

# Lesson Objectives

## Welcome to Lesson 1: Who We Are & Our History

After this lesson, you should be able to:

- Understand the Military Health System's organization
- Identify the TRICARE regions
- Define TRICARE and how it evolved
- Explain the National Defense Authorization Act (NDAA)



# What is the Military Health System (MHS)?

The MHS is the fully integrated healthcare system of the Department of Defense (DoD).

It includes every facet that is used to provide healthcare, such as:

- medical personnel
- facilities, programs
- funding, and other resources.



# Military Health System, continued..

## The Mission of the MHS is to:

- To enhance the Department of Defense and our nation's security by providing health support for the full range of military operations and sustaining the health of all those entrusted to our care.

## The Vision of the MHS:

- A world-class health system that supports the military mission by fostering, protecting, sustaining, and restoring health.



# The Assistant Secretary of Defense for Health Affairs

- The MHS falls under the office of the Assistant Secretary of Defense for Health Affairs (ASD/HA), who is 'dual-hatted' as the TRICARE Management Activity (TMA) Director.
- The ASD/HA provides corporate-level policy and oversight to execute DoD's healthcare mission.

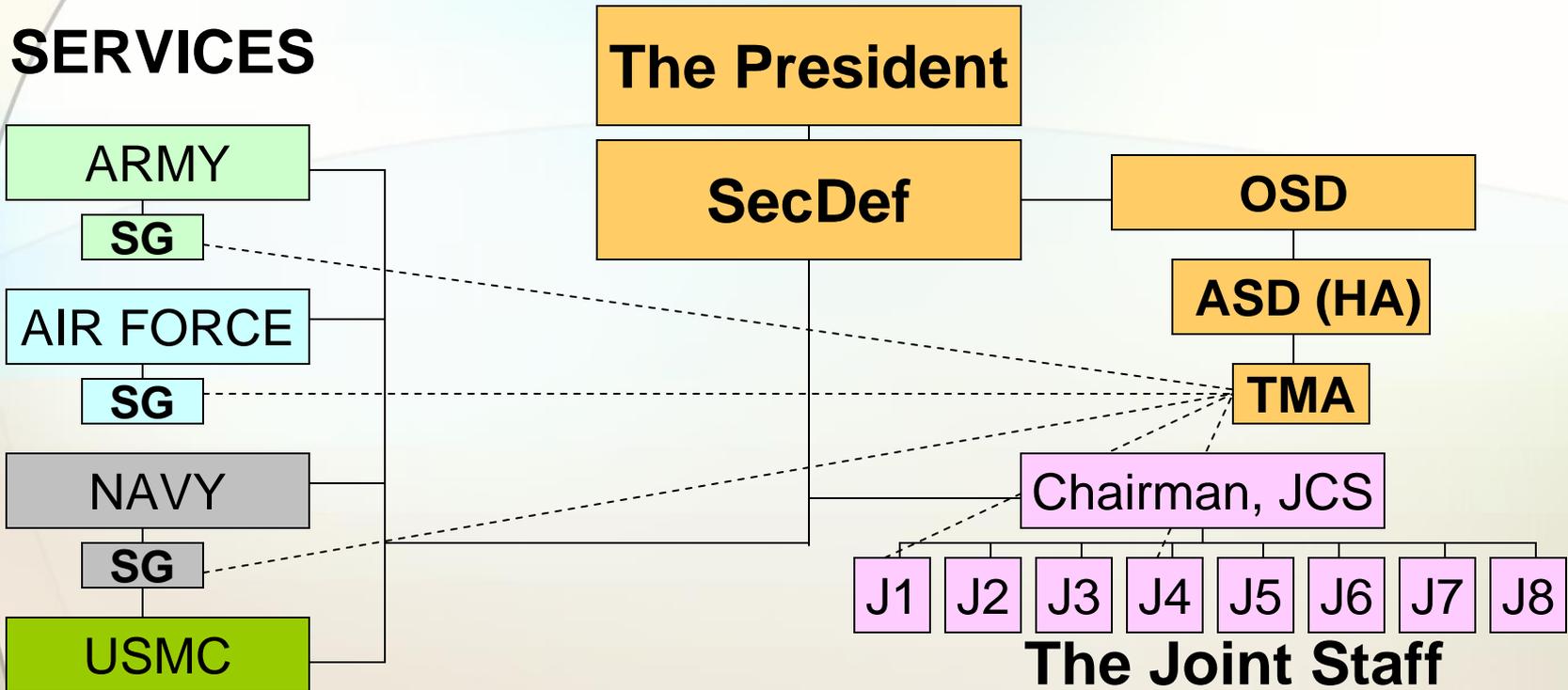




# The Big Picture



## SERVICES



# TRICARE Management Activity (TMA)

Since February 1998, TMA leadership has managed the TRICARE healthcare program for active duty members and their families and others entitled to DoD medical care.

As a chartered organization, the TMA will continue to operate under the authority of the Assistant Secretary of Defense for Health Affairs.

TMA is headquartered in Falls Church, VA, and Aurora, CO. and manages the TRICARE program, which involves:

- Managing financial matters of TRICARE
- Executing the policy issued by the HA
- Overseeing TRICARE's managed healthcare program for Uniformed Services beneficiaries and their families worldwide



# What Is TRICARE?

TRICARE is the healthcare program serving:

- Active duty service members
- Retirees
- Families of active duty members or retirees
- Survivors and certain former spouses worldwide

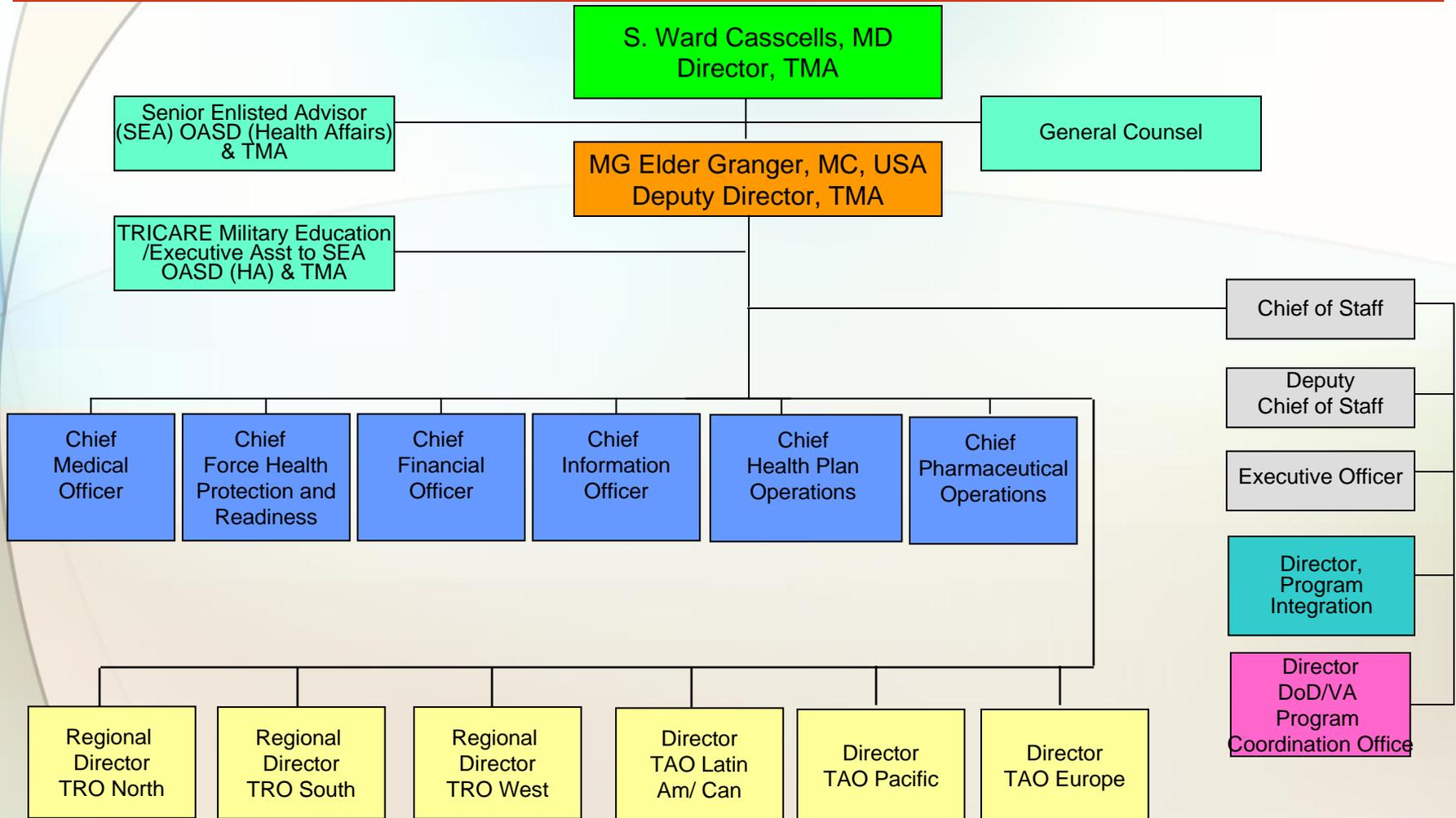
TRICARE brings together the health care resources of the uniformed services and supplements them with networks of:

