

TRICARE West Healthcare Provider Survey

REPORT
March 2025

Prepared By





About the Survey

Between March 4–17, 2025, Mission Alpha Advocacy and Raised to Empower LLC collected 263 survey responses from TRICARE West healthcare providers about their experiences with the January 1st contract transition of Health Net Federal Services to TriWest Healthcare Alliance. The survey was directed toward medical, behavioral, and mental health providers.

The survey was shared through targeted email outreach and social media platforms.

Background

On January 1, 2025, the TRICARE West region contract transitioned from Health Net Federal Services (HNFS) to TriWest Healthcare Alliance.

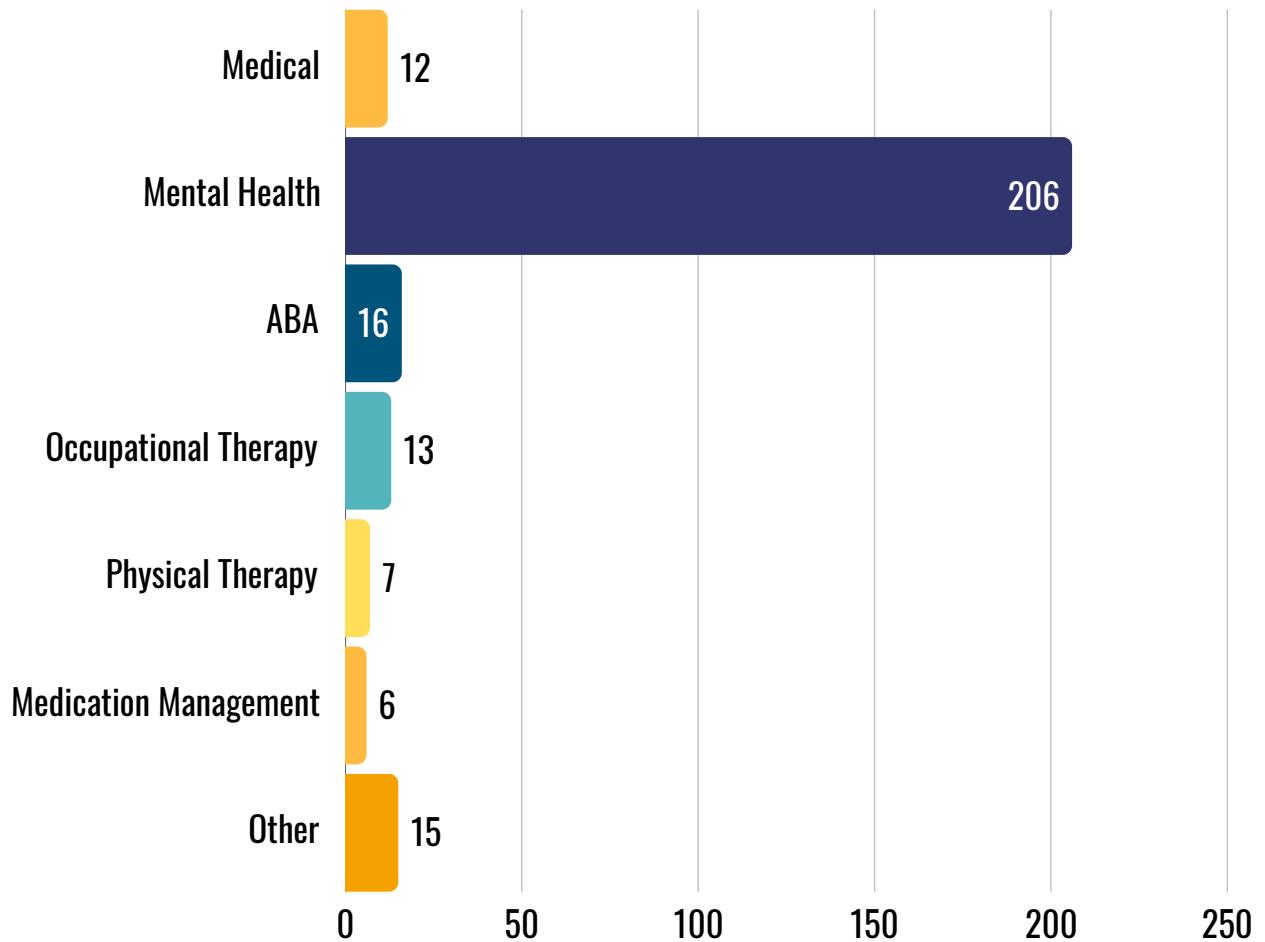
In 2024, TriWest began notifying HNFS-contracted providers of the transition and projected that all of the new contracts would be executed by January 2025. They stated that TRICARE providers transitioning from the East Region would transition seamlessly on January 1st.

