Learning Objectives

Upon completion of today’s presentation, you should:

- Understand the basic facts about TRICARE and the TRICARE North Region.
- Learn how to verify TRICARE eligibility.
- Learn how to submit and check status of prior authorizations and referrals.
- Be familiar with claims research.
- Be familiar with www.hnfs.com and its tools.
About TRICARE

TRICARE is

... the health care program supporting active duty service members, National Guard and Reserve members, retirees, family members, survivors and certain former spouses worldwide.

... a network of military and civilian health care professionals working together to foster, protect, sustain, and restore health for those entrusted to their care.
Health Net and TRICARE Basic Facts

2004
The TRICARE North Region contract was awarded to Health Net Federal Services, LLC (Health Net).

2004–2010
Health Net continuously provided health care services to the North Region and expanded the civilian network to over 150,000 providers; Health Net received a re-award for the North Region contract on May 13, 2010.

2011
Health Net’s current TRICARE contract began on April 1, 2011.

2014
As of January 1, 2014, TRICARE meets the requirements of minimal essential coverage under the Affordable Care Act.
TRICARE Regions

TRICARE Managed Care Support Contractors

North Region: Health Net Federal Services, LLC
South Region: Humana Military
West Region: United Healthcare Military & Veterans
TRICARE North Region

The North Region geographical area includes the District of Columbia and the following states:

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<thead>
<tr>
<th>State</th>
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<tr>
<td>Connecticut</td>
<td>New Hampshire</td>
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<td>Delaware</td>
<td>New Jersey</td>
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<td>Illinois</td>
<td>New York</td>
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<td>Indiana</td>
<td>North Carolina</td>
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<td>Iowa*</td>
<td>Ohio</td>
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<td>Kentucky*</td>
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<td>Maine</td>
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<td>Maryland</td>
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<td>Massachusetts</td>
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<td>Michigan</td>
<td>West Virginia</td>
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<tr>
<td>Missouri*</td>
<td>Wisconsin</td>
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</tbody>
</table>

*Iowa (Rock Island Arsenal area only)  *Kentucky (except Fort Campbell area)  *Missouri (St. Louis area only)
TRICARE Plan Options

Current TRICARE Plans:

<table>
<thead>
<tr>
<th>TRICARE Prime</th>
<th>TRICARE Young Adult Prime</th>
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<tbody>
<tr>
<td>TRICARE Prime Remote</td>
<td>TRICARE Young Adult Standard/Extra</td>
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<tr>
<td>TRICARE Standard/Extra</td>
<td>TRICARE Prime Overseas</td>
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<tr>
<td>TRICARE Reserve Select</td>
<td>TRICARE Prime Remote Overseas</td>
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<tr>
<td>TRICARE Retired Reserve</td>
<td>TRICARE Standard Overseas</td>
</tr>
<tr>
<td>TRICARE For Life</td>
<td>US Family Health Plan</td>
</tr>
</tbody>
</table>

TRICARE plan options are based upon who the beneficiary is and where he or she lives.
TRICARE Standard/Extra

What is TRICARE Standard?
- TRICARE Standard is the basic TRICARE health care plan available to non-active duty beneficiaries throughout the United States.
- It is the most flexible of the TRICARE plan options; however, costs for care are typically slightly higher than the TRICARE Prime plans.
- There is no enrollment.
- TRICARE Standard is similar to an indemnity plan.

What is TRICARE Extra?
- TRICARE Extra is a discount given to TRICARE Standard beneficiaries using a TRICARE network provider.
- There is no enrollment in TRICARE Extra.
- Beneficiaries receive a five percent discount off cost-shares for outpatient care (after the TRICARE Standard deductible is met). The TRICARE Extra discounts for inpatient facility services are significant.
- TRICARE Extra is similar to a PPO plan.
TRICARE Prime

What is TRICARE Prime?
- TRICARE Prime is a managed care option similar to a civilian health maintenance organization (HMO).
- There are fewer out-of-pocket costs than any other TRICARE option.
- Care is coordinated by a primary care manager (PCM).
- The first option for care is at a military hospital or clinic.
- Providers file claims.

