



TRICARE HELP E-MAIL SERVICE (THEMS)

NEWSLETTER

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“Helping to Understand”



TRICARE Help Newsletter

This newsletter is a publication of the TRICARE Help E-mail Service, operated by the US Army Medical Command in San Antonio, Texas.

THEMS

What is THEMS?

THEMS is a free e-mail service that provides quick answers to TRICARE questions. Clinical issues should be referred to your primary care provider. The e-mail address is: TRICARE_help@amedd.army.mil.



Click here to send your TRICARE questions, concerns, or comments.

TRICARE Provider Categories & Claims Impact

TRICARE only pays claims for services from TRICARE authorized providers. To become

authorized, providers must furnish the regional TRICARE contractor a copy of the appropriate state licensing and certification documents, and personal and business information to meet federal and state billing and tax requirements. Title 32, Code of Federal Regulations (32 CFR 199.6), the TRICARE Policy Manual (Chapter 10), and the TRICARE Operations Manual (Chapter 4) all contain detailed information pertaining to provider certification and credentialing requirements. If TRICARE covered services are furnished by an unauthorized provider, the claims processor will normally mail the provider the necessary paperwork to become an authorized provider. If the provider does not complete the paperwork, TRICARE will not be able to pay the claim, leaving the patient responsible for

the bill. Here is a link to help locate authorized TRICARE providers: <http://www.tricare.osd.mil/ProviderDirectory/>.

Some authorized providers become “network” providers by signing an agreement with the regional TRICARE contractor. These providers agree to accept a negotiated rate as payment in full for medical care or services. They also agree to file the claims forms for beneficiaries.

Beneficiaries living in an area where TRICARE Prime is available must select a civilian “network” provider or military provider as their primary care manager. Patients who are not enrolled in Prime, who are treated by a civilian “network” provider, will have their claims processed under the TRICARE Extra option. An advantage to using the “TRICARE contracted network” is the assurance that the provider will file the claim

and accept the TRICARE allowed amount as payment in full. The patient will only be responsible for the TRICARE deductible and a reduced cost share.

An important concept to understand is “accepting assignment.” The participating provider, who agrees to accept assignment, agrees to accept the TRICARE allowed amount as payment in full. TRICARE will pay the provider the TRICARE portion of the allowed amount, leaving the patient responsible only for the appropriate deductible and cost share.

A non-participating provider, refusing to accept assignment, may or may not agree to file the claim for the patient. Section 9011 of the Defense Appropriations Act of 1993 (Public Law 102-396) restricts the non-participating provider to collecting not more than 115% of the TRICARE allowed amount. In this situation, TRICARE will pay the patient its portion of the allowed amount. The patient will then pay the provider either the billed amount or 115% of the

allowed amount, whichever is less. This billing limitation is the same as Medicare.

All claims for services by a “network” provider will be processed under either the Prime or Extra option, and the payment will be mailed to the provider with minimum effort on the part of the patient. On the other hand, the “non-network” provider may decide on a claim-by-claim basis whether or not to participate and “accept assignment.” These claims will be processed under the TRICARE Standard option.

The relative availability of “network” versus “non-network” providers will vary significantly from place to place. Beneficiaries living near military installations will normally find “network” providers to be readily available. Those who are assigned, or choose to live, in areas remote from military installations may find that they have to rely upon “non-network” providers and use either TRICARE Prime Remote (for active duty sponsors and their families) or TRICARE Standard (for retirees and their families).

Finding a provider can be a source of concern for the TRICARE beneficiary. The customer service representatives at the TRICARE Service Center, the Beneficiary Counseling and Assistance Coordinator at the military hospital or Lead Agent, or the TRICARE Help E-Mail Service can all help you with specific questions and concerns about providers.

REMINDER:

The Department of Defense requires prior authorization for selected medications to ensure that clinically appropriate treatment regimens are followed. This Web link http://www.pec.ha.osd.mil/PA_Criteria_and_forms.htm provides a listing of medications requiring pre-authorization.