

New provider orientation

May 2020

Humana
Military

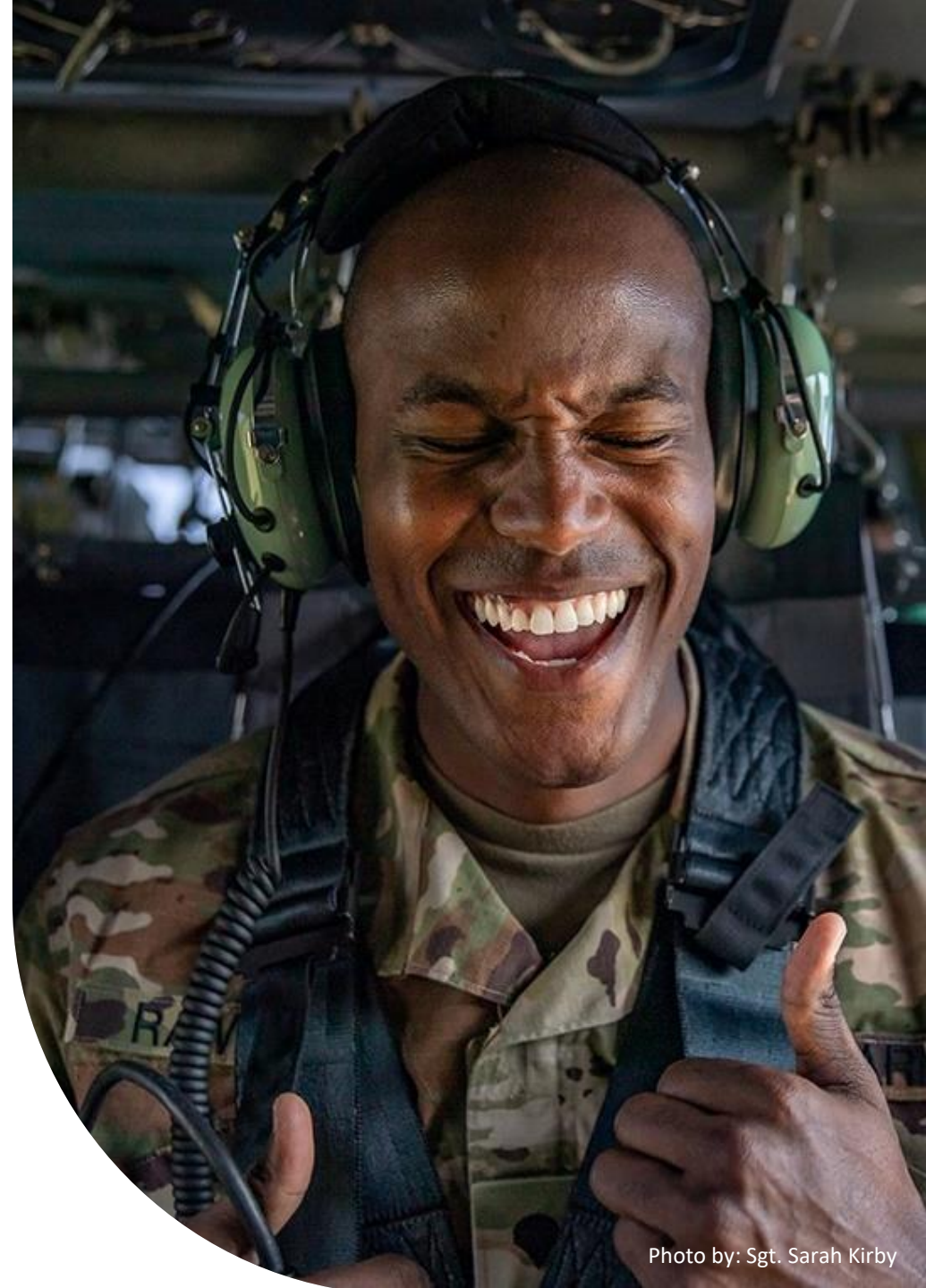


Photo by: Sgt. Sarah Kirby

Welcome

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What is TRICARE

Department of Defense's (DoD) healthcare program:

