

## TRICARE and Men's Health

June is the Military Health System's Men's Health Month, which is a great opportunity for you to encourage screenings for early detection and treatment of diseases. Your TRICARE patients are eligible for a range of clinical preventive services based on age, health history and family history.

The following are some of the clinical preventive services covered for TRICARE Prime and TRICARE Standard beneficiaries.

### Cardiovascular-disease testing:

- Cholesterol lipid panel at least every five years beginning at age 18
- Blood pressure screening every two years after age 6

### Cancer screenings:

- Annual testicular cancer physical exam for males ages 13–39 with a history of cryptorchidism, orchiopexy or testicular atrophy
- Annual prostate cancer physical examination and prostate-specific antigen test:

- For all men age 50 and older
- For men age 45 and older with a family history of prostate cancer in at least one family member
- For all African-American men age 45 and older regardless of family history
- For all men age 40 and older with a family history of prostate cancer in two or more family members
- An individual at average risk<sup>1</sup> for colon cancer is covered for:
  - A fecal occult blood test once every 12 months beginning at age 50 (either guaiac-based or immunochemical-based testing of three consecutive stool samples)
  - A proctosigmoidoscopy or flexible sigmoidoscopy once every three to five years beginning at age 50
  - An optical colonoscopy once every 10 years beginning at age 50

1. Individuals at increased or higher risk for colon cancer may be covered for more frequent colorectal cancer screenings.

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## New TRICARE Quality Monitoring Contractor

On April 1, 2011, the National Quality Monitoring Contractor changed to the TRICARE Quality Monitoring Contractor (TQMC). KePRO, the TQMC, will assist Department of Defense Health Affairs, the TRICARE Management Activity, military treatment facility market managers and the TRICARE Regional Offices by providing the government with an independent, impartial evaluation of the care provided to beneficiaries within the Military Health System. The TQMC will review care provided by TRICARE civilian providers, as well as other TRICARE contractors and subcontractors, and be involved in appeals processes. The TQMC is part of TRICARE's Quality and Utilization Peer Review Organization Program in accordance with federal law.

TQMC certifies the following types of behavioral health facilities that apply to become TRICARE-authorized providers:

- Partial hospitalization programs (freestanding only)
- Residential treatment centers
- Substance use disorder rehabilitation facilities (freestanding only)

For more information, please visit <http://tricare.kepro.com>. ■

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### TRICARE Prime

TRICARE Prime beneficiaries, except for active duty service members, may receive clinical preventive services from any network provider without referrals or prior authorizations. If a clinical preventive service is not available from a network provider, the beneficiary may receive the service from a non-network provider with a referral from his primary care manager and prior authorization from his regional contractor. TRICARE Prime beneficiaries may receive one comprehensive clinical preventive examination during each of the following age ranges: 2–4, 5–11, 12–17, 18–39 and 40–64.

### TRICARE Standard

TRICARE Standard beneficiaries may receive clinical preventive services from any TRICARE-authorized provider. Comprehensive clinical preventive examinations are covered if they are provided in connection with a visit for immunizations or exams for colon or prostate cancer.

For more information on TRICARE’s clinical preventive services, visit [www.tricare.mil](http://www.tricare.mil) or [www.humana-military.com](http://www.humana-military.com). ■

## TRICARE Office and Appointment Access Standards

TRICARE appointment access standards ensure that beneficiaries receive timely care within a reasonable distance from their homes. Emergency services must be available 24 hours a day, seven days a week. Network and military treatment facility providers must adhere to the following access standards for nonemergency care:

- Initial behavioral health care appointment with a behavioral health care provider:
  - Routine behavioral health care appointment: one week (seven days)
  - Urgent behavioral health care appointment: one day (24 hours)
- Urgent care or acute illness appointment: one day (24 hours)
- Routine care appointment: one week (seven days)
- Specialty care appointment: four weeks (28 days)
- Preventive care appointment: four weeks (28 days)

Office wait times for nonemergency care appointments shall not exceed 30 minutes, except when the provider’s normal appointment schedule is interrupted due to an emergency. If you are running behind schedule, your office should notify TRICARE patients of the cause and anticipated length of the delay, and offer to reschedule the appointment. Patients may choose to keep the scheduled appointment.

### Missed Appointments

TRICARE regulations do not prohibit providers from charging missed-appointment fees. TRICARE providers are within their rights to enforce practice standards, as stipulated in clinic policies and procedures, that require beneficiaries to sign agreements to accept financial responsibility for missed appointments. TRICARE does not reimburse beneficiaries or providers for missed appointment fees. ■

## Useful Forms for TRICARE Providers

Humana Military Healthcare Services, Inc.’s (Humana Military’s) provider portal at [www.humana-military.com](http://www.humana-military.com) includes a public section called “Tools & Resources” that contains the current *TRICARE Provider Handbook*, charts, brochures and provider newsletters, along with a number of tools that help meet your needs. The “Provider Forms” page within this section includes the most commonly requested forms in a downloadable format for your office’s use.

These forms include behavioral health referral/authorizations, case management assessments, the non-covered service waiver and cover sheets with directions for use. Humana Military reviews and updates these forms regularly and ensures that the provider handbook provides information on the most pertinent forms you may need. ■

# Provider Claims Service Updates

To save you and your practice time and money, the TRICARE South Region claims contractor, PGBA, LLC (PGBA), is taking a number of steps to simplify the claims submission process. Claims must be filed within one year of the date of service or within one year of the date of patient discharge; otherwise, reimbursement may be denied.

