

TRICARE Extended Care Health Option (ECHO) Frequently Asked Questions

Below is a compilation of ECHO frequently asked questions, broken down into the following sections: General, ECHO Respite Care, Durable Medical Equipment (DME) and Durable Equipment (DE), Home Health Agency (HHA) including ECHO Home Health Care-Respite, Transportation, ECHO Basic Benefit, and the Autism Demonstration.

The National Defense Authorization Act of 2009 (NDAA 09) recently changed the ECHO cap from \$2,500/month, to \$36,000 per fiscal year (FY) for certain services effective for dates of service beginning October 14, 2008. However, benefits available through the ECHO program remain the same.

You can also refer to the ECHO Quick Reference Guide in the Resource Library section of www.triwest.com/provider, for a summary of eligibility criteria, covered services, exclusions, provider responsibilities, beneficiary responsibilities, and claims requirements. For more information, go to www.triwest.com/provider, www.tricare.mil or call 1-888-TRIWEST (874-9378).

A great deal of information regarding the Autism Demonstration Project, including frequently asked questions and project definitions, can be found on www.triwest.com/provider.

ECHO providers can now submit their authorization requests on the secure provider portal at www.triwest.com. This is the preferred way to submit a referral/authorization request to TriWest. In most cases, the requests process to completion with a status available to the referring provider, the servicing provider, and the TRICARE beneficiary immediately.

In addition, registered users can take advantage of several benefits such as submitting claims online, viewing claims and checking claim status. If you are not already registered for the secure provider portal, please go to www.triwest.com today and register.

Question	Answer
GENERAL	
<i>Does ECHO require that public facilities be used first?</i>	Yes, this is a requirement in accordance with the TRICARE Policy Manual, Chapter 9, Section 5.1, for services and items related to training, rehabilitation, special education, assistive technology devices, institutional care in private nonprofit, public, and state institutions and facilities and, if appropriate, transportation to and from such institutions and facilities to the extent that they are available and adequate. Exceptions include services and items available through the ECHO Home Health Care or Respite Care benefits. In addition, for beneficiaries aged 3 to 21 enrolled in an education program, the local public education agency must certify that the services or items requested through the ECHO are not included in the beneficiary's



	Individual Education Plan (IEP), or if so, are not adequately available.
<i>Who requests authorization for services under ECHO – the beneficiary or the provider?</i>	Providers should request prior authorization for ECHO services. For some services, the beneficiary may initially contact TriWest; however, the provider should make the formal request and provide any supporting documentation.
<i>Who will be notified when an authorization for ECHO services has been approved?</i>	Notification of authorization for ECHO benefits will be issued to the sponsor/beneficiary, referring provider, and the servicing provider by TriWest.
<i>Will the referral/authorization status for ECHO services be available on www.triwest.com for registered beneficiaries and providers?</i>	Yes. If you are not already registered for the secure area of the TriWest Web site, please go to www.triwest.com today and register.
<i>What is the frequency for reviewing continued ECHO eligibility (i.e., obtaining an updated Individual Educational Plan (IEP))?</i>	TriWest will check TRICARE and ECHO eligibility at the time that each prior authorization request is received. Individual Education Plans (IEPs) must be updated annually. In addition, eligibility is checked prior to payment of ECHO claims.
<i>What is the definition of multiple disabilities?</i>	Multiple disabilities refers to conditions involving two or more separate body systems (as described in TPM Chapter 9, Sections 2.2 and 2.3.), none of which individually at their worst are an ECHO qualifying condition. However, when taken together, less acute presentation of those conditions can be considered a qualifying condition when the services requested meet the intent of ECHO.
<i>If a beneficiary is late in submitting paperwork in the provisional timeframe, will the ECHO eligibility be retroactive?</i>	ECHO benefits can be cost-shared only when the beneficiary is registered in ECHO or provisional ECHO status has been granted. ECHO eligibility will not be made effective retroactively.
<i>If the ECHO eligibility/registration requirements were not met during the provisional 90-day timeframe, will claims paid for ECHO benefits provided during the provisional period be recouped?</i>	The provisional status will terminate upon completion of the registration process or at the end of the 90-day provisional period, whichever occurs first. In accordance with TRICARE Policy Manual, Chapter 9, Section 3.1, government liability for ECHO benefits will terminate at the end of the 90-day provisional period, but the government <u>will not recoup</u> claims paid for ECHO benefits provided during the provisional period.
<i>Are there any exceptions to the requirement to enroll in the Exceptional Family Member Program (EFMP)?</i>	Yes, the requirement for enrollment in EFMP is waived in the following situations: <ul style="list-style-type: none"> • The sponsor’s branch of services does not provide EFMP. The two known branches of services that do not provide EFMP are the National Oceanic and Atmospheric Administration (NOAA) and Public Health Services (PHS). • The beneficiary seeks ECHO eligibility based on deceased sponsor provisions. • Other circumstances that exist that make enrollment in EFMP unnecessary, such as when a beneficiary resides with the custodial parent who is not the



