

From the Desk of the CMO

*John E. Crum, M.D.
Chief Medical Officer
Humana Military Healthcare Services, Inc.*

The next generation “T-3” TRICARE managed care support contract begins April 1, 2012, in the South Region. Humana Military Healthcare Services, Inc. (Humana Military) is proud to continue serving the Department of Defense and TRICARE beneficiaries during the transition from the current contract to T-3. While most of your interactions with Humana Military will remain unchanged under T-3, there are a few updates to note:

- The Fort Campbell catchment area in southern Kentucky and northern Tennessee will move from the North Region

to the South Region. Humana Military is working with Health Net Federal Services, LLC, the outgoing contractor, to ensure a smooth transition of referral/authorizations and all medical managed services for beneficiaries and providers around Fort Campbell.

- Humana Military will preauthorize inpatient admissions and length of stay and authorize additional days upon request from hospitals.
- Humana Military will simplify concurrent review of inpatient hospital stays by focusing on active duty service members and patients with conditions that are likely to benefit from post-discharge health coaching by staff nurses.
- Humana Military will enhance care management for TRICARE Prime enrollees with network primary care managers. The care-management enhancements have

...continued on page 2

TRICARE Young Adult Prime Now Available

TRICARE Young Adult (TYA) Prime is now available for eligible adult dependents of TRICARE Prime beneficiaries. Coverage for eligible young adults under TYA Standard has been available since May 2011.

To qualify for TYA, dependents must be under age 26, unmarried and not eligible for their own employer-sponsored health care coverage. Eligibility for TYA Prime and TYA Standard is determined by the young adult’s sponsor’s status. Uniformed service dependents may purchase TYA Prime if they live in a designated Prime Service Area and their sponsor’s status makes them eligible for TYA Prime coverage.

After enrolling in TYA Prime, all beneficiaries receive TYA Prime enrollment cards and can be issued uniformed services identification cards like any other military beneficiary. To determine if a beneficiary has purchased TYA Prime coverage, look at his or her enrollment card. You should verify the card bearer’s TRICARE eligibility by logging into Humana Military Healthcare Services, Inc.’s (Humana Military’s) secure “MyHMHS for Providers” portal at www.humana-military.com, or by calling Humana

Military at 1-800-444-5445. Use the sponsor’s Social Security number or Department of Defense Benefits Number to verify eligibility.

TYA Prime provides the same benefits as TRICARE Prime, with the same copayments and deductibles. Like other TRICARE Prime patients, TYA Prime beneficiaries have an assigned primary care manager (PCM) who provides most of their care. If you are a TYA beneficiary’s PCM, you will issue specialist referrals, coordinate with Humana Military for prior authorizations and file claims on his or her behalf.

For more information, visit www.tricare.mil/tya. ■

Inside This Issue ...

- Electronic Funds Transfers and Electronic Remittance Advices: Payments Processed Five Times a Week
- TRICARE Coverage of Nonemergency Medical Transportation
- Reminder: Self Service Is the Way to Go



Electronic Funds Transfers and Electronic Remittance Advices: Payments Processed Five Times a Week

Humana Military Healthcare Services (Humana Military) and its claims processing partner, PGBA, LLC offer the opportunity to eliminate the mailing of paper checks and remittance advices. Some of the benefits include:

- **Security:** Identity theft occurs most often through physical mail. Enhance your security and your patients' security by avoiding the mail system.
- **Speed:** Receive your electronic funds transfers (EFTs) through direct deposit up to three days sooner than paper checks.
- **Efficiency:** Use your staff more productively since they will no longer have to open mail and deposit checks.
- **Convenience:** Access to the website is available 24 hours a day, seven days a week and documents are stored for years.
- **Environment:** If you go paperless, you save trees and reduce carbon emissions.

Daily Payments for Users of EFT/ERA

Humana Military would like to highlight a significant enhancement beginning on April 1, 2012. Claims payments will be processed daily for providers who have chosen to go paperless using EFTs and electronic remittance advices (ERAs). With EFT and ERA, providers are paid up to five times per week. For all other providers, Humana Military pays on a weekly basis only.



If you are interested in going paperless, go to www.myTRICARE.com, click on the “Forms” tab on the left, select “EFT/ERA Application” and follow the directions. ■

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...continued from page 1

three themes. The first is to use best-practices analytic tools to understand health needs compared to evidence-based medicine. The second theme is outreach to beneficiaries and providers to improve care, which will be done through a combination of messages regarding gaps in care and health coaching by registered nurses for those with at-risk conditions. The third theme is to provide an extensive online resource to support wellness and informed decision-making. Humana Military will use ActiveHealth Management® tools to enable these themes.