- Army
- Navy
- Air Force
- Marine Corps
- Coast Guard
- PHSCC
- NOAA Corps

TRICARE-eligible beneficiaries:

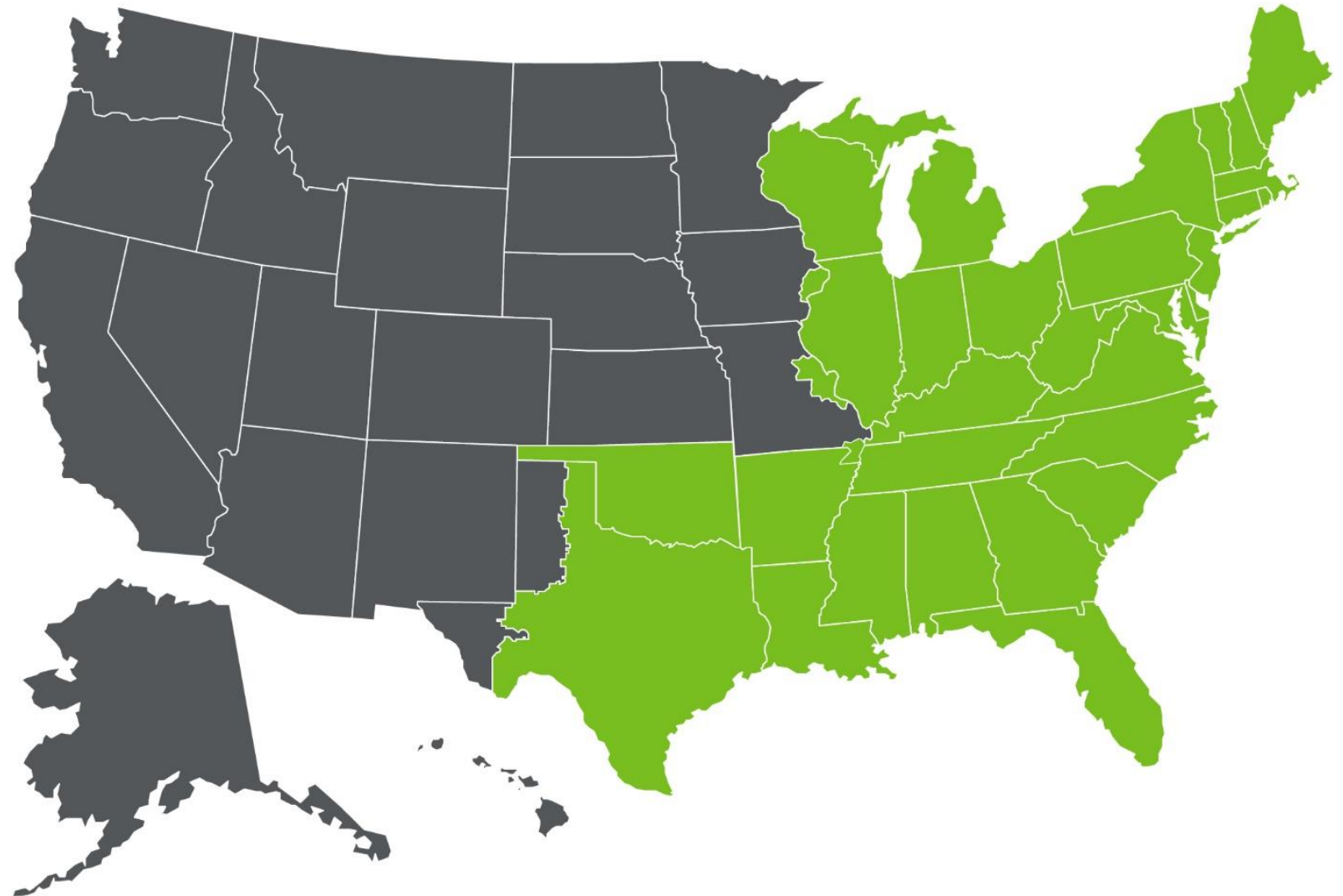
- Active Duty Service Members (ADSM) and families
- Retired service members
- National Guard and Reserve members
- Survivors
- Certain former spouses

TRICARE regions

TRICARE brings together military and civilian healthcare professionals and resources to provide high-quality healthcare services.

