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THOUGHT FOR THE DAY

Experience is a hard teacher.
She gives the test first, the lesson afterward.

-Vernon Law

**QUALITY CARE —
HAPPY CUSTOMERS**



By Mr. Michael Gill, SES
TRICARE South
Regional Director

Henry Ford once wrote, "Success is based solely upon an ability to serve the customer to his liking."

In order to foster success, we need to spend as much time considering what we do, who we do it for, and why we do it as we spend on fixing how it's done. What's more, we must both anticipate unexpressed customer needs and respond to the expressed ones. As we apply this to our TRICARE program, we know that as a whole, the MHS is doing something right since TRICARE is one of the highest rated healthcare delivery systems in the nation. However, as an institution, we must continue to produce a quality program in order to sustain our TRICARE Prime enrollment and optimize the use of our military treatment facilities.

We all know what quality is. It's the creation of products that satisfy our customers. It's having effective processes that increase our business productivity. We use many tools in the MHS to measure quality. One of the biggest drawbacks to measuring quality is that often people will work to achieve their unit's quality measurement standards but may ignore other important things which are important to the overall success of the organization.

Our beneficiary population is different than it was in the past. They are smart, savvy consumers that make informed decisions about their healthcare options. They also have more choices and know that using an MTF is now just one of the options that are available to them. Convenience, customer service, and quality of care play a bigger part in the decision-making process than they did in the past. According to a national survey performed by the Kaiser Family foundation and the Agency for Health Care Policy and research, quality of care is the biggest concern (42%), over low cost (18%), a wide choice of doctors 17%, and a range of benefits (14%).

The fact is that quality pays. It pays in satisfied customers. It pays in motivated employees committed both to their jobs and to their communities. It pays in an improved bottom line. And most importantly, quality contributes to the establishment of a program that meets the needs of our customers and keeps them coming back.



TRAINING OFFERED

MEDICAL

MANAGEMENT COURSE

By CDR Dawn M. Cavallario, NC USN, Chief Medical Mgmt

During the month of May, TROS will sponsor a Medical Management Course called “ Medical Management in Today’s TRICARE Environment.” It will be presented by the TRICARE Management Activity (TMA) Population Health and Medical Management Division (PHMMD) and Iowa Foundation for Medical Care (IFMC). All clinical MTF personnel are encouraged to attend.

The training will be conducted at Lackland AFB, San Antonio, Texas, with three full days of Medical Management training on 17-19 May 05, and an optional fourth day of InterQual and Milliman training offered on 20 May 05. All training and per diem costs are the responsibility of the attendee’s organization. Online registration for the course can be accomplished at www.dodmedicalmanagement.info.

Once the attendee has registered, additional information on the conference and hotel information will be provided. For further detailed information contact me at (210) 292-3239 or click on: www.dodmedicalmanagement.info.

TIP AD HOC AND TIP ONLINE TRAINING

A tentative schedule through the end of 2005 for TIP Online and TIP Ad hoc training is listed below. Before each class an email will be sent out asking for attendee submissions. Please make sure that all attendees scheduled for future training sessions meet the criteria (outlined in the contract) to attend the training. TIP Ad Hoc attendees are limited to two per MTF/MMSO and are those staff identified in your MOU. TIP Online attendees are those personnel that serve in a BCAC or HBA capacity. You may have more than two per facility for the Online course but they must function as a BCAC or HBA. If you have any questions, please email janet.pendergist@tros.tma.osd.mil or call (210) 292-3278//DSN: 554-3278.