	active duty sponsor.	
<i>What are the monthly cost-shares for sponsors?</i>	Sponsor Pay Grade Code	Sponsor Cost-Share Amount
	E-1 through E-5	\$25
	E-6	\$30
	E-7 and O-1	\$35
	E-8 and O-2	\$40
	E-9, WO/WO-1, CWO-2, and O-3	\$45
	CWO-3, CWO-4, and O-4	\$50
	CWO-5, O-5	\$65
	O-6	\$75
	O-7	\$100
	O-8	\$150
	O-9	\$200
O-10	\$250	
<i>Will the ECHO cost share be covered by Medicaid for those with secondary Medicaid coverage?</i>	TRICARE is always primary to Medicaid. Given that Medicaid benefits are administered by individual states, the question would have to be evaluated for the state in which the beneficiary resides.	
<i>If multiple providers are providing services to the same beneficiary, which provider should collect the cost-sharing amount from the beneficiary?</i>	Within the Wisconsin Physicians Service (WPS) claims system, TriWest can designate a specific provider to always take the cost share. By doing so, one provider providing services for the ECHO beneficiary can consistently collect the cost-share each month. The first claim submitted during the month will have the cost share applied.	
<i>What is the monthly benefit cap under ECHO?</i>	<p>The \$2,500 monthly ECHO benefit cap applies to all but seven ECHO services under the ECHO Basic benefit, ECHO Respite Care, and Durable Equipment. These include:</p> <ol style="list-style-type: none"> 1. Training 2. Rehabilitation 3. Special education (i.e., Applied Behavior Analysis (ABA) therapy) 4. Assistive technology devices 5. Institutional care 6. Certain transportation 7. Autism Demonstration <p>The benefit limit for certain ECHO (except ECHO Home Health Care and Rehabilitation) services is \$36,000 per fiscal year.</p> <p>ECHO Home Health Care (EHC), including EHC-Respite, is subject to a separate benefit cap not to exceed 1/12 of the highest Skilled Nursing Facility Resource Utilization Group (RUG) in any calendar month.</p>	



