TRICARE Provider News
ISSUE 7: 2011 A PUBLICATION FOR TRICARE® PROVIDERS

Safeguarding Protected Health Information

Safeguarding protected health information (PHI) is an important part of providing quality care to TRICARE beneficiaries. PHI is any individually identifiable health information pertaining to a patient's past, present or future physical or mental health and related health care services. PHI may include demographics, documentation of symptoms, examination and test results, diagnoses and treatments.

The Health Information Portability and Accountability Act of 1996 (HIPAA) Privacy Rule permits providers to use and disclose PHI without a patient's written authorization for purposes of treatment, payment and health care operations. Health care operations include activities such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services and insurance.

Other situations in which the HIPAA Privacy Rule permits uses and disclosures of PHI without a patient's authorization include public health activities, health oversight activities, judicial and administrative proceedings, decedent situations and research. In the Military Health System, one of the most important exceptions to the authorization requirement is the military command exception. This permits limited disclosures of PHI about active duty service members to their military commanders to determine fitness for duty or certain other purposes. Similarly, PHI of service members separating from the armed forces may be disclosed to the U.S. Department of Veterans Affairs.

PHI may be used or disclosed for other purposes only with written authorization of the patient or the patient's personal representative. The authorization form must satisfy specific requirements under the HIPAA Privacy Rule. Patients must be given the opportunity to agree or object to disclosure of their PHI in facility directories and disclosures to persons involved in their care. Written authorizations are not required in these cases. You should also be familiar with the disclosure laws that apply to your specific state and licensure.

For more information about PHI and HIPAA compliance, visit www.tricare.mil/tmaprivacy. ■

Balance Billing Reminder—Understanding TRICARE Requirements

It is important to remember that TRICARE prohibits the practice of balance billing. Balance billing requirements apply to all providers who treat TRICARE beneficiaries, and noncompliance with these requirements can impact your TRICARE and/or Medicare status.

What Is Balance Billing?

Balance billing is when a provider bills a TRICARE beneficiary for any amount in excess of the TRICARE-allowable charge after TRICARE has processed the claim. This practice is prohibited by law.

Network Versus Non-Network Provider Responsibilities

Once you have signed a contract to become a TRICARE network provider, you have agreed to be paid at your contractual rate. If you are a non-network TRICARE-authorized provider and have agreed to participate on a particular claim, this means

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TRICARE®

TRICARE Beneficiary Types

As a TRICARE provider, you may see a variety of beneficiaries, including active duty service members (ADSMs), active duty family members (ADFMs), National Guard and Reserve members and their families, and uniformed services retirees and their dependents. These beneficiaries might be covered under the TRICARE Prime benefit or the TRICARE Standard and TRICARE Extra benefit.

TRICARE Prime

TRICARE Prime is a managed care option available in TRICARE Prime Service Areas (PSAs). ADSMs who live and work in PSAs must enroll in TRICARE Prime; however, ADFMs and other eligible beneficiaries may enroll in TRICARE Prime or use TRICARE Standard and TRICARE Extra. Each TRICARE Prime enrollee is assigned or may select a primary care manager (PCM). Whenever possible, a PCM located at a military treatment facility (MTF) is assigned, but a TRICARE network PCM may be assigned if an MTF PCM is not available.

TRICARE Prime beneficiaries should always seek nonemergency care from their PCMs, unless using the more expensive point-of-service option. In most cases, a TRICARE Prime enrollee must obtain a referral and/or prior authorization to receive nonemergency care from another provider.

TRICARE Standard and TRICARE Extra

TRICARE Standard is a fee-for-service option that allows beneficiaries to seek care from any TRICARE-authorized non-network provider. TRICARE Extra is a preferred provider option, which allows beneficiaries to reduce out-of-pocket costs by visiting TRICARE network providers. Beneficiaries are responsible for annual deductibles and cost-shares.

TRICARE Standard and TRICARE Extra beneficiaries do not have PCMs and they may self-refer to any TRICARE-authorized provider. However, certain services (e.g., inpatient admissions for substance use disorders and behavioral health, adjunctive dental care, home health services) require prior authorization from Humana Military Healthcare Services, Inc. (Humana Military).

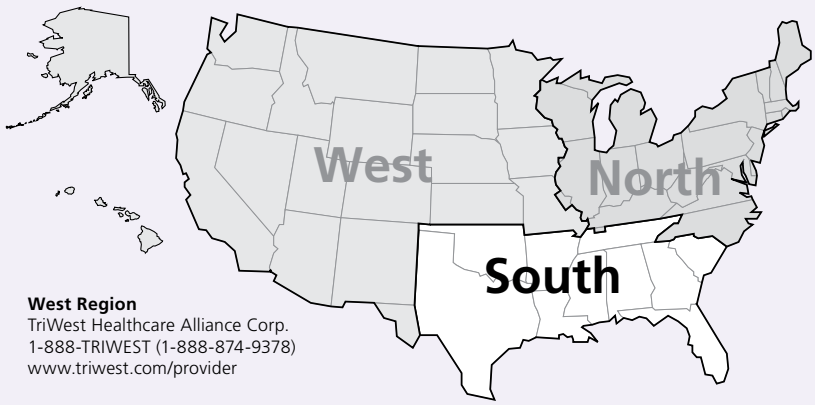
Verifying Eligibility

To verify a patient's eligibility for TRICARE, you should ensure beneficiaries have valid Common Access Cards, uniformed services identification cards or eligibility authorization letters. You will also need to verify the card bearer's TRICARE eligibility by logging in to Humana Military's secure provider portal at www.humana-military.com or calling 1-800-444-5445.

