

EXPIRED - Operation Noble Eagle/Operation Enduring Freedom Reservist And National Guard (NG) Benefits Demonstration

1.0 PURPOSE

The purpose of this demonstration is to test if the Military Health System (MHS), with certain flexibility in operation, can ensure timely access to health care during a national crisis, maintain clinically appropriate continuity of health care to family members of activated reservists and guardsmen, appropriately limit the extraordinary out-of-pocket expenses for those family members, and remove potential barriers to health care access by families.

2.0 BACKGROUND

2.1 A number of reservists and members of the NG are being ordered to active duty in support of operations that result from the terrorist attacks on the World Trade Center (WTC) and the Pentagon on September 11, 2001. These individuals are being ordered to active duty under Executive Order 13223, 10 U.S.C. 12302, 10 U.S.C. 12301(d), or 32 U.S.C. 502(f). Such operations include for example, Operation Noble Eagle and Operation Enduring Freedom.

2.2 In many cases, reservist families live far from Military Treatment Facilities (MTFs), and are not supported by TRICARE provider networks. Some doctors do not participate in TRICARE, and by law may bill beneficiaries for up to 15% above TRICARE allowable amounts. Family members of reservists could face undue financial hardships if they use such providers.

2.3 In some cases family members of activated reservists and members of the NG are in the middle of a course of medical care (e.g., obstetrical care) which would be disrupted if the family member were suddenly required to continue their care at a military treatment facility.

2.4 Most reservists and members of the NG are enrolled in a commercial health plan when they are called to active duty. Since in nearly every case they will have paid a deductible under their commercial health plan, they would be unfairly penalized if they had to meet a second deductible under TRICARE for care provided to their family members.

3.0 POLICY

3.1 Effective September 14, 2001, this demonstration is authorized for family members of reservists or members of the NG as described in [paragraph 2.1](#). These beneficiaries will be identified by Special Indicator (SI) Code "02" on the Defense Enrollment Eligibility Reporting System (DEERS).

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3.2 The TRICARE Encounter Data (TED) record for each Noble Eagle/Enduring Freedom claim must reflect the Special Processing Code "NE".

3.3 Claims are to be paid from financially underwritten funds. On claims for care from non-participating professional providers, contractors shall allow the lesser of the billed charges or the balance billing limit (115% of the allowable charge). If the charges on a claim from a non-participating professional provider are exempt from the balance billing limit, the contractor shall allow the billed charges. This applies to all claims from non-participating professional providers for services rendered to Standard beneficiaries. In double coverage situations, normal double coverage requirements shall apply.

Note: This special demonstration payment provision does not apply to Prime beneficiaries. Family members of reservists or members of the NG who are called to active duty in support of Operation Noble Eagle/Operation Enduring Freedom and who are enrolled in Prime will be protected when they receive services outside the network under the provisions of [Chapter 8, Section 5](#).

3.4 In order to protect beneficiaries from incurring greater out-of-pocket costs under these special procedures, the beneficiary cost-share for these claims will be limited to what it would have been in the absence of the higher allowable amount under this demonstration. That is, the cost-share is 20% of the lesser of the CHAMPUS Maximum Allowable Charge (CMAC) or the billed charge. Any amounts that are allowed over the CMAC will be paid entirely by TRICARE.

3.5 TED records submitted for these non-participating professional claims that are reimbursed at the lesser of the balance billing limit or the billed charge are to be identified with Pricing Rate Code "W" but only if the allowed amount is greater than the CMAC. If the billed charge equals or is less than the CMAC, Pricing Rate Code "W" is not to be used. On the other hand, when the claim is reimbursed as billed because the billed charge is greater than the CMAC but less than the balance billing limit or the charges are exempt from the balance billing limit, Pricing Rate Code "W" is to be used.

3.6 All Non-Availability Statement (NAS) requirements are waived for beneficiaries identified by DEERS Special Indicator Code "02". TED records submitted for these beneficiaries are to use Care Authorization (CA)/NAS Exception Reason 9, "TRICARE Demonstration Project".

3.7 The TRICARE Standard and Extra deductible is waived for all beneficiaries identified by DEERS Special Indicator Code "02".

4.0 EVALUATION

4.1 The evaluation will assess the impact that the higher payment rates have on beneficiary access to care.

4.2 The evaluation will assess the financial impact of the higher payment rates.

4.3 The evaluation will assess the impact on the continuity of care for beneficiaries whose claims were paid at the higher rates and for whom the NAS requirements were waived.

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4.4 The evaluation will assess the financial impact of waiving the deductibles for these beneficiaries.

5.0 EFFECTIVE DATES

This demonstration is effective for claims for services provided on or after September 14, 2001, and before November 1, 2009.

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