

TRICARE East Healthcare Provider Survey

Handwritten on clipboard: "Mental and Physical Stress"

REPORT

March 2025

Prepared By





About the Survey

Between March 4–17, 2025, Mission Alpha Advocacy and Raised to Empower LLC collected 222 survey responses from healthcare providers regarding the impact of recent changes to the Tricare East claims processor contract. The survey targeted medical, behavioral, and mental health providers across the Tricare East region.

The survey was distributed through social media outreach and targeted email campaigns.

Background

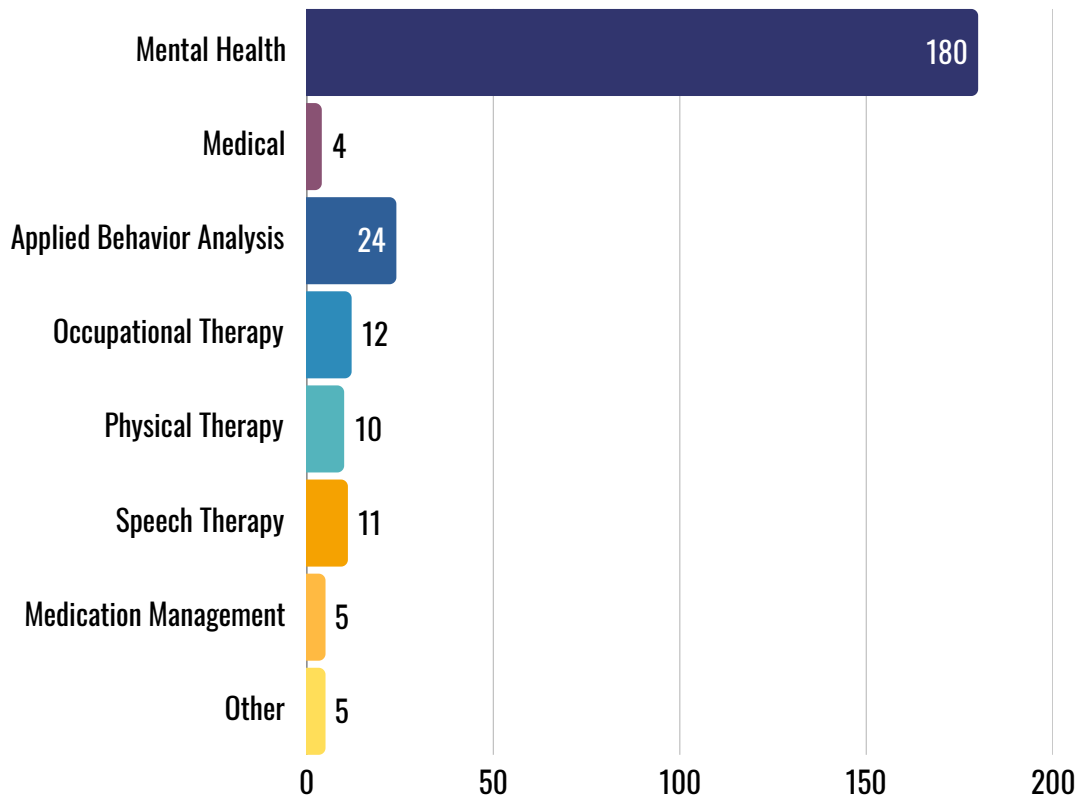
On January 1, 2025, the TRICARE East contracting company, Humana Military, transitioned from Wisconsin Physicians Services (WPS) Health Solutions to new fiscal intermediary/claims processor, Palmetto Government Business Administrators (PGBA).

TRICARE providers were required to complete new PGBA enrollment paperwork, and Humana Military stated that all provider data would seamlessly migrate to the new system on January 1st.

