Updating Other Health Insurance on the TRICARE West Region Beneficiary Portal

Quick Reference Guide

Key Points

- This guide is intended to provide beneficiaries with brief instructions on how to access the Other Health Insurance (OHI) Form through the beneficiary portal.
- Beneficiaries can add or remove OHI information.
- Beneficiaries can update expiration dates for OHI information.

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Contents

Accessing OHI Information 3
Adding OHI Information 5
Updating OHI Information 7
Removing OHI Information 11

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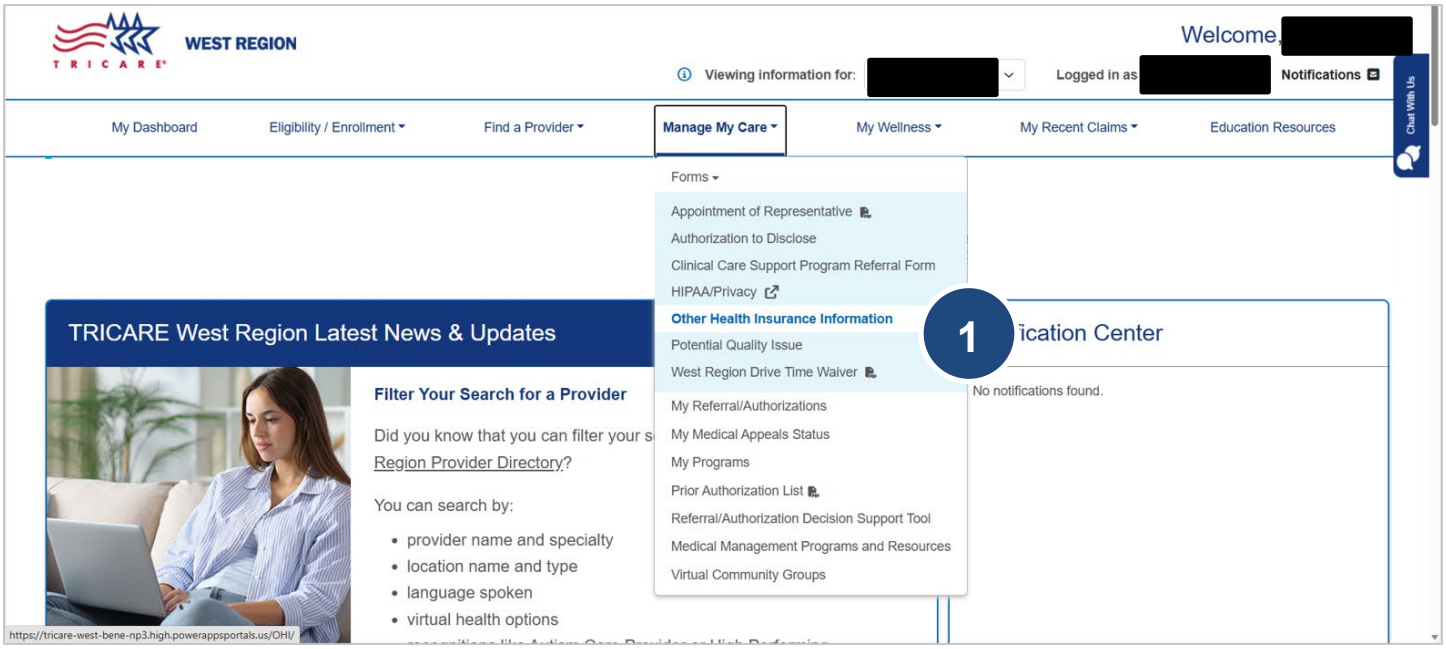
Accessing the OHI Questionnaire

To access the OHI Questionnaire:

1. From the beneficiary portal home page, select **Manage My Care.**
2. Choose **Other Health Insurance information** from the menu and the Other Health Insurance (OHI) Questionnaire Form will open.



