



AMRA

AMRA (ASI) TRICARE Supplement

PROVIDER BRIEFING

Some of your current patients may have TRICARE coverage, and you may not be pleased with the TRICARE allowable charge when beneficiaries use TRICARE Prime. However, when a patient uses TRICARE Standard and The ASI TRICARE Supplement, it will greatly improve the reimbursement that you receive as a provider and provide additional benefits by:

- Covering 100% of provider charges (above the TRICARE Standard allowable charge)
- Requiring no contract with TRICARE
- Imposing no negotiated discounts to your rates
- Not limiting provider reimbursements to a fee schedule
- Not capping provider reimbursements at TRICARE designated maximums
- NOT requiring a provider to be in the TRICARE network
- Providing a simple credentialing process to achieve TRICARE “authorized” provider status
- Paying claims promptly
- Allowing providers to limit their TRICARE business to patients having the TRICARE Supplement

The ASI TRICARE Supplement (ATS) has been available for over 30 years. Until recently, it has largely been utilized by defense contractors and publicly traded companies.

The TRICARE eligible employee voluntarily drops the employer health coverage. TRICARE then becomes the primary benefit and the ATS becomes the secondary. This collaboration allows the provider to receive 100% of the charges as stated above and the beneficiary receives 100% of the out of pocket costs.

If the TRICARE eligible employee is using Prime, it is necessary to use a Network Provider. That is, the Provider has entered into contract with TRICARE and must accept the TRICARE allowable rates. However, if the TRICARE eligible employee is using Standard, they can visit any authorized civilian provider and the provider may charge usual customary rates (no TRICARE contract necessary under Standard).¹

Please review the attached reference material which will answer questions you may have regarding this Benefit. We believe it will provide a better understanding of how TRICARE works with the ASI TRICARE Supplement.

¹ See “**Certified Providers**” page 2 of attached reference materials.

AMRA (ASI) TRICARE Supplement

Impact to Medical Providers

Medical providers are under siege by media, government, special interest groups, patients and insurance companies regarding cost of services rendered. Medical providers most often must enter into managed care contracts below customary rates and at the same time engage in time consuming calls to insurance companies regarding claims not paid.

When patients of providers utilize their TRICARE health insurance in combination with the AMRA (ASI) TRICARE Supplement (ATS), other than a mental health provider, medical providers will receive 100% reimbursement between TRICARE and ATS shown in Table - 1. Providers do not have to become a TRICARE participating or network provider and do not enter into a contract with ASI. There are no negotiated discounts to provider's rates. Reimbursements are not limited to a fee schedule and are not capped at the TRICARE designated maximums. Providers are free to opt in or out of this level of participation with TRICARE on a case-by-case basis. If a provider prefers, they can choose to accept only those TRICARE beneficiaries who also have the ASI TRICARE Supplement.

Table – 1, Provider Charge			
Office Visit Charge	\$425.00		
TRICARE Allowable 1 (Claim Base)	\$300.00		
Balance (Excess charge 3)	\$125.00		
Claim Base 1	\$300.00		
Deductible 2	\$150.00		
Balance subject to cost share	\$150.00		
	TRICARE	ASI TRICARE	Member
	PAYS	Supplement	Pays
		PAYS	
Deductible 2	-	\$150.00	\$0.00
Cost Share (\$150) - 75% / 25%	\$112.50	\$37.50	\$0.00
Excess Charge 3	-	\$125.00	\$0.00
TOTAL	\$112.50	\$312.50	\$0.00
The Provider receives the full \$112.50 from TRICARE + \$312.50 from ASI Supplement = \$425			

Claims filing is easy. Claims are submitted first to TRICARE either electronically or manually and then to the ASI Supplement Plan (ASI requires no claims form, just the Explanation of Benefits). Significant improvement has been made in TRICARE claims processing in recent years. According to TRICARE, 98% of retained claims are processed within 30 days, and 99.9% within 60 days. TRICARE has developed a no cost, secure, state of the art web based claims submission system called XPressClaim¹.

Please contact ASI Provider Relations Department at 1-800-638-2610 X149 for more information.

