Welcome to the West

TRICARE® Changes in 2018
Welcome to the West

“Since 1988, Health Net Federal Services has been proud to partner with the Department of Defense, supplementing the care they provide to active duty and retired military personnel and their families. We are honored and humbled to be awarded the TRICARE West Region Contract to serve this extraordinary population of beneficiaries, as well as supplement and extend the healthcare mission of the Department of Defense.”

- Billy Maynard, President and CEO
  July 21, 2016
Goals of the Webinar

During this presentation, we will:

✓ Identify key changes to TRICARE (effective Jan. 1, 2018).
✓ Explain regional changes.
✓ Discuss how to join the HNFS provider network.
✓ Review steps for transition of care.
✓ Review the various TRICARE programs and introduce TRICARE Select.
✓ Discuss provider requirements.
✓ Review referral and authorization requirements.
✓ Identify claims submission guidelines.
✓ Discuss our West Region website and the benefits of registration.
✓ Review some of the most frequently asked questions.
✓ Highlight key dates and timelines.
TRICARE in 2018 – Key Changes

Effective Jan. 1, 2018:

- **TRICARE regions consolidate** from three (North, South, West) to two (East, West). Health Net Federal Services, LLC (HNFS) will be the managed care support contractor for the TRICARE West Region and Humana Military will be the managed care support contractor for the TRICARE East Region.

- **TRICARE Select replaces TRICARE Standard and TRICARE Extra.** TRICARE Select is a self-managed, preferred provider network plan. Beneficiaries currently using Standard/Extra will automatically be enrolled in TRICARE Select effective Jan. 1, 2018 (unless they request a plan change).

- **TRICARE Prime and TRICARE Select enrollment renews on an annual basis.** Beneficiaries can make plan changes during an open enrollment period (rather than at any time during the plan year) or due to a qualifying life event. The first annual open enrollment period will occur in late 2018.

- **Beneficiary deductibles and catastrophic caps are calculated based on a calendar year** (Jan. 1–Dec. 31), rather than a fiscal year (Oct. 1–Sept. 30). Because of this shift, in 2017, the fiscal year was extended to include October–December 2017.

- **Beneficiary out-of-pocket costs are based on TRICARE plan type and military status, as well as the date the sponsor first became affiliated with the military.** Beneficiaries will be separated into two groups: Group A (those who joined the armed forces prior to Jan. 1, 2018) and Group B (those who enlisted in or were appointed to the Armed Forces on or after Jan. 1, 2018).

- **Beneficiaries must be enrolled in a TRICARE plan to be covered for civilian care.** (Non-enrolled beneficiaries may be eligible to receive care at military hospitals and clinics on a space-available basis.)
New TRICARE Regions
Effective January 1, 2018, TRICARE consolidates from three regions to two.

- **Through December 2017:** TRICARE West Region managed by UnitedHealthcare Military & Veterans (UnitedHealthcare); TRICARE South Region managed by Humana Military; TRICARE North Region managed by Health Net Federal Services, LLC (HNFS).

- **Effective January 1, 2018:** TRICARE North and South Regions combine to form the new TRICARE East Region, to be managed by Humana Military. TRICARE West Region to be managed by HNFS. The West Region geographically remains mostly the same with the exception of the addition of the Lubbock and Amarillo, Texas areas.

*T2017 refers to the new TRICARE contracts, effective Jan. 1, 2018.*
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Provider Network & Credentialing
Providers currently part of UnitedHealthcare’s network who have not yet joined HNFS’ West Region network:

- Any current TRICARE Network Provider Agreements with UnitedHealthcare for the TRICARE West Region will remain in effect until the end of the current TRICARE contract, Dec. 31, 2017.

- To continue as a network provider with HNFS, you must complete the TRICARE Network Provider Participation Agreement packet, available at www.tricare-west.com. We encourage you to start this process immediately.

- HNFS is required to credential all network providers as part of the provider agreement process. The credentialing process can take up to 45 days to complete. Providers under delegated credentialing agreements are managed under a separate, dedicated process.

What happens if I don’t join the HNFS network?

If you are a network primary care manager (PCM) with UnitedHealthcare and do not join the HNFS network (with an effective date of Jan. 1, 2018), your TRICARE patients will be assigned to a PCM within the HNFS network. Additionally, with TRICARE Select, beneficiaries may have increased out-of-pocket costs if they see a non-network provider. We anticipate this will cause some patients to move to providers who have joined the HNFS network.
The HNFS West Region Network

What we offer

✓ We are offering providers the opportunity to join our network at 100 percent of the TRICARE maximum allowable reimbursement rate.

