

# Providers staying in the East Region (FAQs)

## Frequently asked questions for providers staying in the East Region in the latest contracts

The Defense Health Agency (DHA) has awarded Humana Military the next contract for the TRICARE East Region, partnering with you once again to serve our Active Duty Service Members (ADSM) and their families in the East Region.

### Q: How does this impact me?

A: While many processes remain the same, there are some changes with claims, referrals and authorizations and other systems that you need to know about in the coming year.

## Claims

### Q: Has the claims process changed?

A: New in 2025: Humana Military's claims processor has switched from Wisconsin Physicians Service (WPS) to PGBA LLC, effective January 1, 2025. For EDI Claims, the 2025 TRICARE East Payer ID is 99727.

### Q: What about claims-related document submissions?

A: XPressClaims will be the online claims and claims-related document submission system beginning January 1, 2025, and will be available in provider self-service. For more information, please see the [XPressClaims user guide](#).

For the **clearinghouse**, new direct submitters must file a trading partner agreement and enrollment form in order to be assigned a mailbox/submitter ID. If your clearinghouse already files claims to PGBA for other lines of business, you need to ensure that the TRICARE EAST payer ID 99727 is made available as an option. If your clearinghouse does not submit to PGBA, providers, vendors or clearinghouses that can create an ANSI X12 electronic file, and have telecommunications capabilities, can upload files to PGBA directly. Batch claims processing is available through our EDI Gateway mailbox system.

### Q: Do I need to sign up again for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) in the new contract?

A: Yes. Providers should sign up for ERA/EFT to ensure timely receipts of remittances and payments. Even if you have EFT/ERA currently, you will need to sign up again for EFT/ERA by January 1, 2025. [Sign up here](#).

### Q: What happens to document and claims submission during payer transition?

A: Claims with 2024 Dates of Service (DOS):

- From January 1, 2025, to April 30, 2025, the current payer organization (WPS) will continue to process claims with a 2024 DOS. After April 30, 2025, claims with a 2024 DOS will no longer be accepted via 2024 processes. To assist with processing a 2024 claim to completion prior to April 30, 2025:
  - Submit payer requested claim documentation timely.
  - Submit claim requests/disputes related to claim denials timely to allow for current payer processing.
  - Beginning May 1, 2025, submit 2024 claims and claims-related documents to XPressClaims through [provider self-service](#) or the clearinghouse.

### Q: What has changed for allowable charge reviews and claim payment disputes?

A: Humana Military partners with our payer organization for processing those inquiries that are not medical necessity/non-covered benefit denials. Allowable charge reviews, claim reconsiderations and any claim payment-related inquiries should be submitted to the address below.

- Learn more about the online process as well as other need-to-know information at [Appeals and Reconsideration](#).
- Claims Department: PO Box 202146; Florence, SC 29502-2146, OR fax 877-489-0015.

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### Q: Has anything changed with the referrals and authorizations process?

A: To enhance efficiency and reduce processing times, the referrals and authorizations process has been streamlined in the new contract. Outpatient requests will no longer be accepted by fax; they must be submitted through [provider self-service](#) to allow for quicker and more accurate processing.

### Q: Has anything changed with covered entities who use National Provider Identifiers (NPI) and NPI matching logic?

A: All covered entities are required to use their NPIs on HIPAA-standard electronic transactions in accordance with HIPAA Transaction Electronic Data Interchange for Health Care Providers Implementation Guide. The NPI billed on the claim will determine where payment, recoupment and remittances will be sent. All payments, recoupments and remittances will process to the Pay-to address or EFT bank account associated with the Primary NPI location.

All payments, recoupments and remittances for subordinate locations with the same NPI will roll up to the Primary NPI Pay-to or EFT bank account. If a separate payment address is needed, that separate payment address will require a separate NPI. When applicable rendering NPIs are also required.

**Note:** All claims for ABA services must be filed electronically and must include the rendering NPI.

### Q: Are there any changes with provider self-service?

In the next contract, you can still access many of the same features that will save you time, ensure patient privacy and help you manage your office more efficiently. Available 24 hours a day, registered providers can quickly and easily:

- Submit claims and check Claims status
- Manage your profile including making basic demographic information updates
- View remittances
- Verify patient eligibility/benefits/claim

Log-in or create a [provider self-service](#) account today.

### Q: Where can I go for more information on changes for providers in the latest contracts?

We created a [resource page](#) with information about claims changes, medical necessity and coverage claims appeals, eligibility, referrals and authorizations and more. We hope you find it useful.



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