<table>
<thead>
<tr>
<th>TRICARE Programs: Prime, Standard and Extra</th>
<th>April 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>Eligibility</td>
</tr>
<tr>
<td><strong>TRICARE Prime</strong></td>
<td>Similar to a managed care or Health Maintenance Organization (HMO) option. Available in specific geographic areas.</td>
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<tr>
<td><strong>TRICARE Prime Remote (TPR)</strong></td>
<td>Similar to TRICARE Prime for ADSMs living and working in remote locations and the eligible family members residing with the sponsor.</td>
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<tr>
<td><strong>TRICARE Standard</strong></td>
<td>Fee-for-service option available worldwide to eligible non-ADSMs.</td>
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<td><strong>TRICARE Extra</strong></td>
<td>Preferred provider option in areas with established TRICARE networks. TRICARE Extra is the TRICARE Standard option using network providers.</td>
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<tr>
<td><strong>TRICARE Reserve Select (TRS)</strong></td>
<td>Premium-based health care plan that qualified Selected Reserve of the Ready Reserve members may purchase for themselves and/or their family members. Coverage and costs for care similar to TRICARE Standard for Active Duty Family Members (ADFM).</td>
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<tr>
<td><strong>TRICARE Retired Reserve (TRR)</strong></td>
<td>Premium-based health care plan that qualified Retired Reserve members may purchase for themselves and/or their family members. Coverage and costs for care similar to TRICARE Standard for retirees.</td>
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MILITARY IDENTIFICATION CARDS

Active Duty Service Members (ADSMs), family members over age 10, retirees and family members will have one of two valid military ID cards displayed below. Providers should ensure patients have a valid military ID card or authorization letter of eligibility. Be sure to check the expiration date and make a copy of both sides of the ID card for your patient files. An ID alone is not proof of eligibility. See the Verifying Eligibility section below for more information.

- DOD Benefits Number (DBN)/member ID or Social Security Number (SSN) or sponsor SSN: Providers may verify the beneficiary’s eligibility using the information supplied on the card. As new military ID cards are issued, a new member ID will replace the sponsor SSN. This new member ID can still be used to verify eligibility. Humana Military’s Web-based eligibility check option allows you to use either the sponsor SSN or the new member ID to verify eligibility.
- Expiration Date: Check the date in the EXPIRATION DATE box on the ID card. If expired, the beneficiary must update his or her information in the Defense Enrollment Eligibility Reporting System (DEERS) and be issued a valid card.
- Civilian: Check the back of the ID card to verify eligibility for TRICARE civilian care. The center section of the card should read YES in the CIVILIAN box.

Note: Beneficiaries who are dual-eligible will have Medicare Part A and Part B and TRICARE. Military ID cards will be similar. An eligibility check will verify TRICARE coverage as secondary.

TRICARE cannot accept or cross-walk a 10-digit number in the Member ID field, which causes claims to reject. Numbers containing dashes also generate an error.

Here’s a list of possible ID numbers you may encounter:
- SSN — a nine-digit number no longer on ID cards, which is acceptable for claims submissions
- DoD ID number — a 10-digit number on the front of ID cards, which is not acceptable for claims submissions
- DBN — an 11-digit number on the back of some ID cards, which is acceptable for claims submissions (Do not include any dashes.)

If the ID card does not include a 9-digit sponsor SSN or an 11-digit DBN, ask the beneficiary to provide the two numbers.

Please review your systems to ensure that your claims submissions contain the appropriately formatted nine-digit SSN or 11-digit DBN. If you have any questions, please call PGBA’s Electronic Data Interchange (EDI) Help Desk at 1-800-325-5920, menu option 2.

VERIFYING ELIGIBILITY

TRICARE beneficiaries should present their military ID card at the time of service to assist with eligibility verification. Providers may verify TRICARE Prime or TRICARE Standard/TRICARE Extra eligibility in one of the following ways:
- Humana-Military.com: The secure Self-Service for Providers portal’s check eligibility feature shows a patient’s current status along with information about the TRICARE copay, cost-share, Other Health Insurance (OHI) and catastrophic cap.
- myTRICARE.com: Access PGBA’s secured portal to check eligibility.
- Availity.com: This option is currently available in Texas, Oklahoma and Florida.
- Call Humana Military’s Interactive Voice Response (IVR) line at 1-800-444-5445. Access the Provider Main Menu, and press # for eligibility and benefits.

Providers have the right to collect out-of-pocket costs from beneficiaries prior to seeing the TRICARE patient, or they can file the claim first if it’s easier. Both the patient’s Explanation Of Benefits (EOB) and the provider remittance will include copay or cost-share amounts owed.

VERIFYING COVERAGE

Humana Military encourages providers to use the Self-Service for Providers portal’s code lookup feature at Humana-Military.com. By looking up the service or procedure code, you can determine whether the service requires a referral or is exempt from referral requirements if you are seeing a TRICARE Prime member. The code lookup feature also identifies noncovered services and procedures or ones that may be on the No Government Pay Procedure Code List available at TRICARE.mil/NoGovernmentPay.

If you do not have access to Humana-Military.com, our 1-888-444-5445 IVR line can provide the same coverage information by code or service/procedure description.