

Take COMMAND

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MILITARY HEALTH SYSTEM | COMMUNICATIONS DIVISION

“TAKE COMMAND” COMMUNICATIONS CAMPAIGN

UPDATES TO TRICARE MANUALS ANNEX

DECEMBER 2017



BACKGROUND

Several updates have been made to the TRICARE manuals regarding beneficiaries' out of pocket expenses.

Updates to TRICARE Select Co-Payment Costs

- The Defense Health Agency (DHA) recalculated copayment costs for the TRICARE Select health plan, which will replace TRICARE Standard and Extra on Jan. 1, 2018 due to an error in the original methodology.
- The new calculations excluded a category of payments that had been included by mistake. New co-payments are between \$3 and \$8 lower than originally calculated for multiple categories.
- The correct amounts are listed in the table below, which update the figures in the TRICARE Reimbursement Manual, Chapter 2, Section 2.

TRICARE Select Group A	ADFM	Retiree
FIGURE 2.2-5		
Primary Care Outpatient Visits (CY 2018) In-Network	\$21	\$28
FIGURE 2.2-7		
Specialty Care Visits (CY 2018) In-Network	\$31	\$41
FIGURE 2.2-13		
ER Visits (CY 2018) In-Network	\$81	\$109
FIGURE 2.2-15		
UCC Visits (CY 2018) In-Network	\$21	\$28
FIGURE 2.2-17		
Ambulatory Surgery (CY 2018) In-Network	\$25	No Change
Ambulatory Surgery (CY 2018) Out-Of-Network		No Change
FIGURE 2.2-19		
Out Patient Ground Ambulance (CY 2018) In-Network	\$74	\$98

Clarification of Group A or Group B Costs Shares for Certain Beneficiaries

- TRICARE Reserve Select (TRS), TRICARE Retired Reserve (TRR), TRICARE Young Adult (TYA), or Continued Health Care Benefit Program (CHCBP) enrollees have Group B cost shares according to their sponsor's status (i.e., Active Duty Family Member (ADFM) or retiree), regardless of when their sponsor enlisted or was appointed in a Uniformed Service.
 - TRR enrollees pay TRICARE Select retiree Group B cost shares
 - TRS enrollees pay TRICARE Select ADFM Group B cost shares
 - TYA enrollees pay cost shares based on their sponsor's status (active duty vs. retired) and their choice of TRICARE Select or TRICARE Prime
 - CHCBP enrollees pay TRICARE Select ADFM or retiree costs shares based on their sponsor's status (active duty or retiree) at the time of loss of eligibility
- Family members of foreign active duty military members have TRICARE Select Group B costs shares.

Urgent Care Referrals

- Beginning Jan. 1, 2018, TRICARE Prime enrollees other than active duty service members (ADSM) no longer need a referral for urgent care visits, and point of services charges no longer apply for urgent care.
- ADSMs and ADFMs enrolled in TRICARE Overseas Program (TOP) Prime/Prime Remote and seeking urgent care overseas must obtain an authorization from the TOP contractor to ensure their urgent care visit will be cashless and claimless. Without a prior authorization, overseas providers may request payment upfront and the beneficiary will then have to submit a claim for reimbursement. The contractor will process the claim with no point of service charge.
- Similarly, ADFMs enrolled in Prime in the U.S. but traveling overseas must contact the TOP contractor to obtain an authorization to ensure their urgent care visit will be cashless and claimless. The contractor will process the claim with no point of service charge.
- ADSMs enrolled in TOP Prime/Prime Remote who are TDY or on leave in the U.S. may access urgent care without a referral or authorization. If they are enrolled in the U.S. but TDY or on leave overseas, they must contact the TOP contractor to ensure their urgent care visit will be cashless and claimless. The contractor will process the claim with no point of

service charge.

Newborn Claims Processing and Enrollment

- References to a newborn being considered eligible for TRICARE if the newborn date of birth is within 365 days of the contractor's query to DEERS are no longer correct, and will be updated in a future manual change.
- Newborns are automatically enrolled in an appropriate TRICARE plan when a sponsor registers them in DEERS.
 - If the ACTIVE DUTY sponsor doesn't register the newborn into DEERS within 90 days of birth in the U.S. or 120 days of birth overseas, on day 91/121 their claims will be denied because the newborn doesn't show as TRICARE eligible.
 - Once the ACTIVE DUTY sponsor registers the newborn in DEERS (regardless of the number of days from birth), the newborn is automatically enrolled in Prime or Select, as appropriate, back to the date of birth, and families have to ask to have any denied claims for care during the first 90/120 days of life reprocessed.
 - Once the ACTIVE DUTY sponsor enrolls the newborn in Prime/Prime Remote, coverage is backdated to the date of birth and the family has to ask to have denied or Select claims reprocessed as Prime.
 - If the RETIREE sponsor doesn't register the newborn in DEERS within 90/120 days of birth, on day 91/121 claims will be denied because the newborn doesn't show as TRICARE eligible.
 - Once the RETIREE sponsor registers the newborn in DEERS, (regardless of the number of days from birth) but hasn't enrolled the newborn, the newborn is direct care only and network claims will be denied.
 - If the RETIREE sponsor registers the newborn in DEERS and enrolls the newborn in Prime/Prime Remote/Select, as applicable, within 90 days of the newborn's birth, the newborn's coverage is backdated to the date of birth and the family has to ask to have denied claims for care during the first 90/120 days of life reprocessed.
 - In 2018, any and all families can enroll at any time. In 2019, they will have to wait for a Qualifying Life Event (QLE) or the annual Open Enrollment Season.

