

ECHO Quick Reference Guide

The Extended Care Health Option (ECHO) program from TRICARE is a supplement to the TRICARE basic program (Prime, Standard and Extra) and provides eligible **active duty family members** with an additional financial resource for the services and supplies they need to help reduce the disabling effects of the beneficiary's qualifying condition.

Provider Responsibilities				
<p>Provider Responsibilities</p> <ul style="list-style-type: none"> ➤ Providers may be requested to provide medical records or assist beneficiaries with completing Exceptional Family Member Program (EFMP) documents ➤ Obtain prior authorization for all ECHO services ➤ Network and participating providers must submit claims to Wisconsin Physicians Services (WPS) ➤ Providers rendering Applied Behavior Analysis (ABA) must be a TRICARE-authorized provider that: <ul style="list-style-type: none"> ➤ Has a current State license to provide ABA services; or ➤ Is currently State-certified as an ABA; or ➤ Certified by the Behavioral Analyst Certification Board as either a Board Certified Behavior Analyst (BCBA), or Board Certified Associate Behavior Analyst (BCABA) 				
ECHO Home Health Care (EHC)				
<p>Eligibility Criteria for EHC Must be registered in the ECHO Program and meet the clinical criteria for either Skilled or Respite care under EHC</p> <ul style="list-style-type: none"> ➤ Homebound Care exceeds limits of Home Health Prospective Payment System (HH-PPS) reimbursement ➤ Requires frequent interventions provided by primary caregiver 	<p>Provider Requirements All EHC services must have prior authorization.</p> <ul style="list-style-type: none"> ➤ Services provided by TRICARE-authorized Home Health Agency (HHA) ➤ OASIS assessment is not necessary ➤ Accept negotiated rate ➤ TriWest designates primary HHA. Primary HHA will negotiate rates, arrange services provided by other HHAs, insure other agencies are TRICARE-certifiable, and reimburse the other agencies 	<p>Claims</p> <ul style="list-style-type: none"> ➤ Not subject to HH-PPS ➤ Itemized billing -- bill the code S9123 for skilled care and S9124 for respite ➤ TriWest denies claims from other HHAs not designated as primary HHA ➤ No Request for Anticipated Payment (RAP) reimbursement ➤ Reimbursement cap of 1/12 of highest Skilled Nursing Facility Resource Utilization Group (RUG) 	<p>Covered Services</p> <ul style="list-style-type: none"> ➤ Medically necessary skilled services, teaching & training and medical supplies ➤ Home health aide under the supervision of nurse ➤ Respite services =No more than 8 hours per day for no more than 5 days per to allow the primary caregiver to sleep. Services provided by Medicare or Medicaid-certified HHA. Under certain circumstances, Corporate Services Providers may also provide these services. ➤ SNF beneficiaries can transition to home and receive EHC services if they qualify for the EHC services 	<p>Exclusions</p> <ul style="list-style-type: none"> ➤ DME covered under TRICARE Basic ➤ Services reimbursable under HH-PPS



ECHO 'Basic'			
<p>Eligibility Criteria – one of the following:</p> <ul style="list-style-type: none"> ➤ Mental retardation ➤ Serious physical disabilities ➤ Extraordinary physical or psychological condition resulting in beneficiary being homebound ➤ Infants/toddlers (under age 3) diagnosed with a neuromuscular developmental condition (preceding diagnosis of moderate or severe mental retardation or serious physical disability) ➤ Multiple disabilities (involving two or more separate body systems) 	<p>Beneficiary Responsibilities/Requirements</p> <ul style="list-style-type: none"> ➤ Beneficiaries must be enrolled in their service's Exceptional Family Member Program (EFMP) ➤ Beneficiaries must register with TriWest for ECHO ➤ Rank-based cost share for each month services are received <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> <ul style="list-style-type: none"> ➤ Training ➤ Rehabilitation ➤ Special education (i.e., Applied Behavior Analysis (ABA) therapy) ➤ Assistive technology devices ➤ Institutional care ➤ Certain transportation ➤ Autism Demonstration ➤ Benefit cap applies for each beneficiary in a family 	<p>Covered Services - treatment through the use of medical or rehabilitative methods, techniques, or therapies including:</p> <ul style="list-style-type: none"> ➤ Applied Behavior Analysis (ABA) ➤ Durable Equipment (see below) ➤ Respite Care (up to 16 hours per month in a month that another ECHO benefit is being received) ➤ Limited training and transportation benefits <p>Exclusions</p> <ul style="list-style-type: none"> ➤ Retirees and their family members ➤ North Atlantic Treaty Organization (NATO) family members ➤ Learning disorders ➤ Disruptive behavior disorders ➤ Attention deficit disorder (ADD) ➤ Any service available under TRICARE Basic program ➤ TRICARE Reserve Select beneficiaries are not eligible for ECHO 	
ECHO Durable Equipment			
<p>Eligibility Criteria</p> <ul style="list-style-type: none"> ➤ Basic eligibility criteria applies 	<p>Covered Services</p> <ul style="list-style-type: none"> ➤ Special computer peripheral devices and software ➤ Electrical/mechanical lifting device (e.g., elevator, stair lift) ➤ Customization of durable equipment and any accessory or item of supply: <ul style="list-style-type: none"> ➤ Achieving therapeutic benefit ➤ Making equipment usable or assuming proper function ➤ Not excluded by regulation or policy ➤ Installation of durable equipment 		<p>Cap</p> <ul style="list-style-type: none"> ➤ Subject to the \$2,500 monthly benefit cap that accrues to a \$36,000 fiscal year cap
ECHO Respite			
<p>Eligibility Criteria for ECHO Respite</p> <ul style="list-style-type: none"> ➤ Homebound ➤ Allow 16 hours/calendar month in a month that another ECHO benefit is being received 	<p>Provider Responsibilities</p> <p>Must have prior authorization for services</p> <ul style="list-style-type: none"> ➤ Services provided by Medicare or Medicaid-certified Home Health Agency (HHA) ➤ Under certain circumstances, Corporate Services Providers may provide this service if non-Medicare certified. ➤ No written Plan of Care required ➤ No OASIS assessment needed 	<p>Claims</p> <ul style="list-style-type: none"> ➤ Not subject to HH-PPS ➤ Use HCPCS S9122 for respite care ➤ Allowable charge or negotiated rate ➤ Subject to the \$2,500 monthly benefit cap 	<p>Exclusions</p> <ul style="list-style-type: none"> ➤ ECHO respite care when the ECHO Home Health Care (EHC) or the EHC-Respite Care benefit is being received by the beneficiary

For more information, visit www.triwest.com/provider, www.tricare.mil or call 1-888-TRIWEST (874-9378).



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