



Tyndall AFB AF Member Tool Kit

(Last Updated 25 Oct 2001)



Preface

The longer people have TRICARE, the more they like it...

- 83% of beneficiaries are satisfied with access to care
- 90% of beneficiaries are satisfied with overall quality of care

Trends: satisfaction with access and quality increasing each year since TRICARE's inception

**View 2001 TRICARE Stakeholders' Report for more information,
http://www.tricare.osd.mil/stakeholders/downloads/stakeholders_2001.pdf**

Source: The Center for Naval Analyses and the Institute for Defense Analyses annual, congressionally-directed, independent evaluation of TRICARE - FY2000 Report covering eight TRICARE regions for which at least one full year of data was available.

Want to know how the Air Force Medical Service is doing right now? Visit our performance website at



<https://p2r2.usafsg.bolling.af.mil/dc/afmsmetrics/shortstart.cfm>

For additional TRICARE information, please visit the following websites:

- Air Force Medical Service, Health Benefits and Policy Division, <https://www.afms.mil/sqma>
- SG Newswire, <https://www.afms.mil/sqsiw/sqnews/index.htm>
- Military Health System, <http://www.tricare.osd.mil>

Table of Contents

TRICARE HEALTH PLAN OPTIONS	1
ENROLLMENT.....	2
HEALTH ENROLLMENT ASSESSMENT REVIEW (HEAR)	3
PRIMARY CARE MANAGEMENT.....	4
ACCESS	5
HEALTH CARE ADVICE LINE (HCAL).....	6
SPECIALTY REFERRAL MANAGEMENT.....	7
OUT OF AREA CARE.....	8
PCS IN- AND OUT-PROCESSING/E4 BRIEFING.....	9
CLAIMS/COST	10
CONTRACTOR	11
EMERGENCY CARE.....	12
PHARMACY.....	13
TRICARE PRIME REMOTE (TPR).....	14
GEOGRAPHICALLY SEPARATED UNIT COMMANDERS	15
CUSTOMER SERVICE (ADVICE/PROBLEMS).....	16
TRICARE DENTAL PROGRAM	17
CASE STUDY	18



1

TRICARE Health Plan Options

TRICARE is the name of the Defense Department's regional managed health care program for service families. Under TRICARE, you have three choices of ways in which to get your health care:

- **TRICARE Prime:** This is a voluntary health maintenance organization-type (HMO) option - mandatory for active duty. You must enroll in this option - no fee for active duty and their families; \$230/yr/individual, \$460/yr/family for retirees under age 65. Military treatment facilities (MTFs) are the principal source of health care, but you may receive care from the Prime network of civilian providers. (**TRICARE Plus** is available to all beneficiaries at MTFs where capacity permits and the beneficiaries reside within the MTF catchment area. This option offers Prime-like access within the MTF and no enrollment fee, but the TRICARE Standard/Extra cost shares and TRICARE for Life benefit apply to care received in civilian facilities.)
- **TRICARE Extra:** This is a preferred provider option (PPO) that saves the beneficiary money if they choose to use the Prime network of civilian providers. In this option, you don't have to enroll or pay an annual enrollment fee, but you do have to satisfy an annual deductible for outpatient care (deductibles do not apply to network pharmacy services). Cost shares apply, but at a lower percentage if you use a network provider.
- **TRICARE Standard:** This option is the CHAMPUS (indemnity, fee-for-service) program with a new name. It pays a share of the cost of covered health care services that you obtain from an authorized non-network civilian health care provider after you have met your annual deductible for outpatient care.

Question

Which TRICARE option is right for me and my family? While TRICARE Prime is often the best option, you need to consider several factors such as your health status, location, and your spouse's employment status/benefits. TRICARE provides Beneficiary

Counseling and Assistance Coordinators at MTFs and regional customer service toll-free numbers to help you better understand your options.



