

## TRICARE Expands Breast Cancer Screening Options

The best way to contain breast cancer is to detect it early. TRICARE has expanded the screening options available for women at high risk of developing the disease.

TRICARE has added coverage for magnetic resonance imaging (MRI) screening for breast cancer as a clinical preventive service for women in high-risk groups.

“An MRI is a clearly superior tool for screening the highest risk women for breast cancer,” said Army Maj. Gen. Elder Granger, deputy director of the TRICARE Management Activity. “We want these women to have every chance to detect any cancer at the earliest possible stages.”

Breast cancer is the third most common cancer among TRICARE beneficiaries and the second most common cause of cancer death for women in the United States. Your level of risk can be impacted by factors including age, family history and race. Your doctor can advise you about individual risk factors, but even women of average or low risk must be vigilant against this disease.

Breast MRIs are recommended as an annual screening procedure for women age 35 or older who are considered at high risk of developing breast cancer by American Cancer Society® guidelines, even if no symptoms are present. A woman is considered to be at high risk if she has a:

- BRCA1 or BRCA2 gene mutation
- First-degree relative (parent, child or sibling) with a BRCA1 or BRCA2 gene mutation
- Lifetime risk of approximately 20 percent to 25 percent or greater as defined by accepted models that are largely dependent on family history (ask your doctor)
- History of chest radiation between age 10 and age 30
- History of Li-Fraumeni, Cowden or Bannayan-Riley-Ruvalcaba syndrome, or a first-degree relative with one of these syndromes

“The availability of MRI screenings does not reduce the importance of regular examinations,” Maj. Gen. Granger stressed. “All women over 39 years old need to get those

annual mammograms. The key to dealing with cancer is early detection.”

TRICARE coverage of breast MRIs is retroactive to March 1, 2007. All TRICARE Prime beneficiaries age 30 and older who meet the criteria for a breast MRI are covered. If you are a qualified beneficiary and received a breast MRI on or after March 1, 2007, and your claim was denied, the claim may be resubmitted for reimbursement. ■

### Common Symptoms of Breast Cancer

Common symptoms of breast cancer include changes in how the breast or nipple feels, including:

- A lump or thickening in or near the breast or in the underarm area
- Nipple tenderness
- A change in how the breast or nipple looks
- A change in the size or shape of the breast
- A nipple turned inward into the breast
- The skin of the breast, areola or nipple being scaly, red or swollen; or having ridges or pitting so that it looks like the skin of an orange
- Nipple discharge (fluid)

### Five Reasons to Get a Mammogram

- Mammograms can find lumps up to two years before they can be felt.
- When breast cancer is found early, 90 percent of women treated have a five-year or longer survival rate.
- Mammograms are the best form of early detection.
- Information leads to action.
- A mammogram could save your life.



**An Important Note about TRICARE Program Information:** At the time of printing, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law. Changes to TRICARE programs are continually made as public law is amended. **Military treatment facility guidelines and policies may be different than those outlined in this product.** For the most recent information, contact your TRICARE regional contractor, TRICARE Service Center, or local military treatment facility.

## TRICARE Beneficiary Rights and Responsibilities

In an effort to achieve the best possible health care outcomes and support quality improvement and a cost-conscious environment, the military health system (MHS) established a bill of rights and responsibilities to guide TRICARE beneficiaries.

You have the right to:

- Accurate, easily understood information
- A choice of high-quality providers and health care plans
- Emergency care when and where it is needed
- Participate in decisions regarding your health care
- Respectful and nondiscriminatory care
- Confidentiality of your health information
- A fair and efficient complaint and appeal process

You are also expected and encouraged to assume reasonable responsibility for your health, by making an effort to:

- Maintain a healthy lifestyle
- Take an active role in your health care
- Learn about your TRICARE benefits
- Show respect for others in the health care system
- Make a good-faith effort to meet financial obligations
- Report wrongdoing and fraud

To view the complete text of the MHS Patient Bill of Rights, visit [www.tricare.mil/patientrights](http://www.tricare.mil/patientrights). ■

## Proper Emergency Room Utilization Guidelines

No one wants to sit in an emergency room (ER), but after an accident or during a health crisis, it's good to know TRICARE Prime covers your ER care.

To help you better understand when a trip to the ER is appropriate, TRICARE uses the "prudent layperson" standard. If you, or a member of your family, is suffering a medical emergency—including severe pain—and you believe that without medical attention your life or health will be placed in serious danger, then the ER is the right place for care.

Emergencies fall into three general categories: medical, maternity and psychiatric.

A medical emergency is the sudden and unexpected onset of a medical condition. The problem can be acute, or it can be a chronic condition that worsens. Examples of acute emergency situations include, but are not limited to, the following:

- Severe bleeding
- Chest pains

- No pulse
- Inability to breathe
- Spinal cord or back injury
- Severe eye injuries
- Broken bones

Maternity emergencies are sudden, unexpected medical complications which put the mother or fetus at risk.

A psychiatric emergency leading to an inpatient admission is when, based on an evaluation by a physician (or other qualified behavioral health professional), a patient is deemed to be at immediate risk of serious harm to themselves or others. Immediate and continuous skilled observation is required at this level of care.

In an emergency, you should go to or be taken to the nearest ER for treatment. If an ER visit results in an inpatient admission, you or someone on your behalf should contact your primary care manager (PCM) or Humana Military within 24 hours to ensure that ongoing care can be coordinated.

If you visit an ER for a nonemergency or urgent health care situation, you will face higher charges through the TRICARE Prime point of service option. In addition to being expensive, nonemergency visits to the ER also contribute to the over-crowding of facilities, take resources away from other hospital-based care and compromise the coordination and continuity of your care. To help keep the cost of health care as low as possible, you must obtain all of your nonemergency care from your PCM, or from other providers you have been referred to by your PCM or Humana Military.