Prime Service Areas
- Prime Service Areas (PSAs) are available in military hospital and clinic, and former Base Realignment and Closure (BRAC) areas.
- Health Net is required to offer TRICARE Prime in each PSA.
- All beneficiaries enrolled in Prime are subject to TRICARE’s access to care drive time standards.
TRICARE Prime Remote

TRICARE Prime Remote

➢ TRICARE Prime Remote is a health care program for active duty service members who are assigned to permanent duty stations that are typically 50 miles or more from a military hospital or clinic.

➢ TPR is offered in the 50 United States only and requires enrollment.

TRICARE Prime Remote for Active Duty Family Members

➢ TRICARE Prime Remote for Active Duty Family Members (TPRADFM) is a TRICARE plan option similar to TRICARE Prime.

➢ Retirees and other non-active duty family members are not eligible for TPRADFM.
TRICARE Reserve Plans

TRICARE Reserve Select/TRICARE Retired Reserve

➢ TRICARE Reserve Select and TRICARE Retired Reserve are premium-based health plans that qualified National Guard and Reserve members or qualified retired National Guard and Reserve members may purchase.

➢ There are no referrals; prior authorization is required for some services.

➢ Beneficiaries pay a percentage of the total cost (cost-share) after the deductible is met.

➢ Cost-shares are lower if using a network provider.

➢ Beneficiaries may need to file claims if using a non-network provider.
TRICARE Young Adult

➤ TRICARE Young Adult (TYA) is a premium-based health plan offering health care benefits to eligible adult dependent children under age 26.

➤ The TYA benefit options are TYA Standard and TYA Prime.

➤ The TYA plan option and the sponsor’s military status determine benefits, cost-shares and deductibles.
Additional Plans

**TRICARE OVERSEAS**
Beneficiaries residing overseas and seeking care stateside OR beneficiaries residing stateside and seeking care overseas must coordinate all claims, referrals and authorizations through International SOS. Visit www.tricare-overseas.com for country-specific contact information.

**TRICARE FOR LIFE**

**US FAMILY HEALTH PLAN**
An additional TRICARE Prime option. Contact www.usfhp.com or 1-800-74-USFHP (1-800-748-7347) for more information.

**CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP)**
CHCBP acts as a bridge between military health benefits and a new civilian health plan. It is a premium-based program for former military beneficiaries. Visit www.humana-military.com for more information.
TRICARE Pharmacy Program

The TRICARE Pharmacy Program is available to all TRICARE-eligible beneficiaries registered in the Defense Enrollment Eligibility Reporting System, or DEERS, except those enrolled in the US Family Health Plan.

Beneficiaries can fill prescriptions and military pharmacies, retail network and non-network pharmacies, and through TRICARE Pharmacy Home Delivery. The TRICARE pharmacy benefit is administered by Express Scripts, Inc.

Visit www.express-scripts.com/TRICARE for complete TRICARE pharmacy program information.
Enhanced Mail Order Pharmacy Initiative

Beginning October 1, 2015, a new law requires all TRICARE beneficiaries, except active duty service members, to get select brand name maintenance medications through either TRICARE Pharmacy Home Delivery or from a military pharmacy. Beneficiaries who choose to keep using retail pharmacies for these select brand name maintenance medications will pay full cost. As a TRICARE provider, you can help beneficiaries avoid unexpected out-of-pocket costs. Please remind your patients TRICARE Pharmacy Home Delivery is a safe, convenient, low-cost option for filling maintenance medications, and they can receive up to a 90-day supply.

TRICARE will allow two courtesy refills at retail pharmacies. Beneficiaries who continue to refill affected medications at retail pharmacies must then pay the full cost of the medication.

This change does not apply to generic medications or to medications taken for acute conditions, such as antibiotics. Beneficiaries living overseas or who have other health insurance with prescription drug coverage are not affected. View the Select Maintenance Drug List at www.health.mil/selectdruglist.
TRICARE Dental Programs

TRICARE beneficiaries access different dental options based on their beneficiary category.

Military dental clinics: Active duty service members receive active duty dental care through military dental clinics.

TRICARE Active Duty Dental Program (ADDP): The ADDP provides civilian dental care to ADSMs who are unable to receive care from military dental clinics. The ADDP is administered by United Concordia Companies, Inc.

TRICARE Dental Program (TDP): The TDP is a voluntary, premium-based program for active duty family members and members of the National Guard and Reserve and/or their families. The TDP is administered by MetLife.

