

# **TRICARE and Cadets**



**Keller Army Community Hospital  
April 20, 2007**

Presented at WPPC presidents meeting April 2007

Please review this document to determine what medical coverage is best for your cadet

If you have questions please call...

Health Benefits Advisors 845-938-2114

## **DEERS**

Defense Eligibility Enrollment  
Reporting System

- **All service members and their families are registered in DEERS**
- **System used to determine military benefits, including medical care**

## **DEERS**

**Defense Eligibility Enrollment  
Reporting System**

- **Cadet Personnel DEERS office**  
**Phone: 845-938-2114**
- **DEERS Support Office:**  
**800-538-9552**  
**www.dmdc.osd.mil**

**Reasons to update DEER:**

**Address/phone changes**

**PCS**

**New local address or phone number**

**New family member**

**Death or divorce**

**Purchased Medicare Part B because  
of age or disability**

## **DEERS**

Defense Eligibility Enrollment  
Reporting System

## **OHI**

Other Health  
Insurance

**Eligibility for medical care ends at  
midnight of the last day of duty**

**Our recommendation:**

**Keep your cadet's private coverage**

- To preclude preexisting condition  
clause**

This is important if the cadet leaves the academy before graduation and commissioning.

If the cadet should resign from the academy, you need to know that he or she has immediate medical coverage and that a preexisting condition will be covered. For instance, a cadet breaks his arm and, before it is fully healed, resigns the academy. If you try to add him back to your family plan, his broken arm will be considered a preexisting condition and will not be covered. If you've kept him on your family plan, it will be covered because there has been no break in coverage.

**OHI**  
Other Health Insurance

**Things to consider before Cadet uses  
your family coverage:**

- **Most plans consider a cadet to be Active Duty and will not pay claims**
- **Cadet graduates: now Active Duty and no longer your dependent**

You've the coverage as back up just in case the cadet resigns the academy, however, be very careful about using that coverage. You will want to research whether or not claims will be paid while your son or daughter attends the Academy. Most plans will not cover an active duty service member and will consider a cadet to be just that.

Best advice: help your cadet use the TRICARE benefit

## **Three TRICARE Options**

- **TRICARE Prime –**  
**Only option available to Cadets  
and all Active Duty**
- **TRICARE Standard**
- **TRICARE Extra**

**Health maintenance organization - Prime**

**(fee for service) - Standard**

**(preferred provider organization) – Extra**

**TRICARE Prime**  
**Health Maintenance Organization (HMO)**

- **Mandatory enrollment for Cadets –  
(Forms completed after R-Day)**
- **Assigned to Cadet Health Clinic**
- **Primary Care Manager (PCM)  
directs care via referrals**

**Enrollment is mandatory for AD SM:**

**Makes it easier to make  
appointments at the Military Treatment  
Facility (MTF)**

**Easier to get authorizations for  
civilian health care**

**Easier to process civilian claims**

**We say Prime is the HMO version of  
TRICARE, however, military medicine has  
operated as an HMO, long before the term  
was created. Go to the Army doc and do  
whatever he/she says!**

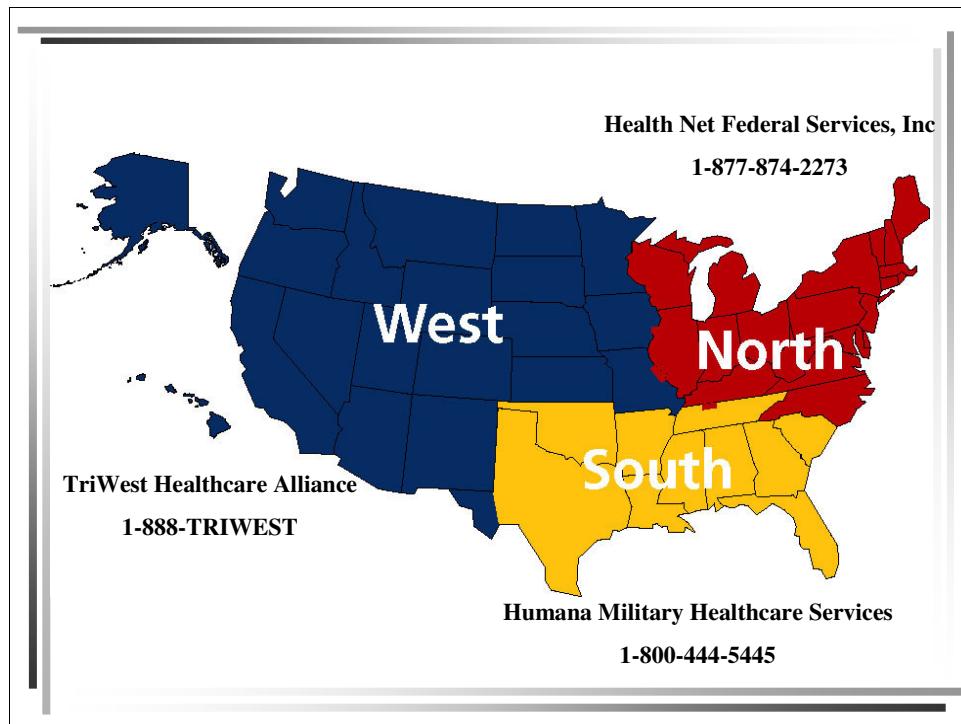
## **TRICARE Prime**

**No cost to the Cadet for routine civilian health care if:**

- 1) There is a referral**
- 2) There is an authorization**
- 3) Uses TRICARE Network Provider**

