The Role of Optum

- UnitedHealthcare Military & Veterans, a UnitedHealth Group company, is the TRICARE West Region managed care support contractor for the Department of Defense.

- Optum works in collaboration with UnitedHealthcare to provide a network of clinicians and facilities to serve the mental health needs of TRICARE beneficiaries.

- Optum contracts with clinicians and facilities in the 21 states of the West Region.

- Optum will manage various contractual needs of this specialized network.
Presentation Outline

- Introduction to TRICARE
- TRICARE Eligibility
- TRICARE Programs
- TRICARE Clinical Programs
- TRICARE Provider Types & Access Standards
- TRICARE Benefits Information - Behavioral Focus
- TRICARE Referrals and Authorizations
- TRICARE Claims
- TRICARE Reimbursement
- TRICARE Provider Resources
- TRICARE Important Contact Information

This presentation reflects the program as of the date delivered and is subject to change. Administrative guides and the Provider Handbook should be consulted regarding policies and procedures.
Introduction to TRICARE
What is TRICARE?

TRICARE is …

… the health care program for active duty service members, National Guard and Reserve members, retirees, family members, TRICARE Young Adult, survivors and certain former spouses worldwide.

… a network of Military Health System resources and civilian health care professionals working together to foster, protect, sustain and restore health for those entrusted to their care.
What is TRICARE?

TRICARE is available worldwide and managed regionally.

UnitedHealthcare Military & Veterans - West Region

HealthNet Federal Services - North Region

Humana Military Healthcare Services - South Region
TRICARE West Regional Contractor

- UnitedHealth Group is a national, diversified health and well-being company dedicated to making the health care system work better for everyone.

- UnitedHealthcare Military & Veterans
  - A division of UnitedHealth Group
  - Serves as a TRICARE third party administrator/managed care support contractor for the Department of Defense
  - Provides behavioral and specialty networks through Optum
Military Treatment Facilities

• Military Treatment Facilities (MTFs) provide direct care for Active Duty Service Members and other beneficiaries depending on available space.

• MTFs vary from large teaching facilities, such as the Naval Medical Center San Diego, to smaller primary care clinics with no specialty care.

• TRICARE network providers augment the care available at the MTFs.
TRICARE Eligibility
Who’s Eligible for TRICARE?

- Active Duty Service Members and their families
- Retired Service Members and their dependents
- TRICARE Young Adult
- Activated National Guard/Reserve and their families
- Retired National Guard/Reserve and their families (age 60+)
- Medal of Honor recipients and their families
- Other eligible beneficiaries such as survivors, eligible former spouses and eligible National Oceanic and Atmospheric Administration and U. S. Public Health Service
TRICARE Eligibility

- TRICARE benefits/entitlements are determined by the uniformed services reports to the Defense Enrollment Eligibility Reporting System (DEERS)

- All beneficiaries must register with DEERS

- Providers should verify a valid beneficiary Uniformed Services ID Card or Common Access Card

- Providers must check expiration date and copy both sides of the card

- TRICARE issues additional cards for:
  - TRICARE Prime
  - TPR (TRICARE Prime Remote)
  - TRS (TRICARE Reserve Select)
  - TRR (TRICARE Retired Reserve)
  - TYA (TRICARE Young Adult)
TRICARE Eligibility

Provider offices must validate the beneficiary’s Uniformed Services ID Card or Common Access Card (CAC), check the expiration date and verify eligibility using beneficiary Social Security Number or DoD Benefit Number by contacting:

- UnitedHealthcare Military & Veterans
  - 877-988-9378
  - Secure provider website, www.uhcmilitarywest.com (once registered)

- PGBA (Palmetto Government Benefit Association LLC)
  - 800-325-5920
  - Claims Administrator website, www.mytricare.com (access with provider registration)
TRICARE Eligibility

TRICARE Active Duty Service Members

• Active Duty Services Members (ADSMs) are enrolled in TRICARE Prime at their Military Treatment Facility (MTF)

• TRICARE Prime Remote ADSMs select a Network Primary Care Manager (PCM), if available, or certified non-network provider

