



TRICARE Transition Guide

What physicians need to know

On April 1, 2013, UnitedHealth Military & Veterans Services (UMVS) began providing managed care services to 2.9 million TRICARE beneficiaries in the 21 western states, including California. On that date, UMVS took over the contract previously held by TriWest.

To help physicians understand the impact the transition will have on their practices, CMA has prepared this TRICARE Transition Guide.

Initial Set-Up

1. What do physicians need to do to ensure a smooth transition to UMVS?

Payer ID

With the change of contractors from TriWest to UMVS, practices will need to ensure the payor ID associated with TRICARE is updated in their practice management system (PMS). Practices that do not use a PMS but use a third party software vendor to submit claims, will need to ensure the software vendor updates the payor ID as well. The payer ID for the TRICARE West region is 99726. Please note the payor ID number for TRICARE is different than for United Healthcare.

EDI set up

UMVS is partnered with PGBA to receive and process TRICARE electronic claims for the West Region beginning April 1, 2013, for claims with dates of service on or after April 1, 2013. For information on filing claims electronically, contact PGBA:

1. Phone: (800) 325-5920 (option2)
2. Email: edi.tricare@pgba.com
3. Website: www.mytricare.com

If you are unable to submit claims electronically, call (877) 988-9378. To access a list of the approved vendors/clearinghouses, click [here](#).

For more information on filing claims electronically, visit the [TRICARE](#) website or the [Electronic Data Interchange \(EDI\) for the TriCare West Region Transition: Frequently Asked Questions](#).

EFT forms

In order to receive payments electronically, practices will need to complete a new EFT form. According to UMVS, the EFT form was part of the contracting packet sent to physicians. If you did not receive the form, it can be accessed on the UMVS website at

www.uhcmilitarywest.com (click “Find a Form”) or by calling UMVS at (877) 988-WEST (9378).

Practices that have not completed a new EFT form or are in the process of setting up their EFT will receive paper checks.

ERA forms

Practices that would like to receive electronic remittance advices (ERAs), will need to complete a new ERA form. The form can be accessed on the UMVS website at www.uhcmilitarywest.com (click “Find a Form”) or by calling UMVS at (877) 988-WEST (9378).

Secure website registration

To access eligibility and benefits, claims status, authorization status, etc., practices will need to register on the UMVS secured [website](#) at www.uhcmilitarywest.com.

One common question UMVS has received from physicians is whether they can access the UMVS website using their United Healthcare username and password. UMVS reports that due to DoD requirements, providers must create a separate username and password for the UMVS website.

2. I am an existing TRICARE provider. Do I have to be re-credentialed with UMVS?

According to the [United Military & Veterans Services FAQ](#), physicians interested in signing a contract with UMVS to become a member of the new TRICARE network must be credentialed by United Healthcare or an entity delegated by United Healthcare to perform credentialing on its behalf.

Physicians who do not currently participate with United Healthcare but participated in the TriWest (prior contractor) TRICARE network should call United’s National Credentialing Center at (877) 842-3210 to begin the credentialing process (enter your TIN, then select “healthcare professional services,” then “credentialing,” then “join the network”).

Eligibility and Benefits

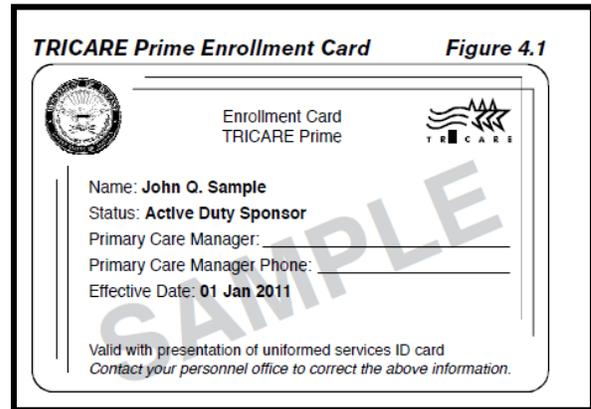
3. How do I verify eligibility and benefits information through UMVS?

Eligibility can be obtained through the secure UMVS website at www.uhcmilitarywest.com (once registered) or by calling (877) 988-WEST (9378). If you are verifying eligibility online, CMA recommends you retain a printout of the eligibility verification screen for your files. TRICARE also recommends physicians check expiration dates on patients ID cards and make copies of both sides of cards for your files.

For more information on verifying eligibility and benefits, see the [2013 TRICARE Provider Handbook](#) (Eligibility chapter).

4. Will TRICARE beneficiaries receive new ID cards with the transition?

The TRICARE cards are universal so the Department of Defense (DoD) will not issue new TRICARE cards to beneficiaries. However, in an effort to protect beneficiary identification information, the DoD is in the process of removing social security numbers from the ID cards and is replacing those numbers with DoD Benefits Numbers (DBNs). The DoD will reissue as cards expire or as new enrollees join.



