



Welcome To The TRICARE Fundamentals Course October–December 2012

The TRICARE Fundamentals Course (TFC) is a three-day basic course designed for those who provide assistance and counseling to TRICARE beneficiaries. It offers training on the most up-to-date TRICARE information from skilled instructors and an opportunity to interact with others associated with the Military Health System (MHS). There are no prerequisites; however, the course is tailored to MHS support staff with less than three years of TRICARE experience.

This TFC Participant Guide serves as your training tool and as a valuable resource after course completion. There are 15 modules with specific learning objectives. Discussion topics include TRICARE eligibility, TRICARE program options, transitional benefits, pharmacy and dental coverage, and more. Where convenient, stateside and overseas is presented in parallel. Application exercises and real-world scenarios are offered to test participant's current and newly acquired knowledge.

Throughout the Guide, resources are identified to aid in understanding the concepts of TRICARE. These resources include websites and other electronic resources, acronyms and a glossary of key terms.

On the final day of the course, instructors administer a 50-question final exam. Participants must score at least 80% to pass. They must also complete an online course evaluation to receive a Certificate of Training, which will be sent via e-mail within seven business days following receipt of the evaluation.

Once participants have returned to the workplace, they should visit www.tricare.mil for any further questions they may have regarding the TRICARE benefit. To receive TRICARE updates focused on customer service and support, participants may visit www.tricare.mil/customerservicecommunity and bcacdcao@tma.osd.mil to be added to the update list serve.

At the time of printing, the information in this Participant Guide is current, but must be read in light of governing statutes and regulations and is not a substitute for legal advice from qualified counsel, as appropriate. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. For the most recent information, contact the managed care support contractor for your region or a local TRICARE Service Center.

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TRICARE Fundamentals Course

Introduction to Basic TRICARE Concepts and Terms

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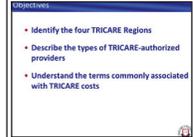
Instructor Guide



Module Objectives



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- **Identify the four TRICARE regions**
- **Describe the types of TRICARE-authorized providers**
- **List terms commonly associated with TRICARE costs**

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 or contracted by the Department of Defense (DoD) to deliver care on the battlefield, on ships, in the air, and in military hospitals and clinics.

Understanding health care under the MHS requires an understanding of the two distinct types of care: direct care, which is health care provided within the military treatment facility (MTF), and purchased care, which is health care received from a civilian TRICARE-authorized or host nation provider.

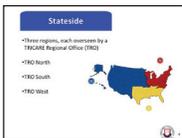
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2.0 TRICARE

- TRICARE is the worldwide purchased care health care program serving active duty service members (ADSMs), Guard/Reserve members, retirees, their families, survivors and certain former spouses.
- As a major component of the Military Health System (MHS), TRICARE supplements the health care resources of the uniformed services 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.

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3.0 TRICARE Regional Concept

TRICARE is managed through four geographic health service regions: three in the United States and one encompassing all overseas locations. Each region has a contractor who administers and coordinates health care services between uniformed service/military hospitals and clinics and its network of civilian hospitals and providers.

3.1 Stateside

Each of the three stateside TRICARE regions is overseen by a TRICARE Regional Office (TRO): TRO-North, TRO-South, and TRO-West. The TROs are government offices that oversee health care delivery in their region to ensure regional contractors fulfill their contractual responsibilities.

TRICARE Stateside Regions



3.1.1 North Region

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

3.1.2 South Region

The South Region includes Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Oklahoma, South Carolina, Tennessee, Texas (excluding the El Paso area), and the Fort Campbell area in Kentucky.

3.1.3 West Region

The West Region includes Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa (excluding 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), Utah, Washington, and Wyoming.

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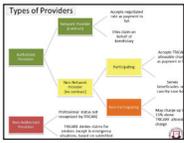
3.2 Overseas

- The TRICARE Overseas Program (TOP) is TRICARE's health care program outside the 50 United States and the District of Columbia. The TOP offers health care coverage to beneficiaries living and traveling overseas while allowing for significant cultural differences unique to foreign countries and their health practices.
 - Cultural differences may apply to things like location of care (e.g., a provider comes to a patient's home) or the way care is provided (e.g., medical services commonly performed in the states may be performed by a physician's assistant, depending on the country)
- The TRICARE Area Offices (TAOs) monitor care in the overseas region and are responsible for developing and delivering plans for health care delivery. There is one Overseas Region divided into three overseas areas:
 - TRICARE Eurasia-Africa (encompasses Africa, Europe, and the Middle East)
 - TRICARE Latin America and Canada (TLAC) (encompasses Canada, the Caribbean basin, Central and South America, Puerto Rico, and the U.S. Virgin Islands)
 - TRICARE Pacific (encompasses Asia, Guam, India, Japan, Korea, New Zealand, and Western Pacific remote countries)

TRICARE Overseas Region



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4.0 TRICARE Providers

Beneficiaries may see different types of providers, depending on the plan they use.

