

Providing Care to 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 regions.

If you provide care to a beneficiary from another region, submit claims to the region in which the beneficiary is enrolled or resides. Claims submission information for other TRICARE regions can be found on the regional contractors' websites shown on the map provided. The patient is responsible for applicable cost-shares.

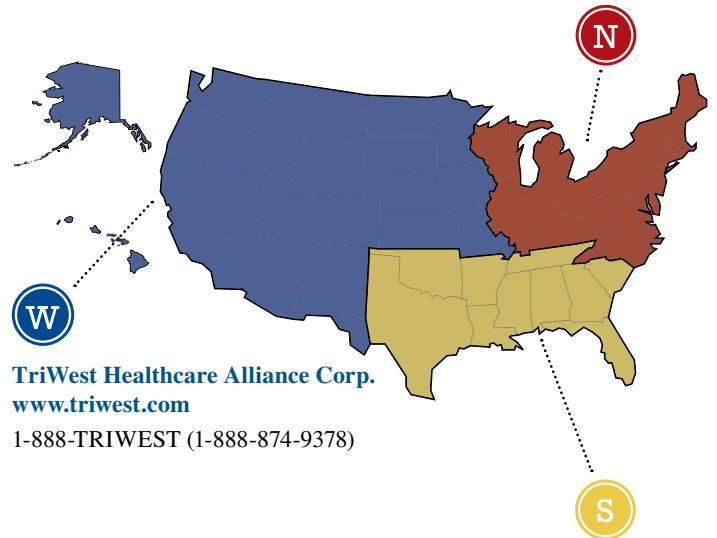
Nonemergency Care

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 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 to seek care elsewhere.

Health Net Federal Services, LLC
www.hnfs.com

1-877-TRICARE (1-877-874-2273)



TriWest Healthcare Alliance Corp.
www.triwest.com

1-888-TRIWEST (1-888-874-9378)

Humana Military Healthcare Services, Inc.
www.humana-military.com

1-800-444-5445

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From the Desk of the CMO

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

Network providers are responsible for a large, and growing, portion of care in the Military Health System (MHS). Overall, this system provides care for 9.6 million Americans—active duty and retired service

members and their eligible family members. The Army, Navy, Air Force and Coast Guard provide slightly less than half of this care through 59 military hospitals and 364 military clinics. That means civilian providers furnish more than half of the care provided to these beneficiaries.

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- Using Electronic Remittance Advices and Electronic Funds Transfers



From the Desk of the CMO

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The table below shows the contributions of civilian providers during an average **week** in the life of TRICARE.

The South Region includes 3 million TRICARE beneficiaries. Of those, about 670,000 are TRICARE Prime enrollees with network primary care managers.

Under the leadership of Rear Adm. Christine S. Hunter, Deputy Director of the TRICARE Management Activity, the MHS has embraced the “Triple Aim” objectives (improve the health of the population, enhance the patient

experience of care and control the per capita cost of care) articulated by the Institute for Healthcare Improvement (IHI). In addition to the three IHI objectives, the MHS has a fourth objective—readiness. Readiness extends beyond the preparedness of a service member for deployment to include family and behavioral health. Military leaders refer to the four objectives as the “Quadruple Aim.”

As a TRICARE network provider, you directly support military readiness whenever you care for a service member, spouse or child. Simply put, network participation represents an integral part of the larger military health care delivery system. Thank you for participating in the care of our service members, retirees and families. ■

Health Care Services Provided to TRICARE Beneficiaries Weekly

Provider Type	Inpatient Admissions	Medical Outpatient Visits	Births	Behavioral Health Outpatient Services
Military¹	5,000	737,000	1,000	46,100
Civilian	16,800	876,400	1,300	133,200

1. Services provided in military treatment facilities in the United States

Warrior Navigation and Assistance Program

Humana Military Healthcare Services, Inc.’s Warrior Navigation and Assistance Program (WNAP) provides a dedicated team of associates to help wounded, ill or injured warriors and their families navigate the health care delivery system. WNAP also helps you understand the complex issues these service members and their families face in using their health care benefits. Many not only have TRICARE benefits, but may also have health care benefits under the Veterans Health Administration and Medicare. Coordinating more than one benefit can be a challenge for warriors and families as well as their health care providers.

