

TRICARE Fundamentals Course

Transitional Benefits

6

Instructor Guide

References

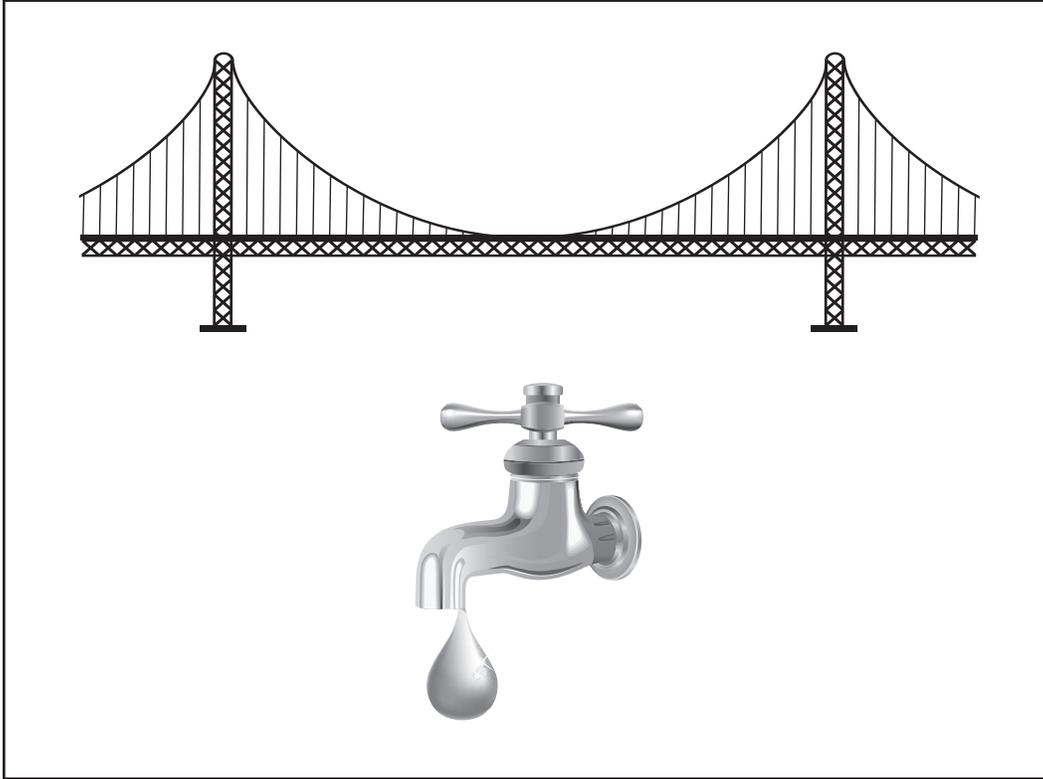
10 USC
32 CFR §§ 199.20, 199.3
Public Law 102-484, 102-125, 103-337, 108-375, 101-510
National Defense Authorization Act, FY 1993
2008 and 2002 TRICARE Policy Manual, Chapter 10
2002 TRICARE Policy Manual, Chapter 12



Brain teaser

What phrase is represented below?

Water under the bridge



Riddle

I have three changing faces. When I give my signal, I start races. What am I?

A stop light

Module Objectives



Show slide #2

Module Objectives

- Explain the purpose of the Transitional Assistance Management Program (TAMP)
- State who is eligible for the Continued Health Care Benefit Program (CHCBP)
- Explain the purpose of a Certificate of Creditable Coverage

- **Explain the purpose of the Transitional Assistance Management Program (TAMP)**
- **State who is eligible for the Continued Health Care Benefit Program (CHCBP)**
- **Explain the purpose of a Certificate of Creditable Coverage**

Show slide #3



1.0 TRICARE Transitional Health Care Coverage

The transition from military life back to civilian life can be challenging. TRICARE assists certain active duty service members (ADSMs), eligible National Guard or Reserve members, eligible family members, and others losing TRICARE eligibility with this transition by continuing to provide TRICARE benefits.

Military retirees remain TRICARE eligible. Certain other beneficiaries are offered continued health care coverage through select transitional programs:

- Transitional Assistance Management Program (TAMP)
- Transitional Care for Service-Related Conditions (TCSRC)
- Continued Health Care Benefit Program (CHCBP)

Show slide #4



2.0 Transitional Assistance Management Program (TAMP)

TAMP provides 180 days of transitional health care coverage for certain members of the uniformed services and their families, based on the sponsor's eligibility.

