

TRICARE PRIME TRAVEL BENEFIT PROGRAM/WEED ARMY COMMUNITY HOSPITAL

Prime Travel Benefit Program assists Prime enrollees with expenses incurred for medically necessary **non-emergency** scheduled specialty care **more than 100 miles** (one way) from the Primary Care Manager's (PMC) office. This form is for beneficiaries enrolled to the MTF only.

Appointment confirmation from the specialty care provider must be submitted each time.

Step 1: Fill out attached intake form completely and return to the TRICARE PTB program adjudicator via email: usarmy.irwin.medcom-wach.mbx.prime-travel-benefit-program@health.mil.

Step 2: Once intake is returned your case will be researched to determine program qualification or disqualification. Please allow 3 business days. If research finds that there is a network or non-network provider within 100 miles of the MTF who could have provided the referred care, that automatically disqualifies the beneficiary from TRICARE Prime Travel Reimbursement and beneficiary will be notified via email. If the care is available within 100 miles, or you prefer to keep care with the specialty care provider, you may still keep appointment at the desired location but you will not be reimbursed for travel.

Step 3: The point of contact will be notified via email of program qualification or disqualification at which time required documents will be provided if case qualifies. All required documentation must be returned before case will proceed.

Prime Travel Benefit Eligibility

Patient must be a TRICARE PRIME **Non-Active Duty** enrollee to be eligible for this program. The eligible enrollee must be referred by a WACH Primary Care Manager (PCM) for **medically necessary, non-emergency specialty care** more than 100 miles from their PCM's office. **The medical services must be listed in the TRICARE Manual as a covered benefit and entitlement is limited to those specialty referrals when no other specialist (i.e., Military Treatment Facility, network, or non-network specialist) is available within 100 miles of the PCM's office.**

Beneficiaries are expected to use the least costly mode of transportation, etc. The TRICARE Prime Travel Benefit Program allows for reimbursement of reasonable authorized travel expenses.

Non-Medical Attendant (NMA) A Non-Medical Attendant can travel with and/or drive the patient to the specialty care appointment when supported by a doctor's statement that a NMA is "medically necessary and appropriate". If the patient is a minor (under age 18) establishment of medical necessity for NMA is waived. Federal regulations authorize only one NMA. If NMA is an active duty service member, a memo from their chain of command is required for each claim stating they are authorized to accompany patient as an NMA.

Emergency Related Travel If travel was singularly related to an emergency room (ER) visit, emergency admission or transfer, or as the main reason for travel the case **will not qualify**. This includes newborn transfers via ambulance or air ambulance.

For more information on the TRICARE Prime Travel Benefit please visit: <https://tricare.mil/primetravel>

*******Intake Information*******

(Form must be fully complete to be accepted)

PATIENT INFORMATION

Patient's Name (last, first, m.): _____ Patient DOB (mm/dd/yyyy): ____/____/____
(As it appears in DEERS)

Patient Status (Check One): Active Duty Family Member Retiree Retired Family Member

Name of Sponsor: _____ Sponsor DoD ID: _____

Sponsor Status (Check One): Active Duty Retired Sponsor Profile in DTS? Yes _____ No _____

NON-MEDICAL ATTENDANT (NMA) INFORMATION

(Complete if another person is claiming travel expenses for taking the patient to/from their appointment.)

NMA Name: _____ NMA DoD ID: _____

NMA Status (Check One): ADSM Retiree ADFM RETFM DoD Federal Employee

Relationship to Patient (parent, spouse, etc.): _____ NMA Daytime #: (____) ____ - _____

**If patient is age 18 or older, referring or treating provider must verify IN WRITING that the NMA is medically necessary for the trip.*

REFERRING & SPECIALTY CARE PROVIDER INFORMATION

Was patient referred by WACH to an off-post Specialty Care Provider over 100 miles? YES NO

Who referred the patient? (Name of referring Provider): _____

Referral # (can be found on TRICARE website: www.tricare-west.com "Authorizations"): _____

Specialty Care Provider Name: _____ Specialty Type: _____
(Cardiology, Neurology, etc.)

Specialist Address (city, state, & zip): _____

Has patient already been seen? YES NO Date of scheduled appointment: ____/____/____

Was care the result of an emergency admission, visit, or transfer? YES NO

*(IAW TRM 6010.61-M, Chap 1, Sect 30: If travel was singularly related to an emergency admission or emergency room (ER) visit as the main reason for travel the case **will not qualify**. This includes newborn transfers.)*

ACKNOWLEDGEMENT

I HAVE READ AND UNDERSTAND THE RULES AND GUIDELINES OF THE TRICARE TRAVEL BENEFIT AND THE INFORMATION PROVIDED IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I also understand that travel is subject to approval and disapproval each time in compliance with the rules set forth in the TRICARE Prime Travel Benefit Policy.

