

TRICARE Fundamentals Course

Who We Are and Our History

13

Participant Guide

References

TRICARE Policy Manual
MHS Stakeholders Report



Module Objectives



- Explain the structure of the Military Health System (MHS)
- Identify the TRICARE Stateside and Overseas regions
- Explain the purpose of the National Defense Authorization Act (NDAA)
- Define TRICARE and how it has evolved

1.0 The Military Health System (MHS)

The Military Health System (MHS) is the interconnected and interdependent web of organizations that carry out the military health care mission. The MHS includes those employed by the Department of Defense (DoD) to deliver care on the battlefield, on ships, in the air, and in military hospitals and clinics. It includes partners in the TRICARE purchased care system who deliver care to DoD beneficiaries in civilian hospitals and clinics throughout the world. The MHS supports health care delivery activities that meet the unique needs of the military health system, (e.g., training and education centers for physicians, nurses, technicians and administrators; research and development centers around the globe; and experts who manage one of the largest health plans in the world).

1.1 The Mission of the MHS:

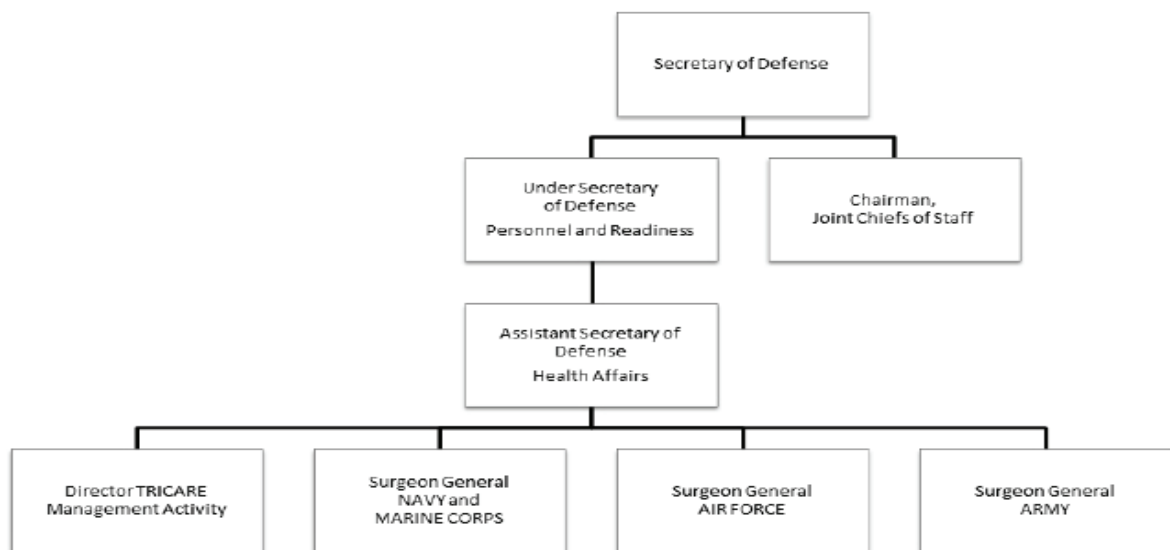
To provide optimal health services in support of our nation's military mission—anytime, anywhere.

1.2 The Vision of the MHS:

To be:

- The provider of premier care for our warriors and their families
- An integrated team ready to go in harm's way to meet our nation's challenges at home or abroad
- A leader in health education, training, research, and technology
- A bridge to peace through humanitarian support
- A nationally recognized leader in prevention and health promotion
- Our nation's workplace of choice