2.1 TAMP Eligibility

Each branch of service determines eligibility for TAMP and records it in DEERS.

2.1.1 Eligibility for Service Members

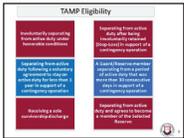
A uniformed service member is considered TAMP eligible if he or she is:

- A member who is involuntarily separated from active duty under honorable conditions
- A member who is separating from active duty after being involuntarily retained (stop-loss) in support of a contingency operation
- A member who is separating from active duty following a voluntary agreement to stay on active duty for less than one year in support of a contingency operation
- A National Guard or Reserve member separating from a period of active duty that was more than 30 consecutive days in support of a contingency operation
- A member receiving a sole survivorship discharge when the service member is the only surviving child in a family in which the mother or father, or one or more siblings, served in the Armed Forces and as a result of their service either died or were severely injured resulting in permanent disability
- A member separating from active duty who agrees to become a member of the Selected Reserve

Note: Involuntarily separated service members may or may not be eligible for TAMP and should check with their service personnel department to see if they qualify for TAMP benefits.

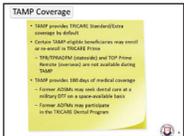
2.0: Test question

Show slide #5 for 2.1.1



2.1.1: Test question

Show slide #6 for 2.2



2.2 Health Care Coverage During TAMP

- TAMP provides 180 days of health care coverage under:
 - TRICARE Standard and Extra
 - TRICARE Overseas Program (TOP) Standard
 - TRICARE Prime (enrollment required)
 - TOP Prime (enrollment required)
 - US Family Health Plan (USFHP)
- TAMP coverage, by default, is TRICARE Standard/Extra or TOP Standard.
- Under TAMP, beneficiaries aren't eligible for TRICARE Prime Remote (TPR), TRICARE Prime Remote for Active Duty Family Members (TPRADFM), or TOP Prime Remote.

2.2.1 Enrollment in TRICARE Prime, TOP Prime, and USFHP During TAMP

- The following guidelines apply to TAMP eligibles who are enrolling in TRICARE Prime, TOP Prime, or USFHP after the sponsor separates from active duty:

Stateside	Overseas
<ul style="list-style-type: none"> TAMP eligibles who were enrolled in TRICARE Prime, TPR, TPRADFM, or USFHP before the sponsor's separation may reenroll in TRICARE Prime or USFHP (but not TPR or TPRADFM) without a break in coverage, as long as they submit a new <i>TRICARE Prime Enrollment Application and Primary Care Manager (PCM) Change Form</i> (DD Form 2876) before the TAMP period ends. <ul style="list-style-type: none"> The enrollment effective date is the date the eligible sponsor separated from active duty. TAMP eligibles who weren't enrolled in TRICARE Prime, TPR, TPRADFM, or USFHP before the sponsors' separation may choose to enroll in TRICARE Prime or USFHP (if available at their location). However, enrollment is subject to the "20th-of-the-month" rule. (See the <i>Glossary</i> module for more information.) 	<ul style="list-style-type: none"> TAMP eligibles who were enrolled in TOP Prime before the sponsor's separation may reenroll in TOP Prime without a break in coverage, as long as they submit a new <i>DD Form 2876</i> before the TAMP period ends. <ul style="list-style-type: none"> The TOP Prime effective date is the date the eligible sponsor separated from active duty. TAMP-eligible family members who were eligible to enroll in TOP Prime before their sponsor's separation, but didn't, may enroll in TOP Prime by submitting a <i>DD Form 2876</i>. <ul style="list-style-type: none"> The TOP Prime effective date is the date the <i>DD Form 2876</i> is signed. TAMP-eligible family members who weren't eligible to enroll in TOP Prime before their sponsor's separation (e.g., because they weren't command sponsored), cannot enroll in TOP Prime during the TAMP period; they are covered under TOP Standard.

