



TRICARE 101: The Basics

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04 September 2008



Briefing Overview

- What is TRICARE?
- Vision and Mission
- Organization
- TRICARE Options
- Additional TRICARE Programs



What is TRICARE?

- A health care system using military health care as the main delivery systems
 - Augmented by a civilian network of providers and facilities
 - Serving our uniformed services, their families, retired military, and their families



Vision & Mission

Vision

- A world-class health system that supports the military mission by fostering, protecting, sustaining and restoring health

Mission

- To enhance DoD and our Nation's security by providing health support for the full range of military operations and sustaining the health of all those entrusted to our care



TRICARE

The Military Health System

- Entitlement program
- Consistent benefit throughout the system
- Types of health care that may and may not be provided in the Military Health System are defined by Congress
- Congressional interest in the TRICARE program
 - Beneficiary access to care they need
 - Assurance that beneficiaries receive high quality care
 - Recruitment and retention of active duty, Reserve, and National Guard military members... and their families



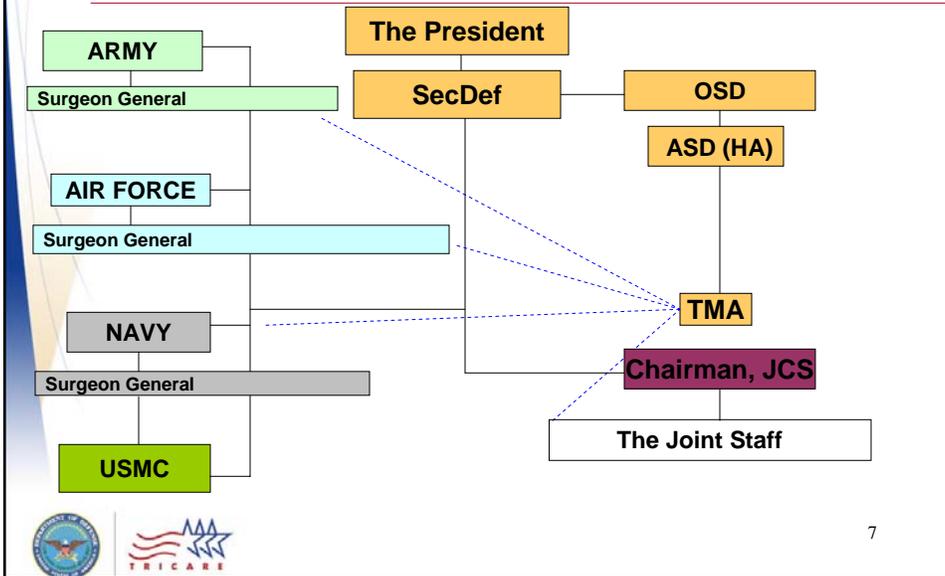
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Force Health Protection

