

Colonoscopy Screening Benefit Expanded

The Department of Defense continues to enhance the TRICARE benefit to provide the most comprehensive and quality care to you and your family. A recent TRICARE policy change will now allow coverage for one routine colonoscopy screening every 10 years for beneficiaries beginning at age 50 for individuals at average risk for colon cancer. Screenings are also covered in the following situations.

- **You have hereditary non-polyposis colorectal cancer syndrome.** A colonoscopy should be performed every two years beginning at age 25, or five years younger than the earliest age of diagnosis of colorectal cancer, whichever is earlier. Annual screenings should then occur after age 40.
- **You have a familial risk of sporadic colorectal cancer.** A colonoscopy should be performed every three to five years beginning 10 years earlier than the youngest

affected relative. Familial risk means that you have a first-degree relative (such as, a father, mother or brother) under age 60 with sporadic colorectal cancer or adenomas or multiple first-degree relatives with colorectal cancer or adenomas.

Other routine colonoscopy screenings are not covered by TRICARE.

Note: If you are a TRICARE beneficiary and eligible for Medicare, a routine colonoscopy will most likely be covered by Medicare.

For more information about coverage for routine colonoscopy screenings, call Humana Military at 1-800-444-5445 or visit www.humana-military.com. ■

The Doctor is in... A Salute to Veterans

*David N. Tornberg, MD, MPH
Deputy Assistant Secretary of Defense
for Clinical and Program Policy*

This month, Americans will gather to remember and pay tribute to our veterans. Whether you served our country in a previous war or just retired, TRICARE would like to thank you. We appreciate those who selflessly answered the call to duty and remember those who served.

TRICARE works hard to ensure that TRICARE-eligible veterans and their families get the very best health care when they return home and transition out of military service.

Through our world-class partnership with the Department of Veterans Affairs (VA), we aim to deliver cost-effective, quality services to you and our nation. Our long history of resource sharing with the VA minimizes duplication and underuse of health care resources. By collaborating with the VA, TRICARE strives to meet the following goals:

- Improve your access to quality, effective and efficient health care
- Help you understand the benefits you earn through each stage of life, focusing on a smooth transition from active duty to veteran status
- Share your medical data information efficiently and securely to ensure timely and confidential delivery of health care

Our veterans and their families made countless sacrifices for our country, and Veterans Day is a time to thank everyone who served in the military. We are grateful for your dedication to our country. It is an honor for TRICARE to serve you—our men and women who were on the frontlines, fighting for and sustaining our freedom.

For more information on how TRICARE works with the VA to provide you with health care, visit www.tricare.osd.mil/DVPCO/default.cfm. ■

Inside This Issue . . .

- Fraud and Abuse: A Drain on TRICARE
- Getting Care Away from Home
- See What's New at Humana-Military.com
- Looking for a Provider?



Fraud and Abuse: A Drain on TRICARE

That explanation of benefits (EOB) you receive in the mail is not “junk mail.” In fact, the EOB is one of TRICARE’s most effective weapons when it comes to preventing fraud and abuse.

When an EOB shows up in your mailbox, take a few minutes to review it to make sure you, and TRICARE, are being billed only for services you have received. If things don’t add up on the EOB there might be a simple error, or it could be the start of a fraud and abuse situation. Keep in mind that EOBs are only sent out when you have a cost-share for a specific claim—you won’t necessarily get one for every doctor visit.

Fraud and abuse are intentional deceptions or misrepresentations resulting in unauthorized benefits or payments, and practices resulting in claims, unnecessary costs, or payments.

TRICARE and Humana Military advise you to carefully review your EOB for the following:

- Are you being charged for seeing a doctor who you didn’t see?

- Some services, such as behavioral health care, have weekly or monthly limits. Is your provider billing more than these limits?
- Do you believe your provider is billing for unnecessary services?
- Did you receive the treatment listed on the EOB and does it accurately reflect the care you received?

“If any of these areas are misrepresented and it causes a claim to be paid which would otherwise not have been, that’s fraud,” said Rose Sabo, TRICARE director of Program Integrity.

In recent years, TRICARE beneficiaries have provided investigators several tips that have led to convictions and heavy fines on providers under the False Claims Act. Some examples of fraud and abuse include:

- Double billing
- Billing for services not rendered
- Misrepresentation—a licensed physician billing for care performed by a non-licensed provider
- Misrepresenting procedures to obtain payment for non-covered services

- Upcoding—billing for a more costly service than what was actually performed/received
- Padding the bill—adding services to the claim that were not performed

“If we can detect fraud early and work with law enforcement to prevent it, health care will become more affordable,” said Sabo. ■

If you suspect fraud or abuse, you can contact your provider first to see if a clerical error was made.

If not and you believe fraud or abuse has occurred, please contact Humana Military’s Program Integrity Office at:

Humana Military
Healthcare Services
Attn: Program Integrity
500 W. Main Street, 19th floor
Louisville, KY 40202
Phone: 1-800-333-1620
Online: <https://infocenter.humana-military.com/South/bene/progintegreferral.asp> ■

Getting Care Away from Home

Two weeks into a month-long vacation at Aunt Helen’s house in Boise, Idaho, a reminder pops up on your PDA—it’s time for your annual physical.

Should you visit Aunt Helen’s doctor to get your heart medication prescription renewed, or wait two weeks until you are back home at Ft. Hood in Killeen, Texas?

While the first choice may be tempting, it could also be considerably more expensive. As a TRICARE Prime, Prime Remote or Prime Remote for Active Duty Family

Member beneficiary, you are required to obtain all routine care and coordinate specialty and urgent care through your primary care manager (PCM).