TIP Ad Hoc:

May 18 8:30 - 3:30 Biloxi
 August 24 8:30 - 3:30 San Antonio
 November 16 8:30 - 3:30 Augusta

Attendee Max Per Location:

San Antonio - 24 Seats available
 Augusta - 12 Seats available
 Biloxi - 12 Seats available

TIP Online:

May 19 8:30 - 11:30 Biloxi
 August 25 8:30 - 11:30 San Antonio
 November 17 8:30 - 11:30 Augusta

TRICARE FUNDAMENTALS COURSE

By MSgt Sherry Steindel, TROS Enlisted Advisor

The next TRICARE Fundamentals Course is being offered 24-26 May 05 in Memphis, TN. Interested individuals can request registration and additional information at <http://tricareu.tricare.osd.mil/trainingsched.htm>. The **TRICARE Fundamentals Course** is an entry-level three-day course designed for those personnel involved in providing TRICARE assistance and counseling to beneficiaries. Major topics for this course include TRICARE eligibility, medical benefits, Reserve Component benefits, transitional benefits, pharmacy, dental, claims and appeals, and customer service.

Primary Audiences: The primary audiences for this course are BCAC’s, DCAO’s, HBA’s, Family Support personnel, Reserve Component Unit Representatives, and other personnel who have TRICARE outreach responsibilities. **Funding** for attending this course is to be provided by the student’s unit, agency, or Service.

TRICARE EDUCATION FOR NATIONAL GUARD AND RESERVE UNITS

Education is the key to understanding TRICARE benefits. DoD has placed a high importance on the enhancement of health and dental care benefits for our Guard and Reserve members and their families. The key is to provide the resources and points of contact for the information so our Guard and Reserve members and their families, know what to do and who to go to for help should the need arise. Education of the family members is probably the most important aspect of this process. Without the education process, the possibility drastically increases for problems to arise that can be very stressful and effect the pocket-book of our service members and their families.

TO SCHEDULE A BRIEFING:

It is up to each unit to ensure the educational needs of their assigned service members, and their families, are met. There are two different types of briefings that can be obtained for your unit – the annual one-hour briefing and those needed for specific groups or events. Briefings can be conducted, upon request, whenever the need arises within a specific Guard or Reserve Unit.

ANNUAL BRIEFINGS FOR GUARD/RESERVE UNITS (service members and their families):

PLEASE NOTE THAT ALL ANNUAL BRIEFING REQUESTS SHOULD BE SUBMITTED AT LEAST THREE WEEKS IN ADVANCE OF THE DESIRED BRIEFING DATE. The process to request the annual briefing is very simple. The form can be accessed and filled out electronically at the following link: <http://tricare.osd.mil/trosouth/default.cfm>. By filling out this form, the request will be submitted immediately. Each Guard and Reserve unit is allocated a one-hour annual TRICARE briefing targeting the service members AND their families.

ALL OTHER BRIEFINGS:

The online form should not be used for any briefing other than the annual one. All other briefings that fall within the 12 month period of the last unit annual briefing, can be provided by contacting the supporting military treatment facility or by contacting the TRICARE South Regional Office at (800) 554-2397.

OTHER EDUCATIONAL RESOURCES:

Several resources are available to supplement the information given at briefings.

- TRICARE Smart Store: By going to the online TRICARE Smart store at <http://www.tricare.osd.mil/tricaresmart/>, downloadable educational pamphlets and materials are readily available.
- TRICARE Reserve and Guard web page: TRICARE has a full section devoted just for the specific issues and needs of Reserve and Guard members and their families at: <http://www.tricare.osd.mil/Reserve/>
- Multiple links can be obtained at <http://www.tricare.osd.mil/Reserve/sources.cfm> or by contacting the supporting military treatment facility's Beneficiary Counseling and Assistance Coordinator (BCAC). A list of all BCAC's can be obtained at <http://www.tricare.osd.mil/bcac/>.

If you have any questions or need further assistance, please call (800) 554-2397.

VENTURE CAPITAL UPDATE

By Lt Col Gus Schott, Program Manager, Venture Capital

Over the past four months the Integrated Process Team on Venture Capital (VC) has been busy developing the program, writing guidance, building the VC Business Case Tool (BCT), and marketing the program to MTFs and Multi-service Markets. The Venture Capital program is intended to reduce Purchased Healthcare Costs. The suspense for submitting FY05 Venture Capital Initiatives (VCIs) was 15 March 2005. We anticipated receiving about 30-40 VCIs competing for the \$10M FY05 program.