See the [TRICARE Provider Handbook 2013](#) for sample copies of ID cards for other TRICARE products.

Authorizations and Referrals

5. Where can I access the list of services requiring prior authorization from UMVS?

The list of services requiring a prior authorization is available at www.uhcmilitarywest.com. Authorizations and referral requests for all services (medical, surgical, behavioral) should be submitted by fax to United Healthcare at:

- Routine (877) 890-9309
- Urgent (877) 890-8203

The TRICARE Patient Referral/Authorization Form can be found at www.uhcmilitarywest.com (click “Find a Form,” then “Medical/Surgical/Referral/Authorization”).

CMA has inquired with UMVS about whether an electronic option for submission of TRICARE authorization and referral requests will be offered in the future and will publish an update when available.

6. How long will it take for TRICARE authorization/referral requests to be processed?

According to the [2013 Quick Reference Guide TRICARE Medical Management](#), the standard response time for routine requests is three business days, and one business day for urgent requests.

TRICARE claims submitted to UMVS without the required authorization will be reviewed for medical necessity and if approved will be paid. However, if approved for payment they will be subject to a penalty of 10 percent of the allowable amount (TRICARE Reimbursement Manual 6010.58-M, February 1, 2008). Note, this is not a new penalty.

7. Will UMVS honor authorization/referral authorizations issued by TriWest?

Yes, per the [2013 Quick Reference Guide TRICARE Medical Management](#), authorizations issued by TriWest will be honored through 5/31/13 (medical, surgical, behavioral health). Obstetrical care referrals and authorizations will be honored through delivery and postpartum care.

8. Are authorizations required for emergency services?

According to the [2013 TRICARE Provider Handbook](#) (page 83), authorization requests must be submitted "...within 24 hours of an emergency admission" for services that require a prior authorization. However, page 84 of the handbook states that a prior authorization is not required for "emergency room services."

General Operational Questions

9. What is the timely filing limit for TRICARE claims?

Claims must be received within 1-year from the date of service. A request for an exception to the claims filing deadline may be submitted by participating providers for consideration on a case-by-case basis. Appropriate attachments, a letter and copy of the claim may be submitted to:

TRICARE West Region
Correspondence Department
P.O. Box 7065
Camden, SC 29020 -7065

10. What happens if I send a claim with a date of service on or after April 1, 2013, to WPS (prior contractor)?

If a claim with a date of service on or after April 1, 2013, is accidentally sent to the old contractor, WPS will forward electronic claims to PGBA for up to 90 days ([TriWest Transition FAQ for Providers](#)).

11. Can I bill my TRICARE patient a missed appointment fee?

Physicians may charge a patient for a missed appointment if the patient has signed the physician's standard financial responsibility paperwork/form that contains the policy

for missed appointments prior to the scheduled appointment. If no formal agreement is in place, the patient cannot be charged. For more information, see the “Missed Appointments” section of the [2013 TRICARE Provider Handbook](#).

12. Can I bill the patient for non-covered services?

Physicians cannot bill patients for non-covered services unless they have the patient sign a Waiver of Non-Covered Services prior to the date of service, which can be located at www.uhcmilitarywest.com (click “Find a Form”). For more information, see the “Waiver of Non-Covered Services” section of the [2013 TRICARE Provider Handbook](#).

13. What rates will I be paid?

Specific reimbursement rates are outlined in the “Payment Appendix” section of the contract, but are generally the lesser of either the contracted percentage of the Champus Maximum Allowable Charge (CMAC), the physician’s billed charges, or the United Healthcare fee schedule less contractual discount. The CMAC pricing can be found at www.TRICARE.mil/cmac or www.uhcmilitarywest.com. For more information, please contact UMVS contracting at (877) 988-WEST (9378).

14. How can I access the UMVS provider directory for referral purposes?

The UMVS provider directory is available at www.uhcmilitarywest.com. Per the [United Military & Veterans Services FAQ](#), UMVS is in the process of loading providers into its system. If you do not see your practice listed online on Monday, April 1, UMVS recommends checking again in a week.

15. I received a new TRICARE contract, signed and returned it to UMVS before the April 1 effective date. Does that mean I’m contracted to see UMVS patients effective April 1?

Not necessarily. A contract is not technically effective until it is countersigned and an effective date is assigned by the payor. If you have not received a copy of the countersigned contract with an effective date back from UMVS, CMA recommends you contact UMVS to confirm the effective date and obtain confirmation in writing before April 1 to avoid any out-of-network payment issues.

16. I was contracted with TRICARE through TriWest previously, but haven't received a new contract from UMVS. Can I continue to see my TRICARE patients?

