



TRICARE for Life Brief

Agenda



- 1) TRICARE and the Affordable Care Act (ACA)
- 2) Tidewater Military Health System (MHS)
- 3) TRICARE Regions and Managed Care Support Contractors
- 4) Access to Care in a Military Treatment Facility (MTF)
- 5) TRICARE, Medicare and TRICARE for Life Eligibility
- 6) Changes to TRICARE with TRICARE for Life and Medicare
- 7) Additional Health Care Benefits and Special Programs
- 8) How TRICARE Relates to Veterans Affairs (VA) Health Benefits
- 9) Internet and Telephone Resources for Information and Assistance

TRICARE and the Affordable Care Act



- All TRICARE programs (except line-of-duty care or direct-care-only) meet the minimum essential requirements (MEC) of the Affordable Care Act (ACA)
- Eligibility information in DEERS must be up-to-date and accurate to ensure compliance
- www.healthcare.gov



Tidewater Military Health System

Military Treatment Facilities in Tidewater

Naval Medical Center Portsmouth (NMCP)

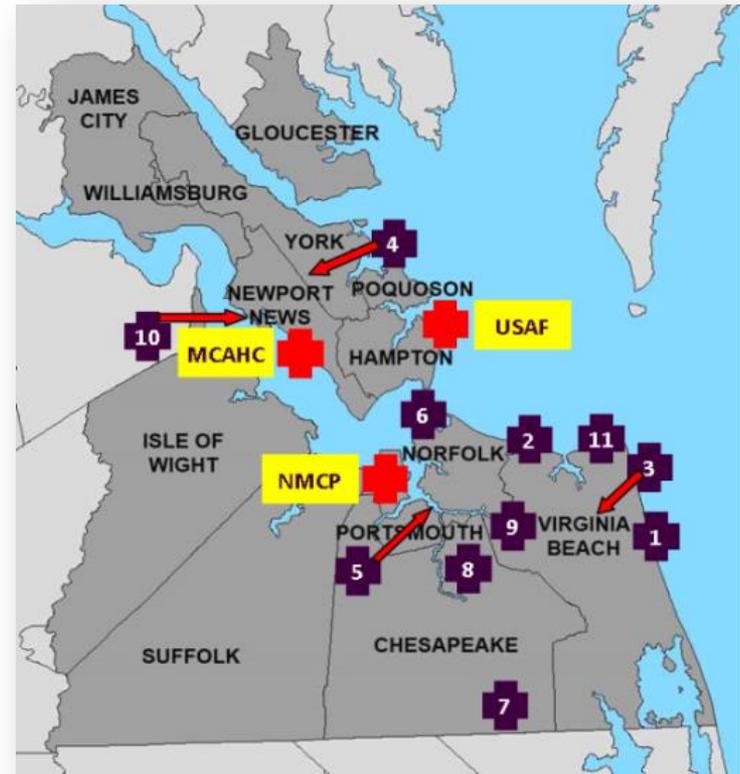
- Branch Health Clinic (BHC), Dam Neck (1)
- BHC, JEB Little Creek (Boone Clinic) (2)
- BHC, Naval Air Station Oceana (3)
- BHC, Naval Weapons Station Yorktown (4)
- BHC, Norfolk Naval Shipyard (5)
- BHC, Norfolk Naval Station (Sewell's Point) (6)
- BHC, Northwest Annex (7)
- TRICARE Prime Clinic (TPC) Chesapeake (8)
- TPC Virginia Beach (9)

McDonald Army Health Center (MCAHC)

- Troop Medical Clinic 1 (10)
- Troop Medical Clinic 2 (10)
- JEB Fort Story Health Clinic (11)

USAF Hospital Langley (USAF)/633 MDG

USCG Clinic Portsmouth, Yorktown and Elizabeth City, NC



TRICARE Regions and Contractors



TRICARE Regional Offices (TRO)