However, the transition has been marked by serious complications leaving many providers unable to submit claims, receive contracts, or receive payments. This survey seeks to determine payment barriers experienced by providers and the impact to the TRICARE provider network.

Survey Demographics

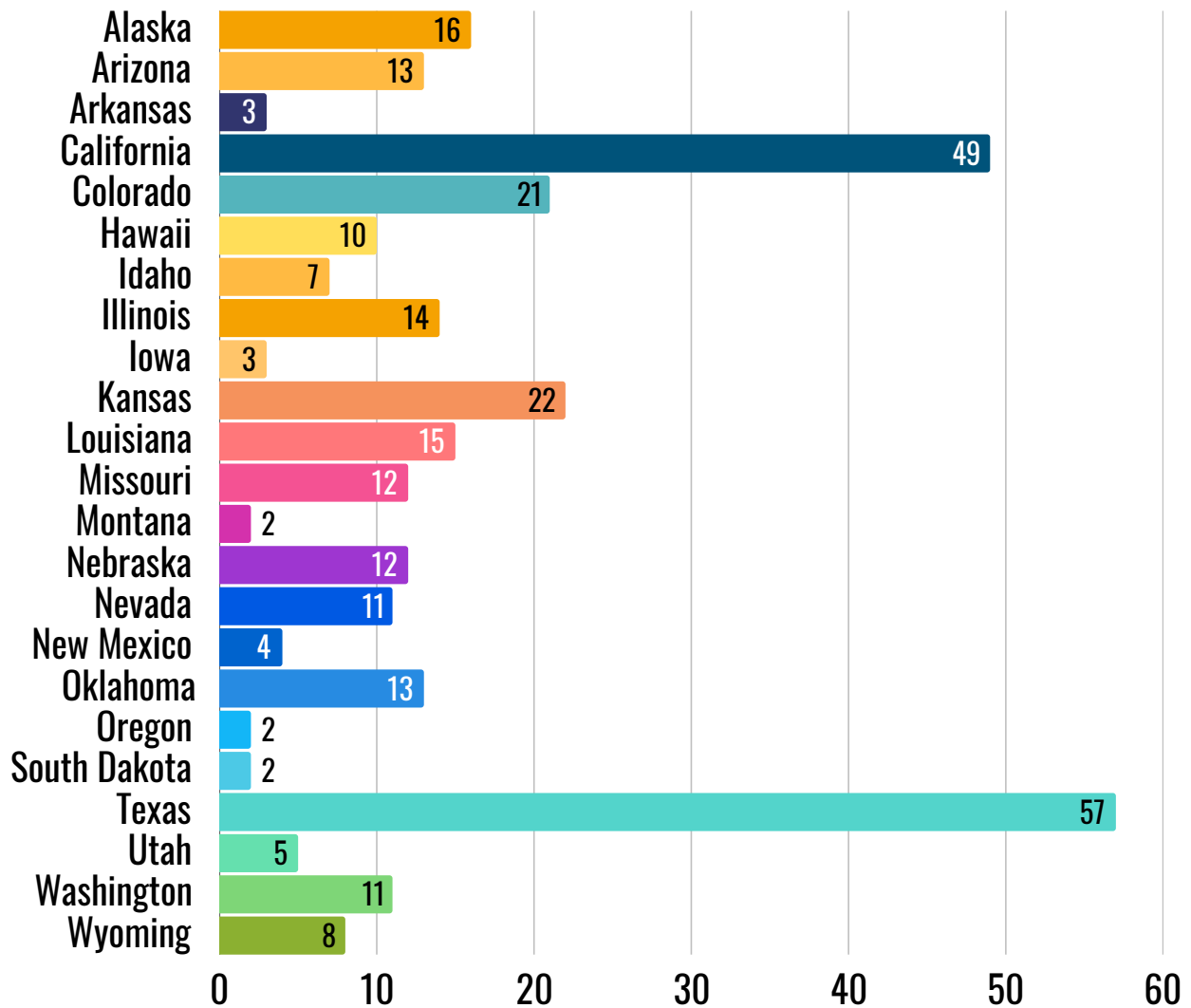
Question 1: What type of services do you or your practice provide? (check all that apply)

Providers self-identified their areas of care, including medical, mental health, ABA, occupational therapy, physical therapy, speech therapy, medication management, and other services. Of the responses, 78% were from mental health providers and 10% from ABA providers.