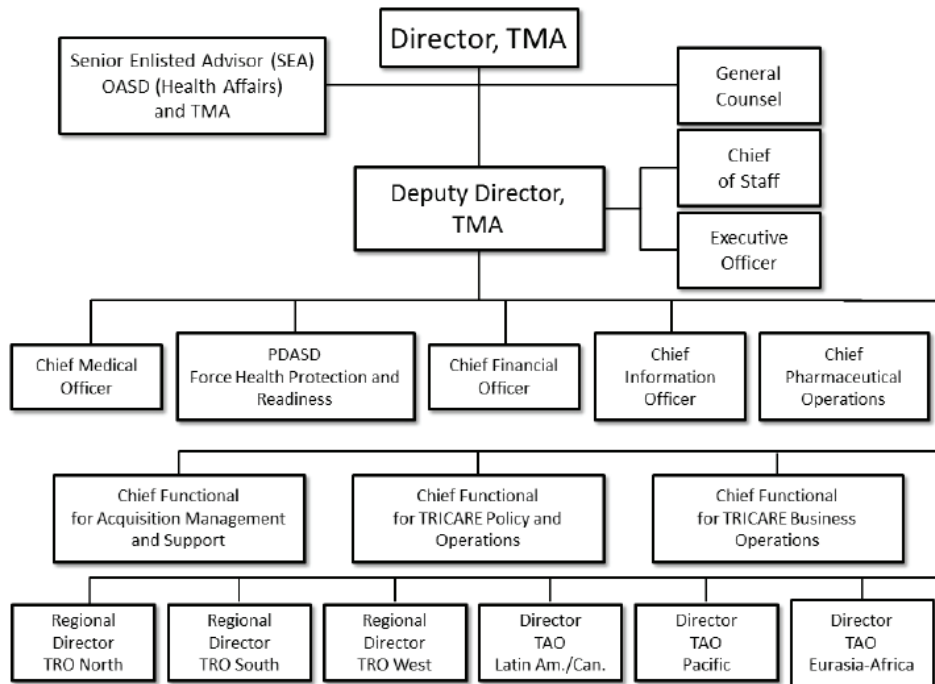
2.0 Organizational Structure of the Military Health System



3.0 TRICARE

TRICARE is the health care program serving active duty service members, retirees, their families, survivors and certain former spouses, and other eligible beneficiaries worldwide. As a major component of the Military Health System, TRICARE brings together the health care resources of the uniformed services and supplements them with networks of civilian health care professionals, facilities, pharmacies and suppliers to provide access to high-quality health care services, while maintaining the capability to support military operations.

4.0 TRICARE Management Activity (TMA)



4.1 TMA Charter

The TRICARE Management Activity was formally established under Department of Defense Directive (DoDD) 5136.12 on May 31, 2001. TMA is a field activity of the Under Secretary of Defense for Personnel and Readiness. DoDD 5136.12 is the TMA Charter and solidifies TMA's mission, responsibilities and organizational structure.

4.2 TMA

The TMA executes Health Affairs (HA) policy, develops TMA policy, oversees TRICARE's health care plan for eligible beneficiaries worldwide, and manages TRICARE financial matters.

4.3 Assistant Secretary of Defense for Health Affairs

The Assistant Secretary of Defense for Health Affairs (ASD/HA) is also the Director, TMA. The ASD/HA administers the MHS and serves as principle advisor to the Secretary of Defense for health issues.

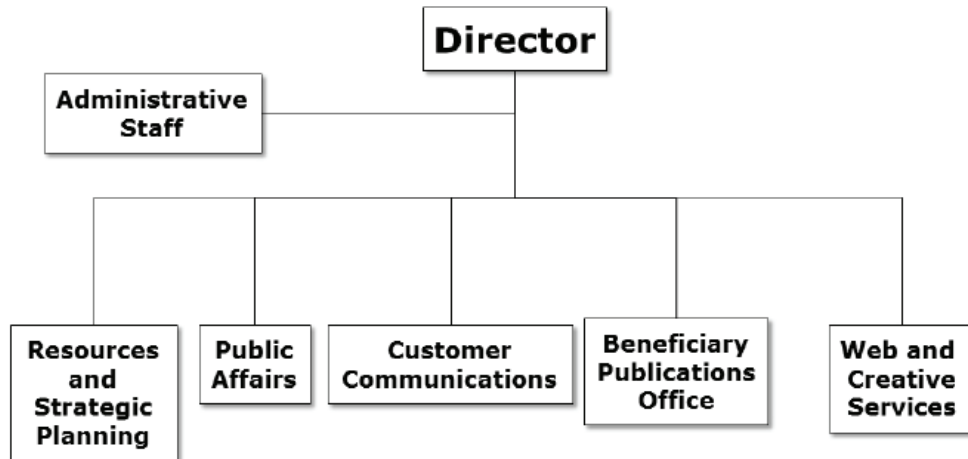
4.4 Deputy Director, TRICARE Management Activity