ECHO RESPITE CARE	
<i>Are specific codes required to bill Basic ECHO Respite Care?</i>	Respite Care provided under the basic ECHO benefit should be billed with HCPCS code S9122. In addition, <u>these services must be billed on a CMS-1500 form.</u>
<i>Since rehabilitation therapy is shifting to the Basic Program, how will beneficiaries qualify for the respite benefit?</i>	The respite benefit is available for a maximum of 16 hours in any calendar month in which the ECHO beneficiary is also receiving any other ECHO-authorized benefit other than the ECHO Home Health Care (EHC) benefit.
<i>Is the ECHO respite care available only in the months when the beneficiary is receiving another ECHO benefit?</i>	Yes.
<i>Is the comprehensive Outcome and Assessment Information Set (OASIS) or a written plan of care required to access ECHO Respite Care?</i>	No, however, at the time respite care is requested, the ECHO beneficiary's sponsor or designee is responsible for providing TriWest and the home health agency with all information necessary to assure that respite care is appropriately provided.
<i>What is the difference between ECHO Respite Care and ECHO Home Health Care-Respite (EHC-Respite)?</i>	ECHO Respite Care is limited by the \$2,500 monthly benefit cap. EHC-Respite is subject to a separate benefit cap not to exceed the highest Skilled Nursing Facility Resource Utilization Group (RUG) annual reimbursement rate or 1/12 of that rate in any calendar month. ECHO Respite Care is not covered when the EHC or the EHC Respite Care benefit is being received by the beneficiary. EHC Respite Care does not cover absences of the primary caregiver(s) due to deployment, training, employment, seeking employment, or pursuing education.
<i>What certification is needed for a provider to provide ECHO Respite Care?</i>	Under ECHO, all ECHO Respite Care services must be provided by a Medicare or Medicaid certified home health agency that have in effect at the time of services a valid participation agreement with TRICARE.
DURABLE EQUIPMENT (DE)	
<i>What type of Durable Equipment (DE) is available with ECHO?</i>	DME is available only under the TRICARE Basic program while DE is available only under ECHO. Durable Equipment is a device or apparatus which does not qualify as DME under the TRICARE Basic program, but which is essential to the efficient arrest or reduction of a functional loss resulting from, or the disabling effects of a qualifying condition as provided in the TRICARE Policy Manual, Chapter 9, Sections 2.2 – 2.4. Examples of DE covered under ECHO include special computer peripheral devices (keyboard, mouse, etc.) or software that makes a computer functional to an ECHO



	beneficiary with a qualifying condition that would otherwise limit or prohibit the beneficiary's ability to use the computer; or an electrical/mechanical lifting device that raises an ECHO beneficiary in a wheelchair from ground level to the first floor level of the beneficiary's residence.
<i>Can Durable Equipment (DE) be pro-rated under ECHO?</i>	<p>Yes, when a provider has submitted an authorization to purchase DE, the beneficiary shall specify whether the entire allowable cost of the item is to be cost-shared in the month of purchase or pro-rated. A formula is used to calculate the pro-rated amount, and an authorization is required for each monthly pro-rated amount. A sponsor/beneficiary cost-share is required in each month in which a pro-rated amount is authorized.</p> <p>The case manager will coordinate with the provider to ensure that the provider understands the monthly benefit cap and will accept the pro-ration. If the provider will not accept pro-ration, then the case manager may seek another provider. Otherwise, the sponsor would have to pay amounts exceeding the monthly benefit cap. If the beneficiary moves to another region, TriWest will continue paying the pro-rated amounts. If the beneficiary is no longer ECHO eligible, then the beneficiary is responsible for payment of remaining pro-rated amounts.</p>
<i>How will reimbursement be made for personally owned Durable Equipment (DE) maintenance after the beneficiary becomes ECHO authorized?</i>	Equipment that was/is purchased under the Basic program and its maintenance is not affected by ECHO. ECHO will cover maintenance costs only for equipment purchased under Program for Persons with Disabilities (PPWD) or ECHO. There is a monthly cap of \$2,500 that accrues to a \$36,000 fiscal year cap.
<i>Are alterations to living spaces or vehicles to accommodate Durable Equipment (DE) covered under ECHO?</i>	Installation of authorized DE may be cost-shared through ECHO; however, alterations, such as those made to living spaces or vehicles to accommodate installation of such equipment are <u>not covered</u> under ECHO.
<i>Is a lift to move an ECHO beneficiary from the ground floor to the first floor of a home covered as long as it does not involve a modification to the home?</i>	Installation of authorized DE may be cost-shared through ECHO; however, alterations such as those made to living spaces or vehicles to accommodate installation of such equipment cannot be cost-shared through ECHO.
HOME HEALTH AGENCY (HHA), including ECHO Home Health Care-Respite	
<i>Does the beneficiary need to exceed the TRICARE Home Health Agency-Prospective Payment System (HHA-PPS) benefit before receiving the EHHC benefit?</i>	The HHA-PPS benefit and the EHHC benefit are statutorily separate and distinct so the HHA-PPS benefit would not apply to EHHC-eligible beneficiaries. EHHC-eligible beneficiaries are those Active Duty Family Members who meet the ECHO eligibility requirements and whose need for