• National Guard and Reserve on Active Duty status are enrolled in TRICARE Prime at their MTF or TRICARE Prime Remote

• ADSMs always need referrals and prior authorizations from their PCM for care outside of MTFs
TRICARE Programs
TRICARE Programs (product types)

TRICARE Prime:

- Offered in TRICARE Prime Service Areas within a 40-mile radius of a MTF
- Managed care option – beneficiary enrollment to PCM at the MTF or network provider
- Referrals to network specialty providers
- Authorizations required (refer to prior authorization list)
- Point-of-Service option ($300 per individual deductible, $600 per family deductible and 50% cost share)
- Lowest out-of-pocket costs
TRICARE Programs (product types)

TRICARE Prime Remote:

- TRICARE Prime Remote (TPR) and TRICARE Prime Remote for Active Duty Family Members (TPRADFM) are managed care options similar to TRICARE Prime.

- TPR is for active duty service members (ADSMs) and their eligible family members while they are assigned to remote duty stations in the United States.

- ADSMs and their families who live and work more than 50 miles or a one-hour drive time from a MTF may select this option - TPR zip code eligibility too.

- National Guard and Reserve called to Active Duty Status and their families are eligible for TPR and TPRADFM benefits.
TRICARE Programs (product types)

TRICARE Standard and TRICARE Extra:

- No referrals or primary care manager (PCM) enrollment required
- Prior authorization required for certain services (refer to prior authorization list)
- STANDARD: Most expensive out-of-pocket fiscal year (FY) deductible and cost-shares (works like a traditional fee-for-service plan)
- EXTRA: Out-of-pocket expenses, FY deductibles and cost share reduced 5 percent when choosing TRICARE network providers
- TRICARE for Life – Not administered by UnitedHealthcare
TRICARE Programs (product types)

TRICARE Young Adult:

- Eligible dependent age 21 (or 23 if full-time student) up to age 26
- Premium-based
- Similar to TRICARE Prime/Extra/Standard
- Need to meet specific criteria to be eligible
TRICARE Reserve Select (TRS):

- TRICARE health plan similar to TRICARE Standard/Extra (deductible and cost share)
- TRS coverage for National Guard/Reserve eligible members
- Premium-based health plan
- Prior authorizations required for certain services (see prior authorization list)
TRICARE Programs (product types)

TRICARE Retired Reserve:

- Premium-base health plan
- Specific criteria for eligible Retired Reservist
- Similar to TRICARE Reserve Select (deductible and cost share)
- Prior authorization required for certain services (see prior authorization list)
Program Details

The detail for these programs can be found at www.tricare.mil/costs

1. Select the Health Plan Costs link

2. Select the plan type

3. Scroll down to one of the following options:
   - Active duty family members
   - Retired service members, their families and all other beneficiaries

4. Scroll down the page to view the benefit grid for the selected plan

Example of TRICARE Standard and TRICARE Extra plans

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Network Provider (Extra Option)</th>
<th>Non-Network Provider (Standard Option)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance Services</td>
<td>15% of the negotiated rate</td>
<td>20% of the allowable charge</td>
</tr>
<tr>
<td>Ambulatory Surgery</td>
<td>$25 per visit</td>
<td>$25 per visit</td>
</tr>
</tbody>
</table>

This presentation reflects the program as of the date delivered and is subject to change. Administrative guides and the Provider Handbook should be consulted regarding policies and procedures.
TRICARE Clinical Programs
TRICARE Programs

Extended Care Health Option (ECHO):

- Provides additional health care coverage benefits to Active Duty Family Members with special needs

- Beneficiaries must qualify based on specific mental or physical disabilities and register with military branch Exceptional Family Member Plan.

- Offers integrated set of services and supplies beyond basic TRICARE benefits

- Requires authorizations for all services (includes autism services)
Condition Management:

UnitedHealthcare Military & Veterans programs include additional medical-surgical and behavioral health condition management for the following:

- Asthma (adult and child)
- Chronic Heart Failure
- Chronic Obstructive Pulmonary Disease
- Cancer Screening*
- Diabetes
- Depression*
- Anxiety Disorder*

* Added conditions effective April 1, 2013
Case Management:

UnitedHealthcare Military & Veterans’ case management programs include medical/surgical and behavioral health case management, specialty programs such as cancer clinical trials, the TRICARE ECHO program and transplants.