1

Beneficiary Counseling and Assistance Coordinator (BCAC)

- Your 325th Medical Group (325) MDG BCACs are Mr. Jim Blanchard and SSgt Robert Edwards
- **Debt Collection and Assistance Coordinator (DCAO)**

Mr. Jim Blanchard

Phone Numbers

- Tyndall AFB DSN 523-7331 commercial (850) 283-7331

TRICARE SERVICE CENTER
Beneficiary Services Representative
286-1000

Websites

- www.tricare.osd.mil (Department of Defense)

www.humana-military.com (Humana Military Health Services – HMHS)



2

Enrollment

“Enrolling” is the process of signing up for TRICARE Prime. For most people, enrolling in Prime is the most cost-effective TRICARE choice. It also gives you the best access to a military treatment facility (MTF). Space available appointments and admissions in an MTF may be difficult to obtain with TRICARE Standard or Extra. Enrolling in Prime guarantees:

- Timely access to health care
- A Primary Care Manager (PCM) - health care provider
- A focus on preventive care
- TRICARE Prime coverage away from home

There are no TRICARE Prime enrollment fees or co-pays (except for civilian pharmacy charges) for active duty and their family members. Beneficiaries must first be enrolled in the Defense Enrollment Eligibility Reporting System (DEERS) to prove eligibility. It is particularly important to register newborn children in DEERS and enroll them in Prime (no later than 120 days after they are born) to ensure continuity of coverage and avoid incurring medical charges. Enrollment forms received by the 20th of the month will become effective on the first day of the next month. Active duty and their family members are automatically re-enrolled every year unless they ask to be disenrolled. See Section 9, *PCS In- and Out-Processing*, for TRICARE Prime portability - how your health plan moves with you.

Question

How can I enroll in TRICARE Prime? Obtain an enrollment form during in-processing or by visiting/calling the local TRICARE Service Center.

2

How & Where to Enroll

To enroll in TRICARE Prime and designate the 325 Med Group as your primary care facility, visit the TRICARE Service Center.

The TRICARE Service Center is located in building 1406 on Mississippi Avenue, Tyndall AFB.

Phone Numbers

- TRICARE Service Center: (850) 286-1000

Beneficiary Services (Central office): (800) 444-5445

Websites

- 325th Med Group: www.tyndall.af.mil
www.humana-military.com



3

HEAR

Currently, completion of a Health Enrollment Assessment Review 1.3 (HEAR) form, or locally-developed similar form, is an important part of TRICARE. Each primary care manager team reviews the HEAR results for their patients in order to learn more about them. Although completion is voluntary for family members, this is a key part of providing appropriate medical care. All active duty should complete the HEAR form (or similar assessment) as part of their Preventive Health Assessment. We are eagerly awaiting the deployment of an electronic version of the HEAR 2 that will offer the ability to complete the HEAR at the point of service with immediate feedback to the patient.

Question

How often does the form need to be completed?

Family members need to complete it only once per enrollment in each region.

3

HEAR Process

- Hear forms are provided by the TRICARE Service Center upon Prime enrollment for beneficiaries age 18 and over.
- Forms can be requested by calling the Beneficiary Services toll free number.
- Air Force active duty personnel complete the HEAR form as part of their Preventive Health Assessment.

Phone Numbers

- HMHS (Beneficiary Services) (800) 444-5445
TRICARE Service Center 286-1000

Websites

- www.humana-military.com



4

Primary Care Management

Primary Care Managers (PCMs) are usually family practitioners, internists, pediatricians, physician assistants or nurse practitioners. Your PCM is normally your first stop for health care and will become familiar with your health care needs. All TRICARE beneficiaries who enroll in Prime will be assigned their own personal PCM. As part of our Primary Care Optimization strategy, PCMs work in teams to ensure 24-hour coverage and continuity of care. Our appointing systems are designed to search for appointments with your PCM first. If your PCM does not have any appointments available, you may be offered an appointment with another member of your PCM's team. Your PCM and his or her staff help coordinate the care you receive from specialists, hospitals, and other providers. You may be referred to other military and civilian providers in the TRICARE network when appropriate. These specialty appointments cannot be scheduled without a referral from your PCM. Your PCM may also work with a Health Care Finder to authorize some hospitalizations and outpatient procedures.

Question

If I am already confident that I need to see a specialist, do I need to contact my PCM before I go?

Yes. TRICARE Prime enrollees must first consult their PCM for specialty care. If it is necessary for you to see a specialist, your PCM will create a referral that explains to the specialist why you need to be seen and what evaluation has already occurred.

4

Team Listing

- New Prime enrollees and transfers are enrolled to a Tyndall AFB military Primary Care Manager (PCM). Our primary care clinics consist of Family Practice, Pediatrics and Flight Medicine. Family Practice accepts all eligible patients. Pediatrics accepts children and adolescents through age 17. Flight Medicine accepts all rated active duty members and their family members.

