

Hurricane Aftermath: Important Information for TRICARE Providers

Hurricanes Katrina, Rita and Wilma have affected the lives of many TRICARE South Region beneficiaries from Louisiana, southern Mississippi, southwestern Alabama, Texas and Florida. Due to the large-scale evacuations, TRICARE providers like you may be seeing displaced patients who are not only seeking medical care, but also asking questions about their TRICARE coverage during this time of crisis. TRICARE and its regional contractors in the South, West and North are working to make information about TRICARE benefits in the wake of this natural disaster available to both providers and beneficiaries alike. Information about TRICARE benefits is available online, by phone and at TRICARE Service Centers (TSCs). Please share these resources with affected TRICARE beneficiaries you may be treating.

TRICARE Web Site

www.tricare.osd.mil/hurricane/index.cfm

TRICARE South Regional Contractor:

Humana Military Healthcare Services

www.humana-military.com

www.humana-military.com/South/hurricaneresources.htm

1-800-444-5445

TRICARE West Regional Contractor:

TriWest Healthcare Alliance

www.triwest.com

1-888-TRIWEST (1-888-874-9378)

TRICARE North Regional Contractor:

Health Net Federal Services, Inc.

www.healthnetfederalservices.com

1-877-TRICARE (1-877-874-2273)

TRICARE Service Centers (TSCs)

www.tricare.osd.mil/tricare-servicecenters/default.cfm

TRICARE Pharmacy Programs:

TRICARE Retail Pharmacy Network (TRRx)

1-866-DoD-TRRx (1-866-363-8779)

TRICARE Mail Order Pharmacy (TMOP)

1-866-DoD-TMOP (1-866-363-8667) ■

Additional Beneficiary Resources

Resource	Contact Information
Military OneSource <i>A resource for active duty service members and their families</i>	1-800-342-9647 www.militaryonesource.com
TRICARE Beneficiary Counseling and Assistance Coordinators (BCACs) <i>Offer assistance with health care benefits, locating a provider and filing claims</i>	www.tricare.osd.mil/bcac
Veterans Affairs (VA) 24-hour Call Center <i>Provides information about where to receive health care, how to receive prescription drugs and how to locate evacuated VA patients</i>	1-800-507-4571
VA Hurricane Katrina Response and Recovery Center <i>Serves as central hub for all services to VA-eligible hurricane victims</i>	1-205-554-3700
TRICARE Information Service <i>Assists with basic questions about TRICARE</i>	1-888-DoD-CARE (1-888-363-2273)

Using ID Cards to Verify Patient Eligibility

There are several identification (ID) and enrollment cards you should be familiar with when treating TRICARE beneficiaries so that you and your staff are able to verify a patient's eligibility for TRICARE.

Please see the "Provider Tools" section of your *TRICARE Provider Handbook* for samples of each of these cards. You

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Using ID Cards to Verify Patient Eligibility

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can visit www.triwest.com and click on Provider Connection to access the handbook online.

Impact of 2005 Hurricanes

Due to the unfortunate circumstances affecting TRICARE beneficiaries impacted by Hurricanes Katrina, Rita and Wilma, TRICARE recognizes that many people will have no form of identification with them. Because of this, providers/facilities should attempt to verify both eligibility and identity using the best information available, and that will depend on each individual's circumstances.

Contact TriWest at 1-888-TRIWEST for assistance in verifying eligibility or go to www.triwest.com.

Once eligibility is determined, identity can be verified by asking other personal identifying information, such as addresses or date of birth, if there is no other form of picture identification.

Uniformed Services ID Cards

The uniformed services (military) ID card is similar in size to a credit card and incorporates a photographic image of the bearer, bar codes containing pertinent machine-readable data, and printed identification and entitlement information. The beneficiary category determines the ID card's color:

- Active duty service members (ADSMs)—green or a white Common Access Card (CAC)
- Active duty family members (ADFMs)—tan
- Members of the Reserve Component (RC) and their eligible family members—red
- Retirees—blue
- Retiree family members—tan

To verify beneficiary eligibility, check the back of the ID card. The center section should say "YES" under the box entitled "CIVILIAN." If a beneficiary using TRICARE For Life (TFL) has an ID card that says "NO" in this block, they are still eligible to use TFL if they are enrolled in Medicare Part B. Check the expiration date on the ID card in the box entitled "EXP DATE." If expired, the beneficiary will need to update their information in the Defense Enrollment Eligibility Reporting System (DEERS) and get a new card.

