

TRICARE's Well-Child Benefit

April is the Military Health System's Month of the Military Child, which makes it a good time to highlight TRICARE's well-child benefit. TRICARE provides well-child care for eligible children from birth to age six, regardless of program option (e.g., TRICARE Prime, TRICARE Standard).

The well-child benefit includes but is not limited to:

- Routine newborn care
- Newborn circumcision
- Comprehensive health-promotion and disease-prevention exams
- Vision and hearing screenings
- Routine immunizations, according to Centers for Disease Control and Prevention guidelines
- Developmental assessments, according to American Academy of Pediatrics® (AAP) guidelines

TRICARE Prime and TRICARE Standard beneficiaries are not responsible for copayments or cost-shares for services covered under the well-child benefit. Children can have preventive care well-child visits as frequently as the AAP recommends, but no more than nine visits in two years.

To learn more about TRICARE's well-child benefit, visit www.tricare.mil or Humana Military Healthcare Services, Inc.'s website at www.humana-military.com. ■



Verifying Eligibility

When treating your TRICARE patients, you must verify TRICARE eligibility at the time of service. Several identification (ID) and enrollment cards can be used to help verify a patient's eligibility. You must ensure that beneficiaries have a valid Common Access Card (CAC), uniformed services ID card or eligibility authorization letter. Be sure to check the expiration dates on CACs and ID cards.

A CAC or ID card alone does not prove TRICARE eligibility. 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 (SSN) to verify eligibility.

Registration is required to access the eligibility verification section of the Humana Military website. If you are verifying online, retain a printout of the eligibility verification screen for your files.

Copying ID Cards

To prevent identity theft and protect information from being used by individuals impersonating U.S. military personnel,

...continued on page 2

Inside This Issue ...

- Other Health Insurance: Beneficiary Responsibilities
- Referrals and Authorizations: Keep Your Information Current
- Pharmacy Data Transaction System
- Coding Properly to Prevent Fraud



Verifying Eligibility

...continued from page 1

TRICARE beneficiaries are instructed as a general rule not to lose or allow others to use their CACs or ID cards. However, it is legal and advisable for health care providers to copy CACs and ID cards for specific authorized purposes, which may include:¹

- Facilitating medical care eligibility determination and documentation
- Cashing checks
- Administering other military-related benefits
- Verifying TRICARE eligibility

The Department of Defense recommends that you retain photocopies of both sides of CACs and ID cards for future reference. ■

1. Federal law prohibits photographing or possessing uniformed services ID cards in an unauthorized manner. Unauthorized use exists only if the bearer uses the card in a manner that would enable him or her to obtain benefits, privileges or access to which he or she is not entitled.

Other Health Insurance: Beneficiary Responsibilities

TRICARE is the last payer to all health benefits and insurance plans, except for Medicaid, TRICARE supplements, the Indian Health Service and other programs or plans as identified by the TRICARE Management Activity. By encouraging beneficiaries to keep your office and their regional contractors aware of their other health insurance (OHI) information, you can help TRICARE better coordinate benefits and prevent payment delays.

If beneficiaries have OHI, it is their responsibility to:

- Tell their providers
- Send proof of OHI to their regional contractors or take it to an identification card-issuing facility to update OHI information in the Defense Enrollment Eligibility Reporting System (DEERS)

You are encouraged to ask beneficiaries if they have made any changes to their insurance. If the beneficiary has OHI and does not inform you, he or she may be held responsible for payment if TRICARE denies the claim.

If TRICARE is the secondary payer, submit the claim to the primary payer first. For TRICARE to process payment, you must include the following information:

- Amount the OHI paid
- Beneficiary responsibility

This information permits the total allowed amount to be calculated; without these details, the claim payment will be delayed. Please note that this information is needed even if the OHI did not pay. If the OHI did not pay the full amount, an explanation is required.

Payment Considerations on Claims with OHI

Often, TRICARE pays the balance between the OHI-allowed amount and the OHI-paid amount. If you have a preferred provider organization (PPO) agreement with the OHI, TRICARE payments may be limited. The OHI payment plus the TRICARE payment cannot exceed the PPO agreement's allowed amount for the services.

Under certain circumstances, TRICARE will pay claims based on primary payment rules. In these cases, you can only bill the patient for the deductible, cost-share or copayment amount—even if total compensation does not equal the OHI-allowed amount.

If the services on the OHI explanation of benefits are not identical to the services on the TRICARE claim, or if TRICARE does not cover the services performed, the compensation may be reduced below the OHI-allowable charge. ■



Referrals and Authorizations: Keep Your Information Current

Over the past year, Humana Military Healthcare Services, Inc. (Humana Military) has promoted the Web provider portal to providers for all of your transactions on behalf of TRICARE patients—particularly the referral/authorization process.