Effective 4/1/2013, UnitedHealthcare Military & Veterans enhanced its case management programs by adding Community Nurse Field Case Management services in selected areas that provide in-person case management to beneficiaries in their home.
Specialized Case Management:

Warrior Patient Advocates, Extended Care Health Option (ECHO/Autism Demonstration, Extended Home Health Care (EHHC), Custodial Care Transition Policy (CCTP)

To refer a TRICARE beneficiary to the program, download a Case Management Patient Referral Form from www.uhcmilitarywest.com > Clinical Programs > Find a Form

Or, call UnitedHealthcare Military & Veterans Interactive Voice Response toll-free at 877-988-9378(WEST)
Transition - Case Management:

Effective February 1, 2013, all Condition and Case Management beneficiary files have been forwarded to UnitedHealthcare Military & Veterans from the outgoing contractor to ensure continuity of care.
UnitedHealthcare Military & Veterans’ “Healthy Living” web page at www.uhcmilitarywest.com supports the health-promotion and disease-prevention goals of the Department of Health and Human Services’ National Healthy People Program.

Providers are encouraged to refer TRICARE beneficiaries to the UnitedHealthcare “Healthy Living” web page, which offers health and wellness tips, updates and resources to maintain or adopt healthy lifestyle habits.
TRICARE Coverage

TRICARE covers most inpatient and outpatient care that is medically necessary. There are special rules or limits on certain types of care and types of care *not covered*:

- For information or answers to specific questions about TRICARE covered services, visit www.uhcmilitarywest.com or contact UnitedHealthcare Military & Veterans, 877-988-9378 (WEST)


- TRICARE behavioral health coverage is referenced on pages 62-78 of the UnitedHealthcare TRICARE Provider Handbook

---

This presentation reflects the program as of the date delivered and is subject to change. Administrative guides and the Provider Handbook should be consulted regarding policies and procedures.
TRICARE Provider Types and Access Standards
TRICARE Provider Types

TRICARE Authorized Providers meet state licensing and certification requirements certified by TRICARE (includes physicians, hospitals, ancillary providers and pharmacies)

Types of TRICARE Authorized Providers:

- **Network Providers**: signed agreements with UnitedHealthcare, accept assignment, file claims and other paperwork for TRICARE beneficiaries

- **Non-Network Providers**: do not have signed agreement with UnitedHealthcare

- **Participating Providers**: participate on claim-by-claim basis, accepting allowable charge and direct payment from TRICARE

- **Non-participating Providers**: do not accept TRICARE allowable charge or file claims for TRICARE beneficiaries and can legally charge up to 15% more than TRICARE allowable charges

This presentation reflects the program as of the date delivered and is subject to change. Administrative guides and the Provider Handbook should be consulted regarding policies and procedures.
Eligible TRICARE Behavioral Health Provider Types

- Psychiatrists
- Clinical Psychologists
- Certified Psychiatric Nurse Specialists
- Clinical Social Workers
- Certified Marriage and Family Therapists
- Autism Spectrum Disorders (ASD)
  - Board-Certified Behavioral Analyst
  - Board-Certified Assistant Behavioral Analyst
  - Educational Interventions ASD (Tutors)

This presentation reflects the program as of the date delivered and is subject to change. Administrative guides and the Provider Handbook should be consulted regarding policies and procedures.
Eligible TRICARE Behavioral Health Provider Types

Institutional Providers:

- Hospitals, Acute Care and Psychiatric
- Residential Treatment Centers
- Christian Science Sanatoriums
- Psychiatric Partial Hospitalization
- Substance Use Disorder Rehabilitation Facilities

This presentation reflects the program as of the date delivered and is subject to change. Administrative guides and the Provider Handbook should be consulted regarding policies and procedures.
TRICARE Management Activity (TMA) changed requirements for licensed or certified mental health counselors