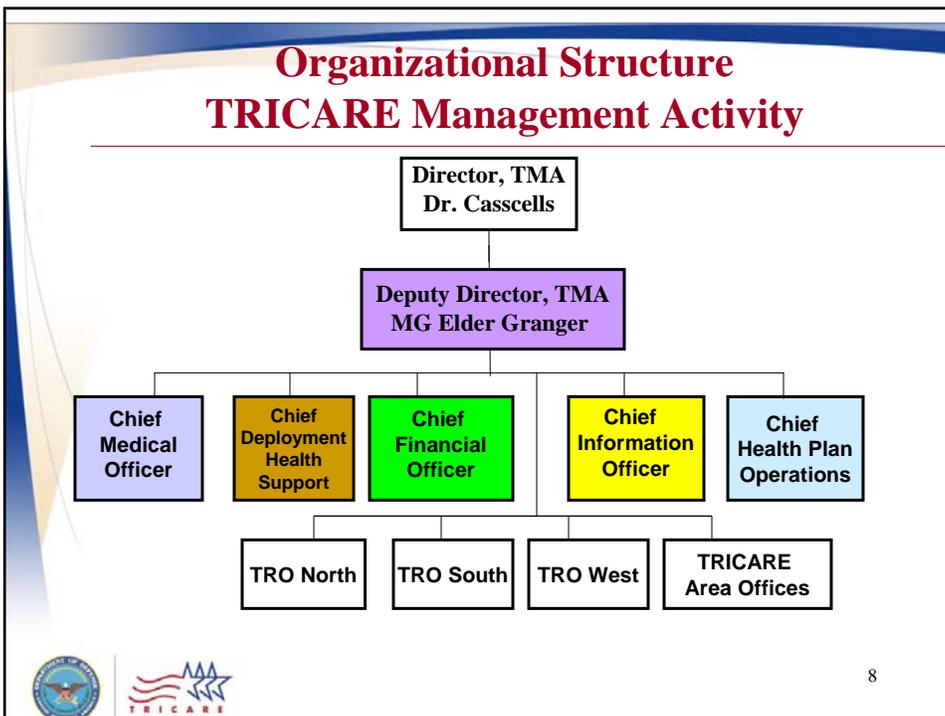


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The Big Picture



Organizational Structure TRICARE Management Activity



TRICARE

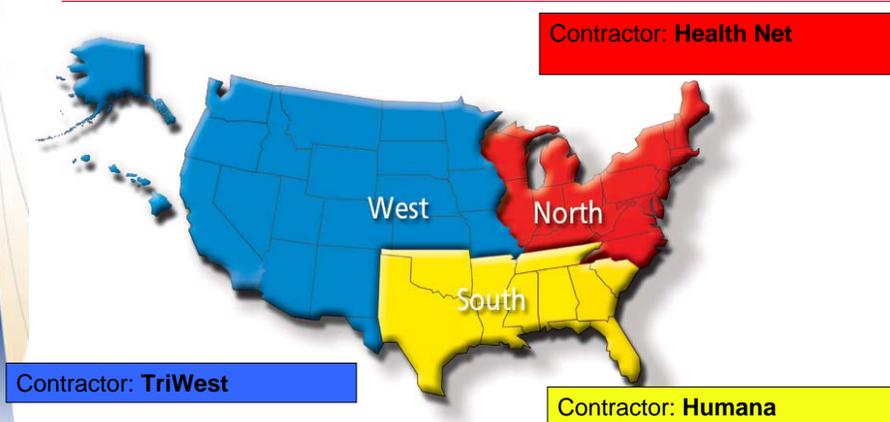
The Military Health System

- Three managed care support contractors in the US
 - North: Health Net
 - South: Humana
 - West: Tri-West
- Regional contractor responsibilities include:
 - Establishment of provider networks
 - Operation of TRICARE service centers
 - Administrative support (enrollment, preauthorization, claims, etc.)
- Regional contractors work with TRICARE regional offices (TROs) under TMA guidance



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TRICARE Regions



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TRICARE Facts and Figures— FY 2007

TRICARE Facts and Figures— FY 2007

Total Eligible Beneficiaries	9.1 million
Prime Enrollees	5.0 million
Military Hospitals & Medical Centers	65
Medical Clinics	412
Dental Clinics	414
Total Military Health System Personnel	132,700
– 86,400 military	
– 46,300 civilian	
Total Medical Program:	\$39.3 billion



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A Week in the Military Health System

19,600	Inpatient admissions <ul style="list-style-type: none"> • 14,600 purchased care • 5,000 direct care system
642,400	Outpatient visits <ul style="list-style-type: none"> • Direct care system
2,220,000	Prescriptions filled <ul style="list-style-type: none"> • All points of service
2,100	Births <ul style="list-style-type: none"> • 1,100 purchased care • 1,000 direct care system
102,900	Dental seatings <ul style="list-style-type: none"> • Direct care system
3,500,000	Claims processed
\$754,000,000	Weekly bill



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DoD Healthcare Programs

- TRICARE
 - TRICARE Prime
 - TRICARE Standard/Extra
 - TRICARE Prime Remote
 - TRICARE Prime Overseas
 - TRICARE Global Remote Overseas
- TRICARE for Life (TFL)
 - TRICARE Plus
- Pharmacy Program
- TRICARE Dental Program
- TRICARE Retiree Dental Program
- TRICARE Reserve Select
- Transitional Assistance Management Program (TAMP)
- Continued Health Care Benefit Program
- Extended Care Health Option (ECHO)



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TRICARE Options

- **TRICARE Prime**
HMO-type option
- Enhanced Preventive Benefits
(Requires Enrollment and No Co-payments)
- **TRICARE Extra**
PPO-type option
(Deductibles and Cost Shares)
- **TRICARE Standard**
Fee-For-Service type option
(Deductibles and Cost Shares/Co-payments)



