



# TRICARE provider news

Up-to-the-minute information for  
TRICARE® providers in the East Region

ISSUE #1 | 2024

## Enhanced specialty drug benefits and lower costs for TRICARE beneficiaries



Active Duty Service Members (ADSM), military retirees and their families have earned the highest quality pharmacy care. To enhance the delivery of specialty services, the Department of Defense (DoD) is expanding TRICARE Home Delivery, which includes specialty pharmacy services provided by Accredo, a nationally accredited specialty pharmacy.

Beginning March 1, 2024, TRICARE beneficiaries who take specialty medications will gain access to expanded specialty pharmacy services at no additional cost beyond the TRICARE cost-share. In addition, some beneficiaries will benefit from lower mail-order copays for certain medications. Expanded specialty pharmacy services include:

- 24/7 beneficiary access to pharmacists, nurses and clinicians who are trained to provide personalized clinical care to patients.
- Individualized support from Accredo's Therapeutic Resource Centers (TRC), comprised of dedicated staff who specialize in different health conditions, including:
  - Advanced pulmonary conditions
  - Asthma and allergy

- Blood disorders
- Cystic Fibrosis
- Endocrine disorders
- Fertility
- Hepatology
- Immune and complex conditions
- Neurology and Multiple Sclerosis
- Oncology
- Rare diseases and gene therapy
- Rheumatoid arthritis and inflammatory conditions
- Lower mail order copayments and up to 90-day refills for TRICARE-defined specialty drugs when beneficiaries choose TRICARE Home Delivery.
- Access to social workers, patient care advocates and dietitians who can provide holistic support to patients navigating specialty conditions.
- Convenient new digital tools and apps that allow beneficiaries to customize their care when and how they need it, including order tracking and online payments, selecting specific delivery dates, refills by text and dose reminders.

## Healthcare fraud and abuse drains TRICARE resources

Healthcare fraud is not a victimless crime. Humana Military works diligently to protect taxpayer dollars from being depleted by healthcare fraud and abuse.

Our program integrity team proactively reviews billed claims to identify outliers, and tips are received through the watchful eyes of the TRICARE community.

Providers should avoid billing practices that are considered fraudulent or abusive. Some examples are:

- Billing for services, supplies or equipment not rendered
- Misrepresenting the dates of service, the provider and/or the location of the service
- Billing excessive units
- Reporting an incorrect diagnosis or procedure code
- Billing for a non-covered services
- Waiving beneficiary deductibles and/or copayments
- Overutilization of services
- Billing for medically unnecessary services
- Charging a beneficiary more than their cost-share
- Duplicate billings
- Kickbacks and bribery
- Conflict of interests



Healthcare fraud is not a victimless crime, and our providers are essential partners in fighting these abuses. Please let us know of any fraud suspicions at (800) 333-1620.

## Referral policy update

Beginning December 18, 2023, to obtain basic referral details, providers must use provider self-service or the automated IVR function by calling (800) 444-5445.

Any referral issues or questions not related to basic referral details will be performed via the call center as normal. Information includes details available in self-service like effective dates, number of visits, referral status, expiration dates and type of service.

- For more information, view the [Provider FAQs](#).
- Register for a [provider self-service account](#).