Question 2: Which state(s) do you practice in the West Region?

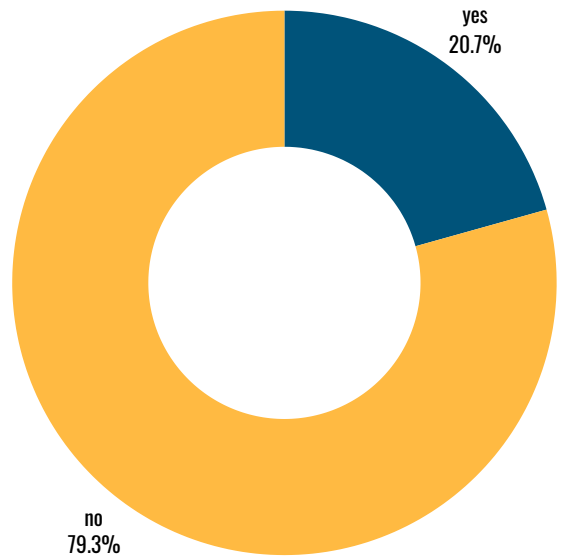
Respondents represented 23 states in the West region, with the highest concentration of responses from Texas (57) and California (49).



The Provider's Ability to File Claims for Payment

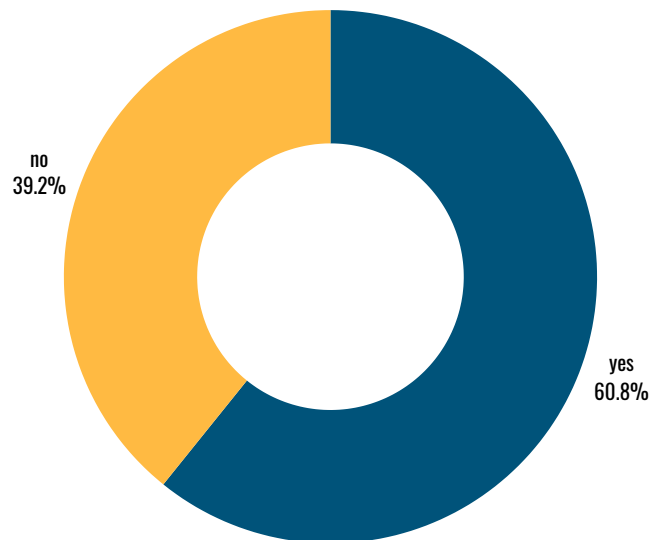
Question 3: With the T-5 transition, are you able to receive or enter prior authorizations?

While DHA has issued a waiver for TRICARE Prime authorizations until April 30th for specialty care, many specialists may be apprehensive to provide services without TRICARE prior authorization.

