

TRICARE BENEFICIARY BULLETIN – FEBRUARY 4, 2010 – 725

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: ANNMARIE FELICIO ANNOUNCES THE RELEASE OF THE UPDATED TRICARE STANDARD HANDBOOK

HOT OFF THE PRESS AND FILLED WITH HELPFUL TIPS AND INFORMATION, THE LATEST TRICARE STANDARD HANDBOOK IS NOW AVAILABLE TO ALL TRICARE STANDARD BENEFICIARIES.

THE HANDBOOK INCLUDES INFORMATION ON ACCESSING ROUTINE, URGENT AND EMERGENCY CARE, AS WELL AS TRICARE'S PRIOR AUTHORIZATION AND REFERRAL REQUIREMENTS. ALSO PROVIDED ARE SECTIONS ON WHAT'S

COVERED UNDER TRICARE STANDARD'S HEALTH AND PHARMACY BENEFITS, AND HOW TO COORDINATE TRICARE WITH OTHER HEALTH INSURANCE. INFORMATION ON CLAIMS, APPEALS, GRIEVANCES, REPORTING FRAUD AND ABUSE AND MUCH MORE CAN ALSO BE FOUND IN THE TRICARE STANDARD HANDBOOK.

TRICARE STANDARD AND TRICARE EXTRA ARE AVAILABLE TO FAMILY MEMBERS OF ACTIVE DUTY SERVICE MEMBERS, RETIRED SERVICE MEMBERS AND THEIR FAMILIES AND OTHERS INCLUDING THOSE WHO PURCHASE TRICARE RESERVE SELECT. WITH TRICARE STANDARD, BENEFICIARIES MANAGE THEIR OWN HEALTH CARE AND HAVE THE FREEDOM TO SEEK CARE FROM ANY TRICARE-AUTHORIZED PROVIDER. TRICARE EXTRA PROVIDES DISCOUNTED COST-SHARES FOR SEEKING CARE FROM NETWORK PROVIDERS.

THE TRICARE STANDARD HANDBOOK IS AVAILABLE NOW AT TRICARE.MIL/STANDARDHANDBOOK.

YOU CAN ALSO STAY CURRENT ON YOUR HEALTH BENEFITS BY SIGNING UP FOR E-MAIL UPDATES. TO HAVE THE LATEST TRICARE NEWS DELIVERED STRAIGHT TO YOUR E-MAIL INBOX, VISIT TRICARE.MIL/SUBSCRIPTIONS AND SIGN UP FOR TRICARE E-MAIL UPDATES.

FOR TRICARE MANAGEMENT ACTIVITY, I'M ANNMARIE FELICIO .

NEXT UP, LORRAINE CWIEKA REPORTS ON REFERRALS AND PRIOR AUTHORIZATIONS — WHAT ARE THEY? AND WHEN ARE THEY NEEDED?

WHILE TRICARE STANDARD AND TRICARE RESERVE SELECT DO NOT REQUIRE REFERRALS FROM A PRIMARY CARE MANAGER, THERE ARE SOME SERVICES THAT MAY REQUIRE PRIOR AUTHORIZATION.

IT IS IMPORTANT FOR ALL TRICARE BENEFICIARIES TO KNOW WHAT REFERRALS AND AUTHORIZATIONS ARE AND WHEN THEY ARE NEEDED.

SO, WHAT IS A REFERRAL? A REFERRAL IS A RECOMMENDATION FROM A DOCTOR TO SEE ANOTHER HEALTH CARE PROVIDER FOR SERVICES THAT THE DOCTOR CANNOT PROVIDE. WITH TRICARE STANDARD AND TRICARE RESERVE SELECT, YOU MAY SEE ANY TRICARE-AUTHORIZED PROVIDER AT ANY TIME FOR ROUTINE, URGENT, EMERGENCY OR SPECIALTY CARE WITHOUT A REFERRAL FROM YOUR FAMILY DOCTOR.

AND WHAT IS PRIOR AUTHORIZATION? PRIOR AUTHORIZATION OCCURS WHEN A SERVICE OR PROCEDURE IS REVIEWED TO DETERMINE WHETHER IT IS MEDICALLY NECESSARY AT THE REQUESTED LEVEL OF CARE. YOUR PROVIDER MUST CONTACT YOUR REGIONAL CONTRACTOR TO OBTAIN PRIOR AUTHORIZATION FOR YOU. PRIOR AUTHORIZATIONS MUST BE OBTAINED **BEFORE** SERVICES ARE RENDERED OR WITHIN 24 HOURS OR ON THE BUSINESS DAY FOLLOWING AN EMERGENCY ADMISSION. VISIT YOUR REGIONAL CONTRACTOR'S WEB SITE TO FIND OUT IF A PROCEDURE OR SERVICE REQUIRES PRIOR AUTHORIZATION.