TRO North
1-866-307-9749

www.tricare.mil/tronorth

TRO South
1-800-554-2397

www.tricare.mil/trosouth

TRO West
1-800-558-1746

www.tricare.mil/trowest



TRICARE Overseas Program International SOS

1-888-777-8343

www.tricare-overseas.com

Regional Contractors

North Region

Health Net Federal Services

1-877-874-2273

www.hnfs.com

South Region

Humana Military

1-800-444-5445

www.humanamilitary.com

West Region

United Healthcare

1-877-988-9378

www.uhcmilitarywest.com

MTF Access-to-Care Priorities



- 1) Active duty service members (ADSMs)
- 2) Active duty family members (ADFMs) in Prime
- 3) Retirees, family members and survivors in Prime
- 4) TRICARE Plus
- 5) ADFMs not in Prime (includes TRS enrollees)
- 6) Retirees, family members and survivors not in Prime (includes TFL beneficiaries and TRR enrollees)
- 7) Others – space-available direct care only

Note: MTF ancillary services (emergency room, pharmacy, immunizations, laboratory and radiology) usually available to all TRICARE-eligible beneficiaries on a walk-in basis

TRICARE Eligibility, DEERS and ID Cards



- DEERS (Defense Enrollment Eligibility Reporting System)
 - Military personnel function
 - Update with any change in status
 - Rapids sites (ID card offices)
 - Information – 1-800-538-9552
 - www.milconnect.dmdc.mil
 - Site locator
 - www.dmdc.osd.mil
 - Appointments
 - <https://rapids-appointments.dmdc.osd.mil>



TRICARE-Eligible Beneficiaries



- Sponsor/service member (active, retired, National Guard, Reserves, Medal of Honor recipient)
- Family members
 - Spouse
 - Former (divorced) spouse – specific criteria must be met
 - Children – unmarried to age 21 (23 if full-time student)
 - TRICARE Young Adult to age 26
 - Considerations for adult incapacitated children
- Survivors (spouse and children)
- Others (limited, space-available direct care only)

Medicare Eligibility – Age



- Most people become eligible for Medicare at age 65
 - The eligibility age for Social Security may be different than for Medicare
 - Most people are eligible for premium-free Medicare Part A based on their or their spouse's employment history

Medicare Eligibility – Disability



- People under 65 with a qualifying disability may become eligible for Medicare at an earlier age
 - For most disabilities, Medicare starts 2 years after Social Security Disability Insurance (SSDI) begins
 - For those diagnosed with Lou Gehrig's Disease (ALS), Medicare starts the same month as SSDI
 - For patients with end-stage renal disease (ESRD), Medicare starts in the 4th month of dialysis, or the same month of a kidney transplant
 - For ESRD patients who are under age 65, Medicare may end 12 months after successful completion of dialysis, or 3 years after a successful kidney transplant