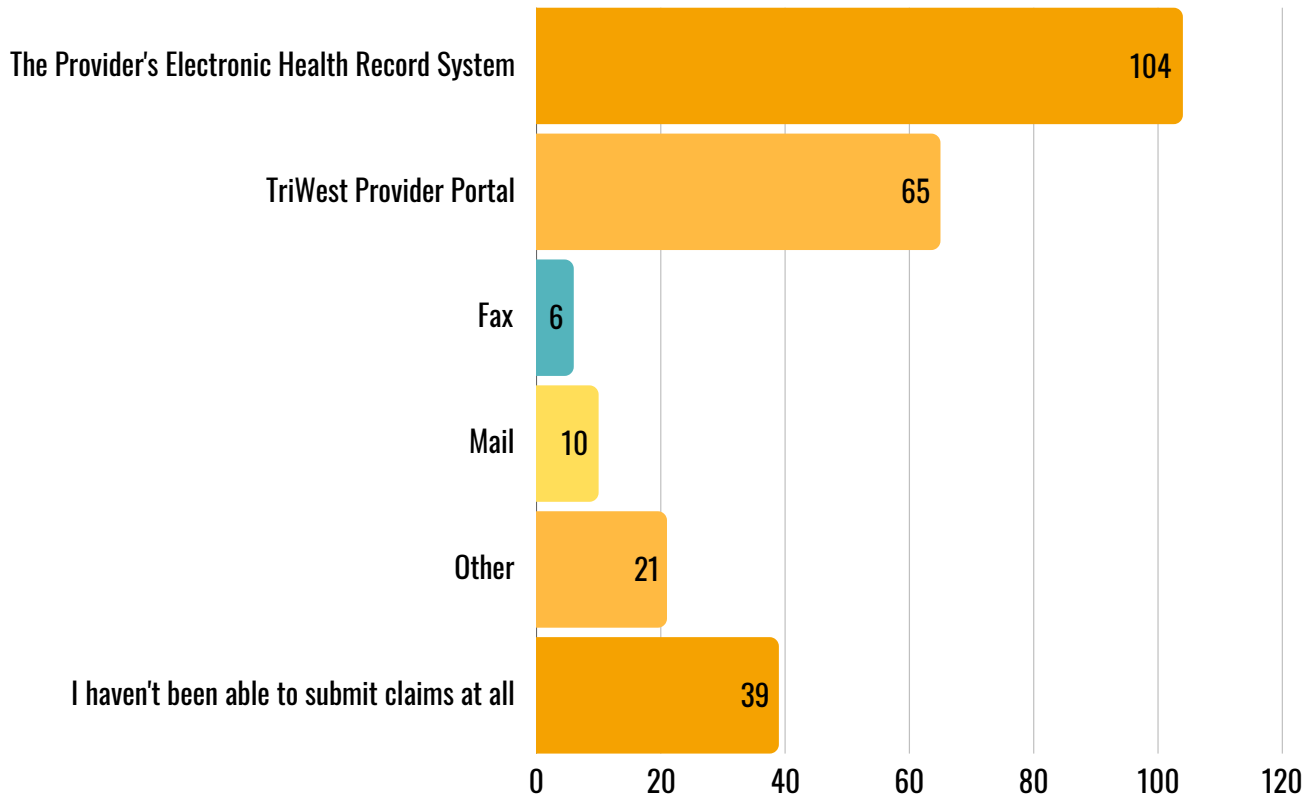


Question 4: With the T-5 transition are you able to bill claims correctly for all providers at your location?

Sixty percent of respondents are able to correctly bill claims. This may reflect that TriWest did not change the claims processor contract on January 1st and therefore many providers had existing demographics within the PGBA system and were able to correctly input claims.



Question 5: If yes, how have you been able to submit claims?

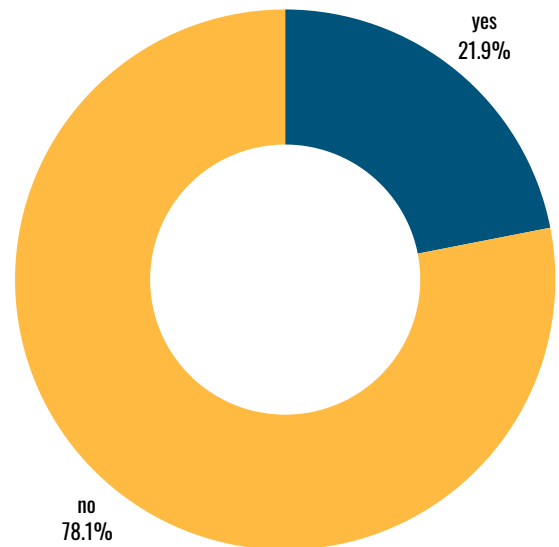


Question 6: Have you successfully received claims payment for dates of service after 1/1/2025?

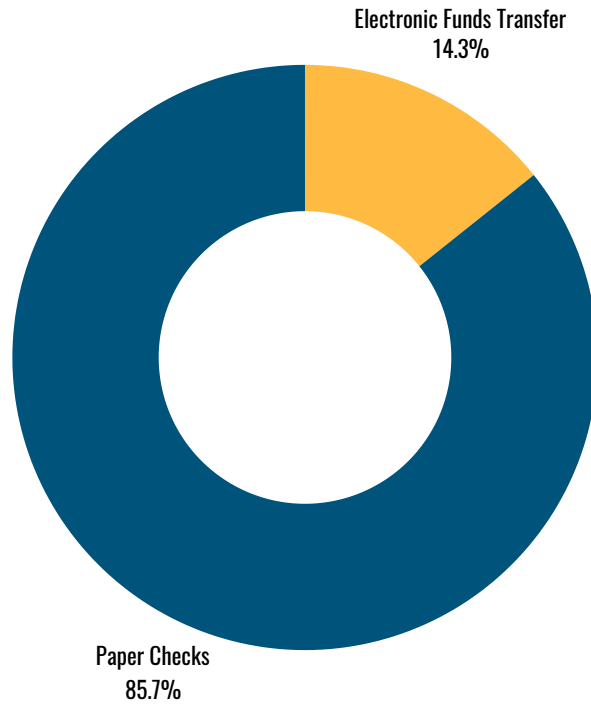
Seventy-eight percent of respondents have **NOT** received payments.

