



Extended Care Health Option

Benefit and TRICARE® West Region Registration Process

What you need to know

The Extended Care Health Option (ECHO) is a supplemental benefit program that provides services and supplies beyond the basic TRICARE military health care program. ECHO is available to active duty family members (ADFM) who meet the qualifications of a specific physical, developmental and/or mental disability. The program provides beneficiaries with coordinated ECHO services and supplies to reduce the disabling effects of the qualifying condition or disorder. Learn more about the ECHO benefit at <https://tricare.mil/ECHO> and at www.tricare-west.com.

ECHO supplements the TRICARE basic benefit by:

- Providing access to benefits/services not otherwise available through TRICARE
- Providing assistance (up to \$36,000 per calendar year) to beneficiaries who qualify, based on specific cognitive or physical disabilities. TRICARE ECHO beneficiaries have a monthly cost-share based upon the sponsor's pay grade during the months services are used.

Who is eligible for ECHO benefits?

- ADFMs (including some activated reservists and those in Transitional Assistance Management Program) who are enrolled in TRICARE Prime or Select and in the Exceptional Family Member Program (EFMP)
- Survivors of a deceased service member
 - Through three years from the date an active duty sponsor dies, or
 - Through age 21 if the sponsor died while receiving hostile-fire pay

These members must have a qualifying condition in order to be eligible for ECHO benefits.

What is a qualifying condition?

- Autism Spectrum Disorder
- Moderate or severe intellectual disability
- Serious physical disability

- Extraordinary physical or psychological condition – defined as homebound
- Multiple disabilities – cumulative effect of disability involving two or more body parts
- Infants and toddlers under three years of age with a diagnosis of developmental delay

What are ECHO benefits?

ECHO benefits can include medical and rehabilitative services not specifically covered under the basic TRICARE benefit, including:

- Durable equipment (for example, assistive technology devices)
- Personal frequency modulation (FM) systems, computer software
- Assistive services
- Interpreter services
- Vocational training
- Institutional care
- Hippotherapy
- Incontinence supplies for beneficiaries age 3 or older who qualify
- Family training to assist in the management of the beneficiary qualifying condition; for example, specialized equipment and alternative communication methods.
- Transportation to and from an ECHO authorized service for institutionalized ECHO beneficiary.

ECHO Home Health Care

- Not limited to part time
- Capped by cost, not by hours

Skilled Hourly Nursing

- Services for eligible homebound beneficiaries who require frequent interventions

ECHO Home Health Care (EHHC) Respite Care

- For beneficiaries who require frequent interventions (for example, children that need trach care and suctioning), this support provides the primary caregiver the opportunity to sleep.
- Eight hours a day, five days per week
- Eligible beneficiary requires frequent interventions (requires training by medical personnel, but doesn't have to be skilled interventions)

ECHO Respite Care

- 16 hours a month – a break for primary caregivers

ECHO Registration Process

- Fax all documents related to ECHO to 1-888-965-8438. These include a confirmation that the beneficiary is registered in the Exceptional Family Member Program (EFMP) and proof of a qualifying diagnosis with clinical information. Please include the sponsor's ID and the name of the ECHO beneficiary on the cover sheet.

Acceptable documents to submit:

- A print out summary of the EFMP registration located at an EFMP office, or
- a copy of the DD2792 packet with page 3 signed off by an EFMP coordinator, or
- a Q-code letter listing the beneficiary name, diagnosis and supplemental clinical information documenting a qualifying diagnosis.

Please contact your local EFMP office for this information, if you do not have a copy. If the beneficiary is not registered in the EFMP, please visit www.militaryonesource.com or contact your local EFMP office for information on how to register. You do not need to re-enroll if you change regions, but you do need to notify HNFS – preferably before you relocate.

** NOAA and USPHS are exempt from this. Also exempt from EFMP enrollment are beneficiaries who do not reside with the sponsor (for example, parents are divorced), survivors of deceased sponsors and beneficiaries whose sponsor is a mobilized National Guard or Reserve member.

Prior authorization is required for all ECHO services. Physician order is required for most to initiate the review process for all ECHO and EHHC services, except incontinence supplies. Enrollment into ECHO does not guarantee approval/authorization for a requested service.

Our Team

ECHO/Case Management Call Center Line

HNFS has a dedicated ECHO call center line that can help you obtain support and information. Contact them by calling the HNFS Case Management line at 1-844-52-HELPU (1-844-524-3578). These dedicated call center representatives can help beneficiaries in the ECHO program access care, provide the status of authorization, assist with the ECHO enrollment process, education on the use of the online tools, locate providers, and help beneficiaries maximize their TRICARE benefit.