TRICARE for Life Eligibility



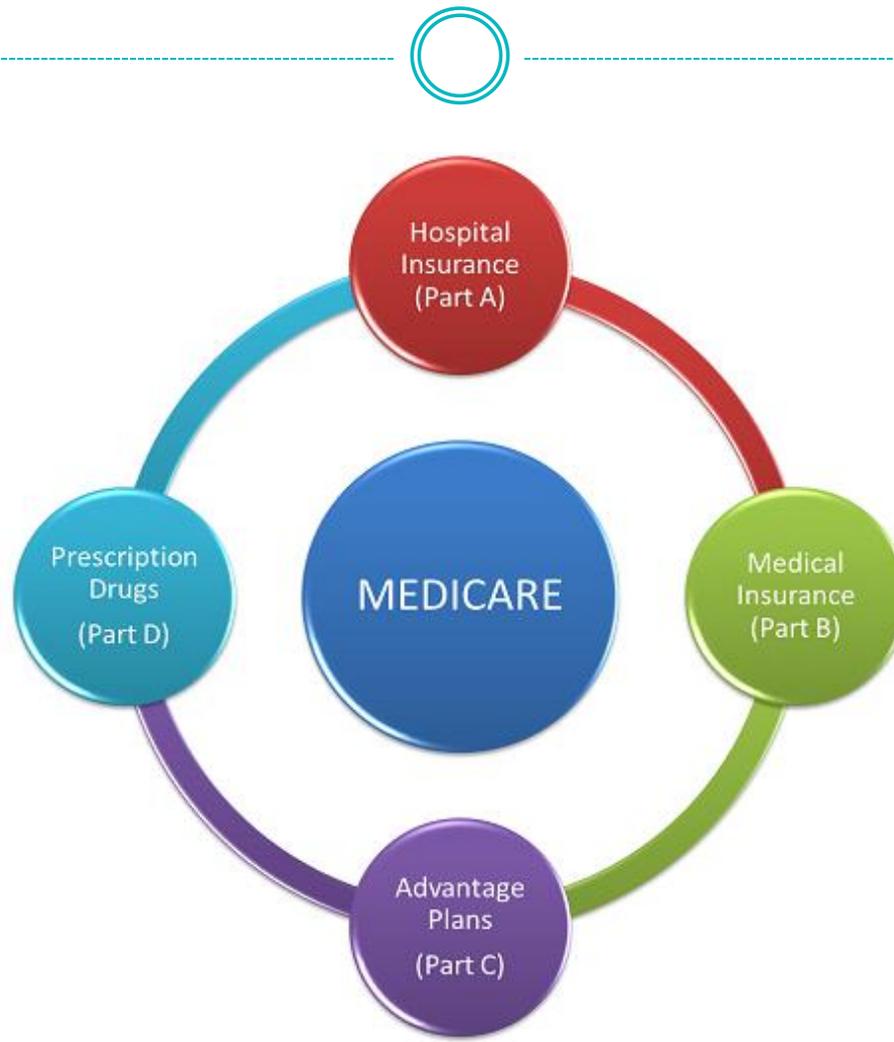
- TRICARE-eligible retirees and their family members entitled to premium-free Medicare Part A must enroll in Part B to keep TRICARE
 - ADSMs and ADFMs with Part A may delay Part B enrollment until the service member retires
- If not eligible for Part A under their own SSN, contact Social Security to determine (or pre-determine if the spouse is under age 62) entitlement to Part A under the eligible spouse
 - If yes, enroll in Part B when first eligible
 - If no, Part B is not required and the person will get a “Notice of Award”/“Notice of Disapproved Claim” to take to DEERS to retain eligibility for regular TRICARE benefits

TRICARE Changes with TFL



- Lower priority for MTF access-to-care
- Prime is not an option for those age 65 and older
 - Medicare-eligible retirees and family members under 65 may still enroll in Prime (in Prime Service Areas in the U.S.), and the annual enrollment fee is waived for those paying monthly Medicare Part B premiums
- TRICARE Plus is available at select MTFs, and offers the same priority for access to MTF primary care as Prime
 - Access to MTF specialty care not guaranteed
- Most TFL beneficiaries use civilian providers but, where available, still have access to MTF ancillary services and space-available appointments

Parts of Medicare



Parts of Medicare



- Part A – Inpatient or hospice care in a hospital or skilled nursing facility (SNF); or, medically-necessary home health care, including skilled nursing and physical, occupational or speech therapy
- Part B – Outpatient (medical insurance)
- Part C – Medicare advantage plans – commercially-available options, similar to an HMO or PPO (may include Part D)
 - Not the same as a Medicare supplement, or Medigap, plan
- Part D – Prescription drug plans – commercially-available options (not recommended for most TRICARE-eligible beneficiaries)

Medicare Part A - Hospitalization



- Benefit period – 90 days – begins day of admission*
 - Day count ends on last complete inpatient day (not counting the day of discharge from the hospital)
 - Benefit period ends after 60 consecutive days of not being an inpatient
 - 60 Lifetime reserve days – one-time use when inpatient stay exceeds 90 days
 - No lifetime limit to the number of benefit periods

** The patient must be “formally admitted” to a hospital to be considered an inpatient; staying in a hospital “under observation” is not the same as being admitted, regardless of the length of the observation period.*

Medicare Part A – Skilled Nursing Facility



- Benefit period – 100 days – begins the day of admission
 - Must be preceded by a minimum 3-day (not counting day of discharge) medically-necessary inpatient hospital admission for a related illness or injury within the previous 30 days
 - Day count ends on last complete inpatient day (not counting the day of discharge from the SNF)
 - Benefit period ends after 60 consecutive days of not being an inpatient
 - Continuing SNF care beyond 100 days requires prior authorization from Health Net
- Physician plan of care required
- No limit to the number of benefit periods in a lifetime