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

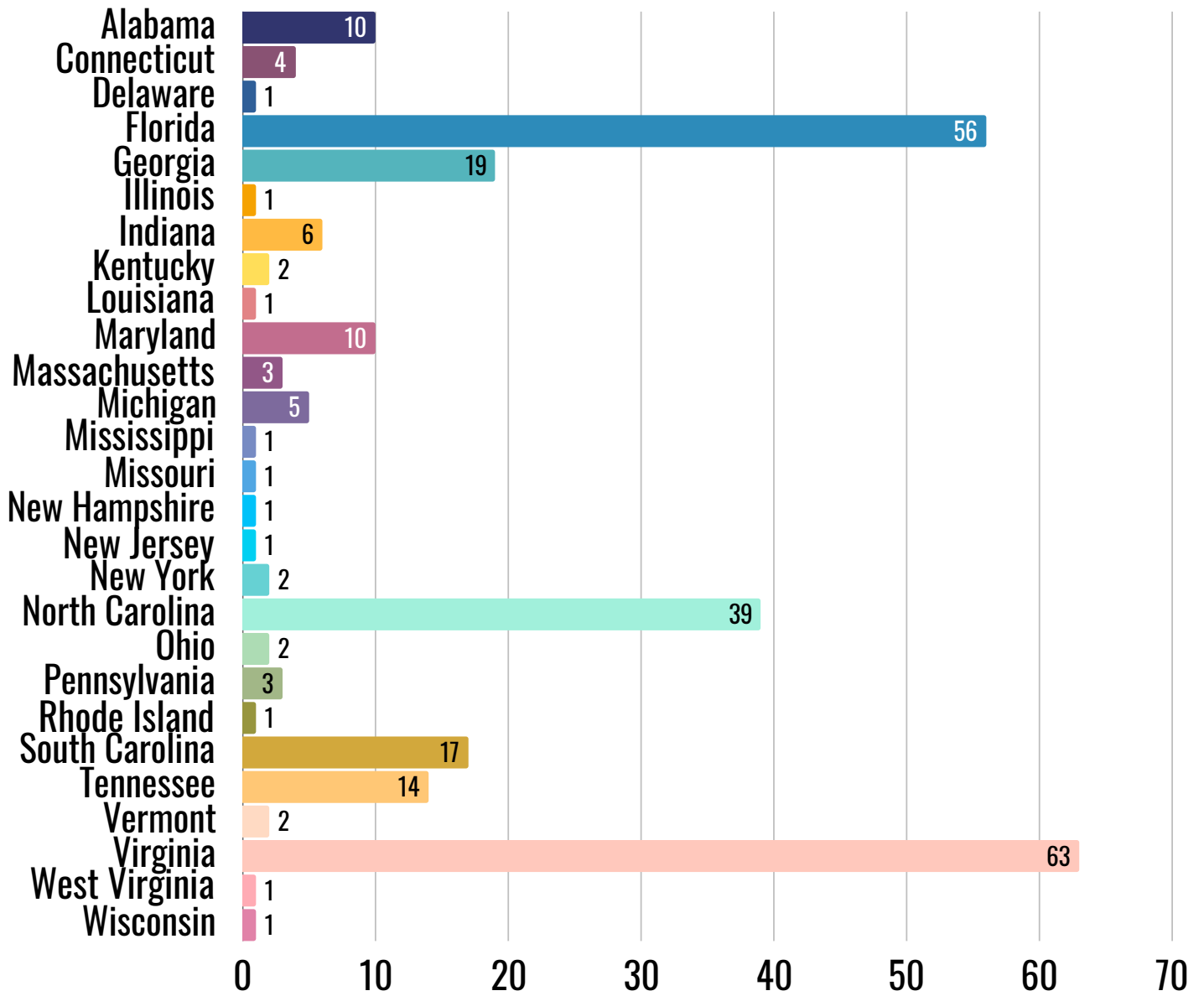
Survey Demographics

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



Respondents indicated the type of care they provide, including medical, mental health, applied behavior analysis (ABA), occupational therapy, physical therapy, speech therapy, medication management, and other services. Notably, 81% of responses came from mental health providers, and 10% from ABA providers.