The Common Access Card (CAC) is replacing this ID card and is being phased in over the next few years. Please honor valid CAC cards—they are valid uniformed services ID cards.

Beneficiaries under the age of 10 are not routinely issued ID cards, so the parent's ID card may serve as proof of eligibility.

Enrollment Cards

Beneficiaries enrolled in TRICARE Prime, TRICARE Prime Remote (TPR) and TRICARE Prime Remote for Active Duty Family Members (TPRADFM) should present a TRICARE Prime enrollment card to you at the time of service. While not required to receive treatment, the enrollment cards contain important information about the beneficiary. The uniformed services ID card or new CAC card is the source that verifies eligibility for care for TRICARE Prime, TPR or TPRADFM.

The newest enrollment card is the TRICARE Reserve Select (TRS) enrollment card. The TRS enrollment card is similar in design to the TRICARE Prime enrollment card, and it may be used to verify eligibility for TRS, unlike the TRICARE Prime enrollment cards. TRS members must present this card to you before receiving care.

Please contact TriWest at 1-888-TRIWEST for assistance in verifying eligibility for TRICARE. ■

Make Copies for Your Records

You are encouraged to make copies of the ID and enrollment cards for your records. While some TRICARE beneficiaries may believe that it is illegal to copy uniformed services ID cards, it is in fact legal to copy them for authorized purposes. Authorized purposes include facilitating medical care eligibility determination and documentation, check cashing and administering other military-related benefits.

Per TRICARE Management Activity (TMA) instruction, it is both allowable and advisable for providers to copy the beneficiary's ID card for proof of eligibility and for the purpose of rendering needed services. TMA recommends that providers copy both sides of the ID cards and retain copies for future reference.

Title 18 of the USC, Section 701 prohibits photographing or possessing uniformed services ID cards in an unauthorized manner. Unauthorized use would exist only if the bearer uses the card in a manner that would enable him or her to obtain benefits, privileges or access to which he or she is not entitled. ■

TRICARE Reference Room: Supplemental Health Care Program

The Supplemental Health Care Program (SHCP) provides coverage for active duty service members (ADSMs). Under certain conditions, it also provides coverage for others (e.g., dependent parents of active duty and retired service members, National Guard or Reservists with a line of duty, or civilian MTF employees) who are assigned to a military treatment facility (MTF), but who are referred to civilian providers for certain services/treatments.

While SHCP is also funded by the Department of Defense (DoD), it is separate from TRICARE. When authorized services are provided by a civilian network provider, ADSMs have no cost-shares, copayments or deductibles in SHCP. Individuals who may be eligible for SHCP include:

- ADSMs assigned to an MTF, ADSMs on travel status (e.g., leave, temporary assignment to duty or permanent change of station)
- Navy or Marine Corps service members enrolled to deployable units and referred by the unit primary care manager (PCM) or provider who is not an MTF PCM
- Reserve Component personnel and National Guard members (line-of-duty care only, unless the personnel is on orders for Federalized active duty)

Dependent parents of ADSMs and retirees must be inpatient, sent to a civilian provider and returned to inpatient status at the MTF. If the non-TRICARE-eligible person has Medicare, SHCP does not apply.

Referrals & Authorizations

When an SHCP individual has been referred to a civilian provider, a referral form is generated by the MTF and faxed to TriWest. The civilian provider should coordinate all care for the SHCP patient, including requests for referrals and authorizations, through TriWest.

Military Service Participation

Civilian services being rendered to an individual who is enrolled to an MTF PCM does not necessarily mean that those services were MTF-referred care. If a request for service is received for an ADSM MTF enrollee and no authorization is on file, the provider should contact the MTF or call 1-888-TRIWEST to determine if the care was MTF-referred. If there is no MTF referral, the ADSM may be liable for the cost of care. If the MTF Service Point of Contact (SPOC) denies the claim, the ADSM will need to appeal to the MTF SPOC.

Coverage

Normal TRICARE coverage limitations do not apply to services rendered to SHCP patients. The MTF determines what care should be provided and will approve those services in advance. Services that have been authorized will be covered regardless of whether they would have ordinarily been covered under TRICARE policy. On occasion, a referral may be made for services from a provider of a type which is not TRICARE authorized. Unlike a normal TRICARE authorization, an MTF authorization for SHCP is deemed to constitute referral, authorization, eligibility verification and direction to bypass TRICARE provider certification rules.