## Referrals and authorizations are going digital!



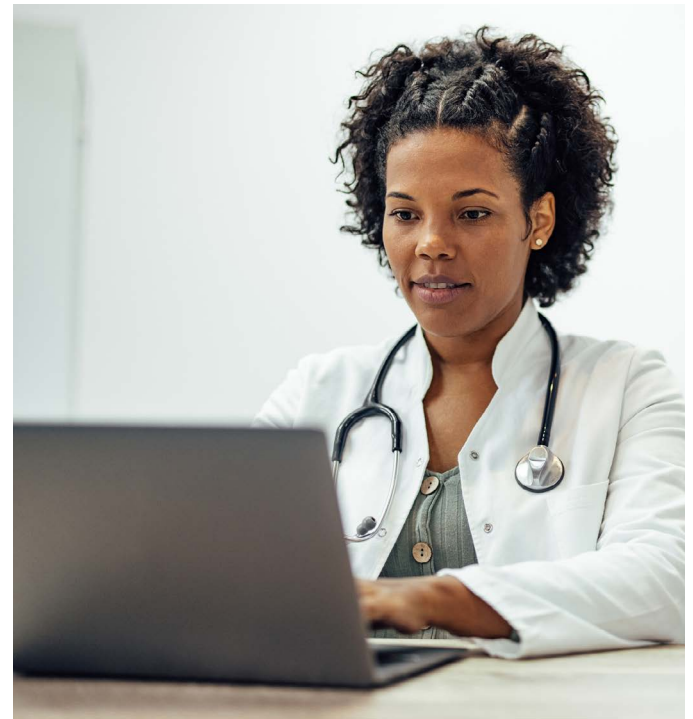
Humana Military is preparing to move all referrals and authorizations to electronic submissions in 2024. Providers should adjust their referral/authorization process now to prepare for this change. Through [provider self-service](#), you can submit multiple documents for new and existing referrals and authorizations.

If you are not currently using electronic submissions, are unable to access provider self-service or have barriers when attempting to use electronic submissions for your referrals or authorizations, please fill out [this survey](#) to let us know how we can help you.

If you need a self-service account to begin submitting online you can [create one](#) today! For those providers who are already submitting referrals and authorizations through provider self-service- thank you!

For more information, visit:

- [Referrals and authorizations](#)
- [Referral/authorization demonstration](#)
- [FAQs](#)



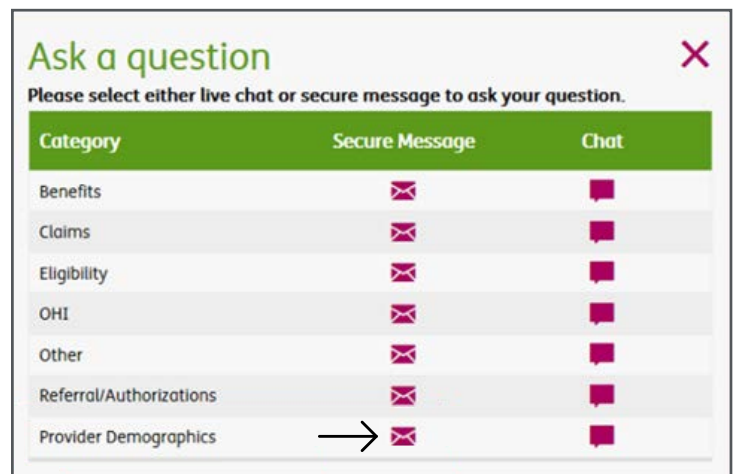
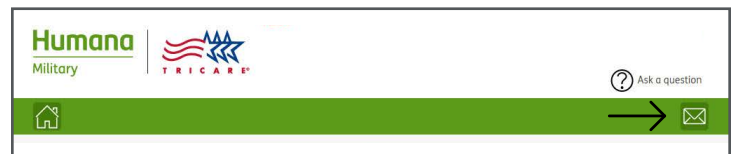


## How to reach your TRICARE Community Liaison (TCL)

TCLs handle multiple issues such as:

- Contracting and credentialing questions for certified providers
- Provider demographic updates for network providers
- Questions regarding online applications
- Self-service website access
- All provider self-service administrator requests
- Network provider that is not showing in the provider directory
- Provider education, benefit or policy questions

To submit an inquiry to a TCL, click the envelope icon at the top right of the corner of the homepage. Then, choose the Secure Message icon next to the category Provider Demographics to submit a message.



## Avoid error codes!

As a reminder, 837P is the electronic professional claim (CMS 1500) submission by clearinghouses for providers. To avoid getting an error code when submitting claims, please keep in mind:



- Modifiers must be valid for the date of service submitted on the claim
- No dates can be in the future