

(Rev. 2/09)

WHO ARE WE CURRENTLY ENROLLING TO Prime?

Active-duty & ADFMs are required to enroll at NHCPR. Requests for civnet enrollment must be made to the CO for review/approval on a case-by-case basis, e.g. EFMP needs, etc.

WHAT ABOUT NEWBORNS?

All newborns of active-duty service members will be enrolled to NHCPR unless the parents opt for the TRICARE Standard program or enrollment to another MTF. This policy includes families who already have another child/children enrolled to a local civilian network PCM.

Retired service members may request enrollment of their newborn to NHCPR via waiver approved by CO.

Newborns will be enrolled to NHCPR and assigned to a Pediatric provider (or to Family Medicine if specifically requested).

WHAT ABOUT RETIREES AND THEIR FAMILY MEMBERS?

New retirees and their family members (e.g. currently enrolled to NHCPR who are retiring soon/recently retired), or other retirees requesting to transfer enrollment to NHCPR: The retiring/retired service member must submit a request for enrollment to NHCPR. Due to limited specialty medical care services at NHCPR and periodic capacity issues due to provider staffing, retiree requests will be approved on a case by case basis.

WHAT ABOUT RETIREES OVER 65 YRS/AGE AND TRICARE FOR LIFE?

For retirees currently enrolled to NHCPR, one-two months prior to their birth date NHCPR sends a letter notifying the retiree that he/she must transition to TRICARE For Life (> 65 yrs) status. NHCPR does not provide primary care to TFL beneficiaries, but they can use our ancillary services including Lab, Optometry, Pharmacy, and Physical Therapy. TRICARE For Life coverage requires that the person have Medicare Part B. TRICARE and Social Security also send letters to people prior to their 65th birthday, advising them to enroll in Medicare Part B.

WHAT ABOUT TRICARE PLUS?

NHCPR does not accept TRICARE Plus patients.

WHAT ABOUT DEPENDENT PARENTS AND IN-LAWS?

Parents and in-laws in dependent status are enrolled in DEERS as a dependent, but are not enrolled in TRICARE Prime per se. Because they cannot technically be enrolled to the MTF, they cannot technically be assigned a PCM. They are eligible for MTF care ONLY (including Pharmacy benefits) but no civnet care.

WHO CAN REQUEST CHANGE TO A CIVILIAN NETWORK PCM?

Any enrollee (except active-duty) may request to transfer their Prime enrollment to a civnet provider. Requests are reviewed/approved by CO. With significant changes in our capacity/access, we may change our policy to help ensure that Prime patients can get care w/in access standards.

Note: For Retirees and their FMs currently enrolled to NHCPR, per TRICARE guidelines, CO approval of request to transfer to civilian network provider is not required.

WHAT HAPPENS TO PATIENT PANELS WHEN A PROVIDER LEAVES?

When a provider leaves, their panel of patients is usually reassigned to his/her replacement. If there is not a 1-for-1 replacement, then the panel sometimes must be divided among other providers.

IN ADDITION TO OUR CLINIC ENROLLEES, WHO CAN USE OUR ANCILLARY SERVICES (OPTOMETRY, PHYSICAL THERAPY, LAB, PHARMACY)?

	Optometry	Physical Therapy	Lab	Pharmacy
Prime Active Duty	Yes	Yes	Yes	Yes
Prime Active Duty Family Member	Yes	Yes	Yes	Yes
Prime Retiree	Yes	Yes	Yes	Yes
Prime Retiree Family Member	Yes	Yes	Yes	Yes
Standard / Extra	Space A	Space A	Yes	Yes
TFL	Space A	Space A	Yes	Yes

WHY DOES THE PATIENT'S ADDRESS OF RESIDENCE MATTER FOR ENROLLMENT?

Some patients reside in other cities/counties in Maryland- if they live at an address that is within another MTF's area (such as Andrews AFB), they may be required by TRICARE enrollment rules to enroll at Malcolm Grow. Have to check with TRICARE for each patient based on their home address, not where they work/are stationed.

The address is also important to the civnet referral process. Most of the time the patients who stated they did not receive their Healthnet authorization letters have incorrect addresses in the system.

WHO CAN WE DISENROLL?

Basically nobody. There is a misconception that we (the Command, TRICARE) can disenroll patients who live far away, or who are non-adherent with medical follow-up, have higher acuity medical needs, have PCS'd, etc.

CLARIFICATION: neither the Command nor TRICARE can disenroll a patient, nor can we transfer them to a civilian provider (or back to our clinic), nor can we change their TRICARE plan (ex. From Prime to Standard). The patient must be involved in this decision & complete required paperwork to effect these changes. There may be some change in policy coming regarding enrollees who reside > 200 miles away, but for now we cannot disenroll them. The TRICARE contracts are also up for bid (earliest implementation start date

will be April 2010), and enrollment policies/procedures may be different in the new contract. We have several initiatives going right now in an effort to contact active-duty who have not transferred their enrollment, and letters to those living far away asking them to enroll where they live.

PLEASE- if patients have questions about their enrollment, please refer them to our TRICARE Service Center (TSC) or 1-877-TRICARE.

If you are speaking with a patient and notice an error/problem in who the PCM is, or where they are enrolled, ADVISE THE PATIENT TO GO TO OUR TRICARE OFFICE.

Some enrollment cases are very unique & individual- that is why the TSC is the best resource for the patient and their specific situation. It is a complicated matter & our job is to answer patients' questions & help them navigate the TRICARE system, including enrollment practices.

Thank you.
LCDR Working
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