The Deputy Director of TRICARE Management Activity serves a principal advisor to the Assistant Secretary of Defense for Health Affairs on DoD health plan policy and oversight of the health plan performance.

4.5 TRICARE Area Office (TAO) and TRICARE Regional Office (TRO) Directors

TRICARE Area Office Directors and TRICARE Regional Office Directors are responsible for planning and delivering services to meet the health care needs of beneficiaries in their area of responsibility.

5.0 TMA Communications and Customer Service (C&CS) Organizational Chart



5.1 TMA Communications and Customer Service Directorate

- Coordinates communications to the media, beneficiary associations or other external organizations.
- Manages the TRICARE Beneficiary and TMA corporate web sites.
- Provides a liaison to program managers for communication and education efforts.
- Creates and manages TRICARE-focused communication and educational products in collaboration with subject matter experts.
- Determines appropriate communications tools to promote TRICARE initiatives.
- Distributes beneficiary and provider education materials.
- Develops and executes crisis communications plans, when necessary.

5.1.1 Communications Research and Planning Office

The Communications Research and Planning Office conducts research and market analysis in support of beneficiary programs, creates communications plans for TMA, manages health promotions campaigns for TMA and other public health partners, manages TMA evaluates and input to other DoD evaluates and manages the distribution of health promotions products for DoD customers.

5.1.2 Public Affairs Office

The Public Affairs Office is the primary liaison between TMA and media representatives, beneficiary associations, and public affairs offices throughout the MHS, the DoD, and other federal agencies. The Public Affairs Branch prepares news releases on behalf of TMA, coordinates press interviews, writes and creates communications plans, prepares talking points and other background information papers for MHS leaders, issues rebuttals to negative news coverage and manages the TRICARE pressroom.

5.1.3 Customer Communications Branch (CCB)

The Customer Communications Branch is concerned with the quality of TRICARE customer service and beneficiary education across the MHS. The CCB educates MHS customer service and beneficiary education personnel to prepare them to handle beneficiary inquiries. It administers TRICARE University (tricare.mil/tricareu), an online and in-residence TRICARE training program, and is the TMA's liaison to Beneficiary Counseling and Assistance Coordinators (BCACs) and Debt Collection Assistance Officers (DCAOs) at regional offices and in military treatment facilities (MTFs).

5.1.4 TRICARE Beneficiary Publications Office

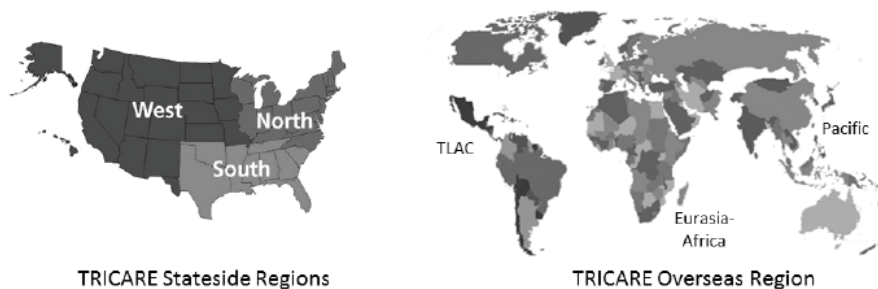
The Beneficiary Publications Office, in collaboration with subject matter experts, produces beneficiary focused education materials such as handbooks, brochures, booklets, newsletters, flyers and briefings. The TBPO manages an electronic warehousing and inventory distribution system that provides for the worldwide distribution of TRICARE products. On the TRICARE Smart site (tricare.mil/tricaresmart) beneficiaries can access published materials online and designated MHS support staff can order materials in bulk for distribution to TRICARE beneficiaries.

