

**"Get to Know TRICARE" Podcast SERIES:  
Getting Care With TFL: Episode 3: Understanding the TRICARE For Life Claims  
Process [8:26]**

**Released: Dec. 22, 2021**

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**Calvin Keller:** You're listening to the "Get to Know TRICARE" podcast, your resource for information to help get the most out of your TRICARE benefit.

Hello everyone, Calvin Keller from the DHA Communications Division-Benefit, Education and Research Team. I'm back again with more information on TRICARE For Life, or TFL for short.

So far this season we've discussed: what TRICARE For Life is and how it works, Medicare eligibility and signing up, who you can see for care, what services are covered, and what you'll pay.

Now, in our final episode of the "Getting Care with TFL" series, we're going to talk about the importance of claims, when you need to file them, and common mistakes you can avoid.

Joining me to break it all down is Samantha Drafall. Sam is an operational analyst from Wisconsin Physicians Service, or WPS for short.

WPS-Military and Veterans Health is the TFL contractor in the U.S. and U.S. territories. They're also your primary point of contact for TFL-related customer service needs. Sam, thanks for joining me today.

**Samantha Drafall:** Thanks for having me.

**Keller:** So, Sam, let's talk TFL claims. Usually, the health care provider will file the claim with Medicare after the visit. Medicare then electronically forwards TRICARE beneficiary claims to WPS/TFL for processing and payments of TRICARE's portion of the claim. Can you give our listeners a refresher on what claims are?

**Drafall:** Sure. Your claims are integral part of health care coverage. A claim is a request for payment submitted to Medicare, TRICARE, or, if applicable, your other health insurance.

Generally, it's a paper or electronic form. It shows what health care services you received and on what dates, along with the provider of services. In most circumstances, your provider will submit the claim to Medicare.

**Keller:** So, now, in what instances would a TFL beneficiary need to file a claim themselves versus their provider doing it?

**Drafall:** In many cases, your provider will file the claim on your behalf. If you see a Medicare-participating provider, they will file your claims with Medicare.

After Medicare pays its portion, it forwards the claim to TRICARE for processing.

If you see an opt-out provider, your provider will file a claim of TRICARE directly to pay its portion-usually 20%-and you would pay the remaining

costs. Now, if you see a Medicare non-participating provider, the provider may file the claim or may ask you to file your own claim.

**Keller:** OK, now what if they have other health insurance? How would claims work in that scenario?

**Drafall:** If your other health insurance is based on your current employment, your other health insurance pays first, then sends the claim to Medicare. Medicare pays first if your employer has fewer than 20 employees. Medicare pays second, and TRICARE pays last after you file a claim. If your OHI isn't based on a current employment, or your employer has fewer than 20 employees, Medicare pays first and sends a claim to your other health insurance.

If there is any remaining patient liability after your OHI and Medicare have processed your claims, you will need to file the claim with WPS/TRICARE For Life.

**Keller:** Excellent. Now, let's say I need to file a medical claim with WPS-TFL. How do I do that?

**Drafall:** It's easy to do. Claims incurred in the U.S. or U.S. territories must be filed with WPS/TRICARE For Life. Visit [TRICARE4u.com](http://TRICARE4u.com) for claims filing instructions.

Briefly, you will need to complete a *Patient's Request for Medical Payment*, Form DD2642, and include the OHI explanation of benefits and the Medicare Summary Notice.

You may download the DD2642 from [TRICARE4u.com](http://TRICARE4u.com) or [TRICARE.mil/claims](http://TRICARE.mil/claims). You can also physically fill out the form, sign it, and mail it to Wisconsin Physicians Service. You can find that address at [TRICARE4u.com](http://TRICARE4u.com).

Be sure to include your Medicare Summary Notice and other health insurance explanation of benefits, if applicable. And if you live overseas, claims for care received overseas must be submitted online. You can learn more on [TRICARE-Overseas.com](http://TRICARE-Overseas.com).

**Keller:** Now, Sam, I understand that on that *Form DD2642*, there are 12 blocks to fill out. Is that correct?

**Drafall:** That's right. There are 12 blocks on the form. Some of the information you will need to fill out includes: your name, your telephone number, your address, your date of birth, your sponsor number, etc.

Once you fill out the form, make sure you sign it. Claim forms that aren't filled out properly can cause delays or denials. Claims must be filed within one year from the date of service or inpatient date of discharge (three years if it's an overseas).

**Keller:** OK, so it's important for them to review that form carefully to be sure it's filled out correct. Now, how long does it take for claims to process?

**Drafall:** Most claims are processed within 30 days.

**Keller:** OK. Now, a minute ago, you mentioned claims denials. I understand this can happen if the information on the claim form is incorrect, or if the provider makes a mistake.

Now, the good thing about that is if a claim gets denied for one of these reasons, it can easily be corrected and resubmitted it for processing. But now, if a claim is denied for other reasons, it could be reconsidered. What are some reasons why claim could be denied? And what can you tell us about the reconsideration process?

**Drafall:** Yes, some of the other reasons your claim may be denied: your records aren't up-to-date in DEERS, you submit a claim to TRICARE For Life before your other insurance pays, if you are missing the Medicare Summary Notice.

Before requesting a reconsideration, review your explanation of benefits to find out why the claim was denied. After reviewing your explanation of benefits, and you still don't understand why it was denied, you can call us directly. And Medicare and TRICARE For Life have separate reconsideration processes.

**Keller:** All right, that's good to know. Well, Sam, listen, this should really help our beneficiaries understand how the claims process works.

Now, if a TFL beneficiary has a question about a pharmacy claim, or if they may have enrolled in and purchased a dental or vision plan through the Federal Employees Dental and Vision Program-or "FEDVIP" for short-who they call if they have questions about those claims?

**Drafall:** If they have TRICARE pharmacy benefits, they should contact Express Scripts, the TRICARE pharmacy contractor. Otherwise, it depends on who is providing coverage.

If they purchased Medicare Part D pharmacy coverage, then they would need to call Medicare. If they have a Medicare Part C plan with the pharmacy benefit, then they need to call their Part C carrier. And if they have questions about the plan through FEDVIP, they need to call that plan carrier.

**Keller:** Well Samantha, thank you so much for joining us today and talking with us about TFL claims.

**Drafall:** You're welcome.

**Keller:** Well, that's it for today's episode of "Get to Know TRICARE." For more on TRICARE For Life, visit [TRICARE.mil/tfl](https://www.tricare.mil/tfl), or check out the TRICARE For Life handbook and [TRICARE.mil/publications](https://www.tricare.mil/publications).

For future content, be sure to subscribe to our channel on [Apple Podcast](#) or [Spotify](#) and check out other TRICARE episodes for the "Get to Know TRICARE" podcast. I'm Calvin Keller.

Thanks for listening. We'll be back with another edition of the "Get to Know TRICARE" podcast soon. For the latest TRICARE news, be sure to visit our website at [www.tricare.mil](https://www.tricare.mil). And don't forget to contact your TRICARE

contractor or local military hospital or clinic if you have questions or need assistance.

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