Didn't have time to submit your FY05 ideas for the Venture Capital program? Not to worry, the FY06 opportunity is right around the corner. The timeline for FY06 initiatives will be tied to your Business Plan submission. Venture Capital Initiatives (VCIs) are submitted utilizing the Triservice Business Planning Suite at triservicebps.afmoa.af.mil. IDs and Passwords are required and may be obtained by contacting Wesley.wakins@pentagon.af.mil.

If you have any questions about the program or need help developing your VCIs, please contact Lt Col Gus Schott at (210) 292-3241 or email to: charles.schott@tros.tma.osd.mil.

MANY DISENROLLMENT LETTERS NOT SENT DURING CONTRACT TRANSITION PERIOD

By Jerry Brown, Enrollment and TSC

During the transition period to the Next Generation Contracts, many beneficiaries disenrolled from TRICARE Prime were not sent a disenrollment letter by the Defense Manpower Data Center (DMDC).

During the period of 30 Sep 04 – 26 Nov 04, DMDC implemented a 30-day window for sending disenrollment letters. Consequently, if a disenrollment occurred more than 30 days before the time it was reported by the managed care contractor to DMDC, the beneficiary did not receive a disenrollment letter. A significant number of disenrolled beneficiaries did not receive a disenrollment letter. DMDC corrected this issue starting on 26 Nov 04 by expanding the window to 60 days. In Jan 05, the window was expanded to 365 days, meaning that MCSCs can now report a disenrollment that occurred up to 365 days previously, and the beneficiary will receive a disenrollment letter.

Unfortunately, some beneficiaries only found out about their disenrollment as they tried to access their network or MTF providers several weeks after their disenrollment was effective.

Those beneficiaries who were disenrolled and were affected by this error who wish to re-enroll and have the 12 month lock-out period waived, may request the waiver through the TRICARE Regional Office South. Requests should be sent to TRICARE Regional Office South, Attn: Enrollment Section, 7800 IH 10 West, Suite 400, San Antonio, TX 78230 or by fax to TRICARE Regional Office-South, ATTN: Jerry Brown, at (210) 292-3222.

The request should include the beneficiary's name, SSN, and the reason for the request. Please assist the TRO South staff by communicating this information to affected beneficiaries. For additional information concerning these waivers, call the TRICARE Regional Office South at 1-800-554-2397 and ask for the Enrollment Section.

CONTRACT LIAISONS — HAVE A QUESTION?

By Sandy Marmolejo, TROS Contract Administrator

We know the life of a Contract Liaison (CL) is multi-faceted and includes daily encounters with challenging questions. The Contract Operations Division's goal is to assist you in the best way possible. We have established designated Contract Administrators to be the "belly button" for your MTF. Fortunately, you may already be familiar with them since they've worked with personnel in the old Regions 3, 4, and 6.

Currently, some CL's forward questions directly to the subject matter expert and include all personnel in the contracting shop whereas other CL's forward questions through all personnel in the contracting shop. CL's may continue directing queries to the subject matter experts. However, please include the designated Contract Administrator so we can better ensure you receive a timely response. Together, we can continue to improve our program by helping us establish a query and answer data bank that assists all MTFs. A list of the MTFs with the designated Contract Administrator is provided below.

For additional assistance please contact Mr. Tom Chippie at 210-292-3212/DSN 554-3212; email address: Thomas.chippie@tros.tma.osd.mil or Ms. Beatrice De Los Santos at (210) 292-3267/DSN 554-3267; email address: Beatrice.delossantos@tros.tma.osd.mil.