Humana Military aims to meet your busy office- and TRICARE-related needs by ensuring you can verify eligibility, build referrals, view benefits and service coverage, update existing referrals and even check status and referral history.

Your responses during 2010 have proven to be very positive in moving toward paperless referral requests. Humana Military has worked to streamline referral transactions through the Web portal at www.humana-military.com. Please remember that it is important to provide us with current and complete demographic data on your office locations, available

services and any added information that would enhance the ability to choose you as the right provider for the service.

For the referral/authorization process, current provider listings help determine the location nearest to the beneficiary for the specialty and the type of service needed. If you have more than one specialty, please provide that information to ensure you are given the option for referrals when appropriate. Also, if you are a specialist but limit your services to less than the full range associated with your specialty, please include that information so Humana Military can properly issue referrals.

If you are a network provider, please be sure to report specific details to your local provider representative, and Humana Military will include your information in the referral/authorization provider file for all future referrals. ■

Pharmacy Data Transaction System

In this continuing series of articles on provider Web services, Humana Military Healthcare Services, Inc. (Humana Military) would like to remind you about a provider feature that allows you to review prescriptions filled by TRICARE beneficiaries. Using the pharmacy data transaction system (PDTS), you can view prescriptions filled through military treatment facilities, retail pharmacies and TRICARE Pharmacy Home Delivery.

Primary care managers and specialists with referrals or authorizations from Humana Military may access this information at www.humana-military.com. PDTS allows your office to conduct a thorough, real-time online assessment of the beneficiary's complete prescription history before you consider writing a new prescription. By using this feature, you can gain a better understanding of the patient's medication history, refill schedule and supply amounts, prevent possible duplications or negative interactions and help to ensure patient safety. ■

http://apps.humana-military.com/?Source= - List Medication for the Selected Beneficiary - Windows Internet Explorer

HUMANA MILITARY HEALTHCARE SERVICES
★★★★★

Referrals and Authorizations
Patient Medication Display

Date: 12/29/2010
Time: 9:29 AM
Welcome: JOE HUMANA

Patient Name: SUZIE SUNSHINE Date of Birth: 01/01/2011 Sponsor ID: 555-55-5555 Print

Drug Name	New/Refill	Days Supply	Quantity	Date Dispensed	Provider Name/Title
ADVAIR 100-50 DISKUS	New	90	180	08/04/2010	Not Available
HYDROCODON-ACETAMINOPHEN 5-	Refill	7	60	08/04/2010	Not Available
LOTREL 5-10 MG CAPSULE	New	90	90	08/04/2010	Not Available
PREDNISONE 50 MG TABLET	New	5	5	08/04/2010	Not Available
CHILD ASPIRIN 81 MG CHEW TA	New	90	108	09/30/2010	PEABODY, ELIZABETH NP
SIMVASTATIN 40 MG TABLET	New	90	90	10/15/2010	PEABODY, ELIZABETH NP
SINGULARIR 10 MG TABLET	New	90	90	10/15/2010	PEABODY, ELIZABETH NP

NA = Not Available
Note: This drug information is obtained from the Department of Defense Pharmacy Data Transaction Service. These medications are supplied by retail pharmacies, TRICARE Retail Mail Order Pharmacy, or Military Treatment Facilities. This is not intended to be a complete medication history. The beneficiary may take medications from other sources. In addition, the medication actual dosage and frequency of administration should be verified.

Close Window

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

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



"TRICARE" is a registered trademark of the TRICARE Management Activity. All rights reserved.

Coding Properly to Prevent Fraud

To protect yourself and your practice from fraudulent claims, remember to follow Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) coding rules. Incorrect or inaccurate coding may result in health care fraud. Even if office staff members complete the billing and coding on your behalf, as the provider, you are ultimately responsible for the level of payment requested.

Common coding mistakes include:

- **Upcoding services:** Submitting claims for more expensive procedures or treatments than were actually performed
- **Unbundling services or fragmentation:** Billing grouped procedures separately, resulting in greater reimbursement than the grouped reimbursement rate
- **Lack of medical necessity:** Billing for services, treatments and medical devices that are not medically necessary

To protect yourself from committing fraud, you are encouraged to establish a compliance program. Although not required by law, compliance programs demonstrate a commitment to honest billing.

Balance Billing

Also remember to comply with the balance billing limitation set by the government. Balance billing occurs when a provider bills a TRICARE beneficiary for the remainder of the bill after TRICARE has paid the allowable charge.

Network providers sign a contract to be paid at a negotiated rate, while non-network providers who accept assignment or participate in TRICARE agree to accept the TRICARE-allowable charge as payment in full. Network providers and participating non-network providers are **prohibited** from balance billing. If a provider does not participate on a claim, he or she may bill no more than 115 percent of the TRICARE-allowable charge. ■