Humana Military has posted "Provider Charts" under the "Tools & Resources" page of the provider portal that can help you verify benefits, coverage, and costs. You can also verify patient eligibility, covered services and copayment/cost-share information on the secure provider portal. ■

TRICARE South Region

Humana Military Healthcare Services, Inc. (Humana Military), administers the TRICARE program in the South Region, which includes Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Oklahoma, South Carolina, Tennessee (excluding the Ft. Campbell area) and Texas (excluding the El Paso area). Humana Military is committed to preserving the integrity, flexibility and durability of the Military Health System by offering beneficiaries access to the best possible health care services available. ■



North Region
Health Net Federal Services, LLC
1-877-TRICARE (1-877-874-2273)
www.hnfs.net

West Region
TriWest Healthcare Alliance Corp.
1-888-TRIWEST (1-888-874-9378)
www.triwest.com/provider

South Region
Humana Military Healthcare Services, Inc.
1-800-444-5445
www.humana-military.com

TRICARE Clinical Preventive Services

Clinical preventive care is not diagnostic, but is intended to maintain and promote good health. Services may be provided during acute and chronic care visits or during preventive care visits for asymptomatic patients.

Coverage may vary according to beneficiary type, age and program option. TRICARE Prime enrollees do not need referrals or prior authorizations for clinical preventive services from military treatment facility or network providers.[1] TRICARE Prime enrollees must have referrals and/or authorizations to visit non-network providers.

If a clinical preventive service is not available from a network provider (e.g., a network provider is not available in the enrollee's Prime Service Area), a TRICARE Prime enrollee may receive the service from a non-network provider if he or she obtains a referral from his or her primary care manager (PCM) and authorization from Humana Military Healthcare Services, Inc. (Humana Military). If a TRICARE Prime enrollee uses a non-network provider without first obtaining a referral from his or her PCM and authorization from Humana Military, payment for TRICARE-covered services will be made under the point-of-service option, which results in higher out-of-pocket costs and higher deductibles.

Note: TRICARE Standard and TRICARE Extra beneficiaries may seek clinical preventive care from TRICARE-authorized network and non-network providers. Cost-shares and deductibles may apply.

Age, gender and frequency limitations apply to preventive screenings and immunizations. If a TRICARE beneficiary

is new to your office, determine if the patient has recently had preventive services elsewhere. You should also confirm the TRICARE benefit and patient eligibility by using the "Eligibility" feature for providers on Humana Military's website at www.humana-military.com. ■

1. All active duty service members (ADSMs), except for TRICARE Prime Remote-enrolled ADSMs visiting their PCMs, must obtain referrals and prior authorizations to receive clinical preventive services from civilian providers.

Balance Billing Reminder—Understanding TRICARE Requirements

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you have agreed to accept the TRICARE-allowable charge as payment in full and not bill patients for any amount in excess of the TRICARE-allowable charge. Under federal law, non-network providers who do not accept assignment may bill TRICARE beneficiaries no more than 15 percent above the TRICARE-allowable charge for services.

What if the Patient Has Other Health Insurance?

When the patient has other health insurance (OHI), OHI must pay first before TRICARE considers the claim. When OHI is primary, in most cases TRICARE will pay the beneficiary liability for covered benefits up to the amount TRICARE would have paid if the beneficiary did not have OHI. If a provider participates with the primary OHI, then all OHI rules and requirements must be followed or TRICARE may not pay the claim.

Failure to comply with the balance billing laws is a violation of federal law. For more information about balance billing, visit www.tricare.mil or Humana Military Healthcare Services, Inc.'s website at www.humana-military.com. ■

TRICARE Provider News

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Humana Military Healthcare Services, Inc.
www.humana-military.com
1-800-444-5445

Claims
1-800-403-3950
www.myTRICARE.com

Behavioral Health
1-800-700-8646

Pharmacy Customer Service
1-877-363-1303
www.express-scripts.com/TRICARE

TRICARE Web Site
www.tricare.mil

Urgent Treatment Centers

Humana Military Healthcare Services, Inc. provides a robust provider network for the TRICARE South Region that includes urgent treatment centers.

Providers with regular office hours often rely on local urgent treatment centers for the after-hours and weekend needs of their patients. Your TRICARE patients should be directed to a network urgent treatment center in your area as an alternative when your office is not open. Please note that TRICARE Prime beneficiaries still need a PCM referral before going to an urgent care center.

Most after-hours patient needs can be handled by an urgent treatment center, unless the patient's condition is truly emergent and requires emergency care. Urgent treatment center care is more cost-effective for patients than the emergency room, and urgent treatment centers generally have more availability and can handle a wide range of services.

Provider offices that offer walk-in services and have extended hours or weekend hours are not considered urgent treatment centers unless they are licensed as such.

The provider locator at www.humana-military.com gives a complete list of network urgent treatment centers by ZIP code, city, state, or name. ■

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