

TRICARE 101: New provider orientation

Humana
Military



Welcome

- 01 | What is TRICARE
- 02 | TRICARE regions
- 03 | Your regional contractor
- 04 | Humana Military's network subcontractor
- 05 | TRICARE policy resources and manuals
- 06 | HumanaMilitary.com
- 07 | Self-service for providers
- 08 | Key provider resources

What is TRICARE

Department of Defense's (DoD) healthcare program:

- US Army
- US Navy
- US Air Force
- US Marine Corps
- US Space Force
- US Coast Guard
- US Public Health Service Commissioned Corps (PHSCC)
- National Oceanic Atmospheric Administration (NOAA) Corps

TRICARE-eligible beneficiaries:

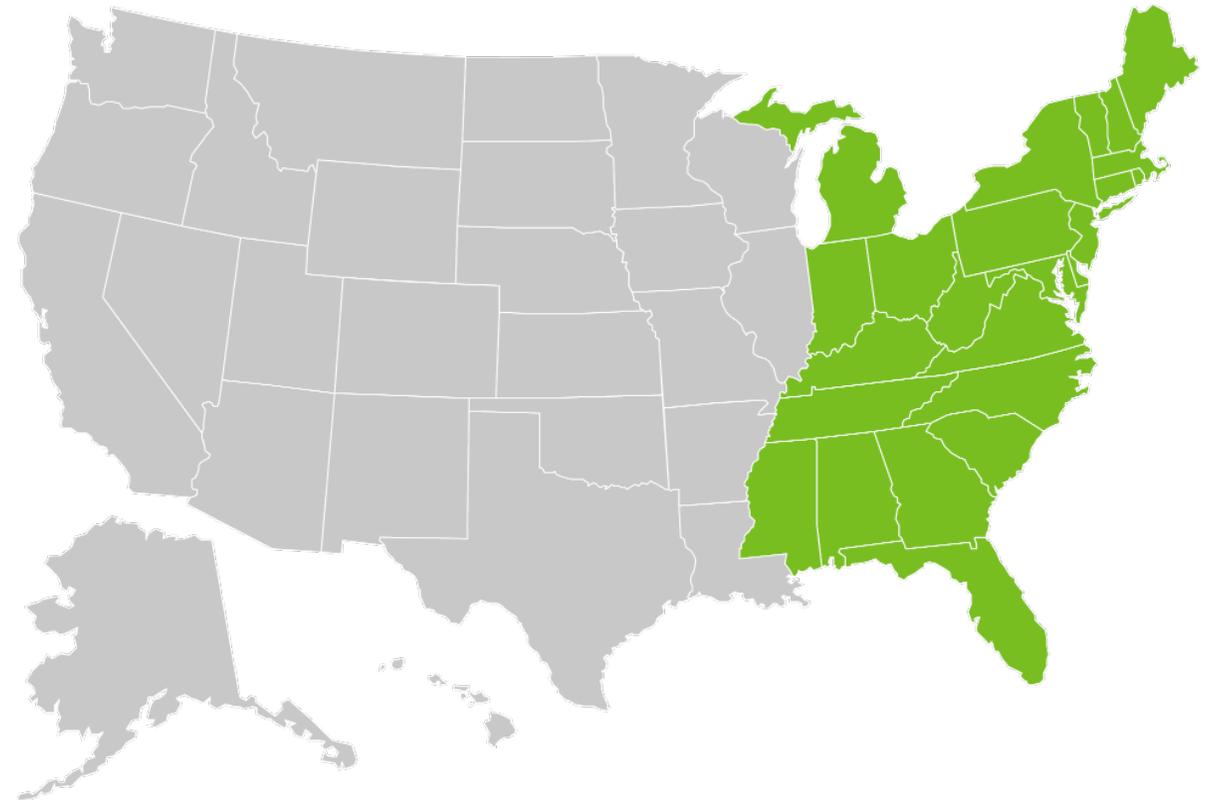
- Active Duty Service Members (ADSM) and Active Duty Family Members (ADFM)
- Retired service members
- National Guard and Reserve members and families
- Survivors
- Certain former spouses

TRICARE regions

TRICARE brings together military and civilian healthcare professionals and resources to provide high-quality healthcare services.

