



Extended Care Health Option

Providing services for active duty family members with special needs

The TRICARE® Extended Care Health Option (ECHO) provides supplemental services to active duty family members (ADFM) with qualifying mental or physical disabilities. ECHO offers integrated services and supplies beyond those offered by the basic TRICARE health benefits program.

Active duty sponsors with family members seeking ECHO services must enroll in their service's Exceptional Family Member Program (EFMP) (*unless waived in specific situations*) and register for ECHO with their regional contractors or TRICARE Area Office (TAO) director overseas to be eligible for ECHO benefits. There is no retroactive registration for the ECHO program. Prior authorization must be obtained from the regional contractor or TAO director overseas for all ECHO services. For more information about EFMP, contact your service branch's EFMP representative or visit <http://www.militaryonesource.mil/efmp>.

ECHO ELIGIBILITY

ECHO benefits are available to the following ADFMs with a qualifying condition:

- TRICARE-eligible ADFMs including family members of National Guard and Reserve members called or ordered to active service for more than 30 consecutive days
- Family members who are eligible for continued TRICARE medical benefits through the Transitional Assistance Management Program
- Children or spouses of former service members who were victims of physical or emotional abuse
- Family members of a deceased active duty sponsor (*during the period they are in transitional survivor status*)

Conditions to qualify for ECHO coverage may include, but are not limited to:

- Autism spectrum disorder
- Moderate or severe mental retardation
- Serious physical disability
- Extraordinary physical or psychological condition of such complexity that the beneficiary is homebound
- Diagnosis of a neuromuscular developmental condition or other condition in an infant or toddler (*under age 3*) that is expected to precede a diagnosis of moderate or severe mental retardation or a serious physical disability
- Multiple disabilities, which may qualify if there are two or more disabilities affecting separate body systems

Children may remain eligible for ECHO benefits beyond the usual TRICARE eligibility age limit (*age 21 or age 23 if enrolled in a full-time course of study at an approved institution of higher learning and if the sponsor provides over 50 percent of the financial support*) provided **all** of the following are true:

- The sponsor remains on active duty
- The child is incapable of self-support because of a mental or physical incapacity that occurs prior to the loss of eligibility
- The sponsor is responsible for over 50 percent of the child's financial support

*This fact sheet is **not** all-inclusive. For additional information, please visit www.tricare.mil.*

ECHO BENEFITS

ECHO provides coverage for the following products and services*:

- Assistive services (e.g., those from a qualified interpreter or translator)
- Durable equipment, including adaptation and maintenance equipment
- Expanded in-home medical services through TRICARE ECHO Home Health Care (EHHC) (limited to the 50 United States, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands)
- Rehabilitative services
- Respite care (during any month when at least one other ECHO benefit is received and limited to the 50 United States, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands)
 - ECHO respite care: up to 16 hours of care in any calendar month in which they also receive any other ECHO authorized benefit other than the EHHC benefit
 - EHHC respite care: up to eight hours per day, five days per week (for those who qualify)
- Training to use special education and assistive technology devices
- Institutional care when a residential environment is required
- Transportation to and from institutions or facilities in certain circumstances

Note: Applied Behavior Analysis services that used to be covered under ECHO's Enhanced Access to Autism Demonstration are now covered under the Autism Care Demonstration. For more information, visit www.tricare.mil/ACD.

TRICARE does not pay for services provided by family members, trainers, or other individuals who are not TRICARE-authorized. For more information, visit www.tricare.mil/echo.

* All ECHO services require prior authorization from your regional contractor or TAO director overseas.

COVERAGE LIMIT AND GOVERNMENT/ SPONSOR LIABILITY

The government's limit for the cost of all ECHO benefits combined, excluding the EHHC, is \$36,000 per beneficiary, per fiscal year (October 1–September 30).