Question 2: Which state(s) do you practice in the East region? (check all that apply)

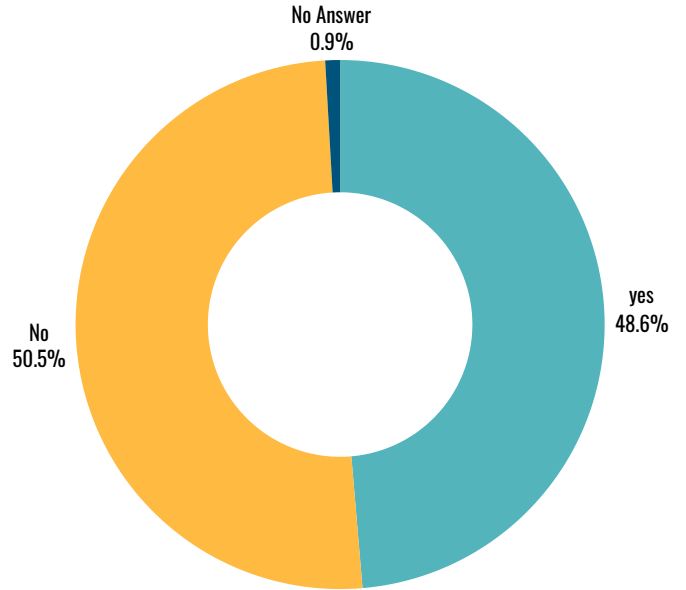


Survey participants represented 27 states, with the largest number of provider responses coming from Virginia (63) and Florida (56).

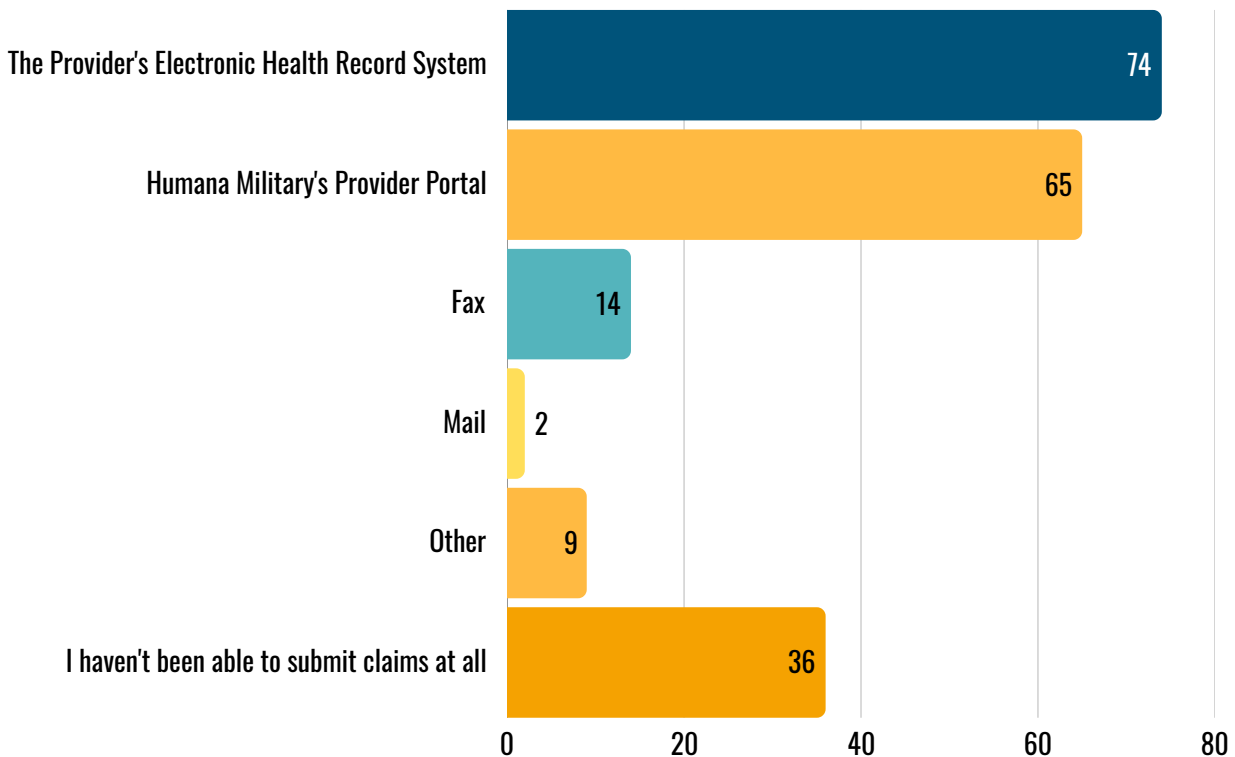
The Providers Ability to File Claims

Question 3: With the PGBA transition are you able to bill claims correctly for all providers at your location?

