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Medical Escorts and Non-Medical Attendants

We continue to receive many requests for Medical Escorts and Non-Medical Attendants. Page two of this Blurb is intended to help answer some basic questions about this travel entitlement.

Implied TRICARE Affiliations of Healthcare Companies Operating Overseas

TRICARE Management Activity received several inquiries regarding health care agencies/companies such as Health Visions and CyberCare operating in overseas locations and servicing TRICARE beneficiaries.

In response to complaints received from several overseas beneficiaries, the TRICARE Management Activity disseminated an informational letter to health care companies operating overseas to advise them of activities that are considered inappropriate and/or could constitute fraudulent billings.

See page three of this Blurb for more information.

Dear TLAC TRICARE POCs:

Here are several items of interest:

TRICARE Next Generation of Contracts

Beginning June 1st, the first CONUS TRICARE Region (#11) began the transition to the new TRICARE contracts. Other regions will complete their transition during the next four months. You can keep in touch with this huge undertaking via the TRICARE web page.

Ecuador Site Visit

Later this month, I will be traveling to Ecuador with representatives from International SOS to visit network healthcare providers and beneficiaries there. Successfully delivering the TRICARE benefit requires an effective partnership between the government, contractors and beneficiaries. These site visits help to achieve that goal. We look forward to visits to other locations in the coming months.

TRICARE Retail Network Pharmacy (TRRx) Contract

This very important contract began June 1st. Express Scripts Inc. is the contractor. This contract allows DoD beneficiaries to obtain prescribed medication at many retail pharmacy outlets throughout CONUS, Puerto Rico, Guam and other U.S. Territories. It also covers a TRICARE Mail Order Pharmacy (TMOP) program that includes APO and FPO addresses. With the cost of medication rising dramatically, the new contract promises to control costs while preserving a superb pharmaceutical benefit.

Please stay healthy and thanks again for your great work!

Sincerely,

/s/

Paul W. Lund

Captain, Medical Service Corps, U.S. Navy

Deputy Director, TRICARE Area Office (TAO)

(Latin America & Canada)



Questions and Answers for Non-Medical Attendant Benefit Supporting the Prime Travel Entitlement

FY02 NDAA, Section 706 Joint Federal Travel Regulation (JFTR) U7961, February 9, 2002

Q1: What is the new Non-Medical Attendant (NMA) entitlement?

A1: The new NMA entitlement is authorized by the FY02 NDAA, Section 706, and is supported by JFTR par. U7961, approved on February 9, 2002. The entitlement authorizes one necessary NMA to accompany a non-active duty Prime enrolled patient referred for specialty care more than 100 miles from the Primary Care Manager's (PCMs) location (see JFTR par. U7960). The NMA must be a parent of the non-active duty Prime enrolled patient, a guardian, or another adult family member 21 years of age or older. If the NMA is a parent of the traveling Prime enrolled patient, they are not required to be 21 or older. If not a parent or designated guardian of the Prime enrolled patient, the NMA family member must be 21 years of age or older.

Q2: When does the NMA entitlement apply?

A2: The NMA entitlement applies when the respective MTF or Lead Agent determines, in coordination with the non-active duty Prime enrolled patient's PCM, that it is necessary for one NMA to travel with the Prime enrolled patient. The MTF or Lead Agent is responsible for issuing travel orders authorizing the parent, guardian, or family member to travel as an NMA.

Q3: When do TMA and the Services plan to implement the NMA benefit?

A3: The NMA entitlement was implemented April 1, 2002 and will be retroactive to December 28, 2001. Any NMA covered under this entitlement should keep their receipts/records for incurred expenses to provide to the respective MTF or Lead Agent on or after April 1, 2002.

Q4: What JFTR paragraph addresses the new NMA entitlement?

A4: The JFTR paragraph addressing the NMA entitlement is JFTR par. U7961. The JFTR paragraph supporting the original Prime travel entitlement is JFTR par. U7960. These two JFTR sections complement and reference the other so each MTF and Lead Agent travel POC must be familiar with these paragraphs in the JFTR.

Q5: Who has the authority to approve NMA travel under this entitlement?

A5: All NMAs must be authorized and issued appropriate letter format travel orders from the respective MTF or Lead Agent in order to receive reimbursement for travel. The MTFs and Lead Agents should work in concert with the non-active duty Prime enrolled patient's PCM to determine if an accompanying NMA is necessary

Q6: Does the NMA have to be a parent, guardian, or adult family member over 21 years of age?

A6: Yes. The NMA must be a parent, guardian, or another adult family member over 21 years of age. If the NMA is a parent or guardian of the traveling non-active duty Prime enrolled patient, they are not required to be 21 or older. If the NMA family member is not a parent or guardian of the Prime enrolled patient, the NMA family member must be 21 years of age or older.

Q7: I am aware that the traveling non-active duty patient must be enrolled in TRICARE Prime. Is it required that the NMA be TRICARE eligible?

A7: The traveling patient must be a non-active duty TRICARE Prime enrollee. The NMA, however, is not required to be enrolled in TRICARE Prime or to be TRICARE eligible.