- If the sponsor is recalled to active duty during the TAMP period, the following guidelines apply to family members wanting to remain enrolled in TRICARE Prime, TOP Prime, or USFHP:
 - TAMP-eligible family members who were enrolled in TRICARE Prime or TOP Prime before their sponsor's reactivation may continue their enrollment with no break in coverage if they submit a new *DD Form 2876* within 30 days of their sponsor's return to active duty status.
 - If they don't submit a new *DD Form 2876* within 30 days of the sponsor's return to active duty status, they revert to TRICARE Standard or TOP Standard, until a new *DD Form 2876* is submitted. The "20th-of-the-month" rule applies and there may be a break in Prime coverage.

2.3 Dental Coverage During TAMP

- During TAMP, former ADSMs may receive dental care at dental treatment facilities on a space-available basis.
- Former ADSMs may also choose to purchase TRICARE Dental Program coverage for themselves and their families.
- National Guard and Reserve members activated for more than 30 days in support of a contingency operation continue active duty dental benefits during TAMP.
 - They may receive care at a uniformed services dental treatment facility (no matter how close they live to a dental treatment facility) or from civilian dental providers through the Active Duty Dental Program (ADDP).
 - All orthodontics, implants, and certain complex treatments received through the ADDP must have prior authorization and able to be completed within the TAMP period.
 - This coverage is limited to the sponsor only and doesn't apply to family members.
- See the *Dental* module for more information.

Note: Only former Guard/Reserve members on TAMP are eligible for active duty dental benefits.

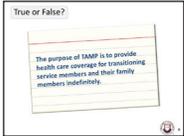
Show slide #7



2.4 Claims

Though the sponsor's status is neither active duty nor retiree, claims for individuals covered under TAMP, including the former active duty member, are processed as active duty family member claims; active duty family member deductibles, copays, and cost-shares apply. In cases where TAMP beneficiaries have other health insurance (OHI), TRICARE pays after the OHI.

Q1 = slide #8



2.5 TAMP Application Exercises

Q1. True or False: The purpose of TAMP is to provide health care coverage for transitioning service members and their family members indefinitely.

False

Q2 = slide #9



Q2. Lieutenant Karen Anderson is an active duty navy officer, and is pregnant. She decided to separate from active duty later this month. Will she be eligible for TAMP upon separation? Explain.

No. She voluntarily separated, which does not meet eligibility guidelines for TAMP.

Q3 = slide #10



Q3. Active Duty Air Force Senior Airman, John Stephenson failed to meet Air Force fitness standards. He is being processed for honorable involuntary separation today. Is Senior Airman Stephenson eligible for TAMP? Explain.

He may be eligible but it is up to his Service component to determine his eligibility. If he is coded as TAMP eligible in DEERS, he is eligible.

Q4 = slide #11



Q4. Marine Corps Lance Corporal Amy Roberts was on active duty in support of a contingency operation for 9 months. One month prior to her separation date, she was extended another 6 months under stop-loss. She separates from active duty today. Is she eligible for TAMP? Explain.

Yes, based on eligibility guidelines (see Section 2.1.1).

Q5 = slide #12



Q5. Army Reserve Staff Sergeant Roger Burke was activated in support of a contingency operation for one year. One month prior to his separation date, he volunteered to serve another 180 days. He separates from active duty tomorrow. Is he eligible for TAMP? Explain.

Yes, based on eligibility guidelines (see Section 2.1.1).

3.0 Transitional Care for Service-Related Conditions (TCSRC)

The TCSRC benefit provides extended transitional health care coverage to former ADSMs with certain service-related conditions.

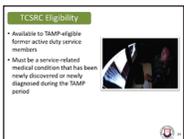
Sec 3.0: Show slide #13



3.1 Eligibility

- Eligibility is limited to TAMP-eligible former ADSMs with a “newly diagnosed” or “newly discovered” medical condition identified during the TAMP period that they believe is related to active duty service.
 - Family members aren't eligible for this benefit.
- These members may receive extended transitional care for that condition and that condition only.
- The medical condition must meet the following criteria:
 - Must be service-related
 - Must be diagnosed by the member's civilian or TRICARE provider during the TAMP period and validated by a DoD physician
 - Must require treatment and can be resolved within 180 days from the date the condition is validated
- TAMP-eligible members may have multiple conditions covered under TCSRC as long as each condition meets the criteria for coverage. Conditions may have different coverage start and end dates.
- Additional information on applying for the TCSRC benefit can be found at www.tricare.mil/tcsrc.