SIGNATURE: _____ DATE: _____

Point of Contact: _____ Email: _____

PATIENTS ARE RESPONSIBLE FOR OBTAINING ALL REQUIRED PROGRAM INFORMATION AND KNOWLEDGE OF POLICY.

PTB QUALIFICATION CHECKLIST

- Patient is a TRICARE Prime beneficiary, enrolled to WACH, who is not on active duty.

 - Patient was (a) given a valid referral from a WACH Primary Care Manager (PCM), to a specialty care provider more than 100 miles, one way, from the PCM's ZIP code.

 - There are no specialty care providers (military, civilian, network, or non-network) within 100 miles of the PCM who can meet the patient's health care needs. (Refer to HNFS provider directory.)

 - The referral is for a TRICARE-covered benefit and is the result of non-emergent services.

 - The traveler is requesting qualification before commencing travel.

 - If patient is 18 or older and requires an NMA, a written letter has been provided from the PCM or specialist to establish medical necessity for the NMA. (Provider can also identify the need for an NMA in the referral.) Such an NMA must be the patient's parent, spouse, guardian, or other family member 21 or older.
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PTB Representative: _____ Date: _____

Notes: _____

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REIMBURSABLE EXPENSES – GENERAL INFORMATION

Will I be reimbursed for all of my travel expenses? Only reasonable, “actual-cost” travel expenses associated with receiving specialty care can be reimbursed. These expenses may include mileage, meals, lodging, parking, tolls, airfare, baggage fees, taxicab/shuttle, and/or “authorized” rental car. The following items are not reimbursable under the PTB: non-food items, toiletries, paper/plastic goods, alcohol, tobacco, laundry/dry cleaning, gifts, and copays/cost shares.

Is there a limit to the amount I can be reimbursed? Government rates will be used to estimate the reasonable costs for allowable expenses. You are expected to travel responsibly and exercise the same care in incurring expenses for PTB travel that a prudent person would use if traveling at personal expense. Rates are set by fiscal year, effective October 1 each year. You can find current rates for lodging and meals at <https://www.gsa.gov/travel/plan-book/per-diem-rates>. {JTR010102.Guiding Principle}

What is my financial responsibility? You are financially responsible for excess costs, indirect routes, delays, or luxury accommodations that are unnecessary or unjustified. You are responsible for expenses incurred during unauthorized or personal travel dates. Traveling responsibly includes using the least costly mode of travel, parking facilities, public transportation, or rental vehicle. It also includes scheduling travel as early as possible to take advantage of discounted transportation rates. {JTR010103.Traveler Responsibilities}

How long do I have to submit my travel claim? Travel reimbursement claims must be filed no later than one year after the qualifying return travel date. {TRM6010.61-M Reimbursement Of Travel Expenses For Specialty Care}

Can I request Advance Travel Pay? No. Travel pay advances are not available. The PTB is a reimbursement program. Therefore, you must pay for your own travel expenses and then submit a claim for reimbursement.

How will I be paid? You will be paid by direct deposit. Your payment will be directly deposited into your checking or savings account based on the FMS 2231 Direct Deposit form you submitted to us. This form is **required** with the first travel claim received at the beginning of each fiscal year (01 Oct). We will not need another form until the beginning of the next fiscal year (FY) or sooner if your account information changes. With each subsequent claim submission during the FY you will **need to validate** that your bank information has not changed. This validation may be in the body of your email, on the fax cover sheet or included as a separate note if the claim is mailed. A simple statement “Bank information has not changed during this FY” will suffice.

***Department of Defense (DoD) Personnel (Active Duty/Civilian) **MUST** ensure their Defense Travel System (DTS) profile is updated to show the correct bank account information for their reimbursement payment. The TRICARE travel representatives are not authorized to update profiles for travelers whose DTS account belongs to another organization however the above form and validations are still required.

Can I request a paper check instead of Direct Deposit? No. The Department of the Treasury has determined that all payments from the federal government must be made electronically. Waivers may be requested if 1.) You were born on or before 01 May 1921, 2.) You live outside the United States, 3.) You

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have a mental impairment (doctor's note recommended) or 4.) You do not have a bank account that will support direct deposit.

Am I authorized lodging expenses? You may be reimbursed lodging expenses if you must travel over 400 miles, one way, per day. If you traveled 400 miles or less, one way, lodging allowance is determined based on appointment times and distance traveled. The maximum lodging rate is based on the location of the specialty care provider and not on the lodging location. For trips that are **more than 400 miles**, one way, you are entitled to an extra travel day and the stopover point hotel zip code is used to determine the lodging rate. When driving more than 400 miles and you choose not to use stopover lodging you will **NOT** be reimbursed lodging in the specialty care provider area if you arrive early. If you are required to remain in the specialty care area due to medical necessity, a letter of justification from the specialist is required to validate medically necessary length of stay. If you obtain lodging outside the specialty care appointment area because of personal preference or convenience, the reimbursement allowance is limited to the maximum rate for the specialty care provider's location. You may obtain the maximum lodging rate for each geographical area at <https://www.gsa.gov/travel/plan-book/per-diem-rates>. {JTR0203.Per Diem Allowance and Other Computation Rules}

Can I use an online booking company for my lodging? Most online booking agency receipts (e.g. Hotels.com, Travelocity, Expedia, etc.) break out the cost of the room but combine taxes and fees. If the taxes and fees are not itemized, only the daily room cost is reimbursable up to the maximum per diem allowance. Booking agency fees are not reimbursable. It is best to book through the hotel directly.