Exceeding a Part A Benefit Period



- Medicare stops paying; TRICARE becomes primary – Standard and Extra deductible (\$150/single; \$300/family) and cost-shares apply
 - Cost-share for Extra (network facility)
 - Hospital – lesser of \$250 or 25% of institutional charges, plus 20% for separately billed services
 - SNF – lesser of \$250 or 20% of institutional charges, plus 20% for separately billed services
 - Cost-share for Standard (non-network facility)
 - Hospital – lesser of \$810 or 25% of institutional charges, plus 25% for separately billed services
 - SNF – 25% of allowable charges for institutional charges, plus 25% for separately billed services

Medicare Part B – Enrollment



- Enrollment is usually automatic for most at age 65, especially if already receiving Social Security benefits
 - Notification sent 3 to 4 months before 65th birthday
 - Coverage begins on the 1st day of the month of the 65th birthday; or the 1st day of the month *before* the 65th birthday if the birthday is on the 1st day of the month
 - If not yet receiving SS benefits, contact a Social Security or Medicare office to set-up coverage and arrange for payment of monthly premiums
- If enrollment is not done by the initial eligibility date, a 10% premium penalty may be added for each 12-month period enrollment was delayed

Medicare Part B – Enrollment Periods



- Initial 7-month period – 3 months before, the month of, and 3 months after the 65th birthday
 - Ensure coverage is in place before the birthday month to avoid a gap in coverage; no premium penalty
- Annual general (open) enrollment – January 1-March 31
 - Coverage begins July 1; premium penalty may apply
- Special enrollment – any time of the year
 - Because of disability, retirement or loss of active employment coverage; no premium penalty

Medicare Part B – Monthly Premium



Based on Taxable Income From 2 Years Ago*		Monthly Premium**
Individual Tax Return	Joint Tax Return	
\$85,000 or less	\$170,000 or less	\$104.90***
\$85,000 or less	\$170,000 or less	\$121.80
\$85,001 - \$107,000	\$170,001 - \$214,000	\$170.50
\$107,001 - \$160,000	\$214,001 - \$320,000	\$243.60
\$160,001 - \$214,000	\$320,001 - \$428,000	\$316.70
Above \$214,000	Above \$428,000	\$389.80

* If there has been a significant change in income from two years earlier, contact Medicare to have the monthly premium recalculated based on current income.

** If receiving a monthly Social Security check, the premium is deducted automatically. If not, contact Medicare to make arrangements to pay the monthly premium electronically.

*** See the “Hold Harmless” slide, following.

Medicare Part B – “Hold Harmless”



- The premium for 2016 increased from \$104.90 to \$121.80 for those not covered by Medicare’s “Hold Harmless” provision
- This provision protects about 70% of enrollees from premium increases when inflation is at or below 0% and when the Social Security COLA is projected to be 0%
- The 30% of beneficiaries not protected by this include:
 - Those with higher income already paying higher premiums
 - New beneficiaries or those not yet receiving Social Security
 - Lower income whose premiums are being paid by Medicaid
 - Certain state and local employees who do not participate in SS
 - Individuals who do not have their Part B premium deducted from their Social Security checks

TRICARE for Life Claims



Who Pays? Medicare, TRICARE or the Patient?			
Service	Medicare Pays	TRICARE Pays	Patient Pays
Medically-necessary services covered by both Medicare and TRICARE	Medicare-authorized amount	Remaining out-of-pocket expense (Medicare deductible and co-pay)	Nothing
Services only covered by Medicare (chiropractic care)		Nothing	Medicare deductible and co-pay
Services only covered by TRICARE (overseas care, most vaccines and most prescriptions)	Nothing	TRICARE-authorized amount	TRICARE deductible and co-pay
Services not covered by Medicare or TRICARE (elective surgery, over-the-counter items)		Nothing	All expenses
Non-service-connected care in a VA facility		20%	80%

TRICARE for Life Claims



- Provider files first with Medicare
- Medicare processes the claim, then forwards it to TRICARE (Wisconsin Physician Services – WPS)
 - www.tricare4u.com ; 1-866-773-0404
- The beneficiary will receive claims statements in the mail or electronically from Medicare and WPS
 - Medicare – quarterly Medicare Summary Notice (MSN)
 - www.mymedicare.gov
 - TRICARE (WPS) – monthly Explanation of Benefits (EOB)
 - Individual MSN or EOB may be sent if a claim is denied, or if the beneficiary is due a payment/reimbursement
- The MSN and EOB are statements – *they are not bills*

