

Services for TRICARE Beneficiaries from Other Regions

TRICARE beneficiaries are encouraged to receive health care services from network providers in the TRICARE region where they are enrolled. However, in some cases, beneficiaries may need to seek care outside of their TRICARE region.

If you provide care to a beneficiary from another region, you should submit claims to the region in which the beneficiary is enrolled or resides. Claims submission information for other TRICARE regions can be found on regional Web sites listed below. The beneficiary is responsible for applicable cost-shares.

TRICARE North Region	TRICARE South Region	TRICARE West Region
Health Net Federal Services, LLC	Humana Military Healthcare Services, Inc.	TriWest Healthcare Alliance Corp.
www.healthnetfederalservices.com	www.humana-military.com	www.triwest.com
1-877-TRICARE (1-877-874-2273)	1-800-444-5445	1-888-TRIWEST (1-888-874-9378)

Nonemergency Care

If providing urgent, routine or specialty care to a beneficiary from another TRICARE region, the following conditions apply:

- Beneficiaries with TRICARE Prime or TRICARE Prime Remote for Active Duty Family Members (TPRADFM) must obtain referrals from their primary care managers (PCMs) or authorizations from their regional contractors before receiving care to avoid using the point-of-service (POS) option.
- Active duty service members (ADSMs) should receive all nonemergency care from military treatment facilities (MTFs) unless they are enrolled in TRICARE Prime Remote. If there are no MTFs available, ADSMs must obtain referrals from their PCMs.

- Beneficiaries with TRICARE Standard and TRICARE Extra, TRICARE Reserve Select and TRICARE For Life do not need referrals.

Emergency Care

Under all TRICARE programs, no referrals or authorizations are required for TRICARE beneficiaries receiving emergency care in or out of their TRICARE regions. However, all ADSMs and TRICARE Prime and TPRADFM beneficiaries or the facility must contact their PCMs or regional contractors within 24 hours of inpatient admission or the next business day to coordinate ongoing care.

For more information regarding care for beneficiaries from other regions, visit www.tricare.mil. ■

From the Desk of the CMO

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

TRICARE promotes preventive care by offering a broad package of benefits with little or no beneficiary cost-sharing. This article summarizes TRICARE benefits for

clinical preventive services. Detailed information is available in the *TRICARE Policy Manual*, Chapter 7, Sections 2.1 and 2.2, available on TRICARE's Web site at <http://tricare.mil/tma/Policy.aspx>.

continued on page 2

Inside This Issue ...

- TRICARE Prime Point-of-Service Option
- Updating Your Provider Information
- The e-Health Movement is on!
- Redesigned Provider Locator at www.humana-military.com



TRICARE Prime Point-of-Service Option

Under the point-of-service (POS) option, TRICARE Prime and TRICARE Prime Remote for Active Duty Family Members (TPRADFM) enrollees have the freedom to seek TRICARE-covered health care services from any TRICARE-authorized civilian providers without referrals from their primary care managers (PCMs).

Note: The POS option does not apply to active duty service members; children of TRICARE Prime, TRICARE Prime Remote or TPRADFM beneficiaries for the first 60 days following birth or adoption; emergency care; or beneficiaries with other health insurance.

If a TRICARE Prime or TPRADFM beneficiary uses the POS option, your reimbursement will remain unchanged. However, the beneficiary will pay a larger portion of the total TRICARE-allowable charge. POS deductibles and cost-shares do not count toward and are not limited by the TRICARE Prime catastrophic cap. The following deductibles and cost-shares apply under the POS option:

- Enrollment year POS deductible for outpatient claims: \$300 per individual, \$600 per family

- Beneficiary POS cost-share for inpatient and outpatient claims: 50 percent of the allowable charge, after the deductible is met

POS does not apply for some services, including the first eight outpatient behavioral health visits obtained from a network provider without a PCM referral per fiscal year (Oct. 1–Sept. 30). TRICARE Prime clinical preventive services, most of which are provided directly or ordered by the patient's PCM, do not require referrals if provided by network providers. If the patient does not use a network provider, payment will be made under the POS option **only** for TRICARE-covered services.

Note: ADSMs always require referrals for services not provided by military treatment facilities.

For more information about the POS option, visit www.tricare.mil or Humana Military Healthcare Services, Inc. at www.humana-military.com. ■

From the Desk of the CMO

continued from page 1

TRICARE Prime enrollees may receive covered preventive services from any network provider without referrals or authorizations. Prime enrollees have no copayments for preventive services. TRICARE beneficiaries who are not enrolled in Prime (Standard beneficiaries) have no copayments for cancer screenings or immunizations or for office visits during which these services are performed. Standard beneficiaries may receive additional preventive services during the visit described above, subject to appropriate cost-shares.

Mammography is covered annually for patients over age 39. For those at high risk (family history of breast cancer in a first-degree relative), a baseline mammogram is covered at age 35, then annually.

Among patients who are at high risk for breast cancer per American Cancer Society® guidelines, TRICARE covers annual breast MRIs for Prime enrollees age 30 and older and Standard beneficiaries age 35 and older. TRICARE covers Pap smears annually for women age 18 and older or if sexually active.