- civilian health care professionals
- institutions
- pharmacies and suppliers





# TMA Org Chart



# TRICARE Regional Offices

The TRICARE Regional Offices (TROs) represent the management organization for managing regional contractors and overseeing an integrated healthcare delivery system in the three United States-based TRICARE regions.



## The TROs are designated:

- TRICARE Regional Office-North
- TRICARE Regional Office-South
- TRICARE Regional Office-West



# What is a TRICARE Regional Office?

- The TRICARE program organizes the MHS into geographic health services regions.
- Each region is administered by a TRICARE Regional Office Director, who, as the health plan manager, reports to and operates under the authority, direction, and control of the TMA Deputy Director.
- The Regional Office Director has visibility of both the contract and direct care assets, and coordinates with the Services to develop an integrated health plan.



# What is a Managed Care Support Contractor (MCSC)?

- Each TRICARE region in the United States has an MCSC (also called a “Regional Contractor”) whose role is to help support and augment health services.
- This is accomplished by developing a network of civilian hospitals and providers to meet the healthcare needs of TRICARE beneficiaries.
- Both MCSCs and TRICARE Regional Offices receive overall guidance from TMA.



# Responsibilities of MCSCs

The MCSCs, or regional contractors, perform various functions at the regional level. Some responsibilities include:

- Establishing and maintaining the TRICARE Prime provider network
- Delivering customer service
- Operating TRICARE Service Centers (TSC)
- Providing administrative support for enrollment, disenrollment, and claims processing
- Providing beneficiaries and healthcare providers with communication and educational information
- Managing the referral function
- Performing medical reviews for referrals to the network