✓ In our current TRICARE North Region contract, HNFS completes processing of clean claims in less than five days.

✓ At www.tricare-west.com, you’ll 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 28 years with the Department of Defense TRICARE program to provide health care for military members and their families.
Network Providers

Contracted providers and groups agree to:

- Submit TRICARE claims, and prior authorization/referral requests, electronically. *(Note: Providers in Alaska are not required to submit claims electronically.)*

- Provide consultation reports, operative reports and/or discharge summaries to referring providers within seven (7) business days of delivering care.

- Comply with prior 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 agreements 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 by updating your demographic information online at www.tricare-west.com. *(Our West Region network directory is now available!)*
Non-Network Providers

- 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.

- Reminder: *If you are a network PCM with UnitedHealthcare and do not join the HNFS network (with an effective date of Jan. 1, 2018), your TRICARE patients will be assigned to a PCM within the HNFS network.*

- To join our network or obtain more information, visit our website at [www.tricare-west.com](http://www.tricare-west.com).
Transition of Care
Honoring Existing Prior Authorizations/Referrals

- HNFS will honor prior authorizations and referrals approved by UnitedHealthcare that extend beyond January 2018, through their expiration date, even if the approval is to a non-network provider.

  - There may be rare cases where HNFS must update an authorization. In those cases, the provider and beneficiary will be notified.

- After Dec. 31, 2017, all referral or authorizations inquiries should be directed to HNFS, even if the beneficiary is in the middle of an episode of care previously authorized by UnitedHealthcare.
Case Management Transition

HNFS has begun coordinating the transition of complex cases directly with UnitedHealthcare to ensure continuity or care. Affected beneficiaries and providers will be notified by HNFS’ and/or UnitedHealthcare’s Case Management team.
TRICARE Eligibility
TRICARE Eligibility

Who is eligible?

All TRICARE eligibility is based on the Defense Enrollment Eligibility Reporting System (DEERS).

- Active duty Uniformed Services personnel
- Uniformed Services family members
- Uniformed Services retirees and retiree family members
- Survivors and transitional survivors
- Medicare-entitled age 65 and over
- Medal of Honor recipients and their immediate family members
- Other eligible beneficiaries
TRICARE Eligibility

How to verify

Prior to Jan. 1, 2018

- Continue to verify eligibility through UnitedHealthcare’s resources.

- **Note**: Starting Dec. 1, 2017, there will be an enrollment freeze lasting approximately three weeks. During this time, the Defense Manpower Data Center (DMDC) will be transitioning beneficiary data to the new regional contractors. Please refer your TRICARE patients who have questions about this enrollment freeze to [www.tricare.mil/changes](http://www.tricare.mil/changes).

On or after Jan. 1, 2018

- Verify eligibility with HNFS at [www.tricare-west.com](http://www.tricare-west.com), through the interactive voice response (IVR) at 1-844-866-WEST (1-844-866-9378) and via 270 electronic eligibility requests.
TRICARE Programs
TRICARE Prime

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

- Active duty service members must be enrolled in TRICARE Prime or TRICARE Prime Remote.* Other eligible TRICARE beneficiaries can choose to enroll.

- 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 more than 50 miles from a military hospital or clinic.
Introducing TRICARE Select

TRICARE Select replaces TRICARE Standard and Extra beginning Jan. 1, 2018, and adopts a number of improvements, including additional preventive care services previously only offered to TRICARE Prime enrollees when furnished by a network provider.

Most beneficiaries using TRICARE Standard and Extra as of Dec. 31, 2017, will be automatically enrolled in TRICARE Select on Jan. 1, 2018, and will remain in Select unless they choose to change coverage or lose eligibility.

TRICARE Select is a self-managed, preferred provider network option (PPO-like) for eligible, non-active duty beneficiaries not enrolled in TRICARE Prime.

Enrollment is required. Group B beneficiaries will have an enrollment fee.

Beneficiaries are not required to have a primary care manager and can choose to see any TRICARE-authorized provider for services covered by TRICARE without a referral.

Beneficiaries pay cost-shares/copayments.
Premium-based Plans/TFL

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.

- **Continued Health Care Benefits Program (CHCBP):** Offers health coverage for 18–36 months after TRICARE eligibility or premium-base plan coverage ends. CHCBP offers TRICARE Select benefits.

- **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.

