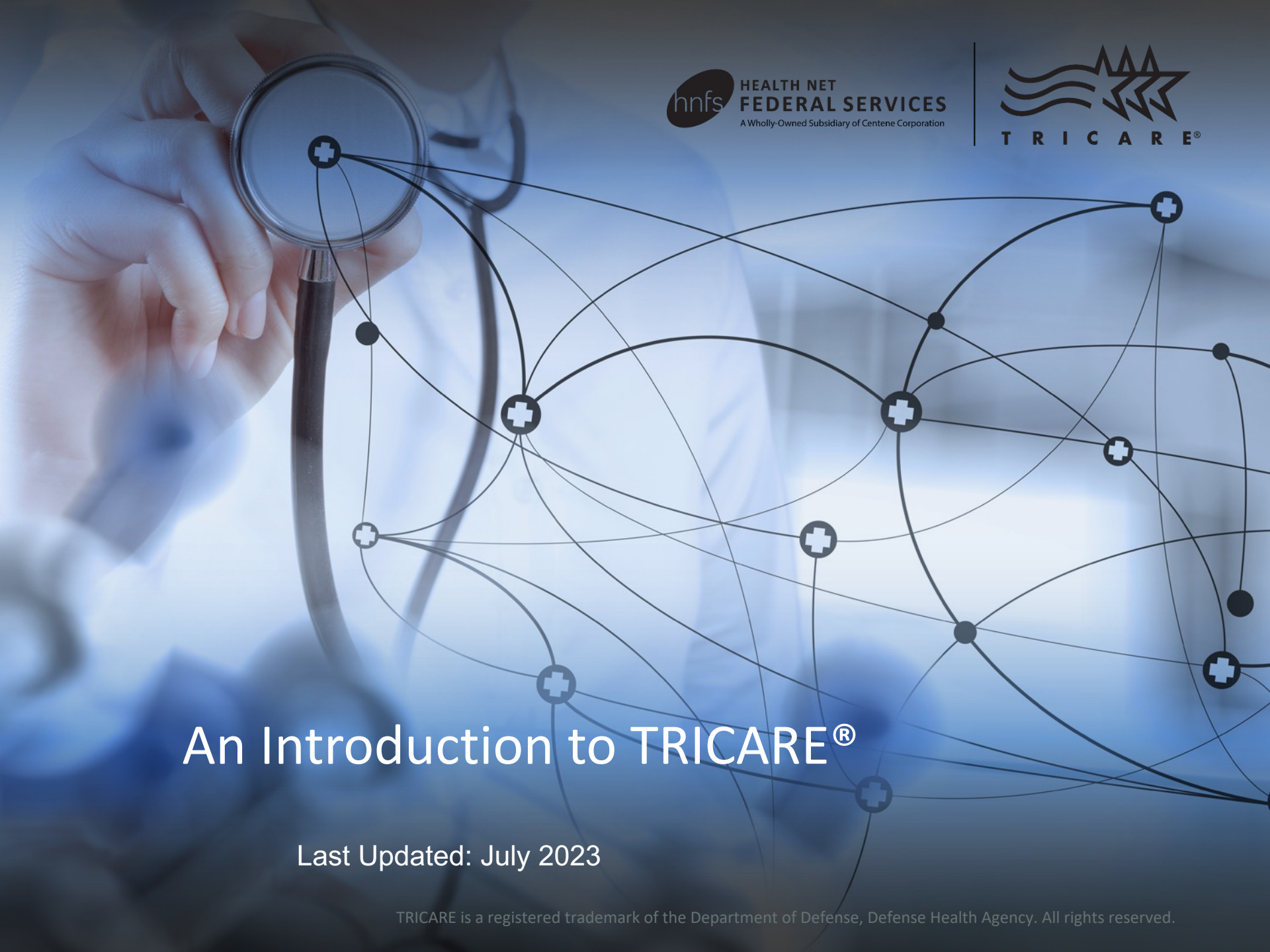


HEALTH NET FEDERAL SERVICES
A Wholly-Owned Subsidiary of Centene Corporation

TRICARE®

An Introduction to TRICARE®

Last Updated: July 2023

Learning Objectives

Upon completion of today's presentation, you should:

- Understand the basics about TRICARE and the TRICARE West Region
- Be familiar with **www.tricare-west.com** and the tools available to you
- Know how to verify TRICARE eligibility
- Know how to submit and check status of authorizations and referrals
- Understand where and how to submit claims, and how to check status

Health Net Federal Services

Our role

For more than **three decades**, Health Net Federal Services (HNFS) has partnered with the Departments of Defense and Veteran Affairs to provide health care services to our nation's active duty and reserve service members and their families, retirees, and veterans.

HNFS currently assists nearly **2.8 million beneficiaries** in the **TRICARE West Region**, including active duty and retired service members, National Guard and Reserve, and family members.

One of the first companies in the U.S. to develop comprehensive managed care programs for the military and their families, **HNFS is advancing the future of health care and improving military readiness** by creating better health outcomes, providing better care, and lowering cost.

HNFS is a **wholly-owned subsidiary of Centene Corporation**, a national leader in publicly-financed health care, including Medicare, Medicaid, and state-sponsored health care programs.

About TRICARE®

What is TRICARE?

- The Department of Defense's integrated health care delivery system through military hospitals and clinics, as well as a network of civilian health care providers
- Provides health benefits and services to active duty, reservist and retired members of the uniformed services, their families and survivors
- Available to the Army, Navy, Air Force, Space Force, Marine Corps, Coast Guard, U.S. Public Health Service (USPHS), and National Oceanic and Atmospheric Administration (NOAA)

Managed Care Support Contractors

The continental U.S. is divided into two TRICARE regions: TRICARE West and TRICARE East

West:
Health Net Federal Services, LLC (HNFS)

East:
Humana Military

TRICARE® West Region

The TRICARE West Region geographical area includes the following states:

Alaska	Kansas	North Dakota
Arizona	Minnesota	Oregon
California	Missouri (except St. Louis area)	South Dakota
Colorado	Montana	Texas (areas of western Texas only)
Hawaii	Nebraska	Utah
Idaho	Nevada	Washington
Iowa (except Rock Island Arsenal area)	New Mexico	Wyoming

www.tricare-west.com

www.tricare-west.com

An overview of tools available on the public portal

We offer many tools and resources that do not require you to log in to access:

- ✓ Appeal submissions
- ✓ Authorization and referral requirements
- ✓ Authorization and referral submission and status ***(no log in option)***
- ✓ Benefits A–Z
- ✓ Copayment/cost-share tables
- ✓ Credentialing status
- ✓ Eligibility verification ***(no log in option)***
- ✓ Forms
- ✓ Fraud and abuse reporting
- ✓ Frequently asked questions
- ✓ General TRICARE program overview
- ✓ Links to the TRICARE CHAMPUS Maximum Allowable Charge (CMAC) rates, and other TRICARE and health care websites
- ✓ Network and non-network provider directories
- ✓ TRICARE Provider Handbook and other education materials