Can I obtain lodging through a website such as Airbnb or VRBO? No. You must book a room that meets certain criteria. Vacation rentals do not meet many of those criteria, namely 1) Lodging facilities must be compliant with the U.S. Fire Administration Guidelines. Most people who list their homes/rooms/couches on a vacation rental site have not had their properties inspected by the Federal Emergency Management Agency. 2) Lodging receipts must be itemized with daily room costs, taxes, and miscellaneous fees. While some vacation rental websites may offer this type of receipt, many do not (e.g. they combine taxes and fees into a single line item or they only show the total tax – not a daily breakdown). {JTR020303.Lodging}

Can I book my hotel using FedRooms.com? If you are a Federal government employee on official or leisure travel you may book through FedRooms. Please see www.fedrooms.com for additional information.

Am I authorized parking expenses? Parking expenses incurred at the specialty care appointment, medical facility, hotel, and airport/train terminal are reimbursable. Parking will be reimbursed at the most economical rate available. Valet parking may be reimbursed if no other parking option is available or based on medical need. Parking expenses related to meals, shopping, church, etc. are not reimbursable.

Terminal Parking – When a privately owned vehicle (POV) is used for travel to/from a transportation terminal, the traveler is authorized reimbursement of the parking fees. However, the reimbursement for terminal parking is limited to \$100 (the estimated cost of two one-way taxicab/Uber/Lyft fares). If a medical trip is unexpectedly extended, exceptions to the terminal parking maximum may be considered. Information related to the extension will need to be provided in writing for the Approving Official's review.

Am I authorized shuttle/taxicab expenses? Taxicab/Uber/Lyft or other shuttle services may be reimbursed to get to and from the airport, medical appointments, and/or lodging facilities. These expenses may also be reimbursed if, when driving, the parking at the specialty care provider's office/facility is higher than the shuttle/taxicab rate. Documentation is needed to validate the cost savings of ride share versus parking. A mandatory or customary ride sharing tip may be reimbursed up to 20% of the fare amount. This tip is included in the total fare amount claimed on your travel voucher. Ride sharing

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expenses related to meals, shopping, church, etc. are not reimbursable. {JTR020213.Ground Transportation}

How will I be reimbursed for tips? Restaurant/meal tips are included in the daily meal allowance portion of the maximum daily M&IE (Meals and Incidental Expenses) per diem rate (<https://www.gsa.gov/travel/plan-book/per-diem-rates>). Other tips allowed as incidental expenses include: courtesy transportation related tips (e.g. hotel/airport shuttles, park and ride, etc.), hotel employees, fees and tips to porters, baggage carriers, and flight attendants. Incidental expenses are limited to a total of \$5.00 per day per authorized traveler. {JTR020102.Per Diem Allowance}

RECEIPTS

What is a valid receipt? A receipt is written acknowledgement that the vendor has been paid for providing goods or services. To be valid, it must be legible, match the amount of the claim, fall within official travel dates and show:

- Name of company providing goods or services
- Date specific services were rendered or purchased
- Itemization of unit price, taxes and fees
- Final amount due (zero balance) and/or method of payment

What receipts are required for travel reimbursement? An **itemized** receipt is required for all actual expenses. **Exceptions** include:

- Fuel for personally-owned vehicle (mileage will be paid in lieu of actual fuel expense)
- Meals for DoD Personnel (Active Duty/Civilian) non-medical attendants (per diem will be paid if trip duration is 12 hours or more)

What is a valid lodging receipt? A valid receipt must be legible and show the lodging facility name, specific dates of lodging, the unit/room rate, any additional charges (e.g. taxes and fees) and total amount actually paid (zero balance). The hotel check-in and check-out dates and times must be reasonable to support the specialty care appointment(s). The lodging receipt must be in the name of the qualifying claimant (patient or non-medical attendant). If the patient is being admitted to the hospital, the non-medical attendant (NMA) should have the receipt in his/her name as we cannot reimburse the patient any expenses incurred while in an inpatient status. A final bill provided by hotels as part of an express checkout that still shows an amount due is not a valid receipt because it does not show zero balance.

Note: Only itemized charges are considered for reimbursement. Optional expenses such as internet, pay per view movies, pet fees, etc. are not reimbursable. {JTR020303.Lodging}

What is a valid flight/train receipt? A valid receipt must show the airline/train carrier name, itinerary for travel dates with airport/depot codes, passenger name(s), itemized unit costs, any additional charges (e.g. airport concession fees, taxes, etc.), and total amount actually paid. Travel schedules must be reasonable and support the specialty care appointment(s). A "reservation" document is **NOT** a valid receipt if it does not show the final amount and payment information. Optional expenses such as premium class seating, priority seating, cancellation insurance, etc. are not reimbursable.

