



# TRICARE Active Duty Service Members



Active duty service members (ADSMs) are enrolled in either TRICARE Prime or TRICARE Prime Remote (TPR), depending on where they live and work. If enrolled in TRICARE Prime, most care is received at military treatment facilities (MTFs). If the MTF cannot provide the care, the ADSM is referred to a civilian provider with payment from funds under the Supplemental Health Care Program (SHCP). If enrolled in TPR, most care is received from a TRICARE network primary care manager (PCM), if available. If a network provider is not available, ADSMs receive care from a TRICARE-authorized provider.

## Health Care Management for Active Duty Service Members

**Note:** There are no copayments or cost-shares for ADSMs using TRICARE Prime or TPR. Do not charge ADSMs at the time of service.

Provider Responsibilities	Coverage Details
<b>Obtaining Referrals and Prior Authorization</b>	<ul style="list-style-type: none"> <li>• <b>TRICARE Prime ADSMs:</b> The MTF or the Military Medical Support Office (MMSO) will authorize referral and prior authorization requests for specialty care with Humana Military Healthcare Services, Inc. (Humana Military).</li> <li>• <b>TPR ADSMs:</b> A PCM or other provider will initiate referral and prior authorization requests for specialty care with Humana Military.</li> </ul>
<b>Services Requiring Prior Authorization</b>	<ul style="list-style-type: none"> <li>• <b>TRICARE Prime ADSMs:</b> Require prior authorization for all inpatient and outpatient services.</li> <li>• <b>TPR ADSMs:</b> Require prior authorization for all inpatient and specialty outpatient care when received from a civilian network or non-network provider.</li> </ul>
<b>Filing Claims for Reimbursement</b>	<ul style="list-style-type: none"> <li>• ADSM claims are paid at the negotiated rate for network providers. The same balance-billing limitations applicable to TRICARE apply to all ADSM claims.</li> <li>• All claims for ADSMs under TRICARE Prime or TPR should be submitted to:  PGBA  Active Duty Claims  P.O. Box 7031  Camden, SC 29020-7031</li> </ul>

## Behavioral Health Care Requirements

- ADSMs **must** receive behavioral health care services at an MTF, when available. If care cannot be provided at the MTF, services will be provided within the TRICARE civilian network.
- Except in the case of an emergency, ADSMs **must** have a referral and prior authorization from ValueOptions at **1-800-700-8646** to seek **any** behavioral health care from a civilian network or non-network provider, including the first eight outpatient visits. ADSMs must also have a referral from their PCM or their MTF behavioral health care clinic prior to calling the Behavioral Health Provider Locator and Appointment Assistance Line to schedule a civilian behavioral health care appointment.
- ADSMs using TPR can receive civilian behavioral health care with prior authorization from ValueOptions and the service point of contact at the MMSO.

## For Information and Assistance

If you have specific questions about providing care to ADSMs, contact Humana Military at **1-800-444-5445** or visit [www.humana-military.com](http://www.humana-military.com).



# TRICARE National Guard and Reserve Members

Members of the National Guard and Reserve may be eligible for TRICARE benefits in certain circumstances. See the *Verifying TRICARE Eligibility* quick reference chart or Section 3 of the *TRICARE Provider Handbook* for instructions on how to verify patient eligibility.

National Guard and Reserve members, inactive or drilling, are eligible for health care if they sustain a line-of-duty (LOD) injury. LOD care is handled separately from other TRICARE benefits.

Line of Duty Care Details <sup>1</sup>	
<b>Verifying Eligibility</b>	<ul style="list-style-type: none"> <li>National Guard and Reserve members seeking care must have eligibility documentation with them at the time of service. It is the National Guard or Reserve member's responsibility to ensure that appropriate eligibility documentation is submitted by the military unit to the Military Medical Support Office (MMSO) and that all follow-up care is authorized by the MMSO.</li> </ul>
<b>Where Care Is Provided</b>	<ul style="list-style-type: none"> <li>LOD care is usually provided at an MTF, if available. The MTF may refer the National Guard or Reserve member to a TRICARE civilian provider. When in remote locations, the MMSO may coordinate nonemergency care through any TRICARE-authorized provider.</li> </ul>
<b>Claims</b>	<ul style="list-style-type: none"> <li>Submit claims directly to Humana Military unless otherwise specified on the LOD written authorization or requested by the National Guard or Reserve member's Medical Department Representative.</li> <li>If Humana Military receives an LOD claim that was not referred by an MTF or pre-approved by the MMSO, Humana Military will forward the claim to the MMSO for approval or denial.</li> <li>If a claim is denied by the MMSO for eligibility reasons, the provider's office should bill the member. The MMSO may approve payment once the appropriate eligibility documentation is submitted.</li> </ul>

*1. Any services provided must be directly related to the condition documented on the LOD written authorization.*

## Care Received While on Active Duty

When called to active duty for more than 30 consecutive days, National Guard and Reserve members are considered ADSMs for TRICARE purposes, and they will be enrolled in either TRICARE Prime or TPR. You will provide care to them as you would to any other ADSM. (*See the "Health Care Management for Active Duty Service Members" section.*)

## Coverage When Released from Active Duty

When released from active duty, National Guard and Reserve members may become eligible for transitional health care benefits under the Transitional Assistance Management Program (TAMP), TRICARE Reserve Select (TRS), or the Continued Health Care Benefit Program (CHCBP).

Program	Program Details
<b>TAMP</b>	During the 180-day TAMP period, members can be enrolled in TRICARE Prime ( <i>but are not eligible for TPR</i> ) or may use TRICARE Standard and TRICARE Extra. All referral, authorization, and claims-filing processes continue to apply. <b>Note:</b> For those using TRICARE Standard or TRICARE Extra, the annual deductibles do not apply to National Guard and Reserve members during the TAMP period. Additionally, because there are no cost-shares for this type of care, LOD care is not covered under TAMP. During the TAMP period, National Guard and Reserve members are considered active duty family members (ADFMs) and will have the same copayment and cost-share amounts as ADFMs.
<b>TRS</b>	National Guard and Reserve members who qualify may purchase TRS to begin following the TAMP period. TRS offers coverage similar to TRICARE Standard and TRICARE Extra, including similar annual deductibles, cost-share amounts, and prior authorization requirements. If enrolled, TRS members will present a TRS enrollment card at the time of service. Contact Humana Military at <b>1-800-444-5445</b> if you have questions about TRS. The <i>TRICARE Provider Handbook</i> provides additional details about coverage and claims processing requirements.
<b>CHCBP</b>	National Guard and Reserve members may purchase CHCBP upon the loss of TRICARE eligibility. CHCBP is administered by Humana Military and works similarly to TRICARE Standard. If enrolled, CHCBP members must present a CHCBP enrollment card at the time of service. Contact Humana Military at <b>1-800-444-5445</b> with specific questions about CHCBP. The <i>TRICARE Provider Handbook</i> provides information about prior authorization and claims processing requirements.