SERVICES SUCH AS ADJUNCTIVE DENTAL SERVICES, HOME HEALTH SERVICES, HOSPICE CARE, AND NONEMERGENCY INPATIENT BEHAVIORAL HEALTH CARE ALWAYS REQUIRE PRIOR AUTHORIZATION.

WHEN GRANTED, PRIOR AUTHORIZATIONS SPECIFY BEGINNING AND ENDING DATES FOR COVERED CARE. ALL AUTHORIZED CARE MUST BE RECEIVED WITHIN THE SPECIFIED TIME FRAME. IF FURTHER CARE IS NEEDED, YOUR PROVIDER MUST OBTAIN A NEW AUTHORIZATION. BEHAVIORAL HEALTH CARE AUTHORIZATIONS WILL ALSO SPECIFY A CERTAIN NUMBER OF VISITS.

VISIT TRICARE.MIL/MYBENEFIT FOR ADDITIONAL INFORMATION ON REFERRALS AND AUTHORIZATIONS.

FOR TRICARE MANAGEMENT ACTIVITY, I'M LORRAINE CWIEKA.

AND FINALLY, USING TRICARE WITH OTHER HEALTH
INSURANCE

FOR BOTH MEDICAL AND PHARMACY CLAIMS, TRICARE IS THE
SECONDARY PAYER TO ALL HEALTH BENEFITS AND INSURANCE
PLANS EXCEPT FOR MEDICAID, TRICARE SUPPLEMENTS, THE
INDIAN HEALTH SERVICE AND A FEW OTHER HEALTH
PROGRAMS.

IF YOU HAVE OTHER HEALTH INSURANCE, OR OHI, LET YOUR
REGIONAL CONTRACTOR AND HEALTH CARE PROVIDERS KNOW
SO THEY CAN HELP YOU COORDINATE YOUR BENEFITS AND
ENSURE TIMELY REIMBURSEMENT.

BE SURE TO FILE CLAIMS WITH YOUR OHI FIRST. IF THE OHI
DOES NOT COVER THE FULL COST, YOU CAN THEN FILE A CLAIM
WITH TRICARE. TRICARE ISSUES REIMBURSEMENTS BASED ON
PROVIDER STATUS, SO IT WILL NOT NECESSARILY COVER ALL
OF THE REMAINING COST. FOR ADDITIONAL INFORMATION ON
TRICARE COST-SHARES, VISIT TRICARE.MIL/COSTS.

IF YOU ARE ENROLLED IN AN HMO OR ANOTHER SIMILARLY MANAGED PLAN, YOUR HEALTH CARE PROVIDER WORKS DIRECTLY WITH THE HMO, AND YOU MIGHT ONLY RECEIVE A COPAYMENT RECEIPT. IN THESE CASES, YOU CAN SUBMIT A TRICARE MEDICAL CLAIM FORM TO TRICARE ALONG WITH A COPY OF THE RECEIPT. DEDUCTIBLES AND COST-SHARES APPLY, AND TRICARE MAY ONLY PARTIALLY REIMBURSE YOUR HMO COPAYMENT.

TO REDUCE PHARMACY COSTS, YOUR BEST OPTION IS TO USE A TRICARE RETAIL NETWORK PHARMACY THAT IS ALSO COVERED BY YOUR OHI. AFTER THE OHI PAYS, TRICARE MAY REIMBURSE YOU FOR PART OR ALL OF YOUR OUT-OF-POCKET COSTS, INCLUDING COPAYMENTS. FOR MORE INFORMATION ABOUT PHARMACY CLAIMS VISIT [EXPRESS-SCRIPTS.COM/TRICARE](https://www.express-scripts.com/tricare) .

FINALLY, IT IS IMPORTANT TO FOLLOW ALL OF YOUR OHI'S REQUIREMENTS AND RULES. IF YOUR OHI DENIES A CLAIM FOR FAILURE TO FOLLOW ITS RULES, SUCH AS OBTAINING CARE

WITHOUT AUTHORIZATION OR USING A PROVIDER WHO IS NOT
AUTHORIZED BY YOUR OHI, TRICARE MAY ALSO DENY YOUR
CLAIM.

FOR TRICARE MANAGEMENT ACTIVITY, I'M AUSTIN CAMACHO.

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

TAIL MUSIC (:03)