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P.O. Box 8730  
Madison, WI 53708-8730

[www.triwest.com](http://www.triwest.com)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Dear Provider,

To become an authorized TRICARE provider or update your certification, please complete and return all applicable forms within 30 days. Failure to comply within 30 days will result in denial of your TRICARE claims.

Complete the enclosed forms (if applicable)

1. Clinic or Group Application.
2. Mental Health Questionnaire. To provide complete information about your organization. (Enclosed if applicable)
3. Signatures: (check one of the following options)
  - Your staff may sign TRICARE claim forms on your behalf when the necessary Authorized Signer form has been completed.
  - Computer Generated Facsimile or Rubber Stamp Authorization may also be used when the necessary agreement is on file. Computer generated "Signature on file" is not acceptable.
  - An original signature by the individual provider.
4. Special Authorization form should be completed by all members of your professional staff if payment is being made in the name of the organization (i.e., clinic, group, or partnership) or you can attach your own listing.
5. Complete the Individual Provider Application Forms that apply.

Send a copy of your state license and/or certificate of membership in the appropriate National Professional Organization. If you are not a member of the National Organization, please include a copy of transcripts and a resume of your supervised experience to document your eligibility. As your license is renewed, please send in an updated copy.

6. Complete W-9.

Thank you for your cooperation and prompt response.

Sincerely,

WPS Tricare Provider Certification Unit

Please return to: WPS TRICARE Provider Certification  
P.O. Box 8730  
Madison, WI 53708-8730

Please feel free to photocopy any of the enclosed forms as needed.

17281-097-0411

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**TRICARE West Region**

*"Whatever It Takes"*



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## SKILLED NURSING FACILITY

Effective October 1, 2001, TRICARE (formerly known as CHAMPUS) became a secondary payer to Medicare for approximately 1.5 million Medicare-eligible DoD health care beneficiaries. On December 28, 2001, President Bush signed the National Defense Authorization Act of Fiscal Year 2002 (Pub.L. 107-107). This legislation has three important provisions for SNF providers:

- First, with one exception, the legislation revised the TRICARE Skilled Nursing Facility (SNF) benefit so that it is identical to the Medicare SNF benefit. Like Medicare, the TRICARE SNF benefit will now require a qualifying 3-day prior hospitalization. The skilled services must meet the Medicare coverage rules and be for a medical condition that was either treated during the qualifying 3-day hospital stay, or started while the beneficiary was already receiving Medicare-covered SNF care. The one exception is that, unlike Medicare, the TRICARE benefit for a spell of illness will be unlimited. After 100 days of the Medicare benefit, TRICARE will become the primary payer if the beneficiary does not have other health insurance.
- Second, the legislation requires that the TRICARE program adopt the Medicare SNF prospective payment system (PPS) payment methods and rates, including Minimum Data Set (MDS) assessments, Resource Utilization Group (RUG) - III classifications, and Medicare weights and per diem rates. Both of these provisions will take effect for SNF admissions on or after August 1, 2003. Children under age 10 on the date of SNF admission will not be subject to MDS assessments and SNF PPS. Critical Access Hospital swing beds will not be subject to MDS assessments SNF PPS. Unless required by their memorandum of Understanding or the Provider Agreement, VA facilities will not be subject to MDS assessments and SNF PPS. Facilities in Puerto Rico, Guam, the Virgin Islands, and American Samoa will be subject to MDS assessments and SNF PPS.
- Third, the recently signed legislation requires that SNF providers enter into a new Participation Agreement with TRICARE if they wish to be considered to be an authorized TRICARE provider. The agreement will require that TRICARE-participating SNF's will not charge a beneficiary any amount above the TRICARE allowed amount. Beneficiaries are financially responsible only for co-insurance amounts and services not covered by TRICARE. SNF's will be required to use the same certification forms for TRICARE beneficiaries, as they are required to use for Medicare beneficiaries. SNF's will be in violation of their TRICARE participation agreements if they discriminate against the TRICARE beneficiary in their admission practices or in delivery of medically necessary services due to the level of payment. Accordingly, attached with this cover letter is a TRICARE SNF Participation Agreement for your signature. Please sign and return this agreement within 15 calendar days from the date of this letter to facilitate prompt claims processing. All SNF's must sign and return this agreement if they wish to have TRICARE pay for the care of TRICARE beneficiaries. Claims for non-authorized SNF's will be denied.