Fifty percent of providers stated they were not able to bill claims correctly. This may be due to the flawed transfer of provider demographic data to PGBA resulting in absent or significantly delayed reimbursements.

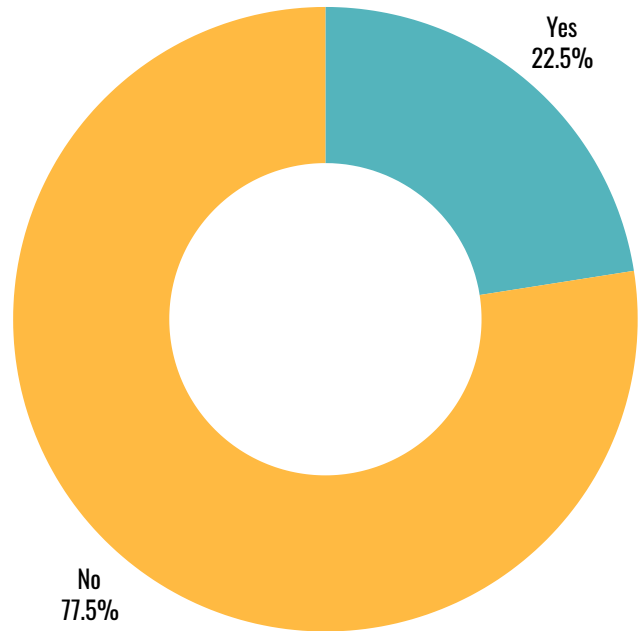


Question 4: If yes, how have you been able to submit claims?

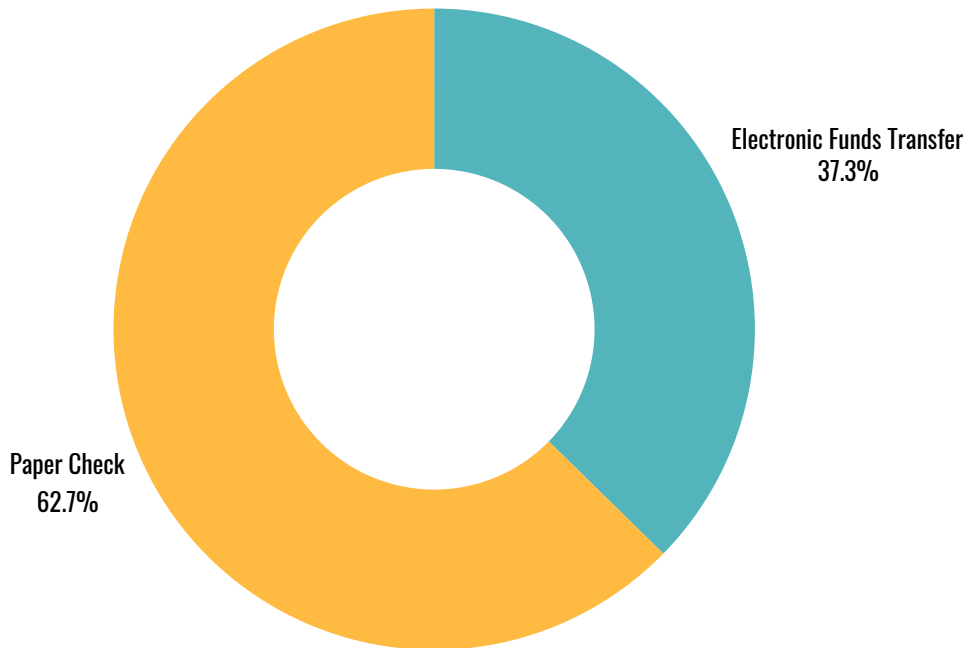


Question 5: Have you successfully received payment for dates of service after January 1, 2025?

Seventy-seven percent of respondents have not received payment. This may be attributed to the inaccurate provider demographics in the PGBA system.



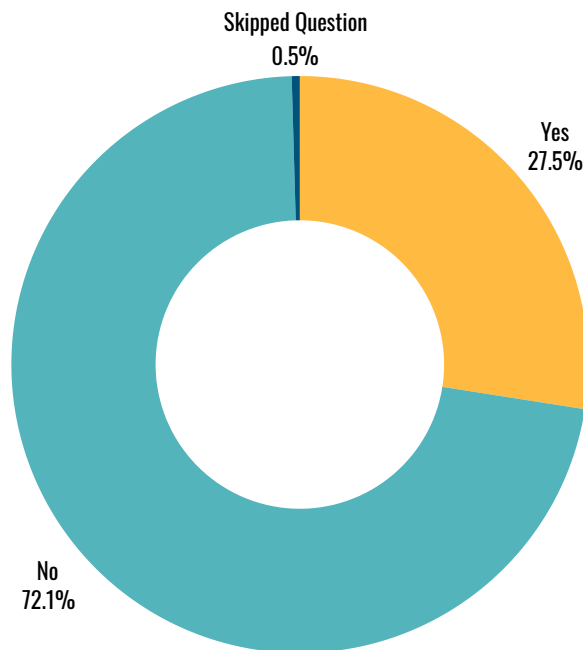
Question 6: If yes, how did you receive those payments?



Affects to Continuity of Care Due to Delayed Provider Reimbursement

Question 7: Have you suspended care to Tricare beneficiaries as a result of claims processing issues?

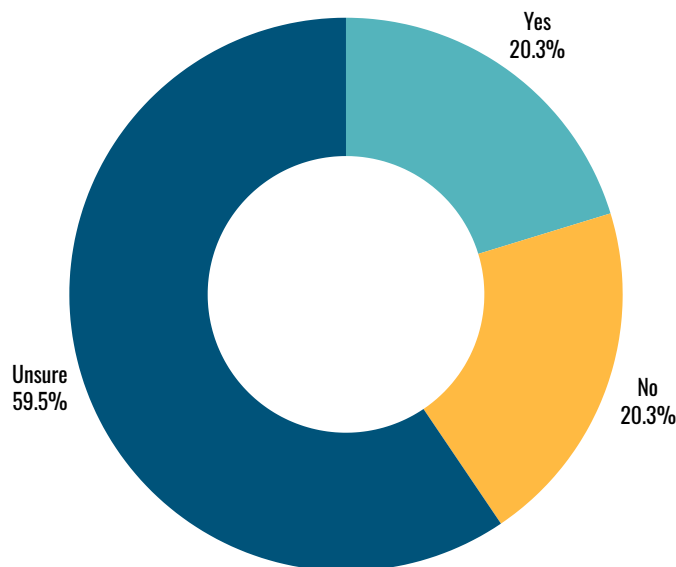
Twenty-seven percent of providers have suspended care to TRICARE beneficiaries.



Question 8: Will you continue to accept Tricare as a result of the claims processing issues?

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

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



Recommendations

1. Provide weekly announcements on the Humana Military website with up-to-date timelines for resolution of delayed reimbursements to providers.
2. Suspend provider audits and administrative offsets (“clawbacks”) until all claims and remits are processed and up-to-date.
3. Identify and correct all administrative errors that are not a result of provider input from negatively affecting the clean claim submission dates.
4. Send weekly updates via email to all providers with up-to-date timelines for resolution to barriers causing delayed reimbursements.
5. Create clear guidelines on how to prevent administrative errors that could negatively impact clean claims submissions in the future.
6. Publish and post portal downtimes that would impact authorizations, remits, and claims at least 24 hours in advance.
7. Prioritize electronic fund transfer (EFT)/ electronic remittance advice (ERA) enrollment process to ensure providers are being paid in a timely manner.
8. Post ERAs to the portal prior to the associated EFT being posted to ensure payment auditability.

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

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