Q8: If the NMA family member is active duty or a DoD civilian employee, is he/she reimbursed in the same manner as an NMA family member who is not affiliated with DoD?

A8: No. If the NMA parent, guardian or adult family member is active duty or a DoD civilian employee, authorized by the MTF or Lead Agent to accompany the Prime enrolled patient, he/she is entitled to TDY allowances (per diem and mileage), not actual expenses. In order to receive reimbursement, these individuals are required to file the DD Form 1351-2 along with original orders and receipts to receive reimbursement.

If the NMA parent, guardian or adult family member is a civilian not employed by the DoD, and approved by the MTF or Lead Agent, he/she is authorized reimbursement of actual travel expenses not to exceed the government rate for the area to which they are traveling (please refer to JFTR U7960-C and U7960-D). These individuals should complete and file the SF 1164 and attach original orders and receipts. It should be reemphasized that reimbursement for actual expenses is capped at the government rate for transportation, lodging, per diem, etc.

Q9: Will the Army, Navy, and Air Force have responsibility for implementing and funding the NMA provision?

A9: Yes. As is the case with the Prime travel entitlement, the Army, Navy and Air Force have been funded by TMA to support the NMA entitlement. The Services have responsibility for implementation and management of the Prime travel benefit and the NMA entitlement in coordination with the MTFs and Lead Agents under their authority. The Navy also has the responsibility for supporting the Marine Corps under this entitlement. MTFs and Lead Agent travel POCs should raise questions and issues related to the management of these entitlements to their Service POC first. TMA has responsibility for overall policy guidance and clarification.

Q10: What about active duty single parents who are unable to travel with their Prime enrolled dependent/child for care more than 100 miles from the PCM? What can the active duty single parent do if there is no other family member available to travel with the dependent/child?

A10: If an active duty single parent cannot accompany his/her Prime enrolled dependent/child for required specialty care more than 100 miles from the PCM, and another adult family member is not available to perform this function, the parent may complete a special or limited power of attorney specifically designating another individual to travel with the child for this specific purpose. The special/limited power of attorney designee could be a neighbor or friend whom the parent trusts with this important responsibility. In this case, this designee would assume the role of "guardian" for the specific purpose of accompanying the Prime enrolled patient (dependent/child) and would be entitled to reimbursement of actual travel expenses incurred. It is also important that the special/limited power of attorney include the scope of any decisions the guardian is allowed to make pertaining to the medical care provided to the Prime enrolled patient. The MTF or Lead Agent must verify that a signed special/limited power of attorney is documented before issuing travel orders to designated guardians.

Q11: Who are the Services points of contact (POCs) for the NMA and prime travel entitlements?

A11: The Service POCs are:

Air Force Prime Travel Representative: 202-767-4699

Army Prime Travel Representative: 210-221-6113

Navy Prime Travel Representative: 202-762-3195

The TMA POCs can be reached at (703)681-0039

June 8, 2004

Subject: Implied TRICARE Affiliations of Health Care Companies Operating Overseas

This office has received several inquiries regarding health care agencies/companies such as Health Visions and CyberCare operating in overseas locations and servicing TRICARE beneficiaries. Please be advised that, notwithstanding representations or perceptions to the contrary, such companies have no official standing/connection with the U. S. Government and its TRICARE Program. Healthcare providers and facilities not associated with such companies undergo the same TRICARE certification review as those required of providers/facilities that are affiliated with the companies. If and when applicable requirements are met, all certified providers/facilities have equal standing with the TRICARE overseas claims processor as authorized providers eligible for payment of healthcare claims for the care of TRICARE beneficiaries.

In response to complaints received from several overseas beneficiaries, the TRICARE Management Activity disseminated an informational letter to health care companies operating overseas to advise them of activities that are considered inappropriate and/or could constitute fraudulent billings.

Examples cited were:

- Billing or submitting claims for non-covered or non-chargeable services by disguising them as covered items. A billing agency may NOT include its administrative costs in submitting a claim for health care services. Such action is considered fraudulent. A billing agency may charge the provider for an administrative fee to cover the costs of submitting the claim. However, the cost cannot be passed on to the U. S. Government in the form of a health care service/charge.
- Billings or claims that involve flagrant and persistent over-utilization of services.
- Billings for services not provided, i.e., charging an office visit for a prescription refill when no office visit took place.
- Arrangements that are designed primarily to overcharge TRICARE through various means, such as commissions, fee-splitting and kickbacks, which are used to divert or conceal improper or unnecessary costs or profits.
- Unauthorized use of the term "TRICARE" in private business. While the use of the term "TRICARE" is not prohibited by federal statute, misrepresentation or description of the term "TRICARE" to imply an official connection with the U. S. Government or to defraud may be a violation of federal statute.
- Improper billing practices. This may include charging TRICARE beneficiaries for services and supplies at rates that are in excess of those charges routinely charged to the general public. For instance, prescription drug charges should not exceed the average drug wholesale price. Other services, both professional and institutional, shall not represent excessive charges.
- A pattern of claims for services which are not medically necessary or, if medically necessary, not to the extent rendered.
- Waiving the deductible or cost-share and/or offering a financial inducement to encourage the receipt of health care services.
- Engaging in a practice that ultimately results in a waiver of the deductible or cost-share.
- Failing to promptly refund the U. S. Government any dollars resulting from inappropriate billing or overpayments.