(list not exclusive and subject to change)

www.tricare-west.com

Let's take a look at the secure portal

Providers are encouraged to register at HNFS' website at **www.tricare-west.com.**

What we offer

Our secure portal hosts interactive tools to assist you with TRICARE transactions, including:

- ✓ Authorization and referral submission and status
- ✓ Case management/disease management nomination forms
- ✓ Claims submission and status
- ✓ Demographic updates
- ✓ Eligibility verification
- ✓ Inpatient hospital notification
- ✓ Prescription Monitoring Program look-up
- ✓ Primary care manager (PCM) panel "PCM Enrollee Roster" Information
- ✓ Secure electronic mail through Ask Us
- ✓ XpressClaim™ to electronically submit claims, view electronic remittance advice statements and sign up for electronic funds transfer

(list not exclusive and subject to change)

Encourage your TRICARE patients to visit our beneficiary secure portal to access their Explanations of Benefits, authorization and referral letters, eligibility and deductible information, and more.

Website Registration

Be sure to register at www.tricare-west.com

How to Register

- Click on **Log In/Register** at the top of any page at **www.tricare-west.com** to get started. This will direct you to a Website Registration Form for you to complete and fax back to us. Please allow 10 business days for processing. We will contact you to verify your information.

- ***Please only register once,*** as we are unable to support multiple accounts created by the same person. You can easily conduct transactions for multiple Tax Identification Numbers under one user name.

Why Register?

- Registration provides you access to all the self-service tools on our website.

- You'll be automatically opted in to receive TRICARE and HNFS-specific educational updates. *You can opt out at any time by managing your account preferences or clicking the opt out link at the bottom of all email messages.*

For web support, call the HNFS Web Admin Support team at 1-800-440-3114

Provider Network & Credentialing

The HNFS West Region Network

What we offer

- ✓ HNFS completes processing of clean claims within 30 days, with most processing in less than 15 days.
- ✓ At **www.tricare-west.com**, you have access to web-based tools to check beneficiary eligibility, validate whether a service requires prior authorization, submit referral/prior authorization requests and check status, submit claims electronically and check status, check credentialing status, update demographics, and more.
- ✓ As an industry leader in developing comprehensive managed care programs for military families, HNFS has partnered for more than 35 years with the Department of Defense to provide health care for military members and their families.

Network Providers

Contracted providers and groups agree to:

- Submit TRICARE claims electronically. *(Note: Providers in Alaska are not required to submit electronically.)*
- Provide consultation reports, operative reports and/or discharge summaries to referring providers within seven business days of delivering care.
- Comply with pre-authorization and referral requirements.
- Supply HNFS with a Health Insurance Portability and Accountability Act (HIPAA)-compliant fax number for authorizations and referrals, and an email address to ensure secure communications.
- Accept contractual agreement rates.
- Maintain credentialing requirements for all providers within the group.
- Respond to notices about key prevention or chronic care measures (for example, screenings, immunizations, blood tests)

We list network providers in our online network provider directory.
Help keep our provider directory current!

- Use our Update Demographics tool at www.tricare-west.com or
- Submit an updated Network TRICARE Provider Roster (available at www.tricare-west.com > *Provider* > *Forms* > *Network Provider*).

Credentialing

HNFS conducts credential reviews on all network providers to determine if providers meet the minimum requirements of the Defense Health Agency, HNFS and URAC. As part of their provider agreements, all practitioners must complete the HNFS credentialing process. Visit our "credentialing hub" at www.tricare-west.com > *Provider* > *Take me to…Credentialing* to find all the details about this process.

Applications
Network providers must ensure they have a complete and current credentialing application accessible to HNFS. HNFS uses CAQH® for its provider network application and credentialing process. (**Note:** Minnesota and Washington have special circumstances and use a different credentialing process.)

Credentialing status
Use our check credentialing status tool at **www.tricare-west.com**. Enter the individual (Type 1) or facility/ancillary (Type 2) National Provider Identifier (NPI).

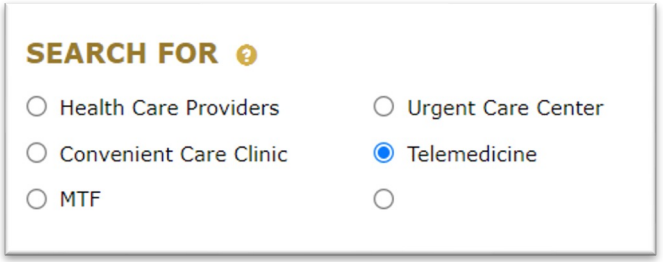
- **New practitioners, facilities and vendors:** Allow up to 90 days after HNFS receives a completed application.
- **ABA practitioners:** Allow up to 60 days after HNFS receives a completed application.

Note: Credentialing status is different than network status. Please refer to your Provider Participation Agreement for network status and effective date. (If your group has a delegated credentialing agreement, contact your group's credentialing department for your contract execution date.)

Do You Offer Telemedicine?

HNFS can identify you as a telemedicine provider in our Network Provider Directory

- Use our Network TRICARE Provider Roster to let us know which providers in your practice offer video telemedicine services. Go to www.tricare-west.com > *Provider > Forms > Network Provider*.
- If using a different template, indicate on it who offers telemedicine services.
- Submit completed rosters to **PDMRoster@hnfs.com**. Groups with delegated credentialing agreements with HNFS should submit rosters to their HNFS compliance auditor.



At this time, our directory does not filter for those who ONLY offer audio-only telehealth services.

Other Providers

Non-Network Providers

The type of non-network provider determines how much beneficiaries will pay out of pocket

- A **non-network provider** is authorized to provide care to TRICARE beneficiaries by meeting TRICARE licensing and certification requirements but has not signed a network agreement with HNFS.

- Non-network providers can be **participating** or **non-participating**:
  - ✓ **Participating:** Agree to file claims for TRICARE beneficiaries, accept payment directly from TRICARE and accept the TRICARE-allowable charge as payment in full for their services.
  - ✓ **Non-participating:** Do not agree to accept assignment and are not required to file claims for beneficiaries. A non-participating provider may balance bill up to 115 percent of the TRICARE allowable charge.

- Access non-network applications at **www.tricare-west.com** *> Provider> Become TRICARE Provider (click on the "become a non-network provider" link under the West Region Network application table).*

Military Hospitals and Clinics

Military hospitals are often referred to as Military Treatment Facilities or MTFs

Military hospitals and clinics are operated by the military and are the health facilities of choice for all TRICARE beneficiaries.

