

Lesson Objectives

Welcome to Lesson 9: TRICARE & Medicare

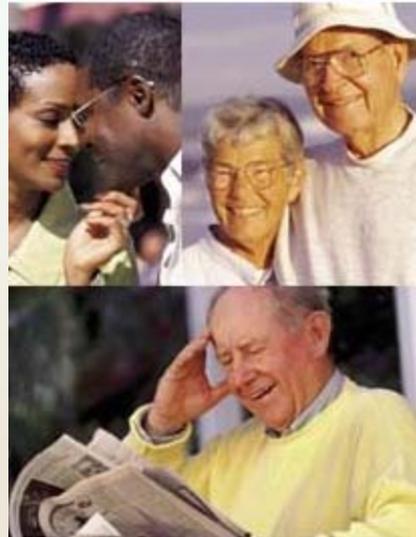
After this lesson, you should be able to:

- Explain how TRICARE and Medicare payments work
- State what TRICARE for Life is and who is eligible for it
- Recall how to enroll in Medicare Part B
- Explain the interaction between TRICARE for Life and Other Health Insurance



What is TRICARE for Life (TFL)

- TFL is a plan that offers Medicare wrap-around coverage.
- TFL acts as a secondary payer to Medicare minimizing the beneficiary's out-of-pocket expenses (similar to a Medicare supplement).



TRICARE for Life (TFL) Eligibility

- TRICARE for Life is for TRICARE beneficiaries entitled to Medicare, regardless of their age and where they live.
- Care in military treatment facilities is based on space availability as a TFL beneficiary.
- Medicare-TRICARE beneficiaries of any age with an active duty sponsor may enroll in TRICARE Prime if available in their area.
- Some TFL beneficiaries may enroll in TRICARE Plus; a plan that has no enrollment fee or premium.



Medicare

- Medicare is a health insurance program for the following:
 - People age 65 or older
 - People under age 65 with certain disabilities
 - People (of any age) with end-stage renal disease or amyotrophic lateral sclerosis (ALS)



Medicare Basics

Part A	Part B	Part C	Part D
Hospital Insurance	Medical Insurance	Medicare Advantage Plan	Prescription Drug Coverage
<ul style="list-style-type: none">• Inpatient hospital care• Skilled nursing care• Home health care• Hospice care	<ul style="list-style-type: none">• Doctors' services and outpatient care• Preventive services• Diagnostic tests• Some therapies• Durable medical equipment	<ul style="list-style-type: none">• Combines Part A, Part B, and, sometimes, Part D• Coverage managed by private insurance companies approved by Medicare.	<ul style="list-style-type: none">• Outpatient prescription drugs

Medicare Part B

- Under Federal law, TRICARE beneficiaries entitled to Medicare must enroll and pay the monthly Medicare Part B premium to remain eligible.
- Medicare-entitled active duty service members (ADSMs) aren't required to purchase Part B until they retire, but should do so anyway to avoid the Medicare premium surcharge for late enrollment when they come off active duty.
- Medicare-entitled active duty family members (ADFMs) aren't required to purchase Part B until their active duty sponsor retires.
- If beneficiaries do not enroll, disenroll or stop paying their monthly premium for Part B, they lose their TRICARE benefits and claims will be denied.



Medicare Part B Enrollment Periods

- There are three enrollment periods for Medicare Part B:
 - **Initial Enrollment Period:** Seven month period that begins three months before the month the beneficiary is first eligible for Medicare Part B.
 - **General Enrollment Period:** January 1 – March 31 of each year.
 - **Special Enrollment Period:** For individuals who delay enrolling in Medicare Part B because they have group health plan coverage based on their or their spouse's current employment.



Defense Enrollment Eligibility Reporting System (DEERS)

- TFL beneficiaries information should be current in DEERS to include their Medicare status and they must possess a valid Uniformed Services ID.
- Beneficiaries may show the ID care facility their Medicare card to establish their Medicare status; verification is then done at the Medicare and TRICARE level.
- DEERS automatically notifies TRICARE beneficiaries within 90 days of their 65th birthday that their health care benefits are about to change.



How TRICARE works with Medicare

- Medicare will pay its portion for Medicare-covered services.
- Medicare will then forward the claim to TRICARE for processing.
- If a beneficiary has other health insurance (OHI), his or her claim won't automatically cross over to TRICARE.
 - **Medicare will pay for the Medicare-covered services and then forward the claim to the OHI and the beneficiary will need to file a claim with TRICARE once he or she receives his or her Medicare Summary Notice and his or her OHI explanation of benefits (OHI).**



Services covered by Medicare, TRICARE and OHI

	Services covered by Medicare, TRICARE and OHI	Services covered by Medicare and OHI but not by TRICARE	Services covered by TRICARE and OHI but not by Medicare	Services not covered by either Medicare or TRICARE, but OHI
Medicare	Pays first	Pays first and beneficiary pays for any cost share or deductibles	Doesn't pay	Doesn't pay
Other Health Insurance (OHI)	Pays second	Pays second and beneficiary pays for any cost shares or deductibles	Pays first	Pays first and beneficiary is responsible for any cost shares or deductibles
TRICARE	Pays last, normally paying the actual of pocket costs incurred by the beneficiary	Doesn't pay	Pays second and beneficiary is responsible for cost shares and deductibles	



TRICARE For Life (TFL) Overseas

- TFL eligible beneficiaries are entitled to TRICARE benefits no matter where they reside.
- Medicare is not available to overseas beneficiaries; making TRICARE the primary payer.
- Medicare doesn't cover care received overseas, except for in US Territories (Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa).
- Even though Medicare doesn't provide coverage overseas, beneficiaries must still purchase part B to receive benefits under TFL.
- Beneficiaries file their own claims
(<http://www.tricare.mil/overseas/index.cfm>)



Skilled Nursing Facility (SNF) Care

- Skilled Nursing Facility (SNF) care is covered under Medicare and TRICARE.
- Upon exhaustion of Medicare benefits, TRICARE becomes the primary payer.
- SNFs must receive TRICARE authorization for TRICARE to become the primary payer.
- Beneficiaries must seek SNFs that are Medicare/TRICARE authorized.
- The beneficiary pays for non-covered services.



Skilled Nursing Facility continued

- TFL covers SNF care if:
 - **The SNF is Medicare-certified as a skilled facility and enters into a participation agreement with TRICARE.**
 - **The beneficiary stayed in a hospital for three qualifying (medically necessary) consecutive days and the SNF admitted him/her within 30 days of his/her discharge from the hospital.**
 - **The SNF provides skilled nursing and rehabilitative therapies at least five days.**
 - **The SNF staff performs assessments of the patients' needs to ensure they are receiving sufficient medically necessary, skilled services to meet Medicare/TRICARE requirements for SNF coverage.**



Long Term Care

- Long term care refers to a variety of services that help people with health or personal needs and activities of daily living over a period of time.
- Medicare and TRICARE do not cover long-term care, no matter where the beneficiary receives the care.
- Examples of long term care include:
 - **Bathing**
 - **Dressing**
 - **Cooking**
 - **Feeding**
 - **Using the bathroom**



Summary

Congratulations, you've finished

Lesson 9: TRICARE For Life!

You should now be able to:

- Recognize who is eligible for TRICARE For Life
- Understand Medicare Part B enrollment requirements
- Explain how TRICARE and Medicare payments work
- Describe how TRICARE For Life works overseas
- Understand the differences between Skilled Nursing Facilities and Long-Term Care