Procedures for Team Assignment

- Active duty members are assigned to specific PCM's designated for each squadron. They may change their PCM as provider space permits.
- Family members of active duty personnel, retirees and their eligible family members can choose their Tyndall PCM by name as provider space permits. PCM changes may be made twice in an enrollment year.

Phone Numbers

- Central appointments and all clinics: (850) 283-2778 or (800) 824-3454
- After hours PCM line: (850) 283-7591

Websites

- email for routine appointments www.tyndall.af.mil click on Tyndall units then on 325th Med Group, then on-line services.



5

Access

TRICARE Prime enrollees have top priority for access to care. Therefore, to be seen in a military treatment facility (MTF), your best bet is to enroll in TRICARE Prime. In general, you should expect to be seen within 24 hours for an acute (serious) illness; within one (1) week for a routine visit; within four (4) weeks for preventive health visits; and within four (4) weeks for a specialty care referral. *See section 12 for Emergency Care.*

Question

What is my priority for care in the MTF?

By law, priority for care at the MTF is based on the following:

- Active duty personnel
- Active duty family members enrolled in TRICARE Prime
- Retirees, Survivors and their family members enrolled in TRICARE Prime
- Active duty family members not enrolled in TRICARE Prime
- Retirees, Survivors and their family members not enrolled in TRICARE Prime
- Non-enrolled persons eligible for military health care will be seen at military hospitals and clinics on a space-available basis

5

Making Appointments

- Appointments are scheduled by calling the 325th Med Group central appointment line, or by scheduling on the 325th Med Group web page.

Clinic Hours

- The Tyndall Clinic hours of operation are:
Family Practice Clinic: 0730 – 1800 Monday – Thursday
0730 – 1630 Friday and 0800 – 1200 Saturday

Pediatric Clinic: 0730 – 1800 Monday – Thursday
0730 – 1630 Friday and 0800 – 1200 Saturday

Flight Medicine Clinic: 0700 - 1600 Mon/Tue/Thurs/Fri
0700 – 1400 Wednesday

Women's Health Clinic: Patient's are seen by PCM referral

Phone Numbers

- Central appointments and all clinics: (850) 283-2778 or (800) 824-3454

Websites

- email for routine appointments www.tyndall.af.mil click on Tyndall units then on 325th Med Group, then on-line services.



6

Health Care Advice Line

The Health Care Advice Line (HCAL), or in some regions called the Health Care Information Line (HCIL), offers guidance on health and wellness matters. The registered nurses manning the HCAL can help callers to determine if they need to call their primary care manager, or if it is serious enough to visit the nearest emergency room. They also offer general guidance on preventive health related issues and an extensive library of recorded information on a variety of health care topics.

Question

What is the function of the Nurse Advisor at the HCAL?

Nurse advisors are available in most regions, by phone, to provide advice and assistance that will enhance patient decision making about their health care. They are available 24 hours a day, 7 days a week, and can discuss treatment alternatives, symptoms, and illness prevention or can advise whether a situation warrants immediate medical attention. Any TRICARE-eligible person can use the service of the nurse advisor.

6

Contacting Health Care Advice Line

- Available 24 hours a day, 365 days a year, toll free

Phone Numbers

- Health Care Information Line: (800) 333-5331

Websites

- www.humana-military.com



7

Specialty Referral Management

A referral is a request from one provider (i.e., the “referring provider;” usually the primary care manager) to another provider (i.e., the “consultant;” usually a specialist) to evaluate a patient. In the referral, the referring provider should clearly state the question/problem to be evaluated. The consultant who evaluates the patient should clearly communicate his/her findings and recommendations to the patient and to the referring provider. Each managed care support contractor (MCSC) has different contractual requirements for assisting beneficiaries who receive a referral. In most situations, the referring provider or his/her clinic staff should be able to describe local procedures to the patient. If there is ever a question, beneficiaries can call the facility/office where they are enrolled, the nearest TRICARE Service Center, or their region's (region where the patient is enrolled) MCSC toll free number. A map of all TRICARE regions with their MCSC toll free numbers is located at <http://www.tricare.osd.mil/tricare/trimap2.html>

Question

How does a Health Care Finder assist the beneficiary in obtaining medical care?

For routine specialty referrals, the PCM sends a referral, on the patient's behalf to the health care finder, for authorization and assistance with locating a provider.

Phone Numbers

- Active duty family members and retirees and their eligible family members enrolled in TRICARE Prime should contact the Tyndall TRICARE Service Center Health Care Finder at (850) 286-1000 with questions regarding their specialty referral. Active duty members contact the Tyndall Health Plan Management Office referral clerk at (850) 283-7227.