- For claims for care for newborns, once a newborn is shown as enrolled in a TRICARE plan in DEERS, the TRICARE Prime or TRICARE Select “deemed status” for cost sharing of claims for up to 90 days (120 days if overseas) no longer applies, and claims received after the date of enrollment will be processed according to the cost sharing provisions of their enrolled plan.
- Beginning Jan. 1, 2018, ADFMs of new accessions and new family members of ADSMs residing in an overseas area are automatically enrolled in TOP Select and have up to 90 days to change their enrollment to TOP Prime or TOP Prime Remote.

COMMUNICATIONS GOALS AND OBJECTIVES

The goal of this plan is to:

Inform TRICARE beneficiaries and other stakeholders of updates and clarifications to the information in the TRICARE manuals. These include:

- 1) Updated costs for TRICARE Select copayment costs that go into effect beginning Jan. 1, 2018
- 2) Clarification of Group A or Group B cost shares for certain beneficiaries
- 3) Clarification of the requirements for urgent care visits
- 4) Updates to enrollment and claims processing information for newborns

AUDIENCE

The intended audience is those TRICARE beneficiaries who are likely to be affected by these updates and clarifications such as:

- Beneficiaries currently enrolled in TRICARE Standard/Extra, who will be converted to Select as of Jan. 1, 2018
- Beneficiaries enrolled in premium plans, i.e., TRS, TRR, TYA, or CHCBP
- ADSMs and ADFMs who make use of urgent care services
- Beneficiaries who give birth to or adopt a baby

STAKEHOLDERS

In addition to the affected beneficiaries, there is an additional group of stakeholders:

Collaborators who will partner with the Defense Health Agency (DHA) Communications Division in delivering key messages to our target audience, including:

- MHS senior leaders
- TRICARE Regional Offices (TRO) and TRICARE Area Offices
- Outgoing and incoming MCSCs
- Defense Manpower Data Center (DMDC)
- Military Service Organizations (MSO) and Veteran Support Organizations (VSO)
- Enhanced Multi-Service Markets (eMSM)
- Military Family & Community Policy (MF&CP)
- Military Services
- Selected TRICARE contractors

In addition to the target audience and stakeholders listed above, we will provide information to key influencers such as relevant media outlets.

KEY MESSAGES

Updates to TRICARE Select Co-Payment Costs

- The Defense Health Agency (DHA) recalculated copayment costs for the TRICARE Select health plan, which will replace TRICARE Standard and Extra on Jan. 1, 2018 due to an error in the original methodology.
- New co-payments are between \$3 to \$8 lower than originally calculated for multiple types of copayments.
- The correct amounts are listed in the table on page 2.

Clarification of Group A or Group B Costs Shares for Certain Beneficiaries

- If you're enrolled in TRS, TRR, TYA, or CHCBP, you have Group B cost shares according to your sponsor's status (i.e., whether they are an ADFM or a retiree), regardless of when your

sponsor enlisted or was appointed in a Uniformed Service.

- If you're in TRR, you pay TRICARE Select retiree Group B cost shares
- If you're in TRS, you pay TRICARE Select ADFM Group B cost shares
- If you're in TYA, you pay cost shares based on your sponsor's status (active duty vs. retired) and your choice of TRICARE Select or TRICARE Prime
- If you're in the CHCBP, you pay TRICARE Select ADFM or retiree costs shares based on their sponsor's status (active duty or retiree) at the time of loss of eligibility
- If you're a family member of a foreign active duty military member, you have TRICARE Select Group B costs shares.

Clarification of Enrollment Fees for Medically Retired Retirees, Family Members and Eligible Survivors of Deceased Active Duty Service Members

If you're a medically retired retiree, family member, or eligible survivor of a deceased active duty service member who enlisted in or was appointed to a uniformed service before Jan. 1., 2018, your TRICARE Prime enrollment fees are frozen as of the date you initially enrolled in TRICARE Prime, and remain at that rate until you elect to disenroll from or no longer qualify to be enrolled in TRICARE Prime.

Urgent Care Referrals

- The Director of the DHA has determined that for 2018, if you are a TRICARE Prime enrollee other than an ADSM, you do not need a referral for urgent care visits, and point of services charges no longer apply for urgent care.
- If you're an ADSM or ADFM enrolled in TRICARE Overseas Program (TOP) Prime/Prime Remote and seeking care overseas, you need an authorization from the TOP contractor to make sure your urgent care visit will be cashless and claimless. Without a prior authorization, an overseas provider may request payment upfront and you will then have to submit a claim for reimbursement. The contractor will process the claim with no point of service charge.
- If you're an ADFM enrolled in Prime in the U.S. but traveling overseas, you need to contact the TOP contractor to for an authorization to make sure your urgent care visit will be

cashless and claimless. The contractor will process the claim with no point of service charge.

