



TRICARE West Region (TriWest Healthcare Alliance) Claims Addresses

Issue	Details	Address
Electronic Claims	You may contact WPS by phone, fax, mail, or e-mail for information about electronic claims. Phone: 1-800-782-2680 Fax: 1-608-223-3824 E-mail: EDI@wpsic.com Web site: www.wpsic.com/edi/edi_home.shtml Or : www.triwest.com/EDIconnection	WPS Electronic Data Services P.O. Box 8128 Madison, WI 53708-8128
Filing Paper Claims	Network providers are required to file claims electronically; non-network providers are encouraged to file electronically.	West Region Claims WPS P.O. Box 77028 Madison, WI 53707-1028
Supplemental Health Care Program (SHCP)	Network providers are required to file claims electronically; non-network providers are encouraged to file electronically	WPS Attn: Supplemental Health Care Program P.O. Box 77028 Madison, WI 53707-1028
Claims for military prisoners at Ft. Leavenworth, KS		WPS Attn: Stephanie VanAllen 1707 West Broadway Madison, WI 53413
NATO	Claims for NATO ADSMs and ADFMs should be filed the same way that other TRICARE claims are submitted. Network providers are required to file claims electronically; non-network providers are encouraged to file electronically.	WPS Attn: Claims P.O. Box 77028 Madison, WI 53707-1028
Allowable Charge Reviews	Submit a written request detailing the discrepancy, along with a copy of the Provider EOB.	WPS P.O. Box 77029 Madison, WI 53707-1029
Appeals	Filed when claims deny for <u>medical necessity</u> or <u>due to factual determination</u> .	TriWest Healthcare Alliance P.O. Box 42090 Phoenix, AZ 85080-2090

Issue	Details	Address
ClaimCheck Appeals	Requests for review of ClaimCheck edits must be received within 90 days of the date of the EOB and are resolved within 45 days of receipt. Participating providers interested in a medical review should write to TriWest and provide additional documentation, if necessary.	TriWest Healthcare Alliance ClaimCheck Appeal P.O. Box 42090 Phoenix, AZ 85080
Post Service Prepayment Review (PSPR)	PSPR is used to appeal a denial of payment for health care services that required an authorization prior to being rendered. PSPR requests must be submitted in writing—either by the beneficiary or the participating provider—to WPS in order to receive TRICARE reimbursement.	WPS P. O. Box 77028 Madison, WI 53707-1028
Timely Filing Exceptions	A written request for an exception to the claims filing deadline with a copy of the claim may be submitted by a participating provider and will be reviewed on a case-by-case basis.	TriWest Healthcare Alliance Attn: Timely Filing Waiver Request P.O. Box 43770 Phoenix, AZ 85080
Request for DRG Reimbursement Adjustment	If a DRG-reimbursed claim is submitted incorrectly, a hospital may request an adjustment by filing a corrected claim. Adjustment requests should be mailed to WPS within 60 days of the date the claim is processed. This date can be determined by looking at the EOB.	WPS P.O. Box 77029 Madison, WI 53707-1029
Capital and Direct Medical Education Cost Reimbursement	Facilities may request capital and direct medical education cost reimbursement.	WPS P. O. Box 77028 Madison, WI 53707-1028
Returning Duplicate or Overpayments [all except TRICARE for Life or Dual Eligible (Medicare & TRICARE)]	Include a copy of the Provider EOB and a cover letter explaining exactly why the money is being returned.	WPS P.O. Box 77029 Madison, WI 53707-1029
Refunds [All except TRICARE for Life or Dual Eligible (Medicare & TRICARE)]	Providers who receive a letter from WPS requesting a refund need to submit all correspondence (copies of EOB) detailing the amount to be refunded and any other supporting documentation to WPS.	WPS Attn: Refunds P.O. Box 77029 Madison, WI 53707-1029
Third Party Liability (TPL)	When the TPL form is filled out by a TRICARE patient, the completed form (signed and dated) should be sent to WPS. The form can be found at www.triwest.com .	WPS Attn: TPL P.O. Box 77029 Madison, WI 53707-1029

Out of Region Claims

If a provider has treated a TRICARE patient enrolled in another TRICARE region, the provider should submit the claims to the TRICARE region where the beneficiary is enrolled in TRICARE Prime for faster payment.

Issue	Details	Address
<p>North Region The contractor for the North Region is Health Net Federal Services, which can be reached at 1-877-TRICARE or www.hnfs.net/common/home.</p>	<p>Health Net Federal Services is responsible for Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa (including the Rock Island Arsenal area), Kentucky, Maine, Maryland, Massachusetts, Michigan, Missouri (St. Louis area), New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Tennessee (Ft. Campbell area), Vermont, Virginia, West Virginia and Wisconsin.</p>	<p>Health Net Federal Services PGBA North Region Claims P.O. Box 870140 Surfside Beach, SC 29587-9740</p>
<p>South Region The contractor for the South Region is Humana Military Healthcare Services, which can be reached at 1-800-403-3950 or www.humana-military.com.</p>	<p>Humana Military Healthcare Services is responsible for Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Oklahoma South Carolina, Tennessee (excluding the Ft. Campbell area), and Texas (excluding the El Paso area).</p>	<p>Humana PGBA South Region Claims P.O. Box 7031 Camden, SC 29020-7031</p>
<p>TRICARE Latin America & Canada</p>		<p>WPS/TRICARE, P.O. Box 7985 Madison, WI 53707-7985 USA</p>
<p>TRICARE Europe Europe, Africa, Middle East</p>		<p>WPS/TRICARE P.O. Box 8976 Madison, WI 53708-8976 USA</p>
<p>TRICARE Pacific Western Pacific, Japan, Guam</p>		<p>WPS/TRICARE, P.O. Box 7985 Madison, WI 53707-7985 USA</p>
<p>Puerto Rico and Virgin Islands</p>		<p>WPS/TRICARE, P.O. Box 7985 Madison, WI 53707-7985 USA</p>

TRICARE for Life (Dual-eligible Claims) – All Regions

WPS is the claims processor for all claims for TRICARE For Life (TFL) beneficiaries who are entitled to Medicare Part A and Part B based on age, disability, or end-stage renal disease (ESRD) and TRICARE. TriWest **cannot** provide claims information for these beneficiaries. If you currently submit claims to Medicare on your patient’s behalf, you will not need to submit a claim to WPS.

Issue	Address
TRICARE For Life (TFL) Claims Submission	WPS TRICARE For Life P.O. Box 7890 Madison, WI 53707-7890
TFL Appeals	WPS TRICARE For Life Attn: Appeals P.O. Box 7490 Madison, WI 53707-7490
TFL Customer Service	WPS TRICARE For Life P.O. Box 7889 Madison, WI 53707-7889
TFL Program Integrity	WPS TRICARE For Life Attn: Program Integrity P.O. Box 7516 Madison, WI 53707-7516
Returning TFL Overpayments	WPS Attn: TDEFIC P.O. Box 7928 Madison, WI 53707-7928
TFL Third Party Liability	WPS TRICARE For Life Attn: TPL P.O. Box 7897 Madison, WI 53707-7897

Continued Healthcare Benefits Program (CHCBP)

CHCBP claims are filed to PGBA. TriWest is not the contractor for this program and will not be able to answer any questions about CHCBP claims.

Issue	Address
CHCBP	PBGA P.O. Box 7031 Camden, SC 29020-7031
CHCBP Adjunctive Dental Claims	PBGA P.O. Box 7037 Camden, SC 29020-7037
CHCBP Behavioral Health Claims	PBGA P.O. Box 7034 Camden, SC 29020-7034