	in-home skilled care exceeds the part-time or intermittent limitations of HHA-PPS.
<i>If a beneficiary is receiving EHC, what program pays for the vent, suction machine and medications (IV and oral) – TRICARE Basic or ECHO?</i>	These services are considered TRICARE Basic program benefits. As such, they are excluded from ECHO. However, the accompanying home health agency services will be cost-shared under EHC.
<i>Are there any special claims filing requirements for ECHO Home Health Care providers?</i>	EHC providers will need to provide claims with line-by-line detail about the services they are providing to the beneficiary. No special filing process is required. EHC providers must submit the CMS 1500 claim form. Respite care must be billed using HCPCS code S9124
<i>How will providers know when to submit a bill under ECHO versus under the basic TRICARE program?</i>	The authorization for benefits indicates the benefits are being provided under ECHO. Additionally, TriWest will inform the primary home health agency that the authorized services are being provided as EHC, therefore claims are to be submitted as indicated. Only the primary home health agency can be reimbursed for EHC services.
<i>When necessary, multiple home health agencies may be involved in providing the services indicated in the beneficiary's plan of care. TriWest will designate one agency as the Primary Agency. What are the responsibilities of the Primary Home Health Agency?</i>	In accordance with TRICARE Policy Manual, Chapter 9, Section 15.1, the Primary Home Health Agency is responsible for: <ul style="list-style-type: none"> • Providing the services in the beneficiary's plan of care; • Negotiating the reimbursement rate with TriWest; • Arranging for the services to be provided by other Home Health Agencies (HHAs); • Insuring the qualifications of the other HHAs; • Insuring that services provided by other HHAs are in accordance with the plan of care; and • Reimbursing the other HHAs that provide services.
<i>What is a RUG rate?</i>	RUG stands for Resource Utilization Group and is the method of reimbursement under the Medicare Prospective Payment System (PPS) for Skilled Nursing Facilities (SNFs). RUG classification and payment, are tied to the amount of skilled care-primarily hours of nursing or therapy time needed per day-and is not fixed to the patient's diagnoses or other underlying conditions.
<i>Monthly reimbursement cannot exceed 1/12 of the highest Skilled Nursing Facility Resource Utilization Group (RUG). How will the home health agency know what this amount is?</i>	TriWest will calculate the reimbursement cap and provide an authorization for no more than the services allowed under the cap.
<i>If a beneficiary requires services under EHC that cost more than the highest SNF RUG rate, who would be financially responsible for the balance?</i>	The sponsor/beneficiary would be responsible for services in excess of the monthly benefit cap, in accordance with TRICARE Policy Manual, Chapter 9, Section 16.1. However, network providers who bill TRICARE may have the beneficiary sign a Waiver of Non-Covered Services (that