- If you're an ADSM enrolled in TOP Prime/Prime Remote and are TDY or on leave in the U.S., you may access urgent care without a referral or authorization. If you're enrolled in the U.S. but TDY or on leave overseas, you need to contact the TOP contractor to make sure your urgent care visit will be cashless and claimless. The contractor will process the claim with no point of service charge.

Newborn Claims Processing and Enrollment

- Newborns are automatically enrolled in an appropriate TRICARE plan when you register them in DEERS.
 - If you are ACTIVE DUTY and don't register your baby in DEERS within 90 days of birth in the U.S. or 120 days of birth overseas, on day 91/121 your claims will be denied because your baby doesn't show as TRICARE eligible.
 - Once you've registered your baby in DEERS (regardless of the number of days from birth), the baby is automatically enrolled in in Prime or Select, as appropriate, back to the date of birth, and you have to ask to have any denied claims reprocessed.
 - Once you've enrolled your baby in Prime/Prime Remote, coverage is backdated to the to the date of birth and you have to ask to have claims for care during the first 90/120 days of life that have been denied or Select claims be reprocessed as Prime.
 - If you are a RETIREE and don't register your baby in DEERS within 90/120 days of birth, on day 91/121 your claims will be denied because the doesn't show as TRICARE eligible.
 - If you've registered your baby in DEERS, (regardless of the number of days from birth) but haven't enrolled them in a TRICARE plan, your baby can receive direct care only and your network claims will be denied.
 - If you register your baby in DEERS and enroll them in Prime/Prime Remote/Select, as applicable, within 90 days of birth, the baby's coverage is backdated to the to the date of birth and you have to ask to have claims for care during the first 90/120 days of life that have been denied reprocessed.
 - In 2018, you can enroll at any time. In 2019, you will have to wait for a Qualifying Life Event (QLE) or the annual Open Enrollment Season.

- For claims for care for newborns, once your baby is shown as enrolled in a TRICARE plan in DEERS, they are no longer treated as if they're enrolled in TRICARE Prime or Select for cost sharing of claims for up to 90 days (120 days if overseas) as in the past. Claims for your baby's care received after the date you enrolled them will be processed according to the cost sharing provisions of their enrolled plan.
- Beginning Jan. 1, 2018, if you're an ADFM of a new accession and new family members of ADSMs residing in an overseas area, you're automatically enrolled in TOP Select and have up to 90 days to change your enrollment to TOP Prime or TOP Prime Remote.

TACTICS AND COORDINATION

TACTIC	PURPOSE	MEDIUM	SUSPENSE	LEAD	AUDIENCE		
					B	C	I
TRICARE.mil Updates	Provide overview of the manual updates and clarifications, as well as the updated costs for TRICARE Select	web site	12/20/17	Robb Agnello/ Bobby Bettinger	X	X	X
Customer Service Notifications, Blog Post, and Q&As	Equip the customer service community to answer questions from beneficiaries regarding manual updates and clarifications	email, Customer Service website, TRICARE.mil FAQs	12/20/17	Francine Forestell/ Welman Aquino		X	
Update to Article on TRICARE Costs	Provide overview of the manual updates and clarifications, as well as the updated costs for TRICARE	web site, Take Command Phase IV tool kit	12/20/17	Austin Camacho/ Karuna Sodhi	X	X	X

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Social Media Posts on Manual Updates and Clarifications	Provide notice of the manual updates and clarifications across social media platforms, possibly on VADM Bono's Twitter account	social media platforms	Begin 12/22/17	Rob Agnello/ John Jung/ Ximena Pereira	X	X	X
Briefing Slides	Add overview of the manual updates and clarifications, as well as the updated costs for TRICARE Select to Take Command briefing slides	Take Command Phase IV tool kit	12/20/17	Austin Camacho/ Karuna Sodhi	X	X	X
MSO/VSO Email	Provide overview of the manual updates and clarifications, as well as the updated costs for TRICARE Select	email	12/21/17	Chris Lopez/ Jane Acton	X	X	X
Cost table for TRICARE Select	Table that provides detailed information on updated copayment information for TRICARE Select	various communications products	Completed by J10	J10	X	X	X
Sr. Leader Talking Points/Media RTQs	Provide DoD, DHA/MHS and other senior leaders with background information and talking points	email	12/20/17	Paul Fitzpatrick/ Virginia White	X	X	X



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	regarding the manual updates and clarifications						
Internal Communications	Provide the Defense Media Activity (DMA) with products to tell the story	email	12/20	Anne Edgecomb/ Dan Joelson	X	X	X

B = Beneficiaries C = Collaborators I = Influencers

FOR MORE INFORMATION

For questions regarding the Take Command communications campaign or this Manual Changes and Clarifications annex, please contact Mr. Paul Fitzpatrick at paul.m.fitzpatrick2.civ@mail.mil or Virginia White at virginia.l.white33.ctr@mail.mil.