Before traveling, you should receive all your routine care from your PCM including management of chronic health conditions, routine physicals and requests for prescription refills. If you visit your provider before you leave or after you return home, the visit is considered routine care.

If you should need refills for routine prescriptions while traveling away

from home, contact your PCM or pharmacist for assistance.

However, if you seek routine care out-of-area you can take advantage of TRICARE’s point-of-service option (POS). This option lets you receive non-emergency health care from any TRICARE-authorized or certified civilian provider without an authorization from your PCM. Please note that the POS option is **not** available to Active Duty Service Members.

continued on page 3

See What's New at Humana-Military.com

In this fast-paced computer savvy world it's important to know that Humana Military is here to provide you with the information and tools you need when you need them. Check out these online tools at www.humana-military.com.

The Answer Place

Unlike other online search tools, at The Answer Place you can ask any question and get your answer. Here's how it works: from the home page, click on "The Answer Place" listed under beneficiary resources. Type your question into the search field and click "Ask." Our tool does the rest.

Nothing could be simpler—ask a question and get an answer. The Answer Place tool uses cutting-edge technology to understand your question and match it with relevant answers formulated from information found within the Humana Military Web site.

Communication Preferences

Get the information you need the way you want. With this tool you can request that TRICARE information be sent to you electronically. This includes such information as TRICARE Health Matters newsletters and bulletins and other printed materials.

By signing up for electronic communications, this information is sent directly to your e-mail inbox—you won't have to wait for important news to reach your postal mail box.

To sign up for electronic communications, go to our home page and click on "Online Beneficiary Resources" and select "Communication Preferences."

Pay Enrollment Fees

Another great feature you can find under Online Beneficiary Services is the Credit Card Payment Tool. With this tool you can pay your quarterly or annual enrollment fees online with your Visa® or Master Card®. It's a quick and convenient process for a one-time payment. No additional charges are made to your card unless you decide to use this payment tool for a future transaction.

To pay your fees online, go to "Online Beneficiary Services" and click on "Pay Prime Quarterly or Annual Re-enrollment Online." A new dialog box will open and you will be asked for your sponsor's ID number and a few other pieces of information. All you need to do is enter your information and click "Submit" and your payment is processed instantly.

Secure Beneficiary Services

There are several tools and information resources available to you through the Secure Beneficiary Services page. With these services you can check the status of a referral, authorization or claim. You can also look up eligibility for you and your dependents and even request a TRICARE Prime enrollment card or print a copy for your records.

Online Beneficiary Services offers you quick access to information and tools that will help you get the care you need when you need it. You also have the peace of mind knowing that your information is secure.

Visit www.humana-military.com today! ■

Getting Care Away from Home

continued from page 2

If you use the POS option, you will be responsible for paying the following deductibles and cost-shares:

- Outpatient deductibles—\$300 per individual or \$600 per family per fiscal year
- Cost-share—50 percent of the TRICARE-allowable charges

Note: You may also be responsible for additional payments of up to 15 percent above the TRICARE allowable charge.

In an emergency, you should call 911 or visit the nearest hospital emergency room. Emergency care does not require a referral or authorization. However, you or a family member should notify your PCM (or the on-call provider) within 24 hours or as soon as possible after receiving emergency care to coordinate any additional care you might need.

If you decide to extend your stay with Aunt Helen for more than 30 days, you should consider transferring your enrollment to a new PCM. Active duty service members and their families can change enrollment as often as needed. Other TRICARE Prime beneficiaries can change twice during an enrollment year, provided the second transfer is back to the original region. ■

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TRICARE

An Excellent Value

- Generous coverage
- Superior health care
- Decisions are health driven, not insurance driven
- High satisfaction with care
- Low out-of-pocket costs
- Easy access

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Health Matters is published by the TRICARE Management Activity. Please provide feedback at www.tricare.mil/evaluations/feedback.



Looking for a Provider?

There are several ways to locate TRICARE-authorized and network providers. Here are just a few.

One of the most valuable tools on the Humana Military Web site, www.humana-military.com, is the provider locator—Find a Provider. Found in the Beneficiary Services section of the site, the provider locator will help you find a military treatment facility (MTF), a hospital or a civilian network provider near you. The provider locator information is updated every 24 hours for your convenience.

Click on “Find a Provider” to take you directly to the Provider Locator page. From there you can select an MTF, by state or location and a TRICARE network physician or facility by location, specialty and name. You can also locate a TRICARE Service Center from the Find a Provider page.

If you are traveling outside of the South Region, access the following Web site: www.tricare.osd.mil/ProviderDirectory. This Web site provides direct links to all of the TRICARE regional Web sites and their provider directories.

If you don't have access to a computer, call 1-800-444-5445 and use our automated services. If you prefer, you can speak directly with a Beneficiary Services Representative who will be able to assist you in finding a provider. They are available 24 hours a day, seven days a week. ■

Provider Directory Quick Reference

Provider Directory South Region:
www.humana-military.com
Central Call Center: 1-800-444-5445

TRICARE Web site:
www.tricare.osd.mil/ProviderDirectory
North Region: www.healthnet.com
West Region: www.triwest.com

CAC Card Update

Beginning in October 2006, the Department of Defense will start issuing a new Common Access Card (CAC) that complies with the new federal standards. The next generation CAC will be the standard form of identification for members of the uniformed service, DoD civilian employees, eligible contractors and other eligible personnel. For additional information, please contact your local uniformed services ID card facility. ■