¹ <http://www.myticare.com/internet/tric/tri/tricare.nsf/frontmap/WhyJnmy/TRCRClms?OpenDocument>

TRICARE Certified (Authorized) Providers²

A TRICARE-certified (authorized) provider is a facility, doctor or other health care professional that meets the licensing and credentialing certification requirements in the state where service is rendered, and meets the TRICARE regulation and practices for the area of healthcare.

TRICARE-certified (authorized) healthcare providers may or may not agree to “accept assignment” – that is, accept the TRICARE Maximum Allowable Charge (TMAC) as payment in full for services. If they do not accept the TMAC rate, they are considered **authorized, non-participating** providers. They may elect to accept assignment on a claim-by-claim basis. These are also known as TRICARE-certified, non-network providers. In other words, just because a provider is TRICARE-certified (authorized) does not mean that the provider is contracted with TRICARE.

A TRICARE-network provider (Prime Provider) is a TRICARE-certified (authorized) provider who has a contract agreement with Managed Care Support Contractor for that region. They also agree to file claims for beneficiaries. A TRICARE-network provider is an **authorized, contracted provider**, who provides services to TRICARE Prime and Extra beneficiaries.

TRICARE Three Choices for Health Care:

<u>TRICARE Standard</u>	(INDEMNITY) a fee-for-service option (the old CHAMPUS program); no annual premium or annual fee.
<u>TRICARE Extra</u>	(PPO) a preferred provider option that saves money; and is equivalent to the Preferred Provider Organization. No annual premium or annual fee.
<u>TRICARE Prime</u>	(HMO) where Military Treatment Facilities (MTFs) are the principal source of health and is care equivalent to the Health Maintenance Organization. Annual enrollment fee required for Military retirees.

The main challenge for most eligible beneficiaries is deciding which TRICARE option, **Prime, Extra** or **Standard**, is best for them. Active Duty personnel are enrolled in TRICARE Prime and pay no fees. Active duty family members pay no enrollment fees, but they must choose a TRICARE option and apply for enrollment in TRICARE Prime, Extra or Standard. Military retirees must choose a TRICARE option and apply for enrollment in TRICARE Prime (annual fee), Extra (no enrollment fee) or Standard (no enrollment fee).

Pharmacy Benefit

All TRICARE eligible beneficiaries are eligible for the TRICARE pharmacy program³. Beneficiaries can fill their prescriptions at Military Treatment Facilities (MTF) pharmacies, the TRICARE Mail Order Pharmacy (TMOP) or at retail network or non-network pharmacies.

² http://www.tricare.osd.mil/provider/provider_cert.htm

³ <http://tricare.osd.mil/tricarehandbook/results.cfm?tn=10&cn=9> - TRICARE Handbook, Chapter No. 9

AMRA (ASI) TRICARE Supplement

Under the TRICARE Pharmacy Program, beneficiaries are responsible for the following co-payments shown in Table – 2.

Table - 2, Pharmacy Benefits

Place of Service	Generic	Brand	AST PAYS	Employee
	Brand	Name Drug		Pays
MTF Pharmacy	\$0	\$0	\$0	\$0
TMOP (up to a 90 day supply)	\$3	\$9	\$3 or \$9	\$0
Retail Network Pharmacy	\$3	\$9	\$3 or \$9	\$0
Non-Network Pharmacy	\$9 or 20 % of cost (which ever is greater)		\$9 or 20 %	\$0

What's Covered Introduction

Generally, TRICARE covers most health care that is medically necessary.⁴ TRICARE helps pay most doctor bills for inpatient and outpatient care that's medically necessary and is not considered unproven.

TRICARE Standard helps pay most hospital bills for semi-private rooms, meals (including special diets), diagnostic tests, and treatment. It covers medical supplies such as bandages and syringes. And, it helps pay for covered care at some health care centers other than hospitals. For example, you might need to use a residential treatment center (RTC) for an emotionally disturbed child, or a drug detoxification and rehabilitation center.