TRICARE For Life

- **TRICARE For Life (TFL):** Provides wrap-around medical coverage to beneficiaries eligible for Medicare and TRICARE who generally pay for Medicare Part B.
Out-of-Pocket Costs

Beginning Jan. 1, 2018, a TRICARE beneficiary's out-of-pocket costs will be 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?**

You will notice in 2018, 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](http://www.tricare-west.com). (A preview of 2018 costs are available online now.)
Benefit Enhancements
What’s New for 2018

Medically necessary foods and vitamins

- Effective Jan. 1, 2018, TRICARE will cover low protein modified food and amino acid preparation products for dietary management of individuals with limited or impaired capacity. Medical supervision and a prescription are required, among other specific criteria.

Preventive services

- TRICARE Select beneficiaries are eligible for certain health promotion and disease prevention examinations previously only available to TRICARE Prime beneficiaries, when they use a network provider.

Urgent care

- The Urgent Care Pilot Program continues into 2018, which allows specific beneficiaries enrolled in TRICARE Prime Plans and TRICARE Overseas to self-refer for urgent care. In 2018, beneficiaries will be allowed two self-referred visits; however, the specific number of urgent care visits allowed without a referral will be determined annually prior to the beginning of the open season enrollment period.
Authorizations and Referrals
Authorization Requirements

While TRICARE managed care support contractors must adhere to program manuals, each is allowed some discretion as to when a prior authorization or referral may be required.

- On and after Jan. 1, 2018, we ask providers to use the HNFS online prior authorization and referral tool at www.tricare-west.com to quickly determine whether you need to submit a request for approval to HNFS.

- Answer a few simple questions about the patient’s military status (active duty or retired), plan type (Prime, Select) and the type of service, and receive immediate, printable results.

- If a prior authorization or referral is required, stay online to submit the request using one of our online submission options.
Submitting Requests

Referral and authorization submission has never been easier, and our online submission options take the guesswork out of whether your request was received.

- **We require network providers to use the HNFS online prior authorization and referral tools for all approval requests.** These tools will be available at the start of health care delivery, Jan. 1, 2018.

- **We encourage providers to register at www.tricare-west.com now** to ensure access to all online tools, including the authorization/referral submittal and status tools.

- HNFS will begin accepting requests for TRICARE West Region beneficiaries on Jan. 1, 2018.

- Requests for and inquiries regarding services prior to Jan. 1, 2018, should be directed to UnitedHealthcare.
Why Submit Online?

✓ Receive immediate response to submitted request.
✓ Available for outpatient and inpatient requests.
✓ Check status of request.
✓ Create frequently used providers, request profiles and diagnosis lists.
✓ Option to print and save a copy of the response.

Submitting requests online is fast and easy …
get prepared by registering at
www.tricare-west.com today!
NPIs/EFT/ERA

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 (Pre-Enrollment), available at [www.tricare-west.com](http://www.tricare-west.com) as soon as possible.

**Go Green in 2018**

- **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.

- **We strongly recommend electronic funds transfer (EFT) and electronic remittance advice (ERA) for faster payment and remits.**

  - **We are currently accepting pre-enrollment EFT/ERA applications,** so you can be set up for EFT/ERA at the start of health care delivery on Jan. 1, 2018. Visit [www.tricare-west.com](http://www.tricare-west.com) for EFT and ERA pre-enrollment forms (online tool available Jan. 1, 2018).
EDI Claims Submission/270
Eligibility Requests

The following are options for electronic claims submission:

- **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](http://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](http://www.tricare-west.com) for more information on which clearinghouses are accepted.

**Important:** If you currently submit TRICARE West Region electronic claims or 270 eligibility requests through PGBA, LLC, *the process will remain the same* when the TRICARE West Region transitions from UnitedHealthcare to HNFS on Jan. 1, 2018. The Payer ID will remain as 99726.
Where to Submit?

When trying to determine where to submit your TRICARE West Region claims, keep in mind the date of service will determine whether HNFS or UnitedHealthcare should receive the claim.

- **All claims for dates of service prior to Jan. 1, 2018**, should be submitted to UnitedHealthcare as long as your office submits the claim prior to April 30, 2018.

- **All claims for dates of service on or after Jan. 1, 2018**, should be submitted to HNFS.

- HNFS will begin processing all West Region claims, regardless of date of service, on May 1, 2018.

*Tip:* With the exception of home health care claims, outpatient claims that span calendar years must be split so only 2017 or 2018 dates of service are on a claim.

*We offer a printable TRICARE West Region Transition claims reference guide at [www.tricare-west.com](http://www.tricare-west.com).*
One Website
www.tricare-west.com

A preview of our website launched Nov. 1, 2018, with the complete site launching Jan. 1, 2018.

