

TRICARE Program
PGBA, LLC
TRICARE Claims Administrator
Provider Management
P.O. Box 870145
Surfside Beach, S.C. 29587-9745
Fax 1-888-279-3540
Phone: 1-877-TRICARE (1-877-874-2273)
www.myTRICARE.com by PGBA

Dear Non-Network Provider:

We have received some indication that you should be established as a TRICARE provider. In accordance with TRICARE regulations, you must be an authorized TRICARE provider prior to any consideration of benefits. To become an authorized TRICARE provider, you must complete the enclosed application forms.

Effective October 1, 2001, TRICARE (formally known as CHAMPUS) became a secondary payer to Medicare for approximately 1.5 million Medicare-eligible DoD health care beneficiaries. On December 28, 2001, President Bush signed the National Defense Authorization Act of Fiscal Year 2002 (Pub.L.107-107). This legislation has three important provisions for SNF providers:

* First, with one exception, the legislation revised the TRICARE Skilled Nursing Facility (SNF) benefit so that it is identical to the Medicare SNF benefit. Like Medicare, the TRICARE SNF benefit will now require a qualifying 3-day prior hospitalization. The skilled services must meet the Medicare coverage rules and be for a medical condition that was either treated during the qualifying 3-day hospital stay, or started while the beneficiary was already receiving Medicare-covered SNF care. The one exception is that, unlike Medicare, the TRICARE benefit for a spell of illness will be unlimited. After exhaustion of the Medicare benefit, TRICARE will become the primary payer if the beneficiary does not have other health insurance.

* Second, the legislation requires that the TRICARE program adopt the Medicare SNF prospective payment system (PPS) payment methods and rates, including Minimum Data Set (MDS) assessments, Resource Utilization Group (RUG) - III classifications, and Medicare weights and per diem rates. Both of these provisions will take effect for SNF admissions on or after August 1, 2003. Children under age 10 on the date of SNF admission will not be subject to MDS assessments and SNF PPS. In addition, Critical Access Hospital swing beds will not be subject to MDS assessments and SNF PPS. Unless required by their Memorandum of Understanding or the Provider Agreement, VA facilities will not be subject to MDS assessments and SNF PPS. Facilities in Puerto Rico, Guam, the Virgin Islands, and American Samoa will not be subject to MDS assessments and SNF PPS.

* Third, the recently signed legislation requires that SNF providers enter into a new Participation Agreement with TRICARE if they wish to be considered to be an authorized TRICARE provider. This agreement will require that TRICARE-participating SNFs will not charge a beneficiary any amount above the TRICARE allowed amount. Beneficiaries are financially responsible only for co-insurance amounts and services not covered by TRICARE. SNFs will be required to use the same certification forms for TRICARE beneficiaries as their TRICARE participation agreements if they discriminate against the TRICARE beneficiary in their admission practices or in delivery of medically necessary services due to the level of payment. Accordingly, attached with this cover letter is a TRICARE SNF Participation Agreement for your signature. Please sign and return this agreement within 15 calendar days from the date of this letter to facilitate prompt claims processing. All SNFs must sign and return this agreement if they wish to have TRICARE pay for the care of TRICARE beneficiaries. Claims for non-authorized SNFs will be denied.

There are four other changes for TRICARE SNF providers. First, SNFs must use 21x bill type and Revenue Code 022 on all TRICARE SNF PPS claims. Second, a Health Insurance Prospective Payment System (HIPPS) code must also be put on the PPS claim. This is a five-digit code. The first three digits are an alpha/numeric code identifying the RUG III classification. The last two digits are the indicators of the reason for the MDS assessment. Up to 100 days in a benefit period, SNFs will use the same HIPPS codes for TRICARE patients as used under Medicare. After the 100th SNF day in a benefit period, for TRICARE patients, SNFs will use an appropriate three-digit RUG-III code with a TRICARE-specific two-digit modifier that makes up the HIPPS code. The TRICARE-specific two-digit modifiers will be



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as follows:

120-day assessment.....	8A
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150-day assessment.....	8B
180-day assessment.....	8C
210-day assessment.....	8D
240-day assessment.....	8E
270-day assessment.....	8F
300-day assessment.....	8G
330-day assessment.....	8H
360-day assessment.....	8I
Post 360-day assessments with 30-day interval.....	8X

Third, under SNF PPS, all SNF claims (21X bill type) must contain a line item listing (by revenue code) of all services rendered to the SNF inpatient resident during the dates of service on the claim. As under Medicare, SNFs are responsible for making payment to those contractors who have provided services to their TRICARE beneficiaries. The SNF must pay for any service provided to a TRICARE beneficiary by an outside supplier unless that service is excluded from consolidated billing by statute.

Fourth, under SNF PPS, SNFs will continue to be responsible for performing the resident assessment every 30 days after the 90th day using the MDS assessment resident assessment every 30 days after the 90th day using the MDS assessment form, for determining the medical necessity of services, for contracting with outside suppliers, for managing Certificates of Medical Necessity (CMN) from suppliers, and for making appropriate payment to contractors for services rendered to SNF patients. The 'Significant Change in Status Assessments' or 'Significant Correction of Prior Assessments' as applied under Medicare will also apply to these assessments under TRICARE. The SNFs shall use the default HIPPS rate code on the claim in case of an off-schedule or late patient assessment. SNFs will provide notices to TRICARE beneficiaries in the same manner as they provide under Medicare.

The SNF benefit and PPS provisions will also apply to those TRICARE beneficiaries who are not Medicare-eligible.