Websites

- www.humana-military.com

8

Out of Area Care

Routine – TRICARE prime does not cover costs for routine care while you are away from home. If your need for care could have been handled before you left or delayed until you get home, it is considered “routine care”. Beneficiaries who seek routine care while away from home will have their claims paid at the **Point of Service** benefit level. For non-enrolled beneficiaries, TRICARE Standard deductibles and cost shares may apply.

Urgent - Care for a medical condition that, while not life or limb threatening, is serious enough that you cannot delay treatment. (For example, eye or ear infections and suspected bladder infections). Call your PCM for authorization prior to seeing a provider. Urgent care received while traveling will not be approved for payment unless treatment is authorized in advance by the PCM.

Emergency - Go to or call the nearest facility that is equipped to handle the situation. The beneficiary’s PCM must be called within 24 hours of receiving the care. TRICARE covers emergency medical services no matter where you are or which plan you use – Standard, Extra or Prime (Deductibles and cost shares may apply). Before leaving town, check with TRICARE personnel for additional information about services available in the area you will be visiting.

Question

What should I do if I’m a Prime enrollee and get sick while traveling outside my region?

In a non-emergency situation, contact your PCM for instructions. Authorization can also be obtained from your Health Care Finder.

8

Procedures for Out of Area Care

- When traveling (vacationing or moving) you should contact your PCM or the Region IV Health care Finder and request authorization for care.
- For after-hour emergencies, Prime enrollees may contact their PCM by calling the Tyndall central appointment line or the PCM after-hours line. Your PCM will be notified and your call promptly returned.

Phone Numbers

- Health Care Finder: (800) 333-4040
- Central appointments (800) 283-3454
- PCM after-hours line: (850) 283-7591 or (800) 284-3454

Websites

- www.humana-military.com



9

In- and Out-Processing

DoD requires that all active duty personnel attend In and out processing programs and that these programs include information on TRICARE benefits. This is an outstanding opportunity to educate our military family on the value of TRICARE. (Note: The Assistant Secretary of Defense/Health Affairs issued a policy on 6 April 2001 and the Air Force Surgeon General issued a policy on 15 October 2001 that E1 to E4 be briefed about their TRICARE benefit to ensure this particularly financially vulnerable population can make an informed decision to obtain the health care they deserve. This will occur during base in-processing and during other briefing opportunities as they arise. We must ensure that all E1 to E4 with eligible TRICARE family members are briefed on the financial and health care advantages of enrolling their family into TRICARE Prime). As a minimum, the medical portion of the program should include information on how to access health care at the military treatment facility (MTF) and in the community, and how to resolve problems accessing health care. In-processing at Tyndall occurs at the Military Personnel Flight (MPF) where representatives from the TRICARE Service Center and the 325th Medical Group provide an orientation to local services and offer the opportunity to enroll or transfer family members in TRICARE Prime. The MPF out-processing checklist requires all active duty personnel to visit the 325th Medical Group's Health Plan Management Office for information about obtaining health care en-route to your new assignment. Once you contact your PCM your medical claims will be processed by the Region IV Managed Care Support Contractor. You should not disenroll from your old region. When you transfer your enrollment to your new duty location, you will be automatically disenrolled from your old location. See also Section 8, *Out of Area Care*.

Question

If my family moves to a different region, are we (active duty) automatically assigned a new primary care manager (PCM), or do we have to re-enroll?

Enrollment in TRICARE Prime entails the assignment of a PCM, enrollment in the Defense Enrollment Eligibility Reporting System, and communication with the member on what enrollment in the TRICARE program means. All beneficiaries, including Active Duty (all Active Duty are required to enroll in TRICARE Prime, family members may choose their health plan option), must complete an enrollment form in order to be in TRICARE Prime. *You must transfer your family's Prime enrollment to their new location as soon as they arrive.*



What to do when in-processing at Tyndall and prior to/after PCS - What to do when retiring from active duty

- During base in-processing, the 325th Med Group staff will offer the opportunity to enroll or transfer family members to Region IV TRICARE Prime. Active duty members will complete a Prime enrollment form for their PCM assignment. The medical in-processing briefing addresses all areas of health care availability and related issues.
- Prior to your PCS, you will be required to visit the 325th Med Group Health Plan Management Office for a TRICARE briefing on obtaining health care en-route to your new assignment. You will be given brochures and a PCM card that provides guidance for contacting your Tyndall PCM. If you require health care en-route, first call the Tyndall PCM (the phone number is on your PCM card). If you are unable to reach the PCM, then call the Region IV Health Care Finder or contact the nearest military medical treatment facility for assistance.
- When in-processing at your new base, transfer your enrollment to your new area **as soon as you arrive**.
- The Health Plan Management Office provides TRICARE benefits briefings for active duty members scheduled for retirement and their family members. This briefing is on the last day of the Transitional Assistance Program briefing held twice monthly at the Family Support Center.