In order to be considered a participating physician with TRICARE on or after April 1, 2013, you must sign a new agreement with UMVS. If you have not received a new contract from UMVS for TRICARE business but are interested in participating, contact UMVS at (877) 988-WEST (9378).

17. Where do I send a claim for dates of service prior to April 1, 2013?

According to the [TriWest Transition FAQ for Providers](#), TriWest will continue to process claims for dates of service prior to April 1 up until July 29, 2013. After July 29, United Healthcare will be responsible for processing all claims for prior dates of service.

18. Will the secure website at TriWest.com (prior contractor) be available after March 31, 2013 for eligibility and authorization status checks?

Yes, the functionality on the TriWest website will be available through the dates noted below for dates of service prior to April 1, 2013:

- March 31, 2013 – Benefit Lookup Tool
- March 31, 2013 – Online referral/authorization submission
- July 12, 2013 – Online claims correspondence/Webmail submission
- July 29, 2013 – Website registration, eligibility verification for dates of service through March 31, 2013, view status of referral/authorizations, online claim submission, online claim correspondence/webmail status, claims status and claims status reports.

Contractual Questions

19. Will I have to accept all United Healthcare members if I sign a TRICARE contract with UMVS?

No. According to the [UMVS Physicians' Frequently Asked Questions](#), the TRICARE contract agreement does not obligate physicians to see patients with other United Healthcare products.

20. The “Recoupments” section states UMVS may seek an overpayment “at any time.” Can they go back indefinitely?

While federal regulations do limit the contractors' ability to offset or clip money due from future payments to 10 years, the regulations allow contractors the ability to pursue overpayments beyond that timeframe through other methods.

21. The “Network Providers” section of my contract states that if I refer a patient to an out-of-network provider without a referral or prior authorization, that I am responsible for payment of the claims incurred. Can they do that?

CMA expressed concern with this provision and UMVS later advised us that they had removed this language and would be issuing amendments to all who had signed the older contracts. However, CMA has since received multiple reports from physicians that local UMVS contracting representatives have refused to modify the language. While

UMVS advised CMA that its contracting team is being educated about the change in language, CMA has again asked for confirmation that all contracts are being amended. We will publish an update when available.

22. I am a solo/small practice physician and am concerned that I cannot be available "by phone or appointment" 24/7 as required in the contract. What are my options?

Language in the "Office Hours/Access" section of the contract and also the "Office and Appointment Access Standards" section of the 2013 TRICARE Provider Handbook states the physician must be available by phone or appointment 24 hours a day, 7 days a week. CMA expressed concern to UMVS that arranging for services 24/7 for solo or small group practices would not be feasible.

In response, UMVS verbally clarified that a voicemail message or answering service directing patients to the nearest emergency room or to call 911 in the event of an emergency would satisfy this requirement.

Other Contract Notes

Physicians should be aware that the terms of the various contracts sent to physicians may vary and are encouraged to closely review the proposed contract terms. For example, some contracts may lock physicians into the UMVS contract with no ability to terminate anywhere from one to five years, depending on the termination clause in the specific contract.

Other areas of the contracts that warrant further review and consideration include:

- The "Prior Authorization" section states that in a medical emergency physicians are required to notify UMVS within 24 hours of providing services that would typically require a prior authorization. UMVS then has the "final binding authority" to decide whether a medical emergency existed and, if not, providers will not be reimbursed and cannot bill the patient.
- Section 2, sub-section 2.1 of the Payment Appendix states physicians will be paid the lesser of either 80 percent of their billed charges, the contracted percentage of the Tricare Maximum Allowable Charge (TMAC) rate, or if no fee source exists, UMVS will pay 40% of the provider's billed charge.

However, CMA has been advised that UMVS has modified the contract to now pay at the lesser of either 100 percent of the physician's billed charge or the contracted percentage of TMAC rate, etc. UMVS reported to CMA that they will be issuing contract amendments to those who signed the older contracts that contained the 80 percent figure. UMVS further advised they expect affected physicians to begin receiving the contract amendments the first week of April.

Additional Resources

Webinars: United Healthcare is hosting a series of webinars in the coming weeks that cover TRICARE eligibility, programs, clinical programs, provider types and access, referrals and authorizations, claims and reimbursement and provider resources. Click [here](#) for more information.

- [TRICARE provider manual 2013](#)
- [United Military & Veterans Services FAQ](#)
- [TRICARE FAQ](#)
- [PGBA EDI Transition FAQ](#)
- [UMVS Physicians' Frequently Asked Questions](#)
- [UMVS 2013 Quick Reference Guide – TRICARE Provider Resources and Contact Information](#)
- [UMVS 2013 Quick Reference Guide – TRICARE Medical Management](#)
- [UMVS TRICARE Contract Frequently Asked Questions](#)
- [UMVS Frequently Asked Questions – Contracting and Credentialing](#)
- General physician questions (877) 988-9378 (WEST)