# What is a Military Treatment Facility (MTF)?

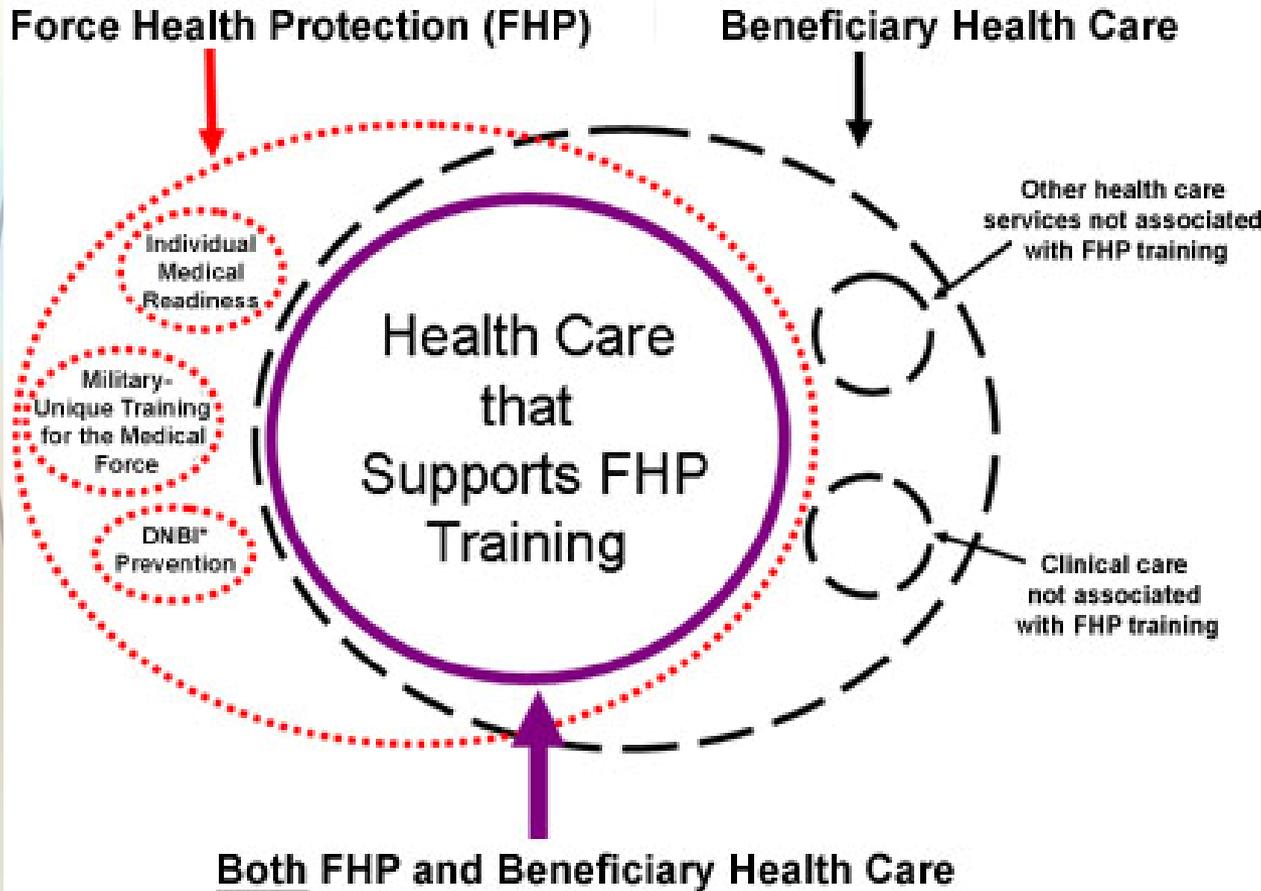
A Military Treatment Facility (MTF) is a military hospital or clinic usually located on or near a military base.

- MTF capabilities are augmented by civilian TRICARE providers or overseas providers to ensure all TRICARE beneficiaries have timely access to quality healthcare.
- When activated, active duty service members and active duty family members receive the priority for care at MTFs.



# Dual Mission of the MTF

The MTF provides Force Health Protection (FHP) and beneficiary healthcare.



FHP includes individual medical readiness, military training for the medical force, and disease and non-battle injury prevention.

Beneficiary healthcare involves other healthcare and critical care not associated with FHP training.

\*Disease and Non-Battle Injury

# What is the Role of an MTF Commander?

MTF Commanders are responsible for managing healthcare delivery for the active duty personnel and TRICARE-eligible beneficiaries who are enrolled in TRICARE Prime with MTF Primary Care Managers, as well as for providing care to other TRICARE and MHS beneficiaries who are eligible for care at MTFs.

- If the MTF cannot provide the care to enrollees directly, the MTF Commander and the regional contractor may enter into a Resource Sharing Agreement or the patient may be referred to a civilian provider who is a member of the contractor's network.
- The MTF Commander sets priorities for assignment of MTF Primary Care Managers and works directly with the contractor in network development, resource sharing arrangements, and similar local initiatives.