Please be advised that the above actions are fraudulent/abusive and prohibited by the Code of Federal Regulations (32 CFR, 199.9). Those knowingly participating in any of the activities described above may be subject to consequences including prosecution and denial of future claims for payment by TRICARE. Beneficiaries who become aware of organizations engaging in activities described above are invited to forward their concerns to the TRICARE overseas claims processor at reportit@wps.com or:

WPS Correspondence
Attn: TRICARE Program Integrity
P.O. Box 7985
Madison, WI 53707

Questions regarding this matter may be referred to the TRICARE Area Office and/or the Director, Remote Operations and Customer Service.

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Announcements

Important Information About Your Pharmacy Claims . . .

After initially experiencing software issues causing delays in claims processing, Express Scripts Inc. (ESI) has resolved the problems. As of noon today, ESI has been processing claims for TRICARE Retail Pharmacy program. Beneficiaries need only provide their uniformed services identification card to get a prescription filled. TRICARE Management Activity (TMA) apologizes for any inconvenience this unexpected disruption in services may have caused. For more information, please view the TMA news release: [The New TRICARE Retail Pharmacy Program Falters, but Quickly Back on Track](#).

DoD Temporarily Extends TRICARE Eligibility Following Active Duty to 180 Days

Under the National Defense Authorization Act and the Emergency Supplemental Appropriations Act for fiscal year 2004, TRICARE eligibility for some active duty and Reserve Component members separating from active duty service is temporarily extended under the Department of Defense Transitional Assistance Management Program (TAMP) from 60 or 120 days to 180 days. View the frequently asked questions on section 704.

News Releases

TRICARE Management Activity News Releases

The New TRICARE Retail Pharmacy Program Falters, but Quickly Back on Track

04 June 2004 -- On June 1, 2004, the TRICARE Retail Pharmacy (TRRx) program began providing nationwide prescription services for TRICARE beneficiaries in the United States and its territories through an expanded network of more than 53,000 retail pharmacies.

Military Health System News Releases

Camp Pendleton Celebrates Maternal Ward Renovations

28 May 2004 -- Naval Hospital Camp Pendleton reopened its newly renovated Maternal Infant Services (MIS) May 6.

DoD Begins Tricare Retail Pharmacy Program June 1

28 May 2004 -- The Department of Defense announced today that on June 1, 2004, the new Tricare Retail Pharmacy (TRRx) contract takes effect for Tricare beneficiaries located in the 50 United States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam.

Walter Reed Pioneers Pain Management Program

26 May 2004 -- Regional anesthesia, a technique that delivers local pain relief through a catheter, is gaining momentum as a pain-management technique for people wounded in battle.

DoD Begins New TRICARE West Region Transition

18 May 2004 -- The Department of Defense (DoD) announced that on June 1, 2004, beneficiaries in the military healthcare plan, Tricare, in Oregon, Washington and northern Idaho will transition to the new Tricare West region and will receive health services and support through its new regional contractor, TriWest Healthcare Alliance Corp.

Updated Fact Sheet

TRICARE Dental Program Survivor Benefit

When a military sponsor dies while on Active Duty (AD), or Active Guard and Reserve (AGR) orders for a period of more than thirty (30) days, surviving family members enrolled in the TRICARE Dental Program (TDP) will continue to receive TDP benefits for 3 years from the month following the sponsor's death.

New Web Sites

Looking Good Has Never Been Easier!

In conjunction with the health care contracts transition, we are implementing a new look, and we are making it easier to locate TRICARE information regionally. Beginning with new Region West, you'll notice that we have replaced the region-specific summary table with a homepage based on a common-sense approach to region-specific information; it is easy-to-navigate through. As other regions transition (see transition schedule), they will be included in this new design. All of the previous TRICARE information still exists, together with new information for special audiences: We have just organized it into four intuitive categories for better comprehension and for ease of access. Also, be sure to visit the new TRICARE Regional Offices Web sites and learn about the organization and oversight of the new healthcare contracts. The TROs are designated TRICARE Regional Office-North, TRICARE Regional Office-South and TRICARE Regional Office-West. These offices will replace the current lead agent offices as the lead agent offices are disestablished.

Unremarried Former Spouses

Chief among the concerns of unremarried former spouses is the question of eligibility; the answers can be found on this specialized Web site. Also highlighted is the important change, implemented last year: Unremarried former spouses now use their own names, Social Security Numbers, and personal data (as opposed to that of former spouses/sponsors) to secure their place in DEERS and to access TRICARE health care benefits.

Survivors

For the survivor of a sponsor who was killed on active duty, the Survivor Web site will help bring clarity to a confusing time. The site has information about the "3-year period" for active-duty family member benefits, the change in status to retiree, and any follow-on benefits in health care and dental care for eligible survivors.