

TRICARE BENEFICIARY BULLETIN – MARCH 3, 2011 – 699 WORDS

LEAD MUSIC (:03)

THIS IS THE TRICARE BENEFICIARY BULLETIN, AN UPDATE ON THE LATEST NEWS TO HELP YOU MAKE THE BEST USE OF YOUR TRICARE BENEFIT. I'M AUSTIN CAMACHO. (:10)

FIRST UP: ANNEMARIE FELICIO REPORTS ON COLORECTAL CANCER SCREENING COVERAGE UNDER TRICARE.

COLORECTAL CANCER IS THE THIRD MOST COMMON CANCER AMONG MEN AND WOMEN IN THE UNITED STATES. OF CANCERS AFFECTING BOTH MEN AND WOMEN, IT IS THE SECOND LEADING CAUSE OF CANCER-RELATED DEATHS IN THE UNITED STATES, ACCORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION.

SINCE THE BEGINNING STAGES OF COLORECTAL CANCER OFTEN

HAVE NO SYMPTOMS, EARLY SCREENING CAN SAVE LIVES.

SCREENINGS CAN FIND ABNORMAL GROWTHS CALLED POLYPS THAT CAN BE REMOVED BEFORE BECOMING DANGEROUS.

FOR TRICARE PRIME AND STANDARD BENEFICIARIES, THERE ARE NO COST SHARES OR CO-PAYS FOR COLORECTAL CANCER SCREENINGS.

FOR MEDICARE-ELIGIBLE BENEFICIARIES COVERED BY TRICARE FOR LIFE, MEDICARE COVERS COLORECTAL CANCER SCREENING TESTS AND TRICARE GENERALLY PAYS THE REMAINDER OF ANY COSTS NOT PAID BY MEDICARE.

RISK FACTORS FOR COLORECTAL CANCER INCLUDE INFLAMMATORY BOWEL DISEASE, PERSONAL OR FAMILY HISTORY OF COLORECTAL CANCER OR POLYPS, AND CERTAIN GENETIC DISORDERS. SOME LIFESTYLE FACTORS MAY ALSO CONTRIBUTE TO A PERSON'S RISK, SUCH AS LACK OF PHYSICAL ACTIVITY, LOW FRUIT AND VEGETABLE INTAKE, LOW FIBER, HIGH FAT DIET, OVERWEIGHT AND OBESITY, ALCOHOL CONSUMPTION AND TOBACCO USE.

TRICARE BENEFICIARIES 50 AND OLDER SHOULD HAVE ANNUAL

FECAL OCCULT BLOOD TESTING, A PROCTOSIGMOIDOSCOPY OR SIGMOIDOSCOPY EVERY THREE TO FIVE YEARS, OR A COLONOSCOPY EVERY 10 YEARS. THOSE WITH A HIGHER RISK OF COLORECTAL CANCER SHOULD TALK TO THEIR DOCTOR ABOUT EARLIER SCREENINGS, EVEN AS YOUNG AS AGE 25.

FOR MORE INFORMATION ABOUT TRICARE'S COVERAGE OF COLORECTAL CANCER SCREENINGS, VISIT [TRICARE.MIL](http://TRICARE.MIL).

FOR TRICARE MANAGEMENT ACTIVITY, I'M ANNEMARIE FELICIO.

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TRICARE MANAGEMENT ACTIVITY RECENTLY ANNOUNCED ITS INTENT TO AWARD A CONTRACT TO HUMANA MILITARY HEALTHCARE SERVICES BASED IN LOUISVILLE, KENTUCKY, FOR HEALTH CARE SUPPORT SERVICES IN THE TRICARE SOUTH REGION. HUMANA MILITARY IS ALSO THE CURRENT CONTRACTOR.

AS A RESULT, A CONTRACT ORIGINALLY AWARDED IN JULY 2009 TO UNITEDHEALTH MILITARY & VETERANS SERVICES FOR THE SOUTH

REGION WILL BE TERMINATED FOR CONVENIENCE OF THE GOVERNMENT.

A DECISION REGARDING AN AGENCY-LEVEL PROTEST ON THE WEST REGION AWARD TO THE CURRENT CONTRACTOR, TRIWEST HEALTHCARE ALLIANCE CORP., IS STILL PENDING. THE EXISTING TRICARE CONTRACTS WILL REMAIN IN PLACE IN THE SOUTH AND WEST REGIONS UNTIL TRANSITION TO T-3 IS COMPLETE TO ENSURE CONTINUOUS CARE AND SERVICES TO ALL BENEFICIARIES.