# Position Titles and Responsibilities

## Beneficiary Counseling and Assistance Coordinator (BCAC)

- Provides assistance for eligible TRICARE beneficiaries regarding military entitlements for medical and dental care at each TRICARE Regional Office and MTF.
- Works closely with the managed care support contractor (MCSC) staff.
- Advocates on behalf of beneficiaries.
- Improves customer service and satisfaction as well as beneficiary education about TRICARE.
- You may also view the **BCAC Directory** on the [TRICARE Web site](#)



# Position Titles and Responsibilities

## Debt Collection Assistance Officer (DCAO)

- Serves at each TRICARE Regional Office and MTF to help a beneficiary when they are notified of a collection action.
- Assists beneficiaries in confirming the validity of collection claims and negative credit reports incurred from medical/dental care under TRICARE.
- Refers cases to the regional contractor, overseas claims processor, or dental claims processor if unable to resolve the issue at the local level
- Submits cases of "balance billing" to the MCSC Office of Program Integrity
- Notifies beneficiary of the review's findings and results within five days of resolution



# Position Titles and Responsibilities

## When a collection action occurs to a beneficiary, DCAOs:

- Collect copies of all pertinent information, required documentation, and release authorizations from the beneficiary (e.g. files in local case file, EOB, bills, notices, and collection letters).
- Notify, by telephone or in writing, interested parties, such as providers and collection agencies, and alert them that the case is being reviewed.
- Requests a temporary suspension of all further collection action until completion of a review.

You may also view the **DCAO directory** on the [TRICARE Web site](#).



# Position Titles and Responsibilities

## Other Roles within the TRICARE Regional Office include:

- **Medical Director:** Responsible for referrals and UM/QM/CM
- **Managed Care Director:** Responsible for networks, marketing, and managing BCACs and DCAOs
- **Business or Finance Director:** Responsible for Resource Sharing/Support and Bid Price Adjustment analysis
- **Contracting Director:** Responsible for surveillance and deficiencies
- **Operations Director:** Responsible for handling TRICARE Prime Remote and Reserve Component issues
- **Information Management Director:** Responsible for maintaining DEERS, CHCS, and other programs



# What is a TRICARE Service Center (TSC)?

- TSCs provide assistance to each Regional Director and MTF Commander and their designees in coordination of TRICARE Prime.
- The TSC staff ensures that the Regional Director and MTF Commanders have access to contractor personnel to facilitate MTF interface activities and also ensure that MTF Commanders are kept informed of program or policy changes which affect the MTF.
- Many TSCs are located within an MTF, although some are freestanding on military installations and in communities.



# Role of the TRICARE Service Centers (TSC)

TSCs are staffed with beneficiary service representatives and exist to perform the following functions:

- Explain TRICARE benefit, enrollment, and eligibility information
- Select primary care managers and assist beneficiaries with the PCM change form
- Inform beneficiaries of their claims' status and help them resolve their claims
- Provide information about TRICARE network providers and pharmacy information
- Help beneficiaries report fraud



# Overseas Regions

There are three overseas regions:

- **TRICARE Europe**
- **TRICARE Latin America/Canada**
- **TRICARE Pacific**



The TRICARE Overseas Program is managed by the TRICARE Area Offices.

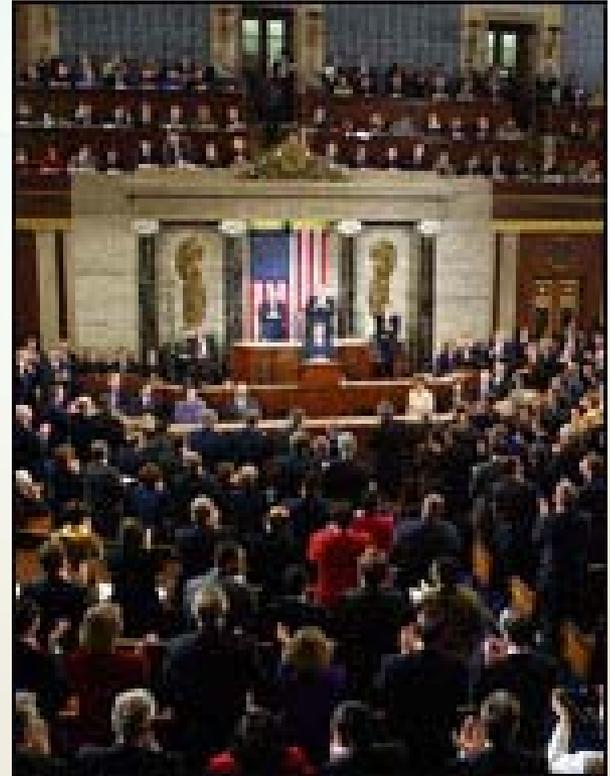
Overseas programs will be discussed further in Lesson 13: TRICARE Overseas.



