

TRICARE BENEFICIARY BULLETIN – NOVEMBER 3, 2011 – 644 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: LORRAINE CWIEKA REPORTS ON THE BENEFITS OF THE TRICARE PHARMACY HOME DELIVERY PROGRAM.

NEW COPAYMENTS FOR PRESCRIPTION DRUGS COVERED BY TRICARE WENT INTO EFFECT THIS PAST OCTOBER. THE NEW COPAYMENTS MAKE HOME DELIVERY AN EVEN MORE ATTRACTIVE OPTION, WITH ZERO DOLLAR COPAYS FOR A 90-DAY SUPPLY OF GENERIC FORMULARY MEDICATIONS.

HOME DELIVERY OFFERS BENEFICIARIES UP TO A 90-DAY SUPPLY OF MEDICATION AT ONE TIME, INSTEAD OF THE 30-DAY SUPPLY THEY

GET FROM A RETAIL PHARMACY. NEW COPAYMENTS FOR MEDICATIONS THROUGH HOME DELIVERY ARE \$0 FOR GENERIC DRUGS, \$9 FOR BRAND NAME DRUGS AND \$25 FOR NON-FORMULARY MEDICATIONS. COPAYMENTS AT RETAIL PHARMACIES ARE NOW \$5 FOR GENERIC DRUGS, \$12 FOR BRAND NAME AND \$25 FOR NON-FORMULARY. COSTS AT MILITARY PHARMACIES ARE STILL ZERO AND THERE IS NO PLAN TO CHANGE THIS.

DATA THROUGH AUGUST 2011 SHOWS MORE PEOPLE ARE USING HOME DELIVERY, UP 9 PERCENT THIS YEAR FROM 2010, WHILE THE NUMBER OF MAINTENANCE MEDICATIONS PURCHASED AT RETAIL PHARMACIES IN 2011 HAS ACTUALLY GONE DOWN SLIGHTLY, REVERSING A LONG-TIME TREND.

FOR MORE INFORMATION ABOUT TRICARE PHARMACY AND HOME DELIVERY, VISIT TRICARE.MIL/PHARMACY.

FOR TRICARE MANAGEMENT ACTIVITY, I'M LORRAINE CWIEKA.

IT IS ESTIMATED THAT MORE THAN 22 MILLION AMERICANS HAVE SUBSTANCE ABUSE PROBLEMS AND DEPENDENCIES. THERE ARE MANY REASONS WHY PEOPLE DEVELOP ADDICTIONS, WHICH CAN BE DIFFICULT TO OVERCOME. THE IMPACT OF THEIR SUBSTANCE ABUSE NOT ONLY AFFECTS THE USER, BUT EVERYONE AROUND THEM.

TRICARE MAY COVER SERVICES FOR THE TREATMENT OF DRUG AND ALCOHOL ABUSE OR DEPENDENCY. COVERAGE MAY INCLUDE DETOXIFICATION, REHABILITATION AND OUTPATIENT GROUP AND FAMILY THERAPY. BENEFICIARIES ARE COVERED FOR THREE SUBSTANCE USE DISORDER TREATMENT BENEFIT PERIODS IN A LIFETIME. ALL TREATMENT FOR SUBSTANCE USE DISORDERS REQUIRES PRIOR AUTHORIZATION FROM REGIONAL CONTRACTORS, WITH THE EXCEPTION OF EMERGENCY AND INPATIENT HOSPITAL SERVICES THAT ARE CONSIDERED MEDICALLY NECESSARY.

BEYOND REHABILITATION, TRICARE OFFERS SEVERAL PROGRAMS DEDICATED TO EFFECTIVELY REACHING BENEFICIARIES WHO SUFFER FROM DRUG OR ALCOHOL DEPENDENCY. THE TRICARE ALCOHOL AWARENESS SITE HAS INFORMATION ON ALCOHOL ABUSE

AND RESOURCES FOR GETTING HELP. INTERESTED BENEFICIARIES CAN LOG ON AT TRICARE.MIL/ALCOHOLAWARENESS.

THE DEFENSE DEPARTMENT'S "THAT GUY" CAMPAIGN PROMOTES ALCOHOL ABUSE AWARENESS AND RESPONSIBLE DRINKING. THE SOCIAL MARKETING INITIATIVE TARGETS SERVICE MEMBERS 18-24 YEARS OLD AND HIGHLIGHTS THE EMBARRASSING SOCIAL CONSEQUENCES OF DRUNKENNESS AND ALCOHOL ABUSE. SERVICE MEMBERS CAN LEARN MORE BY VISITING THATGUY.COM.

IF A BENEFICIARY OR SOMEONE THEY KNOW IS SUFFERING FROM ADDICTION OR SUBSTANCE ABUSE PROBLEMS, THEY ARE URGED TO SEEK HELP AND TAKE ADVANTAGE OF THE RESOURCES TRICARE HAS AVAILABLE FOR TREATMENT AND SUPPORT.

FOR MORE INFORMATION ON SUBSTANCE ABUSE PLEASE VISIT TRICARE.MIL/SUBSTANCEUSEDISORDERS.

FINALLY: ANNEMARIE FELICIO REPORTS ON AVOIDING CLAIMS PAYMENT ISSUES FOR TRICARE STANDARD BENEFICIARIES.

IF YOU ARE A TRICARE STANDARD BENEFICIAIRY, YOU MAY BE REQUIRED TO SUBMIT YOUR OWN CLAIMS. IF SUBMITTING YOUR OWN CLAIMS, YOU SHOULD TAKE THE FOLLOWING STEPS TO HELP AVOID LATE OR DENIED PAYMENTS.

HEALTH CARE CLAIMS SHOULD BE SUBMITTED TO THE CLAIMS PROCESSOR IN THE REGION **WHERE YOU LIVE**. CLAIMS MUST BE FILED WITHIN ONE YEAR FROM THE DATE OF SERVICE OR DATE OF INPATIENT DISCHARGE. TO FILE A CLAIM, YOU MUST FILL OUT A DD FORM 2642 — *TRICARE DOD/CHAMPUS MEDICAL CLAIM—PATIENT’S REQUEST FOR MEDICAL PAYMENT* FORM. YOU CAN DOWNLOAD FORMS AND INSTRUCTIONS FROM THE TRICARE WEBSITE AT TRICARE.MIL/CLAIMS.

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—(IF MORE THAN ONE PROVIDER NAME IS ON THE BILL, CIRCLE THE NAME OF THE PERSON WHO PROVIDED THE SERVICE;
- 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.

FOR TRICARE MANAGEMENT ACTIVITY, I'M ANNEMARIE FELICIO.

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

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