TRICARE for Life Claim Statements



- TRICARE EOB – Monthly statement
 - Individual EOBs sent for denied claims or payment due to the beneficiary
 - Available online at www.tricare4u.com
 - For assistance, contact the provider’s billing office, WPS, or a Health Benefit Advisor
- Medicare Summary Notice (MSN) - quarterly statement
 - Shows what Medicare was billed, and each page provides specific information
 - Page 1 – Summary; Page 2 – Helpful tips; Page 3 – Claims information; Last page – how to handle denied claims
 - Available online at www.mymedicare.gov

Coordinating TFL with OHI



- The order of payment for beneficiaries with Medicare, TRICARE and other health insurance (OHI), depends on the type of OHI
 - In some cases, a beneficiary may have to file a paper claim

Coordinating Medicare and TRICARE with Other Health Insurance (OHI)

Age	Status	OHI	Order of Payment
All ages	Retired	None	Medicare, TRICARE
		Retiree employment coverage	Medicare, OHI, TRICARE
65 or older	Active civilian employment coverage (under self or spouse)	Employer with 20 or more employees	OHI, Medicare, TRICARE
		Employer with less than 20 employees	Medicare, OHI, TRICARE
		Employer with 100 or more employees	OHI, Medicare, TRICARE
Disabled, under 65		Employer with less than 100 employees	Medicare, OHI, TRICARE
All ages	End Stage Renal Disease	Active or retiree employment coverage	First 30 months – OHI, Medicare, TRICARE; After 30 months – Medicare, OHI, TRICARE

TFL and Active Employment OHI



- Medicare *does not* apply a late enrollment penalty to the monthly premium when enrollment in Part B is delayed because the eligible person is covered under a group health plan based on current employment (self or spouse)
- TRICARE-eligible retirees and family members must enroll in Part B when first eligible to keep TRICARE, regardless of civilian employment status or OHI
 - Those who don't enroll when eligible will only be entitled to limited, space-available direct care in an MTF; TRICARE will not pay or reimburse claims for civilian health care
 - TFL benefits will begin when a Medicare-eligible beneficiary enrolls in Part B

TFL Coverage Outside the U.S.



- Medicare generally does not provide coverage outside the U.S., U.S. territories (Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, and Northern Mariana Islands), or U.S. territorial waters
 - May be limited exceptions in locations near the borders with Canada or Mexico
 - Some Medicare supplements (Medigap plans) offer foreign travel emergency benefits
- Enrollment in Medicare Part B is still required for TFL-eligible beneficiaries to keep their TRICARE benefits when traveling or living outside the U.S.
- Information – TRICARE Overseas Program (TOP)
 - International SOS; www.tricare-overseas.com

Cancer Clinical Trials



- Department of Defense (DoD) partnership with the National Cancer Institute (NCI)
- Research studies for the prevention, diagnosis and treatment of cancers and other illnesses
- Open to all TRICARE beneficiaries; TRICARE shares the cost of evaluation and testing to determine participation eligibility, and medical care during the trial
- Information – 1-800-422-6237
 - www.tricare.mil/Plans/SpecialPrograms/CancerClinicalTrials



Dental



- TRICARE Retiree Dental Program (TRDP) – for retirees and retiree family members
 - Optional, premium-based coverage
 - Delta Dental Plan of California – www.trdp.org



Long Term Care



- Comfort or custodial care – assistance with daily living (personal hygiene, cooking and feeding, wellness, companionship)
- Not the same as Skilled Nursing Facility care, and not a TRICARE or Medicare covered benefit
- Commercial plans available through the Federal Long Term Care Insurance Program
 - Information – 1-800-582-3337 or www.opm.gov/insure/ltc

