



The Honorable Jack Reed
Chairman
Armed Services Committee
U.S. Senate
Washington, DC 20510

The Honorable Roger Wicker
Ranking Member
Armed Services Committee
U.S. Senate
Washington, DC 20510

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Subject: Department of Defense Military Health Care Crisis

Mission Alpha Advocacy is a nonprofit organization whose mission is to advocate for quality healthcare services for military families who have children with exceptional needs. We write to call your attention to serious challenges faced by service members, veterans, families, and healthcare providers as a result of the changes to contracts for management of the TRICARE military healthcare program that occurred on 1 January 2025.

The DHA's implementation and oversight of the transition to new managed care organizations (Humana Military in the East region and TriWest in the West region) have been fraught with problems that have had severe adverse effects on TRICARE beneficiaries as well as providers. Some of the most egregious problems are described next.

Providers in the TRICARE West region are [unable to complete credentialing or update their provider rosters](#), preventing them from accessing patient information and submitting updated treatment plans. Many outpatient specialty providers are unable to verify if patients are TRICARE-eligible or if they have valid referrals from primary care managers (PCM). In some cases, patients are requesting new referrals only to find their original PCM is no longer in the network.

Many providers in both TRICARE regions are unable to submit claims or receive reimbursements. Both regional contractors subcontracted with a new claims processing company that experienced significant technical issues, resulting in failure to upload correct provider data. As a result of unpaid claims, many [providers are being forced to take out short-term loans or stop accepting TRICARE patients](#). If delays persist, the TRICARE provider network will suffer permanent damage, with small provider organizations near military bases either shutting down or shifting to non-TRICARE patients.

Due largely to those issues, beneficiaries are struggling to access essential outpatient specialty care. For the disabled and exceptional needs communities who rely on TRICARE's Extended Care Health Option (ECHO), lapsing authorizations and denied referrals are creating additional barriers to care, because those services involve a rigorous medical review process. Similarly, beneficiaries with autism spectrum

disorder receiving applied behavior analysis services are facing disruptions, leaving families worried that years of progress could be undone.

We respectfully urge the Department to take the following actions immediately on behalf of TRICARE beneficiaries:

- **Protect beneficiaries from out-of-network (OON) costs.** Ensure beneficiaries are not held financially responsible for OON costs if their provider was previously in network but is now unable or unwilling to obtain TRICARE credentialing.
- **Waive referral requirements.** Suspend referral and pre-authorization requirements for TRICARE Prime and Select beneficiaries in the West region until the DHA can confirm the accuracy of all referral and authorizations data or the end of the fiscal year, whichever occurs later. The waiver will allow beneficiaries to continue receiving services they had in 2024 without disruption, including services provided under demonstration programs (e.g., the Autism Care Demonstration). The DHA should not deny pre-authorizations due to missing treatment plans, outcome measures, case managers, or other problems that are not the fault of the beneficiary or provider.
- **Improve benefit denial transparency.** Require TRICARE contractors to cite specific guidance from TRICARE manuals or [generally accepted standards of care](#) when denying benefits during the authorization/referral process. This requirement will help prevent delays caused by repeated back-and-forth communications among contractors, providers, and patients.

We also urge the Department to take the following actions immediately to protect TRICARE providers and ensure adequate provider networks:

- **Protect providers from retaliation.** Prevent the DHA and its regional contractors from penalizing, fining, or reporting providers to licensing or certification boards for temporarily furloughing patients due to lack of payment from TRICARE. Providers should not be punished for actions they have been forced to take due to financial hardships they did not cause.
- **Ensure fair compensation.** Pay interest on all claims payments delayed beyond 30 days, based on the date of *provider submission* rather than the date of TRICARE *contractor receipt*. Please note that [Humana Military's claim that only 0.4% of submitted claims exceed the 30-day contractual agreement timeline](#) is misleading, because providers have been unable to submit claims due to system failures. Had submissions occurred on schedule, Humana Military would have been obligated to pay interest on delayed claims.
- **Suspend provider audits.** Pause all provider audits until the DHA can verify the accuracy of all claims and national prescriber data or the end of the fiscal year, whichever occurs later. Requiring providers to defend claims based on incomplete or incorrect data during audits will further erode trust in TRICARE and may drive providers OON.

In order to minimize harm to TRICARE beneficiaries, we urge the Department to quickly remedy these issues and take steps to ensure the highest quality healthcare for our men and women serving in uniform as well as their families. Failure to do so will result in decreased readiness, resilience, and retention for our armed forces.

Sincerely,

Kristi Cabiao, DO

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