- | East Region
- | West Region

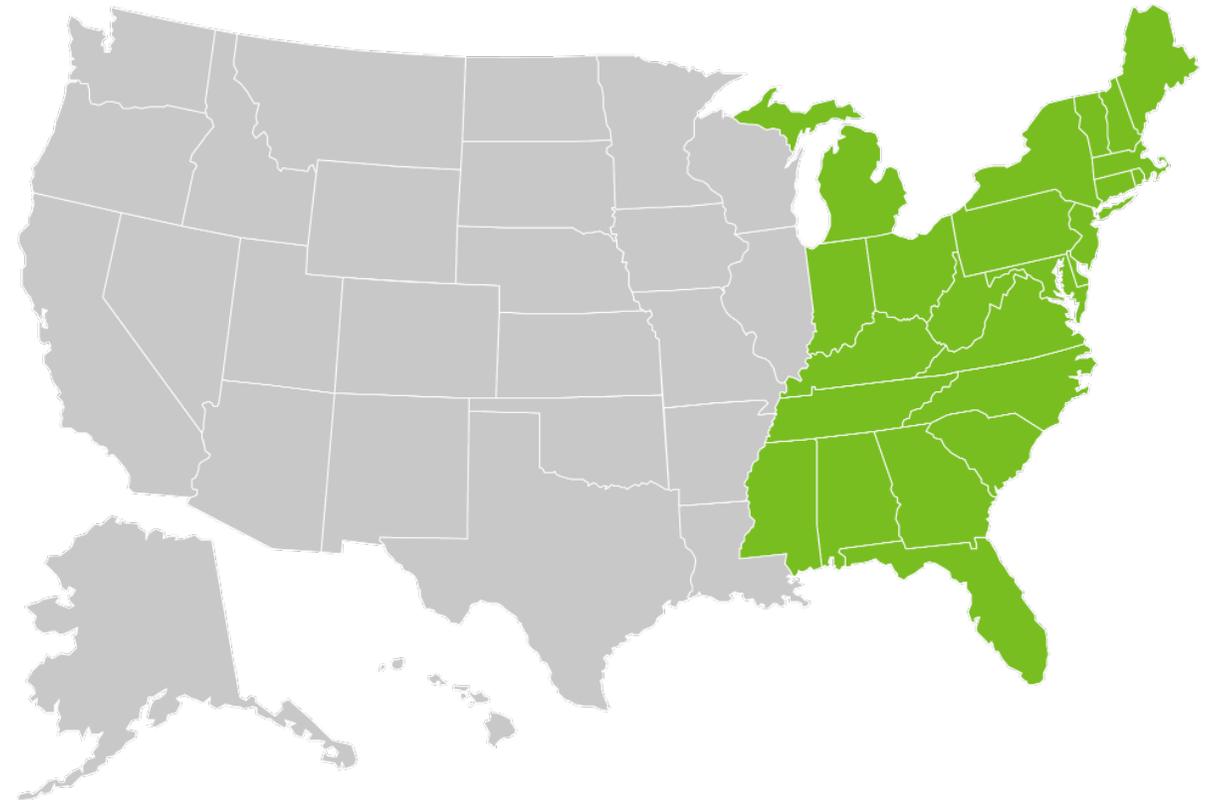
TRICARE stateside regions



East Region

Alabama	Maryland	Pennsylvania
Arkansas*	Massachusetts	Rhode Island
Connecticut	Michigan	South Carolina
Delaware	Mississippi	Tennessee
District of Columbia	Missouri*	Vermont
Florida	New Hampshire	Virginia
Georgia	New Jersey	West Virginia
Indiana*	New York	Wisconsin*
Kentucky	North Carolina	
Maine	Ohio	

TRICARE stateside regions



*Some ZIP Codes in Arkansas, Indiana, Missouri and Wisconsin are in the West Region. Check to see if your ZIP Code is in the East or West by going to [Regions](#). In the far-right navigation bar, enter your ZIP Code into the tool called "What's my TRICARE region in 2025?"



US Air Force photo by Joshua Armstrong

Claims subcontractor

PGBA LLC (effective 01/01/2025):

- A leader in government healthcare claims processing with 40+ years of experience, PGBA processes more than 60 million claims annually.
- 99% of claims resolved in 30 days or less
- 99.8% payment accuracy rate
- Multiple channels and methods for claim submission
- Automated claim adjudication
- Skilled, customer-focused advocates with 10+ years average tenure
- Controls for monitoring and reporting on volume and timeliness



TRICARE policy resources and manuals

The Defense Health Agency (DHA) provides guidance for administering TRICARE-related laws:

- *TRICARE Policy Manual (TPM)*
- *TRICARE Operations Manual (TOM)*
- *TRICARE Reimbursement Manual (TRM)*
- [Manuals.health.mil](https://manuals.health.mil)
- [HumanaMilitary.com](https://www.humana.com/military)



HumanaMilitary.com

Interactive services that assist with TRICARE:

- TRICARE programs and coverage
- Access [forms](#) and [tutorials](#)
- [Billing guidelines](#)
- [Find a provider tool](#)
- [Provider handbook](#)
- [News and updates](#)
- [Provider self-service](#) (register or login)
- And more