TRICARE Retiree Dental Program (TRDP): The TRDP is a voluntary, premium-based dental program for retired services members and their eligible family members. The TRDP is administered by Delta Dental of California.
Determination of Benefits

- When a patient needs care, it is important to determine up-front which TRICARE program will be utilized for treatment and how that care will be reimbursed. These determinations will also effect which services may be offered.

- Eligibility for TRICARE benefits is determined through the Defense Enrollment Eligibility Reporting System (DEERS) and not from TRICARE ID cards.
DEERS

Defense Enrollment Eligibility Reporting System (DEERS)

- A computerized databank that lists all uniformed service personnel and their family members.

- Official source for verifying eligibility and coverage, maintaining the uniformed services ID Card program, and maintaining enrollment information.
TRICARE Identification Cards

There are several ID and enrollment cards for TRICARE:
Common Access Card

Most active duty service members and National Guard and Reserve members now carry the Common Access Card (CAC), which is replacing the uniformed services ID card. Although CACs are valid uniformed services ID cards, they do not, on their own, prove TRICARE eligibility.
DoD Benefits Number

As a reminder, Social Security numbers (SSNs) are no longer printed on Department of Defense (DoD) identification (ID) cards. This change was made by the DoD to protect the personal identity information of our beneficiaries.

The new ID card contains the following identifiers:

- DoD ID Number – a 10-digit number that is not used for TRICARE claims, eligibility, or authorization and referral purposes.
- DoD Benefits Number (DBN) – an 11-digit number that relates to TRICARE benefit eligibility. This number is located on the back of the new card.

When submitting claims, prior authorizations and referrals for TRICARE beneficiaries, please use the sponsor’s SSN or the 11-digit DBN. Providers should continue to use the sponsor’s SSN when verifying eligibility through the Interactive Voice Response system at 1-877-TRICARE (1-877-874-2273), or choose to transfer to a call center agent if you only have the DBN.
Enrollment Card

Enrollment cards are provided for enrollment-based TRICARE plans. These include:

- TRICARE Prime
- TRICARE Prime Remote
- TRICARE Overseas Prime
- TRICARE Reserve Select
- TRICARE Retired Reserve
- TRICARE Young Adult

Enrollment cards are not required to obtain care but contain important information for beneficiaries.

**Note:** The TRICARE enrollment cards have program enrollment start dates. These are **not** the same as eligibility dates and do not guarantee coverage.
Copying Cards

It is legal to copy ID cards for authorized purposes. Per DoD instruction, it is both allowable and advisable for providers to copy CACs or ID cards for authorized purposes, which may include:

- facilitating medical care eligibility determination and documentation
- cashing checks
- administering other military-related benefits
- verifying TRICARE eligibility

The DoD recommends providers retain photocopies of both sides of CACs and ID cards for future reference.

*Title 18, United States Code, Section 701 prohibits photographing or possessing uniformed services ID cards in an unauthorized manner. Unauthorized use exists only if the bearer uses the card in a manner that would enable him or her to obtain benefits, privileges, or access to which he or she is not entitled.
Verifying Eligibility

Providers must verify the card bearer’s TRICARE eligibility at the time of service. You may verify eligibility one of three ways:

- Log in to the Health Net website at www.hnfs.com. Be sure to retain a printout of the eligibility verification screen for your files.
- Call Health Net’s interactive voice response system at 1-877-TRICARE (1-877-874-2273).
- Submit an electronic data interchange (EDI) transaction.
Online Eligibility

Verify eligibility online:

- Visit www.hnfs.com and click on the Patient Eligibility link in the Tools box. Website registration is required.
- Log in to access the eligibility tool.

Note: Eligibility status is also available at PGBA’s website, www.myTRICARE.com. A www.myTRICARE.com login and password are required.
Interactive Voice Response

Use the interactive voice response (IVR) system when calling Health Net at 1-877-TRICARE (1-877-874-2273). The IVR is available 24 hours a day, seven days a week to verify eligibility, check claim status and more.

In order to use the IVR, you will be asked to provide either your:

- ten-digit NPI number,
- nine-digit tax identification number or
- twelve-digit provider identification number.

