

# TRICARE Prime Travel Benefit

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

If you are a non-active duty beneficiary enrolled in TRICARE Prime or Prime Remote and were referred by your TRICARE 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, mileage, tolls, parking and tickets for public transportation (e.g. airplane, train, bus, etc.).

The benefit only applies if there are no other specialists (e.g. military, civilian network or non-network) available within 100 miles (one way) of the PCM's office suitable to 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 Medical 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/bcaedcao> 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 TRICARE 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) within 100 miles of your PCM who are suitable to meet your health needs

## Non-Medical Attendant (NMA)

If medically necessary, **ONE** non-medical attendant 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 the patient. The NMA can be a parent, spouse, legal guardian or other family member (age 21 years or older). For chronic medical conditions the provider may request the NMA letter be valid for up to one year. If the patient is an incapacitated adult a legal Power of Attorney may be used in lieu of the NMA letter.

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 employees) 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, etc.) are reimbursed as actual expenses and *itemized receipts are required for all travelers, 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 or third party hotel or travel programs (e.g. Orbitz, Travelocity, and Hotels.com, etc.) do not normally provide itemized receipts. Receipts that are not itemized (e.g. booking fees and taxes not separated) will have those non-itemized expenses omitted from reimbursement.*

After PTB 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 (i.e. zero balance).

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

- Air or Rail Travel: Reimbursement is limited to the government rate for “economy” class unless otherwise prior approved
- Car Rental: Reimbursement is limited to the government rate for “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. flight priority boarding, rental car GPS, additional insurance, fuel top-off at return, etc.) are not reimbursable. Government **maximum allowable** rates will be used to estimate the reasonable costs for allowable expenses.

TRICARE will reimburse, based on itemized receipts, the actual costs of lodging (taxes allowed separately) 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 vehicle (POV) 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 (non-active duty/civilian employees) NMA **mileage** is reimbursed using the “**Other Rates**”. You can find the current rate by visiting <https://www.travel.dod.mil/Travel-Transportation-Rates/Mileage-Rates/>. Mileage reimbursement may be limited based on cost comparison to determine mode of travel most cost effective to the government. *No POV 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 POV mileage (In/Around 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 a Coast Guard (USCG) active duty family member, retiree, or retiree family member, 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 the Manged Care Support Contractor (MCSC).

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 the MCSC for your region. See <https://www.tricare.mil/GettingCare/ReferralsPreAuth> for regional contact information.

### Submitting Claims

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:

- ALL forms must be in traveler's/patient's name and signature.
- DD 1351-2 Travel Voucher or Subvoucher.
- DD 1351-3 Statement of Actual Expenses.
  - Required only when claiming meals
- FMS 2231 Direct Deposit.
  - See \*\* Note next page
- DHA 131 Patient Information Worksheet.
- DHA 126 Confirmation of Specialty Care signed by doctor or authorized staff member. See \*\*Note this page.
- Itemized expense receipts.

**\*\*Note:** Other appointment validation documents are acceptable (e.g., patient portal prints, doctor letter, etc.).\*\*

If the patient is accompanied by an authorized DoD personnel (active duty/civilian employee) NMA:

- ALL forms must be in traveler's/patient's name and signature.
- 2 DD 1351-2 Travel Voucher or Subvoucher.
  - Each traveler requires their own form in their own name and signature claiming their own expenses.
  - If patient is a minor a parent may sign as "Parent of Minor Child".
- DD 1351-3 Statement of Actual Expenses.
  - Only required for patient's claim set and only if claiming patient meals
  - Must be in patient's name and signature
  - If patient is a minor a parent may sign as "Parent of Minor Child".
- FMS 2231 Direct Deposit.
  - See \*\* Note next page.
  - If patient is a minor, the form is in the minor's name and parent may sign as "Parent of Minor Child".
- DHA 131 Patient Information Worksheet.
- DHA 126 Confirmation of Specialty Care signed by doctor or authorized staff member. See \*\*Note this page.
- NMA letter from doctor stating NMA is medically necessary. Only needed for adult patients.
- Itemized expense receipts.

If the patient is accompanied by an authorized non-DoD personnel (non-active duty/civilian employee) NMA:

- ALL forms must be in traveler's/patient's name and signature.
- 2 DD 1351-2 Travel Voucher or Subvoucher.
  - Each traveler requires their own form in their own name and signature claiming their own expenses.
  - If patient is a minor a parent may sign as "Parent of Minor Child".
- 2 DD 1351-3 Statement of Actual Expenses.
  - Required only when claiming meals
  - If patient is a minor a parent may sign as "Parent of Minor Child".
- 2 FMS 2231 Direct Deposit.
  - See \*\* Note next page.
  - If patient is a minor a parent may sign as "Parent of Minor Child".
- DHA 131 Patient Information Worksheet
- DHA 126 Confirmation of Specialty Care signed by doctor or authorized staff member. See \*\*Note this page
- NMA letter from doctor stating NMA is medically necessary. Only needed for adult patients
- Itemized expense receipts.



**\*\*Note:** Each claimant (DD 1351-2) 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 claim set 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 done by checking the appropriate block on the DHA 131 in the Patient and NMA Information sections. It may also be noted in the body of the email, fax cover sheet or separate note if mailing claim package.

DoD personnel (active duty/civilian employee) **must** ensure the bank information in their DTS profile matches the account information provided on the FMS 2231. Our office is not authorized to make changes to these traveler's DTS profile information.\*\*

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

- DD 1351-2 Voucher.
- DD1351-3 Statement of Actual Expenses.
- FMS 2231 Direct Deposit Form.
- DHA 131 Patient Information Worksheet, **Including Authorization Number.**
- DHA 126 Confirmation of Specialty Care.
- NMA letter.
- Itemized expense receipts.

### 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 DoD personnel (active duty/civilian employee) NMAs.**

### THP PTB Contact Information

<b>TRICARE East and West</b>
<a href="mailto:DHA.TRICAREPTB@health.mil">DHA.TRICAREPTB@health.mil</a>
7800 W Interstate 10, Suite 400 San Antonio, TX 78230
<b>Fax: (210) 536-6176</b>
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 email us (see above) and ask for 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.**