Note: In Question 4, sixty percent of respondents have successfully billed claims.

More data is needed to determine the barriers to provider payments.

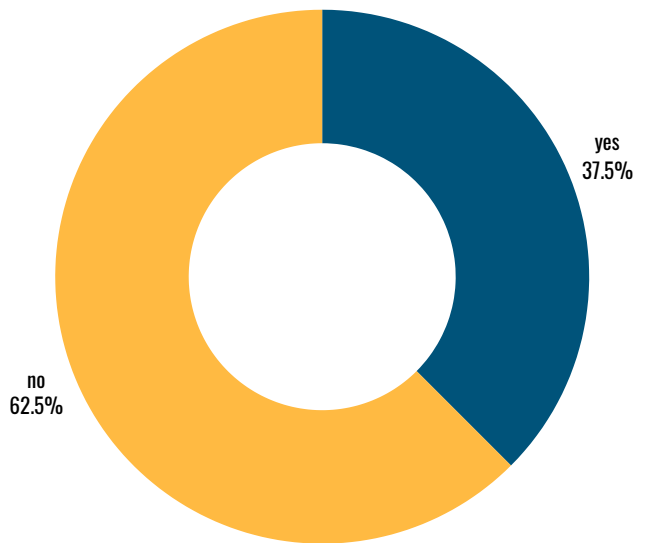


Question 7: If yes, how did you receive those payments?



Question 8: Have you suspended care to Tricare beneficiaries as a result of the T-5 issues?

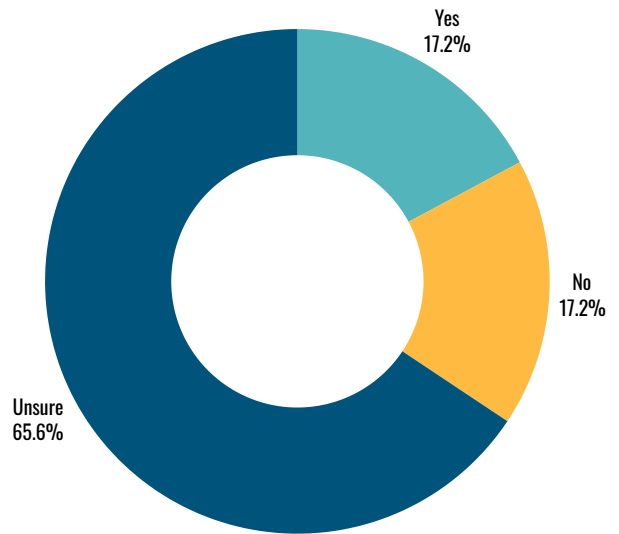
Thirty-seven percent of providers have **suspended** care to TRICARE beneficiaries.



Question 9: Will you continue to accept Tricare as a result of the T-5 issues?

Sixty-six percent of providers are **UNSURE** if they will continue, providing services to TRICARE beneficiaries.

Seventeen percent of providers will *NOT* continue providing services to TRICARE beneficiaries.



Recommendations

1. Provide weekly announcements on the TriWest website with up-to-date timelines for resolution of delayed contract agreements and administrative barriers delaying provider reimbursements.
2. Provide direct contact information for the following TriWest departments: contracting, credentialing, and claims.
3. Identify and correct all administrative errors that are not a result of provider input from negatively affecting the clean claim submission dates.
4. Suspend provider audits and administrative offsets (“clawbacks”) until all claims and remits are processed and up-to-date.
5. Prioritize electronic fund transfer (EFT)/ electronic remittance advice (ERA) enrollment process to ensure providers are being paid in a timely manner.
6. Post ERAs to the portal prior to the associated EFT being posted to ensure payment auditability.
7. Provide direct contact information for the TriWest subcontractors in charge of issuing provider contract agreements.

Further Information

You can find the TRICARE West Healthcare Provider survey and further information about the TRICARE contract transition at www.missionalphaadvocacy.com

We are grateful to the TRICARE providers and military families for sharing their experiences. This information will be shared with Congress, Department of Defense Officials, and media to highlight the impacts of the January 1, 2025 TRICARE contract transitions to the TRICARE provider network and military readiness.



View the Full Report at
www.missionalphaadvocacy.com

Contact

Mission Alpha Advocacy

missionalphaadvocacy.com
info@missionalphaadvocacy.com
Facebook: @MissionAlphaAdvocacy
Instagram: @missionalphaadvocacy

Raised to Empower

raisedtoempower.com
ashley@raisedtoempower.com
Instagram: @RaisedtoEmpower