



TRICARE

Your Military Health Plan

Introduction to TRICARE

Presented by Health Net Federal Services

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What is TRICARE?

- Health care program for over 9 million military beneficiaries – active duty, retired, families
- Integrated health care delivery system
 - Military treatment facilities (MTFs)
 - Civilian health care facilities
- TRICARE Prime
- TRICARE Standard and TRICARE Extra
- TRICARE Reserve Select (TRS)
- TRICARE For Life (TFL)



TRICARE Regions



TRICARE Overseas
1-888-777-8343
www.tricare.mil/overseas

North Region
Health Net Federal Services, Inc. 1-877-TRICARE www.healthnetfederalservices.com
South Region
Humana Military Healthcare Services, Inc. 1-800-444-5445 www.humana-military.com
West Region
TriWest Healthcare Alliance 1-888-TRIWEST www.triwest.com



TRICARE Prime

- Cost-effective, managed care option available in TRICARE Prime Service Areas
- Most care received from primary care manager (PCM) at a military treatment facility (MTF) or in the TRICARE civilian network
- PCMs refer for specialty care and regional contractor issues authorization (when necessary)
- Providers submit claims and prior authorization requests
- Pre-negotiated rates to providers



TRICARE Standard

- Similar to civilian fee-for-service plans (*no monthly premiums, but with applicable deductibles and cost-shares*)
- Receive care from TRICARE-authorized providers
- Providers “accept assignment” on claim-by-claim basis
- Providers who “accept assignment” file claims and accept TRICARE-allowable charge as payment in full
- Prior authorization required for specific services



TRICARE Extra

- Preferred-provider option
- See TRICARE network providers and pay less
- Providers accept negotiated rate as payment in full
- Network providers submit claims for beneficiaries



TRICARE Reserve Select (TRS)

- Premium-based health plan that qualified National Guard and Reserve members may purchase for duration of service
- Similar coverage to TRICARE Standard and TRICARE Extra
- 2012 Monthly premium payment is \$54.35 for individual member or \$192.89 for family
- Coverage for survivors may continue 6 months after member's death



TRICARE For Life (TFL)

- For Medicare/TRICARE dual-eligible beneficiaries
- Entitled to Medicare Part A and enrolled in Medicare Part B
- Medicare pays first, TRICARE pays second
- Receive care from any Medicare-authorized provider* (for acute care)
- TFL claims administered by Wisconsin Physicians Service (WPS)
- Submit claims to Medicare first; Medicare forwards claims to WPS
- For Medicare eligibility, call 1-800-772-1213
- Confirm TFL eligibility by calling WPS at 1-866-773-0404
- For more information on TRICARE For Life, visit www.TRICARE4U.com.



**Additional rules apply for Skilled Nursing Facilities*

TRICARE Pharmacy Program

- Available to all eligible beneficiaries
- Large, uniform formulary
- Affordable costs to beneficiaries
- Local pharmacy providers (network and non-network), mail order, military treatment facility
- Dispense generic medications when available
- Prior authorization may be required for certain medications
- Certain medications have quantity or days' supply limits
- Visit www.tricareformularysearch.org for medical necessity requirements and forms.



Visit www.tricare.mil/pharmacy for more information.

Other Important Information

TRICARE Pharmacy Program

Pharmacy Option	Formulary Drugs		Non-Formulary Drugs
	Generic	Brand Name	
MTF Pharmacy (up to a 90 -day supply)	\$0	\$0	Not Applicable
TRICARE Pharmacy Home Delivery (up to a 90 -day supply)	\$0	\$9	\$25
Retail Network Pharmacy (up to a 30 -day supply)	\$5	\$12	\$25
Non-Network Retail Pharmacy (up to a 30 -day supply)	<p>TRICARE Prime options: 50% copayment applies after point-of-service (POS) deductible is met</p> <p>All other beneficiaries: \$12 or 20% of the total cost, whichever is greater, after the annual deductible is met</p>		<p>TRICARE Prime options: 50% copayment applies after POS deductible is met</p> <p>All other beneficiaries: \$25 or 20% of the total cost, whichever is greater, after the annual deductible is met</p>