- Must be licensed for independent practice in mental health counseling
- After December 31, 2014, TRICARE will no longer recognize supervised mental health counselors

For more information please refer to the TRICARE Policy Manual, Chapter 11, Section 3.11 at [www.tricare.mil/tma](http://www.tricare.mil/tma)
TRICARE Network Providers

Network providers **may only bill** a beneficiary for:
- deductible
- copayment
- cost-share

Network providers **may not bill** a beneficiary for:
- charges that exceed contracted rates

**Hold Harmless Policy for Network Providers:**

- A network provider may not require payment from a TRICARE beneficiary for any non-covered services the beneficiary received (i.e., the beneficiary will be held harmless) **except as follows:**

- If the TRICARE beneficiary did not inform the provider of TRICARE status, then the provider may bill the beneficiary for services provided.

- If the beneficiary was informed that the services were not covered and agreed in advance to pay for the specific services and signed the TRICARE Waiver of Non-Covered Services form, the provider may then bill the beneficiary. The TRICARE Waiver of Non-Covered Services form is available under “find a form” at [www.uhcmilitarywest.com](http://www.uhcmilitarywest.com)
Office and Appointment Access Standards:

Office wait-times for non-emergencies may not exceed 30 minutes, unless the provider is rendering emergency care. Notify your patient of the cause, anticipated length of the delay and offer to reschedule the appointment.

Network PCMs must be available by telephone or by appointment 24 hours a day, 7 days per week

- Wait times for appointments for urgent care shall generally not exceed one day (24 hours)
- Wait times for routine appointments may not exceed one week
- Wait times for appointments for wellness and specialty visits may not exceed four weeks (28 days)
TRICARE Benefits Information - Behavioral Health Focus

This presentation reflects the program as of the date delivered and is subject to change. Administrative guides and the Provider Handbook should be consulted regarding policies and procedures.
TRICARE Behavioral Health Benefits

• Psychiatric Diagnostic Interview Examination
• Outpatient Psychotherapy
• Psychological and Neuropsychological Testing
• Medication Management
• Electroconvulsive Therapy
• Acute Hospital Psychiatric Care
• Residential Treatment Center
• Psychiatric Partial Hospitalization Program
• Substance Use Disorder Detoxification, Rehabilitation and Outpatient Services
• Autism Program
Outpatient Services

Outpatient Services: one diagnostic interview per beneficiary, per provider, per fiscal year.

Medication Management:

• Covered as an independent procedure by a TRICARE-authorized provider for up to two sessions per month
• More than two sessions per month require prior authorization
• When provided in conjunction with therapy, requires prior authorization after initial eight behavioral health visits

Note: ADSMs always need referrals and prior authorizations from their PCM for care outside of MTFs

This presentation reflects the program as of the date delivered and is subject to change. Administrative guides and the Provider Handbook should be consulted regarding policies and procedures.
Outpatient Services

One diagnostic interview per beneficiary, per provider, per fiscal year

Marriage Counseling and Family Therapy:

• Marriage counseling without DSM-IV diagnosis is not covered
• Family therapy covered in treatment of diagnosed medical or psychological condition
  – Considered outpatient psychotherapy
  – May occur if spouse/spONS has diagnosed behavioral health disorder causing marital problems

Note: ADSMs always need referrals and prior authorizations from their PCM for care outside of MTFs
Outpatient Services

Six units of psychological testing and 10 units of neuropsychological testing per beneficiary, per fiscal year

Psychological Testing:

- Consideration for exceptions beyond the benefit limit may go for a medical review.
- It is the in-network Provider’s responsibility to determine whether prior authorization is required for all or part of a testing request.
- The following require prior authorization with an in-network provider:
  - Outpatient Psychological Testing (96101, 96102, 96103)
  - Neuropsychological Testing (96118, 96119, 96120)
  - Neuro-behavioral status exam (96116)
Inpatient Services

• Acute Hospital Psychiatric Care Inpatient Limitation
  – 30 days – ages 19 and older
  – 45 days – ages 18 and younger
  • Per fiscal year (10/1-9/30)

