

How Will The New TRICARE Managed Care Support Contracts Affect Me?

The TRICARE Management Activity (TMA) procurement team has selected the contractors for the TRICARE Third Generation (T-3) Managed Care Support (MCS) Services Contracts. These MCS contractors will provide managed care support services for each of the three TRICARE regions (North, South, and West) within the United States. There are three separate contracts. Transition is scheduled to begin immediately leading up to the start of health care delivery, currently scheduled for April 1, 2010. TMA and the Military Health System (MHS) is fully committed to offering the highest quality health care to approximately 9.4 million beneficiaries, including members of the Uniformed Services, retirees and their families, with special emphasis on our wounded warriors. Military hospitals and clinics continue to be at the center of our health care delivery system.

Q. How does news directly affect me?

A: The MCS contractors assist the MHS in operating an integrated health care delivery system combining resources of the contractor and the military's direct medical care system to provide health, medical and administrative support services to eligible beneficiaries. Two of the three MCS contractors selected differ from the current contractors and that will constitute some changes for beneficiaries in the North and South regions. TriWest is the current MCS contractor in the West. Humana Military Healthcare Services is the current MCS contractor in the South and Health Net Federal Services is the current MCS contractor in the North. Beginning immediately and in partnership with our current and future managed care support contractors, the TMA transition team will analyze the specifics of the awarded contracts. We must have a careful and thorough review to identify those differences which may affect the transition, including the scope of networks and Prime Service Areas. Our top priority is to ensure a smooth and effective transition on behalf of the Uniformed Service members, families and retired beneficiaries who have entrusted us with their care.

Q. Will my benefits change?

A: The three-region structure in the United States will remain along with existing benefit options. We are dedicated to ensuring a smooth transition for all TRICARE beneficiaries served by new managed care support contractors or new providers.

Q: Who do I call with benefit questions now?

A: Although two of the three managed care contractors selected are new, there is a scheduled 10-month transition period. Current managed care contractors are still in place during the transition. Beneficiaries can assess customer service and have questions answered at the same toll-free phone numbers. TRICARE Service Centers, Beneficiary Counseling and Assistance Coordinators and Debt Collection Assistance Officers will also be there to assist as usual.

Q: I've been in TRICARE Prime but now I'm hearing that I may have TRICARE Standard. Is that true?

A: As with the current contracts, the new contracts require Prime Service Areas (PSAs) for TRICARE Prime enrollment around Military Treatment Facilities and Base Realignment and Closure (BRAC) sites. Under T-3, some PSAs may be discontinued. Some beneficiaries currently enrolled in TRICARE Prime may need an approved waiver to remain in Prime. TRICARE Prime and Standard both offer excellent health care and TRICARE Standard is the plan that gives beneficiaries the most flexibility and a greater choice of providers. During the coming weeks, The TMA transition team and leadership will analyze the specifics of the awarded contracts to identify the information beneficiaries will need for a clear understanding of the differences between the current contracts and the new contracts. As always, TMA is dedicated to ensuring a smooth transition for all affected TRICARE beneficiaries.

Q. Why did you change contractors?

A: The current contracts are scheduled to end in 2010. TMA actively engaged the Services and health care industry leaders in developing the requirements for these competitively procured contracts to ensure the highest quality healthcare plan for our beneficiaries. TMA followed the procedures established by Federal Acquisition Regulations (FAR) for competitive negotiated acquisitions. The process fosters an impartial and comprehensive evaluation of competitive proposals, leading to selections which represent the best value to the Government.

Q: What will be the benefit of these new contracts?

A: The new contracts feature financial incentives to encourage better customer service; higher quality care; detection of fraud, waste, and abuse; increased electronic claims processing; better program management and cost savings. To apply these incentives fairly, TRICARE has improved methods to measure and assess network providers, beneficiary and MTF commander satisfaction.

Q: Will I be in a different region now?

A: TRICARE's three regions remain geographically unchanged. There is one exception –

The Ft. Campbell Prime Service Area shifts from the North Region to the South Region. Since the North and South Region contractors are both scheduled to change under the new contracts, there would have been a change for beneficiaries in the Ft. Campbell area regardless. We will work closely with impacted beneficiaries to provide any needed assistance.

Q: What if I live overseas?

A: Proposals are currently being reviewed for a comprehensive TRICARE Overseas Program (TOP) support contract which will consolidate all six (6) overseas healthcare services under one contract. Read more here:

<http://www.tricare.mil/pressroom/news.aspx?fid=448>

Q: Will I have to change doctors?

A: Any new managed care support contractors will proactively develop strong provider networks which may involve primary care manager changes for some Prime enrollees. We are dedicated to ensuring a smooth transition for those affected.

Q: Where do I send my claims?

A: Claims will continue to be processed as they are now. TRICARE Management Activity and all of the managed care contractors are dedicated to making a smooth transition to the new Contractors with minimal impact on TRICARE beneficiaries. Beneficiaries will be provided with information where to send claims. Any change in claims processing address will not happen until transition is completed. Medicare-eligible TRICARE beneficiaries' claims are processed under a separate contract.

Q: Does this affect pharmacy or dental benefits?

A: Those benefits are managed under separate contracts and are not affected by the new managed care support contracts.