4.1 Military Treatment Facilities (MTFs)

- MTFs are usually located on or near a uniformed service/military installation and are medical clinics and hospitals where TRICARE beneficiaries may receive care from military and civilian providers and support staff. Pharmacy services are available at most MTFs.
- Active duty service members (ADSMs) and TRICARE Prime-enrolled active duty family members (ADFMs) have the highest priority for MTF care.
- Non-TRICARE Prime enrollees receive MTF care at an MTF on a space-available basis.

4.2 Authorized Providers (Civilian)

- An authorized provider is any individual, institution/organization, or supplier that is licensed by a state, accredited by a national organization, or meets other standards of the medical community and is certified to provide benefits under TRICARE.
- It's the beneficiary's responsibility to determine whether a provider is TRICARE-authorized.
- Regional contractors must verify a provider's authorized status before they pay any portion of a claim.

4.2.1 Subsets of Authorized Provider Types

Provider Type	Stateside	Overseas
Network	An individual, institution, or organization serving TRICARE beneficiaries through a contractual agreement with a regional contractor	A host nation individual, institution, or organization certified to provide care to overseas TOP Prime or TOP Prime Remote beneficiaries through an established agreement with the TOP contractor Provides "cashless, claimless"* care to TOP Prime or TOP Prime Remote beneficiaries, as long as care was authorized by the TOP Contractor
Non-Network Participating	An authorized provider who has no contractual agreement with the regional contractor A participating provider accepts the TRICARE-allowable charge as payment in full	Host nation non-network providers who do not have an established relationship with the TOP contractor May require beneficiaries to pay up front and file their own claims
Non-Network Non-Participating	An authorized provider who does not accept the TRICARE-allowable charge as payment in full for covered services May bill beneficiaries up to 15% above the TRICARE-allowable charge	Not applicable

* "Cashless, claimless" means the overseas contractor authorized a visit and payment to a certified host nation provider. The provider files the claim and doesn't require the enrollee to pay up front.

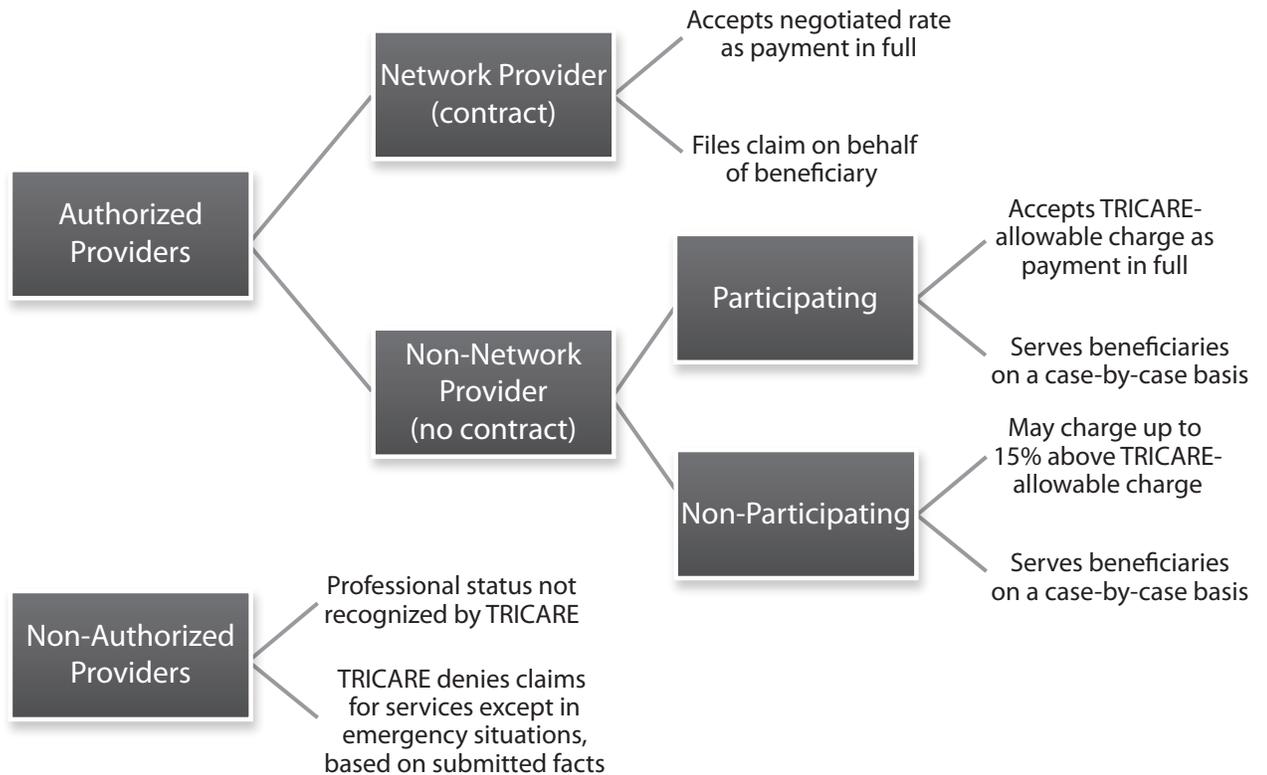
4.2.1: Two test questions

4.2.2 Non-Authorized Providers

A non-authorized provider is a provider whose professional status is not recognized by TRICARE. Providers may be non-authorized because they: (a) do not meet state licensing or training requirements; (b) don't seek to or decline to treat TRICARE-eligible beneficiaries; (c) are not in a provider class recognized by TRICARE; or (d) provide care outside TRICARE's benefit structure (e.g., acupuncture).