When verifying eligibility, use the sponsor’s Social Security number through the IVR, or choose to transfer to a call center agent if you only have the DBN.
Electronic Data Interchange

If you are a provider who can submit claims electronically, you can also check patient eligibility electronically by submitting an EDI transaction.

- Use your system to submit ASC X12 eligibility transaction 270/271 for eligibility verification.
- Enter either the sponsor’s Social Security number or DoD EDI Personal Identifier.
- The 270/271 eligibility transaction is sent to PGBA’s system for a DEERS check. A response is then sent back to your system, generally within seconds.
- You can also submit a request for a batch of patients you know are coming in the next day and a response will be waiting for you the next morning.

For assistance with EDI transactions, you may contact PGBA’s EDI/Web Help Desk at 1-877-334-2524, 8:00 a.m.–5:00 p.m. Eastern time (ET).
Other Health Insurance

- TRICARE is the secondary payer except for Medicaid, TRICARE supplements, and the Indian Health Service or other programs as identified by the Defense Health Agency.

- Active duty service members with other health insurance (OHI) require an approval from Health Net for all services. All other beneficiaries with OHI only require a prior authorization for inpatient behavioral health services.

- Providers are encouraged to ask the beneficiary about OHI so benefits can be coordinated.
The Right of First Refusal

Your patients may be required to seek care at a military hospital or clinic.

- Requests for specialty care, inpatient admissions or procedures requiring prior authorization will be directed to military hospitals or clinics first, followed by TRICARE network providers if the services are not available at the military hospital or clinic.

- In order to minimize beneficiary dissatisfaction, and to reduce any confusion as to who will render care, please refrain from advising your patients where their specialty care will be rendered. Instead, advise that a referral for specialty care has been submitted and he or she will be contacted by the military hospital or clinic or Health Net as to where care may be obtained.
Clearly Legible Reports

TRICARE network specialty providers must continue to provide **clearly legible specialty care consultation reports**, also known as CLRs (consultation reports, operative reports and/or discharge summaries) to the referring provider. For patients referred by military hospital or clinic providers, reports **must** be returned to the military hospital or clinic **within seven business days** from the date of service.

Our online CLR Fax Matrix can help with this process.

- Verify the confidential fax number for each military hospital and clinic.
- Find contact information if you have CLR questions.
- Visit [www.hnfs.com > I’m a Provider > Education/Clearly Legible Reports](http://www.hnfs.com > I’m a Provider > Education/Clearly Legible Reports).
Clearly Legible Reports

Please help our military hospitals and clinics comply with The Joint Commission standards.
It is important to promptly submit these required reports to military hospitals and clinics in order for timely facilitation of TRICARE beneficiary care and to meet The Joint Commission accreditation requirements.

What clinical information should a clearly legible report contain?
Clearly legible reports should consist of consultation and operative reports, notes regarding the episode of care and discharge summaries.

What other information should a clearly legible report include?
Include at least two pieces of personally identifiable information about the patient, such as name and birth date, or name and the last four digits of the Social Security number. This helps link the patient to the episode of care and raise the standards of care.
Provider Types

**Authorized Provider** (TRICARE-approved)
- signs prime contractor agreement
- accepts TRICARE negotiated payment
- files claim for member
- participating (accepts assignment, i.e., TRICARE payment in full)
- participates on case-by-case basis
- files claim for member
- may not balance bill

**Network Provider** (contract)
- accepts TRICARE negotiated payment
- files claim for member

**Non-Network Provider** (no contract)
- non-participating (does not accept assignment or TRICARE payment in full)
- may file claim for member (if not, member must file)
- may balance bill up to 115% of TRICARE allowable charge

**Non-Authorized Provider**
- TRICARE cannot pay
Specialty Networks

- Health Net has network agreements with nine rehabilitation hospitals listed in the 2010 U.S. News and World Report’s “Top 20 of America’s Best Hospitals.”

- A comprehensive network of rehabilitative services for wounded, ill and injured military.
Behavioral Health Networks

Health Net is increasing the behavioral health network for the TRICARE North Region to more than 29,000 providers.

More than 800 network behavioral health providers specialize in wounded, ill and injured care.
Centers of Excellence

Health Net contracts with Centers of Excellence to increase beneficiary access to world-class providers of critical specialty services.