Provider self-service

24/7 access with the following abilities:

- Verify patient eligibility, benefits and pharmacy data
- Create and update referral/authorization requests
- Submit claims electronically
 - Find assistance with Electronic Media Claims (EMC) submissions, Electronic Funds Transfer (EFT), Electronic Remittance Advices (ERA) (online or streaming) and claim history
- Check claim status, view remittances and correspondences
- Code look-up
- Manage provider data
- View credentialing status
- Chat and send secure messages to a Humana Military representative

Important provider information



Important provider information

- 01 | Specialty care responsibilities
- 02 | Emergency and urgent care responsibilities
- 03 | Primary Care Managers (PCM)
- 04 | Clear and Legible Reports (CLR)



Photo by: Navy Petty Officer 2nd Class Ryan Breeden

Referrals and authorization: military facility first consideration

- Usually located on a military base
 - [Find a military hospital or clinic](#) in your area
- Referrals and authorization: military facility first consideration
 - [Military hospital or clinic may override referral by military facility first consideration](#)
- [Patient referred to civilian network provider](#)



Photo by: Navy Petty Officer 2nd Class Ryan Breeden

Referrals and authorization: military facility first consideration

- Referral from PCM or Humana Military
- Coordinate with Humana Military for referral
- Point-Of-Service (POS) available without referral
 - **Note:** Possible larger portion of cost by beneficiary
- **60-minute drive:** Seek treatment at military hospital or clinic



Emergency and urgent care responsibilities

Emergency care

Providers can notify providers of emergency admissions in one of the following ways:

- **Provider self-service at [HumanaMilitary.com/provider](https://www.humanamilitary.com/provider)**
- **IVR: (800) 444-5445**
- **Medical/Surgical admissions fax: (877) 548-1547**
- **Behavioral health admissions fax: (877) 378-2316**

Urgent care

- Referrals are no longer required for urgent care visits
 - **Note:** ADSMs will require a referral for urgent care



Primary Care Managers (PCM)

- Are selected at enrollment for primary care services
- Are seen at military or civilian settings
- Coordinates all non-emergency patient care

TRICARE PCM specialties:

- Family practitioners
- General practitioners
- Internal medicine physicians
- Nurse practitioners
- Pediatricians
- Physician assistants
- Obstetricians
- Gynecologists
- (gender restrictions apply)



What is Clear and Legible Reports (CLR)?

CLRs are required statements that include consultation reports, operative reports and discharge summaries. **Most CLRs are due within 10 business days of care delivery.**

There are two kinds of CLRs, which have different time submission and documentation requirements:

- **Urgent care center**
- **Inpatient care**



What is CLR? (Cont.)

Urgent care center CLRs

- **Must be submitted within two business days of the encounter**
- Include the patient's encounter specifics:
 - History and physicals
 - Progress notes
 - Notes on Episodes of Care (EOC)
 - Other patient information (lab and operative reports, x-ray readings)
- Discharge summary
- Any referrals made



What is CLR? (Cont.)

Inpatient care CLR

- **Must be submitted within 40 business days from the date of discharge**
- Include the patient's encounter specifics:
 - History and physicals
 - Progress notes
 - Notes on EOC
 - Other patient information (lab and operative reports, x-ray readings)
- Discharge summary
- Any referrals made

What is a
TRICARE provider?