Here is a list of the priorities for access to care:

1	Active duty service members, including National Guard and Reserve members on active duty status
2	Active duty family members enrolled in a TRICARE Prime option
3	Retired service members, their dependents, and all others enrolled in a TRICARE Prime option
4	Beneficiaries enrolled into the TRICARE Plus program
5	Active duty family members **not enrolled** in a TRICARE Prime option
6	Retired service members and their dependents **not enrolled** in a TRICARE Prime option
7	All other eligible beneficiaries **not enrolled** in a TRICARE plan

Network Provider Demographic Updates

Network Provider Updates

HNFS knows directory accuracy is essential for patients to access care quickly and easily. Network providers are required to submit demographic updates to HNFS as they occur. **Note for delegated providers – updating demographics may follow a different process.**

Provider Demographic Update Resources:

- **Update Demographics Tool guide**: This guide provides step-by-step instructions for how to use the *Update Demographics Tool.* Find this guide at **www.tricare-west.com** *> Provider> Education … Quick Reference Guides.*

- **Network TRICARE Provider Roster**: HNFS offers a Network TRICARE Provider Roster template for network provider groups to add newly affiliated providers or to submit demographic updates. Find the roster at **www.tricare-west.com** *> Provider> Forms > Network Providers > Network TRICARE Provider Roster.*

HNFS offers a **video tutorial** to assist you in completing and submitting the Network TRICARE Provider Roster. Find the video on our "Credentialing" and "Online Education" pages at **www.tricare-west.com**.

Network Provider Updates

Update Address, Phone Number or Fax Number
Use the Provider Demographics Update tool or submit an updated TRICARE Provider Roster to **PDMRoster@hnfs.com**.

Add Providers to Practice
Submit an updated TRICARE Provider Roster to **PDMRoster@hnfs.com** or fax a completed Provider Information Form (PIF) to 1-844-224-0381. **Tip!** We ***strongly encourage*** groups adding five or more individual providers to submit a roster instead of PIFs to expedite the process.

Update Specialty Information
First, verify your information is correct in the National Plan & Provider Enumeration System (NPPES). Then, submit an updated TRICARE Provider Roster to **PDMRoster@hnfs.com.**

Update Taxpayer Identification Number (TIN)
Submit a W-9 and a letter on company letterhead to HNFS. Fax to 1-844-224-0381 or email to your Provider Network team.

Add or Delete Location
Use the Provider Demographics Update tool or submit an updated TRICARE Provider Roster to **PDMRoster@hnfs.com**. If the provider is moving from one place to another, include dates for when to use/stop the old and new addresses.

Plan Types

TRICARE Plan Options

TRICARE-eligible beneficiaries have various plan options

When a patient needs care, it is important to determine upfront which TRICARE plan will be used for treatment and how that care will be reimbursed. The plan type also effects which services may be covered.

Current TRICARE Plans	
TRICARE Prime	TRICARE Young Adult
TRICARE Prime Remote	TRICARE Prime Overseas
TRICARE Select	TRICARE Prime Remote Overseas
TRICARE Reserve Select	TRICARE Select Overseas
TRICARE Retired Reserve	Continued Health Care Benefits Program (CHCBP)
TRICARE For Life	US Family Health Plan

TRICARE Prime

TRICARE Prime is a managed care (HMO-like) option

- Active duty service members must be enrolled in TRICARE Prime or TRICARE Prime Remote.*
- Other eligible TRICARE beneficiaries can choose to enroll in TRICARE Prime; enrollment occurs during Open Season or after a qualifying life event.
- Active duty service members and their families do not pay any enrollment fees or copayments.
- All other Prime enrollees pay an annual enrollment fee and may have a copayment for services.
- Care is managed by a primary care manager (PCM).
- Most specialty services require a referral from the PCM.

**TRICARE Prime Remote is a TRICARE Prime option available in remote areas for active duty service members and their family members who live and work usually more than 50 miles from a military hospital or clinic.*

TRICARE Select

TRICARE Select is a self-managed, preferred provider network (PPO-like) option

- TRICARE Select is available for TRICARE-eligible beneficiaries except active duty service members.
- Enrollment occurs during Open Season or after a qualifying life event.
- Most beneficiaries have an enrollment fee.
- Beneficiaries don’t have an assigned primary care manager and can choose to see any TRICARE-authorized provider for services covered by TRICARE, in most cases without a referral.
- Beneficiaries pay cost-shares or copayments for most services and will need to meet a certain deductible amount.

Premium-Based Plans

Those eligible to enroll in premium-based plans can do so at any time during the year

Premium-based plans are available for purchase by certain individuals who, by law, are no longer eligible for TRICARE Prime or Select due to age or inactive military status, or no longer eligible for military health care.

- TRICARE Retired Reserve (TRR)
  Available to qualified members of the retired Reserve (National Guard/Reserve) and their eligible family members. TRR offers TRICARE Select benefits.

- TRICARE Reserve Select (TRS)
  Available to qualified Selected Reserve members and their eligible family members. TRS offers TRICARE Select benefits.

- TRICARE Young Adult (TYA)
  Extends TRICARE to certain former dependent children under the age of 26 who lose TRICARE eligibility due to age (21–23). TRICARE Prime and TRICARE Select options available.

Additional Plans

These are additional plans available to beneficiaries

- TRICARE Overseas
  Beneficiaries residing overseas and seeking care stateside or beneficiaries residing stateside and seeking care overseas must coordinate all claims, referrals and authorizations through International SOS. Visit **www.tricare-overseas.com** for country-specific contact information.

- TRICARE For LIFE
  A Medicare-wraparound program available to all Medicare-eligible beneficiaries with Medicare Part A and B. This program is administered by Wisconsin Physicians Service (WPS) in the U.S. and U.S. territories. Visit **www.TRICARE4u.com**.

- US Family Health Plan (USFHP)
  An additional TRICARE Prime option. Contact **www.usfhp.com** or 1-800-74-USFHP (1-800-748-7347) for more information.

- Continued Health Care Benefit Program (CHCBP)
  CHCBP acts as a bridge between military health benefits and a new civilian health plan. It is a premium-based program for former military beneficiaries. Visit **www.HumanaMilitary.com** for more information.

TRICARE Pharmacy Program

The TRICARE Pharmacy Program provides prescription drugs for all TRICARE beneficiaries

- The TRICARE Pharmacy Program is available to all TRICARE-eligible beneficiaries registered in the Defense Enrollment Eligibility Reporting System (DEERS), except those enrolled in the US Family Health Plan.
- Beneficiaries can fill prescriptions at: military pharmacies, retail network and non-network pharmacies, and through TRICARE Pharmacy Home Delivery.
- The TRICARE pharmacy benefit is administered by Express Scripts, Inc.
- Visit **www.militaryrx.express-scripts.com** for complete TRICARE pharmacy program information.