- **New retirees must send in the completed enrollment form with the enrollment fee by the 20th day of their last month of active duty service to ensure continuous TRICARE Prime coverage.**

Phone Numbers

- **325th Med Group Health Plan Management Office: (850) 283-7331**
- **Health Care Finder: (800) 333-4040**
- **PCM after hours care: (850) 283-7591 or (800) 824-3454**

Websites

- **www.humana-military.com**

10

Claims

Filing a claim in the TRICARE system can be a confusing process. Here are some general rules to help you understand how it works. First, filing a claim is never necessary if you see a provider at a military treatment facility. In general, claims are filed when a beneficiary sees a civilian provider. The exact process of filing a claim differs in each situation, depending upon the status of the provider. In some cases, the provider will file the claim; in others the beneficiary is responsible. For your sake, it's important to fill out the claim form correctly and to include any necessary paperwork. Equally important, all TRICARE-eligible persons must be enrolled in the Defense Enrollment Eligibility Reporting System - computerized eligibility checking system. If you have any questions about claims processing or want to check the status of your claims submission, please contact the claims processor, Palmeto Government Benefits Administrator (PGBA), or call your TRICARE Service Center representative.

Question

What are some of the main causes of slow claims processing?

In most cases, important information is missing from the claim. This includes the patient's name as it appears on his/her military ID card, sponsor's Social Security Number, patient's date of birth, other health insurance information and claims coding information.

Local Contact for Claims Issues and Your Cost

- For claim problems, you should first contact PGBA, then the TRICARE Service Center Beneficiary Services Representative. You can also obtain information about your claim by accessing www.myTRICARE.com. This website has a feature which permits beneficiaries access to the status of their claim.
- Beneficiaries who require assistance with claims sent to a collection agency or who have received an adverse credit rating from unpaid medical bills should contact the Debt Collection Assistance Officer (DCAO) Mr. Jim Blanchard.
- **On 1 April 2001, co-payments were eliminated for active duty family members enrolled in TRICARE Prime. These beneficiaries do pay the \$3/\$9 fee for prescriptions obtained from TRICARE network pharmacies. TRICARE Standard patients retain their \$50/\$150 individual annual outpatient deductible and a 20 percent cost share of the allowable rate.**
- **Prime enrollees who obtain civilian health care without PCM authorization pay Point of Service charges which includes a \$300/\$600 deductible then 50 percent of the maximum allowable charge.**

Name of Claims Processor

- Send claims to:
PGBA
TRICARE Region3/4
PO Box 7031
Camden, SC 29020-7031



Phone Numbers

- PGBA active duty claims: (877) 249-9179
- PGBA non-active duty claims: (800) 403-3950
- TSC/BSR: (850) 286-1000 or (800) 444-5445
- 325th Med Group BCAC/DCAO, Mr. Jim Blanchard, (850) 283-7331

Websites

- www.humana-military.com
- www.myTRICARE.com

Contractor

TRICARE contractors provide specific services to expand and/or supplement the capabilities of the military treatment facility (MTF). These may include TRICARE Prime enrollment, disenrollment, enrollment transfer, primary care manager assignment, routine and specialty appointment assistance, case management, arranging networks of providers and pharmacies in areas where there is not an MTF, grievance and complaint resolution, claims processing assistance and dispute resolution.

Question

How do TRICARE Service Centers assist beneficiaries?

TRICARE Service Centers are staffed by health care professionals who help beneficiaries get authorized services they need.

- Beneficiary Services Representatives help explain the options available to you and assist in your choice of the program that suits you best. They can enroll you in TRICARE Prime, assist with the selection of a PCM, and help resolve any billing problems.
- Health Care Finders make appointments and help find specialists when you need them. They also provide names of doctors participating in the TRICARE network.
- TRICARE Service Centers also provide beneficiaries TRICARE information packages describing the features of each of the TRICARE options and what alternatives are available for each beneficiary category.