# TRICARE Legislation

Legislation is passed each year to create or amend various TRICARE programs and fees. To learn more about specific legislation that sculpts the TRICARE program, read the following slides.

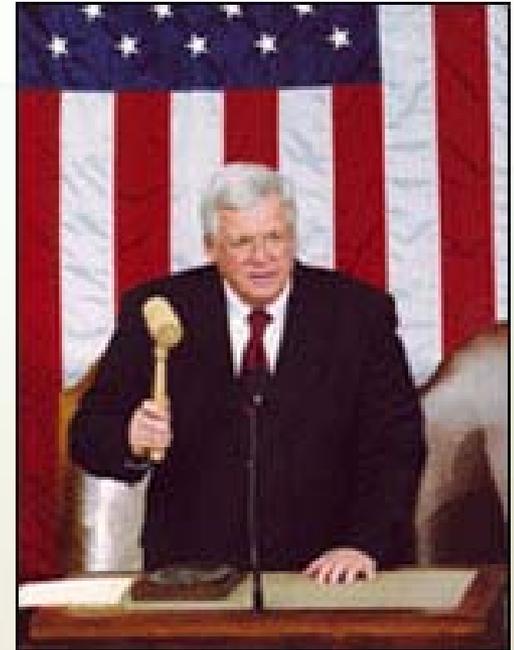
- **National Defense Authorization Act**
- **U.S. Code: Title 10 & Title 32**



# National Defense Authorization Act (NDAA)

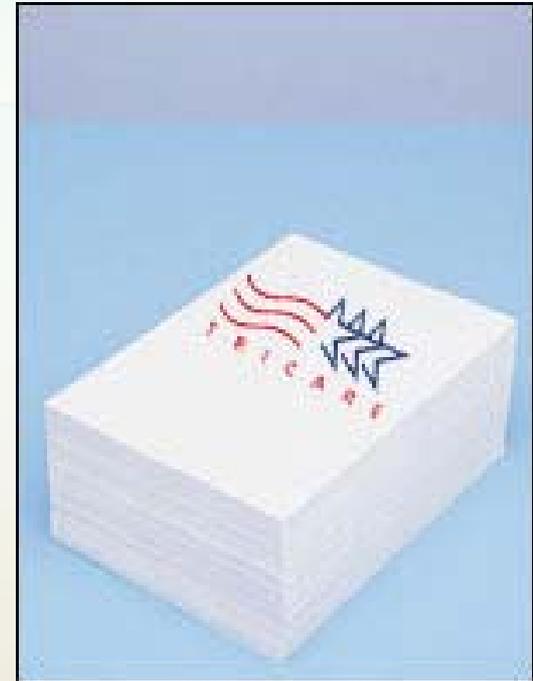
The NDAA formally establishes and funds TRICARE.

- The NDAA falls under the jurisdiction of the Senate and House Armed Services Committee and provides statutory direction across all DoD programs by establishing, changing, or eliminating programs and activities.



# U.S. Code Title 10 & Title 32

- The U.S. Code is divided into 50 titles. Title 10 dictates Armed Forces matters, and the section most relevant to TRICARE is Chapter 55 of Title 10 which covers medical and dental care. Typically, when laws are enacted that concern military healthcare, they amend Chapter 55 of Title 10.
- Another significant title is Title 32. This title specifies that enlisted members of the armed forces working with the National Guard are still entitled to TRICARE benefits.



# TRICARE Timeline: 1775 - 1818

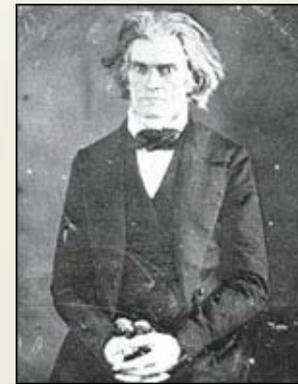
## 1775

In July 1775 Congress established a "hospital" (technically a medical department) in Massachusetts. It was staffed with a Director-General (chief physician), four surgeons, an apothecary (pharmacy), and nurses (who were usually wives or widows of military personnel) to care for military members.