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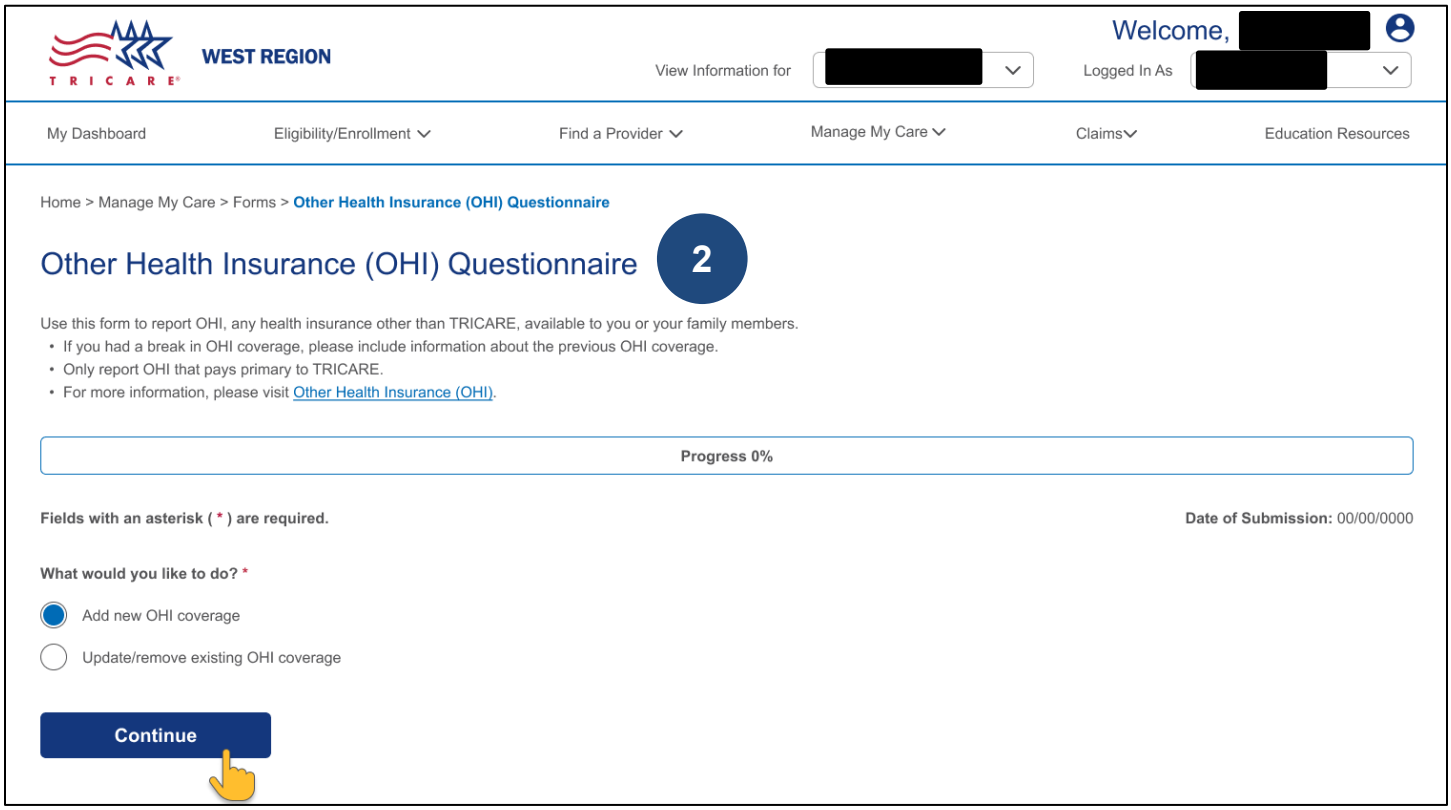

