



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE HEALTH AFFAIRS

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DEFENSE HEALTH AGENCY

**** PLEASE NOTE THAT THERE HAVE BEEN SOME VERY IMPORTANT CHANGES TO PRIME TRAVEL**

REIMBURSEMENT. Please make sure to read the information in this package carefully *BEFORE* you travel so as not to incur any costs that may not be reimbursed, especially if are planning to fly, purchase fuel, or obtain lodging.

After reviewing this educational package, it is your responsibility to ensure you understand the Prime Travel Benefit Program (PTBP) requirements and the claim submission process. If you have additional questions or require assistance with filing your claims, please feel free to call our office at **(800) 576-0375** during the hours of 0800 – 1600 CST, Monday-Friday. We are closed on Federal holidays.

ALL MILITARY TREATMENT FACILITY (MTF) PRIME-ENROLLED BENEFICIARIES: MTF enrollees should contact their assigned MTF for Prime Travel program information and claims submission.

COAST GUARD (CG) TRAVELERS: All Coast Guard beneficiaries **MUST** contact the Coast Guard at D11-HSWLSC-PTBREQUEST@USCG.MIL or (510) 637-1214 **BEFORE TRAVELING**. The Coast Guard requires a PTB request to be submitted 5 business days before travel occurs, requires members to have orders in hand before travel, and requires travel claims to be filed within three business days of travel conclusion.

PTBP SUMMARY:

The PTBP provides actual expense travel reimbursement when a beneficiary is referred by their Primary Care Manager (PCM) to a specialty care provider that is greater than 100 miles (one way) from the PCM's Office (*not the beneficiary's residence*). The information we are including will explain the program's eligibility, covered expenses, and claims filing instructions necessary for you to be reimbursed. You can also go to our website at <http://www.tricare.mil/Plans/HealthPlans/Prime/TravelReimb/South.aspx> for additional information and copies of necessary forms required for claims submission.

Our goal is to ensure you receive the proper reimbursement you are due under the PTBP and to do so in an expedient manner. Please read the following instructions carefully.

ELIGIBLE BENEFICIARIES:

- A. The PTBP is available to non-active duty TRICARE Prime enrollees and TRICARE Prime Remote family members who are referred for medically necessary, non-emergent specialty care more than 100 miles from their PCM's location. The "greater than 100-mile rule" is stated in statute and is not negotiable when determining applicability of the Prime Travel benefit. The distance is determined using the Defense Table of Official Distances (DTOD).
- B. If the traveler is enrolled in Prime at a military treatment facility, they should contact that facility for all issues related to the PTBP, to include claims reimbursement. If the traveler is enrolled to a network provider, the TRICARE Regional Office will be their assigned office for PTBP questions and claims reimbursement.
- C. When a patient specifically requests a referral to a provider more than 100 miles from their PCM's office and a network or non-network provider is available closer, travel reimbursement will not be authorized. Documentation for medical necessity must be provided by the referring PCM to Humana in order for travel reimbursement *to be considered* when a closer network or non-network provider is available.

TRAVELING WITH A NON-MEDICAL ATTENDANT (NMA):

The FY02 National Defense Authorization Act authorizes one parent, guardian or another adult family member to travel with a non-active duty Prime enrolled patient as an NMA. The NMA may be authorized reimbursement of their actual travel expenses. *NMAs must submit a separate claim for their travel.*

- A. A letter of medical necessity is required from the PCM for all patients over the age of 18 in order for the NMA's travel to be authorized under the Prime Travel Benefit Program. This letter must be current and address all dates of travel on the claim, since there may be times when the patient is able to travel by themselves and other times when an NMA is required due to medical necessity. If the patient is under the age of 18, a statement of medical necessity is not required.
- B. By statute, the NMA must be a parent, legal guardian or other adult family member. However, if the NMA is not the parent, the NMA must be at least 21 years of age. NMAs are not required to be enrolled in TRICARE Prime or to be TRICARE-eligible. The patient, however, must be enrolled in TRICARE Prime.
- C. No two travelers can claim or be reimbursed for the same expense. This normally applies to situations where there is a NMA traveling with a patient (i.e., lodging, car rental, etc.). NMA's are required to save all of their own itemized travel receipts.
- D. **Active Duty Members/U.S. Government Employees:** **It is important for all active duty (AD) and U.S. Government employees to contact our office before traveling.* Active duty members and government employees may be reimbursed TDY expenses if they are approved by their unit or organization to travel as a NMA. **They must submit a memo from their unit/organization authorizing the member to act as the NMA.** If they do not receive the memo and are not approved by their organization for TDY status, they will be reimbursed actual expenses. However, active duty and civilian employees who travel less than 12 hours as an NMA cannot be reimbursed any meals if they are in a TDY status. Sample memos are available upon request. When the member is in a leave status, however, they will then be reimbursed actual expenses instead of per diem and mileage.