ECHO-allowable amounts are not subject to a deductible. The cost-share for every month beneficiaries use ECHO benefits is based on the sponsor's pay grade, as shown in the following table:

ECHO Cost-Share Amounts

Sponsor Pay Grade	Cost-Share Amount
E-1 through E-5	\$25
E-6	\$30
E-7 and O-1	\$35
E-8 and O-2	\$40
E-9, WO/WO-1, CWO-2, and O-3	\$45
CWO-3, CWO-4, and O-4	\$50
CWO-5, O-5	\$65
O-6	\$75
O-7	\$100
O-8	\$150
O-9	\$200
O-10	\$250

FOR INFORMATION AND ASSISTANCE

<p> TRICARE North Region Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273) www.hnfs.com</p>	<p> TRICARE South Region Humana Military, a division of Humana Government Business 1-800-444-5445 Humana-Military.com</p>	<p> TRICARE West Region UnitedHealthcare Military & Veterans 1-877-988-WEST (1-877-988-9378) www.uhcmilitarywest.com</p>
<p> TRICARE Overseas Program (TOP) Regional Call Center—Eurasia-Africa¹ +44-20-8762-8384 (<i>overseas</i>) 1-877-678-1207 (<i>stateside</i>) tricarelon@internationalsos.com</p>	<p> TOP Regional Call Center—Latin America and Canada¹ +1-215-942-8393 (<i>overseas</i>) 1-877-451-8659 (<i>stateside</i>) tricarephl@internationalsos.com</p>	<p> TOP Regional Call Centers—Pacific¹ Singapore: +65-6339-2676 (<i>overseas</i>) 1-877-678-1208 (<i>stateside</i>) sin.tricare@internationalsos.com Sydney: +61-2-9273-2710 (<i>overseas</i>) 1-877-678-1209 (<i>stateside</i>) sydricare@internationalsos.com</p>
<p>milConnect Web Site—Update DEERS Information http://milconnect.dmdc.mil</p>	<p>TRICARE Extended Care Health Option www.tricare.mil/echo Exceptional Family Member Program Information http://www.militaryonesource.mil/efmp</p>	<p>Transitional Assistance Management Program www.tricare.mil/tamp</p>

1. For toll-free contact information, visit www.tricare-overseas.com.

TRICARE South

ECHO Medical: 1-800-615-7332

ECHO Behavioral Health (ValueOptions): 1-866-323-7332

An Important Note About TRICARE Program Information

*At the time of publication, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. **Military hospital and clinic guidelines and policies may be different than those outlined in this publication.** For the most recent information, contact your TRICARE regional contractor or local military hospital or clinic. The TRICARE program meets the minimum essential coverage requirement under the Affordable Care Act.*

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Extended Care Health Option (ECHO) for Behavioral Health Disorders

General information about ECHO:

The TRICARE Extended Care Health Option (ECHO) is available to **active duty beneficiaries** who have severe physical or moderate to severe mental disabilities. ALL services or benefits under the Basic TRICARE program are excluded from ECHO. A determination that a beneficiary is not eligible for ECHO is considered a factual determination based on a requirement of the law or regulation and as such is not appealable.

Eligibility Criteria:

- Available only to active duty family members (ADFM) who have a qualifying condition
- To be eligible you **must** register for TRICARE ECHO and enroll in your sponsor's service branch's Exceptional Family Member Program (EFMP)
- Qualifying conditions include:
 - Moderate or severe mental retardation
 - A serious physical disability
 - An extraordinary physical or psychological condition of such complexity that the beneficiary is homebound

SPONSOR PAY GRADE	MONTHLY AMOUNT	SPONSOR PAY GRADE	MONTHLY AMOUNT	SPONSOR PAY GRADE	MONTHLY AMOUNT
E-1 through E-5	\$25.00	E-9, O-3, W-1, W-2	\$45.00	O-7	\$100.00
E-6	\$30.00	W-3, W-4, O-4	\$50.00	O-8	\$150.00
E-7, O-1	\$35.00	O-5, W-5	\$65.00	O-9	\$200.00
E-8, O-2	\$40.00	O-6	\$75.00	O-10	\$250.00

- Cost shares have been set by the government. ECHO requires payment of only one monthly cost share by the sponsor.
- ECHO Home Health Care (EHC) benefit is limited to the amount TRICARE will pay annually if the ECHO-eligible beneficiary resided in a skilled nursing facility (SNF).
- EHC benefits are only available if rendered in the beneficiary's home. The beneficiary must be homebound and require 2 or more skilled services per 8 hour shift/day.
- In no case will payment be made in advance for services not yet rendered.
- Member may request a monthly pro-ration of the ECHO benefit for expensive durable equipment but not for transportation.
- Public facility available services must be used prior to ECHO.