THE TRICARE MANAGEMENT ACTIVITY ADMINISTERS THE HEALTH CARE PLAN FOR MORE THAN 9.6 MILLION MEMBERS OF THE UNIFORMED SERVICES, RETIREES AND THEIR FAMILIES WORLDWIDE. REGIONAL HEALTH CARE SUPPORT CONTRACTORS PROVIDE HEALTH, MEDICAL AND ADMINISTRATIVE SUPPORT SERVICES. THE T-3 CONTRACTS WILL ENSURE DELIVERY OF THE BEST POSSIBLE OVERALL HEALTH CARE AT THE BEST VALUE, IMPROVING CLINICAL QUALITY AND DISEASE MANAGEMENT WHILE INCENTIVIZING COST EFFICIENCIES AND EXCELLENT PERFORMANCE BY THE CONTRACTORS.

FOR ADDITIONAL INFORMATION AND UPDATES ON THE T-3  
CONTRACTS GO TO [TRICARE.MIL/T3CONTRACTS](http://TRICARE.MIL/T3CONTRACTS).

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FINALLY: LORRAINE CWIEKA REPORTS ON SUBMITTING TRICARE  
STANDARD HEALTH CARE CLAIMS.

IF YOU ARE USING TRICARE STANDARD, YOU MAY BE REQUIRED TO  
SUBMIT YOUR OWN CLAIMS. TO HELP AVOID LATE OR DENIED  
PAYMENTS, MAKE SURE YOU FOLLOW THESE HELPFUL REMINDERS.

CLAIMS SHOULD BE SUBMITTED TO THE CLAIMS PROCESSOR IN THE  
REGION **WHERE YOU LIVE**. CLAIMS MUST ALSO BE FILED WITHIN  
ONE YEAR FROM THE DATE OF SERVICE OR DATE OF INPATIENT  
DISCHARGE. TO FILE A CLAIM, YOU MUST FILL OUT *DD FORM 2642*:  
TRICARE DOD/CHAMPUS MEDICAL CLAIM—PATIENT’S REQUEST FOR  
MEDICAL PAYMENT. THIS FORM CAN BE DOWNLOADED FROM THE  
TRICARE WEBSITE AT: [TRICARE.MIL/FORMS](http://TRICARE.MIL/FORMS) OR FROM YOUR  
REGIONAL CONTRACTOR’S WEBSITE.

WHEN FILING A CLAIM, ATTACH A READABLE COPY OF THE PROVIDER'S BILL TO THE CLAIM FORM, MAKING SURE IT CONTAINS THE FOLLOWING:

- PATIENT'S NAME
- **SPONSOR'S SOCIAL SECURITY NUMBER**
- PROVIDER'S NAME AND ADDRESS
- DATE AND PLACE OF EACH SERVICE
- DESCRIPTION OF EACH SERVICE OR SUPPLY FURNISHED  
CHARGE FOR EACH SERVICE AND
- DIAGNOSIS. IF THE DIAGNOSIS IS NOT ON THE BILL, BE SURE TO COMPLETE BLOCK 8A ON THE FORM.

YOU MAY HAVE TO PAY UP FRONT FOR SERVICES IF YOU SEE A NONPARTICIPATING TRICARE-AUTHORIZED PROVIDER. IN THIS CASE, TRICARE REIMBURSES YOU FOR ITS PORTION OF THE COSTS, MINUS YOUR DEDUCTIBLE AND COST-SHARE.

ONCE YOU COMPLETE THE NECESSARY PAPERWORK, SUBMIT YOUR CLAIM TO YOUR REGIONAL CLAIMS PROCESSOR. YOU CAN ALSO CHECK THE STATUS OF YOUR CLAIM AFTER REGISTERING ONLINE WITH YOUR REGIONAL CLAIMS PROCESSOR.

REMEMBER, IF YOU VISIT A TRICARE NETWORK PROVIDER, YOU ARE USING YOUR TRICARE EXTRA BENEFIT, AND YOUR PROVIDER WILL SUBMIT THE CLAIM FOR YOU.

VISIT [TRICARE.MIL/CLAIMS](http://TRICARE.MIL/CLAIMS) FOR ADDITIONAL CLAIMS-PROCESSING INFORMATION.

FOR TRICARE MANAGEMENT ACTIVITY, I'M LORRAINE CWIEKA.

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AND THAT'S TODAY'S TRICARE BENEFICIARY BULLETIN. WE'LL HAVE MORE NEWS YOU CAN USE NEXT WEEK. (:03)

TAIL MUSIC (:03)