5.1.5 Web and Creative Services Branch

The Web and Creative Services Branch manages the content, look and feel of the TRICARE.mil web site and the TRICARE Beneficiary portal. Web and Creative Services facilitates the development of new web sites, coordinates and reviews all content for appropriateness, and reviews previously posted documents for accuracy. Additionally, they provide graphic support within C&CS and throughout TMA.

6.0 The TRICARE Regions

The TRICARE plan oversight is managed through four geographic health services regions. Each region has a regional contractor who administers coordination of health care services between military hospitals and clinics and a network of civilian hospitals and providers.



6.1 North Region

The North region encompasses Connecticut, Delaware, the District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin, and portions of Tennessee (Ft. Campbell area), Iowa (Rock Island Arsenal area), and Missouri (St. Louis area).

6.2 South Region

The South region encompasses Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Oklahoma, South Carolina, Tennessee (except the Ft. Campbell area), and Texas (except the southwestern corner including El Paso).

6.3 West Region

The West region encompasses Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa (except the Rock Island Arsenal area), Kansas, Minnesota, Missouri (except the St. Louis area), Montana, Nebraska, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Texas (the southwestern corner including El Paso only), Utah, Washington, and Wyoming.

6.4 Overseas

The overseas region is divided into three geographic areas: Eurasia-Africa, Latin America and Canada, and Pacific. These areas are supported by TRICARE Area Offices (TAOs) and a single overseas contractor, International SOS.

7.0 TRICARE Regional and Overseas Areas Offices

Each of the three stateside TRICARE regions is administered by a separate TRICARE Regional Office (TRO): TRO-North, TRO-South, and TRO-West. The TRICARE Area Offices (TAOs) oversee care in the overseas region. The TROs and TAOs are government entities that oversee the regional contractors to ensure they fulfill their contractual responsibilities.

7.1 TRICARE Overseas Region

Outside the Continental United States there is one overseas region divided into three areas which operate in the same manner as the stateside regions:

- Eurasia-Africa
- Pacific
- Latin America and Canada

7.2 TRICARE Overseas Areas

Toll-Free Phone	Eurasia/Africa: +44-20-8762-8384 Pacific: (Singapore) +65-6339-2676 (Sydney) +61-2-9273-2710 Latin America & Canada: 215-942-8393
Web Site	www.tricare-overseas.com

7.3 Claims Processor-Overseas

The claims processor for the entire overseas region is Wisconsin Physicians Service (WPS-overseas).

Claims Web Site	www.tricare4u.com
Claims Mailing Address	Active Duty Service Member Claims Only: TRICARE Overseas - ADSM P.O. Box 7968 Madison, WI 53707-7968 TRICARE Overseas - (Eurasia-Africa) P.O. Box 8976 Madison, WI 53707-8976 TRICARE Overseas - (Pacific and Latin America/Canada) P.O. Box 7985 Madison, WI 53707-7985 WPS/TRICARE for Life P.O. Box 7890 Madison, WI 53707-7890

8.0 TRICARE Regional Contractors

Each of the regions has a regional contractor. Their role is to help support and augment the services available at MTFs by developing a network of civilian hospitals and providers to meet the health care needs of TRICARE beneficiaries and carry out contractually required administrative functions.