| East Region

| West Region



East Region

District of Columbia

Alabama

Arkansas

Connecticut

Delaware

Florida

Georgia

Illinois

Indiana

Iowa (Rock Island Arsenal area only)

Kentucky

Louisiana

Maine

Maryland

Massachusetts

Michigan

Mississippi

Missouri (St. Louis area only)

New Hampshire

New Jersey

New York

North Carolina

Ohio

Oklahoma

Pennsylvania

Rhode Island

South Carolina

Tennessee

Texas

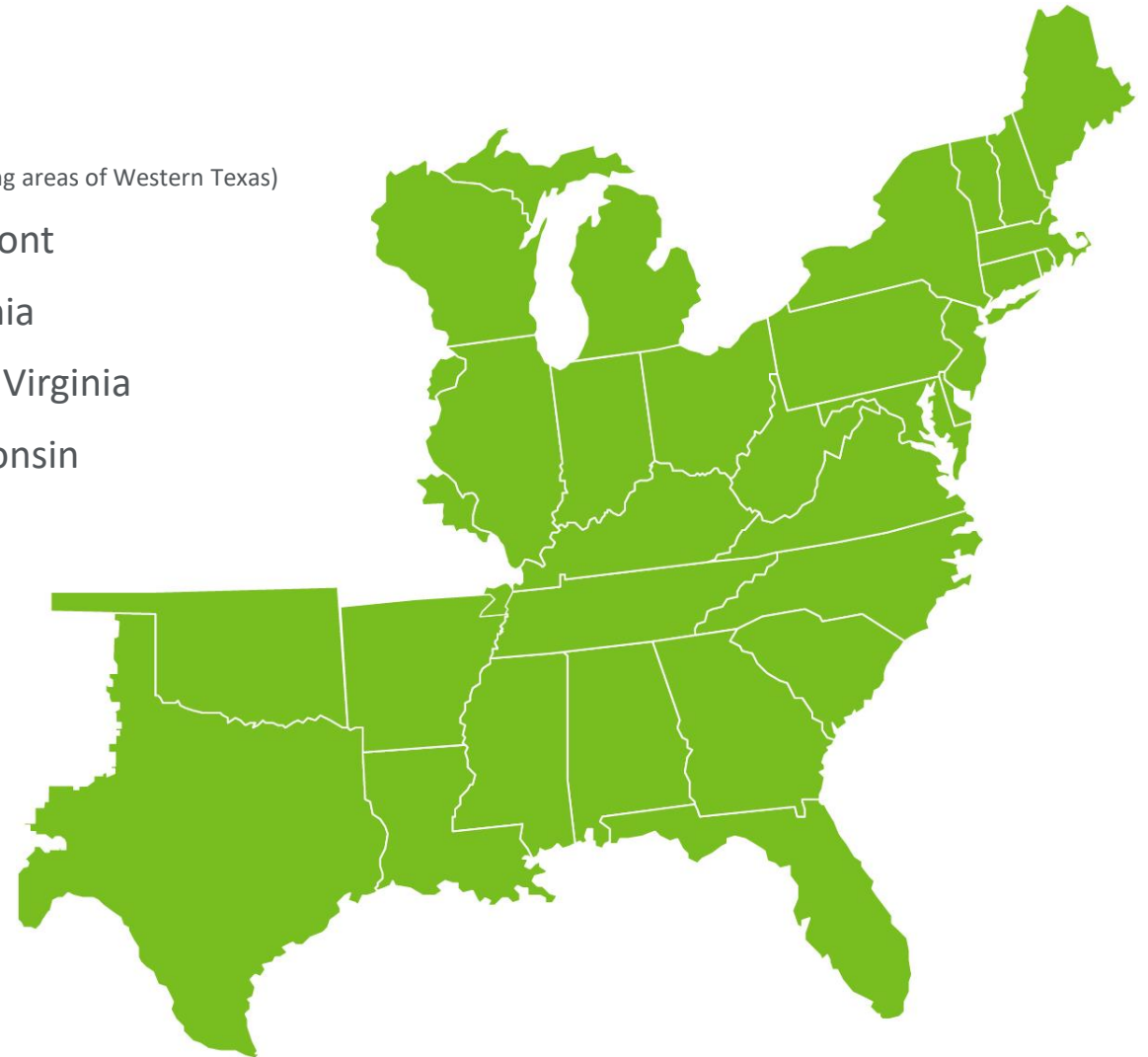
(excluding areas of Western Texas)

Vermont

Virginia

West Virginia

Wisconsin





Claims subcontractor

Wisconsin Physicians Service (WPS):

- Wisconsin's leading not-for-profit health insurer. Administers Part A and B Medicare benefits. Serves members active in the US military, Veterans and their families.



