

1 State of Arkansas  
2 85th General Assembly  
3 Regular Session, 2005

HCR 1005

4  
5 By: Representatives Roebuck, Wood, George, D. Creekmore  
6 By: Senators Wilkinson, J. Bookout, Trusty, T. Smith

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9 **HOUSE CONCURRENT RESOLUTION**

10 TO ENCOURAGE ALL PHYSICIANS AND HEALTHCARE  
11 PROVIDERS IN ARKANSAS TO ACCEPT TRICARE PATIENTS  
12 TO INCREASE THE AVAILABILITY OF MEDICAL SERVICES  
13 TO MEMBERS OF THE ARKANSAS NATIONAL GUARD AND  
14 RESERVES, ACTIVE-DUTY MILITARY PERSONNEL,  
15 MILITARY FAMILIES, AND VETERANS.

16  
17 **Subtitle**

18 TO ENCOURAGE ALL PHYSICIANS AND  
19 HEALTHCARE PROVIDERS IN ARKANSAS TO  
20 ACCEPT TRICARE PATIENTS.

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23 WHEREAS, members of the United States Armed Forces serve as volunteer  
24 citizen-soldiers, and have been vital to the defense of the nation for over  
25 three hundred sixty-five (365) years; and

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27 WHEREAS, the National Guard and Reserve components of the armed  
28 services have responded to every major national security threat in the  
29 history of the United States, from the Revolutionary War, War of 1812, World  
30 War I, World War II, the Korean War, and the Vietnam War, through Operation  
31 Desert Storm/Desert Shield, and, most recently, Operation Iraqi Freedom; and

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33 WHEREAS, the members of the armed services have undertaken numerous  
34 peacekeeping, security, and reconstruction efforts all over the world; and

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36 WHEREAS, the National Guard and Reserves account for only a fraction of



1 the defense budget, but allow the nation to almost double the size of its  
2 armed forces, making them an essential part of a total-force concept; and

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4 WHEREAS, since the terrorist attacks of September 11, 2001, the  
5 operational commitments of the United States Armed Forces, including the  
6 National Guard and Reserves, have increased significantly; and

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8 WHEREAS, currently three thousand two hundred fifty (3,250) Arkansas  
9 National Guard soldiers and airmen are serving on federal active duty; and

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11 WHEREAS, members of the National Guard and Reserves and their families,  
12 as well as active-duty military personnel and their families, and veterans,  
13 are insured by a health insurance program called TRICARE; and

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15 WHEREAS, TRICARE evolved from the Civilian Health and Medical Program  
16 of the Uniformed Services (CHAMPUS), which was created by Congress in 1966 to  
17 handle the needs of a growing population of dependents and retirees who could  
18 not get healthcare in a military treatment facility; and

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20 WHEREAS, recently, there have been numerous complaints from military  
21 personnel and their families about difficulties finding a physician or other  
22 healthcare provider who accepts TRICARE; and

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24 WHEREAS, there have been physician and healthcare provider complaints  
25 about the low reimbursement rates and slow processing and payment of TRICARE  
26 claims; and

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28 WHEREAS, according to the Government Accounting Office (GAO), the  
29 TRICARE reimbursement rates are aligned with the Medicare reimbursement  
30 rates, with the caveat that the reimbursement rates are also subject to  
31 negotiated agreements between regional managed care support contractors and  
32 healthcare providers (See "Defense Health Care: Reimbursement Rates  
33 Appropriately Set; Other Problems Concern Physicians," GAO/HEHS-98-80); and

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35 WHEREAS, according to the GAO publication entitled, "Defense Health  
36 Care: TRICARE Claims Processing Has Improved but Inefficiencies Remain (GAO-

1 04-69)", significant improvements have been made in the processing of TRICARE  
2 claims, including the following:

3 (1) The managed care support contractors are no longer required  
4 to hold claims with incomplete information and request the missing  
5 information from the provider or beneficiary, but can instead return some  
6 claims with missing information,

7 (2) The Department of Defense eliminated the preauthorization  
8 requirements for certain procedures and gave the managed care support  
9 contractors more latitude for determining when preauthorizations are  
10 appropriate,

11 (3) The Department of Defense gave the managed care support  
12 contractors the authority to decide whether to adjudicate electronically  
13 submitted claims more quickly than those submitted on paper to encourage  
14 providers to submit their claims electronically,

15 (4) Managed care support contractors have worked with their  
16 claims processors to implement new technologies for data input, claims  
17 routing, customer service, and claims submission, and

18 (5) Managed care support contractors and their claims processors  
19 have improved the timeliness with which they process claims, with over  
20 ninety-seven percent (97%) of claims paid in thirty (30) days or less in  
21 fiscal year 2002; and

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23 WHEREAS, despite all of the information that has been provided by the  
24 GAO, no one has been able to provide information regarding the number of  
25 primary care physicians who accept new TRICARE patients in different areas of  
26 the state or the reimbursement rates that are currently being paid to  
27 Arkansas physicians and healthcare providers,

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29 NOW THEREFORE,

30 BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES OF THE EIGHTY-FIFTH GENERAL  
31 ASSEMBLY OF THE STATE OF ARKANSAS, THE SENATE CONCURRING THEREIN:

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33 THAT the Eighty-fifth General Assembly of the State of Arkansas  
34 encourages each and every physician and health care provider in Arkansas to  
35 accept TRICARE patients to increase the availability of medical services to  
36 members of the Arkansas National Guard and Reserves, active-duty military

1 personnel, military families, and veterans.

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3 BE IT FURTHER RESOLVED that upon adoption of this resolution, the clerk  
4 of the House of Representatives shall mail a copy of this resolution to the  
5 following medical boards and associations with a request that each encourage  
6 its members to accept TRICARE patients:

- 7 (1) The executive secretary of the Arkansas State Medical Board,
- 8 (2) The executive director of the Arkansas State Board of Dental  
9 Examiners,
- 10 (3) The president of the Arkansas Medical Society,
- 11 (4) The president of the Arkansas State Dental Association, and
- 12 (5) The president of the Arkansas Osteopathic Association.

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14 BE IT FURTHER RESOLVED that upon adoption of this resolution, the clerk  
15 of the House of Representatives shall mail a copy of this resolution to each  
16 member of the Arkansas Congressional Delegation with the request that they  
17 continue to study TRICARE reimbursement rates and other problems with TRICARE  
18 to improve military, military dependent, and veteran access to physicians and  
19 other health care providers and that they support federal legislation to  
20 increase TRICARE funding.