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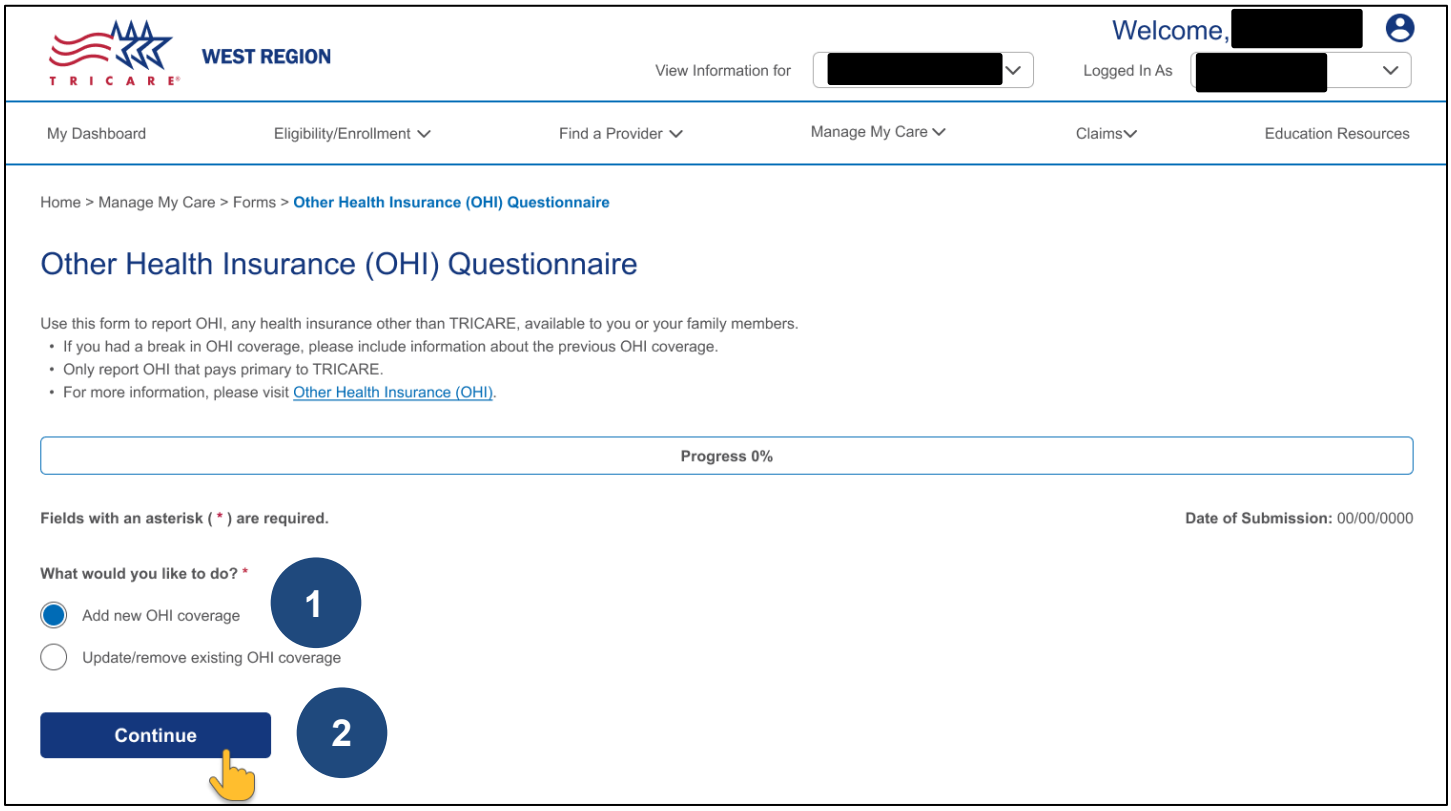
Adding OHI Information

To add your OHI Information using the OHI questionnaire:

1. Select **Add** new OHI coverage.
2. Select **Continue**.
3. Enter your OHI details.

   Note: If you do not know your policy number, the system creates a default number. For the best accuracy, enter your actual policy number.
4. After you enter your information, select **Continue**.

You'll receive a confirmation screen once submitted. If you receive an error that your OHI Information needs to be verified, call the number listed on the page to confirm OHI information.



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Other Health Insurance (OHI) Questionnaire

Use this form to report OHI, any health insurance other than TRICARE, available to you or your family members.

- If you had a break in OHI coverage, please include information about the previous OHI coverage.
- Only report OHI that pays primary to TRICARE.
- For more information, please visit Other Health Insurance (OHI).

Progress 25%

Here is your current OHI coverage. If you need to make any changes, go back to the previous screen. To add new OHI coverage, complete the form below.