By understanding TRICARE's emergency care guidelines, you can be sure you're receiving the best care from the proper providers at the lowest cost to you. ■

## Alternatives to Company-Sponsored TRICARE Supplements

**S**ome TRICARE beneficiaries may be wondering why they recently received letters telling them their employer-sponsored TRICARE supplement is no longer available as a health care option.

The reason is because the National Defense Authorization Act (NDAA) of 2007 now bars employers from offering you an incentive to use TRICARE rather than a company-sponsored health plan. The NDAA specifically prohibits companies from offering TRICARE supplemental plans.

You do have options. Many employers offer flat-rate cash payment plans to employees who opt out of the company's health plan. Now it's just a matter of including you, and other TRICARE beneficiaries, in these plans.

The TRICARE Management Activity encourages you to speak with your human resources department about the alternatives to TRICARE supplements. ■

## Understanding the TRICARE Prime Travel Benefit

**D**id you know that if your primary care manager (PCM) refers you for medically necessary specialty care and you must travel **farther than 100 miles from your PCM's office**, you may be eligible for reimbursement for reasonable travel expenses? The TRICARE Prime travel benefit is limited to those specialty referrals that occur when no other specialist (i.e., military treatment facility [MTF], network or non-network specialist) is available.

If you agree to a referral to a center of excellence, this benefit does not apply. Also, the TRICARE Prime travel benefit does not apply to emergency care services. This benefit only covers care that is rendered **more than 100 miles** from your PCM's office. If the distance is less than 100 miles, the TRICARE Prime travel benefit does **not** apply.

MTFs are responsible for the travel expense entitlements when military PCMs issue referrals. However, TRICARE Regional Offices (TROs) assume responsibility for travel entitlement determinations for civilian PCM referrals.

Upon notification from Humana Military, the TRICARE Prime Travel Program Office at TRO-South verifies the mileage from the PCM's office to the specialist's office. Using the Defense Table of Official Distances, the mileage is calculated from your PCM's ZIP code to the specialist's ZIP code.

When necessary, travel orders and reimbursement can be authorized for one non-medical attendant to accompany a non-active duty TRICARE Prime beneficiary traveling for specialty care. This is permitted when the patient is a minor child or when the

patient is expecting to undergo a surgical procedure. To qualify for reimbursement, the patient's PCM must submit documentation to the TRICARE Prime Travel Program Office, citing the specific reason for the attendant requirement.

A non-medical attendant must be a parent, legal guardian or adult family member 21 years of age or older. Active duty service members may serve as the non-medical attendant if approved by their command or unit and placed in an appropriate leave status. If the attendant is someone other than a family member, then a copy of a durable power of attorney must accompany the PCM documentation.

To learn more about the TRICARE Prime travel benefit, please visit the Humana Military Web site at [www.humana-military.com](http://www.humana-military.com). ■

### Switch Your Prescriptions to Mail Order—It's Fast and Easy with the MCC!

**D**id you know you can get the prescription medications you take on a regular basis delivered right to your front door—and save money, too? Call the **Member Choice Center (MCC)** today at 1-877-363-1433 and let an MCC patient care advocate switch your prescriptions to the TRICARE Mail Order Pharmacy. ■

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## CONTACTS

**Humana Military Healthcare Services, Inc.**  
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1-877-249-9179 (active duty)  
1-877-298-3408 (National Guard and Reserve)  
[www.humana-military.com](http://www.humana-military.com)

**PGBA, LLC (claims)**  
1-800-403-3950

**ValueOptions (behavioral health)**  
1-800-700-8646

**Pharmacy Customer Service**  
1-866-DoD-TRRX (retail)  
1-866-DoD-TMOP (mail order)  
[www.express-scripts.com/TRICARE](http://www.express-scripts.com/TRICARE)

**National TRICARE Web Sites**  
[www.tricare.mil](http://www.tricare.mil) [www.tricareonline.com](http://www.tricareonline.com)

**Update DEERS**  
1-800-538-9552  
[www.tricare.mil/deers](http://www.tricare.mil/deers)

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## TRICARE Prime Access Standards

### The Care Is There When You Need It

In addition to paying the lowest out-of-pocket costs compared to all the other TRICARE program options, another benefit of enrollment in TRICARE Prime is that you are assured access to care when you need it.

In most cases, TRICARE Prime beneficiaries will receive care at a military treatment facility (MTF). However, there are two instances when that may not be possible: 1) when there is no MTF nearby and 2) when you are unable to get an appointment due to a high demand for services.

TRICARE Prime access standards are specified in the Code of Federal Regulations to ensure that you are able to receive timely care under any circumstance. These standards regulate the amount of time that you will have to wait and the distance that you will have to travel to receive treatment.

TRICARE Prime access standards entitle you to receive:

- An urgent care appointment within 24 hours
- A routine care appointment within one week
- A specialty care appointment within four weeks

Under normal circumstances, you should have no more than a 30-minute drive to an MTF to see your primary care manager (PCM) for routine care, and no more than an hour's drive for specialty care. When this is not possible, you may obtain a referral to visit a TRICARE network provider for treatment.

If your PCM is not available within the timeframes specified in the access standards, he or she will refer you to another provider. **Note:** If you choose to see another provider for care without a referral from your PCM, the services will be reimbursed under the point of service option, which has a deductible and higher out-of-pocket costs.

To learn more about your TRICARE Prime benefits, visit the Humana Military Healthcare Services Web site at [www.humana-military.com](http://www.humana-military.com) or the TRICARE Web site at [www.tricare.mil](http://www.tricare.mil). ■