Carl R. Darnall Army Medical Center
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FACT SHEET

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TRICARE

In response to the challenge of maintaining medical combat readiness while providing the best health care for all eligible personnel, the Department of Defense introduced TRICARE**.** TRICARE is a regionally managed health care program for active duty and retired members of the uniformed services, their families, and survivors. TRICARE brings together the health care resources of the Army, Navy and Air Force and supplements them with networks of civilian health care professionals to provide better access and high quality service while maintaining the capability to support military operations. TRICARE is being implemented throughout the U.S., Europe, Latin America and the Pacific as a way to:

- Improve overall access to health care for beneficiaries;
- Provide faster, more convenient access to civilian health care;
- Create a more efficient way to receive health care;
- Offer enhanced services, including preventive care;
- Provide choices for health care; and
- Control escalating costs.

Types of coverage

Prime - The military's health plan. Eligible family members elect to enroll with either a military treatment facility or a local civilian provider. Patients are assigned a Primary Care Manager that provides for your health care needs.

Standard - A fee-for-service option. Family members can use their doctors and the government will cost share. Deductibles and co-pays apply.

Extra - A Preferred Provider Network option. Enrollment is not required, and you must use local providers in the HealthNet network (obtain a list at the TRICARE Service Center). Deductible and reduced co-pays apply.

TRICARE Plus - Retirees over age 65 may be empanelled in a specific military treatment facility providing there is sufficient capacity. Due to limited capacity, Darnall only empanels enough retirees over age 65 to support our Graduate Medical Education programs. For more information, visit the TRICARE Service Center or call a Health Benefits Advisor.

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TRICARE For Life – TRICARE for Life becomes the second payer to Medicare for medical care that is a benefit under both Medicare and TRICARE. Medicare Part B covers doctors' services, outpatient hospital care, blood, medical equipment and some home health services. Medicare will pay the allowable amount for the care, and TRICARE will pay the amount that is the Medicare cost share, as well as the Medicare deductible.

TRICARE's web site is **www.tricare.osd.mil**.

In our region, TRICARE is managed by **Health Net Federal Services**. More health information and information about TRICARE is available on their site.

Access Standards

To ensure that beneficiaries who use the Department of Defense (DoD) Military Health System receive medically necessary care when they need it, DoD leadership developed access standards for TRICARE Prime enrollees. What's important is ensuring that access to care is easy, fast and logical.

TRICARE's standards for access are

- One day or less for urgent care
- One week for routine care
- One month for specialty or wellness care
- 30 minutes or less in the provider's waiting room
- 30 minutes or less travel time to the primary care provider's office.

Emergency services are available and accessible within the TRICARE Prime service area 24 hours a day, seven days a week.

In an emergency, TRICARE beneficiaries should call 911 or go to the nearest emergency room.

Access standards give TRICARE leaders a tool to measure the actual waiting and drive times beneficiaries experience and to fix problems when they occur. By measuring access to care, DoD leaders can improve customer service. Their goal is to provide beneficiaries the world's best access to health care. To ensure they receive evaluation of illness in a timely manner, TRICARE Prime enrollees have access to primary care manager services 24 hours a day, seven days a week.

Besides making access to care easy to track and improve, DoD leaders also realize those long waits at the provider's office squander away valuable time. That's why the standards for access also measure how fast beneficiaries receive care for non-emergency situations at the provider's office. TRICARE's goal of treatment within 30 minutes of patient's arrival at the provider's office is very ambitious compared with other health plans.

With the aid of TRICARE's health care finders, even referrals from primary care managers are handled rapidly. If a beneficiary needs to see a specialist, the care is arranged swiftly through TRICARE's vast provider network. In some regions, the services of a health care finder are available to beneficiaries 24 hours a day, seven days a week. TRICARE's access standard for travel time to the specialty care provider's office is 60 minutes.

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Even if a health plan is easy, fast and logical to navigate, though, problems can occur. How leadership deals with problems is another form of health care access. For example, TRICARE provides assistance with enrollment, claims and health plan questions through the various TRICARE service centers in the regions.

Following is a list of the categories of care with the corresponding TRICARE access standard. When reading this list, remember that a health care provider using professional standards and clinical judgment may specify more appropriate appointment guidelines, based on the needs of the beneficiary.

Emergency - a sudden or unexpected condition or the acute worsening of a chronic condition that is threatening to life, limb or sight and that requires immediate medical treatment to relieve suffering from painful symptoms.

Under a recent TRICARE policy change, emphasis is placed on the symptoms that prompted the emergency room visit rather than the final diagnosis. This is called the Prudent Layperson Standard, which means that someone with average knowledge of health and medicine could reasonably expect that the absence of medical attention would result in placing a person's health in serious jeopardy, serious impairment to bodily functions or serious dysfunction of any bodily organ or part.

Urgent Care - medical attention for a condition that, while not life or limb threatening, could become more serious if not treated. Examples of urgent care include eye or ear infections and suspected bladder infections. When traveling away from home, this type of care, unlike emergency care, requires the authorization of a primary care manager.

If a beneficiary is enrolled in TRICARE Prime, urgent care must be obtained at the primary care manager's office. If a beneficiary is not sure where to go for treatment, he or she may contact a health care finder. The services of health care finders are available 24 hours a day, seven days a week. Urgent care is provided in one day or less.

Routine Care - is medical care for symptoms-such as colds and flu or low-back pain, for which intervention is required, but is not urgent. The maximum waiting time for routine care is one week.

Well Care - is medical care to promote health maintenance and prevention, for example Pap tests. The maximum waiting time for well care is four weeks.

Specialty Care - is provided by a specialist in TRICARE's provider network after referral by a primary care manager. The maximum waiting time for specialty care is four weeks.

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