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TRICARE Prime

- Enrollment Required
- Fewer out-of-pocket costs
- Priority access at military treatment facilities (MTF)
- Assigned a primary care manager (PCM)
 - Refers to specialists
- No claims to file
- Easy transfer of enrollment in/between regions



TRICARE Prime Eligible Beneficiaries

- Active duty service members (ADSMs)
- Active duty family members (ADFMs)
- Retired service members and their families
- National Guard and Reserve members (activated for more than 30 consecutive days)
- Eligible former spouses
- Survivors
- Medal of Honor recipients and their families



TRICARE Prime Access Standards

- Providers adhere to access standards
 - 24 hours for urgent care
 - 7 days for routine care
 - 28 days for specialty and wellness care



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TRICARE Extra

- Preferred-provider option
- See TRICARE network providers and pay less
- Providers accept negotiated rate as payment in full
- Network providers submit claims for beneficiaries



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TRICARE Standard

- Similar to civilian fee-for-service plans (*no monthly premiums, but with applicable deductibles and cost-shares*)
- Receive care from TRICARE-authorized providers
- Providers “accept assignment” on claim-by-claim basis
- Providers who “accept assignment” file claims and accept TRICARE-allowable charge as payment in full



Costs

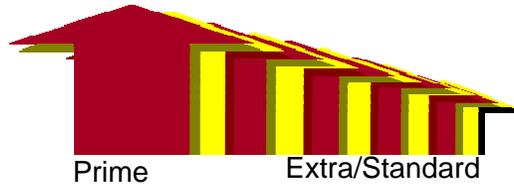
	PRIME	EXTRA	STANDARD
Annual Deductible	None	\$150 - Individual \$300 - Family for E-5 & above E-4 & below \$50 Indv / \$100 family	\$150 - Individual \$300 - Family for E-5 & above E-4 & below \$50 Indv / \$100 family
Annual Enrollment Fee	None	None	None
Civilian Outpatient Visit	No cost	15% of negotiated fee	20% of allowed charges for covered service
Civilian Inpatient Admission	No cost	Greater of \$25 or \$14.35/day	Greater of \$25 or \$14.35/day
Civilian Inpatient Behavioral Health	No cost	\$20/day or \$25 per admission	\$20/day or \$25 per admission
Civilian Inpatient Skilled Nursing Facility Care	\$0 per diem charge per admission	\$11/day (\$25 minimum) Charge per admission	\$11/day (\$25 minimum) Charge per admission

Across the spectrum...

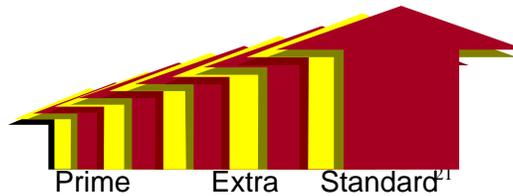
Freedom of Choice



Access to Military Treatment Facilities



Cost



TRICARE Prime Remote (TPR)

- TRICARE Prime Remote for Active Duty members
 - Typically 50 miles/1 hr drive from a MTF
- TRICARE Prime Remote for AD Family Members (TPRADFM)
 - Or can use TRICARE Standard and Extra
- TPR/TPRADFM is offered in the 50 United States only



TRICARE Prime Overseas

- Same key features as TRICARE Prime stateside
- Easy to transfer from one overseas area to another or back to United States
- Point of Service option available to receive care without requesting a referral from your PCM
 - Higher out-of-pocket costs



TRICARE Global Remote Overseas (TGRO)

- Medical program for Prime-enrolled TRICARE beneficiaries in remote overseas locations.
- Partnered with International SOS to identify the best local providers and facilities
 - Develop a network of licensed, qualified physicians in remote overseas areas
- Process:
 - Beneficiary contacts the TGRO Call Center.
 - Call Center finds a provider and guarantees payment, in most cases.
 - Beneficiary makes appointment.