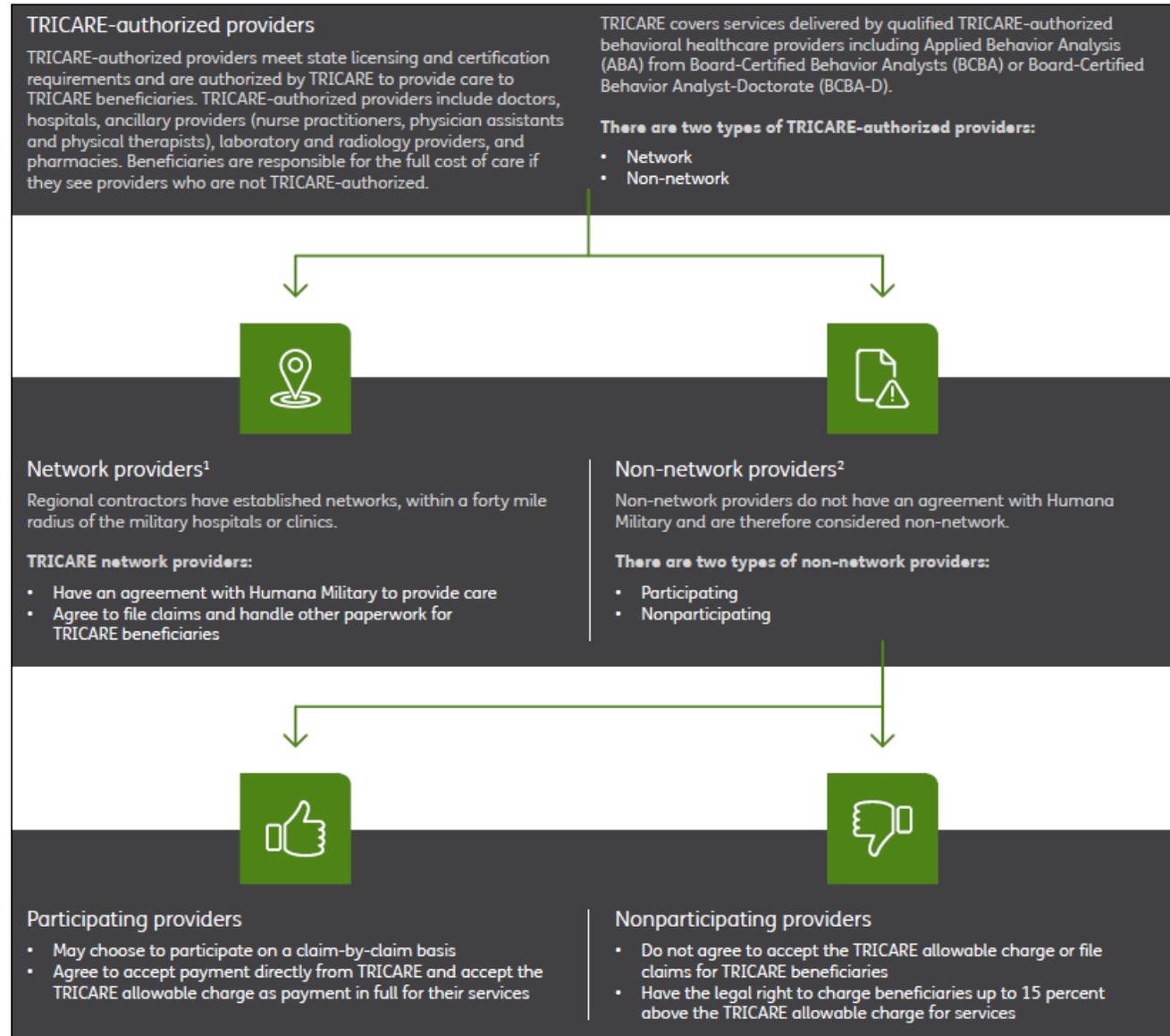


Authorized vs network for TRICARE

- TRICARE-authorized providers must meet state licensing and certification requirements
 - A TRICARE certification application must be completed for your business TIN and practitioners practicing at your location in order to file claims and receive payment for TRICARE services.
- “Authorized” to see TRICARE Select beneficiaries
 - If seeing a TRICARE Prime beneficiary, POS deductible and cost-share apply.
- “Network” by an agreement with Humana Military to support TRICARE Prime beneficiaries
 - “Authorized” to see all TRICARE programs (Prime, Select, TRICARE Reserve Select (TRS), TRICARE Retired Reserve (TRR), TRICARE Young Adult (TYA), TRICARE For Life (TFL).
 - Note: Some referral and prior authorization rules may apply

What is a TRICARE provider?

- Qualifications and types of TRICARE providers





TRICARE credentialing

- Network providers have a signed agreement and complete credentialing with Humana Military.
- Credentialing is required for the following:
 - Facilities
 - Acute inpatient facilities, freestanding surgical centers, home health agencies and Skilled Nursing Facilities (SNF)
 - Practitioners
 - MDs, DOs, physician assistants, nurse practitioners, and most behavioral health providers to include behavioral analysts



TRICARE credentialing

- Facilities and practitioners who require credentialing must complete credentialing to be in the network.
- No care should be provided before final credentialing approval.
- Must be recredentialed every three years.
- See provider self-service features webinar for a [tutorial](#) on how to view the provider demographic page and view credentialing status.



Credentialing process requirements

Accepted applications

Medical/Surgical:

- Humana Military and state standardized or mandated (complete the Humana Military mandatory questionnaire and authorization and release/attestation forms)
- Your state application
- Council for Affordable Quality Healthcare (CAQH) print out

Behavioral health:

CAQH number (Add the practitioner's CAQH number in provider self-service. See provider data change request webinar for [tutorial](#) how to add this.)