TRICARE policy resources and manuals

The Defense Health Agency (DHA) provides guidance for administering TRICARE-related laws:

- TRICARE Policy Manual
- TRICARE Operations Manual
- TRICARE Reimbursement Manual
- manuals.tricare.osd.mil



HumanaMilitary.com

Interactive services that assists working with TRICARE:

- TRICARE programs and coverage
- Access forms and tutorials
- Billing guidelines
- Find a provider tool
- Provider self-service (secure self-service portal)
- And more



Provider self-service

24/7 access with the following abilities:

- Verify beneficiary eligibility, benefits, claims, referrals and pharmacy data
- Create and update referral/authorization requests
- Check claim status
- Submit claims electronically
- Review remittances
- Manage profile, view credentialing status and look up codes

Find assistance with TRICARE certification, Electronic Media Claims (EMC) submissions, Electronic Funds Transfer (EFT), Electronic Remittance Advices (ERA) (online or streaming) and claim history

TRICARE eligibility



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Military identification cards

- Active Duty Service Members (ADSM), family members over age 10, retirees and family members will have one of the two valid military ID cards
- Patients present valid military ID or letter of eligibility
- Check expiration date and make a copy of both sides of the ID card for beneficiary files
- ID card may not be proof of active eligibility (always verify and update your record regularly)

Military ID examples





Verifying eligibility

Military ID card is presented at time of service for verification. Providers may verify in one of the following ways:

- **Provider self-service on HumanaMilitary.com:** Check patient eligibility, current status, TRICARE copay, cost-share, OHI and catastrophic cap
- **Interactive Voice Response (IVR) line (800) 444-5445:** Access the provider main menu, press 2 and follow the prompts for eligibility and benefits



Military identification cards: Claims info

TRICARE cannot accept or cross-walk 10-digit number in Member ID field.

Numbers containing dashes generate errors.

ID numbers you may encounter:

- **Sponsor SSN:** Nine-digits, no longer on IDs and acceptable for claims
- **DoD ID number:** 10-digit, front of IDs and not acceptable for claims
- **DBN:** 11-digit, back of some newer IDs and acceptable for claims (do not include any dashes.)

TRICARE program options



Photo by: Sgt. Sarah Kirby

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- 02 | TRICARE Prime
- 03 | TRICARE Select
- 04 | TRICARE Young Adult (TYA)
- 05 | TRICARE For Life (TFL)
- 06 | TRICARE Pharmacy



Introduction to TRICARE programs

Eligible beneficiaries:

- Medical and behavioral health benefits
- Pharmacy and dental benefits

Uniformed services ID cards or
Common Access Cards (CAC)

Different program options depending
on status and location



TRICARE Prime coverage options

TRICARE Prime

TRICARE Prime Remote

TRICARE Prime Remote for Active Duty Family Members (ADFM)

- Active Duty Service Members (ADSM) not assigned for care at a military hospital or clinic under the Supplemental Healthcare Program (SHCP) are enrolled into one of the TRICARE Prime options
- ADFMs, retirees and their families, and others may choose to enroll in TRICARE Prime or use TRICARE Select

TRICARE Prime coverage options

TRICARE Prime

- A managed care option available in TRICARE Prime Service Areas (PSA). A PSA is a geographic area where TRICARE Prime enrollment is offered. It is typically an area around a military treatment facility.

TRICARE Prime Remote (TPR) and TRICARE Prime Remote Active Duty Family Member (TPRADFM)

- Provide TRICARE Prime coverage to ADSMs and the family members who live with them in remote areas not geographically situated within driving distance of a military treatment facility.