**Prime is the least costly way of getting civilian health care when there is a referral, proper authorization and use of a network provider or facility. Remember if you're in Prime, you're in an HMO and need to follow the rules.**

**If you are AD and access care inappropriately, you will pay the entire bill.**



TRICARE has 3 regions within the United States and its territories. Cadets reside and enroll to TRICARE North. Even if they receive emergency care back home in Texas, the claims go to TRICARE North for processing.

## **TRICARE Partners**

**Keller Army  
Community  
Hospital**

and

**Health Net  
Federal Services**



**The Department of Defense has been downsizing since the 80's. This has meant the closure or realignment of a lot of bases, the closing of a lot of military treatment facilities or MTFs and the downsizing of the military medical component.**

**The saving grace is that DoD started to formally partner with managed care support contractors to provide medical services that were once available in the MTF (military treatment facility) in order to make it easier for the military beneficiary to receive appropriate care.**

**The military health system in the North Region is augmented by its partner: Health Net Federal Services.**

**TRICARE Partner**

**Health Net Federal Services**

**www.HealthNetFederalServices.com**

**1-877-874-2273**

**(1-877-TRICARE)**

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## **Health Net Federal Services**

- **Keller TRICARE Service Center**
- **Civilian Provider Network**
- **Palmetto Government Benefits Administrators (PGBA)**

**Here are some big-ticket items that Health Net brings to the table.**

**TSC – this is our lifeline to benefits that Keller can't offer. The toll-free number listed for HN is actually the conduit to a huge TSC. Except for holidays or when West Point is “closed” because of weather or other circumstances, the local TSC is open from 8 to 4:30, Monday through Friday.**

**HN has developed a network of providers. A network provider is a TRICARE-authorized provider (or facility) who signs a contract with HN to accept all TRICARE patients. They must file claims and accept**

## **Care at West Point**

- **Mologne Cadet Health Clinic**
  - Primary Care, pharmacy
- **Keller Army Community Hospital**
  - Specialty Care
  - Lab
  - Pharmacy
  - Radiology including CT Scan and MRI
- **Saunders Dental Clinic**

## **Appointment System**

**845-938-7992 or 800-552-2907**

Mon-Fri: 6 am to 7 pm



**www.tricareonline.com**

Cadet Health Clinic 845-938-3003/3806

**Under TRICARE Prime you are guaranteed the ability to access different types of care within specified time standards. Take a look:**

- **Well care:** screenings such as pap smears, prostate screenings, etc. should be delivered within 30 days of your request. You may choose to wait longer if you wish.
- **Specialty Care:** When your PCM refers you for specialty care, you should be seen within 30 days. If your PCM specifies a

## **Emergency Care Just do it!**



### **On Post**

**Mon-Fri, 6:30 am to 3:15 pm:**

**Report to Cadet Health Clinic  
or call 845-938-3003/3806**

**After clinic hours:**

**Report to Keller ER  
or call 938-3333**

- 1. No referrals are needed for emergency care.**
- 2. The “Prudent Lay Person” rule applies to emergency care and the bills generated. In effect it says that if the average prudent lay person without medical training feels that he or she may lose life, limb or eyesight, then an emergency exists and the bills will be paid as if it were an emergency. To you this means that your ER bill will be paid even if your chest pains turn out to be gas from the hot dogs you ate while watching the game instead of a heart attack.**
- 3. Don’t try to second-guess your body. Get**

**Emergency Care**  
**Just do it!**

**Off Post**

**Call **911** or go to nearest civilian ER**

**Report inpatient admission to  
Health Net within 24 hours at**

**877-874-2273**

**Follow USCC reporting instructions**

**TRICARE on the Road**  
**Leave, collegiate sports, etc.**

**Emergency care – covered**

**Urgent care – covered care is  
authorized before it's received**

**Call: 877-874-2273**

**Network Pharmacy: 866-363-8779**

## **On the road: distant from Keller**

- **No referrals or prior authorization needed for emergent care.**
- **For urgent care, get authorization before you get care.**
- **Although routine care while away from West Point is not a payable benefit, AD servicemembers may request prior authorization for care while on extended TDY.**

**4. Routine OB visits, wellness visits, etc. are not payable visits while on TDY or Leave. However,**

## **TRICARE on the Road Leave, collegiate sports, etc.**

**Routine care - not covered**

**Causes cadets the most problems!**

**Without proper referral and  
authorization, the bill belongs to  
the cadet.**

Routine care while away from West Point causes cadets the most problems. We have cadets who wait until Christmas or Spring break to see specialists. They don't have the required referrals and authorizations AND they get the care in a different area of the country. These claims are not paid.