Credentialing process requires:

- Acceptable source verification of education/training
- Board certification, license, professional
- Criminal background/malpractice history

TRICARE eligibility



TRICARE eligibility

01 | Military identification (ID) cards

02 | Verifying eligibility

03 | Military identification cards and claims info

04 | Identification cards for family members age 75 and older

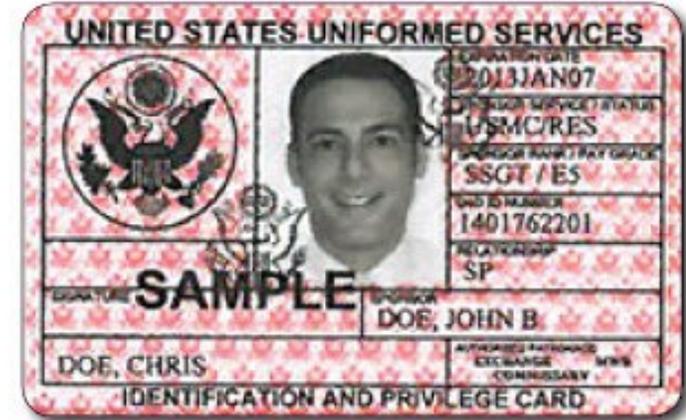


Photo by: Navy Chief Petty Officer Amanda Gray

Military ID cards

- ADSMs, family members over age 10, retirees and family members will have one of the two valid military ID cards
- Patients present valid military ID or letter of eligibility
- Check expiration date and make a copy of both sides of the ID for your patient files
- ID card may not be proof of active eligibility (always verify and update your record regularly)

Military ID examples





Verifying eligibility

Military ID card is presented at time of service for verification. Providers may verify in one of the following ways:

- **Provider self-service on [HumanaMilitary.com/provider](https://www.humana.com/military/provider):** Check patient eligibility, benefit enrollment, TRICARE copay, cost-share, Other Health Insurance (OHI) and catastrophic cap
- **Interactive Voice Response (IVR) line (800) 444-5445:** Access the provider main menu, say “eligibility” or press 2, for eligibility and benefits



Military ID cards: Claims info

TRICARE cannot accept or cross-walk 10-digit number in Member ID field.

Numbers containing dashes generate errors.

ID numbers you may encounter:

- **Sponsor SSN:** Nine-digits, no longer on IDs and acceptable for claims
- **DoD ID number:** 10-digits, front of IDs and not acceptable for claims
- **DoD Benefits Number (DBN):** 11-digits, back of some newer IDs and acceptable for claims (do not include any dashes)