TRICARE Dental/Vision Programs

TRICARE dental options are based on beneficiary eligibility

- **Military dental clinics:** Active duty service members (ADSM) receive active duty dental care through military dental clinics.

- **TRICARE Active Duty Dental Program (ADDP):** The ADDP provides civilian dental care to ADSMs who are unable to receive care from military dental clinics. The ADDP is administered by United Concordia Companies, Inc.

- **TRICARE Dental Program (TDP):** The TDP is a voluntary, premium-based program for active duty family members, as well as members of the National Guard and Reserve and/or their families. The TDP is administered by United Concordia.

- **Federal Employees Dental and Vision Insurance Program (FEDVIP):** The FEDVIP is a voluntary dental and vision insurance program offered by the U.S. Office of Personnel Management (OPM). FEDVIP offers comprehensive, cost effective dental and vision coverage for uniformed services retirees and their eligible family members, retired National Guard and Reserve members and their eligible family members, certain surviving family members of deceased active duty sponsors, and Medal of Honor recipients and their immediate family members and survivors.

Direct Care Only

AS A REMINDER …

Beneficiaries who are eligible for TRICARE but not enrolled in a TRICARE plan are **not covered** under TRICARE for civilian care (care rendered outside a military hospital or clinic).

Eligible beneficiaries not enrolled in a TRICARE plan can receive covered services through a military hospital or clinic, *but only on a space-available basis*.

Eligibility

TRICARE Eligibility

Who is eligible?

All TRICARE eligibility is based on the Defense Enrollment Eligibility Reporting System (DEERS) database and is determined by the military services.

- Active duty service members
- Active duty family members
- Retired service members and their family members
- National Guard and Reserve members and their family members
- Survivors and transitional survivors
- Medicare-entitled age 65 and over
- Medal of Honor recipients and their immediate family members
- Other eligible beneficiaries *(Note: Dependent parents and parents-in-law may not use TRICARE civilian health care services.)*

Verifying Eligibility

How to verify beneficiary eligibility

Providers must verify TRICARE eligibility *at the time of service*. You may verify eligibility one of three ways:

- Log in to the HNFS website at **www.tricare-west.com**. Be sure to retain a printout of the eligibility verification screen for your files.
- Call HNFS' interactive voice response (IVR) system at 1-844-866-WEST (1-844-866-9378).
- Submit an electronic data interchange (EDI) transaction.

TRICARE Identification Cards

There are several ID and enrollment cards for TRICARE

Uniformed Services Identification Card - Active Duty Family Member

- Most active duty service members and National Guard and Reserve members carry the Common Access Card (CAC), which replaced the uniformed services ID card
- Although CACs are valid uniformed services ID cards, they do not, on their own, prove TRICARE eligibility

DOD Benefits Number

Become familiar with DOD identification cards

Social Security numbers (SSNs) are no longer printed on Department of Defense (DOD) identification (ID) cards. This change was made by the DOD to protect the personal identity information of our beneficiaries.

Current ID cards contain the following identifiers:

- **DOD ID Number** – a 10-digit number ***not*** used for TRICARE claims, eligibility, or authorization and referral purposes.
- **DOD Benefits Number (DBN)** – an 11-digit number ***that relates to TRICARE benefit eligibility***. This number is located on the back of the new card.

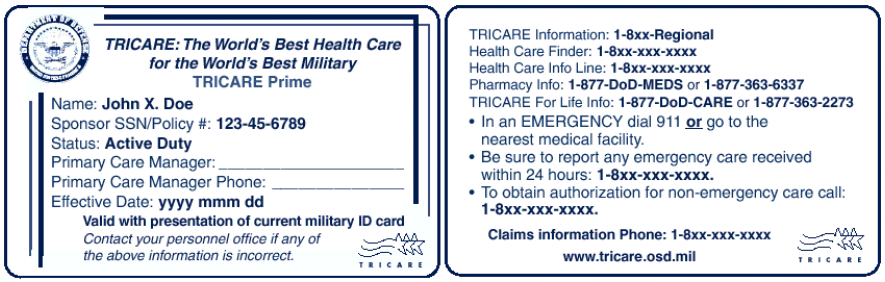
When submitting claims, prior authorizations and referrals for TRICARE beneficiaries, please use the sponsor's SSN or the 11-digit DBN.

Wallet Cards

Wallet cards are not required to obtain care, but contain important information for beneficiaries

Beneficiaries who enroll in a TRICARE health plan can download a wallet card via milConnect.

- TRICARE Prime
- TRICARE Prime Remote
- TRICARE Overseas Prime
- TRICARE Select
- TRICARE Reserve Select
- TRICARE Retired Reserve
- TRICARE Young Adult



Note: Wallet cards have program enrollment start dates. However, these are **not** the same as eligibility dates and do not guarantee coverage.

Copying Cards

Can you copy beneficiary ID cards?

It is legal to copy ID cards for authorized purposes. Per DOD instruction, it is both allowable and advisable for providers to copy CACs or ID cards for authorized purposes, which may include:*

- Facilitating medical care eligibility determination and documentation
- Cashing checks
- Administering other military-related benefits
- Verifying TRICARE eligibility

The DOD recommends providers retain photocopies of both sides of CACs and ID cards for future reference.

**Title 18, United States Code, Section 701 prohibits photographing or possessing uniformed services ID cards in an unauthorized manner. Unauthorized use would exist if the bearer uses the card in a manner that would enable him or her to obtain benefits, privileges, or access to which he or she is not entitled.*

Out-of-Pocket Costs

There are several factors that determine what a TRICARE beneficiary pays for their health plan

A TRICARE beneficiary's out-of-pocket costs are based on not only plan type and military status, *but on the date the sponsor entered active duty*.

- **Group A:** Sponsor's enlistment or appointment date occurred prior to Jan. 1, 2018.
- **Group B:** Sponsor's enlistment or appointment date occurred on or after Jan. 1, 2018.

What this means?

Your TRICARE patients may have different cost-shares/copayments for the same service rendered. Additionally, under TRICARE Select, using a network vs. a non-network provider will affect Group B beneficiaries' deductible and cost-share/ copayment amounts.

We encourage you to always verify current copayments and cost-shares at **www.tricare-west.com**.

TRICARE Benefits

What Does TRICARE Cover?

Benefit information resources

- **Benefits A–Z** can be located at **www.tricare-west.com** > *Provider* > *Public Tools … Benefits A–Z.* Here you will find a directory of services and determine which ones are covered by TRICARE.

- **TRICARE.mil** is another great resource to find covered benefits. From **www.tricare.mil**, click on *What's Covered* to get started.