8.1 Regional Contractor Responsibilities

The regional contractors perform varied functions at the regional level, including the following:

- Establishing and maintaining the TRICARE provider network
- Operating TRICARE Service Centers
- Delivering customer service and administrative support (e.g., enrollment, disenrollment, and claims processing)
- Managing the referral and authorization function
- Maintaining quality and disease management programs
- Performing utilization and medical review for referrals to the network according to best business process
- Operating beneficiary information call centers
- Providing communications and educational materials to beneficiaries and providers

8.2 North Region Contractor (Health Net Federal Services, LLC.)

Toll-Free Phone	877-874-2273 or 877-TRICARE
Web Site	https://www.hnfs.com
Claims Mailing Address	Health Net Federal Services, LLC c/o PGBA LLC/TRICARE P.O. Box 870140, Surfside Beach, SC 29587-9740
Toll-Free Phone for Claims	800-930-2929
Claims Web Site	www.mytricare.com

8.3 South Region Contractor (Humana Military Health Care Services, Inc)

Toll-Free Phone	800-444-5445
Web Site	www.humana-military.com
Claims Mailing Address	TRICARE South Region Claims Department, P.O. Box 7031, Camden, SC 29020-7031
Toll-Free Phone for Claims	800-403-3950
Claims Web Site	www.mytricare.com

8.4 West Region Contractor (TriWest Healthcare Alliance)

Toll-Free Phone	888-874-9378 [888-TRIWEST]
Web Site	www.triwest.com
Claims Mailing Address	West Region Claims P.O. Box 77028, Madison, WI 53707-7028
Toll-Free Phone for Claims	888-874-9378
Claims Web Site	www.tricare4u.com

9.0 MTF Commander Role As It Relates to TRICARE

- Responsible for managing health care delivery for the active duty personnel and TRICARE beneficiaries enrolled to or seen within the MTF.
- May enter into resource sharing agreements or have providers refer patients to a network civilian provider if the MTF cannot or does not have the capacity or capability to provide medical care.

9.1 Beneficiary Counseling and Assistance Coordinator (BCAC)

- Legislatively mandated.
- Advocates for beneficiaries and provides assistance on TRICARE benefits.
- Serves at each TRICARE Regional/Area/Office and MTF.
- Works closely with the regional contractors, and claims processing staff.
- Improves customer service and satisfaction, enhances beneficiary education.

- BCAC directory is available on the TRICARE web site at: tricare.mil/bcacdcao.

9.2 Debt Collection Assistance Officer (DCAO)

- Directed by the Under Secretary of Defense (Personnel and Readiness).
- Serves at each TRICARE Regional Office and MTF.
- Becomes involved when a beneficiary is notified of collection action or has a negative credit report.
- Resolves TRICARE-related debt collection cases using established policies and guidelines.
- DCAO directory is available on TRICARE web site at: tricare.mil/bcacdcao.

10.0 TRICARE Service Centers (TSCs)

The TSCs are usually located within or close to a MTF to provide information and assistance to beneficiaries regarding the TRICARE benefit. The TSCs are staffed by regional contractor employees and are separate entities from military staff.

10.1 Services Offered by the TRICARE Service Center

- Information about basic TRICARE benefits and the various TRICARE options and premium-based programs.
- Enrollment and application assistance.
- Primary care manager selection assistance; TRICARE network provider lists.
- Authorizations for civilian specialty care.
- Assistance with region-specific claims issues.

11.0 Legislation

11.1 National Defense Authorization Act (NDAA)

The NDAA is under the jurisdiction of the Senate and House Armed Services Committees. In the NDAA, Section VII is Health Care. The NDAA provides statutory direction across all DoD programs by either establishing, changing, or eliminating programs and activities.

Congress develops and directs TRICARE changes through the annual NDAA process. Although changes are listed in the NDAA, implementation dates may be staggered due to the following factors:

- Funding
- Policy creation and revision
- Contract awards and modifications
- Public feedback on contractor awards or modifications

11.2 Defense Appropriations Act (DAA)

The DAA provides funding or budget authority for authorized agencies, programs, and activities. It establishes spending levels for programs and activities and is under the jurisdiction of the Senate and House Appropriations Committees.