OHI Information

COVERAGE TYPE	COMPANY NAME	POLICY HOLDER	POLICY NUMBER	EFFECTIVE DATE	END DATE	STATUS
Primary	United Healthcare	[redacted]	[redacted]	2/10/2024		Active
Medicare Part A	Medicare	[redacted]	[redacted]	2/8/2024		Active
Supplemental	Blue Cross Blue Shield	[redacted]	[redacted]	10/2/2024	10/2/2026	Inactive

Types of Coverage

Primary: Acts as your main insurance coverage and pays primary to TRICARE.

Supplemental: Pays after TRICARE (i.e. Medicaid, Other Federal programs). More about Supplemental Insurance

Medicare Part A: "Hospital insurance" portion of Medicare that primarily covers inpatient hospital stays, skilled nursing facility care, hospice, and some home health care.

Medicare Part B: Medical insurance portion of Medicare that covers outpatient services, doctor visits, preventive care, and durable medical equipment.

Visit this FAQ to see which plan (Medicare, TRICARE, or Other Health Insurance) pays first. How Medicare works with OHI

Fields with an asterisk (*) are required.

Date of Submission: 00/00/0000

Type of Coverage *

Select One

3

Policy Holder's First Name *

Policy Holder's Last Name *

Social Security # (SSN) or Department of Defense Benefits # (DBN) *

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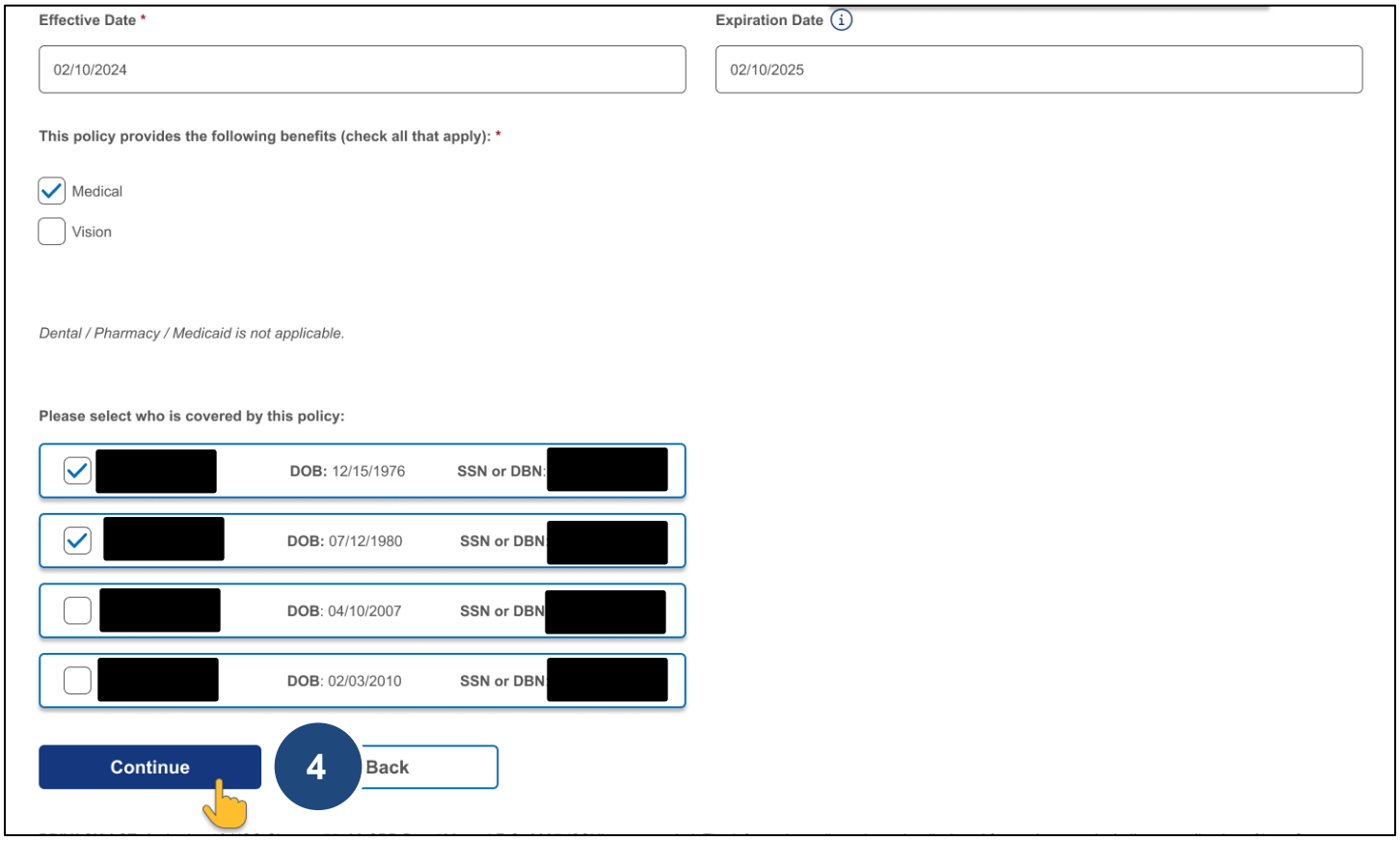