- **TRICARE Manuals** offers benefit and reimbursement information. Find the TRICARE Reimbursement Manual, TRICARE Policy Manual and TRICARE Operations Manual at **manuals.health.mil.**

Mental Health Care

Mental Health Care Referral Requirements

Non-active duty service members don't need a referral or pre-authorization for most outpatient mental health and substance use disorder care when seeing network providers

Beneficiary Category	Outpatient Referral/Pre-Authorization Requirement
Active duty service member	Need a referral and pre-authorization for all mental health care in the TRICARE network.
Non-active duty TRICARE Prime beneficiary	Only need a referral and pre-authorization for psychoanalysis and outpatient therapy for substance use disorder (SUD) at an SUD rehabilitation facility.
Enrolled in any other TRICARE health plan (except TRICARE For Life)	Only need a referral and pre-authorization for psychoanalysis and outpatient therapy for substance use disorder (SUD) at an SUD rehabilitation facility.
Use TRICARE For Life	Only need a referral or pre-authorization if Medicare benefits are exhausted.

Mental Health Care Clinical Documentation

What is required?

Adequate medical documentation provides the means for measuring the type, frequency and duration of patient care provided. Under TRICARE and in accordance with oversight and accreditation organizations, providers are required to keep sufficient clinical records to substantiate that care provided was actually and appropriately furnished and medically or psychologically necessary.

For more information, please view our *Required Clinical Documentation for Mental Health Services* fact sheet at **www.tricare-west.com** *> Provider > Take Me To … Network Welcome Toolkit.*

Mental Health Care Provider Types

These mental health provider types must maintain sufficient clinical records:

- Acute care psychiatric hospital
- Intensive outpatient program (IOP)
- Inpatient/residential substance use disorder (SUD) rehabilitation facility
- Opioid treatment program (OTP)
- Outpatient mental health and SUD treatment provider
- Partial hospitalization program (PHP)
- Psychiatric residential treatment center (RTC)
- Psychiatric units within acute care institution

Pre-authorization and Referrals

Pre-authorization and Referrals with HNFS

As the TRICARE West Region contractor, HNFS must adhere to program manuals to administer the TRICARE benefit. However, regional contractors are allowed some discretion as to when a pre-authorization or a referral may be required, and if required, how those approvals are processed.

What Is a Referral?

Referrals are for services that are not considered primary care. An example of a referral is when a primary care manager (PCM) sends a patient to see a cardiologist to evaluate a possible heart problem.

The referral may be:

- **Evaluate only** – These referrals are for the initial office visit evaluation of the patient, including required diagnostic services (that do not require HNFS approval), but not treatment. HNFS will approve two office visits with the specialist to evaluate the beneficiary, and perform diagnostic services.
- **Evaluate and treat** – These referrals are for the initial office visit evaluation, required diagnostic services (that do not require HNFS approval) and treatment related to a specific medical condition. This releases care to the specialist. HNFS will approve one evaluation visit with the specialist and five follow-up visits. This type of referral includes subsequent care (diagnostic and ancillary services, related procedures) that does not require HNFS approval.
- **Procedure only** – HNFS will approve the test/procedure only.
- **Second opinion** – HNFS will approve one evaluation visit with the specialist and one follow-up visit.

Who Needs a Referral?

Not all TRICARE plan types require referrals

Who Needs a Referral

- TRICARE Prime, TRICARE Prime Remote and TRICARE Young Adult Prime beneficiaries must have a referral from their PCM before seeking most, but not all specialty care from providers other than their PCM.
- Beneficiaries in TRICARE Prime plans who seek specialty care without a referral (when required) are subject to Point of Service charges.

Who Does Not Need a Referral

- TRICARE Select, TRICARE Reserve Select, TRICARE Retired Reserve, and TRICARE Young Adult Select beneficiaries do not require a referral for specialty care. *Exception:* Applied behavior analysis services require a referral for all plan types.
- TRICARE dual-eligible beneficiaries do not require a referral for specialty care.
- Beneficiaries with other health insurance (OHI) only require approval for applied behavior analysis services. (Active duty service members cannot use OHI.)

Referrals for Active Duty Service Members

What about active duty service members?

Active duty service members require a referral for all care, except:

- emergency inpatient admissions
- chemical dependency detoxification

Note: Active duty service members enrolled in TRICARE Prime Remote *do not require a referral* for urgent care due to their remote location.

Referrals for Non-Active Duty Prime Enrollees

The rules for non-active duty prime enrollees

Non-active duty TRICARE Prime/TRICARE Prime Remote beneficiaries require a referral for most, ***but not all***, specialty care.

A referral is *NOT* required for:

- Urgent care
- Ancillary services (such as laboratory, radiology and pulmonary function tests); *however, some radiology services require authorization*
- Outpatient behavioral health services *(some services require authorization)*
- Preventive care services from network providers
- Emergency services

Point-of-Service Option

The point-of-service option allows most TRICARE Prime beneficiaries to self-refer for specialty care at a higher out-of-pocket cost.

TRICARE Prime beneficiaries can use the point-of-service option to self-refer to any TRICARE-authorized network or non-network provider for covered services without referrals (when required) from their PCMs or HNFS.

- Beneficiaries who use the point-of-service option will pay a deductible and have higher cost-shares for services.
- *Active duty service members do not have the point-of-service option. T*hey may be responsible for the entire cost of self-referred care.
- The point-of-service option doesn't apply to services that don't require a referral.

Urgent Care Referral Requirements

TRICARE allows most beneficiaries to seek urgent care without a referral and without visit limits

TRICARE Prime plans

Except for active duty service members, TRICARE Prime beneficiaries do not need a referral for urgent care. Point-of-service charges will not apply when seeking urgent care from the following:

- Any network or non-network urgent care center (must be TRICARE-authorized).
- Any network primary care type provider (family practice, general practice, internal medicine, pediatrics, OB/GYN, physician assistant, nurse practitioner, or certified nurse midwife).

Active duty service members enrolled in TRICARE Prime still require a referral for urgent care; however, active duty service members enrolled in TRICARE Prime Remote do not require a referral due to their remote location.

All other plans

- There is no referral requirement for urgent care, and care may be rendered by any TRICARE-authorized (network or non-network) provider.
- TRICARE Overseas Program enrollees who are traveling and seeking stateside urgent care do not require a referral.

Pre-authorizations

What is an authorization?

Certain services and/or procedures require HNFS review and approval, prior to being provided. Services and/or procedures that require this approval, or pre-authorization, can include:

- Certain mental health care services
- Hospitalizations
- Surgeries
- Therapeutic procedures

Another way to think of it …

Authorizations are for non-office visits.

Don’t Guess. Go Online.

It’s important to verify requirements before you submit!

