Survey Instrument – Assistance Reporting Tool (ART) Screenshots

Header (appears on every tab)

Thursday, 10/25/2012 12:10:29 PM, Session Time Remaining: 119:10

Assistance Reporting Tool
BCAC & DCAO Portal

TRICARE®

Welcome, Lennya Bonivento (GOV-CIV)   Log Out

Advanced Search

CASES   REPORTS   SEARCH   SSN, Case #, DBN, or Last Name   All Cases ≤ 1 yr   Go

Footer (appears on every tab)

You have 60 days left before you have to change your password. Change Password.

PRIVACY ACT STATEMENT: This statement serves to inform you of the purpose for collecting personal information required by the Assistance Reporting Tool (ART) and how it will be used.

AUTHORITY: 10 U.S.C. Chapter 55, Medical and Dental Care; 38 U.S.C. 1781, Medical Care for Survivors and Dependents of Certain Veterans; 32 CFR Part 199, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS; 45 CFR Parts 160 and 164, Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules; E.O. 9397 (SSN), as amended; and Department of Defense Instruction 6015.23, October 30, 2002.

PURPOSE: Personally identifiable information is collected for the purposes of checking enrollment status and crosschecking benefit, claims and authorization determinations.

ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C.552a(b) of the Privacy Act of 1974, the specific "Blanket Routine Uses" under 5 U.S.C. 552a(b)(3) apply to this collection. The information collected may be used to provide assistance to TRICARE beneficiaries for medical authorization and for claims assistance, including release to third-party payors, for remotely located service members and line of duty care. The information may also be used to track, reflect, and report beneficiary case workload and for review of suspected abuse or fraud, or any concern for program integrity or quality appraisal.

DISCLOSURE: Voluntary. If you choose not to provide your information, no penalty may be imposed, but without the requested information, we may not be able to assist in case resolution and answers to questions/concerns will be generalities regarding the topic at hand.

FOR OFFICIAL USE ONLY: This document may contain information covered under the Privacy Act, 5 USC 552(a),and/or the Health Insurance Portability and Accountability Act (PL 104-191) and its various implementing regulations and must be protected in accordance with those provisions. Healthcare information is personal and sensitive and must be treated accordingly. If this correspondence contains healthcare information, it is being provided to you after appropriate authorization from the patient or under circumstances that don't require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Redisclosure without additional patient consent or as permitted by law is prohibited. Unauthorized redisclosure or failure to maintain confidentiality subjects you to application of appropriate sanction. If you have received this correspondence in error, please notify the sender at once and destroy any copies you have made.

Basic Information Tab

Last Name		Beneficiary's Current Plan/Program	Choose, if known ▾
First Name		Beneficiary Category	Choose, if known ▾
Provider		Sponsor's Branch of Service	Choose, if known ▾
SSN		Sponsor's Rank/Grade	Choose, if known ▾
DoD Benefits Number		Date Contacted	10/25/2012
Date of Birth	MM/DD/YYYY	How Contacted	Choose, if known ▾
Primary Phone		Choose, if known ▾	Who Contacted You	Choose, if known ▾
Alternate Phone		Choose, if known ▾	Other Individuals Contacted	
Street			
City		Problem Began In Region	Choose, if known ▾
State	Choose, if known ▾ Zip/APO	Problem Began In State/Country	▾
Country	Choose, if known ▾	Problem Began In Zip	
Email		Case Region	Not Assigned ▾

2

Claims/Debt Information Tab

BASIC INFORMATION	CLAIMS/DEBT INFORMATION	DOCUMENTS	HISTORY

Claim Information

Date Claim Processed	MM/DD/YYYY	
Claim Number		
Date of Service	MM/DD/YYYY	
Services Provided By		
Provider Number		-Select-
Amount Billed		-Select-
Amount in Question		-Select-

Debt Collection Information

Collection Agency Name		
Collection Agency POC		
Collection Agency Number		-Select-
Collection Agency Acct/Ref Number		
Misc. Costs (atty. fees, interest, etc)		