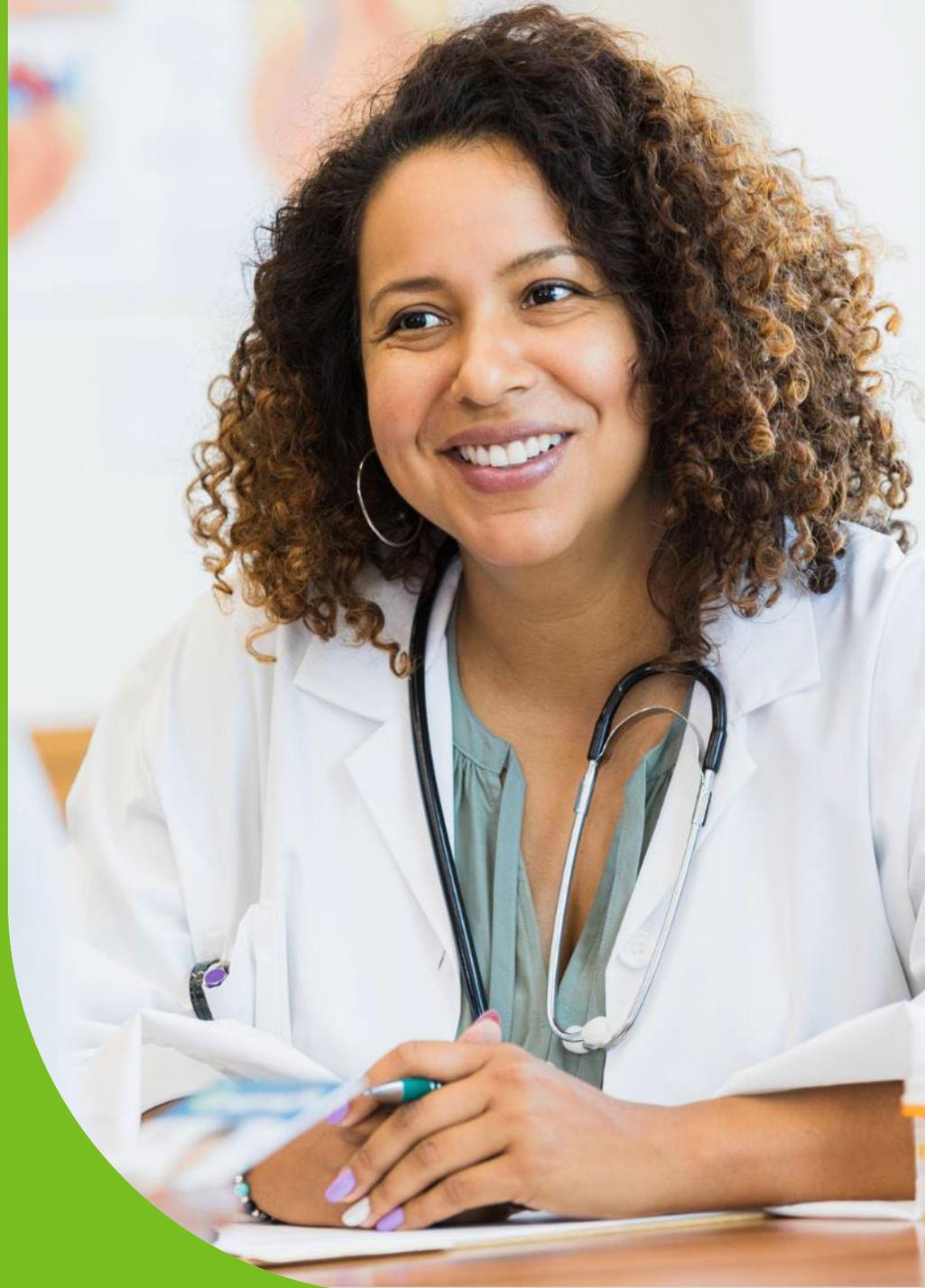


IDs for family members age 75 and older

Eligible family members are issued permanent ID cards. The expiration date box reads INDEF (i.e., indefinite).

- **Civilian:** Civilian box on card reads yes. A TFL beneficiary with no ID card may still use TFL if he or she has both Medicare Part A and Medicare Part B coverage.

TRICARE program options



TRICARE program options

- 01 | Introduction
- 02 | TRICARE Prime
- 03 | TRICARE Select
- 04 | TRICARE For Life (TFL)
- 05 | TRICARE for the National Guard and Reserve
- 06 | TRICARE Young Adult (TYA)
- 07 | Transitional healthcare benefits
- 08 | TRICARE pharmacy
- 09 | TRICARE Extended Care Health Option (ECHO)



Introduction to TRICARE programs

Eligible beneficiaries:

- Medical and behavioral health benefits
- Pharmacy and dental benefits

Uniformed services ID cards or
Common Access Cards (CAC)

Different program options depending
on status and location

TRICARE Prime coverage options

TRICARE Prime

- A managed care option available in TRICARE Prime Service Areas (PSA). A PSA is a geographic area where TRICARE Prime enrollment is offered. It is typically an area around a military hospital or clinic
- Receive referrals for specialty care provided outside of a military hospital or clinic or assigned network PCM

TRICARE Prime Remote (TPR) and TRICARE Prime Remote Active Duty Family Member (TPRADFM)

- Provide TRICARE Prime coverage to ADSMs and the family members who live with them in remote areas

not geographically situated within driving distance of a military hospital or clinic

- Will be assigned a civilian PCM

TRICARE Prime Point-Of-Service (POS) option

- Allows non-ADSMs enrolled in TRICARE Prime, TPR or TPRADFM to seek non-emergency healthcare services from any TRICARE-authorized provider without referrals
- ADSMs may **not** use the POS option and must always obtain referrals and/or authorization for civilian care



TRICARE Select

- Involves cost-shares and deductibles
- Can use network providers for lower out-of-pocket costs
- No PCMs
 - (may self-refer to TRICARE network/non-network authorized providers)
- Prior authorization from Humana Military is required for certain services
 - (refer to the prior authorization list)
- There are no drawbacks for network providers
 - (claims filed same as TRICARE Prime beneficiaries)

TRICARE for the National Guard and Reserve

TRICARE Reserve Select (TRS):

- Select TRS members may qualify to purchase premium-based health plan. Comprehensive healthcare coverage and patient cost-shares/deductibles similar to TRICARE Select

TRICARE Retired Reserve (TRR):

- TRR members may qualify to purchase premium-based health plan. Comprehensive healthcare coverage and patient cost-shares/deductibles similar to TRICARE Select

Line-Of-Duty (LOD):

- Care determined by military service. Duty status injury, illness or disease incurred/aggravated by National Guard or Reserve member. Member's service determines eligibility (written authorization is received specifying LOD condition and terms of coverage)



TRICARE Young Adult (TYA) program

Qualified dependents may purchase premium-based healthcare plan:

- **Qualified adult children:** Eligibility established by uniformed services sponsor and location
- Medical and pharmacy benefits included (dental coverage excluded)
- Purchase and choose TYA Select or TYA Prime if they reside in a PSA
- Special eligibility conditions may exist



Photo by: Roger L. Wollenberg

TRICARE Extended Care Health Option (ECHO)

Qualified ADFMs are eligible based on specific mental or physical needs:

- Integrated set of services and supplies beyond the basic TRICARE health benefit programs
 - (TRICARE Prime, TPRADFM, TRICARE Select)
- Humana Military requires prior authorization for all ECHO services
- *TRICARE Policy Manual, Chapter 9*
manuals.health.mil
- TRICARE.mil/ECHO
- HumanaMilitary.com

Transitional healthcare benefits

Transitional Assistance Management Program (TAMP)

- 180 days of transitional healthcare for certain armed services members and their families transitioning to civilian life after separating from active duty service.

Transitional Care for Service-Related Conditions (TCSRC)

- Extends TRICARE coverage for qualified former ADSMs diagnosed with service-related conditions during 180-day TAMP period.

Continued Health Care Benefits Program (CHCBP)

- Humana Military administered premium-based healthcare program. Temporary transitional healthcare coverage (18 to 36 months) after TRICARE eligibility ends.



TRICARE For Life (TFL)

Medicare-wraparound coverage
(comprehensive healthcare coverage):

- Care from any Medicare-participating provider, military hospitals and clinics (space-available basis) or from VA facilities (if eligible)
- TFL eligibility
Wisconsin Physicians Service
(866) 773-0404
- Medicare status
Social Security Administration (SSA)
(800) 772-1213



TRICARE pharmacy program

All TRICARE beneficiaries are eligible. Written prescriptions and valid uniformed services ID cards or Common Access Cards (CAC) needed to fill prescriptions.

- TRICARE Formulary search - coverage and prior authorization requirements [express-scripts.com](https://www.express-scripts.com)
- Military pharmacies may follow different procedures
For assistance (877) 363-1303

TRICARE claims: Provider information



Claims

- 01 | Who is the East Region claims processor?
- 02 | Claims filing responsibilities
- 03 | Claims for beneficiaries using Medicare and TRICARE
- 04 | Claims for Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA)
- 05 | TRICARE provider payment guidelines
- 06 | TRICARE and Other Health Insurance (OHI)
- 07 | Joint Outpatient Experience Survey



Who is the East Region claims processor?

- PGBA LLC is Humana Military's partner for claims processing in the TRICARE East Region.
- Check claim status quickly and easily by using the secure provider self-service at [HumanaMilitary.com/provider](https://www.humanamilitary.com/provider).
- Visit [HumanaMilitary.com](https://www.humanamilitary.com) provider education on claims for resources and tips to help facilitate accurate claims processing.



Claims filing responsibilities

- All network providers are contractually obligated to submit claims electronically. Network providers should file TRICARE claims electronically within 90 days of the date of care or discharge. Non-network providers have the option to submit paper claim forms, however, this may result in slower processing of claims. Non-network providers are encouraged to take advantage of one of the electronic claims submission options.
- For any questions regarding EDI, Contact the PGBA EDI Help Desk at (800) 259-0264, option 2 or email EDI.TRICARE@PGBA.com to request a copy of the PGBA Direct Submitter/Clearinghouse Trading Partner Agreement and the EDI Gateway User manual for an enrollment form.
- Effective Jan. 1, 2025 TRICARE East Payer ID is 99727.



Photo by: Marine Corps Staff Sgt. Royce Dorman

Claims for beneficiaries using Medicare and TRICARE

- WPS/TRICARE Dual Eligible Fiscal Intermediary Contract (WPS/TDEFIC) is the claims processor for TRICARE for Life.
- Signed agreements with Medicare carriers allow direct, electronic transfer of beneficiary claims to WPS/TDEFIC.
- When TRICARE is the primary payer, all TRICARE requirements apply. Refer to the *TRICARE Reimbursement Manual, Chapter 13* at manuals.health.mil.
- Beneficiaries and providers will receive Explanation of Benefits (EOB) from WPS/TDEFIC after processing.



CHAMPVA

The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is not a TRICARE program.

For questions or general correspondence, contact CHAMPVA using the information listed below:

- (800) 733-8387
- va.gov



CHCBP

Humana Military is the contractor for the Continued Health Care Benefit Program (CHCBP) and has partnered with WPS to process all CHCBP claims. CHCBP beneficiaries may request providers file medical claims on their behalf.