What is a valid rental car receipt? A valid receipt must show the rental car agency name, specific dates of service, itemized unit costs, any additional charges (e.g. airport concession fees, taxes, etc.), and total amount actually paid. The pick-up and drop-off locations, dates, and times must be reasonable to support

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the specialty care appointment(s). The car must be the least expensive compact car OR be properly justified. A contract for rental car services signed when renting a car is **NOT** a valid receipt because it only shows estimated charges and does not necessarily show the final amount. The final receipt received at return is required. Optional expenses such as additional insurance, global positioning system (GPS), toll transponder, fuel at return, etc. are not reimbursable.

What is a valid meal receipt? Itemized receipts MUST be provided to verify each food item purchased. If you dine at a restaurant where the payment portion of the receipt is separate from the itemized portion, we need **both** portions with the claim package. The itemized portion is needed for audit purposes to validate that we are not reimbursing any alcoholic beverage expenses and to validate the number of allowed diners. The payment portion is needed as this is usually the only place where the tip is indicated. The payment portion alone is **not** a valid receipt. Shared meal receipts may be split based on the actual expense for each claimant. Indicate on the shared receipt which items belong to which claimant by placing name or initials next to respective expenses. If food is purchased at a grocery store, the entire **dated** receipt must be included. However, only reasonable food and non-alcoholic drink expenses will be allowed. Please **do NOT** cut the date off of a grocery receipt. Many times it is located at the very bottom of the receipt. Make sure you are providing receipts for gas station or convenience store food/drink purchases. When purchasing food/drinks/snacks at a hotel market, registration desk or hotel restaurant please ask for an itemized receipt. Food/drink expenses charged to the room and shown on the hotel receipt are not itemized and will not be reimbursed.

Can I use my bank/credit card statement in place of a receipt? No. Data available from bank/credit card statements may provide proof of payment, but do not provide the level of detail required, such as itemized costs.

What if I don't have a receipt? If you forget to get a receipt or lose a receipt, you should first contact the service provider (airline, rental car agency, hotel, etc.) to get a replacement receipt. As a courtesy, the PTB program will make a one-time exception to policy for new travelers and allow travelers to provide a statement when meal, parking or toll receipts are lost or misplaced. This statement must include an explanation of the circumstances and contain all of the information that would be included in a valid receipt (e.g., service provider name, date(s) of service, itemized costs, and total amount paid).
{JTR010301.Receipt Requirements}

MODES OF TRAVEL

Do I book my own mode of travel? Yes. You are expected to book and pay for your own travel arrangements to include transportation and lodging.

Which mode of travel should I use? For distances 400 miles or less, one way, the standard transportation mode is privately-owned vehicle (POV). For distances over 400 miles (one way), the standard transportation mode is commercial airline. If you prefer to travel by a non-standard mode of travel, you may do so but your reimbursement will be limited to the amount the government would have paid for the standard transportation mode and/or route. {JTR020206(M) Commercial Air Transportation}

Can I be reimbursed for a rental car? 1.) Rental cars are allowed when flying; 2.) If the distance from home to the specialist location is more than 400 miles one way and it is medically necessary to drive, a justification letter from a doctor is needed; 3.) For distance more than 400 miles one way, if driving is not medically necessary, rental car expenses may be allowed if within the amount the government would

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have paid for the standard transportation mode and/or route. A cost comparison will be completed by our office when determining allowances; 4.) If the distance is 400 miles or less, the use of a rental car must be pre-authorized **prior** to travel and justification must be provided as to why the rental car is needed. Without justification reimbursement is limited to the allowed mileage rate for a POV. A compact vehicle is the standard size however larger vehicles may be reimbursed. A letter of medical justification from a doctor is needed for larger size vehicles. Optional expenses such as additional insurance, GPS, satellite radio, toll transponder, fuel at return, etc. are not reimbursable. Itemized receipts are needed for actual fuel expenses. Prepaid fuel receipts are **not** allowed. {JTR020209 Rental Vehicle}, {JTR020210(A) Reimbursement for Privately Owned Automobiles or Motorcycles}

Can I rent a car through an alternative peer to peer car sharing company? No. Companies such as Turo, Uber, Lyft, Getaround, etc. offer this peer to peer vehicle rental option. Peer to peer car sharing is not reimbursable under the PTB program.