Mental Health

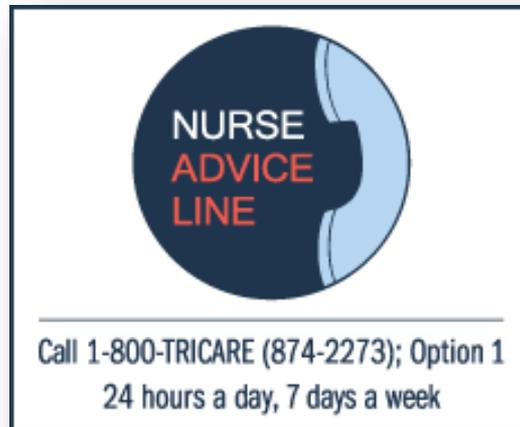


- Inpatient and outpatient services available from:
 - Psychiatrists and other physicians
 - Clinical psychologists and licensed clinical social workers
 - Certified psychiatric nurse specialists
 - Certified marriage and family therapists
 - Counselors
- ADSMs must coordinate all mental health care through the military health system (MHS); non-ADSMs can self-refer for the first 8 outpatient visits each FY
 - Subsequent visits require Health Net authorization
 - www.tricare.mil/mentalhealth

Nurse Advice Line (NAL)



- For all beneficiaries in the U.S., including Alaska and Hawaii (does not include USFHP enrollees)
- Answer health care questions and concerns
- Advise on need for care – self, routine, urgent or emergent
- Communicate with MTF PCMs and schedule appointments for MTF Prime-enrolled patients



Pharmacy Choices and Costs



Pharmacy		# Days Supply	Formulary		Non-Formulary
			Generic	Brand Name	
Military Treatment Facility www.tricare.mil/coveredservices/pharmacy		90	No Cost		Not Available
Home Delivery (1-877-363-1303) www.express-scripts.com/tricare			No Cost	\$20	\$49
Retail Network (1-877-363-1303) www.express-scripts.com/tricare		30	\$10	\$24	\$50
Retail Non-Network	Prime		50% of the total cost after POS deductible is met		
	ADFM Non-Prime		Greater of \$24 or 20% of the total cost after Standard/Extra deductible is met	Greater of \$50 or 20%, after deductible	

- ADSMs do not pay for any authorized prescription medications at any pharmacy.
- The annual TRICARE Standard/Extra deductible or TRICARE Prime point-of-service (POS) deductible for all other beneficiaries does not apply to prescriptions filled through home delivery or at a retail network pharmacy.
- Limited availability of non-formulary medications at retail pharmacies.
- TRICARE pharmacy formulary – www.express-scripts.com/static/formularySearch/

Pharmacy Home Delivery



- Mandatory use of home delivery for select, brand-name maintenance medications (such as allergy, blood pressure, cholesterol or thyroid medications)
- Effective October 1, 2015, required for all beneficiaries, except ADSMs, in the U.S. and U.S. territories
 - Exceptions and waivers
 - Prescriptions filled at an MTF pharmacy
 - Acute care meds (antibiotics, pain meds, etc.)
 - Beneficiaries with OHI prescription coverage
 - Generic versions of maintenance medications
 - If medication is on back-order at Express Scripts
 - Program notifications by mail from Express Scripts

Pharmacy Electronic Prescriptions (eRx)



Tidewater MTF Pharmacy Site	Published e-RX Site Name	NCPDP/NPI
Branch Health Clinic (BHC) Dam Neck	DoD PORTS VA DAM NECK ePhcy	4845345 / 1396158168
BHC JEB Little Creek-Fort Story (Boone)	DoD PORTS VA LITTLE CRK ePhcy	4845357 / 1205249075
BHC Naval Air Station Oceana	DoD PORTS VA BHC OCEANA ePhcy	4845410 / 1578977666
BHC Norfolk Naval Station (Sewells Point)	DoD PORTS VA BHC SEWELLS PT ePhcy	4845369 / 1205249059
BHC Naval Weapons Station Yorktown	DoD PORTS VA BHC YORKTOWN ePhcy	4845460 / 1952717472
BHC Northwest	DoD PORTS VA NORTHWEST NSG ePhcy	4845888 / 1548664949
Kenner Army Health Clinic, Fort Lee	DoD FT LEE ePhcy	4845395 / 1417361866
McDonald Army Health Center (MCAHC)	DoD FT EUSTIS ePhcy	4845458 / 1861807703
Naval Medical Center Portsmouth (NMCP)	DoD PORTS VA NMC ePhcy	4845371 / 1548673205
Scott Center Annex NNSY Portsmouth	DoD PORTS VA SCOTT CENTER ePhcy	4845838 / 1013319755
TRICARE Prime Clinic (TPC) Chesapeake	DoD PORTS VA TPC CHESAPEAKE ePhcy	4845383 / 1508270950
TPC Virginia Beach	DoD PORTS VA TPC VA BEACH ePhcy	4845408 / 1851704431
USAF Hospital Langley	DoD LANGLEY ePhcy	4845523 / 1720494834
TRICARE Mail Order (Home Delivery)	Express Scripts Home Delivery	2623735 / 1558443911