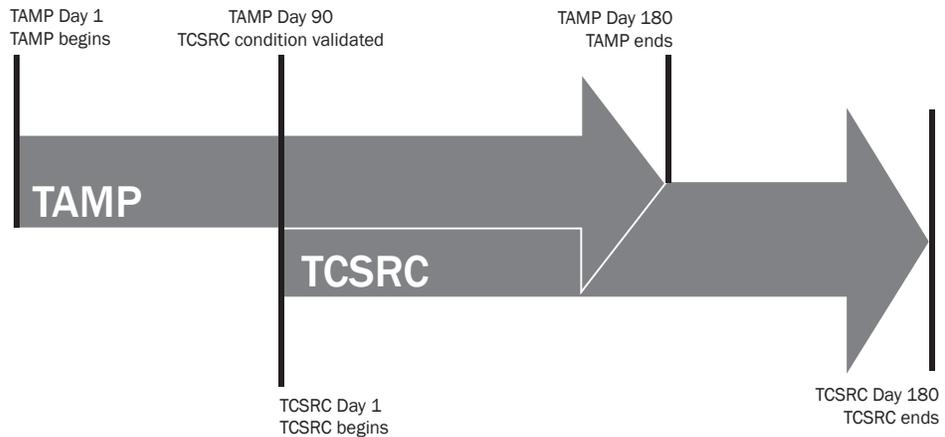
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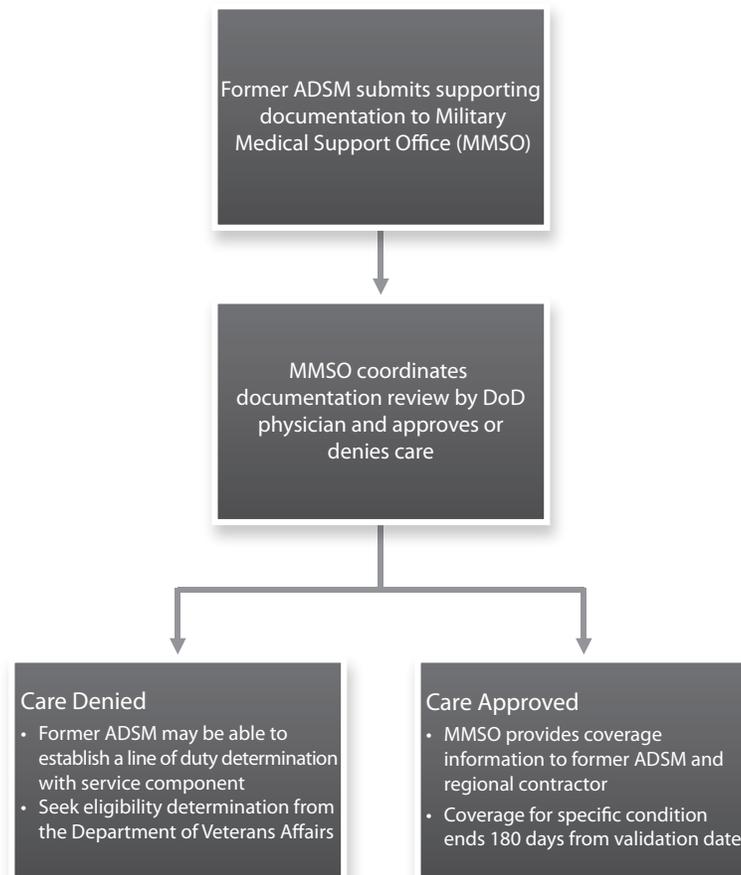
Note: If a former ADSM has a service-related condition that cannot be resolved within the 180-day TCSRC period and cannot be approved for the TCSRC benefit, he or she may be eligible to receive medical care for this condition through the Department of Veteran's Affairs (VA). The VA determines eligibility for VA benefits. These members should call 1-877-222-8387 or visit www.va.gov for more information.

3.2 TCSRC Example

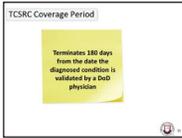
A former ADSM is diagnosed with a service-related condition 90 days into TAMP. TAMP coverage ends on day 180. Care for the service-related condition terminates 180 days from the date a DoD physician validates the service-related condition.



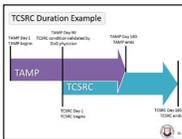
3.3 TCSRC Process



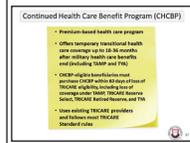
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4.0 Continued Health Care Benefit Program (CHCBP)

CHCBP is a premium-based health care program that offers temporary transitional health coverage after uniformed service health care benefits end.