What will I be reimbursed for mileage/fuel? Mileage/fuel for POV is reimbursed at a rate per mile instead of reimbursement of actual expenses. Reimbursement is calculated using the "Other Mileage Rate" per the Joint Travel Regulation (JTR). For NMAs that are DoD Personnel (Active Duty/Civilian) reimbursement is calculated using the "TDY Travel" rate. The mileage rates are usually updated once in each calendar year. However, on occasion a special adjustment has been made within the year due to fluctuation in fuel prices. For the current mileage rate, please go to <http://www.defensetravel.dod.mil/site/otherratesMile.cfm>. The Defense Table of Official Distances (DTOD) is used to calculate the official distance. Rental car fuel is reimbursable based on receipts. Prepaid fuel receipts are **not** allowed. {JTR033007(B)(1)(b)(3) POV}, {JTR033007(C)(1) Attendant}, {JTR010205 Defense Travel System (DTS) Use}

Can I be reimbursed for mileage incurred in and around the specialty care appointment area? If you are using your POV, you are entitled to official local in/around mileage for distances traveled between the lodging facility and the specialty care provider's location **only**. We will use the lodging address(es) and appointment validation documents to calculate this allowance.

What distance am I required to drive my POV in a day? Reasonable travel hours are from 0600-2400. There is no daily required driving distance described in the JTR. The regulations dictate what allowances may be paid based on the Approving Official's (AO) determination. When determining daily driving distance, you should consider the appointment schedule, drive time, traffic conditions, routing, weather conditions, and your safety. {JTR020202 Excluded Hours},

How is travel distance/time computed when traveling by POV? The authorized travel days are calculated using 400 miles per day (based on the DTOD distance between the authorized points). One travel day is allowed for each 400 miles of official distance. When the official distance is less than 400 miles only one day of travel time is allowed. {JTR020302.Allowable Travel Time} **Exceptions include:**

- Medical necessity (documentation required)
- Early Appointment vs Drive Time (documentation required)
- Late Appointment vs Drive Time (documentation required)

Will I be reimbursed my actual airfare? Airfare for the patient and one authorized non-medical attendant may be reimbursed. DoD policy requires coach (economy) class travel accommodations be used. Airfare is reimbursed up to the maximum rate allowed for government travel. {JTR020202 Excluded Hours}, {JTR020206(M) Commercial Air Transportation}

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Will I be reimbursed my baggage fees? Airlines may charge a fee for your checked or hand-carried baggage. Baggage fees are reimbursable but are limited to two bags per person and must have a receipt for reimbursement.

REQUESTING REIMBURSEMENT

How do I submit my travel documents? You may submit your complete travel reimbursement packet by E-mail, fax, or mail. **Note: If mailing your travel packet, please keep your originals and only mail clear/dark legible copies. If E-mailing please do NOT include social security numbers.**

Prime Travel Benefit (PTB) & USCG

E-mail: DHA.TRICAREPTB@mail.mil

Fax: 210-536-6176

Phone: 1-844-204-9351

Mailing Address: 7800 IH-10 West, Ste. 400
San Antonio, TX 78230

How do we claim shared expenses? No two travelers can be reimbursed for the same expense. This applies to situations where there is a NMA traveling with a patient (i.e. lodging, rental car, etc.). The shared expense is reimbursed to only one traveler. {JTR010302.Duplicate Payments and Fraudulent Claims}

Can I bundle the patient and NMA expenses together on one voucher? Yes. The DD Form 1351-2 Travel Voucher or Subvoucher should be completed in the name/signature of an adult traveler. If claiming expenses for two travelers (patient and NMA) block 12 should have the "Accompanied" block checked along with completion of block 12a and 12b with the second traveler's information. When claiming meal expenses the DD Form 1351-3 will be needed, one for each traveler, separating meal expenses. Groceries may be indicated on one 1351-3 form and these will be reimbursed as available to either traveler. **Note:** A DD 1351-3 is not required for NMAs who are DoD Personnel (Active Duty/Civilian) as their meals are reimbursed based on specialty provider's location per diem rate.

Can I submit my claim through the DTS if I have an established profile? No. The PTB has a specific line of accounting that only the TRICARE travel representative is authorized to use. The TRICARE travel staff will create your travel authorization in DTS and upload your supporting documentation for review by the AO. We will also complete **ALL** DTS required signatures. Your signature is included on the DD1351-2 forms and attached as substantiating documents. Any action taken by you in DTS will result in the AO returning your claim and delay of payment.

TRICARE Prime Travel Benefit

Travel Benefit for Non-Active Duty Beneficiaries Enrolled in TRICARE Prime or Prime Remote

****Patients must be enrolled in the 50 United States (AK & HI; not part of an overseas assignment)****

If you are a non-active duty beneficiary enrolled in TRICARE Prime or Prime Remote and were referred by your Primary Care Manager (PCM) for **non-emergent**, medically-necessary specialty care at a location more than 100 miles (one way) from your PCM's office, you may be entitled to the TRICARE Prime Travel Benefit (PTB). This **actual-expense** reimbursement benefit provides reimbursement for reasonable travel-related expenses which may include lodging, meals, gas, tolls, parking and tickets for public transportation (e.g. airplane, train, bus, etc.).