There are four other changes for TRICARE SNF providers. First, SNF's must use 21x bill type and Revenue Code 022 on all TRICARE SNF PPS' claims. Second, a Health Insurance Prospective Payment System (HIPPS) code must also be put on the PPS claim. This is a five-digit code. The first three digits are an alpha/numeric code identifying the RUG-III classification. The last two digits are the indicators of the reason for the MDS assessment. Up to 100 days, SNF's will use the same HIPPS codes for TRICARE patients as used under Medicare. After the 100th SNF day, for TRICARE patients, SNF's will use an appropriate three-digit RUG-III code with a TRICARE-specified two-digit modifier that makes up the HIPPS code. The TRICARE-specific two-digit modifiers will be as follows:

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120-day assessment	8A
150-day assessment	8B
180-day assessment	8C
210-day assessment	8D
240-day assessment	8E
270-day assessment	8F
300-day assessment	8G
330-day assessment	8H
360-day assessment	8I
Post 360-day assessments with 30-day interval	8X

Third, under SNF PPS, all SNF claims (21X bill type) must contain a line item listing (by revenue code) of all services rendered to the SNF inpatient resident during the dates of service on the claim. As under Medicare, SNF's are responsible for making payment to those contractors who have provided services to their TRICARE beneficiaries. The SNF must pay for any service provided to a TRICARE beneficiary by an outside supplier unless that service is excluded from consolidated billing by statute.

Fourth, under SNF PPS, SNF's will continue to be responsible for performing the resident assessment every 30 days after the 90th day using the MDS assessment form, for determining the medical necessity of services, for contracting with outside suppliers, for managing Certificates of Medical Necessity (CMN) from suppliers, and for making appropriate payment to contractors for services rendered to SNF patients. The "Significant Change in Status Assessment" or "Significant Correction of Prior Assessments" as applied under Medicare will also apply to these assessments under TRICARE. The SNF's shall use the default HIPPS rate code on the claim in case of an off-schedule or late patient assessment.

The SNF benefit and PPS provisions will also apply to those TRICARE beneficiaries who are not Medicare-eligible.

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WPS TRICARE Provider Certification  
P.O. Box 8730  
Madison, WI 53708-8730

21144-097-0504

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# Skilled Nursing Facility (SNF) Participation Agreement

## Agreement Between TRICARE

And

\_\_\_\_\_ (Provider)

doing Business as (DBA) \_\_\_\_\_

TRICARE Provider ID/Number \_\_\_\_\_ Medicare Provider No. \_\_\_\_\_  
(To be completed by TRICARE Contractor) (To be completed by SNF)

In order to receive payment under 32 Code of Federal Regulations (CFR) Part 199, \_\_\_\_\_  
DBA \_\_\_\_\_ as the Provider of skilled nursing services, agrees to conform to the provisions  
of 32 CFR 199 and applicable provisions in TRICARE Manuals and applicable Medicare provisions in 42 CFR.

This Agreement, upon submission by the Provider of skilled nursing services of acceptable assurance of compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 as amended, and upon acceptance by TRICARE, shall be binding on the Provider of skilled nursing services and TRICARE.

The Provider of skilled nursing services certifies that:

- A. The Provider is licensed by the State having jurisdiction from the Provider's area.
- B. The Provider is Medicare certified and will continue to maintain Medicare certification. If at any time the provider is decertified by Medicare, the provider agrees to notify the TRICARE contractor within 72 hours. Loss of Medicare certification will nullify this agreement.
- C. The Provider will not discriminate against the TRICARE beneficiary in their admission practices or in delivery of medically necessary services to the level of payment.
- D. The Provider will use the same certification forms for TRICARE patients as are used and required for Medicare patients.
- E. The Provider will participate on all TRICARE claims for admissions on or after August 1, 2003, and will accept TRICARE payment as the full payment and not balance bill the TRICARE beneficiaries. The Provider will collect the applicable cost-share amounts from the TRICARE beneficiaries.

In the event of a transfer of ownership, this Agreement is automatically assigned to the new owner subject to the conditions specified in this Agreement and 42 CFR 489, to include existing plans of correction and the duration of this Agreement, if the Agreement is time limited.