CONTRACT ADMINISTRATOR

ROBERT MERLE

210-292-3207/DSN 554

robert.merle@tros.tma.osd.mil

MTF

Beaufort, SC

Charleston AFB, SC

Charleston, SC

Columbus AFB, MS

Eglin AFB, FL

Fort Benning, GA

Ft Gordon, GA

Fort Jackson, SC

Fort McPherson, GA

Ft Rucker, AL

Ft Stewart, GA

Hurlburt Field, FL

Jacksonville, FL

Keesler AFB, MS

Maxwell AFB, AL

Miami, FL

Moody AFB, GA

Patrick AFB, FL

Pensacola, FL

Redstone Arsenal, AL

Robins AFB, GA

Shaw AFB, SC

Tyndall AFB, FL

USCG Maintenance and Logistics Command

CONTRACT ADMINISTRATOR

SANDY MARMOLEJO

210-292-3213/DSN 554

sandy.marmolejo@tros.tma.osd.mil

MTF

Altus, OK

Barksdale AFB, LA

Brooks City Base, TX

Corpus Christi, TX

Dyess AFB, TX

Fort Hood, TX

Fort Polk, LA

Fort Sam Houston, TX

Fort Sill, OK

Goodfellow AFB, TX

Lackland AFB, TX

Laughlin AFB, TX

Little Rock AFB, AR

Randolph AFB, TX

Tinker AFB, OK

Vance AFB, OK

NEW FINANCIAL MANAGEMENT REPORTS FOR TRO-SOUTH FACILITIES

By Mr. David Ardner, Chief Financial Officer

Humana Military Healthcare Services (HMHS) was founded in 1993 to focus on military health care initiatives. One of the ways that Humana military has worked toward their objective of collaboratively providing high quality, cost-effective health care services has been through the provision of five highly useful financial reports, that have been used effectively on their commercial side. These five reports are briefly profiled below, and are available on the Humana Military Healthcare Services website at: <http://www.humana-military.com>.

Report #1: Specialty Services - Emergency Services Facilities and Physicians

This report takes all claims paid for a given period and breaks down the dollars paid by provider specialty. The report also incorporates logic which creates a special grouping of services rendered in an emergency room setting, regardless of the specialty of the attending provider. *Advantages of this report:* By focusing on the specialty health care expenditures, the report offers the ability to evaluate the potential of making some of these specialties available in the MTF. Bringing specialty care back into the MTF improves customer services and allows for more efficient and effective expenditure of health care dollars.

Report #2: Diagnostic Category Report

This report takes all of the claims paid for a given period and breaks the expenditures into standard ICD-9 Diagnostic Code categories and displays the paid amount within each category by net payments per provider category. *Advantages of this report:* This report shows the medical conditions which are driving utilization outside of the MTF and the provider categories which are treating the medical conditions.

Report #3: Inpatient Institutional DRG Report

The Inpatient Institutional DRG Report extracts all inpatient institutional claim payments for a given incurred period and separates the payments by DRG number. *Advantages of this report:* By highlighting opportunities for potential workload recapture, the MTF analyses may point to opportunities to reduce inpatient institutional claim expenses.

Report #4: Top 50 Provider Report

This report identifies the top fifty providers at the provider group level by total dollars paid for a specific period of time. It further separates total group payments by the rendering provider(s). *Advantages of this report:* This report highlights the high volume providers that MTF beneficiaries are using for medical care outside of the MTF. After reviewing the "Top 50 Provider Report" the MTF commander is in an enhanced position to develop strategies for returning the specific services to the MTF.

Report #5: Top 100 Beneficiaries, By Total Net Paid

All of the incurred claims paid for a particular beneficiary for a specific period of time are shown as total net paid. These beneficiaries are then listed in descending order of the total net paid. The total net paid is further subdivided by paid dollars by provider type and service category. *Advantages of this report:* Identifying the beneficiaries who spend a large part of the MTF's health care dollars in the civilian market can help the MTF focus on individuals who may need to be assessed for: (1) case management, (2) assignment to a particular specialty, or (3) may need to be part of a disease monitoring program.