• Prior authorization required for non-emergency admissions
• Emergency admissions require notification 24-72 hours after admission
• Psychiatric Partial Hospital programs (PHP) Limitation
  – 60 days per benefit year

*Note: Intensive Outpatient Programs ARE NOT Covered*
Residential Treatment Centers

- Children and adolescents only (Ages 20 and under)
- 150 day maximum per fiscal year or single admission
  - Medical necessity review
- Prior authorization required
- Center must be TRICARE-certified through KePro
- Not covered for a primary substance use disorder

This presentation reflects the program as of the date delivered and is subject to change. Administrative guides and the Provider Handbook should be consulted regarding policies and procedures.
Substance Use Disorder

- Substance Use Disorder Treatment Services must be provided by
  - TRICARE-Certified facilities
  - TRICARE-Certified hospital-based programs

- Treatment
  - Detoxification – seven days per episode
  - Rehabilitation – Up to 21 days inpatient, partial hospitalization program (PHP) or combination of both per benefit period

- Prior Authorization Required

- Intensive Outpatient Programs (IOP) ARE NOT Covered (Except for ADSM’s)
Substance Use Disorder - Rehabilitation

• Benefits start first day of covered treatment and end 365 days later

• One episode of care per year, three episodes of care per lifetime
  – Limited to 21 days inpatient, partial or a combination of both
Substance Use Disorder - Outpatient

- Treatment in facility-based programs
- Limited to 60 group therapy sessions and 15 family therapy sessions per benefit year

This presentation reflects the program as of the date delivered and is subject to change. Administrative guides and the Provider Handbook should be consulted regarding policies and procedures.
TRICARE
Referrals and Authorizations
Referrals & Authorizations Definition

**Referral:** (applies to ADSMs and Autism) The process of sending a patient to another professional provider for consultation or health care service

**Authorization:** Request for services, procedures, or admission to a hospital or facility; obtained before service is provided; prior authorization not required for emergencies

UnitedHealthcare Military & Veterans Prior Authorization list is available at [www.uhcmilitarywest.com](http://www.uhcmilitarywest.com)
Referrals and Authorizations

Authorization is required for all inpatient and autism services as well as some outpatient services. For a complete list of services requiring authorization, please refer to the prior authorization list on www.uhcmmilitarywest.com

Generally authorizations are not required if a beneficiary has other health insurance that provides primary coverage

Behavioral Health Exceptions:

• TRICARE Prime beneficiaries may self-refer for initial eight visits to a Behavioral Health Network Provider ONLY

• Extended Care Health Option

Note: ADSMs always need referrals and prior authorizations from their PCM for care outside of MTFs.
Emergency Care:

- In the event of a medical, maternity or psychiatric condition leading to life, limb, or eyesight threatening emergency, the beneficiary should go, or be taken, to the nearest emergency room or appropriate medical facility.

- Providers must notify UnitedHealthcare Military & Veterans within 24 hours of an emergency admission, including weekend notifications.

- Notification of outpatient observation is not required.
Referrals & Authorizations

All PCMs and specialists should select network providers when submitting a referral or authorization to a specific provider, or leave blank. UnitedHealthcare Military & Veterans will select a network specialist as needed.


- Avoid point of-service billing issues for PRIME and TPR beneficiaries
- Reduce TRICARE beneficiary standard out-of-pocket expenses
Referrals & Authorizations

• Referral or authorization requests for all behavioral services, including autism
  • Send via automated fax transmission or paper fax to UnitedHealthcare
  • Urgent/Routine authorization requests – 877-581-1590

• Outpatient Treatment Reports
  • Both “type & print” and print for handwritten submission forms are available online at www.uhcmilitary.com, Provider Forms > Behavioral Health

• UnitedHealthcare will process 92.5% of routine authorization requests within two business days, 90% of referrals within two business days and 100% of requests within three business days.
Referrals & Authorizations

Right of First Refusal (ROFR):