- TRICARE denies claims from non-authorized providers, except in emergency situations, based on submitted claims and supporting documentation (if needed).
- If beneficiaries ask if their provider can become an authorized provider, refer them to www.tricare.mil/providers or their regional contractor.

4.2.3 Illustration of Provider Types



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4.3 Finding a Provider

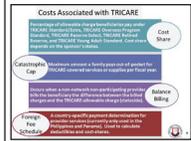
- Stateside: Before getting care, beneficiaries should ask providers if they're a TRICARE-authorized network or non-network participating provider, as these are less costly options.
- For a list of network providers, visit the following websites or contact the regional contractor:
 - Stateside
 - TRICARE Website: www.tricare.mil/findaprovider
 - TRICARE North Region: www.hnfs.com/apps/providerdirectory
 - TRICARE South Region: www.humana-military.com (Select "Find a Provider" on the Beneficiary tab.)
 - TRICARE West Region: www.triwest.com/onlineproviderdirectory
 - Overseas
 - TRICARE Overseas Region: www.tricare-overseas.com/providersearch

Note: Provider directories are always subject to change. Beneficiaries should check with their regional contractor to locate network providers and call the provider’s office to validate the provider’s status. A listing in a directory does not guarantee the provider’s information is current or that a provider is accepting new patients.

5.0 TRICARE and Veterans Affairs Benefits

- Certain former service members are eligible for both TRICARE and Veterans Affairs (VA) benefits and may choose which benefits to use.
- VA-TRICARE eligibles may seek TRICARE-covered services, even if they have received treatment through the VA for the same medical condition during a previous episode of care.
- TRICARE doesn’t pay for service-connected disability care that has been authorized or paid for by the VA.

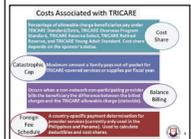
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6.0 Terms Associated with TRICARE Costs

Billed Charge	The provider’s proposed total cost without any discounts or reduced fees. Note: Beneficiary cost-shares overseas are based on the purchased care/host nation provider’s billed charges (with some exceptions—e.g., Philippines, Panama).
TRICARE-Allowable Charge	The maximum amount TRICARE pays for a procedure or service. By law, it’s tied to Medicare’s reimbursement rates when practical. The TRICARE-allowable charge varies depending on the location of care and type of provider (network versus non-network).
Deductible	The annual amount a beneficiary pays under TRICARE Standard options for covered outpatient services before TRICARE begins to share costs.
Cost-Share	The percentage of the TRICARE-allowable charge beneficiaries and the government pay under Standard options. The cost-share amount depends on the sponsor’s status.
Copayment	The fixed amount TRICARE Prime option enrollees will pay for care in the civilian provider network. TRICARE Prime active duty family members are not required to pay copayments (except for pharmacy services).
Catastrophic Cap	The maximum amount a family pays out-of-pocket for TRICARE-covered services or supplies per fiscal year (October 1–September 30). Payments counted toward a catastrophic cap include: <ul style="list-style-type: none"> • Deductibles • Cost-shares • Prescription copayments • Prime enrollment fees
Balance Billing	Occurs when a non-network non-participating provider bills the beneficiary the difference between the billed charges and the TRICARE-allowable charge (stateside only).
Explanation of Benefits (EOB)	A statement, prepared by insurance carriers, health care organizations, and TRICARE, informing beneficiaries and providers of actions taken on a claim for health care coverage.
Foreign Fee Schedule	A country-specific payment determination for provider services (currently only used in the Philippines and Panama). Used to calculate deductibles and cost-shares.

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6.0: Test question



Module Objectives

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Module Summary

- Identify the four TRICARE regions
- Describe the types of TRICARE-authorized providers
- Understand the terms commonly associated with TRICARE costs.

- Identify the four TRICARE regions
- Describe the types of TRICARE-authorized providers
- List terms commonly associated with TRICARE costs

Test Questions

- 1) **A network provider is one who:**
 - A. Signed a contractual agreement with the regional contractor
 - B. Can charge the beneficiary 15% more for each visit above the TRICARE-allowable charge
 - C. Provides services in an MTF
 - D. Has not signed a contractual agreement with the regional contractor
- 2) **If a beneficiary visits a non-network participating provider, he or she should expect the provider to:**
 - A. Accept the TRICARE allowable charge as payment in full
 - B. Become his or her regular physician
 - C. Charge the beneficiary up to 15% above the TRICARE-allowable charge
 - D. Require that the beneficiary pay up front and then file a claim with TRICARE
- 3) **The maximum amount a beneficiary pays out-of-pocket per fiscal year for TRICARE-covered services or supplies is called:**
 - A. Catastrophic cap
 - B. Annual enrollment fee
 - C. Cost-share
 - D. Maximum allowable charge