PRIME TRAVEL BENEFIT

Eligibility and Authorizations for Care

By MSgt Sherry Steindel, TROS Enlisted Advisor

Section 758 of the FY2001 National Defense Authorization Act (NDAA) authorized reimbursement of reasonable travel expenses incurred by non-active duty TRICARE Prime members when they are required to travel more than 100 miles from their Primary Care Manager's (PCM) office for medically necessary specialty care. The required change to the Joint Federal Travel Regulation approving this new entitlement occurred in December 2001. The Prime travel benefit was implemented on February 15, 2002 but can be used as far back as October 30, 2000 to allow Prime members who traveled and qualified for the benefit to request reimbursement. Section 706 of the FY2002 NDAA allows one non-medical attendant (NMA) to travel with a non-active duty TRICARE Prime member who is referred more than 100 miles from their PCM for medically necessary specialty care. The traveling patient's PCM must indicate that an NMA is medically necessary and appropriate and the NMA must be a parent, guardian, or another family member (21 or older) related to the traveling TRICARE Prime member. If the NMA is a parent or designated guardian of the traveling Prime patient he/she is not required to be 21 or older. If the NMA is another adult family member, he/she is required to be 21 or older.

Active duty members are not eligible for this benefit except when they are serving as non-medical attendants. There are three criteria that each beneficiary should meet in order to be eligible for the Prime Travel Benefit:

1. Must be enrolled to TRICARE Prime
2. PCM must refer patient to specialty appointment
3. Specialty appointment must be 100 miles or more from the PCM

As administrative staff processing the requests for the travel benefit, we commonly utilize the authorization from Humana as proof of the PCM's referral. However, the Health Care Support Contractor is not contracted to provide authorizations for Prime enrollees with OHI, to include enrollees with Medicare Part A&B under the age of 65. If these beneficiaries meet all the other criteria you will need to obtain the referral This begins the process for application for the travel benefit.

The TRICARE Web site <http://www.tricare.osd.mil/primetravel/default.cfm> offers additional administrative information regarding the PTB program. If you have any questions please call TRICARE Regional Office South PTB Program Manager at DSN 554-3228 or 210-292-3228.

TROS Travel Program

www.tricare.osd.mil/primetravel

Regional Office POCS:

San Antonio, TX	DSN: 554-3228, 1-210-292-3228, 1-800-554-2397
Keesler, MS	DSN: 597-7707, 1-228-377-7707
Ft. Gordon, GA	DSN: 773-4164, 1-706-787-4164, 1-800-576-0375

MEDICARE AND TRICARE PRIME ELIGIBILITY

The general understanding about TRICARE Prime eligibility is that when a beneficiary reaches age 65 they are no longer eligible for Prime. In most cases this is true but it is not always that simple. There are some exceptions and clarification to this rule. Here are just a few of the exceptions:

- Eligibility can be established not only by the individual's social security record but also by the spouse's social security record. Age restrictions for the spouse are a factor so please call the Social Security Administration at 1-800-772-1213 for further details.
 - Active duty members and their dependents can retain their TRICARE Prime eligibility, regardless of age, as long as the sponsor is active duty.
 - Eligibility for Medicare normally doesn't start on the actual day of a person's 65th birthday but on the first day of the month in which the beneficiary turns 65.
 - Some individuals may retain TRICARE Prime eligibility for their entire lifetime if they are eligible for military care but not eligible for Medicare Part A. A Letter of Disallowance from the Social Security Administration should be obtained and taken to the military personnel center so that DEERS can reflect the ineligibility for Medicare.
 - Some individuals may become eligible for Social Security before age 65 due to disability. In most cases, these folks will then also become eligible for Medicare and still retain their Prime eligibility.
 - **REMEMBER: There may be other exceptions to this rule. It is important to check with the nearest BCAC and/or the Social Security Administration on any Medicare eligibility issue.**
-

NEWBORNS AND ADOPTEES - ENROLLMENT IN PRIME

Newborns and adoptees are automatically covered under [TRICARE Prime/Prime Remote for Active Duty Family Members \(TPRADFM\)](#) for up to 60 days after the date of birth and/or adoption as long as one other person in the family is enrolled in Prime/Prime Remote/TPRADFM. *This is a change from the previous 120 day window to the new period of 60 days.*

Within this **60 day window**, the sponsor should:

- Register the newborn or newly adopted child in DEERS, through the unit personnel office or the nearest Uniformed Services ID card facility.
- Enroll the child in TRICARE Prime or TPRADFM if you wish to continue the Prime benefit, with its enhanced preventive services and reduced costs.