ACCEPTED FOR THE PROVIDER OF SKILLED NURSING SERVICES BY:	
NAME (SIGNATURE)	
TITLE	DATE
ACCEPTED BY TRICARE CONTRACTOR (NAME OF TRICARE CONTRACTOR) BY:	
NAME (SIGNATURE)	
TITLE	DATE
ACCEPTED FOR THE SUCCESSOR PROVIDER OF SKILLED NURSING SERVICES BY:	
NAME (SIGNATURE)	
TITLE	DATE



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If a provider elects to use a facsimile signature (rubber stamp) or allow a representative to sign her/his name for certification of the services rendered, it is a TRICARE requirement that we have authorization from the provider.

Please complete the requested information on the authorization form below and return it to our office to assure prompt adjudication of your claims. Thank you.

**AUTHORIZED SIGNER**

Hospital/Clinic Name: \_\_\_\_\_ Hospital/Clinic IRS Tax Number: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Each of the below named representatives of this organization are hereby authorized to complete and sign all claim forms required by TRICARE and any related documentation that might be required by fiscal administrators of TRICARE on behalf of all physicians, dentists and other allied science professional staff members for authorized services, care and treatment rendered in the hospital or clinic to TRICARE patients.

The undersigned understands that this is continuing authorization and that the data on such claim forms is entered with the same authority, accuracy and effect as though executed by a member of the professional staff on whose behalf the form is completed. We understand that this authorization shall remain in effect until cancelled or modified in writing by the undersigned.

The agents' signatures, typed names and official titles with the organization as authorized above, are as follows:

Signature Printed Name Official Title

Signature Printed Name Official Title

Signature of President (or other authorized officer of the governing body of the hospital, clinic, or association.) Date

**COMPUTER GENERATED FACSIMILE OR RUBBER STAMP AUTHORIZATION**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ IRS Tax#: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

\_\_\_\_\_ being first duly sworn, deposes and says: I hereby authorize Wisconsin Physicians Service Insurance Corporation to accept my facsimile or stamp signature, shown below, as my true signature for all purposes under the TRICARE program in the same manner as if it were my actual signature.

Actual Signature (Facsimile or Stamp Signature)

Subscribed and sworn to before me this \_\_\_\_\_ (date) day of \_\_\_\_\_ (month), 20 \_\_\_\_ .

NOTARY PUBLIC IN AND FOR \_\_\_\_\_

county, state of \_\_\_\_\_ , my commission expires \_\_\_\_\_ (SEAL)

- OVER -

## CONFLICT OF INTEREST STATEMENT

For TRICARE providers:

Federal Law (5 U.S.C. 5536) prohibits medical personnel who are active duty members or civilian employees of the government to receive compensation above their normal pay and allowances for medical care rendered. This prohibition applies to TRICARE benefits whether the claim for reimbursement is filed by the individual who provided the care, the facility in which the care was rendered, or by the sponsor/beneficiary. Claims for TRICARE benefits will be denied in any situation where either a uniform member or civilian employee of the uniform services has the opportunity to exert, directly or indirectly, any influence on the referral of TRICARE beneficiaries to one or more providers on a selective basis.

Please return to:       WPS TRICARE Provider Certification  
                                  P.O. Box 8730  
                                  Madison, WI 53708-8730

Please notify us of any changes related to your provider file information (name, address, specialty, tax number, group affiliations, etc.).

# Request for Taxpayer Identification Number and Certification

**Give form to the  
requester. Do not  
send to the IRS.**

Print or type  
See Specific Instructions on page 2.

Name		
Business name, if different from above		
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)	
City, state, and ZIP code		
List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

Social security number								
or								
Employer identification number								

**Note:** If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**Use Form W-9 only if you are a U.S. person** (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**If you are a foreign person, use the appropriate Form W-8.** See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

**Note:** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments **after** December 31, 2001 (29% **after** December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the separate **Instructions for the Requester of Form W-9.**

### Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

**Name.** If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

**Sole proprietor.** Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

**Other entities.** Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Exempt from backup withholding.** If you are exempt, enter your name as described above, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the Instructions for the Requester of Form W-9.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**Note:** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

## Part I—Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an LLC that is **disregarded as an entity** separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

**Note:** See the chart on this page for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office. Get **Form W-7**,

Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at [www.irs.gov](http://www.irs.gov).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II—Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see **Exempt from backup withholding** above.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA or Archer MSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN or:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship	The owner <sup>3</sup>
For this type of account:	Give name and EIN or:
6. Sole proprietorship	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