	meets the specificity requirements of TRICARE) for services provided in excess of the monthly benefit cap. If such an appropriate waiver is signed, the provider could collect their contractual allowable amount from the beneficiary. Non-network providers may bill the beneficiary up to 115% of the TRICARE allowable amount for services in excess of the monthly benefit cap.
<i>Are specific codes required to bill EHC-Respite Care?</i>	Respite Care authorized under the ECHO Home Health Care (EHC) benefit should be billed using HCPCS code S9124. In addition, these services must be billed on a CMS-1500 form. You can submit your claims electronically through the secure provider portal at www.triwest.com/provider .
<i>Are there any circumstances in which ECHO provides custodial care?</i>	Custodial care services, i.e., services that are designed mainly to assist the individual with the activities of daily living, will not be provided as a stand-alone benefit by ECHO. However, those services may be provided by ECHO when included in the EHC plan of care in conjunction with medically necessary skilled services provided by EHC.
<i>Explain the EHC monthly cap calculation.</i>	The maximum amount to be reimbursed for EHC in any month shall not exceed 1/12 the annual benefit cap <u>as adjusted</u> for the actual number of days in the month EHC services were provided. TriWest will calculate the maximum annual benefit only once per beneficiary per fiscal year, then authorize EHC care in an amount not to exceed the allowed amount as discussed above. It is not subject to the monthly \$2,500 cap or to the \$36,000 fiscal year cap.
<i>How will the requirement for home health providers to be Medicare-certified or Medicaid-certified impact providers who are not certified by Medicare or Medicaid?</i>	Under ECHO, all ECHO Home Health Care (EHC) services, including respite care, must be provided by a Medicare or Medicaid certified home health agency that have in effect at the time of services a valid participation agreement with TRICARE.
<i>What if Medicare or Medicaid certification is not available to a home health agency due to the specialized categories of individuals they serve, for example, individuals that are under the age of 18 or who are receiving maternity care?</i>	In order to provide services to ECHO beneficiaries, these home health agencies must meet the qualifying conditions to be certified as a corporate services provider as specified in the TRICARE Policy Manual, Chapter 11, Section 12.1.
TRANSPORTATION	
<i>Will ECHO pay for transportation for only ECHO-related therapies or will it pay for transportation for the ECHO beneficiary who is receiving care under the Basic TRICARE Program?</i>	TRICARE Policy Manual, Chapter 9, Section 11.1, indicates that the ECHO transportation benefit is available only when provided in conjunction with receipt of another ECHO-authorized benefit. ECHO beneficiaries do not have an ECHO transportation benefit when accessing Basic Program benefits. There is no monthly cap, but there is a \$36,000 fiscal year cap.



<p><i>What are the criteria for cost-sharing the transportation of an accompanying medical attendant for the safe transport of an ECHO beneficiary?</i></p>	<p>Reimbursement for transportation of an accompanying medical attendant is based on TriWest’s determination that such an attendant is necessary to ensure the safe transport of the beneficiary. TriWest may establish additional criteria in its discretion. References in the TRICARE Reimbursement Manual are to non-medical attendants, which cannot be authorized under ECHO.</p>
<p>ECHO BASIC BENEFIT</p>	
<p><i>Is autism in children over age 3 covered under ECHO?</i></p>	<p>Pervasive Developmental Disorders (PDD) listed in DSM-IV, i.e., Autistic Disorder, Rett’s Disorder, Childhood Disintegrative Disorder, Asperger’s Disorder, and PDD Not Otherwise Specified <u>can be</u> qualifying conditions for ECHO when determined by TriWest, on a case-by-case basis, to meet the requirements of TRICARE Policy Manual Chapter 9, Sections 2.2, 2.3, or 2.4.</p>
<p><i>When is “Applied Behavior Analysis (ABA)” covered under ECHO?</i></p>	<p>In accordance with TRICARE Policy Manual, Chapter 9, Section 9.1, ABA is an ECHO benefit when provided by a TRICARE-authorized provider. Payable services include periodic evaluation of the beneficiary, development of a treatment plan, and training of family members to provide services in accordance with the treatment plan. TRICARE can also pay for the “hands-on” ABA services when provided by a TRICARE-authorized provider. However, TRICARE will not pay for such services when provided by family members, trainers, or other individuals who are not TRICARE-authorized providers. There is no monthly cap but there is a \$36,000 fiscal year cap.</p>
<p><i>What providers are TRICARE-authorized to provide Applied Behavior Analysis (ABA)?</i></p>	<p>Under ECHO, ABA providers must be TRICARE-authorized. Requirements to be TRICARE-authorized include:</p> <ul style="list-style-type: none"> • Current State license to provide ABA services; or • Currently State-certified as an ABA; or • Certified by the Behavior Analyst Certification Board as either a Board Certified Behavior Analyst, or Board Certified Associate Behavior Analyst
<p><i>What criteria are used to reimburse and certify qualified interpreters, readers, translators and personal assistants for ECHO beneficiaries?</i></p>	<p>Because of the broad spectrum of possible providers, the TRICARE Management Activity (TMA) doesn’t maintain a list of criteria for each; therefore TriWest is responsible for applying relevant criteria that will ensure providers of such services meet the requirements in the TRICARE program manuals.</p>
<p><i>What is the cap calculation for the Autism Demonstration?</i></p>	<p>Autism is subject to the \$36,000 fiscal year cap.</p>