On day 61, Prime and TPRADFM benefits end and future claims will process as TRICARE Standard (higher costs). For more information please visit the [newborn registration page](#) on the TRICARE information site.

HIPAA, PRIVACY AND EMAIL

By Martie Jacques, RN, BSN, MSHP, CPHQ

There are many rules and regulations that we in the healthcare system are mandated to follow in order to protect the privacy of our patients. In particular, we are required to comply with the guidance established by HIPAA and the Privacy Act of 1974. Information can be released in many ways such as person-to-person, over the phone, walking past someone's desk and seeing information laying on it, using the fax machine, or even through email. This article focuses on protecting privacy when using email.

Typically, when communicating through email, we have a tendency to forward, forward, and then forward the e-mail again as it's being sent to person after person. When an email is received containing protected health information, whether its from the beneficiary or another source, we are required to protect the privacy of the information that identifies the individual in question (full name, address, social security number, phone number, medical diagnoses, etc.) We cannot simply forward the e-mail as the PHI in the email may be inadvertently disclosed. Action must be taken to protect the PHI while using the email system of communication back and forth. If an email is received that requires action that is urgent or non-routine and it's necessary to continue communication through e-mail, one very good method that can be used to protect the PHI is to reply or forward the email with all protected health information in a separate password protected, attached document. A last name in the subject line is acceptable. Send the password used to secure the attachment(s) in a different e-mail.

The Privacy Officer in each Military Treatment Facility is the first line in obtaining assistance for questions relating to HIPAA. Restrictions vary depending the Privacy Officer's interpretation of the guidelines. Excellent on-line resources for HIPAA questions and facts can be found on the TMA and OCR web sites: <http://www.tricare.osd.mil/tmaprivacy/> or <http://www.hhs.gov/ocr/hipaa>

**By protecting an individual's health information, we can avoid opening Pandora's Box.
We all are responsible for protecting health information. After all, the PHI being protected could be yours!**

DID YOU KNOW?

- Medal of Honor recipients, who are not otherwise entitled to medical and dental care under TRICARE or the direct care system, have the same TRICARE eligibility as a retiree? See 32 CFR, Sec 199.3, for more information.
- In the TRICARE South region, explanations of benefits (EOBs) are not sent to a beneficiary if the patient has no out-of-pocket liability for the claim. If the beneficiary wants a copy of the EOB, they will need to contact PGBA /Humana for a copy.
- Medicare Part B Open Season for all beneficiaries who originally turned down Part B when they first became eligible, is 01 Jan through 31 Mar of each year. Those who enroll in Part B during this period must wait until July of the year in which they are enrolling before they can use their Part B benefits.
- National Guard and Reserve personnel who elect to enroll in the TRICARE Retiree Dental Program (TRDP) within 120 days after retirement are now eligible to skip the 12-month waiting period normally required for certain TRDP benefits, according to Delta Dental, the program's administrator.

TROS FINANCIAL ISSUES Q&A

By Mr. David Ardner, Chief Financial Officer

Each month this office gets a number of financial questions that run the spectrum from MTF operations to TRICARE Next Generation of Managed Care Contract questions. We will select a few of these frequently asked questions each month to highlight for your information.

Question: *I can't figure out some of the claims data that I'm looking at. Why are FY05 Private Sector Care (PSC) disbursements to the Humana Military Healthcare Services running much less than was obligated?*

Answer: TMA resource management personnel in Aurora, CO state the problem is due to claims being charged against the wrong contract line item number (CLIN), especially for the Army in the Southern Region where the claims should be against the Army's Underwritten CLIN, but instead are being charged against TMA's central Underwritten CLIN. Correction of these processing problems is currently in process. Estimated completion date is unknown at this time.