Conditions that could qualify for ECHO for Behavioral Health Disorders

- Mental Retardation
- Autistic Spectrum Disorders

Procedures for obtaining benefits:

- Submit:
 - ECHO Enrollment form. The beneficiary's Primary Care Manager (PCM) must complete, sign, and date the back side or second page
 - Public Facility Use Verification form (not required for EHHC)
 - Sponsor's Branch of Service's official EFMP Enrollment documentation
- Mail or fax to ValueOptions
- If eligibility is confirmed, the sponsor will receive written notification of the ECHO registration and authorizations for ECHO services
- Periodic review and reevaluation will be conducted by a dedicated case manager.

Examples of covered services and supplies:

- As a general rule, the services and supplies covered under ECHO are those that contribute to the habilitation and rehabilitation of the handicapped dependent and are not a benefit under Basic TRICARE.
- Institutional care (primarily for long term residential care in private nonprofit, public or state institutions or facilities...schools for deaf and blind)
- Durable equipment
- Home Health Care (skilled care and homebound status are required)
- Professional services (must be licensed within the jurisdiction in which services are provided).
- Special tutoring (private tutoring to supplement a public education or special education enhancement program is covered).
- Training and special education (cannot exceed high school level)
- Transportation (covers to and from public or private nonprofit facilities. Carpooling required whenever necessary. Public transportation ticket price is reimbursable).

Examples of non-covered services:

Specialized academic education (usually provided in a public school system or institution of higher learning)

- Alteration (refers to living space and permanent fixtures to accommodate medical equipment)
- Homemaker, sitter or companion services
- Dental care
- FDA non-approved drugs and medications
- Any care or facility outside the United States
- Meals, motels or tips
- Any service currently provided as a benefit under Basic TRICARE program.
- Therapeutic absences from an inpatient facility
- Domiciliary care
- Custodial care
- Additional or special charges for excursions
- Services for a beneficiary aged 3 to 21 that are written in the beneficiary's special education Individual Educational Plan (IEP).

**REQUEST FOR TRICARE BENEFITS
UNDER EXTENDED CARE HEALTH OPTION (ECHO) for Behavioral Health Diagnosis and ECHO Health Care (EHHC)**

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing the collection of information.

AUTHORITY: 32 CFR 199.5
PRINCIPAL PURPOSE: To determine eligibility for the ECHO Program
ROUTINE USES(s): To locate and correspond with sponsor, determine appropriateness and cost of care, and issue written approvals and authorize payment of claims.
DISCLOSURE: Voluntary; however, failure to provide complete information may result in the denial of benefits.

PART 1 – INSTRUCTIONS TO SPONSOR

1. All information on both sides of this form must be completed prior to approval for payment of benefits.
2. ECHO benefits are limited to TRICARE-eligible active duty family members with moderate or severe mental retardation or a serious physical disability. Exceptional Family Member Program enrollment is mandatory. Beneficiary must be homebound and require more than two skilled services per 8 hour shift in order to receive EHHC benefits. EHHC requires a physician-certified plan of care.
3. Under ECHO, the sponsor pays an initial share of the monthly cost according to sponsor's pay grad (see table below); the amount paid by the government will not exceed \$36,000/year unless the beneficiary is enrolled in EHHC. EHHC is subject to a fiscal year cap.