TRICARE Service Center

- The TRICARE Service Center is located in building 1406 on Mississippi Avenue, Tyndall AFB

Phone Numbers

- TRICARE Service Center: (850) 286-1000
- Beneficiary Services: (800) 444-5445

Websites

- www.humana-military.com
- www.myTRICARE.com

12

Emergency Care

In the event of a life or limb threatening condition requiring **immediate** medical treatment, you should go to the nearest facility equipped to handle your situation, such as a hospital emergency room. TRICARE covers appropriate emergency medical services wherever you are and no matter what plan is used (Prime, Standard, or Extra; NOTE: cost shares and deductibles apply for Standard and Extra beneficiaries). Emergency care does not require a pre-authorization, although the beneficiary's primary care manager or the health care finder must be called within 24 hours of receiving the care. Additionally, it would be prudent to save your receipts for claim purposes.

Question

How do we obtain emergency care under TRICARE?

Any eligible beneficiary should access the nearest emergency room of any military or civilian hospital for true emergencies, regardless of which TRICARE option you use.

Local Procedures for Emergencies

- The 325th Med Group does not have an emergency department. Call 911 for assistance.
- 911 calls placed from Tyndall AFB will be routed to our ambulance service. 911 calls from the local community will be routed to Bay Medical Center.
- Patients requiring emergency transport will be taken to either Bay Medical Center or Gulf Coast Medical Center.
- **If time permits and it is not a life threatening issue then TRICARE Prime patients are to call their PCM before going to the civilian emergency room. You must call your PCM within 24 hours of obtaining this emergency care.**

Phone Numbers

- Emergency: 911

Websites

- 325 Med Group: www.tyndall.af.mil click on Tyndall units then on-line services

13

Pharmacy

TRICARE makes it easy for all beneficiaries to get prescriptions filled through four different options:

- Military Treatment Facility (MTF)
- National Mail Order Pharmacy Program (NMOP)
- Network Pharmacy
- Non-Network Pharmacy

Beneficiaries who have their prescriptions filled at the MTF, or through the NMOP, obtain the largest selection of medications at the lowest cost. If they use a network or non-network pharmacy, their out-of-pocket expense will be higher, in some cases significantly, i.e. Point of Service for Prime enrollees. Medicare-eligible beneficiaries now have the same access to prescriptions as all other beneficiaries through the TRICARE Senior Pharmacy Benefit program.

Question

What medications are available through the NMOP?

The NMOP is for prescriptions that you take on a regular basis, such as medication to reduce blood pressure or treat asthma, diabetes, or any long-term health condition. It is not intended to be used for acute medications like antibiotics.

Pharmacy Hours/Locations

- The Tyndall satellite pharmacy is located in the BX/Commissary complex for new prescriptions and refills.
- The hours of operation are
0900 – 1800 Monday through Thursday
0900 – 1700 Fridays
CLOSED SATURDAY AND SUNDAY
The main clinic pharmacy only fills new prescriptions written by Tyndall clinic providers. Their duty hours are 0730 – 1800 Monday – Thursday, 0730 – 1630 Fridays and 0800 to 1200 Saturdays. **CLOSED SUNDAY**
Civilian prescriptions (new or refills) can also be obtained from a TRICARE network pharmacy. Participating pharmacies can be found in the Provider Network Directory that is available at the TRICARE Service Center or the Health Plan Management Office.
Active duty family members enrolled in Prime have a \$3/\$9 co-payment for a 30 day prescription filled at a network pharmacy or \$3/\$9 for a 90 day supply through the National Mail Order Pharmacy program. Active duty members do not have a co-payment.

Phone Numbers

- Pharmacy patient information line; (850) 283-7576
- Pharmacy refill: (850) 283-7177 or (800) 356-5273
- National Mail Order Pharmacy (NMOP): (800) 903-4680
- NMOP for hearing impaired: (800) 759-1089



Websites

- 325th Med Group: www.tyndall.af.mil click on Tyndall units then on 325th Med Group

14

TRICARE Prime Remote

TRICARE Prime Remote (TPR) is for Active Duty, Reserve and National Guard members. To be eligible for TPR, these members must **reside and work** more than 50 miles from a military treatment facility (MTF). (NOTE: Geographic barriers and other circumstances may justify “remote” designations that are less than 50 miles from an MTF). Additionally, Reserve and National Guard members must be on active duty orders for 31 or more consecutive days. TPR enrollees are assigned civilian primary care managers (PCMs) in their local community. Receiving care locally decreases lost duty time spent traveling to the nearest MTF. Additionally, TPR enrollees can establish a relationship with their PCM, ensuring quality and convenient health care. If you live in an area where TRICARE does not have a network provider, ask for a TRICARE-authorized provider. If your PCM or provider thinks you need to see a specialist, your PCM must obtain a preauthorization from a Health Care Finder before you obtain the specialty care. If you do not have a PCM, you must call the Health Care Finder to obtain authorization to see the specialist.