- For questions and assistance regarding CHCBP claims, call Humana Military at (800) 444-5445.
- Providers can send CHCBP claims to:
TRICARE East Region CHCBP Claims
PO Box 202146
Florence, SC 29502-2146

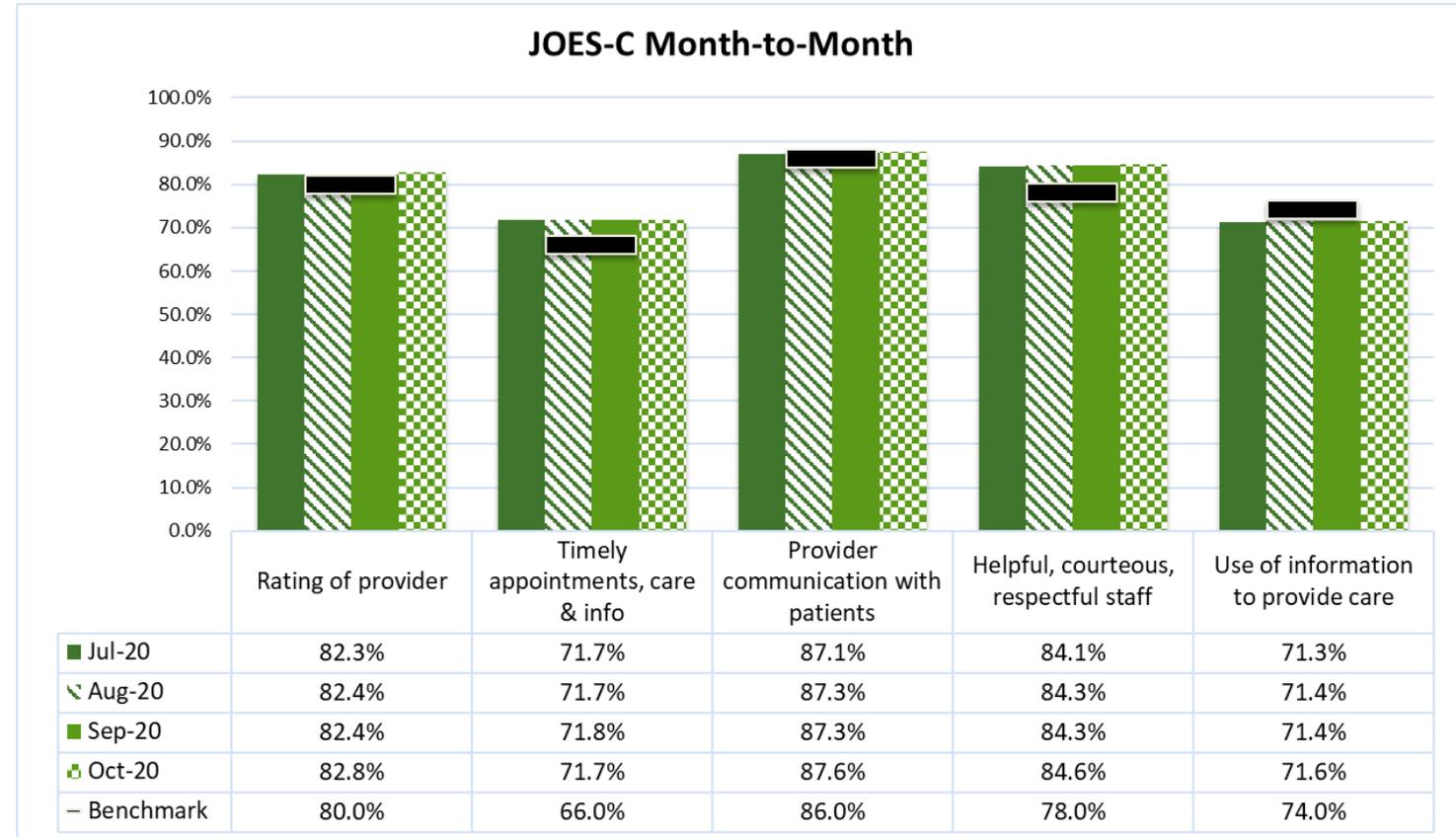


TRICARE and Other Health Insurance (OHI)

- Secondary payer to all health benefits and insurance plans except: Medicaid, the Indian Health Service and other programs or plans as identified by DHA.
- Ask if the beneficiary has OHI and verify coverage/TRICARE status regularly.
- Always file claims with OHI, even if the OHI benefits are exhausted in order to obtain a statement. If OHI has expired, then TRICARE becomes the primary payer and additional referral/prior authorization requirements may apply.

Joint Outpatient Experience Survey- CAHPS (JOES-C)

- Four of five indicators exceed benchmark
- Use of information to provide care (Never, Sometimes, Usually, Always)
 - Provider knew medical history
 - Office followed up with results of tests
 - Reviewed prescription medicines



Thank you