11.3 Title 10

- The U.S. Code is divided into 50 titles
 - Title 10 covers Uniformed Services affairs
 - Chapter 55 of Title 10 covers medical and dental care
- When laws are enacted that affect military health care, Title 10, Chapter 55 is normally amended.

11.4 Title 32

U.S. Code that covers National Guard Affairs.

11.5 Code of Federal Regulations (32 CFR) Part 199

After the NDAA and DAA become public law, executive departments and agencies implement laws by publishing their rules in the Federal Register. The rules explain how the DoD will implement the law. Part 199 contains the regulations published in the Federal Register relating to TRICARE.

12.0 Military Health Care and TRICARE

Prior to 1884, Military Medical Care Was for Military Members Only

- **1775:** Congress established a “hospital” (actually a medical department) in Massachusetts with a Director-General (chief physician of the hospital), four surgeons, a pharmacist, and nurses (usually wives or widows of military personnel) to care for military members
- **1818:** Secretary of War, John C. Calhoun established a permanent medical department

Military Medical Care for Families

- **1884:** Congressional declares-“Medical officers of the Army and contract surgeons shall, whenever possible, attend to the families of the officers and soldiers free of charge”
- **1943:** Congress authorizes Emergency Maternal and Infant Care Program (EMIC)
 - Provided maternity care and care of infants up to one year of age for wives and children of uniformed service members in the lower four pay grades
 - Administered through state health departments
- **1956:** Dependents Medical Care Act-amendments to this act created what would be called CHAMPUS
- **1966:** Civilian Health and Medical Program for the Uniformed Services (CHAMPUS) authorized ambulatory and psychiatric care for active duty family member**1967:** Retirees, their family members, and certain surviving family members of deceased military sponsors were brought into program

Health Care Under CHAMPUS

- **1965 to 1993:** CHAMPUS
 - Served the military for over 30 years
 - A cost-sharing program used to provide civilian inpatient and outpatient care for:
 - Active duty family members from civilian sources when they were unable to get inpatient and outpatient care through a military hospital or clinic
 - Family members of either deceased or retired personnel or retired military personnel and their family members under the age of 65
 - Space available care in MTF was open to all non-active duty
 - Civilian care required:
 - Annual deductible
 - Cost share for every visit
 - Non-availability statements for inpatient care

CHAMPUS Demonstrations

- **1980s:** CHAMPUS “demonstration” projects
- **1988:** CHAMPUS Reform Initiative (CRI)

- Implemented in California and Hawaii
- Offered family members a choice of ways in which they could use their military health care benefits
- Five years of successful operation and high levels of patient satisfaction

TRICARE Implementation

- **1993:** Department of Defense officials, along with Congress, extended and improved the CRI
- The improved program was called TRICARE (CHAMPUS became TRICARE Standard)
- With the implementation of TRICARE name, three basic options were introduced:
 - TRICARE Prime—TRICARE's health maintenance option
 - TRICARE Standard—TRICARE's fee-for-service option
 - TRICARE Extra—TRICARE's preferred provider option

13.0 TRICARE Evolution

1995

- Nurse advice lines toll-free worldwide
- Catastrophic cap reduced from \$7,500 to \$3,000 per year for non-active duty TRICARE Prime enrollees

1996

- TRICARE web site was launched (tricare.osd.mil).