- Bariatric
- Cancer
- Neonatal
- Congenital heart disease
- Ventricular Assist Device
- Transplants (bone marrow, heart, intestine, kidney, liver, lung, pancreas)
Urgent Care Centers

- Health Net contracts with urgent care clinics across the TRICARE North Region.
- An urgent care center is located within 10 miles of military hospitals and clinics, where available.
  - This increases beneficiary access to care and reduces high-cost emergency room services.
Urgent Care – Phone First

Health Net offers its “Phone first” campaign to help change beneficiary behaviors away from emergency room care.

Key points include:

➢ Educate beneficiaries to contact their doctor first to determine best level of care.
➢ Direct care to the beneficiary’s doctor, or urgent or convenient care clinic for non-emergency situations.

Visit www.hnfs.com/go/phonefirst for additional information, urgent care requirements and resources.
Nurse Advice Line

TRICARE’s Nurse Advice Line at 1-800-TRICARE (option 1), offers support 24 hours a day, seven days a week for beneficiaries with medical concerns.

Beneficiaries can speak with a registered nurse who can:

- answer urgent care questions,
- give health care advice,
- help locate doctors, and
- schedule next-day appointments at military hospitals and clinics.

Note: Health Net does not administer TRICARE’s Nurse Advice Line program.
PGBA, LLC (PGBA) is Health Net’s partner for claims processing in the TRICARE North Region. On PGBA’S website, you can view general patient eligibility or eligibility requirements for a specific procedure, diagnosis or service type. Registration on www.myTRICARE.com is required.

Other services available at www.myTRICARE.com:
• authorization or referral status
• authorization or referral details
• primary care manager name (if applicable)
• patient’s deductible and out-of-pocket information
• other health insurance information (if applicable)
Claims

All network provider claims must be filed electronically:

**XPressClaim®** – An online electronic claims system for providers with Internet access who submit fewer than 150 TRICARE claims per month. This option is free and does not require additional hardware or software. XPressClaim accepts 1500 and UB-04 claims and adjudicates most TRICARE claims submissions providing clear patient liability, using secure encryption technology for transmissions.

**Claims Clearinghouses** – Providers can contract with any commercial clearinghouse service to transmit TRICARE claims electronically to Health Net for processing. Some providers choose this option because it also allows them to submit claims to health care payers other than TRICARE.

Check claim status at www.hnfs.com or through Health Net’s IVR at 1-877-TRICARE (1-877-874-2273).

Note: Claim status is also available at PGBA’s website, www.myTRICARE.com. A www.myTRICARE.com login and password are required.
ICD-10 Transition

The ICD-10 implementation date is here. Please review the following information as you and your staff move forward with ICD-10. Health Net is prepared for this transition and wants to help you avoid any delays in claims processing or prior authorization and referral reviews.

- Your practice must submit all claims for services provided on or after October 1, 2015, with ICD-10 coding for payment consideration. Claims not coded following ICD-10 guidelines will be returned.

- Visit www.hnfs.com > I’m a Provider > Claims > ICD-10 Implementation for the latest information on the transition, including conversion tips and answers to frequently asked questions.
Referrals and Prior Authorizations

**REFERRALS:** Referrals are for services that are not considered primary care. Health Net utilizes referrals to document when a primary care manager (PCM) obtains consultation, care and services for patients from other providers (for example, medical/surgical specialists, physical therapists or psychologists). An example of a referral is when a PCM sends a patient to see a cardiologist to evaluate a possible heart problem.

**PRIOR AUTHORIZATIONS:** Certain services or procedures require Health Net review and approval, known as prior authorization, prior to being provided. Some services and procedures requiring prior authorization include certain behavioral health care, hospitalization, and surgical and therapeutic procedures.