Note to current West Region Providers who have accounts at UHCMilitaryWest.com and myTRICARE.com:

You’ll be able to access your UHCMilitaryWest.com accounts and information through Dec. 31, 2017. After Dec. 31, 2017, you may access information regarding claims, referral and authorizations submitted in 2017 at myTRICARE.com until May 1, 2018. After May 1, 2018, all claims, referral and authorization information (regardless of date of service), will be available at www.tricare-west.com.
Secure portal

Providers are encouraged to register at HNFS website at www.tricare-west.com. While not all tools will require registration, logging in will streamline your web experience. While not yet available, website registration will be available soon.

What we offer

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

- Authorization and referral submission and status
- Claims status
- Eligibility verification
- Inpatient hospital notification
- Primary care manager (PCM) panel “PCM Enrollee Roster” information
- XPressClaim™ to electronically submit claims, view electronic remittance advice statements and sign up for electronic funds transfer
- Secure electronic mail through Ask Us
- Credentialing status
- Demographic updates

Encourage your TRICARE patients to visit our beneficiary secure portal to access their Explanation of Benefits, authorization and referral letters, Ask Us feature, and more.
Our public portal hosts additional tools and resources, all of which do not require a user ID/password to access:

- Authorization and referral submission and status *(no log in option)*
- Eligibility verification *(no log in option)*
- Authorization and referral requirements look-up
- Benefits A–Z guide
- Copayment/cost-share guide
- TRICARE Provider Handbook and other educational materials
- General TRICARE program overview
- Forms
- TRICARE Network Provider Directory and Non-Network Provider Listing
- Frequently asked questions
- Links to the TRICARE CHAMPUS Maximum Allowable Charge (CMAC) rates and other TRICARE and health care related websites
- Fraud and abuse electronic reporting
- Appeal submission
Website registration

Registration check list

Our website registration process is fast and easy ... you will just need a few things before getting started:

- The Tax Identification Number (TIN) under which you wish to register.
- Your state and ZIP Code
- Two claims or authorizations from two different patients that have processed (paid or approved) within the last 24 months under the TIN for which you are registering. (These can be from UnitedHealthcare)
  - Make sure the billing NPI on each claim matches NPI for which you are registering.
  - Use the 13-character claim number format for each claim. The system will enforce this and will not allow an adjusted claim number format or authorization.
  - The patient’s date of birth for each claim or authorization.
- If you do not have claim or authorization information, you can still register by requesting a secure key code from HNFS, which you’ll receive via U.S mail to use to complete your registration.

*Website registration coming soon ... stay tuned!*
Frequently Asked Questions

**Q: What types of providers can participate in TRICARE?**

A: Eligible professional providers include medical doctors (MDs) or doctor of osteopathic medicine (ODs), certified nurse practitioners, clinical nurse specialists, physician assistants, physical, occupational, speech therapists, podiatrists, optometrists, behavioral health care professionals, and other ancillary providers.

Eligible organizational providers include hospitals (acute care, sole community, critical access, psychiatric and substance abuse treatment programs, and rehabilitation), home health agencies, ambulatory surgical centers, hospices, skilled nursing facilities and durable medical equipment (DME) and supply companies.

**Q: If I agree to participate and I am a current TRICARE provider under UnitedHealthcare (the current TRICARE West Region contractor), will my network agreement with UnitedHealthcare terminate?**

A: No, any current TRICARE network provider agreements with UnitedHealthcare for the TRICARE West Region will remain in effect until the end of the current TRICARE contract, which will be December 31, 2017.

**Q. What do I need to do to join HNFS’s TRICARE network?**

A: Professional providers interested in joining should complete an HNFS West Region Network Agreement Packet which includes the TRICARE Network Agreement, the TRICARE Compensation Schedule, a Provider Information Form, and W-9. All completed materials should be faxed to HNFS at 1-844-836-5818.

Facilities and ancillary providers interested in joining should sign the HNFS West Region Network Agreement, the TRICARE Compensation Schedule that is specific to your facility type and W-9, and fax all completed materials to HNFS at 1-844-836-5818.

Behavioral health providers should visit [www.mhn.com > Provider Site > Click here to visit MHN’s Provider Portal > TRICARE West](http://www.mhn.com).
**Frequently Asked Questions**

**Q: What is the difference between a TRICARE network provider, a TRICARE non-network provider and a TRICARE authorized provider?**

**A:** TRICARE network provider has completed the credentialing process and signed an agreement with HNFS to be part of the TRICARE network. TRICARE network providers are listed in the provider directory. Beneficiaries have lower cost shares if they see a network provider. HNFS will refer beneficiaries to network providers whenever possible.

