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# ***TRICARE OPERATIONS AND PATIENT ADMINISTRATION***

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OPR: SGGT  
Current as of: 03 Nov 22





# AGENDA



- About TOPA
- What is TRICARE?
- TRICARE Options
- TRICARE Prime vs. TRICARE Select
- Dental and Vision Plans
- How to Enroll
- Different Resources
- Patient Travel
- Referrals
- Contacts





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# ABOUT



- **Hours of Operation:** Monday-Friday 0730-1630
  - Closed 3rd Wednesday of the month all day for readiness training
- **Location:** Bldg 194, 5th Medical Group
  - TOPA is located on the 3<sup>rd</sup> floor
  - Referral Management Center is on 1<sup>st</sup> floor near immunizations
- **TOPA includes:**
  - Patient Travel
  - Outpatient Records
  - Referral Management
  - Beneficiary Counseling and Assistance Coordinator (BCAC)
  - HIPAA
  - Enrollment/Empanelment

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# WHAT IS TRICARE?



- **TRICARE is the uniformed services health care program** for active duty service members (ADSMs), active duty family members (ADFMs), National Guard and Reserve members and their family members, retirees and retiree family members, survivors, and certain former spouses.
- **TRICARE brings together the health care resources of the Military Health System—such as military hospitals and clinics—with a network of civilian health care professionals**, institutions, pharmacies, and suppliers to foster, protect, sustain, and restore health for those entrusted to their care.
- **TRICARE is available worldwide and is managed regionally**
  - **CONUS:** East (Humana) and West (HealthNet Federal Services)
  - **OCONUS:** Eurasia-Africa, Latin America, Canada, and Pacific

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# HEALTH BENEFIT KEY TERMS



- **Sponsors:** AD Service Members, Retired Service Members, and National Guard/Reserve (NGR) Members
- **Provider:** A person/business that provides healthcare
- **Primary Care Manager (PCM):** The person who manages your care
- **Prior Authorization:** A review of the requested health care service to see if the care will be covered by TRICARE
- **Referral:** When your PCM sends you to another provider for specialty care
- **Claim:** A request for payment from TRICARE that goes to your regional contractor after you get a covered health care service

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# HEALTH BENEFIT KEY TERMS CONT.



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- **Cost-share:** A percentage of the total cost of a covered health care service that you pay out-of-pocket
- **Premium:** The amount you pay for a health care plan you purchased
- **Deductible:** A fixed amount you pay for covered services each calendar year before TRICARE will pay for anything
- **Copayment:** The fixed amount paid for a covered health care service or prescription at the time of service
- **Catastrophic Cap:** The most you will pay out of pocket for covered health care services each calendar year

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# TRICARE OPTIONS



- **AD Service Members:**

- TRICARE Prime or TRICARE Prime Remote

- **AD Family Members/Family of NGR Members:**

- TRICARE Prime, TRICARE Prime Remote, TRICARE Select, TRICARE For Life (TFL), US Family Health Plan (USFHP), or TRICARE Young Adult

- **NGR Members, Retired Reservists, and Family Members:**

- TRICARE Reserve Select, TRICARE Retired Reserve, or TRICARE Young Adult

- **Retirees and Family Members:**

- TRICARE Prime (Retiree), TRICARE Select, TFL, USFHP, or TRICARE Young Adult





# TRICARE PRIME vs. TRICARE SELECT



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## ■ TRICARE Prime:

- Must live inside a Prime Service Area (PSA), typically near military hospital or clinic or be within 100 miles of an available PCM
- No claims to file
- Referrals are needed for specialty care
- Referrals are **NOT** needed for urgent care visits **unless** you are AD
- Treatment is received at a military hospital/clinic
- Most of the care is received from the PCM
- Lowest out-of-pocket costs

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# TRICARE PRIME vs. TRICARE SELECT



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## ■ TRICARE Select

- A self-managed Preferred Provider Option (PPO) for dependents only
- You have freedom to choose your providers
- Referrals are NOT needed for most services
- Yearly deductibles and cost-shares apply, with copayments for TRICARE-authorized providers
- Enrollment is required and there may be enrollment fees
- Some services still require prior-authorization
- Higher out-of-pocket costs, especially if you receive care from a provider outside of the established network

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# DENTAL AND VISION PLANS



## ■ Dental

- TRICARE Dental Program (TDP) is a voluntary, premium-based dental program
- TDP is only available to AD Family Members and is administered by United Concordia
- Enrollment is through United Concordia at [www.uccitdp.com](http://www.uccitdp.com)
- AD receive dental care from military dental clinics

## ■ Vision

- Retirees, retiree family members, and AD family members can receive coverage through Federal Employees Dental and Vision Insurance Program
- Visit [www.benefeds.com](http://www.benefeds.com) for more information

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# HOW TO ENROLL



- **By phone:** call HealthNet Federal Services at 1-844-866-9378
- **By Mail:** Submit your enrollment form to your regional contractor (HealthNet Federal Services). Find forms and mailing addresses online at [www.tricare.mil/forms](http://www.tricare.mil/forms)
- **Online:** Log in to milConnect at <https://milconnect.dmdc.osd.mil> and click on benefits
  - Click on Beneficiary Web Enrollment
  - This is not for people who only need to pay fees
- **Open enrollment begins 14 November and ends on 13 December**
  - Any changes will go into effect on 1 January 2023
  - FEDVIP open enrollment runs at the same time

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# DIFFERENT RESOURCES



- **TRICARE Website:** [www.tricare.mil](http://www.tricare.mil)
  - Contains all information about TRICARE
  - Allows you to compare plans
  - Details what is covered and how much services will cost
- **HealthNet Federal Services Website:** [www.tricare-west.com](http://www.tricare-west.com)
  - See all insurance claims
  - Check eligibility
  - See referrals
- **MilConnect Website:** <https://milconnect.dmdc.osd.mil>
  - Keep personal information updated for DEERS
  - Enroll into TRICARE programs
  - View other benefits

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# PATIENT TRAVEL



- **Patient Travel is only available to those who are on TRICARE Prime**
  - It is known as the TRICARE Prime Travel Benefit
  - The MDG only manages travel for patients enrolled to the clinic
  - Those not enrolled to the clinic need to go through the TRICARE Prime Travel Benefit Office (information on [tricare.mil](http://tricare.mil) website)
- **It is a referral based program, travel cannot happen without a referral**
- **The program covers the cost for travel, food, and lodging for the duration of your trip**
  - AD are entitled to different reimbursements than dependents
- **You must be seen by Patient Travel in TOPA before leaving on your trip**
  - The sooner you are seen by Patient Travel to set up a trip the easier it will be to secure all your travel needs and create an authorization

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# REFERRALS



- **Referrals must come from your PCM**
  - Once a PCM places a referral, stop by the Referral Management Center on the 1<sup>st</sup> floor to activate the referral and have any questions answered
- **Referrals can only be seen on HealthNet's website (tricare-west.com)**
  - Referrals are not viewable on the patient portal
- **If you want to see a different specialty provider than the one you were given you must call HealthNet, we cannot change that within the MDG**
- **If a location calls you saying you need an authorization you must call HealthNet and tell them to fax it to the specialty provider again**
  - **Common example: Radiology at Trinity**

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# CONTACTS



- **TRICARE:** 701-723-5546 or 701-723-5538
- **BCAC:** 701-723-5176
- **PATIENT TRAVEL:** 701-723-5381 or 701-723-5542
- **REFERRAL MANAGEMENT:** 701-723-5194
- **OUTPATIENT RECORDS:** 701-723-5001

**ANY QUESTIONS?**

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