Preventive Health and Wellness



Services	Prime ¹	Standard, Extra and TRR
Breast MRIs Clinical Preventive Exams Colon Cancer Screenings Immunizations and Vaccines Mammograms PAP Smears Well-Child Care Visits	No copayment	No cost-share
Cardiovascular Screenings Eye Exams ² Genetic Testing Infectious Disease Screenings School Physicals ²	No copayment	Network: 20% Non-network: 25%
1 Prime, USFHP, Young Adult Prime 2 Benefit restrictions and limits may apply		

Prior Authorization



- Required for all beneficiaries when TRICARE is the primary payer
 - Certain medications
 - Adjunctive (medically-necessary) dental
 - Home health care and hospice
 - Non-emergency substance abuse or behavioral health admissions
 - Outpatient behavioral health (after the 8th visit)
 - Skilled nursing facility care (after day 100 for TFL)
 - Most organ transplants
 - ECHO (ADFM benefit only)
- Not required for services authorized under Medicare or OHI

TRICARE Plus



- Primary care program at select MTFs
 - Internal Medicine Clinic at NMCP
- The MTF manages the program and controls enrollment, which is usually by invitation only
- Most enrollees are TFL-eligible, and not eligible for TRICARE Prime
- No enrollment fee or other costs for MTF care
- Access to primary care appointments and benefits is the same as for TRICARE Prime
- Access to specialty care appointments is not guaranteed, but may be offered on a space-available basis or for continuity of care

TRICARE Young Adult (TYA)



- Eligibility
 - Unmarried child of a TRICARE-eligible sponsor
 - At least 21 (23 if a full-time student), but under age 26
 - Not eligible for an employer health plan
 - National Guard and Reserve sponsors must be eligible for regular TRICARE or TAMP benefits, or must be eligible for and enrolled in either TRS or TRR
 - Children only eligible for TYA Standard/Extra
- Monthly premiums (January – December 2016)
 - Prime: \$306; Standard/Extra: \$228

Veterans Affairs (VA)



- Eligibility for VA health care benefits
 - Discharged or separated from military service under conditions other than dishonorable
 - Minimum duty requirements may apply
 - Reserve and National Guard member called to active duty (other than for training only)
- Military retirement and dual eligibility
 - Retirees and family members keep TRICARE
 - With or without a VA disability rating, retirees may apply for VA health care benefits
- Information – <http://www.va.gov/health/>

Online Information



- Medicare – www.medicare.gov
- NMCP – www.med.navy.mil/sites/NMCP2/
- Reserve Affairs – www.defenselink.mil/ra
- Social Security – www.ssa.gov
- TRICARE – www.tricare.mil
- Veterans Affairs – www.va.gov
- Veterans Health Administration – www.va.gov/health



Tidewater Health Benefit Advisors



- Beneficiary Counseling and Assistance Coordinators and Debt Collection Assistance Officers in Tidewater
 - McDonald Army Health Center – (757) 314-7939
 - NMCP – 953-2610
 - USAF Hospital Langley – 225-5111
 - Branch Health Clinic (BHC) Dam Neck – 953-9522
 - BHC Little Creek (Boone Clinic) – 953-8182
 - BHC Norfolk (Sewell’s Point) – 953-8708
 - BHC Northwest – 421-8220
 - BHC Oceana – 953-3933 (option 7)
 - BHC Yorktown – 953-8441
 - TRICARE Prime Clinic (TPC) Chesapeake – 953-6382
 - TPC Virginia Beach – 953-6710



Tidewater Military Health System

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