Prostate-specific antigen (PSA) screening is covered for men age 50 and older, as well as men age 45 and older with a history of prostate cancer in a family member and men aged 40 and over with a family history of prostate cancer in two or more other family members. PSA screening is also covered for African-American men age 45 and older, regardless of family history.

Colorectal cancer screening is covered for beneficiaries age 50 and older. A proctosigmoidoscopy or sigmoidoscopy is covered once every three to five years beginning at age 50. A colonoscopy is covered once every 10 years beginning at age 50 for individuals at average risk for colon cancer.

Age-appropriate vaccines that have been adopted by the Advisory Committee on Immunization Practices and published in the Centers for Disease Control and Prevention's *Morbidity and Mortality Weekly Report* are covered.

Screening for hepatitis B and HIV for pregnant women is covered. Genetic testing and counseling during pregnancy are covered in high-risk circumstances.

Please help our TRICARE beneficiaries obtain their indicated preventive services. Thank you for participating in the care of these deserving individuals. ■

Updating Your Provider Information

As a valued network provider for the South Region, it is important that we have your most accurate and current information. Humana Military Healthcare Services, Inc. (Humana Military) wants to ensure that all TRICARE beneficiaries using the online provider locator for selecting a civilian primary care manager (PCM) or finding a specialist near their home are getting the best information available. The online provider locator article on page 4 of this newsletter explains how we display provider information for beneficiaries and other providers.

Picking a PCM who is accepting patients, finding a specialist at the correct location and identifying all of the specialties and providers available at a location are important to our customers. Their choices are reliant on accurate and timely updates to provider listings. There have been occasions on which beneficiaries have been referred to sites only to find locations have closed, providers have moved or office hours have changed.

In order to be proactive, Humana Military is communicating with our providers at every encounter to ensure we obtain needed information to keep our listings up to date. We have a call-out process, and you may receive a call from us checking your office information or confirming a provider is still working at your location. For providers contacting our customer service line, we will also take the opportunity to ask if you have had any changes to your location, your office hours or your provider staff members. You are always welcome to visit www.humana-military.com and change your office information at any time. If you are a non-network provider, please be sure to contact our claims processor, PGBA, LLC, to ensure your information is up to date. ■

The e-Health Movement is on!

The American Recovery and Reinvestment Act of 2009 promotes access to health information electronically, incorporating electronic health records and family history; offers personalized prevention and wellness options; and instills a proactive consumer approach to achieving healthier lifestyles for our nation's population.

As we hear so often, information is power! Think what it means for an emergency room physician receiving an unconscious patient with no family in attendance. The ability to access online health records/history for that patient could be vital to his or her treatment and recovery. Separately, we as consumers will have access to our own health information, with reminders of timely preventive care visits, records of immunizations/boosters, lab results, pharmacy profiles and disease-management options. This type of access is empowering. It could eliminate unnecessary phone calls, requests for printed records to be mailed, and—in some cases—disconnects due to lost information.

For the last 10 years, we have experienced a steady shift away from paper claims submissions to total electronic claim submissions, not only with federal health care programs including TRICARE, but also with private insurance. We are now at the crossroads approaching the movement away from paper health records. Medicare and Medicaid programs will begin to adopt some level of electronic health records, data banks and data exchange over the next five to seven years. Many states are developing implementation plans, while others are still in the “seek and find” stages of determining what is needed. Much communication surrounding the online information movement and its significance in the health care industry is making its way to the state levels through health care forums, the American Medical Association and state agencies. Provider communities should begin looking at connectivity and efficiency of current programs/processes as we all prepare to support electronic health records, storage and relay to accommodate the e-health initiatives laid out in the American Recovery and Reinvestment Act. ■

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

National TRICARE Web Site
www.tricare.mil



Redesigned Provider Locator at www.humana-military.com

Humana Military Healthcare Services, Inc. (Humana Military) has made significant changes to the look and functionality of the online provider directory. “Find a Provider,” available for beneficiaries, providers and government customers at www.humana-military.com, has always been one of the most-used services on the Web site, replacing the need for a paper directory. The provider locator is an important customer-service feature ensuring TRICARE beneficiaries have a resource to identify a PCM, network specialist or facility in the South Region.

We have listened to beneficiaries’ suggestions and feedback over the past year and made changes based on their input. Not only have we changed the way the provider locator looks, we have also altered search categories and search criteria. Our intent is to offer as much information as possible about our providers, which will help beneficiaries make

informed choices. We have created a new search option to assist beneficiaries in finding the right provider for a specific type of service. Network providers appear by name, specialty and group and also by the category of services their specialties covers. **Note: Allied Health providers appear as part of a specialty group and not individually.**

We know that many of you also use the “Find a Provider” tool for several reasons. Our network providers like to see how we have them listed and want to make sure they are advertised to the South Region’s TRICARE population. We also have providers who look at our locator to choose a specialist in the local area for Prime beneficiary referrals or Standard beneficiary suggestions. Take the time to check out our Humana Military’s redesigned provider locator at www.humana-military.com. ■