such as for weight loss)
- Care or supplies furnished or supplied by an immediate family member
- Diagnostic admissions
- Experimental or unproven procedures
- Laser/LASIK/Refractive corneal surgery
- Psychological testing for learning disabilities
- Megavitamins and orthomolecular psychiatric therapy
- Mind expansion and elective psychotherapy
- Naturopaths
- Sex changes or sexual inadequacy treatment
- Telephone counseling consultation

If you choose to obtain services that are not covered by TRICARE, you will be responsible for the full cost of the care.

Visit [www.humana-military.com](http://www.humana-military.com) or call 1-800-444-5445 for more information about services that may be excluded from TRICARE or may be covered under limited circumstances. ■




---

## TRICARE and Other Health Insurance

*continued from page 1*

bills and a copy of your OHI EOB statement to PGBA, LLC.

For your convenience, Humana Military has the DD 2642 Form and details about filing claims available online at [www.humana-military.com](http://www.humana-military.com)

or at [www.tricare.osd.mil/claims](http://www.tricare.osd.mil/claims). It is important to submit all claims to TRICARE because deductibles may be applied to your annual TRICARE catastrophic cap.

Understanding how your OHI coordinates with TRICARE and following these basic guidelines will help to ensure that your claims are paid without delay. ■

## Your Privacy, Our Priority

**H**umana Military is dedicated to protecting the privacy of your personal health information (PHI) and ensuring that you are aware of your privacy rights.

PHI includes data about your past, present or future physical and mental health, any condition you may have and any related health care services you may receive. It also could include such things as your age, ethnicity and other personal statistics.

The Military Health System (MHS) Notice of Privacy Practices and how to exercise Power of Attorney regarding personal health care information are two things you should know.

### Notice of Privacy Practices

As a Department of Defense (DoD) health plan and in support of the Health Insurance Portability and Accountability Act (HIPAA), Humana Military follows the practices described in the “Notice of Privacy Practices” published by the DoD.

You may have received a copy of the Notice in the mail or

picked up a copy during a visit to a military treatment facility (MTF). You also may obtain a copy at [www.tricare.osd.mil/hipaa](http://www.tricare.osd.mil/hipaa) or at [www.humana-military.com](http://www.humana-military.com).

The Notice explains how the MHS may use and share your PHI to carry out treatment, payment or other health care operations, or for other reasons allowed or required by law.

The Notice explains your right to read and control your PHI. It also explains the responsibility the MHS has to protect you, the beneficiary.

According to the Notice, you have the right to:

- Read and copy your information.
- Request limits be placed on the use or sharing of your information.
- Ask that communications about your PHI be done through ways that further protect your privacy.
- Request that corrections be made.
- Obtain a listing of where and when your PHI was shared.

If you haven't already done so, you will be asked to sign a medical record label during your next visit to an MTF. This is so the MHS can make certain that all TRICARE beneficiaries have been informed of their rights to privacy regarding their PHI. Your signature verifies that you have received the Notice, not that you necessarily agree with it.

### Power of Attorney

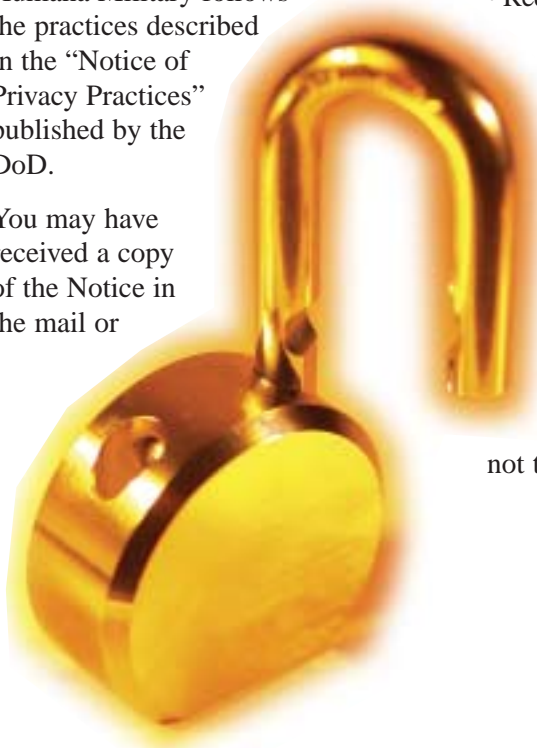
At times, it may be necessary for you to designate a person to speak on your behalf when you are otherwise unable to do so in order to direct the medical care that you need. A Medical Power of Attorney is commonly used for this purpose.

Unfortunately, many “off-the-shelf” Power of Attorney documents do not contain all of the essential elements regarding personal health care information that are required under HIPAA privacy law.

So, it's possible that, even if you have a signed Power of Attorney (medical, general, etc.) to act on behalf of another, you may find it difficult to access, share or transfer that individual's personal health care information.

To help you avoid this situation, Humana Military requires an Authorization for Release of Information form in addition to Power of Attorney documentation. When signed by you as the “attorney-in-fact” acting on behalf of another individual, this form, along with the signed Power of Attorney, will enable you to lawfully share personal health care information as required.

For more information or to obtain an Authorization for Release of Information form, please visit the Humana Military Web site at [www.humana-military.com](http://www.humana-military.com) or call Humana Military at 1-800-444-5445. ■



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

## CONTACTS

**Humana Military**  
 1-800-444-5445  
[www.humana-military.com](http://www.humana-military.com)

**PGBA (claims)**  
 1-800-403-3950

**ValueOptions (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.osd.mil](http://www.tricare.osd.mil)  
[www.tricareonline.com](http://www.tricareonline.com)

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

.....  
*Health Matters* is published by the TRICARE Management Activity. Please provide feedback at [www.tricare.osd.mil/evaluations/newsletters](http://www.tricare.osd.mil/evaluations/newsletters).



## Get Ready for Flu Season Military Health System Flu Vaccine Priorities

**T**he Military Health System (MHS) is gearing up for the flu season, and priorities are being established to ensure that the vaccine will be available to those in the “at-risk” population.

Vaccinations will be given to those who are considered highest risk first and will be available to other groups once those at highest risk have received the vaccine. These new priorities for vaccinations follow the guidelines recently published by the Centers for Disease Control and Prevention (CDC). Additional doses of the Live Attenuated Influenza vaccine (FluMist) are also being made available to low-risk individuals.

**The MHS will not deny the influenza vaccine to any beneficiary who meets the CDC criteria for being at high risk, although you may be asked to return to the clinic at a later date when sufficient supply is available. This**

**includes those who do not regularly go to military treatment facilities (MTFs) for their care.**

### Priority Groups

The MHS and the uniformed services are taking steps to ensure that beneficiaries are taken care of and that those who are most vulnerable receive the vaccine first.

The following priority groups for vaccination are all considered to be of equal importance:

- All children age six months to 23 months
- Adults age 65 years and older
- Those age two to 64 years with underlying chronic medical conditions
- All women who will be pregnant during the influenza season
- Residents of nursing homes and long-term care facilities

- Children age six months to 18 years on chronic aspirin therapy
- Health care workers involved in direct patient care
- Out-of-home caregivers and household contacts of children less than six months old
- Deployed or deploying service members
- Active duty recruits

### Healthy Habits

Now is a good time to be aware of your health habits and do what you can to stop the spread of germs.

For example, when you cough or sneeze, cover your mouth, then wash your hands. This simple precaution will help to keep you and your family healthy this winter. For more health and wellness tips, visit Humana Military’s Web site at [humana-military.com](http://humana-military.com). ■