We realize TRICARE referral and authorization guidelines can be complicated, so we offer the online **Prior Authorization, Referral and Benefit Tool** to help simplify the process.

Go to **www.tricare-west.com** > *Provider* > *Is Approval Needed* to verify referral and authorization requirements *before* submitting a request to HNFS.

We offer the following online resources to help simplify the process:

- The **Prior Authorization, Referral and Benefit** tool
- An **Ancillary Services Approval Requirements** tool

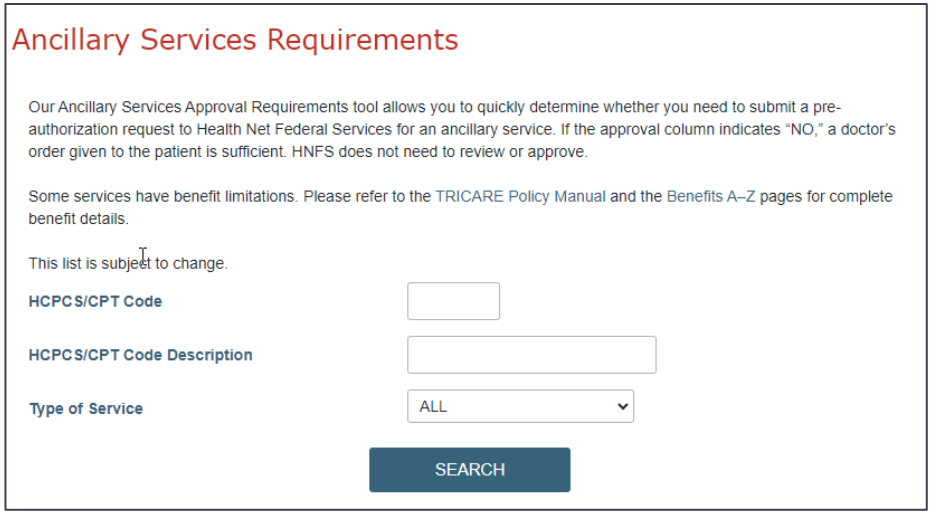
Ancillary Services

Examples: diagnostic laboratory and radiology tests (except laboratory developed tests); echocardiograms; holter monitors; pulmonary function tests; routine treadmill tests

Most ancillary services do not require a separate approval from HNFS; however, for TRICARE Prime patients, the services must be ordered by the primary care manager or a specialist the patient was approved by HNFS to see.

Use our "Ancillary Services Approval Requirements" tool for approval requirements specific to ancillary services, such as diagnostic laboratory tests and radiology.

Note: Some services have benefit limitations. Please refer to the TRICARE Policy Manual and our Benefits A–Z pages for complete benefit details.



Submitting Requests Online

HNFS requires providers to submit prior authorization and referral requests online

When you submit, be sure to:

- Complete all required fields.
- Be clear and concise when providing clinical information.
- Include the complete name and address when requesting a specific provider. *Do not abbreviate.*
- Use the attachment feature (in CareAffiliate®) to include supporting documentation.

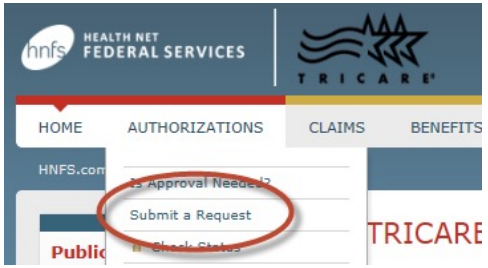
We offer a video tutorial, step-by-step user guides and referral/authorization-specific webinar presentations at **www.tricare-west.com** > *Provider* > *Education*.

Two Submission Options

HNFS offers two online submission options: CareAffiliate® and the Web Authorization Referral Form.

Find our two online submission tools at **www.tricare-west.com** > *Provider*.

If not already logged in, click on **Submit a Request** from the drop-down menu.



You will see two options.

- CareAffiliate (preferred method, requires website registration)
- Web Authorization/Referral Form (WARF)

CareAffiliate (requires login)	Web Authorization/Referral Form (does not require login)
Key features of this option include: • provides immediate responses • can be used for outpatient and inpatient requests • use to check status of requests • save frequently used providers, request profiles and diagnosis lists • allows for attachments After clicking the "Submit" button below, you will be directed to our secure portal. From there, click on "Submit Authorization Request" to access CareAffiliate. Submit an Authorization or Referral Now Tip: Use our step-by-step CareAffiliate Guide as a resource.	Key features of this option include: • does not require website registration • can be used for outpatient requests only • provides the option to print and save a PDF Submit an Authorization or Referral Now Tips: • Use our step-by-step WARF Guide and the Request Type Guide. • Be sure to use the provider lookup feature when requesting a provider. • Do not select "multi-specialty" as a specialty. This will delay processing of your request.

Additional Information Requests (AIR)

When reviewing pre-authorization requests for limited benefits, we may need additional information.

You can help prevent AIRs by proactively submitting a Letter of Attestation (if available) to all limited benefit review requests.

- If needed, HNFS will fax an AIR letter to the requesting provider.
- The AIR letter includes a description of the information needed and the timeframe in which the provider needs to respond usually within 30 days of the initial request received.
- The provider should fax additional information to our secure fax line at 866-678-0615.
- If additional information is not received within the timeframe specified, the authorization request will be canceled. *A new authorization request will need to be submitted with all supporting documentation.*

The Right of First Refusal

Your patients may be required to seek care at a military hospital or clinic

- Requests for specialty care, inpatient admissions or procedures requiring pre-authorization will be directed to military hospitals or clinics first, followed by TRICARE network providers if the services are not available at the military hospital or clinic.

- In order to minimize beneficiary dissatisfaction, and to reduce any confusion as to who will render care, please refrain from advising your patients where their specialty care will be rendered.

- Instead, advise that a referral for specialty care has been submitted and he or she will be contacted by the military hospital or clinic, or HNFS, as to where care may be obtained.

Referral and Authorization Status

How to check referral and authorization status

Whether you submit requests using CareAffiliate® or our Web Authorization Referral Form (WARF), you can use secure "Authorization Status" tool at www.tricare-west.com to view referral and authorization status and details.

- From the provider portal, click on "Authorization Status" in the Secure Tools box (log in required).
- Search for the specific authorization and select the one you want to view.
- Click on "View authorization letter" from the details page of the authorization you select. Additionally, you can scroll to the bottom of the page and click on the "Print" button to print a PDF version of the authorization details page.

Note: Once the primary care manager (PCM) refers a patient for care, the specialty provider is then responsible for any additional referral or pre-authorization requests for that episode of care. ***Please do not send patients back to their PCM to get follow-on referrals or authorizations.***

Referral and Authorization Status continued

Main Status Description	Status Reasons
Pended	HNFS is still processing the request.
Auto Terminated (pending for)	Care Radius-generated term for when a request automatically pends for additional review. This does not mean the same as canceled or denied!
Approved	All requested services were approved.
Modified	Some but not all requested services were approved.
Denied	All requested services were denied.
Canceled	The request was canceled. Look in the Detailed Status Description for the specific cancel reason.