Question

How do I find out if I am eligible for TPR?

Check the TPR Website: <http://www.tricare.osd.mil/remote>

Or, call the TPR information line for your state

TPR Information State/Local Contact Hours/Locations

- For enrollment information and sources of health care in Region IV, call HMHS
- To obtain a TPR enrollment form go to the HMHS website
- For additional guidance or problem resolution call the Region IV Lead Agent point of contact at Keesler AFB, Ms
- For questions pertaining to active duty members obtaining dental care call the Military Medical Support Office (MMSO)

Phone Numbers

- For assistance with enrollment call HMHS at (877) 249-9179 from 0800 – 1900 Monday – Friday
- For help locating health care and for pre-authorization call HMHS (877) 249-9179 24 hours a day seven days a week
- Lead Agent (CMSgt Sanders) (228) 377-9642
- MMSO: (888) 647-6676

Websites

- DoD: www.tricare.osd.mil
- HMHS: www.humana-military.com to enroll in TPR select beneficiary resources on the home page, select 'download forms', select TPR enrollment and print the form
- TPR: www.tricare.osd.mil/remote/
- MMSO: navymedicine.med.navy.mil/mmso



15

Geographically Separated Unit Commanders

Geographically Separated Unit (GSU) commanders receive Operation Command Champion (OCC) based on one of the following three categories, which apply to them.

- **Have AF military treatment facility (MTF) within 50 miles of unit location:**
GSU's MAJCOM/SG will coordinate the GSU's inclusion in the MTF's OCC program via the MTF's MAJCOM/SG
- **Have non-AF MTF within 50 miles of unit location:** GSU's MAJCOM/SG will provide the GSU's line commander with the OCC Commander's Tool Kit, non-AF MTF TRICARE office phone number (GSU/CC must contact this office to complete local information in Tool Kit), and instructions on how to join TRICARE Management Activity Newsletter e-mail distribution list
- **Do not have an MTF within 50 miles of unit location:** GSU's MAJCOM/SG will provide the GSU's line commander with the OCC Commander's Tool Kit (see TRICARE Prime Remote section) and instructions on how to join TRICARE Management Activity Newsletter e-mail distribution list

Question

Are members living closer than 50 miles to a MTF with geographic boundaries that create undue hardship for travel, eligible to enroll in TRICARE Prime Remote?

Yes, but they must obtain a waiver from their Lead Agent.

GSU's MAJCOM/SG Point of Contact

- At AETC/SG call Major Michele Schott
- At Region IV lead Agent call CMSgt Sanders

Phone Numbers

- AETC/SG: (210) 652-3022
- Lead Agent: (228) 377-9642

16

Customer Service

Are you pondering over whether to choose TRICARE Prime, Standard or Extra for your family? Are you having difficulty getting an appointment? Did you receive a medical bill that you do not understand? These are all questions that may occur when using your TRICARE health benefit. To provide you with advice and help resolve problems that may occur, the Military Health System offers various services tailored to meet your specific need. Contact information for the following services is listed at

<http://www.tricare.osd.mil/main/help.html>

- Managed Care Support Contractor (MCSC) - all issues
- TRICARE Service Center (TSC) - enrollment, referrals, claims
- Debt Collection Assistance Officer (DCAO) - collection or bad credit report (*not for claims issues*); available at your military treatment facility (MTF) and Lead Agent Office
- Beneficiary Counseling and Assistance Coordinator (BCAC) - available at your MTF and Lead Agent Office for problems not adequately resolved through other sources

Question

What do I do if my MTF BCAC is not adequately resolving my issue?

Speak to your MTF TRICARE Flight Commander or MTF senior leadership. If your problem persists, contact your Lead Agent BCAC.