Please fax or mail the signed agreement to:

TRICARE Provider Data Management
 P.O. Box 870156
 Surfside Beach, SC 29587-9756
 Fax 1-888-279-3540



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TRICARE Institutional Provider Application

Facility Name: _____

Federal Tax Number: _____ NPI# _____

Office Location (Street Address):

Mailing Address (If Different):

Telephone: _____

Is the facility Medicare certified: _____ YES _____ NO If yes:

CERTIFICATION NUMBER (Original): _____

CATEGORY: _____

ORIGINAL CERTIFICATION DATE: ____/____/____

CURRENT CERTIFICATION DATES: ____/____/____ TO ____/____/____

YOU MUST ATTACH COPIES OF MEDICARE, JCAHO AND STATE LICENSING.



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SKILLED NURSING FACILITY (SNF) PARTICIPATION AGREEMENT

Agreement Between TRICARE and _____ (Provider)

doing Business as (DBA) _____

TRICARE Provider ID/Number: _____ Medicare Provider No: _____
(To be completed by TRICARE Contractor) (To be completed by SNF)

In order to receive payment under 32 Code of Federal Regulations (CFR) Part 199,
_____ DBA

_____ as the Provider of skilled nursing services, agrees to conform to the provisions of 32 CFR 199 and applicable provisions in TRICARE Manuals and applicable Medicare provisions in 42 CFR.

This Agreement, upon submission by the Provider of skilled nursing services of acceptable assurance of compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 as amended, and upon acceptance by TRICARE, shall be binding on the Provider of skilled nursing services and TRICARE.

The Provider of skilled nursing services certifies that:

- a. The Provider is licensed by the State having jurisdiction for the Provider's area.
- b. The Provider is Medicare (or Medicaid) certified and will continue to maintain this certification. If at any time the provider is decertified by Medicare (or Medicaid), the provider agrees to notify the TRICARE contractor within 72 hours. Loss of Medicare (or Medicaid) certification will nullify this agreement. Note: For pediatric SNFs, Medicaid certification will be acceptable in lieu of Medicare certification.
- c. The Provider will not discriminate against the TRICARE beneficiary in their admission practices or in delivery of medically necessary services due to the level of payment.
- d. The Provider will use the same certification forms for TRICARE patients as are used and required for Medicare (or Medicaid) patients. The Provider will provide Notices to TRICARE Beneficiaries in the same manner as they provide under Medicare.
- e. The Provider will participate on all TRICARE SNF claims and will accept TRICARE payment as the full payment and not balance bill the TRICARE beneficiaries. The Provider will collect the applicable cost-share amounts from the TRICARE beneficiaries.



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In the event of a transfer of ownership, this Agreement is automatically assigned to the new owner subject to the conditions specified in this Agreement and 42 CFR 489, to include existing plans of correction and the duration of this Agreement, if the Agreement is time limited.

ACCEPTED FOR THE PROVIDER OF SKILLED NURSING SERVICES BY:

NAME (SIGNATURE)

TITLE

DATE

ACCEPTED FOR TRICARE Contractor by:

NAME (SIGNATURE)

TITLE

DATE

ACCEPTED FOR THE SUCCESSOR PROVIDER OF SKILLED NURSING SERVICES BY:

NAME (SIGNATURE)

TITLE

DATE



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Non-Network UB-04 “Signature on File” for TRICARE Claims Form

Please complete the following information and return by fax to 1-888-250-4355

This form serves the purpose of the signature requirements indicated in the TRICARE Operations Manual (Chapter 8, Section 4, Paragraph 10.0.)

“The signature of the non-network provider, or an acceptable facsimile, is required on all participating claims. The provider’s signature block Form Locator (FL) has been eliminated from the CMS 1450 UB-04. As a work around, the National Uniform Billing Committee (NUBC) has designated FL 80, Remarks, as the location for the signature, if signature on file requirements do not apply to the claim. If a non-network participating claim does not contain an acceptable signature, return the claim.”

I, _____ hereby authorize PGBA, LLC / Health Net
(print/type name here)

Federal Services in the state of South Carolina to accept my signature shown below as my true signature for all claim submissions for the facility indicated below.

Facility Name: _____

Facility Tax Identification Number: _____

Facility Address: _____

Facility Phone Number: _____

Signature of Authorized Representative: _____



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ELECTRONIC FUNDS TRANSFER (EFT)

Compete and FAX/Mail to: TRICARE North EFT, PO Box 870154, Surfside Beach, SC 29587-9754 or FAX completed form to 1-888-536-2324. (For assistance contact our EDI Help desk at, 1-877-334-2524).

PART I – PROVIDER OR SUPPLIER INFORMATION

Tax Identification (EIN or SSN) _____
National Provider Identifier _____
Name _____
Business Physical Address _____
_____ State _____ Zip Code _____ City _____
Phone Number _____ Fax Number _____

PART II – BANKING INFORMATION

Bank name _____
Bank Address _____
City _____ State _____ Zip Code _____
Bank contact name: _____ Phone Number _____
Bank Transit Number/ Routing Number (nine digit) _____ Bank Account Number _____
Type of Account (check one) Checking Account Saving Account

PART III – CONTACT PERSON

Name _____
Business Physical Address _____
_____ State _____ Zip Code _____ City _____
Phone Number _____ Fax Number _____ E-mail Address _____

I hereby authorize PGBA, LLC to initiate credit entries and, if necessary, debit entries and adjust and credit entries in error. I also authorize the bank named above to credit and/or debit the same to this account.

Signature (person with signature authority) _____ Date _____