The benefit only applies if there are no other specialists (i.e. military, civilian network or non-network) available within 100 miles (one way) of the PCM's office who can meet your health needs. Government rates will be used to estimate the reasonable costs for allowable expenses. Travel expenses will not be authorized for elective procedures or non-covered benefits. **Travel claims must be filed no later than one year after the qualifying travel date.**

Who to Contact

Coast Guard

The TRICARE Health Plan (THP) PTB office is responsible for ALL non-active duty Coast Guard beneficiary (active-duty family members, retired, and retired family members) travel cases. This applies to beneficiaries enrolled to either a civilian PCM or Military Treatment Facility (MTF) PCM. Please see the East/West Region PTB Instructions section later in this document.

All Other Branches of Service

If your PCM is at a military hospital or clinic, you must contact the PTB representative at that MTF to discuss your case. The Customer Service Community (CSC) Directory at <https://tricare.mil/bcacdeao> will help you connect with a Beneficiary Counseling and Assistance Coordinator (BCAC) at your MTF.



If the patient's PCM is a civilian provider outside of the MTF, please see the East/West Region PTB Instructions section later in this document.

Qualifying for Travel Reimbursement

To qualify, you must meet **all** of the following criteria:

- Be enrolled in TRICARE Prime or TRICARE Prime Remote
- Be a non-active duty member or a medal-of-honor veteran
- Have a referral from your PCM, authorized by TRICARE, to a specialty care provider more than 100 miles, one way, from the PCM ZIP code
 - If you have Other Health Insurance (OHI), you must have a written referral from your TRICARE PCM
- Have no other specialty care providers (military, civilian network or non-network) closer to your PCM who can meet your health needs.

Non-Medical Attendant

If medically necessary, **ONE** non-medical attendant (NMA) may also be authorized for travel expense reimbursement. When the patient is an adult, age 18 or older, the provider **MUST** verify in writing that the NMA is medically necessary to travel with patient. The NMA can be a parent, spouse, other adult family member (age 21 years or older) or a legal guardian. For chronic medical conditions the provider may request the NMA letter be valid for up to one year.

When the patient is a child, age 17 and younger, a NMA letter from the provider is not required.

For NMAs that are DoD personnel (active duty/civilian) reimbursement will be made using the standard travel and transportation allowances. It is the responsibility of the qualifying NMA to arrange absences with his/her unit or duty station chain of command. Meal and fuel receipts are not needed for the DoD personnel NMA due to per diem allowances.

The patient's itemized meal receipts are required when claiming patient meals. All other eligible expenses (e.g. lodging, parking, tolls, commercial transportation, plane/train tickets, approved rental cars, taxis) are reimbursed as actual expenses and **itemized receipts are required, even when the amount is less than \$75.00.**

Making Your Travel Arrangements

The PTB program is an actual-expense reimbursement program. This means you will be reimbursed expenses for which you have already paid. ***You should be aware that reservations made through discounted hotel or travel programs (i.e. Orbitz, Travelocity, and Hotels.com) do not normally provide itemized receipts. Receipts that are not itemized (i.e. booking fees and taxes not separated) will have those non-itemized expenses omitted from reimbursement. Lodging booked through vacation rental sites (e.g. Airbnb, HomeAway, VRBO) cannot be reimbursed as official lodging.***

After program qualification has been verified and you have an approved TRICARE authorization, you are expected to make your own travel arrangements. To get reimbursed for your travel expenses, all invoices or receipts must be in the name of authorized claimants, must show valid travel dates, must show billing itemization (e.g. room rate per day, taxes, fees), and show payment in full (zero balance).

Receipts/statements MUST show a zero balance due for the following items:

- Air or Rail Travel: Reimbursement is limited to "economy" class unless otherwise prior approved
- Car Rental: Reimbursement is limited to

"compact" class unless otherwise prior approved

- Lodging: Reimbursement may not exceed local per diem rate for lodging at the specialty provider's ZIP code

Airfare, Train and Rental Car expenses should be requested prior to travel to ensure authorized reimbursement amounts are provided to the traveler.

You are expected to use the least costly mode of transportation. Optional expenses (e.g. rental car GPS, additional insurance, fuel top-off at return, pre-boarding charges) are not reimbursable. Government per diem rates will be used to estimate the reasonable costs for allowable expenses. TRICARE will reimburse the actual costs of lodging (including taxes) and the actual cost of meals (including taxes and reasonable tips but excluding alcoholic beverages) up to the government maximum per diem allowance for the specialty care provider's area. To review lodging and meal per diem rates, visit <https://www.gsa.gov/travel/plan-book/per-diem-rates>.

