

Providing Care to Active Duty Service Members/ National Guard and Reserve Members

Active Duty Service Member TRICARE Plan Enrollment

Active duty service members (ADSMs) must enroll in either TRICARE Prime or TRICARE Prime Remote (TPR), depending on where they live and work. If enrolled in TRICARE Prime, most care is received at military hospitals or clinics. If the military hospital or clinic cannot provide the care, the ADSM is referred to a civilian provider. If enrolled in TPR, most care is received from a TRICARE network primary care manager (PCM), if available. If network providers are not available, ADSMs receive care from TRICARE-authorized, non-network providers.

Health Care Management for Active Duty Service Members

Note: There are no copayments or cost-shares for ADSMs using TRICARE Prime or TPR. Do not charge ADSMs at the time of service.

PROVIDER RESPONSIBILITIES	COVERAGE DETAILS
Obtaining Prior Authorizations and Referrals	<p>TRICARE Prime ADSMs: If care cannot be provided at a military hospital or clinic, the military hospital or clinic PCM will refer the ADSM to a network civilian provider for care. ADSMs enrolled in TRICARE Prime who do not yet have an assigned PCM, should contact Health Net Federal Services, LLC (HNFS) for approval.</p> <p>TPR ADSMs: Primary care does not require a prior authorization or referral. Civilian specialty care requires a prior authorization and referral from the Defense Health Agency – Great Lakes (DHA-GL). HNFS will refer the ADSM to a network or non-network provider upon the authorization from DHA-GL.</p>
Services Requiring Prior Authorization	<p>TRICARE Prime ADSMs: Require prior authorization for all inpatient and outpatient services from a civilian provider, except for emergency care.</p> <p>TPR ADSMs: Prior authorization is required for all inpatient and specialty outpatient care when received from a civilian network or non-network provider, with the following exceptions:</p> <ul style="list-style-type: none"> • emergency care • preventive care services for TPRADSMs without an assigned primary care manager • the following ancillary services when the care is referred by the ADSM's PCM: <ul style="list-style-type: none"> • diagnostic radiology and ultrasound services • diagnostic nuclear medicine services • pathology and laboratory services • cardiovascular studies
Non-Covered Services	<p>The director of the DHA may authorize services for ADSMs that are not TRICARE benefits. Providers are reimbursed for these services only if they obtain prior authorization from HNFS. ADSMs receiving a denial letter for non-covered services will be given instructions that a waiver from DHA is required. Non-TRICARE Prime Remote (TPR) ADSMs should coordinate the waiver with the military hospital or clinic to which they are enrolled. TPR service members should contact their Uniformed Services Headquarters point of contact/Service Project Officer for waiver consideration. If the director of the DHA approves a waiver, the original request for services can be resubmitted and HNFS will issue an approval.</p>
Filing Claims for Reimbursement	<ul style="list-style-type: none"> • ADSM claims are paid at the same negotiated rate as stated in the contracted agreement. • ADSMs cannot be balance billed. • All claims for ADSMs under TRICARE Prime or TPR must be submitted electronically by network providers.* Non-network providers submitting paper claims can submit them to: Health Net Federal Services, LLC c/o PGBA, LLC/TRICARE PO Box 202112 Florence, SC 29502-2112 <p>TRICARE requires network providers to submit claims electronically.* Non-network providers are encouraged to file electronically.</p> <p>*Network providers in the state of Alaska are not required to submit claims electronically.</p>

Mental Health Care Requirements

- ADSMs must receive mental health care services at a military hospital or clinic, when available. If care cannot be provided at the military hospital or clinic, services will be provided by a TRICARE network provider.
- Except in the case of an emergency, ADSMs must have a prior authorization and referral from HNFS to seek any mental health care from a civilian network or non-network provider.
- ADSMs using TPR can receive civilian mental health care with prior authorization from HNFS.

Additional Information

Visit www.tricare-west.com for additional TRICARE program information.

National Guard and Reserve Members

Members of the National Guard and Reserve may be eligible for TRICARE benefits in certain circumstances. Verify eligibility at www.tricare-west.com. Please review section 3 of the [TRICARE West Region Provider Handbook](#) for additional information verifying patient eligibility.

Line of Duty Care

National Guard and Reserve members, inactive or drilling, are eligible for health care if they sustain a **line of duty (LOD)** injury. Line of duty care is handled separately from other TRICARE benefits. See table below or contact HNFS with questions about LOD care.

LINE-OF-DUTY CARE DETAILS ¹	
Verifying Eligibility	The Defense Enrollment Eligibility Reporting System (DEERS) will not reflect eligibility for LOD care. National Guard or Reserve members seeking LOD care must present eligibility documentation at the time of service. It is the National Guard or Reserve member's responsibility to ensure all eligibility documentation is submitted by the military unit to the Defense Health Agency – Great Lakes (DHA-GL) and all follow-up care is authorized by DHA-GL. For further information about LOD care authorization, call 1-888-MHS-MMSO (1-888-647-6676).
Where Care Is Provided	Line of duty care is usually provided at a military hospital or clinic, if available. The military hospital or clinic may refer the National Guard or Reserve member to a civilian TRICARE provider. When in remote locations, DHA-GL may coordinate nonemergency care through any TRICARE-authorized network or non-network provider.
Claims	<ul style="list-style-type: none"> • Submit claims directly to HNFS unless otherwise specified on the LOD written authorization or requested by the National Guard or Reserve member's unit representative. • If HNFS receives an LOD claim that was not referred by a military hospital or clinic or pre-approved by DHA-GL, HNFS will forward the claim to the DHA-GL for approval or denial. • If a claim is denied by the DHA-GL for eligibility reasons, the provider's office should bill the member. The DHA-GL may approve payment once the appropriate eligibility documentation is submitted.

¹Any services provided must be directly related to the condition documented on the LOD written authorization.

Care Received While on Active Duty

When called to active duty for more than 30 consecutive days, National Guard and Reserve members are considered ADSMs for TRICARE purposes, and they will be enrolled in either TRICARE Prime or TPR. You will provide care to them as you would to any other ADSM (see the "Health Care Management for Active Duty Service Members" section).

Coverage When Released from Active Duty

When released from active duty, National Guard and Reserve members may become eligible for transitional health care benefits under the Transitional Assistance Management Program (TAMP), TRICARE Reserve Select (TRS) or the Continued Health Care Benefit Program (CHCBP).

PROGRAM	PROGRAM DETAILS
TAMP	For those who qualify, the 180-day TAMP period begins upon the sponsor's separation. During TAMP, sponsors and family members are eligible to enroll in TRICARE Prime or TRICARE Select. All prior authorization, referral and claims-filing processes continue to apply. During the TAMP period, National Guard and Reserve members are considered active duty family members (ADFM) and will have the same copayment and cost-share amounts as ADFMs.
TRS	National Guard and Reserve members who qualify may purchase TRS following the TAMP period or when in a drilling status, not on active orders for more than 30 days. TRICARE Reserve Select offers coverage similar to TRICARE Select, including similar annual deductibles, cost-share amounts and prior authorization requirements. If enrolled, TRS members will present a TRS enrollment card at the time of service. The TRICARE West Region Provider Handbook at www.tricare-west.com provides additional details about coverage and claims processing requirements.
CHCBP	National Guard and Reserve members may purchase CHCBP upon the loss of TRICARE eligibility. The Continued Health Care Benefit Program is administered by Humana Military and works similarly to TRICARE Select. If enrolled, CHCBP members will present a CHCBP enrollment card at the time of service. For more information about CHCBP, visit www.humanamilitary.com/provider/ .