1997

- TRICARE Prime enrollment became portable across regions
- TRICARE Selected Reserve Dental Program was implemented
- National Mail Order Pharmacy was implemented

1998

- TRICARE Retiree Dental Program (TRDP) was implemented
- TMA established as a DoD field activity
- Balance billing of TRICARE Prime enrollees by non-participating providers was terminated
- Limited balance billing by non-institutional providers
- Final TRICARE region (Northeast) was established

1999

- Automatic re-enrollment for TRICARE Prime enrollees
- TRICARE Prime Remote for active duty service members was implemented

2000

- Designated BCACs at every Lead Agent and MTF
- Established Debt Collection Assistance Officer (DCAO) Program
- Catastrophic cap reduced from \$7,500 to \$3,000 per year for non-active duty beneficiaries using TRICARE Standard/Extra

2001

- TRICARE Dental Program, combined TRICARE Family Member Dental Plan and TRICARE Selected Reserve Dental Program
- The TRICARE Senior Pharmacy program was implemented
- Eliminated copays for active duty family members enrolled in TRICARE Prime
- TRICARE For Life was implemented

2002

- TRICARE Transitional Health Care Demonstration Project for 60 to 120 days for family members of active duty sponsors involuntarily separated from military service under honorable conditions or family members of reserve component members separated after serving on active duty for more than 30 days in support of contingency operations
- TRICARE Prime Remote for active duty family members (TPRADFM) was implemented
- TRICARE Online (tricareonline.com) implemented an online appointment scheduling with their assigned MTF PCM for TRICARE Prime and TRICARE Plus enrollees
- Awarded TRICARE Global Remote Overseas contract to standardize the benefit across all remote overseas regions

2003

- TRICARE Mail Order Pharmacy (now Pharmacy Home Delivery) contract
- TRICARE implemented patient privacy standards mandated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- First TRICARE Fundamentals Course was taught
- TRICARE Retiree Dental Program contract was awarded
- TRICARE Global Remote Overseas contract began

2004

- Automatic issuance of certificates of creditable coverage for those who lose TRICARE eligibility
- Dual-eligible claims processing contract to Medicare-TRICARE eligible beneficiaries
- New contract to provide health care to active duty and their families started in Puerto Rico
- Health care services and support contracts were awarded to three regional contractors
- TRICARE Retail Pharmacy contract was awarded
- Completion of transition to three stateside regions

2005

- TRICARE Reserve Select began
- Extended Care Health Option (ECHO) begins
- Permanent uniformed services ID cards for beneficiaries age 75 and over

2006

- Family members received a 30-day period to submit a TRICARE Prime enrollment form
- The opportunity to purchase TRICARE Reserve Select (TRS), in one of three premium tiers, was extended to all qualifying members of the National Guard and Reserve
- Gastric bypass, gastric stapling or gastroplasty (including vertical banded gastroplasty) becomes covered benefit under TRICARE

2007

- Authorized anesthesia and other costs for dental care for children and certain other patients
- Expanded eligibility of Selected Reserve members under TRICARE program
- Standardization of claims processing under TRICARE program and Medicare program
- Enhanced mental health screening and services for members of the Armed Forces

2008

- Extended prohibition on increases in certain health care costs for the uniformed services
- Temporary prohibition on increase in copayments under retail pharmacy system of pharmacy benefits program inclusion of mental health care in definition of health care
- Establishment of Pathology Center

2009

- Awards of new contract to administer TRICARE programs overseas
- Implementation of Active Duty Dental Program
- Increase of Extended Care Health Option government liability to \$36,000 per year for certain services

2010

- TRICARE Overseas Program (TOP) begins health care delivery
- Launches TRICARE Retired Reserve (TRR) program allowing “gray area” retirees to purchase TRICARE health coverage for themselves and eligible family members
- Launches new TRICARE website to increase ease of accessibility of benefit information based on profile

2011

- TRICARE Young Adult (TYA) begins offering coverage to certain young adults up to the age of 26
- TRICARE Pharmacy announces copay decreases for the home delivery option, coincides with increase to copays for retail pharmacy purchases
- TRICARE Prime enrollment fee adjusted, can now be adjusted annually-frozen for survivors and certain significantly injured or ill retirees

Module Objectives



Summary

- Explain the structure of the Military Health System
- Identify the TRICARE Stateside and Overseas regions
- Explain the purpose of the National Defense Authorization Act (NDAA)
- Define TRICARE and how it has evolved