Common Detailed Status Description (not a complete list)	Status Reason
Certified in Total	Approved
Not Certified	Some or all codes (or ranges of codes) were denied
Duplicate	Duplicate to a request already in the system

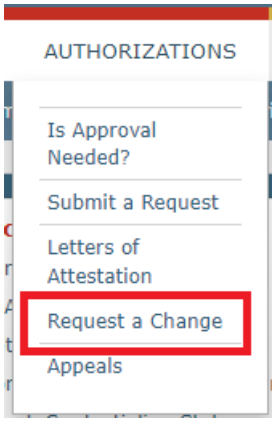
Changes to Existing Referrals

Providers can request certain changes on already-approved outpatient referrals and authorizations as long as services haven't been rendered. Request a change online using HNFS' **Authorization Change Request Form** at **www.tricare-west.com** > *Providers* > *Authorizations* > *Request a Change*.

Keep in mind, HNFS may authorize a range of CPT® or HCPCS codes rather than listing individual service codes on separate service lines. Always verify the code wasn't already approved and/or whether an approval is needed before submitting a change request to HNFS.

The following types of changes *can* be requested online:

- servicing provider
- priority of the request *(for example, urgent to routine)*
- CPT® or diagnosis codes *(some exceptions apply)*
- procedure/surgery/service date(s)



This tool *cannot* be used :

- If it's been more than 30 days since HNFS approved the services
- To add services to or extend visits/units on active approved authorizations
- If services were already rendered
- To submit medical documentation
- To submit questions to customer service
- Request changes to applied behavior analysis referrals/authorizations

Note: *Beneficiaries can request specialty provider changes through the Check Status tool at* ***www.tricare-west.com.***

Additional Services

Who submits the request to HNFS? Specialist or PCM?

Situation	PCM or Specialist	Notes
Specialist is requesting additional services beyond what HNFS originally approved	Specialist	It is the responsibility of that specialist (not the referring PCM) to verify requirements and, if required, submit a new request to HNFS.
Specialist is requesting a continuation of care extension	Specialist (if the original referral from the PCM has not expired)	This will not extend the episode of care; it will only add additional visits
Specialist needs to refer the patient to another specialty provider	Specialist	The specialist must submit a new request to HNFS for approval using the same diagnosis codes on the original PCM-to-specialist referral.
The original PCM referral expires during treatment.	PCM	The PCM must submit a new request to HNFS for approval.
There is a change in diagnosis.	PCM	If there is a change in diagnosis, a new PCM referral is required, as all new episodes of care require a new referral.

Episode of Care Examples

Let's review some examples

Example 1: The PCM refers a retired service member with chest pain to a cardiologist, specifying "evaluate and treat." In order to make a complete assessment, the cardiologist orders an echocardiogram, a holter monitor and a routine treadmill test as part of the evaluation. *The cardiologist does not need a separate approval from HNFS to perform these services.* ***Why?***

1. The PCM specified "evaluate and treat" on the original referral.
2. Echocardiograms, holter monitors and routine treadmill tests do not require prior authorization for this beneficiary category.
3. The services are TRICARE covered benefits.
4. The cardiologist performed the services within the duration of the approved PCM referral.

Tip: For the same reasons, the cardiologist may also perform outpatient cardiac catheterization procedures to diagnose and/or treat the heart condition without requesting approval from HNFS.

Example 2: The cardiologist in Example 1 identifies the need for surgical intervention as a result of cardiac catheterization findings. The patient must now be referred to a cardiothoracic surgeon. In this case, *the cardiologist must submit a new referral request to HNFS*. ***What changed?***

1. The original specialist (the cardiologist) does not perform the needed service and is enlisting evaluation from a new type of specialist (cardiothoracic surgeon). Therefore, a new referral is required.
2. This new referral must also go through the ROFR process and be reviewed for military hospital/clinic capability and capacity.

Consult Reports or Clear and Legible Reports (CLRs)

Network providers treating TRICARE patients who were referred by a military hospital or clinic, will need to submit consult documentation – also known as patient encounter reports or clear and legible reports (CLRs) – to the referring provider within required time frames. Consult documentation includes consultation reports, care notes, operative reports, and discharge summaries.

We encourage you and your staff to check out our online module, "Returning Consult Documentation for Your TRICARE Patients" at **www.tricare-west.com** > *Provider* > *Take Me To …* *Returning Consultation Reports.* The module, which takes less than 10 minutes to complete, covers:

- Why consult reports are important
- The patient continuum of care
- Timeliness standards for returning consult documentation
- Where and how to submit consult documentation to military hospitals and clinics.

Consult Reports or Clear and Legible Reports (CLRs) continued

As a reminder, once you have rendered care, the "clock" for returning consultation or initial assessment documentation begins.

Consultation Type	Consultation Standard
Emergent care	Send within 24 hours
Urgent care	Send within 48 hours
All others (*except mental health)	Send within seven business days
Mental health assessment	Mental health care providers: Submit brief initial assessments within seven business days.

Claims & Electronic Funds Transfer (EFT)/Electronic Remittance Advice (ERA)

NPIs/EFT/ERA

How to submit claims to HNFS

National Provider Identifier

- **HNFS offers payments and remittances by National Provider Identifier (NPI) number.** The NPI billed on the claim will determine where payment and remittance will be sent. Medical facilities, groups, clinics, and sole practitioners and durable medical equipment suppliers should complete the HNFS West Region NPI Form, available at **www.tricare-west.com** as soon as possible.

Go Green

- **HNFS requires network providers to submit TRICARE claims electronically via electronic data interchange (EDI),** except providers in Alaska. We encourage non-network providers to take advantage of EDI as well.

Electronic Funds Transfer (EFT)

Electronic Funds Transfer (EFT)

- **We strongly recommend electronic funds transfer (EFT) and electronic remittance advice (ERA)** for faster payment and remits. Payments are deposited directly into your bank account within days of processing completion.
- Visit **www.tricare-west.com** for EFT enrollment.
- HNFS requires two steps for new EFT registration.
- Submit an EFT Authorization Agreement to register for, make changes to or terminate an EFT agreement. The terms and conditions for EFT are documented on the form.
- HNFS will send a secondary EFT verification form to the provider. This must be returned within 90 days of receipt in order for HNFS to complete processing of the application

Note: New enrollments and changes to EFT can take up to 45 days to process once all information is received.

Electronic Funds Transfer (EFT)

Changing EFT bank information

HNFS requires two steps for changing EFT bank information.