Mileage or Fuel Reimbursement

Mileage/fuel allowance when using a privately owned conveyance (POC) for travel is reimbursed at a "per mile" rate in lieu of actual fuel receipts. The official distance from the patient's home to the specialty care provider's location is determined by the Defense Table of Official Distances (DTOD) using zip code to zip code. Per the Joint Travel Regulation (JTR) all patient and non-DoD personnel NMA travel is reimbursed using the "Other Mileage Rate". You can find the current rate by visiting <http://www.defensetravel.dod.mil/site/otherratesMile.cfm>. ***No POC fuel receipts are required.***

For authorized rental cars, reasonable, actual fuel expenses are reimbursed. Therefore, fuel receipts are ***ALWAYS*** needed. **Pre-pay and Premium gas receipts are not reimbursable.**

TRICARE may also reimburse POC mileage for travel between the specialty care provider's facility and lodging (for all trips the patient must take between these two places) when multiple trips are needed.



East/West Region PTB Instructions

If the non-active duty patient is Coast Guard (CG) or has a civilian PCM and has a referral from the PCM and authorization from TRICARE you may submit a DHA Form 131 - Patient Information Worksheet, including the authorization number to the THP PTB office for qualification review. Your authorization number is noted on the authorization letter you should have received from Humana Military or Health Net Federal Services.

It may be noted on the authorization letter as a "Reference Number". If you do not have this letter and/or authorization number you may contact:

- **East Patients:** Humana Military by calling 1-800-444-5445 or online by registering at www.humanamilitary.com
- **West Patients:** Health Net Federal Services by calling 1-844-866-9378 or on-line by registering at www.hnfs.com

Submitting Receipts

After your travel is completed, submit all claim sets (see below) and itemized expense receipts to your travel representative. ***A separate claim set must be submitted for each trip.*** Only one individual can be reimbursed for each expense. All reimbursements are processed using the Defense Travel System (DTS) via direct deposit.

Submitting a request for reimbursement does not guarantee payment.

Claim Sets

- **If the patient is traveling alone**, complete a signed Travel Voucher or Subvoucher (DD1351-2), Statement of Actual Expenses (DD1351-3), itemized expense receipts, DHA Form 131 - Patient Information Worksheet and DHA Form 126 –

Confirmation of Specialty Care.

- **If the patient is accompanied by an authorized NMA** we encourage travelers (patient and NMA) to combine expenses to one claim set as much as possible. Submit one Travel Voucher or Subvoucher (DD 1351-2), itemized expense receipts, DHA Form 131 – Patient Information Worksheet, DHA Form 126 – Confirmation of Specialty Care and NMA letter (patients over 18 years old). DoD personnel NMAs are reimbursed meals at the per diem rate so the DD1351-3 and receipts are not needed for their meals. Patient meals, if claimed, will require the DD1351-3 and their itemized meal receipts.

*****Each claimant (DD1351-2) requires a FMS 2231 - Direct Deposit form to be part of the claim set. This form is only needed once per fiscal year (FY)(first submitted beginning 01 Oct) or as needed if there is a change to your preferred reimbursement account. Each subsequent claim during the FY must have a validation statement saying account information has not changed during that FY. Validation statement may be in the body of the email, fax cover sheet or separate note if mailing claim package.***

Submit your claim set to the THP Prime Travel Benefit office via e-mail, fax or postal mail (see below THP PTB Contact Information) and be sure to include (as applicable):

- DD1351-2
- DD1351-3
- Itemized Expense Receipts
- FMS 2231 – Direct Deposit Form
- DHA 131 – Patient Information Worksheet ***including Authorization Number***
- DHA 126 – Confirmation of Specialty Care
- NMA Letter (for patients 18 and over)

Your Reimbursement

Authorized travel claims will be reimbursed using the Defense Travel System (DTS). **All** DTS data entry and signature actions related to this Specialty Care Travel are entered and managed by the THP Prime Travel Benefit office ***to include travel for active duty and DoD civilian employee NMAs.***



THP PTB Contact Information

TRICARE East and West
DHA.TRICAREPTB@mail.mil
7800 IH-10 West, Suite 400 San Antonio, TX 78230
Fax: (210) 536-6176
Phone: 1-844-204-9351

DoD SAFE (<https://safe.apps.mil/>) is a service that makes it easier for you to exchange unclassified files up to 8.0 GB that cannot be sent through email. If you are not associated with DoD and/or do not have a Common Access Card (CAC) please let us know and we will send you a drop-off request so you may use this site. The SAFE site is approved for transfer of Personally Identifiable Information (PII) and Protected Health Information (PHI) data. In order to encrypt your file, click on the "Encrypt every file" checkbox and provide a passphrase when creating a drop-off. DoD SAFE does not store the passphrase nor send a copy of the passphrase to the recipients due to security reasons. The sender is responsible for sharing the encryption passphrase with the recipient.



REIMBURSEMENT RATES

PTB TRAVEL REIMBURSEMENTS ARE REIMBURSED IN ACCORDANCE WITH THE JOINT TRAVEL REGULATIONS (JTR)

- Reimbursement is authorized at the Other Mileage Rate for the official distance between the patient's residence and the specialty care provider's office.
- Reimbursement is authorized for the actual cost of lodging and meals, limited to the locality per diem rate.
- An eligible attendant who is also an ADSM or DoD employee receives the Standard Travel and Transportation Allowances in the JTR, Chapter 2

ACTIVE DUTY CONSIDERATIONS

IAW AR 40-400: The reimbursement cost of commercial or privately owned transportation and per diem for Army AD Soldiers and required attendants for the purpose of providing outpatient medical or dental care is chargeable to the operating funds of the unit to which the member is assigned.