- CHCBP uses existing TRICARE-authorized providers and either follows most of the rules and procedures of the TRICARE Standard option. CHCBP enrollees aren't eligible for Prime.
 - When using TRICARE network providers, CHCBP enrollees' cost-shares are reduced.
- Health care is limited to TRICARE-covered services.

4.1 CHCBP Eligibility

CHCBP-eligible beneficiaries must purchase CHCBP within 60 days of loss of TRICARE eligibility, including loss of coverage under TAMP, TRICARE Reserve Select, TRICARE Retired Reserve, and TRICARE Young Adult. This includes:

- Former ADSMs and their family members
- Certain former active duty Guard/Reserve members and their family members
- Certain unremarried former spouses
- Children who lose coverage due to age
- Certain unmarried children by adoption or legal custody

4.2 CHCBP Coverage

CHCBP is time-limited and varies based on the individual's classification.

Show slide #18



18-Month Limit	36-Month Limit
<ul style="list-style-type: none"> ● Former active duty service members and their eligible family members 	<ul style="list-style-type: none"> ● Emancipated children ● Unmarried children by adoption or legal custody ● Certain unremarried former spouses

In some cases, unremarried former spouses may continue coverage beyond 36 months if they meet certain criteria.

4.3 CHCBP Enrollment Requirements

To enroll, eligible beneficiaries must submit the following to the CHCBP contractor:

- *Continued Health Care Benefit Program Application* (DD Form 2837), available at www.tricare.mil/forms
- Premium payment
- Required documentation as indicated on the enrollment form, to include copies of:
 - *Certificate of Release or Discharge from Active Duty* (DD Form 214)
 - *Uniformed Services Identification and Privilege Card* (DD 1173)
 - Final divorce decree, if applicable

4.4 CHCBP Premium Payment

- **The enrollment application must include a premium payment for the first quarter.**
- Quarterly premiums are subject to change on an annual basis. The CHCBP contractor bills beneficiaries quarterly until they lose eligibility for CHCBP coverage.
- Visit <http://tricare.mil/mybenefit/home/overview/SpecialPrograms/CHCBP> for the most recent premium rates.

Show slide #19



4.4: Test question

4.5 CHCBP Contractor

The CHCBP contractor is responsible for:

- Verifying of health plan eligibility
- Processing enrollments
- Collecting premiums
- Disenrolling participants if eligibility expires or premiums aren't paid
- Issuing certificates of creditable coverage when CHCBP coverage ends

4.6 CHCBP Claims Processing

- TRICARE-authorized providers may file for enrollees; however, enrollees are responsible for making sure all claims, including provider and pharmacy claims, are filed within one year from the date of service stateside and Puerto Rico or within three years from the date of service overseas.
- To file a claim, the enrollee must submit:
 - A TRICARE DoD/CHAMPUS Medical Claim Patient's Request for Medical Payment (DD Form 2642)
 - The provider's bill
 - A copy of their CHCBP enrollment card
- Mail all CHCBP claims to:

PGBA, LLC
P.O. Box 7031
Camden, SC 29020-7031

- For questions about CHCBP claims, beneficiaries and providers may contact the CHCBP contractor at 1-800-403-3950 or visit the PGBA website at www.myTRICARE.com.
- For more information on CHCBP, visit: www.tricare.mil/chcbp.

5.0 Certificate of Creditable Coverage

- A certificate of creditable coverage is a document that provides proof of prior health care coverage.
- It's used to reduce the time a civilian health care plan may exclude an individual from coverage for a pre-existing condition.
 - Pre-existing conditions are medical conditions which are present before an individual purchases health insurance plan coverage.

5.1 Eligibility

- The Health Insurance Portability and Accountability Act (HIPAA) requires TRICARE to issue a certificate of creditable coverage to TRICARE beneficiaries who lose TRICARE eligibility (other than retirees).
- The Defense Manpower Data Center (DMDC) issues certificates when:
 - An active duty member separates
 - A Guard or Reserve member separates (demobilizes) from active duty
 - A family member loses eligibility
 - A spouse loses eligibility following divorce

5.2 Additional Details

- The certificate reflects each period of continuous TRICARE coverage that occurred 24 months before eligibility was lost.
- Each certificate identifies the sponsor's or family member's name for whom it's issued, the dates TRICARE coverage began and ended, and the certificate issue date.