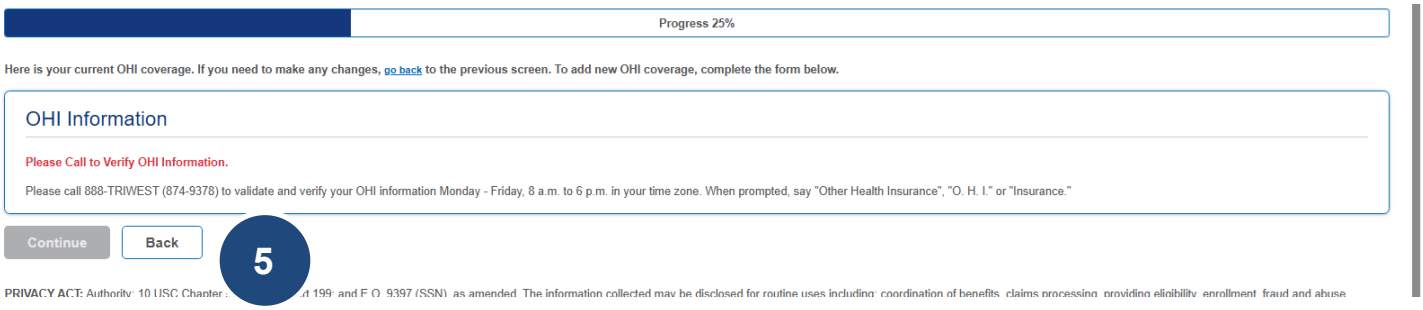

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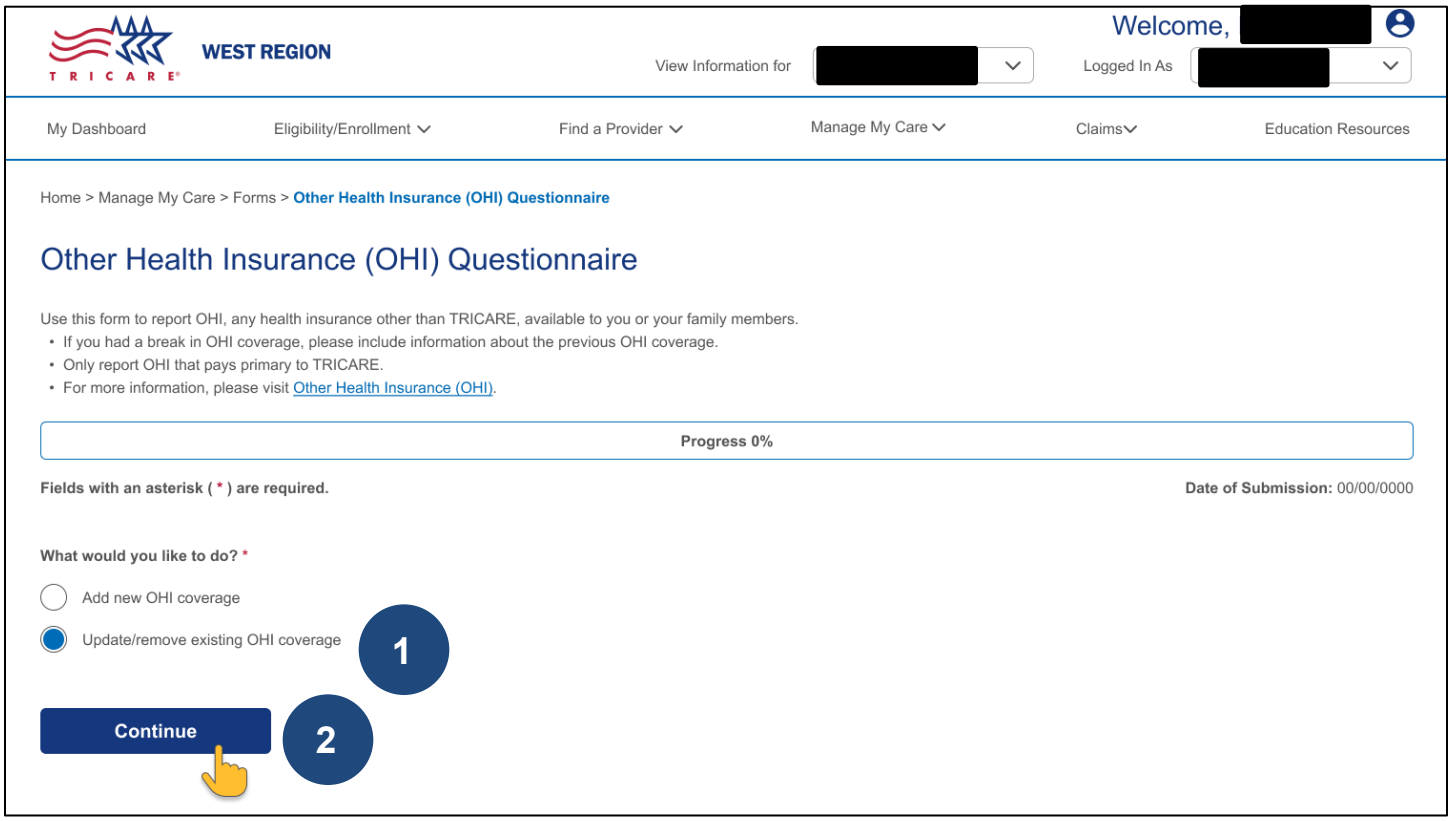
Updating OHI Information

Note: Only the expiration date can be updated.

To update your OHI Information using the OHI Questionnaire:

1. Select **Update/remove** existing OHI coverage.
2. Select **Continue**.
3. Choose the OHI record you want to update.
4. Select **Continue**.
5. Enter the new **Expiration Date** in the field.
6. Select **Submit** after you enter the correct date.
7. You'll receive a confirmation screen once submitted.

Note: There are cases where some beneficiaries may not be able to complete the form online and they will receive a message to call in to verify and validate OHI information over the phone with PGBA.



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TRICARE WEST REGION

Welcome, [redacted]

View Information for [redacted] Logged In As [redacted]

My Dashboard | Eligibility/Enrollment | Find a Provider | Manage My Care | Claims | Education Resources

Home > Manage My Care > Forms > **Other Health Insurance (OHI) Questionnaire**

Other Health Insurance (OHI) Questionnaire

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Progress 25%

Select the coverage you'd like to update or remove. *

OHI Information

	OHI TYPE	COVERAGE TYPE	COMPANY NAME	POLICY HOLDER	POLICY NUMBER	EFFECTIVE DATE	END DATE	STATUS
◉	Primary	Medical	United Healthcare	[redacted]	[redacted]	2/10/2024		Active
○	Primary	Vision	United Healthcare	[redacted]	[redacted]	2/10/2024		Active
○	Medicare Part A	Medicare	Blue Cross Blue Shield	[redacted]	[redacted]	2/8/2024		Submitted
○	Supplemental		Blue Cross Blue Shield	[redacted]	[redacted]	10/2/2024	10/2/2026	Inactive

