Humana Military | TRICARE®

TRICARE provider news

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

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Abortion coverage guidelines

Following the United States Supreme Court's recent decision in Dobbs v. Jackson Women's Health Organization, many providers may have questions about what the ruling means for TRICARE. The Supreme Court's decision does not prohibit TRICARE from continuing to cover abortion services in accordance with federal law.

As a refresher on TRICARE's coverage guidelines for abortion services, including details on prior authorization, medications and more, visit Abortion coverage guidelines for TRICARE beneficiaries.

Accurate provider locator data depends on you!

Make sure TRICARE beneficiaries are able to find you in our locator by updating your demographic data! If you've recently moved locations, be sure your account details are accurate in provider self-service. Log into your account, and go to provider details to review or update your information.

Review your information now →

TRICARE's medical record documentation refresh

Maintaining accurate individual treatment records is essential to the overall care of our beneficiaries and a requirement for TRICARE providers.

- A medical record should give a chronological report of the beneficiary's course of care and should document any change in the beneficiary's condition.
- Providers must maintain adequate contemporaneous clinical records that substantiate the specific care was rendered, was medically and psychologically necessary, and identifies the individual(s) who provided the care.
- All care rendered and billed must be documented in writing.
- The medical record entries must be legible.
- Generalized cursory notes that do not identify the specific treatment and the beneficiary's response to the treatment are not acceptable.
- All entries in a medical record must be dated and authenticated. The rendering provider must authenticate those parts of the medical records for which he/she is responsible.
- Failure to adequately document medical care will result in episodes of care being denied.

For more information on this TRICARE policy, see Requirements for Documentation of Treatment in Medical Records.

Point of Service (POS)

POS applies when a TRICARE Prime beneficiary:

- Receives care from a network or non-network TRICARE-authorized provider without a referral from his or her Primary Care Manager (PCM)
- Receives care for clinical preventive services when they see a non-network provider
- Self-refers to a civilian specialty care provider after a referral has been authorized to a military hospital or clinic specialty care provider
- Self-refers to a non-network specialty care provider after a referral has been authorized to a network specialty care provider

See full Point-of-Service details for more information.

More updates are moving to electronic!

As part of our enhancement to provider tools and processes, certification applications and provider information, updates are moving to electronic!

Providers should dispose of any former paper applications and access our most current certification applications and forms electronically instead.

Provider self-service allows users to check credentialing status, add or remove practitioners, update practice locations, make changes to phone, fax, email, name and much more. To access these features after logging in, follow the "View" hyperlink directly under your practice address, select "Edit Information" in green, and follow the prompts.

E-Prescribe is simple and secure!

Save time by sending prescriptions electronically to your patients' choice of a local military pharmacy, home delivery through Express Scripts or retail pharmacy!

Prior authorization may be required from Express Scripts for some medications. Please direct beneficiaries to call Express Scripts at (877) 363-1303 for questions concerning home delivery and member choice support.

Find out more about e-prescribe.

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Clear and Legible Reports (CLR)

For care referred by a military hospital or clinic, network providers must provide CLR to the military hospital or clinic. Urgent care center CLRs must be submitted within two business days of the encounter and shall include the patient's encounter specifics, other patient information and discharge summaries. In addition, the report will include any referrals made during the urgent care visit. For other care, CLRs are due within seven business days of care delivery and include consultation reports, operative reports and discharge summaries. Behavioral healthcare network providers must submit brief initial assessments within seven to ten business days. Network providers must follow the CLR instructions included on the referral/authorization confirmation from Humana Military.

See more information on CLRs and related FAQs.

Eligibility and Benefit Inquiry (270) and Eligibility and Benefit Response (271)

To determine if a patient is eligible for TRICARE benefits, and to provide additional claim information, providers can include the Eligibility and Benefit Inquiry (270) and the Eligibility and Benefit Response (271). Many Electronic Records Management (ERM) and scheduling software applications are configurable to use 270 and 271 transactions.

Please review your application documentation and/or check with your vendor to see if your office already has this capability.

Benefits of exchanging 270 and 271 transactions:

- Cost efficiency: reduce the manual effort of contacting a call center and/or keying information online
- Increased speed: responses can be received in as little as five seconds
- Improved accuracy: reduce errors resulting from miscommunications and/or manual data entry

The 270 and 271 transactions were created and are maintained by the X12 organization. X12 is an Accredited Standards Committee (ASC) chartered by the American National Standards Institute (ANSI). Several X12 standards, including the 270 and 271, were adopted under HIPAA. Visit X12 for more information.

For information about exchanging 270 and 271 transactions with TRICARE, visit Electronic Data Interchange (EDI) provider resources.

Digital tools with Express Scripts

Express Scripts offers a variety of digital tools to help your patients manage their prescriptions and get the most out of their TRICARE pharmacy benefit. Here are five tools you can share with your patients to start using today.

Price a Medication tool

The Price a Medication tool shows the beneficiary their cost at local network pharmacies and at home delivery, showing them the best value for their prescriptions through their account online or on the Express Scripts® mobile app.

Express Scripts® mobile app

Beneficiaries can use the mobile app to order medication, check order status, and schedule deliveries, including using temporary addresses during times of deployment, relocation or vacation. They can also request refills, set up dose reminders and get daily notifications on their mobile device when it is time to take their medication.

Online account

Through an online account, beneficiaries can easily manage their pharmacy benefit information, submit a pharmacy claim online and manage their pharmacy claims all in one place. Explanation of Benefits (EOB) statements are also available to review their prescription claims and how much they can save.

TRICARE Formulary Search tool

Patients can use this tool to check prescription coverage, see how much they will pay at different fill locations, and view alternative drug options, such as brand name or generic forms.

Opt-in texting

Remind your patients to update their communication preferences today to get text alerts right to their phone!

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