

# *TRICARE*



## TRICARE

- Health care program for
  - Active military and their families
  - CHAMPUS retirees and their families
  - Survivors of members of the uniformed services



# TRICARE

- Created to expand health care access, ensure quality of care, control health care costs, and improve medical readiness

## TRICARE Regions

- There are four regions:
  - Three in the United States
    - North
    - South
    - West
  - TRICARE Overseas

## TRICARE Management Activity

- Coordinates and administers the TRICARE program
- Accountable for quality health care provided to members of the uniformed services and their families
- Serves as arbitrator for denied claims submitted for consideration by TRICARE sponsors and beneficiaries

## TRICARE Service Centers

- Business offices staffed by one or more beneficiary services' representatives and health care finders who assist TRICARE sponsors with health care needs and answer questions about the program

## TRICARE Service Centers

- Beneficiary Services Representative (BSR)
  - Employed at a TRICARE Service Center, provides information about using TRICARE, and assists with other matters affecting access to health care (e.g., appointment scheduling)

## TRICARE Service Centers

- Health Care Finder (HCF)
  - Registered nurse or physician assistant who assists primary care providers with preauthorizations and referrals to health care services in a military treatment facility or civilian provider network

## TRICARE Service Centers

- Nurse Advisors
  - Available 24/7 for advice and assistance with treatment alternatives and to discuss whether a sponsor should see a provider based on a discussion of symptoms
  - Will also discuss preventive care and ways to improve a family's health

## Military Treatment Facility (MTF)

- Health care facility operated by the military that provides inpatient and/or ambulatory (outpatient and emergency department) care to eligible TRICARE beneficiaries

## Military Treatment Facility

- Beneficiary Counseling and Assistance Coordinators (BCACs)
  - Located at military treatment facilities (MTFs)
  - Available to answer questions
  - Help solve health care-related problems
  - Assist beneficiaries in obtaining medical care through TRICARE

## CHAMPVA

- Civilian Health and Medical Program of the Department of Veterans Affairs
  - Comprehensive health care program for which the Department of Veterans Affairs (VA) shares costs of covered health care services and supplies with eligible beneficiaries

# CHAMPVA

- Health Administration Center, administers the CHAMPVA program by
  - Processing applications
  - Determining eligibility
  - Authorizing benefits
  - Processing claims

# Eligibility for CHAMPVA

- Spouse or child of a veteran who has been rated permanently and totally disabled for a service-connected disability by a VA regional office
- Surviving spouse or child of a veteran who died from a VA-rated service connected disability

## Eligibility for CHAMPVA

- Surviving spouse or child of a veteran who, at the time death, was rated as permanently and totally disabled as the result of a service-connected disability
- Surviving spouse or child of a military member who died in the line of duty

## TRICARE Options

- Prime
  - Military treatment facilities are the principal source of health care under this option.
- Extra
  - Preferred provider organization option
- Standard
  - Fee-for-service option



## Primary Care Manager (PCM)

- Provides nonemergency care to eligible beneficiaries
- Arranges referrals for specialty care if needed, usually through a military hospital
- Authorizes care from a civilian specialist if military specialty care is not available

## Primary Care Manager (PCM)

- Travel is limited to no more than 30 minutes to the PCM.
- Preventive care is emphasized, and the following services are provided at no additional charge:
  - Eye examinations      - Mammograms
  - Immunizations          - Pap smears/prostate exams
  - Hearing screenings      - Early detection/screening

## Features of TRICARE Extra

- Offers enrollees the choice of receiving health care services from participating civilian hospitals, physicians, and other medical providers who have agreed to charge an approved fee for medical treatment and procedures

## TRICARE Standard Coverage

- Annual deductibles, cost-shares, and benefits are the same as they were for CHAMPUS.
- Enrollees can select their health care provider:
  - Out-of-pocket costs are higher when compared with other TRICARE options.

## TRICARE Standard Coverage

- Enrollees who seek care from nonparticipating providers may have to file their own claim forms.
- May pay more for care (up to 15 percent more than the allowable charge)

## Dual Medicare and TRICARE Eligibility

- Beneficiaries eligible for Medicare Part A on the basis of age and who also purchase Medicare Part B coverage continue to be eligible for TRICARE.
- TRICARE is secondary to Medicare.
- Family members may be eligible

## Dual Medicare and TRICARE Eligibility

- Beneficiaries under age 65 who are entitled to Medicare Part A because of disability or end-stage renal disease and who have purchased Medicare Part B are also eligible for TRICARE Prime, Extra, or Standard until they turn 65.

## Billing TRICARE

- TRICARE Contractors
- Grouped in large regional districts covering many states
- Each regional contractor assigned post office box numbers and an associated nine-digit zip code for each state served

## TRICARE Billing

- Filing deadline
  - One year from the date of service for outpatient care
  - One year from the date of discharge for inpatient care
- Allowable fee determination
  - RBRVS with slightly higher conversion factor

## TRICARE Billing

- Deductibles follow government fiscal year
  - October 1 to September 30 of the following year
- Eligibility check through the DEERS system  
(Defense Enrollment Eligibility Reporting System)

## TRICARE Billing

- Accept Assignment
  - Non-PARs can accept assignment on a case-by-case basis.
  - “Good faith policy” for assigned claims when the copy of the front and back of the patient’s uniformed services common access card on file turns out to be invalid

## TRICARE Billing

- TRICARE Limiting Charge
  - All non-PAR providers are subject to a limiting charge of 15 percent above the TRICARE fee schedule for PAR providers.
  - Balance billing is not allowed

## Handling TRICARE Claims

- Always make a copy of the front and back of the patient's ID card.
- Check to determine whether the patient knows the date of his or her next transfer.

## TRICARE Special Handling

- Non-availability statements
- Non-emergency inpatient mental health require pre-auth and a non-availability statement
- TRICARE Mental Health Treatment Reports
- Personal Injury with possible third-party liability
- Special Handicap benefits
- Hospice Claims

The End