3

Continue 4 Back

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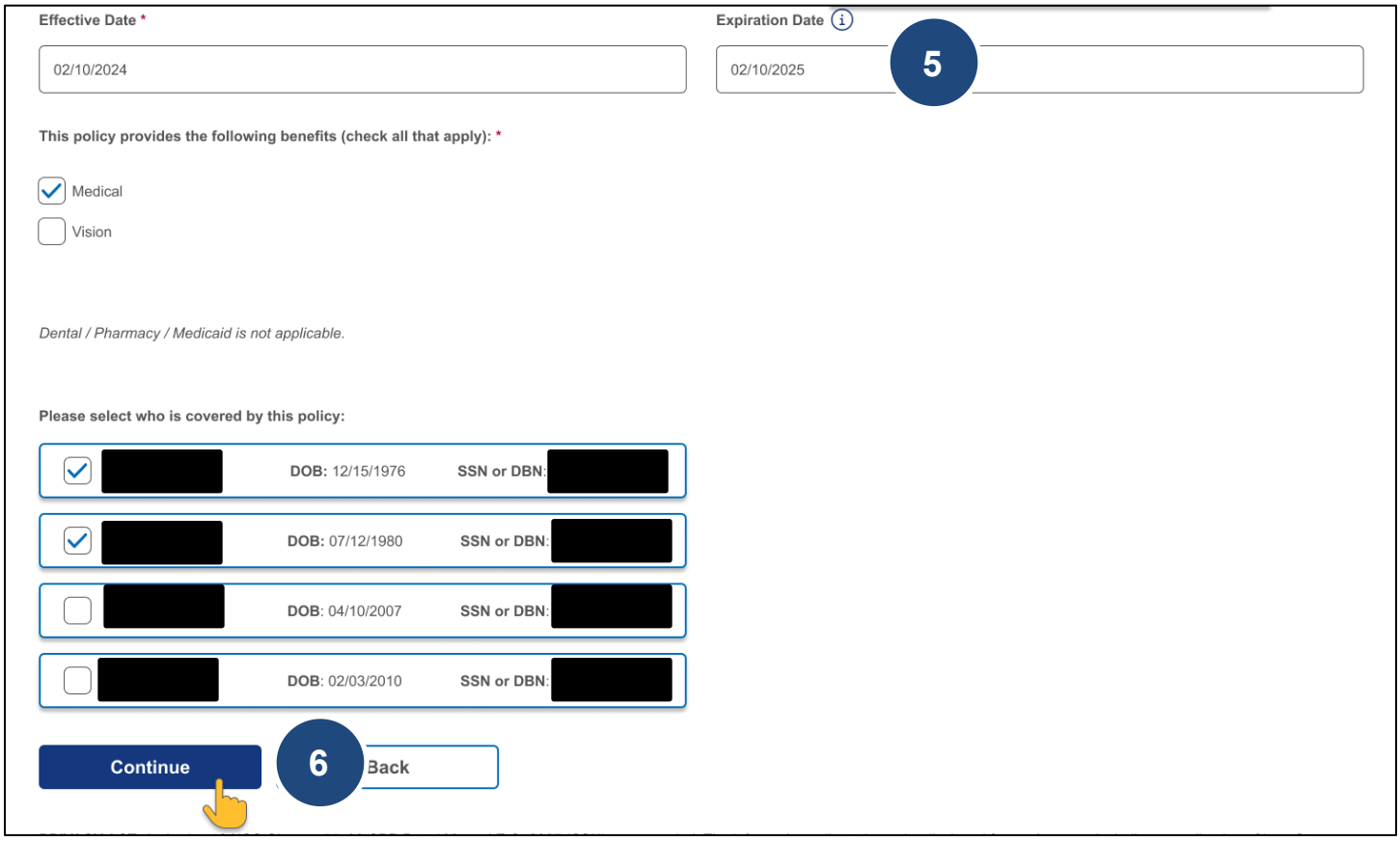