## 1818

In 1818 Secretary of War John C. Calhoun established a permanent medical department.



# TRICARE Timeline: 1884 – 1943

## 1884

A Congressional directive in 1884 established the first rudimentary health system for military members.

The directive stated, rather simply, that “medical officers of the Army and contract surgeons shall whenever possible attend the families of the officers and soldiers free of charge.”

## 1943

In 1943 Congress authorized the Emergency Maternal and Infant Care Program (EMIC).

This program provided maternity care and infant care (from birth to age one) for the wives and children of Service members in the lower four pay grades.

This program was administered through state health departments.



# TRICARE Timeline: 1956 –1966

## 1956

December 7, 1956 saw the birth of the Dependents Medical Care Act.

This Act authorized the DoD to contract medical care to civilian healthcare plans in order to provide adequate healthcare for family members of active duty soldiers and retirees.

Later, amendments to this Act laid the foundation for what would be called the Civilian Health and Medical Program for the Uniformed Services, or “CHAMPUS.”

## 1966

On October 1, 1966 the Civilian Health and Medical Program for the Uniformed Services (CHAMPUS) was established.

Subsequently, CHAMPUS served the military for over 30 years as a cost-sharing program.

The program was designed so that when active duty family members could not get inpatient or outpatient care through a military hospital or clinic, they could get care from civilian medical facilities. This included ambulatory and psychiatric care.

On January 1, 1967, CHAMPUS was revised so that retirees, their family members, and certain surviving family members of deceased military sponsors were eligible for the program.



# TRICARE Timeline: 1980s – 1993

## 1980s

The 1980s saw the launch of CHAMPUS "demonstration" projects like the CHAMPUS Reform Initiative (CRI) in 1988.

The CRI was tested in California and Hawaii and offered family members more choices in regards to their military healthcare benefits.

During the five-year demonstration period CRI operated successfully and yielded high levels of patient satisfaction.

## 1993

In 1993 Department of Defense officials and Congress extended and improved the CRI.

The new and improved program was renamed "TRICARE," which is how the program is still known today.

CHAMPUS evolved into "TRICARE Standard," one of the three TRICARE options.

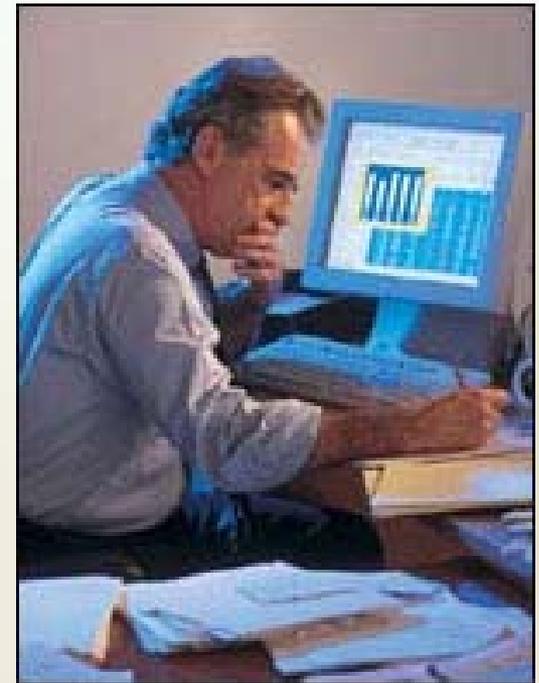
To make the transition seamless for those already participating in CHAMPUS, the healthcare coverage, deductibles, cost shares, and claim-filing rules remained the same.



# Staying Current with TRICARE Changes

There are several online resources available to TRICARE beneficiaries so that they can stay current with policy transitions. Log on to [www.tricare.mil](http://www.tricare.mil) to see the following:

- **Subscribe to GovDelivery email service**
- **Read Fact and FAQ Sheets**
- **Visit the TRICARE Press Room**
- **Visit the TRICARE Transparency portal**



# Summary

## Congratulations, you've finished Lesson 1: Who We Are & Our History!

### You should now be able to:

- Understand the Military Health System's organization
- Identify the TRICARE regions
- Define TRICARE and how it evolved to its present program
- Explain the purpose of the National Defense Authorization Act (NDAA)