Express Scripts, Inc. Web site: www.express-scripts.com/TRICARE

Phone number: 1-877-363-1303



TRICARE

- **Myth** – TRICARE involvement is a long, difficult process for providers
 - **Reality** – TRICARE provider participation involves a simple form and usually less than 1 month for acceptance (TRICARE Prime requires longer period of time and a signed contract.)
- **Myth** – TRICARE reimbursement is slow
 - **Reality** – TRICARE electronic reimbursement usually occurs within 30 days or less of submission
- **Myth** – TRICARE pays less to providers than Medicare reimbursement
 - **Reality** – TRICARE reimbursement is tied to Medicare rates – TRICARE Prime may pay slightly less than Medicare





TRICARE

Your Military Health Plan

Behavioral Health Care Services



TRICARE Prime Beneficiaries (Except Active Duty)

- Entitled to eight (8) initial outpatient visits per fiscal year (Oct. 1–Sept. 30)
- No prior authorization required
- No primary care manager (PCM) referral is needed
- Must seek care from a TRICARE network provider
- Prior authorization is required after the eighth (8th) visit



TRICARE Standard and TRICARE Extra Beneficiaries

- No referrals required for any outpatient visits
- Entitled to eight (8) initial outpatient visits per fiscal year without authorization
- Prior authorization is required after the eighth (8th) visit
- Seeking care from a TRICARE network provider will reduce the patients out-of-pocket costs



Behavioral Health Care Providers

- Psychiatrists (M.D., D.O.)
- Clinical Psychologists (Ph.D.)
- Certified psychiatric nurse specialists (PNS)
- Master's-level clinical social workers (LCSW)
- Certified marriage and family therapists (LMFT)
- Licensed Professional Counselors (LPC's) *
- Licensed Mental Health Counselors (LMHC's) *
- Pastoral Counselors *

** with physician referral and supervision*

All providers require a Medicare # except LMFT's & LPC's

PA's & NP's are not recognized TRICARE Behavioral Provider's and cannot bill codes 90801-90899



Getting Care

Behavioral Health Care Services

- **TRICARE Assistance Program (TRIAP):** Provides online, non-medical counseling from your home
- **Telemental Health Program:** Connects beneficiaries with off-site providers through audio-visual conferencing
- **Outpatient services:** Behavioral health services provided without an overnight stay
- **Inpatient services:** Require an overnight stay (*e.g., substance abuse “rehab” programs*)
- **Emergency services:** Required when an individual considers himself or herself, or is perceived by others to be, an immediate risk to self or others
 - Call 911 or go to the nearest emergency care facility.
 - Call the National Suicide Prevention Lifeline at 1-800-273-8255.



TRICARE Covered Outpatient BH Services

- **Outpatient Services**
 - Individual Therapy
 - Family Therapy
 - Collateral Visits
 - Play Therapy
 - Psychoanalysis*
 - Psychological Testing (max. 6 unit benefit/yr)*

**Prior authorization required (Prior auth not required for Psych Testing, but providers need to verify yearly limit has not been exhausted.)*

** IOP is NOT a TRICARE benefit*



TRICARE Covered Inpatient BH Services

- **Inpatient Services**

- Acute Inpatient Psychiatric Care
 - Ages 19+ (30 day IP limit per fiscal year)
 - Ages 18 and below (45 day IP limit per fiscal year)
- Psychiatric Partial Hospitalization
 - Chemical Dependency (21 day limit per fiscal year)
 - Mental health (60 day limit per fiscal year)
- Residential Treatment Center (RTC) Care (150 day limit)
- Substance Abuse*
 - Detoxification (7 day limit per episode)
 - Rehabilitation (21 day limit with a max of one rehab program per year and 3 per lifetime)

* Substance Abuse days count toward yearly IP limit



Overview of BH Costs and Fees

Program	Active Duty Costs	Active Duty Family Member	Retirees and others
Prime	\$0	No deductible No copayment	No deductible \$25 copayment
Extra	N/A	Cost-share after deductible is met 15% of negotiated rate	Cost-share after deductible is met 20% of allowable charge
Standard	N/A	Cost-share after deductible is met 20% of negotiated rate	Cost-share after deductible is met 25% of allowable charge
TPR/ TPRADFM	\$0	\$0	N/A



In Conclusion...

- TRICARE is an insurance provider for a large cadre of the patient population – the entire military community and families
- TRICARE may be the only health insurance for a whole population component, dependent on their military service status
- TRICARE is mandated to provide coverage to the military community and is dependent on civilian providers to do so
- With the information provided, AHEC staff should have increased TRICARE knowledge and be able to encourage and facilitate the process of civilian providers becoming TRICARE providers
- **www.tricare.mil**



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HRSA Grantee Technical Assistance
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