Question: *I'm hearing discussions about a proposal for TEDs-based fee for service as a payment mechanism for internal resource sharing. What is TEDs-based fee for service and what is the status of this proposal?*

Answer: TEDs is TRICARE Encounter Data, and is really just another name for the old health care service record or HCSR. It is considered a simpler format to use for claims records and can be billed used in electronic or "e-billing" which saves time and helps contract providers to be paid quicker. Under an Internal Resource Sharing (RS) option, TEDS-based fee for service would allow RS providers to be paid by submitting claims (TEDs) to the MCSC. RS claims and claims costs would be treated the same as claims from network providers and External RS providers. Costs for MTF enrollees would ultimately be reimbursed by the enrolling MTF through the existing Revised Finance process; costs for network enrollees and non-enrollees would be paid centrally. Note that this option would not replace other RS options, such as salary-based RSAs, but instead would present an additional vehicle for MTFs to use. This option would be limited to provider services, since TEDs cannot be generated for support services and equipment. TMA has assembled a Resource Sharing Workgroup to look at these issues.

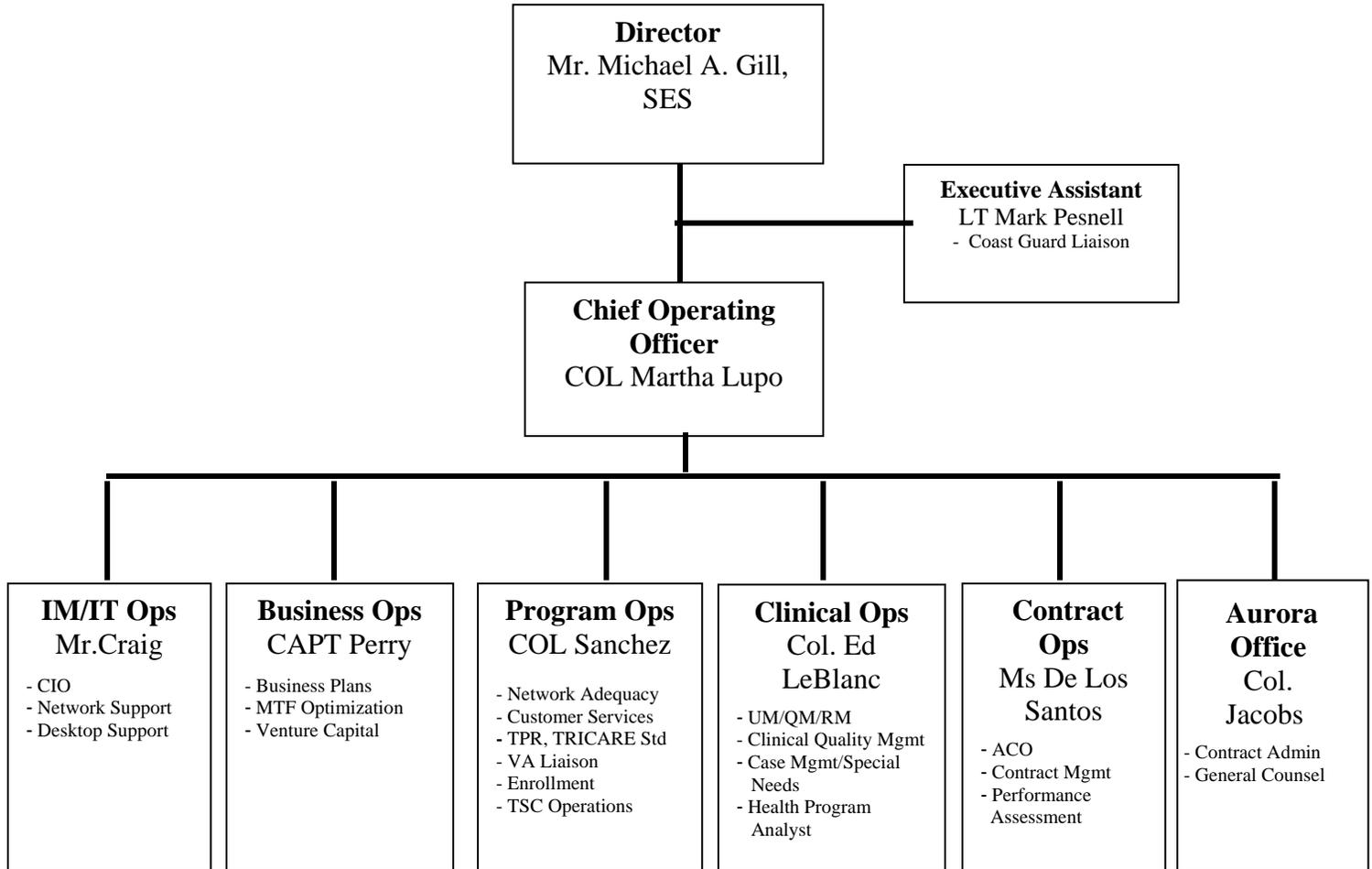
HAVE SOMEONE YOU WOULD LIKE TO RECOGNIZE?