Case Findings

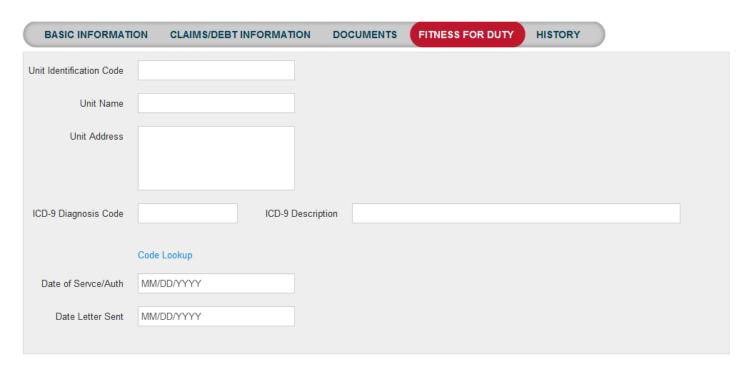|		
Beneficiary Owes		-Select-
TRICARE Owes		-Select-
Provider Write-Off Amount		-Select-

Documents Tab

| BASIC INFORMATION | CLAIMS/DEBT INFORMATION | DOCUMENTS | HISTORY |

Upload

Scan

* Maximum document size is 20 MB

Scan a Document

Select the Document   [ ]   Browse...
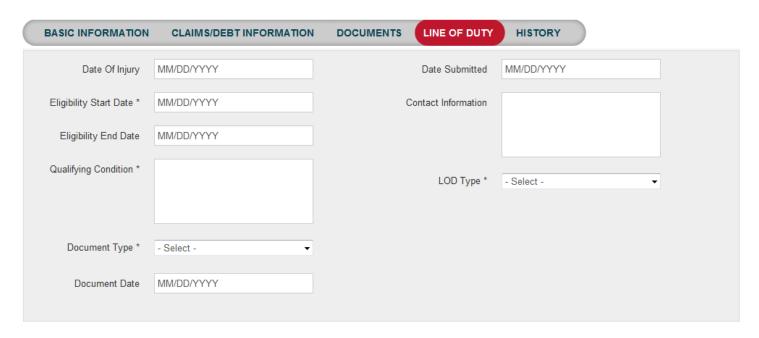
Document Name   [ ]

Description   [ ]

Upload

Pre-authorization Tab

| BASIC INFORMATION | CLAIMS/DEBT INFORMATION | DOCUMENTS | PRE-AUTHORIZATION | HISTORY |

Pre-Auth Number

Received: 10/25/2012

Auth Start Date *: MM/DD/YYYY

Auth End Date *: MM/DD/YYYY

Category *:
- ○ Inpatient
- ○ Outpatient

Admit Date: MM/DD/YYYY

Discharge Date: MM/DD/YYYY

Source of Care *: Civilian ▼

Provider:

Facility:

Auth Status *: - Select - ▼

Specific Site:

Tracking:
- ☐ TBI
- ☐ SCI
- ☐ Blind
- ☐ MOA Related Care
- ☐ Combat Related Care
- ☐ CBWTU
- ☐ LOD Related Care

FFD Notification: ☐

Absent Sick Date: MM/DD/YYYY

Absent Sick MTF:

ICD-9 Code *:

ICD-9 Description:

Code Lookup

Add Another ICD-9 Diagnosis

CPT/HCPCS *:

CPT/HCPCS Description:

Denied Not Covered Service: ☐

Add Another CPT/HCPCS Code

Fitness for Duty Tab

| BASIC INFORMATION | CLAIMS/DEBT INFORMATION | DOCUMENTS | FITNESS FOR DUTY | HISTORY |

Unit Identification Code

Unit Name

Unit Address

ICD-9 Diagnosis Code   ICD-9 Description

Code Lookup

Date of Servce/Auth   MM/DD/YYYY

Date Letter Sent   MM/DD/YYYY

Line of Duty Tab

| BASIC INFORMATION | CLAIMS/DEBT INFORMATION | DOCUMENTS | LINE OF DUTY | HISTORY |

Date Of Injury   MM/DD/YYYY   Date Submitted   MM/DD/YYYY

Eligibility Start Date *   MM/DD/YYYY   Contact Information

Eligibility End Date   MM/DD/YYYY

Qualifying Condition *

LOD Type *   - Select -

Document Type *   - Select -

Document Date   MM/DD/YYYY

Transitional Care for Service-related Conditions (1637) Tab

| BASIC INFORMATION | CLAIMS/DEBT INFORMATION | DOCUMENTS | 1637 | HISTORY |

If you deny a diagnosis as eligible for the 1637 benefit, please indicate a reason in the Diagnosis/Notes field.

ICD-9 Diagnosis Code [   ]   Code Lookup   Diagnosis/Notes [   ]

Decision   ⦿ Pending
            ○ Approve   If ICD-9 Code is   [   ]
            ○ Deny   unknown, enter clinical
                                              condition

Another Diagnosis