

August 17, 2006

TRICARE PATIENT COST SHARING COLLECTIONS

1. PURPOSE: This Veterans Health Administration (VHA) Directive defines policy regarding Veterans Affairs (VA) Medical Center's responsibility to collect annual deductibles, co-payments, or other cost sharing from Uniformed Services beneficiaries who use TRICARE Standard, TRICARE Extra, TRICARE Prime, TRICARE Reserve Select, or the TRICARE for Life benefit.

2. BACKGROUND

a. Active duty family members, retirees, their family members, and others who use TRICARE Standard and TRICARE Extra are responsible for paying annual deductibles and cost-shares associated with their care.

b. The thirty VA Medical Centers who reported the largest amount of revenue collected in Fiscal Year 2004 on their TRICARE patient cost sharing practices describe using widely varying methods in attempting to collect TRICARE patient cost shares when these become delinquent.

c. VA Medical Centers are advised against prospectively assessing co-payments since VA Medical Centers will not always know the status of the patient's annual deductible.

3. POLICY: It is VHA policy that each VA medical facility is responsible for collecting annual deductibles and cost shares from uniformed services beneficiaries who are using their TRICARE benefits to receive VA care.

4. ACTIONS: The facility Director, or designee, is responsible for:

a. Informing TRICARE patients, who are using their TRICARE benefit at the time of enrollment (registration), that TRICARE co-payments and cost shares will not be waived, and for ensuring that TRICARE patients agree to pay the fees as a condition of their VA Medical Center enrollment.

b. Ensuring that TRICARE beneficiaries provide their Social Security Number (SSN) and their Department of Defense (DOD) photo identification. VA Medical Centers need to always assign the sponsor's SSN to the claim form when registering.

c. Ensuring that the sponsor's SSN is entered in the appropriate insurance data field.

d. Notifying TRICARE beneficiaries of these procedural changes at the TRICARE beneficiary's next VA Medical Center appointment.

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e. Contacting the TRICARE Managed Care Support Contractors (MCSCs) for changes in patient cost sharing amounts on a timely basis. Active duty service members never pay a co-payment or cost-share. *NOTE: Information on current co-payment and cost sharing amounts may also be found at <http://www.tricare.osd.mil/tricarecost.cfm>.*

f. Utilizing mandated offset programs, including internal Compensation and Pension (C&P) benefit offsets and the Treasury Offset Program (TOP), to assess Federal payments to the sponsor.

(1) The TRICARE sponsor is responsible for any co-payment debt belonging to a beneficiary of a sponsor.

(2) This is in addition to any Federal payments the spouse is receiving if the spouse's co-payments become delinquent.

(3) Failure to make co-payments resulting in a debt balance of over \$100 for more than 180 days, will result in VA's refusal to treat the TRICARE patient for non-emergency care.

g. Ensuring that any emergency care is provided.

5. REFERENCE: "TRICARE Costs" at: <http://www.tricare.osd.mil/tricarecost.cfm>.

6. FOLLOW-UP RESPONSIBILITY: The VA-DOD Liaison Office (10B4) is responsible for the content of this Directive. Questions may be addressed at 202 273-8411.

7. RECISSION: None. This Directive expires August 31, 2011.

Michael J. Kussman, MD, MS, MACP
Acting Under Secretary for Health

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