## Claims Initiatives

To limit multiple submissions of the same claim, PGBA is launching a program to detect duplicate electronic claims transactions before they enter the claims processing system. This feature will be available later in 2011 and will provide immediate feedback to the submitter.

## Health Insurance Portability and Accountability Act 5010

PGBA has been preparing for the Health Insurance Portability and Accountability Act of 1996 (HIPAA) X12 Version 5010 formats implementation. This effort includes supporting revised formats for eligibility (270/271), claims (837), claim status (276/277) and remittance advices (835), according to mandated effective dates from the Federal Register. PGBA currently accepts these electronic transactions in the HIPAA 4010 format.

PGBA is working to ensure readiness in advance of the Jan. 1, 2012, mandated compliance date and is on schedule to allow covered entities to submit HIPAA 5010 transactions before the end of the year.

## Electronic Transactions

In support of a paperless system, Humana Military Healthcare Services, Inc. and PGBA initiated a project to increase the use of electronic funds transfers (EFTs) and electronic remittance advices (ERAs). Since July 2010, nearly 15,000 providers have elected to use EFT, and 8,000 have signed up to receive ERAs. After electing to receive ERAs, providers registered on [www.myTRICARE.com](http://www.myTRICARE.com) can retrieve and print remittance advices. If you are interested in these options, please visit [www.myTRICARE.com](http://www.myTRICARE.com).



## Web Initiatives

Website updates at [www.myTRICARE.com](http://www.myTRICARE.com) offer improved services and new features. The updated site allows you to:

- Register instantly
- Check eligibility and claim status
- View remittance advices
- Create accounts receivable reports with dataMart
- Submit online claims with XPressClaim®

In 2011, PGBA is working to allow providers to:

- Sign up for EFT/ERA services through the Web, avoiding the time and expense of mailing or faxing applications
- Receive e-mail notifications when an EFT has been deposited
- Access and monitor recoupment activity online
- Submit corrected claims online through XPressClaim
- Register multiple Taxpayer Identification Numbers under a single myTRICARE Secure account, improving accessibility and convenience for provider billing agencies

For more information, visit [www.myTRICARE.com](http://www.myTRICARE.com) or call PGBA at 1-800-403-3950. Claims representatives are available Monday–Friday from 8 a.m.–6 p.m. ■

# TRICARE Provider News

Humana Military Healthcare Services, Inc.  
P.O. Box 740062  
Louisville, KY 40201-7462

## CONTACTS

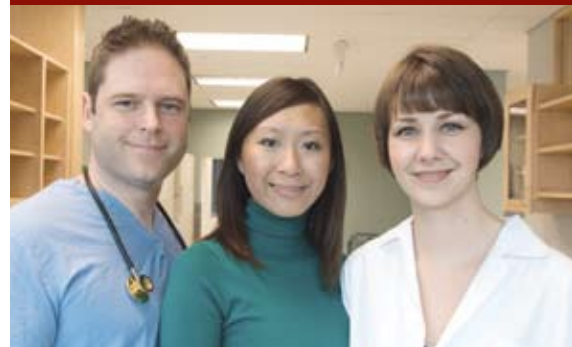
**Humana Military  
Healthcare Services, Inc.**  
www.humana-military.com  
1-800-444-5445

**Claims**  
1-800-403-3950  
www.myTRICARE.com

**Behavioral Health**  
1-800-700-8646

**Pharmacy Customer Service**  
1-877-363-1303  
www.express-scripts.com/TRICARE

**TRICARE Web Site**  
www.tricare.mil



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## Receive Your TRICARE Program Information by E-mail

**E**-mail offers a paperless method for Humana Military Healthcare Services, Inc. to communicate with you. Receiving TRICARE program information by e-mail is the faster and greener option for you and your office.

If you would like to begin receiving e-mail notices for materials and updates to the TRICARE program, please visit [www.humana-military.com](http://www.humana-military.com) and enter the "MyHMHS for Providers" secure section of the provider portal. Click on the "Update Contact Preferences" link and fill out the form shown on the right. It's quick and easy, and it means your staff will have less mail to sort through and papers to file. Signing up for e-mail delivery can help you and your staff stay informed about the latest news regarding the TRICARE program and the military families it covers. ■

The screenshot shows the "MyHMHS For Providers" interface. At the top, it says "HUMANA MILITARY HEALTHCARE SERVICES" with four stars and "MyHMHS For Providers" with a "close window" button. The main heading is "Provider Communication Preferences". The form contains the following fields and options:

- Provider Id: 111111111
- Provider Name: Humana Joe MD
- Address: Suite 111, Main Street 123, City, Illinois 55555555
- Two checkboxes:  I do not have an Email address and  I do not wish to provide my Email address
- Email Address: [text input field]
- Update Reason: [text input field]
- Last Update By: [text input field]
- Last Update: ..
- A section titled "Please choose the method you would prefer to receive each type of information for this location." with three columns:
  - Announcements:** Radio buttons for Email, US Mail, and Web Site.
  - Quarterly Newsletter:** Radio buttons for Email and US Mail.
  - Monthly Bulletin:** Radio buttons for Email and US Mail.
- Buttons for "Save" and "Cancel" at the bottom.