



# 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.

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> Referrals and authorizations coordinated by the service points of contact (SPOCs) at the MMSO and 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 (except for emergencies) for all inpatient and outpatient services from civilian network or non-network providers.</li> <li>• <b>TPR ADSMs:</b> Require prior authorization for all inpatient and specialty outpatient services. They do not need referrals, prior authorization, or fitness-for-duty reviews to receive primary care.</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 the SHCP.</li> <li>• All claims for ADSMs under TRICARE Prime or TPR should be submitted to: TRICARE South Region Claims Department P.O. Box 7031 Camden, SC 29020-7031</li> </ul>

## Behavioral Health Care Requirements

- ADSMs are required to receive behavioral health care services at MTFs, if applicable, except in emergencies or in accordance with TRICARE Prime Remote regulations.
- Except in the case of an emergency, ADSMs **must** have a referral and prior authorization from ValueOptions, Inc. (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 using TPR must receive civilian behavioral health care with prior authorization from ValueOptions and the SPOCs at the MMSO.

## For Information and Assistance

If you have specific questions about providing care to ADSMs, contact Humana Military at **1-877-249-9179** or visit [www.humana-military.com](http://www.humana-military.com).



# TRICARE National Guard and Reserve Members

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 his or her military unit submits appropriate eligibility documentation to the Military Medical Support Office (MMSO) and that the MMSO authorizes all follow-up care.</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. MTFs may refer National Guard or Reserve members to civilian TRICARE providers. If there is no MTF nearby to deliver or coordinate care, 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 the MMSO denies a claim 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) or the Continued Health Care Benefits Program. National Guard and Reserve members may also qualify for coverage under TRICARE Reserve Select (TRS) or TRICARE Retired Reserve (TRR).

Program <sup>1</sup>	Program Details
<b>TAMP</b>	<p>During the 180-day TAMP period, qualifying beneficiaries may enroll in TRICARE Prime if they reside in a Prime Service Area or they are automatically covered under TRICARE Standard and TRICARE Extra. Rules and processes for these programs apply, and beneficiaries are responsible for ADFM costs.</p> <p><b>Note:</b> TAMP does not cover LOD care.</p>
<b>CHCBP</b>	<p>National Guard and Reserve members may purchase CHCBP upon the loss of TRICARE eligibility. CHCBP is a premium-based health care program administered by Humana Military. CHCBP benefits are comparable to TRICARE Standard, but differences do exist. Humana Military issues beneficiaries a CHCBP ID card after enrollment is completed. Visit Humana Military's Web site at <a href="http://www.humana-military.com">www.humana-military.com</a> or call <b>1-800-444-5445</b> for more information about CHCBP.</p>
<b>TRS</b>	<p>TRS provides comprehensive health care coverage and patient cost-shares and deductibles similar to TRICARE Standard and TRICARE Extra, but TRS beneficiaries must pay monthly premiums. After purchasing either member-only or member-and-family TRS coverage, TRS members will receive enrollment cards. These cards include important contact information but are not required to obtain care. Contact Humana Military at <b>1-877-298-3408</b> if you have questions about TRS.</p>
<b>TRR</b>	<p>Members of the Retired Reserve who qualify may purchase TRR. TRR offers coverage similar to TRICARE Standard and TRICARE Extra for retirees, including similar annual deductibles, cost-share amounts, and prior authorization requirements. TRR members will receive enrollment cards. These cards include important contact information but are not required to obtain care. Contact Humana Military at <b>1-877-298-3408</b> if you have questions about TRR.</p>

1. The TRICARE Provider Handbook provides additional details about coverage and claims processing requirements.