Verifying TRICARE® Eligibility

HEALTH NET **FEDERAL SERVICES**
A Wholly-Owned Subsidiary of Centene Corporation

TRICARE®

Providers must verify patients' TRICARE eligibility at the time of service.

1. Verify the beneficiary has a valid uniformed services identification (ID) card, Common Access Card (CAC) or eligibility authorization letter.
2. Check the expiration date and photocopy both sides of the ID card or CAC for your files.
3. Verify the card bearer's TRICARE eligibility online at **www.tricare-west.com** or by calling the Health Net Federal Services, LLC (HNFS) interactive voice response (IVR) system at **1-844-866-WEST (1-844-866-9378)**.
4. If you are verifying online, retain a printout of the eligibility verification screen for your files.

Common Access Card

Most active duty service members (ADSMs) and drilling National Guard and Reserve members carry CACs, which replaced the Uniformed Services ID card. Although CACs are valid Uniformed Services ID cards, they do not on their own, prove TRICARE eligibility. The card bearer's eligibility must be verified, as described above.

Uniformed Services ID Card

The Uniformed Services ID card is credit-card sized and incorporates a digital photographic image of the bearer, bar codes containing pertinent machine-readable data, and printed identification and entitlement information.
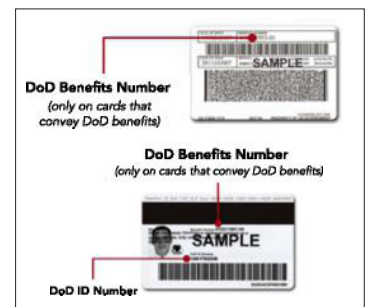
ID Card Key Fields

Department of Defense (DoD) Benefits Number vs. DoD ID Number

To protect personally identifiable information, Social Security numbers (SSNs) are no longer printed on Uniformed Services ID cards. Uniformed Services ID cards contain two numbers assigned by the DoD:

DoD Benefits Number
(only on cards that convey DoD benefits)

DoD Benefits Number
(only on cards that convey DoD benefits)

SAMPLE

SAMPLE

DoD ID Number

- *DoD Benefits Number (DBN)* – an 11-digit number that relates to TRICARE benefit eligibility. This number is located on the back of the card at the top, next to the date of birth. **The DBN (or the sponsor's SSN) must be used to verify TRICARE eligibility and when submitting TRICARE claims.**

- *DoD ID Number* – a 10-digit number found on the front of the ID card. The DoD ID number cannot be used for TRICARE eligibility, claims or authorization and referral purposes.

TRICARE beneficiaries issued DBNs are not required to provide SSNs to receive care.
Please comply with your TRICARE patients' preferences in regards to providing DBNs or SSNs.

Expiration Date

Check the expiration date on the ID card in the box titled "EXPIRATION DATE" (should read "INDEF" for retirees). If the card is expired, the beneficiary must update his or her information in the **Defense Enrollment Eligibility Reporting System (DEERS)** and be issued a valid card. Eligibility for TRICARE benefits will be determined by the eligibility response received from DEERS and not from ID cards. Beneficiaries may contact DEERS at **1-800-538-9552**.

Enrollment Wallet Cards

TRICARE provides enrollment cards, referred to as wallet cards, for enrollment-based plans: TRICARE Prime, TRICARE Prime Remote, TRICARE Prime Remote for Active Duty Family Members, TRICARE Select, TRICARE Young Adult, TRICARE Retired Reserve, and TRICARE Reserve Select. Wallet cards are not mailed to beneficiaries; instead, beneficiaries may view and print cards through the Defense Manpower Data Center's milConnect website. While wallet cards do not guarantee eligibility nor are they required to obtain care, they do contain important information for beneficiaries and providers.

Copying ID Cards

It is **legal** to copy ID cards for authorized purposes. Per DoD instruction, it is both allowable and advisable for providers to copy a beneficiary's ID card(s) to facilitate eligibility verification and for the purpose of rendering needed services. The DoD recommends providers copy both sides of the ID card(s) and retain copies for future reference.

National Guard and Reserve

Reserve Component members who become ill or injured, or aggravate a medical condition while on active duty, are entitled to medical care coverage under TRICARE for that specific medical condition only. This eligibility is referred to as line of duty (LOD), also known as notification of eligibility (NOE) for Coast Guard members.

Line of duty care is only authorized for the acquired injury or illness; however, the beneficiary may not show as TRICARE-eligible in DEERS. Line of duty eligibility is a branch of service responsibility and is initiated through the beneficiary's unit medical representative, not HNFS or DEERS.

How to Verify Eligibility Online: A Step-by-Step User Guide

This guide walks you through HNFS' **Patient Eligibility & Deductible tool** on the secure provider portal at **www.tricare-west.com**. If you do not have a log in, HNFS offers a check eligibility tool at **www.tricare-west.com** > *Provider* > *Public Tools* (provider Tax Identification Number, National Provider Identifier and ZIP code required).
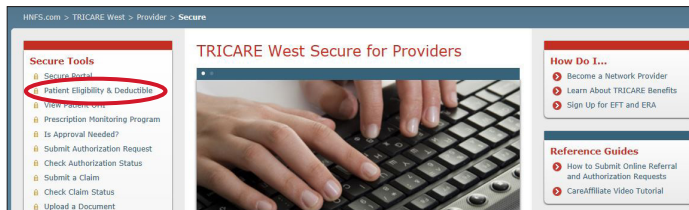
Step 1:

Log in at **www.tricare-west.com** > *Provider*. If you do not yet have a username/password, click the **Register** link to complete the registration process.
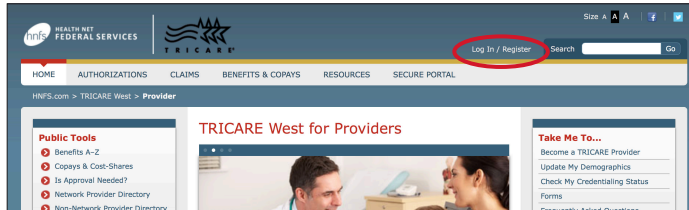
Step 2:

From the secure portal, click on **Patient Eligibility & Deductible** in the **Secure Tools** box.

Step 3:

Select either the **SSN Option** or the **DBN Option**.
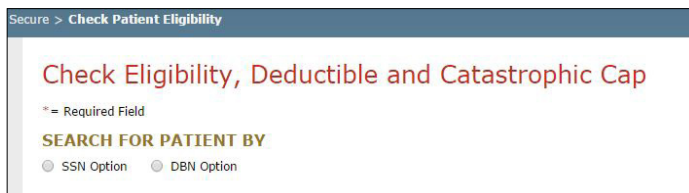
Step 4:

(A) For the SSN option, enter the *sponsor's* SSN (which may be different than the patient's) and then enter in the patient's first name, last name, and date of birth. Enter the eligibility date you are searching for. You can search past dates (to 01/01/2018) or the present date, but can't search future dates. Click **Search**.

Step 4: *(continued)*

(B) For the DBN option, enter the *patient's* DBN and date of birth. Enter the eligibility date you are searching for. You can search past dates (to 01/01/2018) or the present date, but can't search future dates. Click **Search**.

Tip: Both options allow you to check up to 10 (ten) beneficiaries at a time by clicking the (+) symbol.

Step 5:

The eligibility results will display for the beneficiary. From this screen you may print results for your records, submit a question to HNFS, or determine if approval is required for beneficiary care.

*Tip: If you select **Is Approval Required for the Beneficiary,** you will be directed to the **Prior Authorization Referral and Benefit Tool** to determine approval requirements.*