WNAP helps both military and civilian health care providers render services that treat and rehabilitate service members by providing assistance with referrals, authorizations and coordination of benefits. By connecting recovering warriors, their families and providers with available resources that can help warriors meet their goals—whether physical, behavioral or social—WNAP facilitates their return to active duty or to their communities as productive veterans.

If you find yourself treating a wounded warrior whose condition or situation would benefit from WNAP assistance, call 1-888-4GO-WNAP (1-888-446-9627). ■



Referral and Authorization Requests: Selecting a Provider

Entering new referral and authorization requests on Humana Military Healthcare Services, Inc.'s website at www.humana-military.com is easy. There are five basic steps.

1. Enter patient and service information
2. Select procedures to perform
3. Review existing authorization to determine if services have already been approved (this may require only an update)
- 4. Select a provider**
5. Enter clinical information

This month, we are focusing on step 4—selecting a provider.

At screen 4.1, you will be shown a pre-selected provider who can provide the service the beneficiary needs. If the beneficiary has previously seen a specialist for the service requested, there will be a note indicating the specialist is the pre-selected provider. If you agree to use the pre-selected provider, click on “Continue.”

If you would like to select one of the proposed alternate providers, click on the “Select” box on screen 4.2 and then click “Continue.”

If the pre-selected provider or one of the alternate providers is not your provider of choice, you may search for a specific provider by name, specialty or phone number at screen 4.3. Keep in mind, you may have to change the ZIP code or increase the number of miles to pull up your chosen specialist. Non-network providers are displayed in red.

If you are unable to locate a specific provider using the methods above, you can enter his or her information on screen 4.4.



Please be aware that selection of a non-network provider or a provider not found by automatic searches requires review and will slow the referral or authorization process. Additionally, use of these providers may mean higher costs will be incurred by the beneficiary. ■

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

Emergency Care

Under all TRICARE programs, no referrals or authorizations are required for beneficiaries receiving emergency care in or out

of their TRICARE regions. However, all ADSMs and TRICARE Prime and TPRADFM beneficiaries or the treating facilities must contact the patients’ PCMs or regional contractors within 24 hours of inpatient admission or the next business day to coordinate ongoing care. Emergency care should never be delayed pending an authorization from the regional contractor.

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

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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Using Electronic Remittance Advices and Electronic Funds Transfers

Many provider offices recognize the value of electronic transactions, including electronic funds transfers (EFTs) and electronic remittance advices (ERAs), to streamline the claims payment process. EFTs allow payments to be directly deposited, eliminating any delays you may encounter with mailings. Once your enrollment form is submitted and processed, you can expect your first EFT payment in five to seven days.

An ERA is the electronic equivalent of the paper remittance advice (also known as an explanation of benefits). Humana Military Healthcare Services, Inc.'s claims processor, PGBA, LLC (PGBA), offers two types of ERAs: an imaged electronic remittance advice (electronic payment voucher), which looks similar to the paper remittance advice, and a HIPAA-compliant 835 file, which can be downloaded and used to post payments automatically. There are several advantages to using ERAs:

- ERAs offer secure information available to download (using the “DataMart” feature) or print at any time.
- ERAs and 835 files can be stored or archived in your own records for distribution or future reference.

- ERAs are usually available the same day payment is made, and they save paper, time and office resources.

Once the enrollment form is submitted and processed, ERA setup takes 48 to 72 hours.

Note: A submitter/mailbox identification is required to receive HIPAA-compliant 835 files.

To enroll in EFT or ERA:

1. Visit www.myTRICARE.com and select the South Region.
2. Select the “Electronic Claims Filing Information” tab.
3. Select the “EFT & ERA” tab.
4. Complete and print the registration form and fax it to PGBA at 1-803-462-3995.

If you have questions about EFT, call 1-800-288-2227, ext. 69550. For questions about ERA, call 1-800-325-5920, then select option 2. ■