TRICARE Prime Point-Of-Service (POS) option

- Allows non-ADSMs enrolled in TRICARE Prime, TPR or TPRADFM to seek non-emergency healthcare services from any TRICARE-authorized provider without referrals.

ADSMs

- May not use the POS option and must always obtain referrals and/or authorization for civilian care.



TRICARE Select

- TRICARE Select
- Involves cost-shares and deductibles
- Can use network providers for lower out-of-pocket costs
- No Primary Care Managers (PCM) (may self-refer to TRICARE network/non-network authorized providers)
- Humana Military prior authorization for certain services (refer to the prior authorization list)
- No drawbacks for network providers (claims filed same as TRICARE Prime beneficiaries)

TRICARE for the National Guard and Reserve

TRICARE Reserve Select (TRS):

- Selected Reserve of the Ready Reserve members may qualify to purchase premium-based health plan. Comprehensive healthcare coverage and patient cost-shares/deductibles similar to TRICARE Select.

TRICARE Retired Reserve (TRR):

- Retired Reserve members may qualify to purchase premium-based health plan. Comprehensive healthcare coverage and patient cost-shares/deductibles similar to TRICARE Select.

Line-Of-Duty (LOD):

- Care determined by military service. Duty status injury, illness or disease incurred/aggravated by National Guard or Reserve member. Member's service determines eligibility (written authorization is received specifying LOD condition and terms of coverage).



TRICARE Young Adult (TYA) program

Qualified dependents may purchase premium-based healthcare plan:

- **Qualified adult children:** Eligibility established by uniformed services sponsor and location.
- Medical and pharmacy benefits included (dental coverage excluded)
- Special eligibility conditions may exist.



TRICARE For Life (TFL)

Medicare-wraparound coverage
(comprehensive healthcare coverage):

- Care from any Medicare-participating provider, military hospitals and clinics (space-available basis) or from VA facilities (if eligible)
- TFL eligibility
Wisconsin Physicians Service
(866) 773-0404
- Medicare status
Social Security Administration (SSA)
(800) 772-1213



TRICARE pharmacy program

All TRICARE beneficiaries are eligible. Written prescriptions and valid uniformed services ID cards or Common Access Cards (CAC) needed to fill prescriptions.

- Express Scripts prior authorization for some medications
- Prior authorization medication list and forms pec.ha.osd.mil/formulary_search.php
- Military pharmacies may follow different procedures
For assistance: (877) 363-1303

TRICARE claims: Provider information



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- 02 | Claims processing standards
- 03 | TRICARE and Other Health Insurance (OHI)



Who is the East Region claims processor?

- Wisconsin Physicians Service (WPS) is Humana Military's partner for claims processing in the TRICARE East Region.
- Check claim status quickly and easily by using the secure provider self-service on our website at **HumanaMilitary.com**
- Visit **HumanaMilitary.com** provider education on claims for resources and tips to help facilitate accurate claims processing.



Claims processing standards

File claims electronically with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)-compliant.

Use these HIPAA standard electronic claims formats:

- **ASC X12N 837—Health Care Claim:**
Professional, Version 5010 and Errata
- **ASC X12N 837—Health Care Claim:**
Institutional, Version 5010 and Errata

WPS' TRICARE Electronic Data Interchange (EDI) help desk: (800) 782-2680, menu option 1.



TRICARE and Other Health Insurance (OHI)

- Secondary payer to all health benefits and insurance plans, except: Medicaid, the Indian Health Service and other programs or plans as identified by DHA.
- Ask if the beneficiary has OHI and verify coverage/TRICARE status regularly.
- Always file claims with OHI, even if the OHI benefits are exhausted in order to obtain a statement. If OHI has expired, then TRICARE becomes the primary payer and additional referral/prior authorization requirements may apply.



Additional resources

Register for upcoming webinars:

- [Humanamilitary.com/provider/education-and-resources/quick-access/webinars](https://www.humanamilitary.com/provider/education-and-resources/quick-access/webinars)

Provider handbook:

- [docushare-web.apps.cf.humana.com/Marketing/docushare-app?file=3828890](https://web.apps.cf.humana.com/Marketing/docushare-app?file=3828890)

Thank you