TRICARE Benefit Exclusions⁵

Generally speaking, TRICARE does not cover treatments and services that are specifically excluded under the TRICARE program and those that are not considered as medically necessary. The following is a list of exclusions:

- Unproven drugs, devices, and medical treatments or procedures
- Inpatient stays primarily to control or detain a runaway child
- Treatment of dyslexia
- Services of naturopaths and chiropractors
- Acupuncture
- Services & supplies related to artificial insemination (in vitro fertilization and all other noncoital reproductive technologies)
- Eyeglasses, spectacles, contact lenses or other optical devices, except as specifically provided under 32 CFR 199.4(e)(6)
- Orthopedic shoes which are not an integral part of an orthopedic brace, arch supports, shoe inserts and other supportive devices of the feet

⁴ <http://tricare.osd.mil/tricarehandbook/toc.cfm> - TRICARE Handbook, Chapter No.10.1 – “What’s Covered”

⁵ <http://tricare.osd.mil/tricarehandbook/toc.cfm> - TRICARE Handbook, Chapter No.11.1 – “What’s Not Covered”

Coordination of Benefits

When a TRICARE-eligible employee has the employer health plan (EHP) coverage that Plan is the primary payer and TRICARE is the secondary payer. Although costs which are unpaid by the EHP will be adjudicated under TRICARE as the secondary payer, there remain certain unpaid amounts which pass through to the employee. This is because TRICARE is **not** a supplement to the employer health Plan, and has its own deductibles and co-insurance requirements which must be met prior to benefits being paid. Accordingly, there will be out-of-pocket member costs under this arrangement. The ATS program, however, is designed as a supplement to the TRICARE coverage. All TRICARE-eligible costs are automatically paid in full through ATS. This differs from the coordination of benefits methodology utilized with a primary and secondary payer.

Current law allows non-participating, authorized providers to charge up to 15% in excess of TRICARE reimbursement. While this officially limits the liability of the supplement with regard to excessive charges by a provider, the supplement currently covers the billed charges in full even though the charges exceed the 115% of TRICARE level. This is an added benefit to supplement participants.



With XPressClaimSM, PGBA, LLC sets a new standard for online claims submission. Designed with the provider in mind, XPressClaim is easy to use, fast and free. Imagine billing your TRICARE patients while they're still in your office and getting the claim results right away. That's XPressClaim.

Most of the time, you'll get instant results and be able to print a Patient Summary Receipt to give to your patient on the spot. For those few bills that are not completed immediately, you'll still receive priority processing. It will be much faster than any other claims submission.

Members of myTRICARE claims for Providers can sign up for XPressClaim right now. (If you haven't already joined myTRICARE claims, you'll find XPressClaim is the newest of many convenient online self-service options that make it easier to manage your TRICARE business. myTRICARE claims is safe, confidential, and completely secure.)

Here's how easy submitting an XPressClaim is:

1. Select the location where the patient received care, the doctor who provided it, and the patient who received it.
2. Enter the services and charges for your claim.
3. Click "Submit," make any online corrections, and get your claim results right away.



Why join My TRICARE claims?

Whether you're a provider, government agent or TRICARE contractor

employee, being a member of myTRICARE claims will save you time. Manage your TRICARE business online, any time day or night — no waiting on the phone or mail!

Providers

- Check the status of your TRICARE patients' claims any time, day or night.
- If you have a question about a specific claim, send a confidential, secure e-mail through AskUs. You'll receive a quick reply, usually within two business days.
- File TRICARE claims online **free** with XPressClaim and get instant claim results.
- Check eligibility, Other Health Insurance (OHI), cat cap and deductible information for your TRICARE patients.

New for Providers:

- Print reports based on criteria you select with **dataMart**.
- Receive answers to AskUs questions in your secure, confidential **myTRICARE mailbox**.

TRICARE Contractors and Government Agents

- Beneficiary Counseling and Assistance Coordinators (BCACs), Regional Directors, Department of Defense (DoD) employees, Beneficiary Service Representatives (BSRs) and TRICARE contractors have all told TRICARE they could help make your job easier by giving you viewing access to beneficiaries' claim information on the Internet.