Contact Hours/Locations

- Humana Military Health Services 24 hours/7days
- TRICARE Service Center 0730 -1630 Mon - Fri
- Debt Collection Assistance Officer 0730 – 1630 Mon - Fri
- Beneficiary Counseling and Assistance Coordinator 0730 – 1630 Mon - Fri
- Region IV Lead Agent 0730 – 1630 Mon - Fri

Phone Numbers

- Humana: (800) 444-5445
- TRICARE Service Center: (850) 286-1000
- Beneficiary Counselor and Assistance Coordinator: (850) 283-7331 at Tyndall AFB
- Lead Agent at Keesler AFB Ms: (228) 377-8832

Websites

- HMHS: www.humana-military.com
- email: james.blanchard@tyndall.af.mil
- email: Natalie.Nicholson@keesler.af.mil



TRICARE Dental Program (TDP)

The TDP is a dental insurance program available to active duty family members, Selected Reservists (SRs), Individual Ready Reservists (IRRs), and SR/IRR family members. The current five-year TDP contract was awarded to United Concordia Companies, Inc. (UCCI), and began 1 Feb 01. The TDP provides a comprehensive dental benefit to include general and specialty care. New enhancements to the contract include: general anesthesia, intravenous sedation, increased annual maximum (from \$1K to \$1.2K), increased lifetime orthodontic maximum (from \$1.2K to \$1.5K), athletic mouthpieces, etc. Additionally, cost-shares for some services have been reduced for grades E1 to E4 to encourage utilization of the benefit. Enrollment in the TDP is voluntary, continuous, portable worldwide, and requires a 12-month commitment. A *single* enrollment includes one covered eligible beneficiary; *family* enrollment includes two or more. For the *premium sharing* plan, the enrollee pays 40% of the monthly premium and the government pays 60%. Active duty family members, SRs, IRRs (Special Mobilization Category) and family members of reservists on active duty for more than 30 days are eligible for the premium sharing plan. For the *full premium* plan, the enrollee pays 100% of the monthly premium. Enrollment in this plan is available to IRRs (not Special Mobilization Category) and family members of SRs and IRRs. Current premiums (through 31 Jan 02) are: (1) *premium sharing* plan, \$7.63 single, \$19.08 family; and (2) *full premium* plan, \$19.08 single, \$47.69 family.

Question

How can I enroll in the TDP? Sponsors can enroll family members (or themselves if SR or IRR) by completing a TDP enrollment form. These forms can be acquired at the MTF, DTF, contractor's website (www.ucci.com), or by calling UCCI at 1-888-622-2256.

Contact Hours/Locations

- Call the United Concordia (UCCI) help desk Mon – Fri 0800 – 0330, closed Sat at 0330 until Sun at 1900 located at Camp Hill, Pa
- Tyndall Beneficiary Counseling and Assistance Coordinator 0730 – 1630 Mon - Fri

Phone Numbers

- UCCI: (800)-866-8499
- Tyndall: (850)-283-7331

Websites

- www.ucci.com
- email: james.blanchard@tyndall.af.mil

18

Case Study - Out-of-Area Care

Problem:

Major X and his family were ***vacationing away from the TRICARE Region*** where he and his family were enrolled when his son developed a temperature of 104°.

Solution:

EMERGENCY CARE: If Major X believed his son needed emergency care, he should immediately call 911 or take him to the nearest emergency room. If possible, he should call the child's PCM before obtaining this care. If unable to call then he must notify the PCM within the next 24 hours. The PCM will ask questions regarding the care received and once approved will ensure that a referral is sent to the TRICARE Service Center authorizing the care. When the emergency room billing clerk asks about insurance coverage he should provide his son's TRICARE Prime ID card and give them the TRICARE Region IV claims address (located on your yellow PCM card).

URGENT CARE (NOT AN EMERGENCY): For urgent care, prior to receiving care for his son, Maj X should call his son's PCM for pre-authorization. Once the out-of-area visit is pre-authorized, Maj X may seek the required urgent care for his son. Locating a TRICARE network provider by first contacting the Region IV contractor for assistance.

UNSURE WHAT LEVEL OF CARE IS NEEDED: The contractor also has a Nurse Advice Line available to assist Maj X in determining whether his son requires care on an urgent or emergent basis.

Health care received from a civilian provider (in any capacity) without authorization from the patient's PCM will process at Point-of-Service. That is, the sponsor/patient will pay the first \$300 of an annual Point of Service deductible of \$600 and then 50 percent of the maximum allowable charge.