Each cadet receives a medical card from Cadet Personnel that tells them not to do this. They also receive an electronic letter from our Hospital Commander telling them not to do this.

## **Referrals to Civilian Network**

- **Provider requests services**
- **Health Net verifies payable benefit**
- **Cadet system for making appointments with network providers and arranging transport**
- **Note: sign the information release form so a report can come back!**

1. Provider request medical services/supplies
- 2.HN reviews order for payable benefit and enters auth in PGBA claims system;  
Auths are not required for most diagnostic tests; always required for professional consultation.
- 3.Patient makes appointment with network provider and notifies HN.  
If no ltr received for consultation, pt calls HN to ensure care is authorized.

**NOTE Not all care received in the MTF is a payable benefit when received from a civilian source.**

**Examples: nutritional counseling, arch supports, tattoo removal**

## **Civilian Claims Where to send....**

**Send all TRICARE North medical claims**

**TRICARE North Claims  
P.O. Box 870140  
Surfside Beach, SC 29587-9740**

**Always provide the sponsor's SSN as the policy number**

## **Follow Up on Civilian Claims**

**Check claim status  
in PGBA's system:**

**[www.mytricare.com](http://www.mytricare.com)**



**When you receive civilian care, keep notes: Date, Provider or Facility Name, service provided, phone number and Tax Identification Number (TID) if possible**

**Watch for a courtesy copy of the bill from the provider or go to mytricare.com to see if a claim has been submitted. If you don't get a courtesy copy or see a claim, call the provider.**

**If courtesy copy bill indicates that a claim was not filed, call the provider immediately and give them the SSSN and PGBA's address. Stay on them. They have one year from DOS to file an outpatient claim and 2 years from DOS for an inpatient claim.**

**Contact the Health Benefits Advisors for assistance reading the EOB or advice on how to get claims filed**

## **Explanation of Benefits (EOB)**

**When the explanation needs explaining...**

**877-874-2273 Health Net**

**845-938-4838 Keller's Health  
Benefits Advisors\***

An (EOB) is generated when PGBA processes a civilian medical claim. It tells you how much was billed, allowed and paid as well as how much you need to pay.

Billed amount is the amount the provider wants to be paid for the service

Approved amount is the amount the Government says will be paid for that service

Federal law says a provider who treats a TRICARE-eligible patient can receive only 115% of the TRICARE Maximum Allowable Charge. No balance billing is allowed.

# **TRICARE Information and Help Keller**

# **Health Benefits Advisors & Debt Collection Assistance Officers**

**845-938-4838**

### **Conduits of information:**

- ## **TRICARE benefits Enrollment problems Finding network providers**

DCAO Program began in December 2002 to help TRICARE beneficiaries when unpaid medical claims result in collection notices, adverse credit reports or court summons.

**Beneficiary:** Gathers bills, EOBS (Explanation of Benefits from PGBA), collections notices, etc.

**on behalf of the beneficiary** **Signs document appointing the DCAsOs to act**  
**DCAO needs copies of all documents**

Some cases get sent to TRICARE Management Activity for resolution

**Don't let it get this far. If you follow up the way we've already discussed, you probably won't have a debt collection case. Get help from our HBAs before they need to put on their DCAO hats.**

#### **When you receive civilian care, keep notes**

**Date, Provider or Facility Name, service provided, phone number and Tax Identification Number (TID) if possible**

## **When you receive an EOB**

**Watch for a courtesy copy of the bill from the provider or go to myicare.com to see if a claim has been submitted. If you don't get a courtesy copy or see a claim, call the provider.**

If courtesy copy bill indicates that a claim was not filed, call the provider immediately and give them the SSSN and PGBA's address. Stay on them. They have one year from DOS to file an outpatient claim and 2 years from DOS for an inpatient claim.

**Contact the Health Benefits Advisors for assistance reading the EOB or advice on how to get claims filed.**

**Pay your share as soon as you receive an EOB**

**TRICARE Information and Help**  
**Health Net Federal Services**

**Local TRICARE Service Center**  
**273 Main Street, Highland Falls**

**877-874-2273**

Accept enrollment forms, can check claim status, look up TRICARE network and/or authorized providers

## **TRICARE Information and Help Internet**

**DoD:** [www.tricare.osd.mil\\*](http://www.tricare.osd.mil)

**PGBA:** [www.mytricare.com](http://www.mytricare.com)

[\*\*www.HealthNetFederalServices.com\*\*](http://www.HealthNetFederalServices.com)

**\*best source of TRICARE information**

### **BIGGEST TIP:**

If you contact anyone, write down the date, time and name of the person who helped you. We cannot help you solve a problem you're having if we don't know where to start.

## **Administrative Help at Keller**

**Patient  
Representative**  
**845-938-5874**

**Health Benefits  
Advisors**  
**845-938-4838**



The patient rep handles issues or complaints about the Cadet Health Clinic or Keller Army Community Hospital.

The Health Benefits Advisors handles issues with referrals and authorizations for network care, claims – anything that happens outside the doors of our facilities.

