

## **Sorting Out TRICARE Telemedicine Confusion**

By: Shane Ostrom

Telemedicine has become a popular form of treatment. However, some have found their telemedicine appointment was not covered by their TRICARE plan as they understood it would be. Here is the rest of the story.

When it comes to coverage, there is a difference between a telemedicine appointment with both video and audio, and an audio-only appointment. Coverage of video-audio appointments is standard for TRICARE plans. However, the temporary audio-only appointment coverage was not approved until May 12. Due to the procedural restrictions on changing coverage policy midstream, the coverage is not retroactive. Any audio-only appointments prior to May 12 are not covered.

Cost-shares and copayments are waived for all covered telemedicine services. As is always the case with health care coverage, the service must be medically necessary. Some points to remember:

Active duty members need a referral.

TRICARE for Life (TFL) members should check Medicare and your doctor to ensure your visit will be covered by Medicare; visit this link for details. If not, you will pay TRICARE deductibles and copays, as TFL will become the first payer.

If overseas, the country where you live must allow telemedicine. The provider also must be licensed to practice where you live. Contact your TRICARE Overseas Program Regional Call Center for more information, including provider eligibility.

The service must be from a military or TRICARE network provider, or where Medicare is accepted for TFL.

Ask your TRICARE contractor and providers to ensure telemedicine participation and TRICARE acceptance. Do not assume anything.

## **What These 2 Big News Stories Mean for MOAA's Health Care Advocacy**

By: Dan Merry

As MOAA works to preserve the military health care benefit via Summer Storm 2020, two new distractions may obscure our message.

First, the service secretaries and chiefs penned a letter to Defense Secretary Mark Esper asking him to halt all transfers of military treatment facilities to the Defense Health Agency (DHA).

Second, Esper found himself at the center of an Aug. 16 report by Politico on proposals within DoD that would cut \$2.2 billion from DoD's health care budget. It is not clear if any of this amount was the result of previous Pentagon reviews. Esper tweeted that the story was "inaccurate" and that "he would not allow any reductions that would harm access to quality medical care." Regardless, any such proposals may be moot following a tweet from President Donald Trump stating the proposal "has been firmly and totally rejected by me."