International SOS Worldwide



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TRICARE For Life (TFL)

- TRICARE For Life
 - Comprehensive health care coverage for Medicare-eligible beneficiaries
 - Enrollment in Medicare Part B is mandatory
 - TRICARE acts as a second payer to Medicare
 - Offers hassle-free claims processing
 - Overseas; TRICARE is typically Primary payer
 - No TRICARE enrollment fee
(Must pay Medicare Part B Premium)
 - Receive care from any Medicare-authorized provider



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TRICARE For Life

- Service covered by Medicare, but not TRICARE: TRICARE pays nothing
- Service covered by TRICARE, but not Medicare (e.g., overseas care): Medicare pays nothing
 - Beneficiary must pay the TRICARE deductible and cost-shares; TRICARE pays the remainder
- Beneficiary responsible for entire bill if service is not covered by Medicare **or** TRICARE
- TRICARE Plus



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TRICARE Pharmacy Program

- Dispense generic medications when available
- Brand-name medications dispensed when no generic equivalent exists or when medically necessary
- Must establish medical necessity and prior authorization for brand-name or non-formulary medications
- Certain medications have quantity or days' supply limits
- MTFs dispense generic, formulary medications



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Pharmacy Options & Co-pay

TRICARE Pharmacy Co-payments			
Point of Service	Generics	Brand Name	Non-formulary
Military Treatment Facility	\$0	\$0	Not Applicable
National Mail Order Pharmacy (up to a 90 day supply)	\$3	\$9	\$22
Retail Networks Pharmacy (up to a 30-day supply)	\$3	\$9	\$22
Non-network Retail Pharmacies (up to a 30-day supply)	For those who are <u>not</u> enrolled in TRICARE Prime \$9 or 20% of total cost, whichever is greater, after deductible is met (E1-E4: \$50/ person; \$100/family; All others \$150/person, \$300/family)		For those who are <u>not</u> enrolled in TRICARE Prime \$22 or 20% of total cost, whichever is greater, after deductible is met (E1-E4: \$50/ person; \$100/family; All others \$150/person, \$300/family)



Pharmacy Co-pay Comparison

Retail networks (up to 30 days)	Commercial MCO*	Medicare HMO*	TRICARE	FEHBP**
Generic	\$8.93	\$7.56	\$3.00	\$10.00
Formulary-Brand	\$18.77	\$19.61	\$9.00	\$25.00
Non-formulary	\$32.53	\$38.95	\$22.00	\$40.00
Mail Order (up to 90 days)				
Generic	\$14.58	\$17.25	\$3.00	\$20.00
Formulary-Brand	\$31.18	\$37.22	\$9.00	\$50.00
Non-formulary	\$60.68	\$73.45	\$22.00	\$80.00



TRICARE Dental Programs

- TRICARE Dental Program (TDP)
 - Voluntary premium-based dental insurance program for the following:
 - Active Duty Family Members
 - Selected Reserves
 - Individual Ready Reserves and Family Members
 - Sponsor must have 12 months of service remaining in order for family members to enroll (except Reserve Component)
- TRICARE Retiree Dental Program
 - Premium based program for retirees and their family members



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TRICARE Reserve Select (TRS)

- **A Premium-based health care plan for certain members of the Reserve Component and their families**
- Comprehensive health care plan, *similar* to TRICARE Standard
 - Pay monthly premiums, annual deductible, and cost-shares
- Purchased by the eligible members via monthly premium payments
 - \$81 for the service member and \$253 for member-and-family coverage
- Two qualifications
 - Member must be a Selected Reserve member of the Ready Reserve.
 - Member must not be eligible for the Federal Employee Health Benefits program or currently covered under FEHB



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Transitional Assistance Management Program (TAMP)

- Up to 180 days transitional health care
- TRICARE Prime (in Prime service areas), TRICARE Standard and TRICARE Extra available
 - Deductible and cost-shares based on program
- Eligibility
 - Involuntary separation from AD
 - Reserve Component (RC) on AD orders for more than 30 days in support of a contingency operation (30 days do not have to be concurrent)
 - Release from Stop-Loss in support of a contingency operation
 - Personnel who agree to stay on AD for less than 1 year in support of a contingency operation



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Continued Health Care Benefit Program

- Individuals who lose TRICARE eligibility or other coverage under the Military Health System
- Transitional health care for 18–36 months
- Similar benefits to TRICARE Standard
- Must enroll within 60 days after separation from AD or loss of eligibility for military health care
- Premiums per quarter:
 - \$933 per person
 - \$1,996 per family



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TRICARE Extended Care Health Option (ECHO)

- Financial assistance to ADFMs with specific mental or physical disabilities
 - Coverage provided after state/local public facilities
- PCM or referred specialist manages care
- Services and supplies supplement other TRICARE programs
- Monthly benefit allowance is \$2,500



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Summary

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