

AN IMPORTANT MESSAGE FROM TRICARE

YOUR RIGHTS WHILE A TRICARE HOSPITAL PATIENT

You have the right to receive all the hospital care that is necessary for the proper diagnosis and treatment of your illness or injury. According to Federal law, your discharge date must be determined solely by your medical needs, not by DRGs or by TRICARE payments.

You have the right to be fully informed about decisions affecting your TRICARE coverage and payment of your hospital stay and any post-hospital services.

You have the right to request a review by the TRICARE MANAGED CARE SUPPORT CONTRACTOR of any written notice of non-coverage that you may receive from the hospital stating that TRICARE will no longer pay for your hospital care. The contractors utilize groups of doctors under contract by the Federal government to review medical necessity, appropriateness and quality of hospital treatment furnished to TRICARE patients. The phone number and address of the TRICARE MANAGED CARE SUPPORT CONTRACTOR for your area is:

TriWest Healthcare Alliance Corp.
ATTN: Reconsideration Unit
P.O. Box 42049
Phoenix, AZ 85080
1-888-TriWest (874-9378)

TALK TO YOUR DOCTOR ABOUT YOUR STAY IN THE HOSPITAL

You and your doctor know more about your condition and your health than anyone else. Decisions about your medical treatment should be made between you and your doctor. If you have any questions about your medical treatment, your need for continued hospital care, your discharge, your need for possible post-hospital care, don't hesitate to ask your doctor. The hospital's patient representative or social worker will also help you with your questions and concerns about hospital services.

IF YOU THINK YOU ARE BEING ASKED TO LEAVE THE HOSPITAL TOO SOON

Ask a hospital representative for a written notice of explanation immediately, if you have not already received one. This notice is called a "notice of non-coverage." You must have notice of non-coverage if you wish to exercise your right to request a review by the TRICARE MANAGED CARE SUPPORT CONTRACTOR.

The notice of non-coverage will state whether your doctor or the TRICARE MANAGED CARE SUPPORT CONTRACTOR agrees with the hospital's decision that TRICARE should no longer pay for your hospital care.

- If the hospital and your doctor agree, the TRICARE MANAGED CARE SUPPORT CONTRACTOR does not review your case before a notice of non-coverage is issued. But the TRICARE MANAGED CARE SUPPORT CONTRACTOR will respond to your request for a review of your notice on non-coverage and seek your opinion. You cannot be made to pay for your hospital care until the TRICARE MANAGED CARE SUPPORT CONTRACTOR makes its decision, if you request the review by noon of the first day after you receive the notice of non-coverage.
- If the hospital and your doctor disagree, the hospital may request the TRICARE MANAGED CARE SUPPORT CONTRACTOR to review your case. If it does make such a request, the hospital is required to send you a notice to that effect. In this situation the TRICARE MANAGED CARE SUPPORT CONTRACTOR must agree with the hospital or the hospital cannot issue a notice of non-coverage, but since the TRICARE MANAGED CARE SUPPORT CONTRACTOR has already reviewed your case once, you may have to pay for at least one day of hospital care before TRICARE MANAGED CARE SUPPORT CONTRACTOR completes this reconsideration.

IF YOU DO NOT REQUEST A REVIEW, THE HOSPITAL MAY BILL YOU FOR ALL THE COSTS OF YOUR STAY BEGINNING WITH THE THIRD DAY AFTER YOU RECEIVE THE NOTICE OF NON-COVERAGE. THE HOSPITAL, HOWEVER, CANNOT CHARGE YOU FOR CARE UNLESS IT PROVIDED YOU WITH A NOTICE OF NON-COVERAGE.

HOW TO REQUEST A REVIEW OF THE NOTICE OF NON-COVERAGE

If the notice of non-coverage states that your physician agrees with the hospital's decision:

- You must make your request for review to the TRICARE MANAGED CARE SUPPORT CONTRACTOR by noon of the first work day after you receive the notice of non-coverage by contacting the TRICARE MANAGED CARE SUPPORT CONTRACTOR by phone or in writing.
- The TRICARE MANAGED CARE SUPPORT CONTRACTOR must ask for your view about your case before making its decision. The TRICARE MANAGED CARE SUPPORT CONTRACTOR will inform you by phone or in writing of its decision on the review.
- If the TRICARE MANAGED CARE SUPPORT CONTRACTOR agrees with the notice of non-coverage, you may be billed for all costs of your stay beginning at noon of the day after you receive the TRICARE MANAGED CARE SUPPORT CONTRACTOR's decision.
- Thus, you will not be responsible for the cost of hospital care before you receive the TRICARE MANAGED CARE SUPPORT CONTRACTOR DECISION.

If the notice of non-coverage states that the TRICARE MANAGED CARE SUPPORT CONTRACTOR agrees with the hospital decision:

- You should make your request for reconsideration BY IDENTIFYING THIS TO THE TRICARE MANAGED CARE SUPPORT CONTRACTOR immediately upon receipt of the notice of non-coverage by contacting the TRICARE MANAGED CARE SUPPORT CONTRACTOR in writing. The TRICARE MANAGED CARE SUPPORT CONTRACTOR will forward the request and medical record documentation to the appropriate NATIONAL QUALITY MONITORING CONTRACTOR for a reconsideration.
- The NATIONAL QUALITY MONITORING CONTRACTOR can take up to three working days from receipt of your request to complete a review. The NATIONAL QUALITY MONITORING CONTRACTOR will inform you in writing of its decision on the review.
- Since the TRICARE MANAGED CARE SUPPORT CONTRACTOR has already reviewed your case once prior to the issuance of the notice of non-coverage, the hospital is permitted to begin billing you for the cost of your stay beginning with the third calendar day after you receive your notice of non-coverage, even if the NATIONAL QUALITY MONITORING CONTRACTOR has not completed its review.
- Thus, if the NATIONAL QUALITY MONITORING CONTRACTOR continues to agree with the notice of non-coverage, you may have to pay for at least one day of hospital care.

NOTE:

The process described above is called “immediate review.” If you miss the deadlines for this immediate review while you are in the hospital, you may still request a review of the TRICARE decision to no longer pay for your care at any point during your hospital stay or after you have left the hospital. The notice of non-coverage will tell you how to request his review.



POST-HOSPITAL CARE

When your doctor determines that you no longer need all the specialized services provided in a hospital, but you still require medical care, he or she may discharge you to a skilled nursing facility or to home care. The discharge planner at the hospital will help arrange for the services that you may need after discharge.

TRICARE and supplemental insurance policies have limited coverage for skilled nursing facility care and home health care. Therefore, you should find out which services will or will not be covered and how payment will be made. Consult your doctor, hospital discharge planner, [health benefits advisor](#), or patient representative and your family in making preparations for care after you leave the hospital. Don't hesitate to ask questions.

Questions involving billing or specific benefit coverage issues should be addressed to your TRICARE claims processor, which is:

Wisconsin Physician Services (WPS)
Toll-Free Phone Number: 1-888-874-9378

ACKNOWLEDGEMENT OF RECEIPT

My signature only acknowledges my receipt of this message from (Name of Hospital) on (Date) and does not waive any of my rights to request a review or make me liable for any payment.

Signature of Beneficiary of Person Acting on Behalf of the Beneficiary

Date Signed