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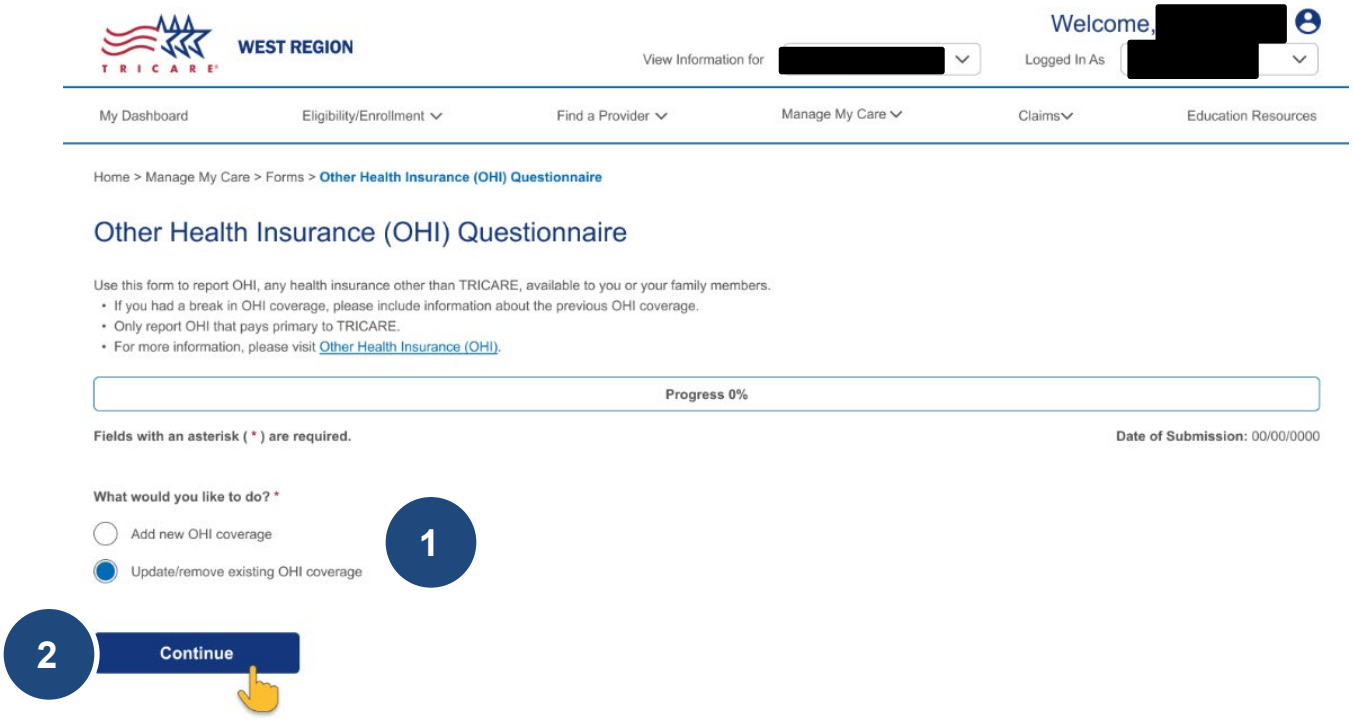
Removing OHI Information

To remove OHI Information using the OHI Questionnaire:

1. Select **Update/remove existing OHI coverage**.
2. Select **Continue**.
3. Choose the OHI record you want to remove.
4. Select **Delete OHI Record**.
5. Only delete an OHI record if it was never part of your coverage.
6. Select each OHI record you want to remove.
7. Select **Continue**.
8. Select **Confirm** to complete the process.



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View Information for [redacted]

Welcome, [redacted]

Logged In As [redacted]

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○	Supplemental		Blue Cross Blue Shield	[redacted]	[redacted]	10/2/2024	10/2/2026	Inactive

Continue | 3 | Back

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Home > Manage My Care > Forms > **Other Health Insurance (OHI) Questionnaire**

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Progress 75%

Fields with an asterisk (*) are required. **Date of Submission:** 00/00/0000

To update OHI coverage, edit the fields below that need to be updated. To remove coverage, enter an expiration date.

OHI Information

OHI TYPE	COVERAGE TYPE	COMPANY NAME	POLICY HOLDER	POLICY NUMBER	EFFECTIVE DATE	END DATE	STATUS
Primary	Medical	United Healthcare	[redacted]	[redacted]	2/10/2024		Active

6

If this OHI was never part of your coverage, click the Delete OHI Record button to delete it. Only delete OHI coverage if it was never part of your coverage.

Delete OHI Record

4

Type of Coverage * **Policy Holder's First Name** *

Beneficiary Removal

Please select which beneficiaries you would like to remove from this OHI record:

- [redacted] DOB: [redacted] SSN or DBN: [redacted]
- [redacted] DOB: [redacted] SSN or DBN: [redacted]
- [redacted] DOB: [redacted] SSN or DBN: [redacted]
- [redacted] DOB: [redacted] SSN or DBN: [redacted]

7 Continue Back

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