TRICARE not-network providers have not signed agreements with HNFS, but they have completed a short certification process. Certified non-network providers can see TRICARE beneficiaries on an out-of-network basis.

Both types of provider are considered TRICARE authorized providers, and must be properly licensed and accredited by their state.

**Q: We are a family practice group, and have behavioral health providers on staff. Can they be covered under this contract?**

**A:** Yes, medical groups that contain behavioral health providers can be included in this contract. However, exclusive behavioral practice groups (meaning that they provide behavioral health services only) should be contracted through MHN, a sister company to HNFS. To request a behavioral health packet, please email TRICARE.Requests@healthnet.com.

**Q: Can I send in the signed contract and then submit credentialing forms as they are completed?**

**A:** No. We require all applications for credentialing be submitted along with the contract. Providers under delegated credentialing agreements are managed under a separate, dedicated process.

**Q: Is there an end date on the contract or is it an evergreen contract?**

**A:** HNFS contracts are evergreen. They automatically renew each year.
Frequently Asked Questions

Q: Can I credential some of my providers and locations but not all?
A: No. TRICARE network contracts must include all affiliated providers and locations, if they meet TRICARE participation requirements.

Q: Can we bill nurse practitioners and physician assistants under our group’s MDs, instead of contracting and credentialing them?
A: No. Nurse practitioners and physician assistants must be separately credentialed. Additionally, they must be listed as the rendering provider on the claim when they are the provider of services.

Q: Where can I get a status update on my contracting and credentialing?
A: Check your credential status online at www.tricare-west.com, on or after Jan. 1, 2018.

Q. How do I determine the TRICARE Maximum Allowable Charge (TMAC)?
A. To determine the TRICARE Maximum Allowable Charge (TMAC), please visit the following link: http://www.health.mil/Military-Health-Topics/Business-Support/Rates-and-Reimbursement/CMAC-Rates. (Select "procedure pricing" and then “accept.”)

Q. How do I update my provider demographics?
A: You'll be able to update your demographics at www.tricare-west.com on or after Jan. 1, 2018, using our online tool.

Q: Our group was just purchased. Can we assign the contract/rates to the new group?
A: Yes. Your contract can be assigned to the new owner. Please send an assignment letter to HNFS’ Provider Relations at HNFST2017ProvRel@hnfs.com.
## Key Dates

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| **Nov. 1, 2017** | • Launch of HNFS West Region website, www.tricare-west.com  
**Note:** Not all online tools will be available Nov. 1, 2017. |
| **Dec. 31, 2017** | • Last day UnitedHealthcare will accept TRICARE West Region referrals and authorizations requests.  
• Last day to access UHCMilitaryWest.com accounts. |
| **Jan. 1, 2018** | • Begin submitting all referral and prior authorization requests to HNFS.  
• Begin submitting claims with dates of service on or after Jan. 1, 2018, to HNFS.  
• Begin contacting HNFS for all TRICARE inquiries, except those regarding claims with dates of service on or before Dec. 31, 2017.  
• Launch of complete www.tricare-west.com website. |
| **March 31, 2018** | • Last day to contact UnitedHealthcare customer service with questions about claims with a date of service on or before Dec. 31, 2017. |
| **April 30, 2018** | • Last day to submit claims to UnitedHealthcare with dates of service on or before Dec. 31, 2017 (mail, fax or at myTRICARE.com).  
• Last day to submit appeals to UnitedHealthcare for claims with dates of service on or before Dec. 31, 2017. |
| **May 1, 2018** | • Begin contacting HNFS for all TRICARE topics, regardless of date of service. This includes claims submittals and appeals. |
Who do I contact for assistance?

UnitedHealthcare
❖ [www.uhcmilitarywest.com](http://www.uhcmilitarywest.com)
❖ 1-877-988-WEST (1-877-988-9378)

HNFS
❖ [www.tricare-west.com](http://www.tricare-west.com): The HNFS West Region website is available now for beneficiaries and providers to preview, with the complete site launching Jan. 1, 2018.
❖ **1-844-866-WEST (1-844-866-9378)**: Due to the holiday, only provider locator services to help beneficiaries find urgent care centers will be available Jan. 1, 2018, with the full call center available Jan. 2, 2018. *Note: Our West Region call center will be available for certain beneficiary enrollment inquiries beginning Nov. 20, 2017.*