- Complete and submit an **EFT Authorization Agreement**.
- HNFS will send a secondary EFT verification form to the provider. This must be returned within 90 days of receipt in order for HNFS to complete processing of the bank change to reestablish EFT.

Note: HNFS will suspend your current EFT and issue paper checks until your new bank information can be verified and EFT reestablished.

Electronic Remittance Advice (ERA)

Electronic Remittance Advice (ERA)

- HNFS offers a choice of **clearinghouses** from which to receive electronic remittance advice (ERA)/835 statements for claims. We encourage you to research each to determine which one meets the needs of your practice.

Note: New registrations can take up to 10 days to begin receiving your ERAs from the clearinghouse with which you registered.

- Use our **ERA Registration** tool to start viewing ERAs. You can also print the **ERA Request Form** along with the **HIPAA EDI Provider Agreement** and send it to PGBA, LLC by mail or fax:

PGBA, LLC
TRICARE Electronic Data Interchange
PO Box 17150
Augusta, GA 30903
Fax: 803-264-9864

- Clearinghouses must complete the **Clearinghouse/Direct Submitter Trading Partner agreement**.

Electronic Claims Submission

We offer two options to submit claims online:

- XPressClaim® – A secure, full service online electronic claims system recommended for providers with Internet access who submit fewer than 150 TRICARE claims per month. This service is free, requires no additional hardware or software, accepts 1500 claim forms and UB-04 claims, will adjudicate most TRICARE claims upon submission and provides a clear explanation of what TRICARE allows and what the patient owes. You can sign up for XPressClaim® at **www.tricare-west.com**.

- Claims clearinghouses – You can establish clearinghouse services to transmit TRICARE claims electronically to HNFS/PGBA for processing. This option allows you to submit claims to other health care payers as well. Visit **www.tricare-west.com** for more information on which clearinghouses are accepted.

Important: PGBA's Payer ID is 99726 for the TRICARE West Region.

Other Health Insurance

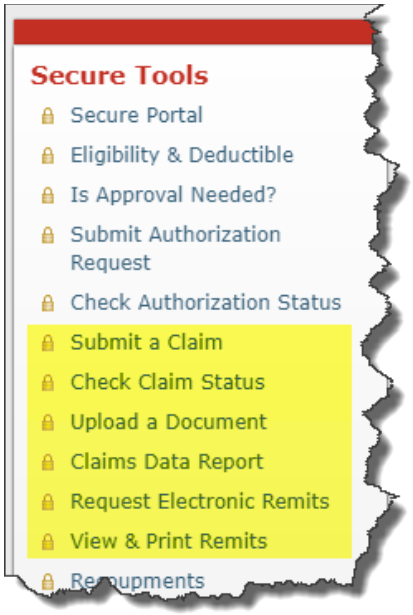
How does TRICARE work with other health insurance?

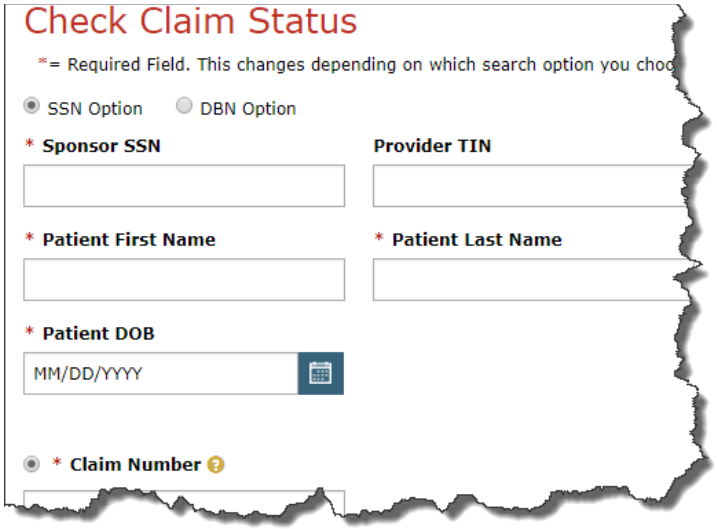
- TRICARE is the secondary payer *(except for Medicaid, MediCal, State Victims of Crime Compensation Programs, the Indian Health Service, and plans specifically designated as TRICARE supplements).*
- Active duty service members with other health insurance (OHI) require an approval from HNFS for all services.
- All other beneficiaries with OHI only require a prior authorization for inpatient behavioral health services or applied behavior analysis (ABA) services.
- Providers are encouraged to ask the beneficiary about OHI so that benefits can be coordinated.

Claim Status and Remits

Our secure tools are convenient to submit and check claims

Log in at **www.tricare-west.com** to check claim status, view and print remits and more.





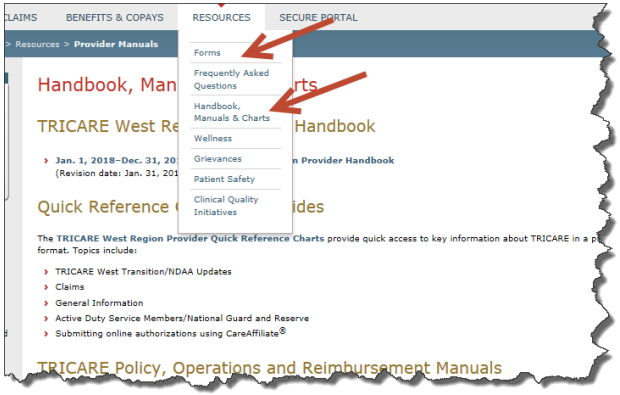
Resources

Reference Materials

HNFS provides tools and resources to help

In addition to the online tools on the secure and public portals, we offer printable reference materials, including the TRICARE Provider Handbook and quick reference charts demonstrating how to use several of the online secure tools.

Providers registered on our website and those with a network agreement will get emails for our quarterly newsletter, “In Case You Missed It” emails, and other TRICARE education as appropriate. We also post our TRICARE Provider News newsletter and “In Case You Missed It” summary emails online.



Customer Service

Our customer service team can assist you with a variety of options and are always happy to help

Contact HNFS at 1-844-866-WEST (1-844-866-9378):

- Self-service telephone menu available 24 hours a day, seven days a week
- Speak to a live representative Monday-Friday, 5 a.m.-9 p.m. PT
  - Provider contracting and credentialing inquiries 5 a.m.-6 p.m. PT
  - Provider locator services available 24 hours a day, seven days a week

Contact PGBA's EDI Provider Help Desk for assistance with electronic claims:

- 1-800-259-0264, Monday-Friday, 8 a.m.-4 p.m. PT

HNFS Web Admin Support

- 1-800-440-3114, Monday–Friday, 6:30 a.m.–6 p.m. PT

Q&A

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