Show slide #20



5.0: Test question

5.3 Requests for Certificate of Creditable Coverage

- Former TRICARE beneficiaries may request certificates of creditable coverage.
- Certificates can take several weeks to process; however, if the request is urgent, beneficiaries may request expedited processing.
- If the certificate is going to a third party (e.g., a health insurance carrier), former beneficiaries must submit their request in writing and include the following:
 - Sponsor's name and social security number
 - Name of person or entity requesting the certificate
 - Signature of the requester
 - Name and address where the certificate should be sent
 - Reason for the request
- Beneficiaries may request certificates in writing, by phone, or fax at any time.
 - Phone: 1-800-538-9552
 - Fax: 1-831-655-8317 (**Note:** Only use the fax option when in urgent need of a Certificate of Creditable Coverage)
 - TYY/TDD: 1-866-363-2883
- Mail written requests to:
 - Defense Manpower Data Center Support Office
 - Attn: Certificate of Creditable Coverage
 - 400 Gigling Road
 - Seaside, CA 93955-6771
- E-mail: hipaamail@tma.osd.mil

See *Appendix A* of this module for a sample certificate of creditable coverage.



Module Objectives

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Summary:

- Explain the purpose of the Transitional Assistance Management Program (TAMP)
- State who is eligible for the Continued Health Care Benefit Program (CHCBP)
- Explain the purpose of a Certificate of Creditable Coverage

Test Questions

- 19) The uniformed services member eligibility categories for the Transitional Assistance Management Program (TAMP) include all of the following EXCEPT:
- A. Service members who are voluntarily separating from active duty under honorable conditions
 - B. Service members who are separating from active duty following a voluntary agreement to stay on active duty less than a year in support of a contingency operation
 - C. National Guard/Reserve members who are separating from a period of active duty that was more than 30 consecutive days in support of a contingency operation
 - D. Service members who are separating from active duty after being involuntarily retained (stop loss) in support of a contingency operation
- 20) Following loss of uniformed service health care benefits, eligible beneficiaries who wish to enroll in the Continued Health Care Benefit Program must do which of the following?
- A. Supply the CHCBP contractor with a certificate of creditable coverage
 - B. Also enroll in TAMP
 - C. Supply the CHCBP contractor with a premium payment for the first month
 - D. Supply the CHCBP contractor with a premium payment for the first quarter
- 21) The document that provides proof of prior health care coverage is called:
- A. Medical Evaluation Report
 - B. Continued Health Care Benefit Form
 - C. Certificate of Creditable Coverage
 - D. Transitional Health Care Assistance Form
- 22) TAMP beneficiaries are eligible for _____ of medical coverage.
- A. 60 days
 - B. 90 days
 - C. 180 days
 - D. 365 days

Appendix A: Sample Certificate of Creditable Coverage



DEPARTMENT OF DEFENSE
MANPOWER DATA CENTER
400 GIGLING ROAD
SEASIDE, CALIFORNIA 93955-6771

COCC

Case Number: xxxxxxxx

NAME
ADDRESS
ADDRESS

Certificate of Creditable Coverage

IMPORTANT This certificate provides evidence of your prior health care coverage under one of the TRICARE administered programs. You may need to furnish this certificate if you become eligible under a group health plan that excludes coverage for certain medical conditions that you have before you enroll (also known as pre-existing conditions). This certificate may need to be provided if medical advice, diagnosis, care, or treatment was recommended or received for the condition within a certain time period (often six months to one year) prior to your enrollment in the new plan. If you become covered under another group health plan, check with the plan administrator to see if you need to provide this certificate. You may also need this certificate to buy, for yourself or your family, an insurance policy that does not exclude coverage for medical conditions that are present before you enroll.

1. Date of this certificate: Date
2. Participant (Sponsor) name: Name
3. Participant (Sponsor) Identification Number: xxx-xx-####
4. Names of individual(s) to whom this certificate applies:
Name
5. All questions concerning this certificate should be directed to the address listed above, ATTN: CoCC, or call for further information: 1-800-538-9552; TTY/TDD: 1-866-363-2883
6. Date coverage began: Date
7. Date coverage ended: Date

NOTE: *Separate certificates will be furnished if information is not identical for the participant and each dependent.*