- The Military Treatment Facility (MTF) is always the primary source of care for TRICARE Prime beneficiaries within the PSA
- MTF directs all care for TRICARE Prime ADSMs
- ROFR applies to TRICARE Prime beneficiary
- Standard beneficiary - optional
- Referral/Authorization to network providers may be denied if MTF has capacity for specialty services
Referrals & Authorizations

All referral/authorization requests are reviewed in order to:

- Determine the beneficiary’s TRICARE eligibility
- Verify that the service requested is a TRICARE benefit
- Determine if the service is medically necessary and is the appropriate level of care
- Determine if the service requested can be provided by an MTF and then send the beneficiary to the MTF
- If the MTF cannot provide the service, locate a network civilian provider. If a network provider cannot be located, a non-network provider may be authorized.
- Notify the beneficiary, the servicing provider and the requesting provider that the referral has been completed

This presentation reflects the program as of the date delivered and is subject to change. Administrative guides and the Provider Handbook should be consulted regarding policies and procedures.
Referrals & Authorizations

Referral/Authorization Appointment Process:

- Beneficiary is notified via letter, email or text message to schedule appointment and notify UnitedHealthcare Military & Veterans of appointment date by calling 877-988-9378 (WEST)

- Requesting specialist and facility will receive fax copy of beneficiary letter, approved referral/authorization and fax cover sheet

- Providers, once registered, may check status online at www.uhcmilitarywest.com

- Providers may request additional services by submitting referral/authorization form

- Specialty referrals valid for up to a maximum 180 of days

This presentation reflects the program as of the date delivered and is subject to change. Administrative guides and the Provider Handbook should be consulted regarding policies and procedures.
Referrals & Authorizations

- Referrals and authorizations issued by the previous TRICARE contractor have been extended by UnitedHealthcare 180 or 365 days from the initial referral or authorization date, depending on the CPT code (this includes Medical, Surgical and Behavioral Health).

- TRICARE Management Activity requires that 96% of referrals must be to network providers, including enrollees who reside outside PSA.
TRICARE Claims
EDI & Claims Processing

- UnitedHealthcare Military & Veterans contracts with PGBA (Palmetto Government Benefits Association, LLC), which will provide claims processing and claims customer service.

- PGBA has more than 30 years experience administering the military health care program. They are currently the claims contractor for TRICARE South & TRICARE North.

- PGBA is available by calling 877-988-9378(WEST) or via www.mytricare.com

This presentation reflects the program as of the date delivered and is subject to change. Administrative guides and the Provider Handbook should be consulted regarding policies and procedures.
EDI & Claims Processing

Network providers are contractually required to submit claims electronically to PGBA:

- PGBA EDI claim filing options available: www.mytricare.com
- PGBA offers a direct data entry option, XPressClaims, via PGBA website: www.mytricare.com
- PGBA offers other software options, billing services and clearinghouses, made available upon request
- For more information regarding TRICARE West Region electronic claim filing options, email EDI.TRICARE@PGBA.com or call 800-325-5920 > option 2, EDI representative
- EDI & ERA Network Providers are eligible for EFT, forms are available @ uhcmilitarywest.com > Find a Form
EDI & Claims Processing

Electronic data interchange (EDI) claim submission:

Enrollment with PGBA EDI Gateway, if not an existing PGBA TRICARE EDI Gateway trading partner:

- Contact Tech Support Center: 800-868-2505
- Request copy of EDI Gateway Tech User Communication Manual and Trading Partner Agreement
- Review manual and Trading Partner Enrollment
- Identify all X12 transactions to be submitted to EDI Gateways on the enrollment form
- Complete and return forms appropriate for your connectivity choice

All forms must be returned to ensure your billing is not interrupted. You will be contacted by an EDI representative when forms are received to complete enrollment.
TRICARE Reimbursement

Transitional inpatient claims payments:

Per Diem IP claim:

- The outgoing contractor is responsible for all charges until April 1, 2013
- UnitedHealthcare is responsible for these claims payments April 1, 2013 and after
TRICARE Claim Inquiry

TRICARE Claim Inquiry Options:

- UnitedHealthcare Military & Veterans Customer Service: 877-988-9378 (WEST)

- www.uhcmilitarywest.com: Registered providers may check claim status on the secure section of the website by process date, claim number, patient account number, check number or by individual provider

- www.myTRICARE.com: Using PGBA’s secure section of the website, registered providers may check eligibility, submit claims, view claims, claim correspondence, EDI, ERA and ERA requests and print claim data reports

TRICARE for Life claims are not administered by UnitedHealthcare. Please see page 26 of the TRICARE Provider Handbook for details.