WEED PRIME TRAVEL CONTACT

**WEED ARMY COMMUNITY HOSPITAL
MANAGED CARE DIVISION
PHONE: (760) 383-5491
EMAIL: USARMY.IRWIN.MEDCOM-
WACH.MBX.PRIME-TRAVEL-BENEFIT-
PROGRAM@HEALTH.MIL**

PROGRAM RESOURCES

- TRICARE PTB Website
(www.tricare.mil/primetravel)
- Defense Health Agency Policy
(www.health.mil/Reference-Center/Policies/2021/04/27/DHA-PI-6000-05-TRICARE-PTB-and-CRDT-Program)
- Joint Travel Regulations
(www.defensetravel.dod.mil/Docs/perdiem/JTR.pdf)
(See Chapter 3, Section 033007)
- Guidance for Soliders, AR 40-400
(www.armypubs.army.mil/epubs/DR_pubs/DR_a/pdf/web/r40_400.pdf)
(See para 2-6)
- Tricare Reimbursement Manual (TRM) 6010.64-M
(<https://manuals.health.mil>)
(Chapter 1 Sect 30—Reimbursement of Travel Expenses for Specialty Care)



Version updated DEC 2023



GUIDE TO THE PRIME TRAVEL BENEFIT PROGRAM

The PTB reimburses reasonable travel expenses for a qualified trip by a TRICARE Prime beneficiary

Does your trip qualify for the PTB?

- The patient is a TRICARE Prime beneficiary who is **NOT** an active duty service member (ADSM)
- The patient was referred by a WACH PCM for non-emergency, medically necessary care covered by TRICARE
 - Trips related to an emergency admission, visit or transfer do not qualify for the PTB
- The referred specialty care provider is more than 100 miles (one-way) from Weed Army Community Hospital
- There are no other specialty care providers (military, civilian network or non-network) for this specialty within 100 miles

PRIME TRAVEL BENEFIT PROGRAM OVERVIEW

The PTBP authorizes reimbursement to patients and non-medical attendants for

reasonable travel of non-active duty, TRICARE Prime beneficiaries for medically necessary, non-emergent, specialty care not found within 100 miles (one way) of the PCM's office

- If the PCM refers the patient to a specialist by-name over 100 miles from the PCM's office, there must be a medical justification that can be clinically verified by TRICARE as to why the patient cannot be seen by a closer available provider
- Elective procedures are NOT reimbursable (e.g. Lasik Eye Surgery, and IVF)
- Referrals from the ER with travel via MEDEVAC or Ambulance are not reimbursable as these are considered emergent. Newborn transfers are also considered emergent and not reimbursable
- Choosing to travel outside the 100 mile radius when services are available closer is **not reimbursable**
- Choosing a different provider from the original valid referral may impact program eligibility
- Pre-approval for the PTB is highly encouraged

REIMBURSEMENTS

Reasonable reimbursable travel expenses may include meals, parking, tolls, pre-approved lodging, and roundtrip mileage. Below are key points to remember when claiming travel reimbursement:

- Itemized receipts are required for all expenses except gas and should be in the claimant's name.
- Meal receipts must be itemized and may not exceed the locality per diem rate for the location.
- Lodging must be pre-approved by the PTB office and is approved IAW JTR Ch. 2 Sect 020202. Excluded Hours.
- Lodging reservations are the responsibility of the claimant. Military lodging should be utilized first. Lodging is only authorized up to the maximum per diem rate for the specialty location. Any overage will be the responsibility of the claimant. Airbnb is not authorized reimbursable lodging.
- Mileage reimbursement is calculated by Defense Table of Official Distances using ZIP Code of residence to the specialty care provider's ZIP Code.
- All claims must be submitted within one year of travel.
- A patient and a non-medical attendant cannot be reimbursed for the same travel expense.

NON-MEDICAL ATTENDANTS (NMA)

Patients under the age of 18 are authorized one non-medical attendant (NMA) who is a parent, spouse, guardian or other adult family member. If the NMA is another adult family member, he or she must be at least 21 years of age.

Patients 18 and older are authorized one NMA if medically necessary. **The patient must ensure the PCM indicates an NMA is medically necessary in the referral or must obtain a written letter from the PCM or specialist indicating such in order for the NMA to qualify for reimbursement.**

REIMBURSEMENT PROCEDURE

Contact the PTB office to complete an intake form (which will be used to determine program eligibility) and obtain required travel documents.

Upon completion of travel, you must submit the completed and signed travel documents along with any additional required items which may include:

- Confirmation of specialty care appointment
- NMA letter of medical necessity
- Itemized receipts