

Socioeconomic tips of the month

TRICARE offers three plans for military personnel

by the Division of Advocacy and Health Policy

TRICARE is a health benefit program for active-duty and retired members of the military and their families. TRICARE covers not only the Army, Navy, Marine Corps, Air Force, and Coast Guard, but also the Commissioned Corps of the Public Health Service and the National Oceanic and Atmospheric Administration. Active-duty personnel have only one option for health care but, as the name TRICARE implies, three options are available to retirees and family members of active-duty personnel and retirees.

TRICARE Prime

TRICARE Prime is the prong of TRICARE that provides care for active-duty personnel, but it is also an option for family members and retirees, if space is available. It is an HMO consisting of military physicians and perhaps some civilian physicians nearby.

TRICARE Prime enrollees also have a point-of-service (POS) option, which means an enrollee may get TRICARE-covered services outside the TRICARE Prime network of providers without a referral from their primary care manager and without authorization. Hence, any physician could see a TRICARE patient; however, these physicians must be certified by the regional carrier that processes claims. Many of the physicians who provide care to TRICARE patients do so on a fee-for-service basis, but others are in a network of preferred providers and practice near military facilities. Civilian physicians may be enrolled in an HMO that is a part of TRICARE.

Additionally, to discourage use of non-network providers, the charges to TRICARE patients who go out of network are higher. An annual deductible and a copayment of 50 percent of the TRICARE allowable charge are the responsibility of the patient. In addition, the physician has the option of charging the patient up to 15 percent more than the allowable charge.

Around the corner

March

- ACS-sponsored practice management course for surgeons on March 15, 2003, in Phoenix, AZ. Visit the ACS Web page at <http://www.facs.org/dept/hpa/workshops/pmworkshop.html> to register.
- ACS-sponsored basic and advanced coding workshops for surgeons in Los Angeles, CA, on March 27-28, 2003. Visit the ACS coding workshop Web page at <http://www.facs.org/dept/hpa/workshops/cdwkshop.html> to register.

TRICARE Standard

TRICARE Standard provides care on a fee-for-service basis. The patient is responsible for the deductible and copayment. Individual providers who “participate” in TRICARE Standard agree to accept the “allowable charge” as their full fee for care provided. Other physicians may charge up to 15 percent more than the allowable charge. Surgeons need a statement that a bed in a military hospital is unavailable in order to provide civilian inpatient care in areas surrounding military hospitals. Patients generally are responsible for filing their own claims.

TRICARE Extra

TRICARE Extra is a network of preferred providers that enrollees, including members of TRICARE Standard, may use at a discounted cost share. The cost share for active-duty family members is 15 percent of the fee for which the TRICARE Extra network provider has contracted to provide the medical service. All other eligible persons pay a 20 percent cost share of the contracted fee. In

addition to the copayment, the patient must satisfy an annual deductible for outpatient care.

Other options

The Uniformed Services Health Plan (USHP) is one of two options for a limited number of enrollees. The USHP is for all but active duty personnel living in certain areas. They are served by seven community-based health plans, such as Martin's Point Health Care and Johns Hopkins Community Physicians, plans that are neither HMOs nor insurance companies. The areas covered include the East Coast from northern Virginia to Maine, southeast Texas and southwest Louisiana, the greater Cleveland area, and the Puget Sound/Washington State area.

Another option available to a select group of enrollees is TRICARE for Life. It acts as a secondary payor to Medicare for those members who have Medicare Part B coverage. Of course, people who have this option may be seen by any physician, regardless of his or her affiliation with TRICARE. Certain services, such as chiropractic services, will be covered by Medicare but not by TRICARE for Life. For more information on TRICARE, go to <http://www.tricare.osd.mil/provider/>.

CHAMPVA

CHAMPVA is the Department of Veterans Affairs' (VA) version of TRICARE Standard, in which the VA shares the cost of covered health care services with dependents or survivors of certain veterans. Although the benefits are similar to TRICARE Standard, the program is administered by a separate agency and has significantly different requirements for prior authorization and claims filing procedures. Administration of CHAMPVA, including the processing of claims, is the responsibility of the Veterans Affairs Health Administration Center in Denver, CO. For more information on CHAMPVA, go to <http://www.va.gov/hac/champva.html>.

Delay in 2003 Medicare fee schedule

The 2003 payment rate for Medicare's physician fee schedule will not go into effect until March 1, 2003. Because of the change in the customary effective date for Medicare participation and payment rates, there are some points of which you and your staff must be aware.

- *The enrollment period for Medicare participation will run from January 9 through February 28, 2003.* The enrollment materials you received from your carrier incorrectly advised you that any change to your participation status was to be made by December 31, 2002. Review the August 2002 *Bulletin* article, "Selecting the best Medicare payment option" (http://www.facs.org/fellows_info/bulletin/cebuhar0802.pdf) for details of your choices for participation. **The decision that you make about participation in the Medicare program will be irrevocable for 2003.**

- If you change your participation option, you should start to prepare claims under your new option as soon as you have submitted your participation agreement or disenrollment to the carrier.

- *Claims for services provided in January and February will be paid at the 2002 rates.* You should submit these claims to your carrier as quickly as possible to ensure reimbursement at the 2002 payment level.

- *If you are incorrectly reimbursed for any claims, you will receive an automatic adjustment after July 1, 2003.* Incorrect reimbursement may occur if you change your participation option or prepare and submit claims late in February.

- 2002 payment amounts will be applied toward a patient's \$100 deductible in January and February. Beginning March 1, the 2003 rates will be applied.

- *Avoid reporting services provided in January and February with new 2003 CPT codes.* Any claims containing CPT codes introduced in 2003 will be held until March for payment and will be paid according to the 2003 rates. Your practice may consider delaying the transition to the 2003 CPT codes until after March 1. Remember that you are required to use them on April 1. □

This column helps answer questions from Fellows and their staffs and provides useful tips for surgical practices. Developed by the College staff and consultants, this information will be accessible on our Web site. If there are topics that you would like to see addressed in future columns, please contact the Division of Advocacy and Health Policy by fax at 202/337-4271, or e-mail HealthPolicyAdvocacy@facs.org.