This presentation reflects the program as of the date delivered and is subject to change. Administrative guides and the Provider Handbook should be consulted regarding policies and procedures.
TRICARE Claims

TRICARE Claim Forms:

CMS-1500 > for physicians and other providers
UB-04 > for facility/institutional providers

- Provider NPI is required for billing claims
- Beneficiary/Sponsor SSN or new 11 digit DBN (located on the back of ID card)
- UnitedHealthcare & PGBA process 98% of clean claims within 30 calendar days
- Allow at least 30 days to receive payment
- Timely Filing – Network providers should bill all claims within 30 days, and no later than 1 year from date of service, date of discharge, or date of professional services billed by facility
Claim Adjustment and Allowable Charge Review Requirements:

The following must have resulted in a discrepancy in the reimbursement amount:

• Level of reimbursement
• Number of units paid

Appropriate attachments should detail the discrepancy, include a copy of the provider remittance advice and be sent to:

TRICARE West Region
Correspondence Department
P.O. Box 7065
Camden, SC 29020 -7065
TRICARE Claims – Out of Area

Submitting out-of-area claims:

- If the claim is submitted EDI to PGBA, PGBA will forward to the appropriate TRICARE Region

- Submit paper claims to the TRICARE Regional claims processor where the beneficiary resides, or is enrolled.

  TRICARE North:

  Health Net Federal Services, LLC
c/o PGBA Claims
P.O. Box 870140
Surfside Beach, SC  29587-9740

  TRICARE South:

  PGBA South Region Claims Dept.
P.O. Box 7031
Camden, SC  29020-7031
TRICARE Claims - OHI

TRICARE and Other Health Insurance (OHI):

- TRICARE is last payer to all health plan benefits and insurance plans. Exceptions: Medicaid, TRICARE Supplements, Indian Health Service

- Verify OHI with beneficiary and with UnitedHealthcare when checking eligibility online or by calling 877-988-9378(WEST)

- When submitting OHI claims electronically, primary payer’s remittance is not required

OHI payments will not exceed the beneficiary liability. TRICARE will pay the beneficiary liability unless that amount is more than the TRICARE allowable charge.
TRICARE Claims - General

Balance Billing:
Network providers cannot balance bill, but may collect applicable deductible, cost-share or co-pay from the beneficiary

Waiver of Non-Covered Services:
Beneficiary signature is required prior to date-of-service. The form is available at www.uhcmilitarywest.com > Provider > Find a Form > General > TRICARE Beneficiary Liability Form – Waiver of Non-Covered Services
TRICARE Claims - General

TRICARE claims submitted to PGBA without the required authorization are reviewed and, if determined to be medically necessary and for a covered benefit, reimbursed at the TRICARE-allowable charge with an assessed penalty.

- Providers may not bill the beneficiary the penalty amount

- If the beneficiary did not advise the provider of TRICARE coverage before services were rendered, the provider may request a post-service, prepayment review from UnitedHealthcare Military & Veterans

- Submit the request and documentation to:

  TRICARE West Region
  Claims Department
  P.O. Box 7064
  Camden, SC 29020 -7064
Missed Appointments

Providers may charge a beneficiary for missing an appointment under the following condition:

- Beneficiary has signed Provider’s standard financial responsibility paperwork/forms prior to the scheduled appointment. If no formal agreement is in place, provider may NOT bill the beneficiary.

TRICARE does not reimburse for missed appointments. Provider may not bill TRICARE for a missed appointment.
Grievances:

If a provider or beneficiary has concerns about the level or quality of services or care, he or she has a right to file a grievance with UnitedHealthcare Military & Veterans.