SPONSOR PAY GRADE	MONTHLY AMOUNT	SPONSOR PAY GRADE	MONTHLY AMOUNT	SPONSOR PAY GRADE	MONTHLY AMOUNT
E-1 through E-5	\$25.00	E-9, O-3, W-1, W-2	\$45.00	O-7	\$100.00
E-6	\$30.00	W-3, W-4, O-4	\$50.00	O-8	\$150.00
E-7, O-1	\$35.00	O-5, W-5	\$65.00	O-9	\$200.00
E-8, O-2	\$40.00	O-6	\$75.00	O-10	\$250.00

PART 2 – SPONSOR INFORMATION

1. SPONSOR NAME (Last, First, MI)		2. RANK AND PAY GRADE	3. BRANCH OF SERVICE	4. SOCIAL SECURITY NUMBER
5. COMPLETE MILITARY ADDRESS (Street, City, State, and Zip Code)			6. HOME ADDRESS (Street, City, State, and Zip Code)	
TELEPHONE AREA () EXT.			TELEPHONE AREA CODE ()	

PART III – PATIENT INFORMATION

7. PATIENT NAME (Last, First, MI)	8. DATE OF BIRTH (YY/MM/DD)	9. RELATIONSHIP TO SPONSOR (i.e., Son, Daughter, Spouse)
10. HOME ADDRESS (Street, City, State and Zip Code)		
TELEPHONE AREA CODE ()		
11. SIGNATURE OF SPONSOR, PATIENT, OR LEGALLY RESPONSIBLE PERSON	12. RELATIONSHIP TO PATIENT (i.e., Mother, Father)	13. DATE SIGNED

PART IV – PROVIDER INFORMATION

14. BRIEF MEDICAL HISTORY, DIAGNOSIS (Use ICD Code), PRESENT CONDITION, AND LIMITATIONS

15. RECOMMENDATION / ORDERS

16. TYPE OR PRINT PHYSICIAN'S NAME

17. PHONE NUMBER

18. SIGNATURE OF PHYSICIAN (For all above information)

19. DATE SIGNED (YY/MM/DD)

MAIL COMPLETED FORM TO:
ValueOptions – TRICARE South
C/O ECHO/EHHC Program
P.O. Box 551188
Jacksonville, FL 32255
Or fax to:
(866) 811-4422

PUBLIC FACILITY USE CERTIFICATION

BENEFICIARY NAME (Last, First, MI)

SPONSOR'S SOCIAL SECURITY NUMBER

SERVICE(S) BEING REQUESTED

DESCRIBE THE EXTENT, TYPE, FREQUENCY, AND FUNDING OF REQUESTED AVAILABLE SERVICE (ABA Therapy, Respite, etc.)

NAME AND TITLE OF PUBLIC OFFICIAL (Typed or Printed)

PUBLIC AGENCY'S NAME

SIGNATURE OF PUBLIC OFFICIAL

PHONE NUMBER

DATE

()

MAIL COMPLETED FORM TO:
ValueOptions – TRICARE South
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Extended Care Health Option (ECHO)

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Eligibility Criteria:

- Available only to active duty family members (ADFM)s who have a qualifying condition
- To be eligible you **must** register for TRICARE ECHO and enroll in your sponsor's service branch's Exceptional Family Member Program (EFMP)
- Qualifying conditions include:
 - Moderate or severe mental retardation
 - A serious physical disability
 - An extraordinary physical or psychological condition of such complexity that the beneficiary is homebound

Cost Sharing:

E-1-E-5	\$25	O-5	\$65
E6	\$30	O-6	\$75
E7 and O-1	\$35	O-7	\$100
E8 and O-2	\$40	O-8	\$150
E9, W-1, W-2, and O-3	\$45	O-9	\$200
W-3, W-4, and O-4	\$50	O-10	\$250

- Cost shares have been set by the government. ECHO requires payment of only one monthly cost share by the sponsor.
- ECHO Home Health Care (EHHC) benefit is limited to the amount TRICARE will pay annually if the ECHO-eligible beneficiary resided in a skilled nursing facility (SNF).
- EHHC benefits are only available if rendered in the beneficiary's home. The beneficiary must be homebound and require 2 or more skilled services per 8 hour shift/day.
- In no case will payment be made in advance for services not yet rendered.
- Public facility available services must be used prior to ECHO.