REFERRALS AND TRAVEL ORDERS: All travelers must have a valid referral **BEFORE THEY TRAVEL.** Travel orders, however, which are required for all beneficiaries, will be processed **after** the travel has occurred. If you have other health insurance, you will need a written referral from your Primary Care Manager in order to qualify for reimbursement.

MODE OF TRAVEL: The standard mode of travel for distances less than 400 miles one-way is Personally Owned Conveyance (POC). The standard mode of travel for distances more than 400 miles one-way is AIR. If you choose to use a non-standard mode of travel, a cost comparison will be done to determine which mode of travel would have been the most cost effective to the government. Your reimbursement may be limited to the most cost effective mode of travel.

REASONABLE HOURS OF TRAVEL: Travel over 400 miles one-way may qualify for lodging. If you are planning to stay overnight, you may call our office in advance to determine if lodging will be approved. We can also provide you with the maximum lodging rate for your destination. Reasonable travel hours are 0600 – 2400 daily. If you can leave home and make your appointment or return home the same day you travel during reasonable travel times, lodging is not authorized. Limited exclusions to this policy can be made. Please call our office for further information.

REASONABLE TRAVEL EXPENSES: A list of reimbursable items is available on our website. **PLEASE MAKE SURE TO REVIEW THE LIST PRIOR TO EMBARKING ON YOUR TRAVEL.** Reasonable travel expenses are the actual out-of-pocket amounts incurred by a beneficiary when traveling to their specialty care appointment. Costs include meals, tolls, parking, and tickets for public transportation (i.e., airplane, train, bus, etc.). **Mileage will be reimbursed to travelers using a personally owned conveyance (POC).** If you have any questions or need assistance further clarifying reimbursable items, please contact our office at **1-800-576-0375** and ask for a travel coordinator **prior to your trip.** We do not want you to incur any expenses that may not be reimbursed. You can also go to our website mentioned above for additional information.

HOW TO FILE A CLAIM: Note: Claims are subject to verification. Fraudulent claims may result in legal action. Please make sure you read this section carefully. Claims that are received without all necessary documentation (itemized receipts, proof of appointment attendance, non-medical attendant letter (when necessary), active duty/civilian organizational memos (when necessary), signed and completed claim (DD Form 1351-2/3), and the Patient Information Form) will be considered incomplete and held until all necessary documentation is received.

Items Required in the Reimbursement Package:

Without all of the following items (where applicable), your claim cannot be processed. Please also make a copy of all documents and receipts. **PAYMENTS:** Please allow six weeks for your payment to be processed by the Defense Finance and Accounting Service (DFAS) Indianapolis, IN.

- I. Patient Information Form:** The form must be completely filled out and signed. **** Please note that as of January 1, 2013, a “Patient Information Sheet” is required as part of the supporting documentation necessary to process travel claims for reimbursement. All claims will be held until the signed/completed form has been received.**
- II. Claim Forms:** *Please make sure all claim forms are completely filled out and **signed**.
- a. Retirees and family members of active duty and retired service members: Please use DD Forms 1351-2 and 1351-3 to file your claim(s). Copies of the forms are included in this package for your convenience or can be obtained at www.tricare.mil/trosouth/Prime-Travel.cfm.
 - b. Active Duty/U.S. Government Employees: Please use DD Form 1351-2. Active duty members must submit the memo from their unit/organization authorizing them to act as the NMA for their family member. Active duty members may be issued DD Form 1610 (orders in DTS) from our office if requested at least five business days prior to the appointment or can be issued retroactively once the trip is complete. Hard copy orders can be mailed/emailed upon request.
 - c. Beneficiaries traveling for extended periods should file a claim every 30 days.

III. Itemized receipts: Since this is an actual expense program, receipts must be provided for all claimed expenses. All receipts must be dated during the actual approved travel timeframe, legible and itemized. Hotel bills must have a zero balance. Credit card or bank statements do not qualify as receipts. Receipts dated before or after the approved timeframe will not be reimbursed.

IV. Appointment Attendance Confirmation Form: A note from the medical provider’s office verifying your attendance is required for all claims. The note must include all dates and times you attended appointments. ****Travelers with other health insurance, including Medicare, require a written referral from their Primary Care Manager to accompany their travel claim.**

V. Non-Medical Attendant Letter (if applicable)

VI. Active Duty and Civilian Employee Unit Memo (if applicable)

VII. Voided check, for Electronic Funds Transfer (EFT) and FMS 2231, Faststart Direct Deposit Form. All payments may be made by EFT. A copy of the form is included in this package for your convenience. The patient and NMA must each submit an EFT. If you do not have a checking account, a manual check can be issued from the Defense Finance and Accounting Service (DFAS) in Indianapolis, IN. Please let our travel staff know if you do not have a checking account.

Send completed reimbursement request package to the following address: TRICARE Regional Office-South, Attn: Prime Travel Benefit Program, 7800 IH 10-West, Suite 400, San Antonio TX 78230-4761 or email them to dha.jbsa.health-opns.mbx.trosouthtravel@mail.mil. You may also fax claims to 210-536-6176.