TRICARE: Fact vs. Fiction

Fiction: *Reimbursement is low.*

Fact: TRICARE is a federal health care entitlement program. Reimbursement is based on CMAC (CHAMPUS/TRICARE Maximum Allowable Charge) rate, which is modeled off of Medicare rates.

Reimbursement rates are available at the government's website, www.tricare.mil/providers. (Providers that bill Certified Procedural Terminology (CPT) codes would select "CMAC Rates".)

The average TRICARE beneficiary is significantly younger than the Medicare population. When beneficiaries are of Medicare age, they are enrolled in TRICARE for Life (TFL) and Medicare becomes the primary payer.

Fiction: *Reimbursement is slow.*

Fact: By law, clean claims must be paid within 30 days of submission, or are paid with interest. On average, TRICARE claims are paid within 5.4 days. If a provider has a low volume of TRICARE claims; they can register at www.MyTRICARE.com and submit claims directly via the internet.

Fiction: *TRICARE pays less to Primary Care Managers (PCMs) and pays more to other sub-specialty doctors for the same office visits.*

Fact: TRICARE reimbursement mirrors Medicare rates. Primary Care Managers (PCMs) and sub-specialty providers are paid the same reimbursement for the same Certified Procedural Terminology [CPT][JFK1] codes.

Fiction: *Providers have to sign a contract to serve military members and their families in the TRICARE program.*

Fact: Physician providers have two options:

Become a certified provider, known as a Standard or Authorized provider, where no contract is required. To learn more, go to: www.MyTRICARE.com.

Become a TRICARE physician network provider; call (877) TRICARE (874-2273).

Fact: Behavioral Health (BH) providers also have two options:

To participate without a contract, visit www.MyTRICARE.com or call the Mental Health Network Professional Relations line at (800) 541-3353.

To contract and join the network, go to www.mhn.com/provider/start.do . (Provider credentialing requires that an up to date CAQH file be maintained online.)