Beginning the Jul 05 edition of the TROS newsletter, a special section will be dedicated to highlighting a special program, individual, or MTF from within the TRICARE South region. The new section will be called "A SALUTE TO..."

The purpose of the new "SALUTE TO..." section, is to enhance awareness of special interest items and exceptional staff members within our region. There is always someone who has an interesting story or background, done something that is noteworthy, exceptionally important or who was awarded an honor of distinction. Examples of special or unique programs, best practices or benchmarking items can also be submitted. Another topic to focus on is marketing our MTF's within the region (history, accomplishments, mission, etc.) Please include a picture (.jpeg format) to go along with any article that is submitted, if at all possible. All submissions will be kept on file for future TROS newsletter editions.

We hope this new addition to our TROS newsletter will enlighten our MHS staff within the region with stories that are motivational and interesting. If you have any questions, please feel free to call DSN: 554-3278 or commercial (210) 292-3278. Submissions can be sent directly to janet.pendergist@tros.tma.osd.

TRO SOUTH REGIONAL OFFICE ORGANIZATIONAL CHART



TRICARE SOUTH SPECIFIC INFO

TRICARE Regional Office South (TROS)
Toll-Free Number /Web site

TROS Contact Us Email Address

TRICARE South Customer Service (Humana)

TROS Reserve/Guard Info

TRICARE Claims (PGBA)

Value Options (TRICARE Behavioral Health Provider)

US Family Health Plan

DSN: 554-XXXX, 1-800-554-2397

www.tricare.osd.mil/trosouth

TROSouthCS@tros.tma.osd.mil

1-800-444-5445, www.humana-military.com

1-800-554-2397

1-800-403-3950, www.mytricare.com

1-800-700-8646

1-800-74U-SFHP, www.usfamilyhealthplan.org

HANDY RESOURCES/POINTS OF CONTACT

TRICARE Management Activity

www.tricare.osd.mil

Regions:

TRICARE North	1-877-874-2273
TRICARE West	1-888-874-9378
TRICARE Pacific	1-888-777-8343
TRICARE Latin America & Canada	1-888-777-8343
TRICARE Puerto Rico & Virgin Islands	1-888-777-8343
TRICARE Europe	1-888-777-8343

Miscellaneous:

TRICARE Active Duty Programs	1-888-DOD-CARE
TRICARE For Life Claims	1-866-773-0404 www.tricare4u.com
TRICARE Fraud and Abuse Hotline	1-800-333-1620
TRICARE Online	1-800-538-9552 www.tricareonline.com
TRICARE Pharmacy Programs - Express Scripts	1-866-363-8667/8779 www.express-scripts.com/
TRICARE Prime Remote (Active Duty Only) MMSO	1-888-647-6676
Defense Enrollment Eligibility Reporting Systems (DEERS)	1-800-538-9552 www.dmdc.osd.mil/rsl
Medicare/Social Security	1-800-772-1213 www.medicare.gov/
MHS Population Health and Medical Mgmt	www.mhsophsc.org/public/
Military One Source	1-800-342-9647
Reserve Affairs	www.defenselink.mil/ra
Veteran's Administration	1-800-827-1000 www.va.gov