Services that always require prior authorization include:

<table>
<thead>
<tr>
<th>Transplants (except for corneal transplants)</th>
<th>Heart surgery related to coronary artery disease</th>
<th>Aortic aneurysm repair surgery (abdominal aortic repair)</th>
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<tbody>
<tr>
<td>Open heart surgery (aortic valve replacement)</td>
<td>Weight loss (bariatric) surgery</td>
<td>Plastic surgery (reconstructive or cosmetic procedures)</td>
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<tr>
<td>Pancreas cancer surgery (pancreatic resection surgery)</td>
<td>Throat (esophageal) cancer surgery</td>
<td>Adjunctive dental care including dental anesthesia</td>
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*This is a partial list only. For a complete listing of referral and prior authorization requirements visit www.hnfs.com. Network and non-network providers who submit claims without obtaining the required prior authorization or without notifying Health Net of inpatient facility admissions by the next business day are subject to a 10 percent claims penalty.
Use the Prior Authorization, Referral and Benefit Tool on www.hnfs.com to determine referral and prior authorization requirements for your TRICARE patients. Once signed in, the tool populates patient information and includes a printer friendly version for records.

Visit www.hnfs.com > I’m a Provider > Tools > Authorization Requirements.
Submissions

Health Net’s online authorization and referral tools offer quick and easy submission and status tracking of prior authorizations, referrals, and inpatient and discharge notifications.

Registration at [www.hnfs.com](http://www.hnfs.com) is required to access submission and status tools.

[www.hnfs.com > I’m a Provider > Tools](http://www.hnfs.com > I’m a Provider > Tools)

**Note:** The online authorization and referral tools are only supported for use with Internet Explorer 7, 8, 9, 10, and 11. If your office uses a browser such as Chrome or Firefox, the tools may not function properly.
Providers must register on www.hnfs.com to submit an online authorization or referral request.

Click on the Register link located in the header of all www.hnfs.com website pages. Next, select the Register tab, then click on the Register button in the Group Administrators box.

Visit www.hnfs.com > Provider > Resources > Website Registration Guides for the following resources:

- Website Registration Quick Reference Guide (step-by-step instructions on how to register online)
- Complete Website Registration and Account Management for TRICARE North Region Provider Groups
Checking Authorization Status

Providers can log in to www.hnfs.com to check the status of an authorization through our online authorization and referral tool.

www.hnfs.com > I’m a Provider > Tools > Authorization Status
Status

You may also use PGBA’S website, www.myTRICARE.com, as an option for checking status.

A www.myTRICARE.com login and password are required.
Website Features – www.hnfs.com

For all providers:

- eligibility verification
- claim status
- authorization and referral requirements, submittal and status
- A–Z benefits list
- online forms and other materials
- news articles
- tutorials, pre-recorded webinars and links to live webinars

Note: A lock icon next to a feature indicates a login is required.
Additional features for network providers:

- The Primary Care Manager (PCM) Enrollee Roster provides a list of beneficiaries enrolled to a network PCM.

- Provider specialty updates allow individual network providers to notify Health Net's credentialing department of changes in demographics, specialties or sub-specialties.

- Connect Portal® by Optum™ is an online tool that uses claims and encounter data to give providers access to TRICARE Prime patients’ diagnoses, tests, medications, and more.
The Provider Demographics Update Form is an interactive PDF that allows network providers to update:

- practice address
- HIPAA-compliant referral and authorization fax number
- Tax Identification Number
- billing address
- main point-of-contact email address

You may also:

- add a location
- delete a location
- delete a practitioner

Keeping your information current allows us to provide the most up-to-date information in our Network Provider Directory.
Online Provider Education


Online Tools Tutorial – A step-by-step guide to online tools currently available on our website.

Webinars – Live briefings offered every other week. Recorded briefings and downloadable presentations also available.

Visit www.hnfs.com > I’m a Provider > Education.
Provider Relations Outreach Specialist (PROS)

Who are the PROS?
Market-based associates located in or near highly concentrated network areas, who act as liaisons between Health Net and providers.

PROS perform outreach activities dedicated to assisting providers by:

- verifying and maintaining provider demographics,
- building relationships with the provider community through site visits and phone calls, and
- provider education.

For routine calls, remember to contact the Customer Service Call Center at 1-877-TRICARE (1-877-874-2273).
Customer Service

Customer service resources:

- Interactive voice response (IVR) system is available 24 hours a day, seven days a week call 1-877-TRICARE (1-877-874-2273).

- For assistance with electronic claims, call 1-877-EDI-CLAIM (1-877-344-2524).

- For questions unrelated to general claim status, speak with a customer service agent by calling 1-877-TRICARE (1-877-874-2273) Monday–Friday, 7:00 a.m.–7:00 p.m. (ET) to speak with a live representative.