Submit via fax to Appeals & Grievances Customer Relations Department at 877-584-6628, or mail to:

UnitedHealthcare Military & Veterans
Appeals and Grievances
P.O. Box 105493
Atlanta, GA 30348
Appeals

TRICARE beneficiaries and non-network participating providers can only appeal decisions made by UnitedHealthcare Military & Veterans.

The appeals process reviews:
- Medical necessity determinations
- Factual determinations (TRICARE policy/coverage issues)
- Provider sanctions
TRICARE Reimbursement
TRICARE Reimbursement

TRICARE reimbursement rates and methodologies follow DoD guidelines and are subject to change.

- TRICARE reimbursement shall not exceed 100 percent of TRICARE allowable charges for in- or outpatient services
- The allowable charge is the LOWEST of the following:
  - Providers billed charges, or
  - TRICARE maximum allowable charge, or
  - the UnitedHealthcare/Optum Fee Schedule less Network contractual discount
  - Exception: outpatient hospital OPPS reimbursement regardless of provider’s billed amount

This presentation reflects the program as of the date delivered and is subject to change. Administrative guides and the Provider Handbook should be consulted regarding policies and procedures.
TRICARE Reimbursement

CHAMPUS Maximum Allowable Charge (CMAC) Procedure Pricing:

- Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) is the CMAC for procedure coding
- CMAC is based on geographic location, provider class/type and site of service
- Rates can be found at www.tricare.mil/cmac
- Rates are changed at the discretion of the TRICARE Management Activity

This presentation reflects the program as of the date delivered and is subject to change. Administrative guides and the Provider Handbook should be consulted regarding policies and procedures.
TRICARE Provider Resources
TRICARE Provider Resources

UnitedHealthcare Military & Veterans offers an Interactive Voice Response System to assist providers with routine questions for claims, eligibility, contracting and provider data updates:

877-988-9378 (WEST)
(extended hours 7 a.m. to 7 p.m. for all time zones)

The UnitedHealthcare Military & Veterans public website at www.uhcmilitarywest.com provides:

• TRICARE Provider Directory
• TRICARE Provider Handbook and Manuals
• Downloadable forms
• TRICARE program updates and UnitedHealthcare processes
• Reimbursement and policy information
• Prior authorization list
• Secure website section (registration required)

This presentation reflects the program as of the date delivered and is subject to change. Administrative guides and the Provider Handbook should be consulted regarding policies and procedures.
UnitedHealthcare’s secure provider website at uhcmilitarywest.com offers registered providers access to the following:

- Patient eligibility and benefits
- Referral/authorization status
- Medical review requirements for specific codes
- Claim status

PGBA, www.mytricare.com: Register on secure website for claim EDI submission, claim status and eligibility
UnitedHealthcare enhanced beneficiary and provider benefits:

- Advanced Provider Search Tools – Beneficiaries can search for providers by condition, procedure and NCQA-recognition
- Doc. GPS – Free mobile app that provides access to provider network information
- Health and Wellness – Access to a URAC-accredited Health and Wellness website section that can be viewed in English, Spanish, German, Portuguese, Chinese, French and Italian
- MenteSana-CuerpoSano.com – Provides an Hispanic/Latino Health and Wellness website for Hispanic/Latino beneficiaries
- OptuMed/Health eNotes – Identifies care opportunities to improve health and reduce medication costs by delivering personalized quarterly messages to beneficiaries and their PCMs based on analysis of care history and evidence-based medical guidelines.
TRICARE Contact Information

This presentation reflects the program as of the date delivered and is subject to change. Administrative guides and the Provider Handbook should be consulted regarding policies and procedures.
This presentation reflects the program as of the date delivered and is subject to change. Administrative guides and the Provider Handbook should be consulted regarding policies and procedures.
This presentation reflects the program as of the date delivered and is subject to change. Administrative guides and the Provider Handbook should be consulted regarding policies and procedures.
This presentation reflects the program as of the date delivered and is subject to change. Administrative guides and the Provider Handbook should be consulted regarding policies and procedures.
Thank You!

We appreciate you supporting Military Families as a TRICARE Network Provider.