You may already be familiar with Care Consideration patient-specific messages from ActiveHealth.

- Responsibility for obtaining consultation reports will return to the individual military treatment facility working directly with the provider.

Humana Military is proud to continue serving TRICARE in the South Region and looks forward to building on the legacy of service in the coming years. Humana Military recognizes that success would not be possible without our valued provider network.

Thank you for participating in the care of TRICARE beneficiaries. ■

TRICARE Coverage of Nonemergency Medical Transportation

TRICARE only covers nonemergency medical transportation when it is provided by an ambulance service and is medically necessary in connection with (a) otherwise covered services and supplies and (b) a covered medical condition. Nonemergency ambulance transportation is covered for the following:

- Transfers between hospitals
- Transfers from a hospital-based emergency room to a hospital more capable of providing the required care
- Transfers between a hospital or skilled nursing facility and another hospital-based or freestanding outpatient therapeutic or diagnostic department/facility

Additionally, TRICARE may cover transportation of an institutionalized Extended Care Health Option (ECHO) beneficiary to or from a facility or institution to receive authorized ECHO benefits.

Air or boat ambulances are only covered when the pickup point is inaccessible by a land vehicle, or when great distance or other obstacles are involved in transporting the beneficiary to the nearest hospital with appropriate facilities, and the patient's medical condition warrants speedy admission or is such that transfer by other means is not advisable.

TRICARE does **not** cover transportation in the following circumstances:

- Use of an ambulance service instead of a taxi service when the patient's condition would have permitted use of regular private transportation
- Transport or transfer of a patient primarily for the purpose of having the patient nearer to home, family, friends or a personal physician
- Medicabs or ambicabs that function primarily as public-passenger conveyances transporting patients to and from their medical appointments

Note: The exclusion of ambulance coverage "primarily for the purpose of having the patient nearer to home, family, friends or personal physician" does not apply when the ambulance transfer is medically necessary and appropriate. If there is documentation that the ambulance transfer is for reasons of medical necessity (e.g., the need for parental



nurturing of an infant as a component of or in connection with medical treatment, the need to place a child in an appropriate level of care), then the ambulance service is not primarily driven by considerations of family/patient convenience and the exclusion does not apply.

Cost-shares for nonemergency ambulance transportation depend on the status of the patient at the time of service and may be cost-shared on an outpatient or inpatient basis. ■

Humana Military Healthcare Services, Inc.
P.O. Box 740044
Louisville, KY 40201-7444

CONTACTS

**Humana Military
Healthcare Services, Inc.**
www.humana-military.com
1-800-444-5445

Claims
1-800-403-3950
www.myTRICARE.com

Behavioral Health
1-800-700-8646

Pharmacy Customer Service
1-877-363-1303
www.express-scripts.com/TRICARE

TRICARE Web Site
www.tricare.mil



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Reminder: Self Service Is the Way to Go

Communications continue to change as new technology is refined and made available. Not long ago, almost all transactions related to patient appointments, eligibility verification, referral requests and finding providers were made by phone. Now, it is often easier, faster and more convenient to use self-service Web or interactive voice response (IVR) options, effectively eliminating delays and miscommunications by providing immediate solutions. Humana Military Healthcare Services, Inc. (Humana Military) is continuing to improve Web and IVR services during 2012 and would like to remind you and your staff that self-service is the way to go.

If you have already registered for the secure provider portal at www.humana-military.com, you have rapid, accurate access

to required referrals, new referrals requests (with much of the information prefilled for you), eligibility verification, pharmacy data by patient and claims status. By providing direct access Humana Military allows you and your staff to access and complete TRICARE transactions 24 hours a day, seven days a week with the click of a mouse. It is safe, secure, convenient and fast. There is no better time than today to take a moment to go online at www.humana-military.com, click on the provider portal and enroll.

Humana Military is asking providers who call for assistance to begin using the self-service features exclusively for referrals, claims and eligibility information—either through the IVR system or the website. So don't delay—make the move to self-service today. ■

TRICARE Pharmacy Program Updates

For news about Walgreens' participation in the TRICARE Pharmacy Program, visit www.tricare.mil or the Express Scripts, Inc. website at www.express-scripts.com/TRICARE.