Reimbursement

Allowable amounts are determined based upon the TRICARE payment reimbursement methodology applicable to the services reflected on the claim, e.g., diagnosis-related groups (DRGs), mental health per diem, CHAMPUS Maximum Allowable Charge (CMAC) or TRICARE network provider discount. Reimbursement for services not ordinarily covered by TRICARE and/or rendered by a provider who cannot be a TRICARE-authorized provider will usually be reimbursed at the billed amount.

If third-party liability is involved in a claim, claim payment will not be delayed; the development of third-party liability information by Wisconsin Physicians Service (WPS) is not required before payment is sent.

Explanation of Benefits

An explanation of benefits (EOB) statement will be issued for each supplemental health care claim processed, with copies sent to the provider and the patient. The EOB also will include any standard TRICARE EOB messages that are applicable.

Provider Responsibilities

Network providers are required to adhere to all contract requirements when treating SHCP patients. The requirements include office and appointment access standards. Please remember that civilian providers who see referred SHCP patients need to provide the referring MTF physician with a report detailing the consultation and any diagnosis or treatment plans within 10 days of the appointment to ensure the continuity of care.

Since ADSMs are a mobile population and need to report with their medical records, civilian providers are to ensure they have all of their medical records and assist them in maintaining their medical records by having each SHCP ADSM sign an annual medical release form. Provide a complete copy of the medical records, including copies of specialty and ancillary care documentation, to the SHCP ADSM within 30 calendar days of receiving the ADSM's request. Allow the ADSM's medical information to be forwarded, as necessary, to civilian and military providers. This will help ensure ADSMs receive the necessary continuity of care. Providers who do not provide continuing care to the ADSM should provide the ADSM with documentation of the services provided. ■

TriWest Healthcare Alliance
P.O. Box 42049
Phoenix, AZ 85080

CONTACTS

TriWest Customer Service
1-888-TRIWEST
www.triwest.com

TRICARE Alaska Office
(Alaskan providers only)
1-907-743-1800

Wisconsin Physicians Service
(Electronic claims set up only)
1-800-782-2680
www.wpsic.com

Express Scripts
(Pharmacy inquiries)
1-866-DoD-TRRx
1-866-DoD-TMOP
www.express-scripts.com/TRICARE

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Provider News is published by TRICARE Management Activity. Please provide feedback at www.tricare.osd.mil/evaluations/newsletters.



Understanding the MTF Right of First Refusal (ROFR)

The Right of First Refusal (ROFR) requirement can sometimes be confusing to providers, yet it is a very important rule to understand. First and foremost, it gives military commanders the ability to ascertain the physical and mental fitness of their troops at all times. The ROFR also allows the military treatment facilities (MTFs) to maximize the utilization of the military's health care resources effectively and efficiently.

The MTF has "Right of First Refusal" to provide care for TRICARE Prime beneficiaries. MTFs are given ROFR for inpatient admissions, specialty appointments, procedures and selected diagnoses to ensure the patient's continuity of care and enable the MTF to maintain a fitness for duty readiness for all active duty service members (ADSMs).

If the beneficiary has been provided care by a civilian provider, and the civilian provider requests an authorization for specialty care or service from TriWest Healthcare Alliance, TriWest staff will review and transmit **only** those referral and authorization requests for which the MTF has indicated they have specialty capabilities. The MTF will review and either approve services at the MTF or defer the care to the civilian provider. If a response is not received back from the MTF within 24 hours, TriWest staff will refer the beneficiary to a TRICARE network provider.

There may be times when the MTF wants a consult from a civilian provider, but requests that the beneficiary return to the MTF for any procedures and/or surgery. MTF capability varies greatly

from MTF to MTF and can also vary in one MTF at different times. Service availability is dependent upon the number of ADSMs utilizing services, as well as the availability of physicians and/or clinicians who may be deployed with little or no notice.

When a provider signs a TRICARE contract, he/she agrees to adhere to all contract requirements. The Right of First Refusal requirement is included in the *TRICARE Provider Handbook*, which can be found on www.triwest.com in the Resource Library section of the Provider Connection.

Call TriWest at 1-888-TRIWEST for additional information. ■