Conditions that could qualify for ECHO:

- Mental Retardation
- Serious Physical handicaps:
 - Visual Impairment
 - Hearing Impairment (Hearing aids will be covered under the Basic TRICARE benefit)
 - Paralysis
 - Cerebral Palsy
 - Multiple Sclerosis
 - Muscular Dystrophy
 - Degenerative neurological diseases
 - Musculoskeletal system diseases
 - Respiratory system diseases
 - Trauma
- Two or more conditions involving separate body systems

Procedures for obtaining benefits:

- Submit:
 - ECHO Enrollment form. The beneficiary's Primary Care Manager (PCM) must complete, sign, and date the back side or second page
 - Public Facility Use Verification form (not required for EHC)
 - Sponsor's Branch of Service's official EFMP Enrollment documentation
- Mail or fax to the market office for your location
- If eligibility is confirmed, the sponsor will receive written notification of the ECHO registration and authorizations for ECHO services
- Periodic review and reevaluation will be conducted by a dedicated case manager.

Examples of covered services and supplies:

- As a general rule, the services and supplies covered under ECHO are those that contribute to the habilitation and rehabilitation of the handicapped dependent and are not a benefit under Basic TRICARE.
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- Durable equipment
- Home Health Care (skilled care and homebound status are required)
- Professional services (must be licensed within the jurisdiction in which services are provided).
- Special tutoring (private tutoring to supplement a public education or special education enhancement program is not covered.)
- Training and special education (can not exceed high school level)

Examples of non-covered services:

- Specialized academic education (usually provided in a public school system or institution of higher learning)
- Alteration (refers to living space and permanent fixtures to accommodate medical equipment)
- Homemaker, sitter or companion services
- Dental care
- FDA non-approved drugs and medications
- Any care or facility outside the United States
- Meals, motels or tips
- Any service currently provided as a benefit under Basic TRICARE program.
- Therapeutic absences from an inpatient facility
- Domiciliary care
- Custodial care
- Additional or special charges for excursions
- Services for a beneficiary aged 3 to 21 that are written in the beneficiary's special education Individual Educational Plan (IEP).

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RESPONSIBLE PERSON		
PART IV – PROVIDER INFORMATION		
14. BRIEF MEDICAL HISTORY, DIAGNOSIS (Use ICD Code), PRESENT CONDITION, AND LIMITATIONS		
15. RECOMMENDATION		
16. TYPE OR PRINT PHYSICIAN'S NAME	17. PHONE NUMBER	
18. SIGNATURE OF PHYSICIAN (For all above information)	19. DATE SIGNED (YY/MM/DD)	
MAIL COMPLETED FORM TO: Humana Military Healthcare Services C/O ECHO/EHHC Program - - OR FAX TO: ()		

PUBLIC FACILITY USE CERTIFICATION		
BENEFICIARY NAME (Last, First, MI)	SPONSOR'S SOCIAL SECURITY NUMBER	
SERVICE(S) BEING REQUESTED		
DESCRIBE THE EXTENT, TYPE, FREQUENCY AND FUNDING OF REQUESTED AVAILABLE SERVICE (ABA Therapy, Respite, etc.)		
NAME AND TITLE OF PUBLIC OFFICIAL (Typed or Printed)	PUBLIC AGENCY'S NAME	
SIGNATURE OF PUBLIC OFFICIAL	PHONE NUMBER ()	DATE
<p>MAIL COMPLETED FORM TO: Humana Military Healthcare Services C/O ECHO/EHHC Program (address below for your location)</p> <p>OR FAX TO THE DIVISION SUPPORTING YOUR LOCATION</p>		



Humana Military ECHO Program Contact List

DIVISION OFFICE	Southwest Division	Southeast Division
Toll free Phone Number	(800) 451-4692	(706) 854-8604
Fax Number	(210) 614-4692	(706) 854-8604
Address	8123 Datapoint Drive San Antonio, TX 78229	2822 Hillcreek Drive Augusta, GA 30909
Location	Texas (excluding the El Paso Area) Louisiana Oklahoma Arkansas Mississippi (excluding Columbus AFB) Mobile, AL Millington, TN Florida panhandle	Ft. Campbell, KY Tennessee (excluding Millington, TN) Alabama (excluding